

in Swahili) in 2014, an innovative, scalable solution to reduce poverty and improve child survival in South Kivu Province, DRC.

The program start-up phase will conclude in 2017 and Stanford researchers are implementing the ongoing evaluation.

Structure/Method/Design: Asili is a membership-based social enterprise that provides access to health services, clean water and an agricultural co-operative in South Kivu. Through its innovative multi-sectoral intervention, Asili aims to improve child health and create a self-sustaining business model. The social enterprises are delivered through local partners: Clean water kiosks developed by Associations des Usagers de Réseaux d'Eau Potable; (2) Small-format health clinics initially based on the HealthStore franchise model used in Kenya and Rwanda; and (3) Agriculture co-operatives for improved crop production, use of improved seed varieties, and nutritious home gardens, building on an existing Congolese cooperative model run by Action Sociale d'Organisation Paysanne.

Outcome & Evaluation: From July 2nd, 2014 - September 29th, 2015:

- The small-format health clinic saw 1,209 patients.
- 900 farming families enrolled and were given potato seeds and training in improved agricultural techniques. To date, these farmers have produced 250 tons of food.
- Asili has sold over 1.5 million liters of clean, safe water from its 17 operational water points.

Baseline data from a household survey are scheduled to be collected in Zones 1 and 2 in December 2015 and will be applied to improve project implementation.

Going Forward: Asili will expand to four zones by the end of 2016 with all business lines expected to be profitable within three years of operation.

Funding: Asili is supported by funding from USAID under cooperative agreement #AID-OAA-A-15-00026 and a consortium of other private donors and social investors.

Abstract #: 2.005_FOS

Building interprofessional teams for Belize

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Program/Project Purpose: The Rush University Belize Immersion Experience (RUBIE) program was created in 2004. The program objectives developed in collaboration with Belize partner, Hand in Hand Ministries (HHM), focuses on 3 major goals: public health education, student's international experience and house building. Over the past sixteen years, more than 200 students, faculty, and staff from specialties such as general medicine, pediatrics, nursing, allied health and administration, have participated in this program. Every year multidisciplinary teams spend a week in Belize during late fall/winter building a home and providing public health services. Expectations include: 1) developing cultural sensitivity competencies through on-line modules; 2) preparation of educational materials; 3) fundraising for the cost of the house to be built; and 4) development of scholarly product to be presented at Rush Global Health annual symposium.

Structure/Method/Design: The goal of HHM "to work with people and organizations to deliver life's essentials...food, water, shelter, clothing, education, and medicine...to the poor" and

sustainable model of this non-profit made it an ideal partner for Rush. Ten students and four advisors work in programs to assist disabled children, people with HIV/AIDS and the elderly in rural Belize. In collaboration with Building for Change, a program that provides housing for those living in poverty, the RUBIE team constructs a house for a Belizean family. RUBIE now enters its 16th year, making it the University's most sustainable international service effort and only HHM health professional team in Belize.

Outcome & Evaluation: RUBIE has impacted both, the local community and the learners. To date, eleven homes were built and more than forty educational sessions have been provided for Belizean residents. For the learners, it facilitated interprofessional experience and engaged them in the production of scholarly work.

Going Forward: Rush is in the process of expanding in Belize and replicating this model to serve other communities. This model presents a unique opportunity for multidisciplinary students to learn within the reality of global health service.

Funding: Provided by Office of Global Health, Office of Philanthropy and Team Fundraising.

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Evaluating a university's need for international scholar housing in a stressed rental market

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Background: UCSF is in the most expensive rental market in the US; median rents rose ~55% between 2000 and 2014, reaching \$3,530 for a 1-bedroom apartment in September 2015. Last academic year, UCSF had 1494 international scholars registered including 743 postdocs (50% of all postdocs), but provided 32% of trainee housing demand. Yet UCSF is committed to partnerships in low and middle-income countries. We investigated whether and how the lack of affordable housing impacts UCSF's ability to attract international scholars, and what strategies other medical schools use to provide affordable international housing.

Methods: Between 8/2015 and 10/2015, we administered 2 anonymous online surveys: one (UC Survey) went to current UCSF faculty/staff involved with international scholars, and the other (IS Survey) went to all UCSF international scholars registered through the International Students and Scholars Office during the last 5 years. We also conducted interviews at four universities hosting comparable numbers of international scholars in highly stressed rental markets: 2 local; 2 distant, and 2 private; 2 public. We used descriptive statistics and proportions to analyze our data.

Findings: UC Survey: 93 respondents (44%) out of 209; IS Survey: 220 respondents (7%) out of 3041.

