

and life expectancy, LE) from 1990 to 2011. We use both σ convergence to track whether the standard deviation of the study variable decreased over time and the β convergence to track whether the less developed entities moved toward the average level in the group. Our control variables include the natural logarithm of gross domestic product per capita, the natural logarithm of health care expenditure per capita, the natural logarithm of development assistance for health per capita, and the share of urban residents in the population.

Results: The variation of U5MR between countries became smaller for the first decade of the study period. Yet this sigma convergence trend is not sustainable as after 2002 this variation of U5MR became larger. Life expectancy in Africa from 1990–2011 demonstrates a consistent convergence trend, even after controlling for the initial difference of country-level control variables.

Discussion: The lack of consistent convergence in U5MR partially result from the fact that countries with higher U5MR in 1990 eventually performed better than those countries with lower U5MRs in 1990, constituting a reversal in between-country health inequity. While domestic investment in population health remains important, international aid agencies might need to reassess the priority and focus about which countries to invest health care resources, especially in the field of early childhood health.

Funding: None.

Abstract #: 1.066_NEP

Community engagement in the development of cervical cancer educational programs in rural Nigeria

F. Ishola; Global Youth Coalition against Cancer, Abuja, Nigeria; Atlas Service Corps, Washington, DC, USA

Background: In Nigeria, cervical cancer is the second most common cancer and the second leading cause of cancer deaths among women 15 to 44 years of age. About 14,089 cervical cancer cases and 8240 cervical cancer deaths occur annually. Visual Inspection with Acetic Acid (VIA) Screen and Treat approach for cervical cancer prevention has been proven as safe, effective and appropriate in resource poor settings like Nigeria; however, it needs to be complemented with cervical cancer education and awareness that resonate with the target population. This study aims to understand women's perception of cervical cancer and their preferences on cervical cancer information delivery with a view to developing culturally appropriate cervical cancer educational programs.

Methods: This qualitative study utilized semi structured one to one interviews and focus group discussions for data collection and occurred between January and March 2015 in Ifon community, Osun State. Thirty three participants purposively sampled included 15 local women, 4 peer educators, 9 cervical cancer survivors and 5 community health workers aged 20 to 69 years living or working in the target community. Informed consent was obtained from participants and participation was voluntary. Interviews and FGDs were audiotaped, transcribed and analyzed for recurring themes and patterns.

Findings: Women had little or no knowledge of cervical cancer and the availability of screening services. There were various myths

and misconceptions regarding cervical cancer, its causes and treatment. Women preferred interpersonal, one on one verbal communication with individuals familiar with the people and culture of the community such as community health workers, religious and community leaders, volunteers and survivors. They believed contextualization of cervical cancer information will improve comprehension and that the use of frequently visited forums such as village meetings, women's groups, religious gatherings, and traditional healing centres will help to reach more women with cervical cancer information.

Interpretation: Perspective of the community is vital in the development of culturally appropriate cervical cancer educational programs. Cervical cancer education initiatives should be adapted to local context. It should also be interpersonal and community driven with genuine community ownership and participation.

Funding: No funding source.

Abstract #: 1.068_NEP

The PRIDE (populations, research, interventions, diseases, exposures) model: a new framework for defining global health

K.H. Jacobsen¹, R.L. Skolnik², G. Martin³; ¹Department of Global & Community Health, George Mason University, Fairfax, VA, USA, ²Department of Health Policy, Yale School of Public Health and Yale School of Management, New Haven, CT, USA, ³Globalization and Health, BioMed Central, London, UK

Purpose: In the decade or so since global health emerged as a common term, the global health umbrella has come to cover a wide variety of activities. Because the boundaries of the field remain undefined, many universities and research centers are uncertain about the appropriate types of activities to include their global health portfolios. We propose a five-point framework for defining the projects, programs, policies, and papers that might most appropriately be labelled as global health activities and included as priorities for institutional planning and outreach. The main points of the framework can be summarized with the acronym PRIDE.

Structure/Design: (1) Population: Global health focuses on public health issues that affect a diversity of populations and world regions. To fall under the global health umbrella, a clinical activity, research study, or intervention must have a population-focused orientation that addresses transnational issues. (2) Research: Global health uses a multidisciplinary set of comparative research methods to explore the economic, environmental, epidemiological, political, social, and other factors that influence health. Global health research also examines health transitions, identifies emerging public health priorities, and tests the effectiveness of interventions. (3) Interventions: Global health is committed to identifying, designing, implementing, and evaluating cost-effective, sustainable, and scalable technologies and interventions for improving large-scale population health status. Global health prioritizes the reduction of health disparities and the prevention of disease, disability, and premature death. (4) Diseases: Global health covers the full spectrum of health issues across the lifespan and recognizes the "one health" concept of the interconnectedness of human, animal, and ecological health. (5) Exposures: Global health uses a human rights and equity lens

to identify both risky and protective biological, behavioral, environmental, and other exposures, especially those that are worldwide threats and those that disproportionately affect children, low-income people, and other vulnerable populations.

