

diseases (NCD) in Nigeria by project staff. The connect centre runs 24 hours daily using various avenues for communication - toll free voice calls, short message service (SMS), Facebook, website and WhatsApp. A non-functional disease surveillance website was revamped and updated weekly to allow for inquiries and education on public health diseases.

**Outcome & Evaluation:** Within 4 months, influx of inquiries was higher with whatsapp compared to other communication avenues ranging from 10 to 40 whatsapp chats daily. Facebook advertisement reached over 45,088 people and 2,103 persons were directed to the connect center website. Continuous education on all notifiable disease provided to the customer care agents improved the feedback process and the different escalation mechanisms (first, second and third line responders) used.

**Going Forward:** Our project revealed the use of WhatsApp by the public as a preferred communication mode to inquire about public health diseases. This innovative approach could be scaled up to other states in the country to strengthen disease surveillance.

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### Cultivating the Next Generation of Health Care Providers in Sub-Saharan Africa: The Global Health Service Partnership – Update 2016

J. Anathan<sup>1</sup>, E. Cunningham<sup>2</sup>, L. Foradori<sup>3</sup>, E. Stuart-Shor<sup>1</sup>, S. Sayeed<sup>4</sup>, V. Kerry<sup>5</sup>; <sup>1</sup>Seed Global Health, Boston, USA, <sup>2</sup>Seed Global Health, Boston, MA – Massachusetts, USA, <sup>3</sup>Peace Corps, Washington D.C., USA, <sup>4</sup>Seed Global Health and Harvard Medical School, Boston, MA, USA, <sup>5</sup>Seed Global Health & Massachusetts General Hospital, Boston, USA

**Program/Project Purpose:** Resource-constrained countries face the double burden of high morbidity/mortality and limited human resources for health (HRH). The critical shortage of HRH in 83 countries negatively impacts the provision of care and continued education of health professionals. To mitigate this urgent problem the Global Health Service Partnership (GHSP; Seed/Peace Corps/PEPFAR) places US nurse and physician educators at partner institutions in Malawi, Tanzania and Uganda. GHSP educators work in collaboration with country faculty to support educational capacity building and long-term health systems' strengthening.

**Structure/Method/Design:** To assess the impact of GHSP/ country partnerships on teaching and training at partner sites, we collected output data and conducted qualitative interviews with GHSP educators (n=61), faculty (n=110), and students (n=234) during years 1-3 (2011-2014).

**Outcome & Evaluation:** From 2011–2014, 97 physician and nurse educators, placed at 15 academic institutions in Malawi, Tanzania and Uganda, taught 454 courses to 8,321 trainees and initiated 250+ projects. Educators reported 128,328 service-hours, with ~50% spent on classroom education, clinical teaching, and mentoring. The additional 50% was distributed among educational and clinical activities that supported institution-specific goals. Faculty and student interviews revealed that GHSP educators positively influenced student learning, citing the high quality of education provided, particularly related to clinical supervision and skills. Faculty observations noted the benefit of workload reduction, introduction of new teaching and evaluation methodologies, and modeling a student-centered approach to learning.

**Going Forward:** HRH shortages remain a chronic barrier to health security in resource-limited regions, compounded by the dire shortage of qualified health professionals faculty. GHSP is an innovative US/country partnership that embeds nurse/physician educators to make a multi-year investment in advancing a shared vision of excellence in African health professionals' education. Initial findings suggest that GHSP educators, in partnership with local faculty, achieved enhancements in the teaching and learning environment which, in turn, has implications for the quality of care delivered. Through authentic, meaningful, reciprocal partnership, developed and developing countries can work together toward the common goal of ensuring high quality health professions education that is responsive to local priorities and impacts individual and population health security.

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### Lean Development of Modern Medical Educators: A Cost-Effective and Practical Approach to Teacher and Curriculum Development for Global Partnerships

D.M. Elnicki<sup>1</sup>, J. Mahoney<sup>2</sup>, A.L. Arita<sup>1</sup>, S. Khan<sup>1</sup>, C. Lance-Jones<sup>1</sup>, M. McDonald<sup>3</sup>, A. Thompson<sup>3</sup>; <sup>1</sup>University of Pittsburgh School of Medicine, Pittsburgh, USA, <sup>2</sup>University of Pittsburgh School of Medicine, Pittsburgh, PA, USA, <sup>3</sup>University of Pittsburgh, Pittsburgh, PA, USA

**Program/Project Purpose:** In developing countries, there is a need for implementation of top-quality medical education programs. Existing medical teachers in these locales have clinical expertise, but may not be prepared to deliver modern high-quality medical curricula. This project aimed to streamline mentoring development of medical teachers in a limited resource environment, to prepare them to develop and deliver an up-to-date curriculum using contemporary instructional methods that emphasize active learning and problem solving (deemphasizing lectures and memorization).

**Structure/Method/Design:** Mentoring components: Mentors (University of Pittsburgh, USA) prepared an overall course plan and draft schedule. Teachers at a new medical school (Nazarbayev