

Interviews and Findings from the Field

# The DNA of the Global Health Leader

Lessons from Successful PPP/PDP Executives



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## Introduction

There is tremendous change underway within the global health arena, as an influx of public, government and industry attention provides new resources to fight infectious disease, increases access to medical care and improves timely distribution of therapies. New organizations are emerging, and executives are entering the field from the private sector, bringing with them new ideas and approaches to enduring problems, as well as great expectations and a mandate for change. Whether or not this recent influx of resources leads to success depends in large part on how smoothly those new approaches—emphasizing speed, adaptability and results—are integrated operationally and culturally into the existing global health environment.

As hybrid creations of the public and private sectors, product development partnerships (PDP) and public-private partnerships (PPP) are on the front line of this integration. They are facing significant questions regarding mission scope, intellectual property, benchmarking performance and achieving scale, most of which must be worked through from scratch and without a roadmap. The challenges a PDP/PPP leader must address—in addition to the clinical and technical issues at the heart of the mission—are unusually broad. This makes the critical task of identifying and evaluating leaders who have the range of competencies needed to meet those challenges much more complicated and important.

## Methodology

To provide global health boards with a framework for evaluating current and future senior executives, the Russell Reynolds Associates Global Health Practice surveyed PDP/PPP leaders to identify the capabilities and traits most necessary for success. In the first phase of the survey, we interviewed a dozen senior global health leaders and asked them to identify the primary challenges facing PDP/PPP organizations today and which organizations and leaders were particularly effective at meeting those challenges and fulfilling their missions. In the second phase, we conducted in-depth interviews with eight leaders who were identified by consensus from the first round of interviews. These second-round interviews provided wide-ranging personal accounts of what each leader did to help his or her organization manage the challenges confronting it.

An analysis of these interviews resulted in a multidimensional model linking specific types of challenges with the specific competencies they require, as well as the professional experiences and personality traits that support those competencies. We also identified common characteristics of successful organizations, as well as key issues in recruiting and compensation that boards need to consider. We hope these findings will provide a structure for search committees charged with identifying and recruiting leaders for these organizations, as well as a resource for those executives who must then develop an internal talent pipeline.

## Contextual Challenges Faced by Global Health Leaders

The PDP/PPP leader confronts a reality rooted in the fact that he or she is operating in uncharted territory, attempting to solve problems that have so far proven to be unsolvable by governments and multinational organizations with vast resources at their command. These executives are attempting to find solutions against the backdrop of rapid growth and the extraordinary influx of capital, political will and cultural attention that has been focused on global health issues in the last decade. This both raises expectations, and introduces the problem of absorbing those resources in an effective manner, particularly given the historical reluctance of industry to become involved in issues riddled with scale and delivery challenges.

The sense of urgency and focus on results brought by this new wave of philanthropists and global health leaders are often at odds with the collaborative decision making and public-sector mindset that dominates the traditional global health culture. As one respondent who had left the private sector to lead a PPP observed,

*“In my old job, if you asked someone for a proposal, you would get it next week. Here, people think you mean three months from now.”*

Global health CEOs have responded to the lack of adequate metrics and accountability by instilling a new culture driven by data, transparency and results to replace the traditional emphasis on stewardship measured by the distribution or expenditure of funds. Not surprisingly, it is a significant priority for senior leaders to sell this vision, both internally to their teams and externally to various constituencies, and to enforce the resulting performance expectations.

The lack of harmonization among groups with the same goals is another obstacle to achieving a results orientation and emphasis on efficiency. This occurs both on the front lines, where multiple organizations will be independently fighting the same disease in the same country, and at the decision-making level. After watching the information gaps that occurred at a high-level gathering of PPP leaders, one respondent declared,

*“If this were a for-profit corporation, you’d be bankrupt.”*

The lack of coordination is exacerbated by the number of players involved; to a great extent, the global health field, like most not-for-profit arenas, lacks significant barriers to entry and adequate market-clearing mechanisms, like consolidation, to help proven players gain critical mass. The inclination of traditional foundations for spreading support widely, rather than making a few strategically calculated large bets, contributes further to this situation.

