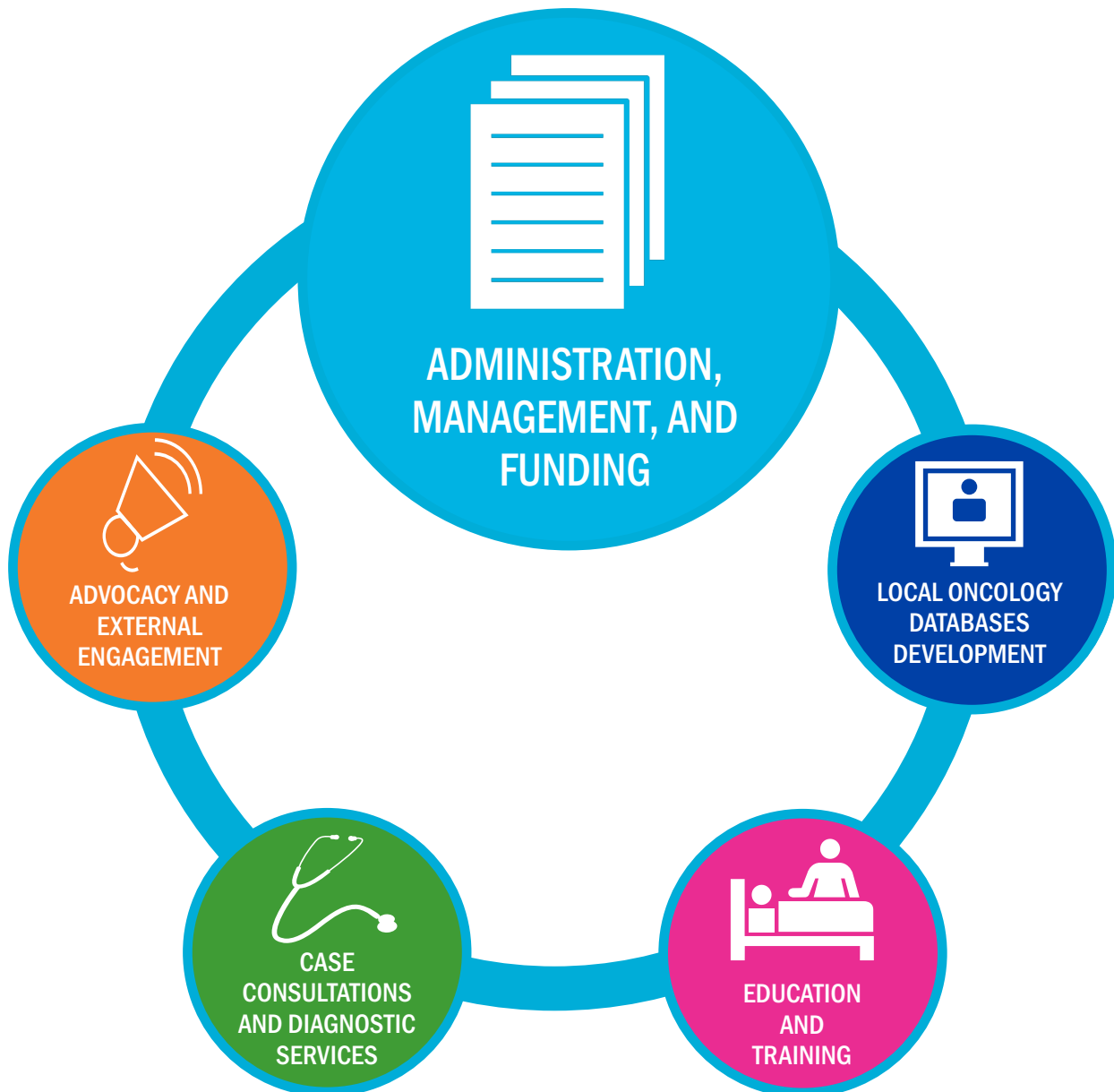


SCI

SickKids-Caribbean Initiative

Enhancing Capacity for Care in
Paediatric Cancer and Blood Disorders

Reflections on the SickKids-Caribbean Initiative: Administration, Management, and Funding



Reflections on the SickKids-Caribbean Initiative: Administration, Management, and Funding

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- Case Consultations and Diagnostic Services
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Abstract

