UBUNTU2024

CONFERENCE BOOK

CAPE TOWN, SOUTH AFRICA
10 - 13 September 2024

UBUNTU 2024
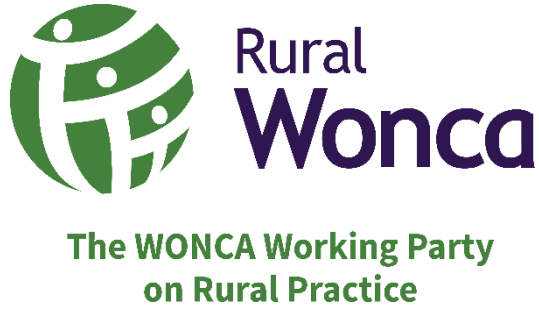
Uniting TUFH 2024 and
Rural Wonca 2024

THE NETWORK
TOWARDS UNITY FOR HEALTH

Rural Wonca
The WONCA Working Party
on Rural Practice

SNO
Student Network Organization

Rural Seeds
sowing the seeds for the future of rural health

UNIVERSITY of the
WESTERN CAPE

Stellenbosch
UNIVERSITY
IYUNIVESITHI
UNIVERSITEIT

Cape Peninsula
University of Technology
creating futures

University of Cape Town

Western Cape
Government
FOR YOU

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Partners

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SUMMARY

Ubuntu 2024 is a joint conference between The Network: Towards Unity for Health (**TUFH**) and Rural WONCA (**The Working Party on Rural Practice**). It's bringing together the TUFH 2024 Annual Conference for TUFH, which is celebrating its 45th anniversary in 2024, and the 20th WONCA World Rural Health Conference! This joint conference has been named Ubuntu 2024; referring to the meaning of Ubuntu "I am, because you are".

This conference is uniquely co-hosted by 5 partners in Cape Town, South Africa: **University of the Western Cape**; **University of Cape Town**; **Stellenbosch University**; **Cape Peninsula University of Technology**, and **the Department of Health and Wellness – Western Cape Government**.

KEY DATES

- Abstract submission opened: 26 October 2024

- Abstract deadline (Oral and Free Paper Sessions Presentations): 14 April 2024

- Abstract deadline (Workshops, Ubuntu Talks & TUFH Documentaries): 31 March 2024

- Registrations opened: 30 June 2024

- Early Bird registration closed: 31 March 2024

- Deadline for registration for physical attendees: 18 August 2024

- Deadline for registration for virtual attendees: 25 August 2024

DATE AND TIME

Monday:	9 September 2024 - TUFH Board Meeting & Rural WONCA Council Meeting 9 AM – 9:30 PM (SAST)
Tuesday:	10 September 2024 – Day 1 from 7:30 AM – 8:30 PM (SAST)
Wednesday:	11 September 2024 – Day 2 from 7:30 AM – 10:30 PM (SAST)
Thursday:	12 September 2024 – Day 3 from 7:30 AM – 7:30 PM (SAST)
Friday:	13 September 2024 – Day 4 from 7:30 AM – 8:30 PM (SAST)

VENUE

University of the Western Cape

The University of the Western Cape (UWC) is an esteemed public research institution located in Bellville, in close proximity to Cape Town, South Africa. The establishment of the university occurred in 1959 under the auspices of the South African government, with the explicit intention of serving as an institution only catering to individuals classified as Coloured. In addition to the aforementioned institution, Cape Town is home to several more institutions, namely the University of Cape Town, the Cape Peninsula University of Technology, and Stellenbosch University. UWC has maintained its status as an integrated and multiracial institution since even prior to the conclusion of apartheid in South Africa in 1994.

School of Public Health

The Public Health Programme was established in 1993 with the explicit mandate to support the establishment of a new health system in a new, democratic South Africa. Since its inception, under the leadership of founding director, Prof David Sanders, it has strengthened public health and primary health care education and research. Our mission has always been to empower the health services by nurturing their capacity and expertise.

Since its inception, the SOPH evolved into a pioneering force in the field of public health, exerting significant national influence and extending its impact throughout the continent. Our vision is to improve the general health and wellbeing of people living in developing nations, particularly in Africa. We strive to create sustainable and health-promoting environments that provide equal access to essential services that are grounded on social justice and human rights.

At the core of our existence lies the objective of equipping policy makers and implementers with the essential knowledge and skills in the principles and practice of public health.

Among our noteworthy accomplishments are:

- pioneering a multi-level postgraduate programme that culminates in Masters in Public Health and Doctorates in Public Health.

- providing health and social care professionals with chances for continuous learning opportunities through our annual Summer and Winter Schools.

- establishing a robust programme of integrated research and service that is enhanced by student contributions.

- Developing impactful training guides and resources for service providers based on our service work and research.

- obtaining accreditation as a Collaborating Centre for Research and Training in Human Resources for Health Development by the World Health Organisation.

Situated at the heart of the University of the Western Cape's main campus in Bellville, the SOPH resides within the Faculty of Community and Health Sciences. This faculty encompasses various departments, including Occupational Therapy, Physiotherapy, Social Work, Natural Medicine, Human Ecology, Dietetics, Sport, Recreation, and Exercise Science.

Please visit our website to find out more about our programmes and contributions to the field of public health. Join us as we advocate for universal access to sustainable health and well-being and help shape healthier futures.

Check out our website for additional details.

Ubuntu 2024 Themes

People, Place, and Policy for Community Wellness

People: community, professionals, partnerships, and interpersonal
Place: rural and urban, global north and global south
Policy: health care, policy, climate, education

Ubuntu 2024 Subthemes

Building Equity for Rural Health

Advocacy for rural health, rural health policy for the public good, impact of the climate crisis on rural health and rural communities, rural research, the relationship between the different countries and cultures in rural health care, rural health workforce, rural emergency preparedness, rural education and recruitment and retention.

Community Engagement for Local and Global Health

The role of the community in healthcare, learning from the community, working towards socially responsive engaged communities, unlocking the potential of patients and communities, the role of the community in chronic medicine adherence, community engagement in mental health support, collaborations for health, strength in partnerships and role of community in epidemics and natural disasters.

Social and Health Policies for the Public Good

Promoting health policy and education for the community good, social policy for the public good, the built environment for the public good, health advocacy and diplomacy in a divided world, socially responsive and community conscious healthcare for all, equity, health impact, planetary health, climate change, global policies, local policies, one health and social determinants of health.

Educating the Health Workforce

Interprofessional education in health, technology, digital health, clinically competent and critically conscious curricula, how to incorporate climate change and planetary health into the curricula, socially responsible curricula, and community engagement in education.

ABOUT THE HOSTS

The Network: TUFH

[The Network: Towards Unity for Health (TUFH)](#) is an international, intersectoral, intergenerational organization that fosters equitable community-oriented health services, education, and research with the goal of improving health locally and globally. It convenes innovative health care organizations, universities, community institutions, and thought leaders from all over the world.

The Network: TUFH engages in numerous activities, including:

- **Annual international, intersectoral, and intergenerational hybrid conference**

- **Annual regional virtual conferences**

- **Virtual symposiums and workshops**

- **TUFH Academies**

- **International Student Training and Exchange Program**

- **TUFH Mentorship Program**

- **Institutional Self-Assessment Social Accountability Tool**

- **TUFH Online Community**

- MEDLINE indexed journal, *Education for Health*.

To achieve its vision for universal health and equitable health care, TUFH is governed by a **global Board of Directors**; supported by a **Secretariat Consortium**; guided by a **Global Advisory Board of thought leaders**; affiliated

with the World Health Organization as an official non-state actor, and strategically partnered with **health institutions and organizations**.

Student Network Organization

WHO WE ARE

We are a network of dedicated health students committed to advancing health equity within the realms of education and healthcare. Our mission revolves around fostering intercultural and multidisciplinary collaboration with the overarching aim of contributing to the realization of universal healthcare.

WHAT WE DO

Our core objective is to provide a platform for students, irrespective of their specialized fields, to actively engage with public health issues on local, regional, and international fronts. We facilitate this through robust interdisciplinary partnerships, offering valuable opportunities to interact with esteemed professors, peers, and seasoned public health practitioners within their chosen areas of interest. Our environment is one of camaraderie and support, nurturing networks that extend far beyond the academic sphere.

MISSION & VISION

Our mission remains steadfast – to champion health equity in education and healthcare through the promotion of intercultural and multidisciplinary collaboration. Our ultimate vision is to contribute to the construction of a healthcare system that serves all, without exception.

Rural Wonca
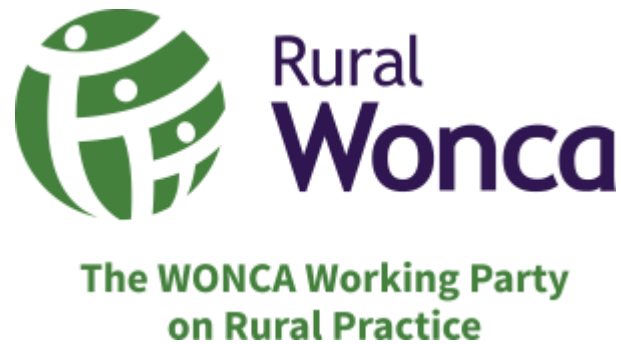
Rural WONCA ([The Working Party on Rural Practice)](#) is an active network of rural family doctors and rural academics from each of the world's regions: Europe, Asia, Africa, North America, South America, Australasia/Pacific. Members of the working party are engaged and active in contributing to the vision of "Health for All Rural People" globally through:

- Repositioning and relationships
- Education and Research
- Activism and Advocacy
- Conferencing and Communication

We work through creating links between rural health family doctors and nurses around the world both individually and through organisations. We are the international voice for rural medicine and health. We engage in political activism on issues impacting rural health, including determinants of rural health.

We advocate for rural health services within the World Organisation of Family Doctors and Academic Associations ([WONCA](#)) and at the World Health Organisation, UN, and other relevant international bodies.

We promote and provide resources to support rural medical education, rural medical schools, and rural clinical schools such as through our Rural Medical Education Guidebook Second Edition 2021 and our policy documents. We support our young doctors and other health professionals through our partnership and support of emerging rural health leaders through Rural Seeds.

Find out more about RuralWonca

Follow us on Twitter @RuralWonca and join us on Facebook

Rural doctors and academics who share our vision and prepared to do something about it are welcome to join us here

Rural Seeds

Who we are

Rural Seeds – or 'World Rural Doctors in Training'– is a network **comprising largely of students and young doctors with an interest in rural medicine** who collaborate closely with experienced doctors and other health professionals within the Rural WONCA (The WONCA Working Party on Rural Practice).

Our aim

The aim of Rural Seeds is to be a worldwide network that raises awareness and improves the guidance in training for rural practice for people in the early stages of their career development. One of its main aims is to contribute to the

UN17 Sustainable Development Goals, especially goal number 10: "Reduce inequality within and among countries" since inequality in access to health services persists around the world, particularly in rural areas.

Our Leadership

Rural Seeds is led by Ambassadors selected through a rigorous process by a committee drawn from Rural Seeds and the WWPRP, representing 7 regions namely: Africa, South Asia, North America, IberoAmerica, Eastern Mediterranean, Asia Pacific and Europe.

Our Projects

- Rural Family Medicine Café
- Rural Health Success Stories
- Mentor-Mentee Program
- Rural Videos
- ScholarRX Rural Education

Our Story:
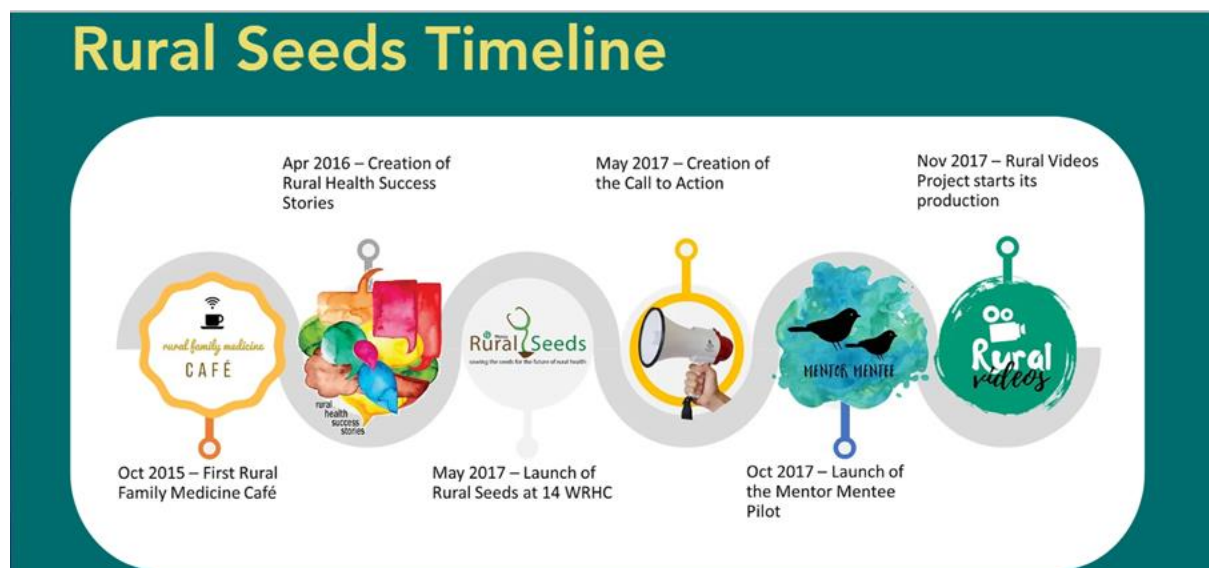
ABOUT THE LOCAL PARTNERS

The University of the Western Cape

The University of the Western Cape (UWC) was founded in 1960 and occupies a unique space in the South African higher education landscape. It is a dynamic institution committed to excellence in learning, teaching, research and innovation in a globally competitive environment whilst remaining true to the values and ethos that have shaped its identity as a university rooted in serving the public good.

UWC is home to more than 23 000 students who engage in undergraduate and postgraduate programmes in seven faculties, namely:

- Faculty of Arts and Humanities
- Faculty of Community Health Sciences
- Faculty of Dentistry
- Faculty of Economic and Management Sciences
- Faculty of Education
- Faculty of Law
- Faculty of Natural Sciences

There are 2400 academic, professional and support staff employed at the university.

The **Faculty of Community and Health Sciences (CHS)** is an internationally recognised faculty for community-based, interdisciplinary education and

research in the health, well-being and social justice fraternity. It has a long history of focusing on promoting equity and community development in its education programmes and training of professionals, and is involved in partnerships with service providers and communities in urban, as well as rural areas within South Africa and other African countries.

CHS building video tour

Stellenbosch University

Stellenbosch University (SU) is firmly committed to the pursuit of knowledge, research and innovation, in service of society. We provide a world-class centre for learning and development, which is globally relevant, yet rooted in the upliftment and transformation of our local communities. Our actions are guided by key values and attributes, and enabled by outstanding staff and students, sound operating systems and a deep sense of purpose. SU is home to an academic community of more than 32 500 students, including more than 3 700 international students from 104 countries. SU has 4 658 permanent and fixed-term contract staff members, including 1 393 academics.

Our ten faculties (AgriSciences, Arts and Social Sciences, Economic and Management Sciences, Education, Engineering, Law, Medicine and Health Sciences, Military Science, Science, and Theology) as well as the School for Climate Studies, the School for Data Science and Computational Thinking and the Stellenbosch Business School are located across five campuses in the Western Cape province of South Africa.

According to official figures of the Department of Higher Education and Training (DHET) released in 2022, SU is among South Africa's top three research-intensive universities, both per capita and in terms of total research output.

SU now boast a total of 20 of A-rated researchers – our highest number to date – having received nine new A-ratings in the 2021 rating round.

We host 44 research chairs – 23 as part of the DSI-NRF SARChI programme and 21 endowed or industry-funded chairs. In 2012, that number was 16. Research chairs make a very significant contribution to the research outputs, impact and income of SU as a thriving research-intensive institution.

The number of postdoctoral fellows has grown from 154 in 2012 to more than 340 registered postdoctoral research fellows registered at SU in 2022.

The University of Cape Town

Unleashing human potential to create a fair and just society. This is the vision at the core of the University of Cape Town's (UCT) business, the change we want to contribute to society.

UCT is a community of exceptionally talented students, teachers and researchers and a wide range of professional, administrative support and service staff – all of whom are committed to help change this world for the better. We encourage one another to be leaders in this increasingly changing world.

Our aspiration is to be an inclusive, research-intensive African university that is socially responsive, addressing the challenges of our time with cutting-edge teaching, research and facilities. As a university, we are committed to transformation to working tirelessly to achieving ecological and financial sustainability by ensuring excellence in all we do.

UCT has a proud tradition of academic excellence and is currently the top-rated university in Africa and one of the top-rated universities in the world. We are focused on unleashing knowledge and innovative research in and from Africa to redefine and co-create a sustainable global future. Our researchers continue to help with the creation of African-based solutions to global problems, including issues relating to climate change, urbanisation, safety and security, education and health, to name just a few. Many UCT researchers are

recognised world leaders in their respective fields, involved in the latest scholarly work and research discoveries. Our multi-disciplinary collaborations extend beyond our continent across the globe, with a strong focus on capacity-building and growing new scholarship among emerging researchers in and from resource-constrained contexts.

Our teaching and learning aim to provide an education that will unleash students' potential to be resilient agents of change for themselves and in society. We do this by offering innovative and an increasingly decolonised curricula at the cutting edge of disciplines and professions. This facilitates students' engagement with their own learning, offering socially engaged curricula and digitally enabled education at undergraduate, postgraduate and continuous education levels.

UCT therefore encourages students to build their leadership and service skills. Our students participate in the many volunteer projects taking place in local communities, to become active members of the 100+ societies and over 40 sports clubs on campus, or to give something back to the institution by serving in student governance.

UCT has a vibrant, diverse, cosmopolitan community. Our staff and students come from many different communities in South Africa, as well as more than 100 countries across Africa and the world. Every person has something to contribute to UCT's quality and growth, and our goal is to ensure that everyone feels that they belong and are included during their time here, and that they are very much a part of a bigger purpose to create a fair and just society.

Cape Peninsula University of Technology

Vice – Chancellor - Dr Chris Nhlapo

Chancellor - Honourable Thandi Modise

Chair of Council - Dr Laurine Platzky

Institutional Profile

The Cape Peninsula University of Technology (CPUT) was established on 1 January 2005 when the Cape and Peninsula Technikon's merged. This was part of a national process of transforming the higher education landscape in South Africa. The history of CPUT is, therefore, the history of the two merged institutions and goes as far back as 1920. After the promulgation of the Technikons Act in 1976, technical colleges were able to offer tertiary education in selected fields of study. In 1979 both colleges were legally established as technikons and from 1993 were empowered to offer degrees: Master's and Doctoral degrees in Technology.

The Cape Peninsula University of Technology is the only university of technology in the Western Cape and is the largest University in the region. The University has six faculties focused on Applied Science, Business and Management Sciences, Education, Informatics and Design, Engineering and the Built Environment and Health and Wellness Sciences.

The institution is best known for its provision of service-learning opportunities for its students. Service Learning is a course-based, credit-bearing experience in which students participate in an organized service activity that meets identified community needs and reflect on the service activity in such a way as to get further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility CPUT offers under 100 career-focused courses and has two main campuses in Bellville and Cape Town, the Granger Bay Campus with its Cape Town Hotel

school and restaurant next to the world-renowned V&A Waterfront in Cape Town as well as various campuses in Mowbray and Wellington.

Research

The University's research culture focuses on applied and problem-solving research which is responsive to regional, national and continental needs. One example of this research culture is CPUT's pivotal role in advancing South Africa and Africa's space ambitions.

Through the node of the French South African Institute of Technology (F'SATI), CPUT continues to lead the way in transforming the Pan African space industry and is at the forefront of developing the next generation of space engineers. To date the satellite programme at CPUT has seen the launch of Africa's only satellite constellation and produced hundreds of postgraduate students to support the African space industry and national imperatives like Operation Phakisa.

VISION 2030

A university of CPUT's scope and size requires a definitive future plan. The adoption of the institutions Vision 2030 dictates our strategic framework for the next ten years.

This vision is embedded in all operating procedures at the university, and guides operations and how we see ourselves.

CPUT's **Vision** is to be Africa's leading Smart University of Technology, globally renowned for innovation, with graduates that shape a better world. And our **Mission** is to transform our students through world-class researchers who inspire knowledge production and produce innovation that is cutting edge.

Our Vision and Mission align with sectoral, regional, national and global imperatives. Vision 2030 aims to build One Smart CPUT. The "Oneness" focuses

on our human-centricity, while the "Smartness" focuses on technological developments and innovations.

Through Vision 2030, we are proud to be imbedded in this nation's future, and to be actively involved in creating South African success stories.

Western Cape Government: Department of Health and Wellness

The Western Cape Department of Health and Wellness seeks to ensure that the residents of the Western Cape live longer and are healthier. There is a clear pathway before us, that is based on commitment, urgency, and hope. Our commitment to the ideals of 'Healthcare 2030' remains unwavering with our continued focus on the re-design of health services to support and enable wellbeing. Good governance becomes a powerful resilience advantage as it provides the foundation of a trusted, people-centric, equitable health system, and is contingent on ethical and effective leadership.

CONFERENCE COMMITTEES

Scientific Committee

Ronel Deidre Maart

University of the Western Cape

Ronel Maart is the Head of Prosthetic Dentistry Department, University of the Western Cape. She is a well-rounded clinician and academic with extensive experience in the private and public health sector. She completed a MPhil in Higher education and PhD with a focus on health professions education. She completed the SAFRI (Southern African Faimer Region Institute) fellowship and was member of the SAFRI- faculty. For the South African Association of Health Education 2021 conference, she was part of the local organising and scientific committee. Her scholarly contributions include local, international conference presentations and publications in national and international journals.

Aricia De Kempeneer

Operations and Programming Director, The Network: Towards Unity for Health (TUFH)

Aricia De Kempeneer, M. Sc., is the Operations and Programming Director for The Network: Towards Unity For Health. She is responsible for managing the annual conferences, virtual regional conferences, TUFH Symposiums and Workshops, TUFH Academies, ISAT, iSTEP, Digital Aspects, Social Media, Newsletter, Communications and Membership. In addition, Aricia is the liaison to the Student Network Organization.

Aricia holds a Masters in Health Education and Promotion from Ghent University and a Bachelor in Midwifery from Erasmus Hogeschool. She works as an independent midwife in Belgium and gives prenatal lessons, prenatal care, and postnatal follow-up.

Prior to The Network: TUFH Aricia worked as a midwife in Gambia, Finland, United Kingdom, and Belgium in low-risk birthing units. She co-founded and was the first president of the Student Network Organization in 2015. She has been attending TUFH annual conferences since 2012.

William Burdick

Vice Secretary General, The Network: Towards Unity For Health (TUFH)

William Burdick, MD, MSEd, is Vice Secretary General of The Network: Towards Unity for Health, an organization of community oriented health professions schools and Professor of Emergency Medicine at Thomas Jefferson University in Philadelphia. As the former Vice President for Education at FAIMER, he was responsible for creation of global faculty development programs for health professions educators. He has received awards for excellence in teaching, including the Lindbach Award and the Trustees Award in his capacity as Professor of Emergency Medicine at Drexel University College of Medicine. A graduate of Oberlin College, Weill Cornell University College of Medicine, and University of Pennsylvania, he completed residency training in Internal Medicine and is certified by the American Board of Emergency Medicine and American Board of Internal Medicine.

Zakiur Rahman

Rural Wonca

Prof. Dr Md Zakiur Rahman, President Primary Care & Rural Health Bangladesh. Executive, Wonca Working Party on Rural Practice. Organizing Chairman Wrhc2020 Dhaka Bangladesh. Five-star doctor Award South Asia 2021. Faculty of family medicine in Bangladesh College of General practitioner's and Bangladesh academy of family Physician.

Sankha Randenikumara

Rural Wonca

Dr Sankha Randenikumara is the Young Doctors' Lead of WONCA – World Organization of Family Doctors and the Chief Family Physician of the group practice 'The Family Health Clinic' in Wattala, Colombo, Sri Lanka. Sankha started his career as the Medical Office-in-charge of a rural hospital in Southern Sri Lanka, which was transformed to an award-winning model primary care hospital by the team led by him. This achievement was recognised by the

World Bank and he was appointed to the expert team compiled the world bank country project – 'Reorganising Primary Healthcare in Sri Lanka' as the junior most member. In addition to executive portfolio, he is also actively involved in WONCA Working Parties on the Rural Practice and Environment. Sankha has delivered two orations, published several papers on international journals and contributed to a few book chapters. In addition to Family Medicine and primary care, his research interests are in planetary health, lifestyle medicine, palliative care and archaeology.

Viviana Martinez-Bianchi

Rural Wonca

Dr. Viviana Martínez-Bianchi is a family doctor, and the Director for Health Equity at Duke University's Department of Family Medicine and Community Health. She was elected President-elect of the World Organization of Family Doctors in October 2023. She was appointed to serve on President Biden's Council on Sports, Fitness, and Nutrition in 2023, and to the state of North Carolina's Social, Economic, Environmental, and Health Equity Task Force in 2020, and she served as a Latinx health advisor for the North Carolina Department of Health and Human Services during the pandemic response. In addition, she chaired the Health Equity Team for Family Medicine for America's Health. Martinez-Bianchi was an Executive Member-at-Large of the World Organization of Family Doctors and its liaison to the World Health Organization from 2016 to 2021. She is Co-founder and Co-director of LATIN-19 (the Latinx

Advocacy Team, and Interdisciplinary Network for COVID-19), a multisector group addressing Hispanic health during the COVID-19 pandemic and beyond.

Martinez-Bianchi has been the recipient of many awards, including the 2021 Marian Bishop Leadership Award by the Society of Teachers of Family Medicine Foundation, North Carolina's 2021 Family Physician of the Year by the North Carolina Academy of Family Physicians, and the 2022 Foundation for Health Leadership and Innovation Community Achievement Award. She was inducted to the NC Institute Medicine in 2022.

Martinez-Bianchi sees patients at the Duke Family Medicine Center in Durham, North Carolina, vía telehealth, and newborn health rounds at Duke Regional Hospital. Her work includes the full spectrum of ambulatory family medicine with an emphasis on prevention, chronic disease management, women's health, prenatal care, addressing social determinants of health, and promoting understanding of health equity.

Canan Tuz Yılmaz

Rural Wonca

Family medicine specialist; worked as an academician in a rural university for five years. Interested in palliative care, working as a lecturer in the family medicine department of Bursa Uludag University. Member of EGPRN till 2014.

Marita Cowie

Rural Wonca

Gobith Ratnasingam

Rural Wonca

Dr Gobith Ratnasingam. MBBS, MCGP, DFM, MBA (Health) Gobith is a Family Physician and visiting lecturer at the Department of Community and Family Medicine, University of Jaffna, Sri Lanka. He is a young healthcare leader and serves national and International family medicine bodies, including a council member of the College of General Practitioners, Sri Lanka, an executive council member of the Wonca working party on Rural Practice with a portfolio of LMICs and the National chair of the Young Family Doctors' movement (Spice Route movement of young doctors – Sri Lanka). He involves in many primary care projects, including community-oriented primary care (COPC), which is a local contribution towards the national primary care strengthening project of Sri Lanka.

Barb Doty

Rural Wonca

Ala Khalid

Student Network Organization (SNO) President

Ala Khalid is a medical graduate from University of Gezira, Sudan. She has been a loyal member of SNO since 2018, last year she was working as acting president for SNO local chapter at her institution and also as international Mentorship coordinator. She's passionate about Global Health issues, Gender Equity, and Interprofessional Education.

Nicholas Torres

Executive Director, The Network: Towards Unity for Health (TUFH)

Nicholas Torres (M.Ed.) works at the cross section between the private sector, government, and not-for-profits and aligns them toward collective social impact goals and public policy. Nick has over 20 years of experience in executive management. Nick founded and currently leads a social sector "think-tank" organization; and teaches at the University of Pennsylvania.

Nikolaj Hansen-Turton

Social Media and Conference Manager, The Network: Towards Unity for Health (TUFH)

Nikolaj in the capacity of the social media and Conference Manager for The Network: Towards Unity for Health (TUFH). Nikolaj also serves as Education Platform and Social Media Manager for the Social Innovations Journal. He is originally from Philadelphia and based in London.

Godwin Aja

African Regional Board Member, The Network: Towards Unity for Health (TUFH)

Professor Godwin Aja is the African representative on the executive board of The Network: Towards Unity for Health, and MPH Program Director at the Graduate School Public Health Department, Adventist International Institute of Advanced Studies, Cavite, Philippines.

Kamayani Mahabal

South-East Asian Regional Board Member, The Network: Towards Unity for Health (TUFH)

Activist, Gender, Health & Human Rights

Rabia Khan

The Network: TUFH

Álvaro Enrique Romero Tapia

The Network: Towards Unity for Health (TUFH)

He is the Latin American Regional Board Member for TUFH. Dean of Medicine Faculty of La Sabana University Professor and researcher at Medicine Faculty of La Sabana University President of Colombian Medicine Faculties Association Vice-president of Andean Network of Faculties of Medicine Member of the Board of Directors of La Sabana University Clinic (Chía, Colombia). Medical doctor from Nueva Granada Military University, specialist in Psychiatry from National University of Colombia, specialist and master's degree in Bioethics from University of La Sabana. Management training in PDD – Executive Program from Inalde Business School, of La Sabana University.

Tony Claeys

The Network: Towards Unity for Health (TUFH)

European Regional Board Member, The Network: TUFH. Professor in Nursing, VIVES University of Applied Science, Belgium Coordinator VIVES LiveLab: Interprofessional Education Researcher Centre of Expertise for Care Innovation, VIVES

Mohamed El Hassan Abdalla

Eastern Mediterranean Regional Board Member, The Network: Towards Unity for Health (TUFH)

Assistant Professor of Medical Education, College of Medicine and Acting Director of Medical Education Center, University of Sharjah, United Arab Emirates

Amy Clithero-Eridon

The Network: Towards Unity for Health (TUFH)

Amy Clithero-Eridon is the North American Regional Board Member for TUFH. She is a faculty member in the Department of Family & Community Medicine at the University of New Mexico School of Medicine. Amy has a PhD in Family Medicine from the University of KwaZulu-Natal in Durban, South Africa as well as a Masters of Business Administration with a health systems concentration and a Masters level certification in Medical Education. In addition to teaching medical students about social determinants of health, health policy, and health services research, Amy participates in numerous educational research initiatives focusing on educational best practices and social accountability within medical education.

Nesengani Tintswalo

Nelson Mandela University – TUFH Institutional Member

Yigzaw Sendekie Tegbar

Jhpiego Corporation

Mabel Nangami

Moi University – TUFH Institutional Member

I am an Associate Professor of Health Policy and Health Systems Management and former Dean of the School of Public Health, college of health sciences at Moi University. I have engaged with the Women's I have over 35 years of extensive experience in teaching, research, and consultancy. I was also Chair of the Community Based Education and Service (COBES) program under the College of Health Sciences where learners are placed and learn in rural and urban communities for at least 25% of their learning time before graduation. I have led and contributed to institutional research and capacity building initiatives leading to policy change in health management through research grants such as the IDRC funded first Moi University research Chair on health systems research at Moi University. Was the lead faculty on the MasterCard Foundation Higher Education Collaborative in Africa in collaboration with the

DLSPH, University of Toronto as prime (2021-2022). I currently serve as Board Chair of a Country Referral Hospital and also a Board member of the African One Health Universities Network (AFROHUN) collaboration with over 18 institutions across 10 countries in Africa; PI (MPI) on the NIH funded D43 in HIV research training, implementation, and dissemination with AMPATH and Indiana University Global Health; developing regional (with AMREF) and national curricula (middle-level managers and policy makers) under the Ministry of Health-Kenya; facilitated JAS 4 seminar under the Consortium for Advanced Research Training in Africa (CARTA) doctoral program on knowledge translation including policy communication and trained as TOT under the PRB policy communication program. Mentored over 50 masters and doctoral students through thesis supervision including thesis examination for Makerere University, School of Public Health, health policy at University of Witwatersrand and University of Western Cape in South Africa.

Bernhard Gaede

University of KwaZulu-Natal – TUFH Institutional Member

I am a family physician currently appointed as Associate Professor and Head of Department of Family Medicine at the University of KwaZulu-Natal (UKZN) in South Africa. Prior to this appointment I was the Director of the Centre for Rural Health at UKZN and have worked for over a decade in rural settings in South Africa. I am a SAFRI / FAIMER fellow and have a broad interest in medical

humanities and recent research includes health professional education, distributed training platforms and community engagement.

Omaswa Francis

The African Centre for Global Health and Social Transformation – TUFH Institutional Member

Sebastien Manirakiza

University of Burundi – TUFH Institutional Member

Sarah Kiguli

Makerere University College of Health – TUFH Institutional Member

Marietjie De Villiers

TUFH Advisory Board Member

Noeline Nakasujja

TUFH Advisory Board Member

Noeline Nakasujja is Chair for the Department of Psychiatry at the College of Health Sciences and the first female Associate Professor of Psychiatry in

Makerere University Uganda. She is the Chairperson of the Uganda Society for Health Scientists and Co-Chair for the Community Care for the Elderly task force of The Network: Towards Unity for Health (TUFH). In addition to being an ardent practicing psychiatrist, her roles also include being an educationist who has mentored numerous students. Her research interest focuses on neurocognitive assessments across the life span as well as other areas in the field of psychiatry.

Jana Müller

Stellenbosch University

Jana, a physiotherapist by training, is a part-time lecturer in Rural Health at Stellenbosch University, Ukwanda Centre for Rural Health. She has a special interest in rural interprofessional education and collaborative practice, she is chair of the Rural Rehabilitation of South Africa and a board member for the African Interprofessional Education Network. She is currently doing her PhD in health professional education at Stellenbosch University.

Barry Andrews

University of the Western Cape

I am professor at the University of the Western Cape. I am the HOD of the Sport, Recreation & Exercise Science Department and the project coordinator of High Performance.

Michelle Viljoen

University of the Western Cape

Michelle is a registered pharmacist with the South African Pharmacy Council (SAPC) since 1996 and is currently the Deputy Director of the School of Pharmacy: Pharmacology and Pharmacy Practice cluster at the School of Pharmacy, University of the Western Cape (UWC). She holds a MSc and PhD degree in Pharmacology. She has been a lecturer in Pharmacology since 2002 with extensive involvement in the teaching of undergraduate pharmacy, dental and nursing students. She also has extensive experience in teaching at

post graduate level. She has acted as study supervisor, co-supervisor and external examiner for a large number of masters and PhD students over the years. Her main research focus areas are: pharmacokinetics, pharmacodynamics, pharmacogenetics of antiretrovirals, adverse drug reaction reporting at community level and improving compliance and adherence to antiretrovirals. She has published extensively in peer reviewed journals since 2008 and have presented annually at national and international conferences. She has a special interest in bioethics and ethics related to health and clinical research and served as the vice-chair of the Human Research Ethics Committee (HREC) of the Faculty of Health Sciences, at the North West University (2016) and is currently a member of the Biomedical Research Ethics Committee (BMREC) at the UWC. She has working experience as a regulatory affairs consultant with proficiency in Good Clinical Practice (GCP) and Good Manufacturing Practice (GMP).

Natalie Gordon

University of the Western Cape

Natalie Gordon is an oral hygienist and senior lecturer in the Department of Oral Hygiene, Faculty of Dentistry, University of the Western Cape, South Africa. My interests are oral health promotion, clinical practice in oral health and creating community-based service learning opportunities. I have a particular interest in the integration of oral health into the primary health care approach. These areas are also my research interests. My scholarly contributions include

conference presentations and publications on local and international platforms.

Lorraine Tanya Dube

University of the Western Cape

Tanya Dube is a pharmacist and lecturer in Pharmacy Practice at the School of Pharmacy, University of the Western Cape (UWC). She holds a Masters in Public Health from UWC and is a joint doctoral candidate with UWC/University of Antwerp, Belgium. Her research interests are adherence to chronic disease medicines – including syndemics and multimorbidity, rational medicine use and substance abuse.

Tracey-Ann Adonis

University of the Western Cape

Tracey-Ann Adonis is a Senior lecturer in the Department of Psychology in the Faculty of Community and Health Sciences at the University of the Western Cape. I am involved in education and training of postgraduate students in Psychology at Honours and Masters level as well as teaching undergraduate

students at third year level. I am the third-year level coordinator. Community and Contextual Psychology and Qualitative research methods are taught at these levels where community engagement opportunities are integrated into the learning, teaching and research activities of students. Dr Adonis has extensive experience in partnership projects and research niche areas include quality of life in substance use and maternal health, educator well-being in challenging contexts and emerging adulthood.

Renier Coetzee

University of the Western Cape

Renier Coetzee is a pharmacist. Prior to joining the School of Public Health in 2022, he worked at the School of Pharmacy (UWC) where he was responsible for the development of various undergraduate and postgraduate clinical programmes. He currently serves on various local and national department of health committees. Renier is the Vice-Chair of a non-governmental organization, Touching Nations, which focusses on patient centered care for less fortunate communities. His current research focus is in the area of Patient Safety, with a special interest in Rational Medicine Use and Antimicrobial Stewardship. Using the social accountability framework, he is collaborating with various role players and stakeholders to engage with communities to strengthen the health care systems.

Abigail Dreyer

University of Witwatersrand

Abigail Dreyer is a full-time lecturer in the Department of Family Medicine, Division of Rural Health at the University of Witwatersrand. She holds a Consortium for Advanced Research Training in Africa (CARTA) fellowship and a fellowship with the sub-Saharan FAIMER regional institute (SAFRI). She served as the Chairperson of the Faculty Committee for Community-Based Health Science Education (CoBHSE) and is an academic member of the university Senate. For the Southern African Association of Health Educationalists (SAAHE), she plays a leadership role for two Special Interest Groups, the Interprofessional Education (IPE) SIG, and the Education for Sustainable Healthcare (ESH) SIG. She is a reviewer for the African Journal of Health Professions Education and the Rural and Remote Health Journal. She has been on the scientific and organizing committees of both local and international conferences. She has more than 25 years' experience of working in rural and underserved communities in the Western Cape, Free State, Gauteng, North West, and Mpumalanga as well as Lesotho and Swaziland. Her teaching is centered on faculty development, undergraduate and postgraduate programmes in the faculty. She maintains and fosters learning opportunities in communities for students to apply their skills to contribute to community citizenship. Her research interests include curriculum design, and innovations in Medical and Health Professions Education, community-engaged teaching, collaborative practice, interprofessional teaching, and research that contributes to improving the quality of health care in rural and underserved areas. Her PhD

explored the use of decentralised training platforms in the undergraduate training of medical students.

Tracey Naledi

University of Cape Town

Tracey Naledi is a Public Health Medicine Specialist and Associate Professor of Public Health Medicine at the University of Cape Town, Faculty of Health Sciences (UCT, FHS). She is the Deputy Dean: Social Accountability and Health Systems at the UCT, FHS

Klaus von Pressentin

University of Cape Town

I am based in Cape Town, South Africa, where I work at the University of Cape Town as the head of the Division of Family Medicine. I completed my PhD in 2017 which evaluated the impact of family physicians within the district health system of South Africa. My research focuses on health service strengthening, health systems (especially human resources for health), as well as health

professions education. My current volunteer activities include serving as the Editor-in-Chief of the South African Family Practice Journal, serving on the Council of the College of Family Physicians of South Africa and serving on the Education and Training committee of the South African Academy of Family Physicians.

John-D Lotz

RuDASA

JD is a Family Physician working at Madwaleni Hospital – a deeply rural district hospital along the Wild Coast of South Africa. Together with his wife, they have been privileged to be living out their passion for rural health here since 2014.

Judy Lewis

WHTF

Judy Lewis is a public health sociologist and Professor Emeritus of Public Health Sciences and Pediatrics at the University of Connecticut Medical School. Her

major interests are women's health, maternal, child and adolescent health, and health care in low resource countries.

Cornell Hart

University of the Western Cape

Cornel Hart is the Programme Coordinator for the Community Development (CD) Professional Degree, Evaluator for the Scholarship of Engagement at the UWC, and a Board Member of the South African Higher Education Community Engagement Forum (SAHCEF). She specializes in Programme Evaluation and Micro-Macro Level Community Well-being Assessments' alignment to national and international development drivers (e.g. AU Goals, SDG's). Cornel assists HEIs (nationally & internationally) with CD Practice, Service-Learning, Community Engagement (CE) and Scholarship of Engagement (SoE) to monitor and evaluate their Societal Impact (i.e Broader Impacts).

Khabiso Ramphoma

University of the Western Cape

Dr Khabiso Ramphoma joined the University of the Western Cape, Faculty of Dentistry as a Senior Lecturer and Specialist in Community Dentistry/Dental Public Health in 2021. She previously worked at Sefako Makgatho Health Sciences University, School of Oral Health Sciences and University of KwaZulu Natal, School of Nursing and Public Health, Discipline of Public Health Medicine. Her research work contributes to the field of epidemiology, integration of oral health in general health, particularly maternal and child oral health initiatives through policy and health systems. She is a former committee member and representative for oral health workers in South Africa and Lesotho for Rural Doctors of South Africa (RuDASA). She is the Chairperson of the Public Health Association of South Africa (PHASA), Dental Public Health Special Interest Group. She also represents South Africa on the World Federation of Public Health Associations (WFPHA) under the Oral Health Working Group whose purpose is to promote and integrate oral health, whenever appropriate, in all public health policies within the WFPHA and its member organizations.

Firdouza Waggie

University of the Western Cape

Associate Professor Firdouza Waggie is the Deputy Dean: Clinical and Community Engagement in the Faculty of Community and Health Sciences at the University of the Western Cape (UWC). She is also physiotherapist and has worked in hospital and community settings. Currently she plays an important role in the leadership and strategic decision-making in the faculty. Her portfolio encompasses all matters related to the training on the clinical and community platforms for all the professional programmes in the faculty. She is also responsible for ensuring that the university is anchored in various communities through establishing partnerships and relationships with stakeholders that benefits the community and the university. She is an advocate for collaborative practice and community engagement in higher education and in the health and social services. She aims to build personal and leadership capacity amongst faculty staff which is needed for sustainability and success in the higher education sector. Her post-graduate supervision and research record reflects in several national and international publications and conference presentations.

Kareemah Najaar

Cape Peninsula University of Technology CPUT

Associate Professor Kareemah Najaar has a PhD in Human Physiology and a Post-Graduate Diploma in Higher Education (T&L). She is the Basic Sciences Coordinator in the Emergency Medical Sciences Department, Faculty of Health & Wellness Sciences (HWS) at the Cape Peninsula University of Technology (CPUT) in Cape Town, South Africa and teaches Physiology, Anatomy and Pathology in undergraduate and postgraduate programmes. She established the Human Anatomy and Physiology for Emergency Care (HAPEC) initiative mandated by the Health's Professions Council of South Africa and is a recipient of CPUT's Departmental, Faculty and Institutional Teaching Excellence Awards (2017-2019). Prof Najaar completed a postdoctoral research programme at the South African Medical Research Council (SAMRC) and subsequently held the position of Senior Research Scientist for 5 years. Her research niche is respiratory disease and 2 of her current projects focuses on identifying prognostic markers for inhalation injury in burns patients and for mortality susceptibility in COVID-19 patients with undiagnosed co-morbidities. Her outputs include international accredited journals publications, book chapter, local and international conference presentations, post-graduate supervision, and local and international established collaborations as well as being awarded the prestigious Carnegie African Diaspora Fellowship for 2017 & 2019. She has served on both local and international conference committees and is currently a member of her Faculty's Research Ethics, Teaching & Learning, and Senate Library Committee. She is the Project Leader

of the community engagement project (launched in 2018) that supports Grade 12 pupils from socio-economically disadvantaged backgrounds with Life Science Revision, in preparation for their final exams. This is an interdepartmental collaboration within the Faculty of HWS and she recently established an inter-institutional collaboration with the department of Medical Bioscience at the University of the Western Cape. This project includes a feeding scheme as well as supports the country's vision of the Sanitary Dignity Programme and provides feminine hygiene products to female students at every revision session. For her service to the community, she was honoured with the Faculty's Prestigious Achievers Award (2021). In addition, she is a member of the South African Higher Education Community Engagement Forum (SAHECEF) and has extended her engagement onto online platforms as an author of The Conversation (African pilot).

Dirk Bester

Cape Peninsula University of Technology CPUT

Dr Bester holds a doctorate in Biomedical Technology which was obtained at CPUT in 2010. He has since remained with this institution in several different research roles and is now the Faculty Research Coordinator for the Faculty of Health and Wellness Sciences. Dr Bester has several research interests which include Cardiovascular research, Nutritional supplementation, Antioxidants, Oxidative Stress, Blood Transfusion, Research Development, Innovation and Research Ethics.

Organizing Committee

Aricia De Kempeneer

The Network: Towards Unity for Health (TUFH)

Aricia De Kempeneer, M. Sc., is the Operations and Programming Director for The Network: Towards Unity For Health. She is responsible for managing the annual conferences, virtual regional conferences, TUFH Symposiums and Workshops, TUFH Academies, ISAT, iSTEP, Digital Aspects, Social Media, Newsletter, Communications and Membership. In addition, Aricia is the liaison to the Student Network Organization.

Aricia holds a Masters in Health Education and Promotion from Ghent University and a Bachelor in Midwifery from Erasmus Hogeschool. She works as an independent midwife in Belgium and gives prenatal lessons, prenatal care, and postnatal follow-up.

Prior to The Network: TUFH Aricia worked as a midwife in Gambia, Finland, United Kingdom, and Belgium in low-risk birthing units. She co-founded and was the first president of the Student Network Organization in 2015. She has been attending TUFH annual conferences since 2012.

Pratyush Kumar

Rural Wonca

Dr. Pratyush Kumar is a consultant family physician with special interest in diabetes and infectious diseases. He has published many research papers on infectious diseases, diabetes and rural health and presented in many international conferences.

He is passionate about rural health and currently chairs rural health group of South Asia Wonca Rural South Asia (WoRSA), Advisory Board Member – TUFH and Secretary of Rural WONCA.

Lizel Hudson

Cape Peninsula University of Technology

Lizel Hudson is the Work-Integrated Learning and Language Coordinator in the Faculty of Health and Wellness Sciences at the Cape Peninsula University of Technology. Her research interests include health professions education and in particular knowledge-building in simulated learning environments. Her

doctoral studies focused on understanding threshold concepts in professional education. Lizel is a Teaching Advancements at University Programme Fellow where her project focused on smart student engagement and a holistic experience towards student success. Professional affiliations include National Council member of the Southern African Association of Health Educationalists (SAAHE) and Evaluator for the Health Professional Council of South Africa (HPCSA). She loves being outdoors and spending time with her family.

Lindsay-Michelle Meyer

Stellenbosch University

Lindsay-Michelle Meyer has worked in rural health for a number of years as part of the Ukwanda Centre for Rural Health team as coordinator. She taught for 7 years at a primary school before leaving to embark on a journey that led her to the Stellenbosch University, Faculty of Medicine and Health Science, Ukwanda. She was part of the team that established the Ukwanda Rural Clinical School. Through The Stellenbosch University Medical Education Partnership Initiative (SURMEPI), a PEPFAR funded project, she project managed the construction of the Avian Park Learning Centre in Worcester, the development of the Learner Day for learners from schools in the Cape Winelands and Overberg region and exposure of the first-year medical students to the Rural Clinical School. She is passionate about developing people and thus as a qualified teacher and project manager with a

Postgraduate degree in Sustainable Development Planning and Management and a current master's student in Transdisciplinary Health and Development she uses her expertise in Social Sciences to guide the narrative both within the university and related organization. Currently she co-facilities the lecture in Health & Wellness: Health advocacy for the MBChB II students.

Dehran Swart

University of Cape Town

Dehran's career has been devoted to public health promotion, particularly among underserved citizens in South Africa. He has broad training in health promotion, public health, and education. He has experience in the following fields: Secondary school education; Health promotion Research and Development (the Medical Research Council of South Africa); Project Management (the Paraffin Safety Association of Southern Africa – burn prevention, heath education and policy development); Tertiary Education (senior manager within the Faculty of Health Sciences). He was a project manager on an international study (NIH-funded Fogarty R01 grant), a multi-country Global Youth Tobacco Survey and served for over 8 years as senior project manager and director of research at the Paraffin Safety Association of Southern Africa. He has been in his current position at UCT for the past 10 years.

Luzaan Africa

University of the Western Cape

Luzaan Africa is a Lecturer in the Interprofessional Education Unit located in the Faculty of Community and Health Sciences at the University of the Western Cape. She holds a BSc, MSc, and PhD in Physiotherapy. Her research focuses on opportunities that improve the interprofessional core competencies for students and her colleagues in the field.

Ala Khalid

Student Network Organization (SNO)

Ala Khalid is the acting president of SNO. She is a medical graduate from University of Gezira, Sudan. She has been a loyal member of SNO since 2018, last year she was working as acting president for SNO local chapter at her institution and also as international Mentorship coordinator. She's passionate about Global Health issues, Gender Equity, and Interprofessional Education.

Ala enjoys cooking, gardening and photography, she is aspiring to become a global surgeon and a researcher.

Nikolaj Hansen-Turton

Social Media and Conference Manager, The Network: Towards Unity for Health (TUFH)

Nikolaj in the capacity of the social media and Conference Manager for The Network: Towards Unity for Health (TUFH). Nikolaj also serves as Education Platform and Social Media Manager for the Social Innovations Journal. He is originally from Philadelphia and based in London.

Gerda Viljoen

Stellenbosch University

I am a Professional Nurse and Counsellor by training. Currently I am the Student Support Coordinator at the Rural Clinical School, Worcester, South Africa.

Firdouza Waggie

University of the Western Cape

Associate Professor Firdouza Waggie is the Deputy Dean: Clinical and Community Engagement in the Faculty of Community and Health Sciences at the University of the Western Cape (UWC). She is also physiotherapist and has worked in hospital and community settings. Currently she plays an important role in the leadership and strategic decision-making in the faculty. Her portfolio encompasses all matters related to the training on the clinical and community platforms for all the professional programmes in the faculty. She is also responsible for ensuring that the university is anchored in various communities through establishing partnerships and relationships with stakeholders that benefits the community and the university. She is an advocate for collaborative practice and community engagement in higher education and in the health and social services. She aims to build personal and leadership capacity amongst faculty staff which is needed for sustainability and success in the higher education sector. Her post-graduate supervision and research record reflects in several national and international publications and conference presentations.

Elizabeth Egieyeh

University of the Western Cape

Elizabeth Egieyeh is a pharmacist with experience in community, clinical and currently academic practice. Her research focuses on maternal and child health (MCH) in line with SDG targets 3.1, 3.2, 3.7 and 3.8. Her research interests include curriculum integration, review and development; medicine use and care in maternal and women's health, infant and child health, reproductive and sexual health, adolescent health, primary health care, health systems strengthening and public health. She is interested in the development or implementation of research in these areas.

Delicia Rorich

University of the Western Cape

Delicia Rorich works with the Operations and Programming Director to organize and manage the bi-weekly TUFH Symposiums, Workshops and TUFH Academies. Delicia is an administrative officer at the University of the Western

Cape (UWC), Faculty of Community and Health Sciences, in Cape Town, South Africa. Completed Project Management and Business Management certificates and is currently enrolled in the Advanced Diploma in Public Administration programme at the University of the Western Cape (UWC), Faculty of Economic and Management Sciences.

Mercy Wanjala

Rural Wonca

Family Physician practicing in Kenya in a rural town. WONCA Rural Seeds Ambassador for the Africa region and Executive Board Member of Rural WONCA in charge of the education portfolio. Passionate about primary health care and rural health.

Enwongo Ettang

AfriWon / Rural Wonca

Labeeqah Jaffer

University of the Western Cape

Labeeqah is a special projects coordinator in the Faculty of Community and Health Sciences at the University of the Western Cape. She is involved in an academic fellowship on social accountability and has published in this field, as well as interprofessional education for 2024. Labeeqah has extensive experience lecturing and convening both undergraduate and postgraduate health science modules that form part of the IPE curriculum at UWC. Her academic background is in Psychology, having obtained a BA degree (cum laude), a BA honours degree (cum laude) and a Master's Degree in Research Psychology.

Riyaadh Olivier

University of the Western Cape

Riyaadh is the Faculty Officer for Community and Engagement in the Faculty of Community and Health Sciences (CHS) at The University of the Western Cape. He oversees the faculty's Community Outreach Programmes and serves

on various Health Committees. Additionally, Riyaadh coordinates all transport-related needs for the faculty, including managing clinical placements, clinical sites and the clinical tracking system. His work is dedicated to enhancing community engagement and ensuring seamless clinical experiences for students. Riyaadh obtained a BA Degree, Business Analyst certification and an Honours degree in BAdmin Public Administration.

Sakeerah Gamieldien

University of the Western Cape

Sakeerah is a dedicated Community and Health Sciences intern with a strong academic foundation in Psychology, Linguistics, and Anthropology, holding both a Bachelor of Arts degree and an Honours in Psychology.

Siphamandla Maputuma

University of the Western Cape

Siphamandla is an Events and Public Relations Administrator in the Department of Institutional Advancement under the Rectors Office at the University of the

Western Cape. He is currently completing his Masters in the institute for Social Development, Economics and Management Faculty. Siphamandla is also a young activist who strives to ensure that the youth remain active and contributes to building a civil society.

Support and Admin Staff

Simba Matsikure

Kawin Hanse

Melody Williams

Volunteers

Anethia Henkeman

Jared Korasie

Jaylynn Sebolai

Kay January

Leight-haundrè Steneveldt

Meghan Schroeder

Robin Du Plessis

Siyaxolisa Ntetha

Ulfah Oslodien

Zubair Taylor

PROGRAM AT A GLANCE

VENUE: THE SCHOOL OF PUBLIC HEALTH AT UWC

The Network: TUFH Board Meeting / Rural WONCA Council Meeting / Set-up

DAY	TIME	1B	2A	Jakes Gerwel Hall	SPH Hall	Final checks
Monday 9 September 2024	08:00 - 09:00	Bus travel from hotels to Jakes Gerwel Hall at UWC				
	09:00 - 10:30	TUFH Board Meeting	Rural WONCA Council Meeting	Registration set up	Poster & booth set-up	IT run through School of Public Health
	10:30 - 11:00	WELLNESS BREAK	WELLNESS BREAK	Registration set up	Poster & booth set-up	
	11:00 - 12:30	TUFH Board Meeting	Rural WONCA Council Meeting	Registration set up	Poster & booth set-up	Moderator Training
	12:30 - 14:00			LUNCH	Poster & booth set-up	
	14:00 - 15:30	TUFH Board Meeting	Rural WONCA Council Meeting	Registration set up	Poster & booth set-up	IT run through UWC Main Hall
	15:30 - 16:00	WELLNESS BREAK	WELLNESS BREAK	Registration set up	Poster & booth set-up	Registration, booth and posters run through
	16:00 - 17:30	TUFH Board Meeting	Rural WONCA Council Meeting			
	17:45 - 18:15	Bus travel from The School of Public Health at UWC to dinner				
	18:30 - 21:30	TUFH BOARD DINNER | Marco's African Place	Rural WONCA Council DINNER | Marco's African Place			
	21:30 - 22:00	Bus travel from dinner to hotels				

VENUE: MAIN HALL & THE SCHOOL OF PUBLIC HEALTH AT UWC

DAY	TIME	Jakes Gerwel Hall	SoPH Hall	1B	1C	1D	1E	1F	1G	1H	2A	2B
Tuesday 10 September 2024	07:30 - 08:30	Registration	Bus travel from hotels to UWC Jakes Gerwel Hall									
	08:30 - 10:00	Rural WONCA Assembly	Posters & Booths	TUFH Pre-Conference Event								
	10:00 - 10:30	Registration	WELLNESS BREAK									
	10:30 - 12:00	Rural WONCA Assembly	Posters & Booths	TUFH Pre-Conference Event								
	12:00 - 13:30	LUNCH	Posters & Booths									
	12:30 - 13:30	Registration	Nature Reserve Cape Flats Walkabout | MAX 30 people									
	13:30 - 14:30	Student Reflection & KEYNOTE Dr. Meredith Labarda	Posters & Booths									
	14:30 - 15:00	Registration	WELLNESS BREAK									
	15:00 - 16:00	Registration	Posters & Booths	Workshop 1	Ubuntu Talk 1	Free Paper Session 1	Oral Presentation 1	Oral Presentation 2	Oral Presentation 3	Oral Presentation 4	Oral Presentation 5	Workshop 3
	16:00 - 17:00	Registration	Posters & Booths	Workshop 2	Ubuntu Talk 1	Free Paper Session 1	Oral Presentation 1	Oral Presentation 2	Oral Presentation 3	Oral Presentation 4	Oral Presentation 5	Workshop 4
	17:30 – 19:30	OPENING CEREMONY AND RECEPTION										
	20:00 - 20:30	Bus travel to hotels										

DAY	TIME	Jakes Gerwel Hall	SoPH Hall	1B	1C	1D	1E	1F	1G	1H	2A	2B
	07:30 - 08:30	Registration		Bus travel from hotels to UWC Jakes Gerwel Hall								
	08:30 - 09:30	Student Reflection & KEYNOTE Dr. Malin Fors	Posters & Booths									
	09:30 - 10:00	Registration	WELLNESS BREAK									
	10:00 - 11:00	Registration	Posters & Booths	Ubuntu Documentaries	Workshop 7	Free Paper Session 2	Oral Presentation 6	Oral Presentation 7	Oral Presentation 8	Oral Presentation 9	Oral Presentation 10	Workshop 5
	11:00 - 12:00	Registration			Workshop 8							Workshop 6
	12:00 - 13:30	LUNCH										
Wednesday 11 September 2024	12:30 - 13:30	Registration		Nature Reserve Cape Flats Walkabout	MAX 30 people								
	13:30 - 14:30	Registration	Posters & Booths	Rural Cafe: Ubuntu Edition	Local Infra-structure TUFH Region-al Meetings : Centers of Excellence							
	14:30 - 15:30	Student Reflection & KEYNOTE Prof. Shenuka Singh	Posters & Booths									
	15:30 - 16:00	Registration	WELLNESS BREAK									
	16:00 - 18:00	Registration	Posters & Booths	Workshop 9	Workshop 11	Workshop 12	Workshop 13	Workshop 14	Workshop 15	Workshop 16	Workshop 17	Workshop 10
	18:15 - 18:45	Brus travel from SoPH Hall to Cultural Dinner										
	19:00 - 22:00	CULTURAL DINNER	Gold Restaurant										
	22:00 - 22:30	Brus travel from Cultural Dinner to hotels										

Program at-a-glance

		CONFERENCE ON THE MOVE	
DAY	TIME	CONFERENCE ON THE MOVE	VIRTUAL EVENT
Thursday 12 September 2024	07:30 - 08:30	Bus travel from hotels to UWC Main Hall	
	08:30 - 09:30	Bus travel from UWC Main Hall to site visits	
	09:30 - 16:30	CONFERENCE ON THE MOVE Different site visits with skills building workshops, community engagement and lunch.	11:00 - 12:00 TUFH Documentaries on loop 13:00 - 14:00 Networking Session Virtual Participants
	16:30 - 17:30	Bus from conference on the move to networking session	
	17:30 - 19:00	NETWORKING RECEPTION	Main Hall, UWC Campus	
	19:00 - 19:30	Bus to hotel	

Program at-a-glance

VENUE: MAIN HALL & THE SCHOOL OF PUBLIC HEALTH AT UWC													
DAY	TIME	Jakes Gerwel Hall	SoPH Hall	1B	1C	1D	1E	1F	1G	1H	2A	2B	M3
Friday 13 September 2024	07:30 - 08:30	Bus travel from hotels to UWC Jakes Gerwel Hall											
	08:30 - 09:30	John Macleod Oration	*Posters & Booths*	TUFH General Assembly Meeting									
	09:30 - 10:00		**WELLNESS BREAK**										
	10:00 - 11:00		*Posters & Booths*	Workshop 18	Workshop 22	Workshop 24	Workshop 26	Workshop 28	Workshop 30	Workshop 32	Workshop 34	Workshop 36	Workshop 20
	11:00 - 12:00		*Posters & Booths*	Workshop 19	Workshop 23	Workshop 25	Workshop 27	Workshop 29	Workshop 31	Workshop 33	Workshop 35	Workshop 37	Workshop 21
	12:00 - 13:30	LUNCH	*Posters & Booths*										
	12:30 - 13:30	Nature Reserve Cape Flats Walkabout | MAX 30 people											
	13:30 - 14:30	Student Reflection & KEYNOTE Prof. Tefera Lema	*Posters & Booths*										
	14:30 - 15:00		**WELLNESS BREAK**										
	15:00 - 16:00		*Posters & Booths*	Workshop 38	Free Paper Session 4	Ubuntu Talks 2	Oral Presentation 11	Oral Presentation 12	Oral Presentation 13	Oral Presentation 14	Oral Presentation 15	Free Paper Session 3	
	16:00 - 17:00			Workshop 39									
	17:10 - 18:00		*Posters & Booths*	TUFH Opportunities: global courses, institutional certification, publication	WHO Rural Workforce Guidelines into Action - Triumphs and Travails								
	18:30 - 19:30	CLOSING CEREMONY AND RECEPTION											
	19:30 - 20:00	Bus travel from UWC Main Hall to hotels											

Program at-a-glance

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REGISTRATION

Physical Registrations

Physical Participants Conference	319
Physical 1 DAY South African Participants	26
Physical Accompanying Guests	11

Virtual Registrations

Total Virtual	72

Country Representation

A total of 45 countries were represented by the conference attendees.
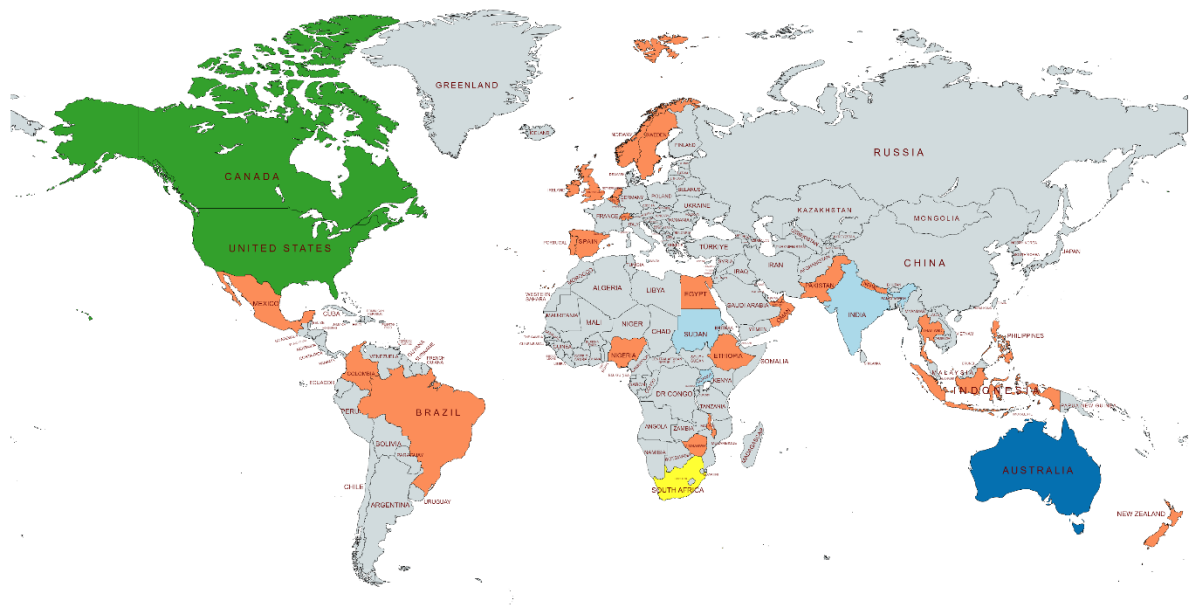
Region Representation
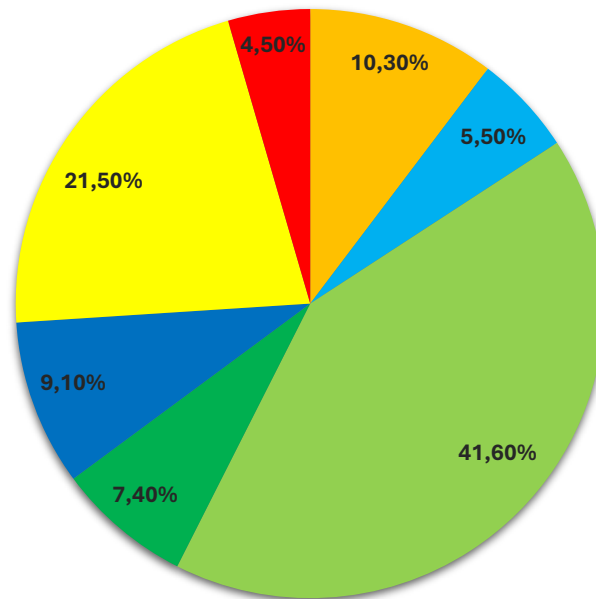
■ Europe	■ EMRO	■ Africa	■ South East Asia
■ Western Pacific	■ North America	■ Latin America	

Abstracts on Program

Workshops	39
Oral Presentations	184
Ubuntu Documentaries	5
Ubuntu Talks	16
Free Paper Sessions	43

ATTENDANCE

Tuesday, 10 September 2024

Wednesday, 11 September 2024

Thursday, 12 September 2024

Friday, 13 September 2024
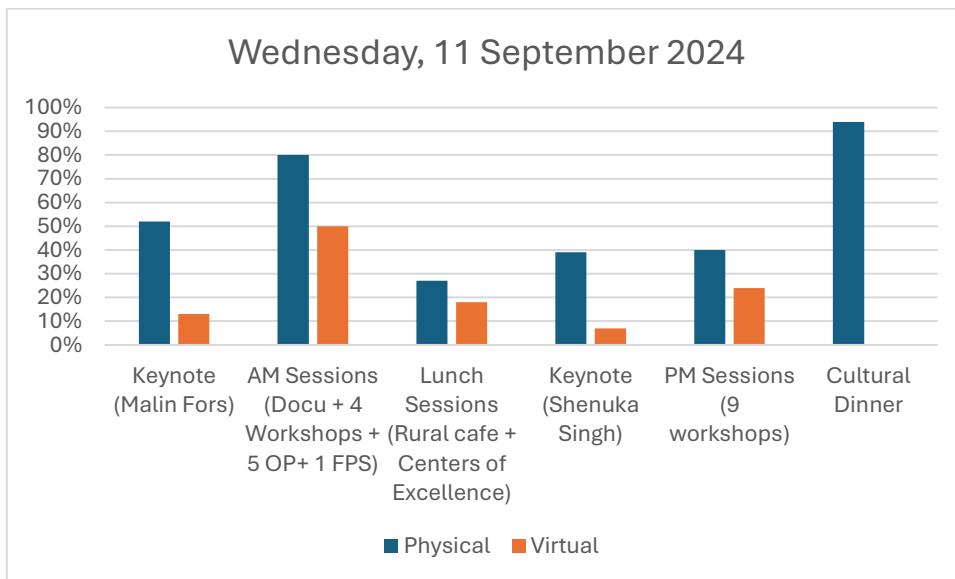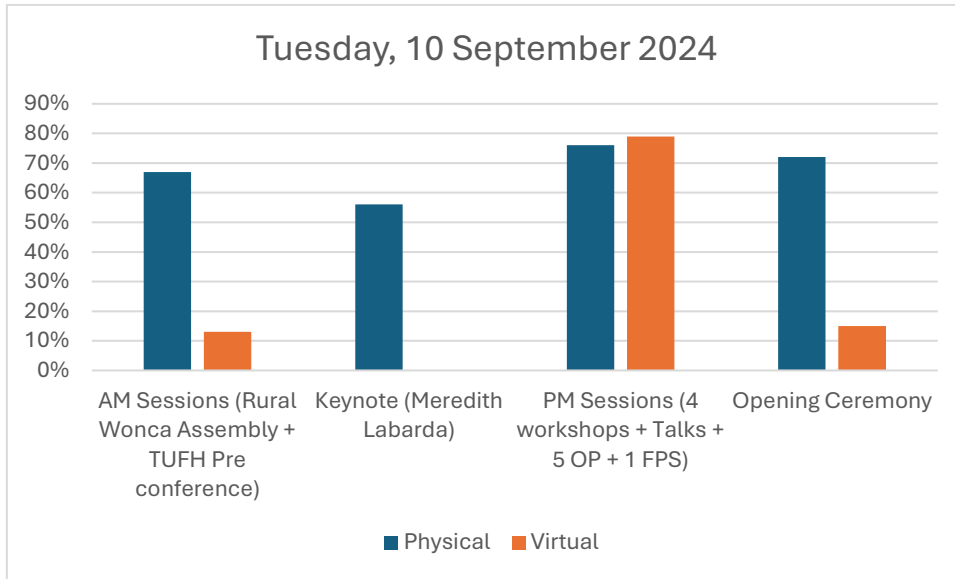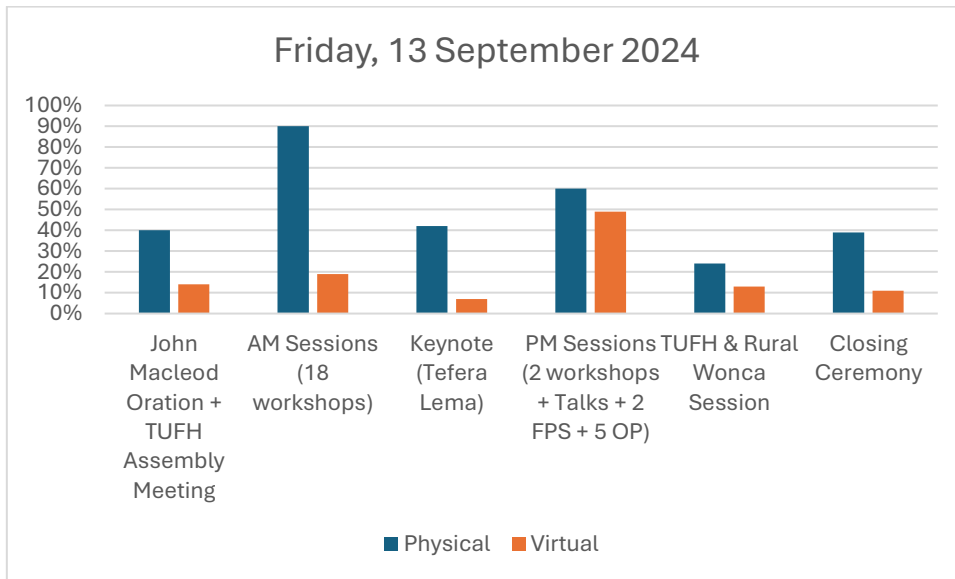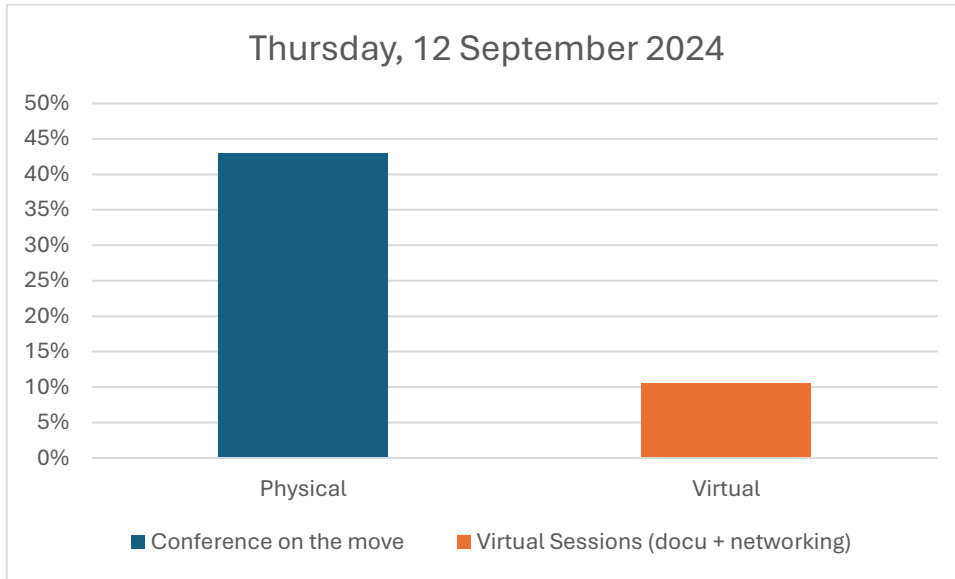
KEYNOTE SPEAKERS

Dr. Meredith del Pilar-Labarda

Professor of Medicine at University of the Philippines Manila School of Health Sciences

Dr. Meredith del Pilar-Labarda is a Professor of Medicine and the former Chairperson of the Department of Medicine at the University of the Philippines Manila School of Health Sciences (UPM-SHS), an innovative school known for its community-oriented stepladder health professions education curriculum. Currently, she is the chairperson and coordinator of the school's research unit. She is also the lead for Social Innovation in Health Initiative (SIHI) Global Network Secretariat, as well as lead for SIHI Philippines Research Hub, a program under the Institute of Clinical Epidemiology of the UP Manila National Institutes of Health. SIHI is a global network of passionate individuals, organizations and institutions advocating for social innovation in health and advancing research in social innovation launched by the Special Programme for Research and Training in Tropical Diseases (TDR). In partnership with the Philippine Council for Health Research and Development (PCHRD), she has also led the national crowdsourcing open call for the Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH), which is implemented in the country every two years. Further, she has also led several TDR-funded and supported research projects such as the Community Engagement Self-

Monitoring Approach for Social Innovations and Gender Intersectionality study.

She has also actively participated in several World Health Organization initiatives such as serving as the Lead Technical Expert Evaluator in Human Resources, Risk Communication and Community Engagement for the Joint External Evaluation (JEE) of International Health Regulations (IHR) Core Capacities. In 2023 she also served as a Temporary Adviser for Member States Consultation to draft the Regional Innovation Strategy in the Western Pacific region. As a Doctor of Social Development and the school's lead coordinator for health leadership and governance programs, she has also been active in establishing partnerships with government and non-government organizations in co-designing training modules, providing capacity strengthening trainings and coaching for local chief executives, municipal health officers, provincial health teams and other stakeholders in the local health ecosystem for the implementation of the Universal Health Care Law. Her advocacies, work engagements and research interests include health and social development, social innovations, transformative health leadership and governance, community engagement, local health systems strengthening, disaster and resilience, adolescent sexual reproductive health, intersectional gender research, youth capacity building, health and nutrition, community mental health and wellbeing and transformative health professions education.

Abstract Keynote Presentation

Social Innovations in Health: Catalysts for Connecting People, Place, and Policy Towards Community Wellness

In the last century, the world has witnessed many great medical advances, innovations and ambitious public health declarations. Yet despite scientific progress and aspirational vision, disparities in access, distribution, and quality of healthcare exist across different regions and groups, especially in low- and middle-income countries. Social innovations are initiated in response to complex systemic challenges and structural failures that result in people's needs being unmet, especially those of vulnerable or excluded populations. It provides a new lens for complex problems and the persistent inequities in our health system. These innovations engage communities and stakeholders to seek improvement in health through leveraging the diverse strengths of local individuals and institutions. It affirms the link between shifting social dynamics and improvement in health. Social innovations create more sustainable and accountable services by allowing end-users and other stakeholders to actively participate in addressing key health needs and problems. Engaging these stakeholders also results in solutions that are sensitive to the sociocultural, geographic, and economic contexts of their communities. Thus, leveraging social innovations in health as a catalyst to connect people, place and policy towards holistic community wellness is the way forward.

Dr. Malin Fors

Associate Professor at the Arctic University of Norway

Malin Fors is a psychologist and psychoanalyst residing in Hammerfest, Norway – the world's northernmost town. Her 2018 paper on "geographical narcissism" has been cited by readers in many countries and disciplines. She is Associate Professor at UiT, the Arctic University of Norway, where she teaches medical students about issues of power and cultural safety. Dr Fors has been a guest lecturer in psychology for numerous universities in Scandinavia and has run clinical workshops in several US conferences. For 16 years, Dr. Fors has served at the local psychiatric outpatient clinic and in private practice in Hammerfest. Dr. Fors is the author of A Grammar of Power in Psychotherapy (APA Press, 2018), recently translated into Swedish, for which she won the Johanna Tabin Award from the Society for Psychoanalysis and Psychoanalytic Psychology. She has appeared in a Master Clinician DVD in the APA Psychotherapy Series and was an Erikson Scholar at the Austen Riggs Center in Stockbridge, Massachusetts, in 2020. She received the Research Award from Finnmark Hospital Trust, Norway, in 2021, and was awarded the Psychotherapy Literature Stipend by the Stockholm Academy for Psychotherapy Education (SAPU) in 2022.

Abstract Keynote Presentation

Geographical Narcissism

Geographical narcissism is a subtle, often unconscious, devaluation of rural knowledge, conventions, and subjectivity. Dr. Fors delineates how urban-identified populations may defensively disown the realities of our vulnerability to nature, distance, and weather, and tend to deny our social interdependence and non-anonymity. In positing an urban "omphalos syndrome" and the geographical narcissism that goes with it, she countermaps rural medicine and celebrates rural strengths. These include acting with clinical courage and observing "potato ethics" – a metaphor that she has suggested for the strong ethical values underlying the reality that often, in rural healthcare, one's own services are the patient's only option. She explores some psychological effects of rural microtraumas and construes urbanity as a seldom-addressed privilege, showing how rurality can be incorporated into an intersectional argument about power and social justice.

Prof. Shenuka Singh

Full Professor at the University of KwaZulu-Natal

Shenuka Singh is a Full Professor in the Discipline of Dentistry at the University of KwaZulu-Natal (UKZN), South Africa. She has two doctoral degrees: Ph.D. (Clinical and Research Ethics) (Stell); and Ph.D. (UWC) in the field of dental public health. She is an appointed member of the National Health Research Ethics Council (NHREC) in South Africa (2020-2023) and she chairs the Norms and Standards Committee within NHREC. Prof Singh was a Deputy Chair for the Biomedical Research Ethics Committee at UKZN (2020-2022) and a member of the Human Sciences Research Council's Research Ethics Committee (2019-to date). From an international perspective, she was invited to be part of a World Health Organization joint working group (Regulation and Safety Unit and Health Ethics & Governance Unit) to develop a tool for the benchmarking of research ethics oversight in 2021. She is also a member of the Ethics in Dental Research Committee at the International Association of Dental Research. She is actively involved in research and postgraduate supervision and has presented papers at local and international conferences (including invitations as a keynote speaker). Prof Singh was a recipient of the 2018 College of Health Sciences Teaching Excellence Award, UKZN (in the category: Outstanding Contribution to Teaching) and was also awarded the UKZN Certificate of Excellence in Teaching (2018).

Abstract Keynote Presentation

Promoting an interprofessional and collaborative approach to health service delivery: the need for continuing educational support for the health care provider

Access to quality health care services that are appropriate and responsive to unmet individual and community needs is a fundamental human right, yet the current delivery of health services remains somewhat disjointed, despite efforts to ensure an integrated approach to health care. This calls for more cohesion within the health system, which could be achieved through an interprofessional and collaborative approach. The need for such an approach to health care provision becomes more critical in the face of resource-constrained health settings. given its potential to address issues such as staff and skills shortages, sharing of resources, and optimizing streamlined service delivery, yet the implementation of an interprofessional and collaborative approach is riddled with challenges. Part of these challenges includes health care providers' competence, level of training, preparedness, and willingness to work within these teams. Additionally, the siloed approach to undergraduate training means that the health care provider entering the health system is largely ill-equipped and under-prepared for such a paradigm shift in health care delivery. This collectively calls for more investments in continuing education and training within an interprofessional and collaborative environment. Such training efforts could include role clarification, communication, problem-solving, decision-making, and leadership skills, hence creating opportunities for health care providers to learn and work together within an interprofessional and collaborative environment. However, the nuances in training needs must be taken into account, given that health care providers based in rural and urban settings would have different systemic challenges and that training programmes must be tailored to meet these diverse needs.

Prof. Tefera Lema

Full Professor at the Jimma University

Tefera Belachew is a Full Professor in human Nutrition at Jimma University, Ethiopia. He is qualified as Medical Doctor from Jimma University and MSc in Human Nutrition (University of London) and PhD in human Nutrition (Ghent University). He is member of the National Nutrition Coordination Body (NNCB) of Ethiopia and Fellow of the Ethiopian Academy of Science (EAS). He is actively involved in research, consultancy, and supervision several masters and doctoral students and has published extensively in the rea of nutrition and health. He has also taught various methodological courses including nutritional assessment nutritional epidemiology, biostatistics, Scientific communication, and research methods to postgraduate students. He has presented several papers at local and international conferences (including invitations as a keynote speaker). Prof Tefera was a recipient of the 2022 Jimma University's outstanding scientist of the year Award (Gold Medal and certificate and Smart Phone), young researcher's award of the Ethiopian Public health association in 2009 (Gold Medal and certificate) and Jhon River's prize of Nutrition for promising performance during MSc study.

Abstract Keynote Presentation

Community Engagement for Local and Global Health

Community engagement is a powerful tool for improving both local and global health outcomes.

It involves the active participation of community members in health initiatives, fostering a sense of ownership and empowerment. This approach can lead to sustainable health interventions that are tailored to the unique needs and circumstances of each community. The World Health Organization (WHO) has defined community engagement as a process that enables changes in behavior, environments, policies, programs, and practices within communities. It is a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes.

In the local context, community engagement in public health plays a significant role in reducing inequalities, improving social justice, enhancing benefits, and sharing responsibility. It is a pragmatic way of integrating the social determinants of health into the design and delivery of health services. There are different levels, depths, and breadths of community engagement which determine the type and degree of involvement of the people. By involving community members in decision-making processes, health interventions can be designed to meet the specific needs of the community, leading to improved health outcomes.

On a global scale, community engagement can facilitate the sharing of knowledge and resources between communities. Effective community engagement in global health research is shaped by local conditions and culture. This can lead to the development of innovative solutions to health challenges that are scalable and adaptable to different contexts. In conclusion, community engagement is a critical component of effective health interventions. It fosters local ownership, ensures interventions are

contextually appropriate, and promotes the sharing of knowledge and resources on a global scale. This approach has the potential to significantly improve health outcomes both locally and globally.

CONFERENCE ON THE MOVE

Site 1

Child and Family Wellbeing

Fisantekraal, 28km from UWC

Fisantekraal is a rural area located in the Western Cape province of South Africa, and is situated approximately 28 kms from UWC. Historically, it was predominantly a farming area, characterised by open fields and agricultural activities, but has in recent years, seen development in residential areas with many formal and informal structured built, small businesses, schools and community facilities. Fisantekraal however, still retains much of its rural character interspersed throughout the landscape, while facing various social and economic challenges such as high rates of unemployment, poverty and inadequate health and education services. Its residents together with local government, university partnerships, community organisations and NGOs are committed to addressing these challenges and harnessing the community spirit held between those living in the area. Delegates interested in Child and Family Wellbeing will engage with various organisations and community members from the following: Bollie Kabouter ECD, USAPO – Positive Parenting, Resilient Kids, and Mosselbank River Conservation Team.

a. Bollie Kabouter ECD

b. USAPO

c. Positive Parenting

d. Resilient Kids

e. Mosselbank River Conservation Team (for an interactive walk demonstrating the clean-up efforts in the community for the safety and wellbeing of its children in outside spaces).

During the day, delegates will meet at the Fisantekraal Community Hall for lunch and further discussions and activities with the organisations above.

Site   2

Community Outreach for School Health

Fisantekraal, 28km from UWC

Fisantekraal is a rural area located in the Western Cape province of South Africa, and is situated approximately 28 kms from UWC. Historically, it was predominantly a farming area, characterised by open fields and agricultural activities, but has in recent years, seen development in residential areas with many formal and informal structured built, small businesses, schools and community facilities. Schooling in Fisantekraal continues to be developed as the community grows, with current schools facing capacity issues. With challenges such a high unemployment rates, poverty, substance abuse and gangsterism, schools continue to be the most important institutions in the community as they develop future generations to become positive societal contributors and change agents. The focus of this visit will be school health and the partnership between Community and Health Sciences' students at UWC who continue to provide health services in Fisantekraal through outreach initiatives. Delegates will be able to participate in this community outreach at Fisantekraal Primary School, Trevor Manuel Primary School and Fisantekraal High School, emphasising positive health and wellbeing of learners, psychosocial factors and the effects of the environment on learners' health.

Site 3

Community-based Services

Fisantekraal, 28km from UWC

Fisantekraal is a rural area located in the Western Cape province of South Africa, and is situated approximately 28 kms from UWC. Historically, it was

predominantly a farming area, characterised by open fields and agricultural activities, but has in recent years, seen development in residential areas with many formal and informal structures built, small business, schools and community facilities. Access to healthcare in Fisantekraal is largely dependent on the Fisantekraal Clinic, where its size, capacity and resources are often challenged by the number of people it serves. It is a primary health care facility that provides basic health services only. Delegates will visit the clinic, meet staff, patients attending and get a sense of the nature of community-based care in Fisantekraal. Delegates will also meet the home-based carers in the community who provide basic aid, assistance and support to the aged and chronically ill. Home-based carers visit homes and assist with activities of daily living, specifically related to the health of community members by ensuring medication is taken correctly, cleanliness and hygiene, wound care etc. Based on the discretion of the home-based care team, delegates may meet community members who receive this aid.

Site 4

Skills development for home-based care (day programme)

Mitchell's Plain, 15km from UWC

Website

Arisen Women is a non-profit organisation focused on community upliftment and development through community-based care, education, employment, primary healthcare services and psychosocial support. The organisation aims to empower women with knowledge and skills to serve the Mitchell's Plain with home-based care services.

Site   5
People Living with Disabilities

Mitchell's Plain, 15km from UWC

Autism Connect is a specialised Early Learning Centre for learners with Autism Spectrum Disorder (ASD). ASD is a neurological disorder where learners face challenges such as communicative delay, social interaction and social processing. Autism Connect offers child-specific interventions, focusing on early learning development and school-readiness. Mustadafin is an NPO that aims to strengthen civil society by prioritising the actions of communities, and their perspectives in the development of social, economic and environmental policy. Mustadafin promotes a self-sufficient voice for disadvantaged and vulnerable communities through the recognition of their potential and abilities. They play a pivotal role in poverty alleviation and run a few programmes namely: community development, disaster relief, education, health programmes, Islamic education, stationery drives and youth development.

Site   6
Vulnerable Children

Mitchell's Plain, 15km from UWC

Website

During this site visit we will focus on vulnerable children and visit Baitul Ansaar. Baitul-Ansaar is a temporary safe care facility for children who have been abused, abandoned, neglected and orphaned, from birth to the age of 6.

Site 7

Breede Valley Association of and for Persons with Disabilities

Worcester, 100km from UWC

Website

Breede Valley Association of and for Persons with Disabilities (BVAPD) is a non-profit organization that renders therapeutic, social and community development services to all persons with disabilities in the Breede Valley Municipal area, including the communities of Worcester, Rawsonville, De Doorns and Touws River in the Western Cape, South Africa. Currently, the 6 strategic focus areas of our organization include good governance, developmental social work services, work & employment, education & childcare, youth development and wellness & awareness.

Site 8

Innovation for the Blind

Worcester, 100km from UWC

Website

Innovation for the Blind (previously Institute for the Blind), situated in the care capital town of South Africa, Worcester, is a non-profit organisation that has been catering to the all-inclusive, specialised needs of visually impaired adults since 1881. Our mission is to empower adults with visual impairments through training, development, and care to experience quality of life and reach maximal levels of independence, and to offer specialised care and support to older persons.

Site 9
Institute for the Deaf

Worcester, 100km from UWC

Website

The National Institute for the Deaf (NID) is a registered Non-Profit Company (NPC) – established in 1881, we have been dedicated to the wellbeing of the Deaf community for well over a century. We care deeply for the Deaf and persons with hearing loss and are passionately driven to ensure that the Deaf get the same opportunities in life as anyone else. We do this by providing the best guidance, work partnerships, rehabilitation, spiritual and social development, as well as offering ongoing support to help them confidently reach their full potential. We believe wholeheartedly that the Deaf community and persons with hearing loss – through consistent support, love and patience – can feel truly empowered. That is why our holistic approach has helped us change thousands of lives over the many years that we have been operational.

Site 10
Contextual home visit

Worcester, 100km from UWC

Students are assigned to groups and briefed on meeting schedules where Medical and Allied students convene. Each student, alongside those from Allied disciplines, must bring a patient requiring multidisciplinary input to these sessions, sourced from various patients or recent ward cases (e.g., recent CVA, Malnourished children). Patients are discussed collectively prior to the visit, followed by multidisciplinary student teams visiting the patient's home with a community caregiver. Upon return to campus, teams devise and discuss management plans.

The objective is to cultivate young professionals capable of:

- Identifying health, social, and environmental risk factors

- Understanding patient context comprehensively

- Collaborating with peers and the community

- Making appropriate referrals

- Utilizing community and state resources effectively

Students are expected to treat patients holistically, prioritize participation, and take ownership of change.

You will be expected to participate in the discussion prior to the contextual home visit, accompanied by the students and contribute to the patient management plan.

Site   11

Community projects/sites in the Vredenburg area of the West Coast

Vredenburg, 150km from UWC

The Saldanha sub-district is about 90mins drive out of Cape Town along the West Coast. It is quite different to areas in the metro as the communities are smaller but sparsely distributed over wider geographical areas. Delegates will be able to visit a range of sites:

a. Karitas (special needs school);

b. Hanne Coetzee Clinic; Siyabonga (community-based care facility);

c. Genesis Hub (youth-focused facility);

d. Hopefield (clinic and special-needs school)

Community Projects at Philippi Village

Philippi, 10km from UWC

Website

Philippi Village is an integrated, mixed-use development which is home to a diverse community of entrepreneurs and small business owners with retail, office and event space as well as sporting, educational and cultural facilities. Regarded as a business catalyst for township communities situated in Cape Town's Cape Flats area, Philippi Village's primary focus is to provide collaborative workspaces for small and micro business owners as well as create employment opportunities and upskill local community members while at the same time providing a vibrant and safe place for social engagement. Organisations include:

a. Masifundisani Famiy and Children's Ministry;

b. Ukhanyo Foundation;

c. Desmond Tutu Health Foundation;

d. Phillippi Arts Centre;

e. Solution Space (an ecosystem for high impact early-stage start-ups and a research and development platform)

Site 13

Community Projects in Khayelitsha

Khayelitsha, 17km from UWC

Website

Khayelitsha is a neighbourhood in Cape Town, South Africa that is well known for its vibrant culture. Visitors to Khayelitsha can expect to find a wide array of shops, restaurants, and businesses that reflect the community's diverse

heritage. From traditional African clothing to contemporary art, there is something for everyone in Khayelitsha. Organisations include:

a. Radio Zibonele (a community radio station);

b. SHAWCO Centre (wellness programmes for the elderly, health education and community development projects);

c. Meals on Wheels, (community feeding and development NGO);

d. Nonceba GBV centre (short stay option for women and children after gender-based violence incidents)

Site 14

Grassy Park/ Retreat Community

Grassy Park/ Retreat, 25km from UWC

Delegates will visit various sites in the Grassy Park/Retreat area where they will be able to interact with these organisations and meet up with community members. Afterwards, delegates will all meet at the League of the Friends of the Blind for lunch and further discussions.

The sites include:

a. League of the Friends of the Blind (an NGO focussing on supporting and developing skills for the visually-impaired)

b. Grassy Park CDC (a primary care facility based in Grassy Park)

c. Murray Old Age Home (a place of care for the elderly)

Site 15

Langa/ Bonteheuwel Community

Langa/ Bonteheuwel, 10 – 12km from UWC

Delegates will visit various sites in the Langa/Bonteheuwel area. Delegates will be able to interact with these organisations and meet community members.

Delegates will meet at UCT's Student Resource Centre at the Vanguard CHC for lunch and discussions.

The sites include:

a. Ikhaya Labantu(an NGO accommodating elderly, frail and vulnerable residents from Langa and the surrounding communities.)

b. Isilimela High School (a public school offering a range of additional health and development programmes for learners)

c. Eros School (a special needs school)

d. Vanguard CHC(a community-based primary care facility with an attached learning centre for UCT students)

Site 16

Focus on GBV

Heideveld, 12km from UWC

Delegates will visit various organisations involved with GBV issues. Delegates will be able to interact with these organisations and meet community members. Delegates will meet at the IHATA Centre for lunch later and for further discussions. The sites in the Heideveld area:

a. IHATA Shelter (accommodation and support for GBV survivors)

b. Thutuhzela Centre at the Heideveld CHC (comprehensive assistance offered to sexual assault/abuse cases)

c. Sarah Baartman Centre (accommodation and support for GBV survivors

Site 17

Mitchell's Plain Community

Mitchell's Plain, 15km from UWC

Delegates will visit various organisations situated in the Mitchell's Plain area. Delegates will be able to interact with these organisations and meet community members. Delegates will meet at the UCT's Student Centre at Lentegeur Hospital for lunch and further discussions. The sites include:

a. Alpha and Omega NGO(promotes Early Childhood Development services; funded by Dept. of Social Development)

b. Beacon Valley Frail Care Centre (an NGO facility providing residence and services to the elderly)

c. SEEDS NGO (build life-skills and resilience through permaculture training)

PICTURES

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[Ubuntu 2024 Welcoming video](#)
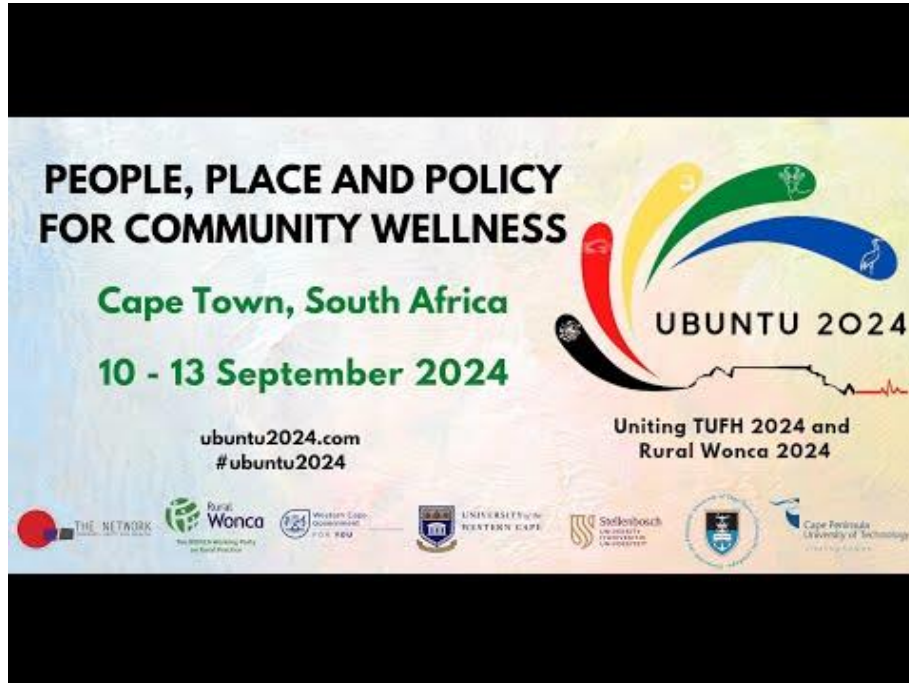
[Ubuntu 2024 Closing Video](#)

Logo

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Poster

CERTIFICATES

Certificate of Presentation

UBUNTU 2024
Uniting TUFH 2024 and Rural Wonca 2024

Rural Health - Key Performance Indicators - what is important to measure ?

Was presented as a

Workshop at Ubuntu 2024

Joint conference between The Network: Towards Unity for Health and Rural WONCA

from September 10th to 13th, 2024

Author(s): Joseph Scott-Jones, Bruce Chater, Veronika Rasic, Amber Wheatley Buckell, and Firdouza Waggie

Prof Bruce Chater
Chair of Rural Wonca

Prof William Burdick
Secretary General

Certificate

UBUNTU 2024
Uniting TUFH 2024 and Rural Wonca 2024

Anupriya Mishra

Has attended Ubuntu 2024

Joint conference between The Network: Towards Unity for Health and Rural WONCA

from September 10th to 13th, 2024

Prof Bruce Chater
Chair of Rural Wonca

Prof William Burdick
Secretary General

Certificate of Presentation

A case study of Ubuntu Engagements to break down Apartheid structural barriers - Towards the creation of an Ubuntu Society

Was presented as an

Ubuntu Talk at Ubuntu 2024

Joint conference between The Network: Towards Unity for Health and Rural WONCA

from September 10th to 13th, 2024

Author(s): Mohammed Ishaaq Datay

Prof Bruce Chater
Chair of Rural Wonca

Prof William Burdick
Secretary General

Certificate of Presentation

Traditional Birth Attendants Continuing Medical Education in a rural community in Guatemala

Was presented as an

Oral Presentation at Ubuntu 2024

Joint conference between The Network: Towards Unity for Health and Rural WONCA

from September 10th to 13th, 2024

Author(s): Pablo Galvez, Lourdes Ramirez, Kevin Vallejo, Maria Aleman, Magda De León, Andrea Arathoon, and Saskia Bunge

Prof Bruce Chater
Chair of Rural Wonca

Prof William Burdick
Secretary General

Certificate of Presentation

Empowering Equity: Advancing Rural Healthcare through Reciprocal Community Investment in Rural Colombia

Was presented as an

Ubuntu Documentary at Ubuntu 2024

Joint conference between The Network: Towards Unity for Health and Rural WONCA

from September 10th to 13th, 2024

Author(s): Francisco Lamus

Prof Bruce Chater
Chair of Rural Wonca

Prof William Burdick
Secretary General

Certificate of Presentation

Emergency medical transport in British Columbia: Narrative stories from providers, decision-makers and patients in rural, remote and Indigenous communities

Was presented as a

Free Paper Session at Ubuntu 2024

Joint conference between The Network: Towards Unity for Health and Rural WONCA

from September 10th to 13th, 2024

Author(s): Alison James and Nelly Oelke

Prof Bruce Chater
Chair of Rural Wonca

Prof William Burdick
Secretary General

Certificate

UBUNTU 2024
Uniting TUFH 2024 and Rural Wonca 2024

Dr. Malin Fors

Was a Keynote Speaker at Ubuntu 2024

Joint conference between The Network: Towards Unity for Health and Rural WONCA

from September 10th to 13th, 2024

Prof Bruce Chater
Chair of Rural Wonca

Prof William Burdick
Secretary General

Certificate

UBUNTU 2024
Uniting TUFH 2024 and Rural Wonca 2024

Nikolaj Hansen-Turton

Has participated as a

Morderator at Ubuntu 2024

Joint conference between The Network: Towards Unity for Health and Rural WONCA

from September 10th to 13th, 2024

Prof Bruce Chater
Chair of Rural Wonca

Prof William Burdick
Secretary General

BEST POSTER

Best Physical Poster

1st Place - Physical

Conceptualization of Barriers to Care Coordination by Patients Living with Lung Cancer and Attending Selected Public Health Facilities of KwaZulu-Natal, South Africa

Ubuntu286

INTRODUCTION
- Cancer patients often receive care from multiple specialists across various facilities, leading to a complex healthcare journey.
- This complexity necessitated the exploration of potential barriers to effective coordination.

OBJECTIVES
- This study explored how patients conceptualized cancer care coordination in an integrated healthcare system in KwaZulu-Natal (KZN).

METHODS
- Utilizing a grounded theory design, this qualitative study examined patient experiences & views on lung cancer care coordination.
- Theoretical saturation was achieved after 21 in-depth interviews.

FINDINGS
- Conceptualized barriers to effective care coordination:
  - Difficulty accessing specialty care promptly.
  - Weak communication between patients & providers.
  - Unmet supportive care needs.

Figure 1: Summary of the key findings derived from this study

- Figure 1 summarizes the multilevel challenges highlighted by patients & possible solutions for coordinated care through arrows.

CONCLUSION
- Developing & ensuring the availability of integrated support services throughout cancer care can address these gaps.
- The study provides valuable insights for professionals & policymakers on improving cancer care coordination in KZN.

10 - 13 September 2024
Buhle Lubuzo; Themba Ginindza; Khumbulani Hlongwana
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2nd Place - Physical

Assessing the Global Health Impacts of Climate Change on Rural Communities: A Multidisciplinary Approach

Ubuntu277

INTRODUCTION
Climate change threatens rural healthcare systems, demanding a prepared workforce. This study synthesizes existing research on climate's health impacts in rural areas, while also proposing solutions and identifying knowledge gaps.

AIMS & OBJECTIVES
We aim to educate the healthcare workforce and empower them to adapt and respond effectively.

METHODS
A comprehensive literature review explored academic databases (PubMed, Google Scholar, Scopus) using terms like "climate change," "rural health," "health impacts," and "health care workforce education." 140 articles were screened, with 68 included based on quality, relevance, and focus on rural health effects. This review analyzed quantitative health data and explored educational interventions for healthcare professionals.

FINDINGS
The analysis reveals a concerning link between climate change and rural health. Rising temperatures correlate with increased vector-borne diseases like malaria (5% rise per 1°C increase). Higher precipitation is associated with a 15% surge in waterborne diseases, disproportionately affecting rural communities with limited clean water access. Extreme weather events exacerbate these issues, with floods leading to a threefold rise in child malnutrition and contributing to mental health burdens (anxiety and depression) in up to 20% of affected rural residents.

DISCUSSION / CONCLUSION
To address these vulnerabilities and empower the rural healthcare workforce, we emphasize:
- **Targeted education:** Develop training on climate-sensitive illnesses, early warning systems, and community interventions.
- **Strengthened infrastructure:** Invest in resources to improve access to healthcare, including telemedicine and mobile clinics.
- **Community-based adaptation:** Promote partnerships for localized solutions like early warning systems and sustainable agriculture.

In conclusion, The study synthesizes knowledge, proposes solutions, identifies research gaps and aims to build rural resilience to climate change through educational interventions and culturally sensitive healthcare delivery.

10 - 13 September 2024
Sara Alsheikh Idris Mohamed
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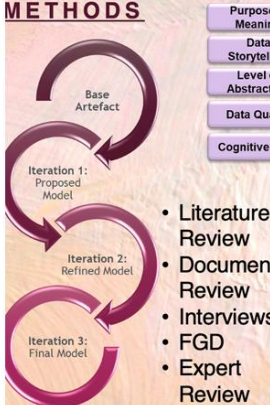Ubuntu2024.com

3rd Place -Physical

A User Experience Model for Routine Health Data Visualisation for Managerial Decision Support

Ubuntu337

INTRODUCTION Health managers make difficult decisions for health service delivery each day. These should be informed evidence from routine data.
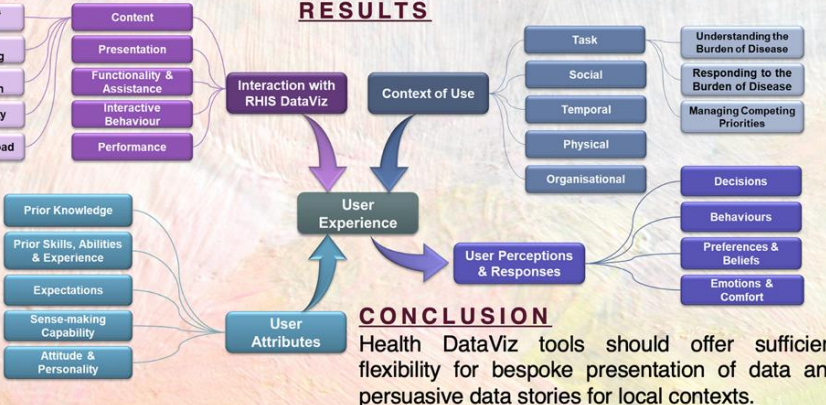
AIM to develop a User Experience model that will inform the design of routine health information visualisation systems for managerial decision support

METHODS

Base Artefact

Iteration 1: Proposed Model

Iteration 2: Refined Model

Iteration 3: Final Model

- Literature Review
- Document Review
- Interviews
- FGD
- Expert Review

Purpose & Meaning
Data Storytelling
Level of Abstraction
Data Quality
Cognitive Load

Content
Presentation
Functionality & Assistance
Interactive Behaviour
Performance

Prior Knowledge
Prior Skills, Abilities & Experience
Expectations
Sense-making Capability
Attitude & Personality

Interaction with RHIS DataViz

Context of Use

User Experience

User Perceptions & Responses

User Attributes

RESULTS

Task
Social
Temporal
Physical
Organisational

Understanding the Burden of Disease
Responding to the Burden of Disease
Managing Competing Priorities

Decisions
Behaviours
Preferences & Beliefs
Emotions & Comfort

CONCLUSION
Health DataViz tools should offer sufficient flexibility for bespoke presentation of data and persuasive data stories for local contexts.

10 - 13 September 2024   Dr Robin Dyers rdyers@sun.ac.za; Prof Hassan Mahomed - Stellenbosch University   Ubuntu2024.com
Prof Darelle van Greunen - Nelson Mandela University

Best Virtual Poster

1st Place - Virtual

Perceptions and Practices of Health Education Among Teachers of Primary Schools in Gezira state, Sudan

Ubuntu174

INTRODUCTION:

Health education is a public health tool where teachers play a key role in delivering effective programs. By understanding their perspectives and challenges, we can enhance these programs and provide support for educators.

AIMS & OBJECTIVES:

This study aims to assess perceptions and practices of health education among teachers in primary schools in Wad Medani City, Sudan , and identify problems facing the application of health education.

METHODS :

- Descriptive cross-sectional facility-based study.
- A self-administered questionnaire distributed to the teachers.
- Out of a sample size of 348 teachers, 210 were collected (the response rate is 60%) from 23 schools using a simple random sampling

FINDINGS:

• **Perceptions**: 84% of teachers said that health education is a part of their work. The majority said health education improves academic performance (88.1%) and is effective in promoting positive behaviors (78.6%).

▪**Practices:**
81% of the teachers reported providing health education. Only 26.7% of the teachers had received training in health education.
•*The Main obstacles of health education practices:*

Lack of time — 33.3
Lack of training — 44.4
Lack of information — 26.7
Lack of support — 13.3

CONCLUSION
▪Most participants hold positive perceptions of health education. However, lack of training, information, and support hinder teacher from providing health education. By addressing these obstacles, w can improve health education and enhance health outcomes.

10 - 13 September 2024   Khalid Mohammed - University of Gezira,Sudan – Kabusudan@gmail.com   Ubuntu2024.com
Aseel Mazoub -University of Gezira, Sudan - Drasmk2001@gmail.com

Assessment of Healthcare Quality in Rural Areas of Portugal: AHCRES (Users' Perceptions and Experiences)

Ubuntu185

INTRODUCTION

- Assessing patient satisfaction in primary healthcare is crucial for understanding the quality of services provided and identifying areas for improvement. While studies have already been conducted in urban areas regarding the level of satisfaction with healthcare, there is a dearth of information in rural areas. The rural area under study is a depopulated area in the interior of Portugal, characterized by a predominantly elderly population with low levels of education.

AIMS & OBJECTIVES

- Evaluate the levels of satisfaction among patients receiving primary healthcare services in rural areas, using the European Task Force on Patient Evaluation of General Practice Care (EUROPEP) questionnaire, thereby providing valuable insights for healthcare providers.

