Advancing Global Health in Academic Public Health

ASPPH Global Engagement and Partnerships Advisory Committee

ASPPH ASSOCIATION OF SCHOOLS & PROGRAMS OF PUBLIC HEALTH

ADVANCING GLOBAL HEALTH IN ACADEMIC PUBLIC HEALTH

Current Context

Global health cooperation is more essential than ever amid rising complexity, deepening fragmentation, and growing geopolitical tension. Multilateral cooperation frameworks are shifting amid increasing fragility and systemic vulnerabilities in global health financing, creating uncertainty about sustained commitments and the capacity to respond to shared threats. These pressures are compounded by the rising frequency and interconnectedness of transnational risks, which no country can effectively address in isolation. At the same time, the global environment is marked by legacies of colonialism, growing nationalism, and fragmented approaches to collective action. Persistent marginalization and imbalances in power, resource allocation, and voice – particularly in knowledge production, agenda-setting, and decision-making – undermine effective and equitable global action. Rapid advances in digital health tools and artificial intelligence promise meaningful improvements in surveillance, coordination, and service delivery. However, they also intensify the risk of misinformation spreading and of a widening digital divide.

Key Transnational Risks

- Pandemics
- Climate-driven health crises such as extreme weather and heat
- Antimicrobial resistance
- Forced migration
- Conflict
- Economic shocks

Equity, accountability, and representative, inclusive governance must therefore anchor the next phase of global health iteration and cooperation. Many current pressures are amplified by uneven national and institutional capacity to translate global commitments into effective local action. Targeted investment in governance, workforce development, and implementation systems is critical to prevent widening gaps in health outcomes and stronger accountability, and robust accountability frameworks will be essential to ensure that global commitments translate into tangible, equity-oriented results. Global health must be redefined, and approaches must remain responsive to regional diversity and context-specific realities. Around the world, academic public health institutions are uniquely positioned to bridge evidence, policy, and practice across borders, address gaps therein, and do so in ways respectful of local culture and inclusive of local values. By strengthening knowledge-to-action pathways, public health workforce readiness, and cross-border partnerships, the academic community can serve as a leader in aligning global priorities with country and community needs and addressing the needs of the profession.

Today's most urgent public health challenges cross borders and systems. No country, sector, or institution can address these threats alone. Academic public health must prepare a workforce capable of translating global commitments into effective local action while strengthening accountability, inclusive governance, and context-responsive practice.

This moment calls for decisive, adaptive leadership and innovative, equitable partnerships from academic public health to advance a more coordinated, accountable, and equitable global health future.

Why Global Health Still Matters: The "Glocal" Argument



Global health is inherently and increasingly "glocal" (global-to-local): the forces shaping health – infectious threats, climate impacts, migration, supply chains, and information ecosystems – are transnational, but their consequences are experienced locally. Local data strengthens global preparedness, and global coordination protects local communities; state and local health departments require connections to international disease surveillance, and global health initiatives fail without culturally grounded, locally led implementation. In an interconnected world, the divide between domestic and global health is increasingly eroding. Real-world experience demonstrates that "glocal" approaches save lives. The benefits of global health cooperation are visible in everyday public health practice: international disease surveillance informs local preparedness; culturally grounded vaccination and outbreak responses save lives; climate-driven displacement affects local service systems; and rapid cross-border learning shapes responses to emerging threats. These examples underscore why global health must be understood as core to public health education, not as an optional or supplemental area of study. Academic public health enables this by preparing practitioners to act effectively in local contexts while sustaining international/global research, learning, and collaboration, even amid political uncertainty or funding disruptions. Investing in these "glocal" capacities strengthens health systems' resilience, locally and globally.

Global health is local health. Local data, local leadership, and local implementation strengthen global preparedness; global coordination, research, and learning protect local communities.

Global health should not be understood as a field concerned only with issues "elsewhere." Global health should be defined as a field concerned with health issues "everywhere." The structural and transnational forces that shape health are present within every country and are often experienced most acutely within communities that have long been marginalized. "Global" does not mean distant; global health involves working across national boundaries and health systems, as well as across profoundly different political, cultural, and institutional contexts. Preparing students for current global health realities, therefore, requires helping them understand that "global" and "local" are inseparable, that health is a human right, and that effective leadership depends on the ability to work respectfully across differences, communicate strategically, and build solutions collaboratively.



