Methods: Modules of blended MCH seminar program focused on health promotion, risk assessment, prevention, and management were designed in collaboration with professional bodies and four national universities in Mongolia for knowledge and clinical skills translation into local contexts. It is designed with interactive online and face to face seminars between Japan and Mongolia. Moodle which we settled to function as a platform for all participants to access seminar materials, including text documents, seminar videos, and list of references for free of charge.
Findings: Over 40 % of all Mongolian nursing profession was able to enroll at least one of these seminars between 2008 and 2013. Using the IT technology reduced both traveling time and cost of Japanese lecturers and Mongolian participants. All seminar credits have been accredited by the Mongolian government for renewal of the license, which was the major cause of reduction of nursing workforce in the remote area over the decades. Findings revealed that there were impacts on both clinical practices and undergraduate curricular, including introduction of parental education classes, better use of MCH handbook which is a combination of growth records throughout pregnancy to delivery, and a child up to 6 years old, and educational part, developing nursing care protocols and introduction of the first nursing diagnosis and nursing records. The first MCH nursing textbook were published and distributed by local partners, and widely used in the country now.
Interpretation: Participatory blended seminar program provided platforms for not only the collaborative learning activities and mutual understanding between Japanese and Mongolian professionals and students, but also promoted local communication to understand the problems and possible intervention in Mongolia. Future work is planned to formulate the evaluation indicator of the outcomes.
Funding: No funding listed.
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Nine summers in Uganda: A global midwifery program

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Program/Project Purpose: The University of British Columbia (UBC) Midwifery Division developed a global citizenship program in Uganda in 2006. Low resourced maternity wards in Uganda provide Canadian students a chance to learn about global midwifery challenges, and prepare them for practice in rural and remote settings in Canada. As well, the program prepares Ugandan midwives to provide continuing education for both urban and rural midwives. Ugandan midwives also work with the Canadian team in student-led maternal-infant research resulting in co-publications, posters and co-presentations.
Structure/Method/Design: The program was established to promote within UBC midwifery students an understanding of current global maternal-infant issues. The students participate in maternal-infant care in low resource settings supervised by Canadian preceptors licensed in Uganda, and Ugandan preceptors. Studentsalso learn about social and economic determinants of health. The program includes a three credit theoretical global maternal-infant course, an orientation, a six-week practicum, and a debriefing session. Participants selected though an interview process, participate in preparation through gathering donated supplies, fundraising, and preparing continuing education materials. Once there, they teach midwifery skills to junior Ugandan students, and work alongside their preceptors. The Ugandan Ministry of Health selects program sites according to need. Early in the program, a Ugandan midwife came to Canada to become a neonatal resuscitation teacher as part of the program's commitment to reciprocity of learning. At each site, we provide two consecutive years of continuing education, and we select one or more Ugandan midwives to be a mentor for that site, reinforcing the changes in practice. The following year, they join the Canadian-Ugandan team to present workshops in locations identified by Ministry of Health and regional directors as needed. This year, our Canadian team is mentoring 'junior instructors' who will join us, and replace existing instructors in future, assuring continuity of the program.
Outcomes & Evaluation: To date, more than 2/3 of UBC midwifery students have participated in the global citizenship program, and scholarship funding has been obtained covering 20% of students' costs. Student evaluations show increased confidence to practice in low resource settings, and a health systems perspective of global maternal newborn care. Several Ugandan trainers have become national trainers and two have co-presented with Canadian team members at international midwifery conferences. Evaluations of clinical skills of Ugandan midwives after refresher courses showed that trained midwives were often moved to other wards, emphasizing the need for local onsite trainers.
Going Forward: We plan to expand the program to another country and offer the theoretical course by distributed learning, improving accessibility for other health profession students, and encourage an interprofessional global placement.
Funding: UBC Midwifery Program and Students for Global Citizenship Fund.
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Incorporating religious leaders into the HIV care continuum in Northern Ethiopia: Evaluation of a pilot project and development of a scale up plan with a focus on sustainability

