

**Outcomes & Evaluation:** Of total 28 participants, 21 were males and 7 females. About 82% of those in years 4 and 5 and 22% in year 6 had no prior speculum examination experience. Ninety six percent had no VIA training. Average pretest and posttest scores for the knowledge portion were 44% and 46%, respectively. On the open ended questions, majority reported that cervical cancer screening should start at age 21 or 3 years after coitarche, continue annually until age 30, then every 2-3 years if 3 consecutive tests are negative. The students gave positive feedback on the education portion and reported desire in more hands on experience.

**Going Forward:** There is a significant gap in knowledge and lack of basic skills of cervical cancer screening among Ethiopian medical students. Future efforts should be focused on incorporating these into medical school education curriculum. Results of this study was informally communicated to faculty in charge of OB/Gyn rotation for medical students at St Paul's Hospital Millennium Medical College. The results will also get formally reported in written form to aid in development of student didactic and skills based training curriculum.

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### Strengthening infection prevention and control at a school of dentistry: Lessons from Rwanda

D. Hackley<sup>1</sup>, U. Hogan<sup>2</sup>, S. Salih<sup>3</sup>, A. Uwitonze<sup>4</sup>, E. Harelimana Ingabire<sup>4</sup>; <sup>1</sup>Harvard School of Dental Medicine, Westford, MA/US, <sup>2</sup>New York University, Kigali, RW, <sup>3</sup>Harvard School of Dental Medicine, Alexandria, VA/US, <sup>4</sup>University of Rwanda School of Dentistry, Kigali, RW

**Program/Project Purpose:** The goal of infection prevention and control (IPC) is to protect patients and staff from disease acquisition. Global consensus on the efficacy of hand hygiene in reducing healthcare associated infections (HCAI) is well established, as is the importance of improving IPC policy, implementation and compliance. At the University Of Rwanda School Of Dentistry (UR-SOD) all school personnel are required to maintain IPC standards, implementation of which is challenging in any setting. A large scale study in the US involving 6,825 dentists found high levels of non-compliance with CDC guidelines on IPC in dental settings. At UR-SOD a unique challenge exists pertaining to a low-income country setting in the implementation of evidence based IPC practices. The Dental Consultancy Center at the UR-SOD, opened in 2007, and was restructured in 2013 when all public higher learning institutions in Rwanda merged. Its foremost goal is training dental students and it receives 20-50 patients per day. Historically in the school, the integration of IPC into practice was fragmented with no clear governance or accountability and challenges in access to hand hygiene systems and personal protective equipment (PPE). Upon identifying a need for strengthened IPC at the School, a multidisciplinary team was formed with input from an IPC specialist.

**Structure/Method/Design:** Based on a needs assessment in the School, a multi faceted quality improvement plan for strengthening IPC was developed including: Undergraduate Education Dental IPC competencies developed and integrated into the Bachelors of Dental Therapy/Dental Surgery curriculum and the clinical skills log book. Clinical Site Improvement: An IPC procedural manual developed. Aid memoirs for hand hygiene, sterile field maintenance, instrument placement for reprocessing and disposal developed and placed strategically in the clinical area. Physical rearrangement of patient care articles for ease of access is planned. Staff training on IPC topics. Systems Strengthening: School wide Hepatitis B vaccinations administered to students and faculty. On-site local production of alcohol hand gel is

planned according to WHO guidelines. Revision of procurement systems for PPE. Review of sterilization systems procedures.

**Outcomes & Evaluation:** Implementation of the project plan is ongoing. Results are being recorded based on output indicators. Early successes include curriculum modifications, deployment of an IPC manual, Hepatitis B vaccination of all students and staff, and installation of hand-washing aid memoirs.

**Going Forward:** Implementation of project will continue. Additional outcomes will be measured. Through our experiences in implementing best practices at UR-SOD, others focused on preventing disease transmission in dentistry may find concepts here applicable to over-coming challenges in their own developing countries.

