

Global Health Program  
Annual Report 2017



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Snapshots from around the world at our project sites; Clockwise from top: A view of Luang Prabang, Laos; A young patient; Patient housing; Girl in Laos, Nurse training in Myanmar, Young heart patients in Ghana



## Director's Letter

According to the World Health Organization, of the 9 million children under the age of five who die every year, around 70% of deaths are due to conditions that could be prevented or treated with access to simple, affordable interventions.

Every day, the Boston Children's Hospital Global Health Program strives to solve globally relevant challenges with our partners, but we have a long way to go in order to adequately address the needs of the world's most vulnerable children. With your help, we can do so much more. Successful solutions can be contextualized, scaled and replicated in other countries. Innovations in clinical care, technology and education are waiting to happen.

Foday, a two and a half year old Liberian boy, could have become one of these statistics. In 2017, he became critically ill from the common bacterial infection streptococcus but he was cared for by our joint Boston Children's and Liberian team. Through our evidence-based care and management, Foday regained his health and returned home to his family.

Healthy children are the foundation for the future and the key to a healthy population. Ensuring that children, like Foday, have a chance to survive and grow is a fundamental part of our mission. Boston Children's Hospital's Global Health Program is committed to sharing our knowledge, expertise, commitment and high level of care to achieve this goal on a global scale. We have the ability to leverage our clinical innovations, research and education expertise and we are able to collaborate with hospitals, universities and governments to identify and solve problems that are locally relevant to children's health.

By working directly with our partners, we are able to precisely devote our resources to sustainable problem-solving initiatives and not operational costs. This model allows our partners to develop from the start, equally invested in the challenge we are solving together, with sustainability generated from day one. Successful, impactful solutions are then scaled, integrated into local and national systems, which attracts outside support from the public and private sectors. Our Boston Children's expertise can be shared further to make tangible strides in global pediatric healthcare. Partner with us to make this difference.



Michelle Niescierenko, MD, MPH  
Director, Global Health Program

Our goal is simple:  
to improve child health globally by creating and fostering an environment in which Boston Children's Hospital supports global initiatives that are problem focused, solution driven and locally owned.



Foday, a survivor of the bacterial infection streptococcus, who was treated by the joint Boston Children's and Liberian pediatric team

## Steps to Sustainable Solutions

### Focuses on the whole child.

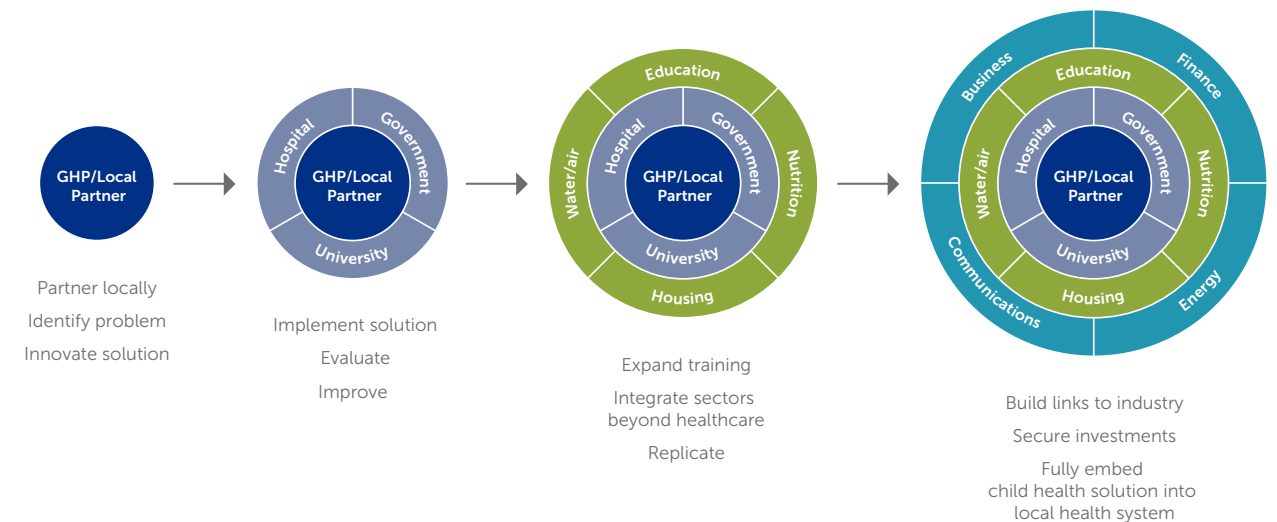
Rather than focus on a single disease, we address the broad spectrum of children's health. Our emphasis is on meeting growing children's changing needs in innovative, multi-sectorial and sustainable ways.

### Brings expertise and, most importantly, transfers it.

Our solution-driven approach equips local partners to work independently. From day one, we are moving toward our exit strategy. This model allows us to direct the majority of funds to the programming, not our own operations.

### Delivers sustainable solutions.

We partner with local caregivers, businesses and governments to overcome political and infrastructure barriers. We seek creative long-term solutions that can blossom on the unpredictable landscapes of developing nations. Clean water, nutrition, education—so many factors influence a child's healthy development. We seek to engage all who can contribute to solving these challenges.



