community health workers with accessing care through referrals and transport provision.

Conclusion Accessing care for LBW infants in this community is a challenge. This will have a negative impact on the post-discharge outcomes of these vulnerable infants. There is an urgent need to develop strategies to address these barriers starting with the empowerment of women and their communities to accept and prioritise the care and survival of these infants in a context where their survival is often poor.

G446(P) A SYSTEMATIC REVIEW EVALUATING THE METHODOLOGICAL QUALITY OF INFANT FORMULA TRIALS

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Background Infant formula trials are carried out to assess safety and efficacy of infant formula, however an assessment of the risk of bias within these trials is lacking. Furthermore, it is currently unclear whether in these trials breastmilk feeding is appropriately supported.

Aