

development meetings were held with university faculty, UMB, and CCCRN. The training capacity of facility and faculty were developed based on a needs assessment. UNN faculty and UMB/CCCRN faculty taught the course jointly. Evaluation methods including pre/post tests, OSCE's, evaluation forms, and logbooks were jointly developed. Course alumni were followed up at 6 and 18 months using online surveys and telephone interviews to assess how useful the course was to them at their current workplaces.

**Outcome and Evaluation:** The first course was piloted in 2013 with 30 postgraduate doctors and MPH students. The mean OSCE score was 51% and the mean post-test score was 75% with an improvement of 22% from the pre-test; a follow-up exam six months later showed a mean score of 74%. In regression analysis, pretest score was strongly associated with post-test score (0.56,  $p < 0.001$ ), and moderately associated with OSCE (0.28,  $p = 0.04$ ). Online surveys revealed trainees continued to use knowledge and skills gained from the course. The course was highly rated on immediate and follow up evaluations.

**Going Forward:** Practicum-based curricula offer a practical way to teach evidence-based medicine with long-lasting retention of skills and knowledge. Further efforts and funding needed to sustain and improve this innovative approach to strengthening HIV pre-service medical education.

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### **Increasing HCT uptake among pregnant women in Nigeria; Evaluating the TBA and PHC Integration (TAPI) Model intervention in Ebonyi State, Nigeria**

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**Program Purpose:** Effective prevention of mother to child transmission of HIV (PMTCT) efforts can drastically reduce paediatric HIV infection. Early identification of HIV-infected pregnant women through HIV counselling and testing (HCT) remain the most critical step. In Nigeria, only 3 million of the estimated 9.2 million pregnant women annually are reported to have received a HIV test. An estimated 65% of deliveries occur in non-formal healthcare setting by traditional birth attendants (TBA). Engaging these TBA is critical to achieving the 90-90-90 global vision for HIV prevention.

**Method:** Forty primary health centers (PHC) were prospectively randomized 1:1 to intervention group (IG) or control group (CG). Data on HCT among pregnant women was collected from the PHC over a six months period. Following HCT training, TBAs surrounding PHC randomized to IG initiated HCT for their patients whereas HCT training was not provided to TBAs surrounding PHC in CG. The primary outcomes measure was the proportion of pregnant women who received HCT in the two groups over a six months period using antenatal clinic registries.

**Outcome and Evaluation:** HCT increased among pregnant women in PHCs randomized to IG from 2501 to 5346 (53% increase) versus 1770 to 1892 (6.4% increase) in CG ( $P < 0.01$ ). In the IG, TBAs accounted for 53% of the HIV testing (3216/5346).

**Going Forward:** Significant increases in HCT can be achieved by engaging and training TBA especially in communities where a majority of prenatal care and deliveries occur outside of the formal healthcare facilities.

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### **Patent medicine vendors in Nigeria: Viable agents in bridging the health care workforce divide**

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**Program/Project Purpose:** Access to health facilities in Nigeria is limited with a health workforce ratio of 1.9: 1000. An estimated 60% of Nigerians seek care with Patent Medicine Vendors (PMVs) as first point of call. PMVs are readily available in many communities and provide affordable services and as such are highly patronized. This is critical in areas with low penetration of health facilities and/or with large migrant population. We evaluated the impact of using PMVs to increase case detection, treatment and support in a large community with an estimated population of 1,668,972 that includes transient nomadic Fulani, homeless/wandering children, prisoners and PLHIV.

**Structure/Method:** We identified 82 PMVs (2 each) from 41 communities in North-central Nigeria. These PMVs were trained on the identification and assessment of individuals with suspected TB using the modified Community TB Care module. A TB referral and assessment protocol was developed with the community and implemented from July 2014 through August 2015. Over the study period, a purposeful target was set to screen 5.7% of the target population (94,792).

**Outcome & Evaluation:** During the 12 months study period, 81,016 (85% of target) PMV patrons were screened for TB and 10,041 individuals with suspected TB were identified. A total of 9,099 AFB smear microscopy was completed, 71 sputum positive cases were identified and 68 commenced on treatment.

**Going Forward:** PMVs can be trained and used as part of the healthcare infrastructure to provide community based interventions such as TB screening and referral especially in resource-limited countries like Nigeria with a dearth of trained health care provider.

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### **A qualitative approach to understanding the impact of misuse and misdiagnosis: Monitoring use of the non-pneumatic antishock garment in Tanzania**

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