HIV-related services. An empirical study should be conducted to assess

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Structured career development for global health research in resource-limited settings: A pilot of career development series for faculty at Makerere university college of health sciences

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Program/Project Purpose: Effective mentoring is critical to sustainability of global health research leadership in low and middle income countries (LMICs). Experiences of clinicians, academicians, educators and researchers in LMICs should be utilized to design locally appropriate case studies to mentor the next generation of scientists that will understand and take up critical gaps in global health research leadership. A structured staff career development (SCaD) program at Makerere University College of Health Sciences (MakCHS), was established to develop evidence-based culturally-appropriate training modules to build global health research mentors among junior and mid-career scientists.

Structure/Method/Design: Under SCaD, skills' building workshops for junior and mid-level faculty (including doctoral and post-doctoral fellows) were facilitated by senior faculty, two-hour bi-monthly meetings were held for discussion of case studies based on local experiences in academic career development, and expert-speaker talks were organized to tackle listed priority areas such as practical steps in personal development planning. Targeted participants were all academic faculty, clinicians and researchers; invited through the staff mailing lists and notice board announcements. Lessons learnt and frequently asked questions were documented to contribute the institutional staff career development plan. An institutional-led career development working group is established, with departmental representation. Departmental-specific faculty career development needs were addressed to enhance faculty productivity and sustainable research engagement/funding.

Outcomes & Evaluation: Between February and October 2014, six career development series were held, including one five-day scientific writing workshop and 5 two-hour meetings on authorship, grantsmanship, balancing career development and family, and the role of research interest groups with a good mix of junior, mid-career and senior researchers to enhance mentoring in academic research. A highlighted major challenge was limited protected time for faculty to engage in academic research, due to overwhelming clinical and administrative responsibilities. Real-life culturally-appropriate case studies of common challenges to faculty career development were developed and discussed to generate evidence-based strategies to strengthen sustainable career development for global health research. To enhance leadership, ten (2 senior, 3 mid-career and 5 junior) faculty attended an international John-Maxwell leadership workshop in Uganda.

Going Forward: We recommended structured implementation of personal development plans by faculty at MakCHS, and strengthening institutional research interest groups to increase opportunities for senior faculty to mentor junior faculty to engage in academic and research-

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US aid in the time of Ebola – Liberia and Nigeria

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Program/Project Purpose: a. Context The Office of the Assistant Secretary of Defense for Health Affairs OASD(HA) supports effective Global Health engagement. We conducted research analysis to determine whether U.S. aid projects helped Liberia and Nigeria with their national health outcomes and their medical response to the Ebola crisis. b. Program/Project Period From 2009 to 2013 c. Why the program/project is in place, in one or two sentences One of the priorities of the Joint Medical Chair for Global Health at National Defense University (JMC) is to identify those global health engagements that are most effective and efficient in supporting the host nation. d. Aim To assess the effectiveness of U.S. foreign assistance and their impact on health outcomes and capabilities in Liberia and Nigeria.

Structure/Method/Design: a. Program/Project Goals, Desired Outcomes Liberia and Nigeria were selected based on their response to the Ebola crisis and strategic U.S. interests. Based on their GDPs, U.S. aid, national healthcare infrastructure and expenditures, health outcomes and medical response to the to the Ebola crisis were compared. b. Participants and Stakeholders: How were they selected, recruited? Stakeholders include Liberia and Nigeria, Department of Defense, USAID, and Department of State, based on their participation, funding, or existing efforts in these countries. c. Capacity Building/Sustainability: What is the plan, structure in place to encourage viability? Health priorities that focused on preventive medicine, community health, and education/training were successful.

Outcomes & Evaluation: a. To date, what are the successes and outcomes achieved? Amount of funding/aid received is not in direct correlation with a country's ability to provide or improve healthcare. Nigeria received significantly more aid than Liberia but did not have better health outcomes on basic health metrics. However, Liberia's weak health infrastructure was overwhelmed with the Ebola epidemic. Nigeria was able to contain the Ebola outbreak quickly because their health infrastructure was more robust and the government quickly and effectively administered contact tracing and isolation of exposed persons. b. Monitoring & Evaluation Results (if conducted)

Going Forward: a. What are the ongoing challenges? Ongoing challenges include halting the spread of the Ebola virus, rebuilding the health systems and infrastructure that have been compromised as a result of the epidemic, and ensuring that U.S. aid dollars continue to b

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Developing a trauma response system in San Salvador, El Salvador

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