While PDPs and PPPs are, by definition, partnerships between public and private entities, the relationship between the public and private sectors in the global health arena is far from comfortable. Part of this can be attributed to the cultural differences between the two discussed above, but it is also due to a very real and legitimate difference in priorities, summarized by one of our respondents as, *“preventing a disease at any cost versus leading one’s market.”* This difference in per-



spective is particularly noticeable with intellectual property issues, as not-for-profits argue for rapid, low-cost distribution while private firms seek to protect their revenue streams.

It falls to the PDP/PPP leaders to successfully build trust between these skeptical partners. As one of our respondents explained,

“Every PDP has to make itself credible with the private sector, while not being perceived by the activists as a public relations front for the pharmaceutical companies.”

In most cases, this requires getting both sides to move away from their traditional zero-sum approach to find an overlap of interests, such as when a corporation’s support of a global health initiative connects them with a desirable new market or demographic—in other words, when corporate responsibility for the initiative moves out of the External Relations Department and into Marketing. The PDP/PPP leader must creatively shepherd the parties to this common ground. And, there can be more than two distrustful parties at the table: multinationals and local governments may well see new PPPs as siphoning funds and influence, and the targeted recipients of care are often disenfranchised and wary, due to a legacy of inadequate advocacy on their behalf.

Building trust between partners is all the more difficult given that the prerequisites to doing so—sustaining an unthreatening, non-judgmental environment over a significant period of time—are in many ways at cross-purposes with establishing a bottom-line orientation of accountability, transparency and performance. The global health leader must manage to accomplish both simultaneously.

## Operational Challenges Faced by Global Health Leaders

Such is the backdrop against which today's PDP/PPP executives must lead their organizations. The internal mechanisms and culture of those organizations, however, bring their own set of operational challenges. The ability to persevere in the face of opposition from experts and high-level decision makers is critical, as it is in most high-risk, entrepreneurial ventures. As one respondent put it,

“Throughout our history, when people have said, ‘You can’t,’ ‘You shouldn’t,’ ‘It doesn’t make sense,’ if we really believed we should, we would just do it and take the risks associated with it.”

Building the right management team—knowing who to hire and when—is a critical element in the entrepreneurial process. For one organization, this meant an early addition of an HR executive schooled in the Byzantine employment regulations of the headquarters country; another firm, whose growth strategy called for early public visibility, immediately brought on board a communications expert. And, while some of the executives we interviewed had the good fortune of having talented people with the right competencies sign on without regard for compensation, most have had to grapple with fashioning compensation packages that are at least somewhat competitive with the private sector. This requires both creativity and the ability to educate the board on what is required to successfully compete in today's talent market.

While building its core team, the organization needs to develop, as it would in the private sector, a strategy to differentiate itself from its “competitors”—the optimal territory in its “market” where it can have the greatest impact with its resources and expertise. Once a foundation has been established, managing growth and scale becomes critical. For some organizations, this means developing a successful disease treatment program in one country and then replicating it in several others; for others, it means ramping up their drug development from one product at a time to a full pipeline. It also requires the scaling of the management team, as well as addressing the inevitable resistance from dedicated staffers who no longer have direct access to the top as the organization grows. Rapid growth also puts significant stress on the talent management function. Some executives will adapt naturally to growth, some will require coaching or reassignment, and others—valuable team players under earlier conditions—will be without roles going forward. One leader we interviewed who grappled with numerous personnel challenges while growing his organization told us,

“It’s very difficult when someone on your team is improving to meet the challenges of growth, but just not improving quickly enough,”

