GLOBAL HEALTHSHARE INITIATIVE

AND THE “POWER OF SHARING”

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Global HealthShare (GHS) initiative is a new program at the University of California at Davis with a vision to increase global health citizenship, one healthy village at a time. Its mission is to promote global health and wellness through the power of sharing knowledge, technology and resources.

GLOBAL ECONOMIC PYRAMID

1 billion people live in the 21st century
1.5 billion live in the 20th century
2.5 billion live in the 19th century
4.5 billion people are not currently part of the global economy
2 billion live in Stone Age conditions

Potential market size for food and health is about $4 trillion

POWER OF SHARING

GHS’s operational strategy integrates the talents of over 40 world-class academic researchers, philanthropic organizations, local social entrepreneurs, and private-sector partners to bridge the healthcare gaps between the developed and developing world.

GHS BRIDGES THE GAPS

A PUBLIC-PRIVATE PARTNERSHIP TO REACH THE UNDERSERVED

The hybrid value chain (HVC) model of management leverages the capabilities and resources of both the business and citizen sectors to enable the delivery of health products and services to low-income populations in a more cost-effective way. By simplifying existing value chains, GHS actually lowers the cost to make health solutions available to people currently not covered by the global market.

HYBRID VALUE CHAIN

end user

Donors

Social Entrepreneurs

Companies

End User

Low-income populations gain improved livelihoods and hospitals can treat patients with low cost solutions.

Social Entrepreneurs

Locals provide access to markets and practical, innovative production and distribution channels.

Companies

Companies provide operational expertise, scalability, and sustainability.

GHS BRIDGES THE GAPS

GHS is bridging gaps that have prevented proven healthcare products and services from reaching the last mile. These gaps include: knowledge and capital expenditures, GHS can deliver safe and effective health solutions in a timely and cost-effective manner to those who need them the most — women, children, the poor and the underserved.

Creating on the collective wealth of its members and partners, GHS is steering a path toward its mission of saving and improving human health solutions.

Academics

Provide intellectual property, technical expertise, and research infrastructure.

Donors

For-profit, non-profit, government agencies and NGOs fund humanitarian causes generate social change.

Social Entrepreneurs

Companies provide operational expertise, scalability, and sustainability.

HVS PROVIDES SOLUTIONS

Rwanda Dairy Competitiveness Program II

Building one healthy village at a time, smallholder dairy farming lowers the rate of malnutrition, obesity, social stress, and provides self-employment, particular in women and their families.

Country/Region: Kigali City, Rwanda

Partners: Land O’Lakes, Inc.; International Development, USAID

Project Objectives:

• Training in animal husbandry, farm management practices, all-hazards preparedness, and value-added branding and processing with novel technologies designed for the rural setting.
• Remote diagnostics and treatment algorithms through telemedicine.
• Kigali dairy development: for example, focusing on productivity, access to equity issues, high costs of production and marketing, and linkages along the dairy supply chain.

Reducing the Burden of Rabies in Bangladesh

The use of this project is to produce novel vaccine therapies through non-synthetic means that can achieve the rabies vaccine product and the rabies vaccine product in the developing world.

Country/Region: Sundarban Region, India

Background: Rabies is a viral zoonotic disease present throughout much of the developing world, including Bangladesh. Globally, over 55,000 people each year become infected with the virus, with a mortality rate of 100%. Most cases of rabies occur in rural settings due to unreliable sources of energy and clean water.

Project Objectives:

• Accelerate translation of novel, plant-made rabies therapies into safe, effective and affordable vaccines.
• Establish safety and efficacy data in human and animal clinical trials.
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• Expand partnerships to ensure market access for end-user behavior.

Creating the Developmental Infrastructure (CODI) in the Bhutanese Himalayas

Although the Bhutanese government has taken important steps to address the must pressing needs of the majority of its citizens, it is still faced with major challenges to provide basic health services and improve general living conditions in the country.

Country/Region: Gewog of Laya, Trongsa district, Bhutan

Background: The Bhutanese people of the Laya region face a variety of challenges to improve their general health status, including lack of clean water, sanitation, basic healthcare infrastructure, and transportation.

Project Objectives:

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Promoting Nutritional Health in the Sundarban Region of India

Access existing social capital in the form of MWSSM, educators and Health practitioners, through the existing distribution networks to deliver world-class nutrition and agricultural expertise to rural populations.

Country/Region: Sundarban Region, India

Partners: Ramakrishna Mission Vivekananda University (RMVU), Belur Math, India

Background: The ecologically important mangrove forest of the Sundarban, India is a unique, vulnerable region where households face socio-economic adversities and environmental hazards which lead to undernutrition and growing health challenges. Moreover, climate change and other environmental factors cause a cycle of chronic poverty, seasonal crop failures, and physical access barriers, compounded by a lack of public health education and efficient delivery of health services.

Project Objectives:
• Conduct epidemiological studies of issues in nutritional health.
• Create district learning programs for crop management advisory.
• Vocational training and market support for rural health workers.

Promoting Nutritional Health in the Sundarban Region of India

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Power of Sharing

7 billion people living today
2.5 billion people are consumers with access to food & health products.
1.5 billion live in the 20th century
2.5 billion live in the 19th century
4.5 billion people are not currently part of the global economy
2 billion live in Stone Age conditions