

the Global South. This interprofessional study with collaboration from the Global North and South is a concrete step toward rigorous, inclusive competency-based global health education.

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The International Cancer Expert Corps (ICEC): a unique global mentoring model for building sustainable expertise in low- and lower-middle income countries and geographically remote areas in resource-rich countries

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Program/Project Purpose: Context: The growing burden of non-communicable diseases including cancer in low- and lower-middle income countries (LMICs) and in geographic-access limited settings within resource-rich countries requires effective and sustainable solutions. Less recognized is the global issue of access for native, aboriginal and geographic-access-limited populations in resource-rich countries that share similar economic, social, cultural and healthcare issues with LMICs (abbreviated "native" populations). Program/project period: ICEC was established as a non-for-profit corporation in 2013 and has initiated programs in 2014. Why program is in place: The growing burden of cancer in LMICs is projected to be 70% of global cancer in 2030 (WHO 2012). Despite this global investment in NCDs and cancer is low (Science2014). Innovative sustainable solutions are needed. Aim: Establish a sustainable corps of mentors (Experts) to advise, guide and support local healthcare providers (Associates) to establish ICEC Centers in LMICs that can provide guideline and protocol-based multi-modality cancer care appropriate for the local circumstances. Given its efficacy for curative treatment for advanced cancer and palliation, radiation therapy is a key component for the Centers to develop. Key is to establish a bona fide career path in altruistic human service. ICEC involves implementation science and economic, translational and clinical research.

Structure/Method/Design: Project goals: Establish a global network of cancer centers in resource-rich countries (Hubs) that link Expert mentors to local "champions" (Associates). Using a "bottom up" approach establish cancer care programs in LMICs and for native populations. Establishing a career path is deemed essential. ICEC provides people and not physical infrastructure. Participants: Hubs provide infrastructure support and Expert mentors. Healthcare professionals are organized in Expert panels. Experts are expected to provide > 10% of time in mentoring activities which involve limited visits and primarily be by telemedicine case discussions with multiple global experts assisting each Center. Initial Associates and Centers in LMICs and native populations are selected from existing twinning partnerships of the Hubs. Capacity building: Global partnership will provide breadth of expertise, experience and investment.

Outcomes & Evaluation: Following an application and on-site visit, a multiyear plan with metrics for progress will be devised jointly by the Associate/Center and Experts/Hub. The primary outcome is the ability to develop sustainable cancer care programs at international quality standards which will take a number of years.

Going Forward: The underlying approach to ICEC has been published (Public Health Oncology [1] and Science, Service and Society [2]). To date the founder Hubs are from United States, Singapore, Canada and Europe. More are being recruited. Challenges: 1) build network; 2) recruit experts from academia, private practice and senior mentors and retirees; 3) engage industry; 4) develop support for experts; 5) establish career path. [1]Love R. *AnnalsOncol* 2014. [2] Coleman CN, *SciTranMed* 2014.

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Utilizing a shared leadership model for development of an effective, locally-adapted and locally-relevant pediatric Triage training program in Latin America

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Program/Project Purpose: Clasificación, Evaluación, y Tratamiento de Emergencias Pediátricas (CETEP) is a collaborative quality improvement initiative to improve pediatric emergency care in Latin America (LA). CETEP is based on the World Health Organization (WHO)-developed Emergency Triage Assessment and Treatment (ETAT) guidelines and training program designed to promote improved assessment, triage, and initial management of acutely-ill children in resource-limited settings (RLS). In partnership with a Guatemalan teaching hospital, Guatemalan Ministry of Health (MoH), and Pan American Health Organization (PAHO), Baylor College of Medicine/Texas Children's Hospital (BCM/TCH) created ETAT training materials in Spanish (CETEP) and piloted a train-the-trainer program in Guatemala in 2010. The program aims to build the capacity of hospitals in LA by improving early recognition and stabilization of acute illnesses in children through implementation of high-quality, locally-relevant, sustainable CETEP training programs and triage processes for pediatric healthcare workers (HCWs).

Structure/Method/Design: Goals include: developing a locally-adapted CETEP curriculum relevant for LA; training HCWs as future facilitators; developing an effective implementation model for local training scale-up; and strategically managing partner relationships to successfully expand CETEP throughout LA. Program viability and expansion utilizes a train-the-trainer approach ensuring local sustainability. BCM/TCH actively teach initial participant and facilitator courses; local facilitators teach subsequent courses with sustained mentoring from BCM/TCH. For CETEP expansion, trained facilitators from established countries travel to new countries to teach the course and share experiences. Following an existing collaboration between BCM/TCH and a Guatemalan teaching hospital, PAHO now identifies priority countries and partners for CETEP training.

Outcomes & Evaluation: Program successes include: a collaboratively-developed CETEP curriculum; a piloted and evaluated training program in Guatemala resulting in a locally-led, high-quality, effective and sustainable program that has informed further program development; scaled-up programs in 4 countries; implemented/evaluated CETEP-based triage algorithms in LA; program expansion within Guatemala and throughout LA; and improved pediatric emergency services. Training program results since May 2010: 119 facilitators and 1,076 participants trained in

Guatemala, El Salvador, Nicaragua and Panama; statistically-significant (SS) knowledge acquisition and retention among participants; increased ability of trainees to effectively triage patients. Triage process outcomes: SS uptake and sustained utilization of triage algorithms; SS decreases in admission rates from emergency rooms to pediatric and intensive care units; trends towards decreased length of stay and mortality rates of acutely ill children.