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Program/Project Purpose: Working with religious leaders to spread public health messages has been recognized as an important global health strategy. A pilot project was implemented in June-August of 2013 in Northern Ethiopia where religious leaders hold unparalleled social influence. Four religious women and four priests were trained at a local health center on HIV, antenatal care (ANC), and prevention of mother to child transmission (PMTCT). The participants educated and referred parishioners for these services. In June-August of 2014 the pilot project was formally evaluated using the number of ANC visits, focus group interviews with participants, and key informant interviews. The data gathered were used to modify the program protocol and plan the initial phase of a scale up effort.
Structure/Method/Design: This project sought to develop a scale up plan for the pilot program with an emphasis on sustainability. Following evaluation of the pilot project, five health centers were visited to assess for appropriateness and readiness for implementation of the project. Considerations included enthusiasm of clinic staff, infrastructure, and capacity for services. SWOT analyses were conducted. Two health centers were chosen to enter into the implementation phase of this project beginning in January, 2015. An additional health center was chosen for a pre-implementation phase. Adjustments to the original project protocol included a prolonged implementation phase and more a robust monitoring and evaluation plan.

Outcomes & Evaluation: During the two months of active pilot project implementation, the number of ANC visits at the participating health center increased by 20%; however, these results were not sustained and ANC visit numbers returned to their pre-implementation baseline. Based on this data, and findings from the interviews conducted, the implementation phase has been increased from two months to one year. In order to enhance the evidence supporting this model, an expanded monitoring and evaluation plan will be implemented, including monitoring of the number of male partners presenting to the clinic for testing, and the number of births attended by a skilled birth attendant.
Going Forward: The use of incentives, and cultural expectations surrounding them will be a continued topic of interest for this project. The context-specific appropriateness and effectiveness of monetary and non-monetary incentives will be monitored. Additionally, the strict doctrine of the Ethiopian Orthodox Church (EOC) surrounding sexuality limits the amount and type of outreach conducted by religious leaders; for example the EOC prohibits condom use. Respecting the authority and convictions of the church is paramount to the success of this program. Public health professionals working in this context must look for ways to compromise as they work toward mutually established goals.
Funding: Strengthening Care Opportunities through Partnerships in Ethiopia (SCOPE).
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Non-cognitive attributes predict medical and nursing students' intentions to migrate or work rurally: An eight-country cross-sectional survey in Asia and Africa

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Background: In low- and middle-income countries (LMIC), admission to medical and nursing school has traditionally been determined by applicant academic merit. However, migration of graduates from rural to urban areas and other countries has prompted reconsideration of admissions standards. Non-cognitive attributes including student career values and professional priorities might be incorporated into admissions evaluation, but their relation to migration intentions remains unstudied.
Methods: We surveyed first- and final- year medical and nursing students at 16 premier government training institutions in eight LMIC (Bangladesh, Ethiopia, India, Kenya, Malawi, Nepal, the United Republic of Tanzania and Zambia.) Surveys assessed trainees' career value preferences and professional priorities by having them rate the importance of 19 job, location, and work environment attributes. Principal component analysis (PCA) was used to reduce these heterogeneously related attributes to discrete priority categories, with Cronbach's alpha assessing category internal consistency. Students were assigned a score for each category, based on their responses to the corresponding attributes. Demographic variables were also assessed. Primary outcomes were likelihood within five years post-training: (1) to migrate for work outside the country, or (2) to work in a rural area in the country. We assessed 14 predictors of migration (including priority category scores) using multivariable proportional odds models. All sites granted research ethics committee approval, and informed consent was obtained.
Findings: Survey response rate was 84% (3199/3822). PCA revealed four categories of student priorities: (1) altruistic job values, (2) individualistic job values, (3) optimal location attributes, and (4) high-resource work environment characteristics. Independent of demographic characteristics, students who prioritized individualistic career attributes (large income, respect from people in authority, managerial autonomy) were more likely to plan international careers (OR 1.43, 95%CI 1.13-1.81), while students who prioritized altruistic career values (advancing medical research, mentoring others, caring for the poor, improving their nation) were nearly twice as likely to choose rural careers (OR 1.69, 95%CI 1.37-2.08). Trainees strongly valuing high-resource work environments were more likely to intend practice abroad (OR 1.34, 95%CI 1.09-1.65) and less likely to seek rural work (OR 0.62, 95% CI 0.50-0.77).
Interpretation: Our data suggest there exist identifiable patterns in the way students prioritize various career characteristics including job values, location and work environment attributes. These preference patterns may help predict students' ultimate migration intentions. This study is unique in size, and is the first to evaluate the association of students' career priorities with their migration intentions independent of demographic characteristics. Such non-cognitive attributes might be used in medical and nursing admissions processes in LMIC to increase retention in high-need areas. Further research is needed to investigate how such attributes might be reproducibly evaluated in admissions reform.
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