

### Healthcare-based human rights monitoring in the acutely displaced: lessons from a community hospital by the eastern Democratic Republic of the Congo

*N. Murakami<sup>1</sup>, A. Schechter<sup>1</sup>; <sup>1</sup>Doctors for Global Health in Kisoro, Uganda, The Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY, USA*

**Program/Project Purpose:** Acutely displaced refugees fleeing systematic violence seek pathways to relative safety where healthcare services may be accessed. The Kisoro Human Rights Advocacy Project was started in 2012 at the Kisoro district hospital in Uganda with the aim of documenting experiences, physical evidence and psychological burden of those who suffer human rights abuses in the eastern Democratic Republic of the Congo.

**Structure/Method/Design:** Confidential and voluntary semi-structured human rights interviews were conducted by volunteer healthcare providers on a convenience sample of acutely displaced refugees who visited the hospital and clinic since 2012. Physical evidence pertaining to particular abuses were examined and recorded where appropriate.

**Outcome & Evaluation:** Among the 15 interviews conducted to date, human rights abuses including child militarization, forced labor, rape, torture, forced witnessing of killings, confiscation of livelihood including land, and indiscriminate albino abductions have been documented from various regions of the eastern Democratic Republic of the Congo.

**Going Forward:** Where appropriate, we promote active human rights monitoring in healthcare settings that serve populations at risk of systemic human rights abuses. Healthcare professionals (nurses, clinical officers, medical doctors, social workers) are uniquely positioned and trained to conduct highly sensitive interviews that protect individual privacy and dignity. There is an urgent need to incorporate trauma-informed methodologies in interviewing and caring for survivors of displacement and violent abuses. Looking forward, we believe there is a necessity to incorporate practices of stabilization found in modalities such as Narrative Exposure Therapy and Trauma-focused Cognitive Behavioral Therapy when eliciting a trauma narrative. There are numerous barriers for people working in healthcare settings to conduct human rights interviews, including the lack of methodological knowledge, bioethical concerns, privacy and safety concerns, fear of political repercussions and lack of a transparent reporting mechanism. We hope to create an open-source forum to address some of these barriers, and to promote community-based human rights monitoring and resource sharing for those who feel powerless to advocate for their patients and clients beyond the scope of traditional health services.

**Source of Funding:** None.

**Abstract #:** 1.089\_NEP

### Syrian refugees' health and mental health in Jordanian host communities

Abstract Opted Out of Publication

**Abstract #:** 1.090\_NEP

### Contraceptive use and risk perceptions for STI and unintended pregnancy among adolescent females in San Diego County at the US-Mexico Border

*M. Salazar, B. West, A. Raj, M. Torreblanca, E. Reed; UGSD, La Jolla, United States*

**Background:** Females aged 15-19 are among the groups with the highest burden of STI and unintended pregnancy in the US. In California, STI and adolescent pregnancy are highest in counties along the US-Mexico border, including San Diego. While both pregnancy and STI are critical health threats, little is known regarding female adolescents' perceived risks related to STI and pregnancy and how this informs their decisions to use contraceptives, including condoms.

**Methods:** Sexually active females (n=20) aged 15-19 were recruited from an urban health clinic in San Diego County to participate in qualitative interviews on STI and pregnancy risk. Interviews were transcribed, coded, and analyzed using Atlas TI. Common themes were identified related to perceived risks for STI and pregnancy, types of contraceptives used and reasons for contraceptive use. Quantitative data was also collected (relationship status, contraceptive use, condom use frequency) to complement qualitative findings.

**Results:** Participants reported pregnancy prevention, rather than protection against STIs, as the main reason for using condoms or other contraceptives. Notably, most of the sample (85%) reported having a steady relationship. While 61.5% of girls reported using condoms as their primary form of contraception, only 23.0% reported consistent use. Almost one quarter (23%) reported non-barrier contraceptive use; among these, none reported condom use. The remaining 15% did not report using condoms or other contraception. Qualitative data elaborated on reasons and preferences for specific contraceptive types, with most participants reporting worries about unintended pregnancy, not HIV/STI risk, as the sole factor in determining contraceptive method of choice.

**Conclusion:** Future studies are needed to further investigate decisions for condom and non-barrier contraceptive use among adolescent females via a larger quantitative study. Current findings suggest the need for combined prevention approaches that address adolescents' perceptions of their risk for both unintended pregnancy and STI risk.

**Abstract #:** 1.091\_NEP

### Pediatric perioperative mortality rates in a sample of Kenyan hospitals: preliminary results in over 3,000 cases

*B. Silesbi<sup>1</sup>, S.E. Hurt<sup>2</sup>, M.D. McEvoy<sup>1</sup>, J. Kimeto<sup>3</sup>, J. Scherдин<sup>4</sup>, W.S. Sandberg<sup>1</sup>, M.W. Newton<sup>1,3</sup>; <sup>1</sup>Vanderbilt University Medical Center, Nashville, TN, USA, <sup>2</sup>Vanderbilt University School of Medicine, Nashville, TN, USA, <sup>3</sup>Kijabe AIC Hospital, Kijabe, Kenya, <sup>4</sup>Vanderbilt Institute for Clinical and Translational Research, Nashville, TN, USA*

**Background:** Perioperative mortality rates (POMR) serve as an important indicator for the quantification of risk for surgery and anesthesia. Pediatric POMR data is lacking in low and middle-

income countries (LMIC). In this study, we report preliminary results in a sample of urban and semi-rural governmental and non-governmental hospitals in Kenya.

