

fall within the academic sector. The remaining 34% work for government, NGOs, private groups, and in other capacities.

Going Forward: Ongoing challenges: 1) Differentiated learning for very diverse student body 2) Adding additional elective opportunities 3) Adapting curriculum to a rapidly changing field Unmet goals: None Future changes: Creation of tracks or optional lengthening of the program for students wanting or needing additional training.

Funding: Initial funding for the program came partially from the University of California, San Francisco. We have received some scholarship funding from private foundations since that time.

Abstract #: 02ETC005

SUNY Global Health Institute: A cross-campus global health initiative

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Program/Project Purpose: The State University of New York (SUNY) is the largest public University system in the U.S. with 64 campuses, including 4 medical schools, 3 public health schools, 2 dental schools, 4 nursing schools and schools of pharmacy and optometry. Each of these institutions has developed global health programs, both through student experiences, as well as faculty research and service projects. Additional system assets include global health projects supported by the Fogarty International Center and the Department of Defense. There is clear evidence that cross-campus collaborations can increase both breadth and quality of global health experiences and research. Catalyzed by the 2013 CUGH meeting, Global Health leaders from various SUNY campuses came together 3 times over the past year to discuss opportunities for collaboration and a Global Health Institute (GHI) was created. The Institute will promote exchange of ideas, recognition of common barriers, identification of best practices and increased opportunities for funding. In addition, the Institute will leverage existing SUNY research centers, established training experience and clinical service models to benefit global partners.

Structure/Method/Design: Three primary focus areas for the Institute were elaborated: Education, Service, and Research. Project themes will center around current global health priorities, including communicable, non-communicable diseases, environmental health and water quality. A steering committee was established and asset mapping of SUNY global health programs has begun. Innovative areas such as nanotechnology, biosensors, and bioinformatics have already been identified as academic partner programs. Initial collaborative projects are being elaborated and funding is being sought to support implementation. Joint conferences have brought together global health leaders from the various campuses, along with follow-up meetings to maintain continuity of efforts. All of the SUNY campuses are eligible to be partners in the Institute.

Outcomes & Evaluation: The SUNY GHI has had success in garnering support from various campuses, as well as from SUNY leadership, for the mission of cross-campus collaboration in global health. Approximately 30 campus leaders have been involved in the establishment of the Institute, and continued recruitment from all campuses is in progress. A grant from the Networks of Excellence program of the SUNY Research Foundation was awarded to support further development of the GHI.

Going Forward: Current challenges for the Institute include securing funding for initial collaborative projects and operational support for the Institute, as well as identifying all campus leaders involved in global health. Regular communication between campuses that are geographically dispersed will be a challenge for collaborative projects, but utilization of teleconferencing and web-based communication will mediate these difficulties. The steering committee continues to look at other

university models of cross-campus global health initiatives as potential paradigms for the SUNY GHI.

Funding: No funding listed.

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A baseline quality assessment of delivery care at a rural Kenyan hospital prior to PRONTO training

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Background: Despite global efforts to improve maternal and child health, childbirth remains a risky process for women and infants in Kenya. Maternal and neonatal deaths can be prevented when deliveries occur with skilled birth attendants in adequately equipped facilities, yet many women in Kenya give birth at home. Disrespectful and poor-quality care has been cited as a deterrent to seeking care in a facility[1]. To establish baseline practices prior to a PRONTO training (a low-tech simulation-based training in emergency obstetric and neonatal care, aimed at improving provider competency and delivery of respectful, quality care in a context of cultural competency and humility), we conducted an observational study at Kisii Level 5 Hospital, a referral hospital in Western Kenya. [1] "Failure to Deliver: Violations of Women's Human Rights in Kenyan Health Facilities." Center for Reproductive Rights. 2007

Methods: Normal vaginal deliveries were observed in the maternity ward of Kisii Hospital in Kisii, Kenya between June 30th and July 16th, 2014, using a birth observation form adapted from a validated tool. Data points included evidence and non-evidence based practices, as well as metrics on communication and patient-centered care. Informed consent from mothers and providers was obtained prior to birth observation. The University of Washington IRB and the University of Nairobi Ethics and Research Committee approved this study.

Findings: We collected data on 75 births over the course of two weeks. Two different levels of nursing students attended the majority of births (91.3%). A family member accompanied women giving birth in only 9.4% of cases. Overall patient-centered care, an aggregate of practices including assuring patient privacy, using the patient's name, freedom of movement, acknowledgement of patient requests, and positive verbal communication, occurred in 6.7% of all births. Complete Active Management of the Third Stage of Labor (AMSTL) occurred in 5.4% of births. Furthermore, non-evidence based practices, such as negative nonverbal communication, occurred in 79.5% of cases.

Interpretation: This study highlights low rates of AMSTL and patient-centered care in this hospital in Kenya. Low levels of patient-centered care may serve as a deterrent for women seeking care. This and other measures suggest that a global approach to improvement of quality of care should be adopted to achieve continuing successes in Maternal Newborn survival.

