experts in Africa. These experts provide care and treatment to children affected by cancer and blood disorders and build local healthcare professional capacity through training and education. Our experience demonstrates that a structured onboarding process and ongoing programmatic support has been key to the success of this program.

Method: This project's goal was to develop a solid recruitment and orientation program for the expatriate staff prior to their assignment in Africa and ongoing support throughout their placement in order to achieve good retention (minimum 1 year).

All expatriates were recruited through careful review of their qualifications and credentials, and structured multi-disciplinary interviews with hospital leadership, psychologist, medical professionals, and program managers.

The onboarding process was coordinated with local in-country NGO's to obtain work visa, medical licensing, and housing. Expatriates received a two- to four-week orientation in Houston prior to their assignment in Africa to clarify their roles and mission, reinforce program ownership, and align expectations with the global program leadership team. Physicians received benefits specifically designed to meet their expatriate needs.

Finally, ongoing communication with expatriates was maintained during their placement in Africa through weekly teleconferencing with U.S. team for programmatic follow-up and for emotional support.

Outcomes: The number of expatriate physicians increased by 11 fold over 8 years. We managed a total of 47 full time equivalent between 2007 and 2015. To date, TXCH coordinates the expatriation of 11 physicians annually to Botswana, Malawi, Uganda and Angola. The length of stay varies between 1 to 3 years.

Going Forward: TXCH needs additional resources to properly manage its fast growing global program and expatriate staff. We plan to recruit additional administrative coordinators in the US and in Africa to maintain and enhance our successful outcomes.

Funding: This project is funded by Chevron, TCH, BCM, St. Baldrick's Grant, BIPAI, and various TXCH donors.

Abstract #: *1.068_HRW*

Training the next generation of global health leaders: the interdisciplinary framework in global health at Brown University

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Purpose: The purpose of the Interdisciplinary Framework in Global Health Program at Brown University was to stimulate engagement in multidisciplinary global health activities to address health inequities. The goal was to become an integral part of the university's larger strategic plan. This idea came to fruition with the establishment of the Global Health Initiative (GHI) in 2009.

Method: The objectives were to: develop new interdisciplinary curricular/educational opportunities through the global health scholars program; coordinate a foundational set of courses addressing global health topics; establish mentored global health experiences; create a sustainable community of global health scholars.

Outcome & Evaluation: Global Health Scholars: provides funding to students for scholarly projects. Sixty-nine students received scholarships (9 undergraduate, 27 MPH, 6 medical, 11 graduate, 16 residents/fellows) for travel to 29 different countries.

Faculty Curriculum Development: provides grants to incorporate global health content into new/existing courses: 10 faculty from 8 departments received this award.

Minority Health Disparities International Research Training (MHIRT): provides mentored research opportunities at international sites to students from underrepresented communities. Twenty-four students (1 medical, 3 graduate, 20 undergraduate) participated at 9 collaborating sites.

Brown International Advanced Research Institutes (BIARI): brings together junior faculty from lower/middle income countries (LMIC) to address global issues through high-level collaborations. From 2011-2015, 223 scholars from over 30 countries were supported.

Fogarty AIDS International Training & Research Program (AITRP): continuously funded since 1993, trained more than 135 investigators. Since 2011 there have been 29 short/medium/long-term trainees.

Lifespan/Tufts/Brown Center for AIDS Research (CFAR): part of a national program with the goal of providing infrastructure and leadership in HIV/ AIDS research. From 1998-2015, a total of 95 Developmental and 17 International Developmental Grants were awarded.

Going Forward: With the Framework Program as its anchor, the GHI now has $8,708,000 in funding from the following institutions/programs: Brown University, Fogarty AITRP, Brown Ukraine Collaboration, MHIRT, and 2 new grants awarded under the new Fogarty HIV Research Training Program for LMIC Institutions.

Funding: The Framework Program was originally funded by a 2008 grant from the Fogarty International Center at NIH (1R25TW008102). Other funding includes: MHIRT (1T37MD008655), Fogarty AITRP (D43TW000237), Lifespan/Tufts/Brown CFAR (P30AI042853).

Abstract #: *1.069_HRW*

A centralized structure for approving, tracking, and monitoring global health electives at a large academic institution

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Program/Project Purpose: Recent literature suggests that many undergraduate, graduate, and postgraduate learners believe experiences in Global Health (GH) to be a valuable aspect of their education. This

is particularly pronounced in medicine as several studies have highlighted its importance in multiple specialties, including Family Medicine, Emergency Medicine, and General Surgery. [References] GH rotations may place trainees in high-risk situations and environments with regard to ethics, cultural sensitivity, and personal safety. Academic institutions need to provide proper guidance and education to prepare trainees for safe and effective GH rotations.

