View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by Directory of Open Access Journals

Annals of Global Health, VOL. 83, NO. 1, 2017
January–February 2017: 18–58

Methods: We gathered background information on the most pressing health concerns of refugees and major barriers to healthcare provision in both Lampedusa and Za'atari. We then developed areas of priority and identified leaders and experts in the fields of international policymaking and refugee health in either Jordan or Italy. Finally, we formulated a set of questions and performed 12 semi-structured interviews with these leaders and experts. The questionnaire and project received IRB approval from the University of Chicago's Biological Sciences Division Institutional Review Board.

Findings: Our research identifies numerous unaddressed health needs of refugees in both temporary and long-term settings. While chronic disease management is one of the greatest areas of concern for refugees in Za'atari, infectious disease control and treatment is one of the biggest issues for refugees arriving to Lampedusa. Challenges with coordination among healthcare services severely limit the availability of resources.

Interpretation: Using the background research and information gathered through interviews of major stakeholders, we provide a set of recommendations to policymakers and providers involved in refugee healthcare services. Training of healthcare providers, especially in culturally-competent care, is critical for providing high-quality care in these low-resource settings. Screening and treatment of psychiatric disorders must be a priority for healthcare providers working with refugees, as these can greatly impact refugees' integration into new communities and present with other comorbidities. We propose ways for agencies currently working in the refugee health field to coordinate their activities more effectively, and support advocacy by health care providers for global support for refugees.

Source of Funding: None.

Abstract #: *1.086_HHR*

Promoting Health Professional Education: Improving the Health System's Response to Epidemic Control

S. McQueen[1], *N. VanDinter*[2], *P. Donkor*[3], *J. Hakim*[4]; [1]*USG, DC, USA,* [2]*HRSA, Rockville, USA,* [3]*Kwame Nkrumah University of Science and Technology, Accra, Ghana,* [4]*University of Zimbabwe College of Health Sciences, Harare, Zimbabwe*

Program/Project Purpose: To address the HIV/AIDS epidemic in Sub-Saharan Africa, health systems need adequate numbers of quality health care workers (HCWs) who are able to provide the full continuum of HIV services. For five years, the President's Emergency Plan for AIDS Relief (PEPFAR) funded Medical Education Partnership Initiative (MEPI) has been one of the flagship programs helping to assure there are adequate numbers of well-trained HCWs who can provide the HIV/AIDS services needed to address the epidemic.

Structure/Method/Design: MEPI helped to alleviate the health workforce crisis and contributed to addressing the HIV/AIDS epidemic. Through a combination of interventions, MEPI addressed HCW education issues and assisted in laying the foundation for stronger health care systems. MEPI's accomplishments center on five key programmatic themes: Innovation and Capacity Building, Retention, Research, Communities of Practice, and Sustainability.

Outcome & Evaluation: To increase research capacity, MEPI strengthened research governance, support structures, and provided direct training in research methodology. Research support to MEPI schools resulted in 376 research publications.

MEPI piloted innovative eLearning strategies which are now being rolled out more broadly.

Lessons were shared electronically though the MEPI website where forums, webinars, and technical articles were accessed by users in over 192 countries. Monthly website access reached over 3,500 users.

A MEPI Network was created with 13 funded institutions in 12 countries that now fosters partnerships with more than 40 institutions around the world. More than 90% of new staff positions, initially funded by MEPI, will be sustained by local institutions, ministries or other grant funding.

In three countries alone, 54,000 individuals have received HIV-related services supported by MEPI-trained providers.

Under MEPI more than 2,000 non-physician HCWs directly participated in HIV/AIDS care, treatment and prevention training.

Going Forward: Students and faculty who participated in MEPI programs are on the frontlines of HIV/AIDS care and are modeling evidence-based practices. MEPI optimized host-country leadership and international collaboration to support medical education. MEPI struck a balance between accessing the technical expertise of high-income countries and grounding programming in locally-defined priority areas. MEPI has strengthening learning at local levels, to build health system resilience and responsiveness. By strengthening pre-service education and research capacity MEPI has helped bring the UNAIDS 90/90/90 goal within reach.

Source of Funding: USG.

Abstract #: *1.087_HHR*

Developing Novel Competency-driven Professional Curricula in the US and Globally

G. Meredith[1], *C. Madsen*[2], *N. Parandekar De Bernardis*[2], *M. Reichel*[3], *A. Travis*[4], *S.H. Cheng*[3]; [1]*Cornell University, Ithaca, New York, USA,* [2]*Cornell University, Ithaca, USA,* [3]*City University of Hong Kong, Hong Kong, China,* [4]*Cornell University College of Veterinary Medicine, Ithaca, New York, USA*

Program/Project Purpose: International aid organizations have spent billions of dollars building public health workforce capacity without effective measures of impact. Following trends in other professional workforces, public health training programs have begun to use competency models to guide classroom learning, continued education, and performance improvement.

Competency-based professional training programs expect that graduates demonstrate particular knowledge and skills, and the ability to apply them effectively in various environments. This is shown to support long-term career success by developing stronger self-awareness (ability to improve), better understanding of how they integrate with and serve their environment (ability to adapt to contextual needs), and commitment to ongoing self-assessment and life-long learning.

