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PHI GLOBAL HEALTH FELLOWS II WEBINAR
"Where Do I Fit In? My Global Health Career Path"

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Hello. And welcome. Thank you for joining us for this online conversation. If you have been to previous Global Health Fellows II webinars you'll find out this one is a little bit different. "Where Do I Fit In? My Global Health Career Path" I'm Sylvie Rousseau. I'm the outreach assistant here at GHFP-II. In today’s presentation we will have some panelists from the partner organizations speaking to you about their career paths.

First I will do a little bit of housekeeping. For those who can use it, the closed captioning is available in the Media Viewer. You can read a transcript of the Web forum as it happens. You can open the Media Viewer by clicking that I con that you see on the screen. You can also click show/hide header to make more space for the captioning to appear.

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You can call in for any technical assistance. You can also use a Q&A function to submit questions. We encourage you to use the Q&A feature not just for technical issues but for any questions that you have throughout the course of this webinar. You can submit your questions through the Q&A panel to all panelists. Please note that this program is authored by the Global Health Fellows 2 not by the international agency for international development.

During the course of the presentation we will also have a few audience polls. You will see those polls come up on the panel to the right of the screen. Please choose your answer and then click "submit." with that we will jump into our first poll. Star, if you can bring that up.

To get a sense of who is with us today, we would like to ask you where you are joining this webinar from, from a region within the United States or outside. Please answer that poll.

The second question is to tell us a little bit more about who you are. Are you an undergrad student? Somebody with a Bachelor's degree or a graduate student? Currently working in a for-profit corporation? Currently working in global health or something else?

If your answer is E, go ahead and submit your answer through the Q&A function as well.

So this poll will be opened for about two minutes and we will just continue. What is the Global Health Fellows Program II? It is a collaboration between the U.S. aide and the Public Health Institute. It implements Global Health Fellows II in partnership with several groups whom you will see represented today, to provide specialized capacity to reach target groups in early career and in the private sector. The Global Health Fellows Program II has at its core Fellowships and internships. Those are two-year positions for mid junior and senior level global health professionals working with USAID and its implementing partners. We also have internships which are short-term paid positions, also working with
USAID, and these positions are primarily in a summer cohort as well as other internships throughout the year. Through the Fellowships and internships, Global Health Fellows II helps USAID address emerging needs by developing a diverse group of health professionals to support and sustain the effectiveness of the agency's current and future health programs. Creative placements through partners serve to train the next generation of global health professionals, including Global Health, GlobeMed and our interns work in several areas including those you see here. We are not going to dive into this area today, but we saw some people were asking what kind of skills are needed for Global Health. Some of the things essential include a strong sense of the cultural context of the work you’re doing, understanding how to work with resource constraints, strong project management and communication skills, both written and verbal. It is also important to be personally very flexible, adaptable and embracing of change as these situations often are shifting around us in global health. For further details on skills needed in Global Health we would like to refer you to the Global Health Fellows Program YouTube channel where we have other webinars that go more in depth into these areas.

All right. So why is diversity important for Global Health? Our program, Global Health Fellows II provides training opportunities and professional development to emerging leaders in global health. Doing so helps the USAID reflect the diversity of the American people. Appeal to the next generation. As our educational system becomes more accessible to more people we have an increasing pool of talent with an increasing body of experience. Global Health benefits from establishing and maintaining strong ties with the richness of diversity of the emerging health professionals in this country.

Looking at returns on global investment, global health issues have consequences that affect the interests of American citizens. A broader cross-section of Americans should have input into issues that will affect us. Diversity matters for adaptability. With a broader range of skills, experience and capacities, we will be able to more rapidly adapt to challenges in a field that constantly demands new ideas. Diversity also helps us be more effective and relevant, with more points of view we can create more creative and open spaces, reduce our blind spots and make health gains faster. We can be most effective when members of our workforce have direct exposure to the circumstances and dynamics experienced by the populations we serve.

In the Global Health Fellows Program II we talk often about the concept of distance traveled. Distance traveled captures the idea of an applicant, captures the ability of an applicant to overcome an array of life challenges. These can include under-resourced primary and secondary schools, loss of a parent or other difficult life circumstances. We try to take a view of the whole person, not just your demographics. Diversity is a very important part of our program and is integrated into many of the activities that we undertake.
And traveling those many distances you will come across people who have many different pathways through Global Health. We would like to ask now for the results from polls one and two, please, to see a little bit about the pathways that our audience is undertaking. If we could have those results, please? Thank you very much.