PILOT



PARTNER



SCALE

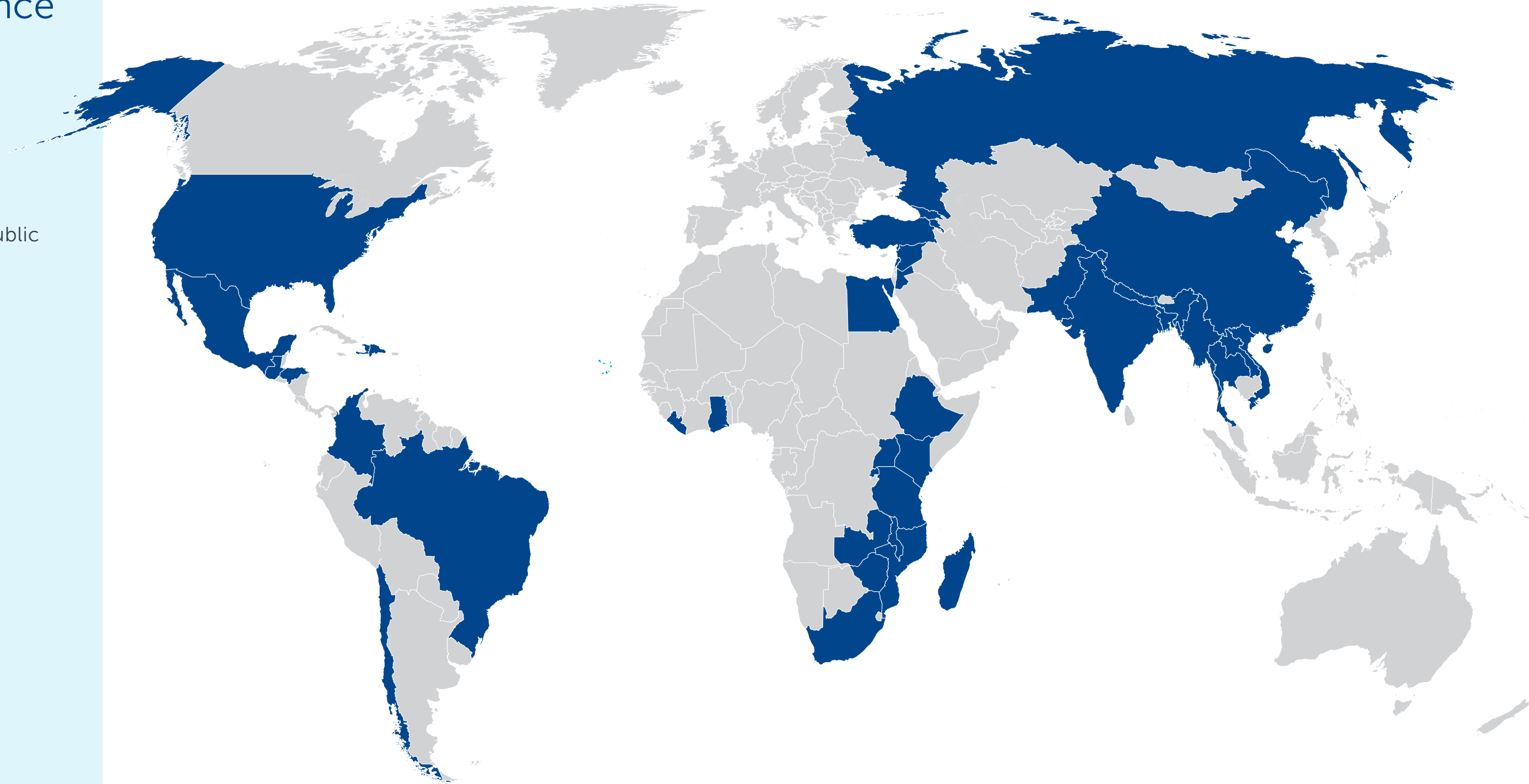


SUSTAIN



## Where We've Worked Since 2014

- Armenia
- Bangladesh
- Brazil
- Cape Verde
- Chile
- China
- Colombia
- Dominican Republic
- Egypt
- Ethiopia
- Georgia
- Ghana
- Guatemala
- Haiti
- Honduras
- India
- Jordan
- Kenya
- Laos
- Lebanon
- Liberia
- Madagascar
- Malawi
- Mexico
- Mozambique
- Myanmar
- Nepal
- Pakistan
- Russia
- Rwanda
- South Africa
- Syria
- Tanzania
- Thailand
- Turkey
- Uganda
- United States of America
- Vietnam
- Zambia
- Zimbabwe



There are over 2.5 million Syrian refugee children in Jordan, Turkey, Lebanon and Egypt. These children have suffered severe physical and psychological trauma being displaced by war in their home country. Providing psychological care is a huge burden of disease among these children and teens. Dr. Emma Cardeli, Ph.D. a Licensed Psychologist and Research Associate at Boston Children's Hospital's Refugee Trauma and Resilience Center and others who work with her in the Center are committed to raising the standard of care for refugee children and families, through research, training, and intervention development.

With support from the Global Health Program Dr. Cardeli collaborates with Dr. Niveen M. Abuzaid, a Jordanian psychologist, evaluating new patients at Polus Center/ADT-affiliated rehabilitation centers in Jordan to help strengthen their system of psychological care for war wounded, Syrian refugee youth. They are developing an education program for paraprofessionals on psychological trauma and on the unique experiences of children and adolescents who have experienced wartime violence/displacement/limb loss. To better understand the burden of this problem and the needs of these children they are conducting original research on the psychosocial functioning of trauma-exposed, war wounded Syrian refugee youth and their families.



A view of Beirut, Lebanon



Nursing training in Myanmar

Myanmar only has two children's hospitals in a country of 53 million people. The survival rate for children with cancer there is 10%, as compared to 80% in industrialized nations. To access this care families are often driven into poverty as a result of treatment costs and relocation to faraway hospitals.

