

followed by lack of adequate supplies, infrastructure, and continuing educational/professional development opportunities, excessive workload, disjointed human resource management practices, and aggression in the workplace.

Going Forward: HRH2030 will disseminate the results of the research with key stakeholders and provide technical assistance to the MoH in developing evidenced-based policies and procedures for improving worker motivation and retention.

Source of Funding: USAID.

Abstract #: 1.077_HHR

Filling the Gap for Healthcare Professionals Leadership Training in Africa: The Afya Bora Consortium Fellowship

D. Krakowiak¹, Y. Mashalla², G. O'Malley³, E. Seloitwe², G. Ekane⁴, S. Atanga⁴, O. Gachuno⁵, T.M. Odero⁵, D. Urassa⁶, E. Tarimo⁶, D. Nakanjako⁷, N. Sewankambo⁷, Y. Manabe⁸, K. ousman⁹, S. Chapman¹⁰, R. Dicker¹⁰, R. Polomano¹¹, D. Wiebe¹¹, J. Voss¹², K.N. Hosey³, J.N. Wasserbeit³, C. Farquhar³; ¹University of Washington, Seattle, USA, ²University of Botswana, Gaborone, Botswana, ³University of Washington, Seattle, WA, USA, ⁴University of Buea, Buea, Cameroon, ⁵University of Nairobi, Nairobi, Kenya, ⁶Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania, ⁷Makerere University, Kampala, Uganda, ⁸Johns Hopkins University, Baltimore, USA, ⁹African Health Resource Group, Baltimore, USA, ¹⁰University of California, San Francisco, San Francisco, USA, ¹¹University of Pennsylvania, Philadelphia, USA, ¹²Case Western University, Cleveland, USA

Program/Project Purpose: The Afya Bora Consortium is a partnership of five African and four U.S. universities with the mission of providing future global health leaders with advanced skills that are beyond the traditional patient-centered training programs for healthcare professionals. Each year, an interdisciplinary group of twenty physicians, nurses and public health professionals participate in a 12-month African-based intensive fellowship to improve skills in leadership, resource management, program monitoring and evaluation, implementation, and applied research.

Structure/Method/Design: The Afya Bora Fellowship provides leadership training in the form of eight in-person and four online modules as well as two 4.5-month mentored attachments at governmental and non-governmental organizations in Botswana, Cameroon, Kenya, Tanzania, and Uganda. The fellows come together during three, month-long highly interactive sessions held in different African countries during which interdisciplinary and multinational learning is encouraged. Afya Bora Fellows complete evaluations of the modules and program as well as self-assessments of learning throughout the year. Data presented here are from all cohorts since 2011 using qualitative analysis of personal reflection reports.

Outcome & Evaluation: Fellows described multiple training gaps the fellowship helped fill. Fellows reported that increased skills in communication would help them to better motivate and align others to address pressing problems in their healthcare systems. Improved understanding of and capacity to use data for programmatic purposes was also identified as essential to their ongoing leadership. Fellows reported that their organizational and management abilities

had improved both from didactic learning and modeling of program faculty and staff. Finally, fellows reported that the rich cohort experience provided them with an added appreciation of the advantages of interdisciplinarity when solving problems.

Going Forward: Well-structured and targeted leadership training is necessary to fill the gaps in traditional medical and nursing education programs. Such training can catalyze healthcare professionals to become more effective in leadership and improve the healthcare systems in their countries while not contributing to “brain drain” (all fellows thus far have remained in their respective countries). The Afya Bora Fellowship can serve as a model for training and research institutions as well as organizations in resource-limited settings to sustainably strengthen human resource capacity to lead and improve health systems.

Source of Funding: PEPFAR, Office of AIDS Research, HRSA Grant #U91HA06801.

Abstract #: 1.078_HHR

Success and Challenges of Implementing a Tablet-Based Trauma Registry in Tanzania

A. Lalande¹, R. Boniface², D. Bracco³, D.L. Deckelbaum⁴, T. Razek⁴; ¹McGill University, Montreal, Quebec, Canada, ²Muhimbili Orthopaedic Institute, Dar es Salaam, Tanzania, ³McGill University Health Center, Montreal, Canada, ⁴McGill University Health Centre, Montreal, QC, Canada

Background: Trauma is one of the leading causes of morbidity and mortality worldwide, even more so in low- and middle-income countries. Access to epidemiological data through trauma registries has been one of the keys to the success of improvement in trauma care. A partnership between local leadership in Tanzania and the Centre for Global Surgery, founded by McGill-based surgeons, was formed about 10 years ago, and a minimal trauma registry was implemented. It has since then been expanded to a 6 sites across Tanzania and data collection is ongoing more steadily for the last 3 years using a tablet-based registry.

Methods: iTrauma™ is a minimal trauma registry that contains a total of 26 questions about demographics, mechanism of injury, type of injury and outcome. Data is gathered on site on paper by local data collectors and is entered by an archivist on a tablet. Reports are generated with minimal user involvement. Over the last year, a quality assessment of the database was conducted using retrospective data. The database, the collection process and the use of data were evaluated to determine the robustness of the registry.

Findings: Over the course of the last 3 years, over 40 000 patients have been entered in the database through the 6 sites. Each patient file entered is on average 93.1% complete (number of questions answered), which is significantly more than what was collected in local hospital records (42.1%). The iTrauma™ catch rate compared to local hospital logbooks was estimated on average to be 317% (range 111-797%). iTrauma™ data was overall concordant with hospital records (not all data currently available, full analysis pending).

Interpretation: The implementation of a minimal trauma registry in a low-income country in collaboration with local leadership is feasible. A significantly larger amount of information about more