If you take a look on the right side of your screen you’ll see that primarily our audience is in the Eastern part of the U.S., followed closely by -- not closely at all, by the western part of the U.S. and approximately 37 percent of you out there are bachelor agree holders or undergraduate students. We have a number of people according to the registration data who have ten plus years of experience. Welcome to everybody from all parts of the country. Thanks for joining. We would like to ask one more question of you. And it is poll three. Have you been involved with one of the organizations represented here today? Either yes, you have been involved with the Global Health Fellows Program II with the Global Health Corporation, with GlobeMed, with PYXERA Global or none of them. Please take a minute to check any that apply and submit answers. Quick reminder, the Q&A feature is always available. We see those questions coming in. So thank you.

Continue to send in those questions as our panelists speak. Now I would like to invite our first panelist to take the floor. Dianna Abreu.

>> Dianna Abreu: Hi, everyone. Thank you for joining us today. My name is Dianna Abreu a third year student at Georgetown University. I added a public health minor and excited to dig into that. I will be providing student perspective and focusing on how GlobeMed have given me shape my career path. Before we go into that I want to say a little bit more about myself. I'm a south Bronx native born and raised. I look at the south Bronx as being the origin of my passion. At a young age I was asking questions about health disparities. I saw inequities and food disparities as well. Within Global Health you have large questions, very simple questions with not so simple answers. So I always see how wherever I travel whether it's Guatemala, Jamaica or any other country I try to make connections that I find relative to healthcare and those countries back to the south Bronx. Something I saw in Guatemala in connection to the south Bronx was mental health and how not just in Guatemala but also in south Bronx that is at the back burner of our healthcare system. That's a connection I made when I was there.

I first started my story with GlobeMed, I'm copresent of GlobeMed Georgetown. We seek and form partners with chapters and systems abroad. The next panelist will speak to that. What I love about GlobeMed it empowers students to have a role within Global Health. In our clinic we tell a story about what happens when students are empowered to be global leader. Students should be empowered to here is the resources and the community to make that happen. Our partner Primeros Pasos has the opportunity to do an internship this summer where we were able to revamp the health curriculum and initiate a informatics system to track children at the clinic. The rewarding part was being able to work on the partnership. No partnership is perfect. We really are able to sit down with Primeros Pasos at the clinic and say this is a partnership with global mental
health and global learning. It is not giving capital and all these resources. It is Primeros Pasos giving back to the issues we have on the campus. That leads me to talking not just about the global impact but also the domestic impact at Georgetown’s campus. I think that any fundraising event that we have is an opportunity to be advocates to tell people what is going on with parasitic infections in Guatemala. What is going on with our partners. It is a way to allow me to make the two sided impact. As co-president now, I have been co-president for four months and I think that after the GROW internship, that made me a better leader. I also love how within the GlobeMed organization on campus I am able to see the skill sets of both matters and I tell them to market their skills, and all the skill sets we have play a role. You don't have to be a global health encyclopedia to play your part within GlobeMed.

And so when people ask me how I have been preparing to really go head-on with Global Health in the future as I prepare to graduate I think of these four steps. Who sits at your table? That says when you have to make a decision about your career, life, friendships and reeling ships, who sits at the tables? Are they mentors or friends? I encourage people to be self aware, to know what you want and don't want. When you receive an opportunity you are easily able to say yes, this a lines with my values and goals. Be open to your vision changing. I think that as an undergraduate student, I was premed. By the end of my freshman year I wasn't. I thought that my impact in global health would come only if I was a provider. I think that throughout my time at Georgetown I have been able to see there are other roles I can take within the global health spectrum to be able to make a impact. Ask questions. The whys, the whos, those are the significant questions that help us dig deeper. Within the Bronx I always questioned why my mom would drive 40 minutes to a hospital downtown Manhattan and not drive five minutes to the hospital down the street. It started with these questions. That helped me determine my role within global health and within healthcare. I think that I have a go-getter attitude. If I see an opportunity, I go to that opportunity. The reasons I have been able to do that, the resources have been there for me. So I question how would I have been able to go be fully involved within global health if Georgetown wouldn't have offered me the opportunity, if GlobeMed hadn't offered me the community and if they hadn't offered me the guidance to be as involved within global health.

