

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

program and of each individual fellow. These ongoing evaluations will provide the opportunity to make frequent changes to improve both the fellowship and the fellows' experiences.

Going Forward: Acknowledging that health disparities exist in both domestic and international settings, the University of Washington is committed to exploring the synergies and opportunities for learning across rural Native American and low and middle income countries. Using the bidirectional nature of a “local to global” context, UW will provide its fellows with the training, knowledge, opportunities, and mentorship to develop a career working with domestic Native populations and in global health.

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Partnership and mentorship to expand research capacity in Mozambique

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Program Purpose: Centro de Investigação Operacional da Beira (CIOB) was established by the Mozambican Ministry of Health to serve as a research unit of the Instituto Nacional de Saúde (INS). CIOB is one of the few public research institutions in Africa dedicated to implementation science in the health sector. Since 2007, Health Alliance International (HAI), an NGO affiliated with the University of Washington that has been working in Mozambique for over 25 years, has been partnering with CIOB. HAI originally provided management for CIOB, but in 2011, the Health Minister appointed CIOB's first director and the INS began to oversee its operations directly.

Design: The partnership between HAI and CIOB was developed to cultivate research capacity in central Mozambique, with a focus on implementation science in the national health system and skill development of health professionals. HAI provides mentorship in designing studies, developing protocols, performing data analysis, and drafting manuscripts. HAI and CIOB collaborate on many research projects, including several NIH-funded studies and a PEER Health project funded through USAID.

Outcome Evaluation: CIOB personnel has increased from only 4 at its inception, to 22 employees in 2015. Currently, they are undertaking 10 research studies, and have received funding directly from the INS, NIH, HAI and USAID. In 2014 CIOB organized the first regional health conference, where over 300 people attended, and over 50 research studies were presented. In 2015, CIOB presented 7 posters and gave 3 oral presentations at the INS national research conference in Maputo.

Going Forward: In eight years, the research capacity of CIOB has grown immensely. They have expanded their workforce, successfully operated independently under the INS, have received several research grants, and have presented at conferences. Although significant progress has been made, funding and mentorship continue to be vital needs of this growing research institution. HAI will continue to be a dedicated partner to

CIOB through staff support, collaboration, and technical assistance, so it may become a research center of excellence in the central region of Mozambique.

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Initiative for improving pediatric clinical education in Tanzania

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Background: U.S. resident physicians routinely travel to developing countries as part of global health curricula. Given the rotations' short-term nature, it is difficult for U.S. residents to be incorporated into improving local medical student education. Therefore, visiting residents tend to function as observers or additional clinicians rather than assisting in education. We propose that more sustainable impacts come from improving the education of local students. We conducted a preliminary investigation into effective interventions that visiting residents can use to contribute to pediatric education in Tanzania.

Methods: We established local relationships in Mwanza, Tanzania with Bugando Medical Center (local tertiary hospital), Catholic University of Health and Allied Sciences (local medical school), Sekou Toure Regional Hospital, and Touch Foundation (local non-profit for improving medical education). An informal needs assessment for improving pediatric medical education was conducted with interviews of local stakeholders.

Findings: A resounding theme amongst all stakeholders is a dearth of clinical educators. Unbalanced increases in class sizes compared to the number of supervising physicians have led to 20-50 students per resident or faculty educator at the bedside. Local students and providers strongly desire visiting U.S. physicians, including residents, to function as clinical educators rather than solely providing direct patient care. However, U.S. pediatric residents often feel unprepared to effectively teach in less familiar foreign settings. Preliminary feedback from 40 Tanzanian medical students supports a more structured educational curriculum conducted by U.S. pediatric residents such as utilizing a curricular handbook—Pediatric Teaching Handbook for Global Health—created as a result of these informal needs assessments. Preliminary data from one U.S. resident's experience with the standardized curriculum demonstrated improved test scores compared with the current curriculum (average scores: 75 (18 students) versus 66 (11 students), respectively).

Interpretation: Tanzanian students and providers desire additional clinical pediatric educators and support U.S. pediatric residents functioning in such a role. U.S. pediatric residents can impact medical education on short-term electives with a standardized curriculum, such as a Pediatric Teaching Handbook for Global Health, and may improve the quality of education compared with current standards resulting in greater impact than current U.S. global health resident rotations.

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