Academic public health institutions play a unique role in this system as critical engines of bidirectional learning, translating global evidence into locally relevant action while elevating community-informed knowledge to shape global agendas. Academic and research collaborations can provide continuity in global health cooperation by sustaining joint training programs, shared disease surveillance platforms, and scientific convenings, though these collaborations must also be designed with attention to the political, financial, and institutional pressures that may constrain or disrupt them. Academic public health institutions can also help bridge gaps by connecting directly with multilateral partners and by collaborating with US-based and international global health organizations to maintain technical coordination when governmental priorities shift. This bridging role is essential to ensure that strategies remain both scientifically sound and contextually responsive. Partnerships among universities, civil society organizations, and global, multilateral institutions sustain scientific exchange and learning across borders, even amid political shifts, conflicts, and emergencies. Preparing the future workforce, therefore, requires "glocal" competencies – systems thinking, implementation science, cross-sector collaboration, public health diplomacy (i.e., the ability to build trust, negotiate shared priorities, communicate across political and cultural contexts, and sustain collaboration among governments, institutions, communities, and other partners), advocacy, and cultural humility – so that professionals can navigate local realities responsively while engaging with global systems effectively and adaptively. We must prepare public health professionals who recognize that strengthening health systems anywhere strengthens them *everywhere*. Schools and programs of public health also have a responsibility to prepare students to communicate clearly with public audiences about *why* global health matters locally. This includes helping students translate complex global health issues into accessible, relevant messages that build public understanding, strengthen trust, and demonstrate how global cooperation protects local communities. It also requires cultivating norms of transparency and shared learning, so that lessons from global and local practice are communicated openly, responsibly, and in ways that support accountability and continuous improvement.

Schools and programs of public health can meet this moment by preparing graduates to:

- Think and act across local, national, and global systems.
- Build reciprocal partnerships grounded in local knowledge and leadership.
- Communicate clearly across cultures, institutions, and public audiences.
- Use data, technology, and evidence responsibly across contexts.
- Advance shared accountability and measurable impact.
- Sustain collaboration through political, financial, and institutional change.

Our Principles

- **Global health is local health.** Local action strengthens global capacity, and global solidarity strengthens local resilience.
- **Inclusive and equitable governance must be explicit.** We must address power structure and resources; whose knowledge is produced, valued, and shared, and the means by which this is done.
- **Global health education must be co-created and reciprocal.** Competencies, partnerships, and problem-solving approaches should be shaped with – not *for* – partners across regions, recognizing local institutions and communities as experts.
- **Collaboration must evolve.** New forms of partnership, new actors, and new tools are essential to meet today's challenges.
- **Workforce preparation must align with reality and position students to lead.** Training should reflect the skills needed for modern practice - systems thinking, technology, diplomacy, and implementation - and recognize how students' energy, networking capabilities, advocacy capacity, and technological fluency position them as future leaders and a critical force for change.
- **We must inspire action by balancing realism with possibility.** While acknowledging urgency is critical, we must place the challenge(s) in context, illuminate opportunity, and center the voices and stories of those most impacted to motivate action effectively.



Recommendations

In these recommendations, we do not seek to suggest that schools replace foundational public health training; rather, we are proposing a "glocal" overlay that strengthens contextual awareness, equity-centered practice, and the ability to work effectively across borders in ways that respect – and are guided by – local knowledge, values, and leadership. These recommendations are also intended to align with existing and emerging CEPH foundational knowledge and competency areas, particularly those related to systems thinking, communication, interprofessional and cross-sectoral practice, policy, advocacy, and culturally responsive public health practice. Framing global health as "glocal" can help schools and programs strengthen these competency areas across curricula without replacing foundational public health training.

RECOMMENDATIONS FOR SCHOOLS AND PROGRAMS OF PUBLIC HEALTH		
i.	**Strengthen curriculum**	▪ Integrate key content including the political economy of global health, innovative financing mechanisms, digital health tools and data systems, AI and the ethical and efficient use of emerging technologies across contexts, cross-cultural partnership ethics, advocacy in complex political environments, and the roles of history, power, and colonialism in producing health inequities. ▪ Develop or integrate modules on global health ethics, ethical preparation for global field experiences, and armed conflict as a public health issue, including attention to power asymmetries, informed consent, benefit sharing, data ownership, student safety, humanitarian response, attacks on health care, displacement, and accountability to host communities. ▪ Train students to assess whether the questions we ask, the data we collect, and/or the interpretations we produce are culturally grounded, contextually valid, and meaningful across settings. ▪ Create structured opportunities for students and faculty to examine their own positionality, assumptions, and institutional power before engaging in global-local partnerships.
ii.	**Foster direct academic and community-rooted partnerships**	▪ Strengthen reciprocal and balanced partnerships with international public health institutions, research networks, and global health organizations, including smaller and under-resourced institutions whose expertise is often overlooked. ▪ Cultivate sustained partnerships with non-academic actors, including community-based organizations, local governments, and mission-aligned private-sector partners, where appropriate. ▪ Design partnerships that create ongoing, protected channels - such as memoranda of understanding, standing joint teaching agreements, shared digital platforms, data-sharing protocols, faculty and student exchange structures, and jointly governed curriculum-development processes — that can help sustain collaboration through political volatility, funding disruptions, and shifting governmental priorities. ▪ Design partnerships in a way that supports durable faculty, alumni, and institutional networks, promoting mentorship, peer learning, and collaboration over time.