To address these challenges, in 2014, a team of nurses from Boston Children's, led by Lisa Morrissey, Boston Children's Nurse Manager in Hematology and Oncology and Global Nursing Fellowship Director, connected with World Child Cancer Foundation, to provide nursing support and expertise to Yangon Children's Hospital in the capital of Yangon, Myanmar.

Morrissey explains "one of the biggest challenges is that nurses rotate all the time. They get a letter from the Ministry of Health that they are getting sent to a rural clinic, to the emergency room or staying at the Children's Hospital." In pediatric oncology, this is problematic. "Nurses need specialized training and experience."

Recognizing this problem, the Boston Children's team worked with the hospital administrator and the Ministry of Health to allow a core team of four nurses to stay on the pediatric oncology ward and build their expertise. In order to train the nurses properly, six baseline standards were implemented to measure the progress of the nurses over time, evaluating staffing plans, orientation for new nurses, continuing education to build expertise, recognition of nurses as core team members, access to resources for safe care, and a presence of evidence-driven policies and procedures.

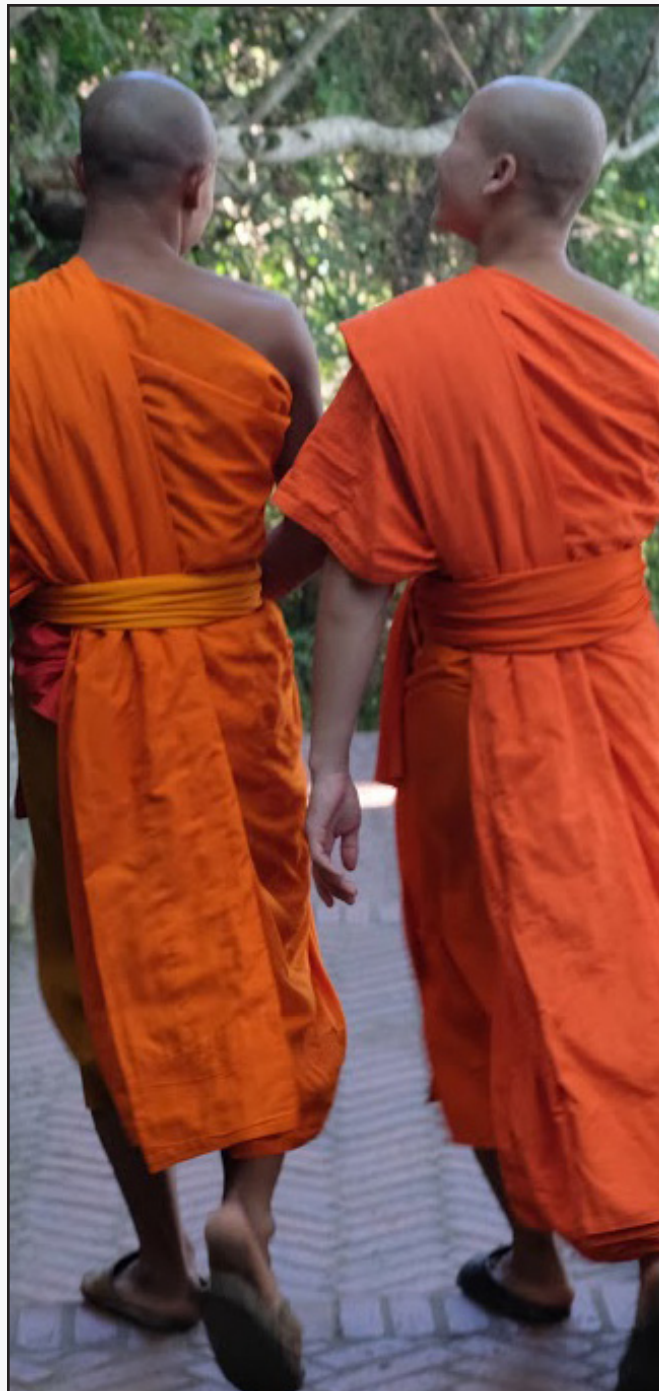
With these standards in place, Morrissey has grown the partnership, involving additional Boston Children's specialist nurses to help with the continuing education and process management. As part of continuing education for the YCH nurses, Global Health Nursing Fellow Marilyn Moonan joined Morrissey to provide hands-on training to reduce chemotherapy burns in patients.

This structured program approach has made a tremendous difference. "They are becoming really good at being pediatric oncology nurses" notes Morrissey. With a core team in place now in the YCH pediatric oncology unit, the six standards of care will continue to be implemented and evaluated through our growing partnership to positively impact cancer care for children in Myanmar. this partnership will expand to other specialties in the future.

Adapted from an article by: Chris Anselmo

Laos has just 200 pediatricians caring for the nation of more than 2.8 million children, with care concentrated in the capital city of Vientiane. In 2016, the Global Health Program created a formal partnership with the Laos Friends Hospital for Children (LFHC), in Luang Prabang, Laos where the focus is on clinical mentorship and training for general practitioners to provide high quality pediatric care. The hospital is located in the northern half of the country serving minority ethnic groups and increases access to pediatric care nationally.

Through this partnership the Global Health Program supported 8 clinicians, including full time pediatrician coverage, pediatric specialists in emergency medicine and cardiology, a physician's assistant, and a nurse, who work directly on mentoring and training the Laos clinicians. The Boston Children's clinicians support the mission of LFHC leadership who are working towards a sustainable, local health system integrated, pediatric hospital that provides a place for Laotian pediatricians to practice high quality pediatric care.



Above: Dr. Eric Fleegler, Emergency Department Attending, teaches in Laos as part of a 3 month sabbatical he took with his wife and 3 children.



