able to perform all comprehensive obstetric services are the large
district hospitals in 3 of the 4 study districts.

**Interpretation:** Access to providers and obstetric services in the 4
study districts is extremely limited, especially for women who need
emergent, comprehensive obstetric care. Further analysis will deter-
mine the extent to which geographic proximity to obstetric care, and
especially to facilities providing comprehensive obstetric care, influ-
ences maternal and neonatal outcomes in the study districts.

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**Abstract #: 1.070_HHR**

### Does a One Size Fit All Approach Work for Community
Management of Acute Malnutrition in Rural Malawi?

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**Program/Project Purpose:** The Community-Based Management
of Acute Malnutrition (CMAM) program directs the surveillance
for ~58,000 children in Malawi’s rural Neno District and the
care of those identified with malnutrition. In 2015, the Outpatient
Therapeutic Programme (OTP) for treatment of severe acute
malnutrition (SAM) was subject to 83 stock-outs of ready-to-use
therapeutic food (RUTF), affecting each of the 13 health facilities.
This resulted in premature termination of treatment for enrolled
cases and no enrollment for newly identi
ed cases. We set out to
identify the cause(s) of the stock-outs and other challenges in order
to meet Universal Health Coverage targets for SAM in children in
Neno District.

**Structure/Method/Design:** We completed an in-depth chart and
OTP register review from 2015 of the 13 health facilities to identify
gaps in RUTF supply. From the register review, we estimated the
number of sachets of RUTF required for treatment of SAM. This
was based on the CMAM guidelines and compared to the recom-
mandation of 175 kcal/kg/day from the WHO guidelines and
research protocols. We compared this to the current practice of
a projected 150 RUTF sachets for each treatment course of SAM.

**Outcome & Evaluation:** The mean length of stay (LOS) was 50
days and mean weight was 9.9 kg. The median LOS was 42 days
and median weight was 9.3 kg. Based on the means, 173-186
RUTF sachets (175 kcal/kg/day-CMAM guidelines) were esti-
mated for a treatment course for SAM whereas based on the
medians 136-156 RUTF sachets were estimated.

**Going Forward:** The amount of RUTF currently distributed is not
enough for the treatment of SAM based on the mean LOS and
weight, and may be a key contributor to stock outs in Neno District.
Our average LOS is consistent with WHO CMAM guidelines,
suggesting that the higher estimated RUTF need may be due to
the higher average weight in OTP in Neno. Causes of the higher
average weight require further investigation and hypotheses include
higher rates of kwashiorkor or higher average age. Additionally, our
review noted that children are not enrolled during stock outs, and
thus are not accounted for in distribution plans, which perpetuates
low stock availability. Mentorship is needed for improved adherence
to OTP protocols across the district.

**Source of Funding:** None.

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### Towards a Universal Medical Education Global Health
Curriculum: Update on the Bellagio Global Health Education
Initiative

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**Program/Project Purpose:** Twenty global health (GH) educational
leaders from low-, middle-, and high-income countries (LMICs,
HICs) work collaboratively in the Bellagio Global Health Education
Initiative (BGHEI) to identify GH curricular elements that could be
universally applicable across diverse medical education systems.

**Structure/Method/Design:** Nominal group technique and modi-
fied Delphi process are used to efficiently isolate consensus themes
and topic areas. Working groups with LMIC and HIC representa-
tion use conference calls and in-person meetings to identify further
research needs and recommendations for GH education.

**Outcome & Evaluation:** One potentially universal curricular design
concept, one universal evaluation concept, and a critical research need
were identified, and working groups formed for each. After recog-
nizing the universality of “away” sites (educational settings outside
the context of the student’s home institution) in GH learning and
the need for specific curricular development for these settings,
a “Curriculum Development” working group formed to assess the
current state of curriculum design and implementation as applied to
education in the “away” context, including linking educational goals
with patient care outcomes. The importance of transformative, rather
than content or skill-based learning, also was thought to be a universal
component of successful GH education. The “Transformative
Learning” working group is examining how transformative learning
theories could inform GH curricular recommendations, with an
emphasis on more appropriate learner assessments. There exists
a dearth of GH training information for LMIC settings; the “Current
Status of GH Education” working group is utilizing standardized
questionnaire approaches to fill this knowledge gap. BGHEI demon-
strates that GH experts from diverse backgrounds, drawing on
advances in sociologic, psychological, and management learning
theory, can identify curricular, evaluation, and research needs relevant
for a wide range of medical education GH programs.

**Going Forward:** BGHEI working groups continue to explore and
define GH educational curricular components and learner evaluation
strategies apt to be common to medical education programs across