

diseases (NCD) in Nigeria by project staff. The connect centre runs 24 hours daily using various avenues for communication - toll free voice calls, short message service (SMS), Facebook, website and WhatsApp. A non-functional disease surveillance website was revamped and updated weekly to allow for inquiries and education on public health diseases.

Outcome & Evaluation: Within 4 months, influx of inquiries was higher with whatsapp compared to other communication avenues ranging from 10 to 40 whatsapp chats daily. Facebook advertisement reached over 45,088 people and 2,103 persons were directed to the connect center website. Continuous education on all notifiable disease provided to the customer care agents improved the feedback process and the different escalation mechanisms (first, second and third line responders) used.

Going Forward: Our project revealed the use of WhatsApp by the public as a preferred communication mode to inquire about public health diseases. This innovative approach could be scaled up to other states in the country to strengthen disease surveillance.

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Abstract #: 1.005_HHR

Cultivating the Next Generation of Health Care Providers in Sub-Saharan Africa: The Global Health Service Partnership – Update 2016

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Program/Project Purpose: Resource-constrained countries face the double burden of high morbidity/mortality and limited human resources for health (HRH). The critical shortage of HRH in 83 countries negatively impacts the provision of care and continued education of health professionals. To mitigate this urgent problem the Global Health Service Partnership (GHSP; Seed/Peace Corps/PEPFAR) places US nurse and physician educators at partner institutions in Malawi, Tanzania and Uganda. GHSP educators work in collaboration with country faculty to support educational capacity building and long-term health systems' strengthening.

Structure/Method/Design: To assess the impact of GHSP/ country partnerships on teaching and training at partner sites, we collected output data and conducted qualitative interviews with GHSP educators (n=61), faculty (n=110), and students (n=234) during years 1-3 (2011-2014).

Outcome & Evaluation: From 2011–2014, 97 physician and nurse educators, placed at 15 academic institutions in Malawi, Tanzania and Uganda, taught 454 courses to 8,321 trainees and initiated 250+ projects. Educators reported 128,328 service-hours, with ~50% spent on classroom education, clinical teaching, and mentoring. The additional 50% was distributed among educational and clinical activities that supported institution-specific goals. Faculty and student interviews revealed that GHSP educators positively influenced student learning, citing the high quality of education provided, particularly related to clinical supervision and skills. Faculty observations noted the benefit of workload reduction, introduction of new teaching and evaluation methodologies, and modeling a student-centered approach to learning.

Going Forward: HRH shortages remain a chronic barrier to health security in resource-limited regions, compounded by the dire shortage of qualified health professionals faculty. GHSP is an innovative US/country partnership that embeds nurse/physician educators to make a multi-year investment in advancing a shared vision of excellence in African health professionals' education. Initial findings suggest that GHSP educators, in partnership with local faculty, achieved enhancements in the teaching and learning environment which, in turn, has implications for the quality of care delivered. Through authentic, meaningful, reciprocal partnership, developed and developing countries can work together toward the common goal of ensuring high quality health professions education that is responsive to local priorities and impacts individual and population health security.

Source of Funding: President's Emergency Plan for AIDS Relief, Covidien, Draper Richards Kaplan Foundation, Exxon Mobil Foundation, the Engelhard Foundation, FedEx Foundation, GE Foundation, and Pfizer Foundation.

Abstract #: 1.007_HHR

Lean Development of Modern Medical Educators: A Cost-Effective and Practical Approach to Teacher and Curriculum Development for Global Partnerships

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Program/Project Purpose: In developing countries, there is a need for implementation of top-quality medical education programs. Existing medical teachers in these locales have clinical expertise, but may not be prepared to deliver modern high-quality medical curricula. This project aimed to streamline mentoring development of medical teachers in a limited resource environment, to prepare them to develop and deliver an up-to-date curriculum using contemporary instructional methods that emphasize active learning and problem solving (deemphasizing lectures and memorization).

