

and quantity of human resource for health. Medical schools are increasing, offering international elective opportunities for their students to enable them understand the concept of global health. This is by experiencing a medical system and culture different from their own. Currently, almost all medical schools have some avenues for medical students to pursue global health interests or activities. Makerere University College of Health Sciences is a partner with several institutions through which students and residents from across borders undertake their placement. However, only 8% of MakCHS students get opportunity to undertake global health placements.

Aim: The goal of this study was to investigate means of fostering quality exchange in Global health opportunities for MakCHS.

Structure/Method/Design: We conducted a review of available reports, memoranda of understanding in all clinical Departments at MakCHS in search of beneficiaries of international exchanges and innovative ways of facilitating global health placements international partners A tool was used to classify the institutions based on their efforts towards equitable exchange between high income institutions and MakCHS as an institution in low incoming country.

Outcome & Evaluation: MakCHS has several international partnerships with clearly documented objective of fostering exchange of students. Only 5 (31.3%) institutions had mutually beneficial exchange programme that allow equal exchange of students between institutions, 2 (12.5%) financially support MakCHS students' placements abroad in other institutions other than theirs, 4 (25%) support MakCHS students' placements abroad through financial grants, free homestays and 5 (31.2%) institutions bring residents to MakCHS but do not support residents' global health programs abroad for MakCHS.

Going Forward: Equity international exchange can be achieved through the framework of international partnerships by applying for joint grants, free home stays by Faculty and friends of host institutions.

Source of Funding: Makerere University College of Health Sciences.

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Soil Transmitted Helminth Infection and Factors Affecting Preventive Chemotherapy for School-Age Children in Capiz and Iloilo Provinces Post-Typhoon Haiyan

E. Chernoff¹, G. Silverstein², P. Veldkamp³, J. Chang⁴, V. Belizario⁵, J.P.C. Delos Trinos⁵; ¹University of Pittsburgh, Pittsburgh, PA, USA, ²University of Pittsburgh, Pittsburgh, USA, ³University of Pittsburgh Medical Center, Pittsburgh, PA, USA, ⁴University of Pittsburgh Medical Center, Magee-Womens Hospital, Pittsburgh, USA, ⁵University of Philippines - Manila, Manila, Philippines

Background: In the Philippines, Soil-transmitted helminths (STH) are controlled through mass drug administration (MDA) of preventive chemotherapy to school-age children (SAC). In 2013, the Philippines was devastated by the strongest cyclone ever recorded, Typhoon Haiyan. This study focused on three crucial issues regarding 1) the post-typhoon state of the MDA program in Capiz and Iloilo (Region VI), 2) change in post-typhoon STH infection and MDA program coverage of SAC in Region VI, and 3) MDA program factors that should be targeted to lead to program evaluation and improvement.

Methods: A retrospective review of MDA coverage (children dewormed/ children enrolled in school) delivered to SAC in Region VI was completed through data routinely collected by the Department of Education (DepEd). Review of STH infection of SAC was completed through sentinel survey data routinely collected by the Department of Health (DOH). The state of the MDA program and factors affecting MDA was evaluated through Key Informant Interviews (KIIs). The study was conducted in the municipalities of Panay and Pilar in Capiz and the municipalities of Estancia and Sara in Iloilo. These municipalities reported high devastation by the category-5 typhoon.

Findings: There were 16 total KIIs including the Department of Health (n=1), DepEd (n=6), and the local government units (n=9). All 16 key informants indicated that the typhoon had no effect on the MDA program or on the resources necessary to complete the program. In comparing MDA coverage and STH infection before and after Typhoon Haiyan: from Jul. 2013 to Jan. 2014, there was no significant difference in MDA coverage percentage, as overall Region VI coverage increased from 87% to 90%; STH infection rates in Capiz decreased from 56.6% in 2011 to 24.4% in 2015.

Interpretation: The MDA program in Region VI was not negatively affected by Typhoon Haiyan. MDA coverage as an outcome variable indicates that 90% of SAC currently receive MDA treatment. STH infection in Capiz decreased since Haiyan. Despite Haiyan's mass destruction of infrastructure and livelihood leading to incredible challenges, mobilization of the community in Region VI allowed for the continuation and successful implementation of the MDA program.

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Connecting Global Health & International Education: Best Practices, Enabling Systems, Health, Safety, & Pedagogy

J. Evert¹, H. MacCleoud², C. Colburn³; ¹Child family Health International, San Francisco, CA, USA, ²NAFSA, Washington DC, USA, ³Harvard University, Boston, USA

Program/Project Purpose: International Education is a field of academic practice and expertise that has been maturing for many decades. Multiple health, safety, security best practices that are applicable for global health experiential learning domestically and internationally originate within the field of international education. In addition, well-developed pedagogies, such as service-learning, reflection, civic learning, and more have roots in the international education field. The aim of this session is to bring the pedagogies, policies, practices, and resources that have roots in international education to the visibility of the global health education community of practice. These topics include marketing best practices, fair trade learning, standards of good practice, service-learning, reflection, response to sexual violence while abroad, accommodation of students with disabilities, and much more.

