

academic and practice sectors at the centrally located country gained international, and local support.

**Structure/Methods/Design:** The University of South Florida established ten years ago a coordinating program at the City of Knowledge to develop international academic and community partnerships, student international field experiences, certificate programs, study abroad groups, research training and projects and implementation at the population level, international conferences, workshops, seminars, and continuing education of professionals provided an academic forum to reach the Americas as a hub for global health. The program provides local and international faculty and students an opportunity for knowledge exchange in research, public health topics, and specific clinical training. A key component of the program has been conducting hands-on training and population-based research in at-risk and vulnerable communities of Panama, including indigenous groups.

**Outcome and Evaluation:** Multiple academic and practice partnerships in Panama and other countries in the Region were formed, hundreds of students (>500) and thousands of health professionals trained (>1,000), new forums for health academia were formed, and research on chronic and infectious diseases implemented. Schools became an effective outlet to “spread the health”, providing access to communities for health education, outreach, and interventions, graduate student practice settings in public health research, and faculty research on HPV, violence, nutrition, hygiene, environment, tropical disease, and cancer among others.

**Discussion and Future Directions:** Growing globally in health academic and research for inter-professional development is a challenging endeavor. Gaining support from partners in other academic and practice (schools, hospitals, health centers, community agencies, international non-governmental institutions) provide the basis for successful training and research. Community settings provide an appropriate channel to conduct training, research, and community health interventions at international sites.

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### Assessing barriers to accessing surgical care in Ethiopia: a provider perspective

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**Purpose:** Dessie Referral Hospital (DRH) is a public hospital serving 2 million people in the South Wollo Zone of Ethiopia. This study seeks to describe the volume of surgical procedures performed at DRH, characterize resources at mid-level health clinics, and assess barriers to surgical care experienced by providers.

**Methods:** The study had two components: a retrospective hospital records review and a provider survey. Surgical logbooks and patient records for all adult surgical cases in 2013 were reviewed at DRH. Data on patient characteristics, surgical procedure, and complications were recorded. Provider surveys were distributed to 21 community health centers within the catchment area of DRH assessing the

availability of diagnostic tools, procedural materials, and medications. Providers tracked surgical case referrals during a 30 day period in 2014 and identified reasons surgeries were not received.

**Findings:** Of the 3587 adult surgical procedures performed in 2013 at DRH, 250 charts were randomly selected for review (179 male, 71 female). The median age was 42 (range 18–86 years). Obstetric/gynecological procedures accounted for 37% of surgeries, 8% were orthopedic, 8% were laparotomies, 6% were appendectomies, and 6% were thyroidectomies. Documentation of complications and mortality was consistently absent. Of 21 surveys distributed 8 were returned, documenting 146 total surgical referral cases (92 male, 54 female). Of patients with a surgical diagnosis, 37.2% received surgery (48% female, 52% male). The most common barriers to surgery were family objections and financial ability. There was an average of 2.8 health officers, 10.3 nurses, and 18 total providers per center. Physicians and imaging were never available at any of the centers. Electricity, antibiotics, pain medications, and antipyretics were always available at all centers, but some centers had limited access to clean water, nasogastric tubes, rectal tubes, and suturing materials. Most or all centers reported difficulty diagnosing intraabdominal tumors, gallstones, cholecystitis and renal stones.

**Interpretation:** Data analysis was constrained due to incomplete record keeping and low survey responses. Familial objections, financial resources, and lack of imaging equipment constituted the largest barriers to surgical care.

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### Global health competencies inclusion strategy in medical training in Mexico

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**Background:** Global health (GH) competencies for residency programs are a growing interest in medical education worldwide. However, GH and its inclusion in resident’s training is an isolated subject to faculty directors of medical schools and for the Ministry of Health (MoH) in Mexico, facing healthcare challenges translated as a mismatched between academic institutions, MoH and vulnerable communities.

**Methods:** A non-systematic literature review of GH training in medical residency was performed. Three questionnaires were developed for interviews using qualitative methods for professionals involved in GH. A PolicyMaker4 exercise was conducted in order to analyze the political arena in Mexico for the strategy.

**Findings:** 46-articles of interest were selected among 139 obtained according to authors’ criteria. 9-interviews were achieved with professionals working in the field. The final product obtained was a seven - objective strategy, with goals to complete and actions to fulfill. It provides a platform to introduce students, professors and different stakeholders that will make feasible the inclusion of GH in Mexico.