METHODS

- 400 participants were randomized from 4 Primary Health Care Centers (PHCC) in a rural area of Portugal - Guarda.
- Inclusion criteria: individuals registered with the 4 PHCC, who were fluent in Portuguese with access to health care in the last 12 months.
- Exclusion criteria: Individuals unable to independently respond to the questionnaire; those lacking an informal caregiver for assistance in understanding responses; family members or health unit workers.
- The questionnaire was applied by telephone.

FINDINGS

- Total number of responses: 128 (61.7% females). Average age: 47,4 years. No differences were observed in demographic characteristics. Satisfaction rates for **medical consultations: 87%, nursing consultations: 82%, clinical secretariat services:74%**, and **overall assessment of the unit: 60%**.

Figure 1. Global satisfaction of medical consultation, nursing consultation, clinical secretaries and primary health care centers. The level of satisfaction was assessed using a scale from 1 – bad, to 5 - excelent (EUROPEP questionnaire). N/A: not applicable.

DISCUSSION / CONCLUSION

- Over the course of two months, only a **32% response rate** was obtained. However, the **overall satisfaction level was very high**.

Limitations and Strengths: Given the rural setting, many participants did not answer the call, and the older ones often did not have a caregiver present. The authors will improve the methodology to prioritize convenience for participants, taking into consideration the demographic characteristics of the rural region, characterized by its expansive geographic area and predominantly older population. It was important for users to express their opinion on healthcare because their opinion affects their relationship with the services and the professionals.

10 - 13 September 2024

Diana Fernandes Gomes – diana.gomes@ulsguarda.min-saude.pt

Ana Isabel Vasques, Bruno Morrão, Daniel Santos Silva, Mariana Caboz, Melani Morais Noro, Raquel Martins, Silvia Gomes Coelho, Susana Patricia Martins

Ubuntu2024.com

Required Attributes and Competencies for Working Effectively as a Medical Professional in Rural and Remote Indonesia

Ubuntu 301

INTRODUCTION

- Indonesian health challenges in rural and remote areas
- Physicians need to be equipped to provide health care services without compromising quality → **Study aimed** to develop consensus on the attributes and competencies for working effectively as a doctor in Indonesian RR practice.

METHODS / FINDINGS

Attributes of RR Junior Physicians	Round 1	Round 2	Mean	Median	Range	STDEV
1 Proactively manage one's own health and demonstrate the resilience necessary to meet the ongoing challenges of RR practice	97%	100%	4.78	5.00	4–5	0.42
2 Maintain professional behaviours in limited RR conditions	97%	100%	4.78	5.00	4–5	0.42
3 Maintain rural community–mindedness and commitment to RR health	97%	100%	4.78	5.00	4–5	0.42
4 Maintain ethical practice	97%	100%	4.74	5.00	4–5	0.45
5 Maintain integrity as a recognised health provider in the RR community	94%	100%	4.67	5.00	4–5	0.48
6 Maintain internal motivation to practise sustainably in the RR context	90%	96%	4.63	5.00	4–5	0.56
7 Remain adaptable and flexible with regard to rural living conditions	97%	96%	4.59	5.00	3–5	0.57
8 Proactively manage one's own professional satisfaction	90%	89%	4.37	4.00	3–5	0.69
9 Enjoy the challenge of responding to unexpected or unusual medical conditions	87%	89%	4.37	4.00	3–5	0.69

Competencies of RR Junior Physicians	Round 1	Round 2	Mean	Median	Range	STDEV
Essential						
1 Respond to medical emergencies in rural areas	100%	100%	4.89	5	4–5	0.32
2 Demonstrate respect for colleagues' clinical experience in rural practice	100%	100%	4.81	5	4–5	0.4
3 Seek collegial support for difficult clinical cases	100%	100%	4.74	5	4–5	0.45
4 Actively establish a professional support network at the local, national, and international levels	85%	100%	4.67	5	4–5	0.48
5 Pursue continuing professional development in a self–directed manner	96%	100%	4.67	5	4–5	0.48
6 Understand the health needs of rural communities	100%	100%	4.67	5	4–5	0.48
7 Maintain skills and promote community responsiveness	96%	100%	4.63	5	4–5	0.49
8 Demonstrate resourcefulness, independence and self–reliance in isolated rural contexts	96%	100%	4.63	5	4–5	0.49
9 Practise effective teamwork with members of the rural health care team	96%	100%	4.59	5	4–5	0.5
10 Maintain personal standards by playing an active role in professional and interprofessional networks	85%	100%	4.56	5	4–5	0.51
11 Understand what constitutes quality health service and advocate for it at the local, national, and international levels	96%	100%	4.44	4	4–5	0.51
12 Advocate for health promotion within the community	100%	100%	4.41	5	4–5	0.5

DISCUSSION / CONCLUSION

- Curriculum development must relevant to RR conditions, respond to the most significant health challenges encountered in rural contexts.
- These are starting point for developing the curriculum and providing training
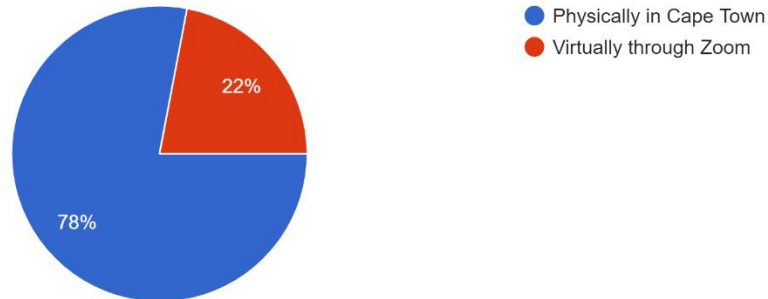
10 - 13 September 2024

Farah Noya*[1] (farah.noya@lecturer.unpatti.ac.id) Universitas Pattimura

Sandra Carr[2], Sandra Thompson[3] The University of Western Australia

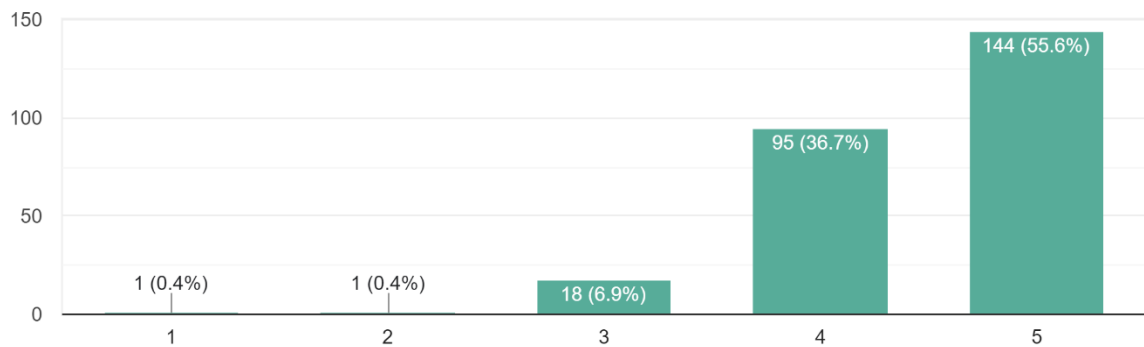Ubuntu2024.com

POST-EVENT SURVEY
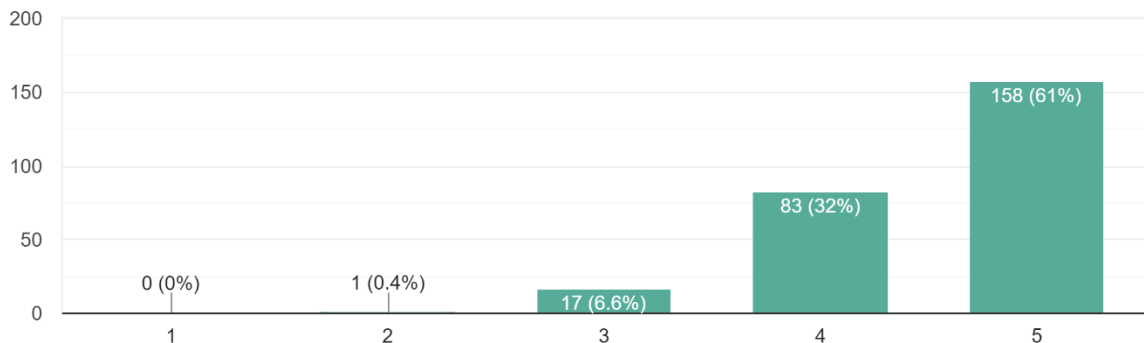
Did you attend physically or virtually?
259 responses

- Physically in Cape Town
- Virtually through Zoom

78%

22%

How satisfied were you with the event?
259 responses

Rating	Count
1	1 (0.4%)
2	1 (0.4%)
3	18 (6.9%)
4	95 (36.7%)
5	144 (55.6%)

How relevant and helpful do you think it was for your work that you attended Ubuntu 2024?
259 responses

Rating	Count
1	0 (0%)
2	1 (0.4%)
3	17 (6.6%)
4	83 (32%)
5	158 (61%)

How would you rate the organization of this event?

259 responses

Rating	Count
1	0 (0%)
2	1 (0.4%)
3	20 (7.7%)
4	90 (34.7%)
5	148 (57.1%)

How satisfied were you with...?

Legend: 1 2 3 4 5 N/A

Categories: Accessibility of the Sessions, Quality of the Keynote Speakers, Mobile App, Quality of the Oral Presentations, Quality of Workshops, Number of Workshops

Categories: Quality of Free Paper Sessions, Quality of Ubuntu Talks, Quality of Documentaries, Dates of the Event, Timing of the Event, Len

Categories: Length of the conference days, Your contact with The Network: TUFH - Office of the Secretariat, Quality of the Moderators, Number of participants in the session, Registration process

How did you hear about the conference?

255 responses

- The Network: TUFH
- Rural Wonca
- Wonca
- Social Media
- Linked-In
- University Announcement
- Alumni Announcement
- Your workplace Announcement

▲ 1/5 ▼
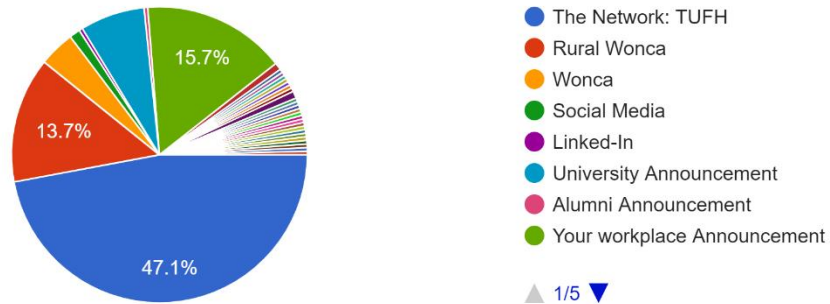
- Leadership team at RCCbc.
- My PhD supervisor
- Through my supervisor
- supervisor recommendation
- A colleague who is active on TUFH an...
- The Network TUFH and Wonca. Both.
- Referred by colleague
- Work
- A friend
- RCCbc
- I've been attending several other conf...
- Colleague who had previously attended
- My Supervisor
- WHTF
- Rural health conference

- Colleague
- Swedish rural medicine organisation
- All of the above
- Google Search
- From a colleague
- Women and health together for future
- From my organization leaders
- partner announcement

Which sessions did you find most relevant?
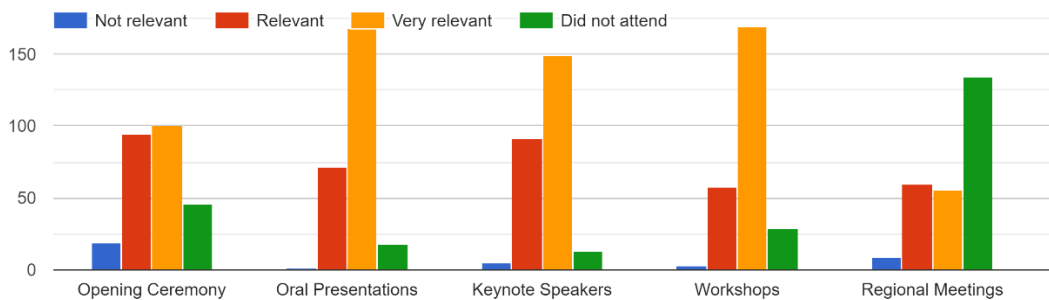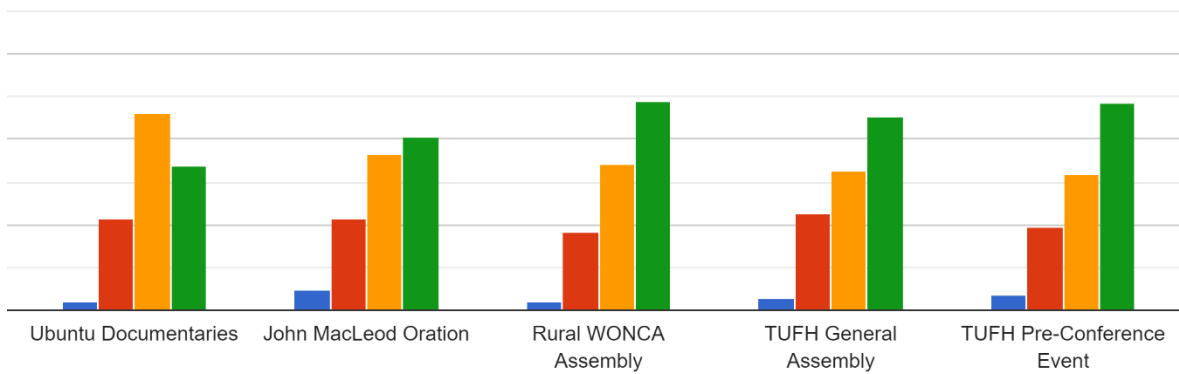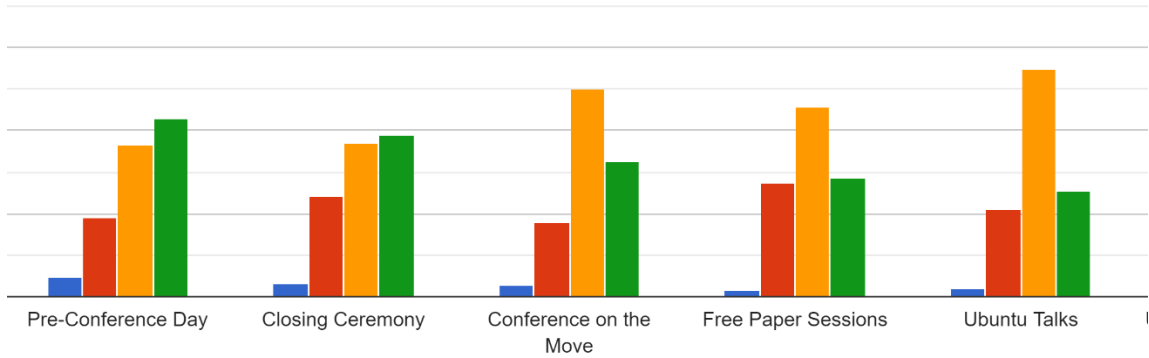
Did you expand your network?
259 responses

- Yes, 1 new contact
- Yes, between 2 and 5 new contacts
- Yes, over 5 new contacts
- No

35.9%

44.4%

15.8%
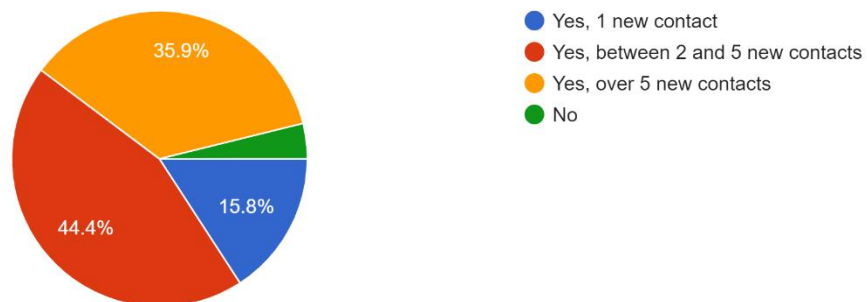
How likely are you to tell a friend/colleague about this event and The Network: Towards Unity For Health/Rural WONCA?

259 responses
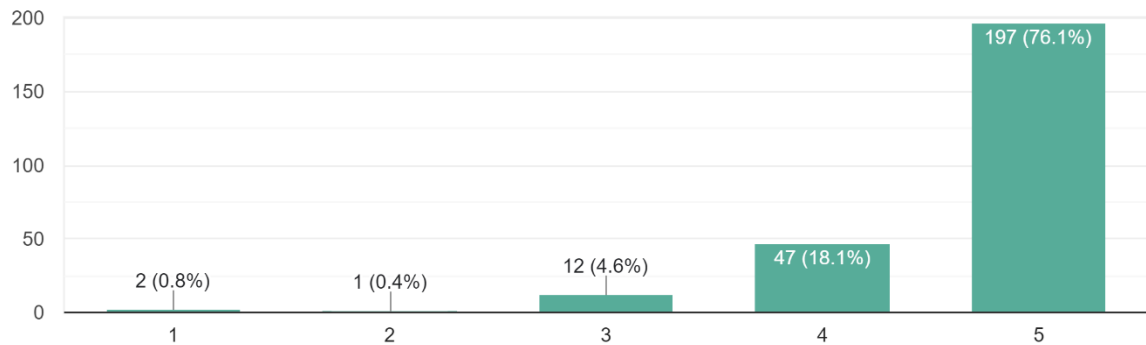
Do you feel that the printed posters bring a value to the conference that are on display?

259 responses

- Yes, we should keep the printed posters
- No, we should switch to fully virtual posters
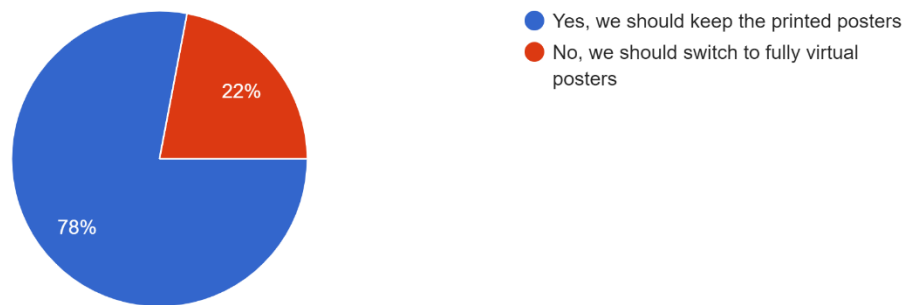
Do you plan to attend TUFH 2025 from The Network: TUFH?

259 responses

- Yes, physically
- Yes, virtually
- No
- Not sure
- Maybe
- Not decided
- Unsure
- Hopefully if I will have scholarship

1/5
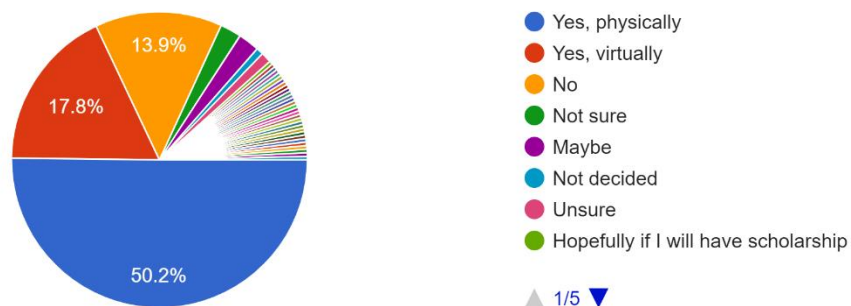
Do you plan to attend the Rural WONCA Conference in 2026?
259 responses

- Yes, physically
- Yes, virtually
- No
- Not sure
- Maybe
- Unsure
- Not decided
- Not sure yet

△ 1/5 ▼
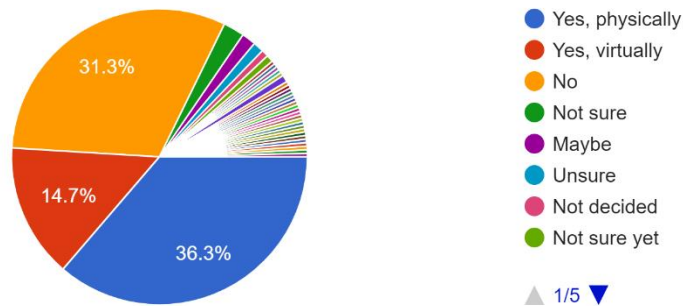
Your WHO Region
259 responses

- North America
- Latin America
- Europe
- South East Asia
- Western Pacific
- Eastern Mediterranean
- Africa

Your age
259 responses

- 65+
- 55-64
- 45-54
- 35-44
- 25-34
- 18-24
- Under 18
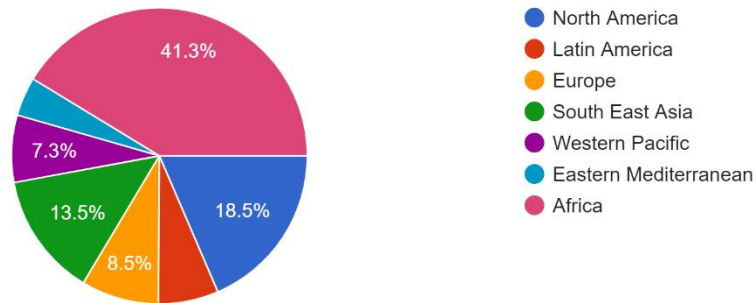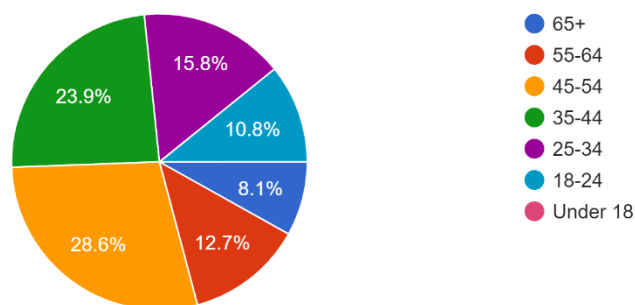
Profession

259 responses
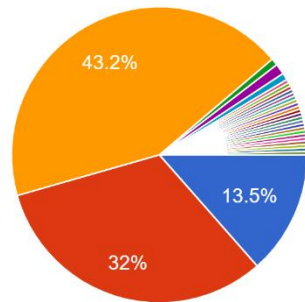
Legend (1/4):
- Student
- Faculty
- Health Professional
- Policy Maker
- Administrator
- administrator
- Student and academic researcher and…
- and health professional

▲ 1/4 ▼

- Student and MO
- Emeritus Professor from Stellenbosch…
- Community engagement and training…
- Indigenous leader
- Technical Advisor in iNGO
- Trainer
- Research Assistant and Student
- Filmmaker
- Rural Healthcare Director
- Donor Recruitment Officer at The South African Bone Marrow Regsitry
- Researcher
- Coordinator

- practice clinic owner in small rural
- Medical graduate
- Education Coordinator and Administrator
- Health professional and Student
- Public Health Professional
- Research fellow
- Rural Community Member
- Consultant

UBUNTU 2024 DECLARATION

Cape Town Consensus

Preamble

The concept of Ubuntu is a humanist African philosophy that derives from a profound Zulu phrase "Umuntu ngumuntu ngabantu" (a person is a person because of other people), which emphasizes the intrinsic connection among people, asserting that a person becomes complete through their relationship with others. Ubuntuism underscores the interconnectedness of all aspects of existence, weaving together spiritual dimensions, collective and personal identities, familial inclusivity, and the profound value of interpersonal bonds.

Ubuntu 2024 - The Network: TUFH and Rural Wonca conference in Cape Town, South Africa builds on the legacy of both organisations and their policies, individually (1-5) and jointly (6), to develop a declaration that addresses both a global and an African context. The conference allowed a rich dialogue between those that know the local circumstances and those with international experience.

The conference took place within a context of inequity, poverty, and social disparity, especially in rural areas. The setting serves as a poignant backdrop for discussions that delve into the far-reaching implications of Ubuntu in the realm of healthcare equality. The conference also recognized the energy, vibrancy, resilience and innovation of people, who, shaped by the challenges of their contexts, consistently demonstrates their ability to work together to make a difference to current realities.

The 2024 Ubuntu Conference served as a pivotal gathering for individuals passionate about fostering positive transformation in health and wellness-related domains, emphasizing the interconnectedness of PEOPLE, PLACE, and POLICY. The conference focused on four overarching themes, each highlighting a crucial aspect of this interconnectedness:

1. Building Equity in Rural Health
2. Community Engagement for Local and Global Health
3. Social and Health Policies for the Public Good
4. Educating the Health Workforce.

Recommendations for action

Building Equity in Rural Health

Based on the principle of equity, rural issues must be prioritised as we restructure the health system towards realising health for all.

Key areas for action are:

- **Advocacy for rural health** should ensure that the supply and distribution of health resources is equitable by location, gender, and income.

- **Adequate and equitable funding** for health services, especially in underserved rural areas: this requires a focus on primary health care and a movement of resources away from hospicentric approaches.

- **Enabling and training the future rural health workforce** to be effective generalist clinicians, good team players and courageous advocates for their patients and communities, while ensuring inclusivity and diversity relevant to the context in which they work.

- **Support a rural health workforce** that is sufficient in numbers, competencies , and range of professions, and that is well-distributed by aligning rural health initiatives including pathways with **WHO guidelines** on health workforce development, attraction, recruitment and retention in rural and remote areas (7)

- Ensuring inter-sectoral collaboration of rural health services with appropriate government, non-government and community role players to address the **social and environmental determinants of health and disease** and ensure **gender and geographic equity**.

- Implement **Rural Proofing** to ensure national and regional policies and guidelines are appropriate for rural areas.

- **Involve communities** in health policy development from the earliest stages.

- Enable students to learn in rural settings through **Immersive Community Engaged Education** (8) as demonstrated by the Cape Town Universities in their outreach and distributed (9,10) health professions education.

- **Recruit and ensure admission of students** from rural areas and enable them to stay and learn in their rural area where possible

- Focus on **effective primary health care** – locally based first contact, accessible, continuous, comprehensive and coordinated person focussed care - involving family doctors and based on a multiprofessional **team of generalist practitioners from a range of professions including community health workers working to full scope**

- **Address the 10/90 research gap**, ensuring research is carried out for, with and in rural communities.

- Provide practical support to **rural communities** to improve emergency preparedness and addressing climate change.

- Facilitate opportunities for health professionals and managers to enable them to become are familiar with the context contextual experiences of patients, in their own homes and living environments, places of learning and work, and modes of transport, as part of both clinical and heath service budgeting and decision making.

Community Engagement for Local and Global Health

Community engagement should consider the role of the community in healthcare, learning from the community, working towards socially responsive engaged communities, unlocking the potential of patients and communities, the role of the community in chronic medicine adherence, community engagement in mental health support, collaborations for health, strength in partnerships and role of community in epidemics and natural disasters.

Key areas for action are:

- **Develop community capacity** to engage with policy development through supporting locally led social innovation in health initiatives and continuous learning processes.

- Publicize and build on innovative **collaborations between public and private** sectors to enhance community engagement.

- Ensure **health workforce education takes place in the community**, with students learning from communities and respecting community values.

- Involve communities in training to **ensure responsive and culturally relevant graduates.**

- Consult, involve, fund and actively engage community-based organizations in developing **local solutions** to their health problems

- Support the training and engagement of **community leadership** in all aspects of health, including chronic disease management and mental health.

- Develop strategies to the environmental impact of health systems and work together with communities to **mitigate climate change**.

- Work with communities to ensure their involvement and **empowerment** in addressing future public health emergencies

Social and Health Policies for the Public Good

Policy formulation and implementation should ensure promoting health policy and education for the community good, social policy for the public good, that the built environment is for the public good, socially responsive and community conscious healthcare for all, gender and economic equity, health impact, planetary health, climate change, global policies, local policies, one health and social determinants of health. and should promote health advocacy and diplomacy in a divided world.

Key areas for action are:

- **Support a community-led approach** to co-create policies and solutions that reflect the needs of marginalized communities, including women, rural populations, migrants, indigenous peoples and disabled people.

- Ensure that **policies are clear, accessible, and promote social justice**, in relation to health inequities especially gender disparities.

- **Develop models of co-creation** with community and cultural frameworks, promoting sustainability and resilience.

- Advocate for greater commitment to **social accountability, inclusivity, and diversity** in health and social policy development.

- Incorporate **climate change, planetary health, and social determinants of health** into social and health policies.

Educating the Health Workforce

Health professional education need to emphasise interprofessional education in health, technology, digital health, clinically competent and critically conscious curricula, how to incorporate climate change and planetary health into the curricula, socially responsible curricula, and community engagement in education.

Key areas for action are:

- **Ensure equitable supply, distribution, and quality** of the workforce by location, gender, ethnicity, culture, and income, prioritizing rural and underserved areas.

• Ensure **appropriate capacity and models of care** including addressing team composition for community-based primary healthcare.

• Ensure the preparation of students and graduates to work for **inter-professional and multi-professional teams** and collaboration within these teams and ensuring there are teams that can serve as models for students.

• Educating and funding **community-based health workers** as a key community resource

• **Education for the rural workforce** should be generalist- and team-based, with a focus on training students in rural settings.

• Facilitate health professional **education in the community** through mHealth, E Learning, and Artificial Intelligence (AI), while ensuring that essential elements relationship, communication, authenticity and continuity are retained.

• Promote and reward **scholarship and education** that lead to societal impact, particularly for rural and marginalized communities.

• Regularly review curricula to ensure competencies are relevant to the changing needs of the health workforce and determined by the changing needs of the communities they serve, including a focus on **climate change**.

We encourage those who have attended Ubuntu 2024 to consider these broad actions, reflect on their learnings from the conference, and adapt and implement them in their local context for the benefit of their communities.

The recommended actions are key elements that can make incremental change for communities, but we must also look at broader community development by working with other agencies to provide an environment in which these can be successful. Key areas of fundamental service and social inequity must be addressed in a meaningful way,

We challenge readers to work with The Network: TUFH and Rural WONCA individually and through their local organisations to measure our outcomes against these key goals.

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4. Sharjah Concensus TUFH2023; 2023; Sharjah The Network: Towards Unity for Health
5. Blueprint for Rural Health 17th World Rural Health Conference; 2021 Bangladesh RuralWonca
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8. Strasser R, Strasser S. Reimagining Primary Health Care Workforce in Rural and Underserved Settings (English) Health, Nutrition, and Population (HNP) Discussion Paper. Washington, D.C.: World Bank Group; 2020.
9. Van Schalkwyk SC, Couper ID, Blitz J, De Villiers MR. A framework for distributed health professions training: using participatory action research to build consensus. BMC Medical Education. 2020 Dec 20:1-0
10. Van Schalkwyk S, Couper I, Blitz J, Kent A, de Villiers M. Twelve tips for distributed health professions training. Medical Teacher. 2020 Jan 2;42(1):30-5.

Click here to view the declaration online.

WORKSHOPS

Workshop 1: Distributed health professions training: a framework for educating tomorrow's workforce

Presenters: Susan Van Schalkwyk, Prof Ian Couper

Organization: Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu165

Synopsis

Increasingly, health professions students are placed at sites away from academic hospitals, with a focus on equipping them to work in a range of healthcare facilities and communities, often in rural contexts. Each year new lessons are learned as to how best to educate tomorrow's workforce in this way. After conducting a scoping review of the literature on decentralised training, we embarked on a participatory action research project to draw on the experiences of colleagues across South Africa. A series of workshops and a Delphi panel was established to reach consensus on enabling factors for decentralised training which ultimately led to the development of a framework for distributed health professions training (Van Schalkwyk, Couper, Blitz & De Villiers 2020). The framework has subsequently been applied in multiple contexts and more recent experiences, for example during the pandemic, have further refined it. This workshop will introduce participants to the framework and provide the opportunity to work with and reflect on it.

Learning outcomes

At the end of the workshop participants will be able to:

• describe the Framework

• apply the Framework to their own settings;

• consider ways to implement and evaluate their own work using the Framework.

Workshop outline

1 minute: Welcome comments Ubuntu 2024 Moderator

5 minutes: Introductions

10 minutes: Presentation: The Framework for effective distributed training

20 minutes: Small group discussion: Application of the Framework in participants' context – understanding how it works and what might be missing

20 minutes: Plenary Feedback

3 minutes: Wrap-up by facilitators

1 minute: Closing comments Ubuntu 2024 Moderator

Workshop 2: How to use simulation to teach teamwork in emergency medicine

Presenters: Magnus Hjortdahl, Mona Marnsen, Geir Jøran Sara

Organization: Norwegian Centre for Rural Medicine

Country: Norway

Ubuntu ID: Ubuntu103

Synopsis

There is an increasing focus on teamwork in healthcare. Teamwork during medical emergencies is especially relevant in rural areas due to limited resources and distance to secondary healthcare. In situ simula on is a teaching method where professionals train teamwork at their own workplace, using role-play led by a trained teacher. It is a safe, affordable, and efficient way of teaching teamwork in emergency medicine. In this workshop you will be introduced to in situ simula on as a tool to educate rural health workforce in teamwork.

Learning outcomes

Enhanced understanding of the critical role teamwork plays in optimizing patient care and outcomes in the emergency medical situations

• Tools to improve ability to effectively communicate and collaborate within mutual disciplinary teams during high-stress scenarios

• Insight in practical strategies to foster a culture of teamwork and mutual support, leading to more cohesive and effective healthcare team

Workshop outline

Program

10 minutes: Introduction

20 minutes: Demonstration of a simulation

10 minutes: Introduction to in situ simulation

20 minutes: Why is this important? Panel discussion

20 minutes: Try it out! Participate in simulation

20 minutes: How can we implement in situ simulation? Group discussion

5 minutes: FørsteBEST Implementing in situ simulation in rural Norway

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 3: Bridging the 10/90 Gap in Global Health Research: Enhancing Research Integrity

Presenters: Gobith Ratnasingam, Prof Joyce Kenkre, Dr Mercy Nafula Wanjala,

Organization: Wonca Working Party on Rural Practice

Country: Sri Lanka

Ubuntu ID: Ubuntu164

Synopsis

This workshop explores innovative strategies for bridging the 10/90 gap in global health research and promo ng research integrity. The 10/90 gap refers to the observation on that only about 10% of global health research funding is dedicated to addressing the health issues that affect 90% of the global disease burden, particularly in low—and middle-income countries (LMICs). This disparity is concerning because it means that the majority of research efforts and resources are not directed towards the health problems that impact the most vulnerable populations

Learning outcomes

Enhancing the capabilities of health research systems in LMICs.

• Fostering the establishment of international research networks and partnerships.

• Ethical considerations in global health research.

• The role of collaboration and knowledge sharing in promo ng research integrity.

• Boosting the financial support for health research by LMICs.

• Nurturing leadership skills among healthcare professionals at the primary care level.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

10 minutes: Welcome remarks and workshop introduction by Dr Gobith Ratnasingam

5 minutes: Follow-up presentation by Dr Mercy Nafula Wanjala

30 minutes: Interactive sessions and discussions regarding the practical approaches for closing the 10/90 gap and advancing research equity worldwide.

5 minutes: Wrap-Up and way forward by Prof Joyce Kenkre.

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 4: Enhancing Rural Emergency Department Efficiency: Strategies for Sustainable Patient Flow

Presenters: Christopher Patey, Dr. Paul Norman BN RN,

Organization: Memorial University of Newfoundland

Country: Canada

Ubuntu ID: Ubuntu158

Synopsis

Emergency departments (EDs) in Canada are being challenged by aging populations, decreasing community primary care options, and increased demand on emergency services. This has resulted in subpar ED metrics, overcrowding and extensive patient wait times. In this concise, lively, back and forth session, we will present ED Flow pearls developed through humble, grassroots rural emergency practice in Newfoundland, Canada and have been implemented in ED's throughout the nation. In particular we will focus on ED patient flow strategies from a personal to departmental approach to effectively reduce wait times and enhance ED care.

Learning outcomes

• Gain practical take home ideas for ED improvement initiatives

• Utilize ED Flow strategies

• Reduce wait times and improve patient access in their ED

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

50 minutes: Presentation with interactive questioning throughout

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 5: Rural Stars Project: Developing a Practical Guide for Rural Health Promotion and Advocacy

Presenters: Amber Wheatley Buckel, Dr Veronika Rasic, Ms Osama Anita Michael, Ms Nabila Ali, Ms Mared Thomas, Ms Angelus Cyrus, Ms Momina Iqbal

Organization: Rural Seeds

Country: British Virgin Islands

Ubuntu ID: Ubuntu126

Synopsis

The Rural Stars Project was launched by Rural Seeds in 2024 to support rural healthcare workers in advocating for rural healthcare in their communities and to improve the longevity of the rural workforce. There is significant evidence that empowering young people in rural communities to pursue healthcare careers leads to greater recruitment and retention. As many countries do not have dedicated training pathways for rural health careers, we are exploring what practical measures could be used at the local level in different contexts to promote rural health and rural health careers. The guidebook will be a freely accessible tool that can be used by students and early career clinicians. It will provide practical examples and links to useful information that can be adapted to their local context. The workshop outcomes will contribute to the development of the guidebook.

Learning outcomes

• Use learned experience of colleagues in rural health to develop a practical guidebook to support young healthcare professionals in recruitment and retention activities

• Empower young healthcare professionals to participate in discussions on recruitment and retention strategies.

Workshop outline

5 minutes: Welcome by Dr Buckell and Dr Rasic

10 minutes: Explain objective of guide

20 minutes: Gather what information participants would have wanted to know about rural health promo on and advocacy

20 minutes: Discuss in small groups in person and online what strategies have been put in place in different parts of the world and their practicality

5 minutes: Wrap-Up by Dr Buckell and Dr Rasic

Workshop 6: Joining the journal community –how becoming a reviewer enriches your professional work

Presenters: Emeritus Professor Amanda Barnard, Emeritus Profesor Paul Worley, Professor Ian Couper

Organization: Australian National University and Rural and Remote Heath

Country: Australia

Ubuntu ID: Ubuntu209

Synopsis

The workshop aims to introduce clinicians and researchers to the benefits, concepts and processes of peer review, and to encourage participants to be part of the broad community of journal reviewers. It will provide tools and tips to conduct a review, and discuss how reviewing within an international community pf practice enriches your professional work. RRH is an open-access international academic journal publishing articles by rural health practitioners, educators, researchers and policy makers.

Learning outcomes

• Describe the purpose of peer review.

• Recognise the professional and personal benefits that come from being a reviewer.

• Appreciate journal processes from article submission to acceptance.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Welcome remarks -Professor Paul Worley

10 minutes: What is peer review and why would I be a reviewer?

10minutes: What does a good review look like for editors and authors? (Q and A)

10 minutes: Specific information about reviewing for RRH. (Q and A)

10 minutes: Discussion of selected article (small groups)

5 minutes: Wrap-Up Professor Paul Worley

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 7: Medical Migration - Rural Workforce Solution?

Presenters: Harold Jacobs, Dr Nick Hummel, Professor Tarun Sen Gupta, Associate Professor Harry Jacobs

Organization: Noosa Heads Medical

Country: Australia

Ubuntu ID: Ubuntu121

Synopsis

Medical practitioner migration is a common and controversial topic for discussion with practical, personal and ethical dimensions. Participants will have an opportunity to share their own perspective. Reference will be made to the MELBOURNE MANIFESTO adopted at 5th WONCA World Rural Health Conference Melbourne, Australia on 3 May 2002.

Learning outcomes

Discuss the benefits and risks of immigration of doctors to address medical workforce shortages. The complexities of immigration will be identified. Small group discussion will identify regional variations.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

15 minutes: Personal experience Dr Nick Hummel

20 minutes: Small group discussion by participants

15 minutes: Panel discussion Dr Hummel, SenGupta & Jacobs

3 minutes: Wrap-Up by Harry Jacobs

2 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 8: Strengthening Rural Healthcare Research: Paving the road to a Learning Healthcare Community

Presenters: Alexandria Tobin, Wendy Graham, Cheri Bethune, Shabnam Asghari, HETI Schmidt, Kerith Duncanson, Emma Webster

Organization: Memorial University of Newfoundland, New South Wales Health Education and Training Institute (HETI)

Country: Canada and Australia

Ubuntu ID: Ubuntu184

Synopsis

Physicians and other health workers in rural settings encounter unique challenges, including limited access to resources and academic specialists, hindering their ability to engage in rurally relevant research and quality improvement initiatives. Dedicated training programs such as 6for6 and Rural360 at Memorial University of Newfoundland, Canada, and the Rural Research Capacity Building Program (RRCBP) in Australia aim to address this gap. We describe how each program has created an environment in which RHPs can strengthen research capacity in their communities. Delivered in a hybrid fashion to mirror the instructional techniques employed in our programs, we will facilitate discussion in person and online.

Learning outcomes

1. Describe the essential elements of each program

2. Explore barriers and enablers of rural healthcare research

3. Identify their own opportunities to engage and grow research capacity

4. Prepare a research engagement plan

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator.

Welcome remarks by team member

25 minutes: Describe how each program has created an environment in which RHPs can strengthen research capacity in their communities.

25 minutes: Participants to reflect on and compile their own capabilities, assets, opportunities, and goals for building a learning healthcare community.

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 9: Equity is Essential for Closing the Women's Health Gap and Improving Lives and Economies

Presenters: Judy Lewis, Khalifa Elmusharaf, Beverly Essue, Chhabra Shakuntala

Organization: University of Connecticut School of Medicine/Women and Health Together for the Future

Country: United States

Ubuntu ID: Ubuntu36

Synopsis

Although there is substantial evidence of economic and social gains achieved by equality in health, women are still underrepresented in positions of power in health disciplines, including leadership in research, health care systems and delivery, health professions, education and research. Equity must be established in all domains. Investment in women, as highlighted in the World Economic Forum's 2024 report "Closing the Women's Health Gap: A $1 Trillion Opportunity to Improve Lives and Economies", underscores the need for actionable interventions. 3.9 billion women would benefit from healthier lives based on improvements in the science, data, care delivery and investment for women. This would also improve global, national, and local economies. This workshop, led by experts in women's health and policy, offers practical strategies to promote equity and bridge these gaps to improve women's health globally.

Learning outcomes

1. Generate innovative ideas for improving women's health through collaborative brainstorming.

2. Analyze their local context to identify opportunities for impactful interventions.

3. Develop ac on plans for driving positive change in women's equity and health outcomes.

Workshop outline

3 minutes: Welcome comments Ubuntu 2024 Moderator

3 minutes: 1. Overview of Findings: The "Closing the Gap" report's key findings will be presented to participants, providing essential context for the discussion. Dr. Beverley Essue

15 minutes: 2. Strategies: Facilitators will lead discussions on effective strategies for tackling the four root causes identified in the report. Dr. Khalifa Elmusharaf and Prof. Chhabra

15 minutes: Small Group Discussion - 3. Brainstorming: Attendees will be divided into small groups to brainstorm innovative approaches to enhance women's health through science, data, care delivery, and investment, equity for women from delivery to policy. All four faculty

20 minutes: 4. Case Study: Engaging case studies will be used to stimulate discussion and deepen understanding within the small groups. any research findings, gender inclusive, changes in all tiers of health systems. Equality is not enough, equity is essential—brainstorming will include equity for women in making policies, programs and service delivery. All four faculty

20 minutes: 5. Contextual Analysis: Each group will analyze their national/local context to identify opportunities for collaboration with policymakers, academics, and community members to effect change. All 4 faculty

25 minutes: 6. Action Planning: The session will conclude with a prioritization of strategies derived from group discussions. Each group will leave with a personalized action plan tailored to their setting, ready for implementation. All four faculty

5 minutes: Wrap-Up by Dr. Elmusharaf

3 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 10: Are you a 'teacher' or an 'enabler of learning'?

Presenters: Marijke Kruithof, Carol Nyambura

Organization: SHE-Collaborates, Maastricht University

Country: Netherlands

Ubuntu ID: Ubuntu16

Synopsis

Even though 'student centered learning' as opposed to 'teacher centered education' has been around for a long me now and has proven to be more effective for student learning, it is s ll not 'common place' everywhere. Large numbers of students and limited (human) resources are often cited as reasons for not being able to change. In our experience, it takes a real 'chip-change' or paradigm shift for traditional 'teachers' to become real 'enablers of learning'. So how do you set that process in motion and why invest me and energy to achieve this? In this workshop we want to share some of the creative and interactive exercises that have been developed to achieve this change in mind-set and to give 'teachers' tools to become 'enablers of learning', whatever the se ng they work in.

Obviously, two hours can only scratch the surface of this topic, but the exercises planned will also stimulate discussion on the principles underlying this paradigm shift and possible ways forward. The facilitators for this workshop all work for SHE-Collaborates (the social accountability branch of the School of Health Professions Education (SHE) at Maastricht University) and have ample experience in implementing alternative formats of health professions education around the globe.

Learning outcomes

• Explain the difference between a 'teacher' and an 'enabler of learning'

• Use some ideas and tools to take the first steps in changing their own paradigm

• Start looking for more information to continue their journey in 'enabling learning'

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Welcome remarks by Carol Nyambura

10 minutes: MILS exercise part I (intro and questionnaires)

30 minutes: Good teacher / mistakes to avoid exercise

10 minutes: Out of the box exercise

30 minutes: MILS exercise part II (group work & plenary)

15 minutes: Plenary session on way forward

10 minutes: Wrap-Up by Marijke Kruithof

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 11: Developing Socially Accountable Research Networks

Presenters: Maxwell Kennel, Kerri Delaney, Jessica Jurgutis, Roger Strasser, Erin Cameron, Alex Anawati, Joseph LeBlanc

Organization: Dr. Gilles Arcand Centre for Health Equity at the Northern Ontario School of Medicine University

Country: Canada

Ubuntu ID: Ubuntu182

Synopsis

Social Accountability has made waves in medical education, reformed the training of health professionals, connected health policies with community needs, and transformed many institutions around the world. However, the question of precisely how social accountability can aid networks of researchers has yet to be explored. Drawing from the first year of CREATE - a long-term research project focused on socially accountable research networks - this 1-hour workshop will focus on practical skills for developing and maintaining research partnerships across institutions that are distributed around the world.

Learning outcomes

At the end of the workshop participants will be able to:

1. Understand how Social Accountability influences research, and how Social Accountability can help foster diverse and resilient research networks;

2. Identify where researchers and community partners have aligned interests and;

3. Foster conflict-resolution and mediation strategies to address the inevitable tensions of working together in diverse environments.

Workshop outline

2 minutes: Welcome comments from the Ubuntu 2024 Moderator

2 minutes: Welcome remarks by Maxwell Kennel

10 minutes: Opening Roundtable. What is Social Accountability? What is Socially Accountable Research? What is a Socially Accountable Research Network?

15 minutes: Discussion of the results of a scoping review on Socially Accountable Research, with comments from the CREATE Project team.

15 minutes: Discussion of how "Community-based participatory research," relates to socially accountable research, and Q&A with the group.

10 minutes: ACTIVITY: Determine community groups to involve in your research and ways to form or foster relationships. Reflections on the CREATE project's unique governance structure and efforts toward creating safe environments/meeting spaces/networks.

2 minutes: Wrap-Up by Maxwell Kennel

2 minutes: Closing comments from the Ubuntu 2024 Moderator

Workshop 12: Empowerment Through Equitable Engagement: Fostering Ethical Community Partnerships for Societal Impact

Presenters: Cornelia Hart, Priscilla Daniels

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu148

Synopsis

This 2-hour workshop will explore the crucial role of strategic partnerships in enhancing community health locally and globally, emphasizing the strength found in collaboration. Participants will gain practical strategies for partnership building, stakeholder identification, and maintaining ethical considerations in collaborative efforts. This workshop is vital for anyone looking to make a tangible impact in community wellness through integrative practical strategies for partnership building, stakeholder identification, and maintaining ethical considerations in collaborative efforts.

Participants will gain practical strategies for partnership building, stakeholder identification, and maintaining ethical considerations in collaborative efforts. This workshop is led by seasoned experts in community engagement, with years of experience in building collaborative initiatives that span local and global scales, offering invaluable insights into the mechanics of successful partnerships. This workshop is vital for anyone looking to make a tangible impact in community wellness through integrative, ethical, and strategic collaboration. Participants will leave with: 1. Strategic Partnership Skills: The ability to identify, initiate, and nurture strategic partnerships. 2. Analytical Tools Proficiency: Competence in using P.E.S.T.L.E (political, economic, social, technological, environmental, and legal) analysis and Venn Diagram for Stakeholder Mapping. 3. Ethical Collaboration Framework to navigate ethical considerations in partnerships, including transparency, equity, and respect for local context. Workshop Objectives: 1. Understand the importance and impact of effective partnership building in community well being initiatives. 2. Learn to apply the P.E.S.T.L.E analysis for stakeholder identification and partnership development. 3. Identify relationships, using Venn Diagram mapping, between stakeholder groups, and their roles in community interventions. 4. Navigate the ethics of partnership building to ensure respectful, equitable, and productive collaborations.

Learning outcomes

• Identify, initiate, and nurture strategic partnerships (Strategic Partnership Skills).

• Apply P.E.S.T.L.E (political, economic, social, technological, environmental, and legal) analysis and the Venn Diagram for Stakeholder Mapping (Analytical Tools Proficiency).

• Navigate ethical considerations in partnerships, including transparency, equity, and respect for local context (Ethical Collaboration Framework).

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

15 minutes: Quick icebreaker activity and brief workshop overview

25 minutes: Strategies for Partnership Building Short presentation: Key strategies for building effective partnerships and Activity (10 minutes): Small group discussions on a case study of successful partnership building

25 minutes: P.E.S.T.L.E Analysis Introduction to P.E.S.T.L.E and Group Work: Participants conduct a mini P.E.S.T.L.E analysis on a given scenario.

20 minutes: Venn Diagram: Stakeholder Mapping Guided Activity: Using the Venn Diagram (Stakeholder Mapping) tool.

20 minutes: Part 4: Ethics in Partnership Building Facilitator led discussion on ethical considerations in partnership building.

15 minutes: Conclusion and Wrap-Up

Workshop 13: Developing an Online Course on "Health Equity in the Context of Integrated Rural Development Planning"

Presenters: Veronika Rasic, Ian Couper, Theadora Swift Koller, Betty-Ann Bryce, Bruce Chater

Organization: Director General's Office, WHO

Country: United Kingdom

Ubuntu ID: Ubuntu151

Synopsis

A course for "Health Equity in the context of Integrated Rural Development Planning " is being produced by through a collaborative effort led by WHO, commissioned to Ukwanda Centre for Rural Health and engaging as partners both Rural WONCA and OECD. The course aims to build cross-sectoral capacity for ensuring that health and rural development policies and programming address inequitable health service coverage and adverse social and environmental determinants of health in rural areas. With a multidisciplinary and crosssectoral audience, the course will primarily target learners from national authorities for health and rural development sectors. During the workshop participants will engage in breakout sessions to provide feedback on the proposed course ahead of its launch.

Learning outcomes

- Reflect on the role of integrated rural development planning in shaping rural health.
- Provide ideas relevant to the contents (for the intended target audiences) and use of the forthcoming WHO course on rural health equity.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

7 minutes: Welcome remarks by Dr Veronika Rasic and Prof Bruce Chater

8 minutes: Introduction by WHO - Theadora Swift Koller (registered online)

20 minutes: Course overview - Prof Ian Couper

5 minutes: Explanation of breakout groups - Dr Veronika Rasic

50 minutes: Breakout groups and discussion

15 minutes: Summary of discussion points

5 minutes: Wrap-Up - Prof Bruce Chater

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 14: Introduction to Emergency Skills for Rural Healthcare Students and Professionals

Presenters: Amber Wheatley Buckell, Sa'ad Lahri, Elicana Nduhuura, Guilia Barbosa Scorsin

Organization: Rural Seeds

Country: British Virgin Islands

Ubuntu ID: Ubuntu212

Synopsis

This workshop aims to provide an introduction to essential emergency skills for healthcare professionals and healthcare students in rural and remote areas. The workshop will consist of four stations; emergency triage, ECG interpretation, X-ray image interpretation, and Obstetric and Gynaecology emergency identification and early management. The workshop will have a maximum of 40 participants who will be divided into four groups. The workshop will start with a brief welcome and introduction and then each group will rotate to each station. At each station, groups will have a brief lecture followed by an opportunity to put the information in context through case studies. At the end of the workshop, there will be a quiz to reinforce learning. There will also be an opportunity to ask questions or discuss any challenges participants have faced in their experience. By the end of the workshop, participants will have gained knowledge in the early management of emergencies in rural and remote settings and also develop skills in interpretation of ECGs and x-ray images.

Learning outcomes

• Early identification and management of common emergencies in rural and remote settings

• Confidently interpret ECGs

• Confidently interpret x-ray imaging

Workshop outline

5 minutes: Welcome and introduction to workshop and facilitators

20 minutes: Station 1 – Emergency Triage

20 minutes: Station 2 – ECG interpretation

20 minutes: Station 3 – X-ray interpretation

20 minutes: Station 4 – Obstetric and Gynaecology

10 minutes: Quiz

5 minutes: Closing and feedback forms

Workshop 15: Countering the impact of Geographical Narcissism on the rural health workforce and rural health services: leveraging rural voice, innovations, people, and power

Presenters: Riitta Partanen, Malin Fors, Bruce Chater, Mercy Nafula Wanjala, Theadora Swift Koller, Janice Probst

Organization: Arnold School of Public Health, University of South Carolina (emerita; retired)

Country: United States

Ubuntu ID: Ubuntu135

Synopsis

Despite policies and strategies promoting and encouraging rural health careers in many countries, there continues to be a geographical maldistribution of healthcare workforce globally. Geographical narcissism (GN) is a largely under-recognised factor contributing to the ongoing rural healthcare workforce shortages and subsequent inequitable access to healthcare. Participants will initially hear from several speakers about how GN is contributing to the ongoing rural healthcare workforce shortages across the globe, and possible strategies to minimise and counter its impact based on evidence and experience. Participants will break out into groups to discuss the components of GN during health education and training to develop new or enhance current strategies to minimise the negative impact of GN on the rural communities and increase their health workforce.

Learning outcomes

At the end of the workshop participants will be able to: 1. Understand how and where geographical narcissism occurs across the health education and training continuum and its impact on rural medical practice intent. 2. Contribute to the solutions needed to address GN during health education and training and in health systems policies and resource allocation. 3. Go away with strategies that they can advocate for or implement in their institutions, communities to minimise the contribution of GN on rural medical workforce shortages and improve wellness in their communities.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Welcome remarks by A/Prof Riitta Partanen

45 minutes: 5 - 10 minute Presentations from all presenters Mallin Fors, Mercy Wanjala and Bruce Chater in person Jan Probst and Theadora Swift Koller virtually

35 minutes: Break out groups facilitated by the presenters in person– each Group will be tasked with a different issue around GN to solve. If an online option for attendees is available, the two virtual presenters could facilitate online working groups.

20 minutes: Summary from Break-Out Groups

5 minutes: Wrap-Up & next steps by A/Prof Riitta Partanen

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 16: Bridging Health Equity Gaps in Rural Colombia: A Participatory Approach to Transformative Health Care

Presenters: Francisco Lamus, Arnoldo Barbosa, Rosa Margarita Durán, Jadith Lombo, Camilo Correal, Nelly Hernández, Erwin Hernando Hernandez-Rincon, Martha Diaz, Marco Fidel Avila, Juan Domingo Palacio, Diana Diaz, Oscar Castro

Organization: Univesidad de La Sabana

Country: Colombia

Ubuntu ID: Ubuntu233

Synopsis

Background: In the municipalities of Icononzo and Chaparral, Colombia, the "Rural Health for Health in Colombia" project is pioneering a health revolution. Leveraging a community-based, participatory ac on research approach, this initiative aims to mitigate health inequities by fostering collaboration among rural communities, health institutions, and academic partners, including the Universi es of La Sabana, Tolima, and the Arctic University of Tromso, Norway. Through innovative solutions for selfcare, primary health care, and access to complex health services, the project addresses critical needs and contextual social determinants of health. This approach not only empowers individuals and communities to take control of their health but also enhances the well-being of the entire community by improving health outcomes, affordability, satisfaction, and professional commitment.

Objectives: Our workshop seeks to: Showcase the collaborative and participatory methodologies that have underpinned the success of health equity advancements in rural Colombia. o Foster an interactive dialogue to exchange global insights on overcoming challenges in health service delivery across varying levels of complexity in rural settings. Identify scalable strategies and best practices for community engagement, self-care, and health promo on that can be adapted to diverse rural contexts

Learning outcomes

Participants will leave the workshop with: A deeper understanding of the complexities and innovative solutions for enhancing health equity in rural settings. A toolkit of adaptable strategies for improving health service delivery and engaging communities in health promo on. Connections with a global network of practitioners committed to advancing rural health equity.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

3 minutes: Welcome remarks by Francisco Lamus

7 minutes: Introduction: A brief presentation of the "Rural Health for Health in Colombia" project, highlighting key achievements and the impact of a participatory action research approach on health equity.

15 minutes: World Café: Participants will engage in rota ng small group discussions, focusing on specific aspects of health service delivery challenges and solutions in rural areas. This format encourages sharing experiences, strategies, and insights from various global contexts.

10 minutes: Group Synthesis: Each group will summarize their discussions, identifying common themes, innovative strategies, and actionable insights for building health equity in rural areas.

10 minutes: Plenary Session: A facilitated discussion to consolidate learnings, explore potential collaborations, and discuss the application of identified strategies in participants' respective contexts.

5 minutes: Wrap-Up by Francisco Lamus

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 17: The New US Alternative Models for Licensure of international medical graduates and their potential impact on people's health and wellness in low-resource settings

Presenters: Elsie Kiguli-Malwadde, Nelson K. Sewankambo

Organization: African Forum For Research and Education in Health (AFREhealth)/Makerere University

Country: Uganda

Ubuntu ID: Ubuntu109

Synopsis

There is a global health workforce crisis with an es mated global shortage of 18 million health workers by 2030 – placing many vulnerable people at risk of not enjoying healthy and long lives. Health policies may facilitate or impede access to health services. In the US many states have planned / are planning to reduce health workforce shortages by changing licensure policy requirements for International Medical Graduates (IMGs) who have completed training and/or practiced abroad. Tennessee led the way to implement this change with a bill effective July 1, 2024. By March 14, 2024, eight states have followed suite. The low- and middle-countries (LMICs) will continue to lose their well-trained physicians to the US without compensation to the former. The new alternative pathways (policies) for state licensure of IMGs make it easier for US to recruit non-US nationals into its workforce.

Learning outcomes

• Have learned about the emerging US Alternative Licensing Models (policies) for recruitment of IMGs.

• Have understood the potential impacts (positive, negative, unintended) of the new Licensing models on the health workforce situation and peoples' access to health services in LMICs especially Africa.

• Discussed how the potential negative effects of the new Licensure policies on LMIC health systems can be mi gated?

Workshop outline

5 minutes: Welcome comments: Ubuntu 2024 Moderator

10 minutes: Health WorkForce situation in sub-Saharan Africa: Elsie Kiguli-Malwadde

10 Minutes: US Alternative Licensing Models (policies) for recruitment of IMGs: Tracy Rabin

10 Minutes: New pathways' potential implications for Africa and other LMICs Moderator- Nelson Sewankambo

10 Minutes: Rural Health Worforce for Africa: Ian Couper

40 minutes Discussion in groups- Moderator- Nelson Sewankambo

20 minutes: Report back from Groups - Moderator- Nelson Sewankambo

10 minutes: Wrap-Up and Call for Action: Nelson Sewankmabo

5 minutes: Closing comments: Ubuntu 2024 Moderator

Workshop 18: Advancing Social Accountability through Accreditation Actions: An International Movement

Presenters: Erin Cameron, Maxwell Kennel, David Marsh

Organization: NOSM University

Country: Canada

Ubuntu ID: Ubuntu214

Synopsis

Education leaders and researchers are increasingly looking to accreditation systems within health professional programs as powerful levers of change. While accreditation systems support educational standards, they can also support social accountability— the obligation of health professional programs to improve priority health needs of local communities. This 2-hour interactive workshop will engage participants in discussions and activities about social accountability and accreditation and highlight emerging best practices. This workshop will be led by thought leaders and members of the International Social Accountability and Accreditation Steering Committee, a group that formed after a series of think tank sessions in 2021 involving more than 100 participants from 30 countries. The goal was to create momentum towards a global initiative to ensure accreditation systems were designed and used to better respond to priority health needs and challenges of societies today and in the future. Participants included learners, policy makers, faculty, clinicians, community members, advocates, and leaders in social accountability. This collective group identified 12 key directions and actions, which were consolidated into a report that was shared widely. The workshop will provide an overview of how the actions have been mobilized over the last year by the steering committee and relevant action groups and what the plans are for the near future. Through a series of brief updates, interactive polling questions, breakout groups, and roundtable discussions, this workshop will focus on how participants can learn from and contribute to the global work of advancing social accountability through avenues like accreditation and research.

Workshop 19: Trauma Informed Care for Interpersonal Violence Experiences and Continuous Traumatic Stress

Presenters: Teresa Marsh, David Marsh

Organization: NOSM University

Country: Canada

Ubuntu ID: Ubuntu31

Synopsis

Objective: This workshop will explore how countries facing rapid political change face high prevalence of continuous traumatic stress, caused by high rates of homicide, armed robbery, rape, violence against women and intimate partner violence. These factors are intertwined and impact the health of peoples around the globe. Today any community service setting, be it in a mental health care setting, hospital, school, or justice system, will be faced with individuals who have struggled with the impact of trauma. Trauma is not the story of something that happened back then. It's the current imprint of that pain, horror, and fear living inside people. I will discuss the essential skills for assisting those with trauma histories, explore the fundamentals to providing care and support while preventing re-traumatization. Trauma informed skills training is essential for all health care professionals.

Method: In this workshop the facilitators will introduce the participants to the core content with an emphasis on the impact of past traumas/stress on the present. Participants will explore the principles of trauma informed care and how this knowledge could facilitate and enhance skills to deal with trauma victims and at the same time take care of themselves. Through experiential wellness exercises, participants will have a unique opportunity to explore their own responses to trauma and dysregulation.

Learning outcomes

At the end of the workshop participants will be able to:

• Identify and understand the pervasive effects of continuous traumatic stress, homicide, armed robbery, rape, intimate partner violence, violence against women, internalized racism, and homophobia.

• Understand the core principles of trauma informed care.
• Explore the impact of continuous traumatic stress, violence, rape, robbery on health and well being

• Understand what trauma-informed practices and clearing trauma mean.

• Discuss and explore healing strategies and affect regulation.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Welcome remarks David Marsh

15 minutes: Core Content Teresa and David Marsh

15 minutes: Embodiment practices with learning self-regulation Teresa Marsh

10 minutes: Discussion

5 minutes: Wrap-Up by David Marsh

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 20: Optimizing (Mis)Treatment

Presenters: Jonnae Atkinson, Amy Clithero-Eridon, Lizzeth Alarcon, Shira Goldstein, David Chartash, Sarah Nickolich, Rebecca Cantone, Emilio Blair, Chantel Clark, Adrian George, Dale Shepherd, Joey Luzarraga

Organization: Baylor College of Medicine

Country: United States

Ubuntu ID: Ubuntu66

Synopsis

Despite efforts to address medical student mistreatment, it remains a major Family Medicine Clerkship issue. In 2019, approximately 70% of family medicine clerkship directors in the United States reported a preceptor mistreatment complaint. As medical educators and administrative staff, it is important that we work towards eliminating student mistreatment. Mistreatment of medical trainees has several detrimental consequences including negative effects on learning, morale, and perceptions of medical systems and institutions. Additionally, it affects patient care and team-based dynamics. Interactions that occur during clinical teaching like providing feedback and asking questions during rounds are frequently cited by students in mistreatment reports. Students often report feeling belittlled or humiliated during these learning activities. This workshop aims to facilitate an informed conversa on between faculty, students, and administrative staff around this area of mistreatment. The knowledge shared will be er equip stakeholders to recognize mistreatment in their educational ac vi es and make changes needed to promote a safe and effective learning environment. Additionally, skills learned will facilitate positive growth of medical trainees, who will soon be future educators, and enhance the professional development of faculty.

Studies conducted in the United States have characterized medical student mistreatment in family medicine from various perspectives, but little information exists that provides guidance on how to address the issue. Mistreatment can have several consequences, including medical student burnout, depression, and substance use. However, eliminating mistreatment is a challenge for several reasons, including the lack of a clear understanding of mistreatment among faculty and students. Data suggest that faculty and students agree on situations that suggest blatant mistreatment but differ on the perception of subtle mistreatment. Another challenge is the misalignment of communication between faculty and students. Faculty struggle with providing authentic feedback to a new generation of student learners. Similarly, students struggle

with providing constructive feedback to faculty. There is also the issue of nonreporting on both sides. Regardless of multiple reporting mechanisms, data suggest that very few students who experience mistreatment choose to report, and faculty rarely report student lapses in professional behavior. This workshop will use an interactive, collaborative approach to; 1) develop a better shared understanding of mistreatment among faculty, medical students, and administrators involved in the mistreatment reporting process and 2) identify effective approaches to addressing the problem

Learning outcomes

The specific learning objectives of the workshop are to:

1) increase faculty and student understanding of mistreatment;

2) increase faculty and student ability to characterize mistreatment;

3) increase confidence in addressing mistreatment; and

4) Provide tips for handling different types of mistreatment

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator.

Welcome remarks by Jonnae Atkinson, MD

5 minutes: Background (PowerPoint)

- Provide data about mistreatment
- Review the American Association of Medical Colleagues (AAMC) definition of mistreatment
- Discuss objectives of the session

15 minutes: Characterization of problem (Activity)

- The facilitator will present attendees with 3 different student/faculty scenarios. Attendees will be asked to determine the following for each scenario: Is the scenario is an example of: a) student mistreatment, b) student discrimination, c) neither or d) both. A brief discuss will occur after each scenario.

15 minutes: Elephant in the room – Why is eliminating mistreatment such a challenge? (Activity)

• Attendees will be divided in to small groups. The groups will be asked to discuss the top 1 or 2 barriers to the elimination of student mistreatment at their respective institutions and any steps being taking to eliminte the barriers. (10 minutes)

• The facilitators will share barriers to the elimination of student mistreatment as reported by students and faculty at several different institutions in the United States. (5 minutes)

10 minutes: Tips for addressing mistreatment

• Facilitators will present eight tips for addressing mistreatment in a brief PowerPoint presentation.

5 minutes: Questions

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 21: Engaging Methods for Teaching Health Policy

Presenters: Cameron Crandall, Gabe Campos, Danielle Albright, Karen Armitage, Gail Starr, Amy Clithero-Eridon

Organization: University of New Mexico School of Medicine

Country: United States

Ubuntu ID: Ubuntu3

Synopsis

Participants in this session will experience the curriculum and how it teaches the role of health policy in improving individual and population health outcomes. Participants will be supported in developing a health policy brief and brainstorming health policy solutions to their local health priorities. Finally, participants will be introduced to a clinical case that inspires students to consider policy implications when delivering care. The presenters will give an overview of the curriculum, demonstrate teaching methods, and describe the challenges and lessons learned so others can successfully adapt to their curriculum. This session will demonstrate to participants how to create and facilitate a case-based tutorial, including (1) a clinical encounter with a patient experiencing complex challenges, including intimate partner violence (IPV) and homelessness, (2) exploring the role of existing health policy on the delivery of healthcare services, and (3) the impact of health policies on patient choices. This session will use small and large group work to demonstrate effective techniques to teach the importance of health policy in both individual and population health outcomes. To create their cases, participants will identify local community health issues and the corresponding policies that inform decision-making. Finally, participants will brainstorm methods and share best practices on including health policy within curricula.

Learning outcomes

1. Upon completing this workshop, participants will be able to successfully articulate the importance of health policy education for medical students and advocate its inclusion in their curriculum.
2. After completing this workshop, participants will be inspired to create a health policy/clinical case related to their community's identified health concern.

3. After completing this workshop, participants will be able to use successful interactive models of health policy instruction in their own curriculum.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

Welcome remarks by Dr. Clithero

10 minutes: Overview of the UNM Health Policy Curriculum Dr. Clithero

30 minutes: Practical Case Drs. Crandall and Albright

10 minutes: Large Group Brainstorming and lessons learned Drs. Crandall and Albright

Wrap-Up by Dr. Clithero

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 22: The Partnership Pentagram: From the Theoretical to the Practical

Presenters: Anne Lesack, Alison James, Richard Colbran, Jason Curran, Kim Williams, Leslie Carty, Robyn Ramsden, Dan Harper

Organization: Rural Coordination Centre of BC; Rural Doctors Network

Country: Canada

Ubuntu ID: Ubuntu139

Synopsis

The Partnership Pentagram (PP) framework is used to facilitate socially accountable health care discussions and change. The approach iden fies, and simultaneously and equitably engages health care partner groups, including policymakers, providers, health administrators, community members, and academia. When all partners are involved in conversa ons around health care, it becomes easier to enact system change and improve health equity for rural, remote, and Indigenous communi es. The Canadian, Rural Coordination Centre of British Columbia (RCCbc), and the Australian, Rural Doctors Network (RDN) are organisations whose purpose is to improve health equity in regional, rural, and remote communities. Both organizations share a common ground in socially accountable networks and have adapted their approach in ways that reflect the operational context of their organization. In this workshop, RDN and RCCbc will jointly present on the application and embedding of the PP in practice in different contexts. Specifically, we will explore how the framework has evolved in our organizations, how it is applied similarly and differently, and how it can be used in a structured and unstructured way.

Learning outcomes

- Describe concrete examples of the application of the PP framework
- How the PP framework can be adapted for rural health improvement
- Understand how the PP framework can be applied within the participant's own context

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

3 minutes: Welcome remarks by Richard Colbran and Ray Markham

5 minutes: Overview of the Partnership Pentagram Framework

5 minutes: RCCbc and RDN's common roots in the Partnership Pentagram

30 minutes: What integration PP framework looks like at different stages:

• How RDN has applied and uses the PP in action

• How RCCbc has applied and uses the PP in action

10 minutes: Guided activity in how to imagine PP in your own context

3 minutes: Wrap-Up by Richard Colbran and Ray Markham

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 23: Building Bridges: Cultivating Trust for Effective Community Engagement in Health Research

Presenters: Rabia Khan

Organization: University of New South Wales

Country: Australia

Ubuntu ID: Ubuntu128

Synopsis

Community engagement is essential for ensuring the relevance, effectiveness, and sustainability of health research initiatives. Central to successful community engagement is the establishment and maintenance of trust between researchers and community stakeholders. In this interactive workshop, participants will explore the critical role of trust in fostering meaningful collaborations and partnerships in health research. Drawing on real-world examples and best practices, attendees will gain practical insights into strategies for building and maintaining trust with communities.

Learning outcomes

At the end of the workshop participants will be able to:

- Understand why trust is essential for effective community engagement in health research, including its impact on participation, cooperation, and the quality of research outcomes.
- Identify a range of strategies and approaches for building trust with communities, including methods for effective communication, transparency, and cultural sensitivity.
- Identify common challenges and barriers to building trust in community engagement efforts, and learn how to navigate issues such as power imbalances, historical mistrust, and differing priorities.

By the end of the workshop, participants will leave with a comprehensive understanding of the importance of trust in community engagement for health research and a toolkit of practical strategies for building and maintaining trust with communities, both locally and globally.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Welcome remarks & introduction to workshop by facilitator

10 minutes: Importance of Trust in Community Engagement - Values clarification and destruction activity

10 minutes: Strategies for building trust – Web of connections activity

10 minutes: Identifying barriers to trust - Building a barrier course activity

10 minutes Wrap up

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 24: Rural Health - Key Performance Indicators - what is important to measure ?

Presenters: Joseph Scott-Jones, Bruce Chater, Veronika Rasic, Amber Wheatley Buckell, Firdouza Waggie

Organization: Pinnacle MHN

Country: New Zealand

Ubuntu ID: Ubuntu111

Synopsis

Participants will share how their rural health systems are held to account for outcomes by their funders and governments, and what the impact of those measures has been. Participants will workshop in small groups and online virtual rooms to produce three "key performance indicators" that could provide funders and governments confidence that their investments will have significant outcomes. A brief opening "scene setting" presentation and then small group work and feedback to the larger group, with then a process of priority voting to identify the most popular KPIs from the group, written up potentially following the conference for publication in rural and remote health journal.

Learning outcomes

- Understand what are important indicators of performance in their own systems and how they compare to other jurisdictions
- Take back three most important indicators as collectively agreed at Ubuntu24 to use in their advocacy
- Connect with other like-minded clinicians globally for future collaboration

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Scene setting – why this is important & what we will do – Dr Jo Scott-Jones

10 minutes: Small group work. How does your country hold rural to account for outcomes of investments? What is the impact of those investments?

10 minutes: Small group work. Agree three "key performance indicators" that could provide funders and governments confidence that their investments will have significant outcomes.

10 minutes: Feedback from each group and collation of each groups 3 indicators.

10 minutes: Debate and Voting Top three selected by the group

Wrap up by Dr Jo Scott-Jones

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 25: Creating a Rural Sustainable Future: Equity, Health Impact, and Planetary Health

Presenters: Levy Channel Baratambutsa, Robert Woollard

Organization: Hope Africa University

Country: Burundi

Ubuntu ID: Ubuntu134

Synopsis

In our rapidly changing world, the intersection of health, equity, and planetary well-being is more critical than ever. This workshop aims to understand the actual gap between rural localities of high-income countries (HICs) and low-income countries (LICs) by fostering on mutual learning and collaboration. It will be a discussion to identify, understand, and leverage the mutual strengths, strategies, and innovations of both contexts to foster a more sustainable and equitable global rural future. Being the first step of a large research study between HICs and LICs, this workshop will use case studies to explore how health disparities affect different populations within HICs and LICs, discuss strategies to promote health equity, reduce inequalities, and ensure access to quality care for all, share experiences in implementing sustainable health systems, innovative policies, successful interventions, and creative solutions despite limited resources, and finally to identify actionable steps to create a more sustainable and equitable Rural future for health.

Learning outcomes

- Expand their understanding of the actual gap between rural localities of high-income countries (HICs) and low-income countries (LICs).
- Explore one another's experiences of fostering sustainable health systems through innovative policies, successful interventions, and creative solutions despite limited resources.
- Define some actionable steps to create a more sustainable and equitable future for rural health in their own context.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

3 minutes: Welcome and group member introductions facilitated by Professor Robert Frederick Woollard.

5 minutes: Context of the global health disparities between urban and rural populations within both HICs and LICs facilitated by Dr. Levy Chanel Baratambutsa.

15 minutes: Small group work sharing between participants of strategies to promote health equity, reduce inequalities, and ensure access to quality care for all by Professor Robert F. Woollard.

15 minutes: Plenary group sharing experiences in implementing sustainable health systems, innovative policies, successful interventions, and creative solutions despite limited resources. Facilitated by Professor Robert F. Woollard.

10 minutes: Identifying together actionable steps to create a more sustainable and equitable Rural future for health by Professor Robert F. Woollard.

2 minutes: Wrap-Up by Professor Robert F. Woollard.

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 26: Exploring gender, identity, and sexuality using poetry and paintings

Presenters: Dr Anshu

Organization: Mahatma Gandhi Institute of Medical Sciences, Sevagram, India

Country: India

Ubuntu ID: Ubuntu175

Synopsis

Healthcare professionals and students need to be aware of the issues surrounding gender, identity and sexuality in healthcare. The power dynamics, social norms, and cultural biases surrounding these themes often subtly impact access to healthcare. Medical textbooks often deal with only the gender binary and ignore the whole spectrum of sexual identity. These themes are barely discussed openly, and are often cursorily shelved. We have experimented with various innovative techniques such as games, small group exercises, poetry, cinema, and art to impart these competencies to students. Ge ng students to react to poetry and paintings are powerful ways of getting these messages across. In this workshop we will demonstrate how using poems in the local language or context can resonate with students. We will also demonstrate how visual thinking strategies can be used with art to deepen critical thinking and sensitivity.

Learning outcomes

At the end of the workshop participants will be able to:

- Outline issues surrounding gender, identity and sexuality in healthcare
- Use innovative methods such as art and poetry to deliver these messages to students of different health professions

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Role of gender, identity and sexuality in health care

20 minutes: Using poetry as an affirmative and formative tool in healthcare

20 minutes: Using paintings as a learning tool in healthcare

5 minutes: Questions and summary

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 27: Holistic approach to health professional education (Sinbad's journey in HPE)

Presenters: Omar Alhussaini

Organization: Freelance

Country: Oman

Ubuntu ID: Ubuntu251

Synopsis

There should be an alignment between the health professionals, health professions education and health systems (including the university, institute, hospital, government/private, etc.) and this will be based on the blue print for the community (who are the stake holders) And in order to achieve it need to look at the principles, guidelines and practices of each pillar mentioned above then have a common ground to implement the blue print. -Then will look at the definitions of education (general) with more emphasis on health professional education, holistic, health professions, institutes/universities/, health systems. This will pave the way for an overlap and then moving on to more details about the competencies of the health professionals and the education system (whether it is undergraduate, postgraduate and continuing professional development) as well as the universities/institutes competencies (rules and regulations, needs assessment, workforce, quality assurance, accreditation, evidence base).Plus there should be more awareness of the society regarding simple rules and roles from the universities, logistics, practices, etc. Will look at different characteristics of a good health professional educationalist -Will look at different types of assessment, curriculum, accreditation, simulation, interprofessional education, communication, feedback, job description and roles, the continuum of undergraduate/postgraduate and CPD, staff development, teaching and learning -Need to mention that proper communication between all parties is pivotal in this approach plus proper feedback (needs a lot of work to increase the awareness and acceptance)

Learning outcomes

At the end of the workshop participants will be able to:

- Look at overlaps between different concepts in health professional education

- Emphasis on IPE, social accountability, community, effective communication and trust
- come up with a model (holistic approach to HPE), hopefully will be published on the names of all participants

Workshop outline

2 minutes: Welcome comments Ubuntu 2024 Moderator

3 minutes: Welcome remarks by Omar

10 minutes: ice breaker

5 minutes: short video on health professionals

40 minutes: -look at the health system/s and stakeholders and their need

- quality of the HPE, public health, funding and society
- IPE, simulation, communications
- general concepts to spread over the continuum of HPE (depending on number of participants) either discuss it within the major group or make small groups (assign one task)

Wrap-Up

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 28: Improving Opportunities for Primary Care and Advocacy for Family Violence (IMOCAFV): Building consensus

Presenters: Joyce Kenkre, Lodewijk Pas, Anne Achieng, Roiyah Saltus

Organization: University of South Wales

Country: United Kingdom

Ubuntu ID: Ubuntu173

Synopsis

A short presentation will be given on the findings so far from the international to improve Opportunities for Primary Care and Advocacy for Family Violence (IMOCAFV) by building consensus. A nominal group technique will be used generate ideas, discuss and rank them in order of tasks and strategies to deal with family violence in primary care.

Learning outcomes

Establish the perspectives, opinions and a tudes of health care professionals on their potential professional role now and in the future to address FV. Consider a multidisciplinary approach, taking into account cultural differences and values in rural areas. Generate a minimum set of recommendations as guidance to effectively implement FV care identification and management of in primary care practice.

Workshop outline

2 minutes: Welcome by Ubuntu 2024 Moderator

5 minutes: Implementing primary care for family violence in communities and challenges for rural area's. (IMOCAFV project) L Pas

5 minutes: Discussion procedures in nominal groups. J Kenkre (NG moderator)

3 minutes: Results of nominal group discussion in Nigeria and Kenya. A Achieng

30 -35 minutes: Defining tasks, barriers and facilitating factors for adequate family violence care taking into account cultural and local challenges.

5- 10 minutes: Wrap-Up by Joyce Kenkre and Roiyah Saltus (NG observer)

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 29: Managing Gender-Based Violence: Training Interprofessional team for First point of psychosocial support in primary care

Presenters: Nighat Huda, Surekha Tayade, Bhagyashree Tayade

Organization: Women and Health Together for the Future

Country: India

Ubuntu ID: Ubuntu266

Synopsis

An interprofessional primary care team is often the first point of professional contact for survivors or victims of gender-based violence (GBV)worldwide. There is scarcity of trained and sensitized interprofessional team who is supportive, non-judgmental and responsive to GBV survivors. This one-hour workshop will benefit students, primary health care providers and social activists through well-designed engaging strategies. Participants will reflect on the attitudes and ineffective skills of health care team, and learn how to support professionally to the traumatic experience of violence against women and girls' at primary care level.

Learning outcomes

- Understand the importance of trained interprofessional care team to provide support to GBV survivors at primary care level in one's context
- Learn 5 steps of LIVES –WHO guidebook to provide psychosocial support at first point of care

Workshop outline

5 minutes: Welcome by Ubuntu 2024 Moderator

5 minutes: Welcome comments by Prof Nighat Huda

5 minutes: Introduction of Participants Prof Surekha

15 minutes: Case Study Discussion in small groups Prof Surekha & Bhagyashree

5 minutes: Summary of Groups presentation (Nighat Huda)

15 minutes: LIVES – WHO guide: Facilitators Presentation (Nighat Huda/Surekha Tayade)

5 minutes: Wrap-Up by Nighat Huda

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 30: Developing an interactive social accountability curriculum for postgraduate medical education using experiential learning

Presenters: Yvonne Ying

Organization: University of Ottawa

Country: Canada

Ubuntu ID: Ubuntu84

Synopsis

Social accountability is important to ensure equity in healthcare. Yet social accountability is often considered a difficult concept to teach and learn, especially in postgraduate medical education (PGME). Understanding social accountability is crucial to ensure equity in health care, and didactic lectures on social determinants of health may not translate into changes in practice, or a deeper understanding of patient experiences. Trainees need to consider how social factors affect their pa ents' health care system access, interactions, and perceptions. Understanding these facets are important for being a compassionate physician. A patient centred and context specific approach is key to partnering with our pa ents and communities to understand their unique strengths and barriers to achieving optimal health. This workshop is directed towards Medical Educators interested in enhancing social accountability in their curriculum. Our facilitators will share their experiences with developing curricula in their local context, and lead participants to design interactive curricula focused on a variety of marginalized patient populations. Participants will brainstorm topics related to different marginalized patient populations and social accountability. Then in small groups, using their own context they will discuss how to design interactive educational ac vi es and curriculum to promote an improved understanding of marginalized patient populations. The course instructor will help groups consider experiential learning components, including patient narratives, simulation, and community partner engagement. Groups will report back on their unique context and educational needs, and all participants can provide suggestions and ideas for experiential components. At the end of the session, participants will have a list of possible topics and ideas and the tools to move forwards with the design of an educational activity or curriculum that promotes social accountability by incorporating aspects of experiential learning.

Learning outcomes

At the end of the workshop participants will be able to:

- Understand an approach to identifying knowledge gaps around social accountability unique to their context
- Apply Kerns six step model of curriculum development 's DD to design a targeted educational course or activity that promotes using experiential learning to teach social accountability
- Explore opportunities to leverage service learning to promote community engagement.

Workshop outline

5 minutes: Welcome comments (Ubuntu 2024 Moderator)

5 minutes: Introduction to Kern Framework for curriculum development

10 minutes: Brainstorm: Identify topics for social accountability course or educational activity unique to context participant's

5 minutes: Conducting a local needs assessment, identifying and engaging stakeholder and setting goals and objectives

10 minutes: Breakout: apply educational strategies and plan implementation

15 minutes: Large group wrap-up and presentation of topics and group feedback

5 minutes: CQI: Evaluation and Feedback

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 31: Integrating Social Determinants of Health Competencies into Education, Training and Practice: Using a Process Guide

Presenters: Björg Pálsdóttir, Lyn Middleton, Mignote Haile, Kate Greene

Organization: Training for Health Equity Network: THEnet

Country: Belgium

Ubuntu ID: Ubuntu222

Synopsis

The workshop resulting from the work of THEnet for the USAID-funded Local Health System Sustainability Project focuses on integra ng Social Determinants of Health (SDOH) approaches and competencies into health workforce education, training, and service delivery. It emphasizes the importance of understanding the multifaceted factors impacting patient health and behaviors, including structural discrimination. Participants at a workshop at TUFH's conference in Vancouver in 2022 and other experts from low- and middle-income countries, contributed to the development of a practical guide aimed at assisting users in identifying and addressing SDOH-related challenges. The guide provides a structured framework for co-creating context-driven curricula and interventions, fostering collaboration with communities and stakeholders to deliver responsive and equitable care.

Learning outcomes

At the end of the workshop participants will be able to:

- To understand why we need to apply an SDOH-lens to strengthen health systems.
- To understand why health workers need SDO-related competencies.
- To understand why community engagement is key in developing effective interventions.
- Understand how to use the process guide and apply key steps to identify and integrate SDoH competencies into education, training, and practice.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

15 minutes: Welcome remarks by Björg Pálsdóttir introducing the topic of SDOH and the process guide

5 minutes: Q&A on introduction

30 minutes: Small group discussion where: 1 or 2 participants volunteer to reflect on applying the guide in his/her context and works with group members using a prepared work sheet to conduct mini-stakeholder analysis to guide process design

10 minutes: Feedback and wrap-up

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 32: Time to Start Local in Rural Health: Community Participation in Service, Education and Workforce.

Presenters: Roger Strasser, Sarah Strasser

Organization: NOSM Waikato Universities

Country: Australia

Ubuntu ID: Ubuntu73

Synopsis

Like charity, health improvements begin at home. Consistent with social accountability, the Start Local approach to rural health services, rural health workforce education and rural health research begins in the community with active community participation through community engagement. People in remote, rural and Indigenous communities are experts on themselves, so it is important to value their expertise through genuine collaboration with co-development, co-delivery and co-evaluation. Guided by the Partnership Pentagram Plus and Plan, Recruit and Retain Frameworks, this workshop will introduce participants to the Start Local approach. Participants will be encouraged to draw on their own experiences in identifying opportunities for successful local health service redesign, education and workforce retention to develop practical tools to achieve meaningful outcomes.

Learning outcomes

At the end of the workshop participants will be able to:

- Describe the key concepts in the Plan, Recruit and Retain Framework including community engagement.
- Outline how to Start Local using Boelen's Pentagram Partners Plus collaboration with Appreciative Inquiry to achieve successful health service co-design.
- Describe how they could apply the Start Local approach in their own settings.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Welcome remarks and Introductions by Roger and Sarah Strasser

10 minutes: Presentation of Partnership Pentagram Plus and Plan, Recruit and Retain Frameworks, and the Start Local approach.

15 minutes: Small Group Discussions

10 minutes: Group Discussion Brief Reports

5 minutes: Plenary Discussion

5 minutes: Wrap-Up by Roger and Sarah Strasser

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 33: Roadmap to community-driven change: Creating a culture of co-learning for health equity

Presenters: Emily Spence, Kari Northeim, Catherine Sembajwe-Reeves

Organization: University of North Texas Health Science Center

Country: United States of America

Ubuntu ID: Ubuntu161

Synopsis

This co-learning workshop will provide experience-based instruction and practice of skills that facilitate partnerships between academic institutions and community organizations, healthcare, and school systems. Integrating models of participatory research and practice, empowerment evaluation, and solution-focused dialogue techniques, participants will review features of successful community-led initiatives to improve community health and promote health equity. The workshop will engage participants to share their best practices and experiences, as well as provide examples from our facilitators. This approach celebrates the strengths and expertise of diverse perspectives, lived experience, practice wisdom, and scientific research. The roadmap offers a model to synergize these perspectives and sources of information to foster collaboration and innovation in community settings.

Learning outcomes

- Reflect on and share the active ingredients associated with successful partnerships between academic institutions and community organizations, health care systems, and school systems.
- Practice solution-focused dialogue skills to elicit the wisdom and expertise of diverse audiences.
- Build a repository of strategies to build a culture of co-learning among academic and community partnerships through skills that facilitate engagement and address barriers to success.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator, Welcome remarks by Emily Spence, Introduction to Kari Northeim and Catherine Sembajwe Reeves

20 minutes: Review of engagement skills for academic-community partnerships from a solution-focused lens (Spence)

20 minutes: Attendees gather in small groups and share their success stories, generating a list of transferrable/repeatable skills and strategies (three groups facilitated by Spence, Northeim and Sembajwe-Reeves)

10 minutes: Small groups report out.

5 minutes: Wrap-Up by Northeim & Sembajwe-Reeves

Closing comments Ubuntu 2024 Moderator

Workshop 34: Approaches to Community Engagement in Health Profession Education

Presenters: Amol Dongre, Pradeep Deshmukh, Sheeba Kunjukrishnan Retnabai

Organization: All India Institute of Medical Sciences, Nagpur

Country: India

Ubuntu ID: Ubuntu132

Synopsis

National Education Policy, 2020 of India encourages student engagement with local communities through community-based projects. Higher education institutions are envisioned to contribute to the social and economic betterment of the community. Hence, faculty and students of higher education institutions need to understand the rural realities and be part of the village development plan in collaboration with the district administration. The proposed workshop aims to share various approaches and tools for teachers encouraging community engagement in education. While we share our experiences, we also aim to explore various other approaches from the participants' experiences.

Learning outcomes

- Appreciate the principles and discoveries in community engagement,
- Discuss a few tools that may be used to ensure students' community engagement

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Welcome remarks by Dr Sheeba

15 minutes: Experiences of students' engagement in community settings - Amol

15 minutes: Discoveries and principles in community engagement – Dr Pradeep

10 minutes: Exploration of practices in community engagement - Dr Sheeba

5 minutes Wrap-Up by Dr Amol

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 35: Revolutionizing Education: Cultivating Social Accountability in Health Training Programs

Presenters: John Andazola, Davena Norris, Danielle Fitzsimmons-Pattison, Clark Alves

Organization: Southern New Mexico Family Medicine Residency Program

Country: United States

Ubuntu ID: Ubuntu44

Synopsis

Social accountability is the measure of the institutional response to society's needs and is integral to the practice of family medicine. Recent changes to graduate medical education requirements have reinforced the emphasis on social accountability. The Southern New Mexico Family Medicine Residency program was established to address physician shortages in a medically underserved region. Its mission has evolved, adapting to community needs as they arise. To equip residents to meet the needs of our community, our residency program implemented a social medicine curriculum with four required rotations including: 1) Population Health, 2) Care of Marginalized Populations, 3) Border Health, and 4) Health Policy, to teach an upstream approach to meeting community needs and address health inequities and disparities in a border region. We will highlight areas where resident voices have advocated for the community, including discussions of for-profit prison systems and reducing barriers to opioid use disorder treatment. In this workshop, interprofessional faculty with extensive experience in medical education and community outreach will share their expertise and facilitate group discussions. Within small groups, participants will share ideas to meet the following objectives.

Learning outcomes

At the end of the workshop participants will be able to:

- Brainstorm ideas for integrating social accountability into your educational program, addressing the unique needs of your patients and communities.
- Explore strategies for gaining buy-in from faculty, sponsoring institutions, and learners.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Welcome by Dr. Andazola. What is social accountability? How does this apply to healthcare training programs?

15 minutes: Specific strategies used by the Southern New Mexico Family Medicine Residency Program to foster social accountability training for family physicians. (Andazola, Norris)

20 minutes: Breakout into four groups of five people to brainstorm on how workshop participants could make their own training program more socially accountable (Drs. Andazola, Norris, Pattison and Alves will each sit in a group to listen in and provide feedback)

5 minutes: Each of the four groups will share ideas generated for how to increase social accountability at their respective training programs (Pattison, Alves)

5 minutes: Wrap-Up by Dr. Andazola.

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 36: Implementation of an interprofessional care plan framework to develop an interprofessional identity

Presenters: Gerard Filies, Luzaan Africa, Lukhanyo Nyati, Shamila Gamiet

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu100

Synopsis

Students or health professionals working together need assessment and intervention tools with a common language to foster collaborative practice. Without these assessment and intervention tools, given the current hierarchical health care systems, we risk certain disciplines leading discussions and marginalising others. Therefore, UWC developed tools using the ICF and the PHC frameworks to promote the sharing of expertise from different disciplines and create a sense of belonging in a team. This sense of belonging is associated with the development of an interprofessional identity. Through the use of common tools, collaborative practice will be enhanced, leading to improved health outcomes for patients. The facilitators will present the need for generic tools to enhance collaborative practice and will give participants an opportunity to work together on a case study and practically use the tools to give them first hand experience working together with others from various disciplines and then present their findings to the plenary.

Learning outcomes

At the end of the workshop participants will be able to:

- Demonstrate interprofessional collaboration to support patient/client/family needs
- Recognize the multiple and complex healthcare needs of patients and families
- Explain one's own professional role and responsibilities within an interprofessional team in the formation of an interprofessional identity
- Reflect on the professional roles of other healthcare professionals in the team in the formation of an interprofessional identity
- Create collaborative plans using shared decision-making through case study discussions.
- Decide collaboratively on health outcomes of client/family/community

- Identify and designate accountability for all aspects of work, particularly in cases of role overlap

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

10 minutes: Introduction and overview of tools linking to IP Identity

15 minutes: Case Study Discussion in small groups

15 minutes: Feedback to plenary

5 minutes: Questions and answers

5 minutes: Evaluation/ Wrap up

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 37: Exploring the hidden impacts of illnesses through the economic perspective

Presenters: Sébastien Poix, Khalifa Elmusharaf

Organization: University of Limerick / University of Dubai Birmingham

Country: Ireland / United Arab Emirates

Ubuntu ID: Ubuntu106

Synopsis

This workshop aims to equip participants with the knowledge and practical skills to conduct basic economic burden analyses of any disease at the country or sub-country level. During this one-hour interactive session, participants will be guided through a set of practical exercises aimed at estimating the indirect and direct economic costs associated with one disease in a predefined setting. To maximise time and enable participants to focus on applying methods, they will be provided with a pre-prepared dataset containing all necessary data. This workshop will serve as a valuable starting point for those new to health economics, offering insights into how economic analyses can be leveraged for effective health advocacy and paving the way for more advanced future analyses.

Learning outcomes

At the end of the workshop participants will be able to:

- Understand what economic burden analyses are and how they can be used in a public health context.
- Identify the main pathways through which diseases cause economic losses.
- Apply basic and straightforward methodologies to quickly estimate the cost of any disease at the country level.
- Understand key principles and identify the main parameters required for conducting more advanced analyses.

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

5 minutes: Presentation of the workshop (objectives, structure, pre-prepared dataset, etc.)

5 minutes: What is an economic burden analysis?

2 minutes: Exercise #1: Estimating the cost of absenteeism and presenteeism - Instructions

10 minutes: Group work #1

2 minutes: Exercise #2: Estimating the cost of premature mortality – Instructions

10 minutes: Group work #2

2 minutes: Exercise #3: Estimating the direct healthcare costs - Instructions

10 minutes: Group work #3

5 minutes: Wrap-Up

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 38: When Rural Women Take the Lead

Presenters: Sarah Lesperance, Sarah Chalmers

Organization: Society of Rural Physicians of Canada

Country: Canada

Ubuntu ID: Ubuntu149

Synopsis

It is reasonably well recognised that female leadership styles are different to their male colleagues. This is no different for our Rural and Remote Medical leaders. This presentation aims to explain how and why this occurs, both through review of the current literature, as well as the experiences and opinions of Female Rural Health leaders across Canada and Australia. Despite female doctors in equal numbers across both our counties, our leadership - including boards, councils, medical superintendents and award winners - are dominated by men. In order to change this, we need to understand the why, to design specific solutions for some in rural medicine to be equally represented in leadership roles. Dr Sarah Lesperance and Dr Sarah Chalmers have more in common than just being named Princess (It's true!!). As leaders in their rural and remote organisations they have faced similar challenges and victories during their tenures. This session isn't just for young female rural doctors with leadership aspirations. It is for all of us, to understand how to increase our leadership pool to ultimately improve recruitment, resilience and retention of rural doctors in rural and remote communities across Canada, Australia and beyond.

Learning outcomes

At the end of the workshop participants will be able to:

- Understand factors that influence the leadership styles of rural female medical leaders
- Explore elements that enable rural female physicians to successfully engage in leadership activities
- Consider strategies to support rural female physicians in emerging and established leadership roles
- Apply lessons learned to explore enablers for rural doctors from a diversity of lived experiences to participate in leadership activities

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

10 minutes: Current leadership constructs

10 minutes: Challenges & Enablers of Rural Leadership

10 minutes: Second-Generation Bias

10 minutes: Lessons learned

10 minutes: Advice for future leaders

 Wrap-Up

5 minutes: Closing comments Ubuntu 2024 Moderator

Workshop 39: Resilience - Reimagined

Presenters: Sarah Lesperance, Sarah Chalmers

Organization: Society of Rural Physicians of Canada

Country: Canada

Ubuntu ID: Ubuntu154

Synopsis

Resilience is considered a key element to success in rural practice, and various strategies have been proposed to both teach and enhance resilience. Despite this, many rural doctors, sometimes even at several stages in their career, find their resilience shifts to resistance, and burnout ensues. From simple hiccups in the day to hours spent going in circles arranging a patient transfer, it all becomes a fight. Often a pause and re-adjustment are necessary, and we emerge stronger, with a renewed vision to continue the rural and remote work we love. But must it be so? Is it possible to strive for a sustainable system where this "resilience" is not required? Using an exploration of the literature, knowledge gained from focus groups, as well as personal experiences, a workshop format will be used to explore the themes of resilience and sustainability, through a lens of rural women in leadership. This session will link thematically with the authors' session When Rural Women Take the Lead, however will the structured as a standalone session to allow participation in one session or the other.

Learning outcomes

- Understand themes of resilience and sustainability in a rural context
- Develop strategies to that will assist in enhancing sustainability of clinical practice, teaching, and leadership activities
- Consider future work required to develop resilient rural practices

Workshop outline

5 minutes: Welcome comments Ubuntu 2024 Moderator

10 minutes: Definitions

10 minutes: Setting the Stage

10 minutes: Solutions proposed in the literature

30 minutes: Small group discussions (3 main themes)

10 minutes: Reporting back to large group

3 minutes: Wrap-Up

2 minutes: Closing comments Ubuntu 2024 Moderator

UBUNTU TALKS

Plastic May be Essential In Health System, Every Day Life Too, But Reduction Imperative

Facilitator: Chhabra Shakuntala

Organization: Mahatma Gandhi Institute Of Medical Science Sewagram Wardha Maharashtra

Country: India

Ubuntu ID: Ubuntu52

Abstract

CONTEXT

Globally environment and climate change are burning issues. Disposable plastic in health care is a big contributor, because the scale of use is alarming. Growth of single-use devices rather than reusable medical products is largely driven by concerns of infection from contaminated medical equipments, convenience and may be some hidden agenda. Irresponsible disposal of used plastic leads to buildup of litter, supporting foul environment, harming everything on earth, including water. Proportion of medical plastics disposed by different means vary with facilities available in healthcare units of regions, countries, knowledge and attitude of staff. Substantial evidence does exist about attempts at reduction of plastic use. In studies patients were willing to compromise by using reusable items for more sustainable healthcare, food for researchers, policymakers, citizens, other stakeholders. Empowering, educating communities to act collectively to minimize plastic pollution and find alternative options must be enforced. Plastic pollution is global concern, that must be addressed collectively. Change in plastic base material, its use, management of plastic waste, recycling are challenging including challenge of opportunities of converting plastic waste into industrial feedstock. 'UBUNTU' 'I am because of you' will be 'UTNUBU 'we will not be there', if plastic use continues with same pace. U turn is essential with some stars of newer knowledge, technology added

Stronger performance for stronger health outcomes: measurement advantage for not-for-profits

Facilitator: Richard Colbran, Robyn Ramsden

Organization: Rural Doctors Network

Country: Australia

Ubuntu ID: Ubuntu120

Abstract

Background

Not-for-profit (NFP) health organisations are recognised by the World Health Organisation (WHO) for providing non-hospital and maintenance-care services across many health disciplines, often relieving governments of workload and tackling wicked problems. Despite their noble intent, their effectiveness and viability are today questioned as stakeholders seek stronger return on investment and organisational accountability. Can organisational performance measurement (OPM) help NFPs address this challenge? At TUFH 2022, preliminary findings of research aiming to understand perspectives of organisational performance of health NFPs were presented. The outcome of that research is now available.

Methods

Between 2014 and 2019 an ethics approved body of mixed methods research was conducted. The research plan involved five independent, yet interconnected, studies relating to organisational performance measurement (OPM) in health NFPs. The studies included narrative and systematic literature reviews, model design and case study testing.

Results

This study found that OPM is a recognised evidence-based business approach that enhances the effectiveness and sustainability of organisations, and that OPM is under-utilised by health NFPs. The study also found that adapting OPM measures to the NFP's strategic purpose enhances OPM implementation success but that there were no published OPM implementation models, frameworks or tools nuanced for the specificities of health NFPs. Utilising the evidence sourced by the study, the authors created the Measurement Advantage Implementation Model (MAIM) for health NFPs.

Conclusions

MAIM provides a comprehensive, easy-to-use, evidence informed OPM implementation tool where none has previously existed. MAIM is now available for health NFPs seeking to improve their performance, impact and sustainability.

Building equity for rural health through rESEARCH

Facilitator: Jason Curran, Alan Ruddiman, Leslie Carty

Organization: Rural Coordination Centre of BC (RCCbc)

Country: Canada

Ubuntu ID: Ubuntu145

Abstract

This Ubuntu Talk focuses on the concept and real-world application of small "r" rESEARCH – applied and locally focused research designed to expeditiously inform health policy and accelerate the implementation of innovative solutions into the rural context.

In addition to funding embedded staff within the research departments of regional health authorities in British Columbia (BC), Canada, the Rural Coordination Centre of BC (RCCbc) facilitates networking and research through:

– Biannual funding competitions for a Rural Physician Research Grant program and a Rural Global Health Partnership Initiative that builds capacity in rural and remote evidence generation.

– An annual showcase of ongoing rural research in BC through an RCCbc-initiated annual virtual Knowledge Exchange.

The resulting emphasis on supporting rural research:

– Builds mentorship and recruitment opportunities for regional medical students to explore rural practice, investigate rurally focused issues, and network with practicing rural physicians in the province.

– Generates meaningful data that effectively informs regional policy and validates the feasibility and safety of local health innovations.

– Develops strategic partnerships with health decision-makers focused on the provision of rural health services in BC.

The talk will conclude with two recently published, peer-reviewed studies funded by the RCCbc that highlight the colossal role rural rESEARCH can have on enhancing patient safety, building equity for rural health, and exploring innovative solutions to complex problems. These studies include:

– An evaluation of delays for emergent CT scans from a rural British Columbia hospital.

– A feasibility study of patient-controlled analgesia (PCA) for rural and remote transfers

A case study of Ubuntu Engagements to break down Apartheid structural barriers - Towards the creation of an Ubuntu Society

Facilitator: Mohammed Ishaaq Datay

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu249

Abstract

South Africa has a legacy of Apartheid, and in Cape Town the effect of Apartheid engineering cannot be starker, with it being classified as one of the most unequal cities in the world. Despite being 30 years post democracy, in underprivileged communities, the levels of crime, unemployment, teenage pregnancy, school dropout, drug use and gangsterism in certain areas have only increased, and food security becoming a more prevalent issue. By comparison, some privileged communities in Cape Town are exceptionally wealthy, with thriving economies boasting property prices rate among the highest in the country.

These structural barriers are entrenched through minimal interaction between people of different geographic, social and economic classes resulting in an intergenerational perpetuation of cycles of poverty. It is said that one becomes the company one keeps and if that company is "gangsters" we are more likely to follow that route, whereas if spends time with a professional, an entrepeneur, an artist or any other vocation, one is more likely to follow that path.

I am a practicing Medical doctor teaching Health Promotion and will speak about we are facilitating Ubuntu engagements in different communities. The premise is through dedicating at least 1 Ubuntu hour per week, over a sustained period of time, connecting people of privileged and underprivileged backgrounds, we are able to share ideas and skills across different pockets of society. Already, through minimal effort we are starting to see potentially impactful effects.

These engagements incorporate "Moses Longitudinal Life course Model" and Primary Health Care Principles, Health Promotion Behavior change principles. Through a commitment to a longitudinal approach the idea is to guide and

uplift of a new generation of leaders who will work together towards the creation of an Ubuntu Society.

Can small rural health services grow locally relevant research to improve health equity: the experience of the Riverland Academy of Clinical Excellence.

Facilitator: Caroline Phegan, Paul Worley, Amy Mendham, Kate Bartel, Carolyn Martin, Nick Georges, Emily Mathews, Kerry Dix, Jane Fuller, Elise Hutley, Wayne Champion

Organization: Riverland Academy Clinical Excellence

Country: Australia

Ubuntu ID: Ubuntu207

Abstract

Having a relevant evidence base for care is essential for all health services, but the best evidence may be different in different contexts. Historically in Australia, if engaged in research at all, small rural health services have been used to provide sites for research initiated and led by tertiary metropolitan research groups. there has been very little translation of this research into rural health care.

This has now changed in the Riverland region of Australia. With the formation of the Riverland Academy of Clinical Excellence, the Riverland Mallee Coorong Local Health Service has created its own Research Unit and Public Health Unit, with the explicit goals of collaboratively building local research capacity to drive and measure improvement in outcomes for local rural communities.

This investment has resulted in the employment of three PhD qualified researchers to support local clinicians in their research, the recruitment a qualified Public Health Physician to work with other MPH qualified local clinicians, the employment of a dedicated Research Officer to build better research governance, and the development of a value-based care population health framework to evaluate the impact of the local health service over time.

The Academy has increased the local audit activity in the health service, partnered with local universities to lead nationally funded research in its priority areas of diabetes, mental health, medical education and artificial intelligence, created Grand Rounds and Journal Clubs, increased clinical trials

access for local patients, and been asked to contribute to innovation and research translation policy at a State and national level.

This presentation provides the rationale, policy and organisational frameworks developed, and lessons learned by the Research and Population Health Units.

Sinbad's journey in health professional education

Facilitator: Omar Alhussaini

Organization: Freelance

Country: Oman

Ubuntu ID: Ubuntu270

Abstract

Many friends and colleagues call me "the global citizen" I prefer Sinbad (as the myth says he was born in Sohar-Oman then moved to Baghdad-Iraq) as I am Omani from Iraqi origin, and that is my journey in health professional education (for more than 50 years).

Lived in different parts of the world, at different stages of my life, exposed to different societies and communities, understood medicine is more than a science or subject, influenced by my parents (both doctors), learned more about mis-habits in the clinical practice and medical education.

Studied medicine in Irbid-Jordan and learnt a lot from the community and practices in medicine (we worked as interns as well as medical students) then moved to Oman, worked in primary, secondary and tertiary health institutes, being part of establishing medical education unit then department in Sultan Qaboos University and introduced OSCE (it proper way) with all the struggles and obstacles. Not to forget my experience in medical education in Dundee, CME nothing more than to say than it is really the (Discovery city) where I learnt to discover more about Medical education and it is influence on my practice as a clinician and educationalist.

My maturity, understanding of life, the role of the community to hone my attitude and engagement in medical education and practice, will share all these experiences with my colleagues in different parts of the world and different health professionals.

Use of the Pentagram Partnership Plus Framework as Foundation to Real Time Virtual Support Peer to Peer Pathways.

