

**Interpretation:** Facilitators to the success of midwifery include overall general acceptance the midwife as a legitimate professional actor, political will, uniformity of vision among stakeholders, and the potential for improved intercultural care and TBA relations. The greatest threat identified is an ambiguous road map that fails to address how midwifery will specifically be integrated into the health system, in the community and with TBAs, which must be addressed if this strategy is to succeed in Guatemala.

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### Mapping global health training in Canadian post-graduate medical training programs

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**Background:** Residents across all fields of medicine have increasingly become interested in global health activities. Residency programs are responding to this interest by increasing their offering of global / international health opportunities yet there is very little structured evaluation of curriculum. Some facilitating factors that have been described for developing programs include the presence of a supportive residency director, resident commitment, a supportive department chair, protected resident time for electives, a dedicated budget, and committed GH faculty with protected time. A number of barriers to establishing global health programs also exist, they include obtaining permission from program directors/finding coverage for call shifts, as well as financial barriers, and faculty time. Most research reflects the situation of only a few programs, and is focused on a single specialty. The exact nature of what constitutes these programs differs greatly from university to university. This study aims to describe global health educational training in Canadian residency programs, estimate the prevalence of Canadian residency programs which offer global health training, and describe the resources invested in the global health training within residency programs.

**Methods:** This is a descriptive study using an online survey sent to a Canadian residency programs identified as having a global health component within their curriculum. A search for terms related to global health in the CaRMS database will be used to identify programs which have a global health component, and the survey questionnaire will be sent electronically to the program directors or their designate. Data will be analysed by grouping residency programs in the following categories related to comparable clinical work.

**Expected Findings:** This research project will give a portrait of global health training offered to physicians throughout Canada. It can serve to identify training gaps, to highlight successful practices and to plan for the Canada's contribution to the global health workforce. Additionally, this project can serve as a pilot study for a larger North American survey. This study can also help guide dissemination of curriculum material, best practices and facilitate the creation of supportive networks.

**Interpretation:** This study has not been completed yet, results are pending.

**Funding:** This study did not receive any funding.

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### Assistance, buy-in, and champions: The ABCs of sustaining leadership and management interventions

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**Background:** Every year, millions of global health dollars are spent in capacity development interventions to strengthen the leadership and management skills of civil society and public health institutions. Next to nothing is known about what makes these interventions sustainable. The USAID-funded Leadership, Management, and Governance Project commissioned an external assessment to examine if the leadership development program (LDP) and the institutional strengthening program (ISP) or their outcomes have been sustained. We defined sustainability as evidence that 1) an intervention has been sustained beyond the life of a project; or 2) the intended outcomes have been sustained beyond the life of a project.

**Methods:** We conducted an exploratory ex-post assessment of interventions in three countries using a 3-step methodology. First, a targeted literature review was used to develop an a priori framework that identifies the components and factors of sustainable interventions. Second, instruments were designed and used to conduct 43 key informant interviews with staff and intervention beneficiaries in Kenya, Nepal, and South Africa. Finally, transcribed data was analyzed for common themes and factors that converged or diverged from the conceptual framework.

**Findings:** Interviewees reported improvements in reach and quality of health services, time savings, and resource mobilization during the life of the project. They identified factors enabling sustainability of the interventions, including: early stakeholder buy-in; creation of internal champions; and ongoing, high-quality mentorship by technical experts. Interviewees also reported distinct examples of intervention and outcome sustainability, including standardization of leadership and management practices within the organization; routinization of leading and managing behaviors; institutionalization and replication of programs; resource mobilization; and maintenance of networks for continued support and learning.

**Interpretations:** Our findings illustrate that these interventions were designed and implemented in ways that either embody the characteristics of sustainable interventions or demonstrate outcomes that can continue to be sustained over time. Indeed, there was significant convergence between the a priori conceptual framework and the findings of this assessment. The findings have implications for the design and tracking of future leadership and management interventions. Designing these factors into future programs may also ensure sustainability and justify continued investment in capacity development.

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