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Professional Curriculum Vitae

Professor Francesca Celletti, MD

Education

- 1997-1998 Post-Doctoral Fellowship, Stanford University, USA
- 1991 – 1994 Residence in Internal Medicine, University of Bologna, Italy and Harvard University, USA. Graduated with magna cum laude
- 1985-1991 Medical Doctor (MD), University Of Bologna, Italy. Graduated with magna cum laude

Professional and Academic experience

My professional and academic experience spans 19 years, taking me from the front line of health service delivery as a medical doctor and/or public health specialist in Europe, the Middle East, and Africa; to management of international public health programs in The World Health Organization; and to the Elizabeth Glaser Paediatric AIDS Foundation to lead the technical assistance to a service delivery platform of more than 6,000 sites in 19 countries and to design and implement innovative health service delivery programs. During these years I have developed and managed a number of public health initiatives, complex health programs, health policy reforms, financing investments and health service delivery programs and widely demonstrated my capacity to conceptualize, develop, and implement important international health initiatives. This translated in creating international multi-stakeholder partnership that have been able to make a critical difference and impact the well-being of many citizens globally.

My academic experience started with medical research at Stanford University in 1997 focussing on the assessment of medical drugs for utilization in low resource settings and by underserved population – research that has been published in some of the highest impact medical peer reviewed journal. While in WHO, even if not being associated to an academic institution, it evolved in policy research when I was working in WHO where I focused on evidence based policy analysis and specifically on the classification, characterises, and typology of the evidence needed to develop policy. I was the PI of a multi-country study focussed on human resources for health conducted by a group of 70 people in 5 countries that generated novel evidence to develop WHO policy guidelines on task shifting. More recently, while working in a private foundation, my research has focussed on the generation of evidence in the introduction of broad range of health innovations in low resource settings.

Professional appointments

February 2016 – present: Vice President, Innovation and New Technologies, Elizabeth Glaser Pediatric AIDS Foundation

- Lead and implement an innovation strategy focussing on the introduction of innovative ground breaking solutions into national health programs to solve the most critical challenges of health service delivery in 19 countries in collaboration with national and international implementing partners and with appropriate national technical working groups.
- Lead the design and implementation of an evaluation framework to assess the impact of the introduction of innovations into country program, generate novel evidence, and inform policy making through an innovative programming cycle.
- Published the results of the evaluation framework in peer-reviewed journals
- Lead a team to support national government of 19 countries in the implementation of innovative service delivery models to improve efficiency and cost-effectiveness.
- PI of the 65M USD EGPAF/UNITAID project introducing innovative point of care technologies to optimize HIV testing in infants in 9 African countries and with a team of 130 people.
- Manage a team of 12 staff at global level.

10/2014 – January 2016: Senior Director, Technical Assistance, Innovation and Sustainability, Elizabeth Glaser Pediatric AIDS Foundation

- Lead and manage a team of 14 staff through objective settings; work-planning; and staff professional development
- Re-engineer the strategy for internal and external technical assistance to country programs through support to the Ministry of Health
- Re-engineer the strategy to introduce technology and program innovations to improve access and quality of health services
- Lead and support operationalization of the strategy on sustainability towards transition of program support to country governments and local NGOs
- Lead the positioning of the Foundation as a global technical leader in the HIV service delivery arena.
- Published in peer-reviewed journals.

10/2013 – 9/2014: Director, Sustainability and Health Systems Strengthening, Elizabeth Glaser Pediatric AIDS Foundation

- Developed the strategy for HSS and sustainability to support programs in 19 countries
- Lead and managed a team of 3 people through objective settings; work-planning; and staff professional development
- Lead and managed the development of new partnerships with multilateral organizations such as UNAIDS and UNITAID; and other private foundations and philanthropies.
- Coordinated and managed programs in 19 African countries aimed to support sustainability of the foundation investments on expansion of HIV treatment
- Developed and lead an innovations incubator to assess novel interventions including commodities for further expansion of HIV treatment in low resources setting
- Conceptualized and designed a project for introduction and scale up of innovative technology for testing of HIV exposed infants in Sub-Saharan Africa countries granted \$64M USD by UNITAID

1/2013- 9/2103 Freelance consultant

- Consulted with:
International Federation of Red Cross/Red Crescent for development of community-based model for expansion of HIV treatment
UNAIDS for development of fund raising proposal
IAPAC for development of guidelines on optimization of the HIV treatment cascade - to be published in Annals of Internal Medicine.