- 87% (UC) and 85% (IS) Survey respondents agreed/strongly agreed that lack of affordable housing made it difficult for international scholars to participate at UCSF.
- IS Survey: trainee level in first year (85% graduate students/postdocs); country of citizenship (47% W. Europe; 32% Asia; 2% Africa, and 6% Latin America); average income percent spent on rent (63%), if had known about high housing costs would have come to UCSF (37% no).
- UC Survey: host students/residents (73%); pre and postdocs (70%) and faculty/researchers (63%); scholars' countries

(14% W. Europe; 29% Asia; 23% Africa; 14% Latin America); estimate of scholars' affordable rent (60% of staff estimate <\$1500; 83% estimate <\$2000).

- University Interviews/site visits: a wide spectrum of strategies used; endowments/donations key to affordability; consider including other university affiliates needing short-term housing.

Interpretation: Affordable housing for international scholars is a critical need. Even scholars from high-income countries have difficulty paying rent. Strategies must carefully consider the local environment and alternate funding models.

Funding: None.

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Academic-pharma partnerships in global health: lessons from Zambia and South Africa

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Program/Project Purpose: Since 2008 physicians and scientists at Novartis Institutes for BioMedical Research worked hand-in-hand on health programs with colleagues from major hospitals (Lusaka University Teaching Hospital, Massachusetts General Hospital), universities (University of Zambia, University of Cape Town), and professional societies in southern Africa. The focus was multi-faceted efforts to combat asthma and rheumatic heart disease (RHD).

Structure/Method/Design: The initiatives were launched in response to specific needs identified by the Africa-based partners, and then cascaded into new activities as additional needs and goals emerged. Government representatives, including the Ministry of Health in Zambia, became involved. Academic partners had overall responsibility for program design and conduct. Novartis contributed strategic planning assistance, technical expertise, and project management, along with some grants.

Outcome & Evaluation: For asthma, Zambian pediatricians desiring improved medication access for their patients initiated the program. Novartis' generics division (Sandoz) donated inhalers. That led to investigations to assess disease prevalence and to identify misconceptions about asthma that were barriers to care, which informed trainings and public awareness campaigns. Ultimately, these activities helped to prompt the 2013 revision of Zambia's national treatment guidelines for asthma. For RHD, what began as a simple undertaking to improve patient monitoring led to the realization that with the right constellation of research, education, and health system strengthening the goal could be expanded to disease elimination in Zambia. Partners were then invited to support broader RHD efforts across Africa. Technical experts from more than 10 countries were convened on two occasions under the auspices of the Pan African Society of Cardiology, which helped seed an RHD policy Roadmap developed by the African Union and agreed upon by African Ministers of Health and Heads of States in 2015.

Going Forward: Future collaborations will be informed by new lessons learned and reinforcement of what we already knew, including: (1) working together to solve a discrete challenge positions the partnership to tackle more complex aspects of disease prevention and treatment; (2) Africa-based partners understand local contexts and are best suited to lead programs in their countries; (3) partnerships are shaped fundamentally by sharing of ideas and mutual learning, and secondarily by funding.

Funding: Novartis Institutes for BioMedical Research.

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Need assessment and feasibility study of Akashanda Medical Clinic

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Background: Poor healthcare access in rural regions of Uganda imposes a great burden on community members. Akashanda Medical Clinic (AMC), located in the southwestern region of Uganda, is a small private clinic owned by a Community-Based Health Insurance (CHBI) scheme that strives to provide quality healthcare services. The focus of this research was to conduct a needs assessment, evaluate community's perception of AMC, and examine feasibility of starting mother child health services.

Methods: We conducted 1 focus group and 24 semi-structured interviews with men, women, AMC staff, elected officials and Village Health Team (VHT) through purposive sampling. Additionally, we conducted 45 questionnaires through convenience sampling with men and women. We used descriptive statistics to analyze the quantitative data while qualitative data was translated, transcribed and analysed through thematic analysis.

Findings: Personal barriers such as lack of money and healthcare infrastructural barriers such as lack of drugs, lack of staff, and inadequate referral system inhibit community's healthcare access. Participants generally perceived AMC as a promising healthcare facility, but emphasized its lack in quality infrastructure and availability of qualified staff. Additionally, while majority (95.56%) of questionnaire participants reported desire and willingness to receive delivery and pre-and post-natal care, only 9.52%, 53.33% and 3.57% of participants have previously paid for prenatal, delivery and postnatal care respectively.

Interpretation: While it might be financially promising to offer delivery services, more research needs to be conducted to examine financial viability of offering pre-and-postnatal care. AMC has an opportunity to address local community's barriers to accessing healthcare but its capacity and quality of care need to be addressed before expanding services. With increased capacity, AMC can not only provide quality and affordable care for the surrounding community, but it can also supplement the income of the CBHI to help them achieve financial self-sustainability. Limitation of the study includes small sample size which is not representative of total population in Katunga Parish, Uganda. Strength of the study include mixed methods approach and strong community engagement.

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