



# Governance for Global Health:

Power, politics and justice



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## POSTER ABSTRACTS

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Poster number: 80

**Looking Good (But Not Doing So Well?): Mixed Perceptions about the Success of Maternity Waiting Areas among Safe Motherhood Initiatives in Ethiopia**

Background: The Ethiopia Ministry of Health and partner organizations working on maternal, newborn and child health (MNCH) focus one to five and the one to thirty network arrangements, as the feasible, effective and scalable strategies to implement Maternity Waiting Areas (MWAs). The strategy supports the government's Health Extension Programme delivery platforms, including the efforts of community workers. Despite the popularity of this strategy as policy uptake, little is known on differences in the perceived success of these safe motherhood initiatives on Maternity Waiting Areas in Ethiopia.

Methods: explorative case studies were employed. Data were collected using in-depth interviews and focus group discussions among PHCU directors, midwives, HEWs, religious leaders, WDA leaders and Male Development Army (MDA) leaders in three selected districts of Jimma zone from November 2016 to February 2017.

Coding the transcript was done using ATLAS.ti version 7.58. Themes were identified and findings summarized.

Results: The study participants expressed that the success of the MWA initiative was apparent through four measures: 1) roles of initiatives on MWAs 2) community awareness 3) utilization services and 4) community participation. Participants, however, held mixed opinions about the extent to which the initiative fulfilled these four measures. For some, the MWA initiative looks good, while others held different views.

PHCU directors, Midwives and HEWs similarly described that awareness creation programs and activities about the usage of MWAs for women and that good services are provided to women at MWA. Further, they described that women promote service use in their communities through word-of-mouth. Midwives and HEWs worked together to create demand among pregnant women, and MDA and WDA leaders in collaboration with community members promote MWAs.

But in contrast to this, the services and infrastructures provided at MWAs was not perceived satisfactory by Religious leaders. Religious, MDA, WDA leaders described a pregnant woman's relatives are reluctant to let her stay more at MWAs. And poor competencies of health professionals' failure to know delivery dates. they believed that most of the MWAs were not equipped with basic materials to provide quality service Several of the Religious and MDA leaders expressed concern about the system of tracking MWA contributions. There is no billing or invoicing system for the contributed money and cereals.

**Conclusion**

To address misperceptions through increased Information, Education and Communications with these stakeholders, informational campaigns to heightens awareness and create more transparency around the experience of staying at the MWA and community contribution channels

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Poster number: 23

**Perceived macro level factors influencing tuberculosis incidence in a high burden country: How are these reflected in current policy initiatives?**

Issue/Objective

Notwithstanding extensive general discussion of the effects of governance and other upstream forces on health, there has been limited empirical examination of specific government responses to such pathways. Despite global attention and national efforts to combat tuberculosis (TB), the high burden of this disease persists worldwide. Our study aimed to gain insight into how macro level drivers of TB are perceived by key stakeholders involved in TB management and control in a high-endemic country, and to assess how such concerns that affect governance itself are being addressed in this setting.

Methodology/Approach

South Africa was chosen for this case study, due to our team's long-standing collaborations here, its very high burden of TB, and its recent introduction of a strategic plan to combat this disease. Semi-structured interviews were conducted between October 17, 2016 and November 14, 2016 with 20 key informants who were purposively selected for their knowledge and expertise of TB in South Africa. All interviews were audio recorded, manually transcribed and analyzed using NVivo 11. The data were coded into themes using both priori and emergent coding techniques. South Africa's National Strategic Plan for HIV, TB and STIs 2017-2022 was then reviewed to examine the degree to which identified themes from the interviews were reflected in this policy document.

Results

A history of colonization, the migrant labour system, economic inequality, poor shelter, health system challenges including TB governance, the HIV epidemic, restricted funding pertinent socio-cultural factors including gender-related issues were all identified as major drivers of the TB epidemic. Although South Africa's current National Strategic Plan makes a firm discursive commitment to addressing the structural or macro-level drivers of TB generally, analysis revealed that this commitment was not clearly reflected in its recommended budgetary allocations.

Discussion/Conclusion

As in many other high burden settings, macro-level drivers of TB are widely recognized. Nonetheless, while micro-level measures, such as improving diagnostic procedures and investment in more efficacious drugs, are being (and well should be) implemented, our findings showed that macro-level drivers of TB are underrepresented in budgeting allocations to combat this disease. Although it could be argued that macro-level drivers that undermine health-promoting actions are beyond the purview of the health sector itself, we argue that strategic plans to combat TB in high burden settings need to more directly consider structural drivers to prompt the necessary changes and reduce the burden of this and other such diseases.

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**Inclusion of tb and hiv services in the benefit package of national and state health insurance scheme of nigeria**

1. Issues/objectives: Nigeria is undergoing health financing reform which will increase the domestic resources mobilization for health and prioritize increasing access and financial protection to health services by the poor and the vulnerable. These two aims are of particular relevance to TB and HIV given that the current program is primarily donor financed and TB is often described as a “disease of the poor”. Currently, Information on the magnitude and source of TB funding and how it flows through the system is not readily available. Also there is no data on how TB financing is prioritized within health budgets

2. Methodology/approach: To successfully make the case for Tuberculosis and TB/HIV into the Benefit Package, we combined all the relevant potential health and financial impact data into effective advocacy messages that are persuasive for the different stakeholders. To generate evidence on the need to pursue a sustainable financing mechanism for TB and TBHIV service delivery and the feasibility (financial and technical) of delivering both services through its inclusion in the health insurance benefit packages at all levels, We conducted a situational analysis covering both epidemiological and financing situation. A desk review of all available information from previous assessments conducted was done. We conducted assessments like the Health expenditure review, TB and TB/HIV financing gap, TB and TB/HIV spending assessments and actuarial studies that will highlight the inadequacy and unpredictability of the existing TB financing landscape

3. Results and lessons learnt: The TB and Health Financing stakeholders’ engagement and buy in for TB inclusion in the Benefit Package was obtained. A comprehensive map of TB and health financing stakeholders was done for successful implementation of TB into the Benefit Package was developed. Key TB services was included in the benefit packages of some State health Insurance Schemes. This led to increase in TB case finding and case holding as well as wide coverage of services in most of the states.

4. Discussion/conclusions: Clear road map of action for the inclusion of TB into BP and guidelines for the integration of vertical TB program into the SHIS should be developed. Financial and technical evidence on TB response was generated for effective advocacy. Inclusion of TB services will help to improve TB case findings and case holding.

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Poster number: 46

**Benefit of linking diagnosed cases of tb and tb/hiv in gxAlert to treatment case management tool (etb manager) in nigeria**

Issue/objective: Nigeria is a high burden country for TB, DR-TB and HIV-associated TB and is ranked 6th among the 30 high TB-burden countries globally and 1st in Africa for TB burden. There are major gaps (20-40%) between the number of GeneXpert positive diagnoses and number of people placed on treatment. Since there is no unique ID number, it has been impossible to reconcile diagnosis with treatment databases, except to note the significant gap at the aggregate level.

Methodology: To address this, the Nigeria NTBLCP, with the support of SystemOne and MSH, aimed to create a solution that specifically and uniquely links positive GeneXpert diagnoses recorded in GxAlert (SystemOne, LLC) with patients on treatment in e-TB Manager (the national electronic TB information management system).

Results: A technical solution that successfully links GxAlert and e-TB Manager was designed by SystemOne and piloted for DR-TB results in Abuja in 2018. We can now link (uniquely) each positive test result (diagnosis) with a patient on treatment (either linking to the existing patient record or creating a new record and enrolling them on treatment). Reducing this gap (loss to follow-up) has the potential to greatly impact treatment outcomes for those people currently diagnosed but not enrolled on treatment. A real-time indicator measuring % of positive diagnoses confirmed on treatment will measure progress in reducing this gap and can be disaggregated temporally and geographically. Weekly reports of those people affected by TB that have not been confirmed on treatment can be highlighted with how many days since diagnosis and still not on treatment. (for specific follow-up)

Discussion/conclusion: The solution provides a means to account for every positive diagnosis and measure how many of them have been confirmed (linked) to treatment. This allows an unprecedented opportunity to close the gap between diagnosis and treatment and successfully bridge the lab/clinic divide.

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Poster number: 47

**Effectiveness of public private partnership in controlling tuberculosis in nigeria**

Issue :

Nigeria is ranked 6th among the 30 countries that has high TB burden and 1st in Africa. The country notified 15% (90,584) of the estimated TB cases (586,000) in the country in 2015. Health care provision by the private health sector to all segments of population is rapidly growing. And yet, there is little collaboration between the public and the private sectors in the delivery of care for control of Tuberculosis. Attempts to forge partnerships between public and private sectors in health care provision for TB & TB/HIV, if successful, could have valuable lessons for other disease control program

Methodology:

The barriers and influencing factors to improve private sector engagement to control TB in Nigeria was explore. Guidance was provided to the NTP and states programs on how to overcome these barriers, including recommendations for advocacy efforts, stakeholder engagements and strategic partnerships to advance TB outcomes. There was active scale up of different levels of TB services in private sector. This include engagement of community Pharmacist, retail drug outlets/Patent Medicine Vendors and informal health sectors such as the traditional healers and herbal homes in TB control in Nigeria. Different roles and responsibility was identified within the private based on the different schemes developed by the NTP. In line with the second pillar of the End TB strategy - universal health coverage to end TB control, states included TB services in the benefit package of the health insurance schemes for sustainability and adequate funding.

Results:

The resulting was designed to ensure that its results are owned and endorsed by the NTP and state TB program, and that it can help lead to subsequent strategy and plan development. This intervention contributed to the reduction of morbidity, mortality and prevent the development of drug resistance through standardized diagnosis and treatment of TB and TB/HIV patient by all health care providers in the country.

Conclusions and recommendations:

The intervention helped in the expansion of DOTS coverage and thereby increasing the national TB case finding, detection and treatment success rate. It also helps to reduce financial burden on patients, optimize the use of available resources as well as improve equity and access to effective and affordable services through the state health insurance scheme. It is also anticipated that this will help to improve patient centred TB care, support and treatment.

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Poster number: 24

**Interaction between power and control: the plights of the female garment workers of Bangladesh**

This qualitative research study will be conducted to understand the roles of big brands, buyers of garment products, industry owners, and policy makers in the lives of the female garments workers of Bangladesh. According to Oxfam Australia (2019), Bangladesh's annual export earnings from RMG industry grew from about 9.3 billion dollars in 2007 to 28.6 billion in 2016, however, there is no visible change in the workers' living conditions. In addition to that, Oxfam (2019) also states that there's no doubt that big brands are sustaining this system where RMG workers are poorly paid and exploited so that they can maximize their profit. The study will be carried out in the capital city of Bangladesh, Dhaka. Twenty in-depth interviews (IDIs), 5 Focus Group Discussions and extensive literature reviews will be done to explore how the dominant actors (e.g., factory owners, governments, garment product buyers etc.) exercise power and control to dominate female garment workers, eventually affecting their health and wellbeing. This research aims to find the root causes of marginalization, inequities and injustice that women face in the urban labor market, to aware and support policy makers, civil societies and community organizations by providing a specific policy direction through my doctoral thesis. By improving our understanding about the roles of different actors, this research aims to provide quality data and evidence which can strengthen policy outreach and impact of the work that different agencies do to improve the overall health and wellbeing of women and child in developing countries.

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Poster number: 3

**A scoping review of the World Health Organization's discourses of equity and equality**

Issue/objective:

Fittingly, this presentation directly aligns with the theme of the 2019 CSIH conference, Governance for Global Health: Power, Politics and Justice. Given the global reputation and role of the World Health Organization (WHO) to support member states in developing policy and programs, this presentation is focused on analyzing how the WHO uses the terms "equity" and "equality", in other words, discourses.

Analyses of WHO's equity discourse have previously been conducted but are quite dated (e.g. "What does equity in health mean?", 1987). As such, it is impactful to assess current discourses of equity, particularly after the Commission on Social Determinants of Health was formed by the WHO to focus on related issues (from 2005-2008).

Therefore, this research assesses the state of the literature in understanding WHO's equity discourses.

Methodology/approach:

The methodology employed by this study is a scoping review of the literature. Reviewing both PubMed and SCOPUS databases, pertinent papers are extracted for analysis.

Results:

While this scoping review is still being undertaken, the initial results point to limited papers discussing how the World Health Organization discusses equity and calls for additional research.

Discussion/conclusion:

In the development of policy, the first step is to clearly identify the policy problem. In terms of equity in health, there are varying perspectives of what this entails. While the WHO defines equity as "the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically" (WHO, n.d.), equity in health can be approached from various frames of reference. For example, whether it be in terms of geography (e.g. inter- vs. intra- country vs. city), ideology (e.g. neoliberalism), ideas about the role of government policy, indicators and measurement, and areas for action (e.g. equity in terms of distribution of resources). There are also cultural components to the definition of equity (e.g. in the U.S. equity is defined as a political issue and inequality is understood to be unjust differences, whereas in Canada, inequity is understood to refer to these unjust differences). Because there are inherent cultural and other differences in the definition of equity, it is important to study what underlies WHO's discussion of equity to ensure there is a shared understanding of key terms, which can lead to unified action.



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Poster number: 4

**“There are no facilities for us the disabled....” Maternal and Newborn Health needs for women with walking disabilities: A case study in Kibuku District Uganda.**

**Issue/Objective:** In Uganda 13% of persons have at least one form of disability. The United Nations’ Convention on the Rights of Persons with Disabilities guarantees persons with disabilities the same level of right to access quality and affordable healthcare as persons without disability. Understanding the needs of women with walking disabilities is key in formulating flexible, acceptable and responsive health systems to their needs and hence to improve their access to care. This study therefore explored the maternal and newborn health (MNH)-related needs of women with walking disabilities in Kibuku District Uganda. This is important for proper accountability for health services offered to women with walking disabilities

**Methods:** We carried out a qualitative study in September 2017 in three sub-counties of Kibuku district. Four In-depth Interviews (IDIs) among purposively selected women who had walking disabilities and who had given birth within two years from the study date were conducted. Trained research assistants used a pretested IDI guide translated into the local language to collect data. All IDIs were audio recorded and transcribed verbatim before analysis. The thematic areas explored during analysis included psychosocial, mobility, health facility and personal needs of women with walking disabilities. Data was analyzed manually using framework analysis.

**Results:** We found that women with walking disabilities had psychosocial, mobility, special services and personal needs.

Psychosocial needs included; partners’, communities’, families’ and health workers’ acceptance. Mobility needs were associated with transport unsuitability, difficulty in finding transport and high cost of transport. Health facility needs included; infrastructure, and responsive health services needs while personal MNH needs were; personal protective wear, basic needs and birth preparedness items.

**Conclusions:** Women with walking disabilities have needs addressable by their communities and the health system. Communities, and health workers need to be sensitized on these needs and policies to meet and implement health system-related needs of women with disability.

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Poster number: 48

**Why do farmers grow tobacco? A qualitative exploration of farmers perspectives in Indonesia and Philippines**

Issue: Tobacco use is the largest preventable risk factor for most major non-communicable diseases. The consumption of tobacco products requires one major input: tobacco leaf. Tobacco supply remains a pressing challenge to tobacco control. Tobacco remains a dominant cash crop in many low- and middle-income countries, despite the evidence suggesting that it is not as profitable as industry claims and is harmful to health and the environment. Institutional forces shape a considerable part of the persistence of tobacco growing, including governments that provide incentives to produce. Similarly, related research demonstrates that many governments continue to focus on the macro-level perceived economic benefits of tobacco such as foreign exchange generation and export potential, often with limited understanding for the livelihood realities of the individual tobacco farmers and their households and the global burden of tobacco use. In order to implement successful and sustainable alternative livelihood interventions that will reduce tobacco leaf supply, it is important to first understand why farmers continue to grow tobacco and second identify ways in which policy coherence can be achieved amongst the different government sectors. This study examines the reasons offered for growing tobacco from the perspective of farmers in Indonesia and Philippines.

Methodology: This study was informed by interpretive description methodology. Data was collected through focus group discussions (FGDs) (n=7) with farmers (n=~60). The FGDs were audio recorded, transcribed verbatim and then translated into English. An inductive thematic analysis of the data was conducted to identify and categorize the reason provided by participants.

Results: We identified two overarching themes: 1) perceived viability and 2) financial context. Farmers expressed that the availability of a ready market for tobacco and its perceived profitability were reasons why they grow tobacco. In addition, participants noted that tobacco was more resilient to adverse weather than other crops. Under financial context, receiving lumpsum payments (which served as unintended savings) and access to financial loans and credit facilities in light of their lack of capital were expressed as important reasons why they will continue to grow tobacco.

**Conclusion:**

These results highlight that, in addition to identifying viable alternatives to tobacco, institutional factors such as improved access to credit and well-developed supply chains are key to the successful uptake of alternative livelihoods. As these factors fall under the jurisdiction of different government sectors (Agricultural, Economic and Health) a whole-of-government approach is necessary to reduce tobacco leaf supply.

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Poster number: 25

**The power of philanthropic foundations in national-level governance for health: an analysis of capitals within nutrition governance in India**

Issue:

Investigating the interactions between state and non-state actors is an essential element of studying global health governance (Dodgson et al., 2002). Within the rise of non-state actors in global health, the role of philanthropic foundations is understood by some to have undergone the most striking shift in terms of the extent and speed with which they have been integrated into mainstream decision-making processes (Williams & Rushton, 2011). Sridhar et al. (2013) argue that philanthropies are 'reconstituting governance processes' as their role extends beyond merely being donors to entail 'greater decision-making power' at the global level. Despite their contended significance in health governance globally, there has been limited research into their role in health governance at national levels. Aiming to contribute insights into contemporary power dynamics within governance processes for health, this study employs Bourdieu's (1986) theory of capitals to analyse how the resources contributed by philanthropic foundations yield power within nutrition governance in India.

Methodology:

This research involved qualitative case studies of Tata Trusts' and the Bill and Melinda Gates Foundation's engagement in national-level nutrition governance in India. Data collection included semi-structured interviews with 67 individuals in 2017-2018, focusing on the perceptions of key stakeholders. Thematic analysis of interview transcripts followed an interpretive approach.

Results:

Bourdieu's (1986) typology of capitals permits insight into the diversity of pathways through which non-state actors may exercise power within governance processes that impact health (Schneider, 2002). Within national-level nutrition governance in India, my analysis indicates that economic, cultural, and social capitals lend power to philanthropic foundations within policymaking processes. Financial resources yield economic capital that many argued facilitates philanthropies' entry into governance spaces. Cultural capital was inferred from the technical expertise and evidence-generation resources they contribute. Their role in building networks, convening other non-state actors, as well as wealth-related celebrity status, generates social capital supporting philanthropies' position within policy networks. Together these multiples pathways and forms of capital provide insight into how the resources contributed by philanthropic foundations yield power within their engagement in nutrition governance processes in India.

Discussion:

Grounded in an empirical analysis of resources contributed by philanthropic foundations within national health governance processes, this research illuminates how the capitals they mobilize contribute to their exercise of power. By providing financial support, contributing knowledge resources, and convening like-minded actors, philanthropies can be argued to exert non-decision-making power (Lukes, 2005) within national-level nutrition governance in India, contributing to shaping nutrition policy debates.

