

**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.

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

M.H. Bryant, A. Bhatia, S. Crimaldi; Boston University School of Public Health, Boston, MA/US

**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.

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

A. Campbell<sup>1</sup>, K. Wachter<sup>1</sup>, J. Rhatigan<sup>2</sup>, M. Smith-Fawzi<sup>3</sup>, R. Weintraub<sup>1</sup>; <sup>1</sup>Global Health Delivery Project at Harvard University, Boston, MA/US, <sup>2</sup>Brigham and Women's Hospital/Harvard Medical School, Boston, MA/US, <sup>3</sup>Harvard Medical School, Boston, MA/US

**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