Structure/Method/Design: International education including constructs such as risk management, enabling systems, financial

best-practices, and educational pedagogies. Global Service-Learning has been suggested as one of the most effective ways to facilitate the development of intercultural competence (Deardorff 2011; Kuh 2008; Merrill et al. 2012), and “global citizenship” (Abdi and Shultz 2008; Battistoni et al. 2009; Braskamp 2011; Institute of International Education 2014). Intercultural Competence is defined as the ability to communicate effectively and appropriately with people of other cultures (Messner). Global Citizenship is a concept common to service-learning circles, as well as in recent inter-professional global health competencies (Appiah, 2006, Falk 2000, Nussbaum 1997, Joegst 2015). Based in evidence-based and expert consensus, the tools and resources that stem from international education will be presented.

Outcome & Evaluation: The outcomes of global health education adopting best practices and engagement with international education colleagues include improved collaboration, increased safety and rigor of global health experiential learning, and improved evaluation of student impacts. Assessment tools including the Intercultural Development Inventory, Global Engagement Survey, and Global Perspectives Survey will be detailed.

Going Forward: Going forward, increased synergy between international education and global health education at both a campus and national/international level, will benefit both schools of thought and communities of practice. This session creates an underpinning for CUGH and its members to interface with international education.

Source of Funding: none.

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Economic Spillovers from Public Medical Countermeasure Investments: A Case Study of NexoBrid®

F. Farahati¹, S. Nyström², D. Howell², R. Jaffé³; ¹University of Maryland, Catonsville, MD, USA, ²Office of the Assistant Secretary for Preparedness and Response (ASPR), Washington D.C., USA, ³Office of the Assistant Secretary for Preparedness and Response (ASPR), Washington D.C., USA

Background: The US Department of Health and Human Services’ Biomedical Advanced Research and Development Authority (BARDA) awarded a \$24 million contract to MediWound Ltd. for the development of NexoBrid® to enhance US preparedness for an improvised nuclear device incident. NexoBrid® is a burn debridement product reducing the need for surgical excision of dead tissue.

Methods: We develop a standard diffusion model to project the potential economic spillover effects of a burn debridement product by examining four primary components: 1) market size, 2) effectiveness (debridement and grafting), 3) cost, and 4) market adoption. We use data from two primary sources to project potential spillover benefits based on our model: 1) the American Burn Association’s 2015 National Burn Repository Annual Report of Data, and published clinical outcomes that have been used to gain European approval for the burn treatment.

Findings: Peer-reviewed clinical results suggest that the approval of NexoBrid® for burn debridement in the United States would improve burn patient outcomes and reduce hospital length of stay

(LOS) and grafting in the day-to-day health care system. If approved in the US, the burn debridement product would be available for use in routine burn care beyond its primary mission. BARDA’s investment has potential economic spillover benefits that exceed BARDA’s initial investment of \$24 million a few years after its entrance into the US market.

Interpretation: Because multi-functionality of a medical countermeasure is a key consideration of the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) when making resource decisions, the results of this analysis can help to inform prioritization of scarce resources for development by the PHEMCE. Future Federal investment decisions could incorporate consideration of potential economic spillover benefits when a product could be used routinely in the commercial market.

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Arsenic in Drinking Water: Policy Implications in Mexico

A.T. Fisher¹, L. Lopez-Carrillo², B. Gamboa-Loira², M.E. Cebrían³; ¹Icahn School of Medicine at Mount Sinai, New York, USA, ²Instituto Nacional de Salud Pública, Cuernavaca, Mexico, ³Instituto Politécnico Nacional, Mexico City, Mexico

Program/Project Purpose: Global concern around arsenic in drinking water and its linkage to disease make translation of evidence-based research into national policy a priority. The Mexican standard for arsenic concentration in drinking water is 25 µg/L, which remains “two-and-a-half” times higher than that of the World Health Organization (WHO) recommendation. Arsenic is a naturally occurring element widely distributed in the earth’s crust that contaminates drinking water. Arsenic in drinking water has come to be synonymous as carcinogenic to humans and a risk factor for other chronic and acute illness. The purpose of this research is to raise awareness to the implications that arsenic contamination in drinking water has on Mexico and to suggest action steps for environmental policy reform.

Structure/Method/Design: Arsenic concentrations in ground-water have been documented since the 1950’s in Mexico. Yet, it wasn’t until 1994 that Mexico’s first standard was formed. The research will summarize Mexico’s national policy history regarding arsenic in drinking water while qualitatively analyzing how scientific research and international guidelines have influenced the policy. The goal is to provide a position on arsenic policy in Mexico.

Outcome & Evaluation: The research considers four factors that play major roles for environmental policy change in Mexico: scientific evidence, political agenda, economical situation, and resource capacity. Each component is explored to determine its significance for policy advancement and to provide a current position in Mexico.

Going Forward: Mexico has had a history of fragmented and overlapping domestic institutions that have yielded ineffective and inadequate environmental policy. The delay to lower the current standard has undoubtedly led to the loss of countless lives and burden of disease. The guideline value of 10 µg/L set by the WHO might incur practical difficulties and deciding on a new