

Going Forward: Ongoing challenges include the low participation rate in the debriefing session. This challenge is partly due to student schedule conflicts. Giving students more advanced notice of the sessions is a potential solution. Preliminary findings from the evalua

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A novel peer mentoring consultant program for career development of clinician-scientists in Uganda

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Program/Project Purpose: The Uganda Cancer Institute (“UCI”)/Hutchinson Center Cancer Alliance was established in 2008 to study infection-related cancers and build capacity for research and medical care. Local faculty and scientists have limited time to mentor junior Alliance scientists. We launched a structured, facilitated peer mentoring and career development program (“PMCD”) for approximately 20 scientists-in-training, including UCI medical officers, nurses and Alliance research investigators (“peer mentees”). This innovative program empowers, supports, builds skills, and provides networking opportunities and access to mentors to develop the next generation of Ugandan clinical scientists.

Structure/Method/Design: PMCD fosters independent scientific research in Uganda by: 1) Providing a structure for ongoing peer exchange; 2) Leveraging limited time of local experts; 3) Developing leadership skills; and 4) Providing a network of scientists and mentors. Participants include: (a) Twenty peer mentees who attend and present research their progress or challenges at weekly Alliance research-in-progress meetings; (b) A faculty facilitator (WP); (c) PMCD “Consultants,” a panel of 56 faculty members and 5 deans of Makerere University’s College of Health Sciences (“CHS”). Prior to PMCD’s launch in September, 2013, peer mentees identified 33 career development topics in research methods, scientific writing, teaching, career management, mentoring, and skills training. Regularly, during their research-in-progress meetings, PMCD mentees select Consultants to address these topics. They also select a peer leader to facilitate each monthly Consultant presentation.

Outcomes & Evaluation: Scaled surveys (30 questions) were administered at PMCD launch (N=24) and one year later (N=43). At launch, 42% agreed or strongly agreed with the statement “I possess a good deal of knowledge on how to conduct effective research”, compared with 83% (15/18) of those surveyed who had been in the program for at least 6 months. Other survey indicators of program success included increases between launch and follow up survey in the proportion of those agreeing or strongly agreeing to: “opportunities to develop leadership skills” (42% vs 58%); “feeling supported” (43% vs 68%); and “finding a mentor” (38% vs 74%). Nine Consultant presentations, including 4 workshops, have covered skills related to reading, searching, and managing scientific references; manuscript writing, evaluating statistical measures in papers, designing clinical trials, ethics, finding a mentor, and work-life balance. Attendees (25 -> 50) represent diverse academic and scientific research interests. Peer mentees have gained leadership skills by facilitating 11 (>42%) of the

last 26 research-in-progress meetings and by independently initiating and running a monthly journal club.

Going Forward: The PMCD is meeting aims to increase peer mentee confidence, research skills, and leadership. As PMCD topics evolve from basic skills to design, analysis, and ethics in clinical research, we will engage local partners, seek funding, and support mentoring

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Taught to teach others: A preliminary analysis of the effectiveness of trained community leaders in creating demand for HIV/AIDS services in rural Zambia

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Program/Project Purpose: Although Zambia’s HIV prevalence remains high at 14.3%, traditional and other leaders in rural communities have been under-utilized by stakeholders implementing HIV/AIDS interventions. Such leaders wield enormous power and influence in their communities and can effectively mobilize people towards behavior change, including increasing demand for HIV-related services. To address this gap, the Support to the HIV/AIDS Response in Zambia II (SHARe II) project works with 29 of Zambia’s 288 chiefdoms, training traditional leaders to address key drivers of the HIV epidemic.

Structure/Method/Design: SHARe II trained 232 traditional and other leaders (131 male and 101 female) as HIV/AIDS messaging champions in four chiefdoms in the Luapula Province of Zambia between June and September 2014; participants were chosen by each chief and included village headpersons and influential community members. Six weeks after training, the participants had reached 5,392 community members with messages on topics such as multiple concurrent partnerships, condom use, male circumcision, sexual cleansing, HIV testing and mother-to-child transmission. The names of each community member reached were documented on a form, recording their age, sex, village and mobile phone number.

Outcomes & Evaluation: SHARe II conducted in-person and mobile phone interviews of 42 people (26 male and 16 female) reached by trained leaders via a convenience sample, based on their having access to a mobile phone or being in an area re-visited by the SHARe II team. All 42 interviewees confirmed having been taught about the key drivers of HIV in Zambia by the trained leaders. Sixty-seven percent (28) attested to having learned something they did not previously know about HIV prevention, and 61.9% (26) indicated that because of this encounter, they were planning on taking actions that would increase their protection from HIV. Almost half (12) of the men indicated that they were contemplating circumcision, and 19% (8) of the male interviewees indicated that because of the teachings they had gone for circumcision; additionally, 40.5% of respondents (7 male and 10 female) had taken their children to be circumcised. Thirty-one percent (13) had gone for HTC due to these lessons and 81% (34) said they would teach other community members the information they had learned.

