

(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.

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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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