Case Study of a Long-Term Capacity-Strengthening Partnership: 
The Infectious Diseases Institute (IDI) in Kampala, Uganda  
and Pfizer's Global Health Fellows Program

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Summary
The old proverb – if you catch a fish, you support a man for a day, but if you teach him to fish, you support him for life – embodies the purpose of Pfizer’s Global Health Fellows (GHF) at the Infectious Diseases Institute (IDI) in Kampala, Uganda. By strengthening capacity in the areas of management and clinical systems, research capacity, and communications, the GHF contributed to IDI’s growth from its inception in 2003 to a Centre of Excellence with revenues in 2010-11 of $18 million.

Pfizer Corporation’s GHF program is one of the first and most comprehensive international corporate volunteering initiatives. Pioneered in 2003 by the company’s Corporate Responsibility Division, the GHF program was designed to facilitate the improvement of health outcomes in developing countries, provide the company both insights into health challenges in emerging markets as well as serving as a leadership development tool for employees. Since 2003, 15 Fellows have been placed at IDI, with the objective of developing IDI’s skills related to clinical care systems, clinical trials, laboratory systems, budgeting and planning, statistical analysis, communications, and research.

The GHF program offers IDI the human resource investment necessary to support Pfizer’s long-standing financial partnership with the Institute. Strengthening IDI’s management and organizational capacity helps to ensure that funding provided by donors, including Pfizer, is effectively applied to IDI’s mission of strengthening care and treatment of HIV and related infectious diseases in Africa.

The GHF contributions at IDI led to immediate results as well as long-lasting operational changes. For example, operational improvement occurred through the support Fellows offered in building clinical trial capacity and establishing good clinical practice standards. Staff capacity was strengthened through trainings carried out by Fellows on topics such as improving teaching curricula, quality improvement and information technology skills. Fellows worked with staff to strengthen skills in communication, advocacy, proposal writing, and publication in peer-reviewed journals. Other areas of GHF focus included improving sustained facility maintenance, and creating a resource center for IDI patients. Despite the varying focus of placements, all Fellows were aware of the importance of ensuring their contributions were sustainable. With this in mind, Fellows worked closely with IDI staff on all projects to ensure the latter had the skills and confidence to continue the work after the Fellow was gone.

The partnership between IDI and Pfizer shows that corporate volunteers can bring sustainable capacity development to an already sophisticated clinical and research operation in a developing country. Pfizer continues to work with partners around the world, developing mutually beneficial partnerships across a variety of areas and providing innovative leadership to international organizations.
I. The Questions
There is great interest among corporate social responsibility advocates in the potential social and business return on the contribution of employee skills to build the organizational capacity within the health and other development sectors in low and middle-income countries. Such initiatives have the potential to enhance the skills and management perspective of the donor’s employees. On the job morale and motivation have been shown to improve with a commitment to goals beyond profit as well. Most importantly, the broad variety of professional skills available in the work force of a large corporation can fill voids and build capacity at non-profit or governmental organizations in places where such skills are extremely scarce.

Some of the key questions of interest are: How do these programs build organizational capacity? Can private sector skills and experiences complement a non-profit organization’s culture, growth, and service delivery? Can such corporate volunteering enable the recipient organization to do things it may not have been able to accomplish otherwise?

Case studies describing and analyzing work done by international corporate volunteers with recipient organizations can help answer these questions, advance a better understanding of the strengths and challenges of these types of programs, and show what can be accomplished. This case study examines the impact of the Global Health Fellows (GHF), an international corporate philanthropy program run by the pharmaceutical company, Pfizer Inc., on the growth and development of the Infectious Diseases Institute (IDI) in Kampala, Uganda. The objective is to describe and analyze ways in which technical assistance contributions in the form of 3-6 month Fellow placements in a wide array of fields helped to strengthen some of IDI’s management and clinical systems, research capacity, and communications.

Between 2003 and 2012, fifteen Pfizer Fellows shared a wide variety of expertise with IDI in an effort to build systems and services. The following case synthesizes data and observations captured from post-assignment surveys completed by Fellows and their IDI supervisors, and interviews with both Fellows and IDI staff and managers, conducted by the Boston University Center for Global Health and Development (CGHD).

II. Pfizer Global Health Fellows
Pfizer Corporation’s GHF program is one of the first and most comprehensive international corporate volunteering initiatives. The program, implemented by the company’s Corporate Responsibility division, aims to promote health systems strengthening as a natural complement to Pfizer’s global pharmaceutical business. The company views the program as a strategic approach toward meeting key social and business objectives—contributing toward health outcomes while providing the company with insights into health care challenges in emerging markets and serving as a unique leadership development tool for its employees.

