

us, compared with 60% in the intervention group [OR=2.05 (95% CI: 1.60, 2.62)]. In the intervention group, more children were transferred to CCR 52% vs 32% in the control [OR=1.7 (CI: 1.3–2.41)], 65% of the mothers in intervention group reached at CCR vs 57% of the mothers in the control group [OR=1.69 CI: 1.27–2.41] and returned to receive the PCR result of their child, 6.7% in the control vs 8.2% in intervention [OR=2.3 (CI: 1.36, 3.87)].

Conclusion The intervention had a greater impact on the number of visits to CPP, the transfer of mothers from CPP to CCR, and the reception of PCR results in CCR by the companion.

PO 8300 REGIONAL CENTER FOR REGULATORY EXCELLENCE IN CLINICAL TRIAL OVERSIGHT – TRAINING 2017

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Background The competencies of the various national medicines regulatory agencies (NMRAs) in Africa vary which leads to generally porous regulatory systems for clinical trial oversight. Consequently, many trials have been conducted under unacceptable conditions compromising participants' safety and data credibility and resulted in questionable outcomes that are used for making scientific judgement in addressing issues of public health in Africa.

To improve the safety and quality of health technologies in Africa, the New Partnership for African Development (NEPAD) agency launched a programme to designate Regional Centres of Regulatory Excellence (RCOREs) with the specific objective of bridging existing gaps between African NMRAs through strengthening regulatory capacity of African Union member states. The Food and Drugs Authority (FDA), Ghana, was designated as RCORE for Clinical Trials oversight in May 2014.

Methods To achieve the RCORE objectives, the FDA collaborated with the School of Public Health (SPH), University of Ghana to develop a training manual and piloted a training programme with funds from the International AIDS Vaccine Initiative (IAVI) through NEPAD.

The programme, consisting of 4 compulsory modules, was organised from 6–30 November 2017 for 10 participants from Zambia, Sierra Leone, Liberia, Rwanda and Ghana. Interactive training methods in the form of theoretical and practical sessions were employed.

Results The pilot RCORE training was successful with expected training objectives achieved. Participants gained hands-on experience through activities like observing Good Clinical Practice inspection and a Technical Advisory Committee Meeting. Participants were given template tools to assist in developing regulatory guidelines and forms in their respective countries.

A follow-up questionnaire was circulated to participants to assess the impact of the training on their work. Feedback indicates that regulation of clinical trials has improved in their respective institutions.

Conclusion This pilot fellowship training was successful, leading to the improvement of clinical trial regulation in the participating countries.

PO 8302 IMPACT OF TWO ANNUAL ROUNDS OF MASS DRUG ADMINISTRATION WITH DIHYDROARTEMISININ-PIPERAQUINE ON MALARIA TRANSMISSION IN A PROSPECTIVE COHORT STUDY

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Background Mass drug administration (MDA) may reduce malaria transmission in low-transmission areas and interrupt transmission. The impact of MDA with dihydroartemisinin-piperazine (DP) on malaria infection and clinical malaria was determined in a prospective cohort study in The Gambia.

Methods Single annual MDA rounds with DP were done in 2014 and 2015 in a prospective cohort among residents aged >6 months in twelve villages in The Gambia at the start of the transmission season in June. Monthly blood samples for microscopy and PCR were collected during the transmission season from July to December, post MDA and once before MDA during the dry season in April. The incidence of infection and clinical malaria post-MDA were compared to 2013 and mixed effects logistic regression models assessed the efficacy and risk of re-infection post MDA.

Results Coverage of 3 DP doses was 68.22% in 2014 and 65.60% in 2015. Compliance to 3 doses was high, 83.11% in 2014 and 85.93% in 2015. Incidence of infection in 2014 (2014: IR=0.23 PPY, 2013: IR=1.12 PPY, $p<0.01$) and clinical malaria in 2014 (2014: IR=0.08 PPY, 2013: IR=0.39: IRR=0.22, $p<0.01$) and 2015 (2015: IR=0.19, 2013: IR=0.38, IRR=0.50, $p<0.01$) was significantly lower after MDA compared to 2013. The incidence of clinical malaria remained higher in eastern Gambia compared to the western region. Subjects that took 3 DP doses had lower odds of infection in 2014 at 28 days (OR=0.61, 95% CI: 0.38–0.99) and 42 days (2014: OR=0.52, 95% CI: 0.29–0.89)

Conclusion A single annual MDA round with DP temporarily reduced malaria infection and clinical disease during the transmission season and subjects that took 3 doses had lower risk of infection. However, several MDA rounds covering the entire transmission season and some targeting the human reservoir during the dry season, are needed to achieve a more marked sustained reduction of transmission.

PO 8313 PREDICTORS OF HEALTH INSTITUTIONAL READINESS FOR EBOLA EPIDEMIC CONTAINMENT IN NIGERIA: A STRUCTURAL EQUATION MODELLING (SEM) APPROACH

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Background There is paucity of literature on organisational readiness in the health space. Previous studies focus on epidemic preparedness and often depict readiness as a minor element in the implementation space. This study investigated the predictors of health institutional readiness to implement innovations for combating an Ebola epidemic outbreak in Nigeria.