Opportunities and Minefields: CanAID’s Strategy for Sri Lanka

2012 International Emory Global Health Case Competition
Connecting Students from Diverse Fields to Address a Global Health Challenge
Emory Global Health Case Competition Overview

Developed in 2009 by the Emory Global Health Institute’s Student Advisory Committee (SAC), the Emory Global Health Case Competition is an educational program that brings together students from multiple disciplines to address a global health challenge in a collaborative and competitive environment.

Brian Goebel and Tony Anani, two SAC members and Emory Goizueta Business School students, introduced the idea and worked with the SAC to coordinate the 2009 inaugural competition, which was a huge success that attracted more Emory students than available team spots. During that competition, eight Emory teams were given three days to determine and present their best strategies for alleviating severe childhood malnutrition in Ethiopia.

The competition expanded regionally in 2010 to include guest teams from Duke University, the University of Alabama at Birmingham, and Vanderbilt University to compete with nine Emory teams. The twelve multidisciplinary 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.
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 eight Emory teams and twelve guest teams from the following universities: 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 twenty 2011 teams were asked to develop 2012 programming priorities for the East Africa Regional Office of the UN’s High Commissioner for Refugees, which had just had its 2012 programming budget cut significantly.

In keeping with its annual growth, in 2012 the Emory Global Health Institute’s SAC hosted two global health case competitions: an intramural competition for Emory students and an international competition that included the winning Emory team from the intramural competition and twenty-two guest university teams. Visiting teams included: Boston University, The Claremont Graduate University, Cornell University, Dartmouth College, Duke University, Instituto Tecnológico Autónomo de México, McGill University, Northwestern University, Princeton University, Tulane University, University of Alabama at Birmingham, University of California at San Francisco, University of Chicago, Universidad de los Andes, University of Miami, University of Oxford, University of Pennsylvania, University of Southern California, University of Virginia, Vanderbilt University, Yale University, and Yeshiva University. Teams were asked to address the social and health disparities existing between Sri Lanka’s Tamil and Sinhalese populations for CanAID, Canada’s Agency for International Development.
While in Atlanta for the case competition, students were able to visit the David J Sencer CDC Museum, an educational facility that provides information about the Centers for Disease Control and Prevention, public health and the benefits of prevention. (Small top photos from www.cdc.gov/museum)
Summary of the Case

Students were asked to respond to the following case:

Opportunities and Minefields:
CanAID’s Strategy for Sri Lanka

Sri Lanka has a long, complicated, and war-torn socio-political history, which has resulted in major health and social disparities between the majority Sinhalese and minority Tamil populations.

CanAID, Canada’s Agency for International Development, has worked in Sri Lanka for several years and is currently reevaluating all of its bilateral programs amidst a wave of criticism for engaging with a country that is suspected of human rights violations. Bruce Anderson, CanAID’s country director for Sri Lanka, is charged with setting and justifying the agency’s strategic priorities for Sri Lanka for the next three years and will present this strategic plan to CanAID’s leadership in Ottawa.
Case Summary (continued)

During the strategic planning process, Bruce had concerns about the accuracy of the data available. He was especially suspicious of the data in a report compiled by a firm in Colombo as it appeared to resemble Sri Lankan government press releases. Bruce commissioned a second report by an independent firm and asked it to discuss the findings and arrive at recommendations through consultations with multidisciplinary consultant teams. Bruce and these multidisciplinary teams were then tasked with synthesizing the issues and articulating a vision for engagement in Sri Lanka that CanAID’s leadership would support.
Emory President James Wagner and Case Competition organizer Amanda Jones welcome participants.
(Left) Dr. Mohammed Ali explains the day’s activities. (Right) Emory Global Health Institute Director, Dr. Jeffrey Koplan with Emory President James Wagner.
The 2012 International Emory Global Health Case Competition included 131 participants representing:

5 Countries
15 U.S. States
23 Universities, and
24 Academic Disciplines

Clockwise from top right: McGill University, Princeton University, and Yeshiva University
Clockwise from top left: University of Southern California, University of California at San Francisco, Duke University, and Universidad de los Andes
Clockwise from top left: University of Virginia, Claremont Graduate University, Yale University, and University of Oxford
Clockwise from top left: Tulane University, University of Alabama at Birmingham, University of Miami, and Dartmouth College
Clockwise from top left: Emory University, Instituto Tecnológico Autónomo de México, University of Chicago, and Cornell University
Clockwise from top left: Northwestern University, Boston University, Vanderbilt University, and University of Pennsylvania
Judges for the 2012 International Global Health Case Competition
Front Row (left to right)

