

**Abstract #:** 1.085\_NEP**Barriers to care: an analysis of patient decision-making in elective surgery in Rural Cameroon**

Abstract Opted Out of Publication

**Abstract #:** 1.086\_NEP**Leveraging pediatric HIV programs for pediatric hematology-oncology care in Sub-Saharan Africa: the Baylor model***Jeremy S. Slone<sup>1,2</sup>, Amanda Slone<sup>1,2</sup>, Elise Isbigami<sup>1</sup>, Kristi Wilson-Lewis<sup>1</sup>, Parth S. Mehta<sup>1,2</sup>; <sup>1</sup>Texas Children's Cancer and Hematology Centers, Houston, TX, USA, <sup>2</sup>Baylor College of Medicine, Houston, TX, USA*

**Program/Project Purpose:** At the peak of the HIV epidemic in sub-Saharan Africa (SSA), Baylor College of Medicine (BCM) and the Texas Children's Hospital (TCH), through the establishment of the Baylor International Pediatric AIDS Initiative (BIPAI), responded to the challenge. Comprehensive pediatric HIV centers were established throughout SSA with an estimated 216,000 patients currently under treatment and 74,000 health care workers trained.

Annually, 160,000 children develop cancer, 80% live in resource-limited settings like SSA. We have established pediatric hematology-oncology (PHO) programs at several BIPAI sites starting with Botswana in 2007. The aim of these programs is to provide excellence in care, education and research in PHO in SSA.

**Structure/Method/Design:** The programs include comprehensive PHO programs at the main government referral hospital in Botswana offering the only services for children with cancer and blood disorders nationwide; a similar program in central Malawi serving a catchment population of 5-7 million people; a PHO fellowship training program in Uganda; and a Kaposi sarcoma program in two locations in Tanzania. Additionally, following the BIPAI model, a national sickle cell disease screening and treatment program has been developed in Angola where there had not been previous HIV programs. Local stakeholders include the Ministry of Health and the major referral hospitals in these countries as well as the local BIPAI non-governmental organization (NGO). The programs are embedded within the national health-care system ensuring sustainability without parallel systems creation.

**Outcome & Evaluation:** Over 2,000 healthcare workers have been trained, over 130,000 children screened for sickle cell disease, and over 400 children treated for cancer. Our oldest program has been operational over 8 years.

**Going Forward:** Ongoing challenges include educating the general public regarding childhood cancer and blood disorders, investment at all levels of the local healthcare system, and development of dedicated systems for childhood blood disorders and cancer care within the local healthcare system. Training of healthcare leadership, administrative leaders, and the building of cancer centers of excellence are strategies being pursued currently to address these challenges.

**Funding:** The funding sources for these programs include Abbvie, Chevron, Tapeats Foundation, BCM, and TCH.

**Abstract #:** 1.087\_NEP**Restoring birthing capacity in Post Quake Nepal: partnership to address emergent rural needs***E.W. Moffet<sup>1,2</sup>, L. Tamang<sup>3</sup>; <sup>1</sup>University of Wisconsin School of Medicine and Public Health, Madison, WI, USA, <sup>2</sup>Global Orphan Prevention, Clarksville, TN, USA, <sup>3</sup>Midwifery Society of Nepal, Kathmandu, Nepal*

**Program/Project Purpose:** On April 25th, 2015 a magnitude-7.8 earthquake rocked Nepal, leaving a multitude of healthcare facilities flattened across vast Himalayan ranges. Herein we describe a collaborative effort to reestablish birthing services in the wake of the disaster, conducted between May and August of 2015. We focused on remote regions that experienced substantial facilities damage. Whereas large-scale organizations assisted higher need locations, rural populations often remained without adequate relief; this as the annual monsoon season bore down, bringing with it the risk of further geographic isolation. Thus, the project aimed to prevent maternal and newborn loss of life until the reconstruction phase of disaster response could commence.

**Structure/Method/Design:** The project emphasized support of skilled birthing attendants (SBAs), mothers and newborns during the immediate post earthquake recovery phase, extending through the end of rainy season in August. To achieve this, a multi organizational partnership was established between a Nepali professional organization, Midwifery Society of Nepal (MIDSON), and two U.S. nonprofits, Global Orphan Prevention (GOP) and Helping Assist Nepal's Disabled (HAND). In coordination with onsite health workers and District Health Offices, the collaboration applied a three part approach - building temporary and semipermanent structures for birthing, training communities and SBAs via local and foreign health professionals, plus providing supplies for SBAs and mothers.

**Outcome & Evaluation:** Partnership proved vital in creating social impact. Through resource pooling the collaboration utilized dynamic, direct and rapid functionality, demonstrating the unique capabilities of micro humanitarian organizations. In sum, the method enabled unrestricted response (sanctioned by local authorities) to community-identified needs in spite of contextual challenges. The group completed 9 field missions, delivering 600kgs of maternal nutrition options, 5 solar power systems, 3 fetal Dopplers, medical supplies, education and infrastructure. One site has reported 12 safe births using provided accommodations, thus reducing the local burden of home-delivery.

**Going Forward:** The project period has ended, yet challenges persist for the people of Nepal. Rehabilitation has been hampered due to complex social and political environments. Rebuilding efforts are likely to continue for the foreseeable future.

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