

Quality education in rural public schools by post graduate students in higher education

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Background: In developing countries most of the top rank students take up carriers in Medicine, Law and Business. Very few opt for teaching profession and the number of quality teachers in public schools is gradually diminishing. Students from higher education centers are asked to teach in these schools at least for 4 weeks as an internship project.

Methods: The Post Graduate Students from Sri Siddhartha Academy of Higher Education, Tumkur, India taught their core subjects for 4 weeks, in 20 rural public schools without adequate qualified teachers. The students in the engineering stream taught mathematics, science and computers. A group of 4–6 students were sent to each school. Apart from travel and accommodation funds, sufficient academic credentials were given to the participating student teachers, by the Academy/ University.

Findings: The outcome of this initial pilot project is: 1. Significant increase in the number of teachers in rural public schools especially in 5th–10th standard. 2. Quality teaching by post graduate student teachers, with innovative teaching methodologies in rural schools. 3. Empowerment of higher education students with responsibilities in Rural Education, Health and Social Reforms.

Interpretation: The scope of this project for global implementation is enormous. It is cost effective, implementable and sustainable.

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International cancer control leadership forum program

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Program Purpose: The goal of the International Cancer Control Leadership Forum Program is to increase the capacity of participating countries to initiate or enhance cancer control planning and implementation through a multi-sectoral approach. National Cancer Control Plans (NCCP) comprise an important part of a country's non-communicable disease (NCD) plan and can help countries meet NCD targets outlined in the WHO Global NCD Action Plan. A comprehensive NCCP is a strategic plan based on data and developed by diverse partners, including government and non-governmental organizations, to guide efforts within a country to decrease the burden of cancer. The Forum is an opportunity for countries and individual country representatives (ICRs) in the region to exchange challenges, successes, experiences and ideas about creating and implementing comprehensive cancer control plans.

Program Design: The Leadership Forum Program is a three-part process spanning approximately 18 to 24 months. Prior to the Forum, country team leads assemble a multi-sectoral country team and conduct a situation analysis of current cancer control efforts.

This guides the agenda, tailoring each Forum to region-specific priorities. Some of the main priorities identified by countries include expanding cancer early detection efforts, implementation and evaluation of cancer control plans, strengthening cancer research, improving the quality of population-based cancer registries, and assessing the impact of cancer control plans.

During the 2.5-day Forum, country teams participate in learning modules, special topic presentations, and engage in facilitated action planning sessions.

Follow-up calls are conducted 3, 6, and 12 months after the Forum to assess progress on action plan implementation and provide technical assistance.

Outcome & Evaluation: Over the past two years, forums have been held in Africa, Southeast Asia, the Pacific, the Caribbean, Middle East–North Africa, Latin America, and Central Asia regions, engaging 38 full country teams and 23 ICRs.

Going Forward: Forums will be conducted in more regions. Technical assistance will be strengthened through follow up calls and regional meetings. Key metrics will be identified and collected in order to evaluate and improve the program.

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Barriers to the use of pre-exposure prophylaxis (PrEP) among heterosexual serodiscordant couples in Western Kenya: Stigma and misconceptions

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Background: Nearly 40% of new HIV-1 infections occur among serodiscordant couples. Pre-exposure prophylaxis (PrEP) has the potential to significantly decrease the transmission of HIV within discordant couples. The Partner's Demonstration Project is offering antiretroviral therapy (ART) and PrEP to HIV-discordant couples in Kisumu, Kenya. However, 8% (n=22) of the individuals qualifying for PrEP in this trial declined it. Very little is known about the reasons for PrEP refusal among individuals in heterosexual serodiscordant partnerships in resource-limited settings.

Methods: We conducted semi-structured in-depth interviews with selected individuals (n=63) in HIV-discordant couples enrolled in the Partners Demonstration Project. The interview guide covered perceptions of ART and PrEP, benefits and disadvantages of each, and factors influencing the decision to decline treatment. The interviews were conducted in Dholuo, transcribed, and translated into English. Grounded theory was used to code and analyze the data. Here we present the results from a subset of HIV-negative participants who declined PrEP (n=10) or initiated PrEP (n=9).

Findings: We interviewed four female and 15 male participants who were offered PrEP; of these, one woman and nine men refused