

**Background:** The NASG has proven to be an effective urban intervention against postpartum hemorrhage; however, there is lack of evidence supporting its effectiveness in rural areas. In order to understand barriers of effective NASG use, we interviewed health workers from 16 facilities with varying catchment levels within two Tanzanian districts, each from opposing regions.

**Methods:** Nested within the larger Empower II project, we reviewed all recorded cases of postpartum hemorrhage in two Tanzanian districts from November 20, 2014 to July 31, 2015 for signs of misdiagnosis, misuse, or nonuse of the NASG. This secondary data analysis utilized data from approximately 160 hemorrhage cases collected by the Ifakara Health Institute. The data was collected via mobile telephones and was stored in an online database for monitoring. During routine NASG supervision at the indicated facilities, we interviewed at least one available worker about their experience with NASG use and referral methods. Our interview questions focused on past experiences with the NASG, ease of use, reasons for misuse or non-use, NASG training, and NASG accessibility. Both written and verbal consent were obtained from participants, and in country IRB approval was secured. Our primary outcome was the direct identification of barriers to effective NASG use in rural clinic settings.

**Findings:** We visited a total of 16 facilities within the Geita and Ushetu districts and interviewed 19 participants. Participant interviews revealed dissatisfaction with the length of the NASG training, as well as an expressed desire for longer and more frequent training sessions. Workers at facilities with smaller catchment areas expressed a desire to have more frequent trainings at district hospitals, and expressed problems with NASG accessibility due to sub-optimal transportation methods. On-site cascade trainings also proved to be insufficient.

**Interpretation:** Clinicians in rural settings support NASG use; however, training programs should be expanded for regular usage to become more widespread. Transportation logistics must also be addressed to maintain accessibility in rural areas. Though language barriers were a potential study limitation, the use of translators allowed us to collect direct quotes to accurately capture the experiences of each participant.

**Funding:** UCSF RAPtr grant.

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### “CHN on the go”, a motivational support tool for frontline health workers in Ghana

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**Program/Project Purpose:** mHealth has become a major innovation for improving health care delivery, maternal, newborn and child Health (MNCH) and bridging the urban-rural gap in Ghana. While the use of mobile technology in rural areas has become a major innovation to improving health care delivery, little research has been done on the feasibility of utilizing mobile phones for improving front line health workers performance to provide better MNCH care for rural women.

**Structure/Method/Design:** Concern Worldwide’s Innovations for MNCH initiated the Care Community Hub (CCH) project in Ghana

to improve motivation among Community Health Nurses (CHNs) through a mobile technology application (app). Human-Centered design techniques were applied to better understand CHNs and to uncover innovative solutions designed for them. This process built the confidence of the CHNs/CHOs and motivated them to contribute more in shaping and building the application, solely owned by them.

**Outcome & Evaluation:** The six module “CHN on the Go” app was developed in partnership with Ghana Health Service (GHS) and Grameen Foundation as a means of reducing CHNs sense of professional isolation and improving CHN motivation. CCH is currently reaching over 300 CHNs and their supervisors in five districts with mobile phones fully loaded with the application to support their work. To date, GHS has adopted the e-learning platform and is planning to roll out a comprehensive training for CHNs on MNCH nationally. The districts plan to integrate the supervisory dashboard developed as a supportive monitoring tool reducing transportation challenges with limited resources. An M&E framework has been developed to fully manage the process of assessing and reporting program implementation towards achieving project outputs and outcomes.

**Going Forward:** CCH has the potential to radically improve MNCH outcomes as the app can be deployed to other cadres of health workers, including midwives and CHWs, across the country. Also, with mobile network coverage continually expanding and costs for airtime and mobile devices steadily decreasing, phones and tablets are playing an increasingly significant role as a health system support tool particularly from front-line health workers.

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### A universal core curriculum for global health: report on content, teaching, and assessment recommendations from the Bellagio Global Health Education Initiative

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**Program/Project Purpose:** Global health (GH) education remains limited by lack of integration into core medical curricula, uncertainty regarding methods of teaching and assessment, lack of guidance for students seeking expertise in GH, and bias favoring students and institutions from high-income countries. In June 2015, a diverse group representing high-, middle-, and low-income countries met to address these issues.

**Structure/Method/Design:** Nineteen individuals from 16 institutions and 10 countries, including clinical faculty, educators, administrators, and trainees with experience in GH education, participated in the four-day conference. The three foci of the meeting were the generation of core and specialist themes for GH education, teaching methods to implement these themes, and methodology for assessment. Topics were explored through presentations and discussions that used the nominal group technique. Participants voted on the group’s final recommendations.

