

Partnering to build healthcare capacity in Uganda, Tanzania and Malawi

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Program/Project Purpose: There is a critical shortage of healthcare professionals in 57 countries worldwide. These shortages leave neither enough healthcare professionals to provide direct patient care nor enough to teach a new generation of healthcare providers. Uganda, Tanzania and Malawi are three countries facing the most severe shortages.

Structure/Method/Design: Funded by the President's Emergency Plan for AIDS Relief (PEPFAR) in 2012, the US Peace Corps (PC) and the non-profit Seed Global Health (Seed), partnered to form the Global Health Service Partnership (GHSP). In its inaugural year, the GHSP sent 30 US doctors, nurses and midwives to serve for one year as faculty in training schools in Uganda, Tanzania and Malawi. Seed and PC worked closely with Ministries of Health and Education and together selected 11 partner institutions. Seed and PC collaborated on recruitment, placement and support of volunteers. Seed provided loan repayment to encourage US health professionals to serve despite a potential barrier of financial debt. The GHSP developed a comprehensive monitoring, reporting and evaluation plan to understand outcomes and assess early impact. Volunteers submitted quarterly reports on hours taught, students and courses. Institutional leadership, faculty, students and Volunteers were qualitatively surveyed through interviews and focus groups at year's end.

Outcomes & Evaluation: In the GHSP's inaugural academic year from July 2013- June 2014, Volunteers were placed at 13 sites affiliated with 11 institutions in the three countries. The Volunteers taught 85 skills workshops and courses to over 2,800 trainees including faculty, assistant and clinical medical officers, residents, and students in over 35,000 activity-hours. New educational initiatives included establishing post-admission conferences, case reviews and problem-based learning, morning report, reviews and incorporation of multi-media, group work, bedside ultrasound and skills labs. The most cited impact of the GHSP was more consistent and high quality clinical supervision. The GHSP Volunteers' impact on faculty was reported as helping to offset overburdened workloads, introducing new teaching methods to faculty and students, and modeling professional behavior. The most cited challenges by Volunteers included unfamiliarity with clinical decision-making in a resource-poor settings and subsequent difficulty framing lectures. Language barriers were also an area of weakness, especially for the Volunteers' communication with patients or students.

Going Forward: The GHSP's inaugural year was a first step in partnering with local teaching institutions in Tanzania, Malawi and Uganda to help strengthen their teaching and clinical capacities. Long-term impact will be measured over years but early outcomes

indicated the GHSP had an initial positive impact on training at its partner sites.

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The role of cities in reducing smoking in China

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Program/Project Purpose: China is the epi-center of the global tobacco epidemic, and cities have a unique opportunity in leading the tobacco control charge from the 'bottom up'. In 2008 – 2013, the Emory Global Health Institute - China Tobacco Control Partnership supported a city-based Tobacco Free Cities program aimed at changing tobacco use social norms through smoke-free policies, targeted programs and media campaigns. The lessons learned for the successful World Bank Health VII program were applied to developing the program model.

Structure/Method/Design: In 2009, the Tobacco Free Cities program was launched and 17 cities were selected to participate in the grant program. The selection was non-random and based on population size, geographic location, political will of city leadership, support of leading public health units, characteristics of industrial, economic and social structure of the city and expressed enthusiasm to address tobacco control. The major focus of the program was to change social norms of tobacco use at the subnational level by establishing tobacco control programs aimed at smoke free policy adoption, targeted programs, and media and health education programs. Tailored training and technical support was provided to build team capacity and ensure program sustainability.

Outcomes & Evaluation: All of the cities were able to make some progress in adopting smoke-free policies at the sector level (hospitals, government agencies, schools, enterprises, restaurants and hotels and religious sites), and 6 of the cities adopted city-wide smoke-free public places policies. Eleven of the cities launched mass media campaigns and all of the grantees engaged the media in their work and secured media mentions in the local media outlets.

Going Forward: Five cities that were unable to successfully meet their goals of building and sustaining effective tobacco control. They encountered challenges such as a lack of support from leaders and decision-makers, changes in staffing and leadership, inadequate staff

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Helping babies breathe: Building capacity and sustainability through education and training of Ethiopian healthcare workers in neonatal resuscitation to decrease neonatal mortality

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