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Poster number: 82

### **Public-Private Partnership in Tuberculosis Control and Eradication in Nigeria**

#### **Abstract**

Tuberculosis (TB) has been a major public health problem in Nigeria for a very long time has been declared a national emergency since June 2006. Yet, in 2018, Nigeria was ranked 7th in the world and 2nd in Africa among countries with high TB burdens. Also, WHO estimated the mortality and incidence of TB and HIV only as 18 and 30 per 100,000 populations respectively while the TB treatment coverage was just 24% in 2017. The major challenges of TB control are sample rejection and non-standard specimen transportation system. These are the consequences of non-standard and parallel sample transportation systems in the country. In 2018, the Federal Ministry of Health established a National Integrated Specimen Referral Network with the aim of achieving cost-effective, efficient, safe and secure referral system involving private organizations under the supervision of the Global Health Supply Program. This partnership system took over the specimen transportation services from specimen collection centers to the testing laboratories in order to solve the problem of the high cost of sputum diagnosis, the long turnaround time of results especially from hard to reach areas and sample rejection. This study aimed to assess the impact of public-private partnership in TB diagnosis, coverage and sample rejection rates in Nigeria. The study assessed the performance of the integrated system for 13-months, starting from March 2018 to March 2019. Information was obtained from all designated TB testing laboratories across in Nigeria. Data were extracted from the excel database prepared for tracking specimen transportation logistics, were analyzed with IBM-SPSS version 25.0 for analysis. The study found an increase in the number of samples transported by 1,326% at the end of the 13th month and an increase in results picked up by 3,166% at month 13. The study also recorded a very low sample rejection of 0.25%, indicating an effective and efficient sample handling system. The results obtained in this study form baseline data in Nigeria since there was no such documented information prior to this study. A coverage of 69% was also recorded within the 13 months as against 24% previously reported by WHO in 2017. The study reports a very good private-public partnership in the struggle against TB, which can be replicated in other developing countries.

**Keywords:** Partnership, Tuberculosis, Public-Private, Sample Transportation

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Poster number: 70

**Power and Politics in the Promotion of Traditional Medicine in Ghana**

Issue/Objective: Analyses of health policy in low-and middle-income countries frequently mention but rarely adequately explore power dynamics as they impact policy decisions. This paper is an attempt to fill this gap by exploring power and politics in the promotion of Traditional Medicine (TRM) in Ghana. Definition of power remains elusive but there is a general agreement that it involves authority, influence, force, coercion, domination and manipulation. Power is a distal but pervasive determinant of health at policy level. Therapeutic systems in Ghana consist of Modern Medicine and TRM. TRM is the sum of the total knowledge, skills, and practices indigenous to different cultures, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. Ghana's health care system is based on "Tolerant Medical Orthodoxy" where traditional healers are informally recognized and free to practice on condition that they do not claim to be doctors. The Traditional Medicine Practice Council (TMPC) has been set up to regulate TRM., and despite the fact that over 80% of the population rely on TRM for various reasons, traditional healers have been excluded from the basic health care system through the manipulations of some powerful stakeholders within the Ghana Health Service and the Ministry of Health. The Ghana Federation of Traditional Medicine Practitioners Association and grassroots NGOs have been advocating for Medical Pluralism. Currently, Ghanaians have access to herbal medicine in 20 hospitals. At micro level, the specific objective is to explore how the engagement of TRM practitioners in government hospitals has changed the power dynamics of healthcare delivery services in Ghana.

Methods: This is an Exploratory Action Research focused on Health care Stakeholder Analysis based on secondary data from electronic databases such as ERIC, MED-LINE and semi-structured interviews with health system agents of focus such as Ghana Health Service and Ministry of Health.

Results: Regarding support and opposition to Medical pluralism, politicians/ministers, Ghana Health Service and Ministry of Health are very high with power but hesitant and indifferent; The Ghana Medical Association and the doctors are high on power, but uncooperative/opposed; the TMPC is very high on power and enthusiastic/committed; and traditional healers and Physician Assistants are low on power, but enthusiastic/committed.

Discussions/Conclusions: Health Systems Policy Research (HSPR) often fail because policy actors lack adequate understanding of local power structures. Although traditional healers are powerless/marginalized, their role in effective health care delivery is crucial.

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Poster number: 5

**Auditing and responding to Maternal and Perinatal Mortality in Sokoto State of Nigeria by Strengthening Health Outcomes for Women and Children (SHOW).**

**Background**

Nigeria has high maternal mortality rates (MMR) and perinatal mortality rates (PMR) at 576 and 41/100,000 live births respectively. To reduce MMR/PMR, the Federal Ministry of Health sought to implement Maternal and Perinatal Deaths Surveillance and Response (MPDSR) in 2013, including in notifiable diseases in 2015. Despite, Nigeria's Sokoto State has higher mortality rates, limited progress, primarily, lacking reporting and accountability mechanisms on maternal and perinatal deaths in the community and health facilities at local, state and national levels.

**Approach**

Plan International Canada in partnership with Plan International Nigeria, through SHOW project is supporting Sokoto in addressing lack of accountability for maternal and perinatal deaths at facility and community level. The strategy straddles tackling social determinants including gender equality (GE) barriers in seeking skilled care during pregnancy and child birth. Competency-based training of Sokoto State steering committee (SSC) was conducted on roles/responsibilities, technical/GE knowledge and data analysis for decision making, to ensure quality and relevance in mortality audits. SHOW setup and trained MPDSR committees in selected tertiary, secondary and primary health facilities to implement surveillance and analysis. In collaboration with SSC, SHOW conducted retrospective MPDSR operational study building on-job capacity of the MPDSR committees. SHOW is now engaging communities through sharing results of the facility-based death reviews, exploring death notification mechanisms, verbal and social autopsies, developing community response mechanisms on GE delays in care-seeking from household to facility.

**Findings**

State level dissemination of MPDSR study advocated for policy change in the health system, including modifying tools to include GE related causes, modalities to decentralize blood transfusion services, increasing life-saving access and appointing MPDSR response officers to follow up with decisions. Community representatives will attend facility review ensuring accountability for death reviews. SHOW is also advocating for e-platform for MPDSR to collect data from local, state to national levels, governing accountability. Perinatal deaths are not notifiable events, owing to SHOW's advocacy efforts, State is pursuing amendment in state law to include perinatal deaths in the notifiable disease surveillance. Data points in the project monitoring will help document improvements in data availability and quality including local strategies to avert future maternal and perinatal deaths.

**Discussion**

The roll out of MPDSR at facility and community level is relatively new in Nigeria which has a high burden of maternal and perinatal death. Strengthening Health facility and community MPDSR provides firm basis to transparency contributing to effective decision making.

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Poster number: 50

**Addressing global health concerns through communication, collaboration, and governance**

**Objective:** This research aimed to facilitate conversations and collaboration among local and global stakeholders. Using rabies as a platform, the student perspective will propose an avenue wherein partners from the Global North can employ their expertise in a facilitation role to bridge gaps between stakeholders within Global South partnerships and empower local governance structures in a global context.

**Issue:** Rabies is a fatal disease which causes approximately 59,000 human deaths annually, with 99% of rabies cases caused by dog bites. Eradicating human rabies by 2030 was declared an objective by the World Health Organization in 2015. This objective was adopted by the United Republic of Tanzania in the National Rabies Control Strategy. Working within global and national interests, this research investigated community investment and feasibility of performing a mass canine vaccination program in north-western, rural Tanzania.

**Methods:** This study utilized a mixed-methods approach, including qualitative interviews and epidemiological data collection (May 13 to May 30, 2019). Local and regional authorities from human and animal health perspectives were interviewed. Knowledge, attitudes, and practices of livestock owners regarding rabies were gathered during household surveys. Data on dog populations and reports of rabies cases and dog bites in two north-west districts of Tanzania were collected from local veterinary and livestock officials, and epidemiological data on dog bite cases were obtained from hospital records.

**Results:** Thematic analysis of qualitative data indicated a lack of communication between nor alignment of veterinary and human medical records. The relevance of human-animal interactions was apparent, including socio-economic implications of dog ownership and human health. Based on dog bites cases reported by veterinary and medical authorities, rabies was prioritized as a human-animal health concern. With help from global south partnerships, we developed cultural competency and locally relevant manner. In this manner we provided animal and human health expertise that overall contributed to sustainable partnerships and building capacity of all those involved in our partnerships.

**Discussion:** Engaging with multiple levels of local stakeholders allowed us to determine gaps in communication, areas of disconnect, and potential partnerships to create cohesive and efficacious improvements for human and animal health at a grass-roots level. As identified by both veterinary and medical authorities, rabies was a priority disease which must be addressed through the framework of One Health. Students working in global health contexts have opportunities to participate in community engagement and educational activities, mixed-method data collection, and collaboration with stakeholders to bolster partnerships.

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Poster number: 26

**Maternal and Neonatal Health: Pilot Project for Innovative and Interactive Training in the Village of Kolli, Toffo Commune, Benin**

In Benin, the lack of qualified personnel is often cited to explain the stagnation of maternal and child health indicators. Postpartum haemorrhage (PPH) is the leading cause of morbidity and maternal mortality, as is neonatal asphyxia (NNA) for neonatal indicators. There is therefore a need to seek the right determinants to develop the most relevant strategies in developing countries. The factors that favor this situation in rural Benin and cause the deaths are: the social and cultural environment, the difficult geographical accessibility to maternity services and the limited financial accessibility. The intervention proposed includes an interactive training on the immediate management of PPH and NNA at the village level. The objectives are to test the educational and assessment materials; understand facilitating factors and barriers to the educational project; evaluate the possibility of collecting administrative health data.

The study includes pre-tests and post-tests to assess knowledge, focus groups and semi-structured interviews with participants and semi-structured interviews with health region officials. This overall assessed knowledge acquired by learners and difficulties perceived by village men and women related to childbirth and its complications. Participants included men and women from the village of Kolli in Benin, specifically key community actors in maternal and child health and representatives of neighboring health facilities.

The points that emerge include but are not limited to: 1) the need for early care for health problems that can affect conception, 2) the importance of consultation early in the first months of pregnancy, 3) the introduction of a Revenue Generating Activity (RGA) to reduce financial concerns that prevent some women from attending prenatal consultations, 4) the need for raising the awareness of husbands to the best treatment for their pregnant wife, 5) the importance of women's participation in educational sessions, 6) the importance of updating the stock of medicines at the center's pharmacy to reduce women's referrals to other centers, 7) the professional awareness and capacity of midwives to deliver babies and to better manage potential complications, 8) the popularization of the ambulance telephone number or the guarantee transport service available for patients in case of evacuation, 9) the importance of the communication of all useful information to the patients.

Overall, this study helped clarify the specific needs of communities in developing countries in terms of maternal and neonatal health. These findings may pave the way for new educational programs aimed at efficiently training qualified healthcare personnel at minimal cost.

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Poster number: 51

**Climate change and maternal food security during pregnancy in rural Uganda: Increasing challenges for maternal-infant health**

**Issue & Objective:** Climate change is expected to increase food insecurity globally, especially in areas already experiencing a high burden of hunger. The Indigenous Batwa of Uganda face one of the highest levels of chronic food insecurity documented in the published literature. The Batwa have identified improving maternal-infant health as a priority, to which food security and climate change are highly related. Addressing climate change, food insecurity, and maternal-infant health issues in this area and beyond will require innovative policy and inter-sectorial interventions that underscore community needs and prioritize local knowledge and collaboration. Consequently, this study examined women's observations of how climate change impacts food insecurity during pregnancy in rural sub-Saharan Africa.

**Methodology:** Community-based methods were used. Eight focus groups were conducted from May-June 2017: four in Indigenous communities and four in non-Indigenous communities. Adult women with at least one pregnancy were eligible to participate. Discussion topics included food security during pregnancy, and perceived impacts of climate/weather on, and observed changes in, nutrition and pregnancy outcomes over time. Qualitative thematic analysis was conducted, utilizing an analytical framework characterizing climate change risks as a function of exposure, sensitivity, and adaptive capacity.

**Results:** Women reported that food insecurity during pregnancy was a widespread problem having a bidirectional relationship with antenatal physical and mental health issues. Food insecurity was perceived to be increasing over time due to changes in weather such as extended droughts and unpredictable seasons reducing crop yields, resulting in perceived declines in maternal-infant health. Women indicated that improved food security would help them better handle environmental exposures including heat and rain while pregnant. While almost all women struggled with food insecurity during pregnancy, the experiences of Indigenous women were more severe.

**Discussion:** Findings indicated that women perceived direct links between a changing climate and worsening maternal-infant health. Improving antenatal healthcare may only be buffering the rising burden of climate-associated food insecurity and malnutrition in this area. Consequently, policies that promote women's adaptive capacity to climate change may be required to reduce the burden of food insecurity on maternal-infant health, particularly in Indigenous communities, which face steep health inequities. However, resiliency among mothers is strong and, with proper support and action, they can overcome the challenge of food insecurity during pregnancy in a changing climate.

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Poster number: 6

**Role of female community health workers in promoting equity in early childhood development in West Bank, Occupied Palestinian Territory**

Issue In 2017, the Palestinian Authority (PA) released the National Strategy for Early Childhood Development (ECD) and Intervention, which notes gaps in knowledge of recommended practices for the First 1000 Days among pregnant women and communities at large in the Occupied Palestinian Territories (OPT). It also recognizes a shortage of trained health personnel to detect development delays among infants and young children, to provide proper interventions, and education for parents in early childhood stimulation (ECS).

Globally, CHW programs promote health equity by increasing access to health care in hard-to-reach areas, and by linking communities and marginalized groups to the formal health system. This role of CHW is particularly important in the Occupied Palestinian Territories, where restrictions in movement, community closures and poverty limit access to primary health clinics (PHCs). Since 2010, World Vision Jerusalem West Bank Gaza (WVJWBG) have collaborated with PA Ministry of Health (MoH) to train more than 100 female CHWs in behavioural change communications (BCC) through home visits to pregnant and postpartum mothers. These female CHWs have become valued assets in their communities and allies to health workers at PHCs.

Program approach In response to community requests and in consultation with MoH, WVJWBG piloted further trainings for CHWs to integrate psychosocial support to mothers and ECS with home visit. In 2017, 38 CHWs in the 26 pilot communities in Ramallah, Nablus and Salfeet Governorates were trained to administer Ages and Stages Questionnaires (ASQ-3 in Arabic) to screen for developmental delays in 5 domains - Communication, Personal Social, Problem Solving, Gross Motor, Fine Motor. Twenty of the 38 CHWs were also trained to use the "Go Baby Go" model to build caregivers' capacity in ECS from pregnancy to child's first birthday during regular home visits, and through community outreach sessions at PHCs.

Findings With training and supervision, CHWs administered ASQ-3 to 469 infants at 2, 4, 6, 8, 10 and 12 months of age and conducted outreach sessions at 9 PHCs.

Discussion WVJWBG's program experience suggests 1) the close working relationship between PHCs and CHWs enables referral of infants with possible developmental delays; 2) female CHWs can contribute to PA's ECD Strategy not only through BCC for First 1000 Days, but also through awareness raising for ECS, screening for developmental delays at household and community levels, and referrals to formal health services, thus promoting equity in access to ECD services in a complex and challenging environment.

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Poster number: 7

**Household possession and utilization of insecticide-treated bed-nets (ITNs) among ethnic communities of eastern Myanmar**

Objective: Despite substantial progress in malaria control efforts, Myanmar continues to have the greatest malaria incidence in the Greater Mekong Region. Geographically remote and ethnic minority populations bear the majority of the disease burden. These populations face poorer health outcomes and access to malaria treatment in part from decades of civil conflict and marginalization. Their exposure to the disease is further increased due to large-scale human mobility and changing environmental patterns. Insecticide-treated bed nets (ITNs) have proven effectiveness at reducing malaria cases and death, however, disparities exist in their possession and use in Myanmar. There are limited studies evaluating this issue in eastern border regions of Myanmar where malaria risk is highest.

The objective of this study is to assess household-level socio-demographic determinants of ITN possession and use of insecticide-treated bed-nets among ethnic communities living in remote and internally displaced communities in eastern Myanmar.

Methods: A descriptive analysis is being performed using a population-based, cross-sectional household survey that was conducted from June to September 2013. Logistic regression is being used to determine sociodemographic factors associated with ITN possession and use within five states along the eastern Myanmar border while controlling for confounding effects. This survey collected by the Health Systems Information Working Group captures essential health information on displaced populations in ethnic states not available from government service providers or other health organizations.

Results: Among the 6620 households sampled, 63.6% of respondents reported sleeping under a bed net the previous night. Among Internally Displaced Persons (IDP) camps, 78% of households owned at least one ITN and 63.6% of household members reported sleeping under a bed net the previous night. Results from the log-binomial regression modeling are forthcoming. It is expected that significant differences in ITN utilization will exist between socioeconomic quintiles, and between women, men, and for people of different age and geographic groupings.

Conclusion: Despite the high percentage of ownership of bednets among those in villages and IDP camps, bed net use remains comparatively low. This study can inform decisions to help maximize the effectiveness of future malaria prevention strategies that take into account Myanmar's unique demographic, political, cultural and ecological traits. This knowledge is necessary to inform the development of inclusive malaria control programs to ensure equitable coverage and use of malaria prevention tools among hard-to-reach populations, to enhance the governance of malaria prevention policy, and to meet the country's goal for malaria elimination by the year 2030.

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Poster number: 52

**Examining Disability Focal Point Persons for effective mainstreaming of disability across sectors in Zambia: Active Strategy or Latent Potential?**

**Issue/Objective:** The Government of Zambia has created a new National Policy on Disability to promote the equitable inclusion of Zambians with disabilities. Mainstreaming – the inclusion of disability issues in all government activity – has been a core aim of this policy. The disability policy proposes that Disability Focal Point Persons (DFPPs) be identified in all government ministries, and that they are to function as key actors in facilitating mainstreaming within the Government. It is unclear, however, how effective the DFPPs in promoting this objective, and how they are perceived by disability policy stakeholders.

**Methodology/Approach:** We conducted 27 interviews with disability policy stakeholders and held a one-day workshop with 13 stakeholders, as part of a larger study about the development and implementation of disability-related policies in Zambia. Interviews were audio recorded and transcribed, and fieldnotes were generated at the workshop. Data were analyzed using thematic analysis.

**Results:** Participating stakeholders expressed that they perceived the DFPP structure to be a promising way to mainstream disability within the Government of Zambia. Despite this, the structure has not yet been effective. The DFPP structure was rolled out without terms of reference or guidelines with only minimal support given to DFPPs. The participants noted that there was minimal communication or coordination among focal points. Zambian Government Ministries initially identified low-level employees to serve as DFPPs. The DFPP structure has been revised with clearer guidelines, training for DFPPs and a stipulation that DFPPs be identified from the upper management of government units. By early 2019, the revised structure had only been partially implemented.

**Discussion/conclusion:** “Focal Point Persons” are an important governance instrument that is commonly used to promote inter-organizational and inter-sectoral collaboration. Focal Point Persons are identified explicitly in the United Nations Convention on the Rights of Persons with Disabilities (Article 33.1), yet this instrument has not yet been effective to promote disability mainstreaming within the Government of Zambia. These findings provide lessons for the facilitation of cooperation and coordination across sectors as it relates to disability policy specifically and inter-sectoral governance more broadly.

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Poster number: 53

**Worth the wait: Policy lessons to reduce early childbearing in Africa and South Asia**

Adolescents who experience childbearing are more likely to have lower educational attainment, be socially isolated, have high-risk pregnancies, be at risk of sexually transmitted infections, and experience intimate partner violence. Adolescent childbearing is also associated with increased risk of mortality. Girls' early marriage and childbearing can be brought on by multiple factors, including limited knowledge of sexual and reproductive health, limited bargaining power within the household or community, and/or limited educational or labor market prospects. However, aside from legal bans, there have historically been limited policy approaches to reduce early marriage and childbearing.

As governments, NGOs, and other stakeholders prioritize achieving gender equity, reducing adolescent pregnancy and improving educational attainment for girls is essential. This presentation will synthesize findings from a body of rigorous research on adolescent empowerment programs and share insights on ways that adolescent empowerment could reduce child marriage and childbearing. Finally, this presentation will close by outlining cost-effective policies that governments and other policymakers can implement in order to improve the health and well-being of girls in low-resource settings.

The findings presented in this presentation will come from randomized controlled trials conducted by development economists over the past decade across Africa, Asia, and Latin America. The studies have evaluated the success of adolescent empowerment programs that aim to change behavior through empowerment, information, incentives, skills development, or a combination of these approaches. By synthesizing findings from across these programs, the presentation will outline policy recommendations that apply to policymakers from a wide range of contexts.

Interventions that increased the opportunity costs of pregnancy or the benefits of remaining childless contributed to adolescents and parents changing their behavior and, in turn, reduced rates of childbearing. Promisingly, interventions targeting parents were particularly effective in areas where adolescent females have less bargaining power relative to other family members. Additionally, encouraging participation in activities that develop human capital (e.g. job training or schooling) can help adolescents delay pregnancy. Interventions implemented outside of educational institutions may be more effective in reaching the most vulnerable adolescents.