Going Forward: This intervention is currently being rolled out to 25 additional chiefdoms. Going forward, service providers should work closely with trained traditional leaders to increase demand for

HIV-related services. An empirical study should be conducted to assess

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Structured career development for global health research in resource-limited settings: A pilot of career development series for faculty at Makerere university college of health sciences

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Program/Project Purpose: Effective mentoring is critical to sustainability of global health research leadership in low and middle income countries (LMICs). Experiences of clinicians, academicians, educators and researchers in LMICs should be utilized to design locally appropriate case studies to mentor the next generation of scientists that will understand and take up critical gaps in global health research leadership. A structured staff career development (SCaD) program at Makerere University College of Health Sciences (MakCHS), was established to develop evidence-based culturally-appropriate training modules to build global health research mentors among junior and mid-career scientists.

Structure/Method/Design: Under SCaD, skills' building workshops for junior and mid-level faculty (including doctoral and post-doctoral fellows) were facilitated by senior faculty, two-hour bi-monthly meetings were held for discussion of case studies based on local experiences in academic career development, and expert-speaker talks were organized to tackle listed priority areas such as practical steps in personal development planning. Targeted participants were all academic faculty, clinicians and researchers; invited through the staff mailing lists and notice board announcements. Lessons learnt and frequently asked questions were documented to contribute the institutional staff career development plan. An institutional-led career development working group is established, with departmental representation. Departmental-specific faculty career development needs were addressed to enhance faculty productivity and sustainable research engagement/funding.

Outcomes & Evaluation: Between February and October 2014, six career development series were held, including one five-day scientific writing workshop and 5 two-hour meetings on authorship, grantsmanship, balancing career development and family, and the role of research interest groups with a good mix of junior, mid-career and senior researchers to enhance mentoring in academic research. A highlighted major challenge was limited protected time for faculty to engage in academic research, due to overwhelming clinical and administrative responsibilities. Real-life culturally-appropriate case studies of common challenges to faculty career development were developed and discussed to generate evidence-based strategies to strengthen sustainable career development for global health research. To enhance leadership, ten (2 senior, 3 mid-career and 5 junior) faculty attended an international John-Maxwell leadership workshop in Uganda.

Going Forward: We recommended structured implementation of personal development plans by faculty at MakCHS, and strengthening

institutional research interest groups to increase opportunities for senior faculty to mentor junior faculty to engage in academic and research-

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US aid in the time of Ebola – Liberia and Nigeria

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Program/Project Purpose: a. Context The Office of the Assistant Secretary of Defense for Health Affairs OASD(HA) supports effective Global Health engagement. We conducted research analysis to determine whether U.S. aid projects helped Liberia and Nigeria with their national health outcomes and their medical response to the Ebola crisis. b. Program/Project Period From 2009 to 2013 c. Why the program/project is in place, in one or two sentences One of the priorities of the Joint Medical Chair for Global Health at National Defense University (JMC) is to identify those global health engagements that are most effective and efficient in supporting the host nation. d. Aim To assess the effectiveness of U.S. foreign assistance and their impact on health outcomes and capabilities in Liberia and Nigeria.

Structure/Method/Design: a. Program/Project Goals, Desired Outcomes Liberia and Nigeria were selected based on their response to the Ebola crisis and strategic U.S. interests. Based on their GDPs, U.S. aid, national healthcare infrastructure and expenditures, health outcomes and medical response to the to the Ebola crisis were compared. b. Participants and Stakeholders: How were they selected, recruited? Stakeholders include Liberia and Nigeria, Department of Defense, USAID, and Department of State, based on their participation, funding, or existing efforts in these countries. c. Capacity Building/Sustainability: What is the plan, structure in place to encourage viability? Health priorities that focused on preventive medicine, community health, and education/training were successful.

Outcomes & Evaluation: a. To date, what are the successes and outcomes achieved? Amount of funding/aid received is not in direct correlation with a country's ability to provide or improve healthcare. Nigeria received significantly more aid than Liberia but did not have better health outcomes on basic health metrics. However, Liberia's weak health infrastructure was overwhelmed with the Ebola epidemic. Nigeria was able to contain the Ebola outbreak quickly because their health infrastructure was more robust and the government quickly and effectively administered contact tracing and isolation of exposed persons. b. Monitoring & Evaluation Results (if conducted)

Going Forward: a. What are the ongoing challenges? Ongoing challenges include halting the spread of the Ebola virus, rebuilding the health systems and infrastructure that have been compromised as a result of the epidemic, and ensuring that U.S. aid dollars continue to b

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Developing a trauma response system in San Salvador, El Salvador

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