And then just to bring it all together I think that we are in a great position as students. You don't have to have an MPH and Ph.D. necessarily to make an impact in global health. As students we are positioned to look at our stakeholders and the resources around us and be true champions for other students. When we think of global health we think we need to go to Rwanda or across the world to make that impact but it truly starts with your resources that you have now. If working and volunteering at planned parenthood, maybe that gives you more insight into reproductive health and you can get the connections and apply them to other segments of the world.

And I also think that for me in my own life, I remember there was one time where I read an amazing article on improving health systems abroad. The professor happened to be from Georgetown. A lot of it is having the confidence. E-mail
that professor and say I saw this article you wrote. I'm not one of your student, but can we grab coffee? Being able to initiate those confidence and conversations.

As I see challenges within global health, I think -- within this area we struggle to make partnerships. For me personally I think that it is emotional challenges. I face a lot of difficulty transitioning from Guatemala back to New York which is somewhat a very glamorous city, but I understand that working within global health requires us to be vulnerable. It requires us to be able to make those connections with people and have very real conversations with individuals. The way that I have been able to overcome that is by viewing and validating the microimpacts. I don't necessarily have to be at the for front of this policy change that is going to provide funding for Guatemala or any other third world country. If I can touch one person, if I can really help a child understand why it is so important for them to wash their hands, that's enough for me. Those are some of the real moments that I keep emphasizing here.

I think that the next steps for me would be exploring new areas in global health. I think it is so easy for us to be comfortable within one bubble. For me it's community health. I know so much about this, but what is amazing about global health there's so many different areas to study and dive into. So for me I have been looking at different nonprofits and advocacy centers that allow me the opportunity to do that. Something that I have been looking into now is stepping away from my community health bull and looking at structural violence and other areas that global health allows us the opportunity to dive into.

>> Sylvie Rousseau: Thanks so much, Dianna. Now we'll have Alexis Barnes from GlobeMed and also Global Health Corps have the floor.

>> Alexis Barnes: Hi. Thanks, everyone, for listening to us today. My name is Alexis Barnes, the director of learning and training for GlobeMed, the national office where Dianna is a co-president of a chapter at Georgetown. I was formerly a Global Health Corps fellow, manager in Uganda, for the HIV aids initiative. I would start out by telling a little bit about myself, how it is informing my work current lip and then also how what we are doing as GlobeMed. So I grew up in Portland, Oregon. Went to the University of Oregon. After my sophomore year of college I had this life crisis that was stemming from the loss of a parent earlier in my life. I decided to take a few years off and start traveling the world and really figure out what it was I wanted to spend the rest of my life doing. Along the way I asked everyone I met what were you interested in doing? What do you do now? What did you study and what do you do now? In case you're curious I saw almost no correlation between those two questions. But during my travels I found myself in Cambodia. I had rented a bicycle. I was riding out to visit a floating village outside of Siem Reap. I passed a family of four who were scooping up the rice that had fallen out of a broken bag propped up on their bicycle. I remember thinking oh, man, that's rough. It's hot. I'm going to keep going.

A few hours later on my way back and I passed them again. They were still there. They were still picking up the rice. It struck me in that moment that this is a family of four just like my family of four, but they were so food insecure that
they were in a situation where every single grain of rice mattered. I had never been in a situation where every grain of rice mattered or made a difference in my home. I knew I most likely never would be. I decided right then and there instead of relying on other people to go out and Crusade against extreme injustices like this, it was really my responsibility to do something about it, not someone else's. We all really have a responsibility to act. I really up to that point I want doing my part. I returned to Oregon, feeling confident in pursuing a Bachelor's in international studies. It reflected my interests but I didn't feel confident it would give me a skill set that would be useful in getting a job.

I packed up after graduation. I moved to Washington, D.C. where I discovered I was only qualified to be an intern for the rest of my life. On the plus side I was introduced to the world of public health and I was extremely excited to learn that you can have a profession in healthcare that didn't necessarily mean that you had to be a healthcare provider, that you had to be a doctor or nurse.