Partnerships between two or more groups are underpinned by supportive administration and leadership, as well as funds necessary to carry out set objectives. Fostering such partnerships takes time and relies on accountability and trust. This technical paper describes the activities and lessons related to administration, management, and funding within the SickKids-Caribbean Initiative (SCI). With the aim of improving the outcomes and quality of life for children with cancer and blood disorders in the Caribbean, SCI included an embedded, inter-disciplinary governance structure to support and carry out its overarching goals, provide oversight, and enhance accountability. Core activities that made this possible included ongoing engagement (e.g., meeting and event planning, work plan development); general administrative support; developing and maintaining communication plans; offering financial and human resource oversight; and leveraging funding to achieve set program deliverables.

Introduction

Partnerships are defined by the World Health Organization (WHO) as collaborative relationships between two or more groups, based on trust, equality, and mutual understanding to achieve a specified goal (WHO 2009). Accountability is critical within partnerships, as there are potential benefits and risks to all involved.

Twinning partnerships, a model traditionally used in fostering hospital-to-hospital strengthening, are based on three core facets: 1) partnership development (building a strong foundation, ensuring buy-in, and commitment from all institutions and stakeholders); 2) technical improvement (fostering skill development, health service delivery, and safety); and 3) spread (sharing learnings and experiences with the national health system and other key players) (WHO 2016). Ensuring appropriate administrative support, management, and leadership for both sides of a twinning partnership, and adequate support from technical committees, have been identified as important underpinnings to success.

Core components of health-related administration and management include outlining and dividing responsibilities; determining key personnel roles and responsibilities; facilitating communication between key personnel; and managing finances responsibly (WHO 2016). While the ability to provide quality health service delivery depends heavily on the knowledge and skills of medical professionals, critical underliers to sustainable success include adequate support, good governance, and sufficient funds.

When health-based partnerships engage both a resource-abundant and resource-constrained institution, securing adequate funds to support desired technical

improvements in the resource-constrained context is important. Health systems in such settings are often already over-extended, which can limit their agility to respond to the need for change. Engaging donors and other stakeholders in fundraising can play an essential role in ensuring that change can happen, be sustained, and even enhanced.

The aim of this paper is to describe the administrative, management, and funding components embedded within The SickKids-Caribbean Initiative (SCI), a novel partnership based in the English-speaking Caribbean focused on pediatric cancer and blood disorders.

Methods

Setting

Formally launched in 2013, SCI is an innovative program in six Caribbean countries, focused on activities to improve the capacity of local health care professionals to diagnose and treat children with cancer and blood disorders. SCI was established, as a non-profit partnership between The Hospital for Sick Children (SickKids) in Toronto, Canada, the University of the West Indies (The UWI), Ministries of Health, and hospitals at seven sites in the six Caribbean countries (Barbados, The Bahamas, Jamaica, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago).

Description of the Initiative

Key outcomes of the SCI partnership have included increasing the number of physicians and nurses in the region with specialized skills in pediatric hematology and oncology care; improving health care professionals' ability to diagnose and treat pediatric hematology and oncology patients; facilitating regional, international, and inter-professional collaborations around pediatric hematology/oncology; and developing a system of routine pediatric oncology data collection through hospital-based pediatric oncology databases.

Context for the Development of SCI

SCI was developed in response to a convergence of opportunities and needs. Although SCI formally launched in 2013, individuals and departments at SickKids had previously developed several formal and informal relationships with physicians in the Caribbean, primarily by providing physician-to-physician consultations on individual cases involving children residing in Caribbean countries. In select cases, children from the Caribbean had also received humanitarian-funded surgery at SickKids. The SickKids physicians engaged in this work sought to develop a more robust, comprehensive program focused on pediatric hematology/oncology in six selected Caribbean countries. This request had the support of the leadership within the SickKids Hematology/Oncology Division and the

Centre for Global Child Health. At the same time, The Hospital for Sick Children Foundation (SickKids Foundation) identified donors who were particularly interested in supporting a Caribbean-centric initiative.