Managing growth and scale is made all the more difficult because PDP/PPPs are often creating new business models as they go. They must navigate a path between developing deep focus and expertise in one area while not losing critical mass, and broadening their scope without losing focus on the core mission. Whatever model is developed, several tasks are involved, including the identification and development of partnerships, coordination with other entities at the country level, and, in the case of PDPs, the creation or leveraging of effective distribution channels. The long-term goal, of course, is bringing together the team, business model, strategy and resources necessary to achieve the sustainability of the organization through to the fulfillment of its mission. Ultimately, the issue of

sustainability includes succession planning; many of the leaders surveyed are acutely aware that if they are successful, their organization will grow past their personal ability to lead it and that a CEO with different skills and experiences will be needed for further evolution.

## Global Health Leader Roles and Competencies

The CEO of any enterprise must play multiple roles—which are in fact groups of competencies they must possess—in the course of his or her duties; this is particularly true of global health CEOs, who typically have to master both ends of several spectra: building a start-up while feeling comfortable operating on the world stage; crafting a vision while finding office space and hiring staff. In examining the executives in our study and how they met the various challenges their organizations have faced, we identified seven distinct roles that successful global health leaders play: Visionary, Evangelist, Strategist, Driver, Entrepreneur, Diplomat and Enabler.



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Role	Description
Visionary	<ul style="list-style-type: none"> <li>• Articulates a vision for the organization that is both compelling and achievable</li> <li>• Has a vision for the desired future state and how to achieve it</li> <li>• Thinks big and on a global scale</li> </ul>
Evangelist	<ul style="list-style-type: none"> <li>• Passionate about the cause and communicates this passion with conviction</li> <li>• Brings the story home on a personal level through powerful examples and metaphors</li> <li>• Seeks high-level forums and other opportunities to get the message across</li> <li>• Recruits influential players to the cause by appealing to both heart (values, sense of purpose in life, bettering the lives of millions) and head (the imperative to solve challenging problems)</li> </ul>
Strategist	<ul style="list-style-type: none"> <li>• Monitors external factors (such as changing motives of granting organizations, political and economic trends) and the potential implications for key initiatives</li> <li>• Breaks down tasks, looks at alternative paths and next steps, and explores “what if” scenarios</li> <li>• Works “webs of influence” to get agreement and commitment among constituencies; navigates the political maze</li> <li>• Takes the long view on what is needed to build relationships based on trust</li> <li>• Leverages personal networks of high-level relationships</li> </ul>
Driver	<ul style="list-style-type: none"> <li>• Demonstrates a combination of patience regarding building relationships and establishing trust, but impatience with underperformance, the slow pace of change, and gratuitous obstacles</li> <li>• Moves quickly to execute; forces issues by bringing together the key parties who can make things happen</li> <li>• Uses clear metrics and accountability to drive results</li> <li>• Decisive: encourages open debate but makes the final decision</li> <li>• Keeps everyone focused on the organization’s vision, goals, and values through personal involvement and connection</li> <li>• Possesses operational discipline to set measurable goals, put systems and processes in place, set targets/milestones and get results</li> </ul>
Entrepreneur	<ul style="list-style-type: none"> <li>• Able to create a workable strategy and structure out of an ambiguous concept</li> <li>• Takes calculated risks to try new things; doesn’t play it safe</li> <li>• Prepares for success and swift execution by committing people and resources in advance of funding</li> <li>• Builds on success by taking advantage of momentum to expand the portfolio and drive for scale</li> <li>• Creates a nimble organization to take advantage of ad hoc opportunities, despite the need for uniformity and standardization</li> </ul>
Diplomat	<ul style="list-style-type: none"> <li>• Culturally astute; knows who can be trusted</li> <li>• Works for joint ownership of success, rather than taking credit</li> <li>• Able to take an independent, nonpartisan view of issues and problems; acts as an honest broker</li> <li>• Can appeal to different people to gain commitment to a common cause</li> <li>• Uses personal, one-on-one influence to build agreement</li> <li>• Able to build trust among distrustful constituencies</li> </ul>
Enabler	<ul style="list-style-type: none"> <li>• Empowers the clients/recipients of health care services</li> <li>• Delegates authority and responsibility for taking on challenges and making decisions, but monitors the situation</li> <li>• Actively engages the talent pipeline</li> <li>• Shows the way for others (PPPs, PDPs, grantors) by demonstrating that success against seemingly impossible odds can be achieved</li> </ul>

