

Background: Technical expertise gained from trainings supported through international collaborations and partnerships is imperative to address key areas for attainment of the sustainable development goals in Africa. Makerere University College of Health Sciences (MakCHS) hosts over 300 students and faculty under Global health education programs annually. There has been no documented evidence on how best MakCHS should consolidate partnerships so as to enhance quality of training and patient care.

Aim: To assess perceptions of host institutions on methods to enhance knowledge sharing during global health education programmes.

Methodology: This was a cross sectional descriptive study, qualitative in nature at MakCHS. An interview guide was used to collect data among key informants and focus group discussions. Thematic analysis was used to draw conclusions. Written informed consent was sought from all participants and ethical approval was obtained from Makerere University School of Biomedical Sciences.

Findings: The methods mentioned by the various participants from MakCHS to enhance knowledge sharing from global health education programs include: Increased access to virtual mobility like online courses and periodic webinars with partner institutions on various tropical and emerging diseases, institutionalizing global health education programmes, encouraging collaborative research among local and international students and establishing a monitoring committee for such platforms.

Interpretation: There is need to devise a mechanism of periodic knowledge sharing among local and international students to enhance collaborative learning across the globe.

Limitations Analysis was difficult for there are no systems to monitor global health programme, several Universities recruit their own coordinator instead of working with already established structures.

Strength; The study findings are a true representation of the participants' views.

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Community health system strengthening: A case of health hut system transfer in Senegal

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Background: Senegal's health system is a pyramidal structure with tertiary hospitals at the top, followed by intermediate regional hospitals, public health facilities and health centers of the districts. Health Huts (HHs) at the base are the foundation in providing primary health services to communities, particularly in remote areas. USAID-funded Program Sante Sante Communautaire II (PSSC II) led by Child Fund, World Vision (WV) was mandated to establish or strengthen integrated health services, improve quality standards and sustainability of HHs in Fatick, Kaffrine, Kolda, and Kedougou regions. This study demonstrates contributing factors pertinent to successful HHs transfer from project management to local community management and supervision.

Methods: The process of HH transfer is part of health system decentralization aiming for empowerment of local communities through the transfer of health competence. By involving and empowering local communities in providing services, community health system is strengthened in terms of both capacity development and improvement of access to health services. A HH transfer analysis was conducted to evaluate the community participation, quality of integrated community health services, functionality challenges and sustainability factors. Qualitative data from 338 HHs located in Fatick, Kaffrine, Kolda and Kedougou regions and 60 communities serving 260,478 people were analyzed.

Results: 51 of 338 HH were transferred from project to community management, while maintaining the quality and access to information, services and products. The 51 HHs have fully functional health committees and are still viable 12 months after official transfer. Over 80% of HHs were offering minimum and/or specific packages of services recommended by MOH. By December 2014, 70% of newborns received essential care and 70% of the 287 deliveries were performed by midwives in HHs.

Conclusion/Recommendations: Process of HHs transfer identified gaps and helped in taking actions aimed at strengthened compliance with MOH standards. Empowerment of communities contributed to improvement of health governance while allowing them to understand importance of health system self-management with involvement of all stakeholders. This can be achieved through facilitating regular meetings with local authorities, monitoring activities and identifying HHs management issues, while advocating for resources to support HHs and providing adequate supportive supervision to HHs.

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Two million hands on deck to achieve the Health SDG: Entry points for improving governance in Africa's health sector

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Background and Purpose: Governance, one of the six health system building blocks, has been less often used as a lever to improve performance because of its perceived complexity and sensitivity. SDGs when compared to the MDGs lay emphasis on improving governance. Governance will be instrumental especially to achieving the ambitious health goals since poor governance is constraining further improvements. Governing bodies at different levels provide an entry point for governance reform.

The latest Mo Ibrahim Foundation's report shows progress in governance has stalled in Africa. To achieve their health goals, African policymakers need to work on improving governance in general and in the health sector specifically. Entry points for doing so are not readily obvious.

Methods: Review of strategic plans and publications of the ministries of health in all 55 countries in Africa to identify governing bodies at different levels in their health sector.

Findings: Our document scan revealed that there are more than 150,000 governing bodies in Africa's public or government health sector at national and subnational levels. These range from community health councils to health center committees to hospital boards to district and provincial health councils to committees and boards at national level working for the ministry of health. We estimate these