community, is engaged in efforts to strengthen primary health care, strengthen health systems and increase health professional capacity, globally. The emergence of the Centre is the result of an extensive consultation process developed through annual Besrour Conferences (2012-2014).

Structure/Method/Design: The aim of the 4th annual Besrour Conference 2015 is to highlight the research priorities of the Besrour network based on the needs of its national and international partners. During the conference, participants will discuss ways to leverage its extensive network to generate evidence to support the Centre's goals. Conference participants will include Canadian academic leaders and family physicians, international partners and key stakeholders such as the World Bank Group, the Associations of Faculty of Medicine of Canada and the Canadian Coalition in Global Health Research.

Outcome & Evaluation: Since its inception, the Centre has provided a platform of mutual learning. It has created five working groups to share and advance the work of the Centre, and has begun disseminating its efforts through various means, such as workshops and publications. At the conference, the Besrour network will begin to develop the processes and outcomes of a mutually relevant research agenda, including metrics to measure and guide the progress of Besrour-related activities.

Going Forward: Through its research activities, the Centre will feed into key global partnerships and meet the challenges set forth by the Sustainable Development Goals and the Primary Health Care Performance Initiative.

Abstract #: *2.011_MDG*

Neonatal resuscitation in low resource settings: Challenges to implementation at a district hospital level in Tanzania

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Background: Helping Babies Breathe (HBB) is an evidence-based protocol on neonatal resuscitation in resource-limited circumstances, which has been shown to reduce neonatal mortality when it is properly implemented. However, only one of seven hospitals studied was a district level hospital so further evaluation is needed to determine if there are enough resources to implement this protocol at rural district hospitals.

Methods: This study examines obstacles preventing implementation of HBB at Shirati Hospital, a resource-limited district hospital in the Mara region of Tanzania. Forty-eight first and second year nursing students attended the 2015 course, and provided feedback about whether they felt they could implement what they learned, and why. Nursing students were selected because they are often in charge of vaginal deliveries at Shirati Hospital. Their feedback provides a vital look into what may prevent implementation of this protocol.

Findings: Of the participants, 25% indicated that they did not have all of the resources to implement HBB at Shirati Hospital, with 14.5% of participants citing the lack of sufficient clean, dry cloths at deliveries. Furthermore, 12.5% of participants reported not having enough bag valve masks in various sizes and 6.25% reported the lack of a drying rack. Clean water and soap were also cited as insufficient.

Interpretation: HBB has been shown to decrease the number of neonatal fatalities following training. However, our results shows that the availability of trained staff might not be sufficient to implement the training in resource limited settings. This emphasizes that programs designed to improve healthcare delivery in resource limited areas should be adequately evaluated at the district level facilities in addition to referral and specialized hospitals. Training workshops in low resource hospitals can be very valuable, but only if the hospital staff has access to the necessary resources to implement the teaching. If these resources are unavailable locally, it may be appropriate to provide sustainable access to these resources when offering a teaching workshop. HBB has shown promising results in the reduction of neonatal mortality in low resource areas, which would justify additional preparation and funding necessary for effective implementation of this protocol.

Funding: None.

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Saving up for the future: HAART stock-outs as a contributor to treatment non-compliance among HIV-positive patients in Kumasi, Ghana

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Objectives: Shortages of highly active anti-retroviral therapy (HAART) have been reported as a significant barrier to HIV care in sub-Saharan Africa, but patient responses to medication stock-outs have not been fully described. The aim of this study was to examine the role of medication stock-outs in contributing to treatment non-compliance among a sample of HIV-positive patients already engaged in care at Komfo Anokye Teaching Hospital (KATH) in Kumasi, Ghana.

Methods: From June to August 2015, 57 patients participated in a one-time interview with a member of the research staff about both personal and structural barriers to treatment of HIV. Participants were recruited from the adult HIV clinic and antenatal clinics at KATH, and were included in the study if they were over 18 and currently on HAART. Medication records for each participant were reviewed and any medication changes documented for the past six months of treatment.

Findings: Nearly three-quarters of participants reported experiencing HAART stock-outs. Of those experiencing stock-outs, 43% reported drug defaults of greater than 2 days as a result of the stock-out, with an average length of default of 30 days. Of those who did not default during the stock-out period, 9% obtained HAART from a private pharmacy, 22% obtained drugs at another hospital and 52% reporting using medication they had saved up during the year or obtained from social contacts, what we refer to as "stockpiling." The frequency of changes to HAART regimens was also high: 84% of the sample reported at least one provider-initiated change to their treatment regimen in the past six months.