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A Proposal for Developing Academic Partnerships between American Clinical Institutions and NGOs

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Background

- MedGlobal is an American NGO that has served 1,275,000 patients in 14+ countries in 2020, primarily working in crisis zones.
- It is imperative to focus humanitarian interventions around the needs driven by field teams and local NGOs as conflicts and crises will continue to occur over time.
- Barriers exist for local providers to identify gaps that may exist in clinical skills or training.
- Global health fellowships in the US are keen on partnering with local providers and organizations, but it is not clear what the most effective and ethical methodology should be.

First Steps

Focusing upon education:

- **Step 1:** Create needs assessment to identify gaps in knowledge
- **Step 2:** NGO presents menu of opportunities to US academic centers in the form of a newsletter (see below)
- **Step 3:** NGO facilitates conversation between interested parties
- **Step 4:** US academic center provides education to partners
- **Step 5:** Feedback is provided from partners to US centers

These steps will be repeated to further deepen the partnership and increase capacity building, moving from lectures to lectures with simulation to, ultimately, creating experts in the field.

Proposal

Initial discussions occurred with 6 pediatric global health programs in the United States (UCSF, Utah, Boston Children’s, CHOP, Children’s Mercy, and Texas Children’s) regarding this potential model for partnerships.

Future Directions

There are 3 areas of opportunities that could potentially develop from partnerships:

- **Educational:**
  - Virtual lectures/case conferences
  - Creating educational materials
  - Hands-on trainings/simulations
  - Tele-health consultations
  - Creating immigrant/refugee health tracks at academic programs

- **Clinical:**
  - Sending US faculty/trainees to partner sites abroad
  - Hosting providers from abroad in the US
  - Creating a vetted list of US providers ready to deploy in case of acute emergencies

- **Academic:**
  - Publishing evidence-based guidelines and research on medical care in refugee settings
  - Sending US trainees to participate in research/QI

Challenges

- How to clarify needs on ground and allowing local partners on the ground “drive” the conversations
- Travel restrictions associated with COVID-19 pandemic
- Financial uncertainty associated with COVID-19 pandemic
- Fluidity of crisis zone settings
- Lack of knowledge/experience for American providers on refugee camp medicine
- Potential to undermine current existing international partnerships between US academic centers and partners abroad
- Strain on local partners abroad as well as on administrative staff for NGOs in terms of coordination