

use the Palestinian veterinarian services at the West Bank. The MoA, on the other hand, refrains from informing Bedouins about Brucellosis status at their herds, concerning that herders will trade infected animals in the “black” market. The MoA does inform the MoH about Brucellosis interventions, however perceives its actions and actual usage of this information as insufficient. Medical doctors and private veterinarians who work at the Negev distrust the current Intervention and perceive it as incomplete, insufficient and discriminatory against the Bedouin.

**Interpretation:** This is a work-in-progress, that aims to uncover political and historical factors that influence intervention in Brucellosis in the Negev. “Trust” was found to be a significant factor, and originates from processes that cannot be altered solely through MoA’s work. As also suggested by the “One Health” approach, which aims to establish cooperation between multiple governmental, private and community stakeholders, “trust” should require better consideration in planning interventions to control this preventable disease.

**Source of Funding:** None.

**Abstract #:** 1.059\_HHR

### The Implications of Donor Engagement with Faith-Based Organisations for Health Systems: A Case Study Example from Cameroon

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**Background:** Faith-Based Organisations (FBOs) have a long history of providing indispensable social welfare to many Sub-Saharan African countries, including Cameroon. Over the past decade, donors have engaged FBOs in numerous sub-Saharan African countries in the context of health system reforms and health programmes. However, there is very little knowledge about the implications of this engagement for FBOs and health systems. The aim of this research is to understand these implications in the context of donor engagement of FBOs in Cameroon.

**Methods:** This is a mixed-method study that examines a case study whereby three FBO networks have received a significant amount of funding from a donor. 29 semi-structured interviews with FBOs, donors and the Ministry of Health, as well as a Knowledge, Attitude and Practice (KAP) survey among all FBO facilities in the North-West region in Cameroon were conducted to address this question.

**Findings:** Funding from the donor in question had the intention to strengthen FBO networks and facilities, however, this research shows that there were mostly negative effects on both FBOs and the health system. Firstly, funding was centralised and many FBO facilities in the periphery were unaware of funding opportunities, this caused tensions between FBO facilities and FBO networks. Secondly, with some funding unaccounted for, FBO networks and some members of government involved in the steering committee of this programme have acquired a reputation for poor governance of those funds. Consequently, this programme has resulted in a poor reputation of FBO networks amongst most donors in Cameroon and FBO facilities in the periphery, which has undermined their position in the health system and their ability to qualify for grants. Thirdly, health system governance has been negatively

affected by the accentuated tensions between FBOs and government, as a result of the problems inflicted by this programme.

**Interpretation:** The findings of this research illustrate that donor engagement of FBOs can potentially be harmful for both FBOs as active contributors to the health system and health system governance. Further research is required to improve our understanding of how donors should best engage with FBOs in health programmes.

**Source of Funding:** None.

**Abstract #:** 1.060\_HHR

### Global Alliance for Nursing and Midwifery’s (GANM) Virtual Library: Knowledge Sharing and Capacity Building Rooted in the Sustainable Development Goals (SDGs)

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**Program/Project Purpose:** The Global Alliance for Nursing and Midwifery (GANM) is a World Health Organization (WHO)/Pan American Health Organization (PAHO) Collaborating Center (CC) at the Johns Hopkins University School of Nursing (JHUSON). The GANM’s main aim is to develop innovative approaches to knowledge dissemination that build the capacity of nurses and midwives around the world. Currently the GANM has nearly 4,000 members consisting of practitioners, policymakers, researchers, and academics.

**Structure/Method/Design:** One tool the GANM has developed to encourage knowledge exchange is the virtual library. Originally, the library was organized by general subject tags with a plethora of documents and resources added by members. It has recently been redesigned to increase utility as an educational tool for the GANM community, with a focus on the Sustainable Development Goal (SDG) 3. The SDG 3 focuses on ensuring health and well-being for all and its targets form the organizational foundation of the new virtual library. The virtual library will serve as a guide for future education, training, and capacity building. With this new structure, the GANM aims to create stronger bridges between the GANM community and health professionals worldwide, including educational institutions, WHO Collaborating Centers, professional associations, and regulatory bodies.

**Outcome & Evaluation:** Through the new organization and development of the virtual library, the JHUSON CC will increase GANM membership and expand the number of open-access resources available to advance knowledge dissemination and achievement of the SDGs. This will allow nurses, midwives, and other healthcare providers to access valuable evidence to inform their practice and incentivize interprofessional dialogue.