Funding: Medical Student Research Training Program, University of Washington School of Medicine

Abstract #: 02ETC007

Pathology capacity building in Ghana

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Program/Project Purpose: Adequate medical diagnostic services require trained pathologists, but many low income countries do not have enough pathologists and most have been trained abroad. In Ghana, a country of 26 million people, there are fewer than 15 pathologists and all of them were trained abroad. To improve diagnostic services, local training is essential to create a cadre of pathologists likely to stay in Ghana. Korle-Bu Teaching Hospital (KBTH) in Accra and Komfo Anyoke Teaching Hospital (KATH) in Kumasi have developed pathology residency training programs accredited by the Ghana College of Physicians and Surgeons. The first cohort of Ghana-trained pathologists is close to graduation. To assist these training efforts, an ongoing collaboration was developed with the Pathology Department of the University of Illinois at Chicago (UIC), starting in 2014.

Structure/Method/Design: Instead of bringing trainees from Ghana to Chicago or US trainers to Ghana, pathology residents in Ghana take part in resident training sessions at UIC via videoconferencing. These one hour sessions take place three times per week in the early morning in Chicago (early afternoon in Ghana), presented by about 16 UIC pathologists. Although image transfer usually takes a few seconds, two-way sound and video interactions are possible without delays and result in real-time communication and question & answer interactions. Ghanaian participants also have internet access to a virtual slide box at UIC and can contribute cases. The basis for this program is a pre-existing Memorandum of Understanding between KATH and UIC and involves all sites of pathology training in Ghana.

Outcomes & Evaluation: This approach not only raises the level of resident training in Ghana, but also provides the opportunity on both sides to be exposed to pathology cases that are uncommon in one but not the other location. While videoconferencing at KATH is still in its early stages, it is essential to assess the value of this approach through an annual evaluation.

Going Forward: Participation of the Korle-Bu site in videoconferencing is still being developed. Videoconferencing to Ghana of pathology-oriented seminars at UIC could be added. To augment the program, development of telepathology allowing two-way consultations will be valuable, but requires sufficiently high quality image transfers and slide scanning equipment in Ghana. Videoconferencing and telepathology will facilitate an ongoing interaction between resident training faculty in Ghana and Chicago, which is essential for this program to succeed into the future and contribute to capacity building in pathology in Ghana. This overall approach may be a model for resident training programs in other medical specialties in low income countries.

Funding: Current partial funding is provided by the UIC Nuveen International Development Fund, but external funding will be essential to ensure sustainability of this program.

Abstract #: 02ETC008

Is a pre-award organizational assessment a reliable way to make donor funding decisions? Evidence from Ethiopia suggests it is not!

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Background: There is a high reliance on Community Service Organizations to deliver health services in low and middle-income countries. These organizations receive billions of dollars in funding from multilateral, bi-lateral, government, and private donors each year. To ensure organizations have the capacity to use funding effectively, and maximize the health outcomes, most donors conduct an organizational assessment prior to making funding decisions. Based on this

assessment, funding may be fully granted, conditions may be placed on the organization until certain levels of capacity are attained, or funding may be withheld. We conducted a study to determine if it is possible to determine the probability of organizational effectiveness or performance from a single organizational assessment.

Methods: 44 Ethiopian CSOs serving OVC, were enrolled into a longitudinal, observational study. Organizational development assessments were conducted using the Measuring Organizational Development and Effectiveness (MODE) Tool, developed by Boston University in India and modified for Ethiopia. Mode collects quantitative and qualitative data across 11 organizational domains, 43 sub-domains, and uses 224 indicators. Data was collected in 2012 and 2013. Organizational performance and individual beneficiary outcome data collected throughout the study were correlated to organizational development data. Ethics approval was granted by both the BU the Ethiopian National IRB.

Findings: Mean organizational development score at the 2012 baseline for the 44 organizations was 56% (Range 41% - 66%). In 2013, the mean had risen to 63% (range 50% - 76%) and in 2014 to 66% (range 48% - 84%). The increase of 7% between 2012 and 2013 was statistically significant $p = < 0.0001$ (95% CI 3.33% - 8.60%). The smaller increase of 3% between 2013 and 2014 was not significant $p = 0.11$ (95% CI 0.39% - 5.34%). Correlation with changes in immunization rates, educational outcomes, and nutritional status showed no association of organizational improvement or health outcomes. There was a weak association between the change in MODE score between 2012 and 2013 and health outcomes of children.

Interpretation: The lack of association between the baseline score and organizational performance (either in organizational capacity or organizational performance), suggests that it is not possible to predict an organization's performance based on a single measurement of organizational capacity. However, assessment at two periods of time does enable a donor to predict the likelihood of organizational performance. There is no advantage to conducting more than two assessments. These results suggest that the current practice of donors to make funding decisions of organizations based on a single organizational assessment is no-more accurate than making informed guesses, and should be replaced by a series of two assessments spaced a year apart. The implications for implementation of service delivery projects are significant.

Funding: Geneva Global and the Legatum Foundation

Abstract #: 02ETC009

Training leaders in global health: The global health delivery intensive (GHDI) program at Harvard University

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Program/Project Purpose: The Global Health Delivery Intensive (GHDI) program at Harvard University is a rigorous summer session that trains public health leaders and health practitioners how to apply principles of epidemiology and management science to real-world problems so they can improve the delivery of health care in low-resource settings. The program began in 2009, reaching its sixth year in 2014. The program was developed to bridge the gap between knowledge and practice in global health.

Structure/Method/Design: The program has created relationships with partner organizations and affiliated hospitals. Applicants showing a demonstrated commitment to global health are recruited through partner organizations as well as through informal networks