Above: Disty Pearson, Congenital Heart Physician's Assistant, taking a tuk tuk to work in her second month-long trip to improve cardiology in Laos; Right: Scene from Laos



Liberia, a small West African nation, has only two pediatricians to care for its over 2 million children. Boston Children's has partnered with Liberia College of Physicians and Surgeons since its founding in 2012 to support the development of pediatric training. Currently Boston Children's is contracted by the Ministry of Health to support the operation of the pediatric training program with four full time pediatricians as the chair and faculty for pediatric residents. These faculty are recruited from the diaspora of Liberia and the West African Sub-Region.

Dr. Michelle Niesciescierenko, Director of the Global Health Program, together with Liberian and West African pediatricians, are teaching 10 pediatricians in training (residents) to care for patients, prepare lectures, simulation and hands on workshops including developing their own bedside lab. Additionally, 9 subspecialists in areas like cardiology and infectious disease provide focused training months to enhance the educational experience. For the first time in its history, this year Liberia is able to generate 3-5 pediatricians of its own per year.

As part of the residency training program Boston Children's has implemented a novel clinician ultrasound training program to train Liberian clinicians to be experts and future trainers in bedside ultrasound. Training the physicians to use ultrasound brings diagnostics to the patient bedside making it more accessible and affordable for all.



Clockwise from top: Housing in Liberia; Rounding in the Pediatric Ward, JFK Hospital in Monrovia, Liberia; Residents learning lab diagnostics



# Growing National Surgical Plans

Surgery, historically, has been largely omitted from the global public health discourse. The burden of disease is huge with 5 billion people lacking access to safe, timely and affordable surgical care. The cost of these deficits to low-middle income economies will be more than \$12.3 trillion over the next fifteen years. Together, surgically treatable disease represents 11% of the global burden of disease - more than malaria, HIV/AIDS and tuberculosis combined. To the world's poor however, surgery continues to be inaccessible due to cost and availability.

To address this, under the leadership of Dr. John Meara, the Plastic Surgeon-in-Chief, Boston Children's Hospital and Harvard Medical School's Program in Social Surgery and Social Change (PGSSC) led the Lancet Commission on Global Surgery 2030 (LCoGS 2030) to outline world-wide surgical priorities. Using these priorities as a goal, the PGSSC Global Surgery Fellows have worked to implement surgical care improvement throughout the world, advocating for universal access to safe, affordable surgical and anesthesia care.

## Global Surgery in Uganda

In Uganda, the PGSSC team is working with local partners to conduct an in-depth analysis of the surgical system to determine the capability, operative volume and post-operative mortality at the district, regional, and national level; evaluating the surgical system; and identifying priority areas for system improvement, as determined by local stakeholders. This will allow providers and policymakers in Uganda to better understand the strengths and shortfalls in the Ugandan surgical system to identify key areas for improvement with ultimate goal of developing a national surgical plan.



Rwandan children

## Global Surgery in Zambia

One of the great challenges of global health policy work is moving from abstract resolutions to concrete plans. In May of 2015, the Zambian Ministry of Health (MOH) approached the PGSSC to help move surgery forward in Zambia. Drawing on the research and policy framework of the Lancet Commission, the PGSSC supported Zambian stakeholders including the MOH, clinicians, and policy experts to pioneer the process of writing the world's first National Surgical, Obstetric, and Anesthesia Strategic Plan (NSOASP).

In just two years, the visionary resolution from the Lancet Commission became a written, detailed and tangible plan for improving surgical care in Zambia. In May 2017, the Zambian NSOASP for 2017-2021 was signed into effect by the Minister of Health.

View the full surgical work plan: <https://www.pgssc.org/national-surgical-planning>

## Global Surgery in Rwanda

Expanding from successful creation of a Zambia NSOASP, the PGSSC team has partnered with the Ministry of Health of Rwanda to support conceptualizing, drafting, and implementation of a Rwandan NSOASP. The PGSSC team supported 12 Rwandan surgical residents in a baseline surgical assessment to evaluate the current structure and capacity for surgical care at the district level in Rwanda. This data has created the framework for the NSOASP.



# Global Pediatric Clinical Skills Week

Many health professionals have strong clinical skills, yet lack the experience and knowledge to successfully apply those skills in a resource-limited setting. The Global Pediatric Clinical Skills Week, now in its second year, is designed by the Global Health Program to address this gap.

This Skills Week provides the opportunity for healthcare professionals engaged or planning engagement in pediatric clinical work in low or middle income countries to improve their knowledge and skillset for a global setting.

High-yield clinical topics and skills are taught using an interactive curriculum of didactics, technical skill sessions, workshops, simulation, and hands-on training, including simulation hosted by Boston Children's Hospital's Simulator Program (SIMPeds). This year's course had 40 national and international participants from as far away as Rwanda and Yemen.



Skills Week participants learning "Helping Babies Breathe" and ultrasound techniques for resource-limited care

## Coursework

**Clinical Core Topics in Global Health**--Climate Change • Dengue • HIV • IMCI • Malaria • Malnutrition • Newborn Care • Parasites • Respiratory Infections • Tuberculosis • Trauma & Emergencies • Sedation • Lines, Tubes & Wounds • Medication Safety

**Ultrasound Course**--Machine Basics & Image Acquisition • Focused Assessment with Sonography in Trauma (FAST) • Cardiac, Soft Tissue & Musculoskeletal • Abdomen & Vascular Access • Lung, Renal & Bladder

**Helping Babies Breathe™ Master Trainer Course**--Preparation for Birth • Routine Care • The Golden Minute • Bag & Mask Ventilation • Adult Learning Principles • Implementation of HBB • Localization & Adaptation • Monitoring & Evaluation

# SIMPeds (Simulator Program)



"Medicine is one of the few high-risk industries where people do not practice prior to game time," says Dr. Peter Weinstock, a pediatric intensivist and Director of the Simulator Program at Boston Children's Hospital (SIMPeds Program). The SIMPeds Program was created to give health teams a practice space through simulated scenarios. The overarching goal of the SIMPeds Program is to provide medical teams (physicians, nurses, technicians, pharmacists, among others) the opportunity to practice and improve their skills in an environment that allows people to learn without risking patient harm.

