

Vietnam (n=42), were conducted to assess their willingness to conduct rapid HIV testing (RHT). The surveys and focus groups measured knowledge of HIV, attitudes towards HIV and HIV testing, and willingness to conduct RHT in dental settings.

Findings: Preference for oral (vs. rapid fingerprick and venipuncture) RHT varied (Australia: 51.1%, China: 39.8%, India: 10.9%, and Vietnam FG theme). Willingness to conduct RHT was: Australia: 65.2%, China: 91.2%, India: 79.9%, and Vietnam: 90%. The biggest barriers to RHT implementation included: lack of knowledge of how to administer the RHT (India: 58.1%, Vietnam FG theme), lack of education on RHTs (Australia: 44.8%, 42.6%: China), possibility of false positive tests (India: 45.9%), lack of medical referral information for those who test positive (India: 57.1%), and counseling patients on reactive/positive results (Australia: 35%, Vietnam FG theme).

Interpretation: The majority of respondents across the studies were willing to provide RHT. However, most would need additional training in HIV medicine, including administering tests, giving positive results, organizing linkage to care services, and other important logistical and patient-centered approaches.

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Opportunities to use and improve data measurement systems in Rwanda

C. Mugeni¹, J. Condo², E. Dushimimana¹, F. Ngabi¹, S. Musange², V. Ndabindwa², E. Gaju¹, F. Sayizonga¹, A. Binagwaho¹, A. Muhire¹; ¹Ministry of Health, Kigali, Rwanda, ²University of Rwanda, School of Public Health, Kigali, Rwanda

Context/Purpose: Complications from preterm birth are now the leading cause of death among children under five. Of the 15 million babies born prematurely each year, nearly 1 million die within their first 28 days of life. However, limitations in robust data and measurement suggest that these estimates may be imperfect.

Methods: To explore how Rwanda is positioned to explore prematurity from a data standpoint, we undertook a landscaping analysis of existing systems and opportunities for enhanced measurement and data use. We conducted stakeholder workshops with representatives from the Ministry of Health and other development partners. These workshops were conducted from February to September 2015.

Outcomes: Rwanda has several data sources that can be leveraged to improve measurement of preterm birth-related indicators. First, Rwanda's Health Management Information System (HMIS) migrated to a new web-based platform in January 2012. The new system is built on the District Health Information System open source software. Over 1000 data managers and M&E staff have been trained to use this system which is accessible through an internet connection. Second, the community health worker (CHW) infrastructure in Rwanda has enabled the use of RapidSMS, an innovative tool that tracks pregnant women, their newborns and children under two years of age. CHWs can send SMS information to a centralized computer which can monitor incoming information about risky cases in real time, and provide

a reminder when follow-up care is required. Third, while RapidSMS provides individual-patient level data, SISCOM provides monthly composite reports of community level contacts. By triangulating HMIS, RapidSMS and SISCOM data, we can assess the performance of maternal and preterm birth-related indicators on antenatal services, labor and delivery, obstetrical complications and postnatal care on a monthly basis including built-in alerts throughout the continuum of care.

Going Forward: A Maternal Child Health Multi-stakeholders Monitoring Framework has been implemented to improve interoperability of these data systems. This monitoring tool will help track and accelerate achievements of results through routine analysis, and allow us to act on bottlenecks and barriers to program implementation and ensure quality improvement.

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An ethnographic study on the dynamic role of family within diabetic communities in Beijing, China

E. Shen; Northwestern University, Evanston, IL, USA

Background: Diabetes is emerging as a global health problem in China. Management of diabetes extends beyond the individual. This project reveals the narratives of how one person's disease inevitably affects caretakers and family members of the patient. This study followed members of the Beijing Diabetics Association (BDA) to discover how individuals' knowledge about their diabetes distributed to and influenced family members. The aim of the project was to address the following: how do patients take charge of their health and inform their families of their conditions? How do family members in turn interpret and use this knowledge to support the patient?

Methods: The study was conducted in Beijing, China. Participant observation of BDA events was conducted in public spaces such as conference centers and auditoriums. Interviews and focus groups were conducted at participant homes or locations of the family's choosing. Participants were male and female adults with type II diabetes and were recruited from the member pool of the BDA. Six families participated in the study. All participants provided informed verbal consent prior to being included in the study. The study received IRB approval (IRB #STU00200635).

Findings: Patients took initiative to manage their diabetes for the purpose of being healthy to take care of generations above and below (children and parents). Patients who lived with the disease for many years were likely to influence family members to participate in healthier lifestyle choices. Often, couples or whole families all had diabetes, and participants were eager to share their experiences and information acquired from the BDA to their family members to encourage and educate knowledge about diabetes-management.

Interpretation: Multigenerational care is a crucial factor of support for reasons why patients want to take initiative to manage their own disease, as well as prevent disease from occurring to their family members. Traditionally, patients are only seen as those who receive care. However, patients with many years of experience with the disease acquire knowledge that is unique and valuable.