**PO 8569 INNOVATIVE DOMESTIC FINANCING FOR HEALTH RESEARCH & DEVELOPMENT IN THE EAST AFRICAN COMMUNITY**

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**Background** Access to domestic financial resources is a prerequisite for strengthening health research and development (R&D). Therefore, the East African Health Research Commission (EAHRC) commissioned a study to assess the financial needs of the East African Community (EAC) region and propose innovative domestic financing mechanisms for R and D in East Africa.

**Methods** This study used a four-pronged approach as follows: a desk review of secondary data, followed by a survey to collect quantitative data from health R&D organisations and relevant ministries, followed by key informant interviews and, finally, a validation workshop. The study used 2014–2015 as the baseline year.

**Results** Only 51 out of 160 organisations responded to the survey. Using triangulation of desk reviews, national budgets documents and reported organisational budgets, the annual investment in health R&D in the EAC is estimated at USD 301.71 million of which 86% is financed from external sources. The share of health R&D financing in the GDP and health budget stood at 0.21% and 1.27% respectively, while the share of domestic financing of health R&D to GDP was as low as 0.03%.

The innovative domestic financing options suggested included: allocation of 10% of the USD 560 million of the sin-taxes collected; taxing 1% of the estimated USD 3 billion from inward remittances; fundraising for at least 2.5% of the USD 18.67 private sector investment in corporate social responsibility; issuing social impact bonds and the EAC Health Research Fund with an estimated annual performance of USD 20 million.

**Conclusion** In order to sustain health R&D investments in EAC, the EAHRC proposes to develop a 10 year domestic financing roadmap using a strategic mix of tax- and non-tax-based innovations.

**PO 8572 CAUSES OF HOSPITALISATION AND MORTALITY IN CHILDREN UNDER 5 YEARS OLD, NATIONAL HOSPITAL OF GUINEA-BISSAU, 2015–2017**

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**Background** Studying the causes of hospitalisation is useful to understand the profile of illness and identify the most effective interventions. Guinea-Bissau was projected to reduce the under-5 mortality rate from 200 to 80/1000 live births (2005–2015); and the causes of the deaths were attributed: neonatal, pneumonia, malaria and diarrhoea. In 2014 the mortality rate was 55/1000 live births in Guinea-Bissau, and malaria, diarrhoea and respiratory infection were the main causes of illness. The present study aims to describe the main causes of hospitalisation and death in children under 5 years in the paediatric clinic of the ‘Simão Mendes’ National Hospital.

**Method** Descriptive and retrospective study, with search of data from health care records. STATA and Microsoft Excel programmes were used for data analysis and cleaning. Cases defined as: children under 5 years of age, diagnosed from 2015 to 2017.

**Results** In 17,250 cases of hospitalisation, the overall lethality rate for 2015–2017 was calculated at 7.5%. There was an increase in the lethality rate (10.8%) in 2017. Among the main causes of hospitalisation were gastrointestinal infection (26.9%), malaria (23%), respiratory infection (17.6%) and septicaemia (16.1%). Septicaemia is the disease with the highest lethality rate during these three years (18%), the case fatality rate due to gastrointestinal infection in 2017 (7.7%) was...