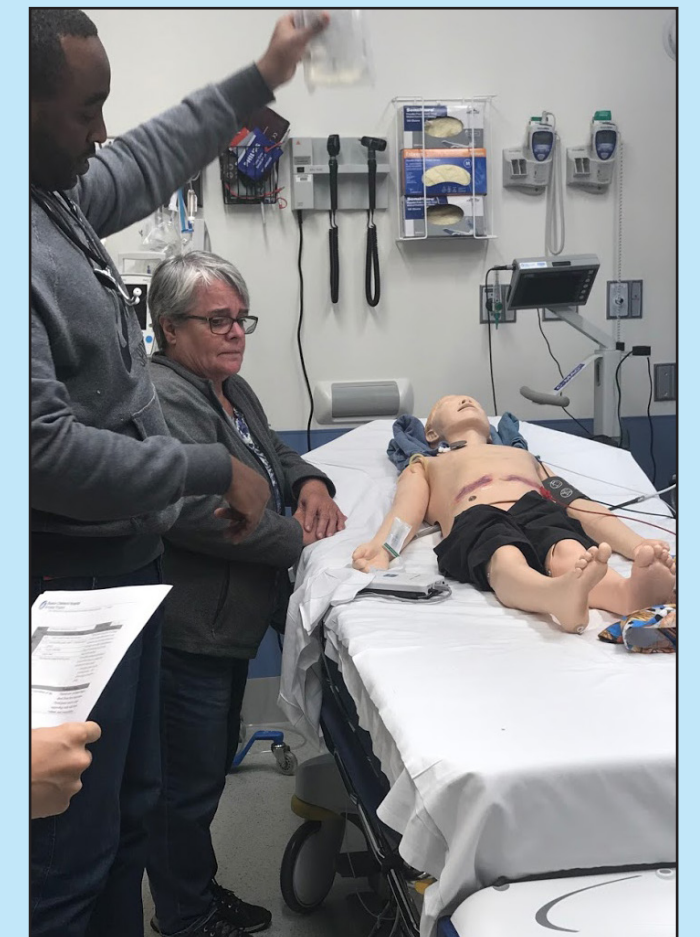
For the past 15 years, the Simulator Program at Boston Children's Hospital has honed the concept of scenario-based simulation training in medicine.

While SIMPeds engineers have created amazingly life-like trainers and synthetic patients that look and feel real, "the technology is an aside," says Melissa Burke, the Director of Operations for SIMPeds. "What makes our simulation powerful is the ability to provide expert debriefing even when we are using something as simple as a doll to represent the patient. The technology is great and can be helpful in a country with a lot of resources, but we can also have an impact in countries that can't afford that technology."

SIMPeds is a powerful tool regionally, nationally, and in the global health field and has partnerships in India, as well as in 12 other hospitals in 7 countries around the world. SIMPeds supports global health efforts for hospital clinicians at the Simulation Center headquarters at Boston Children's. "The technology is great and can be helpful in a country with a lot of resources, but we can also have an impact in countries that can't afford that technology."



Health practitioners training with SIMPeds in India



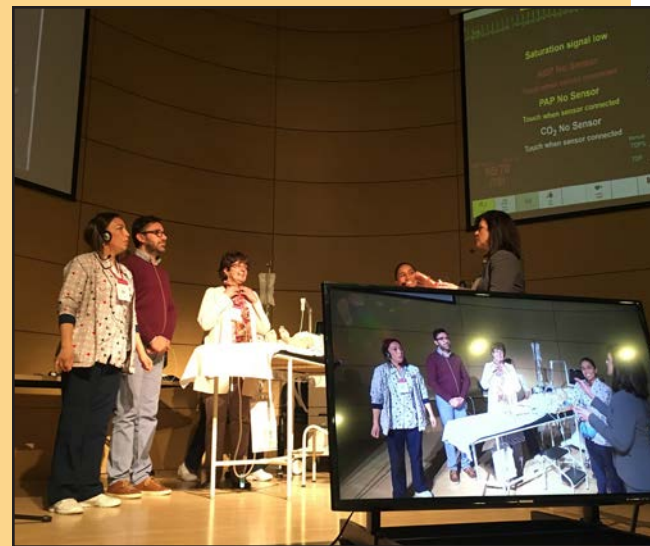
Rwandan observer physician and US physician participating in a healthcare in resource-limited settings training with SIMPeds in Boston



HOSPITAL-WIDE INITIATIVES  
**International Quality Improvement Collaborative for  
 Congenital Heart Surgery in Developing World Countries**