I decided I also needed to get a little bit more field experience. I moved to South America. I got a position with ministry of education in Chile. I started discovering the power of education initiatives. I decided to pursue a Master's degree in international public health hoping to find a role for education within that.

And at University of Sydney I was in a really diverse classroom. I had an interesting experience where I had the opportunity to learn from those who had real life experiences rather than just from those who had developed interventions during their field work. So to give you an example of that I remember I was in a discussion group where we were brainstorming interventions around diarrhea for young children. I was racking my brain. A fellow student from Lesotho, he said we would sing a song to remember the formula for oral rehydration. She sang the song for us. I won't get into the other stories, what happens when you ingest a lot of potassium from bananas, but it hit home that these situations exist and we are not listening, not empowering those with lived experiences to tell their story and learn from them. I realized that I had been operating with this very western perspective that had been informing my work up until then and that that was slowly changing.

So after I graduated from the University of Sydney, I became a Global Health Corporation Fellow and worked in Uganda and worked alongside fellows from every situation, in architecture and monitoring and evaluation and four times a year we were sitting around the same table hashing out our biggest problems of what was happening in our organizations in order to create successful solutions. So now I have the opportunity where I'm working at GlobeMed and my role is really around education and empowerment. Now I see as a trainer the same global health principles around health work is applicable to the global health workforce. We need to see a push to center the voices impacted most by these issues. Everyone on this call has seen how difficult it can be to figure out what your role can be in global health. We really need to strengthen this pipeline that can get those who have the talent and passion for this work into the positions where they can actually make a difference.

So at GlobeMed we really take on this middle piece of the pipeline at the undergraduate level. We have 2,000 undergraduate students who are in
GlobeMed at 56 campuses around the country all of which follows national curriculum which really puts a few key concepts into focus. The first one is that leadership matters. The systems that are currently in place are only as effective as those who put them into action. So sort of some of the same things that Dianna was saying earlier about being self aware about really listening and connecting with the people that you are working with, those leadership practices are really essential to being successful.

The other piece is that diversity matters. That complex problems really require a multistakeholder dialogue to create effective solutions.

In 20 years GlobeMed will have about 15,000 young people who will hopefully listen to the local communities who will value local leadership and we’ll have a deep understanding of how to make the change that we want to see happen. In 20 years we could have a network of young people pushing from the top in their positions of power and privilege while also working from the bottom, working alongside their community partners. We envision 15,000 advocates better equipped with the skills to create radical change.

I think that brings us to now, what is happening today. I think we can really see that global health engagement is rapidly increasing, particularly on college campuses around the U.S. Global health initiatives on the campuses have tripled every five years since 2000. We have the opportunity to advocate for a new generation of global health change makers who are already putting a social lens on the work that they are doing; that they understand the social determinants of health and how to empower and center the voices of those most impacted.

And at GlobeMed we are in the middle of rolling out a diversity and inclusion initiative which helps deliver barriers for more students to be involved in the work in the programs that we do. I talked about how we do that through our curriculum but we are also actively diversifying the network by expanding to minority-serving institutions including Hispanic services and historically Black colleges and universities so students who are passionate and interested have the opportunity to be included in our programs.

And it is a bit early in the process but we are already seeing a big shift in the kinds of conversations that happen when we gather and network at our events throughout the year. We are also partnering with other organizations to strengthen the pipeline. We work with faces for the future, who is really focusing at the high school level. Then, of course, Global Health Corporation who is helping young professionals across all sectors get their foot in the door and Global Health Fellows Program as well.

I think I might have run a little bit over my time, but thank you so much for listening to my story and I believe Rebecca Miller is up next.

>> Sylvie Rousseau: Thank you so much, Alexis. If we go to the next slide I'll introduce Rebecca, who joins us from PYXERA Global who joins GHFP2 for global placements. Rebecca, if you want to take the floor?

>> Rebecca Miller: Great. Good afternoon, everybody. My name is Rebecca Miller. I'm senior program coordinator at PYXERA Global where I implement
international corporate volunteers and programs for the pharmaceutical industry
and for a technology company.

I have been at PYXERA Global for just about two and a half years now where my
work focuses on engaging and developing global health champions in
corporations. It's a unique perspective from both Alexis and Dianna here.

