

a deficit of leadership at the global political level and in civil society, and (4) the newborn health community's decision to shift to a broader agenda, focusing on newborn survival more holistically as opposed to addressing a single condition, like prematurity.

Interpretation: The newborn community should increase advocacy efforts to frame preterm birth as the top priority for child survival. Preterm birth should be framed to global health stakeholders as a severe but preventable problem with existing solutions that need to be rapidly scaled-up. To accelerate global response, the newborn health community must improve data around economic impacts and existing interventions and resolve internal technical disputes. Political leadership at the global levels and in civil society should be mobilized, and upcoming policy windows leveraged to highlight the resounding global burden of prematurity.

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Burn injury epidemiology, treatment, and prevention approaches in US and Poland: a comparative study

Niketa Kataria¹, Małgorzata Nagórska², Arthur Mazur², Grzegorz Telega¹; ¹Medical College of Wisconsin, ²University of Rzeszow

Background: WHO prioritized burn prevention as an area for global research and education. We designed a comparative study to evaluate the epidemiology, treatment, and knowledge about burn prevention in Poland and the USA.

Methods: We conducted a retrospective in-patient chart review of 100 burn patients admitted to the pediatric units in Poland (Rzeszow) and the USA (Milwaukee). Additionally, we administered 25 standardized questionnaires to parents in each country to evaluate the level of knowledge about burn prevention.

Findings: Of the charts reviewed, toddlers and infants (0–2y) are the most represented group. There was no difference in sex, percent body burn and length of hospital stay between Poland and the USA. The number of procedures performed was higher in the USA especially in female patients ($p < 0.001$). The questionnaire results revealed a lower level of education about smoke detectors in Poland ($p < 0.02$) and about hot water temperature settings in the US ($p < 0.01$). Both countries show poor compliance with the use of outlet covers.

Interpretation: Significantly different management approaches are being utilized in burn treatment. In the US, there seems to be an emphasis on procedures, while in Poland the emphasis is on medical management of burn injuries. As both countries have similar burn injury patterns, optimal approach to burn injury treatment needs further investigation. Education should be focused on burn prevention in the toddler and infant age group. Each country may need specific educational strategies to address gaps in knowledge about burn prevention.

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Cervical cancer screening in developing regions: observations from Paraiso, an underserved community in the Dominican Republic

M. Kaumaya, M. Guraker, J. Dinnel, M. Ryan, R. Pryor, G. Bearman, M. Stevens; Virginia Commonwealth University, Richmond, VA, USA

Background: 85% of cervical cancer cases occur in developing countries. Furthermore, cervical cancer is one of the leading causes of cancer mortality as well as all-cause mortality among women in developing countries despite it being an easily preventable disease. In the Dominican Republic specifically, the incidence rate is 29.7 compared to 15.2 per 100,000 globally. The objective of the study is to explore the causes of this discrepancy in one underserved community in the Dominican Republic.

Methods: A survey was conducted during a free health clinic held in the community of Paraiso. All non-pregnant women, 18 years and older, were eligible for participation. A 25 item voluntary, anonymous survey was administered collecting demographic data as well as data on cervical cancer knowledge, screening history and attitudes towards screening.

Findings: 57 women were surveyed during a 5 day period in January 2015. 78% of women had received at least one pap smear. Within that group, however, the frequency of obtaining pap smears was highly variable with some women only having received an exam once or twice in their lives, and some women obtaining exams every six months to one year. Additionally most women surveyed were unsure of the exact reasons for obtaining pap smears, often times citing vague reasons such as “to detect any possible abnormalities” without being able to give more specific reasons. After being educated about the purpose of the HPV vaccine, 85% of women surveyed said they would be open to receiving vaccination if this was made available in the Dominican Republic.

Interpretation: Women in Paraiso are able to access cervical cancer screening with pap smears. Knowledge about the etiology of cervical cancer, the frequency of screening as well as funds to treat it once identified are lacking. Women in this community are open to the concept of HPV vaccination. The results of this survey will inform health outreach efforts in this community.

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Maternal and newborn health situation of Rohingya migrants in Cox's Bazar, Bangladesh

M.H. Khan¹, F. Islam², N.M.R.A. Chowdhury³, U. Masako¹, S.M. Chowdhury², M.D. Delem¹, A. Rahman²; ¹International Organization for Migration (IOM), ²Centre for Injury Prevention and Research, Bangladesh (CIPRB), ³Department of Anthropology, Comilla University, Comilla, Bangladesh

Background: The initial arrival of Rohingya migrants from Myanmar into Bangladesh especially Cox's Bazar took place in late seventies. Since then Bangladesh hosts approximately 500,000 Myanmar nationals. Only about 30,000 officially registered as

refugee and UNHCR supervised by. Rest of the refugees called undocumented Myanmar nationals (UMNs) lives in cluster settlements. While registered residents have access to basic services, those UMNs do not. They have limited access to maternal and newborn health (MNH) services. A study was conducted to ascertain existing MNH situation of UMNs.

