attitude, and practices at a District Hospital in Shirati, Tanzania. Medical students from Touro University–California were trained as instructors for HBB curriculum. During phase 1, students designed pre- and post-surveys to measure whether the training sessions could improve knowledge and attitudes about HBB interventions. Pre-surveys were administered just prior to the training sessions, and post surveys were administered at the end of the training sessions. Participants included hospital labor & delivery staff. A total of 112 sets of surveys were completed during 4 training sessions. In addition, baseline data of birth outcomes were collected from delivery log books. Phase 2 of data collection will take place June 2015, and the new data will determine whether trainings effectively improved practices. Additional trainings will also be conducted at this time.

Outcomes & Evaluation: Results indicate that the trainings were effective, and scores reflecting knowledge and attitudes were improved in the post-surveys. Practices will be evaluated during phase 2.

Going Forward: The goal of this study was to determine if the training of District Hospital's labor and delivery staff improves knowledge and attitudes. Results show that HBB can be implemented effectively in this setting. An ongoing challenge for this program includes language barriers. Although staff could speak English, comprehension levels varied, and some participants had difficulty understanding both the presentation and the survey questions. In future trainings, surveys should be re-written using basic sentence structure, and word choice should be considered.

Abstract #: 01ETC032

The global alliance on health and pollution: An innovative approach to mitigating the impacts of toxic pollution on human health

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Program/Project Purpose: Data from the World Health Organization and Blacksmith Institute's Toxic Sites Identification Program indicate that pollution from contaminated air (indoor and outdoor), water and soil is the largest cause of death in the world, with nearly 9 million deaths in 2012. The overwhelming majority—94%—of the burden of disease from pollution falls on low- and middle-income countries, the countries least equipped to deal with the problem. Recently more than 30 country governments, donor agencies, and international organizations have joined the new Global Alliance for Health and Pollution (GAHP) to assist low- and middle-income countries clean up toxic sites, prevent re-contamination and guard against future pollution.

Structure/Method/Design: GAHP members are creating a unified front to tackle the various pollution challenges that countries face, starting with putting toxic pollution on the international agenda. Since its inception in 2012, GAHP has had significant impact. Data collection in 40 countries, research, and awareness raising efforts have resulted in the inclusion of toxic pollution in the draft post-2015 Sustainable Development Goals. Several countries have requested support from GAHP, and are embarking on strategic planning processes to tackle pollution nationally. Successful GAHP pilot projects, often using South-South cooperation, have improved local capacity to take action, and resulted in measurable improvements to the health of local communities. Several new technical tools, guidance documents and successful case studies on a variety of different pollution issues are freely accessible to government agencies. GAHP's developing

country members are sharing their experiences and shaping GAHP's strategy and activities.

Outcomes & Evaluation: However, bringing so many groups together has highlighted the enormous challenges to mitigating pollution on a global scale. There is a general lack of awareness of the health impacts of pollution. This is compounded by misconceptions about the main sources of pollution, cost of clean up, and the idea that pollution is an inevitable cost of economic development. The environmental agenda has become fragmented, with pollution challenges separated into issues such as outdoor air pollution, chemicals and food safety. This has kept pollution as a whole from being prioritized in the development agenda, and as a result there is insufficient technical, financial and human resources to address the issue.

Going Forward: The ultimate objective is to assist countries in identifying and managing all pollution streams with the goal of improving public health. A 5-year strategy will help bring attention and resources to this issue including research on the cost of inaction and elucidating the environmental burden of disease. The campaign will help spur countries to request assistance from the international community, as well as convince donors to invest in pollution mitigation.

Abstract #: 01ETC033

Assessing partnership linkages for health workforce and research capacity building in Kenya; Lessons learned

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Program/Project Purpose: Strategic partnerships across key stakeholders are critical to effectively roll out large scale health system interventions. Leveraging existing networks to develop stronger connections between partners can lead to more effective programs. The Medical Education Partnership Initiative (MEPI) focuses on supporting North-South collaborations to improve the quality and quantity of healthcare worker training, increase retention of health care worker, and support locally relevant research in Sub-Saharan Africa since 2010. The University of Nairobi (UoN) Partnerships for Innovative Medical Education Kenya (PRIME-K) program started with two international partners, the University of Maryland-Baltimore and the University of Washington. These two international partners supported program implementation by building institutional capacity through benchmarks for decentralized training, introducing e-learning platforms, improving research administration, support and mentorship, enhancing monitoring and evaluation, increasing innovative training and strengthening libraries. PRIME-K also had strong in-country partnerships with the Ministries of Health and Higher Education that were critical for the initial implementation of decentralized training and research in health facilities across Kenya.

Structure/Method/Design: In years four and five of PRIME-K, the Monitoring and Evaluation team developed a network map from these initial partnerships and, using snowball sampling method, conducted key informant interviews and qualitative analysis of strategic partnership documents. This approach allowed the M&E team to evaluate all of the significant linkages that have been formed since the beginning of PRIME-K and assess their impact.

Outcomes & Evaluation: Over 30 linkages have been developed between partnering stakeholders. With the infusion of resources, PRIME-K created 16 new direct partnerships to UoN. UoN's involvement in MEPI led to over 20 cross collaborations with 11 other universities in Sub-Saharan Africa, 3 Kenyan universities, 5 government entities in health and education, 6 independent