Phil Jacobs
Founding Partner, The Pendleton Consulting Group; Senior Consultant, Coxe Curry and Associates

Rebecca Martin, PhD
Director, Global Immunization Division, CDC

Harold W. Jaffe, MD,
Associate Director for Science, CDC

Veronica Biggins
Managing Director of Diversified Search

Moitreyee Sinha
Technology Leader, General Electric Company

Martha Katz
Director Emeritus of Health Policy, Healthcare Georgia Foundation

Back Row (left to right)

Michael T. Petrik
Partner, Alston & Bird, LLP

Marni Vliet
Healthcare Consultant; Former President and CEO of the Kansas Health Foundation

Gene W. Matthews
Director, The Network for Public Health Law and Senior Fellow, North Carolina Institute for Public Health

Dave Peterson
Founder, North Highland Worldwide Consulting

Charles Stokes
President and CEO, CDC Foundation

(Not Pictured) Edward S. Heys, Jr.
Deputy Managing Partner for Deloitte & Touche, LLP
Some of the judges provided feedback to teams regarding what constitutes an excellent case presentation. Participants had the opportunity to discuss specific issues with the judges.
The Twist

After the four finalists teams were announced, they were instructed to revise their presentations so they would be suitable for presentation to Sri Lankan government officials.

Finalist Teams included: Boston University, Emory University, Instituto Tecnológico Autónomo de México (ITAM), and University of Southern California.
Boston University’s team focused its case on three major interconnected initiatives: 1) reconciliation, 2) mobile empowerment, and the 3) development of community centers, that together, would promote equitable health care access, information exchange, and cultural understanding between the Tamil and Sinhalese populations.
The Emory University team focused its case on improving mental health and mental health care access through community restoration initiatives in Sri Lankan regions that had disproportionately low-mental health care services available.
The ITAM team focused its case on improving health equity between Sri Lankan ethnic groups through projects designed to improve maternal and child health, communicable diseases, chronic diseases, and mental health.
The USC team focused on working with the Sri Lankan government to learn their priority issues, however, it proposed to fund areas that have the most objective need regardless of ethnic configuration. Specific projects included those that promoted food security, micro-financing, post-conflict relief, and local capacity building.
At the awards ceremony, Dr. Jeffrey Koplan offered his congratulations to all of the participants and his thanks to the competition’s sponsors, judges, and mentors. Phil Jacobs, a competition judge, announced the winning teams.
Award Recipients

Innovation Award
University of Alabama at Birmingham
Michael Nelson, Anna Joy Graves, Ranjith Kasanagottu, Abena Afriyie, Nathaniel Rogers, and Rebecca Williams

Honorable Mention
Instituto Tecnológico Autónomo de México
Andrea Isoard Arrubarrena, Liliana Cecilia Pineda Arias, Christian Ferando Cueller Perez Rea, Leticia Eugenia Segura de los Rios Alvarez, Isabel Argelia Segura del Rio and Maria Fernanda Cobo Armijo

Honorable Mention
University of Southern California
Peter Eskander, Hao-Hua Wu, Jasmine Thum, Sarah Bridge, Divya Bhamidipati, and Rebecca Gao
Second Place Team: Boston University
Ivan Busulwa, Sunil Nair, Daniel Silva, Margaret Meyer, Catherine Shih, and Darash Desai
First Place Team: Emory University
Moitreyaee Sinha (Judge and GE Representative) Aidan Varan, Anne Herold, Jennifer Richards, Bradley Wagenaar, Britt Gayle, & Sandra Dube
Acknowledgements

The Emory Global Health Institute gratefully acknowledges the support of its 2012 Emory Global Health Case Competition corporate sponsors.

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, the Emory University School of Medicine, and the Woodruff Health Sciences Center 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. 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 extends a special thanks to Dr. Aimee Webb Girard and Dr. Mohammed Ali and Case Competition Chairs/Institute staff members Amanda Jones, Colleen Laurence, and Dell McLaughlin for the tremendous amount of time, effort, and thought they put forth coordinating this year's extramural competition.

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