

ethics preparedness for future public health emergencies, while making recommendations that support policies and practices that reflect public values.

Outcome & Evaluation: This session will address each of the seven (7) recommendations the commission makes, a framework for addressing key ethical issues and guide public health planning and responses for Ebola or other acute public health crises.

Going Forward: In addition, this session will review other governmental and military ethical responses to this global public health issue.

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Expanding the global health workforce through resident education in Obstetrics & Gynecology: The Medical College of Georgia experience

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Program Purpose: The Department of Obstetrics & Gynecology at the Medical College of Georgia (MCG) sought to improve the quality of resident education and increase interest in global women's health by integrating global health into the core curriculum. The department developed a global women's health program, including a dedicated international rotation.

Structure: In 2012, the department established a global health program outline, identifying stakeholders, establishing educational goals and objectives, and recognizing available resources for development of an educational program. We resolved barriers related to finance, educational structure, and personal/professional liability prior to international travel. ACGME requirements were reviewed, including 1) supervision, 2) establishment of competency-based goals and objectives, and 3) evaluation. A program letter of agreement was signed with CerviCusco, MCG's global health center in Cusco, Peru. The intern (PGY-1) year was chosen (based on resident availability and flexibility within the academic program) to establish a foundation for global health and allow for future global health experiences.

Outcome & Evaluation: Since program inception, 85% of eligible residents (11 of 13) have completed the required educational modules and international rotation, averaging four weeks in Cusco, Peru. The rotation includes both ambulatory and inpatient clinical care. Curricular goals and objectives are based on epidemiology related to global health (Peru) and disease-specific education (pre-invasive disease of the female genital tract). Residents complete online didactic modules while abroad and participate in weekly departmental conferences via videoconference. Each resident keeps an electronic record of rotation procedural data and is debriefed after returning for the quality of the experience. The average cost per resident for travel, insurance, and housing is \$2,416, paid by the department. The supervising physician is compensated by the department. MCG pays resident salary and benefits while abroad.

Going Forward: We have developed a sustainable global health program thanks to support from the department, the parent institution, and philanthropy from generous benefactors. Next, the

program will critically assess resident attitudes and impact on future career directions in global women's health. Our program can serve as a guide for others in education to increase interest in global health.

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Perceptions of Malawi midwives regarding unsafe abortion

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Background: Every year, 675 out of 100,000 pregnant women die in Malawi from pregnancy related deaths. (Malawi Demographic and Health Survey, 2010). Unsafe abortion contributes to 20% of these maternal deaths (Levandowski, et al, 2013).

Methods: A survey was developed by the research team that was designed to determine midwives' perceptions regarding reasons Malawian girls and women seek abortion, methods they utilize most to terminate pregnancy, safety and effectiveness of pregnancy termination methods, abortion rights, and barriers from provision of safe abortion services. One hundred and thirty (n = 130) midwife members of the Association of Malawi Midwives (AMAMI) were contacted via email and requested to complete a 28 item survey. The survey was open for a 3 week period. Fifty-four (n = 54) surveys were returned (41.5% response rate) and used in this analysis.

Findings: Eighty-seven percent of respondents (87%, n = 47) thought unsafe abortion was one of the main causes of maternal deaths. Sixty-four percent (64%, n = 35) believed that a woman has a right to decide whether or not to terminate her pregnancy and 98% (n = 53) of the midwives surveyed indicated that they would like to see AMAMI playing an active role in reducing deaths that arise from unsafe abortion. The barriers that prevent midwives from providing safe abortion services include restrictive abortion laws (78%, n = 42), religious and cultural beliefs (78%, n = 42), not a part of the scope of practice (70%, n = 38), and concerns about what people would think (18%, n = 10). In terms of beliefs and attitudes towards abortion services 50% (n = 27) agreed that midwives have an obligation to advocate for safe abortion care. Even though the majority of midwives are concerned with maternal deaths that arise from unsafe abortion, very few of them (9%, n = 5) are actually ready to provide safe abortion to women.

Interpretation: Malawian midwives are concerned with the high maternal mortality ratio in the country and the damage caused by unsafe abortions. Currently, the Malawi abortion law is going through review with a special law commission on abortion in place. It is imperative that midwives get fully involved in the law reform process. Development of advocacy materials is a first step.

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Addressing shortages in human resources for mental health: Developing an undergraduate psychiatry training program in Botswana

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