The UWI was identified early in the process as an ideal partner for SCI, both academically and to facilitate the flow of funds. Academically, The UWI is, arguably, the Caribbean region's premier educational institution, with campuses in Jamaica, Barbados, and Trinidad and Tobago. In addition, The UWI's Open Campus serves 17 English-speaking countries throughout the Caribbean. From a financial standpoint, The UWI's Mona Campus, based in Jamaica, is a qualified donee registered with Canada Revenue Agency. As such, the locations of The UWI campuses and affiliated hospitals and experts helped inform the selection of SCI Caribbean partner sites.

In 2009-2010, a set of robust needs assessments and stakeholder engagement exercises, led by SickKids with funding from SickKids Foundation, took place across all potential Caribbean partner-sites. Letters of endorsement were issued by specific Caribbean centers to confirm a commitment to SCI; a grant agreement was put in place between The UWI Mona and SickKids to facilitate the flow of funds to cover the budgets for the Caribbean sites; sub-grant agreements were facilitated between The UWI Mona and other campuses, or ministries of health/regional health authorities for sites not within The UWI system. Indemnification agreements were established between each Caribbean SCI partner hospital and SickKids. SickKids also procured appropriate indemnification insurance to support the case consultations its own physicians and allied health professionals would be providing to the Caribbean physicians.

Following the needs assessment, SCI engaged in two phases of work. Phase 1 (2013-2018) focused on six priorities identified through the needs assessment process: nursing education; support for local pediatric hematology/oncology clinical care, including physician and allied health education and training and case consultations; local pediatric oncology databases; diagnostic services; sickle cell disease; and research and scholarly activities. Phase 2 (2019-2022) built on the foundation created during Phase 1. During Phase 2, the same areas were prioritized, but regrouped into the following categories of activity: education; case consultations; local oncology databases; and research, scholarly activities, policy, and advocacy. Importantly, monitoring and evaluation were overlaid across all focus areas and activities throughout Phases 1 and 2.

Governance within SCI

From the inception of SCI, a governance structure consisting of multi-disciplinary teams based in Canada and the six Caribbean partner countries was established to provide oversight and enhance accountability (**Table 1**). Generally, the model was team-based and included those with diverse expertise. Substantial cross-communication took place between those engaged in administrative, managerial, and funding-related activities to ensure smooth operational flow.

Table 1. Governance structure within SCI

Group	Personnel	Role
Steering Committee	Senior executive staff at SickKids, representing all key SickKids departments engaged in SCI (Centre for Global Child Health; Division of Hematology/Oncology; Nursing; Department of Laboratory Medicine; and Department of Diagnostic Imaging), as well as the project management team and SickKids Foundation representative	Provide advice on SCI's strategic and operational plans and monitor implementation on behalf of SickKids, which has legal responsibility for SCI, including the stewardship of funds
Executive Committee	Senior medical and nursing leaders from SickKids directly engaged in SCI, together with SCI co-lead physicians from the Caribbean and the project management team	Provide overarching leadership and accountability for executing work plans; ensure activities take place on schedule; and outputs, as set out in the SCI logic model, are achieved
Regional Leadership Teams	Lead physicians and nurses identified at the seven SCI-affiliated Caribbean hospitals, as well as individuals affiliated with Ministries of Health, additional hospitals, and academic partners	Oversee regional capacity around patient care (diagnosis, treatment, and management) and nursing education in Caribbean countries; provide insights impacting work plans; and help shepherd activities
Advisory Committees	Physicians and nurses from SickKids and the Caribbean countries and project management team	Assist with detailed planning for specific activities focused on achieving key outputs (as identified in SCI logic model) to enhance pediatric cancer and blood disorders care in the Caribbean. Advisory committees relate to each specific SCI focus area (e.g., education, case consultations) and, during phase 2, included an advisory committee on transitioning to a sustainability phase
Project Management Team	SCI-dedicated employees at SickKids, including medical directors, project director, project manager, project coordinator, nursing education specialists, and communications specialist	Provide legal, administrative, and managerial structure and support; drive the achievement of program deliverables; budgeting and financial oversight; fellowship coordination; and ongoing tracking of SCI activities and outputs
Foundation Team	Employees from SickKids Foundation	Develop funding relationships with donors focused on support for SCI; steward those relationships; act as bridge between donors and those directly engaged in SCI; and shepherd funding-focused communications, with input from the project management team and Caribbean partners

Administration

Support for the day-to-day operations of SCI was largely based at SickKids, with some additional support provided by SCI-funded nurse coordinators at the larger Caribbean sites. Key activities included:

- Establishing and maintaining a legal and financial framework for SCI activities. This framework facilitated the flow of funds to the Caribbean for specific local expenses related to individual site needs and also included indemnification agreements related to case consultations between Caribbean physicians and their counterparts at SickKids.
- Facilitating case consultation referrals between physicians based in the Caribbean and physicians and allied health workers in Toronto. Described further by Thame et al (2023), this work included coordinating the sometimes-complex logistics of shipping biological samples from the Caribbean for diagnostic services at SickKids and associated reference laboratories; establishing detailed SOPs for shipping samples, supplying pre-paid and pre-addressed courier waybills to Caribbean partners; and shepherding packages through customs and other hurdles. This work also included establishing access for all partner sites to a secure system (SickKids Secure File Transfer) for all communication related to individual cases. Secure File Transfer protects patient confidentiality and provides workspaces where consolidated information specific to each patient can be stored and accessed directly by all relevant parties during the consultation process.
- Planning and coordinating all regular and ad hoc meetings of SCI committees, and a large annual work planning meeting for all major SCI stakeholders.
- Coordinating all educational initiatives, including booking educational rounds, and arranging all travel logistics related to Caribbean educational programs supported by SickKids educational staff.
- Tracking metrics related to the SCI logic model and reporting those in a quarterly dashboard. That dashboard, as well as quarterly e-updates, a comprehensive annual progress report, and social media posts were among the key communications activities in which the project management team was engaged.
- Planning and supporting evaluation of individual components of SCI, as well as robust mid-term and end-of-term evaluation studies.
- Spearheading advocacy outreach and providing the framework for scholarly publications related to SCI.
- Maintaining SCI-funded memberships of key SCI-Caribbean partners in The American Society for Pediatric Hematology/Oncology and facilitating education support for those partners for specific activities selected by partners themselves.

Management

Managerial oversight of SCI was also predominantly carried out through SickKids. As previously mentioned, those at SickKids spearheaded the needs assessment that informed the project scope and the stakeholder engagement that led to committed partnerships – at SickKids and across SCI partner Caribbean countries. The project management team also established and maintained the governance structure of SCI, such that those involved had defined roles and responsibilities, as well as regular forums for input. Major activities included work planning, establishing memoranda of understanding and partnership agreements, routinely sharing information with all relevant stakeholders, and managing human resources related to SCI (e.g., contracts, personnel support, preparation for international travel), as well as legal support and budget generation, reconciliation, and financial management, including accounts payable and reporting.

Funding

Ensuring dedicated funds to enhance enabling environments to diagnose and treat children with cancer and blood disorders was fundamental to all SCI operations. SickKids Foundation, a wholly independent charitable foundation, with a commitment to raising funds on behalf of SickKids, was responsible for all fundraising related to SCI. Initially, SickKids Foundation committed to funding Phase 1 of SCI. As that phase was drawing to a close, SickKids Foundation renewed its commitment and agreed to raise funds for Phase 2. Ultimately, SickKids Foundation and its donors saw the progress made through SCI and determined that they would establish an endowment to continue to support limited activities related to SCI on an ongoing basis, past Phase 2.

To develop a solid funding base, SickKids Foundation leveraged the strong relationships it had with entities and individuals in the Caribbean and those in Canada who had an interest in the Caribbean. Several of the SickKids physicians directly engaged in SCI had close ties to the Caribbean and SickKids Foundation worked with those physicians on targeted donor engagement. SickKids Foundation also worked with the Caribbean doctors to support fundraising efforts within the Caribbean. During Phase 2 of SCI, SickKids Foundation formed an SCI Advisory Group made up of business leaders within the Caribbean, or with strong ties to the Caribbean, to act as advocates for sustained SCI funding from within the region.

Development of Technical Paper

To inform this technical paper, we reviewed past internal and external SCI reports, including the independently prepared midterm and final evaluations (Rudiack-Gould and McGuire 2016; Salehi 2020). The four themes were identified from this review and approved by the SCI Research, Policy and Advocacy Working Group. All co-authors were asked to complete a survey to ascertain key activities and provide feedback on each of the four themes related to the major successes, challenges, and areas for further improvement. Anonymized responses were reviewed and summarized. There were also follow up conversations with specific co-authors to gather additional details around certain elements.

