

is present during clinic for logistic reasons and to facilitate the discussion. Diagnosis and treatment plans are made. Patients continue to get specialised care in the OPD or Tele-consultation clinic. Occasional emergency consultations are also provided.

**Outcome & Evaluation:** In the last 3 years, 316 patients with 1,200 consultations were provided in weekly clinic. The most common diagnoses made were depression ( $n = 169$ , 52%), Anxiety disorders (37, 11.7%), schizophrenia (24, 7.5%), unspecified Psychosis (19, 6%) and Somatoform disorders (14, 4.4%). Our pharmacy is equipped with a variety of medicines to support psychiatric illnesses in rural India.

**Going Forward:** Tele-consultations is a feasible model of providing specialist psychiatric care. This allowed us to reduce referral rates to Medical colleges for psychiatric illnesses and provide a learning environment for residents. Both the consultant psychiatrist and patients reported high rates of satisfaction. Treatment compliance rates have improved with internet consultations. We have been able to sensitise communities about mental health and form local, mental health support groups at the village level. We hope to develop methods to improve the outreach and compliance and reduce stigma of mental illness.

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#### Risk factors for cytomegalovirus retinitis among individuals with HIV and low CD4 count in northern Thailand

Abstract Opted Out of Publication

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#### Predictors of medical outcome in 1,712 Ethiopian survivors of rape

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**Background:** This study, conducted by Emory and Addis Ababa Universities, described the population and analyzed determinants of medical outcome in Ethiopian survivors of sexual violence treated in two comprehensive care clinics.

**Methods:** 2,970 patient charts from clinics in Hawassa and Adama, Ethiopia were reviewed, and 1,712 were selected based on criteria including history of rape, female gender, and chart completeness. Descriptive characteristics defined the population, while univariate and multivariable logistic regression analyses described predictive models for STI transmission, pregnancy, and injury. Approval was obtained from Emory University IRB00080146.

**Findings:** Average patient age was 13.4 years (SE = 0.1). 11.8% (SE = 1.1%) of patients tested positive for gonorrhea and 13.3% (SE = 1.2%) of patients tested positive for an STI (gonorrhea, hepatitis B, syphilis, or HIV). 9.0% (SE = 0.8%) of patients were pregnant. 16.8% (SE = 0.9%) of patients had genital injury, while 4.7% (SE = 0.5%) of patients had evidence of body trauma. Gonorrhea transmission was more common in patients with genital injury (OR = 2.53 [95% CI 1.51-4.24]), while education was protective

against both gonorrhea (OR = 0.18 [95% CI 0.04-0.76]) and aggregate STI transmission (OR = 0.38 [95% CI 0.15-0.96]). Pregnancy was common in cases of incest (OR = 2.96 [95% CI 1.74-5.04]) and prior sexual contact (OR = 2.33 [95% CI 1.38-3.91]), however on multivariable analysis, incest was uniquely predictive of pregnancy (OR = 3.21 [95% CI 1.62-6.33]). Body trauma was more frequent in patients with secondary education (OR 2.86 [95% CI 1.44-5.68]), prior consensual sex (OR 2.54 [95% CI 1.25-5.20]) and multiple penetrative assailants (OR 6.71 [95% CI 2.17-20.77]). Genital injury was more likely in younger patients (OR 0.96 per year [95% CI 0.93-0.98]) and those with multiple penetrative assailants (OR 2.85 per year [95% CI 1.03-7.86]).

**Interpretation:** When compared to other survivor cohorts, gonorrhea transmission and pregnancy were more common, while injury was less common. Although limited by chart completeness and inter-provider consistency, several characteristics predicted STI transmission, pregnancy, and injury. Novel findings included increased gonorrhea transmission after genital injury, while findings such as the protective effects of education on STI transmission reinforced prior studies. Many of these findings may be broadly applied to the care of these survivors.

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**Abstract #:** 1.014\_PCF

#### An evaluation of transparency and accountability in Brazil's pharmaceutical sector

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**Background:** It is estimated that one third of the world's population lack regular access to essential medicines. In recent years this lack of access has been attributed to a lack of good governance in the health and pharmaceutical systems, as it limits governments' ability to ensure proper management of public resources and can create opportunities for corruption. While anticorruption policies grounded on good governance are considered the 'golden' standard for tackling corruption, the transition from policy creation to the everyday practice of good governance policies involves robust complexities and may not always translate into minimized corruption. With this in mind, the proposed research aims to evaluate what good governance policies are in place in Brazil's pharmaceutical sector and how they are implemented and practiced in everyday activities. This will be done to contribute to the existing literature on good governance policies and how their uptake can be improved to minimize corruption and ensure access to medicines and health services.

**Methods:** We utilized WHO's Good Governance in Medicines Programme's Transparency Assessment Tool as the framework for our study. We conducted a desk review of legislation and policies that govern Brazil's pharmaceutical system and 20 semi-structured key informant interviews with government officials, hospital directors and pharmacists in the states of Sao Paulo and Paraiba to capture their perceptions on the level of transparency and accountability in the pharmaceutical system. Interview data was analyzed using Braun & Clarke's (2006) qualitative thematic analysis approach.