I'm curious to see this poll, to see how many of you know who PYXERA Global
is. For those of you who don't know I'll share with you. PYXERA Global is a
nonprofit international development organization based in Washington, D.C. We
were founded 25 years ago exactly, after the fall of the Berlin wall by a charter of
Congress. Initially our charter was to help rebuild the Soviet Union, help with
economic development activities through volunteer resources, based out of the
U.S.

Then we now have expanded into 90 countries. So our work has more
background but we expanded quite a bit. So we partner with global corporations,
namely CSR social responsibility, the USAID and the public health institute as
well. Of course, public health is an area in which we work, although we do work
in many other sectors as well.

So our mission and vision. Our goal is to enrich lives and livelihoods worldwide,
 inclusively and sustainably. Our mission is to reinvent how public, private and
social interests converge to address global challenges. Our vision is a culture of
sustained collaboration that improves lives and communities worldwide.

So I am going to give you two examples of particularly strong public-private
partnerships that have really worked to strengthen healthcare in neglected
communities through the resources leveraged by the private sector.

So I will set the scene, the stage right here for you all a little bit. Imagine you are
in rural Nepal. You fly into Kathmandu. You are going to work in a clinic which is
a three to four our plane right from Kathmandu and a Jeep ride through rural
Nepal, into the Himalayas. Merck partnered with Global Health which provides a
clinic in rural Nepal that had a particularly challenging issue where they struggled
to get their drugs and some of the tools and other resources from Kathmandu,
Nepal, to the clinic to provide high quality affordable healthcare for their patients.

Merck with help from their three employees from the, two from the United States
and one from the Netherlands. One was a mid level career professional, one
was a senior professional and one was an executive, lived and worked alongside
the staff of this organization to help them solve the most challenging problem that
they were having, which is the supply chain issue.

The Merck fellows spent three months defining and designing a supply chain
strategy as well as thinking of a way to develop an inventory tracking system so
that they could keep track of the drugs and some of the medical devices that they
required to, that they needed to treat their 200,000 patients.

So this is just one example of how, when pairing the best minds from the
pharmaceutical companies and corporations, pared with organizations on the
ground can provide truly great health outcomes.

The second example here is now based out of Nairobi, Kenya. There are not
many options for quality maternal care for women in Nairobi, Kenya. So in 2014
as well, Merck and PYXERA Global partnered with an organization called
Jacaranda health to fill this need. They set up a private clinic which provides high quality and affordable healthcare for women. So their one pain point was really the best way to train their sales staff so that they could effectively communicate their service offering to women, general women in the Nairobi public.

So what the Merck fellows did was develop a sales training strategy. They spent three months living and working alongside the staff of Jacaranda health and were able to effectively train the community mobilizers and other sales staff on how to best and more effectively talk about Jacaranda healthy services. Again these are just two representative examples of really the best, a solid way of how to pair the best minds from companies with global health organizations to have positive health outcomes.

So you might be asking yourself why would corporations, why do they want to engage in these types of programs? Why do they send their employees for three months to work alongside of global health organizations? Well, as you can see here, 96 percent of participants from one company surveyed reported extraordinary or substantial skill gains. So by taking employees of corporations outside of their headquarters, they really get a new perspective to their work. They get in-patient perspective which they wouldn't otherwise have. We put them on the ground for one month to three months where they have a new opportunity to see what the global healthcare landscape is like in some of the communities that they work in.

And of course, we have to talk about the local client benefits. Why are these clients choosing to participate in these types of programs? Well, as you can see here from this chart, these local clients are really getting a transfer of knowledge and training which they wouldn't otherwise have. As some of you working in global health know, many nonprofit organizations struggle with resources to develop their human capital and these programs that leverage the skills of these corporate volunteers are a great opportunity to really build up the skills and capacity of the next generation of global health professionals.

So as you can see from my experience, my work there at PYXERA Global, I come from a background and others of you are looking to expand your nontechnical careers in global health. So thank you.

>> Sylvie Rousseau: I want to take a second to remind all of those in attendance you can submit questions through the Q&A feature for all of our panelists. We have a Q&A coming up. At this time I would like to ask Star to pull up the results of poll number three. That question was if you have been involved with one of the organizations represented today. And it looks like overwhelmingly our audience has not yet been involved with any of the organizations represented here today. So hopefully the information that was presented will allow you to understand that there are different mechanisms, different ways to explore global health through your undergraduate career and graduate career, as well as a mid career person and entry level and even senior level person.

