

capacity building for health professionals in the area of global health and designed a GHD program focusing on practicality of the training by using hands-on experience and involving participants in real situations. Countries in SEA have conducted the GHD workshop since 2010 with the aim to build up and strengthen the capacity of health and health-related professionals on global health agenda setting and policy formulation. This process has generated committed professionals who could participate more actively and negotiate more effectively in the international forum. Through country delegates' skills in GHD, they could augment international cooperation and assure benefits of global public majority from global public health policies.

Structure/Method/Design: The GHD workshops are usually implemented in the form of 5-day training providing in-depth understanding on the global health architecture and strategic practices through role plays, hands-on experience sharing, and intervention-making exercises to enhance participants' negotiation skills and to be well prepared to serve as the country delegates as well as to understand instruments and mechanisms in global health and foreign policy issues.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): With this engaging program and continuing efforts, the success of the model has been approved by a more active and effective role of the SEA region delegates in participating in the international forum particularly at the World Health Assembly (WHA). Feedback from participants positively evaluated the program as the very useful platform of practices, networking, and learning to understand more about global health and the processes technically related to it.

Summary/Conclusion: The capacity building on GHD requires continuity of participants and adjustment of the program to respond to the quickly changing global health situation.

A collaborative approach to global health training in developing countries: Experience from Kathmandu University, Nepal

B.M. Karmacharya¹, R.P. Koju², C.M. Yagal³, A. Koju³, S. Giri³, P.R. Shakya³, S. Shrestha³, S.B. Shrestha³, R.K. Mahato³, A.L. Fitzpatrick⁴; ¹Dhulikhel Hospital-Kathmandu University Hospital, Community Programs, Seattle, WA/US, ²Dhulikhel Hospital-Kathmandu University School of Medical Sciences, Internal Medicine/Cardiology/Global Health, Bagmati/NP, ³Dhulikhel Hospital-Kathmandu University Hospital, Department of Community Programs, Dhulikhel/NP, ⁴University of Washington, Epidemiology, Seattle, WA/US

Background: Universities in developing countries that have been successful in implementing innovative approaches to sustainable and equitable health services provide excellent platforms for conducting academic and research activities in global health (GH). However, these opportunities are largely underutilized.

Dhulikhel Hospital Kathmandu University Hospital (DH) is the pioneer community-based health institution in Nepal and has been successful in establishing innovative and sustainable health programs in rural Nepal.

The DH Global Health Program was initiated in 2009 to establish academic and research programs with national and international institutions in order to promote mutual learning and exchange for advancing evidence-based, innovative, and equitable approaches to GH problems.

Structure/Method/Design: DH developed 2- to 6-week curricula in GH for medical and public health students in collaboration with international universities. All the major departments in DH were

facilitated to identify the topics that had significant GH relevance and in which the DH faculty had considerable experience and expertise. The curricula were individualized to meet the needs of the collaborating institution. In addition to infectious diseases, there were numerous sessions on noncommunicable diseases as well. Special emphasis was given to include activities to provide orientation on health systems in Nepal and also to understand DH's innovative approaches to rural health care. Faculties from both institutions conducted the course. Students and faculties provided feedback at the end.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): University of Wisconsin, Medical College of Wisconsin, University of New Mexico

Summary/Conclusion: The students agreed that the experience was very beneficial, inspiring, and often changed the way they understood and practiced GH. The partner institutions also believed it to be a very productive experience and committed to expand the scope of such programs. The DH faculties were very encouraged to see their efforts structured into such a comprehensive and rewarding program. A number of joint research projects with partner institutions were initiated from these courses. Fees paid by the students helped to sustain DH's GH program. Short duration of the program with almost no local language training was a challenge for the students involved in bedside clinical activities but it was addressed by partnering them with DH students.

Encouraged by this success, DH is currently establishing an Institute of Global Health that will encompass a greater scope of GH training and research activities. This experience can serve as a model for other universities in developing countries.

Simulation exercises for global health education

S. Keesara; University of California, San Francisco, Altadena, CA/US

Background: As global health continues to grow as an interdisciplinary field with multiple stakeholders, emerging global health leaders must be able to navigate and negotiate large governance structures. Leaders in global health education need teaching models that engage students and help them acquire these skills. Exercises that incorporate simulation of global health scenarios can teach students through active learning about content and processes within global health governance structures.

Structure/Method/Design: We conducted a simulation exercise during a weekend-long conference that gave students the opportunity to experience a large policymaking meeting. The topic, food security, engaged multiple stakeholders and was meant to simulate the tensions that are produced when players with different priorities interact with each as they decide on a famine prevention plan. Participants (or students) were given preassignments to research their roles, and attended lectures during the conference to help prepare them for the negotiation processes. The simulation had multiple stages during which students negotiated and compromised with other players to achieve a famine prevention plan that fit their team's interests.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Not applicable

Summary/Conclusion: Forty-two students attended the conference. The simulation was well received by the participants and overall, they were satisfied with the learning experience. 35/42 reported that they would attend a similar conference and 26/42 reported having gained knowledge in global health governance. They felt that they had attained knowledge content, negotiation skills, and better understanding of