Facilitator: Kim Williams, John Pawlovich

Organization: Rural Coordination Centre of BC

Country: Canada

Ubuntu ID: Ubuntu122

Abstract

Healthcare providers in British Columbia's rural, remote, and First Nations communities experience different challenges in providing patient care than their urban counterparts. We will show the importance of relationships and partnership in building and delivering peer to peer virtual care in rural and remote communities across British Columbia, Canada. The Pentagram Partnership Plus social accountability framework has been foundational in establishing relational foundation for the work. Real Time Virtual Support (RTVS) peer pathways help ensure that rural healthcare providers are properly supported and rural patients receive more equitable access to healthcare. More specifically, RTVS pathways:

– Establish collegial relationships between RTVS virtual providers and rural healthcare providers to facilitate team-based patient care and build a stronger community of practice.
– Increase confidence, and reduce isolation, of healthcare providers who provide patient care in rural, remote, and First Nations communities in British Columbia.
– Increase mentoring and educational opportunities for rural healthcare providers—especially new-to-practice physician residents.
– Improve the recruitment and retention of rural healthcare providers.
– Increase availability and access to timely, quality healthcare services for patients in rural, remote, and First Nations communities, reducing their risk, time, and expense traveling for medical appointments. Offer a cost-effective and sustainable model for British Columbia's health system needs.

Growing our own health workforce: the Riverland experience

Facilitator: Wayne Champion, Paul Worley, Caroline Phegan, Tania Vanderpeer, Sharon Harrison, Sharon Wingard, Hamish Eske, Karen Hollitt, Brad Birleson, Sharon Frahn

Organization: Riverland Mallee Coorong Local Health Network

Country: Australia

Ubuntu ID: Ubuntu206

Abstract

Historically, the Riverland region of South Australia has outsourced the production of its most vital health resource – it's health workforce. This resulted in crisis after crisis. With the formation of the Riverland Academy of Clinical Excellence, this has now changed.

In three years we have increased our medical workforce by 25% by creating an employed post-graduate training program for local graduates, commenced early career nurse education, and partnered with Flinders University to deliver full allied health university programs locally. We are moving towards a locally-led rather than locum-led health service. The Academy's strategy is based on evidence-based workforce and education principles and policies.

This short talk outlines the lesson learned and the principles that can be applied in other small rural health services to achieve profound improvements in their health workforce.

The Power of Partnership

Facilitator: Richard Colbran, Ray Markham, Anne Lesack, Yann Guisard, Robyn Ramsden, Dan Harper

Organization: Rural Coordination Centre of BC; Rural Doctors Network

Country: Canada

Ubuntu ID: Ubuntu138

Abstract

The annual TUFH Conference acts as a fertile ground on which partnerships, collaborations, and solutions that support global health equity can grow. The 2022 TUFH Conference held in Vancouver, Canada acted as a catalyst for the relationship between the Canadian, Rural Coordination Centre of British Columbia (RCCbc), and the Australian, Rural Doctors Network (RDN).

Over the last 2 years, a partnership has grown due to our organization's shared foundation in socially accountable networks, and mission of enhancing rural health care equity. We recognize in working together, we can further advance our individual and collective goals for the continued growth and sustainability of rural health systems, infrastructure, and workforce.

While strong partnership building takes time and commitment, in working together we benefit from each other's experience and can build upon our established strengths to build and maintain successful long term and measurable impact across diverse contexts.

In this Ubuntu talk, leaders from both RDN and RCCbc will speak together on the importance of partnerships in enhancing healthcare outcomes. The talk will inspire participants to think about the partnerships available within their global network and how they can develop them for collective impact.

FRIENDS.COM (Family Visits Regular for Insight &Empathy to Needs & Diseases in Soceity-A Community Orientation Program for Medical students

Facilitator: Sairu Philip

Organization: Government Medical College Kottayam, Kerala

Country: India

Ubuntu ID: Ubuntu238

Abstract

It is regarding experiential learning of community based palliative care by students of a medical college by regular visits for home care to bedridden patients. This helped to ignite their thinking regarding needs of the patients and their actions towards meeting their needs. The real world needs of patients incited students to collectively to involve in solving the short term problems of the patients. In the process the students get attached to around 30 families of bedridden patients. The students go to their homes regularly and once in a year all 30 families meet in the medical college and spend one day sharing experiences entertaining each other. They continued this kinship even during covid lock down period exhibiting empathy to the needs of patients eg. collecting money for securing a land deed which was given for loan purpose, bringing a person differently abled to the campus to view football matches.

This program which started in 2009 continues even in 2024 with each new batch taking up the responsibilities of these patients.

Why it would be a great TUFH talk?

Exposing medical students to real needs of society can bring out problem solving actions innate in them. Facilitating this process helps in developing empathy and insight to needs of persons with long term illness marginalised in the community. This should inspire educators to include community based experiential learning methods for developing competencies and skills and social accountability.

Community Emergencies – A Collective Review

Facilitator: Christopher Patey, Oliver Hurley

Organization: Memorial University of Newfoundland

Country: Canada

Ubuntu ID: Ubuntu159

Abstract

In recent years, there has been a notable surge in visits to the Emergency Department (ED) by older adults, particularly those aged 65 and above. Often, these older adults arrive at the ED without an apparent acute medical reason for their visit and find themselves unable to return home. This demographic may be termed 'social admissions,' 'failure to cope/thrive,' 'community emergencies' (CEs), or other local colloquialisms, reflecting varying hospital policies, cultures, or media influences. Despite the lack of a standardized term, these patients consistently pose a significant burden on the workflow of rural emergency departments.

For these older adults, the ED becomes the 'final common pathway.' Yet, community-based healthcare professionals lack the necessary resources, collaborative networks, and organizational infrastructure to offer comprehensive medical, social, and functional support beyond the hospital setting. Consequently, the management of CEs remains diverse, with questionable efficacy for optimal patient outcomes, and lacks clarity both in Canada and within medical literature.

Ideally, alternative care pathways should be available outside the hospital setting to address the needs of this demographic. However, healthcare systems have not adequately adjusted to demographic shifts and increased healthcare demands. How do we effectively care for these patients? What interventions are specifically required? What approaches are rural EDs currently employing to address this issue?

With over two decades of experience in rural family and emergency medicine, along with co-authoring publications on this topic, my involvement in community-based research initiatives has led to a deep understanding of the challenges encountered by rural healthcare systems in handling CEs. The topic is well-suited for an Ubuntu Talks session as it addresses a pressing issue faced by rural healthcare systems, offering valuable insights and actionable recommendations within the limited timeframe provided.

Community Storytelling Through Health Assessments: Engaging Local Communities to Understand Rural Health Heeds

Facilitator: Heidi Berthoud

Organization: Heidi Berthoud Consulting

Country: United States

Ubuntu ID: Ubuntu231

Abstract

Community Health Assessments (CHA) are an important tool for rural health departments to better understand community health needs, gaps, and identify opportunities to build on existing strengths. In the U.S. many CHAs only use quantitative data and don't thoughtfully or intentionally engage community voices in their approach.

To ensure the community is represented in the CHA, we engage diverse voices in rural and remote regions in the Pacific Northwest of the U.S. to help health departments hear directly from community members about their most important health needs. We use qualitative methods in two languages to engage local voices in the CHA process. We share our data back with the community in beautiful and creative ways. Our findings have helped rural health departments identify key health needs and concerns and elevate voices that may not otherwise be included.

By listening to the community, we learn valuable information about local health needs, gaps, and existing strengths that may not have been immediately evident via analysis of quantitative data alone. Through qualitative data collection and analysis methods, we gain a much more comprehensive picture of community health needs and public health departments are better positioned to implement high quality health planning and programming. Rural health departments should prioritize qualitative data collection and community storytelling activities in multiple languages to better understand the most pressing health needs in their community.

Why This Will be a Great TUFH Talk

This talk will be delivered in a storytelling style, which makes it a great fit for an Ubuntu Talk. Collecting and sharing community data is an important part of improving public health and health care delivery and this talk will highlight how we engage with communities, and how we share their stories.

Application of Innovations in Care Delivery Models and Health Information Systems to Reduce Disparities between Urban and Rural Health

Facilitator: Suneel Parvathareddy

Organization: ATRIUM HEALTH WAKE FOREST BAPTIST/ADVOCATE HEALTH

Country: United States

Ubuntu ID: Ubuntu129

Abstract

Background:
About 43% of the population live in rural areas globally with limited to no access to health care. Multiple barriers such as geographical location, transportation, inclement weather conditions, low literacy rate, unemployment, aging population, lack of financial resources lead to limited preventive care access and almost no access to specialty care services. As such there is a high incidence of unhealthy behaviors and poor life style choices among the rural population leading to high-risk health related problems associated with alcohol, tobacco, and substance abuse.

Purpose:
This study aims at reviewing the latest innovations in care delivery models and modern health information systems to help reduce the disparities between urban and rural health care around the world.

Methods:
A literature search was done to identify innovative care models and novel health care initiatives around the world which had positive outcomes during the COVID pandemic with special focus on telehealth, virtual health, hospital at home, mobile clinics, uber health, health information systems, utilization of AI, innovative staffing ideas, etc. and discuss their impact and relevance in rural settings.

Conclusion:
There were numerous health innovations and latest technology advancements that were deployed during COVID pandemic. This study identified that appropriate utilization of those resources in rural areas globally could offer a permanent solution in reducing the care gaps and improve the overall outcomes when compared to their urban counterparts.

What pill I am popping?

Facilitator: Vasundhara Rangaswamy

Organization: Association for India's Development

Country: India

Ubuntu ID: Ubuntu112

Abstract

In a country like India, all kinds of practices and practitioners have made in-roads in rural and remote areas due to deprivation of care facilities, lack of regulation and poor literacy. The country has over a million unregistered practitioners many who provide irrational injections and drips at one's doorstep, a variety of medicines are available over the counter and being the pharmacy capital of the world, the maximum production and sales of irrational fixed dose combination antibiotics and other drugs also happens here. Inappropriate prescription, practice and consumption are a constant threat. There can be a marked difference between what is taught in medical education and what is prescribed or between what is prescribed to what is popped in! The consequences range from delays in access to appropriate care, increase in out of pocket expenditure, fueling the antimicrobial resistance pandemic while filling coffers of pharma giants and of doctors engaged in 'cut-practice' and to even influencing country's elections! A powerful collective voice from the ground is needed to fight these numerous challenges. This is possible if the community is engaged and informed.

With another public health physician, I coordinate a multi state rural community health program touching 50,000 people. In this we engage with health workers picked from the community and also directly with the communities. Besides practical skill training, we share information on commonly encountered biomedical conditions, on social determinants and their relation to health, on how the government health system works and how to hold it accountable and also on drug literacy. The program is in its infancy however we have begun to see some positive practice changes in our health workers already. We hope to see a wave of change by a ripple effect!

Proposing the Community Triad Model to Action Social Accountability in Medical Schools

Facilitator: Harini Aiyer, Erin Walling, Robert Woollard

Organization: University of Saskatchewan

Country: Canada

Ubuntu ID: Ubuntu269

Abstract

The Community Triad Model (CTM) elucidates the interconnectedness between community, students, faculty and the broader institution, and the pathways through with community-based placements directly and indirectly influence decision-making in institutions. Strengthening these relationships involve rebalancing power between the community and medical institution, as well as between students and faculty.

This study initially began by exploring the relationship between the three arms of the community triad by examining the literature on community placements and Social Accountability (SA), revisiting popular models in SA, as well as inspecting foundational SA reports for expectations around authentic community engagement. While there is an abundance of literature demonstrating the impact of community placements on students, there are limited studies describing the influence of communities on faculty and the broader institution either directly, or indirectly via students.

The CTM is an operational model of SA that is easy to adopt and implement and can demonstrate how the components of the triad (students, faculty/leadership, community) function together in the community engagement and social accountability of medical schools.

A TUFH talk on the topic will present administrators, leadership, and faculty with an opportunity to explore how they can mindfully construct feedback channels at their institution through which students and faculty (who are already engaging with community) can relay the needs of the communities back to institutions. It will offer students a platform to share their experiences with championing culture change within institutions.

Leveraging regional stakeholder engagement for diabetes prevention in the Caribbean

Facilitator: Peter Adams, Saria Hassan, Cruz Nazario, Rohan Maharaj, Maxine Nunez, Marcella Nunez-Smith

Organization: The University of the West indies, Cave Hill Campus

Country: Barbados

Ubuntu ID: Ubuntu195

Abstract

Background: The Caribbean lacks tailored and scalable evidence-based diabetes prevention initiatives despite having the highest diabetes prevalence in the Americas. The Lifestyle Intervention with Metformin Escalation implementation study (LIME) aimed to reduce diabetes incidence among persons with prediabetes in Barbados, Puerto Rico, Trinidad and Tobago, and the US Virgin Islands through lifestyle workshops and metformin medication. We worked with key stakeholders across four Caribbean islands to adapt the existing Help Educate to Eliminate Diabetes (HEED) evidence-based lifestyle workshops to local conditions.

Methods: Ten stakeholders drawn from civil society, faith-based organizations, policy makers, and people living with diabetes were engaged in four virtual meetings. They helped adapt the workshop programme to local conditions through a structured process leveraging regional knowledge to ensure the appropriateness for the cultural context.

Results: Adaptations included reducing the number but increasing workshop duration, increased time to discuss emotional well-being in islands with recent hurricanes, using food examples based on the cuisine of each island, framing how body image and weight loss were discussed, creating WhatsApp groups and a customized iHEEDapp listing local resources to help sustain change and having clinic personnel in addition to only peer leaders deliver workshops to ensure sustainability beyond the study period.

Discussion: The LIME Study provides a concrete example of the strong potential of regional stakeholder engagement to leverage similarities and inform implementation of chronic disease prevention across a multicultural region.

Conclusion: This combination of multi-stakeholder collaboration is a model that should be employed in other regions of the world.

FREE PAPER SESSIONS

Enhancing Rural Emergency Care: SurgeCon's Impact

Presenter: Shabnam Asghari, Christopher Patey

Organization: Memorial University of Newfoundland

Country: Canada

Ubuntu ID: Ubuntu156

Abstract

Introduction: Emergency departments (EDs) in Canada are facing growing challenges in managing the high volume and intricate cases of patients seeking care, many of whom have limited alternatives due to a nationwide decline in healthcare accessibility. This research aims to assess how the SurgeCon ED management platform impacts wait times and patient satisfaction. Additionally, the study seeks to devise approaches that enhance SurgeCon's scalability, sustainability, and effective deployment. Methods: The evaluation of the intervention will utilize a comparative-effectiveness-implementation approach. A stepped-wedge cluster trial spanning 31 months will allocate each ED to different phases through random assignment. All four trial sites are located in Canada's easternmost province and offer round-the-clock physician support. Detailed data on wait times and departmental efficiency will be collected from SurgeCon's eHealth platform and patient record-level ED data. Qualitative insights will be gathered through telephone surveys and semi-structured interviews involving both patients and ED personnel. The study will include all patients who visit one of the four selected EDs during the study period. Results: Anticipated outcomes include reduced total length of stay, improved time to physician initial assessment, and enhanced patient satisfaction. Adjustments for changes in patient volume and resources due to the COVID-19 pandemic are made across study sites. Preliminary data analysis suggests promising improvements in wait time metrics and patient satisfaction, indicating SurgeCon's potential to address challenges in emergency care. Conclusion: SurgeCon holds promise as an innovative intervention to enhance rural emergency care in Canada and beyond its borders. By reducing wait times and improving patient satisfaction, SurgeCon can alleviate strain on overburdened EDs and mitigate provider burnout. Further research is needed to fully understand SurgeCon's scalability, sustainability, and implementation strategies. Nevertheless, its initial impact suggests a significant step forward in addressing the growing demand for emergency care worldwide.

Investigating the impact and problematic aspects of European volunteer initiatives in promoting community wellness on African Continent

Presenter: Maria Antonia Delli Gatti

Organization: University of the Western Cape

Country: Italy

Ubuntu ID: Ubuntu215

Abstract

Numerous volunteer projects and humanitarian operations are active in Africa and promoted by European countries. These projects are often developed within local communities with the aim of improving people's quality of life and wellness. This research investigates the positive and critical aspects of these interventions, with a specific focus on improving community health and wellness. The study will examine articles, documents, and testimonies related to European volunteering on the African continent. A particular case study will also be analyzed, which focuses on the interventions promoted by The Faculty of Community and Health Sciences of UWC in collaboration with the association OPES Italia. Volunteers from the Italian Universal Civil Service, including the undersigned, work with OPES Italia, UWC, and local associations to promote sports as a means of social inclusion. We also provide support for other activities such as after-school programs, acting, and psychological assistance within the Cape Town communities. This study aims to point out the positive impact of these interventions on community wellness and their relationship with Ubuntu's core principles and values as a philosophical and moral framework. The report also identifies critical issues and suggests potential improvements for interventions in Africa, with a focus on the case study. The suggestions aim to enhance the quality of these interventions.

Cultivating a Socially Accountable Workforce: Examining Medical School Learning Environment through Alumni Experiences

Presenter: Harini Aiyer

Organization: University of Saskatchewan

Country: Canada

Ubuntu ID: Ubuntu236

Abstract

Background: Health professionals are the key players who can help achieve the goals of population health equity. Social accountability (SA) for health professionals emphasizes their roles in addressing issues of equity in the population they serve. There is limited literature offering a longitudinal perspective of how health professional students sustain the practice of SA in later life. This project identifies drivers of SA among physicians who graduated from Christian Medical College (CMC), Vellore, in Tamil Nadu, India. We explore the perceptions of the alumni of CMC Vellore regarding the role of their institution in instilling and fostering SA in them. Methodology: This research employs an exploratory mixed methods design (QUAL > Quant) to explore the alumni perceptions and experiences. First, alumni of CMC Vellore were sent a questionnaire asking about their attitudes towards SA. Next, qualitative data was collected via in-depth, semi structured interviews, to explore the perceptions of the alumni regarding the influence of their undergraduate learning environment on their SA. The themes identified from the qualitative data informed the design of a final questionnaire that was circulated to all alumni of the institution. Findings from the study highlighted community centered education, and a focus on social and preventative medicine in both curricular and non curricular facilitators of SA among physicians. Curricular components included opportunities to engage with the community such as roadside clinics, community orientation program, and postings at a secondary hospital. Other facilitators that emerged were the faculty leading by example, a subsidized fee structure, and a system that prepared students for practice in rural and remote areas. Conclusion: This study offers a fresh perspective and dimension on how SA can be sustained among physicians over the long run. The findings may be useful for medical schools in the evaluation of their own SA initiatives.

Responsibility Gap(s) Due to the Introduction of AI in Healthcare: An Ubuntu-Inspired Approach

Presenter: Brandon Ferlito

Organization: Department of Philosophy and Moral Sciences, Ghent University

Country: Belgium

Ubuntu ID: Ubuntu022

Abstract

Due to its enormous potential, artificial intelligence (AI) can transform healthcare on a seemingly infinite scale. However, as we continue to explore the immense potential of AI, it is vital to consider the ethical concerns associated with its development and deployment. One specific concern that has been flagged in the literature is the responsibility gap (RG) due to the introduction of AI in healthcare. When the use of an AI algorithm or system results in a negative outcome for a patient(s), to whom can or should responsibility for that outcome be assigned? Although the concept of the RG was introduced in Anglo-American and European philosophy, this paper aims to broaden the debate by providing an Ubuntu-inspired perspective on the RG. Ubuntu, deeply rooted in African philosophy, calls for collective responsibility, and offers a uniquely forward-looking approach to address the alleged RG caused by AI in healthcare. An Ubuntu-inspired perspective can serve as a valuable guide and tool when addressing the alleged RG. Incorporating Ubuntu into the AI ethics discourse can contribute to a more ethical and responsible integration of AI in healthcare.

Attrition after compulsory community service: possible reasons affecting clinicians' decision to remain or leave the South African public service.

Presenter: Kate Sherry

Organization: Rural Rehabilitation South Africa (RuReSA)

Country: South Africa

Ubuntu ID: Ubuntu339

Abstract

Introduction Addressing human resource challenges is integral to health systems management and the introduction of compulsory community service for therapists by the South African Department of Health (DoH) was a means to address the lack of human resources, particularly in rural areas. Attrition of therapists at the end of community service is uncommon. Methods An annual Community Service Exit Survey was circulated to community service therapists using social media and email from 2018-2021. Over 470 responses provide information related to therapists' placement, experiences, intention to stay or go after their compulsory year and their motivations. Results 38% of the respondents wanted to remain in the public health sector, with 40% wanting to go private. However, 50% of all respondents would have opted to stay had there been a post for them to continue working where they were stationed. Access to professional development and support were seen as motivators to remain in the public sector. Discussion Despite the high human-resources issues faced by the South African public sector, there is a clear indication that therapists would like to remain working in this sector if posts were available to them. Only a small percentage of therapists are able to remain working for the DoH. Conclusion From this data, we recognise that the human resources for health crisis is due to an unwillingness of therapists to remain in the public sector. We identify recommendations on what could be done to improve community service work experiences and retain therapists within the DoH.

Research gaps and priorities for African primary health care – building local knowledge and evidence for health policy and education

Presenter: Klaus Von Pressentin

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu320

Abstract

The Primary Care and Family Medicine Network (PRIMAFAMED) represents a well-established network of academic family medicine departments in Sub-Saharan Africa. Ten African countries participated in a workshop during the 2023 PRIMAFAMED meeting in Johannesburg, South Africa. They revisited the PRIMAFAMED recommendations published a decade ago. A combined matrix was developed to inform the research agenda and address possible blind spots. Much has changed since the 2014 PRIMAFAMED report, including the 2018 Astana PHC recommitment and a global pandemic. A comparison of the two snapshots of 2014 and 2023 from the PRIMAFAMED perspective showed how research priorities have expanded to a comprehensive PHC perspective to bridge primary care and PHC whole-society issues in the wake of the COVID-19 pandemic and the increasing effects of planetary health issues on upstream factors such as food security. This integrated primary care and public health research approach should focus on health system structures and inputs, as well as digital technologies for health. The training needs include advanced research training and academic writing for different audiences, such as policymakers and funders. Partnerships with health services, communities, and policymakers will ensure social accountability and relevant research activities linked to social and health policies for the public good. This report provides an updated PRIMAFAMED assessment of current research and capacity-building priorities for family medicine and primary care in African PHC-orientated health systems. Despite some progress, the network and other partners and stakeholders still have opportunities to strengthen primary care research capacity in the African region. This is especially true in the post-COVID-19 world, which requires a review of social and health policies for the evolving realities and needs beyond 2030.

Taking it forward: The perceived influence of undergraduates' practical interprofessional education on their interprofessional collaborative practice during their first year of work.

Presenter: Jana Muller

Organization: Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu328

Abstract

Introduction: Practical interprofessional education (IPE) during undergraduate training is considered important for the development of interprofessional collaborative practice (IPCP) competencies after graduation. Graduates however face multiple challenges that hinder their involvement in IPCP such as professional hierarchy, perceived lack of power and limited opportunities to engage with other professions. Methods: A qualitative case study, conducted in 2022 and 2023, was used to explore participants' experiences of IPE on a rural training platform and the perceived influence thereof on IPCP during their first year of work. Individual follow-up interviews were conducted with 16 participants from 5 different health professions working in five different provinces of South Africa. Findings: Individual, interpersonal, clinical, facility and community related factors played a role in both challenges to or facilitators of IPCP in the workplace. Facilitators related to sporting interests, social gatherings, orientations in the workplace and WhatsApp groups were identified, amongst others. Challenges related to geographical location of departments, lack of knowledge of various professions and uncoordinated treatment plans. Advocacy and self-initiated collaboration were common amongst the graduates who started new initiatives despite issues of perceived hierarchy, workload or lack of interest. Discussion: Many facilitators and challenges identified are evident in existing literature. However, new insights into personal and social factors of influence may help enhance existing IPE and IPCP. Conclusion: This study explores the perceptions of graduates from multiple professions previously exposed to practical IPE during undergraduate training. Insights into individual and interpersonal factors of influence related to IPCP offer opportunities for improved training and collaboration.

Type 2 Diabetes Remission in Rural Communities: An application of community engagement

Presenter: Alison James

Organization: Rural Coordination Centre of BC (RCCbc)

Country: Canada

Ubuntu ID: Ubuntu318

Abstract

Background: The impact of type 2 diabetes across Canada is enormous, affecting an estimated 5.7 million Canadians, and climbing, and costing the health system an estimated $38.5 billion annually. In some communities, especially rural, remote or Indigenous populations, the toll of type 2 diabetes is even higher. It is estimated that in some First Nations communities, 1 in every 3 adults has type 2 diabetes. Currently, type 2 diabetes is generally considered a chronic and progressive condition. However, in the last 10 years a growing body of research has shown that remission of diabetes is possible using food-based approaches. Remission rates of between 50% and 77% have been reported using food-based interventions. Methods: The dual aims of this community engagement project are to mobilize the evidence that type 2 diabetes remission is possible and to co-design community supports to assist patients in living well with diabetes with a focus on food-first approaches in two rural communities in British Columbia, Canada. The engagement process is modeled on the Partnership Pentagram Plus that brings together diverse perspectives from across the community with a focus on building relationships. Coupled with an appreciative inquiry approach, the process is a living demonstration of a socially accountable, community-driven model for priority identification and collective action. In doing so, the project is developing the relationships and, thus, laying the foundations for the further co-development and implementation of team-based clinical strategies and pathways that promote diabetes remission. Results: The community engagement process is underway in two rural communities as is the participatory and iterative evaluation process. Initial findings indicate that the engagement has been progressing positively. Some initial community priorities include addressing food security and availability by using community gardens and community kitchens. The co-creation of communication messages with the Indigenous population has been highlighted as a critical area for engagement. The full project evaluation is expected to be completed by August. Summary: The lessons learned through our community engagement approach will be helpful for

other communities when designing programs for type 2 diabetes or other chronic diseases.

Introducing the Mmogo-method for enhancing active participation in Community-Based Research projects

Presenter: Ansie Kitching

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu285

Abstract

The Mmogo-Method™ develop by Roos (2008), is a visual method applied to collect data by using open-ended or unstructured materials (malleable clay, beads of different sizes and colours, and dried grass stalks, or substitute materials serving the same purpose) to construct visual representations. The method, allows researchers to engage actively with the participants from various age groups and across cultural backgrounds to explore personal and group experiences of social reality that people may find difficult to talk about due to the implicit nature of their experiences. The method involves the generation of visual representations, which becomes a representation of some dimension of the participants' experience of social reality. They elaborate on their presentations so that the researcher can elicit further discussion about the meanings the visual creations hold for the participants. In addition, a group perspective is also obtained through the visual representations. Through the application of this method the researcher can obtain insight into the construction of the symbolic objectification of their boundaries, collective symbols, sense of belonging, shared values and emotional connections. In this presentation we will discuss the application of the method with specific reference to our experience of applying the method within a Community Based Participatory Research project aimed at investigating the development of a community-university partnership in a peri-urban community in the Western Cape, South Africa.

A typology of transformative Community Engaged Teaching and Learning at Higher Education Institutions in South Africa: A multi-methods study

Presenter: Fungai Muzeya

Organization: University of Western Cape

Country: Lesotho

Ubuntu ID: Ubuntu305

Abstract

Introduction

Background: South African higher education mandates that community engagement considers societal transformative criteria, and literature offers various definitions emphasising its centrality in academic programmes. However, implementing community engagement in South African academic programmes has been challenging. This study aimed to develop a transformative community-engaged teaching and learning typology for South African Higher Education Institutions (HEIs) in response to the transformational brief given to HEIs in South Africa in 1997.

Methods: A multi-methods approach was used as the study's overall design consisting of a qualitative explorative research study that utilised Mezirow's Transformative Learning Theory as the analytical framework, a mixed-method approach in the form of Group Concept Mapping and a typological analysis approach.

Results: The outcome of this study was a framework of transformative CETL consisting of nine types of transformative CETL namely academic service learning, community service, volunteerism, work-integrated learning, foundation-centric, Institutional regulation, collaborative engagement, innovative curriculum, and empowerment and respect-driven CETL.

Discussion: The typology represents a multidimensional lens through which the transformative potential of CETL can be assessed and harnessed. Conclusion: This study broadens the body of knowledge about CETL and emphasises its importance as a tool for social responsibility, positive change, and lifelong learning. A more inclusive, equitable, and socially engaged educational environment can be developed by South African HEIs and other institutions, thereby improving society for all.

Stakeholder wellbeing during workplace-based learning in Health Professions Education Programmes: A scoping review

Presenter: Lizel Hudson

Organization: Cape Peninsula University of Technology

Country: South Africa

Ubuntu ID: Ubuntu117

Abstract

In the aftermath of constant disruptions in the South African higher education landscape, the overall wellbeing of stakeholders involved with work-integrated learning are often overlooked or completely neglected. This free paper reports on a review of how the wellbeing of staff (academic and clinical) and students during workplace-based learning in health professions educations programmes influence successful placements. The programmes are limited to those offered at the 26 universities in South Africa. Two research questions informed this review: What are the factors enabling and constraining student and staff wellbeing explored in existing literature relating to workplace-based learning (WPBL) in health professions education programmes offered in South Africa?; What support structures, interventions or strategies are commonly used to enhance the well-being of staff and students engaged in workplace-based learning? The methodology used followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses' extension for Scoping Reviews (PRISMA-ScoR) guidelines. Evidence sources from PubMed, ERIC, CINAHL and Web of Science from 2013 to 2023 were included. The outcome of an institutional negligible risk application is still pending. Factors identified during the initial critical appraisal of the information sources, include: enablers and constraints in the workplace and university fostering wellbeing; established and needed support structures, interventions and strategies; and the effect of organisational culture on student/staff wellbeing. The outcome of this review will provide a literature informed research focus for a local empirical study. Insights gained will align student placement practices with contextual realities that are not isolated from global experiences.

Effectiveness of four-arm intervention in preventing maternal and perinatal mortality in Kimpese Health Zone, Democratic Republic of the Congo

Presenter: Patrick Ntontolo

Organization: Department of Family Medicine, Protestant University of Congo

Country: DR Congo

Ubuntu ID: Ubuntu352

Abstract

Background. Maternal mortality is one the major public health problems highlighted by the WHO. The DRC is known to be one of the sub-Saharan countries presenting the highest maternal mortality rates correlated to an inacceptable rate of perinatal deaths. The objective of this study was to assess the interventions that aimed to reduce these rates. Methods: This was a quasi-experimental study that used 4 strategies: a) sensitization of the community carried out by 60 pre-trained CHWs, b) Education of pregnant women and pregnancy surveillance conducted by 40 trained nurses during antenatal care visits, c) construction/renovation of maternities and d) the pre-positioning of c-section kits in 6 selected medical centers. This programme lasted 4 years (2018-2021) and the study population was all the expected pregnant women who represented 4% of the general population. Results: The immediate results were as follows: 60 CHWs were trained in door-to-door and media awareness. Also, 40 nurses were trained to educate pregnant women attending antenatal clinics. 200 Caesarean section kits were purchased each year and distributed to the 6 health centers selected on the basis of health zone coverage, 3 of which were rehabilitated and 2 were equipped with beds, mattresses, incubators, etc. During the 4-year period, the proportion of pregnant women (PWs) to be sensitized was raised from 30.6 to 59.1%. The Achieved Visit 4 was improved from 46 to 68.8%. The maternal mortality was depressed from 325 to 213,6 per 100000 live births. The perinatal mortality was reduced from 40.8 to 28.9 deaths per 1000 births. Conclusion. This pilot study is supporting the hypothesis that most maternal and perinatal deaths are preventable. So, this experience could be shared with other sites and the government need to take over this program for making it sustainable.

Exploring intergenerational trauma experienced by mothers who use substances in low-income communities in the Western Cape.

Presenter: Kitso Setswe

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu319

Abstract

Exploring intergenerational trauma experienced by mothers who use substances in a low-income community in the Western Cape Background: In efforts to improve and promote maternal health globally, it is important to address maternal substance use as it has the potential to negatively affect all stages of maternity, namely pregnancy, childbirth, and motherhood. Based on its history of slavery, systemic oppression and the "dop" legacy, the Western Cape province of South Africa has displayed particularly elevated rates of maternal substance use. Yet, the trauma that has far-reaching global and intergenerational consequences associated with these rates remains understudied. Aim: The study therefore explores the experiences of intergenerational trauma that mothers who use substances are faced with in a selected low-income community in the Western Cape. Method: Inclusion criteria for the study included being a mother, being over the age of 18, having a history of problematic substance use, and being a victim of some form of traumatic event. Through semi-structured qualitative interviews conducted at a social development centre, eight mothers detailed their experiences of substance use, trauma and relationships with their maternal figures. Results: Using Braun & Clark's six-step thematic analysis, four preliminary themes that emerged in the data included the interplay of trauma and substance use; desire for change and self-improvement; parental concerns and fears; as well as community support and role modelling. Conclusions: The significance of the study lies in its ability to inform culturally relevant trauma-informed interventions that can be developed by larger institutions by giving voice to an understudied and underserved population.

Improving the number of Women in leadership positions to enhance health service delivery at Dilchora General Hospital in Eastern Ethiopia

Presenter: Fikadu Asrat Argaw

Organization: Jhpiego Ethiopia, Health Workforce Improvement Program (HWIP)

Country: Ethiopia

Ubuntu ID: Ubuntu048

Abstract

Background: Though the number of women in the general health workforce is high, their number in leadership positions within the Ethiopian health system is about 14%. Studies indicate that women in leadership positions enhance cooperative work environment, bring a family-like feel, boost teamwork and enhance accountability of the health system to the public. The objective was to provide opportunities and capacity building support for female staff to hold leadership positions at Dilchora General Hospital, Ethiopia. Methods: The USAID's supported Health Workforce Improvement Program (HWIP) manages the Leadership Management and Governance (LMG) development program. The program is team based and designed to address workplace challenges through four workshops, with on-site coaching and mentorship. The learning is designed to mobilize leaders to focus on results. Participants are engaged in application of learning over time. This program focusses on address challenges of women on staff who hold or take on leadership positions. Results: After two-years of LMG intervention, the number of women assigned to leadership positions improved from 29.6% to 63%. Following on from this shift, notable improvements have been reported in the hospital's service performance, such as Ethiopian Hospital Reform Implementation Guide (EHRIG) standard improved from 78% to 92.6%; Clean and Safe Health Facility Initiative (CASH) standard improved from 71% to 90%; coordination among teams improved; hospital cleanliness improved; staff absenteeism and lateness decreased; and staff and patient satisfaction improved. In the last year, out of the three departments recognized for good performance, two were led by women, and 67.5% of the rewarded employees were women. However still there is a limited number of female health professionals. Concussion: Health policy makers have to design feasible strategies to improve the number of women in leadership positions, to deliver quality health services and ensure equity in the health system.

Identifying factors that really matter: Improving the recruitment and retention of pharmacists to support rural communities

Presenter: Daniel Terry

Organization: University of Southern Queensland

Country: Australia

Ubuntu ID: Ubuntu002

Abstract

Background: Pharmacists play a critical role in rural communities and are an essential and accessible healthcare service provider. They are often the first point of contact, and in some cases, they are the only health professional in a rural community. However, much like other health professionals, their recruitment and retention in rural areas remains challenging. Methods: Structured face to face interviews were conducted to complete the 50 item PharmApgar tool. Health service Chief Executive Officers, Directors of Pharmacy, Community pharmacy owners and senior pharmacists (n=24) participated in interviews from 12 public and private pharmacies in rural Australia. Questionnaires items were scored by assigning quantitative values to community strengths and challenges and their relative importance. The most important factors, be it an advantage or challenge for that community, were then weighted and combined to create an overall Community Apgar score Results: Rural communities demonstrated groups of factors that had the greatest impact on recruitment and retention encompassed practice environment, community practice support, economic or financial resource, scope of practice, geographic factors. Overall, several positive factors were shown to impact recruitment and retention, while highlighting those significant factors and challenges to recruitment and retention. Conclusions: PharmApgar as an objective measure enabled the identification of both modifiable and non modifiable factors, while also prioritising the most important factors for each community to address to sustain its workforce, often with limited resources. PharmApgar has a role internationally to self evaluate, prioritise improvement plans, inform advertising considerations, and develop or negotiate strategies for successful pharmacist

Attracting and Retaining Doctors in Rural Areas: Developing A Prediction Model for Long-Term Rural Practice (LTRP)

Presenter: Srinivas Kondalsamy Chennakesavan

Organization: The University of Queensland

Country: Australia

Ubuntu ID: Ubuntu292

Abstract

Introduction: Finding doctors who are inclined to work in rural areas might be difficult as the reasons for selecting a rural career can be complicated and varied. However, certain factors have been linked to a higher probability of working in a rural area. By identifying medical students or doctors who exhibit these characteristics it is possible for hospitals and health services to target their recruiting and retention efforts more effectively. We developed a tool (calculator) to predict the probability of working long-term in rural practice (LTRP). Methods: A cross sectional survey of the University of Queensland (UQ) medical students who graduated between 2002 and 2018. Multiple logistic regression models were used to determine the predictors of LTRP. Each significant variable was assigned a score and a sum of these scores generated an overall score, allowing individualised predicted probabilities to be calculated. The model was internally validated (10-fold cross validation) and calibrated. Results: Of the 775 domestic graduates who completed the survey, 714 (92%) provided information about their time spent in a rural area after graduation. Of these, 187 (26%) met the criteria for LTRP. Rural background, attendance at a rural clinical school, bonded scholarship status and partner's background were independently predictive of LTRP (p< 0.05 for all). These variables were used to develop the calculator. Concordance index for the calculator was 0.724. Conclusions: This innovative calculator quantifies an individual's predicted probability of long-term rural practice and can be used in a variety of settings. Such tools can assist Royal Colleges to select trainees who are more likely to work in rural areas. Rural health service providers, including hospitals can improve their recruitment/retention efforts. Arguably, such models could be applicable to other health professions.

COVID-19 Preparedness and Response in Rural and Remote Areas: Lessons from a Scoping Review.

Presenter: Selvan Naidoo

Organization: Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu282

Abstract

Title: COVID-19 Preparedness and Response in Rural and Remote Areas: Lessons from a Scoping Review. Authors: Lilian Dudley, Selvan Naidoo, Ian Cooper, Taryn Young Introduction: The COVID-19 pandemic exacerbated rural health disparities caused by limited access to healthcare, resources, and qualified professionals. This highlighted the need to learn from the experience to enhance future rural preparedness and response. This review aimed to investigate rural COVID-19 preparedness and response, identify key lessons, and inform future planning efforts. Methods: Relevant keywords guided a comprehensive search strategy. The 2021 WHO COVID-19 Strategic Preparedness and Response Plan guided searches of relevant databases and grey literature published between 2019 to early 2022, resulting in 5668 articles. Screening using inclusion criteria resulted in 293 articles for analysis. Results: Most included studies (54.5%) were from high-income countries, with 36.2% from middle-income countries. Identified studies focused on essential health services maintenance, surveillance and epidemiological investigation, coordination and planning, case management, social determinants of health, and risk communication. Key findings highlighted challenges faced by underprepared rural health systems. Effective responses were community-driven, collaborative, multisectoral, and culturally sensitive. Targeted approaches to case isolation and quarantine were preferred over blanket lockdowns. Rural pharmacists, community health workers, and agricultural extension workers helped with shortages of healthcare personnel in rural areas. Disruptions in labour markets, produce markets, and input supply chains impacted rural livelihoods and food security. Conclusion: It is vital to integrate rural considerations into national health preparedness and response planning. Synergies between top-down and localized approaches, along with equity-focused strengthening of rural health systems are crucial. Addressing rural social and environmental determinants of health is essential in improving the response to future pandemics.

Exploring rural health training needs for postgraduate studies

Presenter: Amanda Msindwana

Organization: Ukwanda Centre for Rural Health, Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu330

Abstract

Accessing healthcare remains a global challenge. The skewed distribution of the health workforce in relation to the population makes it harder to improve health outcomes in rural and underserved communities. Barriers such as unsustainable heavy workloads, and unavailability of further education make it difficult for health departments to recruit and retain staff in such communities. The provision of postgraduate professional training for rural healthcare workers has thus been recommended as a strategy to attract and retain a fit-for-purpose workforce. We therefore sought to explore the needs for postgraduate education and training among rural healthcare professionals (HCPs) in South Africa. Methods A two-part cross-sectional study employing a mixed method design was undertaken. Part 1 used a web-based, self-administered questionnaire while Part 2 included four online Focus Group Discussions (FGDs). Rural-based doctors, dentists, allied health professionals, nurses, and clinical associates across the country were interviewed in February and March 2024. Results Study participants emphasised the need for postgraduate rural health training programmes as there are currently few that exist. They highlighted clinical skills training, management strategies (clinical governance) and collaboration across every part of healthcare as a big component of what is required by rural HCPs. The HCPs were in favour of a multi-professional and inter-professional programme consisting of core modules for all, with a strong practical focus, combined with profession-specific electives. Conclusion The HCPs highlighted their interest in rural health and further training. The study findings will be utilised to conceptualise postgraduate rural health programmes based on their needs.

Shaping the future rural healthcare landscape: perspectives of young healthcare professionals

Presenter: Innocentia Lediga

Organization: Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu279

Abstract

Introduction: Rural communities continue to struggle to access quality healthcare services. Even in countries where the majority of the population live in rural and remote areas, resources are concentrated in big cities, and this is continuing. Healthcare professionals (HCPs) have been identified as key informants in the construction and implementation of policies aimed at addressing rural health issues. We sought to understand the perspectives of young HCPs, representing the potential future rural workforce, regarding the future of rural healthcare. Methods: Using an interpretivist paradigm, data were collected in two phases over Zoom using semi structured individual interviews and focus group discussions (FGDs). FGDs included medical doctors and medical students, nurses, and rehabilitation therapists. Participants included selected HCPs from Africa, Asia-Pacific, Europe, South Asia, and North and South America. Results: Similar themes were identified across both interviews and FGDs. The state of rural healthcare was perceived to be problematic. Access to care, lack of equity and multiple socioeconomic challenges were seen as the most significant issues in rural healthcare. Several ideas for addressing rural health issues, with examples, were proposed by the young HCPs. They particularly recognised the importance of addressing the local socioeconomic and developmental needs of rural communities, and the needs of present and future HCPs. Conclusion: Young HCPs are interested in a rural career have common concerns about the state of rural health in their countries and constructive insights into how these can be addressed. They suggest effective solutions that must include listening to their voices.

Reconceptualising resilience: Ubuntu, home and community care

Presenter: Gubela Mji

Organization: Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu211

Abstract

Background: In the context of inequality in South Africa, poorly paid and precarious Community Health Workers (CHWs) are the backbone of the Western dominated primary health care service delivery system. This critical ethnographic study deepens understanding of the circumstances of CHWs in Eastern (EC) and Western Cape (WC) provinces. Methods: This study aims to develop an integrated Ubuntu and resilience framework to support CHWs in their daily lives and offer direction for health policies for the public good. The Western notion of 'resilience' and the indigenous African concept of Ubuntu provide the conceptual lens to understand how health and wellbeing is understood and practiced by CHWs in marginalised communities. Initial data has been collected through six focus group discussions (FGDs) with eighteen participants in each province. Each province has three focus groups with broad age groups (younger, adult, and older CHWs). Results: Initial analysis illustrates that as frontline workers, CHWs deal with complex medical and social conditions beyond their training and capacity, leaving them overwhelmed and in danger of burnout. To ensure the optimal health and wellbeing of their communities, the Ubuntu values of the CHWs, leads them to overstretch themselves far beyond the expectations of their job. At the same time, Ubuntu can offer resources to strengthen their resilience. Conclusion: Ubuntu practices can bridge the current divide between indigenous and Western healthcare approaches. However, the challenges and stresses of modernity, risk Ubuntu values being subjugated.

Nan's Kitchen Party

Presenter: Christopher Patey

Organization: Memorial University of Newfoundland

Country: Canada

Ubuntu ID: Ubuntu157

Abstract

Introduction: Despite possessing novel ideas, rural clinicians often lack access to research resources and highly skilled personnel that are both readily available in urban centers which hinders their engagement or prevents them from spearheading their own studies. This study aims to explore the essential components of establishing a rural research unit, using the Carbonear Institute for Rural Reach and Innovation by the Sea (CIRRIS) as a case study. By investigating the challenges and successes of CIRRIS and similar initiatives, we seek to identify barriers and propose solutions to facilitate rural research endeavours. This study aims to empower rural clinicians, bridge research divides, and enhance local healthcare delivery. Methods: This study will use a mixed methods approach. A comprehensive literature review will identify existing research on rural healthcare and primary care clinician involvement in research. Qualitative data will be gathered through interviews and focus group discussions with key stakeholders. Quantitative analysis will assess the impact of rural research initiatives on healthcare outcomes and clinician engagement. This approach aims to provide a comprehensive understanding of the requirements for establishing and sustaining a rural research unit. Results: We anticipate that our study will clarify the foundational requirements for a self sufficient rural research environment. By assessing CIRRIS and similar initiatives, we aim to provide insights into scalability and applicability across Canada and beyond. Additionally, we expect to outline strategies for multidisciplinary collaboration, leveraging technology, and fostering quality improvement in rural healthcare settings. Conclusion: Establishing a robust rural research unit demands a holistic approach encompassing physical infrastructure, multidisciplinary collaboration, innovation, and quality improvement. Through initiatives like CIRRIS, we aspire to empower local clinicians, bridge the rural urban research divide, and enhance healthcare delivery in rural communities. Ultimately, this endeavor seeks to not only address local healthcare challenges but also contribute to global health advancements.

Establishing a Novel Diagnostic Framework Using Handheld Point-of-Care Focused-Echocardiography (HoPE) for Acute Left-Sided Cardiac Valve Emergencies: A Bayesian Approach for Emergency Physicians in Resource-Limited Settings

Presenter: Kamlin Ekambaram

Organization: University of KwaZulu-Natal

Country: South Africa

Ubuntu ID: Ubuntu013

Abstract

Acute severe cardiac valve emergencies, such as acute severe mitral regurgitation (AMR) and acute severe aortic regurgitation (AAR), present significant challenges in terms of diagnosis and management. Handheld point-of-care ultrasound devices have emerged as potentially pivotal tools in ensuring the prompt and accurate diagnosis of these left-sided valve emergencies by emergency physicians, particularly in resource-limited settings. Despite the increased utilisation of point-of-care ultrasound by emergency physicians for the management of patients in states of acute cardiorespiratory failure, current diagnostic protocols cannot perform sufficient quantitative assessments of the left-sided cardiac valves. This review elucidates and evaluates the diagnostic utility of handheld point-of-care focused-echocardiography (HoPE) in native AMR and AAR by reviewing the relevant literature and the use of clinical case examples from the Emergency Department at Port Shepstone Regional Hospital (PSRH-ED)—a rural, resource-limited hospital located in KwaZulu-Natal, South Africa. Combining the findings of the review and clinical case illustrations, this review proceeds to synthesise a novel, Bayesian-inspired, iterative diagnostic framework that integrates HoPE into the evaluation of patients with acute cardiorespiratory failure and suspected severe left-sided valve lesions.

Developing indicators for monitoring and evaluating the primary healthcare approach in health sciences education at the University of Cape Town, South Africa, using a Delphi technique

Presenter: Mohammed Ishaaq Datay

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu032

Abstract

Background. The Faculty of Health Sciences (FHS), University of Cape Town (UCT) adopted the primary healthcare (PHC) approach as its lead theme for teaching, research and clinical service in 1994. A working group was formed in 2017 who developed a set of indicators through a Delphi technique for monitoring and evaluation of the PHC approach in health sciences curricula. Methods. A national multidisciplinary Delphi panel was presented with 61 indicators of social accountability from the international Training for Health Equity Network (THEnet) for scoring in round 1. Nineteen PHC indicators, derived from a mnemonic used in the FHS, UCT for teaching core PHC principles, were added in round 2 to the 20 highest ranked THEnet indicators from round 1, on recommendation of the panel. Scoring criteria used were relevance feasibility/measurability and application of the PHC indicators to undergraduate and postgraduate teaching and assessment. Results. Of the 39 indicators presented in the second round, 11 had an overall relevance score >85% based on the responses of 16 of 20 panelists (80% response rate). These 11 indicators have been grouped by learner needs (safety of learners – 88%, teaching is appropriate to learners' needs and context – 86%); healthcare user needs (continuity of care – 94%, holistic understanding of healthcare – 88%, respecting human rights – 88%, providing accessible care to all – 88%, providing care that is acceptable to users and their families – 87%, providing evidence-based care – 87%); community needs (promoting health through health education – 88%, education programme reflects communities' needs – 86%, teaching embodies social accountability – 86%). Conclusion. The selected indicators reflect priorities relevant to the FHS, UCT and are measurable and applicable to undergraduate and postgraduate curricula. They provided the basis for a case study of teaching the PHC approach to our undergraduate students.

Awareness and attitude about mental illness in the rural population of India: A mixed method study

Presenter: Kaustubh Kulkarni

Organization: Mahatma Gandhi Institute of Medical Sciences

Country: India

Ubuntu ID: Ubuntu055

Abstract

Background: Recent systematic review and meta-analysis of public attitudes have shown that despite improvements in mental health literacy, public attitudes and desire for social distance with mental illnesses have remained stable over time. Methodology: This mixed-method study was conducted which included administration of a pre-tested questionnaire adapted from Community attitudes toward mental illness (CAMI) scale on 196 adults aged 18-60 years from an adopted village in the field practice area of medical college along with 8 in depth interviews of key people in the same community. Results: Age was positively correlated with the attitude of authoritarianism, social restrictiveness, community mental health ideology (CMHI) and showed a negative correlation with attitude of benevolence. Females showed higher scores for authoritarianism and social restrictiveness. There was a statistically significant difference between above poverty line (APL) and below poverty line (BPL) groups for authoritarianism attitude towards the mentally ill (p value = 0.02) and CMHI (p value = 0.033). It was observed that with increase in the education levels there was a rise in the mean score of the values for the attitude of benevolence but the difference wasn't statistically significant (p > 0.05). Thematic analysis of the key informant interviews suggested various perceptions of the community regarding mental illness, available options for management, current practices of the community and what can be done further to improve facilities for mental health. Conclusions: People in the community have a varied perspective to mental illnesses which has changed for the better over time but community still approaches quacks first which warrants the need for more awareness. For this, feasibility and effectiveness of increasing involvement of females from the community in health-related decisions can be explored further.

In situ simulation as a tool to educate rural health teams in emergency medicine

Presenter: Magnus Hjortdahl

Organization: Norwegian Centre for Rural Medicine

Country: Norway

Ubuntu ID: Ubuntu060

Abstract

Background: When a person is severely injured or ill in rural areas, survival is contingent on local health resources working together as a team. In rural Norway, these resources usually consist of general practitioner, nurse, and ambulance personnel. The team's success depends on communication, knowledge of team member's roles, situation awareness and leadership (non-technical skills). Simulation training, an instructor-lead roleplay on a medical scenario followed by a collective reflection, is a safe and efficient tool to learn non-technical skills. Methods: We developed a program for in situ (local) training of rural health teams named FørsteBEST; a two-day Train the Trainer course held at different locations around Norway. The course is hands-on and the participants lead each other through simulations. After completing the course, participants are capable to train their own teams. Furthermore, we developed an online introductory course and a webpage (forstebest.no) about teamwork and simulation. We have presented the project on conferences in Scandinavia. The Norwegian Centre for Rural Medicine developed FørsteBEST, in co-operation with the National Centre for Emergency Primary Health Care and the BEST Foundation. Results: So far, we have run 10 courses with over 200 participants from 27 different municipalities in Norway. The participants have been nurses, nursing assistants, emergency medical technicians and general practitioners. According to participants, the course is intense, relevant and practical. Conclusions: It is possible to run a program to support simulation training in rural areas. However, further support is necessary to sustain training over time.

Medical students' views on what professionalism means: an Ubuntu perspective

Presenter: Mantoa Mokhachane

Organization: University of Witwatersrand

Country: South Africa

Ubuntu ID: Ubuntu062

Abstract

Background Medical training has become a global phenomenon, and the Physician's Charter (PC), as a missionary document, is key to training those outside the Global North. Undergraduate and postgraduate students in the medical profession are sometimes trained in contexts foreign to their social and ontological backgrounds. This might lead to confusion and blunders, creating an impression of what might look and feel unprofessional to those unfamiliar with the local context. Understanding the cultural backgrounds of the trainees is crucial, and the reverse is also as important. It is essential for clinicians and trainees to understand the cultural backgrounds of their patients to avoid miscommunication. Method In this phenomenological study, we recruited participants in 2020 who were in their first to fourth year of study of medical training during the #FeesMustFall protests. We used data from this extensive study looking at students' experiences during their training amidst protest and social upheavals in a South African tertiary institution. For this paper, we examined what professionalism means to the student participants using an African Ubuntu lens. Ubuntu and the Collective Finger theory were used to investigate what professionalism means to participants. The Ubuntu philosophy was compared to the Physicians Charter. Results In the findings, the clinical space is hierarchical and silencing, which is the opposite of what Ubuntu means. In comparison to the PC, respect is overarching while compassion and responsibility are the most comparable to the Charter. Conclusion This study adds an African voice to the professionalism discourse while showing African elements that could be aligned to the PC to challenge the current global discourses.

Keywords Professionalism · Medical clerkship experiences · Ubuntu · Physicians Charter · South Africa

WHO's SkinNTDs App: Assessment of a Capacity building tool including Artificial Intelligence for Frontline Health Workers in African context

Presenter: Carme Carrion

Organization: Universitat Oberta de Catalunya

Country: Catalonia

Ubuntu ID: Ubuntu079

Abstract

Background: Skin Neglected Tropical Diseases (SkinNTDs) affect a large population globally and require extensive resources for diagnosis and treatment. The WHO SkinNTDs App is designed to help Frontline Health Workers (FHWs) in identifying skin NTDs. However, a validated assessment of the app is necessary before implementation. Thus, we evaluated usability and quality of versions 3 of the SkinNTDs App as a training tool for FHWs, and accuracy of a new beta version of the app that includes Artificial Intelligence (AI) algorithm to identify specific diagnosis of SkinNTDs. Methods: A cross sectional study was conducted in Ghana and Kenya. FHWs (n=60) were asked to use the app and complete an online survey containing the user Mobile App Rating Scale (uMARS) questionnaire. Also semi structured interviews were conducted. Moreover, a pilot study is being performed currently to assess accuracy of the AI algorithm embedded in the app in Kenya. Fifty participants have been asked to use the app by uploading a photograph of skin lesions to the app to test accuracy of the algorithm in identifying the disease that a patient is suffering from. The gold standard diagnosis will be reached by consensus of two independent expert dermatologists. Results: SkinNTDs app received high scores on the uMARS questionnaire (App quality mean 4.02/5, Subjective quality 3.79/5, and perceived impact 4.42/5). Interview (n=18) responses aligned with the uMARS findings, reinforcing the positive assessment of the app. Conclusion: SkinNTDs App V3, demonstrates commendable quality and holds potential for use in other countries grappling with skin NTDs. These findings can inform improvements for the forthcoming release of the app. Once accuracy of the app will be assessed we will have more data to see the potential use of the app as a clinical decision support system to diagnose skin NTDs.

Global Women and Children's Health and Rights: Teaching and Learning with Female Students in Afghanistan

Presenter: Judy Lewis

Organization: Afghan Female Student Outreach/Women and Health Together for the Future/University of Connecticut School of Medicine

Country: United States

Ubuntu ID: Ubuntu313

Abstract

While the world's many conflicts continue, Afghanistan has fallen off the main stage while the rights of women to health and education have been rapidly taken away. In May 2023, AFSO (Afghan Female Student Outreach) began offering online courses to young women forced to stay at home in Afghanistan after the Taliban stopped Education for girls at 6th grade. AFSO provides a range of liberal arts and engineering courses to more than 500 girls. Faculty and teaching assistants are volunteers AFSO provides monthly data packages for student internet. Through partnerships across the world AFSO is building a bridge for students to complete their degrees online or outside Afghanistan. Spring semester 2024, Prof. Lewis volunteered to teach a course on global issues in women and children's health. Using the SDG framework, we tackled many aspects affecting women's health around the globe including patriarchy, economics, women's rights and specific health issues. While taking a global perspective, we always compared and discussed the issues in Afghanistan. Students actively discussed how these topics affect women and children in general as well as the way they face them every day. Students faced many barriers such as internet quality, income needs and family issues. We started with 14 and 6 completed with one audit. Each did an oral presentation and a paper focused on one of the SDGs, topics included Goals 3 Good Health and Well-Being, 4 Quality Education, 5 Gender Equality, 10 Reduced Inequalities, 13 Climate Action and 14 Life Below Water. This presentation will present the curriculum, successes and challenges and use their experiences and words to describe health learning from a local to global perspective.

Embedding SDG through our research. A case study from a local university in South Africa

Presenter: Qanita Bassier

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu153

Abstract

Embedding SDG through our research. A case study from a local university in South Africa Abstract Academic research has a major role in terms of creating awareness in addressing the health disparities within South Africa and the global impact of overall education, poverty and health care systems to name a few. Aim The aim of this study was to explore the role of research in universities as a driving force for transformative sustainability in achieving the UN 2030 Agenda for SDG's using a qualitative approach in a case study of the University of the Western Cape (UWC). The focus will relate to SDG 3 as part of a case study and point of reference. Setting The location of the study is limited to Western Cape and its surroundings. The postgraduate students within the Faculty of Natural Sciences, Dentistry and the Community of Health Sciences with the bulk of SDG 3-related titles. There are also other related research initiatives which involve additional SDG's within local and international universities. Methods In terms of the analysis a document analysis was used to assess how many targets and indicators were visible in terms of SDG 3 within the academic research domain. Results The UWC cases in line with SDG 3 provided insight to the inequalities in terms of where health priorities lie. The number of 3.4 came in at the most used target within postgraduate research at UWC. Conclusion The case of UWC indicates the focus areas in terms of the current research conducted in the field, particularly within scholarly research needs to become more visible within universities. This also relates to all SDGs. Contribution The need for including SDG 3 within the academic space can be effectively addressed by imploring awareness initiatives and addressing health priorities.

Applying a Social Determinants of Health Lens Health Systems Strengthening to Improve Outcomes

Presenter: Björg Pálsdóttir

Organization: Training for Health Equity Network: THEnet

Country: Belgium

Ubuntu ID: Ubuntu232

Abstract

Studies indicate that Social Determinants of Health (SDOH) shape health risks, behaviors of patients and practitioners, equity and quality of care, and treatment outcomes, and affect people's trust and acceptance of public health guidance, policies, providers, and treatments. Understanding these root causes of health inequities and their impact on healthcare access, quality, and equity is crucial to strengthening health systems. THEnet, through the USAID-funded Local Health System Sustainability Project (LHSS), examined how SDOHs are integrated into health system strengthening (HSS) interventions. The aim was to produce a brief to inform planning, program design, and implementation in the HSS space. Objectives: 1) To examine how SDOHs are integrated at the national, health sector, service delivery, and community levels. 2) To identify SDOH-related interventions that successfully improved maternal and child health. Methods: literature review and feedback from an international advisory group. Results suggest that applying an SDOH lens can enable decision-makers to implement policies and programs that minimize the harmful effects of SDOH, especially for marginalized populations. The study highlights the importance of collaborating across sectors and with communities, adapting policies and actions to local contexts, integrating SDOH data, evaluating intervention impact, and distinguishing between structural and intermediary determinants. Conclusion: The study revealed inadequate action on SDOH globally. While additional research is needed to ensure that health system practitioners and policymakers have more evidence-based guidance on addressing SDOH, documenting success stories, assessing the impact of applying an SDOH lens in health system strengthening, and evaluating direct SDOH interventions are critical to persuading stakeholders to act. Developing equitable climate-resilient health systems requires health system leaders to apply an SDOH lens, increase community engagement, and work across sectors at local, national, and global levels to co-create solutions that achieve better health for all.

Clinical Education in physiotherapy: The experiences of final year students at the University of Cape Town

Presenter: Nastassia Martin

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu028

Abstract

Background Clinical education in physiotherapy involves the teaching and training of students in real life clinical settings such as hospitals and clinics. This phenomenon is well described in literature emanating from the global North, with fewer studies focused on the learning experiences of students in the South African context. Aligning with the need for curriculum transformation, specifically in physiotherapy at the University of Cape Town, a better understanding of learning on the clinical platform is warranted. Methods This study was conceptualised and conducted drawing on the theoretical underpinnings of Lave and Wenger's (1991) Situated Learning Theory (SLT) and Communities of Practice (CoP). Thus we set out to determine how sociocultural and contextual elements influence learning experiences of final year physiotherapy students in clinical placements. A qualitative, cross sectional exploratory study design was used, collecting data by the use of video diaries and follow up semi structured interviews with six study participants (Austin & Sutton, 2014). To analyse data, we used a Discourse Analysis framework informed by concepts from the theoretical framework and the literature review. Results The results signify that for the study participants, sociocultural influences were more important than contextual influences such as the physical learning environment. Unanticipated findings included emotional and mental wellbeing and issues of power related to the physiotherapy clinician. Conclusion The study determined that physiotherapy students bring their own personal learning attributes to the clinical placement, contributing to their development as a student physiotherapist and their ability to engage actively with learning opportunities. Additionally, the teacher, must possess preferable qualities, fostering the development of good relationships between teacher and student and the student's ability to be agentic in maximising learning opportunities. Furthermore the study demonstrated that supported participation in physiotherapy practice allowed participants to learn, thus necessitating that clinical site placements possess a culture which

After action review of the COVID-19 pandemic response and lessons that can be used for TB management in North West province, South Africa

Presenter: Indiran Govender

Organization: Sefako Makgatho Health Sciences University

Country: South Africa

Ubuntu ID: Ubuntu050

Abstract

Introduction: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) caused coronavirus disease 2019 (COVID-19) pandemic with major disruptions globally. Northwest Province Department of Health (NWDoH) in South Africa set up comprehensive epidemiological emergency response plans for preventing, finding, containing and stopping the spread of COVID-19 in accordance with the National Disaster Management Act. COVID 19 response has many lessons that could influence our future approached to TB. Objectives: This After-Action Report (AAR) describes the provincial response to the pandemic from September 2020 to October 2022. Method: The AAR was conducted using the World Health Organization AAR methodology. Focus groups discussed five items: coordination, leadership and governance; epidemiology, surveillance and laboratory; case management and continuity of essential services; risk communication and community engagement and COVID-19 vaccination.

Results: The timely establishment and activation of provincial intergovernmental and intersectoral coordinating structures led to effective coordination, resource mobilisation, leadership, decision-making and intervention. The effective communication in the department and other stakeholders resulted in improved surveillance data quality, timelier response and increased ownership of data. Dissemination, training and implementation of case management protocols ensured standardised case management. The multi-channel information dissemination targeting different audiences empowered people with real-time knowledge on the infection and encouraged health-seeking behaviours.

Conclusion: The AAR demonstrated the importance of coordinated epidemiological, laboratory and communication response that requires significant public health reserve capacity in peacetime for rapid expansion in an emergency and epidemics such as TB.

Contribution: This review contributes to the body of knowledge emerging from

the COVID-19 pandemic and provides guidance on enhanced public health response to future emergencies and epidemics such as TB.

Curriculum change to prepare graduates for public health optometry: The danger of a single story.

Presenter: Prasidh Ramson

Organization: Cape Peninsula University of Technology/University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu172

Abstract

Background Optometry education programmes in South Africa may still resonate with tendencies to produce graduates for a private sector market - with the largest underserved need in the public sector space. Public eye health optometry in South Africa is not well articulated or integrated leaving patients and future public sector optometrists wanting both in service delivery and clinical skills training, respectively. While there has been a global shift in curriculum design towards increased and earlier clinical contact for learners, little is known about the appropriateness of undergraduate curriculum for graduates intending to serve or already working in the public sector. Methodology A qualitative exploratory case design with a critical theory lens framework was used to explore power dynamics, hegemonies and social inequalities. Semi-structure interviews were conducted with public health eye patients, optometrists at district/regional eye clinics, final year Optometry students and educators. Data was audio-recorded, transcribed and coded using thematic analysis, reflexive methodologies and qualitative analysis software. Findings Higher education institutes are complicit in forms of epistemicide by excluding patients, optometrists and students from curriculum change processes. The domino effect created stifles local community knowledge, perpetuates a private profile of optometry; denies students a contextual educational experience and ultimately limits locally relevant clinical treatment delivered to patients. Conclusion Knowledge generated from public health community level (patients and optometrists) has wide-spread value for future graduates irrespective of their career pathway. In private sector spaces, graduates will be more cognizant of challenging optometric cases and how to deal with them. For those that end up in a public health space, a greater ability to navigate the clinical and operational aspects of the health care system will be to their advantage.

Rural WONCA Albuquerque Statement on the leadership role of the nurse: Update and way forward

Presenter: Joyce Kenkre

Organization: University of South Wales

Country: United Kingdom

Ubuntu ID: Ubuntu179

Abstract

Background In 2019, at the WONCA Rural Health participants endorsed the Albuquerque Statement to support, advocate and promote nurses and midwives in a leadership role globally. The statement saw nurses as collaborative leaders who could impact on service delivery in remote and rural area around the world to enable universal health care coverage. However, the statement highlighted that there were significant gaps in the nursing workforce and the need to strengthen the evidence base to enable multidisciplinary and multiprofessional practice in the future. Methods Thought leadership workshops have been held globally to identify areas of need to enable the development of nurse leadership in rural communities. These workshops have been held in person and virtually. Both methods have enabled to involvement of nurse and other primary care practitioners to participate. Results The main themes that came out of the workshops were: Education, capacity building and creation of the future workforce, support for nurses in rural areas and leadership. Other issues raised included developing rural practice across professions to be able to address the needs of the communities. Concerns were raised on the status of nursing and the hierarchical system and increased bureaucracy taking nurses away from clinical practice. Consideration should be made on competency than qualifications. Conclusions There are many issues that need to be dealt with to take forward the Albuquerque Statement including supporting each other in rural practice, addressing the individual needs across countries and cultures to be able to provide universal health care coverage in the future.

NEGOTIATING THE TRANSITIONS FROM STUDENT TO HEALTH PROFESSIONAL - RESULTS FROM A LONGITUDINAL STUDY

Presenter: Steve Reid

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu190

Abstract

Introduction: The transition from student to working health professional is recognised as a period of challenge and adaptation in international healthcare education research. For new graduates in South Africa, this transition derives specific characteristics from the realities of the health system and the new graduate's role therein. The literature to date has mainly focused on this transition in high-income countries, and in the medical profession. Little is known about the experiences of South African graduates, in both medical and rehabilitation sciences disciplines. Aim/Objectives This qualitative cohort study follows the experiences of fifteen South African graduate health professionals, from immediately pre-graduation until six months into their first year of work. The aim of the study is to characterise the transitions that they experience in terms of challenges for adaptation, and to describe the ways in which participants adapt and display resilience. Methods: Fifteen new graduates (eight doctors, six occupational therapists and one physiotherapist) were recruited during December 2023, to participate in a series of three semi-structured individual interviews. The interviews capture participants' perspectives on personal, professional and practical aspects of the transition into work, and encourage their reflections on their own coping and adaptation over time. Results / Findings: This paper presents the findings across the 3 rounds of interviews, focusing on the shifts in perspective taking place between graduation and the first 6 months of work in the South African public health system across different professional groups. Conclusion: Understanding the experiences of transition from the final year of study to the first year of practice allows for an analysis of potential levers in pre-graduate education for positive adaptations to the change.

AN INTERNATIONAL LONGITUDINAL RESEARCH PROJECT INVESTIGATING THE PSYCHOLOGICAL DEVELOPMENT OF YOUNG ADULTS IN SOUTH AFRICA: MANAGING ATTRITION

Presenter: Casey Botha

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu192

Abstract

Background: Psychological knowledge is disproportionately based on data from Western industrialised countries. By examining a range of psychological factors among emerging adults aged 18-25 years old in African contexts, this longitudinal research project (placed within a larger intercontinental study) seeks to address these crucial concerns over a 5-year period to improve the representativeness of African- based Psychology research. The South African leg of the international study (Western, Northern and Central South Africa) sought to duplicate parallel investigations being conducted in Kenya, Ghana and Namibia. Methods: A sample of 800 South Africans between the ages of 18 and 19 was purposefully selected. Wave 1 and wave 2 have been completed with a team of research assistants who were critical in minimising attrition. Two focus groups were held with the research assistants to reflect on the technical approach to data collection. These were transcribed and analysed. Results: The research assistants reported that they experienced a range of challenges and had to engage in creative and innovative ways to limit attrition between the waves; the incentive was not sufficient for certain cohorts in view of the amount of time that was required to complete the surveys. Conclusions: It is hoped that this study would advance local psychological research and knowledge in South Africa addressing personality development in emerging adults however we need to engage in reflective practices with research assistants in order to minimise attrition, so that the African experience in personality development can be reported.

"Rural Resilience: Navigating Healthcare Challenges in Tolima's Countryside"

Presenter: Francisco Lamus

Organization: Univesidad de La Sabana - Universidad del Tolima

Country: Colombia

Ubuntu ID: Ubuntu241

Abstract

This qualitative research explores the experiences of healthcare providers in the rural municipalities of Iconozo and Chaparral, Tolima, Colombia, focusing on their training, recruitment, and retention. A preliminary sample of fourteen interviews reveal insights into the challenges and rewards of rural healthcare provision. The findings highlight several key themes: infrastructure inadequacies, the impact of training and preparedness, the depth of community relationships, logistical challenges in healthcare delivery, and suggested improvements for rural health services. Firstly, the infrastructure for healthcare delivery in rural areas is often insufficient, with services being provided in non ideal settings that lack necessary medical facilities. Transportation and accessibility issues further complicate healthcare delivery, underscoring the need for better infrastructure and reliable transport solutions. Secondly, healthcare providers frequently enter the field feeling inadequately trained for the unique challenges of rural healthcare. They often rely on self learning and adaptability, emphasizing the need for more targeted training programs that address the specific needs of rural health services. The study underscores the importance of building strong community relationships, which are essential for effective healthcare delivery in rural settings. Providers value the trust and openness of the communities they serve, although success in this area requires cultural sensitivity and respect, including an understanding of traditional medicine practices. Logistical challenges, including the maintenance of the cold chain for vaccines and the availability of medical supplies, are significant concerns. The lack of technological infrastructure complicates patient data management, suggesting a need for improved internet access and the adoption of mobile health technologies. The preliminary findings of this research suggest a roadmap for enhancing rural healthcare in Tolima, Colombia, through focused training, infrastructure improvement, and the integration of technology in healthcare delivery. These insights contribute to the broader understanding healthcare providers challenges in rural areas and offer valuable directions for future research.

Queensland's 2005 'Roma agreement': still relevant after two decades?

Presenter: Tarun Sen Gupta

Organization: James Cook University

Country: Australia

Ubuntu ID: Ubuntu246

Abstract

Background

Queensland Health's Rural Generalist Pathway commenced in 2007 and changed the face of rural medical recruitment and training across the state. It arose from several sentinel events relating to workforce recruitment and retention, work practices, and industrial processes, culminating in a forum in the rural town of Roma in 2005.

This seminal meeting of Queensland Health, Colleges, educational providers, rural doctors and other stakeholders led to the so-called Roma agreement, which agreed to:

• develop and sustain an integrated service and training program to form a career pathway supplying the Rural Generalist workforce that the bush needs. Methods and Results This agreement, which fulfilled the State government's promise of a specialist career pathway for rural generalists, developed a pathway for junior doctors (including government scholarship holders with return-of-service obligations), which was integrated with their training and linked to industrial recognition. The training program has a jurisdictional focus – supplying rural generalists to both public and private sectors. The nine principles which were articulated underpinned the development of the pathway prompting the question: are these principles still relevant two decades later as Australia rolls out a national Rural Generalist Pathway with parallel developments in other countries?

Conclusion

The principles enunciated in the Roma agreement have served the Queensland Rural Generalist Pathway well. But does everyone need such an agreement? This paper will consider:

• would similar agreements be useful in other jurisdictions? How would they work?

- who are their stakeholders and communities of interest?

- what are the key lessons from this experience?

Ethical Challenges in Healthcare Recruitment and Migration: The Imperative for Global Standards and Stronger Accountability

Presenter: Mukul Bakhshi

Organization: CGFNS International

Country: United States of America

Ubuntu ID: Ubuntu290

Abstract

Worsening global staffing shortages and an international fight to attract healthcare talent demonstrate the need for ethical standards in international healthcare recruitment. New recruitment and migration patterns, such as circular migration and emerging transit and destination countries, have included more healthcare workers. This increase in recruitment and migration has sparked serious ethical concerns about "brain drain" and "brain waste," and the keen balancing act between recognizing the right of individual healthcare workers to migrate and the necessity for source countries to maintain robust healthcare systems. While the WHO Global Code of Practice provides key insights into these ethical issues at the governmental level, increasing involvement of private recruiters has highlighted challenges in ensuring ethical recruitment on the ground. This session highlights the CGFNS Alliance for Ethical International Recruitment Practices as a case study for the implementation of ethical standards in international recruitment at a national level with greater accountability for private actors. The Alliance's work in key areas including employment contract review, breach provisions, and clinical and cultural orientation has helped to secure strong supports for immigrant healthcare professionals in the U.S. and employed the principles of the WHO Code within the U.S. context and for individual private actors. Drawing on the success of the Alliance model to create stronger ethical standards and greater accountability—and highlighting the challenges of applying it at a global level—shows the opportunities to protect migrating healthcare professionals and promote global health equity.

Emergency medical transport in British Columbia: Narrative stories from providers, decision-makers and patients in rural, remote and Indigenous communities

Presenter: Alison James

Organization: Rural Coordination Centre of BC (RCCbc)

Country: Canada

Ubuntu ID: Ubuntu317

Abstract

Background: Emergency medical transportation continues to be an issue in rural and remote British Columbia (BC). High quality response to critical life or limb threatening calls and transportation to definitive care is a fundamental right of all British Columbians. Transportation is a complex phenomenon that is impacted by various different factors: the patient's condition, services available in the rural/remote community, weather conditions, and availability of air and ground transportation and staff. Overall, there is little data available on emergency transportation in rural communities.

Methods: The purpose of this research was to document the experiences of physicians, nurses, health authority/other managers, and patients/family members with emergency medical transport in BC rural, remote and Indigenous communities. A partnership approach was used in this study including patients, providers, decision-makers, and researchers. A total of 32 interviews were conducted with providers, patients and decision makers across BC. Using qualitative descriptive methodology, we investigated facilitators and challenges in emergency transports and identified factors that support "successful" transport.

Results: Using an appreciative inquiry approach, key themes included:

1. right care, right time, right place;
2. access to timely resources;
3. collaboration and communication
4. recognition of rural realities We will also present recommendations to address barriers and challenges.

Summary: These results will be most valuable in program development, advocacy for transport policy and services delivery, and future research.

A Framework for the Expansion of Psychosocial Rehabilitation Support Services in the Western Cape: Towards Societal Well-Being

Presenter: Nousheena Firfirey

Organization: Western Cape Government Health And Wellness

Country: South Africa

Ubuntu ID: Ubuntu325

Abstract

Background: The mental health burden is increasing and has significantly worsened during the COVID 19 pandemic resulting in increased pressure across the health care system. Additionally, the need for the integration of mental health services into the management of other health conditions has become vital for improved retention in care and patient functional outcomes. The Western Cape Department of Health and Wellness therefore embarked on a process in 2023 to develop a framework for the expansion of psychosocial rehabilitation services that encompasses the provision of services to not only clients with mental disorders but for the protection and promotion of mental health in the general population.

Methods: Consultative workshops were facilitated where stakeholders from across the health system collaborated to provided inputs into the need for psychosocial rehabilitation services and service gaps. The feedback was analyzed into themes and used to inform and develop the framework for the expansion of psychosocial rehabilitation support services in the province. Findings: The framework illustrates a bouquet of support services comprised of 5 key components:

(1) psychosocial clubs which focus on holistic promotion and prevention activities to maintain function of those who are mostly healthy or at risk for mental disorders;
(2) Psychosocial rehabilitation for people with a diagnosed mental disorder who require interventions that facilitate optimal levels of function and reintegration into the community;
(3) palliative care psychosocial support for clients and families to enhance quality of life;
(4) community well-being to strengthen a Whole of Society Approach that promotes equitable access to basic services through a multisectoral response; and

(5) staff wellness to provide effective psychosocial support services for employees.

Conclusions: The framework for the expansion of psychosocial rehabilitation support services lends itself towards relying on multi sectoral and interdisciplinary stakeholders as change agents working collaboratively towards enhancing societal well-being.

Effects of Implementation of Antimicrobial Stewardship Program (AMSP) in a Tertiary Care Rural Hospital.

Presenter: Vidhvat Vijay

Organization: Mahatma Gandhi Institute of Medical Sciences

Country: India

Ubuntu ID: Ubuntu056

Abstract

BACKGROUND: In the race of achieving economic stability health takes the hind seat in rural healthcare. The study aimed at assessing the Antimicrobial Stewardship Program (AMSP) under effects on the patients' economic burden, antimicrobial consumption in the wards and intensive care units of four departments (medicine [M], neurosurgery [NS], surgery [S], and obstetrics & gynecology [OBGYN]), and the effect on surgical antimicrobial prophylaxis. METHODS: The study was a two month observational study under the department of microbiology of a tertiary care rural hospital. The data (total of 200 patients; 50 patients in the ICU and 150 patients from the wards) was collected by following patients up for 7 days. The analysis was done using Microsoft Excel & OpenEpi.

RESULTS: The antimicrobials were classified according to the AWaRe (Access, Watch & Reserve) strategy. The average cost per patient (M [24,640.5 INR], NS [14017.8 INR], S [8777.2 INR] & OBGYN [9042.2 INR]) was recorded. The average drug cost was higher in the departments where 'Watch' drugs were used predominantly (M [6283 INR], NS [1921 INR]) compared to 'Access' predominant departments (S [1576 INR], OBGYN [960 INR]). It was noted that the drug regimens were tailored based on the culture sensitivity report. The length of stay was greater in the departments where access drugs were used (in days, M- 8.3, NS- 10.8, S- 13.4, OBGYN- 12.7). Treatment was subsidized through various schemes, 25.09% of the net cost was paid by the patients. CONCLUSIONS: The departments where drugs consisted majorly of the 'Access' class (OBGYN & S) were more cost effective compared to others (M & NS). Selection of appropriate antimicrobials along with effective schemes proves beneficial to the patients in rural settings where affordability is the felt need of the people. AMSP has provided economic quality healthcare to rural communities.

Exploring spaces to support health professions educators – an innovative, collaborative interprofessional initiative

Presenter: Jacqui Couper

Organization: Ukwanda Centre for Rural Health, Department of Global Health, Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu244

Abstract

Background: Emerging from Covid-19, Stellenbosch University and University of KwaZulu-Natal collaborated to develop an African ECHO network for health professions education (HPE) in times of disruption. Real experiences in learning were used as a basis for facilitated discussion with a group of educators from around Africa, during fortnightly one-hour Zoom sessions. This paper describes the process and contents of this unique ECHO network, formally launched in 2023. Methods The experience of 27 bi-weekly ECHO sessions in 2023 was reviewed. The average attendance was 20-30 participants, with 113 unique participants from 10 different countries and 100 learning sites. The qualitative review was conducted by the leadership team and focused on the content (discussion topics) and process (learning experience)

Results

Participants enjoy the open-ended discussions and engagement with one another. The sessions intentionally create a safe place to discuss uncertain and disruptive scenarios, with deliberate flattening of hierarchy. The participating health professional educators from different countries, universities and disciplines were generous in sharing their own scenarios and listening to one another. A wide range of topics were covered, and interpersonal connections were made, reminding participants that we are together in navigating a journey through disruption. The ECHO space allowed for academic playfulness to explore the landscape of possibility. Conclusions Being intentional in developing a safe space offers health professional educators an opportunity to explore landscapes of learning. Our intentions inform our practice. Generative listening is an aspect of intentionality that opens up experiences for deeper learning.

ORAL PRESENTATIONS

The Attitude of Medical and Dental Students in Khartoum, Sudan Toward Interprofessional Education 2024

Presenter: Fatima Mohammed

Organization: Faculty of Medicine, Khartoum University

Country: Sudan

Ubuntu ID: Ubuntu268

Abstract

Background: Interprofessional education has attracted a lot of attention at the international level and it is positive consequences in different areas of healthcare have been investigated and approved. However, IPE is not implemented in the universities of Khartoum State, Sudan. This study describes the attitude of medical and dental students towards IPE in Khartoum State, Sudan in 2024. Methodology: a cross-sectional analytical study. We used Norris questionnaire to assess the attitude of medical and dental students toward the core components of IPE. We used an online survey, that was distributed among the medical students in 5 universities and dental students in 3 universities. We used a multistage sampling technique, we used clustered sampling followed by proportionate stratified sampling. SPSS 29 was used to analyze the data.

Results: the study is still ongoing, and we received 255 responses from the medical students and 266 from dental students. 50.6% of the medical and 46.2% of the dental students agreed that shared learning will make them better team workers. 51% of the medical and 45.1% of dental students agreed that prejudices from health professionals from other disciplines get in the way of delivering health care. Only 38.8% of the medical students agreed and 33.1% of the dental students strongly agreed that it is important to work with non-clinicians to deliver effective healthcare, while 49.4% of the medical students and 41.4% of the dental students agreed that it is important to work with policymakers to provide better health services. Conclusion: the study participants showed a positive attitude towards IPE. Their attitude, if associated with commitment, will be a keystone to advocate for the faculty administrator to include IPE within the medical curriculum.

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Conclusion

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Assessment of Interprofessional Education Readiness Among Medical and Nursing Students in Punjab, India

Presenter: Vansh Chouhan

Organization: Student Network Organisation (SNO)

Country: India

Ubuntu ID: Ubuntu294

Abstract

Introduction: Interprofessional education (IPE) fosters collaboration among healthcare professionals, enhancing patient care and outcomes. It allows students from various healthcare backgrounds to better understand each other's professional roles. Despite extensive study abroad, its status and challenges in India remain understudied.

Objectives:

1. To evaluate association between sociodemographic characteristics of students and their readiness towards IPE.
2. To assess difference in readiness regarding IPE among medical and nursing students.
3. To identify major barriers hindering the implementation of IPE.

Methodology: A cross sectional survey using questionnaires was conducted among medical and nursing students from the 1st to 4th year at a tertiary care hospital in Punjab, India. The Readiness for Interprofessional Learning Scale (RIPLS) and Interdisciplinary Education Perception Scale (IEPS) were utilized. Results: 300 medical and 300 nursing students participated in study, with a 100% response rate. Statistically significant differences were found between healthcare disciplines in perceptions and readiness toward IPE. Nursing male students exhibited the most positive attitude toward IPE integration, followed by nursing female students, medical female students, and medical male students. However, no differences were observed between students of different years of study in perception and readiness toward IPE. Medical students scored higher on 'Competency & Autonomy,' while nursing students scored higher on 'perceived need for cooperation.' Both groups expressed concerns that IPE may lead to heightened stress during studies. Additionally, 30% of medical students expressed fears of a lowering of academic standards.

Discussion: Our findings align with studies conducted by Woermann et al., Sollami et al., and Makeen et al., where nursing students exhibited higher willingness to embrace IPE. Similar to Woermann et al., a subgroup of medical students fear a potential lowering of academic standards. Conclusion: This survey provides valuable insights to remove barriers through long-term strategic planning and advancement of IPE in India.
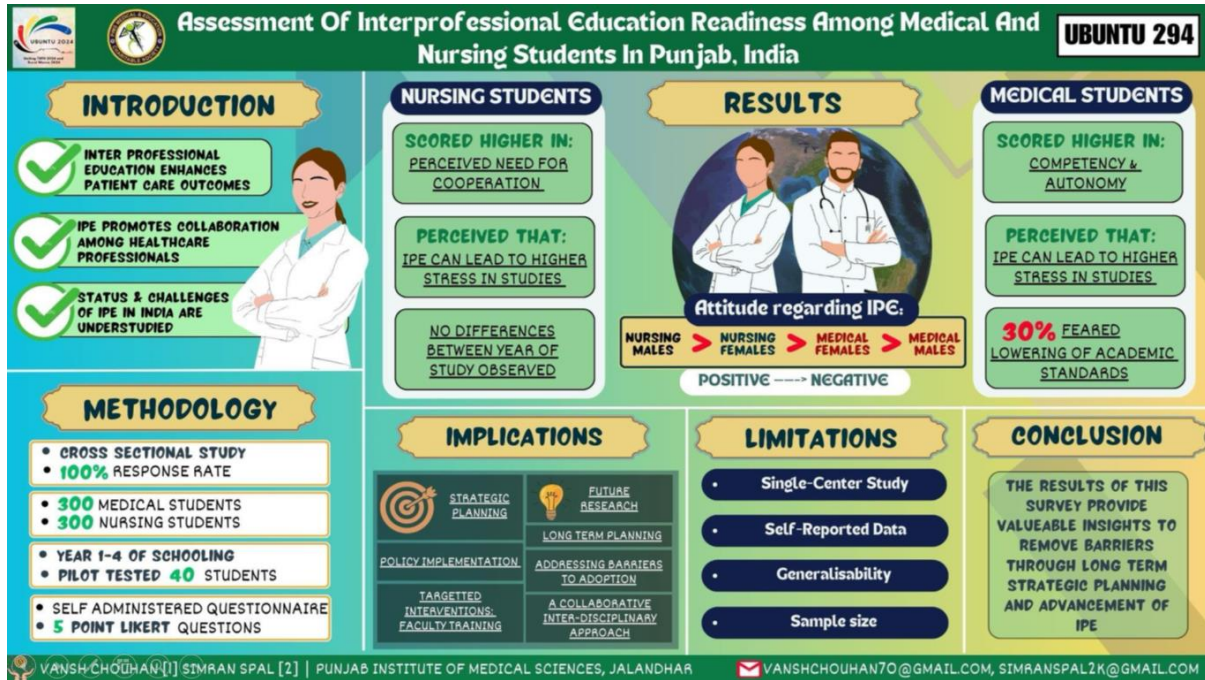
The application of Community Oriented Primary Care to Advance interprofessional training and education

Presenter: Kara Fess

Organization: National Center for Rural Health Professions

Country: United States

Ubuntu ID: Ubuntu349

Abstract

Founded in South Africa, Community Oriented Primary Care Project Model (COPC) has been well studied globally as well as in the United States as a way to provide both community-centered primary care and to engage in community based research. For three decades, medical student trainees through the University of Illinois College of medicine Rural Medical Education Program (RMED) and Rural Pharmacy students through the University of Illinois College of Medicine Rockford RPHARM program have participated in a COPC project as a capstone to a four month longitudinal, immersive community-based experience in a rural primary care setting. RMED students begin working with a dedicated faculty advisor and engage in a full research project plan starting in their M3 year for implementation in their 4th year. The purpose of this study was to identify the themes and process of how to utilize community partners like the Area Health Education Centers Network to advance scholarly activity for trainees that has been implemented for 30 years at the National Center.

The Application of Community Oriented Primary Care to Advance Interprofessional Training and Education

Ubuntu349

INTRODUCTION / COPC GOALS

- Provide students with an opportunity to participate in scholarly research activity (RESIDENCY INTERVIEW BONUS) without having to facilitate an independent experience.
- Engage in communities and learn more about the conditions, systems and people unique to the community-Remember not every rural community is exactly the same!
- Provide students the opportunity to engage in the research process to translate these skills into your future practice environment-how are you going to realize impact for your patient panel addressing complex issues

AIMS & OBJECTIVES

Implementation MS4 year- 16-week family medicine immersion experience with 3 ½ days clinical and 1 ½ days dedicated to COPC. Biweekly report updates and Engagement with faculty advisor. Deeper understanding of the community, the health needs of the community and impact that community-oriented research has on the learner and the larger community.

METHODS / FINDINGS

MS3 Project Development-
Assign Faculty Advisor
Community is selected
Research topic is selected based on needs of the community
IRB approval Process
Partner with Community Stakeholders
Schedule virtual or In Person meetings in the assigned community

DISCUSSION / CONCLUSION

Over the course of our program's 30-year history COPC project themes have covered 31 main topic areas: Mental Health (15.7%), Nutrition/Exercise (10.1%) and Substance Abuse (9.6%). Students leave a meaningful contribution to the community through the COPC process and work as partners with other health professionals to accomplish this.

10 - 13 September 2024

National Center for Rural Health Professions, University of Illinois College of Medicine Rockford
Dr. Hana E. Hinkle , Dr. Kara Fess and Dr. Karen Peters

Ubuntu2024.com

Interprofessional Student Led-Clinics can ease Health Care in the Western Cape

Presenter: Pholoso Nyalunga

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu391

Abstract

Access to quality affordable health care remains a challenge in many rural, remote, and under-resourced areas of South Africa. The South African health system faces systemic and structural challenges, including insufficient medical resources, staff shortages, variable skill sets and suboptimal levels of care and patient management. To address this, the University of the Western Cape (UWC) collaborated with the Western Cape Department of Health and Wellness to offer health services through student placements in under-resourced community settings. The UWC partnered with the under-resourced communities in Bellville, Mitchells Plain and Fisantekraal to address the lack of access to quality affordable healthcare, a key sustainable development goal. UWC conducted three annual community outreach initiatives in the form of interprofessional (IP) student-led clinics in the aforementioned communities. The disciplines involved in rendering services include dietetics and nutrition, physiotherapy, occupational therapy, psychology, community law, nursing, natural medicine, social work, oral health, dentistry and pharmacy in partnership with community-based organisations. Students worked collaboratively under faculty supervision to provide services tailored to client needs. An average of 70-100 clients were seen by the students over the 2 days. The student-led IP clinics allowed clients to select interventions according to their needs and helped students develop a deeper understanding of each other's roles. The IP approach promoted collaborative practice and relieved the workload of the different professionals compared to working in silos. The student-led IP clinics allowed students to learn new skills beyond their own profession. However, the 2-day initiative was limited in addressing the vast healthcare needs in the communities of South Africa, as it does not occur on a more regular basis to allow for follow ups with the clients.

Interprofessional student led-clinics can ease health care in the Western Cape

Ubuntu391

Challenges faced by South Africa's health care system

- Insufficient medical resources
- Staff shortages
- Suboptimal level of patient care and management
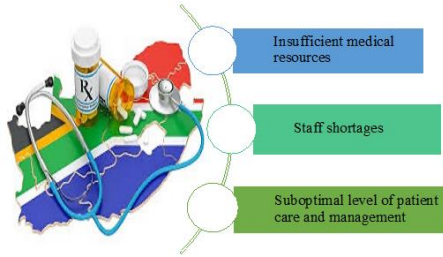
Aim

To address the lack of access to quality affordable health care in under privileged communities, a key sustainable development goal.

What we tried

- Faculty of Community Health and Sciences
- School of Pharmacy
- Dentistry
- Law

UWC

Community Outreach

- Interprofessional student led clinics

Community

Partners

- Bellville
- Mitchells Plain
- Fisantekraal
- Genadendal

Western Cape Department of Health
- Community based organisations

Take aways

- Collaboration among students of different disciplines
- Wide range of intervention for patient care
- Workload relief and breaking silos
- Learning of new skills beyond students own profession
- Follow up limitations
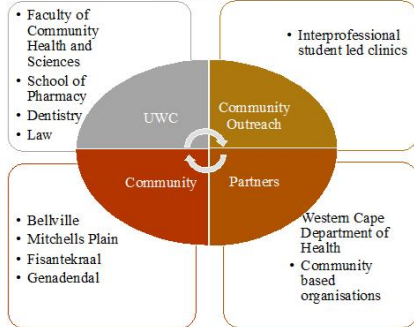
P. Nyalungu & K. Fraser
Supervisor: Dr G. Filies, gfilies@myuwc.ac.za

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THE NETWORK | Rural Wonca – The WONCA Working Party on Rural Practice | SNO Student Network Organization | Rural Seeds | UNIVERSITY of the WESTERN CAPE | Stellenbosch UNIVERSITY | Cape Peninsula University of Technology | Western Cape Government

Interprofessional Collaboration between Community Care Organizations and primary care clinics: The Process of Co-creating a Shared Vision in Quebec, Canada

Presenter: Andréa Lessard

Organization: University of Sherbrooke

Country: Canada

Ubuntu ID: Ubuntu011

Abstract

Background: Primary care services should provide accessible, continuous and coordinated care to meet the needs of the community. In the province of Quebec, several services are provided by professionals in primary care clinics (PCC) and by workers in community care. Our previous work describes that collaboration between PCC professionals and community care workers could be enhanced on many aspects but primarily on communication and understanding of each other's roles. Many challenges arise when attempting to align collaborative work to improve integrated care. Before developing an innovation to support the increasing collaboration between PCC and community care organization, it is essential to co-construct an intervention with both parties' representatives. The objective is to co-create an innovation to increase interprofessional collaboration between PCC professionals and community care workers.

Methods: We conducted participatory research and used the "knowledge-to-action" framework and the five-step appreciative approach to support the process of the four co-creation activities. For each activity, we collected field notes from which the data were condensed and categorized by theme to support the co-creation and reflection of co-creation activities were conducted with a patient, community care workers, and PCC professionals.

Results: Participants identified three priorities for improving collaboration:

1) developing a mutual knowledge;
2) educating the population about community and PCC services; and
3) building a doorway to facilitate better use of services. Strengths, weaknesses and recommendations of co-creation process were also identified. Conclusion: The co-creation of activities, which include knowledge users, enhances team's innovations by including various

needs, expertise and contexts. It contributes to the empowerment of knowledge users in search of solutions focused on their needs. This study improves the acceptability of future collaborative interventions.

Improving interprofessional education of final-year pharmacy students using a patient-centred approach

Presenter: Yasmine Van Heerden

Organization: University of Western Cape

Country: South Africa

Ubuntu ID: Ubuntu057

Abstract

Interprofessional education (IPE) aims to prepare healthcare students for effective collaboration in practice. Final year undergraduate Bachelor of Pharmacy students at the University of the Western Cape participate in the Patient Care Experience (PaCE) Program. The PaCE programme is a work-integrated learning module wherein students are placed for five-week rotations in a hospital and a community healthcare centre. The PaCE program incorporates an IPE activity in both rotations. A departmental review of the previous IPE activity for the hospital rotation revealed a lack of constructive alignment between the learning objectives and the activity. The activity also lacked a patient-centred approach which is fundamental to interprofessional care. Thus, an updated version of the activity was developed using a design thinking approach. The activity was developed with input from the PaCE team and piloted by postgraduate students registered in the master's in clinical pharmacy (MClinPharm) degree programme, before being implemented within the PaCE programme. The IPE activity centers on holistic patient assessment using the International Classification of Health, Disability, and Functioning (ICF) framework. The activity engages students in identifying patient-specific health needs and consulting relevant healthcare professionals for collaboration. Through discussions with identified professionals, students contribute actively to interprofessional healthcare teams. The development of the patient-centred IPE activity facilitated the active engagement and involvement of the pharmacy students with members of the healthcare team. The improvement of the student experience with IPE is an ongoing project within the School of Pharmacy.

Improving interprofessional education of final-year pharmacy students using a patient-centred approach

Ubuntu57

INTRODUCTION

- Interprofessional education (IPE) aims to prepare healthcare students for collaboration in practice.
- Final year BPharm students at the University of the Western Cape (UWC) participate in the Patient Care Experience (PaCE) Program.
- The PaCE program incorporates an IPE activity in both the hospital and clinic rotations.

Figure 1: Overview of ICF assessment

AIMS & OBJECTIVES

- The previous IPE activity for the hospital rotation lacked constructive alignment and a patient-centred approach.
- Thus, the PaCE team aimed to update the activity using a design thinking approach.
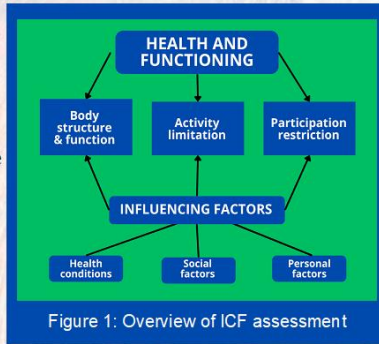
METHODS / FINDINGS

- The activity was developed with input from the PaCE team.
- It was then piloted by postgraduate students registered in the master's in clinical pharmacy (MClinPharm) programme.

DISCUSSION/CONCLUSION

- The activity centers on holistic patient assessment using the International Classification of Health, Disability, and Functioning (ICF) framework (Figure 1).
- It engages students in identifying patient-specific health needs and consulting relevant healthcare professionals for collaboration.
- The improvement of the student experience with IPE is an ongoing project within the School of Pharmacy

10 - 13 September 2024

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Ubuntu2024.com

The transformative power of inclusion, diversity, equity, accessibility, and social justice in interprofessional education and collaborative practice.

Presenter: Kelly Lackie

Organization: Dalhousie University

Country: Canada

Ubuntu ID: Ubuntu026

Abstract

Introduction: Inclusion, diversity, equity, accessibility, and social justice (IDEA/SJ) are pillars upon which collective impact rests to shape an equitable and effective health system. Global crises demonstrated that health is not experienced equitably by all, especially for those who are historically underrepresented and marginalized. Recognizing the clarion call, Interprofessional Research. Global (IPR.Global) embarked upon an intellectual journey to challenge long-held assumptions and redefine interprofessional education and collaborative practice (IPECP) from an IDEA/SJ lens.

Methods: A diverse team of health professional educators, practitioners, researchers, scholars, and students from around the world (Australia, North/South America, South Africa, United Kingdom) collaborated to produce a discussion paper that was not a mere academic exercise; it is a call for action. Results: In January 2024, the discussion paper was published. Within its pages, core concepts that guide understanding, key drivers for change, quality improvement and social justice analysis, strategies for advancement, and impact, outcomes, and recommendations are offered.

Discussion: Status quo in normative educational and clinical settings/structures/practices has yet to be challenged. IPECP revitalization towards developing health and social care students, educators, and clinicians who critically reflect and challenge dominant ways of knowing, speak against power and hierarchy, and deliver equitable health care is essential. This presentation will offer opportunity for reflection and discussion. Conclusion: IPR.Global advocates for the development, advancement, and sustainability of psychologically safe IPECP where health and social care students, educators, and clinicians freely and equitably socialize, learn, and collaborate. By doing so they will be equipped to address better health, better care, better value, better work experience, and better health equity.

The Transformative Power of Inclusion, Diversity, Equity, Accessibility, and Social Justice in Interprofessional Education and Collaborative Practice

Ubuntu26

Interprofessional learning environments, centered on inclusion, diversity, equity, accessibility, and social justice may promote representation, recruitment, retention, and successful graduation of historically marginalized health and social care providers. Psychological safety, a belief that everyone is safe to speak their truth without being silenced, intimidated, or chastised, is critical to creating and sustaining teaching & learning environments that are inclusive, diverse, equitable, and accessible

COLLABORATIVE PRACTICE ENCOUNTERS

Examine & change	exclusionary language
Engage	marginalized communities and show desire to learn about their lifestyles, cultural beliefs, and disparities
Collaborate	with programs/organizations across communities that have been under-resourced and under-served.
Extend	IPE beyond cultural sensitivity training to educational immersion for structural competency
Build	diverse workforces that represent the people and communities they serve

DRIVERS OF CHANGE

Driver 1 - Contextual stratification
- Individual
- Team
- Organization
- System

Driver 2 - Experiential
- Language
- Socialization
- Collaboration competencies
- Representation
- Interprofessional experiences

Driver 3 - System
- Funding
- Primary, secondary, tertiary care distribution & focus
- Equity-centered leadership

There is a need to reform health education, including interprofessional education, to question and cross-examine constructed differences, explore who is advantaged by these social constructions, critically reflect on how colonialism has manifested in education and practice, and determine how inequities continue (Paton et al., 2020).

IPR.Global

Lackie, K. [klackie@dal.ca], Khalili, H. Gilbert, J., Langlois, S., MacDonald, L., Syväoja, K., & Harvan, R.

10 - 13 September 2024

Ubuntu2024.com

From engagement to collaboration: outcomes of the 2023 SIHI Global Partners' Meeting

Presenter: Meredith Del Pilar-Labarda

Organization: Social Innovation in Health Initiative Philippines, University of the Philippines Manila.

Country: Philippines

Ubuntu ID: Ubuntu201

Abstract

The Social Innovation in Health Initiative (SIHI) realizes the power of multi-stakeholder community-engaged processes in addressing healthcare gaps. Established in 2014 by the Special Programme for Research and Training in Tropical Diseases, SIHI operates through 13 global hubs, dedicated to advancing social innovation through research, capacity strengthening, and advocacy. Celebrating its 10-year milestone, SIHI convened stakeholders at its 2023 Global Partners' Meeting. Gathering 36 participants, including hubs, innovators, and contributing partners, the 3-day event served as a participatory platform for sharing best practices, enhancing sustainability, and shaping the Initiative's future. Activities included panel discussions, the World Café, field visits to social innovations, and roundtable sessions, fostering knowledge exchange and collaborative planning. The meeting yielded co-created action plans to unite efforts across hubs, partners, and communities. Three collaboration areas were identified: mainstreaming social innovation in health into country systems and organizations; advancing social innovation research in low- and middle-income countries towards universal health coverage; and enhancing SIHI's visibility and value proposition. Ten commitments were made including the establishment of a social innovation institute in the Philippines, assessing the Pan American Health Organization's social innovation strategies, forging partnerships with external organizations to broaden engagement, and fostering cross-hub collaboration to launch new programs. Meeting highlights were publicly disseminated using multimedia. Action plans developed from the meeting demonstrate SIHI's commitment to expanding its network and enhancing impact through stakeholder engagement and collaboration. These will enable the Initiative to strengthen its own capacities to shape health outcomes through social innovations in health.

From engagement to collaboration: outcomes of the 2023 SIHI Global Partners' Meeting

Ubuntu201

INTRODUCTION

The **Social Innovation in Health Initiative** (SIHI) is a network of 13 global research hubs that address healthcare gaps through multisectoral community-engaged processes. Celebrating a 10-year milestone, SIHI hosted its **2023 Global Partners' Meeting**.

OBJECTIVES

To **share best practices** for enhancing the sustainability of social innovations
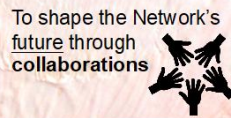
To shape the Network's future through **collaborations**

METHODS

36 Stakeholders:
- Researchers
- Innovators
- Champions
- Partners

3 days of activities:
- World Café
- Fishbone analysis
- Field visits
- Lightning talks
- Roundtables

FINDINGS

SIHI stakeholders co-created and committed to action plans around **3 key collaboration areas:**

1. Mainstreaming social innovation research in organizations and country systems
2. Social innovation research towards Universal Health Coverage
3. Improving SIHI visibility, branding, and value proposition

CONCLUSION

An **engaged process** is vital for co-creating ideas and fostering collaborations—strengthening SIHI's capacity to improve local & global health outcomes through social innovations.

10 - 13 September 2024

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Ubuntu2024.com

Multi-Stakeholder collaborations model future impact on nursing workforce

Presenter: Dawn Holden Woods

Organization: Generative Consulting Partners

Country: United States of America

Ubuntu ID: Ubuntu351

Abstract

Nursing workforce shortages and a lack of diversity have plagued the healthcare community across both urban and rural jurisdictions in the United States. As part of the Future of Nursing: Campaign for Action, the Pennsylvania Action Coalition (PA-AC) formed in 2011 to address systemic challenges at the state level. The coalition's goal is to share best practices and inspire industry leading success by cultivating relationships across academia, government, healthcare administration and delivery, community and professional organizations, and nonprofit and for-profit companies. The coalition has remained relevant to healthcare stakeholders in Pennsylvania for more than a decade through economic, political, and social changes. In 2024, we worked with the PA-AC to update its strategic plan in response to the rapidly evolving healthcare landscape. We reviewed efforts like their PA Nurse Residency Collaborative (PA-NRC), a partnership with the Vizient Nurse Residency ProgramTM, that bolsters nursing workforce pipelines and reduces turnover among participating healthcare systems. By 2020, the nursing residency collaborative achieved a statewide nursing workforce member turnover rate of 8% which is 6% less than the national average of 14% and collectively saved $19.6 million as the estimated cost of turnover is $88,000 per nurse. Our efforts to optimize past successes and future opportunities indicate that, while the success of the PA-NRC is noteworthy, profiling how to replicate durable coalition structures that honor the nuances of both place-based and institutional challenges is the impact model of the future.

Multi-stakeholder Collaborations Model Future Impact On Nursing Workforce

BACKGROUND

Nursing workforce shortages and lack of diversity impact healthcare in urban and rural areas nationwide. Formed in 2011, the **Pennsylvania Action Coalition (PA-AC)**, part of the Future of Nursing: *Campaign for Action*, addresses these systemic challenges at the state level. With this strong foundation, the PA-AC aims to share best practices and drive success across Pennsylvania by fostering relationships across academia, government, healthcare administration and delivery, community and professional organizations, and both non-profit and for-profit companies. Over the past decade, despite economic, political, and social changes, the PA-AC has expanded its reach and impact.

To respond to the evolving healthcare landscape, the PA-AC hired **Generative Consulting Partners (GCP)** to update its strategic plan in the summer of 2023. GCP, an independent consulting firm, offers tailored, people-centered solutions.

Generative Consulting Partners

AIMS & OBJECTIVES

The PA-AC aims to share best practices and inspire success by cultivating relationships across various sectors. When the PA-AC embarked on this strategic planning process, its goals were to:

- Continue to uphold and strengthen the mission of the PA-AC in improving healthcare through nursing.
- Develop a path forward that reflects the evolution of its work and prepares them for future challenges and opportunities in the healthcare landscape.
- Clearly understand and communicate the strengths and assets of the PA-AC. Identify areas where improvements can be made to have a more significant statewide impact.
- Increase engagement and communication among current and potential stakeholders to build a stronger sense of community and support.

METHODS

GCP created several engagement opportunities with the PA-AC Advisory Board and stakeholder base to understand how they can leverage their community of stakeholders and collective expertise to advance health and healthcare through nursing. The PA-AC was committed to an inclusive and transparent process to gather data, this included:

- **Survey:** Distributed to PA-AC stakeholders to assess their needs, priorities and identify key challenges and opportunities.
- **SOAR Analysis:** Two focus groups were convened to discuss Strengths, Opportunities, Aspirations, Results.
- **Advisory Board Meetings:** Facilitating in-person and virtual visioning sessions.

FINDINGS

Engaging with the PA-AC Advisory Board and stakeholders revealed a core strength: its ability to create spaces for sustainable impact through collaboration.

The PA-AC's success stems from relationships and stakeholder dedication across various sectors. Harnessing the PA-AC's power, members found that connecting with colleagues across diverse regions, organizations, and industries provided essential support during challenging times. In coalition work, particularly in collective impact initiatives, sharing measurable outcomes is crucial for aligning action. [1]

Key outcomes include the development of a new 5-year strategic plan and brand refresh initiative to establish the **Pennsylvania Nursing Workforce Coalition (PA-NWC)**. Clarifying the PA-NWC's external role to stakeholders and strengthening its position as Pennsylvania's Nursing Workforce Center were beneficial strategies from stakeholder feedback. The renaming to PA-NWC, effective June 17, 2024, emphasizes continuity in coalition culture while enhancing identity and communication.

1. Diversity Impacts of Coronavirus Disease 2019. Nursing Clinics of North America, Volume 58, Issue 1, 2023, Pages 59-75, https://doi.org/10.1016/j.cnur.2022.10.003.

DISCUSSION/CONCLUSION

Fresh Mission, Same Vision

- The PA-NWC remains aligned with the Future of Nursing reports and the Campaign for Action. Many state nursing workforce centers also serve as Action Coalitions. Since 2016, the PA-AC has housed the Pennsylvania Nursing Workforce Center, with the brand refresh highlighting its central role.
- The PA-NWC will continue operating under the National Nurse-Led Care Consortium (NNCC), adhering to NNCC's Bylaws as a nonprofit corporation and a 501(c)(3) tax-exempt organization and maintaining an Advisory Board structure.