iii.	**Co-create competencies and curricula across regions**	▪ Enhance and align with existing global health, public health, and interprofessional competency frameworks, including prior work by ASPPH, CUGH, WHO, CEPH, and other partners, while adapting them to reflect current glocal realities, political and funding disruptions, digital transformation, and the needs of ASPPH member institutions and global partners. ▪ Develop, adapt, and evaluate teaching materials and assessment approaches in partnership with institutions and practitioners across low-, middle-, and high-income settings ▪ ASPPH and member institutions should consider convening a collaborative process, with meaningful co-leadership from international institutions across income levels, to map, adapt, and extend existing competency frameworks and develop an accompanying self-assessment tool to support curriculum mapping, help students assess academic growth, and provide programs with actionable data to strengthen global health education over time.
iv.	**Prepare graduates to lead within - and improve - complex systems**	▪ Train students to work effectively within fragmented systems ▪ Equip students to strengthen and help redesign systems over time. ▪ Prepare graduates to navigate diversified funding; communicate strategically across cultures, institutions, and public audiences; apply health literacy and social marketing principles to build trust and support informed action; leverage technology for cross-context coordination; and build coalitions among NGOs, businesses, academic institutions, governments, and communities. ▪ Ground core skills in systems thinking, adaptive leadership, cultural humility, and resilience.
v.	**Center student voices**	▪ Engage students as co-designers of curricula, partners in research, and leaders in advocacy efforts. ▪ Create platforms for student-led innovation in global health cooperation models, financing mechanisms, and partnership approaches.
vi.	**Elevate local knowledge globally**	▪ Design global health education and research to be locally driven and globally relevant. ▪ Ground training and inquiry in contextual knowledge and lived experience. ▪ Partner with local leaders and communities to develop solutions that reflect social, political, and historical realities that shape health on the ground while generating insights that can inform public health practice worldwide.
vii.	**Embed hands-on, "glocal" experiences**	▪ Provide opportunities for students to engage directly in local-global health initiatives, community programs, cross-border research, virtual exchange, and multilateral collaborations ▪ Design experiences with explicit attention to reciprocity and mutual benefit with clearly articulated - and periodically reviewed - expectations, roles, benefits, and accountability mechanisms
viii.	**Break down silos through interdisciplinary training**	▪ Integrate public health with economics, technology, environmental sciences, and policy ▪ Expose students to how other disciplines — including anthropology, environmental sciences, economics, law, technology,

		communications, and policy — formulate questions and contribute to public health practice, research, and systems change.
ix.	**Build digital fluency for action**	▪ Build student mastery of data analysis, remote coordination, AI-enabled tools, and digital equity strategies ▪ Enable students to navigate misinformation, leverage technology responsibly, and drive evidence-based solutions globally and locally. ▪ Include in this preparation ethical analysis of how digital tools are deployed and governed across different countries and contexts.
x.	**Champion co-created and ethically-conducted research with communities**	▪ Prioritize and design partnerships in which communities shape research methods and solutions ▪ Support authorship, attribution, and dissemination practices that appropriately acknowledge and credit local knowledge producers, community partners, and collaborators.
xi.	**Develop early engagement pathways**	▪ Introduce public health and global health perspectives earlier in the educational pathway
xii.	**Institutionalize advocacy and leadership pathways**	▪ Create platforms for student-led innovation and policy engagement, positioning graduates as empowered agents of change in global health.
xiii.	**Track outcomes to drive accountability**	▪ Identify indicators and continuously measure how training translates into impact, using insights to refine curricula and demonstrate the tangible value of preparing leaders for a connected, resilient world. ▪ ASPPH, in collaboration with member schools and programs, should identify a shared set of feasible indicators to track progress on global health education, partnership development, student engagement, and institutional impact. These indicators should be adaptable to local institutional context while allowing ASPPH to assess field-wide progress over time

NEAR-TERM ACTIONS (6 – 12 MONTHS)

To support immediate implementation, schools and programs may begin by:

- mapping existing curricula against global-local health competencies;
- identifying current partnerships that could support reciprocal learning;
- integrating one or more global-local case studies into core courses;
- creating structured opportunities for student input; and
- identifying indicators to track progress over time

Implementation guidance and additional opportunities for discussion, including webinars and other convenings, will follow as part of a subsequent phase of this work.

