

the unique social determinants of health underlying the building of environmental health capacity in the State of Qatar.

OT16-2

Establishment of Public Health Campus under Tribhuvan University Institute of Medicine

Ishwar Bahadur Shrestha

Tribhuvan University, Nepal

Background In 1978, Institute of Medicine (IoM) started an innovative medical curriculum that was community oriented, problem based, self directed and integrated teaching/learning approach. In those days, the government was the major consumer of the health workers. Today, there are several medical colleges in the country producing a large number of health professionals. The natures of the issues and problems, and policies in health sector have changed dramatically over the time. At IoM, the Department of Community Medicine and Family Health is engaged in teaching Community Medicine for MBBS, and runs a full-fledged Public Health Programs (MPH and BPH). In future, it aims to expand the master programmes in different specialty and start PhD Program. For lack of fund, public health researches have been minimal. The Department has a strong potential to give inputs to the health system and policy. There has been a global trend to develop linkages with the academic institutions both at the National and International levels. Rationale It has been felt that the Department may not be able to accomplish all of above tasks within the frame of a department due to its limited scope and the regulatory provisions of IoM, and hence a separate Campus of Public Health is proposed. Concept The Public Health Campus will be one of the Constituent Campuses of Tribhuvan University and will be autonomous for developing its own programmes for: 1. Resource generation and utilization 2. Programme development 3. Programme implementation, and 4. Developing linkages with national and international institutio

OT16-3

Assessing the Prevalence and Associated Chronic Diseases of Metabolic Syndrome in Older Taiwanese

Meeimaan Chen, Alan Tsai

Asia University, Taiwan

Rationale & Objectives: The prevalence of metabolic syndrome (MtS) is rising in many countries but the definition is not universally defined. We compared the prevalence of MtS in older Taiwanese according to ATP-III (Adult Treatment Panel-III), IDF (International Diabetes Federation), and Taiwan-2006 definitions. Materials & Methods: We analyzed data of the Social Environment and Biomarker Aging Study to determine the prevalence and the association of MtS with the major chronic diseases according to the three definitions.

Results & Findings: The prevalence was 18.2, 28.2 and 32.8% based on ATP-III, IDF and Taiwan-2006 definitions, respectively. MtS was associated with personal history of hypertension, cardiovascular disease (CVD) and diabetes mellitus (DM) per ATP-III; hypertension and DM per IDF; and DM, hypertension per Taiwan-2006. The prevalence of MtS decreases with age in men but increases with age in women.

Conclusion: The prevalence and associated diseases of individuals identified MtS vary considerably according to definitions. Adopting a uniform definition with population-specific cut-points may help resolve the discrepancies.

OT16-4

Factor Affecting the Success in Master of Public Health Program of Distance Education System, Sukhothai Thammathirat Open University

Chawthip Boromtanarat

Sukhothai Thammathirat Open University, Thailand

The School of Health Sciences, Sukhothai Thammathirat Open University (STOU) was opened Master of Public Health Program (M.P.H.) in the year 2001. This school launched the research to develop the effective of M.P.H. Program by using distance learning system. The purpose of this research were to study the factors affecting the success in the M.P.H. Program, and the problems, obstacles, and suggestion in the M.P.H. Program. This survey research was conducted among 192 graduated students in the M.P.H. Program between academic year 2001 and 2006 by using stratified random sampling. The administrative questionnaires were used for data collection. Percentage, mean, standard deviation and Stepwise Multiple Regression were used to analyze data. The results showed that: student factors: the majority graduated in public health administration. Their self learning method and factors of instructors and distance education system were at a high level, the learning support substance was at a moderate level. The success in the M.P.H. Program was at a good level. The factors were significantly affecting the success in M.P.H. were student factors in the self learning method. The major obstacles were delay of documents sending, the library's office hours were limited for the students and the textbooks were not updated, the computer services were inadequate for students needs. The study suggested that STOU should improve and develop the logistic service system of documents and media, the library services, the computer services and system, , and the accommodations to meet the need of the students.