Outcomes

Core SCI activities from an administration, management, and funding perspective included driving engagement activities, like meeting and event planning and work plan development; providing general administrative support; developing and maintaining robust internal and external communications plans; providing financial and human resource oversight; and leveraging necessary funds to achieve program deliverables (**Figure 1**).

Themes

Communities versus Silos

To achieve the goals set out by SCI, broad collaboration and participation were important. This was fostered by inclusivity and clear communication. SCI stakeholders acted in community with one another to bring their collective needs and ideas forward to other communities positioned to assist in achieving these mutual goals. A focus on community was central to the development and evolution of SCI's administrative and management structures, like all aspects of the program. The formation of SCI was underpinned by a collective understanding among the Caribbean partners that as small island states from within the same region, with many commonalities and long-standing relationships, capacity-building in pediatric hematology/oncology could best be achieved as a collective/community.

Building on commonalities was one way in which the development of sense of community was supported. Several of the physician leads at SickKids had roots in and/or significant ties to the Caribbean. In fact, some had attended medical school at The UWI, as had most of the Caribbean physicians engaged in the program. Similarly, several Caribbean physicians had the opportunity to spend time at SickKids and receive

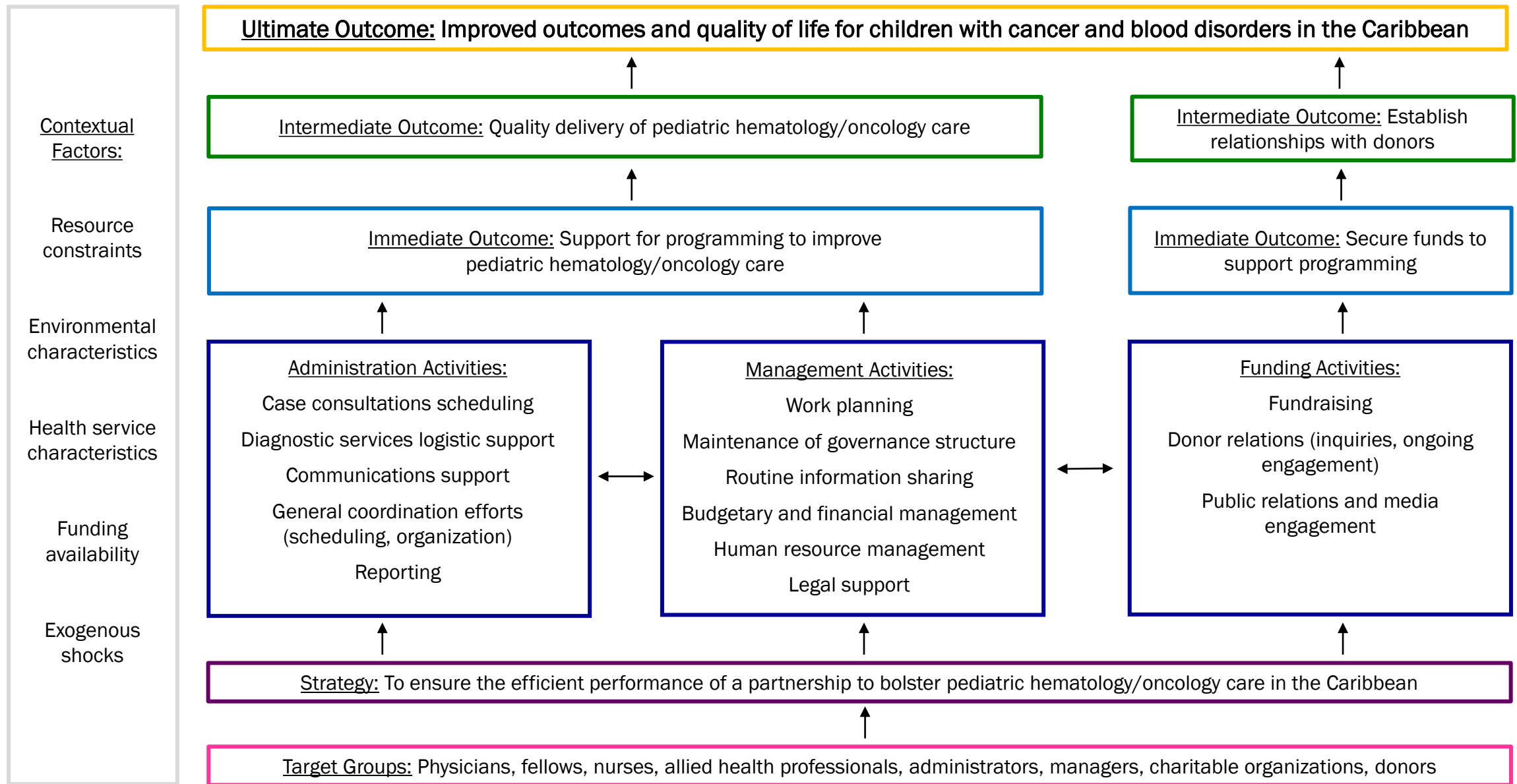


Figure 1. Framework of activities and outcomes within SCI related to administration, management, and funding

multi-year, specialized pediatric hematology/oncology training, as further described by Reece-Mills et al (2023). This shared history and educational exposure set the stage, and informed, the administrative style and management structure of SCI. SCI stayed conscious to the importance of establishing robust communication channels and ensuring, whenever possible, that all stakeholders' priorities, challenges, opportunities, and ideas were considered in work planning. This foundation was essential to facilitating and maintaining the development of trust, desire for collaboration, and willingness to see different viewpoints, which had helped bring the group together in the first place.

Wherever practical and possible, a system of shared decision-making – supported by robust communication and ongoing engagement efforts – was prioritized within SCI. This is well illustrated by the integration of diverse roles and strengths of the those who contributed to the governance structure (Table 1). All advisory committees included dedicated seats for Caribbean partners, and some included both nursing and physician leadership. Notably, the Caribbean co-leads were selected by their peers to represent them on the SCI Executive Committee.