Going Forward: Under the PRIDE model, global health is a broad field. However, clinical advances that are not likely to be accessible to a large proportion of the world's population are not global health discoveries, just as epidemiological or economic studies conducted in one low-income country are not global health studies if they do not yield readily generalizable results.

Funding: None.

Abstract #: 1.069_NEP

Contemporary vaccination trends in young adults: study at a rural state university

E.D. Jadhav, D.L. Winkler; Ferris State University, Big Rapids, MI

Background: the surge in incidence of vaccine preventable deaths in the United States (U.S.) reflects the declining vaccination rates among young adults. One of the factors associated with the decrease in vaccination rates is philosophical exemptions that lead to vaccination waivers. Individual marginal circumstances coupled with a rise in vaccine waivers may fuel a generation of vaccination averse, unvaccinated individuals leading to geographical clustering of vaccine preventable diseases nationally that will subsequently produce a global health concern. Not much is known about the benefits, barriers and influencers of vaccination in young adults. The aim of this study is to identify contemporary vaccination trends in young adults.

Methods: the study used a cross-sectional study design. Data collection is on-going. The survey instrument was finalized after piloting the instrument with 100 random participants. The unit of measure are students from Ferris State University (FSU), a rural Michigan state university. FSU student population closely approximate the national socioeconomic profile. Exploratory analysis are used to identify contemporary trends. The study received –exempt–status from the institution's IRB board.

Preliminary findings: over 83% of 816 students were up to date on their vaccinations while approximately 8% of them signed or had someone sign a vaccination waiver. Effective control against disease is the most important benefit of vaccinations for about 67% of the students. Safe to use and easy to administer vaccines have the most important influence on the willingness to be vaccinated for about 56% of the students. The risk of an adverse event greater than the intended benefit appears to influence access to vaccination in about 14% of students which is a plausible explanation for only about 66% of the students feeling that vaccinations and autism are not at all related.

Interpretations: preliminary findings suggest an underlying relationship between risks of adverse events outweighing the benefit of vaccination. This finding can inform the expansion of young adult vaccination programs at university campuses that allow philosophical exemption resulting in vaccination waivers. Future analysis include modelling strategies to identify associations between marginal circumstances and vaccination status.

Funding: Ferris State University Office of Academic Research.

Abstract #: 1.70_NEP

RDS affected neonatal conditions and the health care situations in different health care settings

N. Deval¹, J. Chaturvedi², B.K. Mukkundi¹, K. Olson³, D. Santorino⁴, N.K. Jangir¹, A. Logan⁵; ¹Coeo Labs, Bangalore, India, ²St John's research institute, Bangalore, India, ³Massachusetts General Hospital, USA, ⁴Mbarara University, Uganda, ⁵UCSF, San Francisco, CA, USA

Program Purpose: Respiratory distress syndrome (RDS) is a common lung disorder and foremost contributor to neonatal mortality worldwide. The technologies for RDS-treatments in resource constrained settings are insufficient. The objective is to better understand the scenario of the RDS-affected neonatal conditions and the health care system in different health-care settings.

Study Method: A review of current neonatal health facilities & scenario related to RDS in Karnataka–India was carried out. We invited opinions, experiences, information and feedback from 31 different levels of clinicians by direct interview from the various levels of hospitals i.e. primary, secondary and tertiary hospitals and results were analyzed.

Outcome: According to our data 75% of the referred hospitals receive neonates from primary & secondary hospitals which require safe transportation. Average distance & transport time between referring hospitals and referred hospitals is 30 Kms & 45 mins respectively. Maximum referral travel is about 300Kms. About 73% of hospitals don't have any designated vehicles (Ambulances) for such transports. Most parents prefer to use own vehicle/hired vehicles instead of waiting for an ambulance for transportation to avoid delay in treatment. Pediatricians are only available in tertiary hospitals. An average of 50 deliveries/month, 5 RDS babies born/month & 1 RDS death/month per hospital. 70% hospitals don't have a mechanism to monitor neonates. 83% hospitals don't have a CPAP machine.

Going Forward: Despite extensive research & work carried out for management of RDS-neonates worldwide, there still are significant gaps in accessing technology for RDS management in resource constraint settings in India. There is a need for a technology that maintains adequate respiration in neonates with RDS during transportation in such settings. Such a technology should take into account infrastructure requirement, skill level of health care workers and maintenance requirements in low resource environment. This will reduce the neonatal deaths that occur due to time spent without respiratory support during transportation in resource constrained settings.

Funding: Coeo Labs Pvt Limited.

Abstract #: 1.071_NEP

The prevalence and correlates of hypertension among rural Ghanaian adults

M. Jaziri¹, M.E. Lyman¹, L.S. Benson¹, D. Ansong^{2,3}, E.A. Williams⁴, J.M. Boaheng², E.X. Amuzu², O.A. Owusu³, E. Kwarteng³, M.G. Quansab³, S.D. Walker¹, T.T. Dickerson¹,