

Structure/Method/Design: TRAction's experience in constructing and governing IRDS partnerships will be presented, focusing on four areas of capacity building: research skills, research management, results dissemination, and utilizing evidence. Partnership strategies have included training and curriculum development in IRDS; engagement of the end users of research (policy makers) throughout the research process; support for multi-level policy engagement to generate demand for evidence in priority areas, and to support evidence-informed decision making once implementation research has been conducted; and improving understanding of and access to IRDS through field building efforts. Challenges and successes in strengthening IRDS capacity will be shared through partnership experiences in IRDS related to Respectful Maternity Care (RMC) in Tanzania; community-level recognition of maternal and newborn complications in Indonesia and India; and Performance-Based Incentives (PBI) in Malawi.

Outcome & Evaluation: The RMC effort will illustrate a concurrent research and advocacy approach that then engaged national policy leaders. The Recognition effort will discuss one institution's experience with a multi-country study using a shared research protocol. The PBI discussion will demonstrate the Malawi's government's approach to implementing PBI and using evidence to modify programs and improve outcomes.

Going Forward: The critical importance of strengthening institutional leadership and capacity for IRDS — strengthening the capacity of stakeholders to both produce and consume research for evidence-supported decision making — is relevant for multiple health challenges in different settings. The breadth of examples presented here will provide models for future IRDS efforts and demonstrate its potential.

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Project Embrace: A Non-Profit Providing Sustainable Medical Materials to Low and Middle Income Countries

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Program/Project Purpose: As an organization, Project Embrace is dedicated to the reutilization of sustainable medical materials — in particular, materials that provide skeletal support and mobility assistance for patients in need. The FDA classifies these types of devices as noninvasive Class I and Class II medical devices; noninvasive meaning these devices remain on the exterior of the patient yet provide medical benefits for the active participant. Currently, in medicine, it is practiced to discard these forms of devices after limited use either to a landfill or by incineration. This is wasteful and harmful to the environment. Project Embrace has emerged as a way to re-use and re-distribute these types of noninvasive medical devices from the United States to patients in impoverished communities across the globe who may benefit from their use. We propose to collect, sanitize, package, and deliver sustainable orthotic materials and mobility-based devices to medical facilities in developing countries abroad.

Structure/Method/Design: To establish the mission and operations of Project Embrace, we conducted a needs assessment and feasibility analysis. First, we interviewed key stakeholders in health-care, business, law, and the non-profit industry to collect data on the structure of our market as well as its appetite for our approach. Our analysis confirmed the supply and demand to fuel our model; and that it would be beneficial for all parties involved. Furthermore, we affirmed that our system to collect, sanitize, ship, and deliver our donations not only falls in congruence with the standards set forth by the FDA but is cost-effective through federal grant support, and endorsements through the global health community.

Outcome & Evaluation: Moving forward, we aim to launch our first successful campaign of donations, collected from pediatric and adult health facilities in Salt Lake City, Utah to the Vegesna Foundation located in Hyderabad, India, during the summer of 2017. By repurposing excess and waste in one country to meet the need for usable and affordable medical supplies in another country, Project Embrace is an innovative way to address global health inequalities while addressing the pressing concern of environmental justice through the reduction in medical waste in hospitals located in the United States.

Going Forward: As an organization, we are finalizing our 501 c(3) designation.

Source of Funding: None.

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Nurses Attitudes Towards Minor's Capacity to Consent: A Cross Sectional Study Done in Sri Lanka

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Background: Gilic competence is a concept used to decide the capacity of a child (less than 16 years) to consent to medical treatment. This concept is not yet widely practiced in the world and is likely to depend on cultural and social norms of a society. Therefore it is important to assess the attitudes towards these aspects among nurses trained and practicing in a developing country like Sri Lanka to evaluate how a traditional cultural values system would affect such a modern concept of Autonomy.

Methods: A descriptive cross sectional study was conducted among 168 conveniently selected practicing nurses from various sectors, using a self administered questionnaire. Ethical clearance was obtained from BioInquirer ethics review committee.

Findings: Out of the 168, 84 were with less than 5 years of work experience while 37.5% had more than 5 years. 53.6% (90) identified minors as those below 18 years and 14.3% identified as those below 10 years. 48 (28.6%) said that the consent of a child should never be considered in providing treatment. 67.8% stated that best decisions regarding a child's total health is the decisions taken by parents. Majority (52%) of experienced nurses thought so. 42 (25%) said they will never trust a decision by a minor. Most of these were nurses over 30 years old. 46.4% (78) stated that children at the same have the same capacity to consent. This perception did not