

innovation in education, training, and research with international partners and regional corporate and economic leaders.

Structure/Method/Design: The four academic health centers (Buffalo, Brooklyn, Stonybrook and Syracuse) linked with the School of Public Health in Albany and the Manhattan based School of Optometry. A series of meetings were held to identify opportunities for cross campus collaboration.

Outcome & Evaluation: In early 2016, the SUNY-GHI Steering Committee approved a new “Virtual Grand Rounds” lecture series. The 2016-2017 series features five global health lectures, with each participating partner institution hosting one lecture each. The lectures are broadcast across the SUNY network and recorded using web conferencing software.

The 2016 – 2017 Virtual Grand Rounds Series was launched in September 2016 with a lecture on the global emergence of mosquito-borne disease in the Americas, including Zika, given by a faculty member from the University at Albany School of Public Health’s Department of Biomedical Sciences and the New York State Department of Health’s Wadsworth Center. By using the University at Albany School of Public Health’s Adobe Connect video conferencing capabilities, nearly 100 students and faculty in classrooms across five SUNY campuses as well as representatives from several partner institutions globally were able to remotely engage in the presentation and a lively follow-on discussion.

Going Forward: The 2016-2017 Virtual Grand Rounds Series will continue with lectures by the SUNY Upstate Medical Center, SUNY Downstate Medical Center, Stony Brook University, and the University at Buffalo. Planning for the 2017-2018 series is already underway. The SUNY-GHI will use this new forum to foster cross-campus communication among faculty, students and international partners as well as promote foci of global health discussions on each campus.

Source of Funding: State University of New York (SUNY).

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Rethinking R&D: Partnerships as Drivers of Global Health Innovation

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Program/Project Purpose: Emerging infectious diseases (EIDs) pose a significant health and socioeconomic threat. Five major global outbreaks in the last fifteen years have resulted in over 250,000 deaths and \$100 billion in financial losses. Each pandemic shares a critical common thread — the lack of an effective, clinically approved vaccine prior to the outbreak’s escalation. Interestingly, the public health imperative of EIDs appears to galvanize stakeholders into fast-tracking the research and development (R&D) timeframe, with vaccine candidates advancing from pre-clinical to clinical trials 80% faster during an outbreak. This investigation aims to study the factors that have accelerated R&D for the Ebola and Zika pandemics, and use the lessons learned to develop policy tools for future EIDs.

Structure/Method/Design: Candidates in clinical trials were screened through official National Library of Medicine and National Institutes of Health databases. Preclinical candidates were identified

and then cross-referenced through World Health Organization reports, disease-specific networks, industry outlets, and academic literature using a staggered search strategy of “pathogen/product/region/R&D stage/R&D player’s role”. External factors were accounted for by mapping R&D progression against outbreak timelines. Finally, stakeholders from representative organizations in the public, private, and nonprofit sector were interviewed to provide feedback regarding vaccine R&D’s policy challenges.

Outcome & Evaluation: Analysis revealed product development partnerships (PDPs) to be the primary drivers of R&D for EIDs. Interestingly, while small companies and academic institutions comprised the majority of PDPs, representatives from those organizations cited a significant lack of financial backing and incentives for such endeavors prior to the outbreak. Specifically, stakeholders advocated for greater funding to support the transition from preclinical to Phase I. Overall, stakeholders called for greater investment in PDPs, highlighting the need for financial risk sharing due to R&D’s high rate of technical attrition.

Going Forward: Institutional analysis and stakeholder interviews suggest that the infrastructure to manage EIDs exists, but is underfunded. New R&D policies must recognize the diversity of innovation “homes” and take steps to tailor incentives to unique partner profiles. Forward-looking investment in R&D alliances will be critical in the transition from reactive to proactive models of pandemic preparedness.

Source of Funding: 1) Duke University, Bass Connections Program 2) The World Health Organization.

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Using Data Visualization to Create New Tools for Interactive CHW Supervision in the Last Mile

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Program/Project Purpose: Since 2015, Medic Mobile has been working with Muso in Mali to design, build, and deploy dashboards that are used by supervisors to provide performance feedback to community health workers (CHWs). In 2015, Muso and Medic co-designed a 6-month randomized controlled trial (RCT) to measure the impact of this intervention on CHWs performance. This session will focus on the process used to design and test the dashboards, as well as the results of the study.

Structure/Method/Design: In Muso’s health system strengthening intervention, CHWs receive individual monthly supervision from a dedicated cadre of CHW supervisors. Muso’s 360° CHW Supervision model allows supervisors to collect information on CHW performance from multiple angles, including patient feedback, direct observation, and one-on-one feedback sessions. Medic Mobile and Muso have co-designed a supervision tool, the CHW Performance Dashboard, designed to facilitate discussion during the one-on-one feedback session. A web-based application analyzes CHW patient data collected on paper or via a mobile application, and creates an easy-to-read personalized CHW dashboard. The dashboard graphically displays each CHW’s performance along three indicators: quantity, speed and quality of care. This dashboard