Cultivating Connections with Learning Hubs

- Based on these findings, the PA-NWC will create learning communities through various in-person and virtual events. It will curate member-focused content with a strong digital strategy, providing downloadable toolkits, training sessions, and podcasts to maximize impact.

Forward Momentum: Driving Change in Policy, Pathways, and Diversity

The PA-NWC will execute its mission through these initiatives:

- **Public Policy:** Enhance data access and literacy to inform statewide policy decisions, address nursing-related structural inequities through a statewide advocacy agenda, and influence narratives with patients, advocates, healthcare institutions, and government officials. Disseminate local and national metrics to demonstrate progress toward its goals.
- **Workforce Pathways:** Strengthen nursing workforce pathways with comprehensive educational, mentorship, and networking programs to reduce nursing shortages across all settings. Enhance career access, mobility, and PA's appeal for nurses. Promote evidence-based practices that support well-being, resilience, and workplace safety.
- **Diversity:** Promote diversity through equitable solutions that respect the values of PA's diverse communities. Strive to increase nursing workforce diversity, fostering culturally sensitive care by sharing solutions across various healthcare settings statewide.

THE PENNSYLVANIA NURSING WORKFORCE COALITION (PA-NWC)

Bolstering Nursing Workforce Pathways

Convening Spaces for Sustainable Impact

Reimagining Public Policy through Data

Embracing Diversity through Equitable Solutions
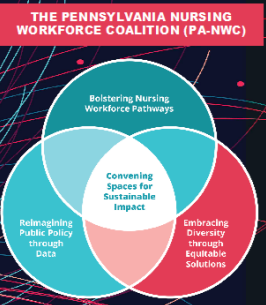
For more information about the PA-NWC, please contact **Sarah Hexem-Hubbard, Esq. Executive Director, National Nurse-Led Care Consortium** at **shexem@phmc.org**

TO LEARN MORE:

GCP

PA-NWC

Dawn Holden Woods, CPA, President, Generative Consulting Partners (GCP) | **Email:** dawnw@gcpadvisors.com

Accreditation and accountability of the medical degree of a regional Caribbean University

Presenter: Peter Adams

Organization: The University of the West Indies, Cave Hill Campus

Country: Barbados

Ubuntu ID: Ubuntu193

Abstract

Introduction: The University of the West Indies, supported by Caribbean governments, addresses regional health concerns through education, research and service. Medical Schools each with its own Dean are located in Barbados, Jamaica, Trinidad, and the Bahamas. The Caribbean Accreditation Authority (CAAM-HP) conducted site visits for the MBBS medical degree in 2016 and 2022. We describe how concerns raised by the 2016 site visit report were addressed.

Methods: The cross-campus undergraduate university medical curriculum committee (UGUMCC) was reconstituted. Meetings were held thrice yearly. Six subcommittees were established. Results: Admissions related achievements included capping admission numbers to match resources, standardising admission criteria across sites and piloting mini multiple interviews to assess non-academic attributes. Curriculum harmonisation included the mapping and harmonisation of competencies across sites, ensuring seamless student transfer across sites at the end of preclinical training and implementing alternative teaching and assessment strategies during the COVID-19 pandemic. Assessment workshops were held, external examiner recommendations implemented and an integrated final exit examination will replace individual discipline examinations. The student support and mentorship subcommittee formalised career guidance, academic advising and mentorship. The staff promotions subcommittee created a rubric for the assessment and promotions of staff rewarding teaching and service, in addition to research. The tracking of graduates working across the Caribbean has started. The 2022 site visit resulted in full 5-year accreditation. Gender and culture bias recognition needs formal curriculum inclusion.

Discussion: UGUMCC effectively implemented and monitored changes on campuses located on different islands. Conclusions: Maintaining accreditation ensures accountability to regional governments and people.

Accreditation and accountability of the medical degree of a regional Caribbean University

Ubuntu193

Introduction

The University of the West Indies serves 17 English-speaking Caribbean countries[1]. It has **Medical schools** in Barbados, Jamaica, Trinidad & Bahamas[2-5].

Caribbean Accreditation Authority (CAAM-HP)[6-7] site visits occurred in 2016 & 2022.

Objectives

We describe how 2016 site visit concerns were addressed to ensure accountability.

Methods

The cross-campus **undergraduate university medical curriculum committee (UGUMCC)** was reconstituted. Meetings were held thrice yearly. Six subcommittees were established.

Results

Admissions - capped to match resources, criteria standardized, mini multiple interviews for non-academic attributes piloted.
Curriculum harmonisation - competencies mapped & harmonised, student transfer facilitated, COVID-19 pandemic changes made.
Assessment - workshops held, external examiner recommendations implemented, & an integrated final exit examination introduced.
Student support and mentorship - formalised career guidance, academic advising and mentorship.
Staff promotions – rubric rewarding teaching, service & research
Tracking of graduates working across the Caribbean.

Discussion/Conclusion

UGUMCC effectively implemented and monitored changes on a multinational university. **Full 5-year accreditation was achieved ensuring accountability to regional governments and people.** Gender and culture bias recognition training needed.

References
QR code

10 - 13 September 2024   OP Adams, MAA Majumder, JL Paul-Charles, M Bradshaw, C Sin Quee, DH Cohall, M Thame, T Seemungal   peter.adams@cavehill.uwi.edu   Ubuntu2024.com

Don't Forget the Pharmacist! Integrated Care Model for Complex Populations

Presenter: Sailaja Musunuri

Organization: Woods System of Care

Country: United States

Ubuntu ID: Ubuntu067

Abstract

Introduction: Woods System of Care has put in place several strategies as part of its organizational transformation that are designed to strengthen its clinical services and reduce polypharmacy and medication errors. Woods serves more than 32,000 children and adults with ID/A who have complex and intensive medical and behavioral healthcare needs. Clients receive clinically intensive services requiring a robust multidisciplinary team overseen by a psychiatrist. Woods' unique model incorporates psychiatric nurse practitioners who augment the clinical team, and an innovative partnership with Synergy Pharmacy, which uses advanced technology including EHR integration to meet complex pharmaceutical needs.

Methods: Woods builds multidisciplinary teams based on the needs of the patients it serves. The patient population includes children and adults with intellectual disability, autism and complex behavioral health and medical conditions, often requiring medication. By including the pharmacist as part of the treatment team, the expert knowledge of pharmacy is leveraged to address the problem of polypharmacy, improve medication adherence, increase safety, and reduce unnecessary medication changes. New methods of packaging help to address the risk of medication errors, and sophisticated use of the electronic health record and Medication Administration Record (MAR) improves communication and contributes useful data that improves patient care. Bi-directional communication between the pharmacist and the entire treatment team is foundational to clinical care.

Results, Discussion, and Conclusion: As a result of the multidisciplinary team including the pharmacist, implementing procedures for bi-directional communication, leveraging expertise in medication, pharmacogenetic testing and effectively managing medication administration and tracking, Woods has reduced polypharmacy for patients who have co-occurring intellectual disability, autism and psychiatric conditions, and have reduced the incidence of medication errors. Forming multidisciplinary treatment teams

including the pharmacist has had a positive impact on Woods' service delivery model and the patients it serves.

Don't Forget the Pharmacist! Integrated Care Model for Complex Populations

Ubuntu67

INTRODUCTION

- Woods Services, Inc. serves complex population
  o Requires interdisciplinary team
  o Psychiatric oversight
  o Complex pharmacology needs

AIMS & OBJECTIVES

- Build interdisciplinary team
- Address polypharmacy
- Improve medication adherence
- Increase safety
- Reduce unnecessary medication changes

METHODS / FINDINGS

- Include pharmacist on team
- New packing methods
- EHR and MAR implementation and procedures for bidirectional communication and useful data

DISCUSSION / CONCLUSION

- Expertise of all team members leveraged
- Pharmacogenic testing improved decisions
- Medication administration managed
- Polypharmacy and errors reduced

Figure/table xxx

10 - 13 September 2024

Sailaja Musunuri, M.D. – sailaja.musunuri@woods.org
Woods Services, Inc.

Ubuntu2024.com

The Northern Ireland Agri-Rural Health Forum: a multisectoral approach to address agricultural health inequalities

Presenter: Rebecca Orr

Organization: Queen's University Belfast

Country: United Kingdom

Ubuntu ID: Ubuntu245

Abstract

As a family medicine trainee and part time farmer, I have an interest in rural and agricultural health. Globally agricultural practices vary widely and employs one in four people indirectly. Agriculture is rapidly changing and so too are the lives that farming families live. Evidence suggests a growing burden of ill health amongst this group in comparison to employed peers within the British Isles. As founding chair, in March 2021 I gathered agricultural representatives and healthcare providers together to discuss concerns and solutions. This was the first of a kind grouping within our nation to my knowledge. Putting individual interests aside, organically we have developed new approaches to practical partnership working. Examples include awareness training for farmer facing businesses, on-farm occupational health events, 'One Health' education with veterinary colleagues and commissioned national tailored health promotion materials and strategic government policy changes are now coming to fruition. We provide an efficient forum for research impact and help develop new studies through patient and public contribution. The feedback has been positive. Our steering group continues to grow (n=26) as well as our associative network (n=128). Without healthy decision makers as head of farm holdings, strategies to address our climate crisis may not find success as food production demands rise. Agricultural health is too costly to get wrong due to the vital role farmers play in wider societal health. This forum, powered by farmers themselves, is an example of the right people in the right place to address unmet health needs.

THE NI AGRI-RURAL HEALTH FORUM

INTRODUCTION

1. **Workforce health**: key contributor to health disparity in UK and Ireland.

2. Compared to other occupations **mortality** in farmers is high and rising.

3. Agriculture and **farm family life** is rapidly changing.

4. Farmers are key to **One Health.**

AIMS & OBJECTIVES

Primary aim: To improve the health and wellbeing of the agricultural community in Northern Ireland.

Safely facilitate farmer discussion

Avoid wastage

Relationships Agriculture x Healthcare

80%

Right people Equal voice

WHAT HAVE WE DONE

- Veterinarians, farmers, banks, industry...
- **10 year strategy** to tackle key areas of health e.g. arthritis, respiratory
- Image library of **local and positive role   models** & tailored health resources
- On **farm/mart health check** events
- **Research and Innovation** contributions
- **Occupational health** workshops

DISCUSSION

- A **'no more silos'** approach to rural health inequalities- building trust
- Took advantage of rural health being a 'One Health' rich environment.
- **Practical action** direct outcomes
- Understanding the **environmental context** in caring for farmers

More Information

Challenges for community engagement: A Community Based Education Perspective

Presenter: Christolene Beauzac-Mckay

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu168

Abstract

Challenges for community engagement: A Community Based Education Perspective This exploratory project identifies three challenges for community engagement in an South African community based teaching context. These are 1) institutional perceptions within the higher education sector when engaged approaches are not well understood or valued, 2) community perceptions based past history of community engagement, and 3) a lack of support structures for sustainability of engagement. I consider these challenges by reflecting on my own experiences of community engagement. I present a case study of a long-term community–university partnership with data comprising observations and field notes, individual interviews, group discussions, and participant reflections. This partnership aims to enhance educational opportunities for various cape flats communities as it seeks to address significant community engagement issues in Cape Town. I respond to the three identified partnership challenges as follows. For the first challenge, I consider conditions inside universities that support mutual engagement and suggest understanding and of community engagement. For the second challenge, I explain the need for a methodology that builds relationships among community and university members. For the third challenge, I identify conditions on both sides of the partnership that sustain community engagement practices. The project concludes with learnings that can usefully inform community–university partnerships and the planning of leadership teams within universities that seek an engaged approach for mutually productive linkages with community.

Challenges for Community-based education: A community-based education Perspective

Ubuntu168

INTRODUCTION

In this poster, we will explore key obstacles in community-based education initiatives, specifically focusing on 1. Challenges when the approach is not well understood and valued by higher education. 2. Community perceptions shaped by the history of community engagement. 3. The lack of support structures for sustainable community-based education and engagement.

AIMS AND OBJECTIVES

Aim: Identify challenges involving communities and higher educational institutions in community-based education.

Objectives:
1. Analyse institutional perceptions of community engagement.
2. Address community distrust and build trust with educational institutions.
3. Advocate for sustainable support mechanisms for ongoing community involvement in education..

METMETHODS

This exploratory study involves a site facilitator who utilized her personal reflections, field notes, community observations, and informal discussions with communities, students, and university staff.

DISCUSSION

1. Challenges of community-based education	Lack of Trust	3. Sustainability of community-based education
• Developing relationships, managing logistics, and creating effective strategies that benefit students and the community are essential for understanding the real-world application of the curriculum.	• Communication Barriers • Sustainability • Resource Constraints • Resistance to Change	• Community-based initiatives must maintain high educational standards, establish a clear organizational framework, and secure consistent financial support for sustained efforts.

CONCLUSION

By addressing these challenges and implementing thoughtful recommendations, we can create inclusive educational experiences that empower students and contribute to sustainable development.

10 - 13 September 2024

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Ubuntu2024.com

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Weaving Lives

Presenter: Ana María Piñeros Ricardo

Organization: Juan N. Corpas University Foundation

Country: Colombia

Ubuntu ID: Ubuntu114

Abstract

WEAVING LIVES

The co-authors of the work are:

Caroll Andrea Zuluaga Ortiz (carol.zuluaga@juanncorpas.edu.co)
María Carolina Lamus Becerra (carolina.lamus@juanncorpas.edu.co)

The "Weaving Lives" Program represents an innovative initiative in research, social intervention, and entrepreneurship, aimed at female heads of households in the Lisboa neighborhood in Suba, Bogotá, Colombia. Conceived under the direction of the University's Rector, it focuses on empowering these women through training in pattern making, cutting, and sewing, to produce garment and uniforms for health program students.

The methodology is based on the inquiry-based learning approach, seeking to promote the development of personal and technical skills among the participants. The cooperation between the University, Alejandra Kerguelén -Design Program student-, and IMAYIK -Private Company- was crucial for the successful design and implementation of the Program.

The results reveal a series of significant achievements, including the creation of enterprises that have contributed to improving the quality of life of the participants and their families, as well as the development of business skills that have fostered the success of this program.

In conclusion, the "Weaving LIves" Program has demonstrated its ability to generate a positive impact on the lives of the participating women, promoting their economic autonomy, personal development, and the strengthening of entrepreneurial skills. These results highlight the importance of continuing to generate similar initiatives in the future, both in terms of social intervention and community research and entrepreneurship.

Keywords: Community Participation, Empowerment, Social Inclusion, Entrepreneurship, Social Change, Social Learning

A social initiative led by the Rector of Juan N. Corpas University (Suba-Bogotá-Colombia), aimed at **promoting the personal development of women in the community, enhancing their quality of life, and transforming them into providers of uniforms for our academic community.**

Methodology: Inquiry-based learning in conceptual, procedural (pattern making, cutting, and sewing), and affective dimensions, integrating human development, entrepreneurship, and specific business techniques.

Results and Impact: Significant improvement in financial autonomy, collaborative learning, business skills, personal growth, and overall well-being.

Key Project Achievements: Training, technological advancement, personal growth, business creation, and strengthening of community bonds

Mujeres Jefe de Familia Vinculadas a Producción por Año

PROPUESTA DE VALOR

Personal Achievements

Conclusion: **Weaving Lives:** A project that fosters personal growth, community development, and social impact.

HILANDO VIDAS

10 - 13 September 2024

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Testing the efficacy, acceptability and feasibility of WhatsApp-based microlearning for HIV training of healthcare workers in remote clinics: a mixed-methods cluster-randomised study.

Presenter: Briony Chisholm

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu280

Abstract

Background: HIV management changes regularly, requiring guideline updates and ongoing training of healthcare workers (HCWs). This has traditionally been face-to-face, at centralised points. Distance, cost and resources reduce uptake. South Africa has 100% cellphone penetration. 93.2% of adults use WhatsApp. We designed and tested the efficacy, acceptability, and feasibility of WhatsApp based microlearning.

Methods: A pragmatic, mixed methods, cluster randomised study at 50 Eastern Cape clinics. HCWs were invited to join during explanatory visits. Intervention arm HCWs received 15 minute, 'live' lessons at lunchtime. Case based lessons with ART guideline learning points were given on two WhatsApp groups: nurses and community health workers (CHWs). Outcomes were measured using repeat online questionnaires testing knowledge, WhatsApp analysis and focus groups. Baseline knowledge was measured in both groups, in intervention group immediately after training and both groups three months later. Quantitative results were reported descriptively and inferentially using linear mixed effects regression analysis, adjusted for clustering (STATA™). Descriptive qualitative results were reported using proportions and thematic analysis (nVivo™). Results: 232/293 (79%) of nurses, 207/271 (76%) of CHWs signed up for the study. 'Live' attendance ranged from 27/101 (27%) to 51/101 (51%) for nurses; CHWs 27/97 (28%) to 53/99 (54%). Two weeks later, this increased to 97/101 (96%) and 86/98 (88%). Three months post intervention, there was a significant intervention effect on knowledge for nurses (0.49; 95% CI 0.01 0.98; p=0.0489) and CHWs (0.74; 95% CI 0.24 1.26; p=0.0039.) Post training surveys showed 99% of nurses (66/67) and CHWs (70/71) enjoyed it and would participate weekly. Barriers: network issues and/or loadshedding. Discussion: Uptake and attendance was good. HCWs enjoyed the training and were keen to participate, long term. Knowledge improved; an evaluation of change in patient care through folder reviews is underway.

Conclusion WhatsApp based HIV training is effective, acceptable, and feasible.

Testing the efficacy, acceptability and feasibility of WhatsApp-based microlearning for HIV training of healthcare workers in remote clinics: a mixed-methods cluster-randomised study.

Ubuntu280

Introduction

- HIV guidelines updated regularly, requiring ongoing training of healthcare workers
- Traditionally face-to-face, at centralised points. Barriers: distance, resources
- South Africa: 📱 100% 🟢 93.2%

Aims and objectives

To design and test the efficacy, acceptability, and feasibility of WhatsApp-based training.

Methods

A pragmatic, mixed-methods, cluster-randomised study at 50 Eastern Cape clinics.

Intervention HCWs received 15-minute, 'live' lessons at lunchtime, in WhatsApp groups.

Case-based learning points from guidelines.

Outcomes measured using repeat online surveys testing knowledge, WhatsApp analysis and focus groups.

Figure 1: WhatsApp group

Results (293 nurses/271 CHWs)

- At 3m, **significant intervention effect on knowledge**: 0.49; 95% CI 0.01-0.98; p=0.0489 (nurses) 0.74; 95% CI 0.24-1.26; p=0.0039 (CHWs)
- **96%/88% had read lessons by 2 weeks**
- **99% enjoyed it** and would participate weekly
- 'Live' attendance ranged from 27-54%

Discussion and conclusion

Uptake and attendance was good. HCWs enjoyed the training and were keen to participate, long term.

WhatsApp-based HIV training is effective, acceptable, and feasible.

"Short, sweet and simplified. The voice notes also beneficial."
Nurse, Bedford

"The WhatsApp group is the best."
CHW, Thornhill

Figure 2: Quotes from participants in the focus groups

10 - 13 September 2024

Presenter: Briony Chisholm; briony.chisholm@uct.ac.za
Co-authors: Catherine Orrell; Marc Blockman

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Community boat service to promote institutional delivery in the Philippines: a mixed methods case study of a social innovation

Presenter: Katerina Abiertas

Organization: Local Government Unit of Motiong Samar Philippines

Country: Philippines

Ubuntu ID: Ubuntu083

Abstract

Background: Remote islands have limited access to institutional obstetric care. A Health Service Boat Project was implemented in rural Philippines to provide free boats for pregnant people to deliver at facilities and facilitate prenatal outreach.

Objective: To evaluate the impact of the boat project on institutional delivery rates and to explore the underlying mechanism. Methods: A sequential mixed-methods study was conducted in Zumarraga Municipality, Philippines. In the quantitative component, we analyzed the data from nationally representative household surveys and governmental data to assess the institutional delivery rate before and after the boat project started in 2012. Weather information was used to compare the institutional delivery rate between cyclone- affected and non-cyclone-affected periods. In the qualitative component, we conducted two focus group discussions and two semi-structured interviews to explore how the boat service may have improved the institutional delivery rate.

Results: The institutional delivery rate significantly increased the year after the boat project started (B=0·38, p<·001). The median institutional delivery rate during the cyclone-affected period was significantly lower than that during the non-cyclone- affected period but still remained high at 93·3%. The boat project also fostered the involvement of community health workers, leading to an improved rapport between health workers and women. The main challenge identified during the implementation was the limited budget for long-term maintenance of the boat. Conclusion: The boat project not only facilitated transportation for pregnant people to the facility but also improved community-based prenatal services.

Community boat service to promote institutional delivery rate in the Philippines: a mixed methods case study of a social innovation

Ubuntu83

INTRODUCTION

Remote islands in Asia have limited access to institutional obstetric care.

A Health Service Boat Project was implemented in rural Philippines to provide free boats for pregnant people to deliver at facilities and facilitate prenatal outreach.
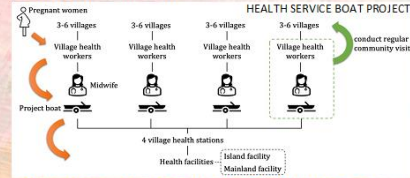
AIMS & OBJECTIVES

The primary goal of the study is to evaluate the intervention effect of the boat project on the institutional delivery rate and to explore the underlying mechanism.

METHODS / FINDINGS

Sequential mixed-methods study was done. Governmental routine data for Zumarraga and national population-representative data was analyzed for quantitative component while for qualitative, two focus group discussions and two semi-structured interviews were conducted.
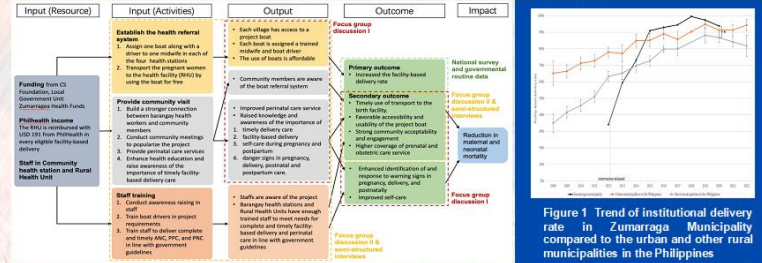
Figure 1 Trend of institutional delivery rate in Zumarraga Municipality compared to the urban and other rural municipalities in the Philippines

DISCUSSION / CONCLUSION

The Boat Project not only facilitated transportation for pregnant to the facility but also improved community-based prenatal services. This service may explain some part of the increased institutional delivery from 2012 to 2022. In addition, the boat project may mitigate some of the effects of cyclones on access to health services for pregnant people

10 - 13 September 2024

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Ubuntu2024.com

Co-design of a conceptual framework for Planetary Health education driven by the community

Presenter: Carme Carrion

Organization: Universitat Oberta de Catalunya

Country: Catalonia (Spain)

Ubuntu ID: Ubuntu090

Abstract

The Planetary Health (PH) field seeks to understand the inextricable link between human health and the environment. Embedding PH education in curricula is urgently needed to deliver new transdisciplinary, intersectoral solutions for communities facing complex planetary challenges. The "Catalysing Transformative Change in PH Education" (CATA-Earth) project brings together six Higher Education Institutions (HEI), from The Netherlands, Spain, Bangladesh, and Indonesia, collaborating with four local stakeholder organizations. Universitat Oberta de Catalunya (UOC) is one of these HEI. The overall objective of CATA-Earth is to build capacity for designing and delivering innovative community-driven PH education in climate-vulnerable regions in Southeast Asia and to create a new generation of change-makers with actionable PH knowledge and skills. The first stage of this project is to co-design a conceptual framework for PH education driven by the community. To achieve this aim we are: 1) Identifying educational frameworks currently available for PH higher education and teaching methods used in existing programs globally for PH education, to have a broad knowledge about main dimensions, competencies, and contents included in the educational frameworks for PH education. 2) Working with community members in Southeast Asia in the co-design of a conceptual framework for PH education that will be driven by them. We are using a mixed-method design study consisting of a scoping review of the literature, followed by co-creation workshops with key local stakeholders to validate and complement the results of the review. During the workshops we are also going to identify the set of competencies, skills, abilities, and resources that will form the backbone of a new training proposal in PH in Southeast Asia.

Co-design of a conceptual framework for Planetary Health education driven by the community

Ubuntu90

Planetary Health (PH): a new approach to respond to the existential risks that climate and global environmental crises pose to human societies

Embedding **planetary health education** in curricula is urgently needed to deliver new transdisciplinary, intersectoral solutions for communities facing complex planetary challenges

Included studies:
- High income countries
- Anglo-Saxon culture
- Theoretical framework applied to identify learning skills
- Describes a training program for health sciences students or professionals
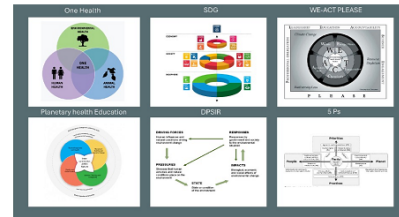
CATA-EARTH
Catalysing Transformative Change in Planetary Health Education

Beneficiaries

Community partners

OBJECTIVES:

- To build capacity for designing and delivering innovative community-driven PH education in climate-vulnerable regions in Southeast Asia.
- To create a new generation of changemakers with actionable PH knowledge & skills.

METHODOLOGY:

1) Identifying educational frameworks for PH higher education and teaching methods (Scoping review + mapping)
2) Working with community members in Southeast Asia to co-design a conceptual framework for PH training in the area.

Grappling with Epistemic Justice and generating community-anchored evidence through the arts and creativity

Presenter: Roiyah Saltus

Organization: University of South Wales

Country: United Kingdom

Ubuntu ID: Ubuntu113

Abstract

Introduction

While arts-based approaches are not free from risk, they offer an alternative form of knowledge to complement the range of data available to policymakers. Not only learning but placing indigenous knowledge and the art forms and creativity underpinning it is critical to meaningful agendas addressing health and social inequities. How can we explore relational and place-based understandings of health and wellbeing in ways that are of value to local communities first and foremost, as well as robust evidence of policy and health service innovation? How can work taking place on a regional level be scaled up to address global health priorities?

Methods & Results

Drawing on findings from several studies conducted with a place-based community over a decade, examples of how to capture community knowledge and creativity will be offered. Discussion The arts can help amplify marginalised voices, but there are tensions. Tokenism, leading to unchanged narrative and non-transformative frameworks of knowledge generation and exchange, and the tendency to counterpoint Western-centric epistemologies in ways that result in their very re-centring as primary remain vital challenges. Conclusion While storytelling and narrative enquiry, in particular, hold great potential for community engagement and health promotion, realising their transformative power requires grappling with the complex challenges of epistemic justice and the meaningful integration of diverse knowledge systems, including indigenous ways of knowing. This is an ongoing struggle, but one that is crucial for achieving more equitable and holistic approaches to community wellbeing.

Grappling with Epistemic Justice and generating community-anchored evidence through the arts and creativity

The Studies

- **In their own words:** Capturing understandings of dignity, and care expectations from older Minority Ethnic women (2012 – 2014)

- **Representing Communities** (2013 – 2018)

- **Wellbeing, Aloneness and Leisure**: Capturing the stories of Caribbean migrants, 80 years+ (2019 – 2020)

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- Communities possess inherent power, capacity and creativity to create their representations of life, generating knowledge that can drive societal change and address inequities.
- While arts can amplify marginalised voices, challenges persist, including tokenism, reinforcement of existing narratives, and the paradoxical re-centering of Western perspectives when attempting to counter them.
- Meaningful social policy and service delivery require repositioning knowledge from everyday lives as central, shifting focus from traditional intellectual spaces to the often overlooked realm of personal and local experiences.

Professor Roiyah Saltus, University of South Wales, UK

University of South Wales
Prifysgol De Cymru

The Need to Incorporate Women's Reproductive Rights and Abortion Care into Health Professions Education

Presenter: Judy Lewis

Organization: Women and Health Together for the Future/University of Connecticut School of Medicine

Country: United States

Ubuntu ID: Ubuntu332

Abstract

Context: The World Health Organization and global human rights organizations recognize safe abortion (SA) as part of women's reproductive rights (WRR). However, access to SA is denied to millions of women and girls worldwide resulting in unacceptable numbers of complications and deaths caused by unsafe abortions. This reality is neglected by most universities and health professions students often face barriers to receiving education and training on issues related to WRR. By contrast, evidence shows that medical and nursing students value having early educational experiences about sexuality, modern contraception, and abortion care. Evidence also shows that such experiences may have positive effects on future professionals' abilities to provide women with quality health care and may impact on their attitudes toward critical abortion issues.

Objectives: Motivate discussion on the need to incorporate WRR and abortion into curricula among health professions educators and students. Design: Examples of current needs and possible strategies to incorporate WRR and abortion care into medical and nursing university curricula will be presented. When WR health is presented in curricula, it is usually minimal technical information, limited counseling skills and no emphasis on women's rights.

Conclusions: Globally, one major barrier for women's access to SA is the lack of health professionals educated in WRR. Medical and nursing students must know that the adverse effects of abortion result from restrictive laws, poverty, stigma, gender inequalities, and lack of access to quality health care. Abortion is restricted by the law in many countries across the world and committed health professionals are needed to advocate for changes. A wide perspective on WRR including SA must be incorporated in all health professions educational programs.

The Need to Incorporate Women's Reproductive Rights and Abortion Care in Health Professions Education

Prof. Judy Lewis, Prof. Deyanira González de León, Claire Surkis

TUFH 332

BACKGROUND

- Safe abortion (SA) is a major component of women's reproductive rights (WRR). Yet, access to SA is denied to millions of women and girls worldwide, resulting in 39,000 deaths and millions of complications annually.
- This reality is neglected in health professions education. Students often lack education and training on issues related to WRR.
- Students value education about sexuality, contraception and abortion care. These experiences influence their future abilities to provide women with quality health care and attitudes toward WRR and critical abortion issues.
- Mexico and the United States provide contrasts in laws and policies on abortion; in both, WRR and SA education and skills for medical and nursing students have been limited.

CURRENT LAWS BY COUNTRY

USA

MEXICO

Legal under state law during first trimester[49]

Legal for economic reasons[50]

Illegal under state law, but not enforced[51]
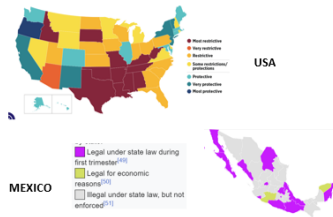
UNITED STATES OF AMERICA

Abortion policy and access has been severely restricted since 2022
- 14 of 50 states have total bans
- 7 limit abortion at 6 weeks gestation
- 20 limit at some point after 18 weeks
- **Only 9 states do not restrict abortion** based on gestation

Loss of reproductive rights in most state is affecting health care as doctors leave and residents choose states that are less restrictive
- There is no standardized medical or nursing curriculum for WRR and SA
- Initial efforts to improve WRR and SA knowledge came from students
- Current University of Connecticut curriculum
  - Preclinical: 1 session on Reproductive Justice; 3 general sessions on reproductive health
  - Ob/Gyn: seminars on abortion, miscarriage, contraception, sterilization and ectopic pregnancy; clinical experience varies by hospital site

Medical Students for Choice (MSFC) continues extra curricular training and advocacy

UConn MSFC:
- learning SA techniques
- advocating for WRR
- testifying at state legislature

MEXICO

- Access to SA is limited despite relevant legislative changes: 13 of 32 states have legalized abortion since 2000; in 2021, the Supreme Court decriminalized abortion and SA national guidelines were published.
- In 19 states, abortion is still a crime. Mexico City legalized abortion in 2007, creating free public abortion services. In 12 states with liberal laws, the creation of public abortion services is still a challenge.
- Even in Mexico City, access to SA is limited for the most vulnerable women: adolescents, poor and indigenous.
- Self-managed SA using misoprostol alone is common nationwide.
- WRR and SA care are absent in regular medical and nursing curricula. Training in contraception is deficient and abortion is generally approached in stigmatized terms as illegal, dangerous or unmoral. Clinical exposure to abortion care, including post-abortion care, is lacking for students, and even OB/GYN residents.

Mexican students advocating for WRR

RECOMMENDATIONS

- SA and WRR should be incorporated in health professions education.
- The increasing use of medication abortion is involving more professions
- Faculty should work with students to improve SA and WRR curricula
- Faculty should work with professional societies to ensure SA and WRR standards

Judy Lewis, Professor Emeritus, University of Connecticut lewisj@uchc.edu

Community engagement opportunities and media development

Presenter: Baheya Najaar

Organization: University of Cape Town, FaCE Department of Family Community& Emergency Care, Primary Health Care-Team

Country: South Africa

Ubuntu ID: Ubuntu230

Abstract

University of Cape Town (UCT) encourages community engagement of students. Medical students are placed in various communities of the of the Western Cape from Vredenburg to the Garden Route District including several communities in between. The objective of the community engagement will differ depending on the discipline of the students. With medical students, the context of these placements varies from an urban to a rural exposure. The period and type of stay in the communities, differ depending on the year of study. For the Health in Context (HIC) course, fourth year medical students are in either, Khayelitsha, Retreat, Bonteheuwel/Langa, Mitchells Plain or Heideveld communities. One of the objectives is to develop a health promotion activity. With the guidance of a UCT site facilitator, student groups are exposed, to various community stakeholders. The media exposure of the students ranges from printed media in local community papers, radio talks, vox pops (informal opinion represented by various members of the public) and health pamphlets. The topics of these media opportunities is based on collective decision making by community stakeholders; Department of Health (DOH) staff, the site facilitator and student group. This community engagement relationship in Heideveld, has led to the creation of pamphlets on palliative care and vasectomy. A pamphlet on the triage system in the emergency centre is currently in production. Community engagement presents opportunities to communities, staff (UCT & DOH) and students. Appropriate utilization of opportunities is essential for maintaining community relationships.

INTRODUCTION

Media plays an important role in community engagement & empowerment. Site facilitators guide 4th year MBChB students to develop a health promotion activity and required media.

AIMS & OBJECTIVES

Aim: To develop appropriate media that will strengthen access to information and is aligned with community needs.

Objectives:
1. Identify preferred ways of learning in the community
2. Determine feasibility of the desired media.
3. Design, review, test & evaluate

METHODS / FINDINGS

Use of media in health promotion has been identified as an important source for generating knowledge and empowering communities. Communities participate and develop agency in the activity.

DISCUSSION / CONCLUSION

Media positively effects community learning and strengthens partnerships. Local health departments collaborate with student media projects leading to the roll out of selected media to other areas within the province. Students identify the need for social responsibility in media.

10 - 13 September 2024

Baheya Najaar (baheya.najaar@uct.ac.za)
Dept. Family Community and Emergency Care – University of Cape Town

Ubuntu2024.com

Building relationships: Closing the gap between Traditional and Western Medicine – for the sake of the community

Presenter: James Kruger

Organization: Department of Health and Wellness Western Cape

Country: South Africa

Ubuntu ID: Ubuntu257

Abstract

Background

Whilst modern (western) medicine has often found its roots in traditional and herbal practices, these have moved away from the spiritual roots to drug companies and science. This is perpetuated in medical schools where traditional practices are an unknown to modern health practitioners. Intervention description Engagements were organized between the Traditional health Practitioners (THP) across Khayelitsha. Past attempts had failed, but the new management at KESS revitalized the process in 2021. A memorandum of understanding was agreed to and signed off between the two organizations.

Results

- After almost 18 months of relationship building and negotiations, an MOU was signed between the DOH, represented by the MEC Health and the THO
- Landmark event in KESS and the Western Cape DOH and acknowledged by the MEC as a significant step forward in the DOH vision "Health is Everybody's business"
- Some senior clinicians went on traditional health courses to understand the practices and build understanding of traditional practice Lessons learnt By active engagement with traditional health Practitioners, relationships could be built on a foundation of creating trust and mutual respect between new and old with a common goal of improving the health of the community. Key Messages
- Acknowledging that the THPs are trusted community leaders best placed to lead meaningful change.
- Holding events to build trust and ownership and reduce stigma. Advocacy message Modern and traditional medicine chemistry is possible.

Building relationships: Closing the gap between Traditional and Western Medicine – for the sake of the community

Ubuntu257

BACKGROUND

South Africa is a country diverse in its culture, history and practices. This is not confined to politics and religion but also to the practice of medicine. The Khayelitsha Eastern Sub-Structure (KESS) have established a forum with Traditional Health Practitioners (THPs) who are influential structures and offer a potential link to communities to promote healthcare uptake and engagement with services. Whilst modern (western) medicine has often found its roots in traditional and herbal practices, these have moved away from the spiritual roots to drug companies and science.

RESULTS

- After almost 18 months of relationship building and negotiations, an MOU was signed between the DOH, represented by the MEC Health and the THO
- Landmark event in KESS and the Western Cape DOH and acknowledged by the MEC as a significant step forward in the DOH vision "Health is Everybody's business"
- Sending senior clinicians to traditional health courses to understand the practices and build understanding of traditional practice
- KESS & THP Worksgroup
- MOA signed with Khayelithsa THPs
- Training TPHs in PHC practices – Integrating THPs into PHC

INTERVENTION

Engagements were organized between the Traditional health Practitioners (THP) across Khayelitsha. Past attempts had failed, but the new management at KESS revitalized the process in 2021. A memorandum of understanding was agreed to and signed off between the two organizations. The continued collaboration also includes training, policy development, improved integration of services and linkage to care.

LESSONS LEARNT & KEY MESSAGES & ADVOCACY

Lessons learnt
By active engagement with traditional health Practitioners, relationships could be built on a foundation of creating trust and mutual respect between new and old with a common goal of improving the health of the community.

Key Messages
- Acknowledging that the THPs are trusted community leaders best placed to lead meaningful change.
- Holding events to build trust and ownership and reduce stigma.

Advocacy message
Modern and traditional medicine collaboration is possible.

Western Cape Government
Health
BETTER TOGETHER.

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PRESENTERS

James Kruger, Kitesh Moodley

Department of Health, Western Cape, South Africa

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Grade 12 Life Sciences Revision Programme at Selected Underprivileged Schools in the Western Cape, South Africa: 7 years of Community Engagement

Presenter: Kareemah Najaar

Organization: Cape Peninsula University of Technology

Country: South Africa

Ubuntu ID: Ubuntu276
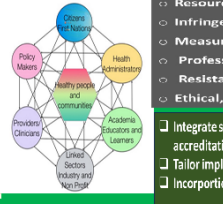
Abstract

The quality of South Africa (SA)'s education has historically been unequal, despite government's attempts to redress these disparities by directing substantial resources to the education sector. The country's education system is nowhere more challenged than in the field of Science, Technology, Engineering and Mathematics (STEM) and has been linked to its struggling economy. A primary directive for SA Higher Education Institutions is to make concerted efforts to provide access to students from disadvantaged socio economic statuses. For the past 7 years (2018 to 2024), the Faculty of Health & Wellness Sciences' staff and students at the Cape Peninsula University of Technology (CPUT) have been supporting Grade 12 Life Science learners from selected disadvantaged schools, through structured tutoring programmes. This endeavour strives to bridge STEM educational gaps and subsequently support the development and growth of the country's Health Care sector. This project reflects a community of practice with stakeholders constituting registered students and staff within the Faculty's Health programmes, the Western Cape Education Department's school principals and teachers and collaboration, and support from the Service learning division (CPUT), and Health Professions Council of South Africa (HPCSA). Regrettably, many young girls and women often stay out of school because they cannot afford hygiene products which adversely affects their education. Motivated by their plight, a parallel project that empowers women has in recent years been added, supporting the country's Sanitary Dignity Drive. Overall, this community project envisions the sustainable support for disadvantaged learners to drive the development of STEM in SA. The aim of this paper is to reflect on the development, growth, and adaptation of this community project from its conception, through its teething phase, pandemic challenges, and current and future sustainability. The project's focus areas include: (1) resources, (2) planning and execution, (3) revision session design, and (4) partnerships.

Integrating Social Accountability Standards Into Medical School Accreditation In India: A Policy Brief

TUFH276

PROBLEM AND CONTEXT

- Inspite of historical emphasis on academic and clinical prowess, social accountability is an emerging idea in Indian medical schools.
- Social accountability is a novel idea in Indian medical education
- Need to integrate this into accreditation process of National Medical Commission

No federal Laws in India

OBJECTIVE

Develop and Present a Policy brief to NMC for integrating SA standards in Indian medical schools

METHODOLOGY

Explore Current Policy environment in India → Explore Working Global models → Develop and present Policy brief for Phased implementation and Evaluation

CURRENT POLICY ENVIRONMENT

EXISTING INITIATIVES	OPPORTUNITIES	WHAT NEEDS TO BE DONE ?
National Medical Commission (NMC) Regulations (2019)	Authority to establish accreditation standards for medical schools	Incorporate specific guidelines for social accountability into the accreditation process
National Health Policy	accessible, affordable, and equitable healthcare for all citizens	does not explicitly address social accountability in medical education
State-Level Initiatives	Community-oriented medical education programs	Unstandardized across states and regions
WFME	WFME Recognition Status for 10 Years	focusses on education more than the service and research functions of the medical schools

PROPOSED SIX PRONGED STRATEGIC APPROACH + PARTNERSHIP PENTAGRAM PLUS

community service, learners, educators, pedagogy, curriculum, research

Citizens/First Nations, Policy Makers, Health Administrators, Healthy people and communities, Providers/Clinicians, Academia Educators and Learners, Linked Sectors Industry and Non Profit

PHASES IN IMPLEMENTATION

VISION 2027

Phase I — Conduct comprehensive Review / Identify gaps and opportunities

Phase II — Formulate draft standards / Solicit feedback / Refine standards

Phase III — Pilot test and validate / Finalise accreditation standards

Phase IV — Training Capacity building / Implementation

Phase V — Evaluation and Revision

ISAAT TOOL: Comprehensive Review

Criticisms anticipated

- Resource constraints
- Infringement on academic freedom and autonomy
- Measurement and evaluation challenges
- Professional identity and role definition confusion
- Resistance from traditionalists and implementation challenges
- Ethical, equitable and legal issues

- Integrate social accountability standards into medical school accreditation in India
- Tailor implementation strategies to address local concerns
- Incorportion leads to public trust and quality health care delivery

CALL TO ACTION

10 - 13 September 2024

Asuma Ayisha Rahim, Padma Prabhu, Asokan N, Fathima, Tom Wilson, Sumayya
Government Medical College, Kozhikode, Kerala, INDIA

Ubuntu2024.com

Supporting the development of community responses to the call for comments on the proposed alcohol harms reduction strategies: the implementation of a Minimum Unit Pricing strategy and the application of trading time parameters to alcohol sales

Presenter: Chriselda Pillay

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu314

Abstract

Introduction: In 2017, the Western Cape Provincial Cabinet adopted an alcohol-related harms reduction policy (White Paper) in response to the significant health and social burden posed by alcohol in the province.

Objectives: To support community members in the public participation process with submissions of their views on the proposed alcohol harms reduction strategies: the implementation of a Minimum Unit Pricing strategy and the application of trading time parameters to alcohol sales Methods: Through the University of Cape Town's Masters in Public Health Practicum module, a graduate student worked with the Southern African Alcohol Policy Alliance (SAAPA) in collaboration with the People's Health Movement and members from the Khayelitsha, Gugulethu, Klipfontein and Manenberg Community Health Forums. Over two engagements, we explained the contents of the White Paper regarding the proposed strategies. At the first engagement, we explained the proposals and recorded community concerns. At the second engagement, we presented back to the communities their concerns in a pull-up banner and evidence-informed responses. Community members were supported to draft submissions using a tool developed to assist with the response writing process.

Results: SAAPA collected and submitted six responses from 35 attendees in support of both proposed policies on behalf of the participating communities, who expressed high satisfaction with the process. Conclusion: The final impact of these submissions is yet to be determined. Community members were empowered to process a complex policy proposal, exercise agency and engage in policy processes for health. The University was able to engage and respond to community needs.

Supporting the development of community responses to the call for comments on the proposed alcohol harms reduction strategies: the implementation of a Minimum Unit Pricing strategy and the application of trading time parameters to alcohol sales

Ubuntu314

SAAPA · UNIVERSITY OF CAPE TOWN · People's Health Movement South Africa

INTRODUCTION
In 2015, the Western Cape Provincial Cabinet adopted an alcohol-related harms reduction policy (White Paper) in response to the significant health and social burden posed by alcohol in the province.

METHODS
Through the University of Cape Town's Masters in Public Health Practicum module, a graduate student worked with the Southern African Alcohol Policy Alliance in collaboration with the People's Health Movement and members from the Khayelitsha, Gugulethu, Klipfontein and Mannenberg Community Health Forums. At the first engagement, we explained the proposals and recorded community concerns (figure 1). At the second engagement, we presented back to the communities their concerns in a pull up banner and evidence-informed responses (figure 2). Community members were supported to draft submissions using a tool developed to assist with the response writing process.

OBJECTIVES
To support community members in the public participation process with submissions of their views on the proposed alcohol harms reduction strategies: the implementation of a Minimum Unit Pricing (MUP) strategy and the application of trading time parameters to alcohol sales

1 CURRENT OUTLOOK
"we are breathing alcohol"
"every retailer is now selling alcohol"
"what used to be a butcher is now an alcohol outlet"
"we don't know how so many alcohol retailers get in here, we were never asked for community input"

Figure 1: Community Concerns

LIMITED RESOURCES
I only have R350
I can buy more of the "weak" alcohol
I can buy less of the strong alcohol

Figure 2: MUP explainer

RESULTS
SAAPA collected and submitted six responses from 35 attendees in support of both proposed policies on behalf of the participating communities, who expressed high satisfaction with the process.

CONCLUSION
The final impact of these submissions is yet to be determined. Community members were empowered to process a complex policy proposal, exercise agency and engage in policy processes for health.

10 - 13 September 2024 Chriselda Pillay (School of Public Health UCT) Chriselda.pillay@westerncape.gov.za Aadielah Maker Diedericks (SAAPA), Laurine Platzky(Western Cape Gov), Leslie London (School of Public Health UCT)   Ubuntu2024.com

Responding to Sustainable Development Goals: Site facilitator's role in strengthening community student service learning at the University of Cape Town

Presenter: Pat Ncamile

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu342

Abstract

Responding to Sustainable Development Goals: Site facilitator's role in strengthening community student service learning at the University of Cape Town. Community based student practise is increasingly acknowledged as the pillar of strength in student learning in the health and social development systems, particularly in systems dependent on community oriented primary care. Training of students in communities contributes to the alleviation of social and economic challenges in communities. Site Facilitators (SFs) remain the core support system to strengthen partnerships between the university and stakeholders. The role of SFs has been debated. Faculty of Health Sciences, department of Family, Community and Emergency Care at University of Cape Town (UCT) appointed SFs as community engagement practitioners to engage with variety of partners in communities for student learning. Based on the theory of public participation and community engagement framework, SFs serve as a critical link to improved well-being, participation, and inclusion to both students and the community they serve. The presentation will describe the role played by SFs in strengthening the teaching and learning at UCT through contributing to 1) curriculum development, including drawing indigenous knowledge, 2) coordinating stakeholder involvement, 3) strengthening and empowering community resources for student safety; 4) research assistants and 5) sustaining social responsive activities in communities. An understanding of SF role has been gleaned from years of work experience of SFs. Reflections were analysed thematically, with accountability, inclusion, transparency, and sustainable community development being highlighted. SF role in managing this three-fold responsibility will also be alluded.

Responding to Sustainable Development Goals:
Site facilitator's (SFs) role in strengthening community student service learning at the University of Cape Town

Ubuntu 342

INTRODUCTION

Site facilitators are essential catalysts in responding to sustainable development goals by empowering communities, strengthening student learning and sustaining university – community partnerships.

AIMS:

Empower communities and students through knowledge sharing and support.

OBJECTIVES:

- Assess the role of the site facilitator with regards to community- based education
- Assess the impact of the site facilitator in the student and community learning

METHODS / FINDINGS

Based on the site facilitators(SF) perspectives, SFs are responders in the community, by facilitating inclusive social and human development projects.

DISCUSSION / CONCLUSION

The role of a site facilitator coordinates partnerships within the three thresholds of the students' community service learning, the university and the community members.

University	Students	Community
Sustaining social responsive activities in communities	Appropriate projects' carry over	Sharing indigenous knowledge and community knowledge

10 - 13 September 2024

Judith Nomthandazo Mahlangu – Judy.Mahlangu@uct.ac.za
Patricia Ncamile, Christolene Beauzac, Baheya Najaar, Fiona Jordaan

Ubuntu2024.com

DigiCanTrain: Digital Skills Training for Healthcare Professionals in Oncology

Presenter: Daniela Cabutto

Organization: Universitat Oberta de Catalunya

Country: Spain

Ubuntu ID: Ubuntu087

Abstract

Introduction: Cancer is one of the most common diseases globally. Without quick actions, cases are expected to increase by 24 percent by the year 2035 according to EU Cancer Mission 2020. ? This increasing number will pose a challenge to public health and will touch upon the lives of many. The COVID-19 pandemic showed the importance of mutual learning, sharing knowledge, and updating skills, as well as the potential of digitalization to transform health care.? Moreover, healthcare is shifting towards a future where technological solutions are used in the care of people with cancer across the care continuum.

Methods: DigiCanTrain project designs and implements new digital skills training for the cancer healthcare workforce in Europe to support more effective, person-centered healthcare, digital cancer care services, and the use of eHealth. An education and training program for trainers, and clinical and non-clinical healthcare professionals is designed, piloted, and evaluated. The program will be designed to be adaptable to cancer centers and different types of education providers.

Results: The expected results will improve access to continuing professional education, and increase digital skills and use of eHealth technology by the healthcare workforce working with people affected by cancer. Conclusion: Providing educational training specific to oncology and digital health will improve access to continuing professional education, digital skills, and the use of eHealth technology by oncology professionals. While improving the equality and access to high-quality person-centered cancer care and health care system resilience and readiness to adapt to changing environments.

INTRODUCTION

Cancer is one of the most common diseases globally. The COVID-19 pandemic showed the importance of mutual learning, sharing knowledge, and updating skills, as well as the potential of digitalization to transform health care. Healthcare is shifting towards a future where technological solutions are used in the care of people.

AIMS & OBJECTIVES

Design and implement a new digital skills training program for the cancer healthcare workforce in Europe to support more effective, person-centred healthcare, digital cancer care services, and the use of eHealth.
Improve access to continuing professional education, and increase digital skills and use of eHealth technology by the healthcare workforce in cancer care.

METHODS / FINDINGS

An education and training program for trainers, and clinical and nonclinical healthcare professionals will be designed, piloted, and evaluated. The program will be designed to be adaptable to cancer centres and different types of education providers

DISCUSSION / CONCLUSION

Providing educational training specific to oncology and digital health will improve access to continuing professional education, digital skills, and the use of eHealth technology by oncology professionals.

Figure: Project logo

10 - 13 September 2024

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Virpi Sulosaari – Virpi.Sulosaari@turkuamk.fi

Ubuntu2024.com

TRANSiTION: Digital TRANSition and dIgiTal resIlience in ONcology

Presenter: Daniela Cabutto

Organization: Universitat Oberta de Catalunya

Country: Spain

Ubuntu ID: Ubuntu088

Abstract

Background: The urgency of improving cancer control and outcomes across Europe has been a policy priority for the 2019-2024 period, through the Europe's Beating Cancer Plan and Cancer being one of the missions of the new Horizon Europe programme. Digital Health Transformation poses a critical aspect of this commitment to turn the tide against cancer and a stepping stone towards a strong European Health Union. The digital transformation of healthcare has the capacity to be a key enabler to enhance oncology care through the digital literacy of the workforce. Methods: The TRANSiTION Project gathers a consortium of 25 partners experts in the development, assessment, and implementation of professional development and training programmes (e.g. european cancer organisations, patients organisations, universities), to develop a programme for healthcare professionals and non-clinical professionals that will enable the acquisition of digital competencies for the needs that the integration of digital solutions generates in the oncology field. The project introduces an innovative approach to practising digital skills through learning activities using information and communications technologies (ICT).

Results: as the project is still ongoing, TRANSiTION Project will foster up-skilling and reskilling in the context of digital health solutions for oncology health workforce and non-clinical professionals Conclusion: the effort to provide an innovative training, providing knowledge and competence in eHealth, supports the reform of health systems and their transition to new cancer care models, centred on people, enabling a shift from hospital-centred systems to community-based and integrated care. It can help healthcare systems to be more resilient, accessible and effective in providing care for citizens.

INTRODUCTION

The urgency of improving cancer control and outcomes across Europe has been a policy priority for the 2019-2024 period. Digital Health Transformation poses a critical aspect of this commitment to turn the tide against cancer and a stepping stone towards a strong European Health Union.

AIMS & OBJECTIVES

Acquisition of digital competencies for the needs that the integration of digital solutions generates in the oncology field. Foster upskilling and reskilling in the context of digital health solutions for oncology health workforce and non-clinical professionals

METHODS / FINDINGS

25 partners will develop, assess, and implement a professional development and training program for clinical and non-clinical professionals in cancer care through an innovative approach to practising digital skills through learning activities using ICT.

DISCUSSION / CONCLUSION

Provide an innovative training, knowledge and competence in eHealth, support the reform of health systems and their transition to new cancer care models, centred on people. Create a more resilient healthcare system.

Figure: Project logo

10 - 13 September 2024

Daniela Cabutto – dcabutto@uoc.edu
Andreas Charalambous – andreas.charalambous@cut.ac.cy

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Patients' perceptions and willingness to use tele-consultation services and factors associated with it in Punjab, India

Presenter: Simran Spal

Organization: Student Network Organisation (SNO)

Country: India

Ubuntu ID: Ubuntu306

Abstract

Introduction: WHO recommends doctor population ratio of 1:1000, but India's ratio is 0.76:1000, lower in rural areas. Tele consultation can bridge this gap, but its adoption depends on patients' and physicians' perceptions. Many studies examine physicians' perceptions, limited data exist on patients' views. Materials and Methods: Cross sectional survey was conducted among 300 patients visiting Medicine, Psychiatry, and OB GYN OPDs who met inclusion criteria. Self administered, pilot tested, semi structured questionnaire was used to assess demographics, willingness towards tele consultation, preferred mode, reasons for willingness/unwillingness, major barriers, improvement/suggestions. Results: Among 300 patients, 40% expressed willingness for tele consultation, statistically significant differences across OPDs: 61% in Psychiatry, 33% in Medicine, and 28% in OB GYN. Sociodemographic factors did not influence willingness. Reasons for unwillingness varied: fear of misdiagnosis in Medicine, privacy breaches in OB GYN, lower satisfaction in Psychiatry. Patients in Medicine and Psychiatry cited time, work savings as key reasons for willingness, while OB GYN patients preferred shorter wait times, flexible scheduling. Common barriers across all OPDs included satisfaction and communication issues, with OB GYN patients expressing additional concerns about trust and privacy. Recommendations for improvement were enhancing accessibility, appointment processes, and availability of top doctors. Discussion: Our study's findings (41% willingness for tele consultation) align with Vijayalakshmi et al (43.6%), Hassan et al from Egypt (60.8%), but lower than Alboraie et al's in Saudi Arabia (80%). Cruz et al observed significantly less willingness among females, less educated individuals, lower socioeconomic status individuals, our study found no such association with sociodemographic variables. Concerns about telehealth quality, diagnosis, and privacy echoed findings from Vijayalakshmi et al and Sykes et al similar to our study.

Conclusion: Our study echoes global trends regarding teleconsultation and highlights ongoing concerns regarding quality and privacy. Addressing these issues can boost telehealth adoption for equitable healthcare.

PATIENTS' PERCEPTIONS AND WILLINGNESS TO USE TELE-CONSULTATION SERVICES AND FACTORS ASSOCIATED WITH IT IN PUNJAB, INDIA — UBUNTU 306

INTRODUCTION

0.76 : 1:1000
- DOCTOR PATIENT RATIO IN INDIA
- RATIO EVEN LOWER IN RURAL AREAS

TELECONSULTATION CAN BRIDGE THIS GAP

METHODOLOGY
- CROSS- SECTIONAL STUDY 300 PATIENTS
- 3 OPD'S: MEDICINE, PSYCHIATRY, OBG
- SELF ADMINISTERED, PILOT TESTED, SEMI STRUCTURED QUESTIONNAIRE

5 POINT LIKERT SCALE | PILOT TESTED 30 PATIENTS | 300 PATIENTS INCLUDED

IMPLICATIONS
- CONCERNS ABOUT TELEHEALTH QUALITY, DIAGNOSIS, AND PRIVACY

OUR STUDY MIRRORS THE FINDINGS OF VIJAYLAKSHMI ET AL AND SYKES ET AL REGARDING PATIENT PERCEPTIONS OF TELECONSULTATION

- ADDRESSING THESE CONCERNS IS ESSENTIAL FOR IMPROVING TELEHEALTH ADOPTION

LIMITATIONS
- THE STUDY WAS LIMITED TO 300 PATIENTS FROM THREE OPDS, WHICH MAY AFFECT THE GENERALIZABILITY OF THE FINDINGS
- THE STUDY WAS CONDUCTED AMONG PATIENTS WHO WERE ALREADY ATTENDING OPDS, WHICH MAY INTRODUCE SELECTION BIAS

40% PATIENTS HAD +VE WILLINGNESS
61% PSYCH OPD
33% MEDICINE OPD
28% OB-GYN OPD

WILLINGNESS FOR TELECONSULTATION VARIED "SIGNIFICANTLY" ACROSS OPD'S

SOCIODEMOGRAPHIC FACTORS DIDN'T AFFECT WILLINGNESS

REASONS FOR UNWILLINGNESS
- MEDICINE: FEAR OF MISDIAGNOSIS
- OB-GYN: PRIVACY CONCERNS
- PSYCHIATRY: PERCEIVED LOWER SATISFACTION COMPARED TO IN PERSON CONSULTATIONS

REASONS FOR WILLINGNESS
- MEDICINE: TIME AND WORK SAVING
- PSYCH: TIME AND WORK SAVING
- OB-GYN: PATIENTS PREFERED SHORTER WAIT TIMES AND FLEXIBLE SCHEDULING OF APPOINTMENTS

RESULTS

COMPARISION WITH LITERATURE

OUR FINDING OF 40% WILLINGNESS:
- ALIGNS WITH VIJAYALAKSHMI ET AL 43%
- ALIGNS WITH HASSAN ET AL FROM EGYPT 60.8%
- BUT IS LOWER THAN ALBORAIE ET AL'S STUDY IN SAUDI ARABIA 80%

COMPARISION WITH LITERATURE

UNLIKE CRUZ ET AL, WHO OBSERVED LESS WILLINGNESS AMONG:
- FEMALES
- LESS EDUCATED INDIVIDUALS
- LOWER SOCIOECONOMIC STATUS

OUR STUDY HAD NO SUCH ASSOCIATIONS

PATIENTS RECOMMENDATIONS FOR IMPROVEMENT

INCREASE PUBLIC AWARENESS

ENHANCE ACCESSIBILITY OF TELECONSULTATION
EASY APPOINTMENTS
AVAILABILITY OF TOP DOCTORS ON PLATFORMS

SIMRAN SPAL [1] VANSH CHOUHAN [2] DR. MOHIT SHARMA [3]| PUNJAB INSTITUTE OF MEDICAL SCIENCES, JALANDHAR — SIMRANSPAL2K@GMAIL.COM

Widespread use of ChatGPT and other Artificial Intelligence tools among medical students in Uganda: a cross-sectional study.

Presenter: Frank Kayemba

Organization: Busitema University, Mbale, Uganda

Country: Uganda

Ubuntu ID: Ubuntu310

Abstract

Introduction: Chat Generative Pre-trained Transformer (ChatGPT) is an Artificial Intelligence (AI) model that makes human-like texts such as essays. The use of ChatGPT and other similar Artificial Intelligence (AI) tools has introduced new opportunities, challenges, and threats to medical education. Consequently, there is an urgent need to know the current use and develop guidelines. We assessed the use of these AI tools among medical students in Uganda. Methods: We conducted a descriptive cross-sectional study. Medical students at four public universities in Uganda were recruited by stratified random sampling. We used a semi-structured questionnaire to collect data on participants' socio-demographics and use of AI tools. Our outcome variable was; the use of ChatGPT and/or other AI tools. We conducted descriptive and modified Poisson regression analyses in Stata version 17.0.

Results: Data from 564 students were analysed. The m [72.0% (406/564)] were aged between 18 and 25 years, and the median age (interquartile range) was 23 (22 26.5). Almost all 93% (522/564) had ever heard about AI tools such as ChatGPT and about two-thirds (75.7%) had ever used them. Most (72.2%) had ever used ChatGPT, followed by Snapchat AI (14.9%). Most students use AI tools to complete assignments (55.5%), preparing for tutorials (39.9%), preparing for exams (34.8%) and research writing (24.8%). Students also used AI tools for nonacademic purposes like recreation and spiritual growth. Medical students aged 35 to 46 years were 31% less likely to use AI tools as compared to those aged less than 35 years (aPR: 0.69; 95% CI: [0.62, 0.76]).

Conclusion: Many medical students in Uganda use AI tools like ChatGPT for academic, non-academic, or both purposes. Younger students were more likely to use AI tools compared to older students. Our research adds evidence for the need for regulatory frameworks.

Widespread Use of ChatGPT and Other Artificial Intelligence Tools among Medical Students in Uganda: a Cross-sectional study.

Ubuntu310

Introduction

ChatGPT and other AI tools (*Bing AI, Bard AI/Gemini, Quillbot*, etc) have changed how medical students study.
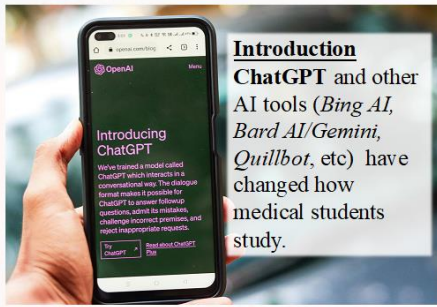
Methods: This was a descriptive cross-sectional study among MBChB students at four Universities in Uganda. Participant selection was by stratified random sampling. Data were collected from 1st Nov to 20th Dec 2023, and analysed descriptively in Stata 17.

Objectives: To find out; what proportion of medical students use AI tools; which AI tools they use and what they use them for.

Results:

- 564 students participated.
- 76% (427/564) of the students *had ever used AI tools*

Medical students used AI tools for; completing assignments (55.5%), preparing for tutorials (39.9%), preparing for exams (34.8%) and research writing (24.8%).
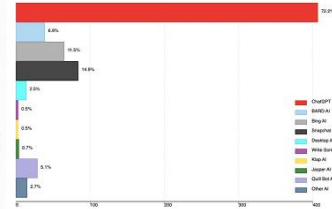
Figure 1: Figure 1. AI tools used by medical students in Uganda

Conclusion: *Medical students are using ChatGPT and other AI tools.*
- Universities should train students on how to use these AI tools.
- Making customised AI tools for medical education for example incorporating AI search assistants in medical websites like UpToDate.

10 - 13 September 2024   Frank Kayemba, frankkayemba20@gmail.com; David Mukunya, zebdaevid@gmail.com   Ubuntu2024.com

Understanding, perceptions, and attitudes of rehabilitation professionals towards telerehabilitation at community health centres in the Cape Metropolitan district.

Presenter: Zenande Twabu

Organization: University Of Western Cape

Country: South Africa

Ubuntu ID: Ubuntu338

Abstract

Introduction and background

Adoption of telerehabilitation as an innovating approach of rehabilitation involving a non-conventional professional-patient interaction, has been found to be more beneficial and promises to be the future of rehabilitative practice.

Aims and objectives

The aim of the study is to explore and describe the understanding, perceptions, and attitudes of rehabilitation professionals towards the implementation of telerehabilitation in the Cape Metropolitan district.

Methods and findings

Methodological triangulation followed by stratified random sampling. Rehabilitation professionals working directly with patients were included in this pilot study with 79 participants. A survey was adapted from literature and the Zayapragassarazan and Kumar (2016) tool. SPSS version 28 was used for statistical analysis with a paired t-test selected and statistical significance set as p value <0.05. In-depth interviews followed and the main findings were the Level of knowledge and attitude towards telerehabilitation had a negative (r =-0.351, p < 0.05) association, and the level of awareness showed a trend of negative (r=0.1668, p>0.05) relationship.

Discussion and Conclusion

A good level of awareness and knowledge of telerehabilitation-based therapy by health professionals was noted (53% and 66% respectively). This is attributed to by an experience of Covid 19 where non essential services were suspended. However, it was noted that poor attitude towards Telerehabilitation was closely associated with infrastructure concerns.

Understanding knowledge, perceptions and attitudes of rehabilitation professionals towards telerehabilitation at community health centres in the Cape Metropolitan District.

Ubuntu338

INTRODUCTION

Telerehabilitation is a term that refers to clinical services rendered with the aim to offer assessment, diagnoses, and treatment without physical contact of involved parties. This innovative approach of rehabilitation improves ubuntu, accessibility and encourages continuity of patient care.

AIMS & OBJECTIVES

The aim of the study is to explore and describe understanding, perceptions, and attitudes of rehabilitation professionals towards the implementation of telerehabilitation in the Cape Metropolitan district.

METHODS / FINDINGS

Methodological triangulation followed by stratified random sampling. The inclusion criteria were: Rehabilitation professionals working directly with patients. This is a pilot study with 79 participants where a survey was adapted from literature and the Zayapragassarazan and Kumar (2016) tool. Statistical Analysis through SPSS version 28 showed through a Paired T-Test, P Value < 0.05 considered statistically significant. This was followed by in depth interviews. Results: Level of knowledge and attitude towards telerehabilitation have a negative significant association, (r =-0.351, p < 0.05), and level of awareness also showed a negative relationship, but the finding was not statistically significant (r=0.1668, p>0.05)

Discussion conclusion

The result revealed that 53.0% of health professionals had a good awareness of tele-rehabilitation-based therapy services. About 66.0% of health professionals had good knowledge of tele-rehabilitation-based therapy services. Poor attitude towards Telerehabilitation with concerns of infrastructure.

10 - 13 September 2024

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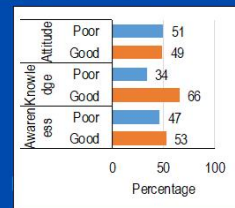
A Framework for Telemedicine Implementation and Patient Engagement in South Africa

Presenter: Chinue Uecker

Organization: LPI Consultants, LLC/Chicago School and JWMI

Country: Virgin Islands, US

Ubuntu ID: Ubuntu093

Abstract

Individuals living in rural areas of South Africa face significant health disparities. While considerable progress has been made, disparities persist. This paper proposes a framework for telemedicine implementation and patient engagement to address these disparities, focusing on people, place, and policy. The framework emphasizes the importance of telemedicine education for healthcare workers, including assessing knowledge gaps, developing standardized curricula, and providing ongoing support. By categorizing this framework into people, place, and policy, we highlight the roles of stakeholders, learning environments, and institutional policies in effective telemedicine education. Additionally, the framework addresses patient engagement by communicating the benefits of telemedicine, such as convenience, accessibility, and improved continuity of care, while addressing privacy, cost, and confidentiality concerns. Integrating these frameworks offers a holistic approach to telemedicine implementation, considering healthcare workers' and patients' needs and perspectives. The case study research reveals that despite South Africa's more robust social security system and free primary healthcare (PHC) services, significant barriers to accessing care remain, particularly for rural populations. These barriers include costs, distance to facilities, and quality of care issues stemming from a focus on biomedicine and a lack of consideration for social determinants of health. By incorporating telemedicine into South Africa's healthcare system and addressing the identified barriers, this framework aims to improve access, quality, and efficiency of healthcare delivery, ultimately reducing health disparities and improving outcomes for all South Africans.

Innovative and Sustainable Telemedicine Framework for Addressing Healthcare Disparities in South Africa

Ubuntu93

INTRODUCTION

Individuals living in rural areas of South Africa face significant health disparities. While considerable progress has been made, disparities persist.

AIMS & OBJECTIVES

The aim of this research is to reduce healthcare disparities in rural South Africa. The objective is to identify an innovative, sustainable telemedicine framework.

METHODS / FINDINGS

Qualitative case study research was conducted to categorize the framework into people, place, and policy, examining stakeholder roles, learning environments, and policies in sustainable telemedicine ecosystems.

DISCUSSION / CONCLUSION

Integrating innovative technology with targeted education and stakeholder engagement, this framework offers a replicable model for addressing healthcare disparities for other countries.
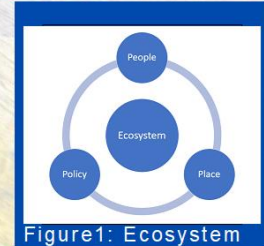
Figure1: Ecosystem

10 - 13 September 2024

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Factors Related to the Patients' Decision-making to use Telemedicine

Presenter: Nanthawut Ninwisut

Organization: Songkhla hospital

Country: Thailand

Ubuntu ID: Ubuntu216

Abstract

Introduction: From the national economic and social development plan of Thailand, the government has given importance to the health of people and allowing technology to be used to provide medical services. Therefore the system is activated in Songkhla Hospital. Currently, there are a total of 1,346 people receiving services, which is still a small number when compared to the total number of patients in the hospital.

Objective: To study factors related to the patient's decision to use telemedicine.

Methods: The research was conducted among outpatients at Songkhla Hospital's internal medicine department. The sample of this research is 112 volunteers. Data were collected by using a questionnaire that consisted of 25 questions and was divided into 5 sectors: personal factors, factors related to experience, ability, and readiness of patients for using telemedicine, Factors in perception of information about telemedicine, factors in attitudes towards the use of telemedicine, and the decision making to use telemedicine. Using the SPSS program to analyze the data. Personal factors were analyzed using descriptive statistics. And factors related to the decision-making to use telemedicine were analyzed using the chi-square test statistically significant at 0.05. Results: factors that were related to the decision-making to use telemedicine were age (p-value 0.002), type of transportation to the hospital (p-value 0.048), experience in using social media (p-value 0.020), frequency of use of the internet or social media (p-value 0.011) and having experience searching for information on the internet before seeing a doctor (p-value 0.015).

Discussion: The telemedicine system is developed and if it has been used more, It will be able to reduce congestion and waiting times within the hospital and reduce transportation costs to the hospital.

Conclusion: Telemedicine is a new technology that is important to the medical system.

Factors Related to The Decision Making To Use Telemedicine

Ubuntu216

INTRODUCTION

At present, there is increasing number of patients visiting at internal medicine ambulatory clinic. Most of the cases were considered as stable non acute illness which led to the service congestion.

Accordingly, the government implements the scheme to reduce overcrowding by telemedicine but it has still been underutilization.
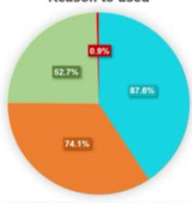
AIMS & OBJECTIVES

To explore the attitude and factors that influenced patient's decision-making to use telemedicine in the out-patients of internal medicine departure of Songkhla hospital.

METHODS / FINDINGS

The cross-sectional survey study of out-patients was conducted from 16 January 2024 to 13 February 2024. A total of 112 out-patients participants. 56% were females. Mean age were 49 years. 68% had not previously heard of telemedicine.

Reason to used

62.7% 0.9% 87.0% 74.1%

- Reduced waiting time ■ Decrease cost
- Regular appointment ■ Decrease infection risk

Barrier to used

0.9% 27.7% 66% 31.3%

- Prefer to visit doctor ■ Complicated system
- Safty concern ■ Internet tool problem

The factors associated with telemedicine utilization were age, type of transportation to hospital, familiarity with internet and telemedicine using.

DISCUSSION / CONCLUSION

The patients' attitude towards telemedicine was optimistic. The promotion of telemedicine utilization might be effectively encouraged.

10 - 13 September 2024

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Digital Transformation: health professionals' skills and competency requirements in health data analytics

Presenter: Verona Mathews

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu170

Abstract

Introduction: The 4th Industrial Revolution is fundamentally a changing society, accelerated during the pandemic with virtualization and driven by digital transformation and data analysis. Big data analytics has the potential to transform how health professionals use technology for evidence-base decision making and planning. The digital transformation of health systems highlights implications and opportunities for entry-level education, post-basic training and continuing professional education in all health professions. There is a high demand for healthcare professionals with health data analytics skills in the field.

Methods: An exploratory mixed-method study design is utilised for this ongoing research project which includes the following four (4) mixed data collection techniques: desk review, scoping review, key informant interviews, and Delphi method to build consensus. The latter two techniques are still in progress. Completed data collection techniques are: the Desk review on what is currently being offered in all the public universities in South Africa; and the Scoping Review on the international literature on curriculum development with a focus on skills and competencies in health data analytics.

Results: This paper presents the preliminary findings of the Scoping Review highlighting the limited use of data, information and data visualisation techniques for monitoring and evaluation. The Desk Review found that in South Africa, five (5) out of twenty-six (26) public universities and technikons provide formal training in data analytics.

Conclusion: There is high demand for skills and competencies in health data analytics but the response appears to be gradual and offered as a specialisation.

Digital Transformation: health professionals' skills and competency requirements in health data analytics

Ubuntu170

INTRODUCTION

The 4th Industrial Revolution is fundamentally a changing society, accelerated during the pandemic with virtualization and driven by digital transformation and data analysis. The digital transformation of health systems highlights implications and opportunities for entry-level education, post-basic training and continuing professional education in all health professions specifically on health data analytics.

AIMS & OBJECTIVES

To develop a framework of the skills and competencies in health data analytics for health professionals

- To determine the number of universities that offer health data analytics as either undergraduate or postgraduate programmes
- To determine the extent and how health data analytics is embedded in formal health professional training at universities
- To identify the skills and competencies in health data analytics developed for health professionals

METHODS / FINDINGS

Scoping Review - EBSCOhost, PubMed, Web of Science, CINAHL, Science Direct and Scopus; March 2017 and March 2023.
- 12 Documents included in Review; Majority High-Income Countries

Desk Review - universities websites, course/ module descriptions, electronic documentation – 8/26 Universities offering programmes

Table 1: Number and Type of University Offerings

Type of Offering	# of Offerings
Short Courses	2
Undergraduate Degree	5
Advanced Diploma	1
Honours Degree	3
Master's Degree	8
PhD	1

DISCUSSION / CONCLUSION

Data Analysis, Visualisation, Basic Knowledge on Information Science and Statistical Analysis were the highest scoring competencies. Only 3/12 documents included Analytical Software.

University Programmes focusses on Statistical Analysis and Analytical Software.

Table 2: List of Health Data Analytics Competencies

University Programmes do not address competencies required.

RCCbc Rural Personal Health Record (rPHR): Empowering Patients with Integrated Digital Health Solutions

Presenter: Anthon Meyer

Organization: RCCbc

Country: Canada

Ubuntu ID: Ubuntu205

Abstract

Healthcare providers and care teams invest substantial time communicating with patients, who often struggle with disjointed health records across various platforms. This fragmentation leads to inefficiencies, safety concerns, and compromised patient outcomes. To address these challenges, we argue for the implementation of standard-based personal health record (PHR) systems that seamlessly integrate workflow and health information. By providing patients with access to a comprehensive PHR, we aim to enhance safety, minimize the risk of errors due to missed or inaccurate information, and facilitate improved health outcomes through enhanced understanding of socioeconomic context, health status, function, preferences and plans for care. Drawing from our experiences developing the RCCbc rPHR project in rural and remote areas of British Columbia, we will demonstrate the evidence and benefits of empowering patients, families, and caregivers to engage meaningfully with the healthcare team. We will underscore the challenges faced in these regions and demonstrate how innovative vendor-agnostic, standards-based PHRs can drive meaningful system-wide change by starting from the "edge" of the system. Specifically, we will highlight how an integrated PHR system can:

- Streamline patient and provider workflows and care transitions while reducing administrative burden within the Patient Medical Home (PMH).
  · Improve patients' access to holistic electronic health information, creating better understanding of their health status and care plan.
- Facilitate active patient participation in their health and care plans, promoting shared decision-making and participation in and understanding of treatment regimens.
- Enhance safety by ensuring accurate and up-to-date health information is readily available to providers. Our goal is to inspire providers to explore the potential of integrated solutions in improving

patient engagement and outcomes within the PMH and across the healthcare system at large.

Learning Objectives:

1. Explore the evidence supporting the use of Personal Health Records (PHRs) and debunk common misconceptions.
2. Identify how PHRs can streamline administrative tasks, enhance efficiency, and improve safety.
3. Demonstrate the benefits of PHRs in providing patients and families with seamless access to integrated health information throughout their care journey.

Data Visualisation - inequities made clear

Presenter: Joseph Scott-Jones

Organization: Pinnacle MHN

Country: New Zealand

Ubuntu ID: Ubuntu143

Abstract

Our organisation supports 88 general practices who care for 450k people across five districts crossing the middle of the North Island of New Zealand. We collect and analyse data, feeding back clinically useful information to providers and communities across our region. In this presentation I will describe how we have chosen data points that are clinically important in diabetes, cardiovascular disease, and respiratory disease, and share outcomes showing how we describe inequity for rural people, and those of different ethnicities across our region. I will also describe what we have implemented to make a difference for those communities. Attendees will learn how to develop clinically important data points, and understand how data visualisation can demonstrate inequities in a way that engages policy makers and providers in change.

DATA VISUALISATION: Inequities made clear

Ubuntu143

INTRODUCTION

Pinnacle MHN supports 450,000 people across five central North Island districts through 88 general practices. Using health data to identify and address inequities in diabetes, cardiovascular, and respiratory diseases, we can demonstrate and improve health inequities among rural and diverse ethnic populations across our region - Te Manawa Taki, Midlands.

AIMS & OBJECTIVES

- Identify and reduce Māori health inequities.
- Enhance data-driven healthcare.
- Standardise data definitions.
- Demonstrate the value of data for improving health outcomes.
- Build capacity for data-driven improvement within practices.

METHODS / FINDINGS

- Work with Māori health teams and clinicians.
- Collaborate on vision & strategy with PHOs, SMOs, IT systems, etc.
- Conduct data analysis to reveal health inequities.
- Support practices in implementing data-driven quality improvement.
- Provide ongoing training and support for data use.
- Monitor and evaluate the process for continuous improvement.

DISCUSSION|CONCLUSION

Impact: Data-driven approach targets Māori health inequities, improves outcomes, and informs policy.
Process: Collaboration to identify health inequities, standardised data, and empower practices for data-driven improvement.

Figure 1: Pinnacle Diabetes Clinical Dashboard

10 - 13 September 2024   Dr-Jo Scott Jones, Pinnacle Midlands Health Network, Aotearoa New Zealand
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Computer-Based Testing Transforms Student Performance Assessment in Ethiopia's Health Science Training Institutions

Presenter: Amarech Tessema

Organization: Jhpiego

Country: Ethiopia

Ubuntu ID: Ubuntu008

Abstract

Background: Although most health teaching higher education institutions in Ethiopia had the basic network infrastructure and computers, the prevalence of technology enhanced education was low. In 2020, only 17% were implementing digital learning solutions.

Key activities: The USAID funded, Jhpiego led Health Workforce Improvement Program (HWIP) supported adoption of digital learning solutions in six higher education institutions, including capacity building training and onsite technical support to facilitate the introduction of Computer Based Testing (CBT).

Result: Six higher education institutions successfully implemented CBT and transitioned from the traditional paper based student assessment system. As of Nov 2023, the six institutions have administered computer based examinations for 7,739 health science students. The new digital assessment system has been well received by students and faculty alike. Students appreciate the convenience and flexibility of CBT, while faculty appreciate the time savings and improved security. The academic leadership acknowledged the added value of CBT that it saves printing cost, improves efficiency in scoring, analysis and announcing result. They have also emphasized that it is innovative, eco friendly, and a valuable tool for improving quality of assessment. Lesson learned: With the right tools and support, higher education institutions can effectively leverage technology to improve student assessment. Advocacy, capacity building training and follow up support contributed to implementation of CBT using the existing infrastructure.

Computer-Based Testing Transforms Student Performance Assessment in Ethiopia's Health Science Training Institutions

Ubuntu8

BACKGROUND

- Technology-enhanced education is low at Ethiopian Higher Education Institutions (HEIs)
- Most HEIs conduct paper-based examinations, which is resource intensive and error-prone
- Lack of technical support impeded the implementation of digital learning solutions (DLS)
- Since 2021, the Jhpiego-led Health Workforce Improvement Program (HWIP) has supported adopting DLS
- As part of program learning, this abstract is developed to share experiences of implementing technology-enhanced education at HEIs in Ethiopia

KEY ACTIVITY

- HWIP Hawassa regional office has been supporting 7 HEIs including 1 private college
- The program provided:
    - Capacity-building training and equipment
    - Onsite technical support to facilitate the introduction of Computer Based Testing (CBT).
    - Advocacy support to the leaders of the HEIs to optimize utilization of the existing basic IT infrastructure
    - Support the HEIs to share their experience through the virtual hub and spoke platform

RESULT

- Seven HEIs have successfully implemented CBT and transitioned from the traditional paper-based to digital student assessment system
- As of Nov 2023, the 7 HEIs have administered examinations using CBT for 7,739 health science students
- Students, faculty, and academic leadership appreciated the added value of CBT that it gives instant feedback, improves efficiency, and saves cost

LESSON LEARNED

- Implementing DLS improves student assessment and saves resources
- Advocacy, capacity-building, and follow-up support have been instrumental in institutionalizing CBT across HEIs

10 - 13 September 2024

Amarech Tessema[1]*, Asfaw Bikilla[2], Getaneh Kassaye[3], Daniel Birhanu[4], Tegbar Sendekie[5]

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A User Experience Model for Routine Health Data Visualisation for Managerial Decision Support

Presenter: Robin Dyers

Organization: Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu337

Abstract

Background: Public health managers make difficult decisions based on routine health information system (RHIS) data to navigate the complexity of service delivery. However, RHIS data visualisation (DataViz) systems have been developed without an understanding of the complex user experience (UX) factors that should have informed their design. This has led to an overwhelming proliferation of dashboards that may confuse health managers and create a sense of incoherence within the collective presentation of RHIS data.

Objective: The purpose of this study was to develop a User Experience model that would inform design of health information system data visualisation for managerial decision support. Methodology: A multimethod case study was conducted to confront existing UX theory with health managers' experiences. Methods included literature review, policy document review, key informant interviews, design workshop, and subject matter expert review. The outputs of these research activities informed the iterative development of a UX model within the Design Science Research paradigm.

Results: The resultant UX model illustrates that purposeful storytelling with RHIS data, and the service delivery context are important determining factors of health manager UX. However, DataViz designers should be mindful that the cognitive load placed on health managers by dense representations of health system performance may have a negative impact on UX and ultimately result in decision paralysis.

Discussion: The volume of routine health information will continue to proliferate as more clinical service delivery and corporate functions are digitised. The presentation of this information must account for users' needs and the multi-dimensional contexts wherein the decision making occurs.

Conclusion: Health DataViz tools should be user friendly and offer sufficient flexibility for bespoke presentation and representation of data for local

contexts. It should enable health system navigators to tell persuasive data stories that support health managers in their decision-making.

A User Experience Model for Routine Health Data Visualisation for Managerial Decision Support — Ubuntu337

INTRODUCTION Health managers make difficult decisions for health service delivery each day. These should be informed evidence from routine data.

AIM to develop a User Experience model that will inform the design of routine health information visualisation systems for managerial decision support

METHODS

- Literature Review
- Document Review
- Interviews
- FGD
- Expert Review

RESULTS

CONCLUSION Health DataViz tools should offer sufficient flexibility for bespoke presentation of data and persuasive data stories for local contexts.

10 - 13 September 2024   Dr Robin Dyers rdyers@sun.ac.za; Prof Hassan Mahomed - Stellenbosch University
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Empowering Rural Caregivers: A Transformative Course for Chronic Disease Management in Icononzo

Presenter: Francisco Lamus

Organization: Universidad del Tolima

Country: Colombia

Ubuntu ID: Ubuntu259

Abstract

In the rural zones of Icononzo, Colombia, a pioneering introductory course was developed for family caregivers of individuals with chronic diseases, recognizing the crucial role these caregivers play in the healthcare continuum. Chronic diseases, characterized by their long lasting and often fluctuating nature, significantly impact the daily lives and well being of patients and their families. This necessitates dedicated supervision, special care, and substantial social and health services intervention. Acknowledging these challenges, the course aimed to strengthen the knowledge and caregiving practices of the caregiver patient dyad, particularly targeting those caring for the elderly with chronic conditions such as diabetes and hypertension. The initiative sought to improve the quality of life for both caregivers and patients by addressing the lack of access to critical information and support. Structured around community engagement and popular education principles, the program was designed to adapt learning to the cultural and social context of the participants, fostering a joint construction of knowledge. Through this approach, the course emphasized empowering caregivers with practical skills for safe medication administration, fall prevention, and effective response to emergencies in a rural setting, where access to healthcare facilities can be challenging. A significant insight from this initiative was the motivation driving rural caregivers—the desire to help their family members and others in need, underscoring a profound commitment to learning and providing care despite the challenges posed by their rural context. The project highlighted the need for consistent and extra effort in educating non scholarized adult learners and the importance of starting with the community as the focal point of healthcare interventions. This course not only provided essential caregiving skills but also highlighted the vital role of community based strategies in enhancing rural healthcare delivery. It underscores the potential for similar initiatives to be

EMPOWERING RURAL CAREGIVERS: A TRANSFORMATIVE COURSE FOR CHRONIC DISEASE MANAGEMENT IN ICONONZO-TOLIMA-COLOMBIA

Ubuntu 259

INTRODUCTION

Recognizing the barriers to access and the crucial role of caregivers in the rural health care continuum, a pioneering course was developed for family caregivers of people with chronic diseases living in areas that were scenarios of the armed conflict.

☐AIMS & OBJECTIVES

- Strengthen the knowledge and care practices of the caregiver-patient couple, particularly aimed at those who care for older people with chronic diseases such as diabetes and hypertension.

- Improve the quality of life of both caregivers and patients by addressing lack of access to critical information and support.

METHODS / FINDINGS

- The teaching methodologies and content were adapted to the cultural and social context of the participants, promoting the joint construction of knowledge.
- The course emphasized training caregivers with practical skills for safe medication administration, fall prevention, and effective emergency response in a rural setting, where access to healthcare facilities can be a challenge.
- The motivation that drives rural caregivers: the desire to help their families and others in need and the commitment to learning and providing care despite the challenges posed by their rural context.

CONCLUSION

- The pedagogical challenge of educating illiterate
- adults.
- The importance of the community as a focal point for health care interventions.
- The potential of community strategies to bring health services closer to the rural population

10 - 13 September 2024

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Collaborative Efforts in Rural Guatemala: The Role of Student-Led Workshops for Community Health Nurses

Presenter: María Bojorquez

Organization: Universidad Francisco Marroquín

Country: Guatemala

Ubuntu ID: Ubuntu160

Abstract

Introduction: Health posts serve as the primary source of healthcare in rural Guatemala. This is largely due to the limited resources available to individuals, coupled with a lack of access to secondary or tertiary care services. In San Juan Sacatepéquez (SJS), there are 15 health posts where community health nurses (CHN) provide primary care. During the COVID-19 pandemic, continuing medical education (CME) was halted for CHN. In response, medical students partnered with local health authorities to provide CME to CHNs from local health posts, aiming to strengthen the knowledge of frontline health workers operating within the region.

Aims & Objectives: Outline the development and implementation of effective partnerships between medical students and CHNs to establish a CME program in rural Guatemala.

Methods/Findings: Monthly face-to-face workshops and lessons are held with aimed 58 CHNs from different health posts in SJS. These sessions cover topics identified by local health authorities and CHNs in areas where they need reinforcement. Topics have ranged from interpreting laboratory results to hands-on suturing workshops. The medical students who give these workshops use different teaching methods, including oral presentations and practical demonstrations, to ensure a comprehensive understanding of the lessons.

Discussion/Conclusion: The workshops enhance CHNs skills and foster bidirectional learning between nurses and students. They exemplify student-led initiatives' transformative potential in democratizing healthcare education, especially in rural areas. Future directions entail formal assessments to evaluate long-term impact on healthcare outcomes, identifying areas for improvement, advancing healthcare delivery within SJS.

Collaborative Efforts in Rural Guatemala: The Role of Student-Led Workshops for Community Health Nurses

INTRODUCTION

- 15 health posts in rural Guatemala.
- Medical students collaborated to bolster community health nurses (CHN) knowledge and frontline healthcare.

METHODS / FINDINGS

We conducted monthly face-to-face workshops for 58 CHNs in San Juan Sacatepequez. The workshops covered essential topics identified by local health authorities and utilized diverse teaching methods.

AIMS & OBJECTIVES

Outline the development and implementation of effective partnerships between medical students and CHNs to establish a CME program in rural Guatemala.

DISCUSSION / CONCLUSION

- Student-led educational initiatives empower local communities, bridging health disparities in rural areas.
- Aim to minimize health and knowledge gaps, enhancing local healthcare capacity and responsiveness.

Figure 1: suture workshop

Figure 2: Proper hand wash workshop

10 - 13 September 2024

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Assessment of Healthcare Quality in Rural Areas of Portugal: AHCRES (Users' Perceptions and Experiences)

Presenter: Diana Fernandes Gomes

Organization: USF Mmimar Mêda

Country: Portugal

Ubuntu ID: Ubuntu185

Abstract

Introduction

While studies have already been conducted in urban areas regarding the level of satisfaction with healthcare, there is a dearth of information in rural areas. This research endeavor involved five Primary Health Care Centers (PHCC) in the rural area in center of Portugal, with a total population of 56,405. The objective was to evaluate the overall satisfaction with the healthcare services provided, utilizing a questionnaire.

Methods

A population survey was conducted using Epi Info, with a confidence interval of 97%, a sample size of 393, and an expected frequency of 70%. Inclusion criteria encompassed individuals registered with the five PHCC as of March 2024, who were fluent in Portuguese. Exclusion criteria included individuals unable to independently respond to the questionnaire and those lacking an informal caregiver for assistance in understanding responses. It was applied the questionnaire European Task Force on Patient Evaluation of General Practice Care (EUROPEP).

Results

Over the course of two months of questionnaire distribution, an estimated 90% response rate is expected, with a satisfaction rate of 70%.

Discussion

The methodology employed, which prioritized convenience for participants, was tailored to the demographic characteristics of the rural region, characterized by its expansive geographic area and predominantly older population. Conclusion This research facilitated the acquisition of a reliable representation of user satisfaction with primary healthcare in rural areas. It is crucial to emphasize that awareness of population satisfaction can catalyze

the discovery of solutions and the implementation of changes to enhance overall care and health conditions.

Assessment of Healthcare Quality in Rural Areas of Portugal: AHCRES (Users' Perceptions and Experiences)

Ubuntu185

INTRODUCTION

▪ Assessing patient satisfaction in primary healthcare is crucial for understanding the quality of services provided and identifying areas for improvement. While studies have already been conducted in urban areas regarding the level of satisfaction with healthcare, there is a dearth of information in rural areas. The rural area under study is a depopulated area in the interior of Portugal, characterized by a predominantly elderly population with low levels of education.

AIMS & OBJECTIVES

▪ Evaluate the levels of satisfaction among patients receiving primary healthcare services in rural areas, using the European Task Force on Patient Evaluation of General Practice Care (EUROPEP) questionnaire, thereby providing valuable insights for healthcare providers.

METHODS

▪ 400 participants were randomized from 4 Primary Health Care Centers (PHCC) in a rural area of Portugal - Guarda.

▪ Inclusion criteria: individuals registered with the 4 PHCC, who were fluent in Portuguese with access to health care in the last 12 months.

▪ Exclusion criteria: Individuals unable to independently respond to the questionnaire; those lacking an informal caregiver for assistance in understanding responses; family members or health unit workers.

▪ The questionnaire was applied by telephone.

FINDINGS

▪ Total number of responses: 128 (61.7% females). Average age: 47,4 years. No differences were observed in demographic characteristics. Satisfaction rates for **medical consultations: 87%**, **nursing consultations: 82%**, **clinical secretariat services:74%**, and **overall assessment of the unit: 60%**.

Figure 1. Global satisfaction of medical consultation, nursing consultation, clinical secretaries and primary health care centers. The level of satisfaction was assessed using a scale from 1 – bad to 5 - excelent (EUROPEP questionnaire). N/A: not applicable.

DISCUSSION / CONCLUSION

▪ Over the course of two months, only a **32% response rate** was obtained. However, the **overall satisfaction level was very high**.

Limitations and Strengths: Given the rural setting, many participants did not answer the call, and the older ones often did not have a caregiver present. The authors will improve the methodology to prioritize convenience for participants, taking into consideration the demographic characteristics of the rural region, characterized by its expansive geographic area and predominantly older population. It was important for users to express their opinion on healthcare because their opinion affects their relationship with the services and the professionals.

Diana Fernandes Gomes – diana.gomes@ulsguarda.min-saude.pt
Ana Isabel Vasques, Bruno Morrão, Daniel Santos Silva, Mariana Caboz, Melani Morais Noro, Raquel Martins, Sílvia Gomes Coelho, Susana Patrícia Martins

10 - 13 September 2024

Ubuntu2024.com

Trust and Building Equity for Rural Health

Presenter: Daniel Harper

Organization: RCCbc; York University

Country: Canada

Ubuntu ID: Ubuntu243

Abstract

Trust is one of the most important concepts in studying social relationships and political functioning, and how it produces health inequalities. In this study, we consider the role of trust in shaping health and health equity in rural settings. Specifically, we seek to test three arguments. First, rural health disparities are associated with the unequal distribution of trust at both the individual and the contextual level. Second, lower trust leads to lower willingness to use health services and lower compliance with health policies among rural populations. Third, trust is key to building local networks and partnerships to promote rural health equity. Our empirical testing will rely on a mixed-methods data approach in rural communities in British Columbia, Canada. A clear focus on trust will guide us to develop a systematic and consistent approach to health inequalities and help focus actions on achieving health for all.

Assessing the Global Health Impacts of Climate Change on Rural Communities: A Multidisciplinary Approach

Presenter: Sara Idris

Organization: Gezira-SNO

Country: Sudan

Ubuntu ID: Ubuntu277

Abstract

Introduction: Climate change threatens rural healthcare systems, demanding a prepared workforce. This study synthesizes existing research on climate's health impacts in rural areas, while also proposing solutions and identifying knowledge gaps. We aim to educate the healthcare workforce and empower them to adapt and respond effectively.

Methodology: A comprehensive literature review explored academic databases (PubMed, Google Scholar, Scopus) using terms like "climate change," "rural health," "health impacts, "and "healthcare workforce education."140 articles were screened, with 68 included based on quality, relevance, and focus on rural health effects. This review analyzed quantitative health data and explored educational interventions for healthcare professionals.

Results: The analysis reveals a concerning link between climate change and rural health. Rising temperatures correlate with increased vector-borne diseases like malaria (5% rise per 1°C increase). Higher precipitation is associated with a 15% surge in waterborne diseases, disproportionately affecting rural communities with limited clean water access. Extreme weather events exacerbate these issues, with floods leading to a threefold rise in child malnutrition and contributing to mental health burdens (anxiety and depression) in up to 20% of affected rural residents.

Recommendations: To address these vulnerabilities and empower the rural healthcare workforce, we emphasize:

- Targeted education: Develop training on climate-sensitive illnesses, early warning systems, and community interventions.
- Strengthened infrastructure: Invest in resources to improve access to healthcare, including telemedicine and mobile clinics.
- Community-based adaptation: Promote partnerships for localized solutions like early warning systems and sustainable agriculture.

In conclusion, This study not only synthesizes knowledge but also proposes solutions and identifies gaps for future research, including educational interventions and culturally sensitive healthcare delivery. By empowering the workforce, we aim to build rural resilience to climate change.

Assessing the Global Health Impacts of Climate Change on Rural Communities: A Multidisciplinary Approach

Ubuntu277

INTRODUCTION

Climate change threatens rural healthcare systems, demanding a prepared workforce. This study synthesizes existing research on climate's health impacts in rural areas, while also proposing solutions and identifying knowledge gaps.

AIMS & OBJECTIVES

We aim to educate the healthcare workforce and empower them to adapt and respond effectively.

METHODS

A comprehensive literature review explored academic databases (PubMed, Google Scholar, Scopus) using terms like " climate change ," rural health," "health impacts," and "health care workforce education."140 articles were screened, with 68 included based on quality, relevance, and focus on rural health effects. This review analyzed quantitative health data and explored educational interventions for healthcare professionals.

FINDINGS

The analysis reveals a concerning link between climate change and rural health. Rising temperatures correlate with increased vector-borne diseases like malaria (5% rise per 1°C increase).Higher precipitation is associated with a 15% surge in waterborne diseases, disproportionately affecting rural communities with limited clean water access. Extreme weather events exacerbate these issues, with floods leading to a threefold rise in child malnutrition and contributing to mental health burdens(anxiety and depression)in up to 20% of affected rural residents.

DISCUSSION / CONCLUSION

To address these vulnerabilities and empower the rural healthcare workforce, we emphasize:

∀ **Targeted education:** Develop training on climate-sensitive illnesses, early warning systems, and community interventions.
∀ **Strengthened infrastructure:** Invest in resources to improve access to healthcare, including telemedicine and mobile clinics.
∀ **Community-based adaptation:** Promote partnerships for localized solutions like early warning systems and sustainable agriculture.

In conclusion, The study synthesizes knowledge, proposes solutions, identifies research gaps, and aims to build rural resilience to climate change through educational interventions and culturally sensitive healthcare delivery.

10 - 13 September 2024   Sara Alsheikh Idris Mohamed   Email : wisalbabiker@gmail.com   Ubuntu2024.com

Required Attributes and Competencies for Working Effectively as a Medical Professional in Rural and Remote Indonesia: A Delphi Study to Inform Training
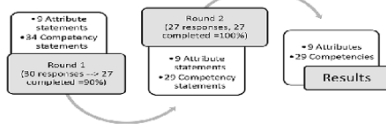
Presenter: Farah Noya

Organization: Universitas Pattimura, Indonesia

Country: Indonesia

Ubuntu ID: Ubuntu301

Abstract

Indonesian physicians working in rural and remote areas must be equipped not only with generic competencies but also with the attributes and skills necessary to provide health care services without compromising quality. This study sought to reach a consensus on the attributes and competencies that are viewed as essential and important for working effectively as an early career doctor in rural and remote practice in Indonesia. A two round Delphi study was conducted by reference to 27 consenting physicians working in rural and remote Indonesia. Forty-three items covering 9 attributes and 34 competencies were sent to these physicians to be rated on a Likert scale ranging from 1 to 5 in terms of their importance for effective rural and remote practice. Nine attributes and 29 competencies progressed to Round 2. All nine attributes and 29 competencies were identified as essential or important for junior physicians' ability to be effective in their practice. The essential attributes included professional quality related to prioritising the rural community. The essential competencies included medical skills, professional behaviour, interprofessional skills, health promotion and connection to the rural community. The consensus thus reached on these essential and important attributes and competencies can inform curriculum development for the undergraduate and postgraduate training of junior rural and remote physicians.

Required Attributes and Competencies for Working Effectively as a Medical Professional in Rural and Remote Indonesia

Ubuntu 301

INTRODUCTION

- Indonesian health challenges in rural and remote areas
- Physicians need to be equipped to provide health care services without compromising quality ⮕ **Study aimed** to develop consensus on the attributes and competencies for working effectively as a doctor in Indonesian RR practice.

METHODS / FINDINGS

Attributes of RR Junior Physicians		Round 1	Round 2	Mean	Median	Range	STDEV
1	Proactively manage one's own health and demonstrate the resilience necessary to meet the ongoing challenges of RR practice	97%	100%	4.78	5.00	4–5	0.42
2	Maintain professional behaviours in limited RR conditions	97%	100%	4.78	5.00	4–5	0.42
3	Maintain rural community-mindedness and commitment to RR health	97%	100%	4.78	5.00	4–5	0.42
4	Maintain ethical practice	97%	100%	4.74	5.00	4–5	0.45
5	Maintain integrity as a recognised health provider in the RR community	94%	100%	4.67	5.00	4–5	0.48
6	Maintain internal motivation to practise sustainably in the RR context	90%	96%	4.63	5.00	3–5	0.56
7	Remain adaptable and flexible with regard to rural living conditions	97%	96%	4.59	5.00	3–5	0.57
8	Proactively manage one's own professional satisfaction	90%	89%	4.37	4.00	3–5	0.69
9	Enjoy the challenge of responding to unexpected or unusual medical conditions	87%	89%	4.37	4.00	3–5	0.69

Competencies of RR Junior Physicians		Round 1	Round 2	Mean	Median	Range	STDEV
Essential							
1	Respond to medical emergencies in rural areas	100%	100%	4.89	5	4–5	0.32
2	Demonstrate respect for colleagues' clinical experience in rural practice	100%	100%	4.81	5	4 5	0.4
3	Seek collegial support for difficult clinical cases	100%	100%	4.74	5	4–5	0.45
4	Actively establish a professional support network at the local, national, and international levels	85%	100%	4.67	5	4–5	0.48
5	Pursue continuing professional development in a self-directed manner	96%	100%	4.67	5	4–5	0.48
6	Understand the health needs of rural communities	100%	100%	4.67	5	4–5	0.48
7	Maintain skills and promote community responsiveness	96%	100%	4.63	5	4 5	0.49
8	Demonstrate resourcefulness, independence and self-reliance in isolated rural contexts	96%	100%	4.63	5	4–5	0.49
9	Practise effective teamwork with members of the rural health care team	96%	100%	4.59	5	4–5	0.5
10	Maintain personal standards by playing an active role in professional and interprofessional networks	85%	100%	4.56	5	4–5	0.51
11	Understand what constitutes quality health service and advocate for it at the local, national, and international levels	96%	100%	4.44	4	4–5	0.51
12	Advocate for health promotion within the community	100%	100%	4.41	5	4–5	0.5

DISCUSSION / CONCLUSION

- Curriculum development must relevant to RR conditions, respond to the most significant health challenges encountered in rural contexts.
- These are starting point for developing the curriculum and providing training

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Distribution and Factors Affecting the Rural Retention of Doctors Graduating from the Collaborative Project to Increase Production of Rural Doctors (CPIRD) : 11 Batches of Songkhla Medical Education Center, Thailand

Presenter: Benjawan Thayanithikun

Organization: Songkhla Medical Education Center, Princess Naradhiwas university, Thailand

Country: Thailand

Ubuntu ID: Ubuntu039

Abstract

Introduction: In Thailand, the shortage and maldistribution of doctors is a critical public health equity problem, particularly in the three most lower southern unrest situation provinces. The Collaborative Project to Increase Production of Rural Doctors (CPIRD) was established to address this problem. This study examined the impact of CPIRD in relation to distribution and factors affecting retention of doctors in rural public health service.

Methods: Data of doctors were collected from the provincial public health offices to describe distribution and retention situation. A cross sectional online questionnaires synthesized based on WHO global policy recommendation categories for increasing access to rural health workers were distributed in December 2023. Descriptive statistics, in term of frequency, percentage, mean, and standard deviation were utilized for analysis.

Results: out of 249 graduated doctors, 61.85 % were female, with 97.98% remaining in Ministry of Public Health. 43.55%, 23.79% were practicing in community hospital and general/regional hospital respectively. 22.18% were undergoing specialist training. Just 2.01% had resigned. The response rate of factors affecting rural retention was 49.19% with personal factor (rural background), financial factor {incentive payments), and working &living factor (working environment) receiving high scores. The lowest score was family and community factors. The medical graduates highlighted issues with the referral system problems and specialty training funding.

Discussion and Conclusion: This study demonstrated positive impact of CPIRD in alleviating the shortage and maldistribution of doctors. Incentive payments and working environments were identified as crucial factors for rural retention.

Addressing referral system challenging and ensuring adequate specialty training funding are recommended.

Distribution and Factors Affecting the Rural Retention of Doctors Graduating from the Collaborative Project to Increase Production of Rural Doctors (CPIRD): 11 Batches of Songkhla Medical Education Center, Thailand

Ubuntu39

INTRODUCTION

In Thailand, the shortage and maldistribution of doctors is a critical public health equity problem, particularly in the three most lower southern unrest situation provinces. The Collaborative Project to Increase Production of Rural Doctors (CPIRD) was established to address this problem.

AIMS & OBJECTIVES
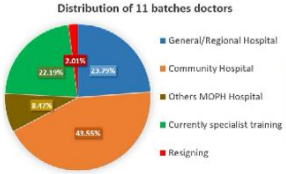
This study examined the impact of CPIRD in relation to distribution and factors affecting retention of doctors in rural public health service.

METHODS / FINDINGS

Data of doctors were collected from the provincial public health offices. A cross sectional online questionnaires synthesized based on WHO global policy recommendation categories for increasing access to rural health workers were distributed.

Descriptive statistics were utilized for analysis.

Distribution of 11 batches doctors

- General/Regional Hospital
- Community Hospital
- Others MOPH Hospital
- Currently specialist training
- Resigning

Factors Affecting Rural Retention of Doctors		
Factors	Mean (5 likert scores)	SD
Educational factors	3.81	0.813
Career related	3.79	0.623
Working &Living condition	3.87	0.835
Financial aspects	3.73	0.718
Family &community	3.68	0.778
Personal factors	4.0	0.927

The medical graduates highlighted issues with the referral system problems and specialty training funding.

DISCUSSION / CONCLUSION

This study demonstrated positive impact of CPIRD in alleviating the shortage and maldistribution of doctors. Incentive payments and working environments were identified as crucial factors for rural retention. Addressing referral system challenging and ensuring adequate specialty training funding are recommended.

10 - 13 September 2024

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Comparison of Medical Graduates Evaluation : Collaborative project to increased production of rural doctors track versus normal track

Presenter: Kotchakon Promsopa

Organization: Medical education center Songkhla hospital, Thailand

Country: Thailand

Ubuntu ID: Ubuntu058

Abstract

Introduction: Songkhla Medical Education Center has successfully produced 11 batches of doctors in the Collaborative Project to Increased the Production of Rural doctors (CPIRD). This study aimed to evaluate our graduates competencies and attributes according to the curriculum objectives, professional standards for medical practitioners of the medical council of Thailand, the seven-star doctor of WHO, and the 21st century skills in comparison to graduates from normal medical track.

Methods: From December 2023 to January 2024, online questionnaires were sent to medical staffs at the workplaces of graduates' first year in 5 general hospitals across 3 southern provinces of Thailand. The competencies and attributes of graduates were rated by using 5- point Likert scale. The data was analyzed using independent t -test.

Results: There were 47 respondents (47.78%). 44.19% and 27.19% had supervised 1-3 batches and more than 7 batches respectively. There was no statistically significant different in overall competencies and attributes between both tracks. However, CPIRD track showed significantly higher proficient in procedure skills and ability to live happily within a multicultural society compared to normal track. (p=0.015 and 0.003 respectively). English language proficiency was significant lower (p=0.37). Discussion and conclusion: This study indicates that there is no significant different in competencies and attributes between graduates from CPIRD track and normal track. Furthermore, CPIRD graduates exhibit superior procedure skills and ability to live happily within a multicultural society, which are particularly suitable for work in the southern region of Thailand. However, English language proficiency should be addressed to enhance the quality of the graduates.

Comparison of Medical Graduates Evaluation : Collaborative project to increased production of rural doctors track versus normal track

INTRODUCTION

Songkhla Medical Education Center has successfully produced 11 batches of doctors in the Collaborative Project to Increased the Production of Rural doctors (CPIRD).

