

potential as a diagnostic adjuvant to enhance acute obstetrical care in resource limited environments with limited access to physician providers. This study evaluated acute obstetrical needs and the potential role for POCUS programming in the North East Department of Haiti.

Structure/Method/Design: Data was collected on all women presenting to the obstetrical departments of the two largest public hospitals in the North East region of Haiti: Fort Liberté and Ouanaminthe. Data was obtained through a retrospective review hospital records from the 1 January through 31 March 2016. Data on demographics, obstetrical history, suspected diagnoses, clinic care and outcomes were gathered using a standardized tool by trained study personnel. Diagnoses *a priori* defined as those which could be assisted in making through the use of POCUS included multi-gestations, non-vertex presentation, cerebropelvic disproportion, placental abruption, placenta previa, abortions, retained products and ectopic pregnancy.

Outcome & Evaluation: Data were collected from 589 patients during the study period, Median maternal age was 26 years, and median gestational age was 38 weeks. The most common reason for seeking care was pelvic pain (85.2%) Sixty-seven (11.5%) women were transferred to outside facilities for higher-level of care. Among cases not transferred, post-partum hemorrhage, infant mortality and maternal mortality occurred in 2.4%, 3.0% and 0.6% of cases, respectively. There were 69 birth events with suspected diagnoses that could have benefited from POCUS use. Between hospital sites, significantly more cases had the potential for improved diagnostic with POCUS at Fort Liberté (20.7%) than Ouanaminthe (7.7%) ($p < 0.001$).

Going Forward: POCUS has potential to impact the care of obstetrical patients in the North East Department of Haiti however, given limited available human resources, performance by non-physician providers will be necessary. Future programs will be needed to evaluate the feasibility of task shifting and the sustainable impacts of acute obstetric POCUS in Haiti.

Source of Funding: DAK Foundation.

Abstract #: 1.055_HHR

A New Cadre of Health Worker: Meeting Health Organization Capacity Needs in East and Southern Africa and the United States via a Leadership Development Fellowship program

J. Gomez¹, B. Bush², H. Anderson²; ¹Global Health Corps, New York, NY, USA, ²Global Health Corps, New York, USA

Background: Building strong health systems to achieve the Sustainable Development Goals requires a human resources for health (HRH) strategy that recognizes and addresses non-clinical capacity gaps at health organizations. Leadership development of non-clinical health workers is limited in implementation and discussion, resulting in a lack of data. We present initial findings from Global Health Corps' (GHC) efforts in this area.

Methods: We analyzed four years of health organizations' applications to GHC, identifying capacity needs in Burundi (BI), Malawi (MW), Rwanda (RW), Uganda (UG), USA and Zambia (ZM).

Health organizations represented NGOs, Ministries of Health and research institutions. GHC placed co-fellows (national and international) in organizations for one-year of service, with leadership development programming. Fellows were selected on technical proficiency and leadership potential (65% female). We report fellow application numbers, and subsequent fellow workplace contributions (from supervisor survey) for 2012-2015 fellowships. We separately examined alumni survey responses (73% response) as a cross-section of current sector and region of fellow employment, to estimate retention in public health.

Findings: Demand: Applications from health organizations for GHC fellows totaled 670 (2011-2014). The functional needs of actualized fellowships ($n=458$) were Program management 33.6% ($n=154$), Monitoring and Evaluation 23% ($n=106$), Communications 7% ($n=32$), Development/Fundraising 5.9% ($n=27$), Health education 4.4% ($n=20$), Policy development 4.2% ($n=19$), Supply chain management/procurement 3.7% ($n=17$), and Other 15% ($n=83$).

Supply: Applications for fellowships from individuals (2011-2014) totaled 17855 (4% BI, 10% MW, 21% RW, 20% UG, 30% USA, 4% ZM, 11% Other). Following fellowships, a yearly average 89% (range: 87%-94%) of supervisors at health organizations reported that fellows "contributed positively to the success of their organizations."

Retention: Available alumni data from first three years (2012-2014) of fellows show 71% ($n=150$) continuing work related to public health, and 89% ($n=133$) of that subset continuing to work in GHC country regions.

Interpretation: Our data demonstrate a consistent demand for, and supply of, non-clinical health leaders to fill capacity gaps at health organizations in East and Southern Africa and the USA. This should spur continued discussion around tracking non-clinical skills in HRH and the role of leadership in public health employment retention, health organization outcomes and population health impacts.

Source of Funding: "None".

Abstract #: 1.056_HHR

Ultrasound Use in Resource-limited Settings: A Systematic Review

R. Gopaul¹, G. Bearman², M. Stevens²; ¹Virginia Commonwealth University Health System, Richmond, VA, USA, ²Virginia Commonwealth University School of Medicine, Richmond, USA

Background: Over the past decade, Ultrasound machines have become smaller, less expensive, more reliable, durable and user-friendly making ultrasonography an ideal imaging modality in resource poor settings. We conducted a literature review to examine the use of ultrasound in resource-limited settings, with emphasis on common applications, barriers to implementation, and impact on clinical decision-making and patient disposition.

Methods: Literature review. We conducted a PubMed and Cochrane Central search on the clinical use of ultrasound in the developing world. Search terms included ultrasonography, developing countries, resource limited, remote setting, poverty, and low