Structure/Method/Design: In order to better address institutional concerns, provide reasoned and consistent oversight, and prepare students for their GH rotations, we created, piloted, and refined a standardized preparation and approval process for resident physicians who sought to participate in GH electives as part of their training programs. A Global Health Advisory Committee (GHAC), consisting of key GME, legal, resident, and GH expert stakeholders was created. Three checklists, managed and administered via *New Innovations* (a commonly used and commercially available residency management software package), are used to provide trainees with consistent and critically important education about GH electives while also providing a mechanism for oversight, completion of relevant documents, and a debriefing tool which creates a summary of the elective that can be viewed by other residents.

Outcome & Evaluation: Several of our residents have successfully completed the checklists for GH rotations. Our GHAC will soon be meeting to gain feedback from the group on our new standardized preparation and approval method. This uniform system will also enable us to perform monitoring and evaluation of specific sites.

Going Forward: We are happy to share our checklists with other institutions. We will continue to assess our new system and make changes as needed.

Abstract #: *1.070_HRW*

The outcomes of no-job surgical training by visiting gynaecological oncologists to Mulago National Referral Hospital Uganda

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Background: WHO predicts 16 million new cancer cases per year in 2020. 70% of these will be in the developing world. In the developing world, 1/3 cancers potentially can be prevented another 1/3 are treatable if detected early. Evidence shows that cancer outcomes (survival) are better when care is provided by Specialists (Gynecologic Oncologists).This is lacking in East Africa and Uganda as well. Through partnership with University of California San Francisco (UCSF) (initiators) and other collaborator gynecologic oncologists, there has been on job surgical training and mentorship which has led to tremendous outcomes. The aim was to improve the care and management of women with gynaecologic cancers and to train a critical mass of specialists in this field starting with what is currently available in their setting.

Structure/Method/Design: This started with a needs assessment by a gynaecologic oncologist from UCSF. She then started coming twice a year to date doing ward rounds, radical surgeries and working with the administration to create an interdisciplinary team for cancer patient care that was not existent.

Outcomes: Since 2011 a gynaecologic oncologist from UCSF has worked with gynaecologists on the oncology ward at Mulago and has done at least 50 radical surgeries for gynaecologic cancers with them and has been joined by faculty from Duke University and University of Vermont. The surgeries were more appropriate in comparison to what used to be done especially for management of early CaCx with radical Hysterectomy and pelvic lymph node dissection. They have worked with at least 10 gynaecologist at the referral hospital and have mentored them in Cancer care. A multidisciplinary approach to cancer care has been started with radiation oncologists, palliative care and gynaecologists working together in the management of patients on the gynaecologic oncology unit.

Going Forward: One gynaecologist is being sponsored by UCSF to do a fellowship in gynaecologic oncology at Moi University a 2 year programme now in her second year. This will ensure sustainability. A curriculum development for a fellowship in gynaecologic oncology is underway with stakeholders meetings was held and the local faculty identified the need.

Abstract #: *1.071_HRW*

A surgical training track that meets the needs of global surgeons

Abstract Opted Out of Publication

Abstract #: *1.072_HRW*

Effect of participatory community quality improvement on maternal and newborn health care practices: a quasi-experimental study

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Background: To address the shortfall of skilled health workers required reach the health related MDGs, Ethiopia's health extension program (HEP) shifted some of the primary health care responsibilities of skilled health workers to about 34,000 female health extension workers (HEWs). Covering a population of about 17 million people in 115 districts in four of the most populous regions of Ethiopia, the Last Ten Kilometers Project (L10K) project, funded by Bill & Melinda Gates Foundation, supports the HEP to foster communities to be part of the health system to improve health outcomes. In 14 of the 115 districts, participatory community quality improvement (PCQI) is tested through fostering partnership between communities and service providers to create shared responsibility in the ownership of maternal MNH services provided by the HEP. With the aim to improve the quality of maternal and newborn health (MNH) services from the provider, client and the community's perspective, PCQI implements a cyclical process that first identifies barriers to quality services, then develops action plan to address barriers, implements the action plan, and finally monitors the quality of improvement solutions.

Methods: 82 and 34 communities respectively representing PCQI and non-PCQI areas were visited during baseline (Dec 2010–Jan 2011) and at follow-up (Dec 2014–Jan 2015). Maternal and newborn