To better meet public health workforce needs, the public health training accreditation process in North America now requires

explicit student competence to earn a public health degree. As a novel public health training program, we appreciated the clarity of pre-defined competencies and have used them to inform development of an integrated, performance-driven curricula and an iterative student evaluation process.

Structure/Method/Design: For each pre-defined competency (30)—along with additional competencies that focus on our underlying themes of One Health and Planetary Health for Public Health (12) —we reviewed various sources (12) to identify existing performance indicators. More than 250 indicators were identified. Following thematic categorization, indicators were combined, refined, and/or developed to ensure that students can be evaluated against objective criteria that are components of the competence.

Outcome & Evaluation: A final set of 42 knowledge and performance competencies, and 170 indicators were defined. Following development of the program's competencies and the performance indicators, the program curriculum was developed.

Going Forward: We have three priorities for the next year:

- Each course within the defied curriculum is being developed or refined such that course learning outcomes align with the performance indicators.

- A 360-degree evaluation process and tool is being developed to allow students to track and reinforce their competence from their first day in the program.

- Each indicator will be evaluated at least three times over the program by faculty, mentors, community partners, peers, and/or the student. This process is being replicated, evaluated, and improved in partnership with another program in another country.

Source of Funding: None.

Abstract #: *1.088_HHR*

Assessing the Role of the Friends of Shanta Bhawan Nepal Clinic in the Communities of Northeast Kathmandu, Nepal with a Focus on Maternal and Child Health and Patient Satisfaction

R. Mersha[1], *B. Girmay*[2]; [1]*NYU School of Medicine, New York, NY, USA,* [2]*New York University School of Medicine, New York, USA*

Background: The Friends of Shanta Bhawan (FSBN) Clinic has been providing primary healthcare in the Jorpati community of Kathmandu, Nepal since 1983.The clinic serves a diverse population composed of various Tibetan and Nepali ethnic groups. Through a partnership with the FSBN clinic, students from the New York University School of Medicine (NYUSOM) performed a six week assessment in an effort to improve and expand care provided by the clinic with a focus on maternal and child health (MCH).

Methods: The study utilized four methods of data collection: MCH interviews, patient satisfaction surveys, community focus group discussions (FGDs), and observation to create a list of recommendations for the clinic.

For the anonymous and randomized MCH patient interviews, 31 mothers with children under the age of five were asked about various indicators of MCH. The anonymous patient satisfaction surveys were completed by 94 willing and able patients waiting to see a physician. Results from MCH interviews and surveys were used to design questions for FGDs within five surrounding communities. The FGDs consisted of approximately ten community leaders separated based on gender.

Findings: The NYUSOM International Health Program approved the study, which was exempted by the NYUSOM International Review Board. Verbal consent was obtained for patient interviews while written consent was obtained for the FGDs. A maximum number of interviews, focus groups, and patient surveys were completed over the six week period. The findings from the four methods were cross referenced using Qualtrics Survey Software and Microsoft Excel.

Interpretation: Results from the four sources emphasized a greater need for maternal health services across various domains. In particular, education regarding antenatal care, family planning, and sanitation was lacking in the clinic and community. The majority of mothers interviewed also showed signs of depression, indicating a need for mental health services. FGDs revealed many barriers to care such as financial difficulties, mistrust of physicians, and delayed seeking of care. Community members requested increased health education, clinic based outreach, subsidized care by the clinic, and an expansion of clinic hours. Additionally, the satisfaction survey responses highlighted areas of improvement in the clinic.

Source of Funding: NYUSOM funded travel and accommodations.

Abstract #: *1.089_HHR*

Lessons Learned in Creating a Neonatal Nursery at a District Hospital in Rural Malawi

J. Mhango[1], *A. Fisher*[2], *E. Connolly*[3], *B. Uladi*[1], *D. Gunya*[4], *G. Nkula*[1], *N. Mwale*[5], *C. Maulidi*[6], *M. Mhango*[7], *E. Wroe*[8], *L. Nazimera*[6]; [1]*Ministry of Health, Malawi, Neno, Malawi,* [2]*University of California at San Francisco, Fort Defiance, USA,* [3]*University of California at San Francisco, Fort Defiance, Arizona, USA,* [4]*Ministry of Health, Neno, Malawi,* [5]*Ministry of Health, Neno, Malawi,* [6]*Ministry of Health, Malawi, Neno, Malawi,* [7]*Ministry of Health Malawi, Neno, Malawi,* [8]*Abwenzi Pa Za Umoyo / Partners in Health, Neno, Malawi*

Program/Project Purpose: Malawi's neonatal mortality rate is 42 per 1000 live births with about one third of childhood mortality represented in the neonatal period. Malawi's challenges in neonatal care are caused by a high population growth rate, a high fertility rate and low health worker density. This is evident in Neno, a remote district in southwest Malawi with an estimated total fertility rate of 6-6.5 births per woman and only ~65% of births attended by a skilled attendant. We set out to create a neonatal nursery in the District Hospital to better focus resources and care for this vulnerable population.

Structure/Method/Design: The neonatal nursery was established January 11, 2016 within the Labor and Delivery Unit in the Neno District Hospital. It was developed with delineated space, equipment and protocols for admission and treatment strategies for sick infants 0-6 weeks old. The design was implemented to increase