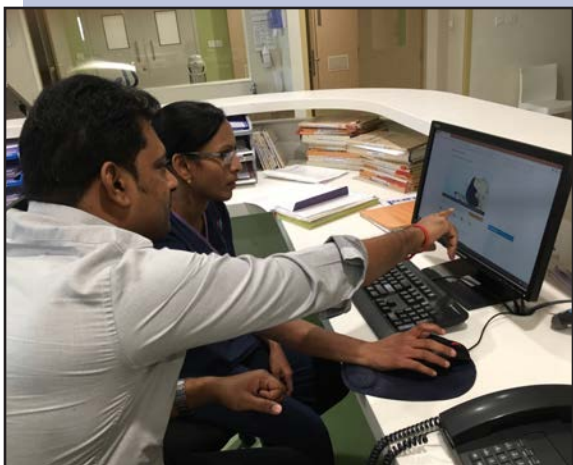
Congenital heart defects are the world's most common birth defect. Pediatric heart surgery has become accessible to middle income countries to provide permanent repairs and avoiding a shortened or disabled life for these children. Providing high quality heart surgery with good outcomes is difficult in the best of circumstances. The International Quality Improvement Collaborative for Congenital Heart Surgery in Low/Middle Income Countries (IQIC) was formed in 2008 to guide and evaluate congenital heart surgery programs in Low/Middle Income Countries. IQIC aims to disseminate key knowledge and processes on safe perioperative practice, infection reduction, and team-based practice through nurse empowerment – all critical components of successful congenital heart surgery programs.

Through its quality mission IQIC aims to reduce major complications and mortality for children undergoing congenital heart surgery. To do this IQIC creates tailored quality improvement strategies through a combination of telemedicine platform to facilitate distance learning, dialogue, and dissemination of knowledge and in person visits to support skill transfer and outcomes monitoring.



*IQIC training program*

HOSPITAL-WIDE INITIATIVES  
**OPENPediatrics.org**



*Practitioners in India accessing OPENPediatrics.org*

OPENPediatrics is a clinician community site that supports online learning, social collaboration and access to information on demand. Today, the platform has users in 145 countries and 2,380 hospitals across the world, creating a connected global community of learners.

OPENPediatrics produces educational videos that cover a range of pediatric care topics, from critical care to cardiology to emergency response planning. All content is peer reviewed and academically rigorous, filling a void for high quality content in the open source information world. In addition, OPENPediatrics develops guided learning pathways for learners, which are curricula with pre and post-tests. The platform offers free video chat capability allowing clinicians to connect with one another via video from all corners of the globe.

The OPENPediatrics platform is a multi-disciplinary community and forum for clinicians to learn, interact, and connect. One of the most popular features of the site is the monthly World Shared Practice Forum video series (including a monthly physician forum, a bi-monthly nursing forum, and a quarterly global health forum). During these monthly video conferences, an expert reviews a common practice issue and users log in to discuss how they approach the issue in their settings. "It's the only forum where you can be in one place and really learn what your colleagues around the world are doing and what challenges they are facing," says Dr. Traci Wolbrink, who, along with Dr. Jeffrey Burns, Chief of Critical Care at Boston Children's Hospital, founded OPENPediatrics in 2007. "It helps build understanding of why people may or may not be doing certain things or following guidelines."



*Nursing Fellow Michelle Morin taking vital signs as part of a school health initiative in Rwanda*



TRANSFERRING EXPERTISE

# Fellowships

## Global Health Fellowships

Boston Children's Global Health Fellowship Programs are designed to train future leaders in global child health and support the development of essential child health services in regions of the world with the greatest need. The focus is on training a cadre of clinicians who have the skills and long-term commitment necessary to make an impact in improving child health.



### Global Pediatric Fellowship

Each year 6-8 fellows participate in the Department of Medicine's Global Pediatric Fellowship which is a two-year training program in which fellows rotate in six-month blocks between a field placement in Haiti, Rwanda or Laos and a clinical placement at Boston Children's Hospital. The fellowship's focus is on skills training in global health service delivery, including clinical care, medical education, program development, management, outcome evaluation, quality improvement, and implementation of focused research.



### Global Nursing Fellowship

Six Boston Children's nurses are supported annually to participate in the two-year Global Nursing Fellowship. The fellowship provides structured and protected time for nurses with a desire to impact pediatric nursing care globally. Nurses develop new skills in global health, including leadership, project design, and implementation science, to expand their experience and advance their efforts in pediatric global health.



### Global Research Fellowship

The Global Research Fellowship supports research focused pediatricians to work on new solutions to global child health challenges. Current research fellow Oludare Odumade is working at Saint Paul's Hospital Millennium Medical College in Addis Ababa, Ethiopia. Her project "Burden of Antibiotic Resistance in Neonates from Developing Societies" is mentored by Dr. Grace Chan, Attending, Division of Medicine and Critical Care. She is also working on new collaborations with local institutes to build capacity and understand possible immunological risk factors and neonatal sepsis in Ethiopia.