These findings are critical insights for policymakers who are invested in improving the health and well-being of girls, increasing their educational attainment, and ensuring greater levels of gender equity. The empowerment programs described above are among the few standalone programs that show promise in reducing adolescent pregnancy. Learning more about why these programs were successful can help policymakers implement similarly successful programs in their own area.

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Poster number: 27

### **Improving WHO's response to pandemics through Global Health Diplomacy**

Issue

WHO's recent response to the Ebola outbreak was characterised as slow and uncoordinated. The response indicated gaps in the International Health Regulations and exposed the weaknesses in Global Health Security. More importantly it confirmed WHO's inability to respond to epidemics effectively. Thousands of lives that could have been saved were lost. Global Health Diplomacy seeks to use diplomacy and negotiations to facilitate and improve global health objectives. This research assesses the major gaps in WHO's response to the Ebola outbreak and recommends diplomatic solutions that could help improve WHO's response to global health threats

Methods

Using qualitative methods, this study analyzed all the pandemic response activities that occurred during and after the Ebola outbreak in 2013 using literature and interviews with WHO HQ Senior Staff

Results

- There was no streamlined process to effectively mobilize financial resources for outbreaks
- Member states failed to meet IHR's standards for core capacities due to nonbinding recommendations;

Weak Health Systems are the underlying cause of outbreaks in most parts of the world

Discussion/Conclusion

Most discussions about the WHO's response to outbreaks have focused on giving more powers to the WHO Director General during pandemics and restructuring the WHO's response system. Our research revealed that the underlying issues causing ineffective responses to outbreaks are long-term and we propose that these solutions will be ineffective without the use of Diplomacy.

Our recommendations are;

A temporary special UN envoy for Ebola was appointed at the dawn of the Ebola outbreak. This role was to; "provide strategic policy direction for an enhanced international response and to help galvanize essential support for Ebola affected communities".

We propose that this position be made permanent and answerable to the WHO Director-General and not the UN Secretary-General. This would prevent competing power struggles and would allow for a more streamlined response to epidemics. The role should include government relations and diplomatic functions that allow for consistent interactions with all UN Member states and multilateral institutions.

There is currently an emergency fund used by the WHO for general humanitarian assistance response. The WHO Director-General should use diplomacy at platforms such as the G7, G20, NATO, EU, AU, World Bank and World Economic Forums to galvanize resources from Heads of States to institutionalize a \$100 million epidemic emergency response fund which will be funded by voluntary donations from member-states and will be dedicated only to pandemic emergency response.

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Poster number: 71

**The healing basket: evaluating the outcomes of a social innovation to promote mental health in yazidi refugee women resettling in London, Canada.**

Yazidi are a religious minority group originally from Iraq, Iran, Syria, and Turkey. They speak Kurmanji, a Kurdish dialect and practice the monotheistic religion Yazidism (Kililhan & Noll-Hussong, 2017). According to the UN Commission (2016), since August 2014, terrorist groups like ISIS have killed more than 7000 Yazidis, and over 5800 young girls have been abducted, sold in black markets, raped, enslaved, or killed. In 2017, the Canadian government pledged to sponsor 1200 government-assisted refugees (Wright, 2018). According to the Cross Cultural Learner Centre (CCLC), there were 143 Yazidi people (53 families) resettled in London, Ontario as of November 2017. But despite their newfound security, given the systematic genocide that continues till date, many Yazidi individuals suffer from post-traumatic stress disorder (PTSD), adjustment disorder, survivor's guilt, major depressive disorder, and suicidal ideation/attempts (Gerdau, Kizilhan & Noll-Husong, 2017).

Collaborating with local community organizations, civil society groups, grassroots activists and healthcare professionals, it was evident that resettlement services in Canada are not equipped to meet the significant mental healthcare needs of Yazidi women resettling in Canada. Recognizing the need to develop an innovative woman-centered approach to facilitate Yazidi mental health, our research shares the process of co-creating a community-based mental health program for Yazidi women and evaluates the outcomes of this social innovation project in London, Ontario.

The program, called The Healing Basket, aims to create a safe space, where the most vulnerable women in the community feel empowered to reclaim their story, advocate for their needs, gain skills to cope and to honour their journey. This pilot program involves 5 sessions co-created by Yazidi women and local Yazidi champions and facilitated by community partners in London. The program evaluation procedures are aimed at capturing the process from the establishment to the delivery. A focus group model with interested members will include participatory and collaborative exchanges to effectively evaluate the value and effectiveness of the project.

Yazidi women, and all other female refugees and asylum-seekers should not be considered as passive victims and inert recipients of assistance. This project is a step towards ensuring that the voices of the most vulnerable women take priority in developing the integration policies and programs aimed at their empowerment and independence, tailoring services and integration measures on their specific needs. The outcomes of this project can serve as a model for other communities across Canada in designing mental health programs to serve Yazidi women.

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Poster number: 66

**The child casualties of war – A scoping review of reporting and monitoring grave violations of children’s rights in armed conflict**

In accordance with the United Nations there are six primary grave children’s rights violations during conflict; (1) killing or maiming of children, (2) recruitment or use of children by armed forces or armed groups, (3) attacks on schools or hospitals, (4) rape or other sexual violence against children, (5) abduction of children, (6) denial of humanitarian access to children. Timely monitoring and accurate reporting have many implications for global health including; informing the general public, directing policy makers, providing health services to meet the needs of affected populations, protecting children’s rights, and documenting violations of international humanitarian law while holding perpetrators accountable.

This study employed a comprehensive scoping review methodology that examined the existing body of research and grey literature related to methods implemented to monitor and report grave violations of children’s rights in armed conflict. Out of 6154 identified articles, 18 met the final inclusion criteria. The results of this study suggest that significant disparities exist as well as a lack of innovation in reporting and monitoring grave violations of children’s rights in conflict within both grey and academic literature. This demonstrates a weak foundation of evidence for the basic assumptions underpinning humanitarian responses and international policy.



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Poster number: 8

**Global health partnerships focusing on WACH: On-line survey and telephone interviews to identify partnership assessment tools and metrics**

Issue/objective: Effective and strong partnerships (SDG 17) contribute to attaining all SDGs, wherein partnerships act as platforms for governance decisions about what, how, when, and with whom to act. Equitable and well-governed global health partnerships are effective in ensuring that quality research results are translated into policies and services that have an impact on reducing health disparities. To benefit all partners, assessment and monitoring must be included from conceptualization and extend over the life of the partnership with equity considerations integrated at every stage. The objective of this study was twofold: 1) to collect validated tools and informal evaluation practices which have been used by global health researchers and practitioners in assessing their partnerships; and 2) to identify a priority set of metrics which would inform the development of a new comprehensive partnership assessment tool.

Methodology/approach: We carried out an online survey between February 18 and April 15, 2019, followed by telephone and/or video-conference interviews with key informants between May 6 and June 10, 2019. Both survey and interviews targeted stakeholders from the global health community, including Canadian non-governmental organizations and academics. Snowball sampling methods were used to reach other key informants, especially those from LMICs.

Results: A total of 87 respondents completed the online survey. Among them, 25 responded having ever assessed one global health partnership. A total of 48 interviews (34 English; 14 French) were then conducted to obtain additional details on the assessments, among which 8 respondents confirmed having conducted a formal assessment of a partnership. Essential characteristics of a 'good' partnership assessment included: integrating an assessment process from the beginning, ensuring reciprocity, addressing concerns of all the partners, and taking measures to strengthen the partnership continually over time. Participants identified challenges with partnership assessment, including the need for tools that 'fit' particular contexts and the capacity and confidence to navigate difficult discussions.

Discussion/conclusion: Issues of quality, sustainability, and equity are central to ensuring a successful and effective partnership. The findings from this study, together with the results of a scoping review, provide important insights toward evidence and equity-informed approaches to global health partnership assessment. Among expected outcomes are the development of a harmonized tool will then be refined and tested with relevant stakeholders in Canada and in LMICs.

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Poster number: 9

### **The interplay between governance and global health partnerships**

**Issue/objective:** Effective and strong partnerships (SDG 17) contribute to attaining all SDGs, wherein partnerships act as platforms for governance decisions about what, how, when, and with whom to act. Civil society organizations and academic institutions can participate as active partners in these governance structures. Partnerships play a role in providing places for people to identify and respond to local and/or mutual needs which can range from, for example, financial to capacity-building resources. Partnerships also play a role in either mitigating or reinforcing power and resource distribution among partners. Determining the successfulness of partnerships within existing governance structures is key to ensuring equitable, sustainable and measurable health outcomes. In an effort to understand the best available evidence on how to effectively assess and monitor global health partnerships, we undertook a scoping review to identify metrics that have been used in assessing existing global health partnerships.

**Methodology/approach:** A comprehensive list of search terms to cover all relevant aspects of global health partnership assessments was drawn up with the assistance of a health sciences reference librarian. Limits to the search included records published in: English or French; between 2000 and 2015; in Medline, Embase, PsychINFO, CINAHL, Web of Science or Scopus; and North-South or South-North partnerships. Government-to-government partnerships were excluded.

**Results:** A total of 2502 records were initially identified. Initial screening on title and abstract eliminated 2006 records and a further 225 were excluded on a second pass. This led to a full text review of 71 records. The context of each partnership was categorized (e.g. research partnership; capacity-building). Among the common metrics describing partnership assessments were: mutual respect, matched expectations, shared resources and mutual decision-making). The full list of metrics will inform the development of a harmonized partnership assessment tool that leverages the most promising approaches to guide assessment and monitoring of global health partnerships.

**Discussion/conclusion:** Assessing global health partnerships can be challenging and several tools have already been proposed. Emerging evidence provides insights into the most promising approaches among these tools. The harmonized tool developed here integrates best evidence about how such tools can support the evolution of successful and effective partnerships. Next steps will involve stakeholder consultation (including perspectives from Canada and partner countries) and piloting of the harmonized tool. We believe that harmonizing the evidence on how to assess and monitor global health partnerships can optimize health benefits for the populations being served.

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Poster number: 28

**Monitoring the quality of maternity services for marginalized Nepalese women: a mixed methods approach**

A lack of skilled human resources with enabling factors for maternity care exists in remote areas of many low-resource countries. Families in remote mountainous areas of Nepal are geographically marginalized, and women often deliver alone, or in poorly serviced facilities. Government of Nepal has established rural and remote birthing centers, and mandated that mothers should give birth in health facilities. Without stronger district leadership, monitoring and supervision, WHO standards for skilled attendance at birth cannot be met. Monitoring of quality of care indicators at the facility level, and district-level leadership increases quality of services. This study of birthing in a remote area of Nepal examined factors associated with access to skilled care from a health systems perspective, including areas of service readiness and availability, and expressed needs for improvements in maternal care from mothers, birth attendants and community.

A concurrent, embedded mixed methods study consisted of 67 interviews with mothers, community and birth attendants, six WHO facility assessment surveys and validated skill assessments of 12 auxiliary nurse-midwives. The study investigated enabling factors for skilled birthing care for remote women. Interview questions were translated using the WHO Forwards- Backwards approach by a team of Nepalese reproductive health experts. Experienced Nepalese nurse-midwives improved cultural sensitivity of interviews, surveys, skills assessments and gap training for care providers. A WHO Service Availability and Readiness Assessment was used to assess the quality of services in six health facilities. Modifications to the survey included key WHO indicators of respectful childbirth. This study took place in 2016 in a remote mountainous area of Nepal.

A lack of infrastructure including electricity, water and communications influenced quality of care. Long distances, poverty, and poor referral capability in all but one facility prevented mothers from reaching higher levels of care when needed. A lack of monitoring of remote facilities, and lack of adequate life-saving supplies and medications were found. Nurse-midwives were found to have gaps in life-saving skills especially managing bleeding and hypertension. Mothers cited lack of choices and some described poor and out-dated treatment in facilities.

A systems approach to access barriers to quality birthing services can be adopted for remote communities in low-resource countries. The importance of monitoring enabling factors in facilities established for remote-living women, and the skills of mid-level providers are important to improve quality of birthing care. The use of mixed research methods improves understanding of issues of quality and access among marginalized populations.

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Poster number: 29

### **The influence of culture on measurement of sexual and reproductive health in Guinea, West Africa**

Background: The promotion of Sexual and Reproductive Health (SRH) is one of the eight Millennium Development Goals (MDG) and the 2030 Agenda for Sustainable Development. Recognized as a basic human right, SRH is considered closely linked to Gender Equity (GE) and Women Empowerment (WE). The MDG framework led to the development of a set of indicators for global monitoring of SRH. International health surveys track progress toward MDG use these indicators as proxy measures of SRH. However, the choice of indicators continues to be debated given the difficulty of definition and parametrization of SRH constructs.

Despite variations in conceptualization of GE & WE, the SRH indicators remain grounded in MDG and presumed universal. The theoretical assumptions link WE to SRH and fertility. It is anticipated that empowered women have improved SRH, desire fewer children and have lower fertility. Empirical findings from some countries, but not sub-Saharan Africa, give credence to these notions.

#### **Method/Approach:**

We conducted secondary data analyses of 2012 and 2018 Demographic and Health Survey (DHS) data using MDG indicators. We limited our analysis to a single country in West Africa (Guinea) in order to examine the data within a single culture. We used Structural Equation Modeling to develop a measure of WE and sub-measures of SRH: core rights including education and access to paid employment; decision making including autonomy; gender relations; culture and SRH variables

#### **Results:**

The results showed a decreasing fertility rate 5.5 in 1999 to 4.8 in 2018. The ideal number of children for most of the population remained at 6+ with a preference for males. 6% of women used contraceptives and 72% had no intention of using. Literacy was consistently associated with SRH but not fertility. 97% of women had FGM and supported the practice; 92% believed gender-based violence justified. Wealth was a significant predictor of SRH and moderated fertility. Knowledge, access and use of SRH services, Culture and GE variables were weakly and non-significantly associated with fertility.

#### **Discussion**

The relationship between WE and fertility is complex and impacted by culture. The approach to policy and health programming needs to be nuanced and tailored to cultures.

There are important considerations in all areas of cross-cultural research with significant impact on policy decision-making. Conventional approaches combining individual and group factors in study designs and analysis, assuming the uniformity of context, ignore the influence of culture potentially lead to inadvertent consequences for policy

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Poster number: 30

**L'épidémie du virus Ebola en Afrique de l'ouest en 2014 : le Sénégal à l'épreuve de la diplomatie de la santé globale**

Ce travail de recherche mené dans le cadre d'un séminaire Diplomatie et Santé avec Global Health Center (Graduate Institute) de Genève sur le cas contaminé du virus Ébola au Sénégal a permis de saisir l'ampleur de l'épidémie en Afrique de l'ouest en 2014 avec ses implications au plan international. Également, c'était un défi personnel de mener cette réflexion dans une perspective de diplomatie de la santé globale, un objet de science qui soulève des questions novatrices pour répondre à une problématique centrale de l'existence humaine telle que la santé. Comme le rappelle Dominique Kerouedan à travers ses propos introductifs au colloque international du collège de France : « La santé est un thème de politique étrangère et de diplomatie, en ce qu'elle est devenue dans les relations internationales, plus précisément au fil du temps, un paramètre de pouvoir, d'influence, de sécurité, de paix, de commerce, voire un vecteur de positions géopolitiques ou même idéologiques, pour des Etats cherchant à gagner en importance politique à l'échelle mondiale » (Kerouedan, 2013). À la lumière de ces propos et de notre projet de réflexion personnelle sur le sujet choisi, nous formulons ces recommandations qui consistent à :

- Déconstruire la vision et la démarche de santé globale des acteurs étatiques, non étatiques, organisations internationales onusiennes, partenaires financiers et techniques, ONG internationales ;
- Expérimenter le concept novateur de 'méta-gouvernance' en diplomatie de la santé mondiale;
- Mettre en place des dispositifs fonctionnels de cadres de concertation et de négociation en santé globale au niveau régional (U.A et CEDEAO) ;
- Mettre en place un projet de création d'un bureau régional africain sur le contrôle des maladies infectieuses, la prévention, la détection précoce et la réponse;
- Évaluer cette crise d'Ébola de 2014 aux niveaux régional et national afin de promouvoir les enseignements tirés pour mieux préparer la prochaine épidémie;
- Améliorer les politiques de santé internationale en matière de gouvernance des systèmes de santé des pays ouest africains ;
- Mettre en place un fonds africain sous régional contre les épidémies.

**Garg, Aditi**

University of Lucerne, Canada

Poster number: 54

**Rehabilitation in national health planning: a narrative review of laws and policies in the european landscape**

**Background:** In the World Report on Disability and the UN Convention on the Rights of Persons with Disabilities rehabilitation is recognized as both a key health strategy and a basic human right. The right ensures access to rehabilitation interventions that focus on optimizing functioning. This paper investigates the implementation of this right in legislation and policies at the national level and provides a detailed overview of national health laws and policies regarding rehabilitation in five European countries.

**Methods:** A literature review was performed to assess provision of rehabilitation services in national health legislations and policies in selected countries. Areas subject to rehabilitation in health laws included health financing, comprehensiveness of coverage, health insurance, and multidisciplinary workforce. Actions found in national health policies were compared to actions specified in the WHO Rehabilitation 2030: Call to Action. **Results:** Commonalities and differences were found between countries regarding rehabilitation services. While all countries provide rehabilitation services, comprehensiveness of coverage varied. Countries such as Sweden, Italy and Germany with health systems adopting universal health coverage (UHC) had universal coverage in its laws, while the United Kingdom did not explicitly address rehabilitation care and focused on integrated care. The proportion of cross-sectoral laws and policies regardless of rehabilitation service provision was low in comparison to sectoral policies. Regarding policies, gaps were found between action areas in the health policies and WHO's Rehabilitation 2030: Call for Action.

**Conclusion:** Historical, cultural, demographic and population aging factors may explain the commonalities and differences found between all health laws and policies among the specified countries. Results obtained from conducting this narrative review provide the basis for future appraisals of the situation regarding rehabilitation services in Europe.

**Gidebo, Amanuel**

World Vision Canada, Canada

Poster number: 55

**breaking the barriers on adolescent sexual reproductive health and rights**

Issue/Objective:

Various mechanisms have been employed to ensure community ownership of their own health and involvement in health system governance. However, little attention has been given to adolescents. The Born on Time (BOT) Project in Bangladesh, Ethiopia, and Mali seeks to ensure that adolescent girls are empowered to realize their right to access sexual and reproductive health (SRH) information and services through multi sectoral approaches of SBCC interventions to address SRHR information gaps, enhancing health facilities' adolescent-friendliness, and improving adolescent participation in decision making.

Approach:

To identify SRHR information gaps among adolescents focusing on Parent-Adolescent communication, a cross-sectional study (SS= 550/April 2018) was conducted in Ethiopia. In Mali, a KAP survey (SS= 918) was conducted to assess the level of knowledge and practice among adolescents related to SRHR and newborn health; accessing health services; and awareness of SRHR messages. In Bangladesh, adolescents are empowered through the creation of 372 adolescent groups, with 7,419 members, led by peer educators. Community health facility governance committees, with two adolescent representatives, were formed and trained on adolescent-friendly and gender-responsive service delivery.

Results:

In Ethiopia, 48.5% of the participants had discussed SRHR issues with their parents. Being a male adolescent (AOR =1.6), being knowledgeable on SRH (AOR = 1.5) and having favorable attitudes on SRHR issues (AOR = 1.9) were factors significantly associated with parent-adolescent communication on SRH issues. Adolescents cited cultural inappropriateness, fear of parents and parents' lack of knowledge on SRHR issues as reasons for not discussing these with them. In Mali, under half of the adolescents reported that they did not have access to health services or a CHW, with only 56.4% reporting that they received information from a health care provider. 85.5% of adolescents had never visited a health facility for SRH services and about half believed that health facilities were not adolescent-friendly. In Bangladesh, midterm results suggest positive changes regarding adolescent empowerment through increased decision making around family planning (79% midterm, 46% baseline), visiting a health facility during pregnancy (67% midterm, 22% baseline), and choice to deliver at a health facility (60% midterm, 17% baseline).