If I can be so bold as to sum up our panelist points today in broad strokes, we have heard from the student perspective, from somebody who has taken a journey around the world in learning about global health and has seen many
different facets of global health. Also from a group who partners with for profit corporations and brings that perspective into the global health world. We have seen the diverse groups of colleagues including those with the lived experience of health and justice, that diversity improves the quality of not only our classrooms and workplaces but ultimately it improves the quality of our work and our effectiveness in producing results for global health.

So global health opportunities and information, these pieces being provided through groups like GlobeMed are crucial early in the career and they need to be made available to a broad range of students.

Not only that, but the global health environment is changing. As Alexis mentioned, we have seen tripling every five years of global health programs at the undergraduate level. More people are interested in having a greater variety of tools. Now is the time to capitalize on that and start bringing those diverse perspectives to the decision making table.

Not only this, but opportunities for seasoned professionals from different professional backgrounds brings in new stakeholders with new resources that can create mutual benefits for health.

So to get to our Q&A we see a lot of great questions coming in. Please continue to send those in through the Q&A panel.

The first question that we have here is from one Carlos: How many years of experience would you need to be considered a junior, senior, candidate? I'll answer that in terms of the global health programs too. GHF P2 specifies the number of years required for each position. Generally they are around zero to seven years for the junior level. Mid career is five to ten years. Senior candidates typically have ten, 15, 20 plus years of experience. It's a general range.

There is a question about somebody who has participated in GlobeMed as an undergraduate but graduated a number of years ago. The question is if that experience from five or so years ago is still relevant on this CV. And if so, how can that person make it stand out when applying to different positions? Maybe Alexis, you would have some insight on this?

>> Alexis Barnes: Hey, yes. Yeah, I would say that I think it's definitely still relevant. What it shows is that your interest in global health is something that is kind of part of your professional development. It is not something that maybe you are looking to dabble in for the first time but it would show a potential employer it's something that you have been working on for five plus years already, that you have been thinking about. This is the lens through which you see your work. If I were to see that on a resume, for example, that I would sort of look at that candidate as somebody who has consistently been striving to keep a global health perspective or position on their radar for quite a long time.

>> Sylvie Rousseau: Thanks, Alexis. Did anyone else want to chime in on this question?

I think that, yes, what Alexis said is correct that you need to show continued interest and continued career development towards a path of global health. This can include volunteer work in your local community as Dianna mentioned and a focus on serving the under served.
We have a question that I think Dianna would be a great person to answer and the question is are there any volunteer or internship opportunities for undergrad students during summers?

>> Dianna Abreu: Yeah. I think it’s really important now during the season because it is the recruitment season for profit and advocacy centers. I know that Aims on Health and Help, Guardianship International, Partners in Health is also recruiting. I think what I’m saying is, who do I admire within the health arena. Do I admire WHO and reaching out? Do they offer internships? Even if it’s a nonprofit that doesn’t offer internship, reach out and say I’m really invested in this and I want to know if I could take advantage of an opportunity. It’s looking at who the global players are in global health right now and see if they offer internship opportunities.

There are a huge array for interns to take advantage of during the summer.

>> Sylvie Rousseau: Thanks, Dianna. I would also recommend looking at GlobeMed on your campus, if a GlobeMed chapter doesn’t exist it may be an opportunity to take on a leadership role and establish that chapter and provide leadership and opportunities for your colleagues, for your class mates to join you in your international work. GlobeMed is always a good resource. Additionally, Global Health Fellows Program II has a website, resources available that include job listings and listings of international volunteer opportunities. So you can contact us after this webinar. You can send an e-mail to info at GHFP.net and we can help you find those resources, or you can find them on our website.

Here is a question that I’ll open up to any panelist who would like to take it. The question is asking: Would anyone be able to give advice for somebody trying to transition mid career? Someone who has been in the workforce for a number of years and is trying to switch to global health? Currently not enrolled in college.

>> Rebecca Miller: Yes, this is Rebecca with PYXERA Global. There are a few different opportunities and routes you can take. PYXERA Global has MDAs without borders, where we have a number of opportunities for professionals in mid to senior level professionals looking for a career change where they can spend six to 12 months with an organization and a number of different markets. We have some projects currently that we are recruiting for in the -- sector. That’s one opportunity we can present to you. And all the.

