

improve performance and outcomes. Ideally, this leads to a “culture of information use”, where all levels of a system are aware of and demand information, and use it for decision making. But many challenges can frustrate that goal, and it takes commitment at many levels to achieve

Methods: The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project has implemented programs in over ten countries worldwide to improve nutrition outcomes. In all countries, we work with local partners to set up M&E systems which meet both reporting and program improvement needs. This presentation is a descriptive discussion of SPRING’s experience, documenting the main successes, challenges, and lessons learned.

Findings: SPRING identified 10 steps to a culture of information use:

1. Start with good (SMART) objectives
2. Build in M&E systems from beginning
3. Integrate M&E into program planning/implementation
4. Build local capacity in M&E and information use
5. Invest in quality systems (accuracy/ completeness, timeliness, usefulness)
6. Some of the main determinants of success are not “technical”; organizational and behavioral also key
7. Don’t let reporting needs drive system – vision and objectives should drive it
8. Keep things simple, and smart
9. Embrace new (appropriate) technologies
10. Be willing to be self-critical, but celebrate success

Interpretation: The author will describe SPRING’s experience with each of the 10 steps in countries where we work, discussing successes and challenges, and insights that could benefit other projects working in similar settings.

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An Innovative Approach to Teaching Global Health Research Ethics

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As a growing volume of public health and biomedical research is conducted around the world, the multitude of complex ethical issues involved in research with human beings necessitates in-depth, interdisciplinary training on research ethics as part of the global health education and training curriculum.

Methods: In Fall 2016, we developed a new online graduate course on global health ethics through the Association of Pacific Rim Universities Global Health network. Every week for 11 weeks, an inter-disciplinary group of students from six universities around the world signed on simultaneously to a web-based learning platform simultaneously 2 ½ hours.

Findings: In this interactive learning environment, the students from five countries (Hong Kong, Japan, Mexico, the Philippines,

and the U.S.) and multiple disciplines (law, public health, medicine, anthropology, and biomedical engineering) explored ethical principles in the conduct of global health research and practice. The course aimed to help students gain an understanding of 1) the definitions of global health ethics and bioethics, 2) the international and local protocol and systems in place to ensure adherence to ethical principles; and 3) how different stakeholders and cultures may interpret ethics differently. Given global health work often necessitates working with teams from various backgrounds and cultural contexts, this course provided the opportunity to work with classmates across institutions and regions to develop and hone cultural competency skills and to examine cultural perspectives in research ethics in contentious topics such as end of life care, genomics, assisted reproductive technologies, organ transplantation, and the collection of biospecimens. Using the book “Casebook on Ethical Issues in International Health Research” developed by the WHO, each week students examined a series of case studies on ethical challenges from real-world situations in order to assess and discuss the complexities of public health practice and research ethics in a global context. Weekly guest lectures by international experts from a wide range of disciplines allowed students to interact with leaders in the field.

Interpretation: In this presentation, we will share our experiences on how we developed the course, the key challenges and how they were overcome. We will also highlight recommendations on how to best develop and implement similar courses.

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Community-Based Health Needs Assessment in Léogâne and Gressier, Haiti: Six Years Post-Earthquake

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Background: This study is a community-based health needs assessment designed to identify resources and gaps within the community and to prioritize community-identified needs in targeted communities around Gressier and Léogâne, Haiti.

Methods: From January–February of 2016, a community-based health needs assessment was conducted by the University of Florida’s College of Public Health and Health Professions in collaboration with local community members, medical care providers, and NGOs. Data were collected using mixed-methods and community-participatory research in the form of interviews with 20 key informants and 12 separate focus groups consisting of between 4–11 individuals each, for a total of approximately 60 participants across all focus groups combined.

Findings: A total of three key domains emerged from key informant and focus group interviews, including concerns, barriers, and solutions to health and healthcare. Key domains were further coded with N-Vivo to uncover sub-domains of particular relevance to participants. Analysis of key informant and focus group interviews identified 11 sub-domains. These domains across all participant interviews include: pathogens 73% (N=22), water 73% (N=22),