The GHF program started in 2003 with strong support from Hank McKinnell, then Pfizer’s Chairman and CEO, and continues to be the company’s signature social investment program. The program matches Pfizer employees in three to six month assignments with leading non-governmental and international development organizations in developing and middle-income countries. Fellowships are designed as a means to share skills honed in the pharmaceutical industry to address key health delivery challenges—such as improving access, quality or efficiency of services. To date, over 300 Pfizer employees have served as Global Health Fellows in assignments with 40 different NGO or international development partner organizations in 45 countries.
Pfizer’s partner selection process has evolved over the life of the program. NGO and development agencies are selected to host fellowships based on factors including: proven success in implementing health programs, strong relationships with local stakeholders, capacity to scale up activities, and thought leadership. While many of its current partners, like IDI, have been hosting fellows since the program launch, the company now operates GHF partnerships on a two-year strategic planning and implementation cycle and introduces new partners every two years. Pfizer sets broad overarching goals for the GHF program. In turn, partner organizations propose specific fellowship plans targeting a few key outcomes and deliverables for each fellow to complete while on assignment.

Pfizer estimates the average monetary value of a six month mid to senior level consulting offered through the fellowships at approximately $175,000 based on studies of pro bono consulting across companies. The company covers the cost of each Fellow’s salary and benefits and a grant is provided to partner organizations to cover hosting and assignment-related costs.

III. Infectious Diseases Institute (IDI)
The Infectious Diseases Institute is dedicated to research, training and clinical care for infectious diseases, most prominently HIV/AIDS. IDI’s principal facility opened in 2004 and is located across from Mulago Hospital, Uganda’s National Referral and Teaching Hospital and a major source of inpatient and outpatient care for the residents of Kampala, Uganda. Mulago is owned and operated by the Uganda Ministry of Health, and closely affiliated with the College of Health Sciences of Makerere University. Ownership of IDI was transferred to Makerere University in 2005.

Over time, IDI has evolved and grown into a Center of Excellence, attracting top Ugandan and foreign researchers (3). In 2010, the main adult clinic at IDI provided care to over 10,000 HIV-infected Ugandans, with almost 10,000 visits per month, and more than 4,000 per month at outreach clinics that IDI supports in Kampala. It not only trains Ugandan physicians and nurses, but provides specialized HIV, TB, and malaria training courses to short term students from across Africa. It has been at the forefront of shifting some HIV treatment tasks from physicians to nurses and pharmacists, and also runs specialized programs for pediatric and adolescent HIV patients, as well as those who are also infected with TB. With extensive support from IDI, patients (referred to as “Friends”) have developed an organization for mutual support and HIV prevention. The Institute is led by Executive Director Dr. Alex Coutinho, a founder and former executive of The AIDS Service Organization (TASO, a prominent Ugandan NGO).

The Infectious Diseases Institute developed out of the Ugandan activities of the Academic Alliance, a consortium of academic physician researchers from predominant US and European medical schools working with African colleagues to fight AIDS through field research. When members of the Academic Alliance began their work in Africa in the 1990s, Uganda had one of the most advanced HIV epidemics in the world. Pfizer has been a major contributor to IDI, providing the funding for its principle facility and close to 100% of its financial support in its early years (4). The financial partnership between Pfizer and IDI was documented in detail in a 2011 case study published in *Infectious Disease Clinics of North America* (4). That history does not, however, include the significant human resource investment Pfizer has made over the last nine years through the GHF program valued at $2.6 million. The present case fills that gap in the story.
Total revenue at IDI in fiscal 2010-2011 was $18 million, with more than two thirds of funds coming from donor-funded projects. To continue supporting the development of IDI, the Accordia Global Health Foundation (Accordia), a US 501c3 organization, was formed with the Academic Alliance continuing to provide expertise and guidance. To ensure growth and sustainability, Accordia and IDI have diversified their fundraising efforts and have successfully attracted a strong network of donors including the Government of Uganda, the Bill and Melinda Gates Foundation, the Global Fund, the US government’s PEPFAR program, ExxonMobil, Gilead, BD, the US Centers for Disease Control and Prevention, and Wellcome Trust among others.

