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Straight talk with... Jonathan Quick

In April 2012, an e-mail announcing the impending closure of the Global Health Council following the cancellation of its annual conference sent shockwaves through its community of 325 organizational members spanning 39 countries. For 40 years, the Alexandria, Virginia–based nonprofit had acted as an umbrella organization for stakeholders that include some of the world's most prominent medical institutions and drug companies. As the June 2012 closure of the GHC approached, several members stepped in to rescue the operation, including Jonathan Quick, a family physician and CEO of Management Sciences for Health, a Cambridge, Massachusetts–based outfit that works to strengthen health systems and infrastructure around the globe.

In January, a new GHC board was elected, with Quick at the helm. In the ensuing months the board members have built the organization back up—albeit as a leaner and more targeted operation. This past summer, they launched a revamped website (www.globalhealth.org) and are looking ahead to convening GHC members at the UN General Assembly on 18 September in New York, where the discussion of Millennium Development Goals will take place. As *Nature Medicine* went to press, the relaunched GHC was in the midst of recruiting for its first staff position, executive director. **Roxanne Khamsi** spoke with Quick about the health of the organization.

What brought the GHC to the brink of closure?

It's like any success or any problem. [The GHC] has a lot of stories, and it seemed to be a perfect storm of shifting donor interests and timing of the annual meeting. It really came as a surprise to the members.

By 'shifting donor interests', do you mean shifting away from global health?

No. Within global health, a shift by some of the funders from wanting to

fund things through a member organization like the GHC to supporting specific advocacy efforts and advocacy groups.

How did things start back up?

What happened was immediately a bunch of members said, "Wait a second, how can the largest community of global-health people in the world not have a common voice?" We convened a small breakfast, on May 1st, literally within weeks of the e-mail [announcing the closure of the GHC] coming out and before the doors shut. And at that breakfast we formed what was called the IMG, the interested members group, of the GHC. Within a couple of weeks we had a steering committee and we met every Wednesday morning at 9 a.m. for months. We immediately engaged with the current board members, who were very open and helpful. We did a members survey and we had a virtual town hall meeting in August [2012].

What was the next step?

We agreed there would be a new board election, and what the outgoing board said was, "Look, let's make a clean break. Because we have the legal authority, we will convene the election, but you, the IMG, manage the nomination process and elect the board. On December 31st we will all resign and on January 1st there will be the new board."

Are you recreating the GHC that existed before, or is there something substantially different about today's incarnation?

The fundamental principle is that we are not creating what existed. We are reimagining [the] GHC as what it needs to be and reanimating it in a different way. The reality is [that] what you had was what was at its peak an \$8-million nonprofit that went bankrupt. We had to start from scratch. So one difference is that it's a much leaner organization. We started [on] January 1st with no staff and no bank account. Rather than [setting up an] entire staff, we engaged a secretariat. All of the administrative work now, the finance, the materials for meetings, the new website, which has come live, that's all being handled through a contract with Global Impact, a Washington, DC–based nonprofit that does support for [nongovernmental organizations].

What has stayed the same?

I think that several of the core objectives are exactly the same—and that is to be a common voice for the global health community, to facilitate an exchange among members and to take the message to [Capitol] Hill and the [Obama] administration on the value of global health. The 501(c)(3) [nonprofit status] of the Global Health Council never ended. People's membership never ended. And so the membership today remains the 4,500 members that [the] GHC had a year ago. We've got 325 organizational members including 50 of the largest nonprofits in global health.

How did you first get involved with the organization?

My first experience with the Global Health Council was in 1982. I was doing my family medicine residency in North Carolina and had been doing some research as a student and came up to Washington, DC, for what was then the National Council for International Health [and later became the GHC]. I was just absolutely stunned by seeing this whole community of people involved in global health. So I've been involved over the decades.

Will the GHC still run its flagship event, the annual International Conference on Global Health?

We're going to do a thoughtful strategic plan that says, "OK, we're in a different world, we're in a different resource setting, what do we most need?" We haven't gotten to the end of the process to say we will or won't have a conference. There's still a strategic planning process going on with the board and the members to answer some of those longer-term questions.