

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): We initially identified 33 EV indicators grouped in six categories: 1) geographic setting (eight, e.g., urban vs. rural); 2) study population (seven, e.g., gender); 3) implementation characteristics (six, e.g., adherence efforts); 4) institutional and legal context (three e.g., stigma); 5) ability to scale with quality (two e.g., implementation scale); and 6) HTC-specific indicator (seven, e.g., service delivery mode). After the first round of expert elicitation, we added one indicator and dropped one. Four (12%) indicators were excluded due to lack of variability (>90% studies reported the same characteristics) and four (12%) due to excessive (>70%) missing data, cumulatively comprising 27% of total weights. Seventeen of 25 (68%) remaining indicators comprised the top 80% of the total renormalized weights. The bottom five least weighted indicators were: 1) WHO region 0.4%; 2) WHO subregion 0.8%; 3) country 0.8%; 4) national per capita government health spending 1.5%; and 5) country-level income 1.7%, and the top most weighted indicators: 1) target age group 6.4%; 2) service delivery mode 5.7%; 3) type of post-test counseling 5.5%; 4) stigma for intervention 5.5%; and 5) HIV epidemic type 5.4%.

Summary/Conclusion: More attention should be given to EV for translation of evidence to real-world global health practice. Our study proposes a target-specific definition for EV: The likelihood that intervention effects observed in a set of studies will be replicated if implemented in a different target setting. Intervention-specific indicators should be carefully explored for other EV tools. Validation of our tool is underway.

Developing a new medical school at a new university in Kazakhstan

M. McDonald¹, S.L. Kanter¹, M. Pignatelli², N. Khamzina², J.F. Mahoney¹, J. Woodward¹; ¹University of Pittsburgh, Pittsburgh, PA/US, ²Nazarbayev University, Astana/KZ

Background: Nazarbayev University (NU) was dedicated in June 2010 by Kazakhstan President Nursultan Nazarbayev, with the mission of making the republic's 15-year-old capital, Astana, Eurasia's leading research and educational center. Each NU academic unit is paired with an international partner; instruction is in English. The University of Pittsburgh School of Medicine (UPSOM) was selected as NU's partner to develop the NU School of Medicine (NUSOM) based on a U.S. model. Combined with the six hospitals of National Medical Holding (NMH), also part of NU, and NU's Center for Life Sciences, NU plans to create Kazakhstan's first integrated academic health system.

Structure/Method/Design: Under an initial 6-month contract, UPSOM developed an implementation roadmap for NUSOM's 2015 opening and preliminarily assessed NMH hospitals' readiness to become clinical teaching sites. Under a second 1-year contract, NU and UPSOM are assessing existing NU faculty, facilities, and other resources and capabilities; developing a detailed NUSOM curriculum plan; identifying and training core faculty; and collaborating in the design of the NUSOM building.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): To date, the partners have developed and applied an evaluation rubric to select NUSOM core faculty; created a comprehensive framework to assess the readiness of clinical sites and their physicians to participate in U.S.-style medical education; and hired a NUSOM dean, who began in November 2013. The partners have also determined NUSOM's preliminary curriculum plan, interviewed 20 potential faculty candidates (most current NU and

NMH employees), and identified those with the knowledge and skills to teach some component of the NUSOM curriculum, with support and training from an UPSOM mentor. Other faculty are being recruited through an international search process.

Summary/Conclusion: Kazakhstan is committed at the very highest levels (the president himself) to NUSOM's success and is willing to provide the resources to assure it. Kazakhstan is politically and economically stable and has very high literacy rates. However, the republic lags comparable countries in health care quality and rates poorly in assessments of transparency and corruption. Moreover, the timeline for opening NUSOM is extremely aggressive; and a limited number of Kazakh physicians speak English, making it challenging to find clinical teaching faculty. Kazakh administrative procedures are extensive and cumbersome.

The partners are confronting these challenges by identifying and addressing them systematically in a transparent, step-wise fashion, even at the level of Kazakh law when necessary. In doing so, a major outcome has been the cohesion of the core team at both institutions into a unified body but with the NU members clearly taking "ownership" of the process, with the UPSOM partners acting in a supportive and advisory capacity.

A child survival toolkit for donors—Bringing best practice evidence to philanthropic donors in global child health

C.A. McLaughlin¹, K. Peck²; ¹University of Pennsylvania, Center for High Impact Philanthropy, School of Social Policy and Practice, Philadelphia, PA/US, ²University of Pennsylvania, School of Arts and Sciences, Philadelphia, PA/US

Background: Current resources devoted to global health are far below what is needed to reach global targets. Individual donors have the potential to play a critical role. About three quarters of the approximately \$300 billion given to U.S. nonprofit organizations in 2012 came from individual donors. Despite their financial influence, individual donors often lack access to information on the evidence-based models and organizational approaches that produce the most positive outcomes.

The Center for High Impact Philanthropy's Child Health Donor Toolkit showcases community-based initiatives that have demonstrated to be high-impact methods for improving the health of children.

Structure/Method/Design: With a diverse group of partners, the Center for High Impact Philanthropy launched a child survival toolkit designed to disseminate actionable guidance about best practices, evidence-based models, and other resources for individual donors and their advisors. In developing the guidance, we synthesized existing knowledge from rigorous research, informed opinion, and field experience and translated it into a form accessible and actionable for lay individual donors and their advisors.

The child survival tool-kit focuses on three strategies for high-impact philanthropy: treating and preventing now, building long-term systems and policy change, and innovations in technology and health delivery. Using a series of in-depth case studies, the initiative helps inform donor decision-making with best available information. Each case in the series includes an analysis of the situation, evidence-based models, strategic opportunities for donors, and action steps.

The series has covered approaches central to infant and child health: home-based newborn care, nutrition focused mothers' groups (care groups), childhood vaccination, addressing the burden of malaria, and community-based health and development programs.