Accordia is now working to support health research and advanced clinical training across Africa, not just in Uganda with the objective of “working with Africa’s medical schools to develop individual and institutional leadership that will transform the health landscape in Africa for generations to come” (5). Accordia’s goal is to scale “the IDI model to create a network of similar centers that have a complementary focus and can effectively respond to Africa’s health challenges” (5). Accordia continues to work closely with IDI in designing and selecting projects for the Global Health Fellowships at IDI. Kelly Willis, one of the first Pfizer Global Health Fellows assigned to IDI, is now Senior VP for Global Health Programs at Accordia.

IV. Assignments of Global Health Fellows at IDI
Between 2003 and 2012, IDI hosted fifteen Fellows whose assignments were designed to address core needs laid out in IDI’s five year strategic plan including training staff in clinical research procedures, and developing budgeting, planning, and facilities maintenance systems. As shown in Table 1, below, Fellows represent a broad range of Pfizer functions, including research and development, marketing, manufacturing, and communications and came from work sites in Australia, Europe and the US. IDI’s laboratory division hosted four Fellows. Six Fellows (#1, 7, and 12-15) helped to build research capacity, and two Fellows worked with IDI communications staff. One of these (#8) worked directly with the Friend’s Organization (FO) for people living with HIV, which brings together IDI patients to support one another and provide community education and outreach, and developed a patient resource center.

V. Impact on IDI
Our interviews with IDI management revealed enthusiasm about the GHF Program and about the innovation and energy that Fellows bring to their assignments. Unit managers who worked directly with the Fellows proudly point to both immediate results and lasting changes in their operations that they attribute to particular fellows.

Operational Improvement and Capacity Development
At the unit level, most Fellows built new capacity which in some cases contributed to significant growth for the organization. This usually came through a combination of training Ugandan colleagues, imparting some of their own professional skills, and developing new policies and procedures. Fellow #1 was crucial to IDI’s first clinical trial exploring new AIDS treatments. IDI start-up managers noted that her efforts helped to establish a firm research foundation by training Ugandan staff and working with them to establish good clinical practice standards, which attracted funders and allowed IDI to undertake the research for which it was created. The legacy of this effort continues, with two of the research nurses trained by Fellow #1 still on staff eight years later. Sponsors of clinical research closely monitor drug trials to ensure that study results are reliable, and their monitoring reports on IDI clinical practices continue to be favorable.
<table>
<thead>
<tr>
<th>GHF #</th>
<th>Name (Year)</th>
<th>Pfizer Position</th>
<th>Professional Skill/Training</th>
<th>IDI Assignment</th>
<th>Immediate Accomplishment</th>
<th>Known Long Term Impact</th>
<th>Continuing Work with IDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Planck (2003)</td>
<td>Clinical Trails</td>
<td>Nursing</td>
<td>Develop clinical trial skills</td>
<td>Trained first clinical trial staff; established clinical trial procedures; established triage procedures in clinic</td>
<td>IDI conducts (and receives funds for) clinical trials; patient triage continues</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Willis (2004)</td>
<td>Communications</td>
<td>Supply Chain Management</td>
<td>Develop budgeting and planning</td>
<td>Organization not ready for Fellow to complete original objectives; instead Fellow built links to external funders</td>
<td>Diversified sources of IDI support; currently works for Accordia Foundation which provides direct technical assistance to IDI</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Bukenny (2005)</td>
<td>Information Technology</td>
<td>IT</td>
<td>Develop statistical analysis capacity</td>
<td>Programs and counterpart staff not available to work with Fellow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mandelburg (2005)</td>
<td>Facilities Management and Compliance</td>
<td>Engineering</td>
<td>Facility maintenance</td>
<td>Created facility maintenance plans and budgets</td>
<td>“Created a maintenance culture”; building well kept up</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Barday (2006)</td>
<td>Manufacturing</td>
<td>Laboratory Instruments</td>
<td>Laboratory</td>
<td>Standard operating procedures for lab equipment</td>
<td>Reliable lab operations</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Brady (2008)</td>
<td>Sales</td>
<td>Communications</td>
<td>Communications</td>
<td>Taught techniques for improved PR, developing alumni network from training programs</td>
<td>Writing techniques still used; alumni network maintained</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Heinle (2008)</td>
<td>Research Laboratories</td>
<td>Biochemistry</td>
<td>Laboratories</td>
<td>Got new lab equipment operating; training and standard procedures for some lab activities</td>
<td>Ability to perform additional lab tests</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Puglisi (2009)</td>
<td>Corporate Responsibility</td>
<td>Communications</td>
<td>Communications</td>
<td>Built resource center for friends (patient) organization; systems for budgeting and scheduling; documented drama/dance programs</td>
<td>Increased confidence within friends organization</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Schlect (2010)</td>
<td>Marketing</td>
<td>Business Management</td>
<td>Laboratories</td>
<td>Analyzed external market for lab services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>LeChasseur (2010)</td>
<td>Manufacturing</td>
<td>Analytic Chemistry</td>
<td>Laboratories</td>
<td>Reduced data entry error rate; $55K estimated annual savings</td>
<td>Improved QI procedures at lab</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Mitchell (2010)</td>
<td>Sales</td>
<td>Nursing</td>
<td>Nursing</td>
<td>Created nurse training plan. Improved in-service training and career development for nurses</td>
<td>Improved nurse morale; more effective in-service training. Continued support of professional development</td>
<td>X</td>
</tr>
<tr>
<td>12</td>
<td>Kuznik (2011)</td>
<td>Marketing (Pricing and Cost/Benefit)</td>
<td>Health Economics</td>
<td>Research</td>
<td>Wrote cost benefit sections of proposals and studies</td>
<td>Links to health economists to expand research portfolio</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Bello (2012)</td>
<td>Clinical Development, Oncology</td>
<td>Clinical Pharmacology</td>
<td>Research</td>
<td>Improved processes/protocols to design clinical trials &amp; complete filings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>De Gelder (2012)</td>
<td>Clinical Trial and Compliance</td>
<td>Compliance</td>
<td></td>
<td>Assessed quality/efficiency of trials; Developed draft trial monitoring SOP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sometimes, the training was relatively straightforward; for example, showing communications staff a new application program, or demonstrating how to increase reader interest by writing profiles of key individuals. At other times, such as the development of training plans for the nursing staff, the Fellow succeeded in part by “doing”—developing the plans—and in part by personally involving both nurses and managers in the process. Fellow #11 changed the nature of continuing education for nurses, making it less didactic in a way that built on their rich pool of professional experience. This shifted the nurse training curriculum away from a passive learning model in which lessons were designed based on instructor interests to one in which the nurses set expectations for the training they felt they needed. A year after the end of the Fellowship, IDI nurses had developed their own training plan and personal development goals for the following year. The most successful Fellowships, such as this and Fellowship #4 (building maintenance procedures), combined a high level of professional effort by the Fellow and a strong rapport with their IDI counterparts.

