

Partnering to build healthcare capacity in Uganda, Tanzania and Malawi

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Program/Project Purpose: There is a critical shortage of healthcare professionals in 57 countries worldwide. These shortages leave neither enough healthcare professionals to provide direct patient care nor enough to teach a new generation of healthcare providers. Uganda, Tanzania and Malawi are three countries facing the most severe shortages.

Structure/Method/Design: Funded by the President's Emergency Plan for AIDS Relief (PEPFAR) in 2012, the US Peace Corps (PC) and the non-profit Seed Global Health (Seed), partnered to form the Global Health Service Partnership (GHSP). In its inaugural year, the GHSP sent 30 US doctors, nurses and midwives to serve for one year as faculty in training schools in Uganda, Tanzania and Malawi. Seed and PC worked closely with Ministries of Health and Education and together selected 11 partner institutions. Seed and PC collaborated on recruitment, placement and support of volunteers. Seed provided loan repayment to encourage US health professionals to serve despite a potential barrier of financial debt. The GHSP developed a comprehensive monitoring, reporting and evaluation plan to understand outcomes and assess early impact. Volunteers submitted quarterly reports on hours taught, students and courses. Institutional leadership, faculty, students and Volunteers were qualitatively surveyed through interviews and focus groups at year's end.

Outcomes & Evaluation: In the GHSP's inaugural academic year from July 2013- June 2014, Volunteers were placed at 13 sites affiliated with 11 institutions in the three countries. The Volunteers taught 85 skills workshops and courses to over 2,800 trainees including faculty, assistant and clinical medical officers, residents, and students in over 35,000 activity-hours. New educational initiatives included establishing post-admission conferences, case reviews and problem-based learning, morning report, reviews and incorporation of multi-media, group work, bedside ultrasound and skills labs. The most cited impact of the GHSP was more consistent and high quality clinical supervision. The GHSP Volunteers' impact on faculty was reported as helping to offset overburdened workloads, introducing new teaching methods to faculty and students, and modeling professional behavior. The most cited challenges by Volunteers included unfamiliarity with clinical decision-making in a resource-poor settings and subsequent difficulty framing lectures. Language barriers were also an area of weakness, especially for the Volunteers' communication with patients or students.

Going Forward: The GHSP's inaugural year was a first step in partnering with local teaching institutions in Tanzania, Malawi and Uganda to help strengthen their teaching and clinical capacities. Long-term impact will be measured over years but early outcomes

indicated the GHSP had an initial positive impact on training at its partner sites.

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The role of cities in reducing smoking in China

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Program/Project Purpose: China is the epi-center of the global tobacco epidemic, and cities have a unique opportunity in leading the tobacco control charge from the 'bottom up'. In 2008 – 2013, the Emory Global Health Institute - China Tobacco Control Partnership supported a city-based Tobacco Free Cities program aimed at changing tobacco use social norms through smoke-free policies, targeted programs and media campaigns. The lessons learned for the successful World Bank Health VII program were applied to developing the program model.

Structure/Method/Design: In 2009, the Tobacco Free Cities program was launched and 17 cities were selected to participate in the grant program. The selection was non-random and based on population size, geographic location, political will of city leadership, support of leading public health units, characteristics of industrial, economic and social structure of the city and expressed enthusiasm to address tobacco control. The major focus of the program was to change social norms of tobacco use at the subnational level by establishing tobacco control programs aimed at smoke free policy adoption, targeted programs, and media and health education programs. Tailored training and technical support was provided to build team capacity and ensure program sustainability.

Outcomes & Evaluation: All of the cities were able to make some progress in adopting smoke-free policies at the sector level (hospitals, government agencies, schools, enterprises, restaurants and hotels and religious sites), and 6 of the cities adopted city-wide smoke-free public places policies. Eleven of the cities launched mass media campaigns and all of the grantees engaged the media in their work and secured media mentions in the local media outlets.

Going Forward: Five cities that were unable to successfully meet their goals of building and sustaining effective tobacco control. They encountered challenges such as a lack of support from leaders and decision-makers, changes in staffing and leadership, inadequate staff

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Helping babies breathe: Building capacity and sustainability through education and training of Ethiopian healthcare workers in neonatal resuscitation to decrease neonatal mortality

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Program/Project Purpose: Neonatal mortalities continue to be an overwhelming burden for many of the world's developing countries. Ethiopia in particular has one of the highest neonatal mortalities in the world, accounting for 4% of the estimated 4 million global neonatal deaths a year. Helping Babies Breathe (HBB) is a program designed to reduce infant mortality through education and training on neonatal resuscitation. In June 2014, a group of medical students from Touro University provided HBB training to healthcare workers in Ethiopia. The aim is to educate and empower healthcare workers in Ethiopia to utilize neonatal resuscitation and improve neonatal outcomes.