Companion Resources for Additional Audiences

Student Engagement and Leadership

While the primary audience for this framework is schools and programs of public health, students are essential partners in shaping the future of global health. Their perspectives, networks, technological fluency, and advocacy capacity can help institutions translate global-local learning into action and ensure that curricula, partnerships, and practice opportunities reflect the realities of the next generation of public health leadership. Recommendations for students will therefore be offered as a companion resource to support student engagement, leadership, and innovation alongside institutional action.



External Alignment: Partners and Funders

Given that schools and programs of public health cannot advance this agenda alone, ASPPH anticipates developing a companion resource focused on opportunities for external alignment with partners and funders, including funding, policy, and partnership environments that can support reciprocal, sustainable, and context-responsive global health engagement.



Broader Global Health Alignment

Academic public health institutions are part of a larger global health ecosystem that includes professional associations, civil society organizations, public health agencies, multilateral partners, funders, private-sector actors, and communities. While this framework focuses primarily on the role of schools and programs of public health, broader alignment across the global health community will be essential to advancing reciprocal partnerships, inclusive governance, shared accountability, and sustained local-global action. Recommendations for the broader global health community will be provided as a companion resource to support continued dialogue, coordination, and collective engagement.



Moving from Commitment to Action

Academic public health has a duty to serve as an example – by being innovators and leaders in this space – and to prepare graduates for the reality of modern global health, which has become inherently complex, political, technology-enabled, and fundamentally equity-driven. This report and the recommendations identified herein are grounded in a unifying public health purpose: preparing graduates and institutions to protect health, strengthen communities, and respond effectively to shared threats across local and global contexts. While institutions may operate in different political environments, the core goals of effective communication, community trust, reciprocal partnership, and evidence-informed action remain essential to public health practice. This moment demands that schools and programs reimagine curricula, strengthen international partnerships, and center equity in pedagogy and practice. It requires funders and vested partners to diversify and stabilize financing, invest in infrastructure that enables distributed collaboration, advance community-driven solutions and innovations that scale global health impact, and support representative, equitable governance models that meaningfully elevate historically marginalized voices. Students and young professionals have a vital role to play by leveraging their networks and technological fluency to drive innovation, co-create solutions, maintain scientific exchange across borders, and advocate for equity and justice. We look to the global community to embrace shared accountability, inclusive governance, and transparent decision-making, and to recognize that true health security – the building of resilient, adaptive, and equitable systems – is a shared responsibility.

This is a call for bold, adaptive, and engaged leadership and innovative partnerships anchored in equity and grounded in practice. It requires a shift in mindset: academic public health must move beyond approaches that view certain countries and communities principally through a lens of need and instead recognize them as essential sources of expertise, innovation, and leadership. Preparing graduates for modern global health realities requires transparency about crises, resource constraints, and geopolitical instability, while equipping them to respond with humility, reciprocity, and creativity. By strengthening “glocal” capacities across research, education, policy, and implementation, academic public health and its partners can help move global commitments into sustained local action and prepare leaders who act with vision, equity, and impact in a complex, interconnected world.

The recommendations in this report are intended to establish a shared foundation for action, while recognizing that schools and programs of public health operate within distinct political, institutional, financial, and regional contexts and bring different capacities, structures, and priorities to this work. They should not be understood as defining the limits of what academic public health can or should do. At a moment when global health cooperation and public health institutions face significant and evolving pressures, we encourage institutions with the capacity and opportunity to go further – to deepen curricular integration, strengthen and sustain strategic partnerships, elevate effective advocacy and public engagement, invest in global health leadership, and develop additional approaches responsive to their communities and circumstances. Collectively, these efforts can help academic public health not only respond to the challenges of the present, but actively shape a more resilient, equitable, and ambitious future for global public health. Together, we can turn commitment into action, strengthening local impact, advancing global health, and shaping a more just, adaptive, and resilient future.