

plans will lead to a more integrated and interoperable HIS, leading in turn to a more resilient and country-owned health system in Liberia.

Abstract #: 2.005_GOV

Comparison of components of functional capacity evaluation in underserved communities associated with overweight and obesity, Mexico State 2014

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Background: Excess of weight (overweight and obesity) is defined by the World Health Organization as excessive accumulation of fat. It is a chronic, complex, multifactorial and preventable disease. Today obesity and overweight are the major public health problem in Mexico and the world. Chronic diseases are the leading causes of death in most low and middle-income countries. Our aim is to determine the association of the functional capacity evaluation results with overweight, sedentary lifestyle and obesity to create specific programs to mitigate the negative impact on the population.

Methodology: An observational descriptive study was conducted, 420 individuals were included. A survey of 113,003 individuals from Huixquilucan, Lerma, and Amecameca, three marginal communities from Mexico State. Using a Chi - square, with a reliability of 96% and a margin of error of 0.05, equals 420 individuals, taking an alpha of 5% (p-value 0.000) the variables have dependency. Inclusion criteria: informed consent preciously signed and understood by the participant or legal guardian, gender indistinct, from 6 to 98 years old. Exclusion criteria: physical impairment. The data was captured and analyzed with IBM Statistical Package for Social Sciences (SPSS).

Findings: We found that 40.9% of the survey are physically inactive with 0-2 hours of physical activity a week. 68.5% of women and 31.5% of men are sedentary, abdominal circumference media in women is 75.7 cm and 72.2 cm in men, abdominal strength media was 28 and 19 repetitions for men and women respectively, arm strength media for men is 14 repetitions and five for women. A much better performance in Course-Navette Test is correlated with lower fat percentage and abdominal circumference.

Interpretation: According to descriptive statistics, we observe both female and male predominance of physical activity are 0-2 hours; 40.9% of the total sample are sedentary. The mean percentage of fat was higher in women compared with men. Males compared to females had a better abdominal and arm strength. A Higher performance is associated with a lower fat percentage regardless of gender. We seek to continue the study prospectively.

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Achieving health SDGs in sub-Saharan Africa through stronger health governance

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Program/ Project: The health sustainable development goals (SDGs) pose an enormous responsibility for African nations, as they

try to reduce health disparities among the most marginalized & vulnerable populations. As Africa experiences exponential growth with its population, health governance is pivotal when it comes to ensuring that theory meets practice in improving population health. Moreover, it is critical that stakeholders as well as practitioners are not only innovative when it comes to formulating policies, but also mobilize communities to work towards targets. This paper seeks to identify loopholes and shortcomings that exist in sub-Saharan Africa between the global health planning and implementation stages. At the end of this paper, practical recommendations are given as to how global health delivery can be strengthened in order to meet national and international targets.

Structure/Method/Design: A qualitative research method was employed in comprehending health governance and the challenges that exist with it in Africa. A comparative analysis approach of the literature from 2000–2015 was also utilized; countries in East, West and South Africa were looked at. Afterwards, reoccurring themes were observed in numerous countries in terms of management and the type/number of actors involved in execution. Lastly, some case study examples from different journals were selected so as to compare and contrast, how strong and weak health governance plays a critical role in health outcomes.

Outcome & Evaluation: On the macro level, health governance is critically needed when it comes to establishing priorities in regions, but also for designating the right inputs towards the appropriate channels. There needs to be collaboration with those at the micro level when it comes to agenda setting and execution. More often than not, a vertical style of leadership is utilized when it comes to health governance. Rather, this paper suggests the need for a horizontal kind of adaptive leadership. One that helps individuals and organizations adapt and thrive in challenging environments when it comes to adaptation. This paper also defines the ideal system of health governance as being one that has both state and non-state actors involved. In addition, an effective health governance structure in sub-Saharan Africa involves cross-sectoral collaboration so as to achieve collective impact. Through this alone, would African nations be able to actualize some of the benchmarks in the sustainable development goals.

Going Forward: In order to achieve the health SDGs, there is a need for more community action. This is because active community involvement in health agendas in sub-Saharan Africa creates transparency and accountability. Moreover, it also enables the people being governed to have ownership and a voice in development projects -which is something that lacked in some of the failed health related MDG projects that were examined- The health sustainable development goals is a promising opportunity for stakeholders and practitioners to reduce health inequities that exist between The Global South and developed world. That being said, there must be inclusivity in the planning and implementation stages, so as to maximize resources in addressing the needs of the people.

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Consolidating knowledge from global health education programmes: Ugandan perspective

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