**Going Forward:** The JHUSON CC will focus on developing the virtual library, providing linked, open-access resources for each SDG Goal 3 Target, and expanding the visibility and viability of the virtual library as a resource for the GANM community. This will be accomplished through the GANM’s various avenues of knowledge dissemination, including the Knowledge Gateway GANM discussion board (<https://knowledge-gateway.org/ganm/>), the GANM blog site (<http://ganm.nursing.jhu.edu/>), and social

media campaigns. Through the new virtual library configuration, the GANM will be better equipped to strengthen access to resources, knowledge, and best practices to build the capacity of the global GANM community.

**Source of Funding:** None.

**Abstract #:** 1.061\_HHR

### Teaching Global Health Nursing: The Process of Integrating Nursing Training into the Clinical Education Partnership Initiative

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**Program/Project Purpose:** Nurses make up the majority of the healthcare workforce. For this reason, the Clinical Education Partnership Initiative (CEPI) expanded its model of medical training to include University of Washington nurses, specifically graduate students in nurse practitioner, midwifery and community health nursing programs. With an eye towards education, multidisciplinary collaboration, and strong local partnership, the UW nursing/CEPI partnership has been able to better engage providers and staff of various clinical backgrounds and specialties in and around Naivasha, Kenya. This has strengthened the capacity of nurses at the Naivasha Sub-County Hospital and surrounding community and has created a uniquely sustainable introduction to global health nursing for the students from UW.

**Structure/Method/Design:** CEPI started in 2012 building off of a longstanding research partnership between the University of Nairobi (UoN) and the UW, through the Medical Education Partnership Initiative (MEPI). CEPI allows UW residents, medical students and now nurses to partner with UoN trainees and Kenyan providers at Naivasha Sub-County Hospital in clinical practice, health education and quality improvement initiatives. It has trained 2 cohorts of faculty-supervised nurses for 4-week rotations each August. Trainees have ranged from undergraduate students, to community health Master of Nursing (MN) students, to Doctorate of Nursing Practice students in midwifery and nurse practitioner programs specializing in pediatrics, adult-gerontology, family practice and mental health. In addition to the focus on building partnerships, trainees completed pre-departure activities, submitted reflective journals, facilitated continuing medical education (CME) sessions, and wrote a final report for a grade.

**Outcome & Evaluation:** Nursing trainees have facilitated 18 CME and health education trainings, participated in 2 public health programs, and initiated 5 hospital-focused quality improvement projects. They've also established lasting partnerships with Kenyan colleagues that have continued after the study abroad ended. 25% of UW nurses from the first cohort returned to work at Naivasha this year, and more are expected to in the near future.

**Going Forward:** Nursing rotations are limited to once a each year but moving forward the goal is to rotate nurses through with residents year-around. The next step is to also partner UoN graduate nursing students with UW nursing trainees.

**Source of Funding:** None.

**Abstract #:** 1.062\_HHR

### Global Child Health Curricula: A Systematic Review

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**Background:** Global child health (GCH) education is becoming an increasingly important component of paediatric training. Over the past 10 years, the number of medical programs offering GCH tracks or elective courses has significantly increased. This rising demand highlights the need for thoughtful assessment of GCH curricula.

**Methods:** A systematic review of Ovid MEDLINE and EMBASE databases concerning GCH curricula was conducted. Three search themes were used: curriculum, global health, and paediatrics.

**Findings:** A total of 416 records were identified for initial screening and of these, 28 were included in our final analyses. All GCH curricula identified were designed for one or more audiences within the medical profession, with 96% of curricula aimed at medical residents. Strikingly, we did not identify any published literature on curricula that were designed for health professionals other than physicians. Key curricular components included domestic and/or international field experiences (78% of identified curricula), followed by didactics in various topics related to GCH (48% of identified curricula), and scholarly projects (43% of identified curricula). The topics deemed important were ethics and cultural awareness (68%), diagnosis/management of common pediatric tropical diseases (64%), and global child survival/mortality and morbidity (55%). Most papers recommended teaching these topics via didactic methods (80%). Great variability was noted among the methods used to evaluate both trainees and programs. Funding and financial support was noted as a major barrier to implementing a GCH curriculum in the majority of published records (71%).

**Interpretation:** While there is some consensus among published reports, variability in curricula still exists, especially among program and trainee evaluation methods. Given the interdisciplinary nature of GCH, it is noteworthy that no peer-reviewed literature exists regarding GCH curricula designed for interdisciplinary trainees. The findings from this study will inform future educational endeavors that aim to design and evaluate a novel curriculum in GCH.

**Source of Funding:** None.

**Abstract #:** 1.063\_HHR

### 3D Printing to Repair, Modify and Create Medical Equipment in a Resource Limited Setting

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**Program/Project Purpose:** Clinicians and technicians working in low resource settings have limited technology. They must be innovative to care for a diverse patient population with a wide breadth of