Discussion/Conclusion:

Ensuring adolescents can exercise their right to quality health care access requires addressing gender inequality, improving health service delivery and empowering adolescents. Although gaps in SRHR information and services exist for adolescents across implementing countries, the BOT project highlights that adolescent girls, and specifically those from poorer families, are particularly vulnerable.

**Gilmore, Jessica**

Queen's University, Canada

Poster number: 10

**Parenting in Adversity and Individual Perceptions of (In)Access to Health and Social Support Services: A SenseMaker® Study**

Issue/Objective

Access to health and social support services have been shown to greatly affect the health and well-being of individuals, communities, and society globally. However, great disparities in access exist across sub-populations. Evidence indicates that individuals living in adversity in Canada have inequitable access to health and support services due to geography, stigma, and sociodemographic factors. This research focuses on Canadian parents living in adverse situations such as contexts of poverty, illness, displacement or abuse. The objective was to better understand the current experiences of parents and their differential access to health and social support services across diverse contexts of adversity. The overall goal is to inform the development of effective and targeted interventions to support parents in currently underserved groups. This local study contributes Canadian data to a larger international comparative study taking place between 2019 and 2021 in Mongolia, Thailand, and the Democratic Republic of the Congo (DRC).

Methodology/Approach

This research was conducted using a SenseMaker® survey. SenseMaker® surveys consist of a micronarrative prompt (and the subsequent capture of an audio story), followed by various quantitative questions that generate an understanding of the micronarrative from the participants perspective. A purposive sample of 300 participants was recruited through a community-based organization and in open public spaces in Kingston, Ontario. Tableau data visualization software was used to identify the participants who mentioned supportive services and to provide descriptive representations of responses across contexts of adversity. NVivo was used in a qualitative analysis of the micronarratives.

Results

Participants (n=300) mentioned health and social services in more than 25% of micronarratives captured. Inaccess is profound. Data visualization and qualitative assessment of the micronarratives indicate differential experiences by type of adversity as well as by the gender, cultural background and age of the participant.

Discussion/Conclusion

This research contribute to our understanding of service accessibility among parents across diverse contexts of adversity. It provides a Canadian perspective in an international comparative study. The results have potential to aid in the development and revision of support services to better support parents in adversity in Canada.

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**Gossaye, Atsenash**  
Children Believe, Ethiopia

Poster number: 72

**Enhanced women power produced innovative local stretchers that resulted in improved child and maternal survival in hard- to-reach areas of amhara region, northern ethiopia.**

Background:

Despite remarkable progress made over the last two decades; Ethiopia continues to have a high maternal death rate at 420 per 100,000 live births. We firmly believe that gender inequality and power imbalance between women and men that crippled the women decision making power in their health affairs has mainly contributed to maternal & child mortality within low income countries like Ethiopia. The other contributing factors for maternal and child mortality are: inaccessibility to health facilities, poor health seeking behavior, socio-economic status, poor infrastructure and ill equipped health facilities. In our context, the single most critical intervention for safe motherhood is to ensure a skilled health professional is present in every birth, and access to an emergency obstetric care in case of complications. Delay in reaching an appropriate obstetric care at health facility for mothers is one of the delays causing pregnancy-related mortality. Here, we present our experience from northern Ethiopia where we successfully overcome critical delays through using innovative local stretchers to transport laboring women and mothers with complications from the remote rural-hard-to-reach areas to areas accessible for ambulance vehicles to health facility that significantly contributed to improving maternal and neonatal survival by facilitating access to obstetric services at health facilities.

**Co-Authors:** Lemma Asfaw, Christian Children's Fund of Canada, Ethiopia

**Grepin, Karen**

Wilfrid Laurier University, Canada

Poster number: 67

**Impact of a free care policy and EVD on health service utilization in the conflict affected areas of Eastern Democratic Republic of Congo**

**Objective:** Previous major infectious disease outbreaks have led to widespread disruption to health systems leading to major declines in health service utilization. The ongoing Ebola virus disease (EVD) outbreak in Democratic Republic of Congo (DRC) (August 2018-present) has become the largest EVD outbreak in the DRC and second largest EVD outbreak in history with more than 2000 cases and over 1400 deaths. Similar to a previous EVD outbreak in Equateur Province (EP), the Ministry of Public Health quickly implemented a temporary free health care policy (FCP) in selected EVD affected health zones in North Kivu province as part of the response to the outbreak. While the FCP led to an increase in primary health service use in EP, the current epidemic has been more challenged by conflict and mistrust of government by local populations and therefore the effectiveness of the FCP in the current outbreak remains unknown.

**Methodology:** Using monthly data from the national Health Management Information System in the Eastern DRC from January 2017 to April 2019, we examined rates of the use of ten health services at primary health centres: total visits; first and fourth antenatal care visits; institutional deliveries; Diphtheria-Tetanus-Pertussis vaccinations; measles vaccinations; oral polio vaccinations; and visits for uncomplicated malaria, pneumonia, and diarrhea. We used controlled interrupted time series analysis to estimate change in the use of these services during EVD epidemic. Facilities were grouped by their exposure to EVD and FCP at the health zone level.

**Results:** Preliminary results suggest that rates of health service utilization increased for some health services but we observed different effects on different types of health services. Visits for pneumonia and malaria increased during FCP implementation. Institutional deliveries had smaller increase, while limited changes were found in vaccinations and antenatal care visits. We also plan to disaggregate these results based on baseline levels of trust in government and prevalence of conflict using data from the Harvard Humanitarian Initiative.

**Discussion:** The FCP led to an increase in use of some health services at primary health centres, however, it was not effective for all types of service. Level of conflict and lack of trust in the local population may help explain some of these differences in policy effectiveness.

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Poster number: 49

**Perinatal depression in adolescent mothers - a neglected public health imperative**

**Objective:** Pregnancy among adolescents, a global public health concern, complicates a normative transitional period characterized by biological, social and psychological vulnerabilities. In some low- and middle-income countries, about 30% of women have their first deliveries babies before the age of 20. Perinatal depression is a condition with serious consequences for mother and infant. Even though there is some evidence that adolescent mothers are at greater risk, the condition has received little research attention about its nature and how best to respond to it in this age group. For example, no information is available about the effectiveness of current interventions among adolescents. This neglect has implications for age-related inequity and is therefore an important health policy issue.

**Methods:** In a cluster randomized controlled trial of psychosocial interventions for perinatal depression in primary maternal care in Nigeria, we compared a low intensity treatment (consisting of psychoeducation and basic supportive psychosocial support) to a high intensity treatment (consisting of 8 weekly sessions of behavioural activation and problem-solving treatment) among women with major depression of at least moderate severity. Recruited during pregnancy, participants were assessed for outcome at 6 months postpartum for depression remission (Edinburgh Postnatal Depression Scale), maternal attitude (Maternal Adjustment and Maternal Attitudes scale) and parenting skills (Home Observation for Measurement of the Environment Inventory-Infant-Toddler version (HOME-IT)).

**Results:** Of 8580 adults screened, 6.9% had depression compared to 17.7% among 772 screened adolescents ( $p < 0.001$ ). Adolescents had significantly poorer adjustment and attitudes to pregnancy, lower mean fetal gestational age at birth and smaller mean baby's birth weight. At 6 months postpartum, there were no significant differences in the recovery rates from depression across both treatment arms and between adolescent and adult women. However, adolescent mothers continued to have poorer maternal attitudes and adjustments as well as poorer parenting skills as indicated by significantly lower scores on the HOME-IT items of responsivity and involvement. Infants of adolescent mothers had a higher rate of undernutrition (defined as mid upper arm circumference (MUAC)  $< 12.5$ cm) compared to those of adult mothers: 14.8% and 6.3% respectively ( $p=0.008$ ).

**Conclusion:** Perinatal depression is commoner and more disabling among adolescents than adults. Interventions that are effective in alleviating the condition in both age groups may be inadequate to improve parenting skills in adolescents, leaving their infants at risk of impaired growth and cognitive development. There is an urgent need for age-appropriate interventions for this serious condition affecting adolescent mothers.

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**Ismail, Sara**  
McGill University, Canada

Poster number: 73

### **Interprofessional Global Health Education on the Frontline at McGill University**

#### Issue/objective

The McGill Interprofessional Global Health Course (IPGHC) is a student-led initiative started in 2007 in an effort to address the paucity of global health content in health professional students' curricula at McGill University through weekly non-credited night courses. The course is open to students studying Dentistry, Nursing, Physiotherapy and Occupational Therapy and Medicine, alongside welcoming a handful of students from social work and public health. This study hopes to elucidate the knowledge gaps faced by students precluding and following course completion.

#### Methods

Eighty-four students from various fields registered for IPGHC and fifty-nine students completed the course requirements (attending 8/10 classes and finishing the respective surveys and a final assignment). Qualitative and quantitative data involving knowledge acquisition was collected through pre-and post-course surveys and reflective assignments were analyzed for thematic content and personal benefit of the course.

#### Results

Fifty-nine students completed both the pre- and post-course surveys, indicating that students from all faculties involved acquired the knowledge on global health topics. Through preliminary analysis of the data shows that there was a significant acquisition of knowledge in all global health topics. Furthermore, it was found that the most significant improvements in knowledge acquisition on topics 'access to healthcare in underserved population' and 'realities of global health fieldwork' by 55% and 52% respectively. Conversely, there was no difference in knowledge acquisition regarding 'nutrition' and 'global surgery'. Of further note, 88% of students believed that inter-professional collaboration is important in addressing global health issues.

#### Conclusion

The IPGHC significantly increased the knowledge of participants in the topics covered, indicating the success of this type of learning platform and further emphasizes the course's benefits in filling areas of knowledge deficit in McGill healthcare professional curricula. It is also of importance for future cohorts of the IPGH to better incorporate nutrition and global surgery into the curriculum to help bridge the knowledge gap.

**Jabateh, Lassana**  
Partners In Health, Liberia

Poster number: 74

**Lessons learned from, and current expansion of, integrated, community-based treatment support for HIV, TB and leprosy patients in Liberia post-Ebola**

Partners In Health (PIH), a global health organization committed to providing a preferential option for the poor, launched a community health worker (CHW) program in Liberia at the government's behest following the 2014-2015 Ebola virus epidemic. Its aim was to extend clinical services for HIV, TB and leprosy patients through a network of CHWs integrated into, and serving as bridges between communities and, the primary healthcare system, while concurrently addressing social determinants of health forming barriers to care. Strategic objectives were to improve clinical outcomes by increasing enrolment in care, improving treatment adherence, decreasing loss to follow-up (LTFU), and addressing delays in seeking, reaching and receiving care through active case-finding, accompaniment with psychosocial support, and strengthened referral pathway. This model emphasizes decentralized, transparent governance via civil engagement and capacity-building of community actors empowered through training, supervision, remuneration and integration into the local healthcare system. PIH's central focus is on equity and evidence for meaningful impacts on historically marginalized individuals and impoverished communities.

In May 2015, PIH employed and trained 71 CHWs, established dual supervision and clinic immersion structures, and deployed a socioeconomic assistance program comprised of transportation reimbursement, food support for TB patients, and selected social assistance. CHWs were linked with patients from one private and two public health facilities, the sole providers of TB, HIV and leprosy treatment, in Maryland County, Liberia. This southeastern county is characterized by extreme poverty, geographic isolation, limited infrastructure and food insecurity.

Findings are encouraging with increased TB and ART treatment coverage, decreased TB and HIV LTFU rates and high leprosy treatment success rate (prior data for leprosy treatment in Liberia is largely unavailable). Lessons learned include the importance of addressing stigma and discrimination against patients and providing adequate supervision and ongoing training of CHWs.

PIH's integrated, inter-sectoral approach to community-based case-detection, case-retention and treatment support by CHWs for chronic infectious diseases in Liberia demonstrates how excellent clinical outcomes and continuity of care are possible, even in poverty-stricken, post-conflict and post-epidemic contexts. With a view to achieving universal health coverage, realigning the existing CHW cadre with population needs, and complementing the country's community health assistant program serving as islands of care for communities beyond 5 kilometers from public health facilities, the Liberian government has requested PIH to expand the CHW program to cover a wider range of clinical concerns including maternal and child health, mental health and non-communicable diseases within a 5-kilometer catchment areas.

**Jadavji, Sofia**

Aga Khan Foundation Canada, Canada

Poster number: 1

**Measuring the use of health management information system data to inform health service delivery and enhance accountability**

Issue/Objective: With more data becoming accessible to decision makers across health systems, it must be routinely used to make informed decisions about health service delivery and improve accountability.

Under the Access to Quality Care through Extending and Strengthening Health Systems (AQCESS) project (2016-2020), which operates across Pakistan, Mali, Kenya and Mozambique, Aga Khan Foundation Canada (AKFC) measures the percentage of target health facilities that use health management information system (HMIS) data to inform health service delivery. This data feeds into national health data management systems, allowing for greater understanding and accountability. This poster will share data against the project indicator and provide examples of project interventions that contributed to progress in strengthening evidence-informed decision making in facilities.

Methodology: Under AQCESS, a health facility assessment tool is used to collect measures across a health facility related to physical space, supplies, and practices. For determining the percentage of target health facilities that use HMIS data to inform health service delivery, the tool assesses whether facilities have wall graphs with gender-disaggregated data, graphs summarizing monthly service reports, and whether meetings are held to discuss monthly service reports.

The methodology includes a walk-through and observation of the facility, and an interview with the most senior health staff available. Snapshots of the tool will be shared on the poster.

Results: Baseline and midline data are as follows:

Country Baseline Midline

Kenya 31.0% 37%

Mali 4.8% 15%

Mozambique 13.0% 66.7%

Pakistan 29.4% 20.5%

There have been improvements in the application of HMIS data to inform health service delivery across most AQCESS countries. Project interventions that may have contributed to the increased use of data include trainings for health staff on how to analyse and interpret gender-disaggregated data, regular mentorship and support visits to health facilities, and support to health service managers on conducting meetings related to data. The decline noted in facilities in Pakistan resulted in intensive efforts to build capacity and confidence in using data.

Discussion: Despite a global push to collect quality data, if data is not used, then it results in wasted efforts to strengthen health service delivery and in turn, improve health outcomes. AKFC has placed importance on ensuring that data is effectively used in making informed decisions about health service delivery. Capacity building, ongoing mentorship and support at the facility, district, provincial, and national levels are integral in ensuring confidence in using data for improved health service delivery and ensuring accountability.

**Jadavji, Sofia**

Aga Khan Foundation Canada, Canada

Poster number: 2

### **Measuring women's representation and active participation in community governance committees**

Issue/Objective: Across geographic settings, local governance bodies such as community health committees and health facility committees are established so that communities can hold health service providers responsible for the delivery of quality, needs-based services. Good governance requires inclusiveness, including equal and active participation of women and men.

Aga Khan Foundation Canada (AKFC) strengthens, empowers, and works alongside community health committees and health facility committees as key local health governance bodies. Under the Access to Quality Care through Extending and Strengthening Health Systems (AQCESS) project (2016-2020), which operates across Pakistan, Mali, Kenya and Mozambique, AKFC measures the percentage of women in health committees who actively participate in decision making. This is useful for understanding where programs need further strengthening to ensure gender equality. This poster will share data against this indicator and provide examples of project interventions that contributed to progress in strengthening local governance.

Methodology: A health committee assessment tool is used to collect data regarding the representation and active participation of women in decision making. The methodology includes an observation of a meeting, followed by a group discussion with women committee members. Snapshots of the tool will be shared on the poster.

Results: Baseline and Year 3 data are available for all four countries (table below).

Country	Baseline	Year 3
Kenya	21.0%	23.5%
Mali	35.0%	48.0%
Mozambique	43.0%	45.5%
Pakistan	0.0%	45.0%

Improvements in each country may be attributed to AQCESS's role in ensuring women have active voices and decision making authority within these committees. In Mali, the project advocated for increased female representation in committees and the inclusion of influential women from within communities (such as leaders of women's organisations). As a result, committees became forums that were open and conducive to participation of female and male community members. In Pakistan, there was extensive social and behaviour change communication activities to address reproductive, maternal, neonatal and child health and gender equality issues. In Kenya, advocacy on the Government of Kenya's one third rule built community awareness on the importance of representation of women and men in committees. In Kisii County, AQCESS successfully encouraged one third of leadership positions within committees to also be allocated to women.

Discussion: Measuring women's representation and active participation in community health governance committees and using data to address challenges is an important aspect of global health governance, as local committee structures have an integral role in holding their health systems accountable.

**Khalid, Ahmad Firas**  
McMaster University, Canada

Poster number: 56

**The governmental health policy-development process for Syrian refugees: Embedded qualitative case studies in Lebanon and Ontario**

**Background:** The unprecedented amount of resources dedicated to humanitarian aid has led many stakeholders to demand the use of reliable evidence in humanitarian aid decisions to ensure that desired impacts are achieved at acceptable costs. However, little is known about the impact of political factors and research evidence on policy development in humanitarian crisis. Using an embedded qualitative case study methodology, we examined how two policy decisions were made in response to the Syrian refugee crisis in Lebanon and Ontario.

**Methods:** We identified and recruited senior decision-makers, policy advisors, and healthcare providers who were involved with the development of Lebanon's 2016 Health Response Strategy and Ontario's 2016 Phase 2: Health System Action Plan, Syrian Refugees. We reviewed publicly available documents and media articles that spoke to the factors that influence the process. We used the analytic technique of explanation building to understand the factors that influence the policy-development process in crisis zones and on the role of research evidence in informing the process.

**Results:** We interviewed eight informants working in government and six in international agencies in Lebanon, and two informants working in healthcare provider organizations and two in non-governmental organizations in Ontario, for a total of eighteen key informants. Based on our interviews and documentary analysis, we identified four broad categories of factors that help to explain the policy-development process for Syrian refugees – legislative arrangements that posed chance for derailment from opposition parties, government's engagement with key societal actors to inform the policy-development process, the values underpinning the process, and Ontario's media coverage of a particularly tragic death of a young refugee. Our study found that there was limited use of research evidence to inform the policy-development process in Lebanon and Ontario.

**Conclusions:** This study suggests that the policy-development process for Syrian refugees was driven by key political factors and that the influence of research evidence on the policy-development process was limited.

**Co-Authors:** John N. Lavis, McMaster University, Canada; Fadi El-Jardali, McMaster University, Canada; Meredith Vanstone, McMaster University, Canada



**Lee, Na-Mee (Michelle)**  
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Poster number: 83

**The pathways from global mining governance to women's health and well-being: A meta-narrative synthesis review**

**Issue:** In many low- and middle-income countries (LMICs), mining endeavours have become intricately linked to economic and social development through corporate social responsibility (CSR) efforts and public-private cooperation at national and international levels. As a result, the extractive sector often takes up social provision roles that local governments often cannot fulfill. Despite these efforts, however, evidence shows that local populations continue to face overwhelming challenges regarding health burden, social structures, and environmental issues as consequences of these mining projects. Among those affected, women face a disproportionate burden in terms of social and economic factors, toxic risks, and human rights violations. The issues of mining, health, and public and private governance are often explored by academics and institutions that identify beyond traditional disciplinary boundaries and paradigms. We are conducting a meta-narrative synthesis to map the existing body of evidence and analyze the qualitative narratives they offer regarding the impacts of global mining governance decisions on women's health and well-being within mined communities in LMICs.

**Methodology:** Three academic databases were searched: PubMed, Scopus, and Journal of Political Science, to gather literature from a wide range of academic traditions. We filtered for gender-specific studies that also included elements of health and well-being in mining communities. Topics unrelated to general societal transformations, such as occupational health of direct participants of mining activities and non-epidemiological toxicology, were excluded. Key journals and publications were hand-searched and grey literature was also gathered (i.e. government and NGO publications) through informal networking and field expertise. Documents were categorized into themes or academic traditions to analyze the gaps that exist in the current body of knowledge.

**Results:** Preliminary results show that much of the sociological and health research field has been dedicated to studying the unjust burden that women face in communities transformed by mining development activities. Other disciplines have produced work on the effects of mining-related governance mechanisms on health. However, only a small number of researchers have linked gender-specific health outcomes to broader governance mechanisms and decision-making processes. These studies tended to arise from relatively small academic spheres.

