2011 Emory Global Health Case Competition

Connecting Students From Diverse Fields to Address a Global Health Challenge
Emory Global Health Case Competition Overview

The inaugural Emory Global Health Case Competition, held in spring 2009, was initiated and coordinated by members of the Emory Global Health Institute Student Advisory Committee (SAC). Brian Goebel and Tony Anani, two budding social entrepreneurs who were studying at Emory’s Goizueta Business School at the time, introduced the idea to the SAC. The purpose of the competition is to bring together students from multiple disciplines to address a global health issue in both a collaborative and competitive environment.

The 2009 competition was a huge success, attracting more Emory students than available team spots. Eight multidisciplinary Emory teams were given three days to determine and present their best strategies for alleviating severe childhood malnutrition in Ethiopia. A panel of judges comprised of business, health care, public health, and faith-based professionals awarded prizes to the first- and second-place teams.

The competition expanded regionally in 2010 to include guest teams from Duke University, the University of Alabama at Birmingham, and Vanderbilt University. Twelve multidisciplinary teams from four southeastern schools including Emory participated in the 2010 competition. The teams were asked to develop recommendations for the government of Gujarat, India on how best to reduce tobacco-related health and economic burdens while recognizing that tobacco product manufacturing is one of the province’s largest industries. A multidisciplinary panel of judges evaluated the cases and awarded prizes to the top four teams.
In 2011, the Emory Global Health Case Competition expanded nationally, making it the first national global health case competition of its kind. The 2011 competition included 12 teams from guest universities in addition to eight participating Emory teams. Guest teams came from Cornell University, Dartmouth College, Duke University, Princeton University, Rice University, Texas A&M University, University of Alabama at Birmingham, University of California at San Francisco, University of Pennsylvania, University of Southern California, Vanderbilt University, and Yeshiva University. General Electric Company served as the 2011 competition’s signature sponsor.

The 20 multidisciplinary teams were charged with developing 2012 programming priorities for Sofi Kannan, the case’s fictional Director of Programming for the East Africa Regional Office of the UN’s High Commissioner for Refugees. Sofi is responsible for developing programming for the 600,000 - 800,000 refugees in Ethiopia, Kenya, and Uganda who are under her organization’s care. However, her 2012 budget has been reduced by 50%, leaving her with the daunting task of prioritizing programs with severely limited resources.

The 2011 judges were experts in business, medicine, public health, international development, and governmental and non-governmental programming. First-round judges selected four finalist teams, which then presented to final-round judges after responding to the case “twist” that was announced one hour before their final presentations. The final-round judges awarded first- and second-place prizes as well as two honorable mention prizes and an Innovation Award to five different teams.

By hosting a national global health case competition, Emory has provided an innovative approach to help meet the increasing nationwide student demand for global health learning opportunities. According to a 2009 Consortium of Universities for Global Health survey of 37 North American universities, global health programs more than doubled for undergraduate and graduate students from 2006-2009 due to increased student interest. Many students explain that the competition is an attractive opportunity because of both its emphasis on multidisciplinary team work and because its case studies provide one of the more real-world experiences that they will have as students.
On Friday, March 18, 2011, all 20 teams gathered for an all-day work session at the James B. Williams Medical Education Building. For many of the teams, the work continued late into the night.
Case Summary

Sofi Kannan, the newly appointed Director of Programming for the East Africa Regional Office of the United Nations High Commission for Refugees (UNHCR), faces a complex web of health, socioeconomic, and politico-legal issues related to the approximately 600,000 – 800,000 long-term refugees in Ethiopia, Kenya and Uganda. She has also learned that her upcoming 2012 budget will be severely curtailed. She seeks advice from 20 multidisciplinary consultant teams, asking them to develop clear and justifiable strategic plans for the next fiscal year that she can present to her supervisors at the UN headquarters in Geneva in less than a week.

