

Summary/Conclusion: We recommend this process to schools committed to developing or expanding a program dedicated to global initiatives and a global perspective in educational planning. Involving stakeholders, building on current strengths, and aligning with mission and vision are essential elements for developing a meaningful program of global initiatives for nursing education to address health inequities.

Fostering postgraduate global health elective opportunities through shaping university policy: The case of the University of Illinois at Chicago

A. Dykens¹, T. Irwin², T. Erickson³; ¹University of Illinois-Chicago, Family Medicine, Chicago, IL/US, ²University of Illinois-Chicago, Chicago, IL/US, ³University of Illinois at Chicago, Emergency Medicine/Center for Global Health, Chicago, IL/US

Background: Universities widely offer postgraduate global health electives, however, there is minimal documentation describing oversight of these activities. A collaborative effort to formalize and standardize global health elective policy for all residency programs across the College of Medicine (COM) at the University of Illinois at Chicago (UIC) was undertaken. A task force was formed among representatives of residency programs, the Office of Graduate Medical Education (GME), and the Center for Global Health (CGH) to accomplish three aims: 1) formalize and standardize postgraduate global health elective operations at UIC COM, 2) catalogue and leverage assets at the UIC postgraduate level to advance global health within the mission of the university, and 3) assure the sustainability of postgraduate-level global health education.

Structure/Method/Design: This case study uses documentary analysis and task force reporting to 1) illustrate the process undertaken at UIC, 2) report on the implemented policies as the outcome of the collaborative process, and 3) report on the evaluation methodology and outcomes variables that will be used to evaluate and refine the policies over time.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The task force was comprised of 13 members representing six departments, the GME, and the CGH. The task force met monthly from September 2013 to May 2014. Preliminary assessments identified 14 programs offering electives, 21% recognize a gap in current centralized risk management support, 24% desire increased multidisciplinary collaboration, and 32% request more program funding support. We will report the following: 1) milestones of this collaborative effort including organization, identification of aims, information gathering, and policy development; 2) the final results of a campus-wide survey that gives insight into the prior state of global health electives at UIC; 3) the devised policy statements that respond to the identified aims of the task force; and 4) the methodology and outcome variables that will be used to evaluate and refine the policies over time.

Summary/Conclusion: This task force identified that many current global health elective opportunities offered at UIC are not in compliance with university policy as previously stated. The task force identified several significant and cardinal barriers to compliance. We hypothesize that a collaborative effort (trainees, faculty, administrators, and legal) aimed at global health electives policy development will positively impact: 1) program compliance, 2) risk management, and 3) program sustainability. Universities that currently experience challenges with establishment of and adherence to policy affecting global health electives at the postgraduate level may benefit from the UIC experience.

Global networks, alliances, and consortia in global health education: CONSAMS and the case for South–South and North–South partnerships

Q. Eichbaum¹, K. Bowa², O. Vainio³, P. Nyarango⁴; ¹Vanderbilt University School of Medicine, Pathology, Microbiology and Immunology, Nashville, TN/US, ²Copperbelt University Medical School, Lusaka/ZM, ³University of Oulu Medical School, Oulu/FI, ⁴University of Namibia School of Medicine, Windhoek/NA

Background: Africa bears 24% of the global burden of disease but has only 3% of the global health workforce. To cope with this burden of disease, the African health workforce needs to be adequately capacitated. By some estimates, over 100 new medical schools will open in Africa over the next decade. Whether these new schools will be capable of sustaining themselves remains uncertain.

A seminal report, “Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World” (Frenk et al., 2010) has stressed the importance of “global networks, alliances, and consortia” through which resource-constrained medical schools can achieve sustainability by sharing resources and developing context-appropriate teaching and training programs.

CONSAMS—the Consortium of New Southern African Medical Schools—represents such a consortium. Currently comprised of seven medical schools of less than 5 years old (in Namibia, Zambia, Mozambique, Lesotho, and Botswana as well as two Northern partners in the United States and Finland), CONSAMS partners are committed to sharing facilities, programs, accreditation standards, as well as promoting faculty and student exchanges. CONSAMS now works alongside and in conjunction with the Medical Education Partnership Initiative (MEPI) of PEPFAR. We describe here some of the challenges and opportunities facing CONSAMS since its inception in 2011.

Structure/Method/Design: Through annual joint meetings and regional exchanges between partner schools we have kept careful track of the challenges and opportunities facing CONSAMS and, as a result, have implemented, several successful programs aimed at health care strengthening and health worker capacitation, through implementation of context-appropriate educational strategies and programs.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Medical Education Partnership Initiative (PEPFAR/MEPI)

Summary/Conclusion: Challenges identified for CONSAMS included: 1) outdated “Western” medical curricula unsuited for the African context; 2) faculty shortages and lack of faculty development; 3) lack of postgraduate training programs; 4) uncertainties about sustainable government funding and strategic planning for the medical schools; and 5) inequitable student admissions policies favoring affluent urban applicants over disadvantaged rural applicants.

Opportunities identified for the CONSAMS schools included: 1) Innovative context-based medical curricula; 2) sharing of limited resources and pedagogical innovations with partner schools; 3) faculty and student exchanges between schools; 4) establishment of committee for accreditation standards; and 5) submission of joint funding applications.

The sustainability of new medical schools opening in Africa can best be achieved through “global networks, alliances, and consortia.” CONSAMS represents one such vital consortium that demonstrates the validity of the *Lancet* (2010) recommendation for such a consortia as a viable approach toward health-system strengthening and capacitation of health workers in Africa.