

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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Abstract #: 2.083_HHR

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.

Source of Funding: None.

Abstract #: 2.084_HHR

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),

food insecurity 63% (N=19), vulnerable populations 80% (N=24), chronic conditions 53% (N=16), hygiene 33% (N=10), regional destabilization 30% (N=9), dust 10% (N=3), injury 17% (N=5), and a failure of stakeholders/government to address community needs 67 (N=20).

Interpretation: The findings of this study have highlighted the importance of better understanding the community health concerns and to further investigate the major health sub-domains, specifically regarding pathogens and water.

Source of Funding: College of Public Health and Health Professions, University of Florida.

Abstract #: 2.085_HHR

We Call Them Miracle Babies': How Health Care Providers Understand Neonatal Near-Misses at Three Teaching Hospitals in Ghana

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Background: Despite global efforts to reduce neonatal mortality, sub-Saharan Africa continues to bear a disproportionate burden. In addition, newborn morbidity is a significant challenge and may provide an increasingly important metric by which to measure improvements in the health care system. One potential metric is the concept of a “near-miss,” or when a baby experiences a life-threatening condition but survives. This term is relatively new, and it is not clear how providers conceptualize or value this categorization. This study sought to address such questions through qualitative interviews of doctors and nurses working in the neonatal intensive care units (NICU) at three teaching hospitals in southern Ghana.

Methods: Three physicians and three nurses were selected from each of the NICUs at the Korle Bu Teaching Hospital, Komfo Anokye Teaching Hospital, and Cape Coast Teaching Hospital in Ghana (N=18) to participate in qualitative interviews about their experiences and perspectives on neonatal near-misses. Interviews were conducted one-on-one using a semi structured interview guide with additional probes. Interviews were recorded and transcribed verbatim. Transcripts were entered into NVivo 10.0, a qualitative software analysis package and main codes were identified.

Findings: Preliminary results suggest that doctors and nurses working in the NICU do not have a universal understanding of near-miss. However, 15 out of 18 interviewed suggested that a “near-miss” classification might dictate different ongoing management of critically ill babies, allowing more attention and prompt interventions to be directed to babies identified as a “near-miss”. A few providers did not want the label of “near-miss” to divert their attention from ill babies whose condition may rapidly deteriorate despite not initially qualifying as a “near-miss”.

Interpretation: The issue of neonatal morbidity and mortality is extremely complex, especially in under-resourced settings. Although

the health care providers had different understandings regarding a near-miss, a majority were favorably inclined toward a near-miss classification, but some feared that such classification may create a false distinction, in that most newborns ill enough to be in a NICU in a low-resource country are extremely sick. While a near-miss distinction may be useful for researchers, further research is needed to determine the value of adding a near-miss distinction to clinical care routines.

Source of Funding: University of Michigan.

Abstract #: 2.086_HHR

Strengthening the Free Healthcare Initiative and Hospital-Based Service Delivery in Sierra Leone through a hospital-based Social Worker program

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Program/Project Purpose: In 2010, the Sierra Leonean Ministry of Health and Sanitation implemented the Free Healthcare Initiative to improve health service delivery, providing free care for pregnant and lactating women, children under 5, and people with HIV and TB. The goal was to increase service utilization and decrease mortality; however, the 2013-2015 Ebola epidemic undermined service delivery at all levels of the health system, particularly in hospital-based care.

Partners In Health (PIH) has supported Koidu Government Hospital (KGH) since 2015. To improve quality of care, we implemented a comprehensive social work (SW) program in the pediatrics and maternity wards, and for patients living with HIV and TB.

Structure/Method/Design: At the 160-bed hospital, our team employed 1 SW supervisor and 6 social workers. None had formal training in SW previously, but all demonstrated commitment to social justice and patient rights, and were provided orientation and on-the-job training.

All admitted FHCI inpatients are screened by the SW team daily. Social workers ensure that medications are provided for free, as well as blood bank, laboratory, radiology and dietary services. They identify socio-economic vulnerabilities and work with the clinical team to address gaps that impact care. They serve as patient advocates and accompany patients to other facilities for clinical care and diagnostic testing. Supervision is provided daily by the program supervisor and weekly by the clinical team.

Outcome & Evaluation: An average of 208 patients are screened weekly, and 26 referrals to other facilities are supported. In qualitative review, patients report increased ability to access hospital-based services and decreased stigma and need to pay out-of-pocket. In 2016, amongst all district hospitals, KGH was identified as the most successful and transparent implementer of the FHCI. The SW program has stewarded this program to its success.

Going Forward: Our SW program has now expanded to include patients outside the FHCI, as our experience has shown that all