### The Program in Global Surgery and Social Change Paul Farmer Global Surgery Fellowship

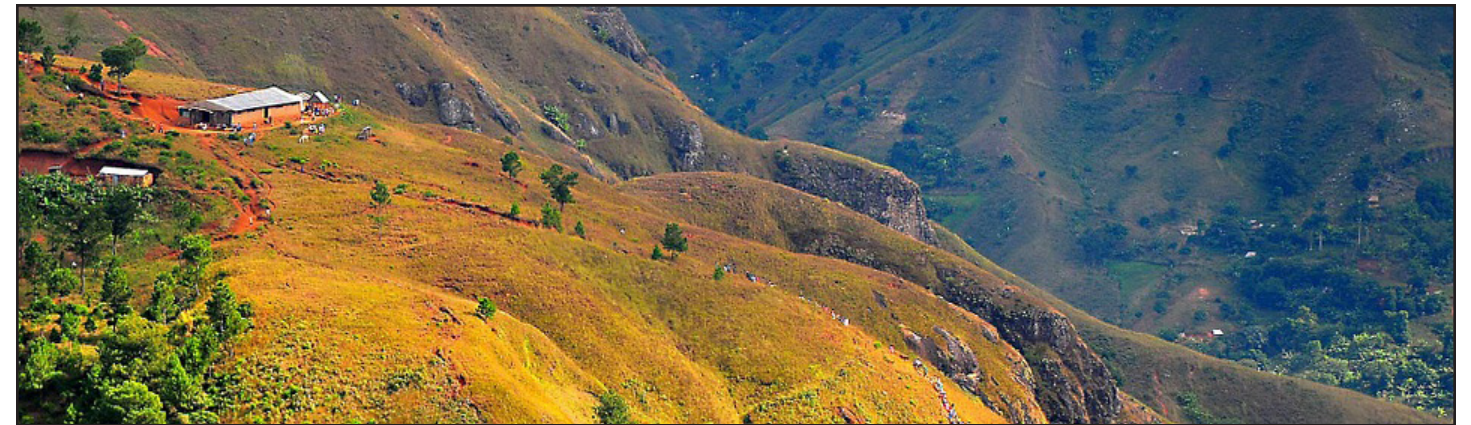
Under the leadership of Dr. John Meara, the Plastic Surgeon-in-Chief, the Program in Global Surgery and Social Change (PGSSC) is a collaborative effort between Boston Children's Hospital, Harvard Medical School, and Partners in Health to advocate for universal access to safe, affordable surgical and anesthesia care globally. In 2017, the PGSSC hosted 14 fellows under the Paul Farmer Global Surgery Fellowship, which trains leaders to further promote surgical care, education, and research pertinent to global surgery. Fellows develop academic, clinical, and administrative skills in global surgery, public health, surgical systems development, and humanitarian aid.



Left: Virginie Clavel, MD, Global Pediatric Fellow attending Helping Babies Breathe course at Global Pediatric Skills Week

**"The fellowship has helped me provide better care for children in Haiti by allowing me to collaborate with my Haitian colleagues in the creation of an pediatric acute care rotation. Our first participating resident has now been hired as the first full time pediatric intensivist in the region."**

**-Dr. Virginie Clavel, Global Pediatric Fellow**



Snapshots from around the world at our project sites; Clockwise from top: A view of Haiti; 2017 Nursing Fellows, Nurse Fellow Katie Barrington in Rwanda; PGSSC Paul Farmer Fellows in action in India



The generous support of the Rick and Sadhana Downs Foundation has allowed the Program in Global Surgery and Social Change (PGSSC) to develop a comprehensive and long-term program to improve access to safe surgery for those who previously may not have had access or were unable to afford it in India.

For the last four years, the PGSSC, led by Dr. Meara, has worked to develop a comprehensive, long-term program to improve access to safe surgery using the strategy of harnessing the educational initiatives and innovations of local surgeons and other healthcare workers to leverage them through contribution of academic expertise in implementation or scaling.

Recognizing the significant urban-rural divide that exists with regards to access to surgical care, the PGSSC works with the Association of Rural Surgeons of India (ARSI) to identify surgeons successfully bringing care to the most rural, underserved communities in India. The surgeons we have identified work in a variety of geographic and socioeconomic settings, and our collaborations have been suited to addressing the challenges they face every day.



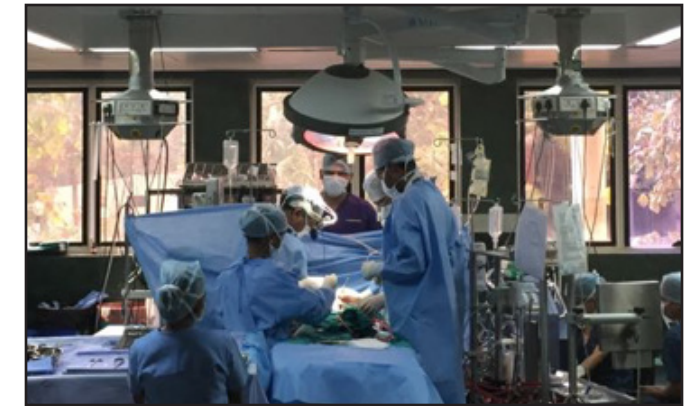
### Establishing iLCoGs Secretariat

The PGSSC partnered with India-based trauma surgeon, Dr. Nobhojit Roy to create the Mumbai-based Secretariat “Implementing Lancet Commission on Global Surgery in India” (iLCoGS-India). This body aims to coordinate and implement surgical improvements nationwide and builds on close collaborations with the Association of Rural Surgeons of India (ARSI) and a network of prominent grass-roots leaders in the field of surgical systems development. The overarching vision, to make surgery truly accessible to all Indians, is driven by Indian collaborators who worked to identify local needs and surgical shortfalls. The iLCoGS-India is now fully established, has applied for designation as a WHO collaborating center and serves as a center to coordinate numerous initiatives for surgical care. Apart from the office in Mumbai, this year satellite offices have been established in Delhi and the state of Bihar.

### Spinal Anesthesia Training Program

Rural Indian surgeons and anesthesiologists are few and far between, and are tasked with completing awesome feats of surgical volume and complexity. While the capabilities of these surgeons are extraordinary, they are challenged by limitations in the anesthetic care. To undergo surgery patients’ require not just a surgeon but someone to administer anesthesia as well. In rural India, the confluence of both these specialists is rare.

The PGSSC, Boston Children’s Hospital and the US trained senior surgeon Dr. Nandakumar are now taking an innovative approach to training rural medical doctors to safely administer spinal anesthesia, directly enabling more surgeries to occur in the rural setting.