**Discussion:** Gaps in data exist regarding the effects of mining-related public and corporate decision-making, and more broadly on international private governance regimes' effects on the well-being of women in mining communities. In order to understand the pathways by which global forces affect health outcomes at community level, further studies that cross traditional academic and industry boundaries must be conducted.

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**Loureiro, Maria Carolina**

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Poster number: 57

**the rich city of campinas as a local example of inequities in health**

Campinas is the center-city of a metropolitan region comprising 19 towns, with more than 2.6 million inhabitants. Concentrating some of the major companies installed in the country, Campinas Metropolitan Region is responsible for 3% of Brazilian GDP and has the most recognized academic poles in Brazil and Latin America.

The public expenditure on health in Campinas was 26% of the annual budget in 2012, ie 11% more than predicted by the Constitution. The annual municipality expenditure in 2012 only with complications related to hypertension, heart attack and stroke was more than R\$ 16 million. The local government has launched some public health initiatives against non-communicable diseases (NCDs), such as: mental health, elderly health (including hypertension and diabetes protocol), tobacco control and child health.

Brazil, like other emerging economies, faces a growing number of non-communicable diseases. The NCDs account for 74% of the causes of mortality in the country. Despite being an important technological and academic pole, the NCDs account for 86 % of the causes of mortality in the city.

In spite of having a high HDI (0.81) in comparison with the Brazilian average (0.73), 80% of the patients at Campinas do not control blood sugar, cholesterol and blood pressure regularly.

With the purpose of evaluating the local impact of the global public health policies against NCDs, I carried out a research in the city of Campinas that proved to be a local example of the inequities in health, in spite of its vast public health system, high HDI and the Brazilian health system based on universal health coverage.

Regarding the causes of mortality, these results revealed a huge disparity between the north and south Campinas' regions, with double incidences of stroke, hearth attack, hypertension and diabetes in the underserved population.

Dealing with the stakeholders from tobacco, alcohol, ultra-processed food and sweet drink industries is only a part of the game.

Our health system should take into account the social determinants of health to reduce the individual and collective socioeconomic impact through the primary health care that controls risk factors, empowers people and educates for self-care.

I developed a pilot project for underserved population located in the south region of the city to reduce the socioeconomic impact of NCDs which includes: health education for primary and secondary prevention and public awareness; e-health for monitoring NCD risk factors and a sustainable access to healthy food through urban community gardens.

**Makki, Leen**  
McGill University, Canada

Poster number: 75

**Systematic review of the global burden of disease of surgical disabling impairments in children in low-and-middle income countries**

Background

More than 1.7 billion children have no access to safe and affordable surgery. This lack of access leads to substantial disability. Worldwide, more than 1 billion people live with disability, of which an estimate of 150 million are children. The proportion of disability secondary to surgically treatable conditions remains unknown. In order to better advocate for children's health, especially in LMICs, it is essential to estimate the global burden of pediatric surgical disabilities. This systematic review aims to identify pediatric surgical disabling impairments in LMICs and measure their burden, as well as define disability in a non-stigmatizing way.

Methods

A senior medical librarian performed a systematic search within 7 databases, for publications related to pediatric surgical disabling impairments in LMICs, in all languages. We then excluded publications in adults, from high-income countries, and of rare congenital disorders, as well as conditions not treated surgically.

Results

Two reviewers independently screened the initial 2,752 articles based on title and abstract. The systematic review resulted in 51 articles included in quantitative synthesis. Most of the conditions with relevant data were congenital, and a third of these were about neurological conditions. Very few papers highlighted the incidence, prevalence, and/or burden of disease of acquired surgical conditions with accurate regional representation. The Disability-adjusted life year (DALY) for only 4 congenital conditions were available. With cardiac anomalies, cleft lip and/or palate, hernias, and neural tube defects, we estimate 25 to 70 million Disability-adjusted life year (DALY) secondary to surgical disease. The higher range is 2 to 3 times higher than the current literature estimates for all congenital anomalies.

Conclusions

Pediatric surgical disabling impairments cause a significant burden of disease globally. However, data is missing to provide better understanding of pediatric surgical needs. Estimating the burden of acquired surgical conditions requires more research as the current literature disproportionately focuses on congenital conditions. More data is also required to accurately represent all LMICs. A clear identification of these surgically treatable conditions and of their impact, and further research, can assist advocacy efforts for resource allocation in LMICs. This will impact health policies and programs, and allow community organizations and other stakeholders involved in children rights and health advocacy to take a more active role in framework development and global health priorities decision and implementation.

**Matovelo, Dismas**

Catholic University of Health and Allied Sciences (CUHAS), United Republic of Tanzania

Poster number: 58

**Male engagement bylaws: Unintended Consequences Impacting Care for Single Pregnant Women in Rural Tanzania**

Background: Promoting health facility attendance for antenatal care (ANC), delivery, and postnatal care (PNC) in low-resourced settings is a critical element to programs that target maternal and newborn mortality reduction. As part of an intervention to address gender and equity issues in both Misungwi and Kwimba districts in rural Tanzania, a qualitative study was conducted to better understand local influencers, barriers and enablers to these three services.

Objective: To understand barriers, enablers and influencers to facility-based ANC, delivery, and PNC.

Methods: Trained focus group discussion (FGD) and key informant interview (KII) facilitators used semi-structured guides to seek participant input regarding experiences and perspectives on ANC, delivery, and PNC services. Participants were purposively selected to represent communities, health providers, and decision-makers. Discussions were audio-recorded, transcribed, translated, then coded in NVivo 10 to analyze key and emerging themes.

Results: Data from 12 FGDs and 7 KIIs revealed important barriers to care-seeking, including a common belief that pregnancy is normal and ends at childbirth, that women lack permission by husbands/families to attend ANC/PNC, a fear of learning HIV status, and perceptions of poor treatment at health facilities.

An unexpected and pervasive barrier found was a perceived requirement that women should attend ANC only if accompanied by a male partner. This rule is allegedly commonly enforced in most health facilities in both Misungwi and Kwimba districts and pregnant women arriving alone may be denied services or given low priority. In other cases, women must get written permission from local leaders to seek services alone. These practices, understood as 'local government bylaw policies', seemingly impact 'vulnerable women', especially single and young women.

Conclusion: Male involvement is important in maximizing ANC services care-seeking, yet practices requiring male attendance create unnecessary barriers for vulnerable groups and reinforce gender inequality. We need to join our hands in working with policymakers at various levels, health providers, and communities to promote access to these important services for all women.

Key words: Gender equity, care-seeking, delivery, Tanzania

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Poster number: 11

**Transparency and engagement of Community leaders leading to successful implementation of a Community Health Worker program (CHW), rural Tanzania**

Background

Community health worker (CHW) programs are an integral component in Tanzania's health system to improve access to maternal, newborn and child health (MNCH) services for underserved rural communities, especially for women. Most CHW programs have had short-lived success, and activities may not last beyond external funding. Projects often fail to fully engage community leaders in CHW program processes such as community orientation, selecting, training and deploying CHWs. Community leaders are central figures in all local activities; ignoring existing community structures hampers the effectiveness of such programs in the community. The GAC-funded Mama na Mtoto project aims to enhance transparency and engagement of community governance structures in CHW programming to improve MNCH outcomes in rural Tanzania.

Methodology

The project consistently applies a participatory approach within each stage of the project cycle (using the Scan, Orient, Plan, Equip, Train, Act and Reflect (SOPETAR) framework). Engaging district leaders, facility staff, and community leaders at each step built strong relationships of accountability which enhanced full engagement and transparency of the CHW program in the community. Community leaders were encouraged to "own" their CHWs. They were oriented to their role in the CHW program, and fully engaged in planning, CHW selection, training, and reporting. Leaders were invited to open and close training sessions, and receive regular reports from CHWs.

A database of Community leaders was developed to simplify communication and follow-up from the district and the projects. Meetings were held every month to reflect on challenges leaders face with CHW program implementation and develop action plans. Reviews were done through monthly, quarterly and annual meetings with embedded evaluation research. Detailed databases collect quantitative information on CHW process and outcomes to provide evidence on best practice.

Result:

Increased CHW program ownership: Community leaders are aware and engaged in CHW activities – 87% of them hold regular meetings with CHWs. In 54% of communities, there is agreement to exempt CHWs from general community duties, in recognition of their contribution.

Increased accountability: CHWs demonstrate accountability by sending their monthly activity reports to community leaders. 68% of CHWs are members of Ward Development Committees, where they report their performance.

Retention rate: After one year of implementation with no cash incentives, CHW retention rate was 99%.

Conflict resolution: Community leaders take initiative to solve conflicts among CHWs and address other implementation challenges within their jurisdictions.

Conclusion:

Effective community leader engagement is an important success factor for sustainable CHW programming.

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Poster number: 12

**Assessing national governance of medicine promotion: An exploratory study in Ghana to trial a structured set of indicators**

**Objective:** To investigate the national governance of pharmaceutical promotion, a factor affecting access to appropriate medicines and the attainment of optimal health outcomes globally, through the design of a structured set of indicators.

**Methodology:** Two existing tools, one developed by the World Health Organization and the other by Health Action International and the Medicines Transparency Alliance, were adapted to examine the governance of pharmaceutical promotion, resulting in a hybrid framework of 45 indicators of system strength, grouped into four categories: a) Governance of prescription medicines, b) Health care professional codes and regulations, c) Anti-corruption governance, and d) Indexes. The set of indicators was trialed in Ghana and evidence was gathered via desk-based research.

**Results:** Our desk-based research discovered the following: a) 21 of 45 indicators for the governance of prescription medicines were met in Ghana, including the existence of a national medicines policy, national medicines list, medicines regulatory authority and a national guide for the promotion of prescription pharmaceuticals; b) pharmacists have a code of conduct specific to ethical promotion though co-development with the pharmaceutical industry should be further examined; and c) anti-corruption indicators were met for 10 of 12 criteria; and d) two indexes were available that were relevant to Ghana.

**Discussion/Conclusion:** Two billion people worldwide, predominantly in low- and middle-income countries, cannot consistently access essential medications, due to issues involving cost, availability, quality, and prescribing practices, and system-wide factors such as a lack of transparency and accountability. We chose to focus on a particular component of the pharmaceutical system that impacts many of these issues: medicine promotion. Our study showed that a diagnostic tool could be created to identify key discussion points for country-specific policy strengthening in the governance of pharmaceutical promotion in low- and middle-income countries in a more condensed manner than previously endeavored. This condensed method could direct resource prioritization for a future more detailed inquiry. The preponderance of access issues and the devastating impact that inappropriate prescribing has on health budgets in resource-limited environments and on health outcomes for these populations highlights the need for national regulatory environments to be better understood.

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Poster number: 32

**Diagnosis and management of chronic lung diseases: perspectives of policy makers and healthcare providers in kenya, malawi and uganda.**

Issues: Every year, 3.5 million deaths occur due to undiagnosed and poorly controlled chronic lung diseases, accounting for approximately 6.5 percent of deaths globally. A majority of these deaths (80-90 percent) occur in low- and middle-income countries. sub-Saharan Africa has a particularly high chronic lung disease burden, and management has been undermined by weak health systems.

Objectives: This research project aims to better understand both the enablers and barriers to diagnosing and treating chronic lung diseases in Kenya, Malawi and Uganda healthcare system. The information collected during the study's interviews provides a new perspective on reparatory health policies, influencing improving national strategies to tackle chronic lung diseases,

Methodology/approach: The qualitative analysis is based on interviews with key informants working on chronic lung diseases to gather country-specific data around the six building blocks under the WHO's Health System Framework. By using a thematic approach, the study identifies and discusses key themes around both the enablers and barriers for chronic lung disease diagnosis and treatment in the wider sub-Saharan Africa region. Comparing the results from interviews and the literature search, comparing what groups of clinicians said to policy makers and/or researchers in Kenya, Malawi and Uganda.

Results: The study finds that sub-Saharan Africa healthcare systems currently lacks the necessary data to be able to quantify the burden of disease for chronic lung diseases. This has hindered policymakers' capacity to establish adequate public health policy and, therefore, created gaps in the existing non-communicable disease care delivery programmes and the national strategic plan. The key informants demonstrated partial understanding regarding the diagnosis and treatment of chronic lung diseases, no single interviewee had a complete grasp of the national context.

Discussion/conclusion: From this study we can better understand context-specific opportunities and challenges that sub-Saharan Africa healthcare systems faces in addressing these barriers. The study's main findings identified a cycle of neglect in healthcare system affecting the government's ability to plan health services. Lack of data means lack of response chronic lung disease is absent from the agenda in all three and its burden continues to go unrecognised. Participants were unaware of the absence of prevalence data for chronic respiratory disease. This has hindered policymakers' capacity to establish adequate public health policy and created gaps in the existing non-communicable disease care delivery and national strategic plan.

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**Morankar, Sudhakar**

Evidence Based Health Care Centre, Jimma University,, Ethiopia

Poster number: 79

**Embedding research evidence demand and supply system between Federal Ministry of Health and Jimma University to uptake evidence for health policy and guidelines making in Ethiopia**

**Issue/Objectives:** In Ethiopia evidence based policy making is non-existence. How Jimma University (JU) established demand creation mechanism in the Federal Ministry of Health (FMOH) for research evidence use and how JU meet this demand supplying various evidence products embedding this process in health system involving policy makers is described? Alliance for Health Policy and System Research (AHPSR) funded to establish rapid review response system engaging national level policy/decision makers to use research evidence in policy and program guidelines preparations. Global evidence use is a good governance for the policies and guidelines in Ethiopia This method will be useful to other countries in low and middle income settings.

**Methods/Process:** JU established National Advisory Committee (NAC) at FMOH consisting of important stakeholders under the chairmanship of Chief of the State Health Minister's office. NAC established rapid review response structures at JU to supply the evidence based products (rapid review [RR], policy briefs, clinical summaries, and systematic reviews) to meet the demand of FMOH creating demand structure at FMOH for evidence products for decision making as- Policy Analysis Case Team (PACT) now known as Health Policy Analysis Unit (HPAU) in Policy Planning Directorate. EEBHCC trained PACT/HPAU experts in FMOH to prioritize research questions. All 16 departments of FMOH generates and send their questions to PACT/HPAU. PACT/HPAU commissions questions for rapid reviews to JU.

**Main findings/Results:** In Dec 2017 PACT/HPAU sent 18 questions to JU to get answers within 10 weeks. JU selected 5 questions and involved expert who formulated question in all stages of production of RR. Results were disseminated in 11th week to all 16 directors and NAC members. Participants appreciated that this was the first time researchers and policy makers are coming together and discussing the evidence to be used for the policy and planning. It is a commendable work. Recommendations were useful for their current policy modifications, trainings, guidelines preparations. This meeting really generated the interest to embed the rapid review methods in policy planning among high level policy makers in Ethiopian Health Ministry. FMOH agreed to embed Rapid Reviews in their health systems and policy planning strengthening this collaboration between JU – EEBHC Centre and FMOH.

**Discussions/Conclusions:** Dedicated leadership promotes embedding evidence utilization culture creating demand/supply structures and making part of the health system. This approach will useful to Low and middle income countries.



**Mwaikambo, Magdalena**

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Poster number: 13

**Building a local system approach for improved health facility accountability in data management in Mwanza Region, Tanzania**

Issue:

Reliable health data is important for planning and development of health systems at facility, district and national levels. Availability of accurate data enhances informed decision-making and contributes to health system accountability and equity. The Tanzanian government emphasizes data completeness and timeliness, but poor data quality is an enduring challenge, exacerbated by low levels of facility accountability and weak linkages with district structures.

In most facilities, service providers complete documentation by hand during service delivery. The process of registering and tallying is time-consuming, difficult, and results in mistakes and poor data quality. Additionally, health system institutional culture acts as a barrier to identifying real problems and taking action to improve the data management system. Health supervisors are not flexible, which limits learning and innovation to solve problems. Because subordinate staff are discouraged from constructively challenging supervisors, they feel disempowered to use even the limited authority granted to them.

The GAC-funded Mama na Mtoto project strengthens HMIS in Mwanza Region, Tanzania, by providing practical training and ongoing mentoring on data process, quality, visualization, and HMIS leadership, working closely with district managers to understand and address problems.

Methodology:

After initial basic trainings for health facility staff on HMIS, the project observed little change in staff practices. It then supported district management to drill down on barriers at facility level, which revealed unrecognized issues with data quality and identified root causes: governance and accountability weaknesses contribute significantly to incomplete and inconsistent data. The project then strategically targeted district system culture and management to reinforce accountability structures and improve support. We implemented a qualitative study to assess the effectiveness of this approach: purposive sampling was used to select facilities for interview, using key informant and focus group discussions.

Results/lessons learned:

Facility staff and district managers reported that the system approach and hands-on mentoring improved skills and practice at both levels, through creating an open environment for joint reflection and learning to solve data documentation challenges and develop improvement plans. The platform increased confidence among facility staff by using peer learning, and established constructive discussion between facilities and district management.

Discussion:

Creating space for open dialogue and problem solving increased accountability from the facility towards the district, particularly in implementing new skills and sustaining changed practices in managing health information. Building accountability while addressing capacity gaps at facility and district levels can improve data quality more effectively than focusing only on skills trainings.

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Poster number: 59

**Individual barriers for accessing antenatal care among adolescents in rural tanzania**

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**Introduction:** Adolescents (aged 10-19 years) remain at high risk for maternal complications and poor neonatal outcomes. Of the more than 17 million adolescent deliveries globally each year, most occur in low and middle-income countries; in Tanzania, over a quarter of deliveries were to adolescents. A 2016 coverage survey in Misungwi district, North Western Tanzania, found only 41% of pregnant women aged 15-19 years had attended the recommended four (4) or more antenatal care (ANC) appointments, with only 13% attending prior to 12 weeks' gestation.

**Methodology:** In 2018, using a socioecological framework, we employed a narrative approach complimented by In-depth Interviews (IDI) to explore adolescents' individual barriers to accessing ANC in Misungwi District, Mwanza. We used purposive sampling to recruit participants for in-depth interviews and focus groups. We interviewed 23 adolescent women who were pregnant or parenting a child under 5 years old. Eight focus group Discussions (FGDs) involved young husbands, elder men and women. Nine Key Informant Interviews (KIIs) were conducted with health care providers. All Interviews were audiotaped, transcribed, translated (by trained transcribers and translators), and analysed thematically.

**Findings:** We identified three main themes: Fear and Shame (shame and fear of teen pregnancy, being impregnated by men in power, not being married, and fear of being seen at ANC ); Lack of socioeconomic resources (economic dependency and lack of social support from partner); and lack of awareness (Existence of ANC Services and failure to recognize pregnancy symptoms).

**Conclusion:** At the Individual level, adolescents face many challenges in accessing ANC. To improve their ANC attendance, interventions should address shame and fear, socioeconomic support, and awareness of pregnancy and ANC services.

**Key words:** Barriers, Access, Adolescents, Antenatal care

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Poster number: 33

**Patterns of intestinal parasitic infections among children in a rural community, Delta State Nigeria**

**Objective:** In developing countries, school-age children are highly susceptible to intestinal parasitic infections. Despite the improvement in health quality and infrastructure in Delta State, Nigeria, intestinal parasitic infections are still endemic in several areas especially in the rural areas and remain an important public health problem. This study was conducted to determine the prevalence of intestinal parasitic infections and the associated risk factors among school age children in a rural community with a view to proffer recommendation for control.

**Methods:** A cross-sectional survey was conducted in Amai community, Ukwuani local government area, Delta state, Nigeria from a period of July to September, 2014 which focused mainly on the factors associated with the transmission of intestinal parasites. The lugol's iodine and saline solution were used to identify parasites from faecal samples and closed structured questionnaires were also used to collect demographic and epidemiological information.

**Results:** overall, 76.6% of the subjects were found to harbour one or more intestinal parasitic infections with an overall prevalence of 76.6%. Eight species of intestinal parasites were identified. The prevalences by species were *Ascaris lumbricoides* (41.4%), *Entamoeba histolytica* (19.5%), *Trichuris trichuria* (13.4%), *Entamoeba coli* (11.8%), *Gardia intestinalis* (9.3%), *Endolimax nana* (5.3%), Hookworm (4.5%), and *Strongyloides stercoralis* (1.7%). Single parasites were detected in 61.6%, double parasitism in 34.6% and more than two parasites in 2.9% of the study population. No significant difference in the distribution of intestinal parasites with respect to sex. Pupils in age group 9-11 had the highest prevalent rate (45.2%). Variables like parent occupation, distance of dumpsite, source of drinking water, type of toilet facility, personal sanitation were associated with intestinal parasitic infections among this population.

