

universities now offer a minor in global health. New programs are being continually being developed, with the most recent program initiated in September of this year. Yet the curricular plan for completion of the minor differs markedly from school to school. Importantly, potential employers want to know what expertise a graduate with a global health minor will bring to projects. So what exactly does it mean when a graduate says s/he has a “minor in global health?” It isn’t clear. This study aimed to compare requirements among US-based university programs offering a global health minor.

Methods: We conducted a literature review to identify global health minor programs offered by US-based universities. Search strategies included the use of PubMed and Google. We excluded programs outside of the US or stand-alone degree programs in global health. We present a general overview of these programs and their requirements.

Outcomes and Evaluation: We identified 25 US-based universities offering a global health minor. Differences included the amount of core coursework required (if any), the number of credits to be completed (as few as 6, as many as 25), and whether a global health field experience is an essential component of the minor. While there have been a number of articles detailing global health competencies for students pursuing stand-alone degrees in global health, there is wide variation among universities with respect to global health minor requirements.

Going Forward: As students from other degree programs, e.g. anthropology, business and technology, choose to see their field through a global health lens, more consistent guidelines and curriculum need to be considered.

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Improving access to family planning in rural Liberia

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Program/Project Purpose: Liberia’s health system has been weakened by years of civil war and more recently by the worst Ebola epidemic in history. Last Mile Health (LMH) is an NGO committed to saving lives in Liberia’s most remote villages through community-based health systems. Rural Liberia has a high unmet need for family planning at 30% and high fertility rates at 6.1 children per woman, contributing to high maternal mortality. In the fall of 2015, LMH started a program to increase access to family planning for women in rural Liberia.

Structure/Method/Design: The goal of this program is to increase access to family planning through the expansion of community health worker (CHW), outreach, and health facility services in two counties. Program activities include: 1) training CHWs in family planning health promotion and counseling; 2) provision of family planning via outreach clinics; 3) refresher training in long-acting contraceptive placement and mentorship/supervision of midwives at government health facilities. Outcomes include percentage of women using family planning methods and unmet need for family planning. Participants

in this program include CHWs, their supervisors, and government facility-based midwives who serve the same catchment population as the CHWs. To ensure sustainability, program activities will be done in partnership with local government health representatives and will emphasize training with continued supervision. In addition, all program activities and training curriculum are being designed with a plan to incorporate them into a new national plan for community health in collaboration with the Ministry of Health.

Outcome & Evaluation: Design of program activities and curriculum is ongoing. Early successes have included engagement with local government health authorities in the design of interventions and the formation of a training team that will conduct family planning trainings for CHWs. Evaluation of outcomes will be via household surveys.

Going Forward: We anticipate several potential challenges. These include unreliable road networks and communication systems which can lead to stock outs of family planning commodities and delays in supervision visits. However, LMH has years of experience navigating the challenges of working in rural Liberia.

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University of Washington Global and Rural Health Fellowship

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Program/Project Purpose: The University of Washington Global and Rural Health Fellowship (UWGRF) is an innovative Internal Medicine fellowship program that aims to train the next generation of physicians to advocate for underserved and vulnerable populations and become effective leaders in the field of global and rural health. Through mentorship, didactics, and hands-on experience, fellows will learn to deliver medical services and contribute sustainable improvements to healthcare systems in these settings.

Structure/Method/Design: The UWGRF is a two year fellowship. During the first year of fellowship, fellows provide direct clinical care and work on health systems strengthening projects at the Alaska Native Medical Center in Anchorage and with Indian Health Services on the Pine Ridge Indian Reservation in South Dakota. Fellows will also participate in didactics including courses in global health leadership, management, research, epidemiology, and tropical medicine. During the second year of fellowship, fellows choose between two tracks: international research or clinical educator track. The research track provides the opportunity to perform clinical, implementation, and health systems strengthening research projects. The clinical educator track is designed for fellows who are interested in pursuing a career in international clinical education. Established training sites for the second year include Kenya, Mozambique, Nepal and Peru.

Outcome & Evaluation: The first UWGRF fellows will begin in July 2016. Quarterly evaluations will be conducted of the fellowship