

Methods: Data was collected from 115 patients undergoing hemodialysis at Taipei Hospital. Patient's age, duration of treatment, frequency of tPA used, diabetes and hypertension status, and Karnofsky score was obtained via electronic records. The number of injection sites was assessed by hemodialysis nurses and then averaged from the two nurses' reports.

Findings: Patients with 6 injection sites made up 68.9% (31 of 45) of the patients who have never used tPA, while also presenting with the lowest rate of the use of tPA five times or greater at 5.6% of patients (4 of 73). The data did not show associations between number of injection sites and the prevalence of studied co-morbidities, nor differences in the patients' Karnofsky score among the various patient groups.

Interpretation: This study suggests that patients with 6 injection sites tend to be more likely to have no occurrences of the use of tPA for thrombosis at Taipei Hospital. As most patients undergo hemodialysis three times a week, 6 injection sites would allow for one site for arterial and venous access each day of treatment. The lack of relation between the number of injection sites and the studied co-morbidities and Karnofsky score suggests that these factors do not prevent the use of AV shunts capable of 6 injection sites. This preliminary study suggests that it may be beneficial for nephrologists and surgeons to pursue AV shunts capable of 6 injection sites in order to decrease the occurrence of thrombosis.

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Abstract #: 2.003_GOV

A comparison between Fried Frailty Score and serum albumin levels in Taiwanese patients with ESRD on hemodialysis

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Background: According to the U.S. Renal Data System, the prevalence of ESRD in Taiwan is highest in the world. Considering the health burden in ESRD patients who receive life-time hemodialysis and the financial burden for patients and countries, it is of great interest for clinicians to effectively assess treatment options for better use of limited resources. Studies have shown hypoalbuminemia to be an independent predictor of mortality in dialysis patients. In this study, we explored the validity of Fried Frailty Score as an additional prognostic factor in determining mortality and quality of life in ESRD patients undergoing hemodialysis, through comparing its relation to serum albumin level. We hypothesize that the Fried Frailty Score would inversely correlate with plasma albumin level in ESRD patients undergoing hemodialysis.

Methods: We surveyed and calculated the Fried Frailty Score for 158 hemodialysis patients at TIHTC Hospital using 5 criteria established by Fried: unintentional weight loss, weakness, slow walking speed, low physical activity, and self-reported exhaustion. We obtained laboratory data and comparisons were made by graphing serum albumin levels of patients, categorized by frailty score from zero to five. Seven were excluded due to insufficient laboratory data.

Findings: The ratio of patients with normal albumin to those with hypoalbuminemia decreases significantly as frailty score increases. In

patients with a frailty score of zero, 22 out of 60, or 36.7% have hypoalbuminemia. 14 out of these 22 patients, or 63.6%, are less than 60 years old. Patients, who have a frailty score of zero, had greater odds of hypoalbuminemia if they are less than 60 years old than if they are older. OR: 2.1618, 95% CI: 0.7351 to 6.3572, P = 0.1613 > 0.05.

Interpretation: As frailty score increases, serum albumin decreases in ESRD patients undergoing hemodialysis at TIHTC Hospital. This finding strongly suggests the scores have powerful prognostic value in the outcome of ESRD patients, their mortality, and quality of life. Such information can assist the medical team in providing effective interventions and influence patients' decisions in choosing the treatment modality, such as peritoneal dialysis, renal transplantation, or starting hospice.

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Building a resilient health system (HS) in Liberia: Health Information System (HIS) Strategic Planning

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Project Purpose: In the aftermath of the Ebola crisis, strengthening the National HIS has been recognized by the MOH Liberia as one of the key interventions in building a resilient health system. Indeed, during the Ebola epidemic it became clear that the fragmentation of the current HIS made it impossible to have the "right information at the right time in the right place". Many HIS subsystems, such as the Health Management Info System (HMIS) and the Disease Surveillance Information System (DSIS) were not interconnected, and HIS stakeholders did not coordinate and contributed even further to the fragmentation by setting up separate reporting system. The Ministry of Health (MOH) decided to conduct a comprehensive HIS strategic and operational planning exercise with a particular focus on leadership and coordination.

Design: The HIS strategy development used three coordination mechanisms: (1) a Core Team constituted by around 10 HIS professionals from the MOH as well as from technical agencies; (2) the HIS Stakeholders Working Group, representing all HIS government as well as external stakeholders; and (3) Health Sector Coordination Committee (HSCC), a high level decision making body led by the Minister. With technical assistance by the USAID funded MEASURE Evaluation project, the HIS strategic planning process was implemented in four stages, through broad based consensus building among key HIS stakeholders inside and outside the MOH. First, all HIS stakeholders reached consensus on the HIS strategic plan development process. Secondly, the core team developed the HIS assessment tools and called together all stakeholders in an assessment workshop. The third stage consisted of a HIS Strategic Planning workshop, again with all stakeholders, where, based on the assessment results, a HIS strategic and operational plan were developed. HIS strategic objectives and interventions were identified, prioritized, and costed. Finally, these HIS strategic and operational plans were validated by the HSCC.

Outcome & Going Forward: The strategic planning process took place between July and November 2015. It is expected that these

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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Abstract #: 2.006_GOV

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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