**Conclusion:** Improvement in sanitation and clean water supply are essential in reducing the transmission of intestinal parasitic diseases in this community.

**Nwaka, Harry**

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Poster number: 34

**Prevalence of malaria and associated risk factors among vulnerable women in Ibusa community, Delta State, Nigeria**

**Objective:** Given that malaria has been a global public health problem and its prevalence varies with time and space, this study aims to assess the prevalence of malaria and associated factors constituting traditional practices and mosquito net use in Ibusa, community Delta State, Nigeria.

**Methods:** A community based cross-sectional survey was conducted among women in Ibusa community from December, 2018 to February, 2019. Background information and peripheral blood samples were collected from 461 randomly selected study participants. Multivariate regression analysis was done to explore the risk factors associated to malaria.

**Result:** The prevalence of malaria among 461 examined study participants was 6.1 % (95 % CI = 4.2, 8.5). The infection rate with *Plasmodium falciparum* and *Plasmodium vivax* was 64.3 % (95 % CI = 45.5, 80.2) and 21.4 % (95 % CI = 19.8, 54.5), respectively, while mixed infection was 14.3 % (95 % CI = 4.7, 30.9). The infection rate was higher among lactating (22.2 %, 95 % CI = 7.5, 45.3) and pregnant (17.6 %, 95 % CI = 4.7, 40.9) women compared with other community groups like infants (12 %). Mosquito net coverage of the study population was 90.1 % with an average of 1.8 per household. Traditional practices related to malaria prevention and treatments were not significantly associated with malaria infection ( $p > 0.05$ ). Pregnancy (adjusted Odds Ratio [AOR]: 12.6, 95 % CI = 1.7, 94.7) and saving mosquito net for later use (AOR 9.6: 95 % CI = 2.2, 42.8) were independently associated with prevalent malaria infection.

**Conclusion:** In spite of high coverage of mosquito nets, prevalence of malaria in this community was high, affecting pregnant and lactating women at a higher rate. Pregnancy and saving mosquito nets for later use were identified as the associated risk factors. Health education on prevalence of malaria and knowledge on risk factors might be able to change the health behavior in this pastoralist community which consequently can decrease the malaria morbidity and mortality.

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Poster number: 44

**The father's familial role and its association with child outcomes during the post-transition period in Mongolia**

Over the last two decades, Mongolia experienced dramatic socioeconomic, political, and climate changes that may have affected gender roles and family dynamics within households. There are concerns over the effects the changing roles of fathers in some families might be having on child outcomes, particularly those highlighted in the Sustainable Development Goals. While some gender-focused research exists, there has been limited exploration of the child health and education effects of the changing roles of men in Mongolia. The purpose of this study was to explore changes in the father's role during the post-transition period as well as identify its association with child outcomes in Mongolia.

This cross-sectional study uses data for children aged 0-4 from UNICEF's Multiple Indicator Cluster Surveys conducted between 2000-2013 in Mongolia. The father's role was measured using two indicators: father's household presence and father engagement with their children in six different activities (e.g. reading with their child or taking them outside, etc.). Child outcome measures include child illness and child preschool attendance. Trend analysis was performed to explore fluctuations in father presence and engagement between 2000-2013. Multivariate regression modeling was employed to identify associations between the father's role and child outcomes.

Father presence ranged from 78-83% (pTrend <.0001) and engagement from 40-49% (pTrend=0.3299) between 2000-2013. In unadjusted analyses, father engagement was associated with preschool attendance (ORcrude=1.12; 95% CI 1.04-1.20) but not with child illness (ORcrude=1.04; 95% CI 0.95-1.14). Father engagement was no longer associated with preschool attendance after controlling for covariates (ORadj = 0.98; 95% CI 0.90-1.06). Other factors such as maternal education, household wealth, and region of residence seem to be stronger predictors of preschool attendance in Mongolia.

Findings suggest that the political, socio-economic, and climate changes affected father presence and engagement in many households, but in the 2013 data, suggests that father presence and engagement were not associated with child illness or preschool attendance. Policy-makers should consider factors such as maternal education or region of residence when looking to improve the health and well-being of children in Mongolia. In addition, we should continue to monitor changes in the father's role and how it may affect other child-related outcomes.

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Poster number: 15

**Choosing Health in Toronto: Demonstrating population health impact**

Background: South Riverdale Community Health Centre is a non-profit, multi-service organization that provides primary healthcare, social and community outreach services with an emphasis on health promotion and disease prevention primarily to people of East Toronto, Ontario, Canada. Choose Health is one of our city-wide services with a mandate to enhance patient self-management and provider health literacy using evidence-based trainings. Beginning 2012, to execute this mandate, we applied a population health approach and using Wellbeing Toronto data identified areas of high inequity. Subsequently, we strategically sought partnerships with a range of health and social service sector organizations and now offer our evidence-based trainings in these organizations, serving 1200 people per year.

Objective: To showcase how effective use of data strengthens accountability and emboldens SRCHC to tell our story with clarity and confidence.

Approach: In 2016, we assigned a data administrator to Choose Health, working at 0.1FTE per month. Alongside, we established a multi-disciplinary quality improvement committee with representatives from front line, data administration, management, and leadership. This group was tasked to understand whether for the Choose Health program, we: 1) are serving marginalized people, 2) can make use of registration and outcome data from clients to inform our decisions, and 3) have an equity-informed program design.

As a quality improvement initiative, the work that began in 2016 remains iterative. E.g., in June 2016, we were discussing design and improvements to an Excel based data analysis tool that linked social determinants of health data sets to patient health outcomes. Concurrently, we were also discussing ways to design and evaluate client satisfaction surveys and feedback. Today, in 2019, we are transitioning to an electronic medical record and undertaking sophisticated data analytics including regression models to further understand our impact.

Results: This poster will highlight how deliberate investments and use of data can improve accountability, demonstrate equity, and support informed decision-making. Specifically, using infographs, we will show how we:

1. are serving marginalized individuals in areas of high inequity in Toronto
2. are achieving positive health outcomes
3. are engaging and learning from client feedback to make iterative changes to program design

Conclusion: The use of data to understand, inform, and protect the investments made into health is a critical tool in a global health practitioner's toolbox. We will showcase that our use of data has improved both accountability and transparency. In sharing our story, we hope to inspire our local and global colleagues.

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Poster number: 61

**User fee removal and women's empowerment: A narrative review of the evidence**

In 2016, Burkina Faso introduced a national free healthcare policy for pregnant women and children under five. Research has shown this to be an effective strategy to increase the number of consultations in health centers, reduce health inequalities, and reduce the delay before consultation at health centers. However, little is known about the effects of user fee removal on women's decision-making power and/or empowerment.

A narrative synthesis was conducted to systematically review the evidence on the effects of user fee removal on women's empowerment. Two reviewers conducted the database search in five health-focused databases (CAB Abstracts, Embase, Medline, Global Health, EBM Reviews) using English key words. The database search was conducted in January 2019 with no publication date limitation. Articles were imported into EndNote. Following removal of duplicates, articles were screened in two stages using exclusion and inclusion criteria. Qualitative analysis of the included articles was conducted in QDA Miner using a thematic analysis approach.

Out of the 127 initial records, eight papers were included in the review. One study found that user fee removal contributed to improving women's capability to make health decisions, while another suggested that the presence of user fees reduced women's agency in healthcare decision-making and reinforced gender inequalities. The remaining papers indicated that important gender barriers remain despite user fee removal. At the individual level, these include limited access to and control of economic resources, other out-of-pocket expenses to access healthcare, geographic barriers, and lack of knowledge regarding the birth process. Systemic barriers include informal norms and exclusionary practices, such as: disrespectful and discriminatory care received, religious and superstitious beliefs, social norms, and gender roles. These barriers undermined women's healthcare decision-making power and contributed to limit access to healthcare services, despite user fee removal.

Overall, the studies indicate that user fee removal policies alone are not enough to improve women's healthcare decision-making power and/or empowerment. While they may remove the need for women to bargain for economic resources to access healthcare services, gender relations and social norms remain virtually unchanged. The complexity of decision-making processes within the household and community should be taken into account, as well as the multi-dimensional aspects of gender relations and women's experiences of the healthcare system. Finally, given the few studies conducted on this topic, further research is needed to better understand how user fee removal affects household dynamics and women's ability to make healthcare decisions.

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Poster number: 35

**Exploration of the Experience of Sexuality and Psychological Well-being among Adolescent Girls - An Interpretive Description Approach**

Background: Adolescence is a critical period in the transition from childhood into adulthood, during the course of which young children experience substantial physical, psychological, social, and emotional changes. Sexual health incorporates a wide range of interlinked mental, physical, and emotional factors. Adolescent girls may be susceptible to poor psychological health outcomes due to the dearth of accessible adolescent-friendly health services and restrictions on the delivery of appropriate and accurate knowledge, particularly to unmarried females. The inadequate knowledge and skills to manage sexual health issues among adolescents may be hindered by lack of open discussion of sexual matters with parents, teachers, and friends inhibited by embarrassment, fear, shame, stigma, and also by conservative socio-cultural norms and religious values. There is an increasing need to explore how sexuality related experiences of adolescents may affect their mental health.

Aims: The purpose of the proposed study is to explore the experience of Pakistani adolescent girls and its effect on their psychological wellbeing as they develop their sexuality in order to gain a preliminary understanding of the possible effects of developing sexuality on stress in this vulnerable population.

Methods: An Interpretive Descriptive approach will be used to study the complex phenomenon of adolescent girls' evolving sexuality, in order to go beyond the evidence and search for what else might be there through the lens of female Pakistani adolescents. A purposive sampling strategy will be used to recruit adolescent girls from high school in Edmonton, Alberta. Adolescent girls will be interviewed using a semi-structured interview to collect data regarding the experience of their emerging sexuality. Qualitative data analysis software (NVIVO 12.0) will be used to manage the data. Themes and patterns emerging in the data will be identified.

Anticipated outcomes: It is anticipated that the study will provide insight into the complex links around adolescent girls' evolving sexuality and its impact on psychological well being in the context of Pakistani culture. The study will draw attention to the hidden voices of adolescent girls and will increase awareness about ways to address issues arise in evolving sexuality. Consequently, it will also provide insight to healthcare professionals to develop supportive programs and youth-friendly sexual health interventions for young girls in Pakistan. Recommendations from the study will potentially inform healthcare professionals to address mental health issues of adolescent girls and integrate those while providing sexual and reproductive health care services.

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Poster number: 36

**Scoping Review of the Association between Mental and Sexual Health in Adolescents: Evidence from Lower/Middle Income Countries**

Background: During puberty and sexual debut, adolescents experience drastic physical, mental, and social transformations. In order to deal with these changes, adolescents become vulnerable to mental health problems.

Aim: The aim was to synthesize published research evidence on sexuality-related mental health stressors among adolescent girls and boys, identify gaps (if any) in current evidence, and contribute to the state-of-the-art knowledge about the experiences of stressors related to sexual health among adolescents, to further inform research, practice, and policy initiatives in sexual health.

Design: A scoping literature review of peer-reviewed articles published between 1990 and 2018. MEDLINE, CINAHL, EMBASE, PsycINFO, Global health, ERIC, and Sociological Abstracts databases were searched for research studies that focused on the experiences of sexual health-related mental health stressors and symptomatology of adolescents. We targeted studies conducted with adolescent populations with ages 11-24 years.

Results: Data from 12 published research papers, including 8 qualitative studies, 2 quantitative studies, and 1 mixed method study, were systematically analyzed. Six themes were identified regarding sexual health and mental health of adolescents: a meaningful connection of sexuality and mental health, myths, and misconceptions related to sexuality, lack of adequate knowledge, awareness, and services on sexuality, poor parental and teachers' support, social and cultural influences, and educational needs among adolescents related to sexuality.

Conclusion: Unmet needs for accessible adolescent friendly sexual health services, counselling, and age-appropriate information contributes to several mental health stressors and symptoms, such as sadness, depressive and anxiety symptomatology, regret, fear, embarrassment, low self esteem, guilt, shame, and anger. Therefore, tackling sexuality-related stressors could play an important role in addressing the overall wellbeing of young people. Future studies are needed to generate a deeper understanding of the concept of sexual health and its relation to mental health in diverse contexts.

Implications for Practice: Health care professionals are encouraged to explore the sexuality-related mental health experiences of adolescent girls by offering effective youth-friendly sexual and reproductive health interventions to improve the quality of life and increase the satisfaction of adolescents.

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Poster number: 37

**WHO global strategic framework on integrated vector management (IVM) and prevention of vector-borne diseases in sub-Saharan African countries**

Issue/Objective: Vector-borne diseases (VBD) represent one of the most pressing challenges being faced by African countries and account for approximately 17% of all disease-related mortalities each year. The integrated vector management (IVM) framework issued in 2004 by the World Health Organization (WHO) provides evidence-based strategies and approaches to developing communities in order to improve the efficacy of disease monitoring, cost-effectiveness, and sustainability of vector control methods to reduce the rates of VBD. Integration of the IVM framework within the national health systems and policies of each country requires the need for strong political commitment and intersectoral collaborations in order to ensure effective countermeasures are taken against the transmission of disease. Thus, this study aims to evaluate the efficacy of the framework in containing VBD in sub-Saharan African countries that have opted to implement it within their national policies and malaria control programmes.

Methods: A scoping review methodology guided by the framework developed by Arksey & O'Malley (2005) was employed within three databases (PUBMED, MEDLINE, and BMC) to synthesize current evidence from the year 2004 to 2018 on the success of vector management after the implementation of the IVM framework in 11 sub-Saharan African countries including South Sudan, Malawi, Kenya, Tanzania, Zambia, Eritrea, Uganda, Burundi, Botswana, Equatorial Guinea and Namibia. 486 articles were identified of which 51 were screened and reviewed.

Results/Lessons learned: Current findings present Zambia, Eritrea, Nairobi, Botswana and Namibia as among the only African nations that have successfully implemented the IVM framework within their national vector control programmes and have demonstrated a marked progress in decreasing the number of diseases over the decade. However, studies also exhibit a resurgence in malarial rates and other VBD from 2014 onwards among the rest of the sub-Saharan African countries which can be attributed to an absence of systemic vector management by national health systems and policies due to a considerable lack of inter-sectoral collaborations within the healthcare sector, shortage of sustainable funding capacity for legislative action and a dearth of intensive surveillance systems for entomological monitoring and evaluation.

Conclusion: Successful implementation of an IVM strategy will require strong collaboration, advocacy and financial support from multi-sectorial organizations, institutes and central governmental bodies to ensure effective disease management. Additionally, new vector control tools need to be developed that can be integrated within the existing strategies of the malaria control programmes of each country in order to strengthen their capacity for disease control and surveillance.

**Rab, Faiza**

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Poster number: 38

**Negotiating powers and cultural sensitivities to bridge health inequities, improve health coverage and provide stable governance of healthcare systems in Afghanistan**

Governance of fragmented health systems as a result of protracted conflict is complex and riddled with challenges. This symposium will provide an insight into delivery of primary healthcare in Afghanistan through a discussion on challenges and pragmatic solutions to governance of healthcare system in protracted conflict.

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Poster number: 62

**Solar-Powered Water pumps, a simple solution to a complex health problem- experiences from Pakistan**

Introduction and objectives:

The Tharparkar region of Pakistan, in the Sindh province, receives approximately 250 mm of rainfall annually and is very susceptible to droughts. Limited irrigation and lack of infrastructure have communities restricted to collecting groundwater to meet their consumption needs. On average, three members of a household, usually women and children, spend three to five hours per day collecting water for human and livestock consumption. Water collection and consumption is associated with multiple health problems especially communicable diseases in the community. The Canadian Red Cross (CRC) jointly with the Pakistan Red Crescent Society (PRCS) installed solar powered water pumps in ten communities of Tharparkar. In conjunction with this, the intervention included community-based preventative health education through community-based health and first aid activities, along with training provided on water pump maintenance.

The aim of the study is to evaluate the impact of the intervention in improving health outcomes. The key proposed objectives are:

1. To explore the impact of the intervention in reducing the burden of water collection on women, in Tharparkar.
2. To determine if the intervention increased the access and use of clean water by community members in the Tharparkar district.
3. To explore the impact of the intervention in reducing the burden of disease and changing health practices/education among community members in the Tharparkar district.

Methods:

A mixed-method design with methodological triangulation was used to meet the study objectives. Baseline data was collected from June 2016-December 2017 and end line data was collected in March 2018, by the PRC, through detailed cross-sectional surveys. Both surveys included open-ended and closed-ended questions, with indicators that measured household socioeconomic status, access to water and sanitation access to and knowledge of health care and hygiene practices, and community engagement with the project. Qualitative evaluation is ongoing and will be completed by September 2019.

Results and discussion:

Time needed for water collection at baseline, before the installation of the Solar Powered Pump was 3.7 hours which decreased to 30 minutes after the installation. Major burden of communicable diseases such as diarrhea, cholera, malaria and typhoid decreased after the installation of the pumps.

The intervention had a significant impact on the well-being of community. The qualitative analysis will give insights into the global impact of the intervention itself.

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Poster number: 69

**Bridging the health inequity gaps in governance of health systems through engagement of female health workers in the delivery of essential health care needs in Pakistan.**

Introduction and objectives:

The Indus River flooding of 2010 in Pakistan created a humanitarian crisis affecting over 20 million people. The Canadian Red Cross (CRC) partnered with the Pakistan Red Crescent society (PRC) to deliver an Integrated Recovery Program (IRP). The program focused on providing essential health care for reproductive health, mothers, newborn, children and adolescent health (RMNCAH) and was the first program of its kind to incorporate 'integrated violence' through the delivery of prevention of violence against children.

The aim of this study is to evaluate the role of female health workers in delivering essential care through the IRP project. The key proposed objectives are:

1. To explore the impact of female health workers on the availability, accessibility and utilization of RMNCAH including antenatal care, perinatal care, newborn care, child health care and family planning delivered through RMCHAH.
2. To explore the impact of female health workers on knowledge, attitude and practices of health-seeking behaviours promoted through the IRP.
3. To assess the effects of IRP in reducing childhood violence in flood-affected northern areas of Pakistan.

Methods:

A mixed method design matrix with methodological triangulation (analyzing existing survey and field service data, existing qualitative data) was used to meet the study objectives. Survey and qualitative data collected by CRC for the IRP in Pakistan. Detailed cross-sectional surveys were conducted by CRC, before the implementation of the IRP in 2012 and again in 2015 after the completion of implementation of the program. Both surveys included information on RMNCAH indicators, knowledge, attitude and practice, health services available and delivered as well as health facilities assessment. Additionally, qualitative data was collected discussing the childhood violence prevention program and impact of RMCAH program.

Results and Discussion:

The preliminary results show that there was an increase in the knowledge, attitude and practices of women in the intervention group and as a result they can better access and utilize health care services. Access was also improved by increasing the number of skilled female health workers through the IRP program. Access to skilled health workers during pregnancy improves outcomes. Focus group discussions during end line assessment of the program show that there was change in gender related violent practices. Qualitative analysis will inform the enabling factors contributing to the recovery of health systems as a result of the intervention.

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Poster number: 76

**Creation of a coding and documentation hospital trauma registry for fatal and non-fatal road traffic accident collisions in Kisumu County, Kenya**

Issue/objective:

The World Health Organization (WHO) estimates that about 1.35 million people die each year as a result of Road Traffic Accidents (RTA) and that 90% of these fatalities occur in low and middle-income countries. RTAs are a major public health concern in Kenya with over 13,000 deaths occurring each year from roadside accidents alone. A significant public health issue in Kenya is the poor documentation and capturing of information of RTAs. This documentation blind spot in hospital networks creates a gap in the systemic response to tackle motor vehicle-related trauma rapidly and effectively, leading to higher rates of more severe disability.