Facilitating communication within and between the diverse SCI stakeholders was an administrative priority for the project management team. With so many stakeholders and such a broad mandate, it was important to develop and foster the sets of smaller communities within SCI. These groups could then intersect with one another and feed up into progressively larger communities of stakeholders. As well as with each other, formally and informally. Some of these smaller communities were formed in response to geography (e.g., communities of individuals within geographical locations), some related to interest/expertise (e.g., across sectors engaged in health care related to children, advisory committees), some related to overall vision (e.g., Executive Committee), and some related to cross-cutting work planning (e.g., annual work planning meeting involving a broad set of attendees).

The Caribbean partners also fostered their own community of practice, focused on assisting one another through information and – at times – resource sharing. This was particularly valued given the potential isolation that some faced due to being in a small island state or being one of few trained pediatric professionals in their country of practice. Stakeholders at SickKids were similarly forged into a community of like-minded, engaged individuals, with their own commitment to improving outcomes of children with cancer and blood disorders in the SCI partner Caribbean countries.

Key factors in shaping such communities included the inclusive management structure; administrative practices that promoted the participation of all those interested in assisting with work; and a charismatic, engaging set of program champions across locations. SickKids Foundation played a critical role in securing reliable funding for program activities. It also played an important role in catalyzing the community of physicians, nurses, academics, allied health professionals, and project management staff by engaging them in funding-related social events and other forms of donor interactions.

Of note, Phase 2 of SCI offered an opportunity to re-examine the SCI governance structure and adjust community groups to respond to evolving needs, as well as build on the successes of Phase 1. For example, in Phase 1 nursing education and sickle cell disease each had their own advisory committees to develop specific, targeted activities in those areas. In Phase 2, nursing education and sickle cell disease were blended into other advisory committees (education, case consultations, research) as the next step in integrating them into the activities of these related communities. This restructuring and change in committee membership may have meant that other mechanisms of engagement, particularly for nursing leadership, became important, as further discussed by Reece-Mills et al (2023).

SCI, as a community, also prioritized joining other like-minded communities to maximize the positive impacts for improving the health and well-being of children with cancer and blood disorders in the Caribbean. Such advocacy efforts have been further described by Bodkyn et al (2023). Core examples included collective engagement with The Pan American Health Organization (PAHO), The Caribbean Public Health Association (CARPHA), The Caribbean Community (CARICOM), The American Society for Pediatric Hematology/Oncology (ASPHO), The American Society for Hematology (ASH) and The International Society of Pediatric Oncology (SIOP).

