

EDUCATION/TRAINING/CAPACITY BUILDING

Peoples-uni - Online Public Health Capacity Building for Developing Countries

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Program/Project Purpose: The need for capacity building in Public Health in developing countries is well recognised. The People's Open Access Education Initiative (Peoples-uni <http://peoples-uni.org>) was registered as a charity in 2007 to provide a high quality, low cost, educational programme aimed at health professionals in low and middle-income countries (LMICs).

Structure/Method/Design: In order not to deplete scarce manpower during the education, to ensure that skills learned can be applied immediately, and to ensure equality of access, the programme has been developed fully online. A set of 17 online modules, covering both the foundation sciences of Public Health, and Public Health problems facing developing world populations, has been developed. These are offered every semester, and available for continuing professional development, and for the award of a Masters in Public Health (MPH) degree. Each module has a common format using Open Educational Resources, and small, online tutor-led discussion forums, delivered on an open-source educational platform. The use of volunteer tutors and open educational resources, and a small number of higher-fee paying students from developed countries, enable Peoples-uni to make education available to LMICs at very low, or no cost.

Outcomes & Evaluation: Peoples-uni has assembled a group of over 200 volunteer tutors from over 40 countries who develop, revise and deliver courses at Masters level. Tutors range from post-MPH specialist trainees, to specialist practitioners, and academics in Public Health. Students have come from more than 80 countries, and there are between 250 and 300 students each semester. So far, over 70 students have graduated with the MPH degree, awarded by a partner, Manchester Metropolitan University (who provide a quality assurance function). Student feedback is very positive. A number of exciting and relevant research projects have been planned during the dissertation phase of the programme. Some students have accomplished the studies after graduating, and some have successfully published their results. Graduates are enrolled in an Alumni group, which has published its first collaborative research paper. Collaboration with the Alumni on research, teaching and advocacy is a key development. A number of graduates have already joined as volunteer tutors or student support staff, thus demonstrating continued capacity building and sustainability of the approach.

Going Forward: This educational programme, aligned with, but developed outside the traditional higher educational system, is helping to build Public Health capacity in LMICs. It has proved to be feasible, appreciated by students and volunteer tutors, and sustainable. The partnership with our UK University partner is coming to an end, and we seek alternative methods of accreditation and external quality assurance. Collaboration and partnerships with individuals and organizations are most welcome.

Funding: Peoples-uni is funded through a social enterprise model.

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Ending neglect: A collaborative training of healthcare workers in pediatric tuberculosis in Tanzania

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Background: Childhood tuberculosis has been a neglected area of tuberculosis control. Tanzania is one of few countries that has developed specialized childhood tuberculosis (TB) management guidelines and a training curriculum. We assessed the impact of one-week trainings on healthcare worker (HCW) knowledge and practices.

Methods: Using a standardized survey, we interviewed a convenience sample of 481 HCWs in the Arusha region.

Findings: September 16-20, 2013, we interviewed 77 HCWs in TB, HIV, and maternal and child health clinics, and in pediatric inpatient wards at eight facilities. 65% (68% of nurses, 58% of physicians) reported having been trained. Scores were 82% on general TB knowledge, 75% on TB diagnosis, 92% on treatment and monitoring, and 93% on TB/HIV co-management. Trained HCWs scored on average 10% higher than untrained ($p=0.04$). HCWs regularly obtained chest radiographs, HIV testing, and history of TB contact (97%, 92%, 100%, respectively). Tuberculin skin tests and sputum cultures were less frequently obtained (approximately 50% of cases). Contact investigations were conducted for 60% of pediatric TB cases. Almost all (96%, 49/51) reported confidence in diagnosing adult TB, but fewer (88% [45/51]) reported confidence diagnosing pediatric TB. Only about half were confident interpreting sputum results or chest x-rays, and 56% expressed comfort prescribing isoniazid preventive therapy (IPT). Only 14 (36%) had ever prescribed IPT. There was no noticeable difference between comfort levels of HCWs who had attended training and those who had not.

Interpretation: The impact of trainings should be measured to inform resource allocation. In this population, impact appeared small but secondary knowledge transfer from those formally trained may have obscured the difference between the two groups. In general childhood TB knowledge was high and practices were in accordance with national guidance. Childhood TB diagnosis appears a domain in need of additional training.

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HEAL Initiative

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Program/Project Purpose: Interest in global health among medical students and residents has skyrocketed in recent years. Never before has a generation of American health professionals been committed to tackling health disparities on such a global scale. Unfortunately, many current opportunities in global health are short-term, offer little mentorship, and fail to have lasting benefit for the populations they seek to serve. The Health, Equity, Action, Leadership (HEAL) Initiative aims to improve the health of vulnerable populations throughout the world with the following actions: Enhance the skill sets of health professionals in the United States and abroad to provide high quality care in resource-poor settings. Support career development and retention of local health professionals through continuing medical education and mentorship. Strengthen the capacity of the entire health system through long-term relationships between HEAL and our partner organizations.

Structure/Method/Design: The HEAL Initiative aims to build a health workforce for vulnerable populations at home and abroad through