*Dr. Gnanaraj with a PGSSC Fellow; PGSSC Fellows performing surgery in India*

### Supporting Champions of Rural Surgery

Another initiative in this multi-pronged approach is providing support and mentorship to local champions of rural surgery. One champion, Dr. Gnanaraj from Karunya University, was able to use this support to combine his medical practice with a passion for engineering.

When asked about the first time he was able to couple medicine and engineering, Dr. Gnanaraj cites his experience working at mission hospital a decade earlier. “In Alipur, renal failure is a significant problem. And the cost of dialysis equipment or transplants is too much. So, what we ended up doing was peritoneal dialysis, and it gives people a month and a half or two months for the patients to come to terms with what is happening and to settle their affairs,” Dr. Gnanaraj recalls. “The problem is that the catheter we used from the US costs around \$200 USD. So, I found out what the material was, and went to a medical company in South India and asked, ‘Can you make this?’” Dr. Gnanaraj was told that it would be possible to create a similar device and was quoted a price of \$6 per catheter, putting the treatment within reach for almost all his patients.

“And it turned out that we could make something that was better than the catheter from the US for this purpose,” Dr. Gnanaraj said. “When we could make a superior product for what we needed at such a small cost, it made me stop and wonder, ‘What else can we make accessible if we keep thinking this way?’”

In addition to the catheter, Dr. Gnanaraj went on to make laparoscopic surgery available in setting where it would be hard to provide technically or too costly due to the need for medical grade gas for the procedure. To do this he developed a technique of gas-less laparoscopy, and has worked with a local bioengineering company to produce the required equipment.

### PGSSC India Partnership Goals 2017-2018

- Partner with local institutions to develop an innovative research education program that will build local capacity and collaboration around research, helping to create a new culture around research where it is valued and recognized within their own institution.
- Develop collaborative clinical care delivery programs in areas of severe shortage within India through educational programs, research collaboration and clinical care team exchange
- Expose undergraduates and graduates of various disciplines to global surgery and the current state both globally and locally, to inspire their participation in closing the gap, by establishing opportunities for them to form teams and to participate in applying their varied backgrounds through a collaborative process of problem solving and innovation to address the challenges that are presented to them by local surgeons and institutions.
- To introduce and drive consultation on new models of healthcare delivery and financing to facilitate increased access to care by enabling collaboration, education and engagement around topics such as value based healthcare and outcomes measurement.

## The Maggie Ryan Endowed Fellowship in Global Health

Maggie Ryan loved children and understood Boston Children's Hospital's mission of care, research, teaching and community. After her sophomore year at Washington University in St. Louis, Maggie became a summer intern in the Global Health Program at Boston Children's. The Global Health Program's Director, Dr. Michelle Niescierenko ignited Maggie's passion to pursue a career in global health. "There was something special about Maggie, a depth of caring unusual in someone so young," says Dr. Niescierenko. "She had such a positive attitude and an exceptional ability to solve problems, overcome obstacles and get things done... her heart was completely in it."



Maggie often shadowed Dr. Niescierenko on nights and weekend rotations in the ER, and after the internship, Maggie stayed in close touch with her mentor. She worked in community health and urban advocacy in St. Louis, and during her senior year at college spoke frequently with Dr. Niescierenko about her interest in maternal health and the different paths her education and career might take. "I knew Maggie's dedication and energy would be well suited to the global health field," says Niescierenko. "She was offered a wonderful opportunity to work as a health research assistant in Kenya right after college. I couldn't wait to see what she'd do. I hoped to bring her back to Boston Children's to work with our program. Her future was bright."



First fellowship recipient, Alexis Schmid, RN, PNP and Global Health Program Director, Michelle Niescierenko, MD

Tragically, that future was cut short in an automobile accident as Maggie drove home after her college graduation. Her passing left a hole in the lives of all who knew her, none more so than her parents, Ann and Tony, and her three brothers, Matthew, William and Thomas.

The Ryan family's courage in facing their loss took the form of remarkable generosity, as they searched for a way to honor Maggie's memory and channel her spirit. A plan emerged to make a gift to the Global Health Program as a tribute to Maggie: The Maggie Ryan Endowed Fellowship in Global Health.

"Dr. Niescierenko was such a great mentor to Maggie--as a leader, a woman, a manager, a visionary," says Ann. "She and Maggie were similar in their desire to find practical, actionable ways to make a difference. Michelle worked with us to identify the best possible way to help the Global Health Program, allowing us to try and make something positive out of tragedy."

Adds Tony, "We wanted to give Michelle a way to leverage the strengths of her program by funding manpower-- an annual fellow who wouldn't be constrained by the requirements attached to a hospital clinical salary. The first fellowship recipient, Alexis Schmid, RN, PNP, represents the kind of outstanding professional who will help advance maternal and child health worldwide. We're confident our family's contribution will have a sustainable impact on the lives of children globally. That's an ambition consistent with Maggie's vision and desire."

*Adapted from Boston Children's Hospital's Spirit of Giving*

"My hope for is that all children, in all countries can obtain the medical care, help and support they need so they can achieve health, wellness and security; our next generation deserves this and Boston Children's Hospital is committed to this global vision."

-John Meara, MD, DMD, MBA, Plastic Surgeon-in-Chief



Snapshots from around the world at our project sites; Clockwise from top: A young Haitian patient and family; Surgical coworkers in India; Nurses with students in Rwanda, A road in rural Liberia



To learn more and support our work, visit our website: [bostonchildrens.org/globalhealth](http://bostonchildrens.org/globalhealth)



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