>> Sylvie Rousseau: What is that?

>> Rebecca Miller: Water and sanitation and hygiene sector, if you have any interest in that. I encourage you to take a look at your current skills. I think before Sylvie mentioned the project management skills are incredibly important in the public health sector which I would definitely agree with. We can survey what skills you can bring to the table and maybe you are able to provide those skills that are lacking in the global health space. Maybe you can tailor your resume and speak to your contacts about opportunities. Given your particular skill set.

>> Sylvie Rousseau: Thanks, Rebecca. Any other perspectives on this? We have a lot of questions coming in here. We will try to get to as many as possible. Thank you for continuing to submit those.
We have a number of questions here that ask about relating domestic experience to international experience. And how one can transition from maybe a U.S.-based public health career into a more globally oriented career or internationally oriented career.

Perhaps Dianna you can speak to this?

>> Dianna Abreu: Yeah, of course. So I think that it's something I mentioned earlier, looking at the south Bronx and Guatemala, two completely different cultures. I still found connections within them. Within global health no matter where you are, the problems are the same. They may differ in severity, but the questions we are asking are the same as well. I think there's definitely opportunities to take what you are doing here in the U.S. and transfer those on a global health perspective.

I mentioned looking at planned parenthood in your community, for example or a nonprofit in your community that focuses on a segment of health. Getting a good foundation of that, how it looks in the U.S. and then I think that encourages you to look out in other countries and see what is going on there. But I think it all comes down to questions that we're asking, being the same. The severity of these problems, health disparities in the Bronx is completely different than in Guatemala but the questions we ask to solve these problems are similar. There are connections within that, I would say.

>> Rebecca Miller: I would also encourage you to look at headquarters positions. There are a number of global health organizations in D.C. who recruit for their headquarters. While you want to end up in the field that's a good way to get initial experience, get the contacts within the organization. Once you're in, find opportunities internationally.

>> Sylvie Rousseau: Thanks, Rebecca. Alexis, did you have a comment?

>> Alexis Barnes: I guess I would just say that going back to Sylvie, what you were sort of talking about in the beginning of the presentation around flexibility, adaptability, ability to work with limited resources. And then also being willing to learn. Those are things that might not come across on a resume, but definitely in the interview. That's your opportunity to show an organization that even though you don't have that global experience, that you would be a good fit for the organization because you sort of have that understanding. You can take some of your own lived experiences in the United States and show how they are relevant to be working abroad. Through volunteering or working in a nonprofit like Dianna said. That was just my comment.

>> Sylvie Rousseau: I think that's right. The interview is a wonderful place to develop those stories. And another place that you can do that is the cover letter. I know for the positions with Global Health Corporation, global mental health fellows program too we ask forest says but many positions ask for cover letters. These channels are a great way to tell some of your stories. Maybe relate a challenge that you faced working in a domestic health position and tell how you used your skills of flexibility and adaptability or your critical listening to understand the cultural context of what was going on played into your ability to address that problem in cooperation with the group you were serving.
So essays, cover letters. Even a little bit of detail in a bullet in a resume can go a long way to showing some of these skills.

>> Rebecca Miller: Sylvie to add to that, I can't stress enough the power of informational interviews and of course networking. That gives you a much more personal opportunity to find out what, if you have an organization that is of interest to you, reach out and see if you can set up a meeting with them and really try to find out what type of candidates or positions they are looking for. You can better tailor your resume and experience based on the needs of that organization that strikes you as particularly interesting.

>> Sylvie Rousseau: Thank you so much, Rebecca. As I tried to highlight here on the slide, GHF P2 has interviews and you can contact us to set one of those up.

>> Alexis Barnes: I would like to say one last thing, the Global Health Corporation I did in Uganda is specifically looking to find people who want to transition mid career. You have to be 30 years or younger to apply. And have a Bachelor’s degree. If you fit those two requirements I definitely recommend looking up Global Health Corporation and see the fellowship positions. They work in countries in east Africa and also have U.S.-based positions. I think they are definitely an organization that would see the value in some of your skills that you've gained working in the United States and how they are applicable abroad.

>> Sylvie Rousseau: Yes and the website for Global Health Corporation is www.GHCORPS.org. So yeah, you can look up their Fellowships currently. We have a specific question about somebody who is looking to work in contraceptive distribution in developing countries. Are there any particular nonprofits or corporations that any of our panelists would recommend taking a look at?