Of course, the global health CEO does not play each role continuously; rather, the successful leader is adept at knowing when to play each role and transitions between them as needed. The various contextual and operational challenges discussed earlier call for specific roles according to the following matrix:

	Visionary	Evangelist	Strategist	Driver	Entrepreneur	Diplomat	Enabler
<b>Contextual Challenges</b>							
Problems with no clear solutions	✓			✓	✓		
Rapid growth of sector					✓		
Reluctance of industry to get involved		✓	✓		✓	✓	
Public sector mindset					✓	✓	
Inadequate metrics and accountability				✓			✓
No harmonization			✓				
Distrust among parties			✓			✓	
Inadequate advocacy		✓					✓
<b>Operational Challenges</b>							
Dealing with resistance from experts/others		✓				✓	
Building the right management team	✓	✓					
Differentiating the organization from competitors			✓		✓		
Managing growth and scale	✓			✓			✓
Creating the right business model			✓		✓		
Choosing and forming the right partnerships			✓		✓		
Coordinating at the country level				✓		✓	✓
Creating distribution channels				✓			✓
Achieving sustainability	✓			✓	✓		

## Experience Required of the Global Health Leader

The ability to fulfill these roles was honed by the professional experience of the executives we studied, as well as the personality traits these leaders possess.

Both PPPs and PDPs require leaders to move back and forth seamlessly between the public and private sectors, and many of the leaders we surveyed had experience in both arenas. As one PDP leader put it,

“You have to merge competency in drug development and marketing with an understanding of advocacy, NGO politics and navigating bureaucracies.”

It should be noted, however, that given the direction of the cultural change within global health, while a lack of public-sector experience can be compensated for with substantial diplomatic skills, exposure to the private sector is more or less required: one respondent, whose CV had been exclusively in the public sector, made a point earlier in his career of joining a private company board to gain that additional perspective.

Like most senior executives in other fields, the best PDP/PPP leaders have a track record of successfully meeting challenges and executing tasks of progressively greater magnitude and complexity. In addition, they are adept at leveraging a broad database of contacts spanning multiple worlds, including government, academia and corporations. They often have had considerable global experience, not just professionally but in their childhoods, educations and personal pursuits. They are media savvy and understand how to package their enterprise for maximum visibility and impact on the world stage. In addition, PDP leaders usually have strong R&D backgrounds and experience with handling the associated intellectual property issues.



## Traits Required of the Global Health Leader

Global health leaders are also supported in these various roles by a range of personal traits, all of which can be considered necessary for success. The rarity of possessing all of these traits, in addition to the various professional requirements, underscores the scarcity of these individuals.

