

able to perform all comprehensive obstetric services are the large district hospitals in 3 of the 4 study districts.

Interpretation: Access to providers and obstetric services in the 4 study districts is extremely limited, especially for women who need emergent, comprehensive obstetric care. Further analysis will determine the extent to which geographic proximity to obstetric care, and especially to facilities providing comprehensive obstetric care, influences maternal and neonatal outcomes in the study districts.

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Does a One Size Fit All Approach Work for Community Management of Acute Malnutrition in Rural Malawi?

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Program/Project Purpose: The Community-Based Management of Acute Malnutrition (CMAM) program directs the surveillance for ~58,000 children in Malawi's rural Neno District and the care of those identified with malnutrition. In 2015, the Outpatient Therapeutic Programme (OTP) for treatment of severe acute malnutrition (SAM) was subject to 83 stock-outs of ready-to-use therapeutic food (RUTF), affecting each of the 13 health facilities. This resulted in premature termination of treatment for enrolled cases and no enrollment for newly identified cases. We set out to identify the cause(s) of the stock-outs and other challenges in order to meet Universal Health Coverage targets for SAM in children in Neno District.

Structure/Method/Design: We completed an in-depth chart and OTP register review from 2015 of the 13 health facilities to identify gaps in RUTF supply. From the register review, we estimated the number of sachets of RUTF required for treatment of SAM. This was based on the CMAM guidelines and compared to the recommendation of 175 kcal/kg/day from the WHO guidelines and research protocols. We compared this to the current practice of a projected 150 RUTF sachets for each treatment course of SAM.

Outcome & Evaluation: The mean length of stay (LOS) was 50 days and mean weight was 9.9 kg. The median LOS was 42 days and median weight was 9.3 kg. Based on the means, 173–186 RUTF sachets (175 kcal/kg/day-CMAM guidelines) were estimated for a treatment course for SAM whereas based on the medians 136–156 RUTF sachets were estimated.

Going Forward: The amount of RUTF currently distributed is not enough for the treatment of SAM based on the mean LOS and weight, and may be a key contributor to stock outs in Neno District. Our average LOS is consistent with WHO CMAM guidelines, suggesting that the higher estimated RUTF need may be due to the higher average weight in OTP in Neno. Causes of the higher average weight require further investigation and hypotheses include higher rates of kwashiorkor or higher average age. Additionally, our review noted that children are not enrolled during stock outs, and thus are not accounted for in distribution plans, which perpetuates

low stock availability. Mentorship is needed for improved adherence to OTP protocols across the district.

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Towards a Universal Medical Education Global Health Curriculum: Update on the Bellagio Global Health Education Initiative

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Program/Project Purpose: Twenty global health (GH) educational leaders from low-, middle-, and high-income countries (LMICs, HICs) work collaboratively in the Bellagio Global Health Education Initiative (BGHEI) to identify GH curricular elements that could be universally applicable across diverse medical education systems.

Structure/Method/Design: Nominal group technique and modified Delphi process are used to efficiently isolate consensus themes and topic areas. Working groups with LMIC and HIC representation use conference calls and in-person meetings to identify further research needs and recommendations for GH education.

Outcome & Evaluation: One potentially universal curricular design concept, one universal evaluation concept, and a critical research need were identified, and working groups formed for each. After recognizing the universality of “away” sites (educational settings outside the context of the student's home institution) in GH learning and the need for specific curricular development for these settings, a “Curriculum Development” working group formed to assess the current state of curriculum design and implementation as applied to education in the “away” context, including linking educational goals with patient care outcomes. The importance of transformative, rather than content or skill-based learning, also was thought to be a universal component of successful GH education. The “Transformative Learning” working group is examining how transformative learning theories could inform GH curricular recommendations, with an emphasis on more appropriate learner assessments. There exists a dearth of GH training information for LMIC settings; the “Current Status of GH Education” working group is utilizing standardized questionnaire approaches to fill this knowledge gap. BGHEI demonstrates that GH experts from diverse backgrounds, drawing on advances in sociologic, psychological, and management learning theory, can identify curricular, evaluation, and research needs relevant for a wide range of medical education GH programs.

Going Forward: BGHEI working groups continue to explore and define GH educational curricular components and learner evaluation strategies apt to be common to medical education programs across