12/2010 - 12/2011: Coordinator, Health Systems and Services, World Health Organization, Geneva

Scaling up the global production of health workers

- Conceptualized and launched a new initiative to scale up the global production of health workers in the context of HIV and other priority diseases including the development of policy guidelines in collaboration with PEPFAR
- Built a new team to implement the program; lead and managed the team towards expected results, and undertook objectives setting, work planning, budgeting, resources mobilization, staff professional development
- Managed the administration of agreements and grants to countries and implementers for a total of 5M USD
- Shaped a broad partnership with countries, academic institutions, bilaterals, multilaterals, private sector, civil society and professional associations to support and implement the program; align it with countries priorities; and harmonize it with other global, regional, and country initiatives
- Coordinated technical support in 14 countries to develop and implement national plans to scale up production of health workers
- Managed a team of professional to gather novel evidence to generate policy guidelines.

9/2007 - 11/2010 : Medical Officer, Health Systems and Services, World Health Organization, Geneva

Maximizing synergies between disease specific programmes and health systems.

- Co-lead a WHO-wide initiative to tackle key health systems obstacles to fight priority diseases (HIV, TB, Malaria), known as the Positive Synergies initiative. This initiative has promoted the alignment of major stakeholders, in particular bilateral donors, and multi lateral organizations, on agreed innovative solutions to strengthen health systems while scaling up services from HIV, TB, malaria, and immunization
- Constituted consortia (with academia, civil society, and implementers) to operationalize the initiative; oversaw the development, design and implementation of grants (for a total of 8M USD) to the consortia and monitor progress to ensure timely delivery of expected results and efficient use of resources
- Drafted the outcome document of the initiative, published in The Lancet, and the global recommendations that feature now in many global declarations on health in low- and middle-income countries
- Developed and maintained productive relationships with potential and existing implementing partners and governments to operationalize the global recommendations in countries

4/2006 - 9/2007: Team Leader, HIV Department, World Health Organization, Geneva

- Conceptualized and implemented a global health programme to address the critical shortage of health professionals in the fight against HIV in the low- and middle-income countries in collaboration with UNAIDS and PEPFAR
- Successfully mobilized resources to support the programme
- Build and lead a core team - supported by a broader team of consultants from academia, civil society, and implementers - to develop and roll-out the programme
- Managed the administration of agreements and grants to countries and consultants and monitor progress to ensure delivery of expected results for a total of 5M USD
- Constituted a broad a multi-stakeholders partnership to support and implement the program including the governments of 57 countries, multilateral and bilateral organizations, civil society, the private sector, professional organizations and service users.
- Coordinated the gathering and analysis of the country and global data collected and the production of the outcome document of the programme including the WHO Global Recommendations on “Task Shifting” in collaboration with PEPFAR and UNAIDS
- Coordinated the organization of a ministerial meeting for the adoption of the WHO Global Recommendations on “Task Shifting”, which consequently have been implemented in 16 countries with the support of PEPFAR

10/2003 - 3/2006 - Medical Officer, HIV treatment and care, HIV Department, World Health Organization, Geneva

Addressing the global deficit of treatment access for people living with HIV/AIDS – the WHO “3 by 5” campaign.

- Participated in the conceptualization and implementation of the WHO-led “3 by 5” campaign, a target-driven effort to rapidly accelerate access to antiretroviral therapy among people in need of HIV treatment in resource-constrained countries.
- Facilitated dialogue between pharmaceutical companies, including generic manufacturers, and countries towards reduction of the cost of drugs by differential pricing based upon country income, pooled procurement, and fostering of generic manufacturers competition
- Coordinated the development of operational manuals and tools to scale up HIV services in low and middle income countries
- Build a technical partnership with countries and implementers to support the development of HIV services scale- up and provided country support for HIV services scale up programmes
- Managed administration of contracts and grants to consultants and countries
- Provided direct technical assistance in scaling up and decentralizing HIV services in Uganda and South Africa

9/2000 - 1/2003: Medical Officer, Non Communicable Diseases and Mental Health, World Health Organization, Geneva

Promoting cost-effective health interventions at primary care level.

- Conceptualized and implemented a programme to deliver chronic care interventions. The key guiding principles for the programme was the focus on affordable approaches, use of generic drugs, and the promotion of evidence-based and cost-effective interventions and commodities.
- Supported the implementation of the programme in several countries in EMRO and SEARO.

July 1998-August 2000: Attending Physician and Fellow, Stanford University Medical Centre, Stanford , CA.