Our objective is to quantify the impact and burden of road traffic injuries and fatalities on the healthcare system in Kisumu City, Western Kenya, a major transportation hub in East Africa. The connection to governance is that road traffic accidents are currently the only public health issue where society and decision makers accept death and disability on a large scale, among young people; even though, it is one of the most preventable, and predictable public health issues that can be tackled through strong governance initiatives.

Methodology:

Through a cross-sectional 4-week pilot study, a trauma coding and documentation data collection tool has been created and will be launched in the major provincial hospital in Kisumu City, Kenya. Our study design will take part in two phases. Phase one of our study is the initial 4-week pilot launch, which will be followed by a post-implementation assessment of the data quality obtained. Phase two of the project is the scale-up initiative to create an automated regional trauma registry in Kisumu, with a focus on road traffic surveillance in 2020.

Results: TBA- An interim analysis will be conducted post 4-week pilot launch (summer 2019).

Discussion/conclusion:

The creation of an evidence-based hospital trauma/injury dataset has been shown to improve patient outcomes and reduce mortality by 15 to 20 percent. Moreover, the increased universal implementation of trauma systems has the potential to save 1.9 million lives each year, through the collection of credible data to drive advances in all areas of injury control. Therefore, by providing the first ever evidence-based dataset on road traffic injuries in Kenya, this project can act as a stepping stone for the creation of a regional database for road traffic safety, and promote the investment of other research groups to expand their work in this area.

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Poster number: 39

**Providing equitable care for government assisted refugees through the Refugee Engagement and Community Health (REACH) clinic**

Background: Globally the health needs and status of refugees have been poorly understood. In Canada newly-arrived government assisted refugees (GARs) are known to experience unmet health-care needs and worsening health status over time; suggesting insufficient policy and sparse concern for the health of refugees' post-migration. Poor health post-migration has been attributed to factors such as care perceptions, lack of health literacy, and understanding of health-care frameworks preventing successful navigation of health services. Also, there exist the inability of health services to meet the needs of this group. As a response to increasing numbers of refugees in Saskatoon, Saskatchewan, the Refugee Engagement and Community Health (REACH) clinic was established to optimize equitable health-care for refugees. Using a multi-disciplinary approach, the clinic provides primary, specialized and urgent care needs within the first year of re-settlement before supporting the transition to a family physician. This research seeks to identify GARs perceptions of care and access following one year at REACH.

Method: Using a cross-sectional survey design, adult GARs completed a questionnaire at the time of transition. Data including demographics, accessibility, perceived visit with provider and health status was collected for one year beginning May 2018. Analysis was conducted using descriptive statistics and Fishers exact test.

Results: Of the 75 participating in the survey more than 60% of them reported ease of access and high levels of satisfaction with clinic services. Statistical analysis indicated significant association between GARs who reported positive health status and several perception of care indicators: helpful interpreters ( $p < 0.001$ ), doctor's communication skills ( $p < 0.001$ ) and quality of care ( $p < 0.05$ ). GARs who experienced good mood and sleep patterns also reported better health status and quality of life. Although they reported an improved health because of access to services, they did not feel confident that they understood how to care for themselves within the local health-care system.

Conclusion: Findings indicate that GARs perceived health status is highly influence by their experiences and interactions within care settings as well as relationship with care providers. A lack of health literacy may cause GARs to experience a sense of dependency post-transition to family physician. Settlement agencies that co-ordinate with the clinic may need to provide additional health-care support post-transition. This refugee-specific clinic is necessary to foster positive care perceptions and improve health status. Importantly, this study will help to refine clinic services and guide local policy considerations to help reduce potential barriers, and address gaps in care.

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Poster number: 16

**Modelling the relationship between adolescent girls' empowerment and their nutritional status in Ethiopia and Senegal**

Issue/objective: Malnutrition among adolescent girls in low- and middle-income countries (LMICs) is a significant global health challenge. Access to a healthy diet and the ability to adopt healthy eating practices can be severely hampered by gender inequalities at the household- and community-levels that deprioritize girls in food distribution and prevent them from accessing essential health information and services. There is a growing body of literature demonstrating the positive relationship between women's empowerment and the health and nutrition of their children. However, there remains a gap in understanding the relationship between adolescent girls' empowerment and their own nutritional status. The objective of this study was to model the relationship between adolescent girls' empowerment and their nutritional status to identify the empowerment dimensions and indicators that are most influential on adolescent girls' nutritional status. We will present and compare the results for Ethiopia and Senegal as part of a larger project with Nutrition International (NI) and the University of Toronto (UofT) that aims to identify and integrate gender equality and women's empowerment indicators in NI's Nutrition Intervention Monitoring Surveys (NIMS).

Methodology/approach: We used data from the Women's Status and Nutrition modules of the Demographic and Health Surveys (DHS) conducted in Ethiopia (2016) and Senegal (2011) to develop and test a multilevel exploratory structural equation model (ESEM) of adolescent girls' empowerment and their nutritional status in each country. The study population was adolescent girls (15-19 years) who completed the Women's Questionnaire. Currently partnered and single adolescents were modelled separately. The outcomes assessed were BMI-for-age, height-for-age, and haemoglobin.

Results: We will present and compare the results of the ESEM models for single and currently partnered adolescent girls in Ethiopia and Senegal. The final models identify the empowerment dimensions associated with adolescent girls' nutritional status in each country, and the gender equality and women's empowerment indicators that best explain each dimension.

Discussion/conclusion: We developed an exploratory structural equation model to test the relationship between measures of adolescent girls' empowerment and their nutritional status. We tested the model and compared the results for Ethiopia and Senegal. The model will be tested in other countries in East and West Africa to identify common indicators and dimensions of adolescent girls' empowerment that are associated with improvements in adolescent girls' nutrition outcomes. The results of this study will be used by Nutrition International to incorporate nutrition-relevant measures of gender equality and women's empowerment in their nutrition intervention surveillance system.

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Poster number: 40

### **Integration of the One Health approach into policy and practice: a scoping review**

Issue

One Health (OH) multisectoral and interdisciplinary partnerships continue to develop and expand, given the increasing recognition of the critical interconnection between human, animal, and environmental health. While OH principles are widely embraced in global governance discussions, current initiatives to build collaboration across human, animal, and environmental health communities seem infrequently applied by human health and rarely by social sciences researchers.

Objective

The aim of this scoping review was to document existing One Health governance projects for the surveillance and control of infectious diseases and/or antimicrobial resistance. The first objective was to provide an overview of where and how One Health is articulated into health policy globally. The second objective was to document the implementation and governance of One Health interventions in local, national, or international settings.

Methodology

Six databases (PubMed / Medline, Embase, Web of Science, Global Health, CINAHL and CAB Abstract) were searched for studies that were applicable to the concept of One Health and for which the main issue of interest was the surveillance, control or prevention of infectious diseases and/or antimicrobial resistance. A search protocol was developed and reviewed by a librarian at the Université de Montréal. Publications were considered if related to policy analysis, governance analysis, program evaluation, field empirical studies, and available in French and English.

Preliminary results

After screening for duplicates, 1 927 abstracts were considered and only 162 were deemed eligible. To date, 104 of the 162 publications have been fully reviewed with 59 of publications included for the review for data extraction. Zoonotic diseases are at least one of the outcomes of interest in most of the studies (84.7%), in contrast to one third (28.8%) for antimicrobial. Stakeholders' field of expertise were largely human health, livestock health, agriculture, or food safety. Environment or wildlife experts were less present and none of the studies involved social scientists or economic experts. Barriers to OH implementation are related to competing sectoral interests, despite the acknowledged crucial role of inter-sectoral collaborations. Local barriers such as weak health systems infrastructure, low compliance with public health regulations, and lack of local resources.

Discussion/Conclusion

Initial results seem to confirm that there is an important lack of involvement of social scientists and economists in One Health interventions. Lack of resources, especially in LMICs, are common barriers in OH implementation and sustainability and suggest a need for resource transfers to be embedded within an OH global governance architecture.

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Poster number: 63

**Analyze the different contextual factors that influences community health workers retention, motivation and performance in Mbarara district; South Western Region**

Introduction:

Globally there is a critical shortage of skilled health care workers and in Uganda the availability of skilled workforce is low with inequality in access. One strategy to address this human resource crisis is “task-shifting” and hence the concept of using community health workers (CHWs) has gained popularity. The 70th world health assembly called for professionalization and payment for CHWs, but this remains controversial in most developing countries. Understanding contextual factors that improves performance, motivation and retention is virtual for the sustainability of the program. Analysis of how the district is implementing this CHWs concept alongside other actors i.e. other NGOs and under which contextual circumstances would provide key policy recommendations on how to motivate, retain and improve performance of CHWs and eventually sustain this.

General Objective

To analyze the different contextual factors that influences community health workers retention, motivation and performance and advice policy makers on sustainability mechanisms in Mbarara district.

Methodology

Case study design using retrospective and prospective comparison and mixed methods with both quantitative and descriptive analysis methods.

Results

The studies showed that there was a clear link between financial incentives and motivation of community health workers which also had an influence on their retention (attrition) and performance. Non-monetary incentives such as recognition, participating in different vertical programs, consistent supply of reporting tool and offering feedback improved performance and retention. It also revealed the importance of intrinsic motivation and strengthening other human resource factors such as training and supervision. Performance of community health workers over 4 years is shown to improve in health indicators such as reduction in unskilled delivery, women not completing four antenatal visits, and children not fully immunized in the districts that were supported by the two non- governmental organizations.

In policy analysis, stakeholder mapping shows the actors involved in the implementation of the policy of paying community health workers. The health department, the political sector, health workers in the dispensaries and health centers supported this while the human resources department, finance department and health workers in the hospitals opposed this implementation.

Recommendations

There is a need to improve on the reporting and prioritization of minimum set of health indicators that community health workers work on to improve their performance and monitor their retention. Consideration for performance based incentives can be evaluated further and explored.

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Poster number: 41

**Utilisation of Tools to Facilitate Cross-Border Communication during International Food Safety Events, 1995-2019: A Realist Synthesis**

Issue/objective: Efficient communication and coordination between countries is needed for prevention, detection and response to international food safety emergencies. While communication tools/networks/systems (e.g. RASFF, INFOSAN, etc.) exist, current evidence suggests that they may only be effective within certain contexts and cover certain geographic areas. This study explores the mechanisms of how and in what context such tools are effective at facilitating international communication and coordination to keep food safe and mitigate the burden of foodborne disease around the globe. Interconnections between such tools are also mapped.

Methodology/approach: The primary aim of this synthesis is to address the question: how do different tools facilitate cross-border communication during international food safety incidents, why are they used, by whom, and for what purpose? The overall objective is to refine a programme theory that explains the contexts in which certain mechanisms generate certain outcomes by developing a series of C-M-O statements. This programme theory should prove useful to programme coordinators to promote and support use of communication tools and improve their effectiveness.

Results: An initial C-M-O configuration has been developed to suggest that when the context is such that a country: 1) is an importer or exporter of food; 2) has the technical infrastructure to detect food safety events with international implications; and 3) is governed in accordance with regional and/or global laws and regulations relating to food control and global health security, then certain mechanisms including trust, experience, support, awareness, understanding, and a sense of community will facilitate the proximal outcome of using communication tools to relay information abroad and a range of potential distal outcomes to improve food safety. It is proposed that variations in the context will influence whether or not the proposed mechanisms trigger outcomes.

Discussion/conclusion: Rigorous research is needed to understand how the various tools used to facilitate communication are actually working and in what contexts. Knowledge gained from this study will provide valuable lessons on how different tools facilitate cross-border communication during international food safety events, why they are used, by whom, and for what purpose. The programme theory to be developed will be useful to policy makers and those coordinating the operation of communication tools currently in use, who may adapt components of the tools according to different contextual factors to promote, support and improve their use. By improving international coordination and communication during international food safety events, the global burden of foodborne disease can be mitigated.

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Poster number: 17

**Partenariats en santé mondiale : leçons apprises de la conférence H.A.R.I.S.2**

1) Un enjeu central en santé mondiale est certainement celui de la qualité des partenariats, qui affecte tant la recherche que les interventions. Les relations partenariales entre les équipes du Sud et du Nord sont fortement teintées d'enjeux de pouvoir, d'iniquité et de mécompréhension. Afin de mieux comprendre cet enjeu de partenariat, la conférence H.A.R.I.S.2 a été menée et a permis d'éclaircir cet enjeu à travers la recherche et l'intervention en santé sexuelle et reproductive en Haïti.

2) La conférence a été organisée par l'Unité de Santé Internationale et eut lieu le 5 avril 2019 à l'École de Santé Publique de l'Université de Montréal. Les recherches opérationnelles étaient au centre de la conférence avec des éléments théoriques (en lien avec les principes de la Coalition Canadienne pour la recherche en santé mondiale [CCRSM]) et appliqués qui étaient en lien avec le projet d'appui au continuum de santé mère enfant en Haïti (ACOSME).

3) Les différents résultats des recherches interventionnelles du projet ACOSME permettent d'illustrer les différents principes de la CCRSM et ainsi d'approfondir la réflexion sur le partenariat en santé mondiale. En lien avec l'authenticité des partenariats, on comprend donc que beaucoup d'attention peut être mise sur des dimensions relationnelles conflictuelles. Par exemple, malgré que les prestataires de services aient une impression de non-reconnaissance de la part des utilisatrices, ces dernières auraient un fort sentiment d'appartenance à leur hôpital ainsi qu'un discours positif quant à leur soins; ceci étant des éléments ayant pu être mis en relief grâce à une approche qualitative et inductive plus émiqque sur le long terme. Aussi en lien avec le partage des avantages, des campagnes de sensibilisation en santé publique pourraient ne pas avoir d'impact sur la rétention de l'information, mais plus sur les capacités de mobilisation civile; une redéfinition de ce qu'est un impact en lien avec notre positionnement serait donc à réfléchir et à privilégier.

4) La nécessité d'intégrer la recherche dans la conception d'interventions en santé publique/mondiale est claire et mènerait à une approche davantage critique et cohérente avec la réalité des interventions. Avec ce type d'approche, des réflexions profondes seront à faire :

Comment les partenaires (bailleurs de fonds, chercheurs, populations) peuvent-ils être authentiques dans un contexte d'inégalité de pouvoir?

Comment améliorer la représentativité d'acteurs marginalisés dans un contexte de marginalisation par le système?

Comment les effets de la globalisation peuvent-ils impacter sur la formation d'experts et le transfert de connaissance?

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Poster number: 18

**A Qualitative Analysis of Factors Underlying Gender-Based Violence Risk among Somali Refugees in Dollo, Ado Ethiopia**

**Issue/Problem:** War and humanitarian crises place women and girls at higher risk of gender-based violence (GBV). However, there are limited data on effective GBV prevention programming among displaced populations. The aim of this analysis was to understand the different forms of GBV affecting Somali women and girls living in refugee camps in Dollo Ado, Ethiopia, and the factors underlying GBV risk in this setting.

**Methods:** A qualitative study was conducted in Bokolmanyo refugee camp in Dollo Ado, Ethiopia in 2016 to inform the development of an IPV intervention. Somali women and men residing in the camp, organizational worker, service providers, religious leaders, elders/clan leaders and host community members were recruited for participation by purposive sampling. Thirty in-depth interviews (IDIs), ten focus group discussions (FGDs) and 13 participatory learning activities (PLAs) involving free listing and vignettes about GBV were conducted with individuals or groups of women and men aged 15 and older. Trained male and female Somali interviewers conducted the interviews and discussions in Somali, or Amharic and these were transcribed and translated. Two independent investigators analyzed transcripts using content thematic analysis.

**Results:** Numerous forms of GBV perpetrated against women and girls including sexual, physical and verbal violence were identified as occurring within the camp and in the host community. Non-partner sexual violence including rape at firewood collection sites, and at food and water distribution points was the most commonly described form of GBV. While respondents described feeling more secure in the camp and noted increased access to education and opportunities for women, a variety of negative consequences of displacement were also identified. The structural features of the camp and increased poverty reportedly causes women to seek resources at locations where they are exposed to GBV risk. Loss of livelihood, together with loss of Somali cultural practices and traditions were noted to impact mental health leading to increased substance abuse and intimate partner violence. Access to education in the camp was identified as both a protective and harmful factor as it contributes to better economic opportunities for women and girls but also to shifting traditional gender roles, potentially increasing tensions within the household and exacerbating IPV.

**Conclusions:** The analysis illustrates the complex interaction between numerous factors underlying GBV risk in this setting. Displacement-related changes to social and cultural norms, poverty, access to resources, and physical spaces, along with persistent gender inequalities exacerbate the risk of violence against women and girls.

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Poster number: 85

**Barriers to Palliative Care in Homeless Populations: A comparison of views by persons with lived experience and their care providers**

Background: Persons with lived experience of homelessness (PWLEH) often do not receive end-of-life care due to challenges posed by their immediate environment. With average life expectancies estimated 42-52 years old, mortality rates among homeless populations in Canada are significantly higher than the general population. Many health and social service providers (HSSPs) report that palliative care services are generally inaccessible to PWLEH, especially those who use substances. While changes must be made to improve access to palliative care for these individuals, it is often HSSPs who have the most power to design and enact the changes within their organizations. Little is known about the ability of HSSPs to identify the barriers to palliative care perceived by PWLEH. To that end, this study compares themes identified by each group to identifying the ability of HSSPs to predict barriers faced by the populations they work with.

Methods: A mixed methods approach was used, involving 136 surveys and 10 qualitative interviews of local HSSPs selected based on recommendation of appropriate individuals by relevant community agencies or health care professionals. 31 Surveys and 9 focus groups (31 participants total) were conducted with PWLEH in South Eastern Ontario based on a snowball sampling technique. All surveys and interviews were conducted between January to August of 2018. Thematic analysis followed to assess variability in identified barriers.

Results: Seven key themes were identified as barriers to palliative care, per PWLEH. Of these, six were identified by HSSPs. HSSPs did not identify that shelters are not equipped to care for sick individuals. In addition, two barriers were identified by HSSPs, but not by PWLEH. These were safety concerns regarding illicit substance use and a lack of awareness, experience and knowledge of HSSPs in caring for PWLEH requiring palliative care.

Interpretation: While a large amount of overlap existed, both groups identified barriers to accessing palliative care for PWLEH that were not identified by the other group. This emphasizes the need to have representatives of all stakeholders, especially the population for whom the changes will be implemented, involved when designing new initiatives and policies. When looking specifically at the palliative care needs of PWLEH, considering the impact of their immediate living environment on the accessibility of care is a fundamental step. The lack of accommodation for people who are experiencing illness in the shelter system is a crucial barrier that must be addressed in order to improve equity in health care.

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Poster number: 77

**Exploring new strategies to achieve gender equality by 2030**

Issue/Objective:

Women equality and empowerment are vital to achieving sustainable development; however, women worldwide continue to face oppression, discrimination, and violence. The study aimed to explore re-occurring themes at the 63rd Session of the Commission on the Status of Women (CSW63) and highlight current initiatives in various countries which promote women's rights.

Methodology/Approach:

United Nations Association in Canada delegates attended twenty-three side events at CSW63. The twenty-three sessions encompassed sixteen topics about gender equality and were organized by twenty-two countries, twenty-nine organizations, and fourteen United Nations entities. During each event, delegates took comprehensive notes, and if permitted the sessions were audiotaped and transcribed verbatim. The data was then analyzed using NVivo 11 software.

Results:

Twenty-three sessions stated the importance of incorporating women and local community members into the planning and implementation phases of service projects. Panelists from eleven countries provided examples of service projects employing this strategy. Twenty sessions discussed the importance of citizens continuing to put pressure on governments and non-governmental organizations to abolish oppressive laws and policies. Panelists from six countries provided examples of government amending rules due to civic engagement. Twenty sessions expressed the importance of giving women better access to education. Panelists from eight countries provided examples of current initiatives which aid women to enhance their learning. Eighteen sessions emphasized the importance of implementing a collaborative approach (i.e., governments, non-governmental organizations, and community members) when designing and implementing initiatives. Eleven panelists provided examples of collaborative gender equality initiatives. Sixteen sessions stated the importance of involving males into discussions of gender equality. Panelists from three countries provided examples of gender equality initiatives geared towards adolescent males. Sixteen sessions advocated for youth inclusion when creating and implementing gender-equality policies. Panelists from nine countries provided examples of how governments and organizations can include youth in the decision-making process. Fourteen sessions advocated for creating programs that offer employment opportunities for women. Panelists from nine countries provided examples of initiatives which work to empower women economically.

