disrepair in low resource settings. Here we describe preliminary evaluation data for videos created as part of Open Osmosis (https://open.osmosis.org/), an initiative targeting health professions learners.

Structure/Method/Design: From December 20, 2015 through August 1, 2016, 125 short (8-15 minute) disease-focused videos were created by medical illustrators with oversight from physicians and placed on YouTube. Videos are embedded into corresponding Wikipedia articles and their captions are translated into 8 languages. We analyzed data for the most recent month by video topic and World Bank economy classification for viewer country: High Income (HIC), Upper Middle Income (UMIC), Lower Middle Income (LMIC), and Low Income (LIC).

Outcome & Evaluation: From September 1 to 30, 2016, there were a total of 471,968 YouTube views of Open Osmosis videos and an aggregated 1,233 days of watch time, reaching 200/218 (92%) World Bank economies. There was a net gain of 10,638 subscribers; videos were "liked" 6,270 times (99.3%) and "disliked" 42 times (0.7%). Most viewers (78%) were age 18-34, and most comments reflected viewer status as health professions learners.

A large proportion of views and watch time occurred in low-resource settings:
- HIC: 274,321 views (58%), 768 days (63%)
- UMIC: 71,940 views (15%), 169 days (14%)
- LMIC: 116,268 views (25%), 274 days (22%)
- LIC: 7,821 views (2%), 18 days (1%)
Top 3 videos varied by income level:
- HIC: Clinical depression, Pneumonia, Bipolar disorder
- UMIC: Pneumonia, Clinical depression, Congestive heart failure
- LMIC: Pneumonia, Epilepsy, Tuberculosis
- LIC: Pneumonia, Tuberculosis, Congestive heart failure
Diabetes mellitus, HIV, and hypertension which have high global morbidity and mortality, were 12th, 29th, and 45th most-watched, respectively.

Going Forward: Media-sharing sites can reach a significant number of individuals around the world with relevant content in a short period of time. Future work will be needed to understand the significance of topic watching patterns in relation to health needs, which individuals access these videos, and how such content can be optimally integrated into health professions curricula.

Abstract #: *2.062_HHR*

Implementation of a Health Systems-Framed Health Emergency Preparedness Planning in Haiyan-Affected Localities: Lessons for Health Planners in Disaster-Prone Countries

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Program/Project Purpose: In 2014, UNICEF and several partners developed the Evidence-Based Planning for Resilient Health Systems Project (rEBaP) to assist local planners from Haiyan-affected localities in crafting their health emergency preparedness, response, and recovery plans (HEPRRPs). The goal of the project was to build community resilience in areas that were devastated when supertyphoon Haiyan struck on November 8, 2013.

In 2015, the University of the Philippines Manila — School of Health Sciences (UPM-SHS) implemented the project in 19 municipalities in Leyte Province, the area worst-hit by the typhoon.

Structure/Method/Design: The project consisted of five interventions that all targeted local planners were required to attend. These interventions were: (1) psychosocial processing workshop, (2) health emergency management course, (3) planning workshop 1, (4) planning workshop 2, and (5) mentoring and coaching sessions in between planning workshops. The total number of days spent for the four workshops was only 10 days.

The planning workshops were designed according to the WHO's health system building blocks framework, which consists of the following: leadership and governance, health financing, health system workforce, medicines and technologies, information and research, and health service delivery. A seventh building block — community resilience — was added. The building blocks were interwoven with WHO's cluster approach to humanitarian response consisting of nutrition in emergencies, mental health, water, sanitation and hygiene (WASH), and basic health services. Considering that there are no global guidelines on HEPRR planning as of yet, rEBaP may be regarded as an innovative, trailblazing project owing to the following features:

(1) The application of the WHO health system building blocks framework in HEPRR planning.

(2) The addition of a seventh building block: community resilience.

Outcome & Evaluation: By the end of the project, all 19 local government units (LGUs) assisted by UPM-SHS had a complete HEPRR plan. Some LGUs went further by getting their HEPRR plans approved by their local chief executives and integrated into the larger disaster risk reduction and management (DRRM) plan.

Going Forward: The project hopes to build on the lessons from rEBaP and scale-up its implementation in the Eastern Visayas region, which was the area worst-hit by Haiyan. Lessons from the project may also benefit other countries that are disaster-prone like the Philippines.

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Rural Community Assessment and Surveillance in the Dominican Republic and Haiti

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Background: Rural border communities experience unique challenges to health care delivery. Anecdotal reports from four rural Haitian communities comprising 216 households located near the border with the Dominican Republic indicate these areas are experiencing poor maternal, neonatal and infant outcomes. A novel community based assessment model method for reliably and quickly identifying maternal mortalities in conjunction with routine community based child survival and sanitation surveillance was tested.