Methods: Cross sectional descriptive study was carried out in 2015. 23,466 households covering 105,600 populations from three sub-districts of Cox's Bazar were screened and 279 UMN women and 1858 Bangladeshi women having one under 1 year old child was randomly selected from both rural and urban areas.

Findings: UMN respondents, went to unqualified private practitioners, was 58.8%. 34.1% made four ANC visits and 16.5 % did not receive any. 61.6% UMN women received Tetanus Toxoid. Respondents who had no knowledge about any danger sign related to pregnancy and delivery, and newborn danger sign were 10.4% and 9.7%, respectively. 71.7% UMNs had no knowledge about transmission of HIV/AIDS. 84.6% UMN respondents gave birth at home, among them 43.7% were conducted by untrained Traditional Birth Attendants. 48.7% did not seek immediate health check-up after home delivery. 33.5% of home delivered newborns' cord was cut with delivery kit blade. 35.8% newborn was dried and 10.8% wrapped immediate after home delivery. Almost half of the babies were bathed within one hour of birth. 74.9% of UMN mother initiated breast feeding within 30 minutes. 53.7% of UMN respondents used contraceptives and half of them used injectable methods.

Interpretation: The study revealed that knowledge and health seeking behavior on MNH services of UMN women was poor. The majority sought health care from unqualified practitioners. Coverage of ANC visit and postnatal check-up was low. Deliveries assisted by medically trained personnel were very low among the UMNs. The immediate newborn care was not up-to the level. Contraceptive use of women was not satisfactory.

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A cluster randomized controlled trial to evaluate the effects of a community health worker based approach to promote cardiovascular risk factor control in India: study design and rationale

Aditya Khetan¹, Raghunandan Purushothaman², Melissa Zullo³, Rishab Gupta⁴, Sushil Agarwal⁵, Sri Krishna Madan Mohan^{1,6}, Richard Josephson^{1,6}; ¹University Hospitals Case Medical Center, Case Western Reserve University, Cleveland, OH, USA, ²University of Arkansas for Medical Sciences, Little Rock, AR, USA, ³Kent State University, Kent, OH, USA, ⁴All India Institute of Medical Sciences, New Delhi, India, ⁵SEHAT, Dalkhola, India, ⁶Harrington Heart & Vascular Institute, Case Western Reserve University, Cleveland, OH, USA

Background: The increasing burden of cardiovascular disease (CVD) in low and middle income countries is largely driven by the increasing prevalence of hypertension, diabetes and tobacco

use. We hypothesize that the utilization of community health workers (CHWs) to screen for and manage these three determinants of CVD in an integrated manner would be an efficient approach to favourably affecting public health.

Methods: We have designed and set up the infrastructure to implement a 2 year community based cluster randomized controlled trial in an underserved region of West Bengal, India. Participants will include around 1200 adults, aged between 35-70 years, with atleast one cardiovascular risk factor. They will be recruited through home based screening into a total of 12 clusters, which will be randomized to either a control or intervention arm before screening. After the screening, CHWs will follow up with participants enrolled in the intervention arm for a period of 2 years through home visits. The control arm will receive usual care in the community.

The CHW arm will follow a behavioural strategy focused on modifying the individual's lifestyle, increasing knowledge of CVD, promoting smoking cessation, increasing physician seeking behaviour and promoting medication adherence.

The main project office is based in Cleveland, Ohio at University Hospitals/CWRU, and the local site office is located in Dalkhola, West Bengal at a local non-profit set up for the study. IRB approval was obtained both in Cleveland as well as India.

Outcome evaluation: The two year primary outcome of the study will be the absolute reduction in systolic blood pressure amongst hypertensives, absolute reduction in fasting blood glucose amongst diabetics and absolute reduction in average number of cigarettes smoked per day amongst smokers.

Going Forward: We believe this study infrastructure serves as a useful model for international collaboration. It builds on unique local resources, attends to important domestic requirements, and will ultimately provide an evidence based approach that will help manage the increasing burden of CVD.

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Need for continuing medical education for liver disease management in Mongolia

Y.A. Kim¹, A. Le¹, J. Estevez¹, D. Israelski², O. Baatarkhuy³, T. Sarantuya⁴, S. Narantsetseg⁵, P. Nymadawa⁶, H. Le¹, M.F. Yuen⁷, G. Dusheiko⁸, M. Rizzetto⁹, M.H. Nguyen¹; ¹Division of Gastroenterology and Hepatology at Stanford University, California, USA, ²Center for Innovation In Global Health at Stanford University, California, USA, ³Department of Infectious Diseases at Mongolian National University of Medical Sciences, Ulaanbaatar, Mongolia, ⁴Internal Medicine Department at United Family Intermed Hospital, Ulaanbaatar, Mongolia, ⁵The Third State Central Hospital of Mongolia, Ulaanbaatar, Mongolia, ⁶Public Health Branch, Mongolian Academy of Medical Sciences, Ulaanbaatar, Mongolia, ⁷Division of Gastroenterology and Hepatology at Queen Mary Hospital, Hong Kong, ⁸Royal Free Hospital and University College London School of Medicine in London, United Kingdom, ⁹Department of Gastroenterology at the University of Torino, Torino, Italy