Building Local Capacity versus Parachuting in

Many of the same building blocks of community, noted above, also supported SCI's core objective of sustainable capacity building to diagnose and treat children with cancer and serious blood disorders. While the role of SickKids, as the direct recipient of funding from SickKids Foundation, placed it in a unique position of accountability for all program activities, those activities – indeed the scope of SCI itself – were developed through the extensive needs assessment which engaged a robust range of Caribbean stakeholders.

In the instance of management, SickKids structured the governance model to provide ample opportunity for ongoing involvement of Caribbean partners in work planning. The Annual Work Planning Meetings, particularly, offered an important, regular point of engagement for all involved in SCI. The process taken in generating each yearly work plan was reflective, engaged all key stakeholders, and provided a forum for Caribbean partners to prioritize the areas of interest most important for them for the upcoming year. Work plans were then shepherded, monitored, and adjusted to fit evolving circumstances. The project management team led this process, with guidance from the advisory committees as necessary. Similarly, from a budget perspective, the project management team ensured that Caribbean local budgets were clearly communicated and were responsive to the expressed needs of each individual Caribbean site.

Where practical, administration and management related to specific activities (e.g., sickle cell disease newborn screening, local pediatric oncology databases, next steps following quality improvement activities) were decentralized and shared with Caribbean

partners with the goal of local ownership. These efforts had varying degrees of success and informed continuous learning about the administrative processes that best supported local capacity building. For example, in the case of capacity-building for newborn sickle cell disease screening in Jamaica, SCI relegated itself to funding nursing support to assist with a well-functioning national newborn screening program; whereas in the instance of case consultations, a trial of funding a Caribbean administrator to assist with case consultation support previously provided at SickKids, proved impractical, considering the vast majority of consults were with SickKids physicians. This learning led to a renewed commitment to establishing and following clear processes to support the case consultation service so that it could function well without local administrative support. Accessible to all Caribbean partners, the case consultation service included tools like preprinted waybills and access to a pre-existing secure file transfer system, so as to ease any local administrative burden. In all instances, SCI's administrative practices and management structure aimed to maximize the flow of information from Caribbean partners to each other and to SickKids, such that work planning would be continuously informed by the local experience.

Strengthening versus Supporting Health Systems

In Phase 1 of SCI, strong emphasis was placed on developing the existing health care scaffolding to diagnose and treat children with cancer and blood disorders in the Caribbean. Areas where enhancement was needed/possible were discerned through the needs assessment phase (SickKids International 2010). This information fed into the SCI governance and work planning model with advisory groups created around the key focus areas. In some cases (e.g., nursing), the focus areas spawned activities that merged well into existing systems. In other cases (e.g., diagnostics), the focus areas proved more complex, challenging, and costly to support than anticipated (Thame et al 2023).

Informed by the robust program evaluation conducted at the end of Phase 1 (Rudiack-Gould and McGuire 2016), Phase 2 of SCI marked a shift toward health systems strengthening and quality improvement activities. This was largely possible because of the gains from supportive work in Phase 1. As discussed in other technical papers, this importantly included education through the specialized training of fellows and nurses in hematology/oncology (Reece-Mills et al 2023) and the development of a hospital-based pediatric oncology registry at each SCI-partner hospital (Browne-Farmer et al 2023). From the management side, the move from supporting to strengthening health systems (Phase 1 to Phase 2) led to restructured advisory groups (as previously discussed) and revamped membership in those groups. The Annual Work Planning Meeting, previously almost entirely driven by the project management team, was restructured to include dedicated time for the Caribbean partners to meet on their own. In addition, even plenary session exercises had a strong focus on local health systems strengthening, parsing out ways to sustain gains made during Phase 1 by capturing and encouraging co-benefits to other areas of local health care.