AIMS & OBJECTIVES

To compare the competencies and attributes of CPIRD graduates and those of the normal track based on curriculum objectives, professional standards for medical practitioners of the medical council of Thailand, the seven-star doctor of WHO, and the 21st century skills

METHODS / FINDINGS

Online questionnaires were sent to medical staffs. The competencies and attributes of graduates were rated by using 5- point Likert scale. The data was analyzed using independent t-test. There were 47 responses (47.78%)

Overall, no significant differences between the two groups.

Competencies	CPIRD Mean ± SD	Normal track Mean ± SD	P-Value
Procedure skills	4.09 ± 0.610	3.77 ± 0.611	.015
Ability to live happily within a multicultural society	4.23 ± 0.527	3.88 ± 0.544	.003
English language	3.67 ± 0.566	3.93 ± 0.552	.037

DISCUSSION / CONCLUSION

No significant different in competencies and attributes between graduates from CPIRD track and normal track. CPIRD graduates exhibit superior procedure skills and ability to live happily within a multicultural society, which are particularly suitable for work in the southern region of Thailand. English language proficiency should be addressed to enhance the quality of the graduates.

10 - 13 September 2024

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Persons with disabilities' perceptions on self-employment barriers, facilitators and solutions in a rural setting – An exploratory interview study

Presenter: Luther Monareng

Organization: University Of Kwazulu Natal

Country: South Africa

Ubuntu ID: Ubuntu074

Abstract

Introduction: Self-employment (vocational rehabilitation), a placement option for persons with disabilities, is more common in developing countries like Africa. However, this field needs further development, especially in understanding associated contextual barriers and facilitators that dictate the collaborative inclusion of the voices of persons with disabilities. This research explored persons with disabilities' perception of self-employment barriers, facilitators and solutions in a rural setting in South Africa.

Methods: This is a qualitative study. Ten persons with disabilities in microenterprises in a rural setting of KwaZulu Natal participated. One-on-one interviews were conducted using a validated question guide and their preferred language. Thematic data analysis was done using the hybrid deductive and deductive approaches. The NVIVO software was used to organise and manage data. This research's ethics number is BREC/00004655/2022.

Findings: Out of ten self-employed microenterprise owners participants, few (n=1) were female, and the rest were male. None passed matric with n=2 with no education and only n=1 with a driver's license. Two themes emerged, i.e., theme one: personal, microenterprise and policy-related barriers and facilitators in self-employment and theme two: proposed assistance with setting up self-employment in microenterprises as a solution from government and professionals, i.e., "What I would need most from a professional…"

Discussion and conclusion: Persons with disabilities shared their perception of self-employment barriers and facilitators. They proposed solutions such as tailored services and transparent systems to ensure sustainability. They urged key role players to provide outreach services to help their microenterprises thrive.

Persons with disabilities' perceptions on self-employment barriers, facilitators and solutions in a rural setting – An exploratory interview study

Ubuntu74

INTRODUCTION

-Trading or selling and buying, as a type of self-employment, is not new in Africa. It dates back to the Stone Age and Iron Age, where items such as metal, grain and meat were battered or sold. It Provides livelihoods and employs millions.

-Although there are challenges, persons with disabilities (PWDs) prefer being self-employed in small businesses due to limited barriers of entry

-Problem statement: missing voices of persons with disabilities and self-employment as a placement option

AIMS & OBJECTIVES

-To explore persons with disabilities' perceptions of self-employment barriers, facilitators and solutions in a rural setting of KwaZulu Natal.

METHODS / FINDINGS

-Quantitative. Followed COREQ with a 32-item

-Theme 1: Personal, societal and key role players related barriers and facilitators. Theme 2: PWDs reported they need help from a professional setting up self-employment in microenterprises

DISCUSSION / CONCLUSION

-Barriers: Politics, crime, less trained officials & limited resources. Facilitators: Profitability, post-morbid function & country laws which are pro PWDs

Proposed solution:

-Outreach/bringing services to the community
-Contextual or tailored intervention - Continents such as Africa need no "bicycle lanes but hawker lanes."
-Assistance in setting up & running businesses, legislation implementation & monitoring are crucial

10 - 13 September 2024

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Implementation and Patient's Experiences of Remote Consultations for Outpatient Appointments in Community Care".

Presenter: Aamna Shaikh

Organization: University of Birmingham Dubai

Country: United Arab Emirates

Ubuntu ID: Ubuntu358

Abstract

Introduction: The COVID-19 pandemic forced a rapid shift in healthcare delivery within the NHS. To minimize infection risk, remote consultations (phone/video appointments) became widely adopted. This study explored patient experiences with these consultations in a West Midlands NHS Trust (May 2020-mid 2021). We analyzed data from 3631 patient surveys, considering demographics and health conditions, to understand how patients felt about this new approach.

Methods: Data from patient surveys completed between May 2020 and mid-2021 formed the basis of our analysis. Encompassing 3631 patient appointments, the data included information about demographics and health conditions. Statistical methods were employed to understand the data, including calculating averages and comparing groups based on factors like age, gender, and ethnicity.

Results: The findings revealed widespread adoption of remote consultations during the pandemic, with patients reporting high levels of satisfaction. However, preferences for consultation methods varied depending on the medical specialty involved. Interestingly, the analysis identified significant associations between patient satisfaction and factors like age, gender, and ethnicity. This suggests potential disparities in access to or experience with remote consultations. These expected findings will contribute to knowledge.

Discussion: This study sheds light on the use and effectiveness of remote consultations in community healthcare settings, particularly within the context of evolving NHS guidelines and patient expectations. While remote consultations offer advantages like improved accessibility and efficiency, challenges like potential interpretation bias during consultations and the lack of a comparison group without remote experience remain. The study emphasizes the need for ongoing evaluation and adaptation to ensure

equitable healthcare access for all patients in this changing healthcare landscape.

Conclusion: Remote consultations became a valuable tool during the COVID-19 pandemic, making it easier and more convenient for patients to get healthcare. However, more research is needed to see its usage in the long run.

"IMPLEMENTATION & PATIENTS EXPERIENCES OF REMOTE CONSULTATION FOR OUTPATIENT APPOINTMENTS IN COMMUNITY CARE"

Ubuntu358

INTRODUCTION

The COVID-19 pandemic forced a rapid shift in healthcare delivery within the NHS. To minimize infection risk, remote consultations (phone/video appointments) became widely adopted. This study explored patient experiences with these consultations in a West Midlands NHS Trust (May 2020-mid 2021). We analyzed data from 3631 patient surveys, considering demographics and health conditions, to understand how patients felt about this new approach

AIMS & OBJECTIVES

AIM: To analyze patient experiences and perceptions of remote consultations within an NHS Community Trust during the COVID-19 pandemic.

Objectives

- **Describe patient demographics:** To characterize the study population based on clinical and sociodemographic factors.

- **Assess patient experiences:** To evaluate patient perceptions of remote consultations, including service quality, time and cost savings, and overall satisfaction.

- **Explore factors associated with satisfaction:** To investigate the relationship between patient satisfaction with remote consultations and clinical specialty and sociodemographic characteristics.

METHODS / FINDINGS

The findings revealed widespread adoption of remote consultations during the pandemic, with patients reporting high satisfaction levels. However, preferences for consultation methods varied depending on the medical specialty involved. Interestingly, the analysis identified significant associations between patient satisfaction and factors like age, gender, and ethnicity. This suggests potential disparities in access to or experience with remote consultations.

DISCUSSION / CONCLUSION

This study sheds light on the use and effectiveness of remote consultations in community healthcare settings, particularly within the context of evolving NHS guidelines and patient expectations. While remote consultations offer advantages like improved accessibility and efficiency, challenges like potential interpretation bias during consultations and the lack of a comparison group without remote experience remain. The study emphasizes the need for ongoing evaluation and adaptation to ensure equitable healthcare access for all patients in this changing healthcare landscape.

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10 - 13 September 2024   Dr. Aamna Shaikh – Student ID 2411120   Ubuntu2024.com

Awareness of Breast Cancer and Practices of Breast Self-examination among Rural Women in Gezira State, Sudan, 2023

Presenter: Khalid Mohammed

Organization: University of Gezira

Country: Sudan

Ubuntu ID: Ubuntu142

Abstract

Introduction: Breast cancer is the most common cancer among women in Sudan. This study aims to assess knowledge of breast cancer and applications of breast self-examination (BSE) in women from 10 villages in Gezira State, Sudan. ??

Methods: A descriptive cross-sectional community-based survey was conducted among women aged 18 and older in 10 villages, with a population size of 20,000. We used a simple random sampling technique. The questionnaire contained 10 questions about knowledge; the level of knowledge was classified as good (10–8 correct answers), moderate (7–5 correct answers), or poor (4 correct answers or less). ??Results: A total of 340/377 women participated in the study (response rate = 90%). The mean age of participants was 37.2 years old. Majority of participants (60.8%) had moderate knowledge of breast cancer. Painless lumps were the most frequently identified symptom of breast cancer (82.3%). Only 50.6% of participants had heard of BSE, and only 17.6% of these women reported performing BSE. ??

Discussion: This study was conducted among rural women to focus more on the level of awareness among this group. The level of BSE practice is much lower than reported in previous similar studies. Our intervention was organizing breast cancer awareness sessions for one hour in each village by students who participated in data collection. ??

Conclusions: This study found that women have a moderate level of knowledge about breast cancer and a low level of BSE practice. Providing information about breast cancer is essential to promote public health and ensure health equity.

Awareness of Breast Cancer and Practices of Breast Self-examination among Rural Women in Gezira State ,Sudan

INTRODUCTION:

Breast cancer is the most prevalent cancer among women in Sudan. Assessing awareness of the disease is crucial for developing effective intervention programs

☐ AIMS & OBJECTIVES:

This study aimed to assess knowledge of breast cancer and applications of breast self-examination (BSE) among rural women in Gezira State, Sudan

METHODS :

- Descriptive cross-sectional community-based study
- Questionnaire destibuted to women aged 18 and older
- The questionnaire contained 10 questions about knowledge; the level of knowledge was classified as good (10–8 correct answers), moderate (7–5 correct answers), or poor (4 correct answers or less).

FINDINGS:

Knowledge: Level of knowledge:

Pie chart legend:
- Good Knowledge — 28.3 %
- Moderate Knowledge — 60.8 %
- Poor Knowledge — 12.9 %
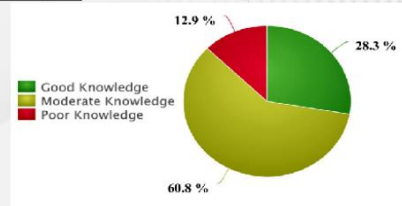
BSE Practice:
- Only 50.6% of participants had heard of BSE, and only 17.6% of these women reported performing BSE.

DISCUSSION / CONCLUSION

- This study found that **women have a moderate level of knowledge about breast cancer and a low level of BSE practice.**
- Spreading awareness about breast cancer and BSE is crucial for combating the disease and improving health outcomes.

10 - 13 September 2024   Khalid Mohammed, University of Gezira,Sudan – Kabusudan@gmail.com
Thorya Mekki, University of Gezira, Sudan- Thorayamekki6@gmail.com   Ubuntu2024.com

The 6for6 Program: Ten Years Down the Road

Presenter: Shabnam Asghari

Organization: Memorial University of Newfoundland

Country: Canada

Ubuntu ID: Ubuntu183

Abstract

Introduction

Physicians practicing in rural and remote areas find themselves in unique positions to conduct community-relevant, socially accountable research but face many barriers, including lack of skills and resources. Faculty development programs that support research skills among rural physicians are exceptionally rare. With this in mind, a team at Memorial University in St. John's, Canada, designed and implemented a research skills development program called 6for6. This program provides six rural and remote physicians with training and mentorship in academic research and writing over a year. This work examines the effect of the 6for6 program ten years down the road.

Methods

This study uses a mixed-methods approach with qualitative and quantitative data and a pre-post quasi-experimental design. Data were collected before and after completion of the program via surveys, focus groups, and observation. Results This program is ongoing. 6for6 trained 38 rural and remote physicians between 2014 and 2023. Pre-post survey results from 2014-2021 show that participants report a significant increase in knowledge (51.7, 83.3), attitudes (89.1, 95.7), and skills (49.5, 80.0) regarding research covered in the training. Focus group data corroborates this data.

Conclusion

6for6 is a unique faculty development program that is making a difference at the community level. By equipping rural physicians with the tools to conduct research, it empowers and enables rural physicians to research solutions to community-specific health needs helping to ensure citizens receive the highest quality of care. 6for6 is socially accountable.

6for6: Ten Years Down the Road

Ubuntu183

INTRODUCTION

- Rural and remote physicians face barriers in conducting community-relevant research due to many barriers, including lack of skills and resources. [1,2]
- Faculty development programs that support research skills among rural physicians are exceptionally rare. [3]
- Memorial University in Newfoundland and Labrador, Canada developed 6for6, a year-long research skills program for 6 rural and remote physicians. [4]

AIMS & OBJECTIVES

- To examine effect of the 6for6 program ten years down the road.

METHODS

- 6for6 uses a mixed-methods, pre-post quasi-experimental design collecting data through surveys, focus groups, and observation before and after program completion.

FINDINGS

- This program is ongoing. 6for6 trained 38 rural and remote physicians between 2014 and 2023.

Competency	Pre-Program	Post-Program
Knowledge	51.8±37	83.3±15**
Attitudes	89.1±41	95.7±19*
Skills	49.5±36	80.0±15**

*P value <0.05 **P value <0.005 ***P value <0.0005

Table 1. Research Competency Scores for Pre- and Post-Program Surveys (Mean ± SD, Cohorts 1-7)

DISCUSSION / CONCLUSION

- 6for6 is a unique faculty development program empowering rural physicians to conduct community-focused research. It equips them with tools to address local health challenges, ensuring high-quality, tailored care for citizens. This initiative exemplifies social accountability in healthcare.

Figure 1. Geographic Origins of 6for6 Alumni

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10 - 13 September 2024

Ubuntu2024.com

Preparing Students for Rural Careers: A Multi-Phase Study of Rural Pedagogies

Presenter: Erin Cameron

Organization: NOSM University

Country: Canada

Ubuntu ID: Ubuntu260

Abstract

Objectives: The main objectives of this research study were to explore the learning processes and outcomes that support students to prepare for a rural career.

Methods: This presentation will share the results from a multi year and multi phase qualitative research project examining rural pedagogies. First key informant interviews with rural clinical educators and administrators were conducted to identify critical components of rural pedagogies. Second, a systematic review of qualitative studies was conducted to identify student perceptions of educational strategies aimed at preparing students for rural careers. Lastly, in depth semi structured interviews were conducted with nineteen rural educators were conducted.

Results: Findings from each part of the study will be shared, and a synthesis of key recommendations from across the study will be identified. Early findings are pointing to how important rural framing is in terms of educational objectives, placements, career intent, and recruitment. Mostly it is pointing to how important both content and non content focused elements are to positive rural education experiences and to the development of rural identities.

Discussion: Rural identities are integral to developing a rural physician identity, which contributes to a rural affinity. Such work has identified key factors that contribute to the development of a rural identity in medical school, such as rural roots and a positive rural exposure in medical education.

Conclusion: Ultimately, to prepare students for rural life and leadership, there is a need to better understand the complex factors that contribute to the development of non-medical competencies, attitudes, and identities within local programs. This study helps to better understand this complexity.

The Rural Pedagogy Study

NOSM UNIVERSITY

The purpose of this study to examine promising and emerging pedagogical strategies that support medical students to prepare for a rural career.

Complex System approach. Multi-part research design. Key Informants. Review. Interviews.

Key Informants (RRH, 2022)

Framing Rural Teaching Matters

Anchoring relationships for all

Resilience and suffering as lenses for rural teaching and learning

Recruiting and retaining the right learners

Review – Qual Studies (BMJ Open, 2023)

Creating a feeling of connectedness is an essential part of a successful rural strategy

Rural strategies provide students with benefits and challenges of rural life and practice.

Rural placements can alter students' professional goals

Interviews (TBD)

Teaching as recruitment

Teaching as admissions criteria

Teaching benefits and compensation

Additional resources for supporting rural

Teaching needs

SSHRC CRSH

DR. GILLES ARCAND
CENTRE FOR HEALTH EQUITY

Presenter: Erin Cameron
Research Team: Hoi Cheu, Mirella Stroink, Brenton Button
Ubuntu2024.com

Advancing Social Accountability at the University of Alberta in Alberta, Canada

Presenter: Kathryn Dong

Organization: University of Alberta

Country: Canada

Ubuntu ID: Ubuntu125

Abstract

Background: Health professions training programs have a responsibility to be socially accountable. This means having a clear process to identify and respond to the needs of the communities that they serve.

Methods: The Faculty of Medicine & Dentistry (FoMD) at the University of Alberta in Alberta, Canada convened a Social Accountability Task Group in 2021. This group convened 12 focus group sessions with external community leads and organizations to better understand how the FoMD could meet its social accountability mandate. Feedback was also sought from internal stakeholders and students. In 2023, three FoMD leads were selected to participate in an international social accountability fellowship sponsored by The Network: Towards Unity for Health.

Results: The FoMD hired a Social Accountability Lead in February 2023 and the development of a Social Accountability Unit is underway. The social accountability fellows are in the process of completing the 'Indicators for Social Accountability Tool in Health Profession Education' (ISAT) for the undergraduate medical education program and dental program. Combined, these activities will result in a clear vision for: a) how to engage with and share decision making with communities; b) refinement of existing health professions training programs, and c) a shared set of outcome measures to determine if community needs are being met. This vision will be shared with the audience for feedback.

Conclusions: A commitment to social accountability across a faculty requires dedicated time, resources and a systematic approach. International collaboration and shared learning is likely to result in improved global coordination and outcomes.

Advancing Social Accountability at the University of Alberta in Alberta, Canada

Ubuntu125

INTRODUCTION

- Health professions training programs have a responsibility to be socially accountable
- Canadian accreditation standards include items related to social accountability
- Patients and communities are at the centre of the Faculty of Medicine & Dentistry strategic plan

AIMS & OBJECTIVES

1. To implement recommendations from the Faculty of Medicine & Dentistry Social Accountability Task Group
2. To complete The Network: TUFH Social Accountability Fellowship
   a) Develop action plans based on the 'Indicators for Social Accountability Tool (ISAT) in Health Profession Education'
   b) Write a policy paper

METHODS

Social Accountability Task Group – 12 focus groups with external community leads and organizations + internal engagement

Social Accountability Fellowship – monthly meetings November/23 – July/24, international representation

RESULTS

- Social Accountability Lead and Program Coordinator hired
- Social Accountability Steering Committee
- ISAT and action plan completed for Undergraduate Medical Education and Doctor of Dental Surgery programs
- Policy paper written to inform expansion of the Undergraduate Medical Education program

CONCLUSION

A commitment to social accountability requires dedicated people, time, resources and an intentional, systematic approach.

10 - 13 September 2024

UNIVERSITY OF ALBERTA

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Ubuntu2024.com

Social Accountability as a primary driver for impactful health professions education and universal health coverage: A Policy Brief

Presenter: Firdouza Waggie

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu361

Abstract

Discrepancies between the needs of communities and the competencies held by health professionals are hurdles to achieving universal health coverage. An effective mechanism, Social Accountability, has been recognised to maximise positive impact and to increase health systems and health outcomes of the population. According to the World Health Organisation, Social Accountability in health professions education refers to the obligation to direct education, research, and service of activities towards addressing priority health concerns of the community, region, and/or nation that they have a mandate to serve. These priority health concerns are to be identified jointly by governments, healthcare organisations, health professionals, and communities. In the Faculty of Community and Health Sciences (FCHS), terms such as "community engagement", "patient-centered care" and "social responsibility" are often used to describe its work. However, there is very little unanimity or consensus on what the faculty holds as its primary driver that ensures students emerge as trained health professionals, who are ready and willing to work with and in communities to address their health needs. Social Accountability not only increases equity, but the relevance, cost-effectiveness, and ultimately, the quality of education resulting in better healthcare service delivery for all. This policy brief thus advocates for integrating Social Accountability principles beyond academic and clinical education. It emphasises the importance of fostering health professionals who grasp social determinants of health, promote community well-being, health equity and advocate for systemic change. While it cannot be ignored that impactful work is being done in the Faculty of Community & Health Sciences that incorporates branches of Social Accountability, the in its entirety should be showcased and modelled in all the faculty activities.

Social Accountability as a primary driver for impactful health professions education and universal health coverage: A policy brief

Problem Statement

- Terms like "**community engagement**," "**patient-centered care**," and "**social responsibility**" describe activities in teaching, research, and practice, but no consensus on drivers ensuring students become **responsive**, **relevant health** professionals.
- **Social Accountability** is implied in higher education institution policies but not explicitly mentioned.
- Risk of perpetuating **health inequities** and **underemphasizing the community's role** in health professionals' mandate.

Policy Framework

Key concepts of Sustainable Learning
- Dedicated
- Intended
- Support
- Inspiration
- Positive results
- Just society

Sustainable Learning

Values of **UBUNTU** and **Social Justice**

Care
Connectedness
Conviviality
Equity
Humanness
Inclusion
Justice
Looking after the needs of others
Open communication
Participation
Respected
Sensitivity
Social responsibility
Sympathy

UBUNTU ···· SOCIAL JUSTICE
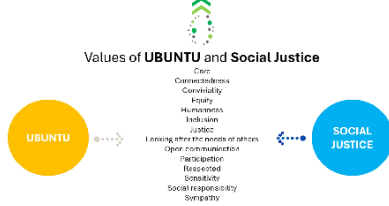
Policy Solution

The policy asks for the **comprehensive integration** of **social accountability** into faculty programs, including curriculum development, research initiatives, community involvement, advocacy training, and fostering a supportive culture.

Community Engagement
UWC's health professions programs prioritise meaningful community engagement and co-creation of solutions

Impactful Research
The university conducts research that directly informs and improves health professions education and practice

Interprofessional Collaboration
UWC fosters collaboration across disciplines to address complex health challenges holistically

Innovation in pedagogy
The university continuously innovates its teaching and learning approaches to better prepare future health professionals.

Integration of School Health Curriculum in Allied Health Science Programs: A step towards Social Accountability

Presenter: Shafaq Sultana

Organization: INDUS HOSPITAL AND HEALTH NETWORK

Country: Pakistan

Ubuntu ID: Ubuntu363

Abstract

Abstract: The implementation of a School Health Curriculum within Allied Health Science Programs represents a proactive and strategic approach to nurturing the health and well-being of our school-aged children. We propose a policy to ensure that allied health professionals are equipped with the tools they need to champion school health promotion and preventive healthcare. In this way, we may advance child health outcomes and also fulfill our social accountability with unwavering commitment and resolve.

Integrating Social Accountability Standards Into Medical School Accreditation In India: A Policy Brief

Presenter: Asuma Ayisha

Organization: GOVERNMENT MEDICAL COLLEGE, KOZHIKODE, KERALA, INDIA

Country: India
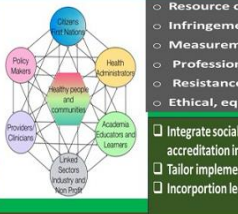
Ubuntu ID: Ubuntu370

Abstract

In India, medical education traditionally prioritizes academic and clinical skills over social responsibility, exacerbating health disparities. The National Medical Commission (NMC) can bridge this gap by integrating social accountability into accreditation standards, signaling its significance and fostering a culture of responsibility among medical schools. Although there isn't a federal mandate for social accountability, various policies at national and state levels promote its aspects. Despite recent WFME recognition, the NMC's focus remains on educational aspects, neglecting service and research functions. The lack of a federal mandate leads to inconsistent implementation across institutions, potentially neglecting underserved populations' health needs. Implementing social accountability in Indian schools requires establishing evidence-based standards, integrating them into the curriculum, faculty training, community partnerships, evaluation mechanisms, and compliance incentives. The process involves reviewing current accreditation standards, identifying gaps, drafting new standards, refining them based on stakeholder feedback, pilot testing, training, implementation, and continuous evaluation. Anticipated challenges include resource constraints, academic freedom concerns, measurement reliability, defining professional roles, traditionalist resistance, and implementation difficulties. Critics argue these challenges may hinder effective integration, but existing evidence suggests socially accountable medical schools positively impact reducing challenges, as documented in published literature and the Lancet commission report, aligning with India's National Medical Education Policy 2016. Addressing ethical, equitable, and legal issues arising from social accountability implementation is vital. By integrating social accountability standards into accreditation and revising standards, the NMC can promote a holistic medical education approach prioritizing community well-being and contributing to a healthier, more equitable society.

Integrating Social Accountability Standards Into Medical School Accreditation In India: A Policy Brief

TUFH 370

PROBLEM AND CONTEXT

- Inspite of historical emphasis on academic and clinical prowess, social accountability is an emerging idea in Indian medical schools.
- Social accountability is a novel idea in Indian medical education
- Need to integrate this into accreditation process of National Medical Commission

No federal Laws in India

OBJECTIVE

Develop and Present a Policy brief to NMC for integrating SA standards in Indian medical schools

METHODOLOGY

Explore Current Policy environment in India

Explore Working Global models

Develop and present Policy brief for Phased implementation and Evaluation

CURRENT POLICY ENVIRONMENT

EXISTING INITIATIVES	OPPORTUNITIES	WHAT NEEDS TO BE DONE ?
National Medical Commission (NMC) Regulations (2019)	Authority to establish accreditation standards for medical schools	Incorporate specific guidelines for social accountability into the accreditation process
National Health Policy	accessible, affordable, and equitable healthcare for all citizens	does not explicitly address social accountability in medical education
State-Level Initiatives	Community-oriented medical education programs	Unstandardized across states and regions
WFME	WFME Recognition Status for 10 Years	focusses on education more than the service and research functions of the medical schools

PROPOSED SIX PRONGED STRATEGIC APPROACH + PARTNERSHIP PENTAGRAM PLUS

PHASES IN IMPLEMENTATION

VISION 2027

Phase I	Conduct comprehensive Review Identify gaps and opportunities
Phase II	Formulate draft standards Solicit feedback Refine standards
Phase III	Pilot test and validate Finalise accreditation standards
Phase IV	Training Capacity building Implementation
Phase V	Evaluation and Revision

ISAAT TOOL: Comprehensive Review

Criticisms anticipated

- Resource constraints
- Infringement on academic freedom and autonomy
- Measurement and evaluation challenges
- Professional identity and role definition confusion
- Resistance from traditionalists and implementation challenges
- Ethical, equitable and legal issues

- ☐ Integrate social accountability standards into medical school accreditation in India
- ☐ Tailor implementation strategies to address local concerns
- ☐ Incorportion leads to public trust and quality health care delivery

CALL TO ACTION

10 - 13 September 2024   Asuma Ayisha Rahim, Padma Prabhu, Asokan N, Fathima, Tom Wilson, Sumayya
Government Medical College, Kozhikode, Kerala, INDIA   Ubuntu2024.com

Advocating for the Effective Integration of Social Accountability in Philippine Medical Education: A Multi-Strategy and Bottom-Up Approach

Presenter: Jake Bryan S. Cortez

Organization: Mapua University School of Medicine

Country: Philippines

Ubuntu ID: Ubuntu390

Abstract

The integration of social accountability (SA) in Philippine medical education faces numerous challenges despite existing policies and accreditation standards. Key issues include ambiguities in SA standards, disparities across medical schools, clinical-centric and urban-focused curricula, part-time faculty engagement, voluntary accreditation processes, weak policy enforcement, financial constraints, and the COVID-19 pandemic's impact. To address these, a multi-strategy and bottom-up approach is proposed, encompassing policy reinforcement, community of practice (CoP) formation, capacity building, mandatory accreditation or self-assessment, and administrative and financial support. This approach aims to develop socially accountable medical professionals capable of addressing diverse health needs and promoting equitable healthcare access. Current policies, such as the Medical Act of 1959 and the UHC Act of 2019, emphasize the importance of public health and primary care, yet practical integration remains inconsistent. The proposed solutions involve strengthening regulatory frameworks, fostering collaborative CoPs, investing in faculty development, ensuring transparent accreditation processes, and securing necessary resources. Implementation steps include forming a CoP led by the Association of Philippine Medical Colleges (APMC), developing a position paper and toolkit for SA best practices, endorsing these to relevant authorities, conducting capacity-building trainings, and requesting resource allocation for compliance incentives. This comprehensive strategy, supported by continuous evaluation and stakeholder engagement, seeks to produce medical professionals dedicated to public health and community service, ultimately enhancing the Philippines' health system.

Advocating for the Effective Integration of Social Accountability in Philippine Medical Education: A Multi-Strategy and Bottom-Up Approach

Ubuntu390

INTRODUCTION

The **integration of social accountability (SA) in Philippine medical education** remains a significant challenge despite existing policies and accreditation standards. The issues hindering this integration include:

- ambiguities in SA standards,
- disparities across medical schools and local government units,
- clinical-centric and urban-focused curricula,
- part-time faculty engagement,
- voluntary accreditation processes,
- weak enforcement of policies,
- financial constraints,
- and the impact of the COVID-19 pandemic.

These factors collectively contribute to the difficulty in cultivating medical professionals committed to addressing the diverse health needs of Philippine society

AIMS & OBJECTIVES

The primary aim of this policy brief is **to develop socially accountable medical professionals equipped to address the diverse health needs of Philippine society and promote equitable healthcare access**.
The objectives include:

1. Strengthening **regulatory frameworks and incentives** to improve adherence to SA standards.
2. Establishing a **CoP** to foster collaboration and innovation in SA.
3. Investing in **faculty development programs** to enhance SA integration.
4. Ensuring **transparent and accountable accreditation processes**.
5. Securing **administrative and financial support** for SA initiatives.

METHODS / FINDINGS

To address these challenges, **a multi-strategy and bottom-up approach** is proposed. This approach includes:

- the reinforcement of policies,
- the formation of a community of practice (CoP),
- capacity building,
- mandatory accreditation or self-assessment,
- and administrative and financial support.

The methodology emphasizes a **collaborative effort** among various stakeholders, including medical schools, professional organizations, and government agencies, to create a cohesive framework that aligns with public health and primary care priorities.

DISCUSSION / CONCLUSION

Effective integration of SA standards into Philippine medical education is crucial for addressing the nation's health inequities and aligning with the Universal Health Care (UHC) Act of 2019. This policy brief highlights the need for **a comprehensive approach that combines regulatory reinforcement, CoP formation, capacity building, and transparent accreditation processes**. By leveraging collaborative efforts among stakeholders, the proposed strategy aims to create an educational environment prioritizing public health and primary care. The success of these initiatives will depend on **continuous evaluation, stakeholder engagement, and adaptive implementation**. Ultimately, this strategy seeks to produce medical professionals who are not only clinically proficient but also **deeply committed to serving the health needs of their communities**, thereby enhancing the overall health system of the Philippines.

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10 - 13 September 2024

Ubuntu2024.com

Advancing Social Accountability in Medical Education: The ISAT Self-Assessment at Universidad de La Sabana

Presenter: Francisco Lamus

Organization: Universidad de la Sabana

Country: Colombia

Ubuntu ID: Ubuntu373

Abstract

Following is a summarized description of the self-assessment process at Universidad de La Sabana's Faculty of Medicine using the Indicators for Social Accountability Tool (ISAT). Since its establishment in 1994, the faculty has been dedicated to educating medical professionals who contribute to societal well-being. Recently, a curricular reform was implemented to better align medical education with evolving community health needs. The ISAT self-assessment focused on critical areas: student recruitment, faculty development, curriculum content, governance, social responsibility, and research impact. A core team of experienced faculty members, who participated in the Social Accountability Fellowship co-hosted by The Network: TUFH and NOSM University, led the evaluation. They utilized the ISAT tool to collect data through structured discussions, workshops, and consultations with key stakeholders. The results showed significant advancements in curriculum reform and faculty development, with a growing emphasis on public health and community-based education. However, challenges persist in attracting students from marginalized communities, integrating community voices into governance, and aligning research activities with social accountability goals. The assessment highlights the need for innovative strategies to overcome socio-economic barriers, enhance community partnerships, and ensure that community needs inform institutional decisions. While the faculty has made notable progress, sustained effort and strategic innovation are essential to further its social accountability agenda. Moving forward, the faculty aims to refine its strategies in areas such as student recruitment, governance, research integration, and interprofessional education to remain a leader in socially accountable medical education in Colombia and beyond.

ADVANCING SOCIAL ACCOUNTABILITY IN MEDICAL EDUCATION: THE ISAT SELF-ASSESSMENT AT UNIVERSIDAD DE LA SABANA

INTRODUCTION

This project aimed to evaluate the social accountability of Universidad de La Sabana's Faculty of Medicine using the ISAT tool. The focus was on aligning medical education with community health needs through curriculum reform and enhanced governance.

METHODOLOGY

-Team Formation: Core assessment team composed of faculty members trained in the ISAT tool.
-Data Collection: Conducted through workshops, structured discussions, and stakeholder consultations.
-Assessment Areas: Student recruitment, faculty development, curriculum content, governance, social responsibility, and research impact.
-Analysis: Findings were analyzed to identify strengths, weaknesses, and areas for improvement.

Aspects	Phase 1	Phase 2	Phase 3	Phase 4
1.1 Student recruitment, selection and support	X			
2.1 Faculty Recruitment		X		
2.2 Faculty Development			X	
3.1 Curriculum: Content			X	
3.2 Curriculum: Learning Methods			X	
3.3 Curriculum: Types and locations of educational experiences				X
4.1 Community-Based Research			X	
5.1 Governance			X	
5.2 Stakeholder partnership and engagement		X		
6.1 School Outcomes			X	
6.2 Societal Impact			X	

THE PARTNERSHIP DIAGRAM

RESULTS

- Student Recruitment: Ongoing efforts to promote diversity; challenges with attracting students from marginalized communities.
- Faculty Development: Progress in recruiting and training faculty to address community health needs.
- Curriculum: Increased integration of public health and community-based education.
- Governance: Need for greater community involvement in decision-making processes.
- Research Impact: Strong commitment to community-based research, with opportunities to better integrate these activities into the curriculum.

DISCUSSION

•Challenges: Financial constraints in student recruitment, limited formalization of community involvement in governance.
•Opportunities: Expand innovative strategies for inclusive recruitment, enhance community partnerships, and integrate action-research into educational practices.

CONCLUSION

•The ISAT self-assessment highlighted significant progress in curriculum reform and faculty development. However, challenges in student recruitment and governance remain. Moving forward, the faculty aims to strengthen community partnerships, enhance governance structures, and ensure that research and education are closely aligned with social accountability goals.

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Community Engagement and Social Accountability Actions at the Faculdade Pernambucana de Saúde in Recife, Brazil

Presenter: Jessiklécia Siqueira

Organization: FACULDADE PERNAMBUCANA DE SAUDE

Country: Brazil

Ubuntu ID: Ubuntu030

Abstract

Introduction: The data presented are the outcomes of the community diagnosis carried out by a health college, the Faculdade Pernambucana de Saúde (FPS) in Recife, Brazil. This diagnosis involved 386 families residing in two communities surrounding the institution, aiming to identify the primary needs and characteristics of this population.

Methods: Between September 2022 and February 2023, researchers in the field of Social Sciences collaborated with FPS and community residents to conduct the socio-environmental diagnosis. Residents underwent training to become researchers and utilized a survey-based research methodology.

Results: It was observed that 41% of the population either live without income or earn up to one minimum wage. Additionally, 68.9% of the population are women, 51.3% are aged over 50, 18.1% are engaged in some form of enterprise within the communities, and 38.5% suffer from chronic diseases. Discussion: The identified primary needs include the establishment of thematic groups for action, particularly focused on women, the promotion of quality of life through discussion groups, awareness activities, and dialogue, initiatives to prevent the development of chronic diseases, and efforts to enhance community coexistence and support local entrepreneurship.

Conclusion: The findings facilitated FPS in developing Social Accountability actions, including curricular extensions (a mandatory component for courses), extracurricular extension projects (complementary hours), interprofessional primary care practices, and collaborations with internal and external partners to address needs that surpass the institution's direct capabilities. The reports stemming from the diagnosis are accessible in the institutional repository, providing open access to interested parties.

COMMUNITY ENGAGEMENT AND SOCIAL ACCOUNTABILITY ACTIONS AT THE FACULDADE PERNAMBUCANA DE SAÚDE IN RECIFE, BRAZIL

Ubuntu30

INTRODUCTION

- Human development of health students;
- Surrounding community diagnosis;
- Social accountability actions;
- Bringing health students closer to the surrounding community.

Figure 1: The college

41% live without income
68.9% are women
51.3% are aged over 50
18.1% are local entrepreneurs
38.5% suffer from chronic diseases (hypertension/diabetes)

Figure 2: Main characteristics of the surrounding communities

AIMS & OBJECTIVES

The main objective was to understand and identify the main needs and characteristics of this population, and then, propose actions with students, teachers and other collaborators and partnerships to improve their health and quality of life.

After the primary needs were identified, thematic action groups (women) were created, promoting quality of life through discussion groups and conversation circles and dialogue activities, initiatives to prevent chronic diseases and efforts to improve coexistence community, supporting local entrepreneurship with internal and external partnerships.

METHODS / FINDINGS

This diagnosis involved 386 families surrounding the institution. Between September 2022 and February 2023, researchers in the field of Social Sciences collaborated with FPS and community residents to conduct the socio-environmental diagnosis. Residents underwent training to become researchers and utilized a survey-based research methodology.

DISCUSSION / CONCLUSION

Social Accountability actions with:

- curricular extensions;
- extracurricular extension projects;
- interprofessional primary care practices;
- collaborations with internal and external partners;

Figure 3: End of year celebration

10 - 13 September 2024

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Socially Accountable Research in Action: Preliminary Results of a Scoping Review

Presenter: Maxwell Kennel

Organization: Dr. Gilles Arcand Centre for Health Equity at the Northern Ontario School of Medicine University

Country: Canada

Ubuntu ID: Ubuntu180

Abstract

Background: The global movement toward social accountability has focused on the education of health professionals and their service to society, but insufficient attention has been paid to the standards by which research activities could be considered socially accountable. In response to this absence, the research featured in this presentation (from CREATE, a Canadian SSHRC Partnership Grant Project hosted by the Dr. Gilles Arcand Centre for Health Equity at NOSM University) is focused on understanding how researchers think about and practice social accountability, from the selection of a research topic, to their choices in method and approach, to the knowledge translation of its results. The objective of this scoping review is to examine, document, define, and describe the current state of socially accountable research practices.

Methods: The authors will conduct the scoping review search by searching databases such as PubMed and Medline over the last twenty years. A modified version of Arksey and O'Malley's methodological framework will be applied, which includes consultation with subject matter experts to confirm and challenge results.

Results: Results will be gathered in the coming months, and preliminary findings will be shared at TUFH 2024, with an emphasis on the analysis of socially accountable research practices.

Conclusion: This review will provide the groundwork for further research on socially accountable research practices by providing an understanding of what qualifies research as socially accountable. The results of this study will be significant by filling gaps in both the study of social accountability and the production of research that advances social accountability.

The CREATE Project: Phase 1

The objective of this scoping review (ScR) is to

examine, document, define, and describe

the current state of

socially accountable research (SAR).

ScR Main Themes

SAR and Community Based Research	SAR in and beyond Medical Education
Engaging constituencies in research questions	Developing a socially accountable methodology

DR. GILLES ARCAND CENTRE FOR HEALTH EQUITY

NOSM UNIVERSITY

SSHRC CRSH — Social Sciences and Humanities Research Council of Canada / Conseil de recherches en sciences humaines du Canada

Authors: Maxwell Kennel, Kerri Z Delaney, Jennifer Dumond, Jessica Jurgutis, Alexandre Anawati, Joseph LeBlanc, David Marsh, Erin Cameron

Ubuntu2024.com

Incorporating Palliative Care Training in Medical Curriculum - A Step Towards Social Accountability

Presenter: Sairu Philip

Organization: Government Medical College, Kottayam, Kerala

Country: India

Ubuntu ID: Ubuntu369

Abstract

The escalating burden of "serious health related suffering" due to long term illness especially in Low Middle Income Countries is a matter of serious concern. It points towards strengthening of health system at primary, secondary and tertiary care level in provision of palliative care services. There has been a palliative care policy for the State of Kerala, India since 2008 which has mandated establishment of nurse led community based palliative care units enlisting community participation integrated with Primary Health care under stewardship of local self-governments in every district. Between 2008 and 2018 the primary and secondary palliative care services were functioning well in all districts but poor at tertiary care level (Medical College). Hence the Revised Palliative Care Policy of 2019 has brought forth action plan to establish palliative care units in a phased manner in Medical Colleges from 2023. Inclusion of concepts of palliative care in medical curriculum and training of students in community based palliative care is a step towards social accountability of Medical Colleges in Kerala in the current context. The seven domains under "Action Areas" include Capacity building, Curriculum Implementation, Commencing Palliative Care Units, linking students with Community Based Home Care, Administrative/Financial Support, Review/Monitoring for Quality and Research for evidence-generation to be set out as short, mid and long term plans with targets. A policy directive through University of Health Sciences and roping in WHO demonstration centres for palliative care in the State may be an opportunity to overcome the threats of competing priorities and constraints in time.

Palliative Care in Medical Curriculum-A Step Towards Social Accountability Policy Brief

Ubuntu369

Problem
'Serious health related suffering' double by 2060(LMIC)
Social accountability-responding to health needs

Current policy
Palliative care policy,Kerala,India -2008
1700 home care units at primary and secondary level

Gap
Palliative care-not taught in medical curriculum
Future doctors **NOT** equipped with competencies for palliative care required at primary & secondary level

Policy Solution
- NMC,India-Competency Based Medical Curriculum
- **Revised Palliative Care Policy ,Kerala -2019** &DME order 2023

Action Plan -seven domains

Short Tem [2024-26]

Mid Term [2026-28]

Long Term [2028-35]

1. Capacitybuilding
2. Curriculum implementation
3. Commencing palliative care units
4. Community based home care students
5. Administrative and Financial support
6. Monitoring for quality of services
7. Research for evidence generation

Eg:-Commencing Palliative Care Units in Medical colleges-Targets

INDIA

ACTIVITY	SHORT TERM	MID TERM	LONG TERM
.			

Future Focus
Partnership with stakeholders -*Policy makers, health care providers, academia,local self government*- for involving medical colleges in palliative care-a step towards social accountability

Partnership Pentagram

Policy Makers-Policy/Revision/Govt Orders

Local Self Government

Health System at Primary & Secondary level

Palliative care - Quality of Life of persons with Serious Health related suffering in the community

Community

Academia
Health Professional Education-Medical/Nursing/Paramedical Colleges
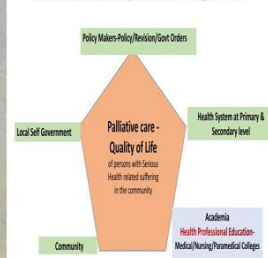
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Advocating for the Dental Council of India to integrate social accountability standards into national accreditation standards for dental colleges

Presenter: Nanditha Sujir

Organization: Manipal College of Dental Sciences Mangalore, Manipal Academy of Higher Education

Country: India

Ubuntu ID: Ubuntu368

Abstract

Problem statement: India has a huge disparity in equitable distribution of health care services. The issues are complex in nature and require establishing ecosystems that serve the community's health needs in an accountable manner.1 Social accountability is a concept that addresses these issues

Current Policy: The Dental council of India recommends a syllabus for dental schools with a specified number of hours for theory and practical /clinical classes. It recommends the number and qualification of faculty requirements of the dental colleges for undergraduate/ postgraduate students . It also recommends infrastructure requirements in terms of equipment availability in dental school clinics, classroom requirements, etc. It also recommends the minimum number of patient inflow in colleges required to run an undergraduate/postgraduate program successfully. The accreditation standards set by the dental council of India broadly looks at processes of education, faculty strength, infrastructure, and resources in terms of patient numbers available with the Indian dental colleges.

Policy Solution: In the context of dental education, achieving social accountability necessitates several strategic actions. First, curricula should align with community health needs, emphasizing prevalent oral diseases and including topics like health economics. Faculty development programs are crucial to raise awareness and facilitate curriculum changes. Upgrading infrastructure, monitoring patient care quality, and promoting cultural competence enhance student learning. Additionally, integrating socially accountable research parameters ensures transparency and accountability. National awareness campaigns and long-term faculty training are essential steps toward embedding social accountability values.

Advocating for the Dental Council of India to integrate social accountability standards into national accreditation standards for dental colleges

Ubuntu368

PROBLEM STATEMENT

- There are 329 dental colleges in India (Approx. 35,000 graduating students)

- **10% of dentists serve rural people** - serve 65.1% of the population

- India has one of the **highest prevalence** of oral diseases

- National Dental Commission – set to reform dental education

- Opportunity to align the curriculum to the principles of social accountability

Current Policy

- Syllabus – topics and number of hours are listed
- Assessment mostly summative
- Mandatory number of hours of community based dental care delivery

Policy Solution

Reform curriculum to reflect the current population health needs & To introduction of Competency based education

Introduce concepts of Health Economics, Social determinants of health, Interprofessional education

Action Plan

Awareness to practice of SA
Create awareness programs through webinars, self paced courses, Faculty development programs, adoption of values of SA

Research
Assess the effectiveness of the existing curriculum & Alignment of the curriculum to community oral health needs

Collaboration
Engage with community
DEFINE outcome measures for programmatic assessment with stakeholder engagement

Dr Nanditha Sujir, Dr Srikant N, Dr Junaid Ahmed, Dr Ashita Uppoor

MANIPAL COLLEGE OF DENTAL SCIENCES MANGALORE

Manipal Academy of Higher Education

Advocating Integration of Social Accountability Standards into Accreditation Standards of Oman

Presenter: Ciraj Ali Mohammed

Organization: College of Medicine and Health Sciences, National University of Science and Technology

Country: Oman

Ubuntu ID: Ubuntu376

Abstract

Problem Statement: Despite growing awareness of the socioeconomic determinants of health, health professions schools in Oman are yet to fully integrate social accountability into their curricula, policies, and practices leading to a disparity between the urgent health needs of communities and the education being offered. Hence accreditation of health professions programs/schools needs to consider social accountability as an important criteria in order to guarantee that future health professionals contribute to fair healthcare systems.

Current Policy: Accreditation agencies in Oman acknowledge the importance of social responsibility, stressing the need for community-based participation, and equitable access to resources and services. These policies align with ethical frameworks aimed at promoting fairness and inclusivity.

Policy Solutions: A tailored framework should be developed that aligns with Oman's national priorities and cultural values, making social accountability a mandatory criterion in accreditation. Regular assessments of community engagement, diversity initiatives, and student outcomes should be conducted. Curriculum reforms should emphasize community-oriented education and interprofessional collaboration, supported by faculty development and strengthened community partnerships.

Barriers and Solutions: Curriculum resistance and resource constraints can be mitigated by highlighting the long-term benefits of socially responsive education, implementing changes in phases to manage resources, and embedding social accountability within existing accreditation frameworks.

Action Plan: The proposed strategy involves creating and piloting a customized framework, refining it based on outcomes, and integrating it into national

accreditation standards. Expanded faculty development, ongoing evaluation, and advocacy will align health professions education with national health priorities.

Advocating Integration of Social Accountability (SA) Standards into Oman's Accreditation Standards

Problem Statement

- Health professions schools need to integrate SA into their curricular practices
- This is essential to address the balance between the health needs of communities and the education offered
- SA must be an important accreditation criterion along with appropriate standards determined to guarantee that future health professionals contribute to fair healthcare systems

Current Policy

- Accreditation agencies of Oman identify Social responsibility as an important factor
- Policies align with ethical frameworks aimed at promoting fairness and inclusivity

Policy Solutions

Development of a comprehensive social accountability framework that
- Is tailored to the Omani higher education context
- Aligns with national development priorities, cultural values
- Evaluates community engagement activities and diversity initiatives
- Include COME and IPE activities
- Fosters community partnerships
- Promotes faculty development

References

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Oman Academic Accreditation Authority (OAAA). (Year). Annual Reports

Oppositions

- Resistance and resource constraints addressed by highlighting the long-term benefits of socially accountable education and implementing changes in a phased manner

Action Plan

- Framework Development and Integration into national accreditation standards
- Advocacy, Capacity Building and Stakeholder engagement
- Faculty Development along with recognition and incentives
- Ongoing evaluation

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Bladder health knowledge and agentic beliefs in a community dwelling population of women in the United States: Associations with social determinants of health

Presenter: Shayna Cunningham

Organization: University of Connecticut School of Medicine

Country: United States

Ubuntu ID: Ubuntu356

Abstract

Introduction: Lower urinary tract symptoms (LUTS) such as urinary urgency and incontinence are highly prevalent among women worldwide, with profound health, social, and economic implications. Bladder health knowledge and beliefs have been understudied, representing a major gap in women's health research. Our study describes and assesses social determinants of health (SDoH) associated with women's bladder health knowledge and agentic beliefs.

Methods: We used baseline data from RISE FOR HEALTH, a population-based, multicenter, prospective cohort study of bladder health among adult women in the United States (US). Participants (n=3,422) completed two surveys about their LUTS status, bladder health knowledge and agentic beliefs (thoughts or expectations about one's capacity, and the means individuals or health care providers can use, to achieve bladder health), known risk factors for LUTS and bladder disease, and SDoH. SDoH were conceptualized as being inclusive of social identities (e.g., gender, race, education, poverty level) and other social factors. Regression models examined associations between bladder health knowledge and agentic belief scores and SDoH.

Results: Seventy-nine percent of participants reported at least one LUTS in the past week. Adjusting for age and parity, lower knowledge scores were associated with self-identifying as Black or Hispanic, primary language other than English, being born outside the US, having no or Medicaid insurance, fewer years of schooling, higher poverty levels, experiencing housing instability, transportation instability, or food insecurity in the past year, experiencing higher levels of discrimination, and having LUTS. Results were similar for agentic beliefs, except lower scores were associated with identifying as any race or ethnicity other than Asian and there was no association for primary language spoken.

Discussion: Women's bladder health knowledge and agentic beliefs vary by SDoH.

Conclusion: These findings may be related to structural racism and unmet health literacy, healthcare, and education needs. Future interventions should address these factors.

Bladder health knowledge and agentic beliefs: Associations with SDoH

Ubuntu356

INTRODUCTION & OBJECTIVES

As many as 40% of women experience lower urinary tract symptoms (LUTS) in their lifetimes.

Research on risk and protective factors is needed to inform prevention interventions.

We characterized and assessed social determinants of health (SDoH) associated with women's bladder health knowledge & agentic beliefs.

METHODS
- 3,422 community dwelling women completed two surveys.
- Regression models controlled for age and parity.

RESULTS
- 79% of participants reported ≥1 LUTS in the past week.
- Knowledge and agentic belief scores vary by social identities and other social factors.
- Lower scores are associated with experiencing LUTS.

DISCUSSION
- Bladder health interventions should address structural racism, and unmet health literacy, healthcare, & education needs.

Shayna D. Cunningham, PhD, University of Connecticut School of Medicine, on behalf of the Prevention for Lower Urinary Tract Symptoms Research Consortium

Elderly Rural Women's Sufferings

Presenter: Chhabra Shakuntala

Organization: Mahatma Gandhi Institute Of Medical Science Sewagram Wardha Maharashtra

Country: India

Ubuntu ID: Ubuntu051

Abstract

Context: Violence to elderly, especially women, a significant social issue but seems to be neglected global public health problem, compared to sufferings in other ages. Vast majority of elder abuse is perpetrated by family members but is not recognized as family or domestic violence and cases are mostly perpetrated by women's own sons, daughters and /or their spouses. Also elderly women in villages continue to live with disorders, many a times without therapy because of lack of awareness, social security, access problems, inequalities, dependence and poverty sort of invisible violence!

Material: Community based study in villages revealed 65% elderly women had disorders with or without complaints, but without treatment, vision problems 52%, hearing 23%, other problems were dental, gynecological, high blood pressure, elevated blood sugar 18%, joints and muscles 19%. Women were apathetic about complaints which affected their everyday life. In another study done, many (17%) elderly women had suffered physical violence at home, 12% at work places, 18 % suffered sexual violence by husbands. They did not inform anyone. When asked about elderly women's health disorders, rural health providers talked of problems of vision, hearing, muscle pain, did not talk about stroke, paralysis, cancers, heart attacks, bronchitis, fractures, dementia, well known disorders in elderly. Still many elderly women were satisfied with whatever they had, though some did desire better living conditions.

Conclusion: Magnitude of problems of elderly women, specially rural is big with lack of resources, infrastructure, access. It is essential to look into invisible and visible violence, find ways to support and preventing invisible and visible violence.

Rural Elderly Women's, Sufferings, Wellness and Happiness

Context

Violence to elderly, especially women, a significant social issue, seems to be a neglected global public health problem compared to sufferings in other ages. Vast majority of elder abuse is perpetrated by women's own sons, daughters and /or their spouses. Also elderly women in villages, often live with disorders, many times without therapy, because of lack of awareness, lack of social security, access problems, inequalities, dependence and violence too affects their lives.

Material, Methods and Results

Community based study with mission of services revealed, 65% women had some disorders with or without complaints. Many lived without any attempts at therapy, vision problems 52%, hearing 23%, other problems dental, gynecological, high blood pressure, elevated blood sugar 18%, joints and muscles problems, 19%.

Women were apathetic about disorders which affected their everyday life.
In another study 17% elderly women reported physical violence at home, 12% at work places 18% reported sexual violence by husbands. They had not informed anyone, Invisible violence is also a lot.

When asked about disorders amongst elderly women, rural health providers talked of problems of vision, hearing, muscle pain, but did not talk about stroke, paralysis, cancers, heart attacks, bronchitis, fractures, dementia, well known disorders amongst elderly.
Still women were satisfied with their lives, though some did say they wanted better living conditions.

Conclusions

Magnitude of problems of elderly women, especially rural, is big with lack of resources and infrastructure access. It is essential to look into visible and invisible violence, find ways to prevent their sufferings so that they live with wellness and happiness.
Grateful to GHETS,
Foundation for Collaborative Medicine and Research USA and WHTF for everything done.

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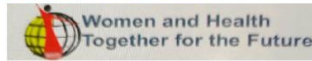
Women and Health Together for the Future

Risky reproductive health behaviors among women who had Female Genital Mutilation

Presenter: Amany Refaat

Organization: Women for Health Together for the Future

Country: Egypt

Ubuntu ID: Ubuntu094

Abstract

Female Genital Mutilation (FGM) is a harmful cultural practice that is still done to millions of girls all over the world. This study aims to examine its impact on women's risky reproductive behaviors.

Methodology: Secondary data analysis for weighted datasets of Demographic and Health Surveys (DHS) from 19 countries with data on FGM. Women's risky reproductive health was measured through three variables: Adolescent pregnancy, grand multipara, and unintended pregnancy.

Results: Responses from 212,782 women revealed that FGM was among 49%. One-third (33%) of women gave birth for the first time before the age of 18 years and 13% gave birth before the age of 15 years old. More than half of women in Chad (55%) gave birth for the first time as adolescents; followed by Niger (44%). Women with FGM were more likely to have adolescent pregnancy (OR: 1.05; 95%CI: 1.03-1.07). One-third (33%) of the studied women were grand multipara, highest in Niger (50%), Chad (49%), and Burkina Faso (42%). Women with FGM were more likely to be grand multipara (OR: 1.16; 95%CI: 1.13-1.18). Unintended pregnancy was among 22% of women, highest in Uganda (45%), Kenya (40%), and Yemen (39%). Women with FGM were almost twice as likely to intend pregnancy (OR 1.84; 95%CI: 1. 79-1.89) and less likely to have unintended pregnancy (OR: 0.54; 95%CI: 0.53-0.56). Women with FGM who were pregnant during adolescence years were more likely to have unintended pregnancy (OR 1.11; 95%CI: 1.06-1.16) and were twice to be grand multipara (OR 2.24; 95%CI: 2.18-2.32).

Conclusion and recommendations: Female Genital Mutilation harms all aspects of women's reproductive behaviors. Policymakers working to improve reproductive health should consider the elimination of FGM.

Risky reproductive health behaviors among women who had Female Genital Mutilation

INTRODUCTION

Female Genital Mutilation (FGM) is a harmful cultural practice that is still done to millions of girls all over the world. This study aims to examine its impact on women's risky reproductive behaviors.

Methodology

Secondary data analysis for weighted datasets of Demographic and Health Surveys (DHS) from 19 countries with data on FGM. Women's risky reproductive health was measured through three variables Adolescent pregnancy, grand multipara, and unintended pregnancy.

Results

Responses from 212,782 women revealed that FGM was among 49%

FGM prevelance

%
94.5

1.4

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Risky reproductive behaviors

One-third (33%) of women gave birth for the first time before the age of 18 years and 13% gave birth before the age of 15 years old. One-third (33%) of the studied women were grand multipara. Unintended pregnancy was among 22% of women

Women with FGM were more likely to have adolescent pregnancy (OR: 1.05; 95%CI: 1.03-1.07), and to be grand multipara (OR: 1.16; 95%CI: 1.13-1.18); however, they were less likely to have unintended pregnancy (OR: 0.54; 95%CI: 0.53-0.56).

	No FGM	FGM
Adolescents' pregnancy	32.8	33.3
Grand multiparity	31.2	34.4
Unintended pregnancy	26.9	16.7
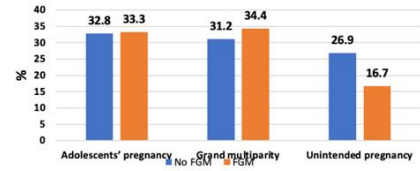
CONCLUSION

Female Genital Mutilation harms all aspects of women's reproductive behaviors. Policymakers working to improve reproductive health should consider the elimination of FGM.

10 - 13 September 2024

Prof. Amany Refaat, MD, MSc, MHPE, MD, Professor Emeritus of Public Health and Preventive Medicine, Suez Canal University. amanyrefaat@gmail.com

Ubuntu2024.com

To Explore the motivations of non-Emirati women living in the UAE to undergo cosmetic procedures: A Qualitative study

Presenter: Mehvash Salman

Organization: University of Birmingham, Dubai

Country: India

Ubuntu ID: Ubuntu220

Abstract

Introduction- Cosmetic procedures encompass both surgical and non-surgical treatments, with a notable 19.3% overall increase in 2021. The cosmetic market in the U.A.E is projected to achieve a value of USD 428 million by 2030. What is presently understood about the motivations for women undergoing cosmetic procedures? 1. Media, social influences, and post-pandemic phenomena such as the 'Selfie epidemic' and the 'zoom effect' or 'zoom boom' have been identified as motivating factors for seeking cosmetic procedures. 2. Socio-cultural influences extend beyond Western norms, with concepts like 'Whitened anxiety' (Parkhurst, 2019) coined to describe the specific beauty standards perpetuated by spouses, boyfriends and parents in the UAE. Currently, research in this domain predominately focuses on Gulf countries, particularly Saudi Arabia, often employing a quantitative approach. The decision to undertake qualitative research is motivated by the aim to thoroughly explore women's motivations and understand their lived experiences. Methods- A pragmatic approach will be employed to effectively address the research question, utilising semi structured interviews analysed using reflexive thematic analysis. Inclusion criteria- Gender: Women Age range: 25 45 years Ethnicity: non-Emirati Clinical condition: Undergone at least one cosmetic procedure

Location: UAE for at least 6 months Language: English speaking Sample size:10-12 women from diverse ethnicities to maximise variation. Study setting: Location chosen by participants, including their homes, nearby coffee shops, or virtual meetings, for sessions lasting 45-60 minutes.

Recruitment: Through direct tweets or stories on social media channels or by distributing flyers or posters in selected clinic. Prospective participants will receive comprehensive study information via email, including an information sheet and consent form, prior to initiating interviews. Results: Data will be audio-transcribed, analysed using pseudonyms and codes, employing reflexive thematic analysis proposed by Braun and Clark.

Exploring the motivations of non-Emirati women residing in the UAE who have undergone injectable non-invasive cosmetic procedures within the country

Presented by: Mehvash Salman

Ubuntu220

UNIVERSITY OF BIRMINGHAM

Introduction

- The UAE, a melting pot of over 200 nationalities, is rapidly becoming a global hub for non-invasive cosmetic treatments like Botox and fillers. (1)

- Dubai, the 'New Beverly Hills of the Middle East,' attracts a diverse expatriate population seeking high-quality injectable non-invasive cosmetic procedures. (2)

- Non-Emirati women account for three-quarters of cosmetic procedures among expatriates, yet their motivations are underexplored, with research focusing mainly on Arab or Emirati populations. (1)

Significant for Public Health?

- **Potential complications:** Risks include infection, scarring, nerve damage, and allergic reactions from cheaper options.

- **Healthcare standards:** Stricter regulation of cosmetic clinics is needed for quality and safety. (3,4)

- **Cosmetic tourism and post-pandemic concerns:** Travel to epidemic countries carries infectious disease risks. Public health efforts focus on vaccination, surveillance, and monitoring.

- **Health Insurance coverage:** Inconsistent coverage for complications causes financial strain and limit follow-up care, impacting non-Emirati women's well-being.

Method

- **Study design:** Qualitative study
- **Participants:** 10 non-Emirati women.
- **Data Collection:** *Semi-structured interviews* via Microsoft Teams.
- **Data Analysis:**
  - Reflexive Thematic Analysis (5) utilizing Nvivo14 & manual coding.
  - Member Checking
- **Ethics:**
  - Approval from the *College of Medical and Dental Science PGT Ethics committee*
  - Informed consent from participants.
  - Anonymity and confidentiality maintained; transcripts and results labeled with personalized pseudonyms and codes.
- **Reflexivity:** Researcher's inexperience and status as a Non-Emirati woman addressed to mitigate potential biases throughout the analysis process.

Research Question

What are the motivations of non-Emirati women living in the UAE for undergoing injectable non-invasive cosmetic procedures?

Participants Profile

Name	Ethnicity	Injectable Procedures in the UAE
Rose	Jordanian	Fillers
Allen	Jordanian	Fillers, PRP
Samy	Indian	Microneedling
Jolly	Indian	PRP
Willi	Nigerian	Fillers, Botox
Hazel	Indian	Botox, Fillers, Microblading
Nayla	Indian	Botox, Fillers, PRP, Microneedling, Exosomes, Morpheus 4
Alice	Pakistani	Microneedling
Salma	Indian	PRP, Fillers
Mary	Afghanistan	Botox

Findings

Theme one: Individual factors
- Doing it for me
- Fixing flaws
- Occupational role & Status
- Clinician Patient Relations
- Convenience

Theme two: Digital influence
- Selfies & Zoom (Covid)
- Celebrities & bloggers
- Advertisement & media

Theme three: Socio-Cultural influence
- Peer validation & support
- Belonging & boundaries
- Wider context of UAE

"Doing it for me"
"As shallow as it may sound, beauty is everything. When I got fuller lips, it gave me a lot of self-confidence. I like the way I look and what I see in the mirror; ...the motivation to keep doing it." – Nayla

"Selfies & Zoom (Covid)"
"It was in 2020 when everything became online…I now take at least five selfies a day, just to see what I want to fix. It's not even to send or post, just to see what I look like in the morning because I wake up puffy. I have never posted a selfie without a filter." - Rose

"Belonging & Boundaries"
"I'm Black, I've got natural features.. No offence to them… they are born with smaller lips… I want to enhance them.. I was excited…because I couldn't pursue this in Nigeria, where if you're not someone of status, it's frowned upon. There, beauty is something you are born with" – Willy

Discussion

- Findings reveal that motivations are complex, both individual and socio-culturally shaped, and evolve over time.
- Initial desires to enhance beauty and correct flaws often lead to continued use due to positive outcomes, with factors like convenience driving the ongoing use.
- As interviews progressed, participants' claimed individual decisions were influenced by external factors and a desire to integrate into UAE society, acting key tipping points.
- Personal desires for aesthetic enhancement boosted self-confidence, highlighting the temporality of initial motivators and ongoing factors influencing continued use giving insight on the potential cause and effect of these procedures.
- Socio-cultural factors, like peer validation and local beauty standards greatly influenced participants' motivations, often conflicting with their initial personal reasons. Many women felt pressured to conform to UAE's aesthetic norms while balancing their individuality.
- Key insight was that participants' motivation for injectables shifted from enhancing beauty to addressing post-pregnancy skin imperfections.
- Unlike previous literature, study revealed religiosity had no influence, though some Muslim participants consulted religious scholars.

Implications

- **Culturally Sensitive Healthcare:** Advocate for approaches that address both aesthetic and psychological needs, including counselling, and mental support.
- **Tailored communication:** Customise care to the specific needs of non-Emirati women to enhance satisfaction, meet expectations, and avoid conflicts with ethnic identities.
- **Educational interventions:** Designed based on the Theory of Planned Behaviour model, to improve attitudes, self-esteem, and self-confidence. (6)

References

THE NETWORK | Rural Wonca – The WONCA Working Party on Rural Practice | SNO – Student Network Organization | Rural Seeds | UNIVERSITY of the WESTERN CAPE | Stellenbosch UNIVERSITY | Cape Peninsula University of Technology | University of Cape Town | Western Cape Government
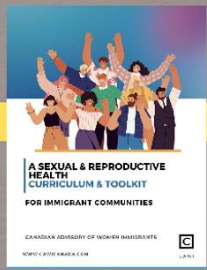
"Definitely not an intercultural approach": Immigrant Women and Girls' Experiences with the Sexual and Reproductive Health Curricula in Canada

Presenter: Harini Aiyer

Organization: University of Saskatchewan, Saskatoon, SK, Canada

Country: Canada

Ubuntu ID: Ubuntu234

Abstract

Introduction: Immigrants experience inequitable sexual and reproductive health (SRH) outcomes when compared to their Canadian-born counterparts. SRH education is known to improve outcomes; yet, there is a scarcity of research investigating unique SRH needs of newcomers to Canada.

Objective: This study was conducted by the Canadian Advisory of Women Immigrants (CAWI), a youth-led non-profit organization committed to empowering immigrant women and youth.The purpose of this study was to explore the experiences of immigrant girls with the SRH curricula in Canada. The findings were intended to inform the development of a culturally-sensitive SRH education toolkit and curriculum.

Methods: Data were collected through three focus groups with immigrant women (n=10) across Canada to explore their experiences with mainstream SRH education and identify key areas of improvement. Transcripts were inductively coded and thematically analyzed.

Findings: Four main themes were identified:

(1) barriers to accessing SRH education,
(2) limitations of mainstream SRH education,
(3) alternative means of accessing SRH information, and
(4) features of more inclusive SRH education.

Participants described cultural and language barriers, as well as limitations of current curricula both in delivery and content. Thus, participants sought SRH information outside of the classroom, mainly online and among their peers. Participants also identified the need for SRH content relevant to their cultural backgrounds and safe community spaces where SRH topics can be discussed.
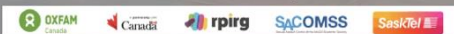
Conclusions: SRH education needs to be adapted to reflect experiences of immigrant youth. Community organizations may play a role by providing safe spaces and reliable culturally-appropriate SRH information.

"Definitely not an intercultural approach"
Immigrant Women and Girls' Experiences with Sexual and Reproductive Health Education Curricula in Canada

Ubuntu234

BACKGROUND

The Canadian Advisory of Women Immigrants (CAWI) is a youth-led community-based organization dedicated to addressing barriers experienced by immigrant and refugee women and girls in Canada through advocacy efforts.

OBJECTIVES

This exploratory study aimed to
1. Understand experiences of immigrant women and girls in accessing Sexual and Reproductive Health (SRH) Education in Canada
2. Develop of a culturally-sensitive SRH educational toolkit informed by the findings of the study

METHODS

Three focus groups with immigrant women and girls (n=10)

Themes constructed from the discussions informed the design of a toolkit

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FINDINGS

The lack of culturally relevant content and safe spaces pushed participants to seek SRH information online or from peers.

RECOMMENDATIONS
- Replace "cookie-cutter" practices with culturally responsive content and establish safe spaces for SRH discussions.
- Prioritize hiring educators with diverse lived experiences to enhance representation.
- Collaborate with community organizations to offer safe, culturally-appropriate SRH resources.

DEVELOPMMENT OF A TOOLKIT

Findings informed the creation of a culturally-responsive toolkit for immigrant communities.

- It offers resources for facilitators and educators, including guides on cultural adaptations and inclusive language.
- CAWI members are offering workshops using lessons in the toolkit in English, French, Urdu, Ukranian.

Support from community-based agencies

Immigrant women and girls → Sexual and Reproductive Health Education

Limitations of mainstream SRH

Barriers to access

A SEXUAL & REPRODUCTIVE HEALTH CURRICULUM & TOOLKIT
FOR IMMIGRANT COMMUNITIES

CANADIAN ADVISORY OF WOMEN IMMIGRANTS

Download the toolkit for free

Harini P. Aiyer[1,2], Ksenia Kholina[1,3], Rehma Khan[1,4], Hani Rukh-E-Qamar[1,5]
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Governance of Women's Health Data in Palestine: A Case Study

Presenter: Maysaa Nemer

Organization: Birzeit University - Institute of Community and Public Health

Country: Palestine

Ubuntu ID: Ubuntu265

Abstract

There is a growing global trend in the adoption of digital technologies, along with artificial intelligence (AI) within the healthcare sector, including the Middle East and North Africa (MENA) region as well as Palestine. There is a pressing need to deeply examine the governance landscape in Palestine, related to women's health data and across different levels of stakeholders. The purpose of this research is to assess the awareness of different stakeholders on the issue of health data governance, as well as to understand the existing practices or frameworks on health data governance. This research was conducted in accordance with the principles that the World Bank has developed and proposed to guide the governance of health data across public health systems and policies. A qualitative approach was utilized using in-depth semi-structured interviews with stakeholders working on women's health data at different levels and across different healthcare providers within the West Bank & Palestine. This research synthesized evidence into policy recommendations. The main findings of this research indicate the imperative need in the health system to 1) advocate for the development and implementation of national policies and regulatory framework for health data handling; 2) develop the information technology infrastructure in all health facilities including women's health; 3) promote collaboration among different healthcare sectors; and 4) propose capacity building programs.

INTRODUCTION

There is a growing global trend in the adoption of digital technologies, along with artificial intelligence (AI) within the healthcare sector, including the Middle East and North Africa (MENA) region as well as Palestine. There is a pressing need to deeply examine the governance landscape in Palestine, related to women's health data and across different levels of stakeholders.

AIMS & OBJECTIVES

The purpose of this research is to assess the awareness of different stakeholders on the issue of health data governance, as well as to understand the existing practices or frameworks on health data governance.

METHODS / FINDINGS

A qualitative approach was utilized, in which in-depth semi-structured interviews were conducted with 20 stakeholders working on women's health data at different levels and across different healthcare providers within the West Bank, Palestine.

DISCUSSION / CONCLUSION

There is an imperative need in the health system to:

1) Development and implementation of national policies and regulatory framework for health data handling.

2) Develop the information technology infrastructure in all health facilities.

3) Promote collaboration among different healthcare sectors.

4) Propose capacity-building programs.

Health Data Governance Principles

Maysaa Nemer, mnemer@birzeit.edu
Institute of Community and Public Health, Birzeit University, Palestine

Reimagining the role of family child care networks as vehicles for community change and empowers women

Presenter: Dawn Holden Woods

Organization: Generative Consulting Partners

Country: United States of America

Ubuntu ID: Ubuntu311

Abstract

Family child care (also called home-based child care) is child care that is provided in a home rather than a center or institutional setting. In the United States, nearly 6.4 million children ages 0-5 receive care in this setting, although most of the national financial investment is disproportionately made in child care centers. Home-based care is often the first choice for rural communities and the setting of choice for infants and toddlers, Black and Latiné families, families of children with special needs, and families experiencing poverty. Family child care providers are largely women, and women of color are generally over-represented. The wages providers are able to earn are usually inadequate even when they are working full-time or more. Our technical assistance work, funded through Home Grown, a national funders collaborative, has focused on creating sustainable ecosystems to support these women of color in launching their own family child care networks that are structured as nonprofit organizations. Their purpose is to connect home-based providers to funding and professional development opportunities, policy engagement, and peer support. Over the course of 24 months, these networks have advanced policy agendas resulting in wage increases, regulatory changes impacting licensure, and continue to advocate for additional resources to better support children with specialized health or social emotional needs. An unintended benefit of this model includes watching these women leaders reimagine their sense of personal power to enact community level change, which can be replicated in communities across the globe.

Reimagining the Role of Family Child Care Networks as Vehicles for Community Change

BACKGROUND

Family child care (also called home-based child care) is child care that is provided in a home rather than a center or institutional setting. Family child care (FCC) is often the first choice for rural communities and the setting of choice for infants and toddlers, Black and Latinx families, families of children with special needs, and families experiencing poverty. In the United States, nearly 6.4 million children ages 0-5 receive care in this setting, although these family child care providers and the families they serve are usually excluded from child care policy and funding discussions.

STATEMENT OF PURPOSE

At **Generative Consulting Partners (GCP),** our technical assistance work, funded through and in partnership with **Home Grown**, a national funders collaborative, has focused on creating sustainable ecosystems to support these women of color in launching their own FCC networks that are structured as nonprofit organizations. Our goal is to connect home-based providers to funding and culturally relevant professional development opportunities, policy engagement, and peer support.

AIMS & OBJECTIVES

Retain and Amplify the Voices of High-Quality Providers who are trusted Community Leaders:
- Support women of color in community-level leadership
- Support their positioning to advocate for policy changes including improved wages and more favorable regulatory conditions

Retain and Amplify the Voices of High-Quality Providers who are trusted Community Leaders:
- Offer training and direct grant writing support to apply for seed funding to launch their networks
- Develop toolkits and training resources for family child care providers that can be replicated with emerging networks across the country

Support Peer Mentorship:
- Provide culturally relevant leadership and business coaching programs
- Create career pathways from providers to nonprofit leadership

METHODS

In-Depth Consulting and Infrastructure Development:
- Provided in-depth 1-on-1 consulting sessions with FCC network leaders over 12 to 24 months
- Focus areas included organizational structure, compliance, fiscal responsibility and budgeting, grant writing, nonprofit policy development, and board governance standards

Capacity Building (Training & Workshops)
- Conducted tailored training programs on leadership, organizational impact and sustainability, and financial management
- Facilitated strategy support and peer learning opportunities

FINDINGS

Empowerment of Women Leaders:
- An unintended benefit was the empowerment of women of color within FCC networks, showcasing their ability to drive community-level change and serve as global models for leadership

Secured Grant Funding from Local Foundations:
- Three of the newly formed FCC networks secured grant funding from local foundations with two of the four networks securing grants exceeding $250,000

Hyper-Local Engagement and Community Impact:
- Emphasizing hyper-local engagement through support of trusted FCC leaders provided the structure needed to deepen and widen community engagement efforts to retain providers and bolster the level of quality offered by providers

Professional and Personal Benefits:
- Participants reported enhanced income and retirement security, alongside satisfaction in providing personalized childcare and guidance for post-certification business development

Pandemic Resilience and System Integration:
- FCC networks proved resilient during COVID-19, linking providers to funding and policy frameworks, offering scalable solutions beyond childcare
- These findings underscore the transformative impact and sustainability of FCC networks, enhancing childcare provision and community well-being

TO LEARN MORE:

DISCUSSION/CONCLUSION

Our initiative supporting family child care (FCC) networks has shown significant impact over 24 months:

Policy Influence:
- Advocated successfully for wage increases and regulatory enhancements
- Improved support for children with specialized needs in childcare

An unintended yet profound outcome was empowering women leaders, especially women of color, who reshaped community dynamics and showcased leadership potential.

Hyper-Local Engagement:
- Leveraged community leaders cost-effectively to foster trust
- Centralized healthcare resources and tailored childcare provision

These networks served as vital connectors, linking providers to essential infrastructure, resilient during the COVID-19 pandemic.

Participants reported professional and personal benefits, including increased income security and satisfaction in providing specialized care. Mentorship paths between leaders and parents further

Figure 1: Comprehensive Networks for Home-Based Child Care
Image from Home Grown. Retrieved from https://homegrownchildcare.org/building-comprehensive-networks

Dawn Holden Woods, CPA, President, Generative Consulting Partners | Email: dawn@gcpadvisors.com

'No one has taught us to have it all': Reflections from women on the gender-based challenges in surgical careers in Africa.

Presenter: Ala Magzoub

Organization: MBRU

Country: United Arab Emirates

Ubuntu ID: Ubuntu077

Abstract

Introduction: The surgical field in Africa has long grappled with a gender imbalance, with women being significantly underrepresented. Despite global efforts to foster gender diversity in healthcare practices, African women pursuing surgical careers still face substantial hurdles. This paper investigates these women's experiences and challenges, aiming to raise awareness of these issues and propose strategies for improving gender equity.

Methods: A cross-sectional survey was conducted, targeting female medical students interested in surgical careers, interns, trainees and surgical consultants across Africa. The survey was distributed in November- December 2021. Data were analyzed using descriptive statistics for quantitative and a simplified thematic analysis for qualitative data.

Results: A total of 105 participants from 17 countries, aged 20-50 years and various training levels, completed the survey. General surgery was the most common specialty among the respondents. Notably, 63% reported gender-based discrimination, with many (74%) attributing societal and familial discouragement and financial commitments as major barriers to pursuing surgical careers. Participants also shared experiences of gender-based inequity, underestimation of their skills, sexist comments, and even instances of sexual harassment during training or work. Conclusion: This study sheds light on the complex barriers African women face in pursuit of surgical careers. To enhance diversity in the field, fundamental change is required. This necessitates recognizing the underlying causes hindering women's progress in surgery and the implementation of interventions to promote gender equity.

Reflections from women on gender-based challenges in surgical careers in Africa

Ubuntu77

INTRODUCTION

The surgical field in Africa has long grappled with a gender imbalance, with women being significantly underrepresented. Despite global efforts to foster gender diversity in healthcare practices, African women pursuing surgical careers still face substantial hurdles.

AIMS & OBJECTIVES

This paper investigates these women's experiences and challenges, aiming to raise awareness of these issues and propose strategies for improving gender equity

METHODS / FINDINGS

A cross-sectional survey was conducted, targeting female medical students interested in surgical careers, interns, trainees and surgical consultants across Africa. The survey was distributed in November- December 2021. Data were analyzed using descriptive statistics for quantitative and a simplified thematic analysis for qualitative data.

DISCUSSION / CONCLUSION

105 participants from 17 countries; notably, 63% reported gender-based discrimination, 74% attributing societal and familial discouragement and financial commitments. Participants also shared gender-based inequity, underestimation, sexist comments, and even instances of sexual harassment during training.

To enhance diversity in the field, fundamental change is required. This necessitates recognizing the underlying causes hindering women's progress in surgery and the implementation of interventions to promote gender equity.

Figure/Table: xxx

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10 - 13 September 2024

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Applying an Intersectional Gender Lens on Social Innovations in Health in the Philippines

Presenter: Meredith Del Pilar-Labarda

Organization: Social Innovation in Health Initiative Philippines, University of the Philippines Manila

Country: Philippines

Ubuntu ID: Ubuntu137

Abstract

Health challenges are influenced by gender and other intersecting social factors. In line with the Intersectional Gender Strategy of TDR, the Special Programme for Research and Training in Tropical Diseases, the Social Innovation in Health Initiative Philippines Hub conducted a project to apply an intersectional gender approach in analyzing community-based social innovation in health (SIH). The project had three components: 1) Exploratory qualitative research on two innovations to understand how gender norms, roles, and relations, and other social stratifiers interplay with the innovation and its process; 2) Development of an introductory module, and 3) Advocacy meetings to present policy recommendations. The two innovations studied were a holistic system using a mechanical ram-pump to provide water in upland communities and a hub-and-spoke social enterprise for comprehensive and quality tuberculosis care. Analysis of qualitative data resulted in four main themes: 1. Impact of gender, geographic location, and socioeconomic status to health outcomes; 2. SIH creates opportunities for community participation, improving health outcomes and social impact; 3. Gender norms, gendered labor, and volunteerism influence participation in SIH; 4. SIH is intentional in addressing intersecting vulnerabilities. The self-instructional module developed has three parts to tackle understanding SIH, understanding gender dimensions and intersectionality, and how to apply an intersectional gender lens in analyzing social innovations. Finally, meetings with stakeholders were conducted to present policy recommendations which included the importance of continuous conscientization through gender sensitivity training, addressing unpaid work of women including in healthcare, promoting gender-responsive research agenda, and applying intersectionality in designing health and development interventions.

Applying an Intersectional Gender Lens on Social Innovations in Health in the Philippines

Ubuntu137

Introduction and Objectives

- Health challenges are influenced by gender and other intersecting social factors.
- The Social Innovation in Health Initiative Philippines conducted a project to apply an intersectional gender approach in analyzing community-based social innovation in health (SIH).

Methods

The project had three components:

1. Exploratory qualitative research on two innovations to understand **how gender norms, roles, and relations, and other social stratifiers interplay with the innovation**
2. Development of an introductory module
3. Advocacy meetings to present policy recommendations

Two innovations studied:

- AIDFI Holistic Water Systems for Pumping Water Uphill
- Kalinga Health Hub-and-Spoke Social Enterprise for TB Care
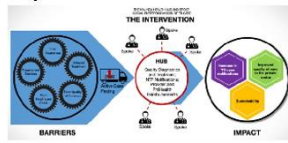
Findings

Analysis of qualitative data resulted in four main themes:

1. Impact of gender, geographic location, and socioeconomic status to health outcomes
2. SIH creates opportunities for community participation, improving health outcomes and social impact
3. Gender norms, gendered labor, and volunteerism influence participation in SIH
4. SIH is intentional in addressing intersecting vulnerabilities

Conclusion and Recommendations

Based on the findings, policy recommendations include the importance of continuous conscientization through **gender sensitivity training**, **addressing unpaid work of women** including in healthcare, promoting **gender-responsive research agenda**, and **applying intersectionality** in designing health and development interventions.

10 - 13 September 2024

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Assessment of prevalence, perception and practice of female genital mutilation among obstetric patients and their neonates at Omdurman Military Hospital, Khartoum, Sudan.

Presenter: Osman Elmahi

Organization: Faculty of Medicine, Ibn Sina University, Khartoum, Sudan

Country: Sudan

Ubuntu ID: Ubuntu068

Abstract

Background: Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non medical reasons. The practice of FGM is recognized internationally as a violation of the human rights of girls and women. While the exact global prevalence of FGM/C is unknown, estimates of FGM/C range from 100 to 140 million women and girls in Africa and EMR regions.

Methodology: This study was conducted at the Department of Obstetrics & Gynaecology, Omdurman Military Hospital in Khartoum, Sudan. 112 patients were selected using a convenience sampling technique. The patient data were collected using a direct interviewing questionnaire. Data were entered, cleaned, and analyzed using SPSS software version 21. Chi square testing was used to identify risk factors associated with performing FGM among new mothers in this study.

Results: A total of 101 participants were surveyed. 85.1% had undergone FGM, primarily driven by customs and traditions. Complications during vaginal deliveries, such as postpartum haemorrhage, were reported among circumcised women, emphasising associated health risks. Additionally, the study explores the intention to practice FGM on neonates, with 44.6% expressing a future inclination, predominantly rooted in cultural traditions. Preferences for FGM types among neonates varied, with a majority favoring the less severe Type I. Despite cultural and religious pressures, 85.1% of participants expressed opposition to FGM. The study underscores the intergenerational transmission of FGM, as women who underwent the practice were more likely to subject their neonates to it. Furthermore, a significant portion of mothers lacked knowledge about FGM complications in neonates, suggesting a need for targeted educational interventions. Conclusion: The findings highlight the persistence of FGM practices in the community and

contributes valuable insights for policymakers, healthcare professionals, and community leaders working towards the abandonment of FGM.

INTRODUCTION

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice of FGM is recognised internationally as a violation of the human rights of girls and women. While the exact global prevalence of FGM/C is unknown, estimates of FGM/C range from 100 to 140 million women and girls in the African and the Middle Eastern Region.

AIMS & OBJECTIVES

This study sought to assess the prevalence of FGM and its complications among new mothers in Omdurman Military Hospital, together with determining the reasons for intent to perform FGM on neonates among this population group.

Future intent of practicing FGM/C in neonates	Are You For or Against the Practice of FGM ?			P-value
	For	Against	Total	
No	0	49	49	
	0.0%	52.1%	52.1%	
Yes	14	31	45	0.00*
	14.9%	33.0%	47.9%	
Total	14	80	94	
	14.9%	85.1%	100.0%	

METHODS / FINDINGS

This study was conducted at the Department of Obstetrics & Gynaecology, Omdurman Military Hospital in Khartoum, Sudan. 112 patients were selected using a convenience sampling technique. Chi-square testing was used to identify risk factors associated with performing FGM among new mothers in this study.

A total of 101 participants were surveyed. 85.1% had undergone FGM, primarily driven by customs and traditions. Complications during vaginal deliveries, such as C-sections and haemorrhage, were reported among circumcised women, emphasising associated health risks.

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DISCUSSION / CONCLUSION

The findings highlight the persistence of FGM practices in the community and the importance of comprehensive interventions to address cultural beliefs, educate communities, and mitigate the adverse health effects associated with FGM. The study contributes valuable insights for policymakers, healthcare professionals, and community leaders working towards the abandonment of FGM in Sudan and similar contexts.

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The adoption of the Ubuntu philosophy in enhancing the accessibility of Sexual Reproductive Health services by female artisanal miners in Chakari mining village, Zimbabwe

Presenter: Ashely Tome

Organization: Women's University in Africa

Country: Zimbabwe

Ubuntu ID: Ubuntu025

Abstract

This research paper explores Sexual Reproductive Health (SRH) challenges faced by female artisanal miners as a result of the inaccessibility of SRH services in rural and remote parts of Zimbabwe such as Chakari. These challenges include irregular menstrual cycles, miscarriages, Sexually Transmitted Infections, unwanted pregnancies, unsafe abortions and sexual violence. It can be argued that these challenges are more prevalent in rural Zimbabwe because the health system is urban-biased. The researcher used a qualitative method with a descriptive multiple case study design to examine the well-being of the women. Ten in-depth interviews with the participants were conducted together with two key informant interviews during data collection. The data were transcribed, translated and thematically analyzed. Although policies and awareness campaigns have been introduced to address SRH challenges it should be noted that previous research has not looked into the influence of the ubuntu perspective in facilitating the accessibility of SRH services for women in artisanal mining in developing countries. The challenges can be solved. The adoption of the ubuntu ideology in Zimbabwean politics can improve and accelerate service delivery thereby promoting good governance. Ubuntu at political level can be described as a call to service and participation as it involves serving humanity in a practical way. When applied in politics it encourages political leaders and government officials to put people first and not exploit the nation's resources for selfish gain. The ubuntu theory ensures that policies are formulated and implemented in a manner that includes everyone and expels exclusion and marginalization.

THE ADOPTION OF THE UBUNTU PHILOSOPHY IN ENHANCING ACCESSIBILITY OF SEXUAL REPRODUCTIVE HEALTH   SERVICES (SRH) BY FEMALE ARTISANAL MINERS IN CHAKARI MINING VILLAGE, ZIMBABWE

Ubuntu25

INTRODUCTION

• The inaccessibility of SRH services in rural and remote parts of Zimbabwe such as Chakari.

• Irregular menstrual cycles, miscarriages, Sexually Transmitted Infections, unwanted pregnancies, unsafe abortions and sexual violence.

• Ubuntu ideology in Zimbabwean politics can improve and accelerate service delivery thereby promoting good governance. Ubuntu at political level can be described as a call to service and participation as it involves serving humanity in a practical way.

AIMS & OBJECTIVES

• Enhance accessibility of SRH services

• Promote inclusion in policy making

• Address gender disparities

• Eliminate discrimination and stereotyping

METHODS / FINDINGS

• Qualitative method with a descriptive multiple case study.

• Include a police officer and a nurse

DISCUSSION / CONCLUSION

∀ Gender equality, dignity and inherent worth of women and equality of life among African people.
∀ Enhanced and accelerated service delivery
∀ good governance.
∀ Encourage improvement in policy formulation and implementation
∀ Eliminate exclusion and marginalization of women.
∀ Prioritizing the Sexual Reproductive Health and safety of women in the mining industry.

10 - 13 September 2024   ASHELY R. TOME (Women's University in Africa) tomeropash@gmail.com   Ubuntu2024.com

The Curious Case of CAR (Cordillera Administrative Region): Healthcare Workers are Key to Improving Maternal Health Outcomes

Presenter: Gene Alzona Nisperos

Organization: University of the Philippines College of Medicine (UP Manila)

Country: Philippines

Ubuntu ID: Ubuntu271

Abstract

Introduction: Understaffed and underfunded Rural Health Units (RHUs) in Luzon struggle to provide Basic Emergency Obstetric and Newborn Care (BEmONC) services, resulting in high rates of maternal morbidity and mortality. The Cordillera Administrative Region (CAR) is different. Despite limited BEmONC-capable facilities, the region has maintained excellent maternal health outcomes.

Objectives: This study describes the status of BEmONC-capable RHUs in CAR and how these relate to the maternal and child health outcomes in the region.

Methods: This study uses the BEmONC Survey Toolkit to determine facility functionality based on the three categories of institutional capacity, service capacity, and personnel capacity. Focused Group Discussions were conducted to gather insights from community members, health personnel, and local stakeholders. Results: The study evaluated 31 facilities; only one was adequately functional. The service capacity of BEmONC RHUs in CAR (7.19) was significantly lower than that of Luzon (14.16). The overall functionality score of CAR (58.10) was also slightly lower compared to that of Luzon (60.42). Yet CAR still had some of the best outcomes in terms of maternal and child health. Maternal mortality from 2000 (23 deaths) to 2018 (13 deaths) was consistently low.

Conclusion: The case of CAR reiterates the importance of having health personnel on the ground, maintaining the trust of the populace for health promotion to increase health awareness, and timely intervention in difficult situations. These directly impact health service delivery and improve health outcomes.

The Curious Case of CAR (Cordillera Administrative Region): Healthcare Workers are Key to Improving Maternal Health Outcomes

Background

Understaffed and underfunded Rural Health Units (RHUs) struggle to provide Basic Emergency Obstetric and Newborn Care (BEmONC) services, resulting in high rates of maternal morbidity and mortality.

Objectives

The study describes the status of BEmONC-capable RHUs in CAR and how these relate to the maternal and child health outcomes in the region.

Methods

The study determined the BEmONC functionality of RHUs and held focused group discussions to gather insights from community members, health personnel, and local government representatives.

Findings

Only one out of 31 RHUs was adequately functional in providing BEmONC services. Yet maternal mortality remained low.

The people attributed this to the presence of community health workers who keep them well informed and healthy.

KEY MESSAGE

Health workers embedded in communities maintain the people's trust, increase health awareness, and provide timely intervention.

Their presence directly impacts on health service delivery and improves health outcomes.

Gene A. Nisperos, MD; Basil Stephen S. Cagayan, PTRP; Hyacinth Babag, PTRP; Mary Christine R. Castro, MD, MSc; and Maria Stephanie Fay S. Cagayan, MD, PhD

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Knowledge and attitudes of health care professionals regarding birth preparedness of women in labour at selected Hospitals in KwaZulu-Natal, South Africa.

Presenter: Euphemia Mbali Mhlongo

Organization: University of KwaZulu-Natal

Country: South Africa

Ubuntu ID: Ubuntu092

Abstract

Introduction: Low and middle-income countries account for the largest proportion of women's deaths as a result of pregnancy or childbirth-related complications. The sub-Saharan region is the most affected with approximately 70% (202 000) of maternal deaths between 2000 and 2020. These deaths could have been prevented if expectant mothers were prepared for childbirth. Birth preparedness is perceived as a better strategy that helps attain a substantial reduction in maternal mortality. This is achieved by attending early antenatal classes, receiving skilled care during childbirth, and care and support right after birth. The latest survey on antenatal class attendance conducted in South Africa provides an estimated 30.8% of expectant mothers in public healthcare facilities.

Aim: The study sought to explore and describe the knowledge and attitudes of healthcare professionals regarding the birth preparedness of women in labour at selected hospitals in Durban KwaZulu-Natal.

Methods: The study employed a qualitative research approach to collect data, one focus group discussion with five (n=5) participants and two others with six (n=6) participants each (n=6X2=12). Individual interviews were conducted with twenty participants.

Results: Expectant mothers were unprepared for both labour and postnatal care. The unprepared expectant mothers were uncooperative and made the task of midwives difficult to the extent of endangering the life of their expected newborn and their own. Factors such as finance, heterogeneity, staff shortage, language barrier, lack of family support, lack of interest, cultural beliefs, and confusion caused by various sources of information were responsible for birth unpreparedness.

Conclusion: Therefore, the synergy between expectant mothers and midwives appears to be an important factor in achieving better birth preparedness. Key

words: Birth preparedness, healthcare professionals, expectant mothers, labour, South Africa.

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INTRODUCTION

Pregnant women continue to die needlessly in SSA due to lack of birth preparedness. Birth preparedness is a better strategy that helps attain a substantial reduction in maternal mortality. This is achieved by attending early antenatal classes, receiving skilled care during delivery and care and support immediately after birth .

AIMS & OBJECTIVES

To explore and describe knowledge and attitudes of health care professionals regarding birth preparedness of women in labour.

METHODS / FINDINGS

We used semi-structured individual interviews (20) and focus group discussions (3) to collect data from registered midwives with at least one year in maternity at selected hospitals. The transcribed records of interviews and focus groups were analyzed using qualitative content analysis.

DISCUSSION / CONCLUSION

A substantial proportion of expectant mothers are not ready when they come into labour especially teenage mothers. Prepared expectant mothers are more cooperative and more prompt to play their part during delivery compared to the Unprepared.

Figure/table xxx

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Caring for a tracheotomy patient of patient care team

Presenter: Wanida Sennium

Organization: Songkhla Medical Education Center/Princess of Naradhiwas University

Country: Thailand

Ubuntu ID: Ubuntu089

Abstract

Introduction: In contemporary healthcare settings, the number of chronically ill patients requiring intubation is increasing. Prolonged endotracheal tube placement exceeding 7 days often necessitates tracheostomy to mitigate the risk of subglottic stenosis. However, medical students and nurses frequently lack sufficient knowledge regarding post-tracheostomy care for these patients.

Method: A comparison was conducted between consecutive year, 2022 and 2023 of 4th year medical students, 2022 had general on post-tracheostomy care, another 2023 underwent curriculum modifications a holistic team approach included integrating patient safety education for nurse and organizing Case-Based Discussions to equip students with the necessary skills to provide post-tracheostomy care for medical students. Then the outcome and incidence of endotracheal tube dislodged were compared. Results: In 2022, among 105 patients with tracheostomies, 5 cases of tracheostomy dislodgement were recorded, contributing 4.76 percent of the cases, 2 case were dead. Conversely, in 2023, following the implementation of the post-tracheostomy care curriculum, out of 112 patients, only 2 cases of tracheostomy dislodgement were reported, accounting for 1.79 percent, no patient died.

Discussion: Adequate education and training contribute significantly to minimizing complications associated with tracheostomy procedures. Furthermore, upon discharge from the hospital, patients receive tailored instructions from their well-train healthcare provider's team regarding post-tracheostomy care and receive holistic care.

Conclusion: This study demonstrates the importance of providing rural care team medical with comprehensive education on tracheostomy care, which not only enhances their confidence in managing tracheostomy patients but also addresses the shortage of knowledgeable caregivers.

INTRODUCTION

With the increasing number of chronically ill patients requiring intubation, tracheostomy procedures are becoming more common, especially for cases where prolonged endotracheal tube placement is necessary. A slipped tracheostomy tube is an emergency situation. Early detection can reduce death rates.

However, there is often a lack of sufficient knowledge among medical students and nurses regarding post-tracheostomy care for these patients.

AIMS & OBJECTIVES

- Reduce death rate and side effects from tracheotomy.
- Medical and nursing students can provide immediate first aid in a crisis, without having an ENT doctor.
- Caregivers can take care of patients themselves at home by patient care team.

METHODS / FINDINGS

In the study, we compared post-tracheostomy care outcomes between two groups of 4th-year medical students. In 2022, students received general education, while in 2023, the curriculum was enhanced with a holistic team approach. Results showed significant improvements in care quality with the revised curriculum.

DISCUSSION / CONCLUSION

Graduated doctors and trained nurses are able to correctly transfer knowledge to caregivers after tracheotomy without complications.

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Community Engagement of Nurse Specialist on how to manage Intimate Partner Violence: Problem analysis with stakeholders

Presenter: Bonita Ngwenya

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu326

Abstract

Background: Nurse Specialists provide 90% of the curative and preventative health care in Community Health Centers (CHC) in the Republic of South Africa. Intimate Partner Violence (IPV) as both a global health problem and endemic health crisis requires collaboration with the contextual stakeholders in the identification, management, and appropriate referral of survivors.

Methods: Using the steps in phase one of the Rothman and Thomas model for Intervention Research Design and Development, the challenges faced by 18 stakeholders located in the Thuthuzela Care Centers are identified and analyzed. Data was collected with a semi-structured interview and codes were generated by an independent data analyst. From the codes, themes were developed.

Findings: Depending on the role of the stakeholder, challenges ranged from the training of the Nurse Specialists, contextual policies, lack of privacy, lack of follow-up resources, and stakeholders' role clarifications. Stigma, attitude, and essential skills of Nurse Specialists were challenging aspects specific to the disclosure of IPV.

Discussion: The ability of Nurse Specialists to have a Community -Engaged approach in the management of IPV requires contextual assessment, training, and empowerment. The need for contextual research at CHC level on how to overcome the challenges is crucial. Any intervention should be piloted and feedback from the contextual stakeholders should be incorporated in the final version of the intervention.

COMMUNITY ENGAGEMENT OF NURSE SPECIALISTS ON HOW TO MANAGE INTIMATE PARTNER VIOLENCE(IPV)

Ubuntu326

INTRODUCTION

Nurse Specialists (NS) provide 90% Community Health Care(CHC).

IPV prevalence 29%

Only two NS courses produce skills to manage IPV

AIMS
- To determine the challenges in Community Engagement (CE).
- To develop a CE IPV management framework for NS
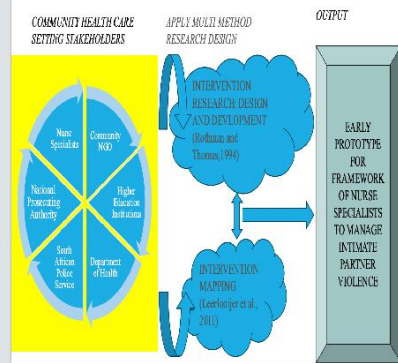
Figure 1: Research methodology

METHODOLOGY

Qualitative Intervention Research with multiple methods

FINDINGS

- Stakeholders' lack cooperation
- Low Synergy among stakeholders
- Teamwork challenges
- No debriefing with stakeholders
- Clear demarcation of roles required

10 - 13 September 2024

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Diabetes self-management in rural Kenya: utilising the adapted Kawa River Model

Presenter: Marianne Reid

Organization: University of the Free State

Country: South Africa

Ubuntu ID: Ubuntu329

Abstract

The outcome of diabetes management depends on diabetes self-management practices, in which factors assisting or hindering self-care play an essential role. This study identified enablers and barriers to diabetes self-management in adults diagnosed with diabetes in Kenya. The adapted Kawa River model was applied to collect data during semi-structured group discussions (n = 6). Adults (n=32) diagnosed with diabetes at two geographically distinct county hospitals were purposively selected. The integrated model of behaviour prediction formed the theoretical platform of the study, and data were deductively analysed according to the distal variables in the model. Thematic analysis identified specific categories as enablers and barriers to diabetes self-management. The duplicated categories are economic determinants, dietary factors, support networks, and emotional influences. Health and physical status were identified as additional barriers to diabetes self-management. Findings may be more widely applicable than the context of the presented study. Self-management in diabetes care plays a crucial role, more so due to the worldwide increase in the prevalence of diabetes.

Diabetes self-management in rural Kenya: utilising the adapted Kawa River Model

Ubuntu329

Self-management

Health outcome

Diabetes

METHODS

- **Adapted Kawa River Model:**
  Compare a river and your life from when you were diagnosed with diabetes until now

- Semi-structured group interviews (n=6)
- Purposive sample: adults diagnosed with diabetes (n=32)
- Deductive thematic analysis according to distal variables from the Integrated Model of Behaviour Prediction

FINDINGS

Enablers and barriers to diabetes self-management:
- Economic determinants
- Dietary factors
- Support networks
- Emotional Influences

Barriers to diabetes self-management:
- Health/Physical status

CONCLUSION

- Transferability of data impacted by the contextual nature of the study.
- Outcomes of diabetes management depend on self-management practices. Identification of factors that assist or hinder self-care practices is paramount.

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10 - 13 September 2024   EA Opisa; M Reid-School of Nursing, University of the Free State reidm@ufs.ac.za   Ubuntu2024.com

The Association Between Sleep Quality And Insufficient Physical Activity Among Adults In Alazazi Rural Hospital_Gazira State Sudan

Presenter: Fatima Salaheldin

Organization: University of Gazira faculty of medicine

Country: Sydan

Ubuntu ID: Ubuntu275

Abstract

Introduction: The main purpose of the present study was to explore the associations between sleep quality and insufficient physical activity. Method: Cross-sectional study.

Discussion: To assess the domains of sleep quality and 'insufficient' physical activity, I used previously validated Pittsburgh Sleep Quality Index (PSQI) and International Physical Activity questionnaires (IPAQ). Logistic regressions were used to calculate the associations between the sleep quality and 'insufficient' physical activity.

Results: When sleep quality domains were entered separately into the model, very bad subjective sleep quality, >60 min of sleep latency, < 7 hours of sleep, < 65% of habitual sleep efficiency, sleep disturbances >1/week, use of sleep medication >1/week, very big daytime dysfunction problem and poor sleep quality were associated with 'insufficient' physical activity. When all sleep quality domains were entered simultaneously into the model, the same significant associations remained, except for sleep disturbances. Both models were adjusted for gender, body mass index, self-rated health, life satisfaction, socioeconomic status, presence or absence of chronic diseases, smoking status, binge drinking and psychological distress.

Conclusions: this results show that 'poor' sleep quality is associated with 'insufficient' physical activity in adults. In order to improve, special strategies and policies that leverage 'good sleep' quality are warranted.

The Association Between Sleep Quality And Insufficient Physical Activity Among Adults in Alazazi Rural Hospital, Gazira State, Sudan

Ubuntu275

INTRODUCTION

The main purpose of the present study was to explore the associations between sleep quality and insufficient physical activity.

AIMS & OBJECTIVES

• To assess sleep quality using (PSQI).
• To measure insufficient physical activity using (IPAQ).
• To identify specific domains of sleep quality associated with insufficient physical activity.
• Improving sleep quality to promote adequate physical activity levels among adults.

METHODS / FINDINGS

This cross-sectional study found that the main score of the model was 52, with 55% having poor sleep quality associated with insufficient physical activity. The model was adjusted for gender, BMI, self-rated health, life satisfaction, socioeconomic status, presence or absence of chronic diseases, smoking status, binge drinking and psychological distress.
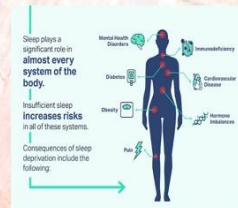
TIPS FOR HEALTHIER SLEEP
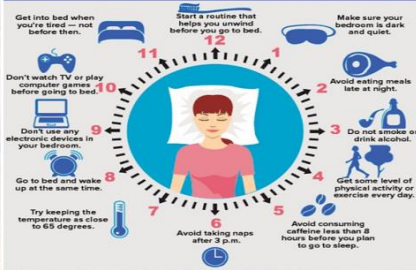
DISCUSSION / CONCLUSION

The study found that poor sleep quality, measured by the PSQI and IPAQ, is linked to low physical activity. Improving sleep quality might help increase physical activity, suggesting a need for specific health strategies.

10 - 13 September 2024

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Promoting patient adaptation post-Myocardial Infarction: a health literacy intervention for Jordanian nurses

Presenter: Pat Mayers

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Ubuntu ID: Ubuntu248

Abstract

Myocardial Infarction (MI), the most common form of ischemic heart disease, is the leading cause of death in Jordan. Nurses' health literacy practices are essential to facilitate patients' adaptive coping post-MI, adherence and reduce recurrence, complications, and mortality. Aim: To develop a health literacy practices training intervention for Jordanian nurses to facilitate adaptive coping and adherence for patients with MI.

Methods: A descriptive cross-sectional design was used to describe knowledge, experiences, attitudes, perceptions of health literacy practices of nurses in four state hospitals in Jordan. The Thomas and Rothman design and development model was used to develop a health literacy training program for nurses in cardiac care settings. A 66-item pre- and post-test survey was used to evaluate the pilot intervention.

Results: Respondents had poor knowledge about health literacy, coping and adherence (5.3/13 ±2.3), poor experience and skills in assessing health literacy (80.8%, n= 97), moderate attitude level (10.46/14 ± 2.13), good perceptions toward health literacy practices (8.19/10 ± 2.25), and poor use of communication techniques (37.24/96 ± 25.69). There was a significant (p< 0.001) improvement two weeks post-intervention in knowledge, attitudes, perceptions, perceived confidence in health literacy practices, and perceived confidence in using communication techniques.

Discussion and conclusion: Evaluation found that the training intervention was applicable, compatible with local customs and values, and effective in improving nurses' health literacy practices knowledge, attitudes, perceptions, and communication skills. It could be employed to reduce costs of care, morbidity, mortality, and hospital readmissions for patients with MI. Further evaluation is needed before generalizing.

Promoting patient adaptation post-myocardial infarction: a health literacy intervention for Jordanian nurses

Ubuntu 248

JORDANIAN NURSES

INTRODUCTION

- Myocardial Infarction (MI) is the leading cause of death in Jordan.
- Health literacy facilitates patients' adaptive coping post-MI and promotes adherence.
- Nurses play a vital role in promoting health literacy.

AIMS

1. To describe knowledge, experiences, attitudes, and perceptions of health literacy practices of nurses.
2. To develop a health literacy practice training intervention for Jordanian nurses to facilitate adaptive coping and adherence for patients with MI.

METHODS

1. Descriptive cross-sectional design (120 nurses)
2. Thomas and Rothman's design and development model was used to develop a health literacy training program for nurses in cardiac care settings.
3. Pilot intervention with 20 nurses; pre and post-test evaluation
4. Two-session intervention: 1 - content; 2 - experiential workshops

Role of nurses' health literacy practices in adaptation to MI

DISCUSSION / CONCLUSION

1. Respondents had poor knowledge, skills and confidence regarding health literacy, coping and adherence; significant improvement post-intervention.
2. The training was applicable, compatible with local customs and values, and effective in improving nurses' health literacy practices.

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Health behaviours in farmers at risk of cardiometabolic disease: a mixed methods study.

Presenter: Rebecca Orr

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Country: United Kingdom

Ubuntu ID: Ubuntu250

Abstract

The socio-economic determinants of farm family health are changing in the British Isles. Evidence suggests a growing burden of cardiometabolic ill health amongst farmers with financial stress and an aging male workforce amongst cited reasons for this. It is also supposed amongst healthcare providers that this patient group may delay seeking healthcare advice presenting challenges in clinical management and primary prevention strategies. Our two stage study is ongoing. We co-designed our study from inception with farmers through patient and public (PPI) contribution utilising the Capability- Opportunity-Motivation behavioural framework. In absence of a tool validated for this patient group, a questionnaire was designed to allow active farming participants to self-report their cardiometabolic risk using validated screening questions and explore their health seeking behaviours using likert scales, ranking and white space questions. Participants were invited for interview in stage two. Questionnaire participants (n=251) stated that hypertenion (n=71), hypercholestorlaemia (n=65) and weight gain (n=67) were prominent concerns whilst 46% attended their general practitioner about their concerns. Contrary to existing evidence 76% stated they had time to attend health appointments. The environmental context of clinical management plans is a possible barrier with 73% stating it was unachievable as a farmer. Lack of competent back up labour was a significant barrier to seeking healthcare advice. Interview sample (n=138) is now under purposive sampling and data from this stage will be presented at the conference. This study provides an example of community based research designed with a 'hard to reach' patient group.