Discussion/Conclusions:

Organizations such as the United Nations Population Fund and United Nations Children's Fund have stated that to achieve gender equality by 2030; our globe needs to increase the rate of progress by at least twelve times. Therefore, new strategies are required to achieve this sustainable development goal. Countries, UN bodies, and non-governmental organizations may benefit from incorporating the seven themes outlined in this study into current and future gender equality initiatives.

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Poster number: 19

**Measuring and addressing institutional racism in healthcare services for Aboriginal and Torres Strait Islanders of Australia**

Aboriginal and Torres Strait Islanders of Australia suffer a high burden of ill health and mortality compared to the general Australian population; specifically, their life expectancy is 17 years less than that of other Australians, they are three times more likely to be admitted to hospitals and suffer high rates of risk factors for ill health, and are one third less likely to receive appropriate medical care across all conditions. Evidence has demonstrated that the disadvantage suffered by the Indigenous people of Australia is associated with both historical and contemporary forms of racism, colonization, and oppression. There exists a paucity of research on racism as a determinant of health in the Australian context, although it has been stressed as a public health threat by the Racism and Indigenous Health Symposium at the University of Melbourne in 2007. This symposium highlighted that institutional racism plays a significant role in maintaining and reproducing avoidable and unfair inequalities subjected to Aboriginal and Torres Strait Islanders. Institutional racism is viewed as the most pervasive form of racism and influences various social determinants of Indigenous health, such as housing, education, employment, and justice administration. This research will analyze how institutional factors include or exclude Aboriginal and Torres Strait Islander people in fully participating in the design and delivery of public health services as well as in accessing those services. Using an external assessment tool for measuring, monitoring, and reporting on institutional racism that has been developed in Australia, the governance, policies, and practices of the Institute for Urban Indigenous Health in Queensland, Australia will be assessed. Five key indicators, which focus on areas in which institutional racism is commonly noted or experienced by Aboriginal and Torres Strait Islander people, will be used for the evaluation: inclusion in governance, policy implementation, service delivery, employment, and financial accountability. Results of this research are forthcoming and can be sent in advance of the conference. The findings will provide practical guidance to healthcare organizations and practitioners on how to identify, measure, and address institutional racism in an effort to reduce disparities in health outcomes between racial groups. The research aims to develop transferable key lessons for improving the governance, policies, and accountability practices of hospitals, healthcare organizations, and other programs working in Indigenous health.



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Poster number: 42

**Optimizing coverage of public health interventions for women of reproductive age when pregnancy is a contraindication: Results from a study in Peru.**

**Issue/objective:** Community-based large-scale public health interventions sometimes need to exclude women if they are pregnant. Those excluded can receive the intervention at a later time point if they are not newly pregnant. As community-based deworming programs become more common, deworming will be offered to women of reproductive age. While considered safe and effective at any time during pregnancy, the World Health Organization recommends that preventive chemotherapy be administered to pregnant women only after the first trimester. It is therefore important for deworming programs to be able to identify women in early pregnancy. Therefore, the objective of this study was to validate a short questionnaire, which could eventually be used by public health program managers, when warranted, to identify and screen out women in early pregnancy.

**Methodology/approach:** Interviewers administered a questionnaire, followed by a pregnancy test, to a random sample of adult women of reproductive age living in the Peruvian Amazon between May 29 and June 15, 2018. Univariate and multivariate logistic regression analyses were computed to identify questions with the highest predictive properties (using the pregnancy test as the gold standard). Diagnostic test parameters were computed against pregnancy test results at different decision tree nodes (where nodes represented questions).

**Results:** From a random sample of neighborhoods (manzanas), a total of 1,203 women completed both the questionnaire and the pregnancy test. With 106 women confirmed to be pregnant, the positive predictive value of asking the single question 'Are you pregnant?' was 100%, at a 'cost' of a false negative rate of 1.9% (i.e. 21 women were incorrectly identified as not pregnant when they were, in fact, pregnant). Additional questions reduced the false negative rate, but at the 'cost' of lowering the positive predictive value and increasing the false positive rate. The numbers of false positives and false negatives were dependent on the combination of questions selected and the order in which they were asked.

**Discussion/conclusion:** Coverage rates for some global public health interventions can be optimized, and inequities reduced, by delaying implementation to certain high-risk individuals, rather than excluding them completely. Such is the case for community-based deworming and early trimester pregnant women. The results from this study provide an evidence-based approach to assist program managers at different health governance levels (from district to national) in implementing public health intervention programs where pregnancy is an important consideration. Adapting this approach to take into account local cultural customs would be essential.

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Poster number: 43

### **Epidemiological Determinants of Zika Virus Transmission and Spread in the Americas**

Among consequences of globalization is an increased exposure of world populations with a number of vector-borne and zoonotic diseases, including tropical arboviruses. Zika virus, a mosquito-borne virus discovered in 1947 in the Zika Forest of Uganda, is a flavivirus closely related to other mosquito-borne viruses such as Dengue virus and West Nile virus. Since its detection in Brazil in 2015, it has spread rapidly throughout the range occupied by *Aedes aegypti* mosquitoes in Latin America and the Caribbean. It was also detected in *Ae. albopictus* in Mexico, raising concerns about more widespread transmission.

Our objective is to characterize the ecological transmission dynamics of Zika virus, predict geographical and seasonal risk for transmission across the Americas and inform on designing intervention strategies. To attain this objective, we first aim to characterize Zika virus vector populations, viral genetic diversity and ecological transmission dynamics in three locations in Argentina, Colombia and Ecuador, for a twelve-month duration. We will then conduct spatial and epidemiological analyses to predict areas at risk for transmission across the Americas. Finally, our results will inform a subsequent analysis using computer simulation, for which it will provide valid estimates of variation across different eco-epidemiological settings, thus informing integrated intervention approaches. By developing predictive models that are trained using prospective field-derived and remote sensing datasets, we are incorporating the complexities of Zika virus at the interface between humans, vectors and their various environments, a major omission of existing work. This project exemplifies a multi-country initiative engaging multi-sectoral partners to promote the uptake of evidence. It brings together stakeholders with diverse perspectives to address the challenge of emerging arboviral diseases, with the ultimate goal to improve global public health.

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Poster number: 86

**Contribution of the Burkinabe Society of Obstetrics and Gynecology (SOGOB) to cervical cancer prevention in Burkina Faso.**

Objective: To establish cervical cancer prevention services in Burkina Faso through the involvement of the local affiliate of FIGO.

Methods: This was a desk review of all activities undertaken by SOGOB for the prevention of cervical cancer in Burkina Faso between January 1st 2012 to December 2018 . The main interventions were advocacy, training of healthcare workers using the single visit approach with visual inspection of the cervix after applying acetic acid (VIA), facilitative supervision following the training, equipping service delivery sites and a collaboration with all stakeholders involved in the fight against cervical cancer in the country.

**Results:**

Cervical cancer screening was introduced into 12 sites, 2 teaching hospitals, 9 regional hospitals and 1 district hospital.

Eighty six providers and 16 trainers were trained. Every hospital was equipped with a cryotherapy machine, a CO2 tank and some supplies.

Once services were in place 4 campaigns of sensitization and 4 facilitative supervisions were carried out.

During the 5 years period, , 20 campaign was done by SOGOB.and 10302 women were screened with 4.7% of VIA positive.

The main challenges were the breakdown of the cryotherapy machines, the stock out of CO2 and supplies and the lack of ownership of the program by the different hospitals.

Conclusion: SOGOB has played an important role in establishing cervical cancer prevention services in Burkina Faso. Keys to the sustainability of the program will be preservice training in cervical cancer screening using the single visit approach and more engagement from the ministry of health and donors.

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Poster number: 78

**Citizen Voice and Action (CVA) as a local level advocacy methodology for the advancement of women and children's health and rights in rural Bangladesh**

Citizen Voice and Action is a social accountability approach designed to improve the relationship between communities and government, in order to improve services, like health care and education, that impact the daily lives of children and their families. The approach aims to empower communities to influence the quality, efficiency and accountability of public services.

Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia (ENRICH) is funded by Global Affairs Canada aimed at improving the health and nutrition status of mothers, newborns and children in select regions of Bangladesh, Kenya, Myanmar and Tanzania.

Core elements of CVA

- Information-clear and easily understood
- Voice- An essential building block for accountability
- Dialogue between service users and service providers
- Accountability: those in power take responsibility for their actions
- Public services- with a focus on quality, efficiency & accountability

Case study from ENRICH Bangladesh

Located in the Sengaon Union of Piranj, Bangladesh the Dostompur Community Clinic has served over 6,000 patients since 2001. The clinic is overseen by the Community Group (CG) and the Community Support Group (CSG). Over the years, the CG and CSG have attempted to hold the government accountable for declining health services due to lack of medical equipment, medicines or infrastructure development. In 2017, ENRICH introduced CVA in the Thakurgaon district. Local service providers, CG, CSG and community members were sensitized on national health policy and service provision so that community members and service providers are aware of their rights, roles and responsibilities in health. The CVA process facilitated dialogue between the CG/CSG committees and local government health officials, resulting in renewed commitment by the local government. As a result of this commitment, the Dostompur Community Clinic received USD \$2,033.00 to improving the physical infrastructure of the clinic. With this funding, construction of a clinic wall and sitting room for patients were completed. ENRICH further contributed medical equipment to Dostompur clinic. With renewed investment in the clinic, staff and community members are excited about the improvement in service delivery and quality. Today the CG and CSG committees have established a clinic bank account and meet twice monthly to discuss service delivery progress. Moving forward, USD \$0.25 will be charged per prescription to raise funds for the clinic alongside continued support from the local government.

ENRICH is funded by Global Affairs Canada

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Poster number: 20

**Using GPS and Google Earth to understand and use BIG Data in rural Tanzania to save lives**

**Background:** The use of Geographic Information Systems (GIS) to visualize, manipulate, and analyze spatial data has become widespread across public health research and implementation projects. Geospatial mapping may be of particular use in low-resource settings where traditional printed maps are not readily available to inform the targeting of high-needs communities. Despite the growing utilization of GIS mapping to inform health interventions, few studies directly discuss how GIS maps can be most effectively used to engage local stakeholders and tailor implementation plans to target high-needs sub-populations. This study investigated whether key indicator and GPS data from a Maternal, Newborn, and Child Health (MNCH) coverage household survey could be effectively mapped, interpreted by implementors, and used to inform a MNCH population health intervention.

**Methodology:** This study was conducted in collaboration with an ongoing MNCH intervention in two districts in Lake Zone, Tanzania. Key indicator data from a baseline (2016) MNCH household coverage survey tool were retrospectively mapped according to GPS coordinates. Six maps were created using Quantum GIS to visually display health outcomes by hamlet for the following indicators: antenatal care attendance, postnatal care attendance, health facility deliveries, under five-stunting, and under-five underweight status. Once completed, maps were reviewed with selected stakeholders. Feedback was sought and recorded regarding perceptions of the map content and features, and the potential for visual data to inform future intervention strategies.

**Results:** Map creation for hamlet-level indicator visualization is relatively simple when datasets with appropriately geotagged data are readily available. Visual maps were positively accepted as a useful alternative to tabular datasets for interpreting and visualizing data. Further analysis to account for relative hamlet sizes was recommended. Local context was an asset for understanding hamlet outcomes in relation to geographic features. One specific example of a stakeholder-GIS informed modification was suggested targeting of project resources more heavily in the southern quadrants of the district, where hamlets appeared to show poor health outcomes.

**Discussion:** QGIS mapping has potential utility as a tool for better understanding the distribution of needs in a population sample. This provides an evidence-based approach for community-based programming, allowing implementors to focus intervention strategies on the most vulnerable and high-needs populations. In this manner, visual maps may aid in the reduction of health inequalities in rural and remote populations by helping to facilitate effective knowledge-to-action translation of survey data by stakeholders and providing tools for local health managers and politicians to make informed decisions.

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Poster number: 21

**We Can Do Better! Analyzing the Challenges for Health and Social Inclusion of Refugees**

Issue:

The complex migration trajectory encompasses a myriad of risks and exposures. In particular, within the postmigration resettlement phase, immigrant and refugee populations in Canada experience various challenges when navigating through the current health care system. Research has revealed that migrant communities face numerous access barriers when seeking health care services, including linguistic and cultural differences. Amongst the issues already associated with migration such as settlement challenges, the existence of barriers places immigrant and refugee populations at a further disadvantage in Canadian society, which makes this a severe concern for health inequity.

Methodology:

This paper analyzes the current policies related to newcomer health care, including how immigrant and refugee populations navigate through the Canadian health care system. This paper also reviews current research on the barriers faced by immigrant and refugee communities in Canada that prevent them from seeking health care services.

Results:

This paper identifies gaps in the existing policies, along with informing recommendations for policies and practices that focus on achieving health equity for immigrant and refugee communities in Canada. Specific policy recommendations include having organizational and institutional policies that mandate regular workshops on cultural competency for health care providers. Further, policies should assist with the coordination of linguistic services, as health care providers are often not aware of the translation and interpretation services available. As a whole, there should be more emphasis on working alongside immigrant and refugee communities to understand the existing health care barriers that they face and how to effectively collaborate in overcoming these challenges together.

Discussion and Conclusion:

Canada is one of the most developed nations in the world yet newcomer populations face a multitude of barriers when seeking health care services, perpetuating the health inequities that are present in Canada. It is critical to implement and evaluate the current organizational and institutional policies to tackle these barriers systemically. In order to achieve health equity, it is essential to work collaboratively across sectors to provide the utmost quality of care to all immigrant and refugee populations in Canada.

**Yedenekal, Shifera Asfaw**  
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Poster number: 22

**Sugar coated safe motherhood program success: case study of rural Ethiopia**

**Background and purpose:** Poor health systems and the low uptake of health care services sees one in sixteen pregnant women living in Sub Saharan Africa die from pregnancy and child birth related problems. This problem gets worse for Ethiopian rural mothers who, despite recent improvements in health and pregnancy outcomes nationally, are still struggling with pregnancy and child birth related problems. Therefore, this study aimed to explore community experiences with maternal health services in Ethiopia in order to enhance accountability and transparency for better maternal health outcomes.

**Methodology:** An exploratory qualitative study was conducted across three districts in Jimma Zone Ethiopia from November 2016 to February 2017. Thirty-six focus group discussions among purposively selected female health development army leaders, twenty-four focus group discussions among male development army leaders and twenty-four in-depth interviews among Health Extension Workers (HEWs) were conducted. The data were collected in the local language, and digital voice recordings were transcribed into English. All transcripts were read comprehensively, and analyzed using Atlas.ti 7.0.71 software.

**Result:** Male and female focus group discussants reported their extensive role in supporting pregnant women for skilled delivery. However, the absence of good roads, lack of ambulance services, poorly equipped health facilities - including closed health posts are hindering their efforts. Similarly, some of these barriers are shared by Health Extension Workers (HEWs). The current study also showed that Ethiopian HEWs have a dual accountability for primary Health care unit directors and kebele chairman which introduce some bias. Participants cited that a significant number of mothers give birth at home. They revealed that the success story of safe motherhood programs reported by governments are far behind the reality. Consequently, the local community trust is gradually eroded which in turn impedes the physical and psychological readiness of pregnant women to seek a safe delivery place.

**Discussion/Conclusion:** A successful safe motherhood program relies on the proper implementation of maternal health care services and other practices to improve the life of underserved mothers. The health workers at peripheral levels should focus primarily on professional activities, but in some instances, they may face barriers to effective practice. Transparency and accountability are a key note for building a good governance which can improve the life of rural mothers and the wider community. A need-based information education and communication (IEC) intervention at grass root level may enhance more effective delivery of maternal health services in rural Ethiopia.

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Poster number: 81

### **The role paradox for birth preparedness in Ethiopia**

#### Summary

**Background:** Women living in Sub Saharan Africa are still suffering from pregnancy related problem, this might be due to deep rooted gender norms, women often face these system challenges with minimal or no support from their partners. Therefore, this research aimed to explore the role of husbands in preparing mothers for skilled delivery examining the perspectives of both male and female leaders to enhance grassroot mobilization of the community to support the underserved community member.

**Methodology:** A Qualitative case study was conducted across three districts in Jimma Zone Ethiopia from November 2016 to February 2017. Nine focus group discussions among purposively selected female health development army leaders and other nine focus group discussions among male development army leaders were conducted. The data were collected in the local language, and digital voice recordings were transcribed into English. All transcripts were read comprehensively, and analyzed using Atlas.ti 7.0.71 software

**Result:** Male focus group discussants reported their extensive role in preparing pregnant women for skilled delivering, describing activities such as saving money, identifying skilled attendants, and looking after the home while women attended the health facility for antenatal medical visits. In contrast, female focus group discussants argued that husbands play only a minimal role during pregnancy. Most of the hard work, including looking health facilities during their health depriving, preparing food, fetching water, and continuing to support family members at the home, lies on the shoulders of pregnant women. Only one role -- 'saving money' -- was identified by both male and female leaders as something men do to support their pregnant wives. These gendered differences in the perceived role of men and women in birth preparedness could compromise the readiness of pregnant women to seek skilled birth delivery.

**Conclusion:** Successful promotion of gender equality in rural Ethiopia should target both men and women at all levels of the social system, paying close attention to differences in perceptions between males and females. Behavioral change strategies like advocacy and activism should be implemented for rural communities to enhance rural women's self-confidence in making better health decisions with respect to safe/skilled birth delivery. Rural men, as husbands, should be encouraged to provide more support to women during this critical period (pregnancy), in line with how women perceive the present (low) level of support they receive from their husbands.

**Key words:** Birth preparedness, Role of husband, Ethiopia

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Poster number: 64

**Does the treatment of perinatal depression promote cognitive, language and motor development at 12-months in Nigerian infants?**

Issue/objective: Infants born to depressed mothers are at risk for adverse cognitive development, and risks may be increased in developing countries where suboptimal health care is an added vulnerability. Treating perinatal depression may promote infant development. A cluster RCT was conducted in Ibadan, Nigeria between June 2013 and December 2015, comparing a high-intensity treatment (HIT) with low-intensity usual care treatment (LIT) for perinatal depression. Trained primary care workers delivered interventions individually to pregnant women diagnosed with major depression. HIT included 8 weekly sessions of problem solving treatment and postpartum top up sessions scaled to need. LIT consisted of basic supportive therapy, with the number of sessions and their content determined by the primary care worker. The present report examines the effects of the intervention on infant development at 12 months, and considers the mediating role of parenting attitudes, home environment and maternal depression.

Methodology/approach: A sample of 686 women was recruited and 519 women were followed to 12 months postpartum. At 3 months postpartum, parenting attitudes were assessed using the Maternal Adjustment and Maternal Attitudes questionnaire. At 6 months postpartum the Home Inventory for Measurement of the Environment scale was completed. Maternal depression was assessed at 6 and 12 months postpartum with the Edinburgh Postnatal Depression Scale (EPDS). The Bayley Scales of Infant Development, 3rd ed., was administered at 12 months postpartum, to assess cognitive, language, and motor development. Total effects, direct effects and indirect effects of the intervention were evaluated using causal mediation analyses.

Results: There were no direct effects of HIT on infant development. HIT had direct effects on maternal attitudes and recovery from depression, but not on home environment. The home environment had positive effects on infant receptive and expressive communication, and gross motor development. In the HIT group, home environment was associated with better cognitive and fine motor development. Older and more educated mothers had better home environment scores, and infants of older mothers exhibited better cognitive and fine motor development.

Discussion/conclusion: Exposure to the HIT intervention resulted in improved parenting attitudes and recovery from depression, but did not affect the quality of the home environment. It was this proximal indicator of parenting that was associated with infant developmental outcomes. Maternal age and education were determinants of the ability to provide a stimulating home environment. To promote infant development, it may be beneficial to tailor perinatal depression interventions to young mothers, incorporating additional parenting skills training.

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