

Structure/Method/Design: Ebola survivors represent a population in need of health care and socioeconomic support (access to education, livelihood, and employment). By pairing these two distinct activities the comprehensive care necessary for vulnerable populations to overcome the forces of structural violence is actualized. At our programs onset we established local associations of EVDS to listen and learn from their needs. We worked with these associations to employ those interested in educating others on breaking the chain of transmission in their communities. Case managers in our program—all EVDS themselves—worked with portfolios of other EVDS to perform weekly home-visits while accompanying those in need of health service to clinics, education and livelihood activities.

Outcome & Evaluation: At its peak our social mobilization efforts employed over 600 EVDS. The comprehensive care model led to more than 1,500 EVDS receiving free clinical care and home follow-up. Additionally, 850 EVDS are receiving educational support. Livelihoods activities opened 500+ bank accounts with financial skills workshops, distributed 517 National ID cards, and supported vocational activities of 250 EVDS. This information is linked to a National dataset creating a value added mechanism for strengthening the monitoring of vulnerable populations for the Ministries of Social Welfare and Health.

Going Forward: The effects of Ebola on social, biological, and economic livelihood necessitates the provision of comprehensive care with universal coverage in West Africa. A restructuring of international aid limitations must occur for an increase in comprehensive approaches to care for survivors.

Funding: Unrestricted funds from Partners In Health provided the initial investment and additional support has been provided by public sector grants.

Abstract #: 1.010_GOV

Establishing a collaborative governance structure at an academic medical center for global health programs in resource-limited settings

C. Daskevich, M. Mizwa, D. Nguyen, A. Gibson, T. Napier-Earle, M. Kline

Program/Project Purpose: The development and ongoing management of global health programs in resource-limited settings (RLS) is an all-too-often daunting task with issues arising both in the local management, operations and sustainability in the RLS as well as similar issues in the U.S.-based Academic Medical Center (AMC). The AMC leadership determined that key areas and departments were doing great work globally, but the work was primarily driven by the individual clinical areas, presenting an opportunity for integration and collaboration.

In order to maximize impact, effectively manage limited financial resource and maintain a standard of excellence in the implementation and sustainability of clinical programs in RSL, this AMC decided to create a governance structure that enhances coordination of, and provides strategic direction to, those groups engaged in global health initiatives.

Structure/Method/Design: The first and most important step in establishing an effective governance structure is the clear definition

of the institutional imperative — in this case, *to create a healthier future for children and women throughout our global community by leading in patient care, education and research.* Armed with this mission, the executive leadership of the AMC formed a governance committee for its global health initiatives comprised of the top executives of the hospital, as well as the clinical service line leadership.

Outcome & Evaluation: This Global Health Executive Committee sets strategy, approves strategic investments and budgets and convened a Global Health Steering Committee comprised of members selected based on their knowledge, expertise and experience in global health program management and implementation. The steering committee was tasked with recommending operational infrastructure, developing a strategic plan, managing strategic investment projects, defining success metrics, providing operation advice/expertise and providing a forum for discussion, coordination and collaboration.

Going Forward: The AMC provided a team of qualified individuals across project management areas to support the committee and the individual programs in their efforts to achieve excellence in program development and management and ensure effective utilization of financial and human resources.

Funding: All funding for the governance committee meetings and initiatives is provided by the AMC.

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Creating indigenous non-government organizations for program management, support and operations

C. Daskevich, M. Pifko, F. Louis, D. Nguyen, A. Gibson, T. Napier-Earle, M.B. Mizwa

Program/Project Purpose: This pediatric HIV-focused charity (Pedi-HIV) based in the U.S. is a global leader in pediatric HIV/AIDS care and treatment. Through public-private partnerships with governments and donors, Pedi-HIV has created a Network of affiliated non-governmental organizations (NGOs) to operate its Children's Clinical Centres of Excellence (COE) throughout Sub-Saharan Africa, Colombia, Papua New Guinea and Romania.

Structure/Method/Design: Pedi-HIV operates COEs in Botswana, Lesotho, Swaziland, Malawi, Uganda, Tanzania and Romania, providing pediatric and family-centered HIV/AIDS prevention, care and treatment and support and health professional training. Each country program embraces a public-private partnership model with Government and donors, operating under memoranda of agreement with government and integrated into each Ministry of Health systems of care. This process is facilitated through the creation of affiliated NGOs which manage, staff and operate the COEs. These affiliated NGOs have indigenous boards of directors and report programmatically and financially to the parent College of Medicine (COM) and Academic Medical Center (AMC).

Outcome & Evaluation: Creating a legal framework through the establishment of affiliated NGOs has allowed the Pedi-HIV network to receive over \$60 million in international aid through donors and government subventions. Critical to success is ensuring good governance systems and best practices, including board of director's composition, appropriate committee structures and programmatic and financial oversight. It has also allowed the

COM and AMC to layer additional service lines into the COE Network, including but not limited to Obstetrics & Gynecology, Hematology & Oncology, Surgery & Anesthesiology, Emergency medicine and Adolescent medicine.

Going Forward: By establishing affiliated NGOs in the countries it operates, PEDI-HIV has managed to ensure its operations are standardized, high quality, high impact and embrace its institutional best practices throughout the Network, both clinically and operationally. It has also provided a vehicle to expand education, training and capacity enhancement initiatives for women’s and child health services of the AMC.

Funding: The AMC and COM provide in-kind support for all direct costs related to formation of an indigenous NGO.

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An exploration of collaborative failure

M.J. Harris; Department of Anesthesiology, University of Utah, Salt Lake City, Utah

Project Purpose: International global health collaborations are touted as the key to future medical breakthroughs, and capacity building in low-income countries. While all collaboration is fraught with complexities that may result in failure, international partnerships addressing global health issues face many more difficulties.

Method: The global health literature contains numerous anecdotal accounts of failed collaborations, but little in the way of scientific analysis. For that, one must venture into the management, behavioral science and business literature.

Outcome & Evaluation: Potential negative external influences on an international collaborative relationship include:

With particular reference to medical endeavors, but applicable to any collaboration, a series of questions can clarify a relationship and potentially avoid many of the potential pitfalls. The questions serve as a concise review of the complexities of forging a successful collaboration:

- What would success in our work together look like?
- How will we measure success?
- What are our mutual expectations and responsibilities?
- How do we demonstrate buy-in to one another?
- How will we specifically help each other?
- What will be the timeline for incremental steps toward our goal?
- How will we know when our work is done?
- How will we know if the current form of our partnership is no longer useful?

Going Forward: As will be seen from this exploration of collaborative failure, there are as many ways for an endeavor to fail, as there are types of partnership. However, this does not mean that all

