

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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**Abstract #:** 2.008\_GOV

### **Consolidating knowledge from global health education programmes: Ugandan perspective**

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**Background:** Technical expertise gained from trainings supported through international collaborations and partnerships is imperative to address key areas for attainment of the sustainable development goals in Africa. Makerere University College of Health Sciences (MakCHS) hosts over 300 students and faculty under Global health education programs annually. There has been no documented evidence on how best MakCHS should consolidate partnerships so as to enhance quality of training and patient care.

**Aim:** To assess perceptions of host institutions on methods to enhance knowledge sharing during global health education programmes.

**Methodology:** This was a cross sectional descriptive study, qualitative in nature at MakCHS. An interview guide was used to collect data among key informants and focus group discussions. Thematic analysis was used to draw conclusions. Written informed consent was sought from all participants and ethical approval was obtained from Makerere University School of Biomedical Sciences.

**Findings:** The methods mentioned by the various participants from MakCHS to enhance knowledge sharing from global health education programs include: Increased access to virtual mobility like online courses and periodic webinars with partner institutions on various tropical and emerging diseases, institutionalizing global health education programmes, encouraging collaborative research among local and international students and establishing a monitoring committee for such platforms.

**Interpretation:** There is need to devise a mechanism of periodic knowledge sharing among local and international students to enhance collaborative learning across the globe.

Limitations Analysis was difficult for there are no systems to monitor global health programme, several Universities recruit their own coordinator instead of working with already established structures.

Strength; The study findings are a true representation of the participants' views.

**Funding:** Medical Education for Equitable services for all Ugandans.

**Abstract #:** 2.009\_GOV

### Community health system strengthening: A case of health hut system transfer in Senegal

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**Background:** Senegal's health system is a pyramidal structure with tertiary hospitals at the top, followed by intermediate regional hospitals, public health facilities and health centers of the districts. Health Huts (HHs) at the base are the foundation in providing primary health services to communities, particularly in remote areas. USAID-funded Program Sante Sante Communautaire II (PSSC II) led by Child Fund, World Vision (WV) was mandated to establish or strengthen integrated health services, improve quality standards and sustainability of HHs in Fatick, Kaffrine, Kolda, and Kedougou regions. This study demonstrates contributing factors pertinent to successful HHs transfer from project management to local community management and supervision.

**Methods:** The process of HH transfer is part of health system decentralization aiming for empowerment of local communities through the transfer of health competence. By involving and empowering local communities in providing services, community health system is strengthened in terms of both capacity development and improvement of access to health services. A HH transfer analysis was conducted to evaluate the community participation, quality of integrated community health services, functionality challenges and sustainability factors. Qualitative data from 338 HHs located in Fatick, Kaffrine, Kolda and Kedougou regions and 60 communities serving 260,478 people were analyzed.

**Results:** 51 of 338 HH were transferred from project to community management, while maintaining the quality and access to information, services and products. The 51 HHs have fully functional health committees and are still viable 12 months after official transfer. Over 80% of HHs were offering minimum and/or specific packages of services recommended by MOH. By December 2014, 70% of newborns received essential care and 70% of the 287 deliveries were performed by midwives in HHs.

**Conclusion/Recommendations:** Process of HHs transfer identified gaps and helped in taking actions aimed at strengthened compliance with MOH standards. Empowerment of communities contributed to improvement of health governance while allowing them to understand importance of health system self-management with involvement of all stakeholders. This can be achieved through facilitating regular meetings with local authorities, monitoring activities and identifying HHs management issues, while advocating for resources to support HHs and providing adequate supportive supervision to HHs.

**Abstract #:** 2.010\_GOV

### Two million hands on deck to achieve the Health SDG: Entry points for improving governance in Africa's health sector

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**Background and Purpose:** Governance, one of the six health system building blocks, has been less often used as a lever to improve performance because of its perceived complexity and sensitivity. SDGs when compared to the MDGs lay emphasis on improving governance. Governance will be instrumental especially to achieving the ambitious health goals since poor governance is constraining further improvements. Governing bodies at different levels provide an entry point for governance reform.

The latest Mo Ibrahim Foundation's report shows progress in governance has stalled in Africa. To achieve their health goals, African policymakers need to work on improving governance in general and in the health sector specifically. Entry points for doing so are not readily obvious.

**Methods:** Review of strategic plans and publications of the ministries of health in all 55 countries in Africa to identify governing bodies at different levels in their health sector.

**Findings:** Our document scan revealed that there are more than 150,000 governing bodies in Africa's public or government health sector at national and subnational levels. These range from community health councils to health center committees to hospital boards to district and provincial health councils to committees and boards at national level working for the ministry of health. We estimate these