ethics preparedness for future public health emergencies, while making recommendations that support policies and practices that reflect public values.

**Outcome & Evaluation:** This session will address each of the seven (7) recommendations the commission makes, a framework for addressing key ethical issues and guide public health planning and responses for Ebola or other acute public health crises.

**Going Forward:** In addition, this session will review other governmental and military ethical responses to this global public health issue.

**Funding:** None.

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**Perceptions of Malawi midwives regarding unsafe abortion**

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**Background:** Every year, 675 out 100,000 pregnant women die in Malawi from pregnancy related deaths. Malawi Demographic and Health Survey, 2010. Unsafe abortion in contributes to 20% of these maternal deaths (Levandowski, et al, 2013).

**Methods:** A survey was developed by the research team that was designed to determine midwives’ perceptions regarding reasons Malawi girls and women seek abortion, methods they utilize most to terminate pregnancy, safety and effectiveness of pregnancy termination methods, abortion rights, and barriers from provision of safe abortion services. One hundred and thirty (n = 130) midwife members of the Association of Malawi Midwives (AMAMI) were contacted via email and requested to complete a 28 item survey. The survey was open for a 3 week period. Fifty-four (n = 54) surveys were returned (41.5% response rate) and used in this analysis.

**Findings:** Eighty-seven percent of respondents (87%, n = 47) thought unsafe abortion was one of the main causes of maternal deaths. Sixty-four percent (64%, n = 35) believed that a woman has a right to decide whether or not to terminate her pregnancy and 98% (n = 53) of the midwives surveyed indicated that they would like to see AMAMI playing an active role in reducing deaths that arise from unsafe abortion. The barriers that prevent midwives from providing safe abortion services include restrictive abortion laws (78%, n = 42), religious and cultural beliefs (78%, n = 42), not a part of the scope of practice (70%, n = 38), and concerns about what people would think (18%, n = 10). In terms of beliefs and attitudes towards abortion services 50% (n = 27) agreed that midwives have an obligation to advocate for safe abortion care. Even though the majority of midwives are concerned with maternal deaths that arise from unsafe abortion, very few of them (9%, n = 5) are actually ready to provide safe abortion to women.

**Interpretation:** Malawian midwives are concerned with the high maternal mortality ratio in the country and the damage caused by unsafe abortions. Currently, the Malawi abortion law is going through review with a special law commission on abortion in place. It is imperative that midwives get fully involved in the law reform process. Development of advocacy materials is a first step.

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**Addressing shortages in human resources for mental health: Developing an undergraduate psychiatry training program in Botswana**

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