Political negotiations with the governments of Ethiopia, Kenya, and Uganda to find sustainable solutions for the refugees have largely been unsuccessful. Sofi was told resolutely that no government aid will be provided for refugees residing within the borders of these three countries. Also, while they committed not to forcefully repatriate the refugees, the governments of each country will not permit integration of refugees into their societies, and have implemented varying degrees of enforcement to ensure this.
Case Summary (continued)

Accounting for the severe budget cuts, teams must develop an operational plan that includes any combination of socioeconomic, regulatory, preventive, or curative interventions that could be effectively delivered within a regional strategic plan and evaluated in one year. The plan must also incorporate methods for sustainability and scalability over a three to five year period. It is unclear whether a single model applied to the region as a whole or a customized, country-based approach would be most appropriate. It is also unclear whether strategies could be developed to function in collaboration with ongoing efforts by existing organizations working in the camps or whether they would better function alone, as these also incur financial liabilities for UNHCR.

This challenging problem has no perfect solution and is riddled with countless permutations and tradeoffs. Teams must prioritize and find creative ways to optimize the situation. Amidst a global economic downturn, the best strategy will be demonstrably feasible and acceptable, and provide high returns on investment. The consultant teams only have four days to compile their data, recommendations, and justifications, and present their proposals to Sofi’s advisors.
Competition Day, Saturday, March 19, 2011, held at the Rollins School of Public Health. During the morning session, each team presented its recommendations to the first-round judges.
Participating Teams  Clockwise from top left: Dartmouth College, University of Pennsylvania, University of California at San Francisco, Texas A&M University
Clockwise from top left: Emory University, Princeton University, Emory University, Cornell University.
Clockwise from top left: Emory University, University of Alabama at Birmingham, Emory University, Yeshiva University.
Clockwise from top left: Emory University, University of Southern California, Emory University, Rice University. (Team photos not available for: Vanderbilt University, Duke University, and two Emory University teams)
Teams relaxing after their first-round presentations.
First-round Deliberations
The first-round judges acted as members of Sofi's Council of Advisors

First-round Judges (Clockwise starting from the top left)

Rob Stephenson, PhD, MSc
   Assistant Professor, Hubert Department of Global Health, Rollins School of Public Health
Martha Finn Brooks, MPA
   Director, Harley Davidson, Inc. and Bombardier, Inc.
Carmen Villar, MSW
   Chief of Staff, Centers for Disease Control and Prevention
J. Veronica Biggins, MA
   Managing Partner, Hodge Partners, Atlanta
Brent Burkholder, MD, MA
   Director, Global Immunization Division, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention
Emily Serazin, MPhil
   Principal, Boston Consulting Group
Peter Roberts, PhD, MA
   Assistant Professor, Organization and Management, Goizueta Business School
Susan Cookson, MD, MPH
   Medical Officer, International Emergency and Refugee Health Branch, Centers for Disease Control and Prevention
Judging Criteria

Team proposals were evaluated based on the following:

- Rationale/justification for strategy proposed (data and evidence demonstrated)
- Creativity/Innovation
- Organization/Clearity
- Delivery (voice, body, eye contact, extemporaneous delivery)
- Ability to defend proposals during the judges’ questioning

Judges were guided to look for content that included or addressed the following:

- **Clarity**: clearly defined priority issues, target populations, interventions, partnerships with other organizations in the camps, supplies, workforce recruitment, and training
- **Prioritization**: addressed the most pressing issues and used data and reasoning to support choices
- **Acknowledgement of tradeoffs & mitigation strategies**: identified challenges/risks associated with their plans plus potential avenues to minimize the negative impacts or seek “win-win” situations
- **Budget**: included plans for allocating available funds that are feasible and justifiable
- **Complexity**: addressed complexity and the overlapping nature of camp issues, and used a combination of regulatory, socioeconomic, preventive, and curative interventions
- **Monitoring and Evaluation**: included plans to evaluate the strategies proposed
Teams anxiously await the announcement of the four finalist teams.
Announcing the Twist: Breaking News on BBC World
An additional challenge that required the finalists to modify their presentations

“Protests have broken out in Nairobi over high unemployment rates, the highest in Kenya’s history. At a press conference, Interior Ministry officials alleged that refugees residing in UNHCR protected camps have been ‘stealing’ Kenyan jobs. The excess labor supply has destabilized the job market and driven wages down. The press has speculated that the government’s response may involve adopting measures that severely curtail refugee freedoms, could involve involuntary displacement of refugees, and/or may involve implementing potential punitive actions against the UNHCR. It is not clear whether these allegations are legitimate or the refugees in Kenya are merely being used as a scapegoat for the government’s own inefficiencies.”

