

Going Forward: While the turn-around-time was within the national guidelines for cervical cancer screening, our results demonstrate a significant number of patients do not complete these important preventative interventions. As cervical cancer screening and prevention i

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Abstract #: 02ITIS007

Enhancing global health through the compilation of a glossary of medical terminology in a local Ghanaian language (Twi)

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Program/Project Purpose: The need for confidentiality is vital to developing trust as part of the doctor-patient relationship. This is not always possible where interpreters are used to translate for clinicians/patients due to language barrier. Bridging this barrier without the use of interpreters will ensure effective communication and quality care. Twi is the commonest of the local languages in Ghana but not all nationals speak it. However, in the setting of this study Twi is used widely as a means of communication. The number of non-Twi speaking Ghanaian medical students, and foreign students from the West African sub-region studying medicine at KNUST, as well as international students on short term visits continues to increase. Increasing numbers of international clinical research collaborators also visit Ghanaian medical schools and teaching hospitals for varying periods of time. The purpose of this project was to assist non-speakers of Twi to communicate with patients without always requiring an interpreter.

Structure/Method/Design: This is a pilot study. Face to face Interviews, led by a professor of Twi (EAF) were conducted with 24 purposively sampled doctors and nurses at the Komfo Anokye Teaching Hospital, Kumasi, Ghana over a 2-month period in 2014. The interviewees worked in the major Medical disciplines of Internal Medicine, Surgery, Paediatrics, Obstetrics/Gynaecology, and Dentistry. Common words or phrases used by patients in the consulting room were identified and compiled into a draft document. This was then independently reviewed by a Twi language expert. It was subjected to further review by a second set of physicians who are native Twi speakers and also fluent in English.

Outcomes & Evaluation: A glossary of medical terms in both Twi and English has been compiled. Sections include words, phrases, and body parts. Common expressions have also been captured. Words and phrases have been further grouped based on the specialty where they are most often used. This booklet will assist Ghanaian clinicians and students who do not speak the Twi language communicate better with patients. It will also help bridge the language barrier for foreign students, clinicians, and research collaborators. It will further facilitate international collaboration in health research, and thus global health. Evaluation will be conducted after 12 months to determine the usefulness of the glossary, and the need for a similar exercise to be carried out for other local Ghanaian languages.

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Global health delivery science: Applying the care delivery value framework to a community based HIV/AIDS initiative in Togo, West Africa

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Program/Project Purpose: The global health delivery gap refers to an inability to provide existing medical discoveries to the individuals who need them. Resolving such inequity may represent medicine's most important duty. The new field of "global health delivery science" aims to address such gaps. An approach in this new field utilizes the care delivery value chain (CDVC) framework to assess patient care activities. CDVC analysis facilitates identification of inefficiencies and gaps in provision of care across a continuum. There is limited published data describing the application of the CDVC framework to programs aimed at resource poor or pediatric populations.

Structure/Method/Design: Objectives 1) Construct CDVC assessment for HIV/AIDS services available in Kara, Togo 2) Initiate quality improvement plan based on findings of CDVC assessment In collaboration with local staff, the author conducted a CDVC assessment at a community-based clinic serving 1,700 individuals living with HIV/AIDS, including 154 children. In preparation for field discussions, the author prepared CDVC templates and training materials to present to clinic staff. Over the course of three weeks, multiple semi-structured interviews were conducted with 11 local staff members to gather detailed information about existing HIV/AIDS services, including pediatric care. The researcher compiled the results of these interviews into a draft CDVC framework and quality improvement (QI) plan. The QI plan was launched and progress was tracked over six months.

Outcomes & Evaluation: A CDVC framework for HIV/AIDS services in the Kara region was drafted and reviewed by key staff members. The CDVC framework identified activities currently available for discrete stages within a cycle of care including: Prevention & Screening, Diagnosing & Staging, Pre-antiretroviral & Psychosocial Management, Antiretroviral Initiation, Continuous Disease Management, Management of Complications. Within these care continuum areas, twenty eight specific gaps in service delivery were identified, including three distinct pediatric issues, and were integrated into a strategic QI plan. Within three months seven identified gaps were resolved, and six months into the initiative 25 out of 28 delivery gaps were being addressed. Significant gaps in transitions between care stages were elucidated including gaps in pediatric care delivery, areas that would likely not have been identified through traditional assessment methods. Multiple areas of overlapping services by external providers highlighted inefficiencies in the overall delivery system and can inform future programmatic decisions.

Going Forward: The CDVC framework was an invaluable tool for examining both existing care and gaps in delivery over the full cycle of HIV/AIDS care, especially for vulnerable populations. The application of CDVC assessment to guide quality improvement initiatives afford

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Improving access to life-saving medicines through mobile community health supply chain management

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Program/Project Purpose: CommTrack is an open source tool for organizations in low-resource settings to better manage goods and materials - from community health workers providing iron supplements for pregnant mothers, to distributing ready-to-use-therapeutic-foods, or ensuring health clinics have adequate supplies of essential medicines such as ARVs. These scenarios, each very different from one another, all require knowledge about "How much do I order? When should I expect a shipment and how to ration until it arrives? Why are my losses so high?" Designed in close collaboration with partners including John