FARMERS AT RISK OF CARDIOMETABOLIC DISEASE: TAKING CHANCES IN SEASONS OF OPTIMISM

Ubuntu250

INTRODUCTION

Within UK and Ireland, the socio-economic determinants of farm family health is changing.

Lack of cardioprotective exercise — **Caffeinated drinks Fast food Disruption to family unit** — **Self sufficient Stoic Stress** — **Ageing Male Precarious incomes**

What factors influence health behaviours in farmers at risk of cardiometabolic disease ?

AIM: Identify what **factors influence** health behaviours in farmers at risk of cardiometabolic disease (CMD) using **Capability-Opportunity-Motivation-Behaviour (COM-B) Framework and Theory**

Specific behaviour: seeking healthcare advice

METHODS

Co-designed with farmers and rural proofed

Questionnaire — Active farmer, Age 25-85 (n=251) Descriptive statistics

Purposive sample (n=138)

Interview (n=18) Deductive analysis

Participant Info Video

RESULTS

- **C**apability both physically and psychologically.

- **O**pportunity timing, seasonality and immediate availability is important. Will not persist *'no patience'*

- **M**otivation influenced by optimism *'it will come right'*, *'naturally risk takers'*. Privately prioritise own health but may *'protect others and business from burden'*

- **B**ehaviour and clinical consult also hindered by lack of *back up labour,* unsuitable management plans.

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Prof Helen Reid[1], Prof Mark Tully, Prof Nigel Hart[1]

10 - 13 September 2024

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Team approach to osteoarthritis management: Viewpoints of biokineticists and physiotherapists in South Africa

Presenter: Aayesha Kholvadia

Organization: Nelson Mandela University

Country: South Africa

Ubuntu ID: Ubuntu101

Abstract

Background: The rehabilitative nature of biokinetics and physiotherapy in osteoarthritis management highlights a complex interaction between different professions to achieve effective outcomes for the patient. The success of a team approach is dependent on key competencies for optimal patient-focused care and appropriate cross-referral systems.

Objectives: To explore and describe the viewpoints of biokineticists and physiotherapists regarding a team approach to osteoarthritis management in the South African public and private healthcare setting.

Methods: A descriptive methodology with a convenience sampling technique was used. The target population consisted of biokineticists (n=47) and physiotherapists (n=165) located within the South African healthcare sectors. A self-administered, online questionnaire surveyed rehabilitative professionals' views of a team approach to osteoarthritis management.

Results: There is no evidence that the biokineticists and physiotherapists differ with respect to how they rate the communication between team members in osteoarthritis management (p=0.68). Communication was viewed as neither of a high nor low quality by biokineticists (43%) and physiotherapists (36%). Biokineticists (54%) and physiotherapists (69%) felt adequately equipped on their understanding of the role of various healthcare professions involved in osteoarthritis management (p=0.22). However, 43% of rehabilitative professionals indicated that they had not been exposed to interprofessional education initiatives (p=0.61).

Conclusion: Both professions were well-versed on the roles of various professions involved in osteoarthritis management, however, communication was not optimal. While this study creates an awareness of the benefits of team-based management for osteoarthritis, the findings could stimulate debate on the optimal implementation of key competencies required for effective teamwork, thereby facilitating patient-focused care and referral systems.

TEAM APPROACH TO OSTEOARTHRITIS (OA) MANAGEMENT: VIEWPOINTS OF BIOKINETICISTS AND PHYSIOTHERAPISTS IN SOUTH AFRICA

Ubuntu101

BACKGROUND

The management OA involves a **complex multidisciplinary approach** by both biokineticists (Bio) and physiotherapists (Physio) within the physical rehabilitation space[1,2,3].

This **multidisciplinary approach** is **crucial** for achieving effective patient outcomes[4].

Success in this team-based model relies on **key competencies, optimal patient-focused care, and efficient cross-referral systems**[5].

OBJECTIVES

Understanding the **multidisciplinary nature of OA care** and rehabilitative professionals' perspectives on **team-based approaches** can guide best practices, enhance teamwork, and improve quality care for OA patients in RSA. Therefore the purpose of this study was to explore and describe the viewpoints of Bio's & Physio's regarding a team approach OA management in South Africa.

METHODS

Study design: Descriptive, cross-sectional survey
Participants: Bio (n=47) and physio (n=165) who have worked with OA patients
Gatekeepers: BASA, SASP, SASMA
Recruitment: Digital
Inclusion criteria: Bio or physio registered with HPCSA and actively involved in OA management.
Ethical clearance: H20-HEA-HMS- 005

STATISTICAL ANALYSIS & RESULTS

Quantitative descriptive data were analyzed using cross tabulations and Chi-square tests to examine the relationship between bio's and physio's ratings of a team approach in OA management. Significant results ($p < 0.05$) were highlighted.

- **43%** of participants indicated that they had **not been exposed to IPE initiatives ($p=0.22$)**
- Both professionals felt **adequately equipped with knowledge of the scope of practice** but reported **limited exposure to interprofessional education (IPE)**
- A management **needs better communication**
- Rising NCDs like OA **increase demand for rehabilitative professions in the public sector**

DISCUSSION & CONCLUSION

Increased **IPE initiatives** and **better communication**[5] methods among healthcare professionals are essential for effective OA management and improved patient outcomes[4].

The study highlights the **need for interdisciplinary collaboration**, emphasizing **critical competencies to enhance teamwork and patient-centered care.**

Improving team functioning through **IPE is pivotal for streamlined healthcare delivery.**

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10 - 13 September 2024

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Ubuntu2024.com

Differential Impact of Interpersonal Trust on COVID Compliance Behaviours in Australia

Presenter: Rabia Khan

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Country: Australia

Ubuntu ID: Ubuntu127

Abstract

Introduction

The COVID 19 pandemic necessitated widespread adoption of compliance behaviors to mitigate transmission risks and safeguard public health. While interpersonal trust has been identified as a crucial determinant of compliance, its influence on specific COVID 19 behaviors remains nuanced and understudied. Drawing from the Australian experience, this study offers a nuanced examination of how interpersonal trust interacts with specific compliance behaviours.

Methods

This study employed a mixed methods approach, combining secondary analysis of the Household, Income and Labour Dynamics in Australia (HILDA) survey with qualitative interviews. Using data from three waves of the survey encompassing 16,549 adult respondents, this research specifically examined the relationship between measures of interpersonal trust and the adoption of COVID 19 preventive behaviours social distancing, wearing face masks, adhering to stay at home orders, and self reported vaccination status.

Results

Overall, the survey respondents reported both high levels of interpersonal trust, adoption of preventive behaviours and vaccination status compared to studies in other countries. While high levels of interpersonal trust were positively associated with certain behaviours, such as mask wearing and vaccination, they showed no significant correlation with others, such as staying at home and social distancing.

Discussion

These findings have important implications for public health interventions, highlighting the need for targeted strategies that address trust-related barriers

to compliance and promote community engagement. By understanding the differential impact of interpersonal trust on various COVID-19 behaviours, policymakers and health practitioners can design more effective approaches to pandemic and outbreak management, ultimately enhancing public health outcomes.

Differential Impact of Interpersonal Trust on COVID Compliance Behaviours in Australia

Ubuntu127

INTRODUCTION

The COVID-19 pandemic has highlighted the critical role of trust and public compliance with health measures in controlling virus spread.

AIMS

To examine how varying levels of interpersonal trust among different population groups in Australia influence compliance with COVID-19 preventive measures and health guidelines

METHODS

This study conducted secondary analysis of the Household, Income and Labour Dynamics in Australia (HILDA) survey, an annual household-based panel study with 16,549 adult respondents.

FINDINGS

There is a relationship between pre pandemic interpersonal trust and compliance to COVID 19 public health measures as trust increases, compliance increases with a stronger relationship within culturally and racially marginalised communities in Australia.

10 - 13 September 2024

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Examining protective factors for substance use in emerging adulthood in South Africa

Presenter: Nikki Thomas

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu217

Abstract

Substance use (SU) in South Africa (SA) is an escalating concern, which is especially true for those in emerging adulthood (EA), considering the youth unemployment, poverty and violence that they face. Identifying protective factors (PFs) for SU is an important step towards policy change and informing future interventions. As a collectivist culture with an emphasis on Ubuntu, SA values community and connection, which is important when considering PFs for SU. This research followed a quantitative, cross-sectional design using secondary survey data. The data was collected from wave 1 of an international, longitudinal study exploring psychological development in EAs residing in Africa. The SA sample included 869 Eas aged 18-19 recruited from across SA. The PFs explored were social connectedness (SC), religiosity and self-esteem, all thought to align with collectivist values in SA. To measure the PFs, items representing SU, SC, religiosity, and self-esteem were drawn from the original survey instrument. To denote levels of SU, individuals' scores on SU items were used to place them in a no-use, occasional-use, or frequent-use group. The data was analysed using MANOVA and Hochberg GT2 post hoc tests to identify group differences. Results showed significant differences between the groups ($< .05$), and post hoc tests indicated that the most promising protective factor was religiosity, followed by SC and then self-esteem. All ethical considerations were adhered to. This study shows encouraging indications that SC, religiosity and self-esteem could be effective PFs against SU in SA Eas.

Examining protective factors for substance use in emerging adulthood in South Africa

Ubuntu217

Introduction

Substance use in South Africa is an escalating concern, which is especially true for those in emerging adulthood, considering the youth unemployment, poverty and violence that they face. Identifying protective factors for substance use is an important step towards policy change and informing future interventions.

Aims/Objectives

To examine the significance and potential efficacy of social connectedness, religiosity and self-esteem as protective factors for substance use in South African emerging adults. The main objective was to establish if there is a relationship between the level of substance use and the level of each protective factor.

Methods/Findings

This research followed a quantitative, cross-sectional design using secondary survey data collected as part of wave 1 of an international longitudinal study (the Africa Long Life Study).
The data was analysed using a MANOVA, and the results showed significant differences in all measured protective factors. Post hoc tests indicated that religiosity was the most promising protective factor, followed by social connectedness and then self-esteem.

Discussion/Conclusion

These findings can inform potential interventions in South Africa by prioritising more culturally appropriate approaches towards substance use treatment, including the use of religion, focus on social connectedness and the incorporation of self-esteem. This study shows encouraging indications that social connectedness, religiosity and self-esteem could be effective protective factors against substance use in South African emerging adults.

10 - 13 September 2024

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The Impact of orthodox and traditional medicine treatments In improving gait of stroke patients

Presenter: Anthea Rhoda

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Country: South Africa

Ubuntu ID: Ubuntu240

Abstract

Introduction: Walking impairment is commonly reported among patients with stroke and about 50% of patients experience no walking activity. The goal of stroke rehabilitation is to achieve improvement in gait recovery and to facilitate performance of daily activities and independent walking. Many patients in Africa access healthcare at the traditional medicine setting due to limited resources. The aim of the study was to assess gait speed of patients with stroke at orthodox and traditional medicine settings.

Methods: An observational longitudinal study was conducted using convenience sampling to recruit 100 stroke patients each at orthodox (OM) and traditional medicine (TM) settings. Gait speed was measured using the 10 meter walk test, measurements were obtained at baseline, two, three and six months after rehabilitation session. Data was analysed using means and repeated measures ANOVA.

Results: The self pace gait speed at baseline was 0.92m/s at OM and 1.23m/s at TM. The gait speed increased to 1.07m/s at OM and reduced to 0.89m/s at TM at 3 month. At 6 month, it increased to 1.06m/s at OM and reduced to 0.99m/s at TM. The fast gait speed at baseline was 1.20m/s at OM and 1.56m/s at TM. The gait speed increased to 1.35m/s at OM and reduced to 1.15m/s at TM at 3 month. At 6 month, the scores increased to 1.34m/s at OM and reduced to 1.22m/s at TM. Repeated measures ANOVA across the follow ups was not statistically significant for self pace ($F=1.54$, $p=.203$) and fast gait speed ($F=0.96$, $p=.413$) at OM. But was statistically significant for self pace ($F=6.32$, $p< .001$) and fast gait speed ($F=4.07$, $p=.009$) at TM.

Conclusion: Stroke patients' self paced and fast paced gait at TM improved progressively from baseline to 3 month and 6 month post stroke at TM. However, there is no improvement in gait.

The impact of orthodox and traditional medicine treatments in improving gait of stroke patients,

Ubuntu240

INTRODUCTION

Gait speed is commonly one of the primary outcomes of stroke rehabilitation. It is used to measure walking ability (Bijleveld-Uitman et al., 2013).

Many patients in Africa seek stroke rehabilitation at traditional medicine settings due to limited resources.

AIMS & OBJECTIVES

To assess the gait speed of stroke patients at baseline, two, three- and six-months post-stroke.

METHODS / FINDINGS

Gait speed of 100 stroke patients was measured with 10-meter walk test while receiving rehabilitation at orthodox medicine (OM) or traditional medicine (TM) settings.The findings reveal gait speed of participants at OM improved from 0.92 m/s at baseline to 1.06 m/s at 6-months,while gait speed of participants at TM reduced from 1.23 m/s at baseline to 0.99 m/s at 6-month follow-up.

DISCUSSION / CONCLUSION

Improvement in gait speed could lead to improved function while reduction in gait speed could lead to higher risk of falls.

10 - 13 September 2024

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Lung Cancer Patients' Conceptualization of Care Coordination in Selected Public Health Facilities of KwaZulu-Natal, South Africa

Presenter: Buhle Lubuzo

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Country: South Africa

Ubuntu ID: Ubuntu286

Abstract

Introduction: Cancer patients commonly receive care, including comprehensive treatment options, from multiple specialists within and across facilities offering varying levels of care. Given this multi-layered approach to cancer care, there is a need for coordinated care enhanced through integrated information flow for optimal patient care and improved health outcomes.

Objective: This study explored how patients conceptualized cancer care coordination in an integrated healthcare system in KwaZulu-Natal. Methods: The study employed a grounded theory design to qualitatively explore the patients' experiences and views on cancer care coordination using in-depth interviews. Guided by the grounded theory principles, data generation, and analysis were conducted iteratively, followed by systematic thematic analysis to organize data and review and interpret comprehensive findings. This process culminated in the development of themes relating to barriers to cancer care coordination and the interface between the primary and tertiary settings. Theoretical saturation was achieved at 21 in-depth interviews with consenting respondents.

Results: This study revealed that care coordination was affected by multilevel challenges, including pertinent health system-level factors, such as difficulty accessing specialty care timeously, weak communication between patients and healthcare providers, and unmet needs concerning supportive care. We found that negative experiences with cancer care erode patient trust and receptiveness to cancer care, and patients advocated for better and proactive coordination amongst different care facilities, services, and providers.

Conclusions: An integrated care coordination setup is essential to create and sustain a high-performance healthcare system. These findings make a case for developing, implementing, and evaluating interventions to enhance the

quality of cancer care for patients and ultimately improve health outcomes for patients in KwaZulu-Natal. This study provided comprehensive data to inform professionals, policymakers, and related decision-makers on managing and improving cancer care coordination.

Conceptualization of Barriers to Care Coordination by Patients Living with Lung Cancer and Attending Selected Public Health Facilities of KwaZulu-Natal, South Africa

Ubuntu286

INTRODUCTION
- Cancer patients often receive care from multiple specialists across various facilities, leading to a complex healthcare journey.
- This complexity necessitated the exploration of potential barriers to effective coordination.

OBJECTIVES
- This study explored how patients conceptualized cancer care coordination in an integrated healthcare system in KwaZulu-Natal (KZN).

METHODS
- Utilizing a grounded theory design, this qualitative study examined patient experiences & views on lung cancer care coordination.
- Theoretical saturation was achieved after 21 in-depth interviews.

FINDINGS
- Conceptualized barriers to effective care coordination:
  ➢ Difficulty accessing specialty care promptly.

➢ Weak communication between patients & providers.
➢ Unmet supportive care needs.

Figure 1F Summary of the key findings deriSed from this study

- Figure 1 summarizes the multilevel challenges highlighted by patients & possible solutions for coordinated care through arrows.

CONCLUSION
- Developing & ensuring the availability of integrated support services throughout cancer care can address these gaps.
- The study provides valuable insights for professionals & policymakers on improving cancer care coordination in KZN.

10 - 13 September 2024

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Tiny eyes project: unveiling parental perceptions on screen exposure in toddlers -insights from a rural hospital in central India.

Presenter: Muskaan Somani

Organization: Mahatma Gandhi Institute of Medical Sciences Sevagram Wardha Maharashtra India

Country: India

Ubuntu ID: Ubuntu061

Abstract

Introduction: Screen-time (ST) has deleterious effects on a child's health. This study explores parental perceptions of reasons, advantages, disadvantages, and media content for children < 2 years.

Material & Methods: A qualitative study in OPD setting of rural tertiary care hospital in central India employed triangulation methods, including In-depth interviews (IDI), Free listing, and Ten seed ranking, among caregivers of 0-2-year-olds. Twelve IDI, guided by a customized tool, were thematically analyzed until saturation. Salience of items from the free list was calculated using ANTHROPAC software.

Results: Caregivers seek moments of silence due to lack of help, favoring rules for older children over toddlers due to autonomy. Advantages include quick learning (Smith Index=0.400), teaching essential skills (0.178), while disadvantages involve eyesight strain (0.983) and developmental issues (0.290). Free listing reveals reasons for screen exposure (SE), such as imitating parents (0.515) and calming a crying child (0.467). Salient content includes YouTube shorts (0.770) and cartoons (0.672). Triangulated findings boost parental insight reliability.

Discussion: Studies from Italy and India reveal parents using smartphones as pacifiers for children, aiming to calm and distract, corroborating our findings. In rural western India, more devices correlate with increased ST, while in this study parents note children's natural inclination towards devices. Neglecting the crucial first 1000 days underscores the necessity for education on ST management and digital wellbeing, advocating for impactful policies.

Conclusion: Unveiling a stark perception-practice gap, our study exposes a surprising trend: parents, aware of the potential harm, still allow early SE for their children.

Tiny eyes project: Unveiling parental perceptions on screen in toddlers.

Mahatma Gandhi Institute of Medical Sciences, Sevagram, India

Ubuntu61

01. Introduction

Screen time has deleterious effects on a child's health. Guidelines alone are insufficient. We tried exploring parental views on screen time impact.

02. Objectives

❖ Parental attitudes on children's screen time: need, rationale, benefits and harmful effects.

❖ Identify and map screen exposure reasons and content for toddlers.

03. Methodology

Triangulation type of qualitative study.

Primary caregivers of 0-2 years old.

September-November 2023.

Study procedure & Analysis

Phase 1 · Free listing for reasons, advantages, disadvantages and content of screen exposure.

Phase 2 · Ten-seed technique to obtain qualitative data on community attitudes.

Phase 3 · In-depth, semi-structured interviews to capture detailed insights.

- Free listing was done for 30 primary caregivers, analysed using Visual ANTHROPAC
- Ten seed ranking with two primary caregivers group (0-1 and 1-2 years old)
- In-depth interviews analysed manually by thematic analysis

04. Findings

- Children preferred **YouTube shorts**, cartoon and music videos, YouTube shorts rank highest.
- **YouTube shorts**, with high salience, while **alphabets** and **rhymes** with lower salience, were given seeds in the ranking.
- **'Parental phone use influencing children'**; **'screen needed while eating'**, were highlighted with 7 and 3 seeds respectively having significant Smith index.
- **'Quick learning'** was highlighted with 4 seeds having significant Smith index, but **'none'** which achieved a significant smith index was unseeded.
- **'Focusing difficulty'** gained most seeds; **'eyesight impairment'** follows with the highest Smith index.
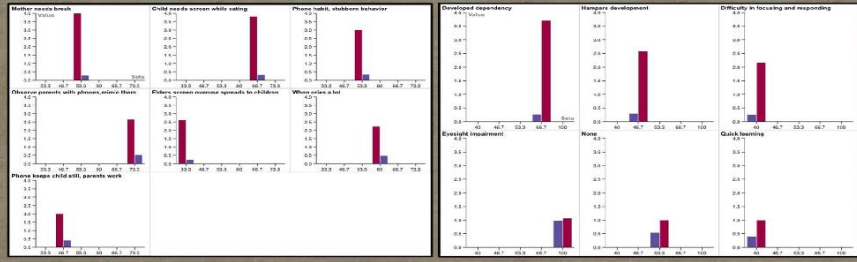
Themes	Subthemes
Ways to prevent screen exposure	1. Nature soothed irritability 2. Use screen-free games 3. Family bonds, screen-free times 4. Keep phone distant
The role of family on the child's screen time dynamic	1. Mother bear sole burden 2. Joint family shares childcare responsibility 3. Imitate elders, enjoy together
The dark side of early screen exposure	1. Screen harm eyes, but not TV 2. Phone shapes early behaviour 3. Screen shapes habits, focus deteriorated
What parents think	1. Supervision of screen time 2. Limit screens
Phone: blessing for both parents and children alike	1. Phone aids in feeding and soothing 2. Phone boosts English

06. Discussion

Triangulated methods ensured trustworthy rural caregiver insights with trained researchers and customized interviews. The study focused on the understudied topic of **rural parental attitudes** toward children's screen exposure, primary objective of the study, but lack of **broader family perspectives** limits generalizability.

Further rural studies across India are recommended for broader understanding.

07. Conclusion

Study unveils stark **perception-practice gap**: caregivers acknowledge harm of early screen exposure, yet contradict by exposing <2-year olds due to various reasons. Perception vs. practice disparity evident.

08. References

[references illegible]

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Impact 2030: A strategic plan for educating the healthcare workforce of the future

Presenter: Kari Northeim

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Ubuntu ID: Ubuntu162

Abstract

In response to the evolving global health challenges, the University of North Texas Health Science Center (UNTHSC) School of Public Health (SPH) has articulated its strategic plan for the future through "IMPACT 2030: A Focus on Commitment to Community." This vision is underscored by the SPH's guiding principles, which exhibit a commitment to providing ethical and impactful education, research, and service that are in harmony with the core values of the UNTHSC. The strategic plan is anchored in three primary goals: 1) Elevate the SPH as a socially accountable, community-centered, and globally relevant institution dedicated to advancing health equity throughout the life course; 2) Equip graduates with the skills necessary to tackle pressing public health and health system challenges through community-centered approaches; and 3) Advance a transformative research agenda aimed at making a significant impact on public health and promoting health equity. Throughout the development of IMPACT 2030's goals, thorough evaluation and feedback were sought from faculty and community partners. This iterative process ensured that the goals not only directed the SPH towards its envisioned future, but also defined objectives and key results. The objectives were outlined to support the achievement of the mission, while the key results were designed to systematically and synergistically advance towards these goals and objectives. This review aims to inform and provide essential tools for the creation of an integrated strategic plan. Such a plan is pivotal for educating the healthcare workforce of the future, ensuring they are well-prepared to meet the challenges ahead.

Impact 2030: A strategic plan for educating the healthcare workforce of the future

Ubuntu162

hsc
THE UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER at FORT WORTH

Kari Northeim, PhD[1], Emily Spence, PhD[1] Catherine Sembajwe-Reeves, EdD[2], and Shafik Dharamsi, PhD[3]
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Introduction

- Purpose of IMPACT 2030: In 2023 the School of Public Health embarked on an extensive engagement process that led to the development of a new strategic plan **envisioning health equity in every community.**

- Impact centers community into the 'DNA' of the school.

Vision & Mission

Vision

Health equity in every community.

Mission

Collaboratively create solutions for healthier communities and equitable health systems through **socially accountable, community-centered and globally relevant education.**

Purpose

To protect and improve the health and conditions of life in North Texas, the nation and the world.

Goals

Goal 1:

Elevate the School of Public Health as a **socially accountable, community-centered & globally relevant institution.**

Goal 2:

Equip graduates to address pressing public health and health system challenges using experiential learning and community-centered approaches.

Goal 3:

Advance a transformative research agenda for public health impact and health equity through implementation and team science.

Engagement Process

- Applied through the Appreciative Inquiry (AI) framework *(Cooperrider & Whitney, 2000)*

Clarify

Innovate — Appreciate

AI

Co-construct — Envision

Align with institutional strategic plan

HEALTHY PEOPLE 2030

Align with UN SDG & Healthy People 2030

Iterative working sessions using Appreciative Inquiry (AI)

Listening sessions with all partners

Academic Community Partnership Advisory Board

Community Partners

Health Sector Partners

Academic Community Alumni, Students, Faculty & Staff

Benefactors

Institution

IMPACT 2030
Commitment to Community

community corps

Objectives

Strengthen multi-sectoral partnerships

Expand participatory and community-driven development

Support globally relevant efforts that target the underlining determinants of health and health disparities

Implement high-impact, evidence-based teaching practices

Refine curricula to reflect emerging health challenges

Expand implementation, team science and community-partnered activities

Promote globally relevant research to catalyze transformative improvements in public health

SCHOOL OF PUBLIC HEALTH 25 COMMITTED TO COMMUNITY

Key Result Highlight

Community Corps Model

Principles & Values
Shared power & resources
Accountability
Community-centered
Sustainability
Transcendence
Co-learning
Cultural humility
Collaboration
Health equity
Excellence & impact

Community Corps Governance Board
SPH administrative and budgetary oversight & support

Co-Learning through multi-directional training, coaching, and mentoring

Curricular Engagement
- Registry of practice expertise
- Service Learning
- Co-teaching & Course Instruction
- Guest lectures
- Curricular planning
- Assessment of workforce needs

Community-driven solutions & workforce development
- Event/Conference/Seminar planning
- Participatory research & Implementation Science
- Advocacy & Policy Development

Outcomes & Impacts
- Alignment between community needs and curricula
- Attainment of competencies needed by workforce
- Community-driven solutions
- Improved health outcomes & health equity

hsc School of Public Health

Evaluation of the Knowledge, Attitudes, and Resulting Behavior Changes in Response to COVID-19 Among Students at the College of Applied Medical Sciences (CAMS), Jazan University, Saudi Arabia

Presenter: Mohamed Moukhyer

Organization: Ahfad University for Women

Country: Sudan

Ubuntu ID: Ubuntu070

Abstract

Background

The emergence of COVID-19 posed a threat to millions worldwide. The pandemic extended to affect people's psychological well-being, resulting in significant behavioral change. This study was designed to assess the knowledge regarding COVID-19 precautions among the College of Applied Medical Science students at Jazan University and to evaluate the general, psychosocial, and behavioral changes due to COVID-19.

Methods

This observational study targets 630 undergraduate students selected during January 2020, using stratified random sampling. Data were collected using an online questionnaire. Linear regression models assesed predictors of three outcome measures: knowledge, attitudes, and practice scores.

Results

COVID-19 knowledge among students ranged from 48.9 to 95%. Gender differences were significant for symptoms such as shortness of breath, fatigue, persistent chest discomfort, headache, and malaise ($p < 0.05$). Knowledge and attitude scores differed significantly by gender and academic level ($p < 0.05$). No significant difference existed in practice scores according to socio-demographic background ($p > 0.05$). Females and those aged 21–23 and above showed higher knowledge, attitudes, and practice scores ($p < 0.05$). Urban and semi-urban places also had significantly higher scores ($p < 0.05$).

Conclusion

The results demonstrated moderate COVID-19 knowledge among participants, with significant gender and location differences. Outcomes

suggest the need for interventions to address knowledge-practice gaps. Students expressed concerns about life amenities and supporting loved ones amid behavioral changes.

Evaluation of the Knowledge, Attitudes, and Resulting Behavior Changes in Response to COVID-19 Among Students at the College of Applied Medical Sciences (CAMS), Jazan University, Saudi Arabia.

Ubuntu70

INTRODUCTION

The emergence of COVID-19 posed a threat to millions of lives worldwide. The pandemic impacts extended to affect people's psychological well-being, resulting in significant behavioural change. This study was designed to assess knowledge regarding COVID-19 precautions among the CAMS at Jazan University and to evaluate the general, psychosocial, and behavioral changes due to COVID-19.

METHODS

This observational study sampled 630 randomly selected undergraduate students through stratified random selection in January 2020. Data were collected via an online questionnaire, and linear regression models analyzed predictors of knowledge, attitudes, and practice scores.

RESULTS

Knowledge of COVID-19:
- Correct answer ranged from 48.9% to 95%.

Significant Differences:
- Gender differences in knowledge of specific symptoms (p<0.05).
- Knowledge and attitude scores varied by gender and academic levels (p<0.05).

No Difference in Practice Scores:
- Socio-demographic background did not affect practice scores (p<0.05).

Higher Scores Observed:
- Females, ages 21+ and students in urban/semi-urban areas had higher knowledge, attitudes, and practice scores (p<0.05).

CONCLUSION

The results demonstrated moderate knowledge about COVID-19 among study participants, with significant differences between the responses of males and females and among urban and rural populations. Outcomes suggest the need for interventions to bridge students' knowledge about COVID-19 and practice gaps. Students were concerned about basic amenities and the inability to provide for their dear ones regarding behavioral changes.

10 - 13 September 2024   Dr. M. Moukhyer, MD, MPH, MHPE, PhD — moukhyer@hotmail.com   Ubuntu2024.com

How to create psychologically safe simulation-enhanced interprofessional education that is equitable, diverse, and inclusive: Learning from student, educator, and simulated participant/patient narratives.

Presenter: Kelly Lackie

Organization: Dalhousie University

Country: Canada

Ubuntu ID: Ubuntu019

Abstract

Introduction: The objective of this narrative research was to use an equity, diversity, and inclusion (EDI) lens to draw on health professional students', educators', and simulated participants/patients' (SPs) stories regarding how psychological safety (PS) could be established, reinforced, and reproduced in simulation-enhanced interprofessional education (Sim-IPE).

Methods: Intersectionality Theory was operationalized to inform the recruitment of a diverse participant cohort to participate in two semi-structured interviews and journaling to share their stories of PS within Sim-IPE.

Results: Interpretive narrative methodology, using an EDI lens, revealed themes and key narrative components reflecting the deep meaning of participant stories. Insights into the context, factors, impediments, and supports for PS in Sim-IPE were shared by students (n=6), educators (n=4), and SPs (n=6) revealing that PS is personal, differs based on social categories of identity, and is informed by past and current experiences. Recommendations to establish trauma-informed and psychologically safe interprofessional learning will be shared.

Discussion: Feeling psychologically safe to voice opinions, disagree, or ask for help without fear is vital to Sim-IPE. However, power differentials, systemic barriers, biases, and lack of training in PS and EDI inhibits PS, particularly for those from underrepresented groups.

Conclusion: Creating a psychologically safe environment in Sim-IPE requires concerted efforts to deconstruct power dynamics, dismantle barriers, enhance training, and promote EDI. Psychologically safe Sim-IPE prepares future providers to be critical contributors in collaborative teams, consider realities and societal conditions different from their own, and avoid furthering

the vulnerabilities that are disproportionately experienced by members of historically underrepresented groups.

How to create psychologically safe Sim-IPE that is equitable, diverse, and inclusive: Learning from student/educator/simulated patient narratives

Ubuntu19

INTRODUCTION

No resources found to guide educators or simulated participants (SPs) in creating *equitable*, *diverse*, and *inclusive* psychologically safe simulation-enhanced interprofessional education. RQ: Incorporating an EDI lens, what are the experiences and narrative accounts of psychological safety (PS) from students, educators, and SPs who have participated in simulation-enhanced interprofessional education?

AIMS

- Use: EDI lens to understand how PS is created, reinforced, and reflected; diverse voices from various groups
- Develop: PS concept from an EDI lens; resources that are inclusive of diverse voices
- Build: Capacity to challenge, question, and critique
- Cultivate: spaces where challenging discussions about social injustices can happen

METHODS / FINDINGS

Narrative Inquiry: Interview → journal → interview

Participants	1st Interview	2nd Interview	Journals
Students	6	3	2
Educators	4	4	2
SPs	6	4	4
Total	16	11	8

We all have a story to tell

Mistakes happen, learn from them and do better

There is no *them*, only **US**, in psychologically safe Sim-IPE

Dual identities & intersections

Feeling seen, heard, & safe

DISCUSSION / CONCLUSION

- Everyone has implicit biases and unique experiences that inform their psychological safety
- Develop, build, & cultivate psychological safety

10 - 13 September 2024   Kelly Lackie [klackie@dal.ca], Alizadeh, N. & Lane, J.   DALHOUSIE UNIVERSITY   Ubuntu2024.com

What teaching approaches are used to educate health professional students to break bad news collaboratively? Results from a scoping review.

Presenter: Kelly Lackie

Organization: Dalhousie University

Country: Canada

Ubuntu ID: Ubuntu018

Abstract

Introduction: Health care professionals (HCPs) must deliver bad news (BN) skillfully and collaboratively; yet there is little curricular attention to this skill. HCPs feel inadequately prepared, precipitating burnout, distress, and compassion fatigue. Teaching approaches used to educate HCP learners to break BN collaboratively were examined in this scoping review.

Methods: The JBI 3-step process was followed. Databases (MEDLINE, CINAHL, Embase, Education Resource Complete, Social Work Abstracts) were searched on February 11, 2021, and May 17, 2022. Title/abstract screening and data extraction were completed by the research team. Disagreements were resolved through discussion or with a third reviewer.

Results: Thirteen studies were included, with a range of methodologies/designs. Most were from the United States (n = 8; 61.5%). Twelve (92.3%) used simulation-enhanced interprofessional education (Sim-IPE) as the teaching method with simulated participants/patients (SPs) used to portray patients/family. Most HCP learners were undergraduate (n = 7; 53.8%); three studies (23.1%) had undergraduate and graduate participants, two (15.4%) graduate only, and one (7.7%) non-disclosed. A range of health professions were represented; medicine and nursing were equally in the majority (n = 10; 76.9%).

Discussion: Teaching approaches are context-dependent concerning curriculum development, delivery, and locations for learning and practice. Implications for education (e.g., best practices usage, language uniformity, non-physician-centric tools in Sim-IPE) and research (effectiveness of Sim-IPE and other approaches to teach BBN) were highlighted.

Conclusion: Findings contribute to and stimulates reflection, discussion, research innovation, and informs teaching approaches regarding how to teach HCP learners how to break BN collaboratively.

What teaching approaches are used to educate health professional students to break bad news collaboratively? Results from a scoping review

Ubuntu18

INTRODUCTION

Health professionals must be equipped to break bad news skillfully and collaboratively. However, literature shows that this skill receives little attention in program curricula, leaving health professionals feeling inadequately prepared to deliver bad news, and leading to increased burnout, distress, and compassion fatigue.

METHODS

Using the JBI 3-step process, MEDLINE(Ovid), CINAHL(EBSCOhost), Embase, ERiC(EBSCOhost), and Social Work Abstracts(EBSCOhost) were searched. Studies were included that describe teaching approaches used to teach 2 or more undergraduate and/or postgraduate learners, working toward a professional health or social care qualification/degree at a university or college, how to break bad news collaboratively. Due to the primary language of the research team, only English articles were included.

FINDINGS

- 13 studies met the inclusion criteria with a range of methodologies and designs described (pre/post surveys, qualitative, feasibility, mixed methods, cross-sectional, quality improvement, and methodological triangulation); 8 studies were conducted in the United States (61.5%)
- 12 studies (92.3%) used simulation-enhanced interprofessional education (Sim-IPE) as the teaching method; 11 of these were face-to-face (84.6%); 3 studies (23.1%) were high fidelity, 10 studies did not disclose fidelity
- Academic level of participants varied, with the majority being undergraduate (n = 7; 53.8%); a range of health professions were included, with medicine and nursing equally in the majority (n = 10; 76.9%).

DISCUSSION / CONCLUSION

Sim-IPE was the most reported teaching approach. Further research should focus on other interprofessional teaching approaches, and whether what is learned is being retained over the long-term and incorporated into practice.

10 - 13 September 2024   Kelly Lackie [klackie@dal.ca] & Miller, S.   DALHOUSIE UNIVERSITY   Ubuntu2024.com

Evaluation of a Role-Playing Activity as a Means of Teaching Social Determinants of Health Among Medical Students in a State University in Manila, Philippines

Presenter: Lia Aileen Palileo-Villanueva

Organization: UP College of Medicine, University of the Philippines Manila

Country: Philippines

Ubuntu ID: Ubuntu229

Abstract

BACKGROUND: Innovative teaching learning strategies are necessary to foster awareness and promote understanding of the social determinants of health among students in the health professions.

METHODS: We designed a role playing teaching learning activity that aims to highlight the multidimensional nature of health and allows students to vicariously experience the day to day difficulties faced by poor families. We evaluated the effectiveness of this activity in terms of the students' appreciation of the various factors that affect health and health seeking behavior of patients, and the role of health professionals in addressing these factors. Thematic analysis of anonymized reflection papers submitted by students post activity was done using the Grounded Theory approach.

RESULTS: A total of 312 student reflection papers were analysed. The students identified structural (governance, social protection, socioeconomic position) and intermediary (material circumstances, social cohesion, health system) determinants of health as important factors that affect health seeking behavior. 77% agreed that health professionals contribute to health disparities. Most commonly cited reasons are: decision to seek highly specialized training, practice in highly urbanized centers, and inattention to economic difficulties faced by patients. Those who disagreed (9%) identified systemic problems as the drivers of health inequities, such as commodification of health services, inappropriate policies, and insufficient funding for health services and human resources. Identified measures to address health disparities include holistic approach to healthcare provision, advocacy and social action by health professionals, emphasis on preventive health care, and research and education to address health inequities.

CONCLUSION: Role-playing activities and guided reflection help medical students identify structural and intermediary social determinants of health and

promote a better understanding of the role of health professionals in addressing health disparities.

Evaluation of a Role-Playing Activity for Teaching Medical Students Social Determinants of Health

Ubuntu229

Costs, Choices, and Consequences, a **role-playing activity** that allows medical students to **vicariously experience the day-to-day realities** faced by **poor families**, is an **effective strategy for teaching social determinants of health.**

Background
- *Costs, Choices, and Consequences* is a role-playing activity for medical students that simulates earning, budgeting, and spending of families in the context of life events such as births, illness, and catastrophes. It aims to highlight the multidimensional nature of health.

Methods
- We evaluated the activity through a thematic analysis of 312 anonymized student reflection papers.

Results
- Students identified structural and intermediary determinants of health as important factors that affect health-seeking behavior.
- 77% of students agreed that health professionals contribute to disparities in health. Those who disagreed identified system problems as the drivers of health inequities.
- Health professionals can help address health inequities by providing holistic care particularly in primary care, advocating health reforms, research, and education.
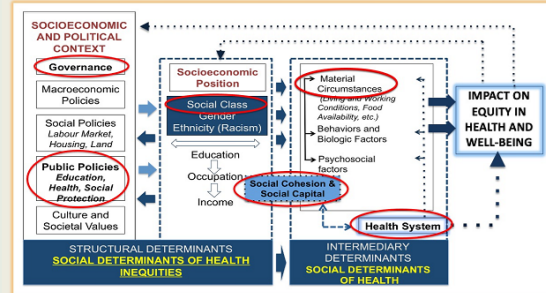
Fig. 1. WHO Social Determinants of Health framework

Recommendations
- Similar role-playing activities may be incorporated in the different health professions curricula. Formal evaluations for effectiveness are recommended.

Aldrin B. Loyola, MD, MBAH and Lia M. Palileo-Villanueva, MD, MSc
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The prediction of academic difficulty among medical students by Multiple Mini-interview on faculty admission

Presenter: Anchalee Buangoen

Organization: Songkhla Medical Education Center (SK-MEC)

Country: Thailand

Ubuntu ID: Ubuntu297

Abstract

Introduction: The admission process in medical student selection was crucially important. Multiple mini-interview (MMI) was one of admission tool of medical school in Thailand, that consisted of several short practical assessments. It was not known whether MMI test was predictive of acdemic difficulty in medical student. The utilization of MMI test in identifying students at risk for academic difficulty in the profesisional medical student curriculum was still uncleared.

Objective: To identify wheter MMI score on admission process could be a prognostic prediction of academic difficulty among medical students.

Methods: This study was retrospective, multivariate analysis recruiting admission data of medical student from academic years 2014-2016, who participated in the MMI process of Songkhla medical education center(SK-MEC). Two Pearson correlation coefficients were computed foe assessment of the relationship between MMI score and academic difficulty.

Results and Discussion: There were 72 medical students during admission year2014-2016 of SK-MEC. 52.8% of those were female. Mean age was 18.5 years (SD=0.5year) and mean MMI scores were 78.7(SD=10.6, rang 55.3-96.2). The study found 30 students(41.67%) had academic difficulty. Of these,12.5% were grade D on knowledge assessment, 1.4% was drop out, 15.3% were repeated in class and 12.5% were delayed graduation. The analysis showed no correlation between MMI scores and academic difficulty (p-value 0.501). However, there was positive correlation between MMI score and graduated grade point average(GPA)< 3.00 (p-value< 0.001).

Conclusion: The MMI performance was unable to predict academic difficulty, but its score tended to take part in the early identification of academically at risk medical student whome GPA was< 3.00. Muti-tool on admission were required on medical student selection.

The Prediction of Academic Difficulty among Medical Student by Multiple Mini-interview on Faculty Admission

Ubuntu297

INTRODUCTION

The admission process in medical student selection was crucially important. Multiple mini-interview(MMI) was one of the admission tools of medical school in Thailand, that consisted of several short practical assessments.

AIMS & OBJECTIVES

To identify MMI score on the admission process could be a prognostic prediction of academic difficulty among medical student.

METHODS / FINDINGS

This study was retrospective, recruiting admission data of medical student from academic years 2014-2016. There were 72 medical students. 53% of those were female. Mean age was 18.5 years and mean MMI scores were 78.7.

The study found 42%of medical student had academic difficulty

Academic difficult

- No academic difficulty — 58.3%
- Repeat class — 15.3%
- Delayed graduation — 12.5%
- Final grade of D — 12.5%
- Dropped out — 1.4%
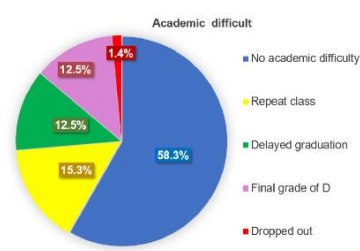
The analysis showed no correlation between MMI scores and academic difficulty. However, there was positive correlation between age and graduated grade point average <3.00.

DISCUSSION / CONCLUSION

The MMI performance was unable to predict academic difficulty, but it's score tended to take part in the early identification of academically at-risk medical student whose GPA was <3.00. Multi-tools on admission were required for medical student selection.

10 - 13 September 2024

Anchalee Buangoen, MD: pompomnoy@gmail.com
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Rural Resilience: Evaluating Health Education's Impact on Breast Cancer Awareness, attitude and prevention in Naile Village, Gezira State, Sudan: A Study Conducted in March 2023"

Presenter: Abdelrhman Ibnomer Elsharif

Organization: Gezira university faculty of medicine G-SNO

Country: Sudan

Ubuntu ID: Ubuntu163

Abstract

Introduction: Breast cancer remains a significant global public health concern, particularly in rural communities where access to preventive healthcare services is limited. we observed a high prevalence of cancer in this village especially breast cancer when it compared with surrounding areas, affecting approximately 1 of 30 people. Health education interventions have shown promise in improve breast cancer awareness and promoting attitudes such as breast self-examination (BSE) among rural populations. This study aims to evaluate the impact of these interventions in Naile Village, Gezira State, Sudan.

Method: A quasi-experimental community-based study conducted, including interviews, questionnaires, and health education program targeted 381 women 17 years and above. The program included workshops and the importance of early detection through BSE. Post-intervention evaluation conducted to measure changes in knowledge, attitudes, and practices related to breast health.

Results: Post-intervention assessments revealed significant improvements in breast cancer awareness, with 80.7% of participants showing increased awareness compared to 39% pre-intervention. There was a positive correlation between educational level and breast cancer knowledge (r=0.61). Participants also gained knowledge about breast health, symptom recognition, and were more willing to practice BSE regularly, with 83.1% ready post-workshop versus 43.9% prior. A positive correlation was found between stigma and older age (r=0.25)

Conclusion: The study affirms the value of health education interventions in rural areas, supporting their continuation and expansion to enhance breast cancer awareness and early detection practices, ultimately reducing breast cancer prevalence and mortality in these communities. These programs

effectively bridge the knowledge and attitude gap towards breast health in rural communities with limited healthcare access.

Rural Resilience: Evaluating Health Education's Impact on Breast Cancer Awareness, attitude and prevention in Naile Village, Gezira State, Sudan: A Study Conducted in March 2023"

Ubuntu163

Introduction Breast cancer remains a significant public health concern, particularly in rural communities where access to preventive healthcare services is limited. A high prevalence of cancer in this village (1 of 30 people) especially breast cancer .health education interventions have shown promise in improve breast cancer awareness and attitudes as breast self-examination (BSE) among rural populations.

methods A quasi-experimental community-based study conducted, health education program (workshops and the importance of early detection through BSE.) targeted 381 women 17 years and above. Post-intervention evaluation conducted to measure changes in knowledge, attitudes, and practices related to breast health.

Results An improvements in breast Cancer awareness, 80.7% increased in awareness compared to 39% pre-intervention. A positive correlation between educational level and breast cancer knowledge (r=0.61). Also they gained knowledge about breast health, symptom recognition, and were more willing to practice BSE regularly, with 83.1% ready post-workshop versus 43.9% prior. A positive correlation between stigma and older age (r=0.25)

Conclusion The study affirms the value of health education interventions in rural areas, supporting their continuation and expansion to enhance breast cancer awareness and early detection practices, ultimately reducing breast cancer prevalence and mortality in these communities. These programs effectively bridge the knowledge and attitude gap towards breast health in rural communities with limited healthcare access.

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"Cultivating Scientific Curiosity in Students: The Impact of the High Academic Demand Program, Faculty of Medicine, UNAM"

Presenter: Aurora Farfán Márquez

Organization: UNAM

Country: México

Ubuntu ID: Ubuntu095

Abstract

Introduction: The promotion of research in undergraduate training is crucial for the preparation of human resources in the field of health. In particular, the High Academic Demand Program (PAEA) of the UNAM Faculty of Medicine has been a pioneer in this initiative. This begins in the fifth semester, when students have already acquired the basic methodological tools through subjects such as research methodology and statistics.

General Objective: Training of clinical professionals with a research-oriented perspective. Material and methods: During five annual events, 408 students were with a senior researcher in their laboratories and/or workplaces, participating in their research projects so that at the end of the school year they could present their work.

Results: 256 research papers were presented in basic, clinical and socio-medical areas. Two of the conferences were in person and three were held virtually due to the SAR-COVID-19 pandemic.

Conclusions: This type of academic activity has been very positive for both tutors and students since both actors are provided with valuable teaching and feedback, thus complying with the training in human resources by teachers and awakening interest. by research on students, so their expectations are satisfied. In addition, some students have managed to publish their work, which underlines the value of this experience in their academic and professional training.

Cultivating Scientific Curiosity in Students: The Impact of the High Academic Demand Program, Faculty of Medicine, UNAM.

Ubuntu95

INTRODUCTION

The promotion of research in the training of human resources in the field of health during the undergraduate years is of utmost importance for the development of the country. In this sense, the High Academic Demand Program (PAEA) of the UNAM Faculty of Medicine has been a pioneer in this initiative.

AIMS & OBJECTIVES

Promote early research interest in medical students.

METHODS / FINDINGS

A prospective cross-sectional study is carried out. For a year, students work with a researcher on the topic of their interest and at the end of the school year they present and defend their research work. To date, five events have been presented with a total of 408 students, who participate tutored by researchers. of extensive experience.
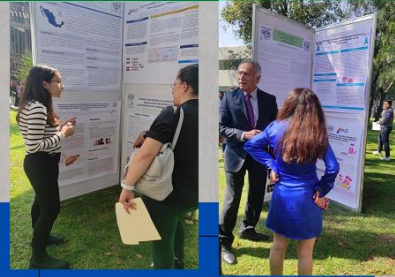
RESULTS

The students together with their tutors presented a total of 256 research papers in fundamental areas such as: basic, clinical and socio-medical. Two of the conferences were held in person, while three took place virtually due to the SAR-COVID-19 pandemic.

DISCUSSION / CONCLUSION

This academic activity has been very positive for both tutors and students, it meets the training objectives in human resources by awakening interest in research in students, who see their expectations satisfied. In addition, some students have managed to publish their work in national and international magazines.

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Curricula mapping of physician associate/physician assistant - Comparable professions worldwide using the learning opportunities, objectives, and outcomes platform

Presenter: Scott Smalley

Organization: Yale University

Country: United States

Ubuntu ID: Ubuntu293

Abstract

Introduction: Given international growth of physician associate/physician assistant and PA comparable (PA) professions, it is crucial to understand the educational curricula of the profession. Globally, there are more than 53 countries with PA education programs without an existing comparable framework for learning objectives, competency outcomes or assessments.

Methods: We used an innovative web based tool, called Learning Opportunities, Objectives, and Outcomes Platform (LOOOP), to map and evaluate course content, teaching strategies, assessment formats, and learning outcomes. The international education team worked with the LOOOP technicians to structure the LOOOP variables to suit PA educational frameworks. We compared education outcomes to the Global Competency and Outcomes Framework for Universal Health Coverage, MeSH terms, modified Bloom's Taxonomy and Miller's clinical skills concepts.

Results: The LOOOP PA curriculum mapping commenced in 2020 with pilot entry of four curricula. Feedback from international PA educators, led to modification with the IAPAE organization managing the project. Since then, 46 curricula have been collected, seven countries' curricula have been mapped (eg, Botswana, Ethiopia, Kenya, Malawi, Liberia, Sierra Leone, and Zimbabwe), and eight additional countries are currently being mapped. Examining the currently mapped curricula is still preliminary. Discussion: This is the first effort in the development of an international PA/PA comparable mapping curricula using LOOOP. The team started with six educators in 2020 now with 46 PA/PA comparable educators worldwide, contributing their expertise. Providing a user guide helped to acquaint users with the mapping process. The buddy system, pairing experienced mappers with new members, effectively oriented educators to mapping.

Conclusion: This research describes the development of an international curriculum mapping initiative for PA/PA comparable professions. Despite challenges, including reluctance from countries to share their curricula, the LOOOP platform proves effective in integrating global curricula components. This session emphasizes the potential for international PA collaboration, accreditation, and competency.

Curricula mapping of physician associate/physician assistant-comparable professions worldwide using the Learning Opportunities, Objectives, and Outcomes platform: LOOOP

Ubuntu293

INTRODUCTION

It is crucial to understand the educational curricula of the PA and Comparable professions. There are more than 68 countries with PA education programs with 35 different country practice titles (fig. 1) without an existing international comparable framework for learning objectives, assessments or competency outcomes.

AIMS & OBJECTIVES

To describe the process and development of the international PA curricula mapping design using the online software Learning Opportunities, Objectives, and Outcomes Platform (LOOOP) as a digital tool for data collection and analysis. Map international PA curricula to standard accepted education variables for comparison and development of minimum international PA competences and accreditation standards.

METHODS / FINDINGS

We used an innovative web-based tool, LOOOP, to map and evaluate course content, teaching strategies, assessment formats, and learning outcomes. We compared education outcomes to WHO Global Competency and Outcomes Framework for Universal Health Coverage, MeSH terms, Bloom's Taxonomy, and Miller's skills concepts.

Figure: 1

DISCUSSION / CONCLUSION

To date 46 curricula have been collected, eleven countries have been uploaded (fig. 2). Early analysis demonstrates ability to compare across national curricula with similarity and divergence at multiple levels. The data provides insights for support for curricula adjustments to measure against minimum comparable competencies. In addition, the research emphasizes the potential for international PA collaboration, accreditation, and recommended competency standards from the mapping process.

Figure: 2
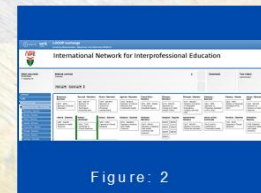
10 - 13 September 2024   Scott Smalley, scott.smalley@wits.ac.za   Ubuntu2024.com

Exploring Sources of and Improvements on Basic Medical Knowledge Acquisition among Displaced Sudanese Teenagers in Egypt

Presenter: Abdelrhman Ibnomer Elsharif

Organization: University of Gezira

Country: Sudan

Ubuntu ID: Ubuntu098

Abstract

Introduction

Acquisition of basic medical knowledge (BMK) comprises of the registration and maintenence of this knowledge. It's an interesting process as it may happen both consciously and subconsciously. The study, therefore, seeks exploring the conscious sources of acquisition among Sudanese teenagers currently displaced in Egypt, as well as exploring possible methods of extending and improving the acquisition of BMK as suggested by the sample.

Method

A researcher developed questionnaire was used to examine the possible sources of acquisition, which were sorted into the general titles of: Internet, school, family and friends, books. Open end questions were included for the

sample to list possible methods of improving BMK acquisition. The responses were tallied and analysed using MS Excel 13.

Results

The sample population was 45 teenagers (66.7% females, 33.3% males). The responses analysis proved the internet to be the most dominant source of BMK acquisition with 46.7% of the sample relying on it. Books were the least contributing source with 22.2% of the sample acquiring BMK through them. Acquisitions of BMK through schools and through friends and family were almost always interwined and came up to 31.1% of the sample. The study suggests: educational campaigns, asking medical professionals, reading more (online or books) about medical information and including more medical information in the schools' academic curricula as possible methods of improving acquisition of BMK.

Discussion

The results show that majority of the conscious BMK acquisition was self induced. As the individuals 'chose' to acquire this information by using the Internet and/or books. Acquisition through schools and friends and family isn't self induced, however, that still contributed significantly. Hence, the suggested improvements focused equally on internal development and pressing society and schools for external development.

Conclusion

The study encourages putting the given BMK levels improvement suggestions into use and examining their effects.

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The study encourages putting the given BMK levels improvement suggestions into use and examining their effects.

Author: Rawan Saeed, email: rawansaeed660@gmail.com

Understanding how placements in the Global South impact NHS doctors' careers: A life history approach.

Presenter: Natalie Carr

Organization: University of Manchester

Country: England

Ubuntu ID Ubuntu136

Abstract

Introduction: Interprofessional education (IPE) has been implemented into medical curricula in the UK over the last decade to improve collaboration and patient health outcomes. International placements in the Global South provide an opportunity for multidisciplinary healthcare professionals to collaborate in informal learning environments. The aim of this study was to understand how interprofessional learning impacts doctors' careers and how international placements can provide an opportunity for informal IPE.

Methods: Participants were recruited via social media and snowball sampling, and interviewed using life history interviewing techniques. An inductive reflexive thematic analysis was conducted on transcripts, followed by a deductive analysis with codes mapped against the World Health Organization Framework for Action on Interprofessional Education and Collaborative Practice.

Results: 44 interviews were conducted with 39 participants across a variety of specialisms and career stages. Five key themes were identified: 1) confidence in clinical diagnostic skills; 2) transferability and reintegration into the NHS; 3) diplomacy in communication and collaboration; 4) critical reflection; and 5) pragmatic leadership. Discussion: International placements provide an opportunity for informal IPE, characterised by professional identity formation. Doctors learn to challenge their assumptions, role, identity, and learn the importance of other professions during international placements through critical reflection. International placements provide insights and experience of specialisms, which some doctors report impacts their career trajectory.

Conclusion: International placements provide an informal unique learning environment that facilitates cross-cultural IPE and professional identity formation in junior doctors. Further research should consider how this learning can be better facilitated to ensure bidirectionality.

Understanding how placements in the Global South impact NHS doctors' careers: A life history approach

Ubuntu136

Background/Aims

UK doctors who volunteer in the Global South increase
- **Cultural awareness**
- **Leadership**
- **Communication**
- **Knowledge**

- Previous research is limited about **how IPE continues developing once qualified** and focuses on **student populations**.

- **The aim of this study was to understand how interprofessional learning impacts doctors' careers and how international placements can provide an opportunity for informal IPE.**

Natalie Carr, PhD student
Natalie.carr@manchester.ac.uk

Supervised by Professors Lucie Byrne-Davis, Jo Hart & Dr Natasha Tyler

MANCHESTER 1824
The University of Manchester

Methods/Findings

- Recruited via a recruitment poster on Twitter & snowball sampling.
  - 43 **life history interviews** with 39 participants.
- Inductive reflexive thematic analysis (Braun & Clarke, 2006, 2022) followed by deductive analysis mapping findings onto the **WHO (2010) Framework for Action on Interprofessional Education and Collaborative Practice** learning domains.

Five themes mapped against all 6 domains:
1. Confidence in clinical diagnostic skills
2. Transferability & reintegration into the NHS
3. Diplomacy in communication & collaboration
4. Critical reflection
5. Pragmatic leadership

International placements provide an informal unique learning environment that facilitates cultural cross-learning IPE & professional identity formation in junior doctors. Future research should consider how this learning can be better facilitated to ensure bidirectionality.

NHS
Health Education England

Make Every Contact Count: An Integrated Counselling Strategy to Support Self-management through Healthy Conversations

Presenter: Nousheena Firfirey

Organization: Western Cape Goverment Health And Wellness

Country: South Africa

Ubuntu ID: Ubuntu327

Abstract

Background: In 2018, the WCGH top management endeavoured to reconsider the Lay Counsellor Model for persons living with HIV (PLHIV) in the province as the model for lay workers had become outdated. After a lengthy consultation process, the "Make Every Contact Count (MECC): Supporting Self-Management Through Healthy Conversations" strategy was developed. The MECC strategy proposes paradigm shift for the way in which counselling services are delivered to PLHIV and any other health condition by integrating counselling into routine patient care.

Method: The MECC strategy defines counselling as a combination of preventive and promotive practices that include treatment literacy, adherence support, behavioural counselling as well as psychosocial support. MECC is a behaviour change approach that assists all health care providers to implement and deliver positive health messages to encourage PLHIV to make better health behaviour choices through healthy conversations. MECC is embedded in the current service and focusses on capitalising on the existing opportunities during routine visits, to make a difference to health, well-being by making every contact count.

Results: The MECC strategy is comprised of a tiered model which aims to integrate counselling into routine health services across all levels of care. There are four tiers in this model and each tier addresses specific counselling needs clients may have across the health continuum. For example, Tier 1 focuses on Wellness Promotion; Tier 2 addresses Disease Prevention, Tier 3 is comprised of Counselling and Tier 4 Specialised Intervention.

Conclusion: It is envisaged that the MECC strategy will enhance outcomes for all clients through, improving person-centred quality of care; through educating and empowering staff to better address health risk behaviour by engaging in healthy conversation and by providing the patients with a

supportive environment and improving agency among patients to take responsibility for their health and well-being.

Make Every Contact Count: An Integrated Counselling Strategy to Support Self-management through Healthy Conversations

Ubuntu327

INTRODUCTION

In 2018, the Western Cape Government Health & Wellness (WCGHW) top management endeavoured to reconsider the Counselling Model in the province. After a lengthy consultation process, the *"Make Every Contact Count (MECC): Supporting Self-Management Through Healthy Conversations" strategy* was developed. The MECC strategy proposes a paradigm shift for the way in which counselling services are delivered to integrating counselling into routine patient care with the purpose of positively influencing wellness outcomes.

AIMS & OBJECTIVES

Aim
To support self-management through healthy conversations
Objectives
- To improve person-centred quality of care through educating and empowering staff to better address health risk behaviour.
- To enhance the patient health seeking behaviour by providing the patients with a supportive environment.
- To improve agency among patients to take responsibility of their health through the facilitation of brief interventions.

FINDINGS

The MECC strategy defines counselling as a combination of prevention and promotive practices that include treatment literacy, adherence support, behavioural counselling as well as a psychosocial support. MECC is a behaviour change approach that assists all healthcare providers to implement and deliver positive health messages to encourage clients to make better health behaviour choices through healthy conversations. MECC is embedded in the current service and focuses on capitalising on the existing opportunities during routine visits, to make a difference to health and wellbeing by making every contact count. There are four tiers in this model and each tier addresses specific counselling needs clients may have across the health continuum.

APPLYING MECC TO YOUR CONTEXT

CONCLUSION

It is envisaged that the MECC strategy will enhance outcomes for all clients through, improving person-centred quality of care; through educating and empowering healthcare workers to better address health risk behaviour by engaging in healthy conversations and by providing clients with a supportive environment and improving agency among patients to take responsibility for their health and wellbeing.
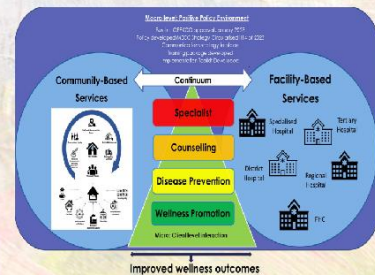
Dr Nousheena Firfirey & Ms Anneline Janse Van Rensburg
Western Cape Department of Health & Wellness

10 - 13 September 2024

Ubuntu2024.com

Needs assessment for interprofessional education module on prevention and early detection of oral cancer among dental interns: A cross- sectional survey.

Presenter: Nanditha Sujir

Organization: Manipal College of Dental Sciences Mangalore

Country: India

Ubuntu ID: Ubuntu395

Abstract

Introduction: The primary objectives of this study were 1) to establish a tool assess the knowledge attitude and practice (KAP) related to prevention and early detection of oral cancer of health professional students, and 2) to assess the same KAP of pre-licensure dental students. Additional objectives were to consider the possibility that dental students would demonstrate good scores related to early detection and prevention of oral cancer thus indicating their readiness for interprofessional learning and collaborative practice.

Methods: Two questionnaires were utilized for this study which included 1) Readiness for interprofessional learning was assessed using the pre- validated tool of Readiness for Interprofessional Learning Scale (RIPLS) 2) A questionnaire to assess the KAP related to early diagnosis and prevention of oral cancer which was developed, validated, and evaluated. Statistical analysis includes, descriptive statistics, Mann-Whitney U test, Ordered logistic regression and Probit analysis. p value was set at <0.05.

Results: A total of 130 dental students (74.6% female) were included in the study. Mean scores related to KAP were 15.96+1.394, 4.70+1.146, 7.02+1.019 respectively. The mean score of RIPLS was 73.15+15.961. The probability of overall samples to have good RIPLS scores was around 0.68 to 0.76 (Male 0.68 - 0.82 & Female 0.68 -0.74).

Conclusion: Knowledge and practice related to prevention and early detection of oral cancer were scored highly. Attitude scores were lower in a relatively higher proportion of participants and needed to be addressed in the curriculum. RIPLS score indicates a positive attitude towards interprofessional learning.

Need assessment for IPE on prevention and early detection of oral cancer among dental interns: A cross- sectional survey.

Ubuntu395

MANIPAL COLLEGE OF DENTAL SCIENCES
MANGALORE

Introduction

Oral Cancer is the third Most Common Cancer in India with delay in diagnosis and poor prognosis

Interprofessional education can provides a framework for integration of non-dental work force to promote oral health

Aims & Objectives

To develop a tool to assess KAP among health professional students
To explore the probability of KAP of early diagnosis and prevention of oral cancer and readiness for interprofessional learning.

Methods and Findings

36 item questionnaire to assess KAP was developed (Cronbach's Alpha=0.969)

Questionnaire :RIPLS and KAP
130 intern dental students

Clustered bar graph showing mean KAP according to gender
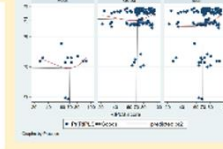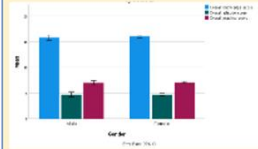
Probit graph showing the probability of good RIPLS score in relation to practice score

Discussion & Conclusion

The attitude scores were lower in a relatively higher proportion of participants and needed to be addressed in the curriculum.
Better scores related to prevention and early detection of oral cancer increase the probability of positive attitudes to interprofessional learning.

Authors: Nanditha Sujir, Junaid Ahmed, Anand Ramakrishna, Ciraj Ali Mohammed, B Unnikrishnan, John H V Gilbert
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Enhancing the quality of education by integrating health workforce training and healthcare services

Presenter: Lalem Menber Belay

Organization: Jhpiego

Country: Ethiopia

Ubuntu ID: Ubuntu296

Abstract

Background

Healthcare services and health professions education (HPE) are interdependent and should inform and support one another. Despite the nationally harmonized new innovative competency-based curricula, which emphasize early clinical exposure, academic staff at Debre Berhan University's (DBU) Asrat Waldeyes Health Science Campus (AWHSC) did not participate in the delivery of healthcare. Summary of work To effectively implement the CBE, AWHSC of DBU utilized its recently established hospital and relatively young academic personnel as an opportunity. The integration process began by establishing a management process resulting from unified actions and processes. AWHSC organized frequent awareness-raising meetings and dialogue, conducted capacity-building and induction training, shared experiences, and developed a working manual that was approved by the university board. The USAID-funded health workforce improvement program (HWIP) provided technical and financial support by offering academic leadership training, conducting regular coaching and mentorship, and organizing advocacy and consultative workshops.

Summary of results

The integration allowed students to practice healthcare under the guidance and mentorship of their instructors. Nursing (97.3%) and midwifery (92.1%) students have shown improved clinical skills and higher success rates on licensing tests. It also reduced the number of clinical staff members that would have been required if instructors had not been involved in the care provision. Additionally, it developed a sense of ownership in the care provision among students and faculty.

Discussions and conclusions

The integration allowed students to be supervised by clinically qualified educators, resulting in increased competence among graduates. The involvement of teachers in healthcare and management processes improved not only the quality of education and healthcare but also had positive repercussions on the health workforce demand. The integration of teaching with healthcare services is not merely an innovative technique for education; it is an arrangement for quality healthcare service to the community.

Enhancing quality of health professions education by integrating health workforce training and healthcare services

Ubuntu296

INTRODUCTION
- While teaching healthcare providers, teachers do not provide healthcare service
- Healthcare services and HPE are interdependent

AIMS AND OBJECTIVES
- Quality of HPE, graduates' competency, quality of care and patient satisfaction

METHODS / FINDINGS
- Series of meetings and dialogues
- Experience sharing, develop documents
- Capacity-building training

METHODS / FINDINGS...CONT'D
- Successful integration
- Mentorship opportunity for students.
- Higher pass rates on the NLE
- Reduced the number of clinical staff required
- Sense of ownership in the care provision

DISCUSSIONS AND CONCLUSIONS
- Increased competence among graduates.
- Improved quality of education and healthcare
- Positive repercussions on the health workforce demand.

10 - 13 September 2024 — Lalem Menber Belay, Technical advisor at Jhpiego/HWIP — Ubuntu2024.com

The Perception of Psychological Safety in Medical Education Among The Medical Students During Sudan Civil War 2024

Presenter: Fatima Mohammed

Organization: Faculty of Medicine, Khartoum University

Country: Sudan

Ubuntu ID: Ubuntu255

Abstract

Introduction: Psychological safety (PS) is the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes. PS has 4 stages: inclusion safety, learner safety, contributor safety and challenger safety. Since April 2023, Sudan has been facing a civil war due to a military conflict. As a result, the medical education process was postponed but now reactivated in some institutes. Our study aims to measure the psychological safety of medical students toward their educational process during the war.

Methodology: a cross sectional analytical study. We used an online survey that was distributed among the medical students in 7 universities from 3 states. We used a multistage sampling technique, we used clustered sampling followed by proportionate stratified sampling. SPSS 29 was used to analyze the data.

Results: the study is still ongoing, and we received 245 responses so far. The residence of 77.1% was changed due to the war and 72.7% encountered financial damage to self or 1st degree relative. 29% of the participants were strongly dissatisfied with their universities' educational strategies to adapt to the war. 40.8% responded that they feel neutral toward participating and asking questions, 40% of the participants agreed that their mistakes are not held against them while 14.7% disagreed. 48.6% agreed that they feel accepted in their school community, however only 25.7% agreed that it is safe to take an intelligent risk.

Conclusion: fostering psychological safety in the medical schools is crucial specially during the war time as many medical students face multiple burdens such as displacement and loss of beloved ones. Educational strategies should be affordable, safe and promote more collaboration between faculty staff and their students. Moreover, students' must be meaningfully included while designing those strategies.

The Perception of Psychological Safety in Medical Education Among The Medical Students During Sudan Civil War 2024

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Religion, Psychology, and Pandemic Stress: A Study of Lived Experiences

Presenter: Shannen Ferreira

Organization: Women and Health Together for the Future

Country: South Africa

Ubuntu ID: Ubuntu272

Abstract

The COVID-19 pandemic has presented the world with unprecedented challenges, one such practice is the manner in which individuals were able to practise religion. Intuitive and scholarly appraisals attest to the psychological and existential importance of religion and religious observance, which gives rise to the question as to how the unique stressors of the pandemic affected this important aspect of lived experience. Volunteer and purposive sampling was used in combination to strengthen the study. The 10 participants, whom were female, ranged in religion including Christian, Muslim, Jewish, Tamil, and Hindu, who took part in online interviews using a semi-structured interview guide, which were analysed using Thematic Analysis. Employing a phenomenological qualitative methodological approach, this research explored the dynamics of the relationship between religion and the lived experiences of stress and/or trauma endured during the COVID-19 pandemic. This charts the psychological function of religious observance during times of stress and crisis. The findings of this study points to how religion acts as a coping mechanism for those in dire times, providing its followers with a sense of comfort and solace, and a means of alleviating stress and trauma not only during the COVID-19 pandemic, but throughout individuals' lives as a whole. Religious practice and observance allowed for a theoretical blueprint for the participants' lives and provided individuals with a sense of hope for a better future. This study uncovered that such comfort does not preclude expressions of anger and questioning of religion and/or their God(s), but that resolution of such challenges ultimately effects a "stronger" coping response.

INTRODUCTION

Intuitive and scholarly appraisals attest to the psychological and existential importance of religion and religious observance, which gives rise to the question as to how the unique stressors of the pandemic affected this important aspect of lived experience.

AIMS & OBJECTIVES

The overall aim of this research study is to explore the subjective lived experiences of religion during the COVID-19 pandemic for the psychological meaning's attendant thereon.

The main objective of this research was to determine the psychological function of religious observance during times of stress and/or trauma.

METHODS / FINDINGS

Volunteer and purposive sampling was used in combination to strengthen the study. The 10 participants, whom were female, ranged in religion including Christian, Muslim, Jewish, Tamil, and Hindu, who took part in online interviews using a semi-structured interview guide, which were analysed using Thematic Analysis.

DISCUSSION / CONCLUSION

The findings of this study points to how religion acts as a coping mechanism for those in dire times, providing its followers with a sense of comfort and solace, and a means of alleviating stress and trauma. Religious practice and observance allowed for a theoretical blueprint for the participants' lives and provided individuals with a sense of hope for a better future. This study uncovered that such comfort does not preclude expressions of anger and questioning of religion and/or their God(s), but that resolution of such challenges ultimately effects a "stronger" coping response.

10 - 13 September 2024

Author: Shannen Ferreira
CO-Authors: Dr Leswin Laubscher & Dr Zorina Noordien

Ubuntu2024.com

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Silent Battles : Mental Health of Indian Youth - Unveiling the Truth

Presenter: Kamayani Bali Mahabal

Organization: Women and Health Together for Future (WHTF)

Country: India

Ubuntu ID: Ubuntu274

Abstract

Mental health is a global concern, yet stigma and access disparities persist.This abstract presents findings from a survey conducted by Samaritans Mumbai , emotional support and suicide prevention helpline, aiming to shed light on the prevalence of mental distress among the urban youth of India .

Purpose: To explore mental health experiences, beliefs, and stigma among Indian youth. Specifically, the survey sought to understand the prevalence of mental distress, attitudes towards seeking professional help, and beliefs surrounding suicide.

Method: The survey was launched on Mental health day 10th Sep 2023 and a random sample of 513 participants was collected within three months.

Result: The survey revealed significant findings regarding mental health awareness among youth in India. 70% of respondents reported experiencing mental or emotional distress in the past year, and nearly half of respondents expressed concerns about facing stigma or discrimination when opening up about distress to their family, indicating pervasive societal attitudes towards mental health. Less than half of respondents reported having access to a counsellor or therapist, indicating disparities in mental health service availability and access. Beliefs surrounding suicide varied, with a majority rejecting notions that discussing suicidal thoughts exacerbates them.

Conclusion: The stigma surrounding mental health is a multifaceted challenge requiring urgent attention and comprehensive efforts. While there is a positive trend towards destigmatizing mental health support, evidenced by respondents' willingness to seek professional help, the persistence of judgment, particularly within familial contexts, underscores the need for targeted anti-stigma campaigns and education initiatives.

Silent Battles : Mental Health of Indian Youth - Unveiling the Truth

Ubuntu274

INTRODUCTION

The Samaritans Mumbai Suicide Prevention Helpline survey found over 70% experienced mental distress last year, highlighting the need for better support. Access to services remains limited, with stigma hindering open dialogue. This calls for prioritizing mental health and improving resource accessibility.

Faced Family Stigma On Mental Distress
47.8% Yes
30% No
22.2 Not Sure

Mental Distress In past 12 months
78.7% Yes
12.5% Not sure
8.8% No

Asking about suicide leads to Ideation
51.6% No
31.3% Not Sure
17.1% Yes
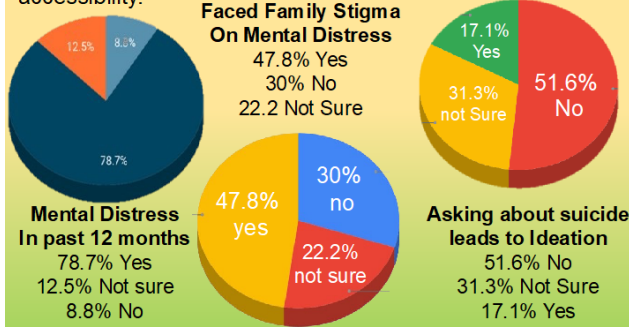
AIMS & OBJECTIVES

❑ Assess prevalence of mental distress
❑ Explore stigma perceptions related to mental health
❑ Investigate Comfort Levels in Seeking Help
❑ Asses Attitudes about suicide ideation

METHODS / FINDINGS

❑ Survey was conducted from 10th September to 10th December 2023 for 500+ participant
❑ Close to 50% face stigma when opening up to family but 75.7% comfortable with friends.
❑ 68.6% comfortable speaking to counsellors but 50% lack access

CONCLUSION

India's mental health crisis affects over 70%, with less than half receiving help; urgent action is needed to reduce stigma, raise awareness, and improve resource access.

A global review of the relationship between mental health, food insecurity and diet intake among adolescents.

Presenter: Akhona Nkwanyana

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu348

Abstract

Policies addressing the mental health of adolescents often do not incorporate or look at diet modifications or improved food security as possible cost-effective interventions. Research has, given the effect on the development of adolescents, shown associations between inadequate diet intake and /or food insecurity on mental health, but never explored together, and with limited reporting for the adolescent population. The scoping review examines existing literature on the relationship between mental health, food insecurity and/or diet intake among adolescents across the globe. Seven databases were scoped (PubMed, Academic search complete, PsychARTICLES, Google, ScienceDirect, Scopus and Web of science core collection). Results of the review were limited to examining mental health, food insecurity and diet intake/quality, written in English, and published between January 2012 and extended to December 2023. 29 articles remained after title, abstract, and full-text review. The final results of the study will be summarised using a narrative synthesis approach. Preliminary results reveal that, poor diet intake/quality, as well as food insecurity, is associated with poor mental health. Young females more than males are most impacted, and most studies are conducted in non-African countries. However, as predicted, the exploration of the effects of inadequate diet intake and food insecurity on mental health remains, limited. Further research, that is more longitudinal and context specific, is needed to ensure adolescent focused policies and interventions are developed highlighting the importance of food security and good diet intake/quality of adolescents at different developmental stages in and outside educational institutions.

A global review of the relationship between mental health, food insecurity and diet intake among adolescents.

Ubuntu348

Introduction

Growing research indicates that mental health, food (in)security, and diet intake/quality are significantly related among adolescents around the world (Jones, 2017; Salvo et al, 2016). Research exploring the relationship between these three concepts together, inclusive of adolescents, is limited. Therefore, the need to conduct this review presented itself.

Aims & objectives

The study aimed to systematically scope global literature that explored the relationship between mental health, food (in)security, and/or diet intake of adolescents (aged 10-24). The reviews' objectives were to explore geographical commonalities and other factors related to the three concepts.

Methods/findings

The study used the Arksey and O'Malley's extended framework for scoping reviews (Levac et al., 2010), key words and MeSH terms to identify resources from January 2012- August 2023. Figure 1 shows the scoping review process from import to extraction.

Figure 1: PRISMA flowchart of review
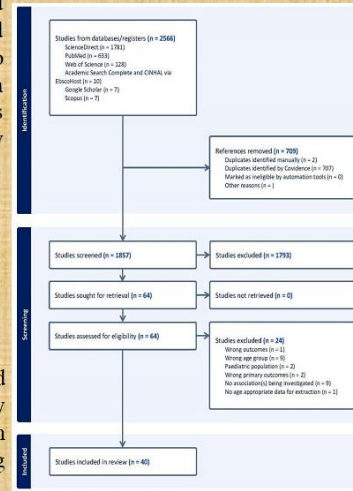
Discussion/conclusion

Most the studies were from the United States (N=14). Results showed (see figure 2), 72% of studies found that unhealthy diets and poor nutritional behaviors increase the risk of mental health problems in adolescents. Healthy diets protect against mental health issues and lower the risk of poor symptoms. Future research should focus on population-based, longitudinal, family dynamics, and interventional studies to understand and promote mental health in challenging environments.

Figure 2: Relationship between concepts
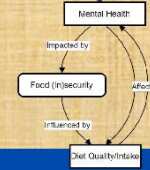
Author(s): Akhona Nkwanyana, akhona.nkwanyana@gmail.com; Sanukcensiwe Madlala; Prof. Maria-Ann Florence; Prof. Elizabeth Swart

Re integrating Mental health care users into a worker role through Occupational Therapy in a rural area

Presenter: Henry Msimango

Organization: University of Pretoria

Country: South Africa

Ubuntu ID: Ubuntu389

Abstract

Return to work is a recognised goal of rehabilitation by the occupational therapy discipline that is addressed through vocational rehabilitation as a key feature of work practice. In the case of mental health care users (MHCU), meaningful employment contributes to their sense of identity and the prevention of relapse. Vocational rehabilitation is thus important in preparing MHCU for self-employment or employment in the community after they are discharged from the hospital. There is however a dearth of literature pertaining to how vocational rehabilitation programmes particularly in a rural setting, is experienced by MHCU in South Africa. Therefore, the aim of this study was to explore the experiences and perceptions of MHCU regarding the usefulness of the vocational rehabilitation programme at a rural hospital in enhancing their worker roles. Semi-structured interviews were conducted with ten MHCU participants as well as two focus groups and furthermore conducted with two key informants. Ethics clearance was obtained from the UWC Research Committee and permission from the Mpumalanga Provincial Health Ethics Committee. Three themes originated from the findings of this study. Theme one describes the barriers experienced by people with mental illness while returning to work. Theme two describes the programme factors that influence return to work in respect of work habits, work skills, and community re- integration. Theme three captures the value of participating in the work programme as experienced by the participants. The findings of the study is related to the Model of The Ecology of Human Performance (EHP) to show how the vocational rehabilitation programme effected the MHCU's return to work. The findings show that the context as well as the person's skills and abilities are very important factors in reintegrating the user back to work. The study illuminated recommendations for the further development of the vocational rehabilitation programme.

Re integrating Mental health care users into a worker role through Occupational Therapy in a rural area

Ubuntu389

INTRODUCTION

Importance of Return to Work: Occupational therapy emphasizes the importance of returning to work as part of the rehabilitation process.

Role of Vocational Rehabilitation: Vocational rehabilitation programs are designed to prepare individuals, especially those with mental health issues, for employment or self-employment post-discharge from the hospital.

Aim of the Study: The study aims to explore the experiences and perceptions of mental health care users (MHCU) regarding the usefulness of the vocational rehabilitation program at a rural hospital in enhancing their worker roles

METHODS

- 10 Participants (MHCU)
- 2 key informants
- Data Collection (2 focus groups and semi structured interviews)
- Data Analysis (Thematic analysis)
- Ethics- UWC and Mpu-DOH

FINDINGS

Theme	Description
Barriers to Return to Work (Effects of the mental illness)	- Stigma and Discrimination: experienced and impacting their confidence and opportunities. - Lack of Support: Insufficient support from social environment - Skills Deficit: Participants lacked the necessary skills for employment.
Program Factors Influencing Return to Work	- Work Habits: The program helped participants with work routines, essential for employment. - Work Skills: Training provided specific job-related skills - Community Reintegration: The transition from hospital to community employment, supporting reintegration.
Value of the Vocational Rehabilitation Program	- Sense of Purpose: Purposeful and motivated through engagement in the program. - Improved Self-Esteem: Involvement in meaningful occupations improved self-esteem. - Enhanced Social Skills.

DISCUSSION

Relation to the Model of The Ecology of Human Performance (EHP):

The context and the person's skills and abilities are critical factors in successful work reintegration.

Vocational rehabilitation programs should tailor interventions to individual needs and environmental factors.

Recommendation: Program Development

Expand and tailor — Expand and tailor vocational training to address specific barriers faced by MHCU.

Increase — Increase community and family involvement to provide a supportive environment for participants.

RESTORE — WORK SKILLS, GOALS, BUSINESS
ALTER — YOUR WORK, FAMILY INVOLVEMENT
PREVENT — SUBSTANCES, FAMILY
CREATE — EMPLOYMENT, FINANCIAL

RTW SKILLS DEFICITS, IMPROVED NONE

Hospital Work Programme

Authour: Henry Msimango (henry.msimango@up.ac.za)
Co-authors: Prof L Hess-April & Prof S Soeker

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Enhancing Rural and Remote Mental Health: Insights from the Crisis Nurse Support Program in Rural and Remote Australia

Presenter: Cassandra Talbot

Organization: The Healthy Communities Foundation Australia

Country: Australia

Ubuntu ID: Ubuntu303

Abstract

Introduction: Rural and remote people, the backbone of the Australian economy, are at the heart of the Crisis Nurse Support Program. Launched in June 2023, this program is addressing the critical issue of rural and remote mental health and suicides in NSW, Australia. It's not just about suicide prevention and crisis intervention; it's about empowering these communities to shape the services they need.

Methods: The Crisis Nurse Support Program study design involves a collaborative effort with GPs, psychologists, social workers, case workers, communities and other stakeholders. Data collection includes tracking crisis interventions, episodes of care, collaborations with GPs, community engagement, and mental health and suicide prevention education sessions. Statistical methods are employed to analyse outcomes and measure the program's impact.

Results: The Crisis Nurse Support Program has made remarkable strides within less than a year of implementation. The program's effectiveness is undeniable, with over 250 crisis interventions, 800 episodes of care, collaborations with 25 different GPs, and mental health education reaching over 3000 individuals in communities. The program's team of 8 mental health nurses covers approximately 250,000 km2 to serve around 33,000 people (the same size as the UK).

Discussion: The Crisis Nurse Support Program exemplifies effective rural mental health and suicide prevention care, emphasising collaborative and community-centred approaches, which are essential for addressing healthcare gaps in rural areas. The program's relevance lies in its collaborative approach involving various healthcare professionals, its client-centred care model, and its innovative strategies tailored to rural communities' unique needs.

Conclusions: The Crisis Nurse Support Program's success demonstrates the efficacy of collaborative, client-focused strategies in rural mental health and suicide prevention. Its adaptability and dedication to rural communities contribute to equitable healthcare solutions. The program's insights inform discussions on rural health policies, workforce challenges, and mental health improvements in rural areas.

Building a Community-Engaged Psychiatry Residency for the US-Mex Border Region

Presenter: Nicole Mandall

Organization: NMPCTC

Country: United States

Ubuntu ID: Ubuntu069

Abstract

Southern New Mexico faces a growing behavioral health crisis - all nine of the southernmost counties in the state are considered mental health professional shortage areas. However, there is limited training available in the region, particularly in psychiatry. Therefore, the county of Doña Ana began partnering with the New Mexico Primary Care Training Consortium (NMPCTC) in 2018 to create a community-led development committee in southern New Mexico to create a psychiatry residency program. The program will focus on training residents with U.S.-Mexico border communities so that they develop an understanding or build on their own lived experiences of the unique cultural and physical worlds of the patients living in this region. One of the goals of the program is to recruit bilingual, bicultural residents to learn and then stay in the region to practice. Several unique partnerships are developing that contribute to this border-specific training including the Universidad de Sonora (located in Hermosillo, Mexico) for an exchange of students, residents, and faculty to better grow and learn from one another. In addition, residents will spend their first year at the University of New Mexico, which is sponsoring the program, and then spend the remainder of their training in southern New Mexico. This presentation will highlight the strategies the NMPCTC has used to build this community-led, regionally specific, residency program in an under-resourced area of New Mexico and challenges faced in this type of development.

Building a Community-Engaged Psychiatry Residency for the US-MX Border Region

BACKGROUND

Doña Ana County (DAC) is in southwestern New Mexico and spans 65 miles of the U.S.-Mexico border.[3] The county includes 37 federally designated colonias – unincorporated communities that lack critical infrastructure.[3] Nearly two-thirds of county residents are of Hispanic/Latinx background, including many first-generation immigrants from Mexico.[1] Demographics, high poverty rates, and lack of access to behavioral health care contribute to high rates of mental distress in the region.[2]

GOALS

Since in 2018 DAC stakeholders, behavioral health professionals and academic institutions from New Mexico have been coming together to develop a psychiatry residency program. The goals of this program are to:

- *Respond to the demand for behavioral health access articulated in county, city, and state plans by increasing the number of psychiatrists practicing in Doña Ana County, southern New Mexico, and surrounding areas.*
- *Improve health outcomes for all residents, especially Medicaid, low-income, Hispanic, immigrant, and migrant farmworker populations*
- *Train residents in best practices for clinical service delivery*

Citations:
1. "U.S. Census Bureau QuickFacts: Doña Ana County, New Mexico". United States Census Bureau. Retrieved June 6, 2024 from https://www.census.gov/quickfacts/donaanacountynewmexico
2. "State of Mental Health in New Mexico". New Mexico Department of Health. March 2022. https://www.nmhealth.org/data/view/report/2650/
3. "Colonia (Community) Master Plan" Viva Doña Ana. Retrieved June 6, 2024 from https://www.vivadonaana.org/colonia.php

FUNDING AND PROGRESS

Funding for the development of this program has been coming from state and county government since 2020. Since that time, the development team has identified a program director and a Sponsoring Institution. It has solidified a partnership with the Universidad de Sonora in Hermosillo, Sonora, Mexico to create a truly bi-national residency program. While the program is now moving forward, many challenges have arisen in its development.

CHALLENGES

Challenges for developing a psychiatry residency in southern NM include:

- Funding complexities for Graduate Medical Education in the US:
  - Financial reimbursements to free standing psychiatric hospitals
- Gaps in behavioral health workforce
- High turnover rates for behavioral health workforce
- Collaborations between multiple hospitals and clinics in the region that sometimes compete with each other

To address these challenges, we are working to change state policies, recruit needed professionals, and ensure that we understand the needs and expectations of all partners.

10 - 13 September 2024

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Worry about affording healthcare among adults on four Caribbean islands – The ECHORN cohort study

Presenter: Peter Adams

Organization: The University of the West Indies, Cave Hill campus

Country: Barbados

Ubuntu ID: Ubuntu196

Abstract

Introduction: Comprehensive affordable healthcare results in better health outcomes. Affordability concerns and associated factors were explored on Barbados, Trinidad, Puerto Rico and USVI.

Methods: Residents >=40 years old answered questions on worry about affording healthcare if sick (3-point Likert scale), economic status and healthcare utilisation. Ordinal logistic regression tested associations with healthcare affordability worry.

Results: Of 2917 respondents (mean age 57.3 years, 65% female), 34%, 36% and 30% were very, somewhat or not at all worried respectively about affording healthcare; 25%, 50% and 26% self-rated as being in the lower, middle and higher economic strata respectively; 58% were employed, 22% retired; and 27% delayed getting healthcare in the previous year. On logistic regression independent associations (p< 0.05) with increasing healthcare affordability worry included female vs male (prevalence odds ratio [POR] 1.25); incomplete (POR 1.73) and completed (POR 1.43) high school vs university education; unemployed (POR 1.18) vs employed; economic self-rating status low (POR 1.98), middle (POR 1.49) vs high; health self-rating poor/fair (POR 1.73), good (POR 1.27) vs very good/excellent; and delayed getting healthcare in previous year (POR 1.84) vs no delay. Prevalence varied by ECHORN site: Puerto Rico (POR 2.65), Trinidad (POR 1.51) and USVI (POR 1.12) vs Barbados.

Discussion: Healthcare affordability worry, reported by 70%, is associated with poor education, economic and health status, female sex, island and delayed healthcare. Universal healthcare availability (Barbados and Trinidad) does not fully explain the island differences.

Conclusions: Healthcare affordability worry is associated with the social determinants of health and island specific factors.

Worry about affording healthcare among adults on four Caribbean islands – The ECHORN cohort study

Ubuntu196

Introduction

Comprehensive accessible healthcare results in better health outcomes. Lack of affordability is a barrier to accessing such care[1].

Objectives

Affordability concerns and associated factors were explored on Barbados, Trinidad, Puerto Rico and US Virgin Islands (USVI).

Methods

ECHORN cohort study[2] members ≥40 years old answered questions including healthcare affordability worry if sick (3-point Likert scale), 10-point economic status self-rating (1-3 low, 4-5 middle, 6-10 high), & healthcare utilisation. Ordinal logistic regression tested associations with ↑ healthcare affordability worry with a *p* value <0.05.

Scan QR code for references

Results

Participants: 2917 people - mean age 57.3 years; 65% female; 58% employed, 22% retired; 25% lower, 50% middle & 26% upper economic strata; and 34% very, 36% somewhat & 30% not at all worried about affording health care if sick.

↑ affordability worry - adjusted associated factors (*p*<0.05)
Female sex (odds ratio [OR] 1.25) vs. male
High School incomplete/complete (OR 1.73/1.43) vs university
Retired (OR 0.63) vs employed
Economic rating low & fair (OR 1.98), middle (OR 1.49) vs high
Health self-rating poor (OR 1.73), good (OR 1.27) vs very good
Delayed getting healthcare in last year (OR 1.84) vs no delay
Could not afford all care needed last year(OR 1.79) vs could
Island: Puerto Rico (OR 2.65), Trinidad (OR 1.51) vs Barbados

Discussion/Conclusion

Healthcare affordability worry is common (70%) & is associated with social determinants, delayed access & island factors.

10 - 13 September 2024

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A qualitative inquiry of the experiences of street committee members' working in an urban low-income community during the COVID-19 Pandemic in South Africa.

Presenter: Gabriela Carolus

Organization: Division of Health Systems and Public Health, Department of Global Health, Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu345

Abstract

Introduction: Low-income communities formed groups, such as street committees, to address social and structural disparities during the COVID-19 pandemic. While studies confirm the necessity for community-led initiatives in the health crisis, the experiences of community members working during the COVID-19 pandemic still need to be elucidated. This study aimed to understand the experiences of street committee members working in an urban, low-income community during the COVID-19 pandemic in Bishop Lavis, South Africa.

Methods: In September and October 2022, sixteen women aged 33–65 were interviewed using key informant interviews and the photo elicitation method. The participant-driven photo elicitation method included two phases: brief training and semi-structured interviews. The data were inductively analysed using an approach outlined by Braun and Clarke, which is the six-step iterative thematic analytical approach.

Results: This study contributes to a growing body of literature exploring the delivery and receipt of community-led initiatives in an unprecedented context of disruption. We explored street committees' accounts of how community led initiatives adapted to meet community needs in the COVID-19 pandemic, alongside community members' accounts of how the intervention worked for them. The research uncovered three overarching themes: 1) "Shifting work": the daily activities of street committee members pre- and during the COVID-19 pandemic; 2) Motivating factors of street committee members working during the COVID-19 pandemic; and 3) Community self-organisation and social innovation: the deepening and creation of community-led networks and partnerships in response to the COVID-19 pandemic.

Conclusion: Amidst the pandemic, people have altered their daily routines, emphasised community support, and pursued self-organization and innovation. This study provides insight into the experiences of street communities, considering their ingenuity in supporting communities. Future studies focusing on these acts of innovativeness by community members in

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A qualitative inquiry of the experiences of Street Committee members' working in an urban low-income community during the COVID-19 Pandemic in South Africa.

Ubuntu345

INTRODUCTION

After the national declaration of a State of Emergency in South Africa in response to the COVID-19 pandemic, low-income communities faced considerable hardships. In many instances, individuals in these communities formed or leveraged existing associations and structures, such as Street Committees (SC), to address the different social and structural inequities. In one South African urban low-income community during the COVID-19 pandemic, the SC's roles expanded to include planning health events and setting health-related agendas to mitigate the spread of the disease.

AIM

To understand the experiences of street committee members working in an urban low–income community during the COVID-19 pandemic in Bishop Lavis, South Africa.

METHOD

An exploratory qualitative research study design was chosen. From September to October 2022, sixteen Street Committee members, aged 33-65, identified through purposive and snow-balling techniques, were interviewed using key informant interviews and photo-elicitation methods. The data collected were analysed using Braun and Clarke's six-step iterative thematic analytical approach.

FINDINGS

Three overarching themes were identified:
1. Shifting Work:
Pre- and During COVID-19: Street committee (SC) members experienced significant changes in their daily health-related activities.
2. Motivation factors:
Both **intrinsic** and **extrinsic** motivating factors influenced SC members at individual and collective levels.
3. Community Self-Organization and Social Innovation:
Networks and Partnerships: The pandemic led to the deepening and creation of networks through community partnerships.

DISCUSSION/CONCLUSION

This study offers valuable insights into the experiences of SC members and their contributions to community health and well-being, especially during crises. SC members effectively utilised their community positions to mobilise resources and engage community members. Intrinsic and extrinsic motivations were crucial in fulfilling their roles, deeply rooted in their advocacy and activist identities. The findings have also illustrated that capacitating communities can benefit their work. It aligns with other research illustrating significant increases in grassroots direct action and mutual aid projects, emphasising the importance of community self-organisation and innovation.

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• Lowenson R, Colvin CJ, Szabzon F, Das S, Oodho VSP, Gansane Z, et al. Beyond command and control: A rapid review of mea ningful community-engaged responses to 2021. Available from:

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10 - 13 September 2024

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Socio-economic determinants of self-reported adherence among patients with type-2 diabetes: a cross-sectional study

Presenter: Omotayo Alaofin

Organization: University of Cape Town

Country: South Africa

Ubuntu ID: Ubuntu081

Abstract

Introduction: Adherence to medication is an important strategy to improve treatment outcomes. Medication nonadherence in chronic disease management is a complex phenomenon. This study aims to establish the socioeconomic factors associated with self-reported adherence to medication among patients with type-2 diabetes in Cape Town, South Africa. This is part of a larger study which examined the effect of health service innovations in supporting self-management during the COVID-19 pandemic. These innovations included home medication delivery and information sharing by community health workers.

Methods: A cross-sectional descriptive study was conducted among patients with type 2 diabetes. Quantitative data was captured using a pretested questionnaire administered telephonically to patients living with type 2 diabetes. Inferential statistics was adopted to evaluate the socio-demographic characteristics and factors associated with medication adherence. SPSS version 28.0 was used for data analysis.

Results: Most of the 269 participants were female (65.1%). Access to smartphones, piped water, and access to own transportation are socio-economic factors that increase the odds of medication adherence by 95% CI (0.997* (0.000), 0.995* (0.000) and 0.861* (0.276-4.672), respectively. Univariate analysis showed a significant association between education (P = 0.025) and having formal education increases the odds of medication adherence among the study participants. The mean fasting blood sugar levels were higher in non-adherent patients at baseline and follow-up after receiving considerable treatment with a significant association (P = 0.003) compared to their adherent counterparts.

Discussion: The study documented a significant association between education, HbA1c at baseline, home medication delivery, and self-reported adherence. This study recommended that efforts should be centred on

understanding socio-economic disparities among patients with type-2 diabetes to enhance self-reported adherence to medication further.

Socioeconomic Determinants of Home Delivery of Medication Among Patients with Type-2 Diabetes

Ubuntu81

Klaus von Pressentin[1], Omotayo S. Alaofin[1], Graham Bresick[1], Neil David[1], Hayli Geffen[2], Natasha Moodaley[1,2], James Porter[1], Haniem Salie[1], Beverley Schweitzer[1], Leigh Wagner[3], Bob Mash[3]

[1]Division of Family Medicine, Department of Family Community and Emergency Care, University of Cape Town. [2]School of Public Health, University of Cape Town.
[3]Division of Family Medicine and Primary Care, Stellenbosch University.

Background

- Diabetes mellitus is a prevalent non-communicable diseases (NCDs) responsible for high morbidity, mortality, and economic burden globally.[1]
- Statistics South Africa (Stats SA) ranks diabetes as the second leading cause of death and the sixth cause of underlying death.[2]
- Home Delivery of Medication (HDM); an innovative strategy to support people living with diabetes.
- Type 2 diabetes (T2D); the most common type of diabetes, representing an estimated 90% of cases globally.[3]

Aim

- To determine the socioeconomic factors associated with home delivery of medication among patients with T2D in Cape Town.

Methods

- **Design:** Descriptive cross-sectional study.
- **Study settings:** Four primary care (PC) facilities in Cape Town, South Africa: two community day centres (CDC), and two community health centres (CHC).
- **Study population:** Adults aged ≥ 18 living with T2D.
- **Sampling:** Systematic sampling of patients who met the eligibility criteria and gave informed consent to participate.
- **Data collection:** Interviewer-administered questionnaire using telephonic interview.
- **Data analysis:** SPSS 28.0. Fisher's exact test. Logistic regression and multivariable logistic regression model.

Results and Conclusion

Table 1: Sociodemographic variables

Variable	Home delivery of medication			P-Value
	Yes (N=171)	No (N=96)	(N=267)	
Age group				<0.001*
≤ 50	34 (19.9)	41 (42.7)	75 (28.1)	
> 50	137 (80.1)	55 (53.7)	192 (71.9)	
Gender				0.083
Male	67 (39.2)	27 (28.1)	94 (35.2)	
Female	104 (60.8)	69 (71.9)	173 (64.8)	
Facility name				0.743
Hanover Park CHC	41 (24.0)	22 (22.9)	63 (23.6)	
Lotus River CHC	53 (31.0)	26 (27.1)	79 (29.6)	
Site B	51 (29.8)	35 (36.5)	86 (32.2)	
Symphony Way CHC	26 (15.2)	13 (13.5)	39 (14.6)	
Language				<0.001*
isiXhosa	32 (18.7)	75 (78.1)	107 (40.1)	
Afrikaans	94 (55.0)	10 (10.4)	104 (39.0)	
Other	45 (26.3)	11 (11.5)	56 (21.0)	
Marital status				<0.001*
Married	115 (67.3)	37 (38.5)	152 (56.9)	
Others	56 (32.7)	59 (61.5)	115 (43.1)	
Household size				0.503
≤4	5 (2.9)	5 (5.2)	10 (3.7)	
>4	166 (97.1)	91 (94.8)	257 (96.3)	

Table 2: Socioeconomic variables

Variable	Home delivery of medication			P-value
	Yes (N=171)	No (N=96)	(N=267)	
Employment				0.005*
Non-cal income				<0.001*
Education				0.222
Transportation				0.001*
Residence				<0.001*
Piped water				<0.001*
Distance to clinic				0.294
Smartphone				<0.001*
DBS				0.000

Table 3: Multivariable logistic regression model

Predictor	Panel	
	Adjusted OR (95% CI)	p-value
Age		
≤ 50	Ref	-
> 50	1.52 (0.66, 3.45)	0.317
Language		
Afrikaans	Ref	-
isiXhosa	0.10 (0.04, 0.27)	<0.001*
Other	0.71 (0.25, 2.01)	0.519
Marital status		
Married	Ref	-
Other	0.27 (0.12, 0.57)	0.001*
Employment		
Employed	Ref	-
Unemployed	2.50 (1.14, 5.58)	0.023*
Transportation		
Private	Ref	-
Public	1.87 (0.78, 4.73)	0.174
Piped water		
In your house	Ref	-
Yard or nearby	0.30 (0.10, 0.84)	0.027*
Home to clinic		
Less than 5km	Ref	-
More than 5km	0.42 (0.20, 0.84)	0.014*
Smartphone		
No	Ref	-
Yes	1.73 (0.70, 4.26)	0.232
Duration of Diabetes (years)		
≤5 yrs	Ref	-
>5 yrs	2.23 (1.01, 5.02)	0.049*
Access to glucometer		
Yes	Ref	-
No	0.83 (0.40, 1.73)	0.618

Conclusion and References

- There is a strong association between socioeconomic variables (Tables 2 and 3) and HDM among T2D patients, especially language, marital status, employment status, access to piped water, duration of diabetes and distance from primary care facility.
- Were certain groups of patients potentially excluded from accessing this form of decentralised, community-based care during the pandemic based on their sociodemographic makeup? This holds implications for clinical teams, health service managers and policymakers.

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Diagnosis Related Groups for Equitable Resource Allocation and Re-imbursement in Health and Wellness

Presenter: Tamaryn-Jade Augustyn

Organization: Western Cape Government: Health and Wellness

Country: South Africa

Ubuntu ID: Ubuntu335

Abstract

Background: Diagnosis Related Groups (DRGs) are part of a case-mix complexity system implemented to categorize patients with similar clinical diagnoses to better control hospital costs and determine payer reimbursement rates. The Western Cape Government Health and Wellness Department has been working on DRGs since 2011 in preparation for strategic purchasing of hospital services for Universal Health Coverage; as well as for equitable budget allocation. The formulation of DRG's is dependent on complete and accurate clinical concept coding.

Methods: An audit of 2 652 inpatient encounter records across four central and regional hospitals was conducted from 2022 to 2023. Diagnosis and procedure codes were assigned to patient admission records by expert clinical coders. The DRG for each admission was determined, using inhouse software, for the original clinician-assigned ICD codes and compared to the DRGs from the expert clinical coder-assigned ICD codes.

Results: Among the four hospitals, 52 – 61% of the audited inpatient admission records had incorrect DRGs assigned from the routine clinician-assigned ICD codes. 23 – 30% of the routine admission records were assigned to incorrect Major Diagnostic Categories. 18 – 24% of admission records were misclassified as Medical or Surgical cases.

Discussion: Considerable work is required to improve the quality of routine clinical coding data for credible DRG formulation and costing to gain credible data to motivate for shifting in funding to address health resource allocation inequity, particularly in rural settings.

Diagnosis Related Groups for Equitable Resource Allocation and Re-imbursement in Health and Wellness

Ubuntu335

BACKGROUND

❖ WCGHW: DRG work since 2011 for strategic purchasing and equitable budget allocation

❖ DRGs group patients with similar clinical diagnoses to control hospital costs and determine reimbursement rates

PROBLEM STATEMENT

❖ System uptake and comprehensive coding remain challenging

❖ DRGs can be formulated for 81% of inpatient encounters, reliability is affected by: 1)Terminology conflicts, 2) Limited codes/ descriptors in classification systems, 3) User experience issues with eCCR

INTERVENTION DESCRIPTION

Audit of 4328 inpatient encounters across nine hospitals in the Western Cape Province

Pre-Audit Preparation

Identity Hospital → Draw Reports: Clinicom and eCCR → Determine Pre-Audit DRGs → Select random sample for audit

Audit Process

Clinical Coders review clinical records → Assign Diagnostic and Procedural codes → Determine Audit DRGs → Compare Pre-Audit DRGs to Audit DRGs

RESULTS

Change in DRG, MDC and Partition # 4328

DRG | MDC | Medical / Surgical

58 70 27 54 21 25

LESSONS LEARNED

❖ Enhance routine ICD data quality for reliable DRG formulation and costing.

❖ Public sector struggles to match private sector pay for expert coders but can use routine data from clinicians

❖ Maintain accessible in-house training platforms with updated ICD coding resources

KEY MESSAGES

❖ Improve DRG data quality by enhancing clinicians' electronic medical record user experience

❖ Ensure problem and procedure lists use clinician-friendly terms linked to formal systems

10 – 13 September 2024   Tamaryn-Jade Augustyn; Geoline Jacobs; Michael Kilian   Ubuntu2024.com

The health burden of poor preconception health in low-income countries: a population-attributable fraction analysis.

Presenter: Sébastien Poix

Organization: University of Limerick

Country: Ireland

Ubuntu ID: Ubuntu104

Abstract

Introduction.

In recent years, increasing attention has been paid to preconception care as a way to improve pregnancy outcomes and reduce maternal and child mortality and morbidity. While many preconception risk factors have been linked to negative pregnancy-related outcomes, our understanding of their impact on the overall burden of maternal and child mortality and morbidity is still limited.

Methods.

We used a multi-step approach to quantify the population-attributable fraction of five preconception risk factors (adolescent pregnancy, short birth interval, pre-pregnancy overweight and obesity, intimate partner violence before pregnancy, female genital mutilation) across ten pregnancy, maternal and child health outcomes. This analysis focused on fifteen low-income countries characterized by elevated maternal and child mortality indicators. The data used in the model were primarily sourced from the Demographic Health Surveys (DHS) or other international databases. The risk relationship estimates were derived from meta-analyses.

Results.

Our findings indicate that 14.9% of perinatal deaths and 12.6% of late neonatal deaths can be attributed to the five identified preconception risk factors. Furthermore, pre-pregnancy overweight and obesity, alongside female genital mutilation, contribute to 6.5% of maternal deaths. Overall, it is estimated that nearly 200,000 deaths could have been averted in 2020 had these preconception risk factors been entirely eradicated. Significant inter-country disparities were observed, underscoring differential exposure levels to the specified risk factors.

Discussion.

Our findings suggest that preventing early and closely spaced pregnancies, as well as addressing overweight and obesity and gender-based violence among women of reproductive age, can substantially improve pregnancy outcomes, ultimately saving many lives.

Conclusion.

In addition to quantifying the potential benefits of improving preconception health, this study paves the way for a future investment case on preconception care in low and middle-income countries.

Residency Involvement in Multidisciplinary Care of Asylum Seekers at the US-Mexico Border

Presenter: Danielle Fitzsimmons Pattison

Organization: Southern New Mexico Family Medicine Residency Program

Country: United States

Ubuntu ID: Ubuntu043

Abstract

Background: Asylum seekers face unique threats including violence, communicable and non-communicable disease, treacherous journeys, difficult stays in detention centers, inability to work and poor access to basic needs. Along the US-Mexico border many community organizations serve those seeking refuge in the USA. The Southern New Mexico Family Residency Program (SNFMRP) has collaborated with local coalitions serving this population. As an outward facing residency program, involvement in this care serves to educate residents about community engagement and empowerment as recommended by the Alma Ata and Astana declarations.

Methods: Faculty and residents of the SNMFMRP, in conjunction with the Border Servants Corps, the Medical Reserve Corps, legal representatives and others, have created processes for caring for asylum seekers. This response includes provision of basic medical care, legal assistance and accommodations as well as meeting daily needs. Residents receive longitudinal experience and specific education during the Border Health rotation.

Results: Residents have gained exposure to community collaboration including community response and social engagement. Resident involvement allows for sufficient flexibility in times of crisis. Barriers encountered during these initiatives include working in a for-profit system with uninsured patients/clients, the already extensive educational requirements of a family medicine residency, and short duration of stay of asylum seekers. Despite these challenges, this ongoing collaboration has successfully cared for approximately 250,000 asylum seekers.

