The need is equally great to fortify international professional connections and support low-resource medical systems in a non-intrusive, sustainable, and culturally appropriate manner. Global Health Chief Residents (GHCRs) at the University of Minnesota (UMN) serve as clinical educators and advocates in the field of GH for all internal medicine (IM) and medicine-pediatrics (MP) residents as well as collaborators with Tanzanian providers in Arusha, Tanzania.

Structure: Two GHCRs are chosen annually from the IM and MP residency classes to rotate for 6 months between the UMN IM Residency Program in Minneapolis and in 2 hospitals in Arusha. At UMN, they incorporate GH concepts into weekly residency conferences, are a resource for residents caring for international patients, coordinate and support residents on international rotations (co-teaching pre-departure orientation and tracking completion of safety requirements), and guide residents on the GH Pathway toward mentors and educational opportunities. They help to facilitate the Live GH Course and monthly Travel and Tropical Medicine Seminars. In Arusha, they orient and support visiting international residents and students. They are a resource for Tanzanian medical providers, giving lectures, teaching bedside ultrasound, rounding as consultants, and implementing quality improvement projects.

Outcome & Evaluation: GHCRs have integrated GH into residency-wide morning reports and morbidity and mortality conferences. They have conducted a resident survey to gauge awareness of opportunities and baseline GH knowledge. They have supported integration of visiting medical students and residents into the Tanzanian medical system, which has decreased the burden on the local system while increasing the value of this international rotation. GHCRs have forged relationships in Tanzania, supporting the education of local medical trainees and facilitating Tanzanian provider visits to UMN.

Going Forward: While the role of the GHCRs in Arusha remains flexible, the ultimate goal is to create a reliable presence for US providers traveling abroad and Tanzanian medical providers. This will decrease the burden on the Tanzanian medical system as well as strengthen consultation connections abroad, paving the way for sustainable bilateral exchange.

Funding: GHCRs work hospitalist shifts at UMN Hospital to fund this position.

Abstract #: *2.050_HRW*

Transitioning from the Ebola emergency response to health system strengthening in rural Sierra Leone using a community health worker strategy

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Program/Project Purpose: Community health workers (CHWs) are pillars in their communities and have been employed worldwide to improve health outcomes. As members of the communities they serve, CHWs are outreach agents, educators and accompagnateurs who link and retain patients to care. The 2014-2015 Ebola Virus Disease (EVD) epidemic in Sierra Leone required these skills for intense social mobilization, communication and referral to care.

Structure/Method/Design: In January 2015, Partners in Health/Wellbody Alliance, working with local authorities, recruited, trained and hired 300 CHWs in Kono District, Sierra Leone - a "hotspot" in Sierra Leone - to respond to EVD through contact tracing, social mobilization and screening. In coordination with District authorities, these CHWs helped reduce the outbreak through rapid "mop-up" campaigns in affected villages, screening over 650,000 individuals, sharing key health messages to reduce transmission and improving communication between facilities and affected households.

Outcomes & Evaluation: All CHWs were supervised by CHW supervisors and Chiefdom coordinators from January to September 2015 and reported activities on a weekly basis to supervisors. With the help of CHWs, there have been zero Ebola cases in Kono since February 23, 2015. As the epidemic waned, other health concerns emerged; CHWs led the effort to identify and respond to these burgeoning diseases — measles and malaria — forming effective surveillance and implementation teams. Messaging transitioned to broader health concerns, mobilization centered on Ministry of Health initiatives, and referrals became more inclusive.

Going Forward: With the health system weaker now than before the epidemic, it's imperative to use existing momentum to pivot from emergency response to health system strengthening. In order to maintain and respect existing community relationships and recognize the troubled history of health sector aid in the region, this transition is not without challenges. However, by building on the relationships formed during the emergency response and maintaining a continual community presence, we will rely on these CHWs to guide our long-term programs to address the most burdensome diseases.

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Ethics, Ebola and global public health: U.S. governmental and military responses

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Program/Project Purpose: In 2014 a global emergency arose with the onset of the Ebola virus disease. The outbreak ignited tremendous fears and it was reminiscent of the onset of HIV/AIDS where the medical community, governments, as well as the public were challenged to confront a global health concern. The United States was challenged as the world looked up to see how it would protect and promote health, wellbeing and to do so with a sense of moral responsibility.

Structure/Method/Design: In an effort to contribute to the global Ebola response, an advisory board to the President of the United States, the Bioethics Commission for the Study of Bioethical Issues, was charged to report on lessons learned from experiences at home and abroad, and to more specifically report on the