Structure/Method/Design: Mentoring components: Mentors (University of Pittsburgh, USA) prepared an overall course plan and draft schedule. Teachers at a new medical school (Nazarbayev

University, Kazakhstan) were sent partial curriculum materials, to the extent that the mentor school's curriculum was transferrable (culturally appropriate, aligned with new school's curriculum). Remote mentoring communication occurred by email and Skype. Review and feedback about new materials was provided on a rolling basis. Preparation culminated in a one week in-person meeting where the mentor and teachers refined what had been developed. Mentors helped the teachers prepare for new roles as small group and team-based learning facilitators, and for working with simulated patients.

Outcome & Evaluation: The new teachers made effective use of the distance mentoring methods to prepare a course's curriculum and themselves within a relatively brief interval, typically 3–4 months per course. Across the first year medical curriculum, courses functioned to the satisfaction of the students and teachers. Students reacted positively to active learning in problem-based learning and labs. Students rated courses highly, typically >4/5. Teachers reported growing confidence in their abilities to teach in active learning settings and demonstrated progressive openness to implementing non-lecture methods. As an alternative to traditional in-person mentoring, a distance mentoring method was highly effective in preparing medical teachers and courses. It reduced costs by avoiding extended, repeated teacher or mentor travel. Even with barriers of time zones, language differences, and differences in teacher backgrounds, this project succeeded in preparing medical teachers and a new curriculum.

Going Forward: This new approach has been adopted as the routine method for remotely mentoring faculty at this new medical school. The method can readily be implemented by other institutions and in any health sciences discipline.

Source of Funding: Funded by partnership contracts with Nazarbayev University.

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Outcome Evaluation of the Edmundo Granda Ugalde Leaders in International Health Program (LIHP) of the Pan American Health Organization (PAHO) from 2008 to 2012

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Background: Given complex challenges faced by health leaders in a globalized world, the Leaders in International Health Program Edmundo Granda Ugalde (LIHP) of the Pan American Health Organization (PAHO) strives to strengthen country capacity in the Americas to understand, act upon and positively influence the international determinants of health, promote national interests, and achieve international, intersectoral agreements, guided by the principle of global health equity. The Program targets mid-high level professionals from public health, international relations and related fields. Through a series of virtual modules and development of country projects based on national/regional

priorities, participants develop competencies in situation analysis, policy design, decision-making, negotiation, advocacy, project management/cooperation, generation and dissemination of knowledge, and communication.

Methods: A retrospective, outcome evaluation of the LIHP was conducted in 2015, focusing on graduates from 2008–2012 (n=201) and utilizing information derived from their initial application as baseline. Quantitative and qualitative data were gathered through an online questionnaire. Questions looked at the outcome on participants as well as the context or environment within which outcomes were generated to elucidate systemic and other factors involved in the process. Focus groups will be conducted to facilitate cross-referencing of data and provide a more complete picture of the Program's outcome on former participants, their institutions and countries.

Findings: 107 persons representative of the study population completed the questionnaire (CI 90%). Approximately 75% applied the knowledge and competencies gained in their work or other professional arenas with almost 60% noting the positive influence on their ability to coordinate and strengthen alliances with other institutions and participate in program management and development. Respondents indicated active involvement in the international arena, particularly through research, teaching, conferences, publications, negotiations and advocacy. All respondents reported expansion in knowledge, most notably in international cooperation, social determinants of health, international relations and international health leadership. Respondents felt the LIHP helped them contribute to global and regional mandates through increased knowledge, provision of useful tools and facilitation of relationships.

Interpretation: Results show the LIHP has been successful in meeting objectives. Results will be utilized to enhance LIHP quality and relevance and further strengthen regional capacity.

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A Trainee-Focused Approach to Program Monitoring in a Novel Multidisciplinary Global Health Fellowship and Global Health Delivery Model

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Program/Project Purpose: The Health, Equity, Action & Leadership (HEAL) Initiative is a fellowship developed at the University of California, San Francisco (UCSF) that offers a multidisciplinary global health curriculum as well as on the ground experience providing care for the underserved domestically and internationally. Global health providers-in-training that serve to augment existing clinical staff at sites already aiming to promote health equity. Monitoring and evaluation is increasingly an important component of programs designed for global health delivery. A HEAL assessment program combines aspects of academic quality improvement models and global health monitoring and evaluation models. The HEAL assessment program aims to continuously monitor program activities and outputs regarding multi-disciplinary trainees who are participating in a new model of equitable global health delivery education.