Annals of Global Health, VOL. 82, NO. 3, 2016
May–June 2016: 446–462

included the simultaneous participation of various universities and interaction with expert practitioners, faculty, and students from across the globe in a single course.

Structure/Method/Design: Collaboratively developed by faculty at the University of Southern California (USC) and University of California Irvine (UCI), the course was offered by three additional universities -National Taiwan University (NTU), Chinese University of Hong Kong (CUHK), and University of Tokyo – constituting a global learning environment. Approximately ten graduate students participated from each university, totaling about fifty students. While four of the universities participated using a distance education classroom setup, USC participated entirely virtually as common to other courses in its Online Master of Public Health (MPH) program. Asynchronous methods including discussion boards, readings, and assignments were designed and housed in Piazza which was free and equally accessible to all universities. Once a week for ten weeks during a mutually agreeable time across all five universities, synchronous learning occurred through live videoconference sessions with expert practitioners working in various global health settings including governmental agencies, NGOs, social enterprises, etc. across the globe, using Google Hangouts. Teams composed of students representing each university worked together on group projects.

Outcome & Evaluation: In addition to increased knowledge and skills, students benefitted from cultural exchanges in an expanded network. Faculty benefitted from an expanded network including access to guest experts. Course evaluations reflected student satisfaction and their perceptions of the course as a valuable learning experience which would not have been possible in traditional courses offered by a single university alone.

Going Forward: While additional technologies may provide added value in future courses, this course presents a model to implement global health education in collaboration with university partners across various countries and regions for a robust and culturally diverse experience.

Abstract #: *1.026_TEC*

The first Myanmar-based telemedicine solution for the people of Myanmar: A pilot study at 3 diverse facilities

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Background: Myanmar ranks 190th (out of 190) in the WHO's global ranking of healthcare systems. Approximately 70% of the population is rural while physicians and nurses are concentrated in urban centers. As a result, access to health workers remains well below the global standard of 2.28 per 1,000 people. However, the recent adoption of mobile technology has grown at unprecedented rates, such that Myanmar will soon be the world's first mobile-only country. Current estimates suggest that 80% of citizens will own a cell phone (mostly smartphones) by the end of 2015. The combination of health system challenges and the expansion of the telecommunication infrastructure introduces an opportunity to expand the reach and quality of healthcare throughout the country.

Methods: A needs assessment, utilizing site visits and stakeholder discussions with general practitioners at private rural clinics, identified four critical needs that could potentially be met through a telemedicine partnership: x-ray interpretation; ECG interpretation; ultrasound technique and interpretation; and video consultation with specialists. To assess the feasibility of utilizing telemedicine in Myanmar, three pilot clinics were selected, each in a different type of community (village, township, city) with an average physician availability of 0.08 per 1,000 people. Radiologic images were transmitted to and interpreted at Parami Hospital while video teleconsultations began with a Yangon-based emergency medicine physician, who then coordinated additional specialty consultations as needed.

Findings: Between May 2014 and October 2015, three sites (Kyaihto in the state of Mon, Kin Mon Chone in the Bago region, Pathein in the Ayeyawaddy region) completed the 10-month pilot period without interruption. The clinics of Pathein and Kin Mon Chone determined that they would review their ECGs and x-rays autonomously. During the combined 30 months, 2,644 x-rays and 876 ultrasounds were interpreted via teleradiology, 871 ECGs were remotely interpreted, and there were 122 teleconsultations. In total, 4,513 services were provided.

Conclusion: Piloting the first Myanmar-based telemedicine solution in three diverse and underserved regions demonstrates that teleradiology and teleconsultation are feasible in Myanmar. Expanding the clinical and technological infrastructure for telemedicine could help Myanmar progress towards achieving universal health access.

Funding: Golden Zaneka Public Co, Ltd.

Abstract #: *1.027_TEC*

If we build it, will they come? Deploying a medical mobile clinic in the Philippines

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Program/Project Purpose: Around the world, non-communicable diseases (NCD) account for most of mortality and morbidity. The Philippines is no different. By 2016, the number of premature deaths is projected to double from 140,000 reported in 2000. In an effort to mitigate the country's most preventable diseases, a medical mobile clinic (MMC) will drive to the heart of some of the poorest communities and provide continuous, cost-effective care with emphasis on collaboration, prevention, and health education.

Methods: The MMC will operate 20 days out of the month and offer services to a village for one day. The proposed van will have its presence in 20 villages, poised to serve about 40,000 people in Tacloban, Leyte, year-round for the life of the van, which can be anywhere from 10-15 years. Each MMC will have a coordinator from both the United States and the Philippines, as well as a team consisting of a physician, nurse, and driver. Community