**Funding:** none.

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### USAID RESPOND project's global one health core competencies and one health modules

K. Hamilton<sup>1</sup>, F. Nutter<sup>2</sup>, D.K. Olson<sup>3</sup>, J. Steele<sup>2</sup>; <sup>1</sup>University of Minnesota, St Paul, MN/US, <sup>2</sup>Tufts University, North Grafton, MA/US, <sup>3</sup>University of Minnesota, Minneapolis, MN/US

**Program/Project Purpose:** Nearly 75 percent of all emerging or re-emerging diseases affecting humans originate from animals and present serious public health, economic, and development concerns. In response to these concerns, From 2009-2015, USAID funded the Emerging Pandemic Threats program, including the RESPOND project which focused on building local and regional public health capacity to respond to emerging zoonotic disease outbreaks. US partners on the RESPOND project included the University of Minnesota, Tufts University, Training Resources Group, Inc (TRG), and Ecology and Environment, Inc. The RESPOND project focused on sustainable engagement of 20 universities to prepare the future health workforces of 10 countries in Central and Eastern African and Southeastern Asia. Two university networks, One Health Central and Eastern Africa (OHCEA) and Southeast Asia One Health University Network (SEAOHUN), were created to facilitate collaborative and sustainable program and activity development.

**Structure/Method/Design:** Faculty members from schools of medicine, nursing, public health, and veterinary medicine in OHCEA and SEAOHUN, as well as the US partners, came together to develop a One Health Core Competency (OHCC) domain framework to guide training of both health professions students and the current health profession workforce. With the assumption that members of a One Health team bring discipline specific expertise, the globally developed OHCC framework contains seven domains of Planning and Management, Communication and Informatics, Culture and Beliefs, Leadership, Collaboration and Partnership, Values and Ethics, and Systems Thinking. By adding domains such as Research and Policy and Advocacy, network universities then tailored the global OHCC framework to meet regional and national needs, increasing likelihood of use and sustainability.

**Outcomes & Evaluation:** Upon completion of the OHCC framework, faculty members from SEAOHUN universities and the US partners created learning modules for use in teaching the OHCCs. One learning module was developed for each of the OHCC domains as well as an additional seven technical modules including One Health Concepts and Knowledge, Fundamentals of Infectious Disease, Infectious Disease Management, Epidemiology and Risk Analysis, Fundamentals of Public Health, Ecosystem Health, and Behavior Change. The teaching modules contain a range of activities of requiring varying amounts of time that may be used as a unit to create a new course or as individual activities inserted into an existing course. Faculty members as well as external subject matter experts evaluated the modules.

**Going Forward:** A team of faculty members from the Thailand branch of SEAOHUN participated in Training of Trainers workshops using the Leadership and Collaboration modules. The modules are also available as an open source online and have already been used by faculty members of SEAOHUN universities, University of Minnesota, and Tufts University.

**Funding:** USAID

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### Development of a community-based educational program on hypertension in Dhulikhel Municipality, Nepal

C. Harrington; University of Washington School of Medicine, Bainbridge Island, WA/US

**Program/Project Purpose:** A community health assessment conducted for Dhulikhel Municipality, Nepal, identified hypertension as a vital health issue. An ongoing study of cardiovascular disease in this area has found a prevalence of hypertension among adults over age 17 of 42.2% for males and 29.5% for females. When asked in qualitative interviews, ten members of the Dhulikhel Municipality stated that they would be very interested in attending a community-based educational class on hypertension. The goal of the project was to develop the curriculum for hypertension education to be given by the Dhulikhel Hospital Community Department (the "Community Department"). The project took place over an eight week period during the summer of 2014.

**Structure/Method/Design:** Seventeen interviews and six more informal conversations conducted over a two-week period in June 2014 formed the basis for a community health assessment for Dhulikhel Municipality. The findings of the community health assessment were supported by a literature review focused on hypertension and cardiovascular disease in Nepal. With the assistance of the Community Department, a lesson plan for a community-based educational program on hypertension was developed, field tested, and revised. It is anticipated that this curriculum will be given by the Community Department throughout the Dhulikhel Municipality.

**Outcomes & Evaluation:** The curriculum was tested on July 20, 2014 in Shreekhandhapur, a town in the Dhulikhel Municipality. The class was provided with the assistance of Dhulikhel Hospital, the local government-run Urban Health Clinic, and two Female Community Health Volunteers for Ward Eight of the Dhulikhel Municipality. Fifty adults attended the trial educational program; of these, twenty-four were over the age of sixty, eighteen self-identified as hypertensive and sixteen self-identified as having a family member with hypertension. Following the class, the curriculum was evaluated and further revised based on feedback from the nurse educator at Dhulikhel Hospital who presented the trial program.