Structure/Method/Design: The goal of this study is to evaluate the impact of HBB training on knowledge and confidence of participating healthcare workers in Ethiopia. Midwives, nurses, and medical officers were asked to voluntarily attend an HBB training session at Debre Markos district hospital. Surveys completed before HBB training are compared with surveys completed after HBB training. Four multiple-choice questions about when to intervene, signs of needed intervention, and technique for resuscitation were asked to measure education. One question about the comfort of the user using a bag-valve mask was asked to measure confidence. Two questions were asked about the helpfulness of the class and whether or not the healthcare workers will utilize what they learned in order to assess the impact of HBB training. Answers to the survey before HBB training were tallied and compared with answers to the survey after HBB training. We believe that HBB training and education will build capacity through a sustainable skill to improve neonatal mortality.

Outcomes & Evaluation: Overall, the education questions demonstrated an 18.72% increase in correct answers after HBB training compared with before the training. Confidence increased 4.27% after HBB training. 100% of the healthcare workers found the training useful and 70.73% reported that they will utilize what they learned from the training. 39 surveys were collected before the training and 42 surveys after the training.

Going Forward: The next step will be to measure how HBB training translates into improved clinical outcomes on neonatal mortality. It cannot be assumed that healthcare workers that have learned HBB, even if they show improved knowledge in education, confidence, and impact.

Funding: This study did not receive any funding from external sources.

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The influence of a global health concentration on the future career paths of undergraduate medical students: Pilot study results from a university of Calgary longitudinal study

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Program/Project Purpose: With the growing emphasis on social accountability in medicine and widespread interest among medical trainees, there are increasing global health education opportunities. The Global Health Concentration (GHC) is a student run organization within the University of Calgary that aims to increase medical student exposure to underserved populations locally and globally while fostering the development of advanced global health skills. This project aims to elucidate whether pre-GHC admission characteristics and participation in the GHC program during medical school influences future global health practice, clinical practice for underserved populations, and careers in primary care. The aim of the pilot study was to refine data collection tools and to elicit agreed-upon global

health themes, which could be incorporated into future questionnaires to facilitate Phase 1 of this longitudinal study. Findings from this inquiry may help determine the value of specialized global health training at the undergraduate level as well as inform medical school admissions policy.

Structure/Method/Design: This study has two phases: Phase 1 describes the characteristics and attitudes of successful and unsuccessful GHC applicants, along with a cohort of students who did not apply to the GHC. Phase 2 will follow GHC and non-GHC students over approximately 10 years to describe their practice patterns including medical specialty and global health practice. For the pilot, the inaugural group of GHC students completed an electronic questionnaire and participated in a focus group. The questionnaire included demographic information, previous work experience, motivations to pursue a medical career, future goals, to-date satisfaction with medical and global health training, and perceived value of global health training to future career plans. Discussions focused on student backgrounds, definitions of global health, values/traits of competent physicians, perceived similarities and differences between GHC and non-GHC peers, future career plans, and perceived influence of the GHC on professional training. Analysis of the focus group data employed a grounded theory approach.

Outcomes & Evaluation: This poster describes the characteristics of successful GHC applicants and key themes identified from the focus group data. The following themes were identified as important factors in supporting global health career development: peer and faculty mentorship, focused clinical experience, global health engagement prior to medical school, and global health conceptualization. The participants agreed that the GHC has had a meaningful impact on decisions to pursue their respective specialties, including Psychiatry and Family Medicine.

Going Forward: These results have illuminated themes for future analysis and have shaped data collection tools to facilitate interviews with subsequent cohorts of GHC and non-GHC student groups from the last three years of intake. These data will form the basis of evaluating influential factors for future global health practice.

Funding: The University of Calgary Department of Family Medicine was the only source of funding.

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A global framework for integrating community-based maternal, newborn, and child health strategies into existing health systems: revaluing the role of international non-governmental organizations

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Program/Project Purpose: Historically, international non-governmental organizations (INGOs) have served as implementing organizations for community-based health programs in low- and middle-income countries. Recently, there has been a renewed call for INGOs to reevaluate their role, shifting from direct service delivery to a model that leverages their strengths and experiences to