**Outcome & Evaluation:** The meeting established the Bellagio GH Education Initiative. Specific emphasis was placed on the distinction between home and away sites as distinct locations for

GH education. The group generated 12 core education themes for the home site and 14 for the away site; it also identified themes at both sites for students seeking special expertise in GH (12 and 10 themes, respectively). Key concepts related to teaching included the distinction between formal and hidden curricula in GH, the importance of student agency and self-directed learning, and emphasis on reflective and transformative learning. The meeting established the rationale for a universal core curriculum for global health and outlined the content and structure of such a curriculum.

**Going Forward:** The Initiative is working on guidelines for a universal GH curriculum. This includes further definition of GH education themes, detailed recommendations regarding teaching and assessment focused on promoting student agency, clarification of the distinctions between the home and away sites, and “best practices” for developing learning environments to promote reflection and transformation. Ongoing meetings of the Initiative will further describe the content and methodology of a universal core curriculum for GH and move toward its implementation.

**Funding:** The initial work, from which the Initiative derived, was supported by funding from the Rockefeller Foundation.

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### **Developing leaders in global health through multidisciplinary collaboration: How the global health leadership track at the University of Virginia is expanding**

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**Program/Project Purpose:** 1) To encourage collaboration across health disciplines. 2) To provide an educational foundation in global health applicable to all residency programs. 3) To bring residents together from multiple disciplines to share their unique areas of knowledge. Trainee interest in global health is expanding across disciplines. Our program aims to develop leaders in global health who are capable of examining and improving health systems utilizing a variety of perspectives.

**Structure/Method/Design:** The Global Health Leadership Track (GHLT) at the University of Virginia involves didactics, journal clubs, clinical training, and research with established international academic partners. Here, we discuss the expansion of the GHLT to additional residencies, and the role of journal clubs in fostering multidisciplinary cooperation and appreciation. A monthly journal club is organized on a rotating schedule by each GHLT department. A faculty member hosts the event, and discussion is facilitated by the residents in that specialty. Quarterly global health dinners on careers in global health and classroom didactic time encourage interdisciplinary discussion. A listserv is used to broadcast specialty-specific international rounds, speakers, telemedicine conferences, film discussions and book clubs.

**Outcomes/Evaluation:** The GHLT was started in 2009 by Family Medicine and Internal Medicine. The GHLT currently

involves the Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Pediatrics, Radiology, Psychiatry, and Anesthesia. There are currently 29 GHLT residents. Journal club topics have included a range of topics such as use of point-of-care portable ultrasound, cancer care in low and middle-income countries, cost-effectiveness of surgery in global health, evaluation of global health education, barriers to care in the local refugee population, and measles vaccination.

**Going Forward:** Establishing a career in global health increasingly requires multidisciplinary collaborations. Future leaders in global health will need to understand the key global health issues across specialties in order to create sustainable solutions for horizontal health system strengthening. As the number of GHLT participants grows, so does our need for collegial discussion amongst peers. We suspect that fostering these collaborations will also improve professional development and collaboration within our own training environment.

**Funding:** Private donors, Associate Dean for International Affairs, UVA Center for Global Health.

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### **The sustainable development goals: Implications and integration across the Curricula**

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**Program/Project Purpose:** As the need for an educated individual to also be a global citizen becomes more recognized, it is incumbent upon educators to infuse global health concepts into the curricula. This presentation explores ways to integrate the Sustainable Development Goals (SDGs) and other global health concepts across the curricula in both a health science university and a private research university. Various modalities will be shared and the implications of the SDGs will be explored. The infusion of the SDGs into the curricula stems from the work of the Global Health Initiatives Committee (GHIC), an interdisciplinary committee convened and charged by the university president to help coordinate global health efforts university-wide. Composed of faculty from the various colleges, the GHIC works to consolidate individual expertise to minimize duplication and inefficiency of effort.

**Structure/Method/Design:** Two methodologies were used to develop this program curricula design and an interactive curriculum experience (iCE) to promulgate the SDGs to all faculty. Integrating the SDGs in curricula is a dual challenge of maintaining the holistic focus of SDGs while aligning specific goals with core global health foci. For example, all 17 goals are relevant to NCDs but goals 6 and 9 are the most relevant. Working collaboratively with a consulting and implementation firm, faculty created a universally relevant platform for course use in various disciplines.

**Outcome & Evaluation:** Evidence of faculty understanding and utilization of SDGs will be measured by feedback on the iCE modules. Evidence of student comprehension and application will be measured by the use of rubrics within each course.

**Going Forward:** The ongoing challenges include increasing awareness and acceptance of the importance of global health among