Conclusion: Provision of coordinated and cost-saving care of asylum seekers can be achieved using a multi-faceted approach that engages community partners. Future efforts should focus on public policy.

Residency Involvement in Multidisciplinary Care of Asylum Seekers at the US-Mexico Border

INTRODUCTION

- Barriers for asylum seekers are numerous including violence, communicable and non-communicable disease, treacherous journeys, difficult stays in detention centers, unemployment and minimal access to basic needs.

- Southern New Mexico Family Medicine Residency Program (SNMFMRP), in collaboration with local organizations, has served this population since 2014.

- Involvement in this care serves to educate residents about community engagement as recommended by the Alma Ata and Astana declarations.

- Requirements for U.S. family medicine education increasingly focus on training residents to be socially responsive: "Each community has health needs that vary based upon location and demographics. Programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities."

AIMS & OBJECTIVES

- The SNMFMRP, Border Servants Corps (BSC), legal representatives and others have created processes for caring for asylum seekers.

- Medical care at shelter = travel triage
  - Focus on getting patients to their destination
  - Decrease burden on local system by offering alternatives to expensive emergency care visits
  - Decreases cost to asylum seekers
  - Opportunity for residents to learn social accountability, stewardship of resources and community engagement.
  - Shelter provides travel assistance, transport to hospital, food, clothing and basic hygiene needs

METHODS & FINDINGS

- Family Medicine Residents
  - Longitudinal opportunities in 2nd and 3rd years at shelter
  - Admits to hospital for adults, pediatrics, and OB
  - 24/7 availability on call for concerns at shelter
  - Help co-ordinate ED discharges

- Border Health Rotation
  - More in depth learning on processes of migration, legal aspects and ethics of volunteer work
  - Provider available to help in times of need

Figure 1: Migration routes to the US through Central America

Barriers / Solutions

Barriers	Solutions
For-profit US health system	ACGME requirements justify resident involvement
Lack of funding	Travel triage
Short duration stay	Residents covered if part of training
Malpractice cost	Flexibility
National policy	Teamwork
Complex residency schedule	

Figure 2: Barriers to care provision with solutions

- Despite these challenges, this ongoing collaboration has cared for 250,000 asylum seekers

DISCUSSION & CONCLUSION

- Resident involvement in the provision of care for asylum seekers benefits the people seeking asylum and provides essential education to residents

- Serves as a model for addressing other community needs

- Future efforts should focus on public policy

Exploring services required by occupational Therapists in Primary healthcare

Presenter: Deshini Naidoo

Organization: University of KwaZulu-Natal

Country: South Africa

Ubuntu ID: Ubuntu102

Abstract

Background: The implementation of comprehensive primary healthcare services at grassroots level is poor. There little information on the role expected of occupational therapists (OTs) in PHC Objective: This research aimed to gain a better understanding of the perceived role of OT in PHC service through engagement with stakeholders.

Methods: This exploratory qualitative study used purposive sampling to recruit health care workers and people with disabilities and their care-givers. The health care workers included health-care workers (n = 23), primary healthcare nurses (n = 5), DOH management (n = 5), experienced Ots (n = 14) and novice OTs (n = 37). Snowball sampling was used to recruit 37 people with disability (PWD) and caregivers of PWDs from UgU, a district in KwaZulu Natal in South Africa. Data were collected through semi-structured interviews and focus groups. Audio recordings of English interviews and focus groups were transcribed. Data was thematically analysed to identify the themes.

Results: All participants perceived the role of OTs as predominantly curative/rehabilitation-based and individualised. Participants identified a need for adult and paediatric rehabilitation and early childhood intervention. The person with disability and their caregivers highlighted the challenges faced by the disabled community. These challenges included social and physical inaccessibility, physical and sexual abuse, discrimination and marginalisation and appropriate opportunities for intervention in PHC. Community rehabilitation suggestions included a need for adult and paediatric rehabilitation and early childhood intervention, support groups for care-givers and vocational rehabilitation focusing on entrepreneurship. There was a need for health promotion and disease prevention programmes.

Conclusion: This study highlights how the role of the OT can be strengthened within the PHC context through obtaining the views of various stakeholders on

the role. Furthermore, gaps in community-based services that OTs should offer in this context.

Services required by Occupational Therapists in Primary healthcare — Ubuntu102

INTRODUCTION

Despite OT services being offered at a primary healthcare services level is poor, there little information on the role expected of occupational therapists (OTs) in PHC. Research was needed to ensure contextually relevant services.

AIM OF STUDY

This research aimed to gain a better understanding of the perceived role of OT in PHC service through engagement with stakeholders

METHODS

Exploratory qualitative study purposive sampling. Participants health-care workers (23), primary healthcare nurses (5), DOH management (5), experienced Ots (14) and novice OTs (37) and 37 people with disability (PWD) and caregivers of PWDs from UgU. Data collection: Interviews/ Focus group. Data analysis: Thematic

FINDINGS

- Role of OTs perceived as curative/rehabilitation-based & individual. Need to shift to population approach
- Need for adult, paediatric rehabilitation & early childhood intervention.
- Need for intervention to alleviate social and physical inaccessibility, physical and sexual abuse, discrimination and marginalisation.
- Need for better caregiver training prior to discharge, support, groups for care-givers and vocational rehabilitation focusing on entrepreneurship.
- There was a need for health promotion and disease prevention programmes.

DISCUSSION / CONCLUSION

Shift to consider the social determinates of health, the rights and views of patients & community. Need for multi-disciplinary and multisectoral planning to enable the envisioned population-based approach. Highlighted gaps in community-based services that OTs should offer in this context

10 - 13 September 2024   Deshini Naidoo naidoodes@ukzn.ac.za   Ubuntu2024.com

The impact of sanctions on access to essential medicines: The case of Syria.

Presenter: Saleh Aljadeeah

Organization: Institute of Tropical Medicine

Country: Belgium

Ubuntu ID: Ubuntu152

Abstract

Background

Sanctions, i.e. political and economic tools aimed at enforcing international law and promoting peace, may have unintended consequences on civilian populations. Despite a primary intention to curb human rights violations, they frequently disrupt essential services, including healthcare systems and access to medicines. While not directly targeting pharmaceutical sectors, sanctions were previously reported to affect medicines supply chains, leading to shortages and price hikes, in different contexts such as Iran and Cuba. In Syria, as a response to the regime's exercise of human rights violations and internal repression, sanctions were imposed by European Union, the United States, and other countries since 2011, with the intention to create accountability for crimes by the Syrian government, including by discouraging foreign investors from doing business with it.

Purpose: As part of a broader research on access to medicines for the management of cardiovascular diseases, diabetes, and epilepsy in the conflict context of Syria, we specifically investigated the impact of sanction on access to medicines.

Methods: This was an explanatory qualitative study. Data were collected remotely through semi-structured interviews. Interviews were conducted with patients, pharmacists and other stakeholders until saturation. Following thematic content analysis, data were coded and categorized, and themes and subthemes were identified. Preliminary results: Seventeen NCDs patients, seven pharmacists, four representatives of international NGOs and four wholesalers were interviewed between May and December 2023. Three main themes emerged representing the impact of sanctions on access to medicines; a) impact on availability a) impact on prices and affordability a) impact on quality. The preliminary findings indicate that sanctions were a major contributor to the collapse of local pharmaceutical manufacturing,

exacerbating shortages of essential medicines and directly harming the population. The detailed results will be available in early July 2024 and will be presented and discussed.

The impact of sanctions on access to essential medicines: The case of Syria

Ubuntu152

INTRODUCTION

Sanctions, i.e. political and economic, are tools aimed at enforcing international law and promoting peace, may have unintended consequences on civilian populations. Despite a primary intention to curb human rights violations, they frequently disrupt essential services, including healthcare systems and access to medicines. While not directly targeting pharmaceutical sectors, sanctions were previously reported to affect medicines supply chains, leading to shortages and price hikes, in different contexts such as Iran and Cuba. In Syria, as a response to the regime's exercise of human rights violations and internal repression, sanctions were imposed by European Union, the United States, and other countries since 2011, with the intention to create accountability for crimes by the Syrian government, including by discouraging foreign investors from doing business with it.

AIMS & OBJECTIVES

We specifically investigated the impact of sanction on access to medicine, as part of a broader research on access to medicines for the management of cardiovascular diseases, diabetes, and epilepsy in the conflict context of Syria.

METHODS / FINDINGS

Data collection
Semi-structured remote interviews with patients, pharmacists, representatives of NGOs, and other stakeholders

Data analisis
Thematic content analysis approach, data were coded and categorized and themes identified.

Qualitative results

Table 1. The impact of sanctions on availability, affordability and quality of medicine.

Subcategories	Availability	Prices and affordability	Quality
Hyperinflation		x	
Increased prices of raw material		x	
Advanced payment for shipping companies		x	
Restrictions of delivery to Syrian ports	x	x	
Restriction of import of medicine packaging materials	x	x	x
Preventing the import of the import of materials used for the quality test		x	x
Preventing the import of manufacturing equipment	x	x	x
Withdrawal of license	x		x

DISCUSSION / CONCLUSION

Sanctions are, at least in principle, important non-violent instruments to promote peace and human rights. Unfortunately, they often end up affecting citizens in addition to (/rather than) the regimes. Substantially, moreover. Their negative impact on access to healthcare, including medicines, is undeniable. Consequently, they have been called a "silent killer" – killing through the failure to care, in a blatant violation of International Covenants and the fundamental right to health. We should not look away from the sanctions' lethal "side effects". Oppressing regimes should pay the price for the violations of international laws and human rights. But not the civilian populations. Local and international stakeholders along with the international community should thus join forces to prevent sanctions that challenge/negatively affect health and pharmaceutical systems and access to essential medicines.

10 - 13 September 2024 Saleh Aljadeeah, Institute of Tropcal Medicine, Antwerp, Belgium
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Study designs of articles published in Family medicine Journals of South East Asian region.

Presenter: Rajan Ghimire

Organization: Malekhu Teaching Hospital

Country: Nepal

Ubuntu ID: Ubuntu181

Abstract

Introduction: Research is the key to evidence based medicine practice. Study designs are the factor that determines the quality of a research article. To examine where we stand in this criteria, we have reviewed abstract published in major journals of family medicine in the South East Asian region. This study can help us to know where we should work to increase level of evidence.

Method: It is a descriptive cross-sectional study. We searched the journals using the keywords General Practice, Family medicine, community medicine, and Primary care. Journals published in Nepal, India, Pakistan, Sri Lanka, Bangladesh, Bhutan, and Maldives. We could not find journals related to family medicine from Bangladesh, Bhutan, and Maldives. There were two journals from India and one from other nations. Total five journals and their latest three issues were included. Journal of General Practice and Emergency Medicine of Nepal, Journal of the college of community physicians of Srilanka, Journal of Family Physicians Pakistan , Indian journal of community and family medicine, and Journal of Family medicine and Primary care were included in the study. Abstract of articles published in these journals were reviewed to find out study designs used in the articles published. Articles were classified according to 5 level of evidence given by elseveir publications.

Results: During this study, 351 articles were included. Majority of articles were descriptive cross sectional 125(35.61%), followed by viewpoints 55(15.67%), case reports 40(11.4%). Systemic review, metaanalysis were two each. There were seven Randomised control trials. Most of the articles were of level 4 evidence 165(47.1%) followed by level 3 82(23.36%).

Conclusion: Most of our research are producing level 4 evidence. This study included only few journals related to General Practice/Family medicine and their few issues, so we need robust study designs to reach a conclusion.

Study designs of articles published in Family medicine Journals of South East Asian region

INTRODUCTION

- Quality research changes medicine practice
- Study designs determine quality of papers

AIMS & OBJECTIVES

- Look for research designs in Family medicine journals of SEA region
- Find level of evidence generated by FM journals

METHODS / FINDINGS

- Descriptive cross sectional design
- 5 FM journals of SEA and their 3 latest issues included
- 351 articles, 125 (35.61%) descriptive, 55 viewpoints, 40 CR, 7 RCTs 2 metaanalysis, 2 SR.

DISCUSSION / CONCLUSION

- Crawling research culture in SEA
- Research generating level 4 evidence mostly
- Robust study designs to find problems in medical research

Level of evidence	N (%)
Level 1	2 (0.57)
Level 2	47 (13.39)
Level 3	82 (23.36)
Level 4	165 (47.01)
Level 5	55 (15.67)

Tab1: Level of evidence

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Transforming The Ethiopian Nurses Association Towards Impactful and Successful Future

Presenter: Asselef Tasew Bekele

Organization: Jhpiego, Ethiopia

Country: Ethiopia

Ubuntu ID: Ubuntu188

Abstract

Introduction: The Ethiopian Nurses Association (ENA), which represents the largest health workforce in Ethiopia, is vital for advancing nursing practice and education in the country. However, it faces challenges that impede its full potential. To address these challenges, ENA, with support from USAID-funded Jhpiego-led Health Workforce Improvement Program (HWIP), conducted an Organizational Synthesis of Capacity Assessments for Award Readiness (OSCAR) in 2021. This comprehensive evaluation aimed to identify and rectify organizational gaps.

Objective: To strengthen ENA organizational capacity and foster sustainable contributions to education quality and expansion of Continuous Professional Development (CPD) opportunities for nurses in Ethiopia. Method: The ENA's organizational capacity was evaluated using the OSCAR tool across seven key domains. The assessment employed a triangulated method, including desk reviews, interviews, and focus group discussions.

Result: The assessment of ENA's organizational capacity indicates a low overall score, but notable improvements have been achieved through addressing gaps and enhancing capacity. Over 12 organizational policies and procedures have been developed or reviewed, and more than 8 staff have been hired to tackle human resource shortages. ENA has also strengthened partnerships with stakeholders, established learning management system, increased new members by over 11,000 and opened additional 95 branches. ENA actively contributed to reviewing the Competency-Based Curriculum, become CPD provider and accreditor, accrediting over 37 CPD providers, and training 18,881 nurses. These efforts have led to securing a 3-year project from GIZ. Conclusion: The OSCAR assessment has set ENA on a path towards enhanced organizational foundations and meaningful advancements in nursing education and practice in Ethiopia.

Transforming The Ethiopian Nurses Association (ENA) Towards Impactful and Successful Future

Ubuntu188

INTRODUCTION

- The Ethiopian Nurses Association (ENA) is Ethiopia's largest health workforce, crucial in healthcare.
- Strengthening ENA can greatly improve nursing practice, education, and patient outcomes.
- In 2021, USAID-funded Jhpiego-led HWIP supported ENA to conduct OSCAR for award readiness assessment.

AIMS & OBJECTIVES

Build ENA's capacity for sustainable improvements in nursing education and Practice

METHODS / FINDINGS

- OSCAR tool across seven key domains.
- Low over all score

RESULTS ACHIEVED

- Enhanced policy and procedures
- Learning management system established
- Expanded staff, branch & membership
- Increased contribution in pre-service education
- Accredited over 37 CPD providers, & training 18,881 nurses.
- Secured a 3-year fund.
- **Conclusion**:-OSCAR assessment driven ENA towards stronger foundations for nurses in Ethiopia.

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Scaling up Sokoto State Health Contributory Programme for poor and vulnerable individuals in zero-dose local government areas

Presenter: Danjuma Nehemiah

Organization: UNICEF- Nigeria, Sokoto FO

Country: Nigeria

Ubuntu ID: Ubuntu323

Abstract

Introduction: Out-of-pocket payments (63%) remain Nigeria's major healthcare expenditure source. Universal health coverage (UHC) ensures people can access high-quality health care when needed without suffering financial hardship. The Sokoto State Government has adopted this strategy through its health contributory agency to provide financial protection to the poor and vulnerable (highest in the Country) groups.

Methodology: In partnership with UNICEF, to strengthen the Primary Health Care system (PHCs) to meet up with UHC and to support beneficiaries in gaining access to quality essential healthcare, access safe, effective, and affordable essential medicines and vaccines for all, the Sokoto State Health Contributory Management Agency (SOCHEMA) propose a plan that will see to the enrollment of Ten thousand potential beneficiaries in thirteen (13) local government areas (LGAs) with a high number of unimmunized children. Advocacy and community mobilization activities were held before the enrolment of beneficiaries using the state social register.

Results: Ten thousand two hundred eighty-nine (10,289) beneficiaries were enrolled across the 13 zero-dose LGAs. However, the target for enrollment was Ten thousand (10,000). The beneficiaries were enrolled under five categories (Adolescent, Aged, children under five, physically challenged, and pregnant women). Children under five were the highest category of beneficiaries enrolled (46%), while people with disability- physically challenged were the least (5%).

Discussion/Conclusion: A comprehensive set of indicators has been implemented to monitor the program continuously. To sustain the intervention, efforts are ongoing to secure minimum counterpart funding from the state and extend coverage to an additional vulnerable population.

Scaling Up Sokoto State Health Contributory Program for Poor and Vulnerable Individuals in Zero-dose Local Government Areas

Ubuntu323

INTRODUCTION

Nigeria's major source of healthcare expenditure is out-of-pocket payments (63%), thereby making healthcare services inaccessible to the vast population of poor and vulnerable individuals residing mostly in the rural areas.

Inaccessibility to healthcare services (due to cost) by poor and vulnerable individuals who constitute about 80% of the population is a big challenge towards attaining Universal Health Coverage (UHC) which ensures all individuals get access to high-quality health care when needed without suffering financial hardship

In order to remove financial barrier to accessing health care by the poor and vulnerable, the Sokoto State Government in Partnership with UNICEF have scaled up her health contributory program to now cover the poor and vulnerable individuals in 13 zero-dose local government areas of the State.

AIMS & OBJECTIVES

- To protect the poor and vulnerable groups from catastrophic health expenditures
- To contribute towards attainment of UHC
- Attainment of health equity

METHODS / FINDINGS

Enrolment of beneficiaries was done with reference to the state social register (which had details of all the poor and vulnerable individuals).

Ten thousand (10,000) beneficiaries were targeted for enrolment, but 10,289 beneficiaries were enrolled due to the high numbers of poor and vulnerable individuals in the communities(Sokoto State has the highest number of poor and vulnerable individuals in the country).

The beneficiaries were enrolled under five categories (Adolescent, Aged, children under five, physically challenged, and pregnant women).

DISCUSSION / CONCLUSION

There is increase in uptake and continuity of health services in the implementing health facilities. Efforts are ongoing to expand coverage and sustain the program

Figure 1: Beneficiaries

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10 - 13 September 2024

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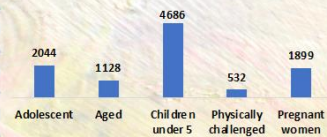
Understanding preparedness and response of rural population on extreme weather and climate events in rural and remote areas: A scoping review

Presenter: Sari Dewi

Organization: Australian National University / Rural Clinical School

Country: Australia

Ubuntu ID: Ubuntu316

Abstract

Introduction: Rural populations are vulnerable to climate change due to their dependence on natural resources and geographic factors. However, there is a lack of comprehensive research on how this population prepares and responds to extreme weather and climate events in rural and remote areas. This study aimed to summarise existing research on the preparedness and response of the rural population on extreme weather and climate events in rural and remote areas.

Method: We conducted a scoping review following the PRISMA-ScR guidelines. The included studies were peer-reviewed English-language articles, empirical research conducted in rural and remote settings that examined the preparedness and responses of rural populations on extreme weather and climate events. Two independent reviewers screened and extracted the selected studies. We used the SENDAI Framework for Disaster Risk Reduction to analyse data.

Results/Discussion: Out of 5,738 individual studies, we included 42. Most of the studies were conducted in high-income countries (29 studies), with extreme temperatures (15 studies) being the most common events reported. With limited health resources, rural populations experienced worse impacts and relied primarily on community and family help, while government and agency aid were used for recovery. Limited guidelines for disaster risk and preparedness in rural areas worsened the existing health inequity of rural populations.

Conclusion: Developing community resilience is crucial to enhance preparedness for extreme weather and climate events as well as recovery, rehabilitation and reconstruction in rural and remote areas.

Understanding adaptation strategies of rural populations on extreme weather and climate events in rural and remote areas: A scoping review

Ubuntu316

INTRODUCTION

Climate change exacerbates the frequency and intensity of extreme weather events, including heatwaves, floods, prolonged droughts, and storms. Extreme weather events emerge as the most common climate-related drivers of health deterioration. These events pose significant challenges particularly those in rural and remote areas. Such regions often have reliance on climate-sensitive resources, limited resources, infrastructure and access to emergency services, making them vulnerable to the impacts of extreme weather leading to significant economic losses and food insecurity. Adaptation strategies are essential for reducing risk and enhancing the resilience of rural and remote communities to extreme weather events.

AIMS & OBJECTIVES

This paper aims to review and synthesise published studies, focusing on adaptation strategies related to extreme weather events in rural and remote areas.

METHODS

A scoping review was conducted to explore and map the literature on adaptation strategies for extreme weather events in rural and remote areas. We searched the following databases, without date and language restrictions: PubMed, Web of Science, Scopus, Cochrane Library, ProQuest, and WHO IRIS. We applied search terms related to disaster response, adaptation strategies, extreme weather events, and rural and remote settings. Included studies were empirical research related to this review. Two reviewers screened and extracted pertinent information from the selected studies. Data was analysed using content analysis and presented in a narrative format.

FINDINGS

Studies suggest rural and remote communities effectively adapt to climate change through diverse strategies including livelihood diversification, reliance on social network and community support, tailored adaptation plans, and integrating climate-smart practices into development plans. However, barriers such as lack of support, strategic planning, and communication are reported hinder effective adaptations.

DISCUSSION

This review highlights discrepancy of adaptation strategies between high-income and lower middle-income countries and exacerbates current health disparities between high and low-income countries. *Strength*: the first review that specifically focuses on climate-related health outcomes and adaptation strategies in rural and remote population. *Limitation*: only included empirical studies and most included studies conducted in high-income countries.

While risk to extreme events are identified in this review, adaptation strategies mostly conducted in high-income and upper-income countries. This review shows discrepancies of LMICs and high-upper income countries in preparing and mitigating for extreme weather events.

Table 1. Characteristic of included studies (n=48)

World Bank Income Classification	
High-Income	34
Upper-Middle Income	5
Lower-Middle Income	8
Low income	1
Regional	
East Asia & Pacific	23
Europe & Central Asia	2
North America	13
South America	1
South Asia	7
Sub Saharan Africa	2
Type of extreme weather events	
Bushfire	2
Climate extreme events	9
Drought	9
Extreme Temperature	15
Flood	5
Storm	8

Figure: PRISMA

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10 - 13 September 2024

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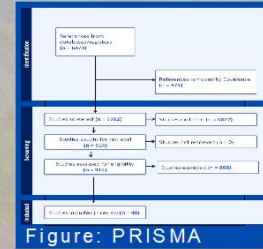
Co-creating for change: Public Health Social Innovation Hubs

Presenter: Rene English

Organization: Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu341

Abstract

Introduction: The intention of this project was to develop academic-community Public Health Social Innovation Hubs for co-creating knowledge and developing tailored public health solutions to empower low-income communities. The purpose of this paper is to reflect on key lessons learned regarding the co-creation process and key outputs.

Methods: Using a co-creation framework and drawing on design-thinking and social innovation principles and practices we embarked on a series of engagements with community members and other stakeholders to identify priority health issues and potential solutions. Documentation of individual and group reflections, and co-creation activities occurred continuously.

Results: The co-creation process itself and its outputs highlights the challenges and opportunities that academic institutions face when forming long-term relationships with communities, as well the trust-building that is required. Our work also demonstrates how and that communities have agency and that knowledge co-production is possible. Academic engagement with communities can also act as a stimulus for further community action.

Discussion: Universities play an important role in engaging with communities to promote health and well-being, particularly from a public health perspective. Trust-building and operationalisation of plans takes time and must be carefully navigated. Communities have agency and power and can be trusted to lead change within their own settings, and can co-produce locally-tailored solutions.

Conclusion: Policymakers and academics should be more intentional about engaging and partnering with community members who are active within their communities. Co-creation of knowledge and solutions is possible, and communities have agency and power to lead change from a public health perspective.

CO-CREATING FOR CHANGE: PUBLIC HEALTH SOCIAL INNOVATION HUBS

Ubuntu341

INTRODUCTION

The process of co-creating interventions targeting complex problems, where universities work alongside communities and other key stakeholders, has been identified as an important step for ensuring local ownership when designing relevant public health interventions.

AIM

The purpose of this paper is to reflect on key lessons learned regarding the co-creation process and key outputs.

METHODS

Using a co-creation framework and drawing on design-thinking and social innovation principles and practices we embarked on a series of engagements with community members and other stakeholders to identify priority health issues and potential solutions. Documentation of individual and group reflections, and co-creation activities occurred continuously.

FINDINGS

Key themes identified are listed below.

- Time
- Trust, Respect
- Voice
- Agency, power
- Commitment

DISCUSSION

Universities play an important role in engaging communities to promote public health. Trust-building and operationalisation of plans take time and must be carefully navigated. Communities have agency and power and can lead change, and co-production of locally-tailored solutions. Policymakers and academics should be more intentional when interacting with communities.

10 - 13 September 2024   René English (renglish@sun.ac.za), Stacey Blows (blowssd@sun.ac.za)   Ubuntu2024.com

Creating Pathways to Higher Education: The Vital Role of Making Higher Education Accessible for Support Employees in Health & Human Services

Presenter: Erin Drummond

Organization: Woods System of Care

Country: United States

Ubuntu ID: Ubuntu063

Abstract

Introduction

Programs designed to make higher education accessible for employees in direct support roles are crucial in the health and human services sector, yet very rare. This presentation explores the significance of such programs in enhancing the capabilities, skills, and performance of participating employees. Creating pathways that make higher education accessible not only provides an opportunity for employees but also contributes to improving patient outcomes by fostering better communication, teamwork, and critical thinking skills among participants. Programs that make higher education accessible also benefit the organization by increasing organizational effectiveness, helping to cultivate a culture of learning, and creating a pipeline of talent.

Method

Woods System of Care (WSOC) has created an Enhanced Educational Benefit program that makes it easier for adult workers to earn a college degree. This is done through unique partnerships with higher education institutions; increased tuition assistance; partnerships with organizations offering financial support through grants; and the creation of the Employee Development Specialist job, who helps employees navigate the process from initial discussions all the way through graduation.

Results/Discussion/Conclusion

WSOC offered the first Enhanced Education Benefit program in 2017. Over the past 7 years, over 300 employees have participated in the program. Among those that have participated, skill level and aptitude has increased, retention rates are at a level unheard of in the human services sector in the U.S., and reported job satisfaction and engagement has increased significantly. This has

not only impacted the employees participating but also impacted patients receiving services and the organizational culture as a whole.

Elevating Care, Empowering Careers: DSP Certification Program - Where Commitment Meets Expertise For Mutual Success

Presenter: Theresa Wilson-Fall

Organization: Woods System of Care

Country: United States

Ubuntu ID: Ubuntu020

Abstract

Introduction: Currently, there is no established and agreed-upon Competencies or certification for Caregivers, despite the crucial role that they play in delivering in-home and community support. This occupation requires specialized knowledge and skills to help care-dependent individuals. There is a global crisis labor shortage of caregivers, which causes reduced care for individuals served, alongside overworked caregivers who provide relentless overtime hours. Developing specific skills and obtaining a recognized certification can lead to elevated pay rates. Beyond compensation, continuous education and skill development empowers the global workforce to provide higher quality care and support, positively impacting the well-being of the individuals served.

Method: Using subject matter experts and published research, Woods System of Care identified ten competencies. A certification program was created to develop skills and knowledge in defined areas. Using innovation has created a skills-based approach with multi-model testing to be inclusive for participants. This year-long course includes online, in-person components, along with a practical skills demonstration. This strategic investment fosters dedication from certified professionals, encouraging longevity and expertise within the profession.

Results/Discussion/Conclusion: Our Caregiver Certification offers certified professionals increased pay, educational enhancements, and career growth, fostering staff retention. Staff retention is foundational, by reinforcing a mutual commitment between the company and employees. Our pilot yielded positive results, with 100% retention at 7 months after completion of the program; affirming the program's effectiveness in upskilling and retaining employees. We aim for United States national and then global recognition, like other healthcare certifications, to establish a benchmark credential with consistent expertise and care.

Woods System of Care

Direct Service Workforce (DSW) Certification Program

Ubuntu20

Introduction

- No standardized competencies or certification for DSW, despite the crucial role that they play in delivered in-home and community support.
- Global crisis labor shortage of DSW, causes reduced care for individuals served, and overworked caregivers who provide consistent overtime hours.

Direct Service Workforce Certification

Aims & Objectives

- Developing specific skills and obtaining a recognized certification can lead to elevated pay rates.
- Beyond compensation, continuous education and skill development empowers the global workforce to provide higher quality care and support, positively impacting the well-being of the individuals served.

Conclusion & Discussion

- Can offer certified professionals; increased pay, educational enhancements, and career growth, fostering staff retention.
- Staff retention is foundational. Our pilot yielded positive results, with **100% retention** at 12 months after completion of the program.
- United States national then global recognition to establish a benchmark credential with consistent expertise and care.

Methods & Findings

- Created to develop skills and knowledge in 10 defined competencies/areas.
- Multi-model testing to be inclusive for participants.
- Year-long course includes online, in-person components, along with a practical skills demonstration.

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Ubuntu 2024

Addressing Workforce Shortages through Rural Program Development Funding and Technical Assistance

Presenter: Emily Hawes

Organization: University of North Carolina School of Medicine

Country: United States

Ubuntu ID: Ubuntu049

Abstract

Introduction: Rural workforce shortages are pervasive, in part due to limited training available in rural areas. In the United States, only two percent of physician residency training occurs in rural areas. Creating a more equitable distribution of training in rural areas improves rural workforce recruitment and retention.

Methods: Given that rural health facilities face unique challenges in creating programs, the United States Department of Health and Human Services Health Resources and Services Administration has awarded more than 100 million in start-up funding and technical assistance to 166 organizations across 40 different states to develop new residencies in rural and underserved settings. The grant recipients are guided by a Roadmap for Residency Program Development to build the personnel, governance, funding, and curriculum infrastructure required for program accreditation and trainee recruitment. The Roadmap is an evidence-based and publicly-available model for assisting community-based teams in identifying action steps and challenges in five stages of residency: exploration, design, development, start-up, and maintenance.

Discussion: The program is propelling grant recipients through the Roadmap model to achieve foundational milestones and address developmental barriers. Although it takes years to develop medical and dental residencies, grant recipients have successfully created 62 accredited programs, representing over 830 accredited resident positions with more programs set to launch in the coming year.

Conclusion: Start-up funding and technical assistance are an effective mechanism to ensure a more equitable distribution of medical, psychiatric, and dental workforce development to serve the primary care needs of rural and underserved communities.

Addressing Rural Workforce Shortages through Rural Program Start-Up Funding and Technical Assistance

INTRODUCTION

Rural workforce shortages are pervasive, in part due to limited residency training available in rural areas. In the United States only two percent of physician residency training occurs in rural areas. Place-based training in rural areas increased the likelihood of practicing rurally. Creating a more equitable distribution of training in rural areas improves rural workforce recruitment and retention.

METHODS / FINDINGS

The United States Department of Health and Human Services Health Resources and Services Administration has awarded more than 100 million dollars in start-up funding and technical assistance to 166 organizations to develop new residencies in rural and underserved settings. The grant recipients are guided by an advisor through a publicly available five step roadmap to build the infrastructure required for program accreditation and trainee recruitment.

DISCUSSION / CONCLUSION

The program is propelling grant recipients through the Roadmap model to achieve foundational milestones and address developmental barriers. Although it takes years to develop medical and dental residencies, grant recipients have successfully created 71 accredited programs, representing over 891 accredited resident positions with more programs set to launch in the coming year. Start-up funding and technical assistance are an effective mechanism to ensure a more equitable distribution of medical, psychiatric, and dental workforce development to serve the primary care needs of rural and underserved communities.

Figure/table: xxx

10 - 13 September 2024

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Ubuntu2024.com

Reducing maternal mortality in health centers through local solutions

Presenter: Shamia Nakabugo

Organization: Mbarara University of Science and Technology

Country: Uganda

Ubuntu ID: Ubuntu010

Abstract

Despite global efforts to reduce maternal deaths, progress has been slow. There is a need for innovative and context-specific solutions. Health centers play a vital role in providing maternal health services in many low-resource settings, but they face various challenges that affect the quality of care and outcomes. This study aimed at exploring implementation of local solutions in health centers to reduce maternal mortality. The study employed qualitative method. Focused Group Discussions with Community members and key informant interviews on pregnant women. A checklist to confirm the availability of the supplies required for maternal health was deployed. Maternal outcomes were evaluated after two years and compared to the baseline. 10 FGDs and KI interviews were held. We found out that poor accessibility to health centers, inadequate medical supplies, poor awareness about antenatal care, inadequate spousal support, poor environmental conditions, long waiting time and wide perception of unfriendly environment as major barriers. Implementation of local solutions led to a significant reduction in maternal mortality ratio from 322 deaths to 190 deaths in five health centers over a period of two years. The solutions implemented included recruiting local staff, innovating bicycle and motorbike ambulances, engaging communities in maternal health education and awareness campaigns, improving infrastructures like repairing the roads, renovating delivery rooms and installation of solar power systems. Local solutions developed through a participatory process can effectively reduce maternal mortality in health centers after identifying the challenges.

THE NETWORK
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Ubuntu 10

REDUCING MATERNAL MORTALITY IN HEALTH CENTERS THROUGH LOCAL SOLUTIONS.

BACKGROUND AND STUDY AIMS

Maternal mortality remains a pressing global concern, with numerous women losing their lives each year due to pregnancy related complications. Despite global efforts to reduce maternal deaths, progress has been slow. There is a need for innovative and context specific solutions. Health centers play a vital role in providing maternal health services in many low-resource settings, but they face various challenges that affect the quality of care and outcomes. This study aimed at investigating the efficacy of community centered interventions in reducing maternal mortality by leveraging local solutions in health centers.

METHODOLOGY

Qualitative and Quantitative methods in five health centers in a district in south western Uganda.

1. In depth interviews (n=100), Focused Group Discussions (n=150) among pregnant women caregivers, local stakeholders and community members, Observation of public health facilities.
2. Data from health facilities, local health authorities, and govern- ment databases to assess baseline maternal mortality rates within target communities.

Data analysis guided by grounded theory and coded using Nvivo 12 software.

RESULTS

Findings; limited access to quality care, inadequate healthcare infrastructure and medical supplies.

Interventions; recruiting local staff, bicycle and motorbike ambulances, community engagement improving infrastructures, these led to a significant reduction in maternal mortality cases from 322 deaths to 190 deaths in five health centers over a period of two years.

322 DEATHS

190 DEATHS

CONCLUSION

By harnessing local wisdom and resources, we can contribute to sustainable and impactful solutions that lead to lasting improvements in maternal health and well-being.

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Obstetric Life Support: Preparing Healthcare Workers to Recognize and Optimize Treatment of Maternal Medical Emergencies

Presenter: Shayna Cunningham

Organization: University of Connecticut School of Medicine

Country: United States

Ubuntu ID: Ubuntu198

Abstract

Introduction: Maternal mortality and severe maternal morbidity (SMM) are increasing in the United States (US) despite most of these outcomes being preventable with timely and appropriate care. Obstetric Life Support (OBLS) is an interdisciplinary simulation curriculum to train healthcare workers on preventing, recognizing, and managing maternal medical emergencies. We will describe the evidence-base for and current efforts to promote widespread implementation and sustainability of OBLS.

Methods: A pilot study (n=85) and randomized controlled trial (RCT; n=42) were conducted to test the efficacy of the curriculum. A mixed methods study employing the Consolidated Framework for Implementation Research (CFIR) is underway to identify barriers and facilitators to training healthcare workers in rural and other low-resource contexts.

Results: Following the training, pilot study participants demonstrated improved confidence in clinical competencies and knowledge. Significant improvement in clinical competencies (90% versus 59%, 95%CI: 25.3,36.7, p < 0.0001) and cognitive assessment (84% versus 64%, 95% CI; 8.5, 31.5, p = 0.0011) scores were also observed in the RCT for the intervention group compared to the control. Factors that may influence OBLS implementation were identified across multiple CFIR domains. Discussion: OBLS improves healthcare workers ability to recognize and optimize treatment of maternal medical emergencies. Adaptations are needed to ensure equitable access and the appropriateness of the training in a diversity of contexts.

Conclusion: Widespread implementation of OBLS has the potential to improve patient safety and reduce inequities in maternal mortality and SMM in the US and in the Global South. Research is needed adapt and test a parallel version of the training for lay health workers.

OBLS: Preparing Healthcare Workers for Maternal Medical Emergencies

Ubuntu198

INTRODUCTION

Suboptimal medical response to maternal cardiac arrest (MCA) is costing lives.

Obstetric Life Support (OBLS) is an interdisciplinary, simulation-based course for prehospital and hospital-based healthcare workers (HCWs) to prevent and optimize treatment for MCA.

OBJECTIVES

- Describe:
  1) OBLS curriculum and evidence-base.
  2) efforts to promote implementation and sustainability.

METHODS / FINDINGS

- Curriculum: 4 hours prework & 6 hours team learning on low-cost simulator.
- Prior to training, <10% of HCWs pass a medical emergency scenario leading to MCA, regardless of experience.
- Pilot study and randomized controlled trial show OBLS improves HCWs' knowledge, confidence, and skills.

CONCLUSION

- OBLS training can improve maternal health outcomes.
- Adaptations are needed to ensure equitable access.

Shayna Cunningham, PhD,[1] Jacqueline Vidosh, MD,[2] Peter Nielsen, MD,[3] Brook Thomson,[3] and Andrea Shields, MD MS[1]
[1]UConn School of Medicine; [2]San Antonio Uniformed Services Health Consortium; [3]University of Texas Health Science Center at San Antonio

The development, and implementation of an integrated framework for undergraduate pharmacy education in maternal and child health at a South African university

Presenter: Elizabeth Egieyeh

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu197

Abstract

Background: Literature from around the world indicated a need for curriculum review and integration to address the knowledge and skills gap in pharmacists' maternal and child health (MCH) training. The study aimed to develop and implement an integrated MCH curriculum with the main content exposure in the second year of study and longitudinally dispersed contraception content in the fourth year of study. The pass mark was 50%.

Method: A longitudinal study of second-year students was conducted from 2017 to 2019 (year 4). A baseline assessment of the knowledge and skills of the MCH components such as contraception, maternal and antenatal care, and neonatal and child care was carried out, and later at eight weeks post-intervention, then in 2019 using the same questionnaire. One sample t-test, ANOVA and post-hoc analyses were done using the Statistical Package for Social Sciences (SPSS) version 26. Result: The participation rate in the baseline assessment was 92% (97/106) but 44% and 50% respectively in the post-intervention assessments. The 2017 post-intervention assessment had the highest overall average and mean difference with the 50% pass mark. A significant ($p < 0.05$) increase in participants' mean scores was observed between the 2017 pre- and post-intervention assessments. Participants' knowledge and skills decreased significantly ($p < 0.05$) in 2019 except in contraception ($p = 0.283$).

Discussion: Participants' knowledge and skills increased significantly after the intervention but decreased significantly in the two years post-intervention except in contraception.

Conclusion: Longitudinal dispersion of curriculum content across a student's years of study aids knowledge retention.

The development and implementation of an integrated framework for undergraduate pharmacy education in maternal and child health at a South African university

Ubuntu197

INTRODUCTION

Literature from around the world indicated a need for curriculum review and integration to address the knowledge and skills gap in pharmacists' maternal and child health (MCH) training.

AIMS & OBJECTIVES

The study aimed to develop and implement an integrated MCH curriculum with the main content exposure in the second year and longitudinally dispersed contraception content in the fourth year. The pass mark was 50%.

METHODS / FINDINGS

A longitudinal study of 47 second-year students was conducted from 2017 to 2019 (year 4). A baseline assessment of the knowledge and skills of the MCH components such as contraception, maternal and antenatal care, and neonatal and child care was carried out, and later at eight weeks post-intervention, then in 2019 using the same questionnaire. One sample t-test, ANOVA and post-hoc analyses were done using the Statistical Package for Social Sciences (SPSS) version 26.
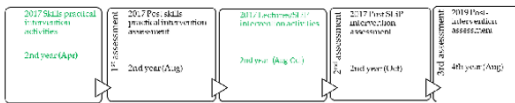
Figure 1. Progression of knowledge and skills interventions and assessments from 2nd (2017) to 4th year (2019)
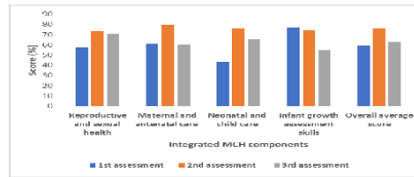
Figure 2. Participants performance in the individual components and overall assessments relative to the university-stipulated pass mark of 50%

Table 1. Comparison of participants' performance between assessments (N=47)

	Mean score % for each component in the three assessments	Mean difference % between 2017 pre- and post intervention assessments (p-value)	Mean difference % between 2017 and 2019 post-intervention assessments (p-value)	Mean difference % between 2017 pre- and 2019 post intervention assessments (p-value)
Reproductive and sexual health	56.9[1], 73.3[2], 70.7[3]	-16.4 (0.000)	2.6 (0.283)	-13.8 (0.000)
Maternal and antenatal care	61.0[1], 79.3[2], 60.5[3]	-13.4 (0.030)	18.8 (0.000)	0.5 (0.350)
Neonatal and childcare	43.0[1], 76.1[2], 65.4[3]	-33.2 (0.000)	10.6 (0.000)	-22.5 (0.000)
Infant growth assessment skills	74.2[1], 55.1[3]		19.1 (0.000)	
Overall average score	53.6[1], 75.7[2], 63.0[3]	-16.3 (0.000)	12.8 (0.000)	-3.5 (0.151)

[1] 2017 Pre-intervention assessment, [2] 2017 Post-intervention assessment, [3] 2019 Post-intervention assessment, Significant at p < 0.05

DISCUSSION / CONCLUSION

Participants' knowledge and skills increased significantly after the intervention but decreased significantly in the two years post-intervention except in contraception. Longitudinal dispersion of curriculum content across a student's years of study aids knowledge retention.

The effect of a prenatal and first months's intervention on maternal-infant bonding: a randomized controlled clinical trial

Presenter: Carolina Santos

Organization: Unicamp

Country: Brazil

Ubuntu ID: Ubuntu331

Abstract

Introduction

The COVID-19 pandemic had a significant impact on various aspects of society, worsening maternal and child health and posing multiple risks to parent-infant bonding process.

Methods

Participants were randomly assigned into two groups: intervention (n=37) and control (n=32). Upon admission and every 2 weeks during the child's first year of life, the intervention group (IG) received digital information (text, videos, pamphlets, audio messages) via WhatsApp with information on infant care and maternal wellbeing, in addition to songs, poems, stories and tips about playing with the baby. The control (CG) received routine care. Maternal depressive symptoms, maternal-infant bonding and infant Neurodevelopment were assessed during the first year after birth.

Results

There were no significant differences between groups in maternal age, education level, race, comorbities, number of pregnancies, or premature birth. Impairment bonding happened in 38.7% of the CG, and 12.1% of the IG (p=0.01). Depression means scores at post-partum were significant lower in the IG (7.8 vs. 13.1, p=0.02). Neurodevelopment delay diagnosis happened in 10.8% in the infants of IG and 18.1% of the CG, with no significant difference.

Discussion

Study findings demonstrate positive effects on maternal-infant bonding and post-partum mental health. Parent- child bonding had been reported to promote children's cognitive development and wellbeing.

Conclusion

Effective pediatric interventions towards enhancing maternal and child health are crucial during post pandemics years.

THE EFFECT OF A PRENATAL AND FIRST-YEAR INTERVENTION ON MATERNAL-FETAL BONDING: A RANDOMIZED CONTROLLED CLINICAL TRIAL

Ubuntu331

INTRODUCTION

The COVID-19 pandemic has had significant impacts on maternal health such as worsening maternal mental health, enhancing parental stress and anxiety, and posing multiple risks to the maternal–infant bonding process. Parent–child bonding has been reported to promote children's well-being and cognitive neurodevelopment. The objective of this study was to test a maternal bonding intervention.

METHODS

Third-trimester pregnant women were randomly allocated into two groups, intervention (n = 37) and control (n = 32). Upon recruitment and every 2 weeks during the child's first year of life, the intervention group (IG) received digital material (text, videos, pamphlets, audio messages) with information on infant care and maternal well-being. The control group (CG) received routine prenatal care. Maternal depressive symptoms, maternal-infant bonding and infant neurodevelopment were assessed during the first year after birth.

FINDINGS

There were no significant differences between groups in maternal age, comorbidities, race, depression scores during the pregnancy or premature birth. Impairment in bonding was present in 38.7% of the CG, and 4.2% of the IG (p=.003). Depression mean scores at post-partum were significantly lower in the IG (7.8 vs. 13.1, p=.02). Neurodevelopment delay happened in 10.8% of infants of IG and 18.8% of CG, with no significant difference.

CONCLUSION

Study findings demonstrate positive effects on maternal-infant bonding and post-partum mental health.
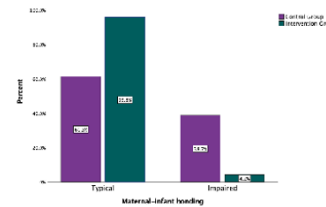
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10 - 13 September 2024

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Maternal and perinatal outcome following training of Obstetricians in alternate birthing positions

Presenter: Vidyadhar Bangal

Organization: Women and Health Together For The Future

Country: India

Ubuntu ID: Ubuntu027

Abstract

Obstetricians are not trained in various important aspects of midwifery practices, including alternate birthing positions. In India, supine position for birthing is universally practiced in all types of health care facilities, which is against the physiological principles of progress and mechanism of normal labour.

Objectives

To train Obstetricians in upright birthing positions and to find out the maternal and perinatal outcome in various birthing positions. Methods Training programme on various midwifery practices was conducted for resident doctors and obstetricians by international midwife educators. Following the training programme, one thousand and two hundred women, who delivered vaginally spontaneously in either supine or upright birthing position were studied to analyze the maternal and perinatal outcome.

Results

Study revealed that the rates of instrumental deliveries, episiotomy and emergency caesarean section were significantly low, when deliveries were conducted in either sitting or squatting positions as compared to traditional supine position. The duration of second stage of labour were 45 minutes versus 20 minutes, rate of perineal tear were 12% versus 4%, rate of PPH was 6% versus 2 %, birth asphyxia was 8% versus 3% in supine and upright positions respectively. The feedback from postnatal women revealed that there was greater satisfaction and better birthing experience in upright position as compared to supine position.

Conclusion Training of obstetricians in principles of midwifery and alternate birthing positions improved the maternal and perinatal outcome. There is need

of inclusion of evidence -based practices of midwifery in the training programme of Obstetrics and Gynaecology.

Maternal and Perinatal outcome following training of Obstetricians in Alternate Birthing Positions

Ubuntu27

Introduction
- Obstetricians are not trained in conducting deliveries in alternate birthing positions.
- In India, supine position for birthing is universally practiced in all types of health care facilities, which is against the physiological principles of progress and mechanism of normal labour.

Objective
- To train Obstetricians in upright birthing positions and to find out the maternal and perinatal outcome in various birthing positions.

Methods
- Training programme was conducted for resident doctors and obstetricians by international midwife educators.
- Following the training programme,1200 women, who delivered vaginally in either supine or upright birthing position were studied to analyze the maternal and perinatal outcome.

Training

Outcome
- Reduced Episiotomy
- Decreased Ventouse
- Reduction Caesarean
- Short Labour duration
- Less Maternal exhaustion

Discussion/Conclusion
- Training of obstetricians in deliveries in alternate birthing positions improved the maternal and perinatal outcome
- There is need of inclusion of evidence -based practices of midwifery in the training programme of Obstetrics and Gynaecology.

Author-Vidyadhar Bangal
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Assessment of Psychological status of pregnant women affected by the war attending Al Qadrif hospital, Sudan,2024.

Presenter: Sara Osman

Organization: Faculty of Medicine and Health Sciences Omdurman Islamic University.

Country: Sudan

Ubuntu ID: Ubuntu281

Abstract

The transition to motherhood is indeed a significant life event, often accompanied by stressors that extend beyond labor and delivery. For first-time mothers, Exposure to war trauma can significantly impact maternal mental health during pregnancy and postpartum periods. The stress, fear, and anxiety experienced during times of conflict can lead to increased rates of depression, anxiety, and post-traumatic stress disorder (PTSD) among pregnant and postpartum women. Exposure to war trauma can have profound and multi-faceted impacts on maternal mental health in conflict areas. The study aimed to assess the psychological status of pregnant women affected by the war crisis in Sudan. We used the General Anxiety Disorder GAD-7 and Quality of Life Questionnaire and we collected the data through interviews with the pregnant women who attended the hospital. The study included 90 pregnant women from those who attended Al Qadrif Hospital most of them were in the third trimester, and not suffering from any chronic disease. 90% of them had a poor life quality, 63.3% were not satisfied with their health status, 66.6% weren't able to focus or feel safe during their daily life activities and 45% weren't satisfied with their ability to access health services. This study will provide needed information for determining the impact of the War Crisis on the mental health of pregnant women. The data collected will be used to inform the policymakers with useful information to develop a plan to improve the quality of the services there.

Assessment of Psychological status of pregnant women affected by the war attending Al Qadrif hospital, Sudan, 2024

Ubuntu281

INTRODUCTION

The transition to motherhood is indeed a significant life event, often accompanied by stressors that extend beyond labor and delivery. For first-time mothers, Exposure to war trauma can significantly impact maternal mental health during pregnancy and postpartum periods.
The stress, fear, and anxiety experienced during times of conflict can lead to increased rates of depression, anxiety, and post-traumatic stress disorder (PTSD) among pregnant and postpartum women.

AIMS & OBJECTIVES:

-The study aimed to assess the psychological status of pregnant women(who attending Al Qadrif Teaching Hospital) affected by the war crisis in Sudan.

Anxiety level

MILD ANXIETY   MODERATE ANXIETY   SEVERE ANXIETY

METHODS/ FINDIMGS:

- We used the General Anxiety Disorder GAD-7 and Quality of Life Questionnaire and we collected the data through interviews with the pregnant women who attended the hospital.
The study included 90 pregnant women, 90% of them had a poor life quality, 63.3% were not satisfied with their health status, 66.6% weren't able to focus or feel safe during their daily life activities and 45% weren't satisfied with their ability to access health services.

NO WAR

DISSCUSSION/CONCLUSION:

This study will provide needed information for determining the impact of the War Crisis on the mental health of pregnant women.
The data collected will be used to inform the policymakers with useful information to develop a plan to improve the quality of the services there.

10 – 13 September 2024

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Advancing Pregnancy Care for Women with Diabetes: A Prospective Registry Cohort in the Netherlands

Presenter: Veronika Duwel

Organization: Amsterdam UMC

Country: Netherlands

Ubuntu ID: Ubuntu388

Abstract

Introduction: Living with diabetes poses significant challenges, particularly for women planning pregnancy or already pregnant. In the Netherlands, approximately 800 women with pre-existent diabetes become pregnant annually, requiring strict glucose control to prevent adverse pregnancy outcomes. Despite advancements in diabetes technology, many struggle to achieve recommended glucose targets, facing increased risks of maternal and neonatal complications such as congenital malformations, stillbirth, preterm birth, or hypertensive disorders of pregnancy, compared to women without diabetes.

Methods: A prospective registry cohort will be established to measure pregnancy outcomes among women with diabetes. This national initiative will assess incidence rates, pre-pregnancy care, and technology uptake, comparing outcomes to women without diabetes. The study will utilize comprehensive data collection methods, including patient records, healthcare provider reports, and other existing databases to track maternal, perinatal, and neonatal outcomes.

Results: This project will be commencing in fall of 2024 and aims to have national coverage by the end of 2026. Initial findings will include incidence rates of complications, preconception care practices, and technology utilization among pregnant women with diabetes.

Discussion: The results of this study will contribute to the understanding of diabetes management during pregnancy in the Netherlands and develop personalized treatment strategies for women with diabetes.

Conclusion: By establishing a national registry the project aims to optimize pregnancy care and improve pregnancy related health outcomes for women with diabetes in the Netherlands. This will enable targeted interventions and education initiatives to enhance the quality of care and ultimately reduce the burden of diabetes-related complications during pregnancy.

Amsterdam UMC
Amsterdam Gastroenterology Endocrinology Metabolism

Advancing Pregnancy Care for Women with Diabetes
Plan for a Prospective Registry in the Netherlands

drs. Veronika Duwel [1,2], dr. R. G. IJzerman [2,3], prof. dr. R. C. Painter[4,5], dr. Sarah E. Siegelaar [1,3]

[1] Department of Endocrinology, Amsterdam UMC, University of Amsterdam, Meibergdreef 9, Amsterdam, The Netherlands; [3] Amsterdam Gastroenterology Endocrinology and Metabolism, Meibergdreef 9, Amsterdam, The Netherlands; [2] Department of Endocrinology, Amsterdam UMC, Vrije Universiteit Amsterdam, de Boelelaan 1117, Amsterdam, The Netherlands; [4] Department of Gynecology and Obstetrics, Amsterdam UMC, Vrije Universiteit Amsterdam, de Boelelaan 1117, Amsterdam, The Netherlands; [5] Amsterdam Reproduction and Development research institute, Amsterdam, The Netherlands.

Introduction

- Every year ~800 women with pre-existing diabetes mellitus (PDM) become pregnant
- Women with PDM have high risk of fetal and maternal complications during pregnancy (Fig. 1) compared with women without diabetes
- Strict glucose control is necessary, but difficult to achieve
- Unknown relationship between adverse outcomes and:
  - Use of new diabetes technology
  - Pregnancy planning
  - Multidisciplinary approach
- Perinatal outcomes have improved, but a clear gap remains (Fig. 2)
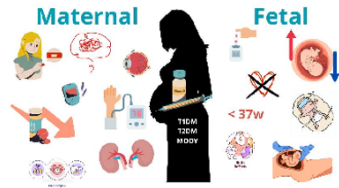
Fig. 1: Some of maternal complications related to diabetes include infertility, miscarriage, feelings of shame or guilt, hypertensive disorders of pregnancy, pre-eclampsia, worsening glucose control, diabetic retinopathy, kidney insufficiency. Fetal complications include congenital malformations, stillbirth, large or small for gestational age, preterm labor, caesarian delivery, neonatal hypoglycemia, NICU admission, among others. (T1DM = Type 1 Diabetes Mellitus, T2DM = Type 2 Diabetes Mellitus, MODY = Maturity onset diabetes of the young) [Original image, created on Canva]
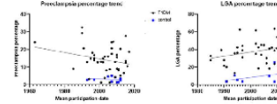
Fig. 2: Results of systematic review to assess the difference between outcomes in women with and without Type 1 Diabetes Mellitus over the years (LGA = large for gestational age). [Data presented at DPSG meeting in Madrid, 2022; not published yet]

Aim: *To close the gap in adverse pregnancy outcomes for women with PDM*

- Look into current complication frequency and uptake of technology
- Look for barriers for pregnant women to improve glucose regulation
- Uncover aspects of care which can be optimized

Methods

- Build a prospective national registry for all pregnant women with PDM (Fig. 3)
- Involve key stakeholders from the start
- Data collection at 12, 28, and 36 weeks pregnant
- Connect with existing database for perinatal data
- Questionnaires on patient QoL and satisfaction with care
- Outcomes:
  - Preconception and pregnancy care practices
  - Glucose regulation and use of diabetes technology
  - Complication incidence rate

Diabetes Fonds   UNIVERSITY OF AMSTERDAM   VU

Results

- Start of data collection in January 2025
- One year pilot program
- Focus on sustainability of the registry
- National coverage by the end of 2026
- Yearly synchronization and evaluation of data

Discussion and Conclusion

- Unique registry for pregnant women with PDM
  - Prospective data collection
  - Detailed glucose regulation data
- Future connection with other databases to study long term (child) outcomes
- Improve healthcare delivery
  - Optimization of pregnancy care
  - Monitoring of interventions
  - Education initiatives
- Reduce the burden of diabetes-related complications during pregnancy
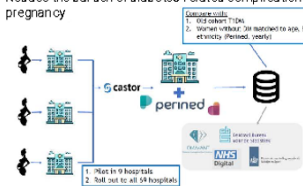
Fig. 3: Data collection diagram. [Original image, created on PowerPoint]

Prevention of mother-to-child-transmission of HIV in the pre-COVID and COVID erass

Presenter: Keshena Naidoo

Organization: University of KwaZulu-Natal,South Africa

Country: South Africa

Ubuntu ID: Ubuntu046

Abstract

Introduction: The COVID pandemic which began in 2020 resulted in multiple effects on population health. Social and economic lockdowns during the pandemic prevented many women from accessing reproductive health services, and reportedly increased HIV risk in pregnant women. This study examines mother-to-child-transmission at a primary healthcare facility in South Africa.

Method: A retrospective cohort study was conducted of all women who delivered at a primary healthcare facility during the pre-COVID (2019) and COVID (2020) eras. The primary study outcomes of interest included a comparison of antenatal care uptake, HIV testing and treatment outcomes and positive infant PCR tests in the pre-COVID and COVID eras.

Results: A total of 1660 women delivered at the facility over a 24-month period (Jan 2019-Dec 2020). A significantly greater proportion of women were aware of their HIV status before enrolling for antenatal care in the pre-COVID (2019) than COVID (2020) period (88% vs 40.2%; p< 0.001). During COVID most women tested for HIV for the first time when enrolling for antenatal care. Pre-exposure prophylaxis for HIV was not offered to those women enrolled for antenatal care. New HIV infection and the prevalence of HIV among women increased in the pre-COVID era (41.8% vs 36.2%; p< 0.05). Thirteen infants tested HIV positive (2.1% MTCT rate). Infants born to women on ART were 61% less likely to have MTCT (OR=0.39, 95% CI; 0.18:0.87, p=0.022) than those whose mothers who were not on ART.

Conclusion: The low awareness and high prevalence of HIV during the COVID era indicates an urgent need to improve community test-and-treat campaigns among women of reproductive age in the community and increase access to HIV pre-exposure prophylaxis for pregnant women, especially during periods of health crises.

INTRODUCTION

The COVID pandemic resulted in multiple effects on population health. Social and economic lockdowns during the pandemic prevented many women from accessing reproductive health services, and reportedly increased HIV infections. This study examines mother to child transmission at a primary healthcare facility in South Africa.

METHODS

A retrospective cohort study was conducted of all women who delivered at a primary healthcare facility in KwaZulu-Natal, South Africa during the pre-COVID (2019) and COVID (2020) eras. Variables of interest were compared using Pearson chi square (x^2) test with a significant p-value of < 0.05.

FINDINGS

Majority of women who delivered in the study period enrolled for antenatal care, but only half before 20 weeks gestation (table 1). There was a significantly higher HIV prevalence (43.4%) among women who delivered during the COVID pandemic (2020) than in the year before (35.8%.

Table 1. Details of women that delivered in 2019 & 2020

Variables	2019 (N=819) Number (%)	2020 (N=841) Number (%)	Combined (1660) Number (%)	P-value
Antenatal (ANC) booking				
Yes	760 (92.8)	796 (94.6)	1556 (93.7)	0.42
No	59 (7.2)	45 (5.4)	104 (6.3)	
ANC booking <20 weeks				
Yes	420 (51.3)	435 (51.7)	855 (51.5%)	
No	340 (41.5)	361 (42.9)	701 (48.5%)	
Unbooked	59 (7.2)	45 (5.4)	104 (6.3)	0.33
HIV status				
HIV Positive	293 (35.8)	365 (43.4)	658 (39.6)	<0.05*
Negative	526 (64.2)	476 (56.6)	1002 (60.3)	

CONCLUSION

The increased prevalence of HIV among women who delivered during the COVID period indicate a need for improved HIV testing and treatment among women of reproductive age in the community, including self-testing, during periods of health crises, as well as increased access to PrEP for pregnant women.

The prevalence, associated factors, and experiences regarding cardiac screening in children with Down Syndrome at Mulago National Referral Hospital.

Presenter: Claire Namuwaya

Organization: Makerere University College of Health Sciences

Country: Uganda

Ubuntu ID: Ubuntu239

Abstract

Introduction: Down syndrome (DS) is the commonest chromosomal anomaly among newborns globally. In Uganda, while a study at Entebbe Hospital estimates Down syndrome incidence at 1.69 per 1000 live births, national statistics are lacking.

Methods: We conducted a mixed-methods study to estimate the prevalence of cardiac screening among children with DS at Mulago National Referral Hospital (MNRH). The sample size was 62 children, yielding a response rate of 73% (62/85) through convenience sampling. Inclusion criteria encompassed children, aged three years and below, who were phenotypically diagnosed with DS. We also conducted in-depth interviews to investigate maternal perspectives and key informant interviews to assess factors influencing cardiac screening.

Results: Among 62 children sampled, 77.05% underwent echocardiography, while only 19.7% had chest radiographs. The most common cardiac defects were patent ductus arteriosus (PDA) (59.6%), atrioventricular septal defect (AVSD) (36.2%), patent foramen ovale (27.7%), and ventricular septal defects (VSD) (23.4%). Financial constraints were the primary barrier to echocardiography, while missed chest radiographies were primarily due to lack of requests. While some key informants highlighted AVSD, others emphasized VSD as the commonest cardiac anomaly. They also cited financial constraints as the main challenge for mothers seeking cardiac screening.

Conclusion: There are significant disparities in cardiac screening rates, with echocardiography more common than chest x-ray. PDA emerges as the primary cardiac anomaly among children with DS at MNRH, emphasizing financial barriers to screening access for mothers.

Prevalence, Associated Factors, And Experiences Regarding Cardiac Screening In Children With Down Syndrome At Mulago National Referral Hospital.
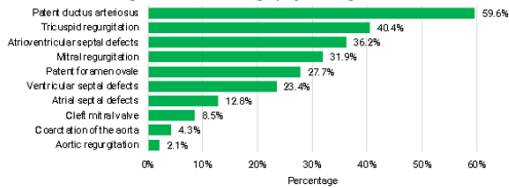
Ubuntu239

INTRODUCTION

Down syndrome (DS) is the leading chromosomal abnormality globally. It contributes to 10% of all congenital heart diseases (CHD), with half of the children with DS presenting with CHD. As a result, children with DS are prone to the early development of pulmonary hypertension with increased morbidity and mortality.

AIMS & OBJECTIVES

1. To determine the prevalence of cardiac screening among children with DS at Mulago National Referral Hospital (MNRH)
2. To explore barriers to access and utilization of cardiac screening in children with DS at MNRH.
3. To explore the experience and perspectives of caretakers concerning cardiac screening of children with DS at MNRH.

Figure 1. Echocardiography Findings.

Finding	Percentage
Patent ductus arteriosus	59.6%
Tricuspid regurgitation	40.4%
Atrioventricular septal defects	36.2%
Mitral regurgitation	31.9%
Patent foramen ovale	27.7%
Ventricular septal defects	23.4%
Atrial septal defects	12.8%
Cleft mitral valve	8.5%
Coarctation of the aorta	4.3%
Aortic regurgitation	2.1%

METHODS

We conducted a mixed-methods study among 62 children aged three years and below, phenotypically diagnosed with DS at MNRH. Participants were recruited consecutively from the pediatric wards and clinics. We also conducted in-depth and key-informant interviews to explore health worker and caregiver perspectives. Data was analyzed using STATA 16.0 and Atlas.ti.

FINDINGS AND CONCLUSION

Among 62 children sampled, 77.1% underwent echocardiography, while only 19.7% had chest radiographs. The most common cardiac defect was patent ductus arteriosus (59.6%). Financial constraints were the primary barrier to echocardiography, while missed chest radiographs were primarily due to a lack of requests. While some key informants highlighted AVSD, others emphasized VSD as the commonest cardiac anomaly. They also cited financial constraints as the main challenge for mothers seeking cardiac screening. Other challenges included long waiting times and difficulty accessing the doctors.

"But mine, when you make him stand, he is very floppy. The neck has no support, and the hands are also floppy. That is his condition. I wish for my baby to smile, but he has never smiled for me like other babies."

"Yeah, the doctor explained to me. Actually, they drew the picture of the heart, then they indicate for me where the problem was. Uhm, some other doctor, they show me from their phone there."

"The challenges are there because if you do not have money, they do not touch you. You go back home. But I went that day, they told me that seeing the doctor is 40,000 UGX, echo is 70,000 UGX. Then you have transport, you have to eat, you have to do what. All those things require money."

"And then, from there, it was not easy for you to access the doctor. People were too many. So, you need to have to wait, even though your patient is, the condition is worse like that, you need to wait."

10 - 13 September 2024

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Tribute:
Edgar William Nsubuga.
Research Assistant (RIP).

Reaching To Care for Improved Child Nutrition, a localized First 1000 Days Nutri-Plus Project to end Malnutrition in a rural community in the Philippines

Presenter: Katerina Abiertas

Organization: Local Government Unit of Motiong Samar Philippines

Country: Philippines

Ubuntu ID: Ubuntu082

Abstract

Globally in 2018, stunting affected an estimated 21.9% or 149 million children under the age of 5 while wasting affected 7.3% or 49 million children in the same age group. Undernutrition is linked to around 45% of deaths among these children. Nearly one in three children under age five in the Philippines is stunted, a key marker of chronic undernutrition. Republic Act 11148 was formulated focusing on the first 1000 days (F1KD) of life, a crucial window for children to thrive. Poor conditions in these early days can cause developmental and cognitive delays that are never fully overcome. When the rural town of Motiong was identified as the top contributor of stunted children in the Province of Samar for 2018, the local government implemented the Reaching To Care for Improved Child Nutrition Project, a localization of the F1KD Strategy. The primary goal is to improve the nutrition status of 0 to 59 month children in the municipality by the end of 5 years. The WHO Six Building Blocks Systems framework was used to analyze the problem and to plan interventions addressing the identified gaps. Primary outcomes of the program include local policy adoption, increase in budget for nutrition, conduct of capability buildings for health care providers, strengthened service delivery for priority health and nutrition services, improved monitoring and evaluation by the local nutrition and health bodies. The 38.9% prevalence of stunting in 2018 was reduced to 11% in 2023 while wasting prevalence was reduced to less than 1% from the 6% baseline and the 8.29 % prevalence of obesity decreased to 3.34% achieving national targets. WHO's six building blocks provide a helpful framework for integrating nutrition into health systems. Adoption of national law into local ordinance with annual budget allocation and regular monitoring and evaluation in place will ensure sustainability.

Reaching To Care for improved child nutrition, a localized F1KD Project to end malnutrition in rural community in the Philippines

Ubuntu82

INTRODUCTION

Globally in 2018, stunting affected an estimated 21.9% or 149 million under 5 children while wasting affected 7.3% or 49 million U5 children. Undernutrition is linked to around 45% of deaths among these children. Nearly one in three children under age five in the Philippines is stunted, a key marker of chronic undernutrition. Republic Act 11148 was formulated focusing on the first 1000 days (F1KD) of life. Poor conditions in these early days can cause developmental and cognitive delays that could never fully overcome. Motiong ranked first in Stunting in the Province of Samar in 2018.

AIMS & OBJECTIVES

The primary goal is to improve the nutrition status of 0-to-59-month children in the municipality by the end of five years thru the implementation of Reaching To Care for Improved Child Nutrition Project, a localization of the F1KD Strategy.

METHODS / FINDINGS

The WHO Six Building Blocks Systems framework was used to address the bottlenecks in F1KD implementation. Strategies like local policy adoption, increase in nutrition budget, conduct of capability buildings, strengthened health and nutrition service delivery, improved monitoring and evaluation by the local bodies decreased the 38.9% prevalence of stunting in 2018 to 11% in 2023 while wasting prevalence was reduced to less than 1% from the 6% baseline and the 8.29 % prevalence of obesity decreased to 3.34% achieving national targets.

DISCUSSION / CONCLUSION

WHO's six building blocks provide a helpful framework for integrating nutrition into health systems. Local adoption of national law with annual budget allocation and regular monitoring and evaluation in place ensures sustainability.

Nutrition Situation in Motiong from 2018 - 2023

- Stunting/severely Stunting
- Moderately Wasted + Severely Wasted
- Overweight & Obese
- Underweight & Severely Underweight
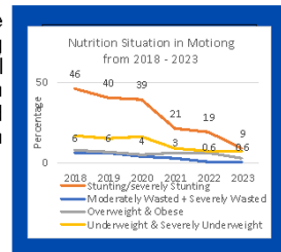
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10 - 13 September 2024

Ubuntu2024.com

Maternal knoweldge regarding their childern nutritional status in wad madani pediatric hospital 2023

Presenter: Malaz Mustafa Ibrahim

Organization: Gezira university faculty of medicine

Country: Sudan

Ubuntu ID: Ubuntu191

Abstract

Introduction: Malnutrition in its various forms continues to be a global challenge with huge social and economic costs. Children are the most nutritionally challenged group due to their special dietary requirements for growth, however poor nutrition outcomes are not always as a result of resource constrain, but may be related factors related to food choice and eating practice

Methodology: This descriptive cross section study was done through mothers in wad madani pediatric hospital in 2023 to assess their knowledge. 120 women completed a 20 question survey in Arabic.

Results: 98.7% of women exclusively breastfed their infants. Manor of weaning: (44% abrupt, 56% gradual). Number of meals per day (66.5 % three meals per day, 33.5% less than 3 meals) Frequency of weighting children (30% sometimes, 20% occasionally, 50% never). 30% go immediately to the doctor if their children have gastroenteritis, 70% use traditional management first.

Discussion: this description of maternal health practices may explain some of the issues of malnutrition in Sudanese children.

Maternal knowledge regarding their childern nutritional status in wad madni hospital2023

Ubuntu191

INTRODUCTION

Malnutrition continune to be a global challenge with huge social and economic costs .However poor nutrition outcomes are not always as a result of resource constrain ,but other factors releated to food choice and eating practice.

AIMS & OBJECTIVES

General objective: To asses maternal knowledge regarding their children nutritional status.

Specific objectives: 1-To asses mothers knowledge regarding the nutritional habits
2-Identify mothers unhealthy habits regarding nutritional habits.
3-identify mothers attitude the nutritional diseases

METHODS / FINDINGS

Methadology: Descriptive cross section study through 120 mothers in wadmadani pediatric hospital 2023.20 questions were translated to Arabic
FINDINGS: 98.7% exclusively breatfeeding .44% aburt weaning ,56% was gradually.66.5% three meals per day,33.5% less than three meals.frequent of children weighting (30% sometimes ,20% occationly, 50% never weghting) .30%going immediately to doctor after their childern has gastronutritis ,70% don.t go immediatly

DISCUSSION / CONCLUSION

Discussion: there is strong relationship between mothers knowledge and children nutritional status .Most of childern who suffer from malnutrition they were not exclusively breastfeeding. Most of mothers do not weight their childeren regulary.Bad attitude regarding gastronrtritis also contribute in this problem.
CONCLUSION :health education should be done to mothers to increase threir knowledge and awarness.

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10 - 13 September 2024

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Educating maternity staff in Safe and Respectful MotherBaby-Family Maternity Care- Outcome and Challenges

Presenter: Vidyadhar Bangal

Organization: Women and Health Together For The Future

Country: India

Ubuntu ID: Ubuntu355

Abstract

Objective

To study the outcome of educational programme of implementation of "12 steps to Safe and Respectful MotherBaby-Family Maternity Care" as recommended by International Childbirth Initiative (ICI).

Methods

An educational programme for doctors, nurses and support staff was conducted at a tertiary care hospital in India for 24 months. The influence of training on quality of maternity services was assessed periodically in 2220 women. Feedback on various components of maternity care was obtained from women and their spouses following delivery using separate questionnaire.

Results

There was significant improvement in respect to provision of care with dignity, respect and informed choice (92% from 74%).The evidence based practices showed significant improvement (90% from 68%).There was satisfactory reduction in harmful practices.(8% from 22%).The provision of non-pharmacological measures of pain relief improved.(78% from 26%).There was improvement of satisfaction of women about quality of care (94% from 66%).To bring about the attitudinal changes and to sustain the improvement in quality were major challenges in the present study.

Discussion

The satisfaction of the women and their family largely depends on quality of maternity services. Identification of the areas of dissatisfaction or improvement through feedback from the women and family members help in planning of focused training programme. The study revealed that ongoing training of health staff helps in sustaining the improvement.

Conclusion

Training of maternity service providers using ICI 12 steps to Safe and Respectful MotherBaby-Family Maternity Care, has shown significant improvement in quality of care, respectful and dignified maternity care and clientele satisfaction.

Educating maternity staff in Safe and Respectful MotherBaby-Family Maternity Care in India- Outcome and Challenges

Ubuntu 355

Introduction

- Birthing experience accompanies woman for life long.
- Maternity health care providers are unaware about principles of Respectful Maternity Care (RMC)and core values like respect, compassion, privacy, confidentiality and safety. Poor quality of services have negative consequences on maternal and child outcomes

Aims and Objectives

- To study the outcome of educational programme of implementation of "12 steps to Safe and Respectful MotherBaby-Family Maternity Care" as recommended by International Childbirth Initiative (ICI).

Methods

- Training need was identified.
- 12 steps of Safe and Respectful MotherBaby-Family Maternity Care suggested by ICI were implemented
- Mothers and companion were interviewed to find out level of satisfaction using pre-validated questionnaire

Findings
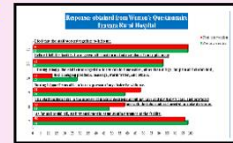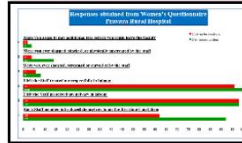
Discussion/Conclusion

- Training of staff plays very important role in improvement in quality of care, respectful and dignified care and clientele satisfaction.

Author-Vidyadhar Bangal
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"We all came back as different people"- Social Accountability education and learner transformation - case study

Presenter: Jyotsna Sriranga

Organization: Urja- Catalysts for Transformation

Country: India

Ubuntu ID: Ubuntu171

Abstract

Introduction: Social accountability (SA) is a moral obligation and a social contract to be fulfilled by every healthcare professional. Healthcare workers are counted upon to provide relevant, effective, quality health services and prioritise health equity. Community-based SA training is expected to produce socially accountable health workers. However, there is a gap in understanding the process and factors influencing the learner's transformation as an outcome of SA education.

Methodology: A qualitative case study explored the transformation among learners trained in SA education in year three, four and five of the Bachelor of Dentistry program in an Indian dental school. Seven in-depth interviews were conducted and analysed using comparative thematic analysis.

Results: Community-based SA education transforms learners to be socially accountable. The process of transformation was analysed through the lens of Transformative Theory of Learning. Learner's cognition of inequities and emotional connection with the community triggers disorienting dilemmas. This evokes strong emotions of guilt/ anger/ shock/ happiness. Learners discussed with peers/facilitators and critically reflected on the disorienting dilemma. As a result, they identified solutions, skill gaps and took necessary action to address the issue. Learners felt they had the power to help the community and developed a service mindset, thus demonstrating transformation.

Conclusion: The research identified a clear paradigm shift from self-centredness "do my course, make my money") to being socially accountable ("I can be accountable & do something for the society"). Community-based SA education instils a sense of Sev? ("Service is the happiness that money can't buy") among healthcare learners.

Key words: Social accountability education, community-based learning, equity, relevance, effectiveness, quality, transformative theory of learning

A Community-Led Tripartite Partnership for Health Development and Social Accountability: The Case of Barangay 734

Presenter: Gene Alzona Nisperos

Organization: University of the Philippines College of Medicine (UP Manila)

Country: Philippines

Ubuntu ID: Ubuntu225

Abstract

Background: Community health development is premised on active community participation and effective collaboration among multiple key players. The imbalance of power among social forces often become disempowering and the community remains a mere beneficiary of programs despite labels like "people centered" and "partnership". This report highlights a community led tripartite partnership that impacted on the health awareness and behavior in an urban poor community.

Intervention: The University of the Philippines College of Medicine worked with Fabella Health Center and officials of Barangay 734 in Manila to set up a community based health program. The residents selected their own community health workers (CHWs), who initially articulated community health needs and worked with medical students to strengthen health promotion and improve health literacy. The CHWs themselves underwent capacity building training to better coordinate with the health center and increase the utilization of health services and government programs.

Results and Discussion: Barangay 734 is a community of ~90 families with an average daily income of US$ 8.67. Of the population, 22% had hypertension while 11% had diabetes mellitus. In six years, there was a two to three fold increase in participation in CHW led health activities. Fabella Health Center developed a better relationship with the residents, resulting in increased utilization of government health services and programs. Barangay officials included health activities in their annual budget. Medical students experienced social realities at the grassroots, in a setting where community members are not patients but partners. A community database, which included people with hypertension and diabetes to facilitate monitoring, was jointly created.

Innovation: This case is one of the bases for a proposed model on social accountability, with "people always at the center". The community, at the

center, drives a partnership composed of the local government, the local health system, and the academic institution.

Ubuntu225

A Community-Led Tripartite Partnership for Health Promotion and Development: The Case of Barangay 734

THE GOAL

Establish a community-based health program

Barangay 734:
- 90+ families ($8.67 daily income/family)
- 22% with hypertension
- 11% with diabetes

THE PROCESS

Equal partnership in an empowering environment

Health Center: services and health promotion
Local Government: logistics and enabling policies
University: organizing and capability building

THE OUTCOME

"People with a sense of ownership and commitment"

- **Functioning** health committee
- **Increased** utilization of health services and programs
- **Active** community participation in activities
- **Better** health for all

"PEOPLE ALWAYS AT THE CENTER" as a model for SOCIAL ACCOUNTABILITY

Gene Alzona Nisperos, MD; Blanca Luna-Uy, RSW; Wiseña R. Relente; and Rosalina P. Supelana
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Empowering Social Accountability: The Role of Gezira Student Network Organization in Addressing Local Health Issues

Presenter: Khalid Mohammed

Organization: University of Gezira

Country: Sudan

Ubuntu ID: Ubuntu226

Abstract

Background: Students play a crucial role in addressing local health issues by actively participating and offering innovative solutions. This abstract highlights the significant contribution of the Gezira Student Network Organization (G-SNO) in tackling health problems in Sudan. ??

Summary of work: The G-SNO has organized a number of activities through the Public Health Office to raise awareness and educate the community on health issues. With the outbreak of cholera and dengue fever in Sudan in October 2023, GSNO organized a virtual campaign that included a number of posters to educate the community about the nature of the diseases and methods of prevention, while also encouraging vaccination campaigns and seeking healthcare. In response to the psychological pressures resulting from conditions of armed conflict, G-SNO organized a workshop on psychological support in times of crisis. It also participated in celebrating some of the most important global health days, such as World Oral Health Day and World AIDS Day. ??

Results: The organization's activities contributed to raising community awareness and enabling students to contribute effectively to enhancing community health. Students directed effort to correct misconceptions and promote community debate on a number of health issues. ??

Discussion and conclusion: Student engagement driven by social accountability is an important component of responding to health problems, leading to the promotion of public health and ensuring health equity.

Empowering Social Accountability: The Role of Gezira Student Network Organization in Addressing Local Health Issues

Ubuntu226

Background & AIMS:

Students play a crucial role in addressing local health issues by actively participating and offering innovative solutions. This abstract highlights the significant contribution of the Gezira Student Network Organization (G-SNO) in tackling health problems in Sudan.

SUMMARY OF WORK:

- G-SNO organized activities via the Public Health Office to raise community awareness about health issues.
- During the cholera and dengue fever outbreak in Sudan (October 2023), G-SNO conducted a virtual campaign with educational posters.
- The campaign emphasized disease nature, prevention methods, vaccination, and healthcare seeking.

- In response to the psychological pressures resulting from conditions of armed conflict, G-SNO organized a workshop on psychological support in times of crisis.
- In addition to participation in global health days (e.g., World Oral Health Day, World AIDS Day).

RESULTS:

- G-SNO's efforts raised community awareness and empowered students to enhance community health.
- Students corrected misconceptions and facilitated community discussions on health topics.

CONCLUSION:

Student engagement driven by social accountability is vital for addressing health problems, promoting public health, and ensuring equity.

10 - 13 September 2024
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Ubuntu2024.com

IMPROVING SOCIAL ACCOUNTABILITY AT A SUB SAHARAN MEDICAL SCHOOL; THE STUDENTS' PERSPECTIVE

Presenter: Lorraine Oriokot

Organization: Makerere University

Country: Uganda

Ubuntu ID: Ubuntu289

Abstract

Background

Social accountability in medical education is defined as the capacity to respond to the priority needs of the community and health system. Medical students are expected to learn and practice social accountability. We aimed to explore students' recommendations to improve the implementation of social accountability in medical education.

Methods

This qualitative study was conducted among undergraduate medical students at Makerere University School of Medicine between November 2022 and December 2022. The Makerere University School of Medicine Research Ethics Committee approved the study, and written informed consent was obtained. Thirty-two medical students were split into five focus group discussion groups. The discussions were audio recorded and transcribed. Thematic analysis was used to analyse the transcripts.

Results

The two major themes were 1) Improving the quality of training and 2) Providing a suitable environment for learning and future practice. The subthemes included providing adequate time and student preparation for learning, mentorship and making non-traditional subjects such as politics, career guidance and business accessible to students. In relation to providing a suitable environment for learning and practice, the medical students felt that the attitude of educators could improve, and better social services in rural areas would increase the likelihood of graduates serving these communities.

Conclusion

The key recommendations to improve social accountability include providing structured mentorship, career guidance, and training in non-traditional

subjects for medical students. These recommendations are feasible and practical. With some planning and adjustment, these recommendations can successfully be implemented.

Medical Students' Perspectives on Improving Social Accountability at a Sub-Saharan Medical School

Ubuntu289

INTRODUCTION

Social accountability in medical education is the capacity to respond to the community's priority needs. Medical students are expected to learn about and practice social accountability.

AIMS & OBJECTIVES

To explore medical students' perspectives on improving social accountability at Makerere University School of Medicine.

METHODS / FINDINGS

We conducted five focus group discussions involving a total of thirty two medical students. The transcripts were analyzed using reflexive thematic analysis.

DISCUSSION / CONCLUSION

The students suggested including non-traditional subjects, structured mentorship and career guidance in training as well as the provision of an appropriate working environment. The recommendations were practical and achievable.

10 - 13 September 2024

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Rich picture interviews: An innovative approach to understanding social accountability in health professions education

Presenter: Tim Dubé

Organization: Université de Sherbrooke

Country: Canada

Ubuntu ID: Ubuntu298

Abstract

As health professions education curricula are increasingly undergoing reform toward social accountability, educators grapple with the challenge of integrating this concept into their programs. Our study aimed to explore how social accountability is understood and implemented within health professions education, specifically in nursing, medicine, and rehabilitation programs at three Canadian institutions: Université de Sherbrooke, Northern Ontario School of Medicine University, and McGill University. Our study, anchored in a constructivist orientation, sought to capture the perceptions and experiences of a diverse group of participants (n=57), including learners, community members (community organizations, patient-partners), faculty members, and leaders in social accountability. Data collection combined the creation of rich pictures (20-30 minutes) with semi-structured interviews (60 minutes), conducted in a virtual setting to accommodate geographic representation and linguistic diversity (French and English). The analysis was guided by a reflexive thematic analysis framework as outlined by Braun and Clarke. This presentation will primarily focus on the novel use of rich pictures as an elicitation technique, highlighting its role in deepening our exploration of social accountability in health professions education. By leveraging the unique perspectives gathered through rich picture interviews, we seek to contribute to the ongoing dialogue around integrating social accountability into educational approaches, thereby enhancing the alignment of health professions education with societal needs. Amidst educational reforms and evolving accreditation standards focused on social accountability, our findings will offer actionable knowledge for integrating these principles into the health professions education curricula.

Rich picture interviews: An innovative approach to understanding social accountability in health professions education

Ubuntu298

INTRODUCTION

Focus on social accountability (SA) is leading to fundamental changes in the organization and structure of health professions education (HPE) curricula

Educators grapple with the challenge of integrating SA into their educational approaches

METHODS

Rich picture interviews (virtual) with learners, community organizations, patient-partners, faculty members, and leaders in SA

Drawing packages sent to participants

20-30 mins to draw + 45-60 mins interview (90 mins total)

Ex. 1 – faculty / leader

Ex. 2 - medical student

DISCUSSION

Rich picture interviews provided insights into participants' experiences including their perceptions of context, values and behaviours of themselves and others

Elicitation of participant-generated visual and narrative portrayals broadened conceptualizations of SA and described the characteristics of SA in HPE

CONCLUSION

Novel approach to explore SA with various partners involved in educational programming

Implications for curriculum development and implementation

10 - 13 September 2024

Tim Dubé (tim.dube@usherbrooke.ca), Roger Strasser (NOSMU), Saleem Razack (UBC), Erin Cameron (NOSMU), Monica Molinaro (McGill)

Ubuntu2024.com

Equipping graduates for rural and remote medical services. A case of social accountability in a regional medical school

Presenter: Farah Noya

Organization: Universitas Pattimura, Indonesia

Country: Indonesia

Ubuntu ID: Ubuntu302

Abstract

The Faculty of Medicine at Universitas Pattimura (FMUP) strives to equip medical graduates with the necessary skills and knowledge required to serve in remote and rural areas beyond the national curriculum. However, it is unclear how the curriculum has impacted the preparedness of graduates in real-life work settings. To assess the effectiveness of the curriculum, this study aimed to analyze the perspective of nine FMUP graduates who are currently practicing in the remote and rural areas of Maluku Province. The study explored the teaching and learning opportunities provided by the curriculum and how they have influenced the graduates' preparedness. The findings of this study will be useful in evaluating the accountability of regional medical schools in providing quality service, especially in underserved areas. The study adopted a qualitative approach, using semi-structured interviews to explore the graduates' perspectives. The results indicated that the FMUP curriculum, which is based on social accountability, has, to some extent, prepared graduates to work in Maluku's remote and rural conditions. However, the graduates felt that their skills and preparedness were often inadequate when dealing with substandard working environments. In conclusion, the regional medical school has demonstrated social responsibility by preparing its graduates to serve in remote and rural areas. However, the effectiveness of the curriculum in improving the graduates' preparedness cannot sufficiently address community health needs when the low standard conditions for practice overshadow their efforts. The study proposes that addressing the substandard working situations in these areas requires political action, including investment in standard medical and healthcare facilities and equipment.

Equipping Graduates for Rural and Remote Medical Service: A Case of Social Accountability in A Regional Medical School

Ubuntu 302

INTRODUCTION

- Social accountability (SA) is increasingly integral to medical education.
- Universitas Pattimura's Faculty of Medicine enhances SA through a curriculum that prepares graduates for rural and remote (RR) medical practice, exceeding national standards.
- The impact of this curriculum on graduate readiness in actual work settings remains unassessed.
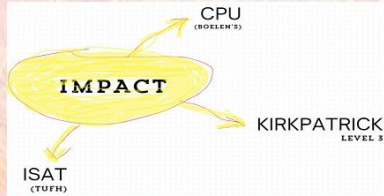
AIMS & OBJECTIVES

- To capture the perspectives of FMUP medical graduates in a rural-centric curriculum, focusing on the teaching and learning opportunities afforded to them during their medical education.

METHODS / FINDINGS

- Semi structured interviews → 9 FMUP graduates in the RR areas
- Qualitative analysis → graduates' views on the curriculum concerning medical school accountability.
- Highlights → Strengths and Weaknesses of the curriculum
- The FMUP curriculum partially equips graduates for work in Maluku's RR conditions, but their skills and preparedness don't align well with substandard working environments.

DISCUSSION / CONCLUSION

- The curriculum's social accountability and rural emphasis need improvement to address community health needs amid inadequate practice conditions.
- Political investment in standardizing medical facilities and equipment is essential for enhancing graduates' effectiveness and health outcomes in RR communities.

10 - 13 September 2024

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Sandra Carr[2], Sandra Thompson[3] The University of Western Australia

Ubuntu2024.com

Enhancing Rural Healthcare through the Rural Resident Medical Officer Cadetship: A Longitudinal Study

Presenter: Richard Colbran

Organization: Rural Doctors Network

Country: Australia

Ubuntu ID: Ubuntu118

Abstract

Background: Addressing the critical shortage of healthcare professionals in rural areas is imperative for equalising health outcomes across geographical locations. The Rural Resident Medical Officer Cadetship (RRMOC) program, established in 1989 in New South Wales (NSW), Australia, incorporates a scholarship with a return-of-service (ROS) obligation aimed at encouraging medical graduates to practice in rural settings. The Program is administered by Rural Doctors Network (RDN) on behalf of the NSW Ministry of Health. This study evaluates the effectiveness of the RRMOC in increasing the rural medical workforce and assesses impact on participants' career paths and location preferences.

Methods: A longitudinal, retrospective cross-sectional survey design was utilised, analysing data from RRMOC recipients in 2014 and 2022. Participants completed surveys on their demographic backgrounds, experiences with the RRMOC, and current work locations. The study employed descriptive statistics, chi-squared tests, and logistic regression to examine trends and outcomes over time.

Results: The findings demonstrate an increase in the retention of medical professionals in rural and remote NSW, attributed to the RRMOC program. Specifically, there was a rise in the proportion of respondents working in rural locations in 2022 compared to 2014. Additionally, the program's emphasis on talent management, including mentorship and professional development, was highlighted as a key factor in its success.

Conclusion: The RRMOC is an effective strategy in bolstering the rural healthcare workforce, contributing to the mitigation of rural health disparities. Its comprehensive approach, integrating financial incentives with robust support systems, serves as a model for future rural healthcare initiatives.

Factors associated with satisfaction of the Australian Rural Resident Medical Officer Cadetship Program: Results from a cross-sectional study

Ubuntu118

INTRODUCTION

- The Rural Resident Medical Officer Cadetship (RRMOC) program was established in 1989 and is a scholarship program with a return-of-service (ROS) component.
- RRMOC are awarded to medical students interested in a rural medical career (cadets). RRMOC is administered by the Rural Doctors Network on behalf of the NSW Ministry of Health.

AIMS & OBJECTIVES

To evaluate cadets' experiences of, and the factors associated with satisfaction of, the Australian RRMOC including;

- Role of financial support
- Networking opportunities
- Benefit of having mentors.

Study participants' experience (Satisfied vs Dissatisfied) with the RRMOC

Overall experiences with program
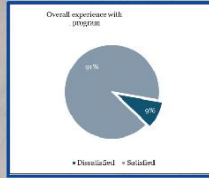
Bivariate association between sociodemographic variables and Participants' experience with the RRMOC

	Dissatisfied n (%)	Satisfied n (%)	Pearson χ (p-value)
Gender			0.554 (0.58)
Male	3 (50.0)	57 (38.1)	
Female	3 (50.0)	60 (61.9)	
Area of residence			0.065 (0.75)
Metropolitan	2 (40.0)	43 (44.3)	
Rural/Remote	6 (60.0)	54 (55.7)	
Rural health club membership			1.157 (0.28)
No	6 (60.0)	41 (40.3)	
Yes	4 (40.0)	58 (57.7)	
Role of financial support			9.079 (0.002***)
Not Beneficial	4 (40.0)	8 (8.3)	
Beneficial	6 (60.0)	89 (91.8)	
Benefit of having mentors			2.741 (0.05*)
No	9 (90.0)	57 (58.8)	
Yes	1 (10.0)	40 (41.2)	
Networking opportunity			7.5693 (0.01**)
No	9 (90.0)	43 (44.3)	
Yes	1 (10.0)	54 (55.7)	
Influence on career decisions			1.275 (0.26)
No	4 (40.0)	25 (25.7)	
Yes	6 (60.0)	74 (76.3)	
Preferential placement opportunity			0.005 (0.94)
Disagree	8 (80.0)	54 (55.7)	
Agree	2 (20.0)	45 (44.3)	
Effect of education			0.855 (0.36)
No	8 (80.0)	92 (89.0)	
Yes	2 (20.0)	10 (10.3)	

Level of significance: *p≤0.05, **p≤0.01, ***p≤0.001

METHODS / FINDINGS

- Quantitative cross-sectional study.
- Data on experience of RRMOC program (outcome variable) and potential explanatory variables were collected using a structured self-administered questionnaire.
- Bivariate (Pearson's chi-squared test) and multiple logistic regression analysis were employed to identify the factors associated with medical students' overall experience.
- **Two in three reported that they are currently working rurally, and one in two stayed the same area following their ROS.**

DISCUSSION / CONCLUSION

- Financial support and networking opportunities had the most positive impact on the cadets.
- The RRMOC may be most helpful for those who need financial support and for students who seek networking opportunities.
- This study help us to understand the mechanisms by which such programs influence individuals' decisions to join the future rural health workforce.

10 - 13 September 2024

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Developing socially responsive interprofessional active citizens through a community engaged learning cycle

Presenter: Jill Cupido-Masters

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu071

Abstract

Developing socially responsive interprofessional active citizens through a community engaged learning cycle Introduction Community engagement and active citizenship are critical components of developing a socially responsive interprofessional students. Community engagement is the process of involving individuals, groups, and stakeholders in community decision-making, problem-solving, and overall development. Developing active citizenship comprises individuals taking proactive roles in determining the sustainability of their communities, lobbing for change, and holding leaders and institutions in their circle of influence responsible.

Method

This was an exploratory research study embracing a qualitative methodology. The data was triangulated by administering a pre and post evaluation, reflection, and self-evaluation as tools of data collection. Thematic analysis (Atlas.ti) was employed.

Results and Discussion

The key themes identified are Bridging the Gap Between Research and Real-World Application, Personal Growth and Leadership Development, Societal Impact and Community Transformation, Learning and Awareness, which focused on self-awareness, cultural competence, social justice, and equity. The pre and post evaluation and self-evaluation identified the development of knowledge and skills, integration into practice and the importance of personal growth. These themes align with characteristics identified through research, which facilitates successful interprofessional practice. Such as teamwork, communication, social awareness, leadership styles which facilitate transformation and collaboration.

Conclusion We can infer from the results that the development of interprofessional characteristics are aligned with those skills developed in the

training course which enables students to co-create inclusive interventions, sustainable communities, which builds a stronger social fabric and supports a vibrant society that represents their collective needs and ambitions.

Developing socially responsive interprofessional active citizens through a community engaged learning cycle

Ubuntu71

INTRODUCTION
The Scholarship of Engagement focuses on benefitting communities by leveraging teaching, research, and creative efforts for mutual knowledge generation and application. Community-engaged learning involves diverse activities like teaching, work-integrated learning, research, advocacy, and service, fostering transformative leadership and preparing students for impactful careers.

AIMS AND OBJECTIVES
The overall objective was to enable participants to apply the community-engaged learning cycle principles practically, initiating and contributing to projects that promote social justice, equity, and positive social change.

METHODS
A qualitative study, 15 participants, pre- and post-evaluation, reflections and self-evaluation. Thematic analysis (Atlas.ti).

FINDINGS
The pre and post-evaluation and self-evaluation identified the development of knowledge and skills, integration into practice and the importance of personal growth. The knowledge scale for pre-scores were higher suggesting that participants had higher expectations for the knowledge than what they actually experienced.

This is a common bias in self-assessment (Kostons et al., 2012). This finding is supported by the unfamiliarity with concepts such as the SDG's, revealing a gap between perceived and actual knowledge.

Reflecting on their experiences allowed students to recognise the evolution of their critical thinking abilities and the practical application of theoretical concepts. These themes align with characteristics such as teamwork, communication, social awareness, and leadership styles, which facilitate successful interprofessional practice. Developing qualities for effective leadership has been identified as an important competency for sustainable and effective collaboration in interprofessional practice.

CONCLUSION
The training course effectively nurtured interprofessional characteristics essential for co-creating inclusive interventions and sustainable communities.

Community Engaged Learning Programme

10 - 13 September 2024

Priscilla Daniels, Jill Cupido Masters, Pearl September-Brown & Damaris Kiewiets
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Towards a Community-University Partnerships between the University of the Western Cape and a peri-urban community

Presenter: Ansie Kitching

Organization: UWC Faculty Community Health Science

Country: South Africa

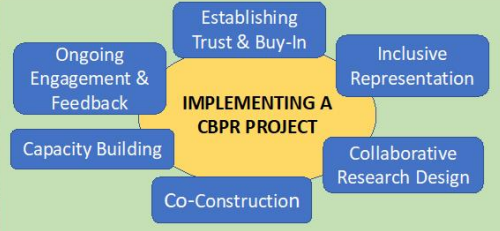**Ubuntu ID: Ubuntu284**

Abstract

South African peri-urban communities, despite fundamental political changes and efforts to address inequity, still experience various challenges to access service that could enhance their quality of life. The problem observed is that these peri-urban communities often do not have opportunities to participate in efforts aimed at providing much needed services associated with a better quality of life. The research literature confirm that community- university partnerships (CUP's) can have an impact in addressing the social, economic and institutional challenges that societies face, by giving voice to communities. The University of the Western Cape, informed by their commitment to community development and service learning, initiated a community-university partnership with a community 50 kilometers from the University, in 2022. In this presentation, discuss the development of a Community-Based Participatory Research Project aimed at co-constructing a strategy to enhance access services across all sectors, in partnership with this community. The community includes five small towns. On completion of the research approximately 150 members from the community would have been involved in the research process. The participatory process implies that the community members work in close collaboration with researchers to identify the needs, challenges as well as the strengths and resources in the community. In this presentation, we discuss the project with specific reference to how we managed to obtain buy-in and ensure representation of voices across the various levels within the community and between the community and the university to enhance the sustainability of the partnership. We will also share some of the preliminary findings from the research.

TOWARDS A COMMUNITY-UNIVERSITY PARTNERSHIP (CUP) BETWEEN THE UNIVERSITY OF THE WESTERN CAPE (UWC) AND A PERI-URBAN COMMUNITY

Ubuntu 284

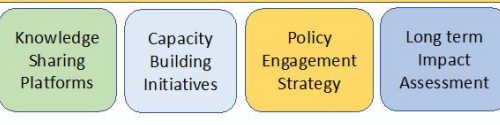## THE POWER OF COMMUNITY-UNIVERSITY PARTNERSHIP

- Community Empowerment
- Academic Expertise
- Sustainable Societal Impact
- Resource sharing
- Policy Influence & Advocacy
- Social Accountability
- Innovation

PRELIMINARY FINDINGS & EMERGING THEMES

Sector	Key Needs	Primary Challenges
Healthcare	Mobile clinic, Specialist services	Distance to facilities, understaffing
Education	Adult education, Improved school infrastructure	Limited resources, Learner and teacher retention, overcrowded schools
Infrastructure	Road Maintenance, Reliable electricity	Funding constraints, geographical isolation
Economic Development	Job training, Small business support	Limited market access, lack of capital

IMPLEMENTING A CBPR PROJECT

- Establishing Trust & Buy-In
- Ongoing Engagement & Feedback
- Inclusive Representation
- Capacity Building
- Collaborative Research Design
- Co-Construction

COMMUNITY STRENGTHS AND RESOURCES

- Social Cohesion
- Local Innovation
- Natural Resources
- Youth Potential

SUSTAINING THE COMMUNITY- UNIVERSITY PARTNERSHIP

- Knowledge Sharing Platforms
- Capacity Building Initiatives
- Policy Engagement Strategy
- Long term Impact Assessment

10 - 13 September 2024   Firdouza Waggie, fwaggie@uwc.ac.za, Ansie Kitching, akitching@uwc.ac.za & Anthea Rhoda, RhodaAJ@ufs.ac.za   Ubuntu2024.com

Bridging Borders: A Tale of Collaboration and Health Equity

Presenter: Richard Colbran

Organization: Rural Doctors Network

Country: Australia

Ubuntu ID: Ubuntu119

Abstract

Step into the world of international collaboration and health equity as we unveil the transformative project between Australia and Indonesia. In this presentation, we will delve into a groundbreaking initiative aimed at addressing rural healthcare challenges and fostering stronger bilateral relationships. Join us for a journey into how the partnership between Universitas Pattimura, Indonesia and the Rural Doctors Network (RDN), Australia began, and how it developed to enable us to jointly tackle rural healthcare access challenges in Maluku Province, Indonesia. Through learning workshops, collaborative efforts and tailored strategies focusing on workforce development we are aiming to break barriers and make a difference to rural health workforce. We are building trust, fostering collaboration, and paving the way for sustainable healthcare solutions. We are at the start of our journey, but our story doesn't end here. In the spirit of Ubuntu – "I am because we are" – we showcase how international partnerships can drive positive change and contribute to capacity building and a healthier community. Join us as we share the learnings to date that have built on our mutual desire to work in partnership to improve rural health in Maluku Province in Indonesia.

Bridging Borders: A Tale of Collaboration and Health Equity

Ubuntu119

INTRODUCTION

- Universitas Pattimura, Indonesia and Rural Doctors Network, Australia met through TUFH
- Rural health challenges in Maluku, Indonesia
- Importance of collaborative efforts for health equity.
- A story of trust, time and shared goals.

AIMS & OBJECTIVES

- To understand rural health challenges in Maluku
- To improve rural health access
- Develop tailored, sustainable solutions

METHODS / FINDINGS

- Collaboration with local government and health reform.
- Engagement with local communities
- Evidence-based frameworks adapted to Indonesian context.

DISCUSSION / CONCLUSION

- Effective collaboration can pave the way for place-based approaches to rural health
- Expanding framework to other regions.
- .

10 - 13 September 2024

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Perceptions and Practices of Health Education Among Teachers of Primary Schools in Wad Medani City, Gezira state, Sudan 2023

Presenter: Khalid Mohammed

Organization: University of Gezira

Country: Sudan

Ubuntu ID: Ubuntu174

Abstract

Introduction: Health education is a public health tool in which teachers play a key role. This study aims to assess perceptions and practices of health education among teachers in primary schools in Wad Medani City, Sudan, and identify problems facing the application of health education. ??

Method: Descriptive cross-sectional facility-based study. A well-designed questionnaire was self-administered by the teachers. Population size=2,600 teachers. Out of a sample size of 348 teachers, 210 were collected (the response rate=60%) from 23 schools using a simple random sampling technique.

Result: Perceptions: 84% of teachers said that health education is a part of the teacher's work. The majority said health education improves academic performance (88.1%) and is effective in promoting positive behaviors (78.6%). Practices: 81% of the teachers reported providing health education. Only 26.7% of the teachers had received training in health education. For teachers who do not provide health education, the reasons were lack of training (44.4%), lack of time (33.3%), and lack of information (26.7%).

Discussion: Compared with previous studies, teachers were more aware of the importance of health education. Teachers reported focusing more on some health education topics, such as personal hygiene and smoking. Only a small percentage received training in health education. Further studies are needed to identify ways to improve teachers' training and support in health education.

Conclusion: The majority of participants have positive perceptions of the role of health education. Lack of training, information, and support were the main obstacles to teachers' provision of health education.

Perceptions and Practices of Health Education Among Teachers of Primary Schools in Gezira state, Sudan

INTRODUCTION:

Health education is a public health tool where teachers play a key role in delivering effective programs. By understanding their perspectives and challenges, we can enhance these programs and provide support for educators.

AIMS & OBJECTIVES:

This study aims to assess perceptions and practices of health education among teachers in primary schools in Wad Medani City, Sudan , and identify problems facing the application of health education.

METHODS :

▪Descriptive cross-sectional facility-based study.
▪ A self-administered questionnaire distributed to the teachers.
▪Out of a sample size of 348 teachers, 210 were collected (the response rate is 60%) from 23 schools using a simple random sampling
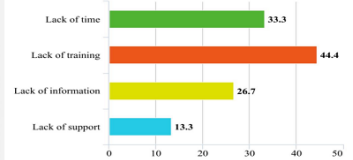
FINDINGS:

• **Perceptions**: 84% of teachers said that health education is a part of their work. The majority said health education improves academic performance (88.1%) and is effective in promoting positive behaviors (78.6%).

▪Practices:

81% of the teachers reported providing health education. Only 26.7% of the teachers had received training in health education.

▪The Main obstacles of health education practices:

Obstacle	Value
Lack of time	33.3
Lack of training	44.4
Lack of information	26.7
Lack of support	13.3

CONCLUSION

▪Most participants hold positive perceptions of health education. However, lack of training, information, and support hinder teachers from providing health education. By addressing these obstacles, we can improve health education and enhance health outcomes.

10 - 13 September 2024

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People, Place, and Community Engagement: The Role of Departments of Medical Education in Educating the Workforce

Presenter: Nicole Borges

Organization: Dartmouth College

Country: United States

Ubuntu ID: Ubuntu047

Abstract

Introduction: Dedicated entities, such as departments of medical education, are needed to educate the health workforce. Beyond this function and serving an important role in workforce development, departments of medical education are also an academic home for educators and scholars to build their professional identity and community of practice.

Methods: Departments of Medical Education world-wide have a variety of structures and functions. This presentation describes a model for departments that can be adopted world-wide. It showcases the Dartmouth's Department of Medical Education at Geisel School of Medicine in the United States. The department supports the mission of the medical school which is to address the world's health problems through research and discovery, the evaluation and improvement of systems of healthcare, and the education of the best future physicians and scientists. The department of medical education helps to realize the vision of the school which is dedicated to educating physicians, scientists, and teachers who will act in concert to improve health locally and globally.

Results: Information on Creation/Rationale, Funding, Structure, Organization/Reporting, Challenges, Distinction from Foundational/Basic Science Departments, Interface with Office of Medical Education, and Educator Academy will be addressed. Highlighted will be the programs and opportunities in place to build skills and expertise of interdisciplinary faculty who educate and train the healthcare workforce; develop professional identity; foster interdisciplinary collaboration; and a create a community of practice in medical education.

Conclusion and Discussion: The faculty are the people and the department of medical education is the place for community engagement.

INTRODUCTION

Dedicated entities, such as departments of medical education, are needed to educate the health workforce. Beyond this function and serving an important role in workforce development, departments of medical education are also an academic home for educators and scholars to build their professional identity and community of practice.

AIMS & OBJECTIVES

Describe a model for departments that can be adopted world-wide. The department of medical education helps to realize the vision of the school which is dedicated to educating physicians, scientists, and teachers who will act in concert to improve health locally and globally.

CONCLUSION

Programs and opportunities in place to build skills and expertise of interdisciplinary faculty who educate and train the healthcare workforce; develop professional identity; foster interdisciplinary collaboration; and create a community of practice in medical education. **The faculty are the people and the department of medical education is the place for community engagement.**

FINDINGS

Solutions and Outcomes
- Department of Medical Education established in 2016; Mission-driven
- Excellence in curriculum delivery and innovation
  - Improved pre-clinical curriculum innovation and integration; Improved consistency of instruction
- Focus on medical education research/scholarship
  - Increased productivity
- Tenure-track faculty appointments (with commensurate standards for evaluation for promotion)

Community of Educators and Scholars
- Medical Education Faculty Development Series
- Research Rounds
- Academy of Educators

Challenges
- Expectations Clinical Departments, Faculty, Geisel Community
- Identity, Advancement

10 - 13 September 2024   Nicole Borges, PhD ; nicole.j.borges@dartmouth.edu   Ubuntu2024.com

Design of a Community Outreach Programme for Allied Health Students at a local community

Presenter: Gerard Filies

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu099

Abstract

Introduction: Allied health students at the University of the Western Cape participate in regular community engagement activities in the form of community outreach. These activities promote health and wellness where there are limited to no healthcare services in communities like Lanquedoc and Fisantekraal. These outreach activities help students to enhance their practical skills interprofessionally, under the supervision of both their discipline-specific supervisors, as well as interprofessional education (IPE) supervisors. This abstract therefore outlines the design of a comprehensive community outreach programme for allied health students.