Trait	Description
Analytic Mindset	<ul style="list-style-type: none"> <li>• Breaks down challenges and goals into smaller pieces that can be acted upon</li> <li>• Takes a systematic, business-focused approach to planning and execution</li> </ul>
Energy/Stamina	<ul style="list-style-type: none"> <li>• Able to manage a full schedule of work, meetings, presentations, travel, etc.</li> <li>• Sustains energy and enthusiasm over long periods despite setbacks</li> </ul>
Independent Thinking	<ul style="list-style-type: none"> <li>• Does what he/she thinks is the right thing to do despite opposition</li> <li>• Makes judgments and takes positions that may differ from established points of view</li> <li>• Not wedded to preconceived notions</li> </ul>
Innovative Thinking	<ul style="list-style-type: none"> <li>• Makes connections among diverse fields, experiences, and opportunities</li> <li>• Constantly searching for new ideas</li> <li>• Encourages trying different and unproven ways to do things</li> </ul>
Managing Ambiguity	<ul style="list-style-type: none"> <li>• Quickly takes advantage of ad hoc opportunities</li> <li>• Able to create a workable strategy and structure out of an ambiguous concept</li> <li>• Takes calculated risks to try new things; doesn't play it safe</li> <li>• Prepares for success and swift execution by committing people and resources in advance of funding</li> <li>• Builds on success by taking advantage of momentum to expand the portfolio, drive for scale, etc.</li> <li>• Creates a nimble organization despite the need for uniformity and standardization</li> </ul>
Persistence	<ul style="list-style-type: none"> <li>• Tenacious and persistent in the face of short-term setbacks; drives to solve problems with relentless optimism</li> <li>• Possesses unshakeable faith in ability to achieve the impossible: "We will find a way"</li> <li>• Finds the humor in tough situations</li> </ul>
Social Intelligence	<ul style="list-style-type: none"> <li>• Reads others well; understands subtle cues that signal concerns and unspoken feelings</li> <li>• Understands why others think and act as they do, particularly those who disagree is able to put self in others' shoes</li> <li>• Highly attuned to the sensitivities and agendas of different constituencies, governments, organizations, and cultures</li> </ul>
Strong, Healthy Ego	<ul style="list-style-type: none"> <li>• Welcomes discussion and debate about decisions and action, but shows no hesitancy in making the final decision</li> <li>• Demonstrates humility regarding successes; attributes success to the efforts of the team</li> <li>• Introspective and open to changing personal behavior as needed to be more effective; aware of own limitations</li> <li>• Expects to be held accountable for meeting expectations and commitments</li> </ul>
Thrives on Challenge	<ul style="list-style-type: none"> <li>• Gravitates to monumental challenges out of normal comfort zone</li> <li>• Steps up to take the leadership role of a risky venture with no guarantee of success</li> </ul>

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Just as certain leadership roles are required to meet various challenges, different combinations of personal traits allow the executive to fulfill each role, as outlined in the following matrix:

Traits Matrix	Visionary	Evangelist	Strategist	Driver	Entrepreneur	Diplomat	Enabler
Analytic Mindset				✓			
High Energy/Stamina		✓		✓	✓		
Independent Thinking	✓				✓		
Innovating Thinking	✓		✓		✓		
Managing Ambiguity	✓		✓				
Persistence		✓		✓		✓	
Social Intelligence		✓	✓			✓	✓
Strong, Healthy Ego				✓			✓
Thrives on Challenge				✓	✓		



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## Organizational Elements for Success

If the leaders we studied exhibited certain shared competencies, experience and traits, the organizations they built had common elements as well. Most employed a lean central staff and a flat, non-hierarchical structure, thus requiring people who can operate in a fluid environment. As one leader described it,

“We’re shifting all the time. So, you need people who are much more comfortable operating in a matrix management style, where relationships, goals and objectives are constantly changing. Someone who comes in and says, ‘I just want to know what my box is’, isn’t going to do well here.”

Such a structure demands a hands-on entrepreneurial culture. One PPP leader, displeased with the performance of a grant recipient, suggested quite pointedly to the program director that he get on the next plane, get out on the front lines and ensure that his program delivered. The leaders we spoke with also emphasized the importance of maintaining a culture that is highly adaptive and open to change and new ideas, even as the organization grows and matures.