Going Forward: Ongoing challenges include: limited personnel and equipment; need for bi-directional sustained mentoring; and managing foreign government partnerships. Unmet goals include: a free CETEP curriculum in Spanish for distribution by PAHO; expansion funding; and limited faculty time for development and implementation.

Funding: PAHO, MoH, and in-country partners fund training staff time, materials, and logistics. BCM/TCH provides internal funding and in-kind support for curriculum and training program development and generation of data supporting use and scale-up for CETEP trainings.

Abstract #: 01ETC019

Impact of a health education program on Adolescent Girls' health knowledge in rural Maharashtra, India

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Background: Adolescent girls in rural India often have poor health knowledge, marry early, and are at risk for violence. The Comprehensive Rural Health Project in Jamkhed supports village-based health initiatives, including an Adolescent Girls' Program (AGP) for health education. This study assessed AGP participants' knowledge of reproductive health and sociocultural factors such as early marriage and dowry that affect women's health in India, as compared to the knowledge of non-participants.

Methods: 51 girls who graduated AGP in 2012-2013 and 51 unexposed girls sampled from similar villages with no AGP participation completed a survey on health topics covered in AGP. Participants were 12-19 years old. Using SAS 9.3, responses given by AGP-exposed and unexposed groups were compared using hierarchical logistic regression models including AGP exposure, age, caste/religion, school attendance, education, and translator as independent variables, with village as a random effect. Exact multiple logistic regression was used where AGP exposure produced quasi-complete separation in hierarchical regression. Informed consent was obtained from each participant's guardian. Ethical approval was granted by Mount Sinai's Institutional Review Board and CRHP.

Findings: The mean age and educational level of study participants was 14 years 6 months (± 18 months) and 8th standard (± 1 standard) with no significant difference in age, caste/religion, educational level, or school enrollment between groups. In hierarchical logistic regression, exposed girls had a greater odds of identifying violence against women as a consequence of dowry (odds ratio [OR] 8.475; 95% confidence interval [CI] 1.649-43.569; $p = .0202$), identifying an intrauterine device as a contraceptive method (OR 27.319; 95% CI 1.195-624.782; $p = .0419$), knowing any correct method of HIV transmission (OR 24.664; 95% CI 3.433-177.208; $p = .0087$), and identifying sexual contact as a method of HIV transmission (OR 14.236; 95% CI 1.871-108.284; $p = .0200$). In the exact logistic regression models AGP exposure was a significant predictor of being able to identify any negative consequence of dowry (OR 13.981; 95% CI 2.678- ∞ ; $p = .0040$), being less likely to associate women being deprived of food as a consequence of dowry (OR 0.120; 95% CI 0-0.657; $p = .0335$),

identifying lack of physical development as a health risk of early marriage (OR 4.427; 95% CI 8.725- ∞ ; $p < .0001$), identifying condom as a contraceptive method (OR 22.492; 95% CI 4.560- ∞ ; $p < .0001$), and identifying blood contact as a method of HIV transmission (OR 13.241; 95% CI 2.605- ∞ ; $p = .0039$).

Interpretation: The AGP program appears to successfully transfer knowledge of several contextually important health topics. Study limitations included a selection bias towards girls whose baseline health education interest was high and potential disparities among non-CRHP health services in the villages. Further research is needed to elucidate the impact of concurrent socioeconomic and cultural factors on girls' implementation of knowledge gained through AGP.

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CSIH MentorNet: Exploring application of module-based curriculum for mentoring students and young professionals in global health

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Program/Project Purpose: In 2011, the Canadian Society of International Health (CSIH) created MentorNet, a national global health mentorship program aimed at connecting students and young professionals (SYPs) with experts in fields relevant to global health. With long standing commitment to creating the next generation of leaders in the field, the program aims to facilitate knowledge transfer between SYPs studying and working in global health, with experienced global health experts in Canada. Three mentorship cohorts have completed the program to date (2011-12, 2012-13 and 2013-14), with a fourth cohort beginning in January 2015. As the program continues to grow, we aim explore and evaluate the application of module-based mentorship curriculum on training students and young professionals in the field.

Structure/Method/Design: MentorNet is run by a volunteer Steering Committee of seven young global health students and professionals from across Canada. The Committee members manage all aspects of the program, including recruitment, selection and matching of SYPs with mentors. SYP admission is competitive and successful applicants are matched with a mentor based on their interests. Committee members also liaise SYP-mentor relationships, providing tailored monthly modules that prompt pairs to critically engage in discussions on global health issues, reflect on career goals and expand their professional networks.

Outcomes & Evaluation: There were a total of 156 SYP (vs. 140 in 2011 and 70 in 2012) and 40 mentor (vs. 30 in 2011 and 22 in 2012) applications in Year 3 (2013). The program capacity increased to 29 matched pairs for cohort 1 lasting ten months and 8 matched pairs for cohort 2 lasting eight months. The geographic distribution of participants within Canada was primarily concentrated in Ontario, Canada. Mid and post program evaluation results indicate that participants were highly satisfied with the program, with the majority of SYPs reporting improved understanding of global health issues, expanded professional networks and increased interest in pursuing a career in global health.