The scope of work defined for the Fellows in advance must often be adjusted to reflect the Fellow’s skills and current organizational needs when they arrive. When Fellow #10 arrived, the laboratory division intended her to improve the information system for communicating lab results to clinicians. But she had worked in a quality control lab, and had no experience with clinical systems. However, IDI was incurring substantial costs for duplicate lab tests because of high rates of data entry error. If the results data were not entered accurately or in a timely fashion, the test was repeated. The Fellow agreed to study the Six Sigma quality improvement methodology, and worked with staff to revise the system to reduce the error rate. The resulting improvement in data accuracy resulted in an estimated $55,000 per year reduction in the cost of unnecessary tests.

**Facilitating Entrepreneurial Culture**

The experience of Fellow #8 provides an interesting example of what can happen when a Fellow expands on the original scope of work and helps create a culture that drives toward new services and solutions. She was assigned to help the Friends Organization, an affiliated partner created and run by patients living with HIV/AIDS. The FO provides support for patients, and also employs some as counselors and prevention outreach workers for the Institute’s Greater Involvement of People Living with HIV/AIDS (GIPA) program. FO needs were not well-articulated when the Fellow arrived. But she recognized that the nascent organization needed a budget, scheduling and administrative systems, and helped develop these. At the same time, she personally documented some of the educational dance and music programs, and obtained computers for the Friends resource center. In the process, she helped to develop self-confidence in the leaders of the Friends Organization which is still apparent in interviews with them more than two years later. This may be attributable to the ways in which the Fellow worked with them to document their life stories and perspectives, as well as their creative approach to community outreach using music, song, and dance.