Lead researcher and providing clinical care and treatment in Intensive Care Unit

- Led three research projects on clinical implications of a novel drug. The research was undertaken in collaboration with pharmaceutical companies and led to the publication of original articles in leading scientific journals such as Nature.
- Central to the success of the research projects were my academic knowledge, my sense of innovation and my commitments to results.
- The research led to major changes in the release of the novel drug, in particular in the treatment of cardiovascular diseases.
- Provided care and treatment to patients in Intensive Care Unit in Stanford Medical Center

January 1996-June 1998: Project Manager, Ministry of Health, Republic of Yemen Prevention and control of noncommunicable diseases

- Led the formulation of the national plan on the prevention and control of non-communicable diseases. The plan was jointly developed with International Red Cross and Red Crescent Society. Focused on capacity building, procurement and supply of commodities, and implementation of cost-effective interventions for non-communicable diseases.
- Central to the success of the effort were my technical knowledge, my diplomatic skills, and my ability to navigate in public, private, and international environments.
- The plan was the first health plan of a newly independent country.

Academic appointment

1/2012 – Present: Associate Professor of Global Health and International Relations at the Geneva School of Diplomacy, Geneva, Switzerland.

Education

- Post-Doctoral Fellowship, Stanford University, USA
- Residence in Internal Medicine, University of Bologna, Italy and Harvard University, USA
- Medical Doctor (MD), University Of Bologna, Italy
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Languages

- Italian (mother tongue)
- French (fluent)
- English (fluent)
- Spanish (mid-level)

Academic publications

1. Celletti F, Cohn J, Lee S, Connor C, Giphart A, Montaner J. From policy to action: How to operationalize the treatment for all agenda. *JIAS* (In press)
2. Beker LG, Montaner J, Ramos C, Sherer R, Celletti F. IAPAC guidelines for optimizing the HIV care continuum for adults and adolescents. *Journal of the International Association of Providers of AIDS Care* 14, 1, 2015.
3. Celletti F, Chon J, Connor C, Lallemand M, Lee J. How can we end pediatric AIDS? A Way Forward. *Lancet HIV*, 2, 2015.
4. Celletti F, Buch E, Samb B. Medical education in developing countries. Oxford Medical Textbook. Oxford Press. Oxford 2012.
5. Lee B, Celletti F, Makino T, Matsui H, Watanabe H. Attitudes of medical school deans towards interprofessional education in Western Pacific Region countries. *Journal of Interprof. Care*, 2012; Early Online: 1–5.
6. Celletti F, Reynolds T, Stoertz A. "Educating a new generation of doctors to improve the health of populations in low- and middle-income countries" *PLoS Medicine* 2001, 8(10): e1001108. doi:10.1371/journal.pmed.1001108
7. Ivers L, Jerome J, Cullen K, Lambert W, Celletti F, Samb B. Task-Shifting in HIV Care: A Case Study of Nurse-Centered Community-Based Care in Rural Haiti. *PLoS ONE* 6(5): e19276. doi:10.1371/journal.pone.0019276
8. Samb B, Desai N, Nishtar S, et al. Prevention and management of chronic disease: a litmus test for health-systems strengthening in low-income and middle-income countries. *Lancet* 2010; 376: 1785-1797.
9. Celletti F, Wright A, Palen J, Frehywot S, Markus A, Greenberg A, de Aguiar RA, Campos F, Buch E, Samb B. Can the deployment of community health workers for the delivery of HIV services represent an effective and sustainable response to health workforce shortages? Results of a multicountry study. *AIDS*. 2010 Jan;24 Suppl 1:S45-57.
10. Samb B, Evans T, Dybul M, Atun R, Moatti JP, Nishtar S, Wright A, Celletti F, Hsu J, Kim JY, Brugha R, Russell A, Etienne C. An assessment of interactions between global health initiatives and country health systems. *Lancet*. 2009 Jun 20;373(9681):2137-69.
11. Samb B, Celletti F, Holloway J, Van Damme W, De Cock KM, Dybul M. Rapid Expansion of the Health Workforce in Response to the HIV Epidemic. *N Engl J Med* 2007;357(24):2510-4.
12. Mendis S, Abegunde D, Oladapo O, Celletti F, Nordet P. Barriers to management of cardiovascular risk in a low-resource setting . *J Hypertens*. 2004 Jan;22(1):59-64
13. Celletti FL, Waugh JM, Amabile PG, Brendolan A, Hilfiker PR., Dake MD. Vascular endothelial growth factor enhances atherosclerotic plaque progression.

Nat Med. 2001 Apr;7(4):425-9.