As in the private sector, the role of the board in PDP/PPP organizations is in transition. Historically, the boards of these organizations, like not-for-profit organizations, generally have been focused on fundraising and advocacy (with some charters dictating board representation of various constituencies). Recently, however, more forward-thinking organizations have begun to view the board as a strategic resource that can help guide the CEO concerning high-level organizational direction and functional issues. This evolution has been fueled by both the increased competition for funding as well as heightened public scrutiny and expectations regarding not-for-profit performance and transparency. The high-performing leaders we surveyed point to the importance of the board chair to set the boardroom culture of transparency and accountability and to get the board members working from the same foundation and with the same priorities. The chair also needs to have a strong relationship with the CEO to provide frank counsel and to hold the CEO accountable for the execution of the agreed upon business plan. That plan needs to have measurable goals against which the CEO’s performance can be assessed by the board and strategy altered as necessary.

Finally, both the chair and the CEO need to have a clear vision regarding the organization’s trajectory and the implications for talent management. This is made difficult by both the drive to scale and frequent lack of clear, pre-existing models for success. While there may not be established paths, however, there are clear inflection points during an organization’s growth, such as expanding focus on new regions or new diseases, or moving from pure development to development and delivery, that serve as an opportunity to conduct a full assessment of the talent pipeline, professional development and succession planning. The importance of managing the talent pipeline is heightened by the rare skill-set combinations demanded of global health leaders. The availability of leaders with the right experiences, capabilities and traits—even more than availability of funding or resources—is the most limiting factor for success today.

## Key Recruiting Issues

Fortunately, the rising profile of the global health sector—with its influx of resources, talent and attention—is making it a more attractive career path for top-tier executives from not just traditional health-related fields but financial services, consulting, technology and other industries. Even so, recruiting for senior global health positions is particularly difficult given that candidates must not only possess a wide range of capabilities but also be drawn to grand challenges on a global scale that carry an outsized level of risk and reward. These leaders see their work as a calling as much as a career, not only because it involves solving intractable issues that affect the quality of life for millions of people but also because, in the process, they must revolutionize the field itself. For many of the leaders we interviewed, a career in global health was foreshadowed by significant life events, such as first-hand exposure to developing countries as a child, an interest in trekking or a passion for studying foreign cultures in college.

To successfully meet the demand for talent, global health organizations must continue to look outside the relatively narrow confines of their own professional networks to find candidates who are unencumbered by traditional approaches; but bringing in candidates from outside the field makes it especially critical to screen for “fit.” While the candidate may have been a success within a large corporate organization or research institution, it is important to determine if he or she can thrive and lead without the support and infrastructure to which most executives are accustomed. Search committees should also keep in mind that different missions call for different personalities; a candidate with too strong a temperament for one organization may be an excellent fit for another.

The supply and demand realities of the global health arena place a particular emphasis on the issue of compensation. Global health organizations, like other not-for-profits, are at a structural disadvantage when compared to private enterprises in this regard. This manifests itself in different ways, depending on the industry and history of the individual candidate. Candidates coming out of large pharmaceutical companies, for example, are likely to have compensation packages containing significant equity and other deferred benefits. Other “superstar” candidates may be accustomed to receiving compensation premiums of 20 percent or more when taking a new position.

To be sure, global health organizations offer substantial and unique intrinsic rewards, which are likely to exert a powerful pull on the right candidate. At the same time, the reality of the talent market today cannot be ignored, and it is critical for boards to understand the role of compensation when seeking to attract top-level talent and for them to be willing to be creative and flexible in developing solutions. Some packages, for example, allow the candidate to spend 20 percent of his or her time consulting, while others include housing and education costs of the candidate’s children.

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## Conclusions

While the last decade has been one of rapid change for the global health sector, we expect the next decade to be even more so. The increase in attention and funding the global health arena has experienced will drive greater public expectations and an emphasis on measurable results. As some organizations succeed and others fail, there may well be pressure for consolidation and coordination, and an increased impatience with perceived turf battles. Success, in other words, will bring new demands on global health executives, who will continue to have to balance a wide range of roles in their duties. It is our hope that this study will bring helpful clarity to those roles and provide a useful framework for boards and CEOs as they identify and recruit their leaders.

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