

use the Palestinian veterinarian services at the West Bank. The MoA, on the other hand, refrains from informing Bedouins about Brucellosis status at their herds, concerning that herders will trade infected animals in the “black” market. The MoA does inform the MoH about Brucellosis interventions, however perceives its actions and actual usage of this information as insufficient. Medical doctors and private veterinarians who work at the Negev distrust the current Intervention and perceive it as incomplete, insufficient and discriminatory against the Bedouin.

**Interpretation:** This is a work-in-progress, that aims to uncover political and historical factors that influence intervention in Brucellosis in the Negev. “Trust” was found to be a significant factor, and originates from processes that cannot be altered solely through MoA’s work. As also suggested by the “One Health” approach, which aims to establish cooperation between multiple governmental, private and community stakeholders, “trust” should require better consideration in planning interventions to control this preventable disease.

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### The Implications of Donor Engagement with Faith-Based Organisations for Health Systems: A Case Study Example from Cameroon

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**Background:** Faith-Based Organisations (FBOs) have a long history of providing indispensable social welfare to many Sub-Saharan African countries, including Cameroon. Over the past decade, donors have engaged FBOs in numerous sub-Saharan African countries in the context of health system reforms and health programmes. However, there is very little knowledge about the implications of this engagement for FBOs and health systems. The aim of this research is to understand these implications in the context of donor engagement of FBOs in Cameroon.

**Methods:** This is a mixed-method study that examines a case study whereby three FBO networks have received a significant amount of funding from a donor. 29 semi-structured interviews with FBOs, donors and the Ministry of Health, as well as a Knowledge, Attitude and Practice (KAP) survey among all FBO facilities in the North-West region in Cameroon were conducted to address this question.

**Findings:** Funding from the donor in question had the intention to strengthen FBO networks and facilities, however, this research shows that there were mostly negative effects on both FBOs and the health system. Firstly, funding was centralised and many FBO facilities in the periphery were unaware of funding opportunities, this caused tensions between FBO facilities and FBO networks. Secondly, with some funding unaccounted for, FBO networks and some members of government involved in the steering committee of this programme have acquired a reputation for poor governance of those funds. Consequently, this programme has resulted in a poor reputation of FBO networks amongst most donors in Cameroon and FBO facilities in the periphery, which has undermined their position in the health system and their ability to qualify for grants. Thirdly, health system governance has been negatively

affected by the accentuated tensions between FBOs and government, as a result of the problems inflicted by this programme.

**Interpretation:** The findings of this research illustrate that donor engagement of FBOs can potentially be harmful for both FBOs as active contributors to the health system and health system governance. Further research is required to improve our understanding of how donors should best engage with FBOs in health programmes.

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### Global Alliance for Nursing and Midwifery’s (GANM) Virtual Library: Knowledge Sharing and Capacity Building Rooted in the Sustainable Development Goals (SDGs)

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**Program/Project Purpose:** The Global Alliance for Nursing and Midwifery (GANM) is a World Health Organization (WHO)/Pan American Health Organization (PAHO) Collaborating Center (CC) at the Johns Hopkins University School of Nursing (JHUSON). The GANM’s main aim is to develop innovative approaches to knowledge dissemination that build the capacity of nurses and midwives around the world. Currently the GANM has nearly 4,000 members consisting of practitioners, policymakers, researchers, and academics.

**Structure/Method/Design:** One tool the GANM has developed to encourage knowledge exchange is the virtual library. Originally, the library was organized by general subject tags with a plethora of documents and resources added by members. It has recently been redesigned to increase utility as an educational tool for the GANM community, with a focus on the Sustainable Development Goal (SDG) 3. The SDG 3 focuses on ensuring health and well-being for all and its targets form the organizational foundation of the new virtual library. The virtual library will serve as a guide for future education, training, and capacity building. With this new structure, the GANM aims to create stronger bridges between the GANM community and health professionals worldwide, including educational institutions, WHO Collaborating Centers, professional associations, and regulatory bodies.

**Outcome & Evaluation:** Through the new organization and development of the virtual library, the JHUSON CC will increase GANM membership and expand the number of open-access resources available to advance knowledge dissemination and achievement of the SDGs. This will allow nurses, midwives, and other healthcare providers to access valuable evidence to inform their practice and incentivize interprofessional dialogue.

**Going Forward:** The JHUSON CC will focus on developing the virtual library, providing linked, open-access resources for each SDG Goal 3 Target, and expanding the visibility and viability of the virtual library as a resource for the GANM community. This will be accomplished through the GANM’s various avenues of knowledge dissemination, including the Knowledge Gateway GANM discussion board (<https://knowledge-gateway.org/ganm/>), the GANM blog site (<http://ganm.nursing.jhu.edu/>), and social