Methods: The programme integrates design thinking principles, focusing on empathetic understanding, ideation, prototyping, and testing. The design process involves collaboration with the university, community stakeholders, and students to identify patient needs through a screening process and then to address those needs through appropriate interventions by disciplines present on the day or to make necessary referrals to other health professionals in the surrounding community.

Results: The community outreach programme successfully engages allied health students in various interventions such as health screenings, health education workshops, checking of vital signs, vision testing, dental extractions, oral health care and other rehabilitative services. Students are provided with a platform to showcase their acquired skills, while working interprofessionally, and strengthen the ability to and gain valuable skills through working together collaboratively.

Discussion: By fostering experiential learning opportunities, the outreach programme promotes social responsibility and cultural competence among students. Collaboration with community partners strengthens relationships and supports sustainable initiatives for future student cohorts.

Conclusion: The design of this community outreach programme demonstrates the value of practical experience in enhancing student learning and teaching and community well-being. Ongoing evaluation and refinement will ensure its continued success in preparing allied health students to develop an interprofessional identity.

Design of a Community Outreach Programme for Allied Health Students at a local community the Western Cape, South Africa

Ubuntu99

INTRODUCTION

- Allied health students participate in regular community engagement activities
- Activities promote health and wellness
- Students enhance their practical skills in an interprofessional manner under supervision

METHODS / FINDINGS

- Design thinking principles: empathetic understanding, ideation, prototyping, and testing.
- Collaboration with the university, community stakeholders, and students
- Screening – appropriate interventions: health screenings, health education workshops, checking of vital signs, vision testing, dental extractions, oral health care and other rehabilitative services

DISCUSSION / CONCLUSION

- Outreach promotes social responsibility and cultural competence
- Value of practical experience in an interprofessional manner

10 - 13 September 2024

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Addressing the phenomenon of Geographical Narcissism during medical education and training

Presenter: Riitta Partanen

Organization: The University of Queensland

Country: Australia

Ubuntu ID: Ubuntu108

Abstract

Introduction

Rural medical workforce shortages continue globally. Educating rural background medical learners in rural is part of the solution, but other less understood factors may continue to negatively influence rural workplace choice. This systematic exploration of geographical narcissism (GN) provides an understanding both how it is experienced, and its role and influence on work location deliberations of new doctors.

Methods

A qualitative study informed by realistic evaluation, with 29 semi-structured interviews, was conducted with rural and metropolitan based medical students and junior doctors in both rural and metropolitan settings. Reflective thematic analysis of the data was undertaken.

Results

Key contexts of GN experiences include part of the hidden curriculum, during medical career advice, within healthcare system policies and often perpetuated without authentic understanding of rural medicine. Those with few rural experiences are more likely to be influenced by GN, preferencing metropolitan work locations. Higher 'doses' of rural experiences appeared to protect negative influences of GN.

Discussion

A GN framework developed from this new evidence illustrates its role in rural versus metropolitan career choices, providing valuable insights into an under-recognised barrier to rural medical careers. This research highlights the importance of rurally based medical education and training, thereby minimising the experience of GN and its negative influence on rural medical

careers, potentially achieved through medical education and workforce policy.

Conclusion

GN is an under-recognised but genuine phenomenon, contributing to ongoing medical workforce distribution gaps. Raising the awareness of and directly addressing GN has the potential to break the cycle of rural medical workforce shortages.

Traditional Birth Attendants Continuing Medical Education in a rural community in Guatemala

Presenter: Pablo Galvez

Organization: Universidad Francisco Marroquin, School of Medicine, Guatemala City, Guatemala

Country: Guatemala

Ubuntu ID: Ubuntu130

Abstract

Introduction: Comadronas, or traditional birth attendants (TBA), are vital in Guatemala's healthcare system, especially in rural areas, where they assist up to 50% of deliveries in the country. Comadronas utilize traditional birth practices; however, most lack formal medical training and access to up-to-date information. Education to comadronas represents a unique opportunity to promote safe birth practices in regions with limited access to healthcare. In response, medical students partnered with local health authorities to implement a continuing medical education program in the region of San Juan Sacatepéquez (SJS), Guatemala, aiming to reduce maternal and neonatal mortality in the region.

Aims & Objectives: To outline the development and implementation of a continuing medical education program for comadronas in SJS, Guatemala.

Methods/Findings: The program is designed to provide 60 comadronas in SJS, Guatemala, with monthly didactics on prenatal care, childbirth and postpartum care. Curriculum topics include identifying high-risk pregnancies, recognizing complications during childbirth, and emphasizing appropriate referrals. The students use a combination of oral presentations, videos, and case discussions with neonatal simulators. The medical school's faculty and students work with local health and community leaders to tailor the curriculum to the specific needs of the region and organize the sessions.

Discussion/Conclusion: This model provides an opportunity for bidirectional learning between medical students and TBAs and showcases the potential student-run efforts have in democratizing education to rural areas. Future directions will involve formal assessment to explore the long term effects of this program, and its impact on maternal and neonatal mortality.

Traditional Birth Attendants Continuing Medical Education in a Rural Community in Guatemala

INTRODUCTION

Comadronas, or traditional birth attendants (TBA), are vital in rural Guatemala, assisting up to 50% of deliveries. However, many lack medical training. To promote safe birth practices and reduce maternal and neonatal mortality, medical students and local health authorities implemented a continuing medical education program in San Juan Sacatepéquez (SJS).

AIMS & OBJECTIVES

Aim: To develop and implement a continuing medical education program for comadronas en SJS, Guatemala

Objectives:
- Provide monthly educational sessions to TBA
- Tailor educational content to the specific needs through collaboration with local health and community leaders

METHODS / FINDINGS

- The program targets 60 comadronas in SJS, offering monthly sessions
- Educational methods include oral presentations, videos, case discussions and hands-on training
- Curriculum developed in collaboration with local health and community leaders to ensure relevance and applicability

DISCUSSION / CONCLUSION

This program for comadronas in SJS serves as a model for bidirectional learning benefiting medical students and TBA. Future plans include formal assessments to evaluate the program´s long term effects on maternal and neonatal mortality rates

10 - 13 September 2024 Pablo David Gálvez Chew pablogalvez@ufm.edu, Saskia Bunge, Andrea Arathoon, Magda de LeónKevin Vallejo, Lourdes Ramirez Ubuntu2024.com

Empowering Patients with Diabetes through a Patient Education Program in Rural Guatemala

Presenter: Jose Andres Porres

Organization: Universidad Francisco Marroquin, School of Medicine, Guatemala City, Guatemala

Country: Guatemala

Ubuntu ID: Ubuntu131

Abstract

Introduction: In Guatemala, where the indigenous population accounts for 40% of the population, there exists a disproportionately high burden of type 2 diabetes (T2D). Indigenous communities have prevalence rates reaching 25% compared to the national rate of 9.3%. In response, a diabetes education program was initiated by a student-run clinic in San Juan Sacatepéquez (SJS), Guatemala, aiming to improve health literacy and empower patients and their families.

Aims & Objectives: Determine the sociodemographic characteristics in patients with T2D in the region of SJS, Guatemala and outline the development and implementation of a patient education program for patients with T2D in the region.

Methods/Findings: A survey was conducted among 80 patients with T2D in SJS. The average age was 56 years, and most respondents were women (54%). Most patients (66%) had a monthly family income inferior to 250$, 30% reported between $250-500, and only 4% earned more than $500 each month. Additionally, 39% had no formal education, 51% completed elementary education, and only 10% attained a higher level of education. Most patients (78%) received pharmacological treatment, while 22% did not. The education program provides patients in SJS with monthly sessions on nutrition, physical activity, medications and diabetes complications. Approximately, 18 participants attend each session.

Discussion/Conclusion: This model provides an opportunity for accompaniment of patients with diabetes in a rural setting and exemplifies the potential student-run educational initiatives have in bridging health care gaps in indigenous communities. Future directions will involve formal assessment to explore the impact of this program.

Empowering Patients with Diabetes

Ubuntu131

INTRODUCTION

- High burden of type 2 diabetes in Guatemala
  - Primarily in indigenous communities
- Promoting health literacy
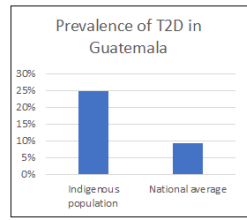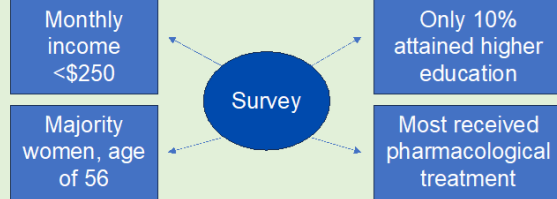
Prevalence of T2D in Guatemala

Figure 1 Nieblas-Bedolla, E., Bream, K.D.W., Rollins, A. et al. Ongoing challenges in access to diabetes care among the indigenous population: perspectives of individuals living in rural Guatemala. Int J Equity Health 18, 180 (2019), https://doi.org/10.1186/s12939-019-1086-z

AIMS & OBJECTIVES

- Determine sociodemographic characteristics
- Outline development and implementation of a patient education program
  - In San Juan Sacatepequez Guatemala

METHODS / FINDINGS

- Monthly income <$250
- Majority women, age of 56
- Survey
- Only 10% attained higher education
- Most received pharmacological treatment

DISCUSSION / CONCLUSION

- Student run educational programs have a potential of bridging health care gaps in rural communities

Figure 2

10 - 13 September 2024

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Building a Foundation of Excellence: Strengthening health professions education accreditation system in Ethiopia

Presenter: Asselef Tasew Bekele

Organization: Jhpiego, Ethiopia

Country: Ethiopia

Ubuntu ID: Ubuntu150

Abstract

Background: Strengthening accreditation is vital for building public trust, ensuring institutional accountability, and developing competent healthcare professionals to meet Ethiopia's healthcare needs. While global and national initiatives support accreditation, Ethiopia faces numerous challenges. USAID-funded Jhpiego-led Health Workforce Improvement Program (HWIP), supported Education and Training Authority (ETA) and 30 Higher Education Institutions (HEIs) to address challenges, strengthen regulatory frameworks, implement accreditation standards and improve healthcare education quality nationwide.

Methods: The HWIP focuses on enhancing awareness, aligning standards with local context and global benchmarks, enhancing ETA and HEIs capacity, strengthening student engagement, and creating follow-up mechanisms to support HEIs in reaching accreditation standards.

Results: 30 HEIs benefited from a series of targeted webinars and advocacy sessions, improving progress towards program accreditation. Collaboration between ETA and professional associations was strengthened. Structures like the accreditation Council and Assessors' team have been established with terms of reference. National accreditation standards, implementation guideline, self-study guide, data collection and student satisfaction survey tool were developed. Over 40 national external assessors were trained. Over 25 HEIs implemented internal quality assurance systems, with institutions conducting Program Self-Assessment rising from 21% to 96%. Academic programs showed significant improvement in standards achieved over the last three years. For instance, nursing from 21% to 78%, midwifery from 22% to 94%, and medicine from 26% to 72%.

Conclusion: The efforts taken must continue to further improve the quality of education and ensure academic program accreditation.

Building the Foundation of Excellence: Strengthening Health Professionals Education Accreditation in Ethiopia

Ubuntu150

INTRODUCTION

- Accreditation is crucial for ensuring quality in higher education, yet Ethiopia faces challenges in its effective implementation.
- USAID-funded Jhpiego-led HWIP supported the Education and Training Authority (ETA) and 30 HEIs to address challenges.
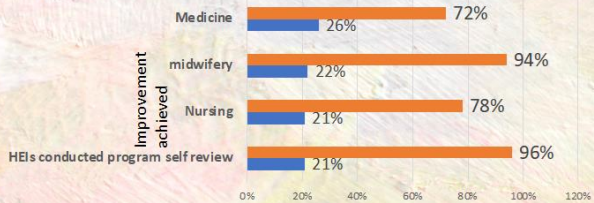
AIMS & OBJECTIVES

Improve health professionals education quality.

METHODS

Raise awareness, alignment of standards, capacity building, stakeholders engagement & strengthening follow-up

RESULTS ACHIEVED

➤ Partnership between ETA & PAs strengthened
➤ National Accreditation Framework reviewed
➤ Over 25 HEIs have implemented internal quality assurance.

Improvement achieved

Category		
Medicine	26%	72%
midwifery	22%	94%
Nursing	21%	78%
HEIs conducted program self review	21%	96%

CONCLUSION: - Partnership with stakeholders allowed to leverage expertise and resources, resulting in a successful outcome

Asselef T, Tsion A, Amare G, Tegbar Y, Daniel D. Asselef.Bekele@jhpiego.org.

Students' experiences and perceptions of an African-focused introductory Global Health short course

Presenter: Rene English

Organization: Stellenbosch University

Country: South Africa

Ubuntu ID: Ubuntu340

Abstract

Introduction: Global Health as a discipline is an area for research, study and practice that prioritises health, focusing on health equity amongst nations. A global health academic department at a South African university developed an introductory global health short course aimed at building African global health competencies.

Aim: To explore past students' experiences, perspectives, and the perceived effect of an introductory global health short course hosted by the academic department focused on Global Health. Methods: A multi-method study comprising of an exploratory qualitative study design was employed, with participants conveniently sampled to participate. Key informant interviews were conducted to collect the data. Student feedback forms were also reviewed. Thematic analysis was conducted, and the key themes identified.

Results: Most participants were from Africa, were trained in the natural and applied sciences. The course was positively received by the participants, with many stating that it exceeded their expectations. They expressed appreciation for the complexity of the content, and called for increased content and offering in the future and minor modifications.

Discussion: An introductory global health short course targeting African health professionals was deemed useful and important to expand knowledge regarding the discipline. The online synchronous and synchronous delivery was deemed feasible. This approach which builds on a set of global health competencies presents effective approach to building global health knowledge within the African continent.

Conclusion: An African-focused global health introductory short course was favourably received by students with suggestions for future expansion of the course in content and reach.

Students' experiences of an African-focused Global Health short course

Ubuntu340

INTRODUCTION

Global health is concerned with the attainment of health equity amongst nations. Stellenbosch University developed an introductory global health short course aimed at building African global health competencies. The course built on a set of eleven locally-developed competencies.

AIM

To explore past students' experiences, perspectives, and the perceived effect of the introductory global health short course.

METHODS

A multi-method study comprising of an exploratory qualitative study design was employed, with participants conveniently sampled to participate. Key informant interviews were conducted to collect the data. Student feedback forms were also reviewed. Thematic analysis was conducted.

FINDINGS

The key findings are as follows:

- The content, the delivery thereof and interactive formats were favourably received, enhanced learning.

- Appreciation developed for the interdisciplinary nature of global health.

- Improved understanding of the complexity and challenges of GH.

- Call for wider reach, ongoing professional development, and more advanced GH education and training.

DISCUSSION / CONCLUSION

An introductory global health short course targeting African health professionals was useful for expanding knowledge regarding the discipline. The format is a useful approach to building foundational global health knowledge within the African continent.

10 - 13 September 2024   René English (renglish@sun.ac.za), Usuf Chikte, Ritika Tiwari, Stacey Blows   Ubuntu2024.com

Enhancing student performance in national Licensing Examination by key education interventions: The Case of the Debre Berhan University

Presenter: Yewulsew Assaye Melkamu

Organization: Jhpiego

Country: Ethiopia

Ubuntu ID: Ubuntu223

Abstract

What was the problem? The persistently low pass rates of health science students in the national licensure examinations raised concerns about the quality of education at Debre Berhanu University, highlighting gaps in curricula, teaching-assessment methods, learning materials, student selection, and engagement. The exam results showed that the health science graduates were not well prepared to provide safe and quality healthcare upon entry into the professional practice. This trend not only reflected poorly on academic institutions but also compromised the public trust in health professionals and health sector in general. What was done? With the support from USAID Health Workforce Improvement Program, the University undertook curriculum reforms to align learning outcomes with professional requirements. This involved integrating practical, hands-on experiences and real-world applications into the curriculum. Provided targeted support and resources for students, including tutorials, exam preparation, and mentorship programs which can bolster their confidence and competence. Moreover, implemented faculty development initiatives focusing on innovative teaching methodologies and assessment strategies that aim to enhance the quality of education delivery. Facilitated the integration of industry-relevant skills and knowledge into educational programs by fostering partnerships between academia and industry. what was achieved? The overall pass rates of graduates in the national licensure examinations increased. At baseline, the overall pass rate was below 60%. The University improved substantially, achieving 74.3%, 83.8%, and 98.5% pass rates in three consecutive assessments. What were the lessons learned? Targeted and evidence-based multi-faceted interventions can improve performance of graduates in the licensure examinations.

Enhancing Student Performance in Licensing Examination by Key Education Interventions : The Case of Debre Berhan University

INTRODUCTION

Persistently low performance in licensing exam: concern
- Quality of education
- Quality of care
- Public trust

AIMS & OBJECTIVES

The objective of the project is to improve students' performance through key intervention

METHODS / FINDINGS

- Curricula reform
- Assessment practice
- Faculty development
- Student support
- Education-service integration

DISCUSSION / CONCLUSION

- Alignment: curricula LO, institutional assessment, NLE
- Pass rate improved

Trend in NLE Pass Rate

Year	Pass Rate
2020 (Baseline)	58.4
2021	74.3
2022	83.8
2023	98.5
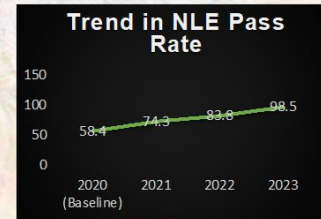
10 - 13 September 2024

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Improving Learning Outcomes through Competency-Based Education in Ethiopia: Lessons from Health Workforce Improvement Program

Presenter: Tsion Beyene

Organization: Jhpiego

Country: Ethiopia

Ubuntu ID: Ubuntu186

Abstract

Background: Health professions education faces challenges due to various reasons. To address the challenges, Health Workforce Improvement Program (HWIP) project prioritized improvements in the learning outcomes through Competency-Based Education.

Approach used: HWIP supported 30 higher education institutions (HEIs) in optimizing implementation of competency-based curricula (CBC), teaching skills, teachings on national health priorities, continuous quality improvement, gender transformative interventions and expanding the use of digital learning solutions.

Results achieved: between 2021 and 2023, the implementation CBC increased from 72 to 100%. Problem-Based Learning (PBL) adopted by 73% of HEIs and exam blueprints implemented in 60% of the institutions. Objective Structured Clinical Examination (OSCE) has been administered in 50% of HEIs to enhance practical skills assessment. A collaborative Hub and Spoke sessions have involved 1238 faculty members in sharing best practices and promoting interactive learning. HEIs using e-learning for teaching, learning and assessment increased from 21% to 76%. The pass rate of graduated students on national licensing exams rose from 60% in 2021 to 73% in 2023.

Conclusion: HWIP interventions successfully improved health professions education and student outcomes, boosting exam success rates. Thus, it is crucial to develop strategies that maintain and build upon these positive results.

Improving Learning Outcomes through Competency-Based Education in Ethiopia: Lessons from Health Workforce Improvement Program

Ubuntu 186

INTRODUCTION

• Enhancing the quality of health workforce education is critical to produce competent profession to address community health needs.
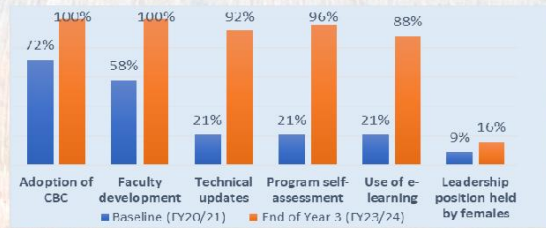
AIMS & OBJECTIVES

• The USAID-funded Health Workforce Improvement Program (HWIP), led by Jhpiego, aims to enhance teaching and learning outcomes by supporting the implementation of Competency-Based Education.

METHODS

• Provided support on faculty development, curriculum implementation, the use of skill development labs and technology for teaching and assessment

• Created collaborative hub and spoke networking

RESULTS ACHIEVED

Adoption of CBC: 72%, 100%; Faculty development: 58%, 100%; Technical updates: 21%, 92%; Program self-assessment: 21%, 96%; Use of e-learning: 21%, 88%; Leadership position held by females: 9%, 16%

Baseline (FY20/21) / End of Year 3 (FY23/24)

DISCUSSION / CONCLUSION

• The use of Competency-Based Education improves teaching, learning, and student performance assessment.

• However, it requires collaborative effort among academic leaders, faculty, students as well as development partners.

Tsion A, Asselef T, Tegbar Y, Daniel D. Contact E-mail: Tsion.Beyene@jhpiego.org.

Orientation of Medical Students to Community Based Participatory Research Philosophy

Presenter: Amol Dongre

Organization: All India Institute of Medical Sciences, Nagpur

Country: India

Ubuntu ID: Ubuntu133

Abstract

primary health care. Even though community participation is key to ensuring context-specific research and sustainability, it is seldom taught in the conventional research curriculum of the Health Profession Education Course. Hence, the Department of Extension Programmes aims to offer this exposure on the existing community-based platform of Shree Krishna Hospital Programme for Advancement of Rural and Social Health (SPARSH). University Grants Commission (UGC), India envisions having this course for all Health professional undergraduate & post-graduate students to make them aware of grassroots problems and develop their capacity to think and solve problems collaboratively. Keeping this context in mind, we at PSMC have developed a weeklong course to orient them to community-based participatory research in the context of our community-based programmes and Government Local Institutes. The course is based on cognitivism and social learning theory, where we expect students to enhance their understanding through mutual interaction and communication with local community members. Overall reactions of students to this exposure are positive. We will share our instructional design of the CBPR course and students' feedback on it.

Orientation of Medical Students to Community Based Participatory Research Philosophy

Ubuntu133

INTRODUCTION

Community participation is crucial for context-specific research and sustainability, yet it's often overlooked in traditional health education. We addressed this gap by offering a week-long course on Community-based Participatory Research. Endorsed by the UGC, India, this course aims to equip health professional students with problem-solving skills and grassroots awareness through collaborative learning with local communities.

AIMS & OBJECTIVES

Orient students to community-based participatory research in the context of SPARSH programme and local health Institutes.

METHODS / FINDINGS

During pilot, we obtained feedback from students (n=37) on their Immediate reactions to course exposure. We present the content analysis of the same

DISCUSSION /CONCLUSION

1. Major learnings as felt by the students (n=37)

Themes	Frequency
Importance of community-based health program in rural setting	27
Organization and working mechanism of health camps	26
Importance of community participation	23
Providing facilities as per the need of the community	19
How to do communication & Observation in community	17
Compassion of health workers for betterment of community	15
How to provide health care services in community	15
Knowledge about the personnel required for execution of health camps	13
Importance of teamwork and community integrity	11
Judicious utilization of resources	11

2. What went well for above learning to happen?

Themes	Frequency
Field visit helped us to understand the ground level scenario	39
Orientation before exposer visit helped us to understand better	35
Interaction with the Community, faculty and SPARSH staff	25

3. Ways in which this learning is going to help in future

Themes	Frequency
How to engage community in community-based program or activity	25
Identification of problems and ways to tackle them	19
Understanding the health system and its challenges	18
Creation of deeper connection with the community	16
How to design program or activities with the help of community participation	9
Using resources judiciously	7

Exposure CBPR course helped us to sensitize our students about community needs and approach to address those needs in the given context. Such exposures could contribute to their identity as a primary care physician.

10 - 13 September 2024

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Ubuntu2024.com

The relevance of social connection, purpose and meaning and self-concept as protective factors which facilitate resilience during emerging adulthood in the Cape Metropole

Presenter: Jenna Chetty

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu219

Abstract

Introduction: The World Health Organization have identified Emerging adults (15 to 24 years of age), as vulnerable population because of their susceptibility to the onset of mental illness and deviant behaviour. South Africa, EA experiences are compounded by structural challenges, including youth unemployment, poverty, and violence, increasing destructive behaviour and psychological distress. There is a dearth in the literature concerning EAs in the African context. This study was conducted to add to Afrocentric Knowledge and provide a foundation for future studies.

Method: This study aimed to explore the relevance of protective factors associated with promoting resilience and wellbeing through the perceptions of emerging adults in resource-constrained communities around the Cape Metropole. These are social-connection, self-concept, and purpose and meaning. The sample was recruited by inviting participants from Wave 1 of the Parent Project. Data was collected using semi-structured interviews, and analysed using a reflective thematic analysis.

Results: Results indicated that the protective factors were essential to this sample of EAs in the SA context. It enabled them to cope with turbulent internal and external changes while empowering them to employ personal and contextual resources to overcome adversity.
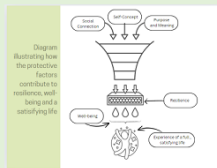
Discussion: Interviews emphasised well-being as a by-product of resilience, which is cultivated by the protective factors.

Conclusion: This study provide insight into the mechanisms that empower vulnerable EA populations to overcome adversity and live a satisfying life. Future research must be conducted to ensure that EAs acquire the necessary tools to navigate this life stage.

The relevance of social connection, purpose and meaning and self-concept as protective factors which facilitate resilience during emerging adulthood in the Cape Metropole

Ubuntu219

INTRODUCTION

Emerging adults (EAs) 15 to 24 years of age), are a vulnerable population because of their susceptibility to the onset of mental illness and deviant behaviour. South African (SA) EA experiences are compounded by systemic challenges, including youth unemployment, poverty, and violence, increasing destructive behaviour and psychological distress. There is a concerning dearth in the literature concerning EAs in the African context.

Fig A: Illustration of meaning making process for themes

Diagram illustrating how the protective factors contribute to resilience, well-being and a satisfying life

AIMS & OBJECTIVES

This study aims to explore the relevance and influence of social connection, self-concept, and purpose and meaning as protective factors, that have been associated with the promotion of resilience and well-being of EAs, in resource-constrained community contexts in the Cape Metropole. This aim is guided by the following research objectives.

1. To explore how EAs in the CM perceive the concepts of resilience and wellbeing.
2. To explore EAs' perceptions of the role of social relationships in navigating challenges experienced in this developmental stage in the CM.
3. To explore how self-concept relates to resilience for emerging adults in the CM.
4. To develop an understanding of the value of purpose and meaning for EAs in the CM, as it relates to resilience.

METHODS / FINDINGS

Method: The sample was recruited by inviting participants from the Parent study. Data was collected using semi-structured interviews and analysed using a reflective thematic analysis.
Findings indicated that the protective factors were essential to this sample of EAs. It enabled them to cope with changes while empowering them to employ their resources to overcome adversity.

DISCUSSION/ CONCLUSION

Discussion: Interviews emphasised well-being as a by-product of resilience, which is cultivated by the protective factors.
Conclusion: This study provided insight into the mechanisms that empower vulnerable EA populations to overcome adversity and live a satisfying life. Future research must be conducted to ensure that EAs acquire the necessary tools to navigate this life stage.

10 - 13 September 2024

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Ubuntu2024.com

The Effect of Policy on Family Medicine Practice

Presenter: Amogh Shukla

Organization: University of New Mexico School of Medicine

Country: United States

Ubuntu ID: Ubuntu009

Abstract

Introduction: Healthcare professionals have a social contract with society and a professional platform to enact meaningful social change related to health. One way to fulfill this obligation is through health policy, the foundation for implementing targeted health measures needed in communities. There is no research on the effect of policies on family medicine physician practice intentions. Our primary research questions were (1) Do changes in state-level health-related policies influence family medicine physicians' intentions to change practice location? (2) Does civic engagement influence family medicine physicians' intentions to change practice location due to state-level health-related policy changes?

Methods: We administered a survey through The Society of Teachers of Family Medicine to 3,879 family medicine physicians across the United States. We examined demographics and correlations between policy training, civic engagement, and awareness of state-level policies. Our biostatician is currently analyzing a total of 709 responses (23% response rate).

Results: While our complete data analysis is pending, preliminary results suggest a higher consideration among family medicine physicians to change practice locations based on state-level abortion and education policies. In addition, there are correlations between genders, including female doctors being more likely to consider practice relocation than male doctors.

Discussion: This year, the United States will have its presidential election. There will be an inevitable emphasis on particular health policies and ensuing political discourse about how these policies should or should not be legislated within each state. As a result, the effect of state-level health policies and civic engagement on physician practice intentions is a critical question.

Conclusion: Our findings, once completed, may provide a clearer picture of which policies in and within different regions of the United States influence family medicine doctors to the point they actually consider leaving their state.

The Effect of Policy on Family Medicine Practice: a CERA Survey

SCHOOL OF MEDICINE

INTRODUCTION

- Medicine is subject to regulation at the organizational, local, state, and national levels
- There is little research on state-level policy change and physician practice intentions

Objective

- Determine which policies physicians rank as significant
- Explain how state-level policy changes impact desirability of practice location

METHODS

- Data gathered from 2023 Council of Academic Family Medicine's (CAFM) Educational Research Alliance (CERA) survey of Family Medicine educators and practicing physicians

DATA

Physician consideration of relocation due to current or proposed state-health related polices

- 17% "Considered relocating"
- 83% "Did not Consider relocating"
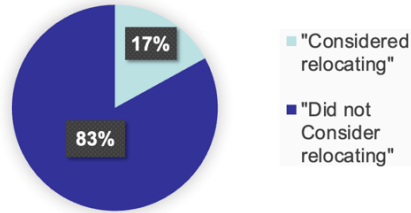
Results

- 709 responses to policy questions (21% response rate)
- Almost one-half (N 208 48%) ranked abortion as the number one most significant policy
- 45% of respondents stating previous consideration of location were from southern region

CONCLUSION

- Increased physician policy engagement can shape community specific legislative health policies

Amogh Shukla B.A. ; Amy Clithero-Eridon PhD, MBA ; Cameron Crandall, MD ; David Chartash, PhD; Rejana Mahan, MD; Frederick Chen, MD, MPH; Danielle Albright, PhD

Indigenous Elder Leadership in a Western Medical School: UBC's Indigenous Patient-Led Continuing Professional Development Program

Presenter: Cheryl Schweizer

Organization: UBC

Country: Canada

Ubuntu ID: Ubuntu059

Abstract

The University of British Columbia (UBC) Faculty of Medicine's Indigenous Patient-Led Continuing Professional Development Program (IPL) is an Elder-led program designed to engage First Nations to co-create cultural safety and humility education for rural medical providers. At the core of IPL's innovation is Indigenous Elder leadership. Founded by Dr. Elder Roberta Price (Coast Salish Snuneymuxw and Cowichan Nations), we are now led by Elder Cheryl Schweizer (Tl'azt'en Nation), who guides us with teachings from her Nation and culture and grounds us in relational practice that moves "at the speed of trust." Using a first-person narrative approach rooted in our team's experience, this poster presentation shows how Elder-led work challenges the colonial structures of Western medical knowledge and higher education. We share our processes for Elder-to-Elder engagement and taking operational direction from that engagement, as well as the positive results of an Elder-led approach for curriculum design and delivery, including evaluations of our courses that affirm our work to create psychologically safe spaces where learners are open to ideas about decolonizing medical practice that they might otherwise resist. Elder leadership guides our team to prioritize safety and wellbeing for anyone who engages with our program. Our poster presentation shows the promise of integrating Elder leadership into a dominant Western model of medical education. It addresses the simultaneous institutional pressure to maintain harmful colonial norms, and our steadfast commitment to decolonizing, emergent, developmental work that models the trauma-sensitive, culturally safe practice we learn from Elders and teach in our courses.

Indigenous Elder Leadership in a Western Medical School: UBC's Indigenous Patient-Led Continuing Professional Development Program

Ubuntu59
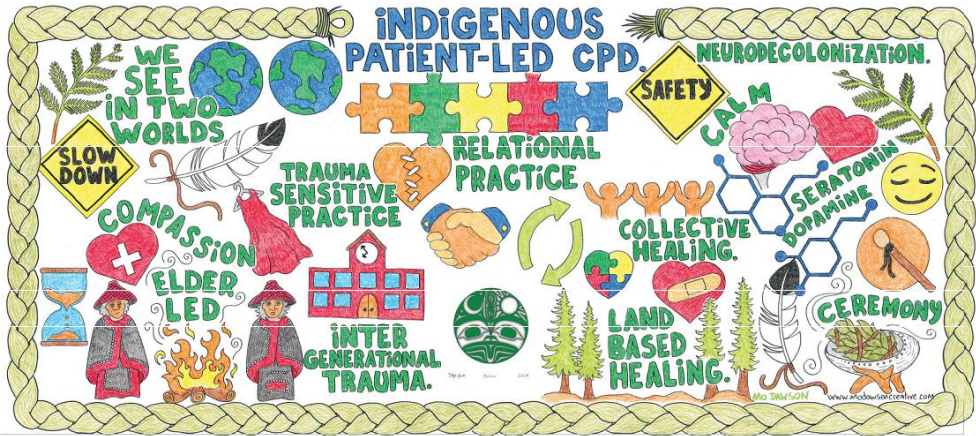
Elder Cheryl Schweizer, MEd, Dana Hubler, MD, Harley Eagle, MA, Alisa Harrison, PhD, Terri Aldred, MD, Ievgeniia Rozhenko, MA. UBC Faculty of Medicine, Indigenous Continuing Professional Development.
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Perspectives of Healing from the Land

Presenter: Crystal French

Organization: Takla Lake First Nation

Country: Canada

Ubuntu ID: Ubuntu105

Abstract

"Perspectives of Healing from the Land," will share insights into holistic healing practices deeply rooted in traditional Sekani knowledge. Drawing upon extensive experience as Holistic Services Director for Takla First Nation, the speaker explores how integrating traditional and western modalities fosters balance in mind, body, and spirit. This integration is essential for the communities served across Northern British Columbia, where ancestral ways are upheld in daily life and professional practices. Guided by the principles of two-eyed seeing, this approach merges Indigenous wisdom with modern health practices, strengthening the connection to the past, present, and future. The presentation emphasizes the importance of culturally specific healing strategies that honor the physical, emotional, spiritual, and mental dimensions of health. By maintaining traditional practices—hunting, fishing, gathering medicines, and conducting ceremonies—communities resist the impacts of colonization and residential schools. By sharing knowledge and best practices both provincially and globally, the aim is to empower health practitioners as frontline responders in decolonizing healthcare. The vision is to create intergenerational healing by equipping communities with the tools and wisdom needed for holistic well-being, ensuring culture remains a vital force in saving lives and nurturing trust.

PERSPECTIVES OF HEALING FROM THE LAND

Reflections on the integration of traditional knowledge with modern health practices to foster holistic well-being and resilience against the impacts of colonization in British Columbia, Canada

AUTHOR
Crystal French

AFFILIATIONS
Takla Lake First Nation
First Nations Health Directors Association
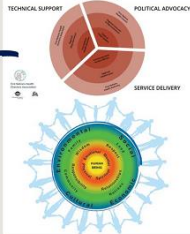Rural Coordination Centre of BC (RCCbc)

GROUNDING

It is important to begin with a sense of who we are and where we are coming from.

I am Crystal French, and my ceremony spirit name translates to Red Stone Thunder Woman. I am Sekani from Takla Nation and a member of the Likh Tsa Mis Yu Clan (Beaver Clan).

I share perspectives of healing from the land, deeply rooted in the traditional ways of my ancestors.

I am a member of the First Nations Health Directors Association for the Northern Region, responsible for 55 First Nations Northern communities, and the Northern Regional Table for 22 Central First Nations Communities in British Columbia.

As a Holistic Services Director for Takla Nation, I integrate traditional practices with western healing modalities, bringing balance to the mind, body, and spirit of those we serve in Northern British Columbia

OBJECTIVE

This poster invites you to explore the vital role of culturally specific healing strategies in promoting holistic well-being and resilience against the impacts of colonization.

QUESTIONS

- How have traditional practices been effectively integrated with modern health practices in the context of northern British Columbia?
- What are the benefits of this integration on the holistic health of community members?
- How does this approach contribute to the resilience of communities against the impacts of colonization and historical traumas such as residential schools?

FURTHER READING

First Nations perspective on health and wellness. First Nations Health Authority. (n.d.). https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness

First Nations Health Directors Association (FNHDA): Governance and people. First Nations Health Directors Association. (2024, February 22). https://fnhda.ca/our-story/governance-and-people/

PROVINCIAL GOVERNANCE MODEL

TECHNICAL SUPPORT | POLITICAL ADVOCACY | SERVICE DELIVERY

The First Nations Health Directors Association, First Nations Health Authority, and First Nations Health Council work together to prioritize region-specific approaches in North-Central British Columbia, honoring and supporting each nation within these regions.

Our governance structure is enriched by grassroots teachings, where traditional worldviews and lived experiences guide our "two-eyed seeing" approach. This integration of Traditional knowledge into Western practices strengthens our connection to past, present, and future.

Our holistic approach to health—embracing physical, emotional, spiritual, and mental well-being—recognizes wellness as an inherent right of our people to wellness. We are committed to honoring these sacred teachings, tailored to meet unique individual needs, which in turn nurtures community well-being through the care of our sacred medicine.

COMMUNITY BENEFITS

In Northern Canada, our people continue to traditionally hunt on our lands, fish in our waters, harvest berries, gather traditional land-based medicines, and carry forth our ceremonies. Colonization and Indian residential school did not take away our ways, as our ancestors run through our body through the blood and heart of our people.

Our understanding of how we braid our Mind, Body and Spirit together is our culture and culture is proven to save lives. Culture creates connections and a safe space to nurture trust, wisdom, and best practices. Our ancestors before us provided important healing and medicine knowledge by watching, listening, and practicing our spiritual and cultural ways with our people.

IMPORTANT!
Our cultural and spiritual people share their wisdom, knowledge and understanding, and so do we as Health Practitioners.

We are networking provincially, and globally, sharing best practices and setting care standards and quality expectations rooted in traditional knowledge within our Western world.

CONCLUSIONS

Our lived experiences underscore the profound impact of integrating traditional knowledge with modern health practices in promoting holistic well-being. Key to our successes are:

- culturally specific healing strategies that respect and honour the physical, emotional, spiritual, and mental dimensions of health.
- respecting jurisdiction and authority of regions and sub-regions to make decisions according to their traditional science to maintain control of cultural knowledge and practices
- maintaining and revitalizing traditional practices such as hunting, fishing, gathering medicines, and conducting ceremonies
- empowering health practitioners through shared knowledge and best practices to advance decolonized healthcare.

Ultimately, this approach fosters intergenerational healing, ensuring that traditional wisdom remains a vital and transformative force within contemporary health frameworks.

How Social Innovations in Health Engage Communities to Address Priority Health Problems

Presenter: Meredith Del Pilar-Labarda

Organization: Social Innovation In Health Initiative / University of the Philippines Manila

Country: Philippines

Ubuntu ID: Ubuntu199

Abstract

Introduction

Social innovations in health are inclusive solutions that address healthcare delivery gaps through a multi-stakeholder, community-engaged process. The Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH) is a government-initiated award that recognizes outstanding social innovations in health that address persistent, societal and health systems challenges.

Methodology

Two award cycles of GCARSIH have been implemented. Each cycle of GCARSIH recognized three social innovations in health as winners who were ranked first-, second-, and third place.

Results

The six winners of GCARSIH engaged communities in various ways to address priority health problems in these communities. These methods include engaging community members to direct patients to health services, encourage long-term compliance, or provide support and counseling; consultation with public and private organizations to align and synergize health efforts; and gather input to guide design and implementation of health solutions. Remarkably, the two first-place winners of GCARSIH created health solutions for communities that are operated independently by communities and require minimal input outside of the communities' resources and capabilities. Social innovations in health accomplish community engagement through organization of human resources and logistics systems within communities, capacitation of human resources to operate health solutions, and ensure sustainability of the solutions by gathering of support of local government, community members, and organizations and ensuring resources needed for long-term operation of health solutions.

Conclusion

Social innovations in health provide models of engaging communities to participate in health solutions.

How Social Innovations in Health Engage Communities to Address Priority Health Problems

Ubuntu199

Introduction
Social innovations in health are inclusive solutions that address healthcare delivery gaps through a multi-stakeholder, community-engaged process.

Methodology
The Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH) is a government-initiated award that recognizes outstanding social innovations in health. Six winners from two award cycles of GCARSIH were examined to determine how these social innovations were able to engage their communities and how this affected the social innovation itself.

Results
Communities were engaged using the following methods:
- Engaging community members to direct patients to health services
- Encourage long-term compliance
- Provide support and counseling
- Consultation with other organizations to align to synergize health efforts
- Gathering input from stakeholders to guide design and implementation.

Resulting in:

Sustainability of solutions through support of the community and other stakeholders

Organization of human resources and logistics systems within communities

Capacitation of local human resources to operate health solutions

Conclusion
Social innovations in health provide models for engaging communities to participate in development and implementation of health solutions.

10 - 13 September 2024 · MD Labarda, JRB Cruz, A Ongkeko, JD Mier-Alpaño; Social Innovation in Health Philippines; philippines@socialinnovationinhealth.org · Ubuntu2024.com

Population Health Equity for People with Disabilities: Policy Implications

Presenter: Tine Hansen-Turton

Organization: Woods System of Care

Country: United States

Ubuntu ID: Ubuntu295

Abstract

Introduction: Worldwide there are over a billion people with a disability, with 200 million diagnosed with an intellectual disability, and 75 million with autism. Despite medical advances, changes in healthcare and social policies over time, significant disparities in access to care and health outcomes persist. Woods System of Care, headquartered in the U.S, is a life cycle care management organization serving 32,000 people with complex needs. In addition to its integrated care model and broad service array addressing many of the complex needs of people with intellectual disability and autism, has developed a population health equity framework and policy recommendations to address these disparities.

Methods: Woods System of Care analyzed national (U.S.) data and trends on healthcare quality and access, health outcomes and disparities, and the disproportionate cost of care for individuals with intellectual disability, autism, and complex medical and behavioral conditions, and drew on its own experience in service delivery and systems change to identify the most pressing imperatives that need to be considered in order to achieve health equity for this population, and to develop policy recommendations that should be taken up by government, providers and other stakeholders.

Results, Discussion, and Conclusion: Resulting from the analysis of the U.S. service and systems landscape, Woods concluded that disparities result from myriad inter-connecting problems, including those related to the social determinants of health, prejudice and stigma for people with disabilities, lack of trained providers, reimbursements that don't match the extensive office visits that are often needed, and lack of physical accessibility. Four imperatives focusing on systems and structures, SDOH, and reducing modifiable healthcare barriers. Woods System of Care created seven policy recommendations which, taken together, will help mitigate health inequities for people with disabilities and complex needs.

Population Health Equity for People with Disabilities: Policy Implications

INTRODUCTION

Scope of the problem
- 1.3billion people with disabilities globally, including ID/A and MH
- Significant health disparities and barriers to healthcare
- Disproportionately high cost of care

AIMS & OBJECTIVES

- Identify barriers to care
- Identify trends in health outcomes, disparities and disproportionate cost of care for complex populations
- Develop policy recommendations

METHODS / FINDINGS

- Analysis of healthcare quality, access and cost of care
  - o Lack of trained providers
  - o Physical accessibility
  - o People with disabilities not included in studies
  - o Multiple diagnoses increase costs

DISCUSSION / CONCLUSION

Policy solutions:
- Define special populations
- Ensure data systems capture population level data
- Include people with disabilities in planning
- Train healthcare workforce
- Develop standards of care

Figure Title xxx

10 - 13 September 2024

Tine Hansen-Turton – tine@woods.org
Woods System of Care

Ubuntu2024.com

Save7, a smart grassroots organ donation advocacy network

Presenter: Hanna Nagdee

Organization: Save7/UCT

Country: South Africa

Ubuntu ID: Ubuntu308

Abstract

Save7 The South African healthcare system's problem is that there are more than 4000 South Africans awaiting life saving organ transplants with only 0,2% of the population registered as organ donors. Our mission is to increase organ donor rates by educating the population that you can save up to seven lives on becoming an organ donor. We achieve this mission through various smart interactions with our network of students and healthcare professionals. We have had great success in increasing stakeholder interactions by augmenting our media with AI and gamification. Ubuntu and Save7 Ubuntu education presupposes sustainable and long-term development for healthcare workers through Save7's mission of bringing attention to organ donation. By addressing transplantation systemic barriers it directly aligns with the principles of the Ubuntu program. Involvement in Save7 has shone a light on gaps in student and healthcare baseline knowledge within the South African healthcare system. In many healthcare curricula, organ donation often receives fragmented coverage, if any. Organ donation is not adequately integrated into existing courses. Save7 enables people to experience and explore these topics in a collaborative environment outside of the standard curriculum. Reflection Our participation in national conferences has allowed us to hone necessary hard and soft skills for our degree. Through Save7 we have gained a broader perspective on healthcare, its impact and possibilities both in terms of career prospects and making a meaningful change. Importantly, we recognise that transplantation in SA is a consequence of failing systems and low community engagement at all levels of care. Being branch managers has made us see that implementing technology for good benefits humanity. Connecting with diverse students outside of our own faculty has opened our eyes to valuable insights. This influences our view of the future on the revolutionary era of social media and AI.

ORGAN DONATION:
THE EMBODIMENT OF UBUNTU

I AM BECAUSE

V

THEY WERE

WHO IS **SAVE SEVEN** ?

A national network of over 150 students collaborating across diverse faculties, as well as healthcare professionals, all with one mission: *to save lives.*

THE PROBLEM

The organ donation system within South Africa is largely unrefined.

Save7 has recognised a *lack of knowledge* regarding organ donation criteria in healthcare professionals, leading to *a critical lack of viable organ donation referrals.*

Currently, there are over 4000 South Africans awaiting life saving organ transplants, yet only 0.2% of the population are registered organ donors.

OUR MISSION

Save7 aims to create a more efficient organ transplant referral system *~ which has already launched in the Western Cape.*

LIFEPOD Project - establishing designated donor ICU units in hospitals nationwide *~ having already successfully raised funds for our first LIFEPOD at Tygerberg Hospital.*

At the heart of our mission is education - we promote the education of healthcare professionals at student level on the process of organ donation and its criteria - *Save7 is currently educating healthcare professionals, as well as the general public, through:*

- ♥ Social Media Presence
- ♥ Our Website & AI Chatbot
- ♥ Media Exposure
- ♥ Talks with students & healthcare professionals

UBUNTU AND SAVE7

Ubuntu education presupposes *sustianable* and *long-term* development for healthcare workers through Save7's mission of bringing attention to organ donation.

Save7 has shone a light on gaps in student and healthcare baseline knowledge within the South African healthcare system - organ donation is not adequately integrated into existing courses, recieving fragmented coverage, if any.

Direct alignment between the principles of the Ubuntu program by *addressing trasplantation systemic barriers.*

Hanna Nagdee: 079 634 4485, hanna@save7.org
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Establishing a collaborative forum for health and wellness services – lessons learnt through district-level implementation of an adolescent-friendly sexual and reproductive health service in schools in the Western Cape province of South Africa

Presenter: Willyne Roberts

Organization: Western Cape Government: Health and Wellness

Country: South Africa

Ubuntu ID: Ubuntu324

Abstract

Introduction

Teenage pregnancies account for 10% of deliveries in the public sector, with a concerning increase among 10-14-years-olds. Implementation of the National Department of Health Integrated School Health Policy (ISHP), Adolescent and Youth Friendly policy, and Differentiated Models of Care framework are varied.

Methods

With teenage pregnancies having broad consequences outside of health, through a policy analysis we conducted stakeholder mapping for prevention of teenage pregnancies in schools. We collaborated with the Western Cape Departments of Education, Social Development and key Non-profit Organisations with mandates to address the burden of teenage pregnancies using a prevention framework and area-based approach incorporating community-oriented primary care (COPC) principles.

Results

The collaborative consultations revealed: - Adolescents prefer non-facility-based PHC services, citing stigma, fear and time constraints as barriers - A collaborative approach to healthcare services using COPC principles can facilitate access for adolescents - Integrated presence within schools allows real-time troubleshooting - Tailored communication in the preferred youth voice is crucial for sustained interest Discussion A prevention and area-based approach ensures mandated stakeholders are accountable for the geographic service area. This includes primary prevention, SRH education; secondary prevention, provision of contraception and safe termination of pregnancies; and tertiary prevention, statutory processes and supporting the vulnerable teenager to prevent poor pregnancy outcomes.

Conclusion

This collaborative approach to addressing adolescent SRHS in schools – where most adolescents are most of the time – has the potential to reduce barriers to access and stigma associated with facility-based services and reduce the burden of teenage pregnancies in the Western Cape.

Planning for implementation sexual and reproductive health services in high-risk schools in the Western Cape province of South Africa

Ubuntu324

Introduction

- In Mitchells Plain, adolescent pregnancies account for 14% of pregnancies with an increased frequency among 10-14 years
- Adolescent pregnancies carry high morbidity and mortality with various consequences beyond health
- Various policies exist to improve access to adolescent health services with variable implementation
- There is low uptake of facility-based health services by adolescents

Aim

To improve adolescent access to sexual and reproductive health services (SRHS) through implementation of the National Department of Health integrated school health policy (ISHP) using a Community-Oriented Primary Care (COPC) approach
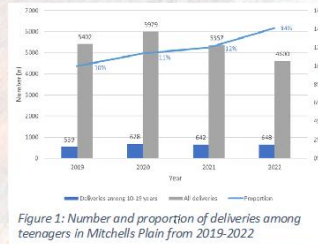
Figure 1: Number and proportion of deliveries among teenagers in Mitchells Plain from 2019-2022

Methods

We conducted a policy analysis to identify stakeholders responsible for learner pregnancy prevention, and included the Departments of Education (WCED), Social Development (DSD) and Health and Wellness, higher education institutes, and non-profit organisations. Regular meetings were held over six months to identify barriers to access and collaborate on the implementation plan

Results

Adolescents prefer non-facility-based PHC services, citing stigma, fear and time constraints as barriers. The implementation plan includes activities for primary (comprehensive SRH education in schools); secondary (provision of contraception within schools); and tertiary prevention (parenting support and reporting of adolescent pregnancies to DSD). WCED identified high-risk schools for the pilot programme.

Discussion

- The collaborative nature of the COPC approach in this implementation plan ensures mandated stakeholders are accountable for services rendered
- Using the ISHP to provide SRHS in schools can reduce barriers to access and has the potential to reduce the number of learner pregnancies in high-risk schools

10 - 13 September 2024 — Dr Masudah Paleker – masudah.paleker@westerncape.gov.za — Ubuntu2024.com

Healthy family experience in Gimbchu

Presenter: Mulugeta Dedachew Gone

Organization: Gimbchu hospital

Country: Ethiopia

Ubuntu ID: Ubuntu210

Abstract

The fact that Gimbchu Hospital is regarded as one of the greatest in Ethiopia, especially in the Hadiya zone, says volumes about its commitment to offering top-notch medical care. The hospital's dedication to patient care as well as student education demonstrates a comprehensive approach to healthcare. Gimbchu Hospital is able to improve general well-being and successfully handle healthcare challenges by cultivating close relationships with the community. A healthy society where people are supported in their health journey is a result of the hospita's and the community's cooperative efforts. Maintain your outstanding efforts to improve the community and to give your clients' health and education top priority.

Facilitating Communities of Practice to Advance UHC in the Philippines through an Online Innovation Exchange Platform

Presenter: Meredith Del Pilar-Labarda

Organization: Social Innovation in Health Initiative Philippines, University of the Philippines Manila.

Country: Philippines

Ubuntu ID: Ubuntu221

Abstract

Introduction: Fostering interdisciplinary, multicultural, and community-driven collaboration is crucial for advancing Universal Health Coverage (UHC) in the Philippines. The Social Innovation in Health Initiative (SIHI) aims to bridge silos between diverse stakeholders by facilitating Communities of Practice (CoPs) through an Online Innovation Exchange Platform.

Methods: SIHI-Philippines conducted several human-centered design sessions with stakeholders from academia, NGOs, research groups, local government units, development partners, and national agencies to co-create and envision an online CoP platform. For each event, the team facilitated multiple world cafe stations centered around the three core functions of the online platform: Access, Engage and Exchange, and Study and Learn, each tailored to facilitate different aspects of the health innovation ecosystem. There were also guide questions to facilitate the discussion about the core competencies of SIH innovators, key areas of collaboration, and overall governance and sustainability of the platform. These inputs underwent thematic analysis, prioritized, and incorporated into the website.

Results: The sessions enabled stakeholders working on various public health concerns to convene, network, and brainstorm the needs for building an online CoP. Key themes emerged: compiling learning assets to build the competencies of budding social innovators in health and addressing intellectual property concerns when co-developing innovations within the platform. Another interesting function proposed is allowing communities to identify and submit their community innovations for greater reach at the national level. Discussion: The online platform launched on December 19, 2023, garnering attendance from SIHI partners. While promising for establishing CoPs, sustained efforts are needed to create lasting communities and governance mechanisms to continually lead and update the platform.

Conclusion: The Online Innovation Exchange Platform holds the potential for advancing UHC and local global health by fostering interdisciplinary, multi-cultural, and community-driven CoPs. Ongoing engagement and collaboration among diverse stakeholders are essential for its success.

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DISCUSSION/ CONCLUSION

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10 - 13 September 2024

Meredith Del Pilar-Labarda, Jana Deborah Mier-Alpaño, Jose Bagani Cruz, Arturo Ongkeko, Marvinson Fajardo; mdlabarda@up.edu.ph

Ubuntu2024.com

Promoting midwives' effective interpersonal communication in Ondo State, Nigeria

Presenter: Pat Mayers

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu252

Abstract

Midwives' effective interpersonal communication motherhood can facilitate women's safe pregnancy, birth and motherhood; conversely, poor communication may deter women from accessing quality maternity care. In Ondo State, there is an reported association between midwives' poor communication skills and women's dissatisfaction and/or non-utilisation of maternal and child care. Aim: To explore women's experiences of midwives' interpersonal communication skills when attending health facilities in Ondo State.

Methods: A multiphase study was conducted. Ten focus group discussions were conducted with 59 women in the reproductive ages group, in purposively selected health facilities across six local government areas. Thematic data analysis generated four themes: experiences of midwives' helpful interpersonal communication skills, experiences of unhelpful care, perceived impact of midwives' interpersonal skills, and perceived challenges of the midwives. Observation of midwives' communication with clients during antenatal sessions, using a structured observation guide, was conducted. A training programme aiming to improve and enhance the midwives' knowledge and communication skills was developed and piloted with fifteen midwives. Pre and post-test evaluation was done, using descriptive statistics and independent t-tests.

Results: Most participants appreciated the care and interpersonal communication with midwives which increased motivation to utilise healthcare. Women who had experienced poor communication and were dissatisfied with their care were more likely utilise alternative options including traditional birth attendants or "mission houses" with variable care standards and increased risks for poor maternity outcomes. The training program was positively evaluated by the midwives and showed a significant difference in participants' pre and post- test knowledge.

Conclusion: Improving midwives' interpersonal communication skills is essential to enhance women's utilization of maternal health services and achieve better reproductive health outcomes. Investing in midwives' training and support can enhance quality care, especially in low-income settings.

Promoting midwives' effective interpersonal communication in Ondo State, Nigeria

Ubuntu 252

INTRODUCTION

- Midwives' effective interpersonal communication can facilitate women's safe pregnancy, birth and motherhood
- Poor communication may deter women from accessing quality maternity care, increasing the risk to mother and infant outcomes

OBJECTIVES

- To explore women's experiences of midwives' interpersonal communication skills when attending health facilities
- To observe and describe midwives' communication with clients during antenatal sessions
- To develop and pilot an interpersonal communication training programme for midwives

METHODS

- Ten focus group discussions were conducted in Ondo State with 59 women of reproductive age
- Observation of 35 midwives' communication with clients during antenatal sessions
- Development of a training programme aiming to improve and enhance midwives' knowledge and communication skills
- Pilot intervention with 15 midwives with pre and post-test evaluation

FINDINGS

- Midwives' poor communication and care led to increased use of alternative birthing care (e.g., traditional birth attendants or "mission houses") and increased risks for poor maternity outcomes
- Midwives lacked knowledge, skills and confidence in communicating with their clients
- Evaluation of the training program was positive
- The was a significant difference in participants' pre and post-test knowledge and perceived confidence

CONCLUSION

Investing in midwives' training and support can enhance quality of care, increase client satisfaction and reduce risk, especially in low-income settings.

10 - 13 September 2024

Risikat Fadare, **Pat Mayers**
School of Nursing, University of the Western Cape

Ubuntu2024.com

The Alur-project: A Community-Outreach-Programme in The Republic of South Sudan

Presenter: Wolfgang Spiegel

Organization: Center for Public Health, Medical University of Vienna, Austria & EURIPA, Norway

Country: Austria & Norway

Ubuntu ID: Ubuntu076

Abstract

Introduction

Based on a before-going study phase, we developed a project-plan for a horizontal approach to PHC-strengthening in the Republic of South Sudan (RSS). Measures were based on a MOU between "Austrian Physicians for Rural Medical Care in Africa" and the RSS-government.

Methods

Supportive Supervision; Community participation (using focus groups and Participatory Action Research); Ownership; Sustainability; PHC was modelled to the given situation in rural areas in RSS; a least-developed-country; Community Outreach was aimed at covering all health-issues ("horizontal intervention"). 1.) Recruitment, training and deployment of a multi-professional team of non-physician health workers delivering PHC to rural dwellers. 2.) Educating the health workforce by means of a participatory educational approach (on-job-training and supportive supervision) by international project staff (Austrian GPs).

Results

The team of eight health workers (HWs) was shaped into a Community-Outreach-Team (COT). PC-measures included history taking and using simple algorithms to make diagnoses and decide on treatment. The Alur-Payam consited of about 38,600 persons. In the course of a ten months period (February to November 2015) about 5.350 patients of all age groups were seen and treated through 99 community-outreach-interventions (visits to villages) which would otherwise have had no access to care.

Discussion

The Alur-project using supportive supervision, on-job-training and a community-outreach-approach (mobile team) by non-physician health workers proofed successful in educating the health workforce and delivering care to a rural population.

Conclusion

Implementation of non-physician community-outreach teams should be considered in LDCs whenever PHC-deliverance by physicians is not feasible.

Impact of Community-Based Medical Education on Graduate Performance

Presenter: Mohamed H. Taha

Organization: Univeristy of Sharjah, United Arab Emirates

Country: Sudan

Ubuntu ID: Ubuntu346

Abstract

Purpose: This study aims to explore the impact of community-based education on graduates' work performance and career paths in later life.

Methods: A self-administered critical incident questionnaire was given to a group of graduates from a community-based medical school. The target population was the graduates of the Faculty of Medicine in the University of Gezira who graduated between the years 1984-2021. Participants responded using audio recording or in writing and reported on 'critical incidents' they had experienced. Data was analysed using thematic data analysis to develop codes, categories and themes from the critical incident techniques.

Results: Twenty-three critical incidents were reported from a total of 91 responses yielded from the recorded and written data. Most of the incidents take place in the Interdisciplinary Field Training, Research and Rural Development Programme, as well as in Rural Residency, Primary Health Care Centre Practice, and Family Medicine. From the reporting of the critical incidents, five themes were identified concerning the benefit of community-based education in learning at undergraduate level: leadership, care of patients, professionalism, personal development and belonging. Similarly, five themes demonstrating the impact of community-based education after graduation were also identified including improving patient care, improving health system practice, curriculum development, self-improvement skills, and family medicine practice.

Discussion: Community-based education was shown to have a positive impact on students learning at undergraduate and post graduate level. Community-based education is also associated with the development of essential skills required by medical doctors after graduation. Structured community-based education is needed to maximize these benefits.

Ubuntu346

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Figure/table: xxx

10 - 13 September 2024   Mohamed Hassan Taha, Mohamed Elhassan Abdalla, Wail Nuri, Mohamed Elsanousi   Ubuntu2024.com

Attitude, knowledge, and preventive practice of tuberculosis in medical students.

Presenter: Ricardo Caravantes

Organization: UFM

Country: Guatemala

Ubuntu ID: Ubuntu015

Abstract

Tuberculosis (TB) poses a significant challenge to public health globally, with Guatemala being no exception. Despite advancements in diagnosis and treatment, ensuring that future physicians are equipped with effective, evidence-based approaches to tackle the disease remains paramount. This study aimed to assess the knowledge, attitudes, and practices regarding TB among medical students, especially those on the brink of commencing hospital internships.

Methodology: A two-month cross-sectional study was conducted involving first to fourth-year medical students from UFM. Using a validated questionnaire, demographic variables, perceptions, knowledge levels, and preventive practices related to TB were analyzed.

Results: The study identified a positive correlation between academic progression and TB knowledge, albeit with discernible gaps in the earlier years of study. First to third-year students predominantly relied on empirical sources, while fourth-year students increasingly sought guidance from healthcare professionals. Despite a recognition of preventive practices, considerable room for improvement was noted in their implementation, particularly in symptom recognition and preventive measures.

Conclusion: The findings underscore a progressive increase in TB knowledge among students as they advance academically, albeit with significant deficiencies observed. Notably, gaps exist in knowledge concerning preventive practices and symptom recognition. These insights highlight the need for targeted interventions to enhance TB education among medical students, thus better preparing them to address this critical public health issue.

Knowledge, Attitude and preventive practices of tuberculosis in medical students

INTRODUCTION

Tuberculosis (TB) is a challenge for public health worldwide, particularly in Guatemala. Despite advancements in its diagnosis and treatment, it is vital for future physicians to be prepared to address the disease through an evidence-based and clinically effective approach.

AIMS & OBJECTIVES

This study aims to evaluate medical students' knowledge, attitudes, and preventive practices regarding tuberculosis (TB), especially those nearing clinical rotations. Objectives include assessing their understanding of TB, exploring their perceptions, and analyzing their preventive measures.

The goal is to identify gaps to inform educational interventions and enhance TB education in medical curricula.

METHODS / FINDINGS

A cross-sectional study from April-May 2023 at Universidad Francisco Marroquín surveyed 1st to 4th-year medical students. Results showed TB symptom knowledge as follows: 1st Year (22.41%), 2nd Year (17.64%), 3rd Year (35.71%), and 4th Year (28%). Health professionals were the main information source (70%-79%). Adequate preventive practices increased from 46% (1st Year) to 68% (4th Year). BCG vaccination was 77.9%, with less than 25% undergoing regular TB screening.

DISCUSSION / CONCLUSION

An increase in TB knowledge was observed with academic progression, but significant deficiencies were identified in preventive practices and symptom recognition, especially in the early years.
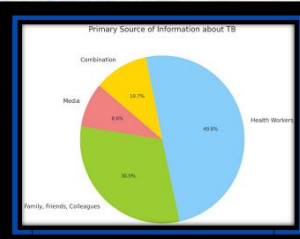

Figure 1

Knowledge, Attitude and practices of the population in Sennar city, Sudan, regarding dengue fever and its prevention measures: Community based cross sectional study.

Presenter: Khalid Mohammed

Organization: Sinnar University

Country: Sudan

Ubuntu ID: Ubuntu075

Abstract

Introduction: Dengue fever (DF) is now widespread throughout tropical and subtropical nations. There have been DF outbreaks during the last few years in Sudan. Up to now, there is a lack of information regarding the awareness, attitudes, and practices of the population for DF protection in their settings. The aim of this study is to apply the knowledge, attitude, and practice model to DF among adults in Sennar city in central Sudan as one of the expected risk areas for DF.

Methods: The cross-sectional study was conducted in Sennar City, Sudan, from January 1 to 15, 2023. Face-to-face interviews were used to collect the data. The main analytical procedure was descriptive, using frequencies.

Results: Even though the majority of respondents (79.4%) had heard about dengue, they still had misconceptions about the breeding grounds for Aedes. More than half of the participants (64.3%) believed incorrectly that Aedes can breed in contaminated water, and 21% were aware that Aedes mosquitoes usually bite around sunrise and sunset. A fever indication was identified by 45% of people, which is the most common symptom of dengue. The level of education of the respondents was found to be an independent predictor of both knowledge and awareness of dengue among the socio-demographic factors. Although there was a significant correlation between knowledge and preventative behaviors, the degree of preventive practice was moderately less than the knowledge level. According to our study, TV and radio are the most effective primary sources of information regarding preventive practices.

Conclusion: In our study, we found a moderate level of knowledge regarding DF, and as the disease is emerging throughout Sudan, there is an urgent need to increase health education programs across various media to dispel misconceptions and considerable knowledge gaps and to ensure good practice and preventive control.

Knowledge attitude and practices of the population in Sennar city, Sudan regarding dengue fever and its prevention measures

Background

Dengue fever is widespread in tropical and subtropical nations, with recent outbreaks in Sudan. However, there is a lack of information on population awareness and practices for DF protection.
This study aims to apply the KAP model to assess the risk of DF among adults in Sennar state, central Sudan.

Methodology

The cross-sectional study conducted in selected area with high population in sennar city in sudan, from 1st to 15th of jan 2023, We used face-to-face interviews to collect data, The main analytical procedure was descriptive using frequencies.
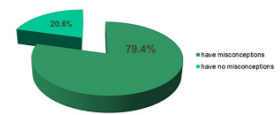
Conclusion

The majority of participants in the study have a positive understanding of the disease and are implementing effective preventive measures for DF.
Health education should be continued to raise community awareness and dispel misconceptions of DF.
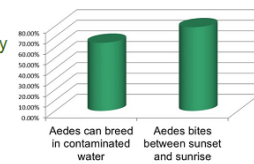
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concepts about the breeding ground for Aedes

20.6% 79.4%

■ have misconceptions
■ have no misconceptions

The misconceptions

80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%

Aedes can breed in contaminated water

Aedes bites between sunset and sunrise

Authors: Aya Elteraifi, Esraa Balla, Mohamed Elshaikh, Ahmed Balla, Elbasil Nasereldin
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Assessing Basic Medical Knowledge Levels, Contentment and Influences among Displaced Sudanese Teenagers in Egypt

Presenter: Sara Alsheikh Idris Mohamed

Organization: University of Gezira

Country: Sudan

Ubuntu ID: Ubuntu096

Abstract

Introduction: Basic medical knowledge (BMK) could be defined as the knowledge regarding medical terminology, clinical symptoms, vital signs etc. generally acquired by non-health practitioners. Hence, this study aims to evaluate the levels of BMK of Sudanese teenagers who studied in public schools where medical knowledge is only slightly discussed in the General Science (secondary-school) and Biology(high-school) subjects, examine the sample's contentment with their knowledge and understand potential influences effecting them as suggested by the sample.

Method: The study used a researcher-developed questionnaire consisting of 15 questions covering 4 categories: general biometric questions,levels of BMK (calculated using standardized questions), influences on BMK levels (open-end questions were included for those suggestions), contentment was measured on a 0-1 scale. The study sample consisted of 45 teenagers (66.7% females, 33.3% males) currently displaced in Egypt. The responses were calculated and analysed using MS-Excel 13.

 Results: The average age for the sample is 15.5 years, studying at secondary and highschools. The standard deviation for the sample is 1.272. The average level for BMK was 40.1%, minimum being 2.0% and maximum being 76.0%.Majority of sample (84.4%) weren't content with their BMK. The study found the most determining influences on BMK to be: lack of interest, of awareness regarding reliable sources of medical information, of free time and of encouragement in society and schools towards learning about medical information.

Discussion: The average BMK level among the sample was overall low. The sample's knowledge was higher in protective precautions from common illnesses than it was regarding symptoms of common diseases. This is sensible in light of the general lack of interest and encouragement in BMK by schools and society, which restricts the gain of such knowledge. These low levels weren't

condoned by the sample, indeed, the majority aimed to improve and extend their BMK.

Conclusion: The study urges further research into the suggested influences and their exact affects on BMK levels.

Assessing Basic Medical Knowledge Levels, Contentment and Influences among Displaced Sudanese Teenagers in Egypt

UBUNTU96

Method
The study used a researcher-developed questionnaire with standardized questions to calculate the levels of BMK. Open-end questions were included for suggestions of the influences on BMK levels. Contentment was measured on a 0-1 scale. The responses were calculated and analysed using MS-Excel 13.

Results
The study sample consisted of 45 teenagers (66.7% females, 33.3% males) currently displaced in Egypt. The average level for BMK was 40.1%, minimum being 2.0% and maximum being 76.0%. Majority of sample (84.4%) weren't content with their BMK. The study found the most determining influences on BMK to be:
lack of interest, of awareness regarding reliable sources of medical information, of free time and of encouragement in society
and schools towards learning about medical information.

Introduction
Basic medical knowledge (BMK) could be defined as the knowledge regarding medical terminology, clinical symptoms, vital signs etc. generally acquired by non-health practitioners. Hence, this study aims to evaluate the levels of BMK of Sudanese teenagers currently displaced in Egypt, examine the sample's contentment with their knowledge and understand potential influences effecting them as suggested by the sample

Discussion
The average BMK level among the sample was overall low. This is sensible in light of the general lack of interest and encouragement in BMK by schools and society, which restricts the gain of such knowledge. These low levels weren't condoned by the sample, indeed, the majority aimed to improve and extend their BMK.
Conclusion
The study urges further research into the suggested influences and their exact affects on BMK levels.

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Oral Health Professionals' Knowledge, Perceptions, And Practices of Oral Health Community Engagement Activities in The Vhembe District, South Africa.

Presenter: Hlulani Alloy Nghayo

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu080

Abstract

Introduction: Rural communities face oral health challenges 1. due to poor oral health education, increased poverty, scarcity of oral health professionals 2, poor sustainability and government support for resources promoting oral health 3. This study aimed to assess oral health professionals' knowledge, perceptions, and practices regarding oral health community engagement activities in the Vhembe District of Limpopo Province.

Material and Methods: A cross-sectional mixed-methods study combining quantitative and qualitative methods was conducted with a purposive sample of 32 oral health professionals. A hard copy of a 24-item self-administered questionnaire, consisting of Likert-scale survey questions for quantitative components and open-ended questions for qualitative components, was distributed in person and used for data collection. Descriptive statistics was applied to analyse the quantitative data, as ATLAS.ti was used for thematic analysis.

Results and Discussion: 45.9% of professionals reported the absence of oral health community engagement activities in rural communities. However, in communities where such activities were present, 46.9% of professionals indicated that they were not monitored or evaluated. 40.6% of professionals indicated a lack of prioritization of oral health community engagement activities for rural communities by health facility managers. 56.3% of professionals reported a shortage of support for staff development, oral health initiatives, and seminars aimed at enhancing professionals' ability to engage in oral health community activities in rural communities.

Conclusion: Effective oral health community engagement activities in rural communities remain a significant challenge due to scarcity of oral health professionals and inadequate support from health facility managers.

Oral Health Professionals' Knowledge, Perceptions, And Practices of Oral Health Community Engagement Activities in The Vhembe District, South Africa.

Ubuntu80

INTRODUCTION

Rural communities face oral health challenges due to poor oral health education, increased poverty, scarcity of oral health professionals (OHPs), poor sustainability and government support for resources promoting oral health.

AIMS & OBJECTIVES

To assess OHPs' Knowledge, Perceptions, And Practices (KPP) regarding Oral Health Community Engagement Activities (OHCEAs) in the Vhembe District of Limpopo Province.

METHODS / FINDINGS

A cross-sectional mixed-methods study was conducted on 32 OHPs who were purposive sampled using a 24-item self-administered questionnaire consisting of Likert-scale survey questions. Descriptive statistics were applied to analyse the quantitative data, while ATLAS.ti was used to analyse the qualitative data thematically

DISCUSSION / CONCLUSION

45.9% of professionals reported the absence of OHCEAs (Q1). In communities where such activities were present, 46.9% indicated that such were monitored or evaluated (Q2). 40.6% of professionals felt that rural health facility managers did not prioritize OHCEAs (Q3), and 56.3% reported a lack of support for staff development aimed at enhancing professionals' ability to engage in OHCEAs (Q4). Effective OHCEAs in rural communities remain a significant challenge due to scarcity of oral health professionals and inadequate support from health facility managers.

10 - 13 September 2024

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Ubuntu2024.com

: knowledge attitude and practice of hypertensive individuals in Portbell village, Gezira state, Sudan.

Presenter: Howaida Mekki

Organization: UNIVERSITY OF GEZIRA

Country: Sudan

Ubuntu ID: Ubuntu155

Abstract

Background: Hypertension is a significant public health concern in Sudan, contributing to the burden of cardiovascular disease. awareness and knowledge for hypertensive patient is essential for effective management and prevention, this cross-sectional study aimed to assess the knowledge of hypertensive individuals in Portbell village.

Methods: The study was conducted on individuals recruited from Portbell village. The questionnaire covers areas such as general knowledge about hypertension, lifestyle modifications, medication adherence and healthcare-seeking behavior.

Results: showed varying levels of knowledge and practices, 24% do not measure their blood pressure periodically, 28% are not adherent to medication due to variable causes, 50% of individuals consider walking as a lifestyle modification, only 18% avoid smoking and 68% measure their BP only once a month. A lot more details are included in the data analysis.

Discussion: the results clearly showed that there is a significant lack in adherence to medication which leads to health problems in the long term, also not measuring the blood pressure periodically is noticed in the village, these results shows the lack of knowledge in the village, and thus intervention is needed to raise awareness.

Conclusion: The study highlights the need for targeted intervention to improve life quality and overall health among hypertensive patients in rural areas in Sudan such as Portbell village, enhancing awareness is crucial for effective self-management, additionally addressing barriers to medication adherence and regular healthcare-seeking behavior is essential for optimal hypertension control.

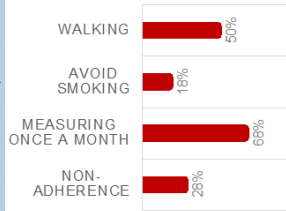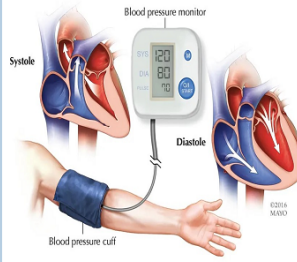# Knowledge attitude and practice of hypertensive individuals in Portbell Village, Gezira state, Sudan.

Introduction:

Hypertension is the 3rd leading cause of death in Sudan , awareness and knowledge for hypertensive patient is essential for effective management and prevention.

Methods / findings:

A Cross-sectional study conducted on individuals recruited from Portbell village. The questionnaire covers areas such as general knowledge about hypertension, lifestyle modifications, medication adherence and healthcare-seeking behavior. Results: showed varying levels of knowledge and practices

September 10-13

Blood pressure monitor
Systole
Diastole
Blood pressure cuff

WALKING	50%
AVOID SMOKING	18%
MEASURING ONCE A MONTH	68%
NON-ADHERENCE	28%

Howaida Mekki
Howaida.sawsan@gmail.com

Aims and objectives:

gather information about the level of understanding, beliefs, and behaviors of the patients towards hypertension also their perception of its seriousness , their willingness to adopt lifestyle modifications or adhere to medical treatment.

Discussion / conclusion:

The study highlights the need for targeted intervention to improve life quality and overall health among hypertensive patients in rural areas in Sudan such as Portbell village, enhancing awareness is crucial for effective self-management. addressing barriers to medication adherence and regular healthcare-seeking behavior is essential for optimal hypertension control.

Ubuntu 2024

Community-Based Mycetoma Surveillance in Uganda: Identifying Knowledge Gaps and Training of Community Health Workers to Improve Identification of Mycetoma Cases

Presenter: Winnie Kibone

Organization: Makerere University

Country: Uganda

Ubuntu ID: Ubuntu321

Abstract

Introduction

Mycetoma is an uncommon and neglected tropical disease in Uganda. We aimed to assess baseline knowledge and provide community health workers (CHWs) in Northern Uganda with knowledge to identify and refer presumptive mycetoma cases.

Methods

Between March and August 2023, we conducted a concurrent triangulation mixed methods study among CHWs in Gulu and Pader districts on mycetoma. We conducted a 1 day in person training on mycetoma. Quantitative data were collected before (pretest), immediately (immediate posttest) and six months (6 month post test) after the training and results compared using paired sample t test or one way ANOVA. Qualitative data were collected using four focused group discussions, audio recorded, and analyzed using thematic content analysis.

Results

A total of 45 participants were enrolled, mostly male (66.7%, n=30), with a median age of 36 years (IQR 29 43). Out of a total of 18, the baseline mean knowledge score was 7 ± 2.42, improving to 11 ± 1.99 immediately post test ($p< 0.001$), and 10 ± 2.35 at 6 month ($p< 0.001$), without additional training. Significant knowledge improvements at 6 months were observed among female participants ($p = 0.004$), those aged 30 40 years ($p = 0.031$) or 40+ years ($p = 0.035$), and those with secondary education ($p = 0.007$). Over 6 months, CHWs screened 2,773 adults, identifying 30 presumptive mycetoma cases. Qualitative findings revealed challenges and barriers to early identification and referral of mycetoma presumptive cases including limited knowledge,

stigma, myths, lack of an indigenous name for mycetoma, delayed decision making, and transportation barriers.

Conclusion

This study highlights a significant knowledge gap among CHWs about mycetoma, with substantial improvement following training. The identification of presumptive mycetoma cases by CHWs reflects their potential in community-based surveillance, emphasizing the need to integrate CHW led efforts for mycetoma surveillance and capacity building to enhance health outcomes in Uganda.

Community-Based Mycetoma Surveillance in Uganda: Identifying Knowledge Gaps and Training of Community Health Workers to Improve Identification of Mycetoma Cases

Ubuntu321

Background
Mycetoma is an uncommon and neglected tropical disease in Uganda

Objective
To assess baseline knowledge and provide community health workers (CHWs) in Northern Uganda with knowledge to identify and refer presumptive mycetoma cases

Methods
Study period: March and August 2023
Study design: Concurrent triangulation mixed methods
Study site: Gulu and Pader districts, Northern Uganda
Population: Community health workers
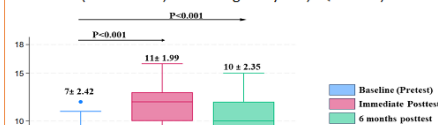*Intervention:* 1-day in person training on mycetoma

Data collection
Quantitative: Pre-test, immediate post-test, 6-month post-test. Analysis: Paired sample t test, one way ANOVA
Qualitative: Four focused group discussions, audio recorded, and analyzed using thematic content analysis

Results
Participants
45 CHWs (66.7% male, median age 36 years, IQR 29 43)

Knowledge scores of CHWs at baseline, immediately after and 6months after training (x/18)

Mean Knowledge scores at baseline, and 6months

Variable	Baseline	6months	P-value
Female	5.4	11.2	0.004
30-40yrs	6.7	9.7	0.031
>40yrs	6.8	9.8	0.035
Secondary education	7.3	9.9	0.007
>10 years of practice	7.2	10.2	0.025

Screening and Identification
2,773 adults screened, 30 presumptive mycetoma cases identified
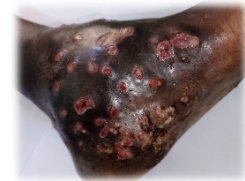
Qualitative challenges: Limited knowledge, stigma, myths, lack of an indigenous name, delayed decision making, transportation barriers

Conclusion
Knowledge: Significant improvement in CHW's knowledge on mycetoma following training
Potential: Emphasizes the need to integrate CHW led efforts for mycetoma community-based surveillance

Authors: Winnie Kibone- Makerere University, Kampala, Uganda, kibonewinnie@gmail.com, Andrew Weil Semulimi, Richard Kwizera, Felix Bongomin

Time to Adjuvant Chemotherapy and its Predictors among Postoperative Breast Cancer Patients

Presenter: Amanuel Hibistu

Organization: Adwa Partners Consultancy PLC

Country: Ethiopia

Ubuntu ID: Ubuntu041

Abstract

Background: Breast cancer incidence is rising, posing a substantial threat to countries like Ethiopia. Adjuvant chemotherapy is most important treatment option for breast cancer initiated after definitive Surgery. The time to adjuvant chemotherapy appears to have an impact on the overall survival and disease-free survival.

Methods: This institution based retrospective follow-up study was conducted at the Hawassa University Hospital Cancer Treatment Center. All eligible patients were enrolled, checklist for dependent and independent Variables was prepared using Google Forms, then exported to Excel and SPSS for data analysis. A stratified Cox regression model was used to identify potential predictors. The adjusted hazard ratio (AHR) with 95% confidence interval was reported to indicate the strength of association, A log rank test was performed to test the equality of survival among the groups and the Kaplan Meier survival function was used to show the existence of survival differences between variables.

Results: The median time to adjuvant chemotherapy was 69 days (range of 28–157 days). It varied - less than 30 days (12.9%, n=20), 31-60 days (23.2%, n=36), 61-90 days (43.9%, n=68), and more than 90 days (20%, n=31). Surgical complications (AHR 1.512 (CI: 1.287-3.140), BMI (AHR 1.569, CI: (1.336-3.887)), Co-morbidity (AHR=0.751, CI: 0.474-0.817) and illiteracy AHR=0.829, CI: (0.458-0.950 were significant predictors.

Conclusion: The duration of initiation of the adjuvant chemotherapy was longer than the recommended initiation time. Body Mass Index, presence of surgical complications, presence of comorbidity, and educational status were predictors of time to adjuvant chemotherapy.

Time to Adjuvant Chemotherapy and Its Predictors Among Postoperative Breast Cancer Patients

Ubuntu41

INTRODUCTION

- Adjuvant chemotherapy decreases the risk of breast cancer mortality, reduces the recurrence rate, and improves the long-term overall survival.
- The time between surgery and the first adjuvant chemotherapy appears to have an impact on the overall survival and disease-free survival

AIMS & OBJECTIVES

- Aimed to determine the time to adjuvant chemotherapy and its predictors in breast cancer patients who attended the Cancer Treatment Center of Hawassa University Comprehensive Specialized Hospital between September 2020 and March 2022.
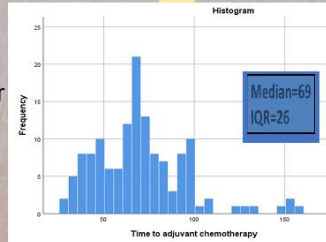
METHODS / FINDINGS

- An Institution based retrospective follow-up study was conducted. A stratified Cox regression model was fitted to identify the potential predictors.
- Total of 205 breast cancer patients were found
- The median time to adjuvant chemotherapy was 69 days (IQR=26), ranging from 28 - 157 days.
- Patients with a BMI classified as underweight and with surgical complications were high likely to receive adjuvant chemotherapy earlier than patients with comorbidity

Histogram — Median=69, IQR=26. Frequency vs Time to adjuvant chemotherapy

DISCUSSION

- The median time is higher than study conducted in Egypt (35 days), United States (46 days), Turkey (21 days), New Zealand (49 days), Italy (38 days), and Canada (44 days).
- BMI, presence of surgical complications, presence of comorbidity, and educational status were predictors

10 - 13 September 2024

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Ubuntu2024.com

Shedding Light on Urinary Tract Infections: A Cross-Sectional Study in Faris Village, Gezira state, Sudan

Presenter: Mohammed Siddig

Organization: University of Gezira

Country: Sudan

Ubuntu ID: Ubuntu144

Abstract

Introduction: Urinary tract infections (UTIs) are among the most prevalent bacterial infections affecting over 150 million people worldwide annually, yet they are significantly understudied and underfunded.

Methods: This descriptive cross-sectional study aimed to investigate the prevalence of UTIs and identify associated risk factors in Faris village, Gezira state, Sudan. We used a mixed-methods approach combining a questionnaire survey and one-on-one interviews with 500 participants selected using systematic random sampling.

Results: Out of the 500 individuals surveyed, 163 reported symptoms consistent with a UTI, resulting in a prevalence rate of 32.6%. This prevalence is notably higher than some studies conducted in similar settings, such as a study in Eastern Sudan, which found a UTI prevalence of 19.6%. A significant gender disparity was observed in the prevalence of UTIs, with females accounting for 80% of the UTI cases (Chi-square = 16.67, p < 0.001). This indicates a statistically higher likelihood of females having UTIs compared to males in this sample. Furthermore, poor sanitation was identified as a significant risk factor. Approximately 75% of the individuals with UTIs reported not having access to clean sanitation facilities, a correlation that was statistically significant (Fisher's exact test, p = 0.002).

Conclusion: These findings underscore the public health implications of UTIs in Gezira state, Sudan, and highlight the need for improved sanitation facilities. The study contributes valuable data to the epidemiology of UTIs in this region, emphasizing the need for targeted interventions. Further research is warranted to explore potential interventions and evaluate their cost-effectiveness in this specific context.

Shedding Light on Urinary Tract Infections: A Cross-Sectional Study in Faris Village, Gezira, Sudan
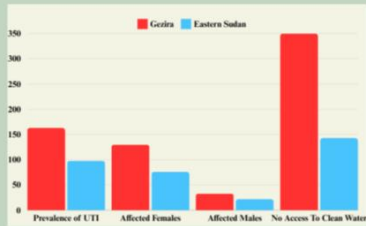
Ubuntu144

Introduction

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Methods

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Results

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Conclusion

These findings underscore the public health implications of UTIs in Gezira state, Sudan, and highlight the need for improved sanitation facilities. The study contributes valuable data to the epidemiology of UTIs in this region, emphasizing the need for targeted interventions. Further research is warranted to explore potential interventions and evaluate their cost-effectiveness in this specific context.

10 - 13 September 2024

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Prevalence of depression in patients with type 2 Diabetes Mellitus in rural Guatemala

Presenter: Mario Najera

Organization: Universidad Francisco Marroquin, School of Medicine, Guatemala City, Guatemala

Country: Guatemala

Ubuntu ID: Ubuntu202

Abstract

Introduction: Depression is underscreened in adults. Chronic diseases, such as type 2 diabetes mellitus (T2DM), as well as sociodemographic factors such as sex, age, education level, and socioeconomic status are well-known risk factors for depression. Despite 11% of the Guatemalan population experiences T2DM, data on the prevalence of depression among these patients is limited, particularly in rural areas.

Aims & Objectives: To determine the prevalence of moderate-severe depression in patients with T2DM who attend a primary care clinic in rural Guatemala. Methods/Findings: A survey was done on eighty patients with T2DM in San Juan Sacatepequez, Guatemala. The survey assessed sociodemographic characteristics of patients. Additionally, the presence and severity of depression were assessed using the Patient Health Questionnaire (PHQ-9). Seventy-eight percent of patients presented depression, with the majority (56.25%) experiencing moderate-severe disease. Among those with moderate to severe depression, only 2.2% had a level of education beyond primary school compared to the 22.22% of patients without depression. Additionally, 98% of patients with moderate-severe depression earned less than Q3,000 (approximately $385) per month, in contrast to 70% of patients without depression.

Discussion/Conclusion: A high prevalence of moderate-severe depression was identified among patients with T2DM in rural Guatemala. Sociodemographic factors such as low education levels and income were associated with higher rates of moderate-severe disease. Our study underscores the importance of integrating mental health screening and support into primary care settings, particularly in rural areas that have a dearth of mental health specialists.

Prevalence of depression in patients with type 2 Diabetes Mellitus in rural Guatemala

Ubuntu202

INTRODUCTION

- Depression is underscreened in adults.
- Chronic diseases, such as type 2 diabetes mellitus (T2DM), as well as sociodemographic factors such as sex, age, educational level, and sociodemographic status are well-known risk factors for depression.
- Approximately 11% of the Guatemalan population experiences T2DM.
- Data on the prevalence of depression among these patients is limited, particularly in rural areas.

AIMS & OBJECTIVES

- Determine the prevalence of moderate-severe depression in patients with T2DM who attend a primary care clinic in rural Guatemala.

METHODS / FINDINGS

- A survey was done on eighty patients with T2DM in San Juan Sacatepéquez, Guatemala.
- The survey assessed sociodemographic characteristics of patients.
- Additionally, the presence and severity of depression were assessed using the Patient Health Questionnaire (PHQ-9). depression.
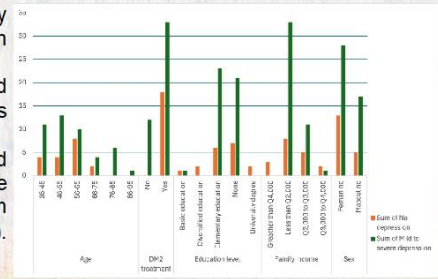
DISCUSSION / CONCLUSION

- A high prevalence of moderate-severe depression was identified among patients with T2DM in rural Guatemala.
- Sociodemographic factors such as low education levels and income were associated with higher rates of moderate-severe disease.
- The study underscores the importance of integrating mental health screening and support into primary care settings, particularly in rural areas that have a dearth of mental health specialists.

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Ubuntu2024.com

Navigating primary health care challenges - Insights from older people with multimorbidity in Malawi.

Presenter: Duncan Kwaitana

Organization: Kamuzu University of Health Sciences

Country: Malawi

Ubuntu ID: Ubuntu017

Abstract

The global surge in aging populations poses a critical challenge, particularly in Low and Middle Income Countries (LMICs), where Primary Health Care (PHC) settings often lack the resources to meet the escalating healthcare demands of older individuals. This study, conducted in Malawi from July 2022 to January 2023, aimed to explore the experiences of older people with progressive multimorbidity in accessing PHC services. Sixty in-depth interviews were conducted with individuals aged ?50 years, their caregivers, and healthcare workers across diverse settings. Guided by the Andersen-Newman theoretical framework, the study identified three consistent themes across all sites: (1) clinic environment, addressing inconvenient setups and advocating for reliable PHC services; (2) geographical factors, emphasizing the impact of bad road conditions and the need for local PHC facilities; and (3) social factors, encompassing alternative medicine, transport support, perceived healthcare benefits, and support for small-scale businesses. These findings underscore the multifaceted barriers and facilitators influencing PHC service utilization among older populations. The study emphasizes the pressing need for nationwide availability of enhanced PHC services and recommends a thorough investigation into successful practices within diverse health facilities in Malawi, with a specific focus on addressing the unique healthcare needs of the aging population.

PHC challenges - Insights from older people with multimorbidity in Malawi.

Ubuntu17

INTRODUCTION

- By 2050, 80% of older people will be living LMIC

- Access to PHC prevents unnecessary health deterioration in older people with progressive multimorbidity.

- However, older people face challenges to effectively access and utilize PHC.

- Research detailing health service needs of older people in such settings is limited.

AIMS & OBJECTIVES

Broad objective

- To explore PHC accessibility and utilization by older people with progressive multimorbidity in Malawi.

Specific objectives

1. To analyze factors influencing access to PHC services in LMICs.

2. To assess experiences of access to PHC services in Malawi.

METHODS / FINDINGS

- Phase 1 - A systematic review: analyze PHC access in LMIC.

- Phase 2 - Qualitative exploratory interviews involving:

[Patient/caregiver dyads – (n=30), PHC providers – (n=12)]

Thematic Areas underpinned by Andersen-Newman Theoretical Framework

No.	Major themes	Facilitators	Barriers	Need factors
1	Clinic environment	Reliable PHC services	Inconvenient clinic setup	Research on diabetic foods
2	Geographical factors	Available means of transportation	Bad road conditions	Community approaches
			Incomprehensive PHC services at local facility	
3	Social and personal factors	Perceived healthcare benefit	Use of alternative medicine	Support with startup capital for business

DISCUSSION/CONCLUSION

- Community-based PHC services can significantly enhance access.

- A multi-sectoral approach is essential to address challenges.

- Implementation research to test community approaches.

Malawi

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Ubuntu2024.com

Stay-at-Home: The Impact of the COVID-19 Lockdown on Household Functioning and ART Adherence for People Living with HIV in Three Sub-districts of Cape Town, South Africa

Presenter: Linda Campbell

Organization: University of Antwerp

Country: Belgium

Ubuntu ID: Ubuntu040

Abstract

In March 2020, the South African government imposed a lockdown to control COVID-19 transmission. Lockdown may affect people living with HIV's (PLWH) antiretroviral therapy (ART) adherence. Data from a cluster randomised control trial was collected from 152 PLWH in Cape Town sub-districts from October 2019-March 2020 when the lockdown halted collection. Subsequently, 83 PLWH were followed-up in June-July 2020. Random effects models were used to analyse: (1) changes between baseline and follow-up and (2) correlates of adherence during lockdown. At follow-up, there was an increase in the odds of being below the poverty line and the odds of experiencing violence decreased. Measures for well-being, household functioning, stigma and HIV competency improved. Violence, depression, food insecurity, and stigma were associated with poorer ART adherence; higher well-being scores were associated with better adherence. During lockdown, governments need to ensure financial support, access to (mental) health services, and services for those experiencing violence.Clinical Trial Number: Pan African Clinical Trial Registry, PACTR201906476052236. Registered on 24 June 2019.

Stay‑at‑Home: The Impact of the COVID‑19 Lockdown on Household Functioning and ART Adherence for People Living with HIV in Three Sub‑districts of Cape Town, South Africa

Ubuntu40

INTRODUCTION

- In March 2020, the South African government imposed a **lockdown** to control COVID-19 transmission.
- **Lockdown may affect people living with HIV's (PLHIV) antiretroviral therapy** (ART) adherence
- Stay-at-home orders require a **focus on the impact on household dynamics** and 'household HIV competency'

AIMS & OBJECTIVES

- Investigated 1) whether lockdown impacted mental health, IPV, household functioning, household income, food security and access to health care, 2) correlates of ART adherence during lockdown
- Baseline data from the "SINAKO" trial, a **cluster-randomized controlled trial** in Cape Town
- Baseline :152 PLHIV from October 2019–March 2020. 83 PLHIV were followed-up in June–July 2020
- Random effects models were utilised.

FINDINGS

- Issues with accessing health care meant worse adherence
- Parents who skipped meals to feed children had worse adherence.
- Increased odds of being below poverty line, decreased odds of experiencing household HIV stigma, or of violence. Those experiencing violence had worse adherence.
- Improved feelings of household togetherness and well-being
- Depression meant worse adherence (and worse well-being)

DISCUSSION / CONCLUSION

- Lockdowns resulted in an exceptional reorganization of social and economic life, impacting ART adherence via multiple interconnected pathways
- To support ART adherence during lockdown, the South African government should **facilitate access to food and medication**, especially for households with children, as well as **access to IPV support services**

10 - 13 September 2024

Linda Campbell (linda.campbell@uantwerpen.be), Caroline Masquillier, Lucia Knight, Anton Delport, · Neo Sematlane,· Lorraine Tanyaradzwa Dube, Edwin Wouters

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DOCUMENTARIES

Learning POCUS in the Highlands: Innovating care for Rural Mexico

Presenters: Francisco Terán Valencia

Organization: Compañeros En Salud

Country: Mexico

Ubuntu ID: Ubuntu72

Abstract

In rural contexts, where technology and basic resources such as electricity, roads, or health workers are limited, barriers to access healthcare are exacerbated. In the highlands of Chiapas, an individual can take more than 7 hours to reach a specialist – this is due to the geographical location of communities, scarce and centralized second and third level care facilities, and limited financial resources. In case of emergencies, the time required to access needed services can make the difference between life and death. This short documentary portrays the stories of health workers and patients in rural Chiapas who have witnessed the positive impact of education and technology on healthcare services in this remote region. In the past year and a half, Dr. Bruno Vargas, a a POCUS-fellowship trained general practitioner at the local NGO Compañeros En Salud (Partners In Health Mexico), has trained physicians, nurses, midwives and specialists in Point-of-Care Ultrasound (POCUS). POCUS is a valuable skill that has gained popularity over the last few years, as it empowers health workers by performing ultrasounds at the bedside of the patient. It allows the clinician to make rapid diagnoses during emergencies due to traumatic injuries, cardiomyopathies, pulmonary afflictions, ophtalmic or musculoskeletal injuries, and can also help guide or change the management. For the health workforce, learning POCUS has marked the beginning of an era in their professional journey. For patients, POCUS has literally saved their lives, by allowing them to receive accurate diagnoses at clinics that are close to their communities.The implementation of POCUS by Dr. Bruno Vargas and PIH clinic staff is a clear example of how quality healthcare provision can be delivered in low resource settings and a demonstration of how this technology can be deployed to deliver greater health equity.

[Watch documentary](#)

"Empowering Equity: Advancing Rural Healthcare through Reciprocal Community Investment in Rural Colombia"
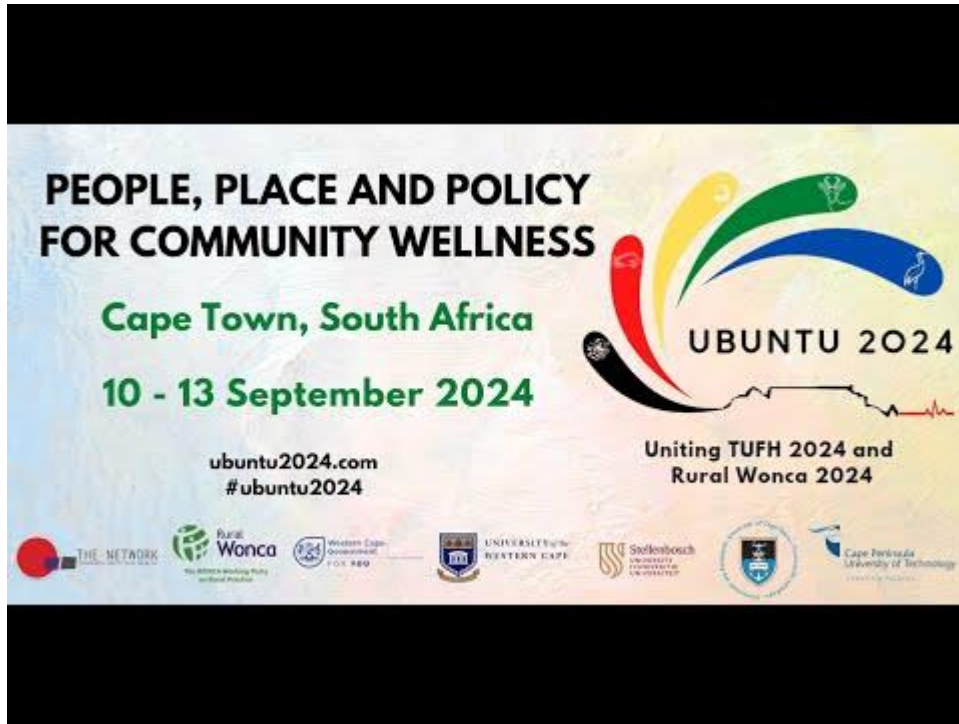
Presenters: Francisco Lamus

Organization: Universidad de La Sabana - Universidad del Tolima

Country: Colombia

Ubuntu ID: Ubuntu237

Abstract

In Icononzo and Chaparral, Colombia, the "Rural Health for Health in Colombia" initiative represents a health revolution rooted in community collaboration and participatory action research. A coalition comprising rural communities, health institutions, and academia—including the Universities of La Sabana, Tolima, and the support of the Arctic University of Norway at Trømso—has set forth a transformative agenda that is redrawing the health equity landscape. This project transcends traditional health service provision, focusing on empowering communities through education and self care practices while fostering access to primary and complex healthcare. It is designed to bridge the health inequity gap evident between rural and urban populations, with an innovative approach that addresses healthcare at multiple levels—from prevention to specialized care. Critical to the project's success is the synthesis of local needs with evidence based strategies that encompass social determinants of health. This approach ensures care continuity, sustainability, and improves health outcomes at costs manageable for rural communities. The enthusiasm and commitment of health personnel are pivotal in this endeavor, reflecting a joint investment in community welfare. At the heart of this movement is the construction of a robust support network, which has been instrumental in the project's first phase. It encapsulates collaboration across all sectors of society, ensuring comprehensive coverage where no individual is left behind. Future phases of our initiative will enhance rural healthcare equity, focusing on reciprocal satisfaction for communities and health workers' contributions. We aim to ensure that their investments in time and resources are rewarded with beneficial and affordable health outcomes. In conclusion, this initiative not only nurtures health but also seeds the ground for socio political stability, potentially healing the scars of long standing conflict. Join us to contribute to and learn from this rural health paradigm, paving the way for a healthier, equitable future for rural Colombia.

[Watch documentary](#)

Convergence: Outreach Clinics to Promote Interprofessional Learning and Practice
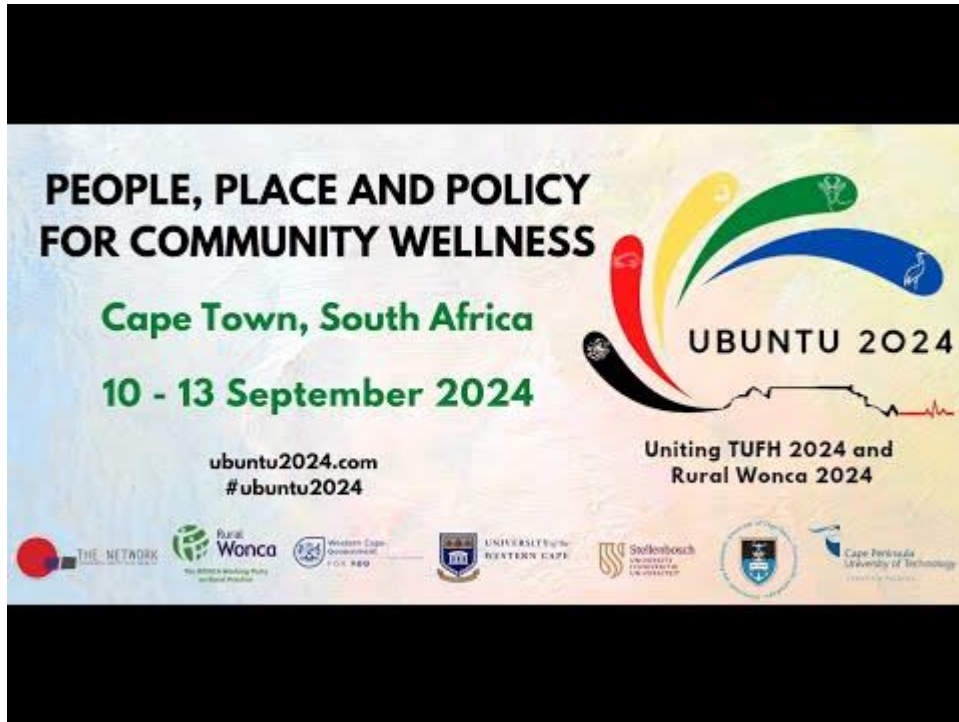
Presenters: Luzaan Africa

Organization: University of the Western Cape

Country: South Africa

Ubuntu ID: Ubuntu140

Abstract

"Convergence" is a groundbreaking three-part docuseries that delves deep into the transformative realm of interprofessional education and collaborative practice (IPECP) within health professions education. In this series, we embark on a journey that celebrates the remarkable potential of diverse disciplines coming together and the benefits for students, patients, and clinical supervisors. Part one of the docuseries offers a look into the students' perception of the UWC interprofessional outreach clinics. Interprofessional learning (IPL) is a critical component in preparing student health professionals for collaborative practice upon graduation. Therefore, interprofessional education (IPE) has been incorporated into health professions education. However, within the IPE curriculum at the University of the Western Cape (UWC), IPL in clinical practice predominantly unfolds within in-patient settings, leaving a palpable gap in outpatient care. The UWC community outreach clinics provide an opportunity for IPL in an outpatient setting. Viewers will witness firsthand how students from diverse healthcare disciplines experienced working together to provide holistic, patient-centered care. Students will provide insights into the educational value of the outreach clinics to promote IPL, and its role in nurturing collaborative-ready graduates. This documentary segment in the docuseries serves as a powerful testament to the profound impact of collaboration, inspiring viewers to envision a future where inclusivity and innovation drive healthcare forward. What sets this docuseries apart is its intimate portrayal of IPECP in action, offering viewers a firsthand look at the profound changes that occur when students from various backgrounds converge for a common purpose.

[Watch documentary](#)

Beyond the Disaster: Unveiling the Impact of Armed Conflict on Mental Health

Presenters: Khalid Mohammed

Organization: University of Gezira

Country: Sudan

Ubuntu ID: Ubuntu176

Abstract

▪ Background: The importance of mental health as part of overall well-being underscores the need to understand how it is impacted during times of crisis. This research documentary aims to survey the effects of the ongoing armed conflict in Sudan on individuals' mental health and well-being.

▪ Summary of work: This documentary centers around a survey conducted to assess the impact of armed conflict on individuals residing in affected areas. It begins by emphasizing the intricate relationship between mental health and its susceptibility to various surrounding factors. To provide necessary context, the documentary offers insights into the prevailing conditions in the surveyed areas. Furthermore, it provides a historical overview of mental health and its management during times of wars and conflicts. Transitioning to the work carried out by a group of students, the documentary highlights their efforts in conducting a study that includes interviews with individuals who have experienced conflict-ridden regions. The primary objective of this survey is to gain a comprehensive understanding of the impact on mental health and measure the prevalence of common disorders such as anxiety, depression, and post-traumatic stress disorder. The documentary concludes by addressing the workshop organized by the study participants, which focuses on providing psychological support during times of crisis.

▪ Conclusion: The documentary holds scientific significance as it sheds light on the impact of conflicts on mental health. The findings can be utilized in the planning and implementation of mental health support programs to enhance public health.

brings profound grief and a lingering sense of loss

[Watch documentary](#)

Getting to Zero: Identifying Critical Concerns of Gender Based Violence with the Communities near Cape Town South Africa

Presenters: Judy Lewis, Michelle Andipatin, Hester Julie, Firdouza Waggie, Gugulethu Cebekulu, Jill Cupido-Masters, Elizabeth Dartnell,

Organization: University of the Western Cape, SVRI, University of Cape Town

Country: United States/South Africa

Ubuntu ID: Ubuntu141

Abstract

This documentary presents a close up look at the importance of university community engagement and problem solving including a summary of the key points, process and presentations of the WHTF/UWC/community symposium held May 11, 2023. More than 100 people from 7 countries interacted through presentations, panels, and small groups. Participants included WHTF Board, community members and activists, NGOs, UWC students, academic staff, researchers and South African government personnel. Elizabeth Dartnell, ED of the Sexual Violence Research Initiative (SVRI) was the keynote. The documentary captures the participation of women from many communities and addresses the high levels of gender-based violence (GBV) in South Africa and around the globe. The discussion focused on how universities and communities can partner to reduce violence. The conference resulted in a report and a cross country collaborative research initiative. The most compelling parts of the film are the community stories and the programs they have helped develop. SVRI found most GBV research is based in high income countries. This documentary underscores the need for a global field organization that tackles violence against women and children ethically in LMICs and results in evidence of what works and what doesn't to end violence against women. This must be identified by researchers in the settings closest to the local people.

[Watch documentary](#)

THANK YOU

Thank you for joining us at Ubuntu 2024, whether in person or online!

Your participation was invaluable in making this event a success, sparking dynamic discussions and generating innovative ideas. The organizers, including TUFH and Rural WONCA, alongside our esteemed partners in Cape Town, provided a platform for meaningful exchange, and your contributions exemplified the collaborative spirit that binds us under the ethos of UBUNTU.

Through your active engagement, the conference has been enriched and has propelled our collective mission to advance global health. We trust that the insights shared will inspire impactful actions as we strive for better health outcomes worldwide. We encourage you to take the Ubuntu 2024 Declaration "Cape Town Consensus" and implement its recommendations in your respective fields.

We eagerly look forward to future collaborations and to seeing the positive transformations that emerge from our shared efforts. Once again, thank you for your continued commitment to enhancing healthcare, advancing education, and promoting the well-being of communities worldwide.

Conference Book Designed & Edited by:

Sakeerah Gamieldien

Dr Luzaan Africa

UBUNTU2024

CAPE TOWN, SOUTH AFRICA

FOR MORE INFO, VISIT:

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Rural Wonca 2024

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Rural Seeds
sowing the seeds for the future of rural health

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