Not knowing how these new developments will impact agency-government relations, refugee conditions and neighboring communities, or even neighboring countries, Sofi asks the consultant teams to reconsider and if necessary modify their proposals. Strategic plans for the coming year must still address regional refugee issues, but must also incorporate a plan to address these new developments.
Judges’ Feedback

While the four finalist teams made modifications to their case presentations in response to the case twist, the first-round judges provided feedback to remaining teams regarding what constitutes an excellent presentation.
The Final Four

After making their modifications in response to the case twist, the four finalist teams presented their case recommendations to the final-round judges.

The Final Four Teams
(opposite page, clockwise from top left)

- Dartmouth College
- Emory University
- University of California at San Francisco
- Emory University
Dartmouth College’s proposal sought to modify refugee programming by responding to available data using a dynamic data collection system called “Electronic Mobile Open-Space Comprehensive Health Application” (eMOCHA).
The first Emory team’s proposal aimed to align health priorities with prevention, focusing primarily on income generating programs such as rabbit farming and microfinance projects.
The University of California at San Francisco’s team focused on governance, economic development, food security, and health and shelter challenges.
The second Emory team focused its recommendations on capacity strengthening within refugee camps on every level - education, agriculture, economic development and health and security - with the goal of building independence among refugee populations.
Final-round Deliberation
The final round of judges acted as Sofi’s Senior Advisors

Final-round Judges (opposite page, from left to right)

Stephen Blount, MD, MPH
Associate Director for Global Health Development at the Centers for Disease Control and Prevention

Roger I. Glass, MD, PhD
Director, Fogarty International Center and Associate Director for International Research

Krista Bauer, MS, MBA
Director, Global Programs for General Electric

Barbara Lopes Cardozo, MD, MPH
Psychiatric Epidemiologist, International Emergency and Refugee Health Branch of the Centers for Disease Control and Prevention
Awards Ceremony

At the awards ceremony, Dr. Jeffrey Koplan offered his congratulations to all participants. He also offered his gratitude to the competition organizers and all of the competition sponsors.

Announcement of the Five Winning Teams

Opposite Page (clockwise from top left)

Innovation Award - Rice University
Ann Chou, Cindy Dinh, Chris Fan, Trishna Narula, Joshua Ozer, and Karthik Soora

Honorable Mention -
University of California at San Francisco
Erik Coker, Jessica deJarnette, Janelle Downing, Margaret Lloyd, Emily Mangone, and Robert Salerno

Honorable Mention - Dartmouth College
Allison Arensman, Saryah Azmat, Maija Si-wen Cheung, Vaidehi Mujumdar, and Cameron Nutt

Second Place - Emory University
Meghan Donahue, Irfan Kassem, Katrina Moore, Emma Sizemore, Adithi Srinivashia and Leah Zilversmit
The first place team: Jason Myers, Stephanie Stawicki, Abdul Wahab Shaikh, Andrew K. Stein, and Jenna Blumenthal. (Meridith Mikulich not pictured)
Clockwise from top: Case Competition Organizing Committee; Gretchen Van Ess and Amanda Stinger, Emory Global Health Institute Graduate Research Assistants; and Emory Global Health Institute Staff.
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The Institute thanks the competition’s judges and mentors for making the competition a success by providing their time, insight, and expertise.

The Institute thanks the Rollins School of Public Health and the Emory University School of Medicine for providing the excellent work and presentation spaces for this year’s competition.

The Institute thanks its Student Advisory Committee members for developing and coordinating this unique global health learning opportunity and extends a special thanks to the 2011 Case Competition Chairs, Emma Accorsi and Leslie Marshburn. Without the vision, energy, and effort of the Emory Global Health Institute Student Advisory Committee, the Emory Global Health Case Competition would not be possible.

And finally, the Institute thanks Dr. Mohammed Ali and staff members/Student Advisory Committee members Amanda Stinger and Gretchen Van Ess for the tremendous amount of time, effort, and thought they put forth coordinating this year’s competition.

THANK YOU!