**Going Forward:** The project successfully developed the curriculum for a community-based educational program on hypertension that will be implemented by the Community Department throughout the Dhulikhel Municipality. Additionally, it is anticipated that the hypertension curriculum will be used as a model by the Community Department for future community-based educational programs.

**Funding:** University of Washington School of Medicine Global Health Immersion Program.

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### A situational analysis of health information library needs in Tanzania

H. Haruna<sup>1</sup>, M. Mtoroki<sup>2</sup>, D.D. Gerendasy<sup>3</sup>, E. Detlefsen<sup>4</sup>; <sup>1</sup>Department of Human Resource Development, Ministry of Health & Social Welfare,

Dar es Salaam, Tanzania, <sup>2</sup>Ministry of health and Social Welfare, Dar es Salaam, Tanzania, <sup>3</sup>National Library of Medicine, Bethesda, MD/US, <sup>4</sup>School at Pitt, Pittsburgh, PA/US

**Program/Project Purpose:** The National Library of Medicine (NLM) is supporting the development of a curriculum to train medical information specialists for the Tanzanian Ministry of Health and Social Welfare (MOHSW).

**Structure/Method/Design:** Last year a Tanzanian technical advisory/working group (TAG) met in Morogoro to develop tools to assess the Tanzanian user community's medical library and information needs. The TAG recommended, and helped carry out, a series of focus groups consisting of stakeholders from all areas of the healthcare system in Dar es Salaam, Moshi, Mwanza, and Njombe.

**Outcomes & Evaluation:** Based on the results, the TAG recommended that a three year Diploma program be developed to train Health Information Specialists, who would then be placed in all clinics, hospitals, and medical and nursing schools under the auspices of the MOHSW. They also recommended combining this program with their medical records certificate program. The role of the Health Information Specialists will be to organize medical records, facilitate the transition to an electronic system, provide appropriate information resources to patients and families, provide evidence based medicine resources to clinicians, and assist medical and nursing students.

**Going Forward:** We are now designing the actual curriculum and believe this program can serve as a model for neighboring countries.

**Funding:** National Library of Medicine

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### Building equity in the global health research agenda: The partners in health-harvard medical school research partnership in Rwanda

B. HedtGauthier<sup>1</sup>, C. Amoroso<sup>2</sup>, C. Warugaba<sup>2</sup>, F. Cyamatare Rwabukwisi<sup>3</sup>, N. Gupta<sup>4</sup>, V. Rusanganwa<sup>5</sup>, M. Murray<sup>1</sup>, P. Drobac<sup>6</sup>, P. Farmer<sup>1</sup>; <sup>1</sup>Harvard Medical School, Boston, MA/US, <sup>2</sup>Partners In Health, Rwanda, Rwinkwavu, RW, <sup>3</sup>Rwanda Medical Association, Kigali, RW, <sup>4</sup>Partners In Health/Inshuti Mu Buzima, Kigali, RW, <sup>5</sup>Ministry of Health, Kigali, RW, <sup>6</sup>Partners In Health/Inshuti Mu Buzima, Boston, MA/US

**Program/Project Purpose:** Partners In Health (PIH) has supported health service delivery in three districts in rural Rwanda since 2005. In line with the Rwandan Ministry of Health's (RMOH) emphasis on research and capacity building, PIH/Rwanda and Harvard Medical School (HMS), supported by research partners at Brigham and Women's Hospital, have developed a collaborative partnership to produce high-quality research documenting programmatic successes/challenges and increase Rwandan engagement and leadership in research. In-country partners, including the RMOH, University of Rwanda School of Public Health (UR-SPH) and other national research bodies, advise and collaborate on activities.

**Structure/Method/Design:** The PIH/Rwanda Research Department and Research Committee were established in 2010 to provide adequate research infrastructure. The Research Department facilitates research implementation in the field, while the Research Committee reviews all proposed research to ensure that it is technically sound and aligns with RMOH and PIH/Rwanda priorities. Simultaneously, the Department of Global Health and Social Medicine (DGHS) at HMS established the Global Health Research Core. The Core (including epidemiologists, statisticians, and data analysts) provides technical support to projects across PIH