OT16-5

Multidrug-Resistant Nosocomial Citrobacter Spp. in Om Hospital and Research Center, Kathamandu

Badri Thapa, Kishori Mahat

Mahidol Univeristy, Thailand

Citrobacter spp. is a commensal flora and an infrequent nosocomial pathogen to cause nuisance in hospital settings. Recently, the isolation of this pathogen in health care setting is rising and the multidrug resistant strains are emerging. This pathogen cause wide array of infections and the mortality rate is unexpectedly high of 30-60%. Extended spectrum cephalosporins have been used to treat this pathogen and due to the emergence of resistant strains to these drugs newer treatment protocols have to be devised. We investigated the epidemiology and antibiotic susceptibility pattern of clinical isolates of *Citrobacter* spp. isolated in this hospital. Specimens were collected from ten patients and implicated pathogen was isolated. Disk diffusion test was performed on these isolates and probable mechanisms of resistance were deduced. Antibigram typing was used to resolve the clones of the isolated bacteria. The results showed that *Citrobacter* spp. was highly prevalent and commonly isolated from the sputum sample of patients diagnosed as chronic obstructive pulmonary disease (COPD). The antibiogram pattern suggested the circulation of three clones of *Citrobacter* spp. They were multidrug resistant and sensitive to only cefoperazone and sulbactam suggesting the production of β -lactamase inhibitors sensitive molecular class A and D extended spectrum β -lactamases (ESBL). In conclusion, treatment protocol should be changed from the use of extended spectrum cephalosporins to combination therapy, β -lactam and β -lactamase inhibitors to treat multidrug resistant *Citrobacter* spp. and we should aim to prevent the spread of this pathogen among patients to decrease the morbidity and mortality associated with this pathogen.

OT16-6

A Research on the Pilot of Out-Patient Co-Ordination of New Rural Cooperative Medical System in China-Mainland

Xiao Hao, Zhaokang Yuan, Shangwen Chen
Nanchang University, China

Purpose: Analyzing the effects of different out-patients' compensation model, to explore the reasonable and complete compensation plan for out-patient co-ordination and methods of supervision and management.

Methods: Selecting four out-patient co-ordinate counties (Xinjian, Yongxiu, De'an, Chongyi) and four family account counties (Jinxian, Ruichang, Jiujiang, Dayu) to analysis its statistical data in 2008, compare the experimental group with the control group and also compare the data with other 27 counties to evaluate the effects of different models. Holding the forum of different groups (public health administrators, handling personnel and directors of rural township hospitals, rural doctors). Visiting New Rural Cooperative Medical System agencies, township hospitals and village clinics, through on-site inspection found problems in actual operation, to propose the corresponding countermeasure.

Result: Comparing out-patient co-ordination model with family account compensation model: The benefits of peasants has obviously improved (72.75% > 36.94%). Expenditure of out-patient fund accounted for the proportion of total fund has increased (12.26% > 8.42%). The average costs of out-patient compensation has reduced (14.88yuan < 22.75yuan). The supervision has more difficulties. Conclusion: Out-patient co-ordination model is more favorable to make farmers take good use of out-patient health services, but the difficulties of supervision expanded. The sustainable development of out-patient co-ordination is depended on the reasonable compensation plan and the strict and effective supervision measures.

OT16-7

Inclusion of Health Ethics in the Public Health Curriculum and Its Practical Application in Health Research in Nepal

Lal B Rawal¹, Ritu P Gartaula²

1. Monash University, Australia

2. Purbanchal University, Nepal

To date, there are nine public health schools, providing either undergraduate (bachelor) or postgraduate (Master) or both public health programs in Nepal. There is a lack of adequate and proven inclusion of health ethics in public health curriculum, though needs are immense and important for public health graduates. With the principal objective to determine how and in which extent the health ethics and its practical application aspects are included in the public health curriculum, this qualitative study was conducted. Altogether 12 Focus Group Discussions and 12 Key Informant Interviews were conducted. Public health curriculums were reviewed systematically. Information was verified, coded and thematically analyzed. Efforts were made to triangulate qualitative and curriculum reviewed information. Ethical approval from Nepal health research council was obtained. Universities have given their concern to address issues related to health ethics in their respective public health curriculum at both bachelor and master levels, though the level of inclusion is marginal and varies in different universities. The common terminologies included are: ethical consideration, ethical consent, ethical approval and confidentiality etc. No specific units and teaching hours are allocated for health ethics teaching/learning at both levels. We conclude that, inclusion of health ethics in the current public health curriculum is negligible, inadequate and not covered necessary aspects of health ethics at both levels. Therefore, we recommend revising the current public health curriculum is essential and assure that health ethics get priority as separate unit with considerable allocated teaching hours.