**Methods:** After IRB approval, anesthesia care providers were educated on data collection logistics and began collecting pediatric case-specific data in January 2014, using a novel electronic tool. Data fields include provider training level, patient demographics, surgery and anesthetic details, and POMR. Logistic regression was used to model specific predictors of perioperative mortality including gender, age, weight, ASA classification, emergent status, time of surgery, and Surgical Apgar Score (SAS).

**Findings:** Over the 19-month study period, data was collected on 3,383 surgical cases from 12 hospitals (78% of cases were from one nurse anesthetists training site). Case characteristics revealed the following: ASA 1/2 (98%), age between 3 and 18 (58%), general anesthesia (80%). While neurosurgical procedures (38%) were the largest portion of cases and Safe Surgery checklist (SSC) use was 99% at the training facility, C-sections (88%) were the primary procedure and SSC use was 87% at government facilities. Cumulative perioperative mortality at 24hrs, 48hrs, and 7d was 30 (0.91%), 38 (1.22%), and 47 (2.09%) patients, respectively. Seven-day mortality data was available for 69% of patients. Logistic regression analysis showed that ASA was a significant predictor for mortality at 24hr (OR=3.29,  $p<0.01$ ), 48hr (OR=3.92,  $p<0.01$ ) and 7d (OR=4.69,  $p<0.01$ ). Increasing weight was protective of mortality at 48hrs (OR=0.68,  $p=0.03$ ) and 7d (OR=0.59,  $p<0.01$ ), while older age was associated with reduced mortality at 7d (OR=0.80,  $p=0.02$ ). Type of facility was not a significant predictor of pediatric preoperative mortality at any time point (24h OR=1.39,  $p=0.41$ ; 48h OR=1.08,  $p=0.84$ ; 7d OR=1.01,  $p=0.98$ ).

**Interpretation:** Pediatric perioperative mortality data collection by anesthesia care providers is possible in a LMIC country. ASA, weight and age appear to be associated with pediatric POMR, although larger study needs to be done. This provides vital information regarding case-specific data and overall POMR to further inform quality improvement measures.

**Funding:** GE Foundation.

**Abstract #:** 1.092\_NEP

### A longitudinal analysis of the National Cancer Institute's investment in International Research in LMICs

S.L. Silkenen<sup>1</sup>, H.M. Topazian<sup>2</sup>, K. Duncan<sup>1</sup>, J.S. Flanigan<sup>1</sup>; <sup>1</sup>National Cancer Institute, Center for Global Health, Rockville, MD, USA, <sup>2</sup>Harvard School of Public Health, Boston, MA, USA

**Program/ Project Purpose:** The US National Cancer Institute (NCI), along with other NIH Institutes and Centers, supports a large number of international cancer research projects. Many of these research projects are to investigators at US institutions with portions of this research conducted abroad. The purpose of this project was to quantitatively describe the type and amount of extramural NCI-supported cancer research conducted in low and middle income countries (LMICs) between FY08 – FY14. The overall aim was to identify opportunities for future cancer research in LMICs, where the NCI's geographic investments are low compared to the

country's cancer incidence rates, risk factor prevalence, infection rates, or ecological niche exposures. These results can inform future NCI research initiatives that will optimally support local and global communities.

**Structure/ Method/ Design:** The focus of this analysis included NCI-supported extramural grants to US institutions that had a foreign research project site(s) between FY2008-FY2014. The grant data come from the NIH IMPAC II database. Global cancer research grants were stratified by (1) World Health Organization Region (WHO); (2) World Bank Lending Group; (3) Common Scientific Outline; and (4) anatomic tumor site.

**Outcome and Evaluation:** This analysis has presented the landscape of NCI investment in global cancer research projects over the last seven years. Specific outcomes include the observation that the majority of the foreign research project sites associated with grants to US institutions were located in high-income countries. Among LMIC institutions, the majority of the research project sites were located in the WHO Africa Region. Analysis of the scientific content of these research projects indicates that most focus on cancer treatment. The greatest number of research projects examine breast cancer as opposed to other cancer types.

**Going Forward:** The quality of the data is the main ongoing challenge of this work going forward. The research project site name is manually entered which causes substantial variability in the data.

**Funding:** This work has been generously supported by the NCI's Center for Global Health.

**Abstract #:** 1.093\_NEP

### Dengue virus and malaria co-infection in Kenyan children

D.M. Vu<sup>1</sup>, K. Ripp<sup>2</sup>, N. Mutai<sup>3</sup>, B.A. Ndenga<sup>3</sup>, C. Heath<sup>1</sup>, A.D. LaBeaud<sup>1</sup>; <sup>1</sup>Department of Pediatrics, Division of Infectious Diseases, Stanford University School of Medicine, Stanford, California, USA, <sup>2</sup>Warren Alpert Medical School of Brown University, Providence, Rhode Island, USA, <sup>3</sup>Centre for Global Health Research, Kenya Medical Research Institute, Kisumu, Kenya

**Background:** Dengue virus (DENV) and malaria are two important re-emerging mosquito-borne infections that affect hundreds of millions of people worldwide each year. Although they do not share a common vector, their respective vectors thrive in the same climates, and frequently co-exist, resulting in overlapping geographic distributions for DENV and malaria endemicity. Despite the abundant opportunity for DENV and malaria to cause concurrent infections in their human hosts, for unclear reasons, DENV/malaria co-infections are infrequently reported, particularly in children.

**Methods:** As part of an ongoing study of incidence and prevalence of arboviral infection in Kenyan children, we enrolled children ages 1- to 17-years who presented with fever (temperature  $\geq 38^{\circ}\text{C}$ ) of unclear etiology to one of two health centers located in Kisumu County in western Kenya.

**Findings:** To date, 579 blood samples from febrile children (mean age 4.3-years) have been tested for both DENV RNA