Again, this is contraceptive supply chain, contraceptive distribution, maybe reproductive health commodities.

>> Alexis Barnes: I'm not sure if they are supply chain but I would say Marie Stopes is a good organization to start with. If they specifically don't do that, then they would probably be able to point you in the right direction. Then there is also an organization called Afripads which is in using began today and could be elsewhere. They could provide insight to organizations that are really looking for help in their supply chain side.

>> Rebecca Miller: I believe PSI might be a good place to start. PSI is an organization based in Washington, D.C. They do a lot of behavior change communications, but they originated as a distributor of contraceptives. I don't know if they still work in that space or they are more focused on marketing now. I would look into them. As well as international planned parenthood federation might be a good starting point as well.

>> Sylvie Rousseau: Another thought might be path finder international that works largely in reproductive health. Thanks for the question and thanks for your answers, panelists.

We have a particular question for Dianna. And I don't know if you know the expect requirements for this, but somebody would like to know how to start a chapter of GlobeMed at their college campus.
>> Dianna Abreu: Yes. I think that if you.
>> Sylvie Rousseau: Maybe generally what the process is, yeah.
>> Dianna Abreu: Yes, when I had entered GlobeMed I was established for four years. I didn't have a personal impact with that. But I'm sure if you go to the GlobeMed website they have an option of how do you start one at your school. I think it would be really interesting to contact Alissa Maldino and she can guide you in that direction.
I know from other chapters I've seen, GlobeMed is a supportive in the starting steps of forming a GlobeMed chapter in the universities. You are not alone when you are doing it. From what I've heard there's great support and assistance. Look at the website. There's a tab to search into that a little bit more.
>> Alexis Barnes: To follow up on what Dianna said if you are interested in starting a chapter at GlobeMed, go to our website. Go to get involved tab and then hit prospective students and you can apply there.
>> Sylvie Rousseau: Thanks, Dianna and Alexis. We have a couple of questions here specifically asked about the Global Health FLOWS Program to internships. This one is asking about placements for early to mid career. Fellow in health policy. And what kind of work they would be able to do in the area of policy research.
So to answer this question directly, all of our, all of the Global Health Fellows Fellowships are doing policy advising. So these fellows are technical advisers working on a particular area. So I will bring this list back up. But most of the positions are very specific with regard to one of these areas or, you know, something that is not listed on here. This is just a sampling, but the positions are very specific. What you would do is sign up for our mailing list at GHF P.net and monitor the positions that are available and see if there's one to which you can match your skill set and level of experience and then apply for it. So the positions are very specific and you just have to find a good match and keep applying. We definitely had people who applied five or six or seven times. Due to the nature of the positions there they are pretty competitive. Don't get discouraged. Have informational interviews and apply to a variety of different positions with these organizations that the panelists have mentioned.
There is a question here from Felicie Hubbard. Are there exceptional list serves that the panelists would recommend joining as a prospective global health professional? They have listed good examples. HIPNET, defend net and particularly mailing lists that highlight internships and job postings. I can say right off the bat that GHFP-II has collected a number of job boards and we have a resource that we share freely. So we can put you in touch with that resource. Any other thoughts from our panelists? Mailing lists that can help in the job search?
>> Alexis Barnes: GHD online is a great resource. They have all different kinds of opportunities, positions, internships to look through. I believe that it is managed by the Harvard school of public health, but I could be wrong.
>> Rebecca Miller: I would also suggest defend net. Also PYXERA Global has a magazine online and current magazine called the New Global Citizen. We don't
list jobs but you might get a sense of some new organizations or topics that you might discover based on reading this magazine called the New Global Citizen.  

>> Sylvie Rousseau:  Thank you for those.  And we could also recommend the international health section of the APHA, the American Public Health Association. That is a particular public health working group focused on international health.  And they share resources as well.  

Feel free to contact us at communications@GHFP.net for that list of resources.  

It looks like our time is just about up of.  I would like to say thank you to everybody who submitted questions.  Thank you for joining us.  And thank you to our panelists especially.  

All right.  Have a good afternoon, everybody.  

(The webinar concluded at 3:00 o'clock p.m. EST.)