Optimized versus Routine Practices

Adaptation and continual refinement of routine practices has been a core component of SCI. One of SCI's strengths has been its ability to continually reflect and refine its governance model and administrative practices. For example, in Phase 1, SCI adhered relatively strictly to a set schedule of meetings for its various governance groups (described in Table 1). At the time, these meetings built community and were critical tools to help move work plans forward and ensure accountability. The downside to frequent meetings was that they were an onerous draw on the time of those involved, especially as that time became even more precious throughout the COVID-19 pandemic. From the onset of the pandemic, SCI stopped scheduling any non-essential meetings. Instead, other communication channels – especially email – were used to continue to drive program deliverables and check in on the evolving priorities among the Caribbean partners. As an example, early in the pandemic the Caribbean partners indicated that COVID-related information relevant to the context of treating children in the Caribbean with cancer and blood disorders was much needed. The project management team was able to respond by leveraging SCI experts at SickKids to curate essential COVID-related information that could be shared in regular releases to the SCI Caribbean partners. Even as pressures related to the pandemic ebbed and flowed, SCI collaborators, both in the Caribbean and at SickKids, maintained a preference for less frequent formal meetings. Email updates, formal, and informal country check-ins and *ad hoc* calls served to keep the group connected and informed.

In Phase 1 of SCI, telemedicine rooms were established at each of the Caribbean partner sites to facilitate case consultations with SickKids. As virtual communication technology evolved, SCI optimized practices by shifting to virtual platforms that allowed desktop accessibility for case consults (Thame et al 2023).

A further example of optimizing practices relates to fundraising and stewardship. In Phase 1, it was routine for SickKids Foundation to share donor-facing communication and publicly-facing donor stewardship materials with the SickKids project management team for approval prior to release. This was a long-standing practice for all SickKids projects funded by SickKids Foundation. The Caribbean partners identified concerns with not being part of this review process, and the practice was immediately revised to include them in the review and editing/approval of the material before release. In this way, transparency was increased, and the Caribbean partners were able to provide input in the way their work was being portrayed to donors and in local media and around the world. A related benefit was that the materials were made more locally-relevant.

In some instances, SCI has been constrained in the ways it can optimize practices. For example, flowing local funds through The UWI has pronounced administrative and legal advantages, but adds local administrative steps that are onerous for some sites. As SCI transitions from Phase 2 to an ongoing sustainability phase, it is shifting its governance

to a Caribbean-driven work planning model, with administrative support at SickKids to assist with case consultations and fellowship opportunities. It is anticipated that further optimization of practices and adaptations will be recognized as this unfolds.

Discussion

Building a community of practice, fostering local capacity, strengthening and supporting local health systems, and continual optimization of routine practices have been important to the partnership developed within SCI. Dedicated administrative support, a robust management structure that provided room for all stakeholders, and secured funding have all been essential to the partnership development process. Within SCI, these have undoubtedly been the backbone of many of SCI's accomplishments. These foundational tools have helped move plans into actions, thus enhancing the capacity of Caribbean physicians, nurses, and allied health workers to diagnose and treat children with cancer and blood disorders.

Over the course of Phases 1 and 2, SCI has made incremental shifts toward decentralizing management. Efforts to share administrative responsibilities with Caribbean sites have had limited success; however, sharing work planning and providing mechanisms through which Caribbean partners have central roles in determining work plan priorities has been very successful. While SCI's Caribbean colleagues are often extremely over-extended due to general inequities in the availability of human and other resources, as is characteristic of resource-constrained health care settings, they have dedicated substantial amounts of time and effort to working together and with SickKids toward their collective goals.

As SCI moves into a long-term phase of sustainability, SickKids will continue to provide administrative structure to assist Caribbean partners with access to SickKids case consultations and fellowships; support Caribbean-administered pediatric oncology databases; and help with planning for a yearly community of practice meeting. Some management mechanisms will remain in place at SickKids to provide oversight and accountability for the project funds SickKids receives for SCI from SickKids Foundation. Those mechanisms will also engage leadership from the Caribbean, such that Caribbean voices continue to inform the path of SCI in the many years to come. With the expertise, leadership, and advocacy of the Caribbean SCI partners and their networks, institutions, and governments; the commitment of SickKids Foundation to continue to provide essential funding; dedicated donors; and engaged partners at SickKids, there is great hope among all involved with SCI that the gains recognized in this partnership will be sustained and that incremental gains will continue into the future.

Contributions

MMK prepared the first draft of the manuscript, with assistance from JBB. JBB designed the survey, and all remaining authors provided input on the key activities and themes related to administration, management, and funding within SCI via the survey. All authors read, provided additional feedback, and approved the final draft.

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