

Background: Sub-Saharan Africa faces a health workforce crisis with only 3% of the world's health care workers for 24% of the global burden of disease and only 1% of the world health expenditure. Recent data indicate that nurses in select African countries were not able to perform critical health care delivery tasks, highlighting the need for relevant nursing and midwifery curricula. The PEPFAR-funded Nurse Education Partnership Initiative (NEPI) aims to scale up nursing and midwifery preservice education programs to address essential health challenges through the introduction of competency-based curricula where students are taught, learn, and are evaluated based on how well they can put clinical skills into practice, and through clinical simulation where students gain patient care experience using lifelike models.

Structure/Method/Design: NEPI is partnering with governments in five African countries and collecting best practices in nursing curriculum development and clinical teaching and learning methodologies. Baseline assessment of teaching programs and outputs, as well as a desk and data survey of best practices in curriculum development, clinical simulation and training evaluation, were conducted to inform innovation in nursing education across the continent. New topics that require training were also identified, particularly Option B+ for PMTCT.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Intersectoral collaboration has produced four competency-based preservice curricula, expanding the availability of comprehensively trained nurses to address general health and maternal and child health challenges in Zambia, Lesotho, and Malawi. Simulation laboratories were installed at six nursing education institutions in Lesotho and one refurbished in Malawi; over 1500 nursing students have utilized these laboratories to enhance their skills. A curriculum for Option B+ is being developed to respond to the urgent need for its scale up.

Summary/Conclusion: Nurse and midwives with the right knowledge, skills, and abilities are key to a country's mandate to deliver effective primary health care services and tackle priority health challenges. Competency-based curricula, including the Option B+ curriculum under development, and the expanded use of clinical simulation will facilitate increased learning and skill transfer when students care for patients in today's complex, health care environment. Various evaluation methods will assess the effectiveness of these interventions and inform scale up.

Building capacity of training institutions and Ministries of Health in sub-Saharan Africa: The PEPFAR approach

A. Mitchell¹, A. Zuber², E. Quain³, C.M. Hall⁴, L. Foradori⁵, C.K. Lim⁴; ¹Office of the U.S. Global AIDS Coordinator, Washington, DC/US, ²Centers for Disease Control and Prevention, Atlanta, GA/US, ³U.S. Agency for International Development, Washington, DC/US, ⁴HHS/HRSA, Rockville, MD/US, ⁵U.S. Peace Corps, Washington, DC/US

Background: Shortages of human resources for health (HRH) remain a major bottleneck to increasing access to health services in sub-Saharan Africa. As the global health agenda evolves from a focus on the Millennium Development Goals to Universal Health Coverage, and as countries' disease priorities increasingly include both communicable and noncommunicable diseases, strengthening production of HRH remains a priority. While the President's Emergency Plan for AIDS Relief (PEPFAR) supports national HIV responses, its substantial investments in HRH have been leveraged to address priority health concerns more broadly.

The goal of this session is to describe the PEPFAR program's approach to strengthening health training institutions and HRH education, drawing on the experiences of several projects managed centrally and at the field level. At the preservice level, the Medical Education Partnership Initiative (MEPI), the Nursing Education Partnership Initiative (NEPI), and the Global Health Services Partnership (GHSP) offer three unique models of institutional capacity building focused on clinical providers. The Field Epidemiology Training Program (FETP) focuses on training of the public health workforce. Additional country-driven investments capacitate training and education of a range of cadres—from community health workers to those obtaining doctoral degrees in the health sciences to social workers. At the in-service level, PEPFAR increasingly supports linkages with both preservice training and service delivery, such as through development of national in-service training frameworks and institutionalization of continuing professional development structures. Finally, PEPFAR has facilitated interlinkages between institutions supported by these different programs, such as through linking FETP and MEPI curricula. PEPFAR's approach indicates that HRH investments in a vertical disease program can serve as a platform for strengthening training institutions and education systems more broadly.

Structure/Method/Design: Presentation(s) followed by Q&A/discussion

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): CDC, USAID, HRSA, NIH, Peace Corps

Summary/Conclusion: * Leveraging a vertical disease platform to strengthen education and training systems comprehensively and broadly

* Capitalizing on the comparative advantages of multiple US government agencies to comprehensively build national capacity in education and training institutions

eLearning at a Medical School in sub-Saharan Africa: Use of the Technology Acceptance Model to evaluate implementation effectiveness

C. Muiruri¹, G. Kapanda², D. Tibyampansha², G. Ibrahim², A. Kulanga², E. Lisasi², J. Bartlett³; ¹Duke Global Health Institute, Global Health Institute, Durham, NC/US, ²Kilimanjaro Christian Medical University College, Moshi/TZ, ³Duke Global Health Institute, Medicine, Durham, NC/US

Background: To achieve international health development targets such as the Millennium Development Goals (MDGs), the health workforce in sub-Saharan Africa (SSA) needs to be expanded by as much as 140%. In response to this challenge, schools of medicine have increased student enrollment substantially. This expansion has led to low faculty-to-student ratios, which may undermine the quality of education at these institutions. In an effort to support medical education in SSA, the US government has provided assistance through the Medical Education Partnership initiative (MEPI). Selected institutions within the MEPI network have deployed eLearning to support curriculum delivery. However, this deployment may not guarantee optimal utilization and adoption by students and faculty members. Careful evaluation of acceptability and technology fit is critical to ensure effective implementation and sustainability. This study focused on the eLearning platform deployed at the Kilimanjaro Christian Medical University College (KCMUCo), Tanzania. We utilized a theoretical framework to evaluate the level of acceptance of technology at KCMUCo. The Technology Acceptance Model (TAM) posits that perceived ease of