14. Celletti FL, Waugh JM, Amabile PG, Kao EY, Boromoumand S, Dake D. Inhibition of vascular endothelial growth factor-mediated neointima progression with angiostatin or paclitaxel. *J. Vasc. Interv. Radiol.* 2002 Jul;13(7):703-7.
15. Celletti FL, Hilfker PR, Ghafouri P, Dake MD .Effect of human recombinant vascular endothelial growth factor165 on progression of atherosclerotic plaque. *J Am Coll Cardiol.* 2001 Jun 15;37(8):2126-30.
16. Fattori R, Bacchi Reggiani L, Pepe G, Napoli G, Bna C, Celletti F, Lovato L, Gavelli G. Magnetic resonance imaging evaluation of aortic elastic properties as early expression of Marfan syndrome. *J Cardiovasc Magn Reson.* 2000;2(4):251-6.
17. Fattori R, Descovich B, Bertaccini P, Celletti F, Caladarera I, Pierangeli A, Gavelli G. Composite graft replacement of the ascending aorta: leakage detection with gadolinium-enhanced MR imaging. *Radiology.* 1999 Aug;212(2):573-7.
18. Zannoli R, Shiereck P, Celletti F, Branzi A, Magnani B. Effects of wave reflection timing on left ventricular mechanics. *J Biomech.* 1999 Mar;32(3):249-54.
19. Celletti F, Fattori R, Napoli G, Leone O, Rocchi G, Reggiani LB, Gavelli G. Assessment of restrictive cardiomyopathy of amyloid or idiopathic etiology by magnetic resonance imaging. *Am J Cardiol.* 1999 Mar 1;83(5):798-801, A10.
20. Fattori R, Rocchi G, Celletti F, Bertaccini P, Rapezzi C, Gavelli G. Contribution of magnetic resonance imaging in the differential diagnosis of cardiac amyloidosis and symmetric hypertrophic cardiomyopathy. *Am Heart J.* 1998 Nov;136(5):824-30.
21. Fattori R, Celletti F, Descovich B, Napoli G, Bertaccini P, Galli R, Gavelli G, Pierangeli A. Evolution of post-traumatic aortic aneurysm in the subacute phase: magnetic resonance imaging follow-up as a support of the surgical timing. *Eur J Cardiothorac Surg.* 1998 May;13(5):582-6; discussion 586-7.
22. Fattori R, Bertaccini P, Celletti F, Castriota F, Piovaccari G, Di Bartolomeo R, Gavelli G. Intramural posttraumatic hematoma of the ascending aorta in a patient with a double aortic arch. *Eur Radiol.* 1997;7(1):51-3.
23. Fattori R, Celletti F, Bertaccini P, Galli R, Pacini D, Pierangeli A, Gavelli G. Delayed surgery of traumatic aortic rupture. Role of magnetic resonance imaging. *Circulation.* 1996 Dec 1;94(11):2865-70.
24. Fattori R, Castriota F, Bertaccini P, Celletti F, Boriani G, Sangiorgio P, Gavelli G. Diagnostic contribution of magnetic resonance in clinically suspected arrhythmogenic dysplasia of the right ventricle. *G Ital Cardiol.* 1996 May;26(5):483-93.
25. Zannoli R, Schiereck P, Ortolani P, Castelli G, Celletti F, Branzi A, Magnani B. The effect of peripheral reflections on the left ventricle *Cardiologia.* 1992 Oct;37(10):725-8.

Policy, Normative and Operational Guidelines

1. Transformative education for health professionals. WHO, Geneva 2013
(<http://whoeducationguidelines.org/content/executive-summary> accessed on 12 September 2016)
2. The Global Recommendations and guidelines on Task Shifting, WHO, Geneva 2008
(<http://www.who.int/healthsystems/TTR-TaskShifting.pdf> accessed 12 September 2016)
3. Integrated Management of Adult and Children Illness. WHO, Geneva, 2007
(<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
4. Clinical mentoring guidelines for resource-constrained settings. WHO, Geneva 2006
(<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
5. Hospital care for children guidelines. WHO Geneva 2005
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
6. Chronic HIV care with ARV therapy and prevention. WHO Geneva 2006
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
7. General principles of good chronic care. WHO Geneva 2006
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
8. Acute care (including opportunistic infections, when to suspect and test for HIV, prevention). WHO Geneva 2005
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
9. Palliative care: symptom management and end-of-life care. WHO Geneva 2006
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
10. TB care with TB-HIV co-management. WHO, Geneva 2004
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
11. Patient self-management booklet. WHO Geneva, 2004.
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
12. Handbook of supply management at first-level health care facilities. WHO Geneva, 2004
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
13. Three interlinked patient monitoring systems for HIV care/ART, MCH/PMTCT and TB/HIV. WHO Geneva, 2004
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
14. Patient monitoring guidelines for HIV care and antiretroviral therapy. WHO Geneva, 2004
<http://www.who.int/hiv/pub/imai/en/> accessed on 12 September 2016)
15. Operations manual for delivery of HIV prevention, care and treatment at primary health centres in high-prevalence, resource-constrained settings WHO Geneva, 2004
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