

the Global South. This interprofessional study with collaboration from the Global North and South is a concrete step toward rigorous, inclusive competency-based global health education.

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The International Cancer Expert Corps (ICEC): a unique global mentoring model for building sustainable expertise in low- and lower-middle income countries and geographically remote areas in resource-rich countries

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Program/Project Purpose: Context: The growing burden of non-communicable diseases including cancer in low- and lower-middle income countries (LMICs) and in geographic-access limited settings within resource-rich countries requires effective and sustainable solutions. Less recognized is the global issue of access for native, aboriginal and geographic-access-limited populations in resource-rich countries that share similar economic, social, cultural and healthcare issues with LMICs (abbreviated "native" populations). Program/project period: ICEC was established as a non-for-profit corporation in 2013 and has initiated programs in 2014. Why program is in place: The growing burden of cancer in LMICs is projected to be 70% of global cancer in 2030 (WHO 2012). Despite this global investment in NCDs and cancer is low (Science2014). Innovative sustainable solutions are needed. Aim: Establish a sustainable corps of mentors (Experts) to advise, guide and support local healthcare providers (Associates) to establish ICEC Centers in LMICs that can provide guideline and protocol-based multi-modality cancer care appropriate for the local circumstances. Given its efficacy for curative treatment for advanced cancer and palliation, radiation therapy is a key component for the Centers to develop. Key is to establish a bona fide career path in altruistic human service. ICEC involves implementation science and economic, translational and clinical research.

Structure/Method/Design: Project goals: Establish a global network of cancer centers in resource-rich countries (Hubs) that link Expert mentors to local "champions" (Associates). Using a "bottom up" approach establish cancer care programs in LMICs and for native populations. Establishing a career path is deemed essential. ICEC provides people and not physical infrastructure. Participants: Hubs provide infrastructure support and Expert mentors. Healthcare professionals are organized in Expert panels. Experts are expected to provide > 10% of time in mentoring activities which involve limited visits and primarily be by telemedicine case discussions with multiple global experts assisting each Center. Initial Associates and Centers in LMICs and native populations are selected from existing twinning partnerships of the Hubs. Capacity building: Global partnership will provide breadth of expertise, experience and investment.

Outcomes & Evaluation: Following an application and on-site visit, a multiyear plan with metrics for progress will be devised jointly by the Associate/Center and Experts/Hub. The primary outcome is the ability to develop sustainable cancer care programs at international quality standards which will take a number of years.

Going Forward: The underlying approach to ICEC has been published (Public Health Oncology [1] and Science, Service and Society [2]). To date the founder Hubs are from United States, Singapore, Canada and Europe. More are being recruited. Challenges: 1) build network; 2) recruit experts from academia, private practice and senior mentors and retirees; 3) engage industry; 4) develop support for experts; 5) establish career path. [1]Love R. *AnnalsOncol* 2014. [2] Coleman CN, *SciTranMed* 2014.

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Utilizing a shared leadership model for development of an effective, locally-adapted and locally-relevant pediatric Triage training program in Latin America

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Program/Project Purpose: Clasificación, Evaluación, y Tratamiento de Emergencias Pediátricas (CETEP) is a collaborative quality improvement initiative to improve pediatric emergency care in Latin America (LA). CETEP is based on the World Health Organization (WHO)-developed Emergency Triage Assessment and Treatment (ETAT) guidelines and training program designed to promote improved assessment, triage, and initial management of acutely-ill children in resource-limited settings (RLS). In partnership with a Guatemalan teaching hospital, Guatemalan Ministry of Health (MoH), and Pan American Health Organization (PAHO), Baylor College of Medicine/Texas Children's Hospital (BCM/TCH) created ETAT training materials in Spanish (CETEP) and piloted a train-the-trainer program in Guatemala in 2010. The program aims to build the capacity of hospitals in LA by improving early recognition and stabilization of acute illnesses in children through implementation of high-quality, locally-relevant, sustainable CETEP training programs and triage processes for pediatric healthcare workers (HCWs).

Structure/Method/Design: Goals include: developing a locally-adapted CETEP curriculum relevant for LA; training HCWs as future facilitators; developing an effective implementation model for local training scale-up; and strategically managing partner relationships to successfully expand CETEP throughout LA. Program viability and expansion utilizes a train-the-trainer approach ensuring local sustainability. BCM/TCH actively teach initial participant and facilitator courses; local facilitators teach subsequent courses with sustained mentoring from BCM/TCH. For CETEP expansion, trained facilitators from established countries travel to new countries to teach the course and share experiences. Following an existing collaboration between BCM/TCH and a Guatemalan teaching hospital, PAHO now identifies priority countries and partners for CETEP training.

Outcomes & Evaluation: Program successes include: a collaboratively-developed CETEP curriculum; a piloted and evaluated training program in Guatemala resulting in a locally-led, high-quality, effective and sustainable program that has informed further program development; scaled-up programs in 4 countries; implemented/evaluated CETEP-based triage algorithms in LA; program expansion within Guatemala and throughout LA; and improved pediatric emergency services. Training program results since May 2010: 119 facilitators and 1,076 participants trained in