**Fish or Teach (a Unit) to Fish: Strengthening Professional Capacity**

Fellowships at IDI may be looked at through the lens of the old proverb—if you catch a fish, you support a man for a day, but if you teach him to fish, you support him for life. Corporate volunteers can offer an extra pair of hands to undertake a task (“catch a fish”) that existing staff do not have time to perform. Supervisors at IDI agreed that Fellows often take on assignments that IDI staff have no time to undertake, even when they have the necessary skills. But the GHF emphasis on building local sustainable capacity allows Fellows to share skills, attitudes, and priorities that raise staff morale and confidence and change unit performance over the longer term. Fellow #11 demonstrated the salutary effect of non-financial rewards by creating a “nurse of the month” award determined by peer nomination. Although the nomination mechanism has changed, this morale-building program continues, and nursing managers are still enthusiastic about it a year after the Fellow’s departure. The positive changes in the
nurses’ attitudes about their professional development led one IDI human resource manager to speculate that other professional cadres within the organization could benefit from a similar needs and experienced-focused training program. In the Communications Department, staff still use techniques taught by Fellows. They write cameo portraits of trainees, researchers and/or patients to make IDI newsletters and reports more effective. Fellow #6 also helped them create a trainee alumni email network which is still maintained for IDI’s over 11,000 trainees.

The work of Fellow #4 illustrates the “teach to fish” concept. He created standard procedures for preventive maintenance of the new IDI building and equipment (air conditioners, generators, etc.). He also helped the building manager develop budgets for maintenance supplies and spare parts. “He created a facility maintenance culture in a country where there is none,” said one senior manager as IDI opened. In Africa, failure to maintain donated equipment, or budget for spare parts, is one of the biggest problems in health care institutions. The World Health Organization (WHO) estimates that half of the medical equipment in developing countries is not functional, not maintained, and improperly used (6). This “maintenance culture” was also promoted when Fellow #5 developed preventive maintenance procedures in the laboratory. Thanks to staff commitment and GHF help, building systems and laboratory equipment continue to function well at IDI despite more than eight years of hard use.

Fellow #5 was successful in “catching the fish,” completing articles on a tight deadline that required skills (health economics) which his IDI peers lacked. But this Fellow also strengthened staff capacity by drafting materials that enabled IDI to submit proposals with a health economics component that had previously been lacking. To continue to bolster capacity after his return to Pfizer, the Fellow developed contacts between IDI staff and with researchers in health economics at other institutions. This should strengthen the competitiveness of IDI research proposals in the long run. This Fellow worked with his IDI colleagues to form a Cost-Effectiveness Working Group which one of the most recent Pfizer Fellows has continued to mentor.

Fellow #1 provides a useful example of the long term sustainability of a Fellow-inspired innovation. She saw patients in severe pain waiting their turn, often for hours, in the crowded waiting room of the clinic. She taught the nursing staff the basic principles of triage, so that patients in the greatest need could be seen more quickly. The triage system was adopted enthusiastically. When she recently returned to Kampala after eight years, she saw that the triage system is still maintained, with separate examining rooms set aside for the patients in the most urgent need.

Continuing Commitment
A Global Health Fellowship is often a life (and career) changing experience for some Pfizer employees who are alumni from the program. At IDI, a number of Fellows forged lasting connections with Ugandan staff, providing further acknowledgment of the importance of the work of IDI employees at all levels within the organization and thus enhancing morale and a sense of being part of a global professional network. Over half the Fellows have returned to Uganda at least once, covering their own expenses. Fellow # 2 now works for Accordia, helping to obtain public and private funding for IDI activities. Fellow #6 has worked to raise funds for IDI and assist Accordia with brand development; she has also returned to IDI several times to assist with a variety of communication activities and program implementation trainings. Likewise, Fellow #8 has returned to IDI several times, raising funds for IDI and also obtained additional computers for expansion of the Friends Resource Center. Several continue to provide guidance to their IDI counterparts by email after departure. Fellow #11 continues to support
the professional development of IDI nurses by offering a scholarship; she also returned to Kampala one year after her Fellowship ended and again in November 2012.

**Conclusion**
IDI has capacity in a variety of areas that it would not have obtained without Pfizer Global Health Fellows—unless it hired expatriate staff or consultants to undertake the same tasks. This would be expensive: over $2.6 million (~10% of the current annual budget) for the time of 15 similarly qualified international consultants. IDI would likely not have been able to make such a large investment to hire either staff or short-term consultants to undertake the work done by the Fellows.

The partnership between IDI and Pfizer shows that corporate volunteers can bring sustainable capacity development to an already sophisticated clinical and research operation in a developing country. It also helps that IDI is engaged in activities—clinical research, laboratory medicine, training—that are in many ways similar to those at Pfizer. IDI had the need, as well as the resources, flexibility, and capable, receptive staff to make good use of these professionals. IDI’s international scientific connections and strong ties to financing are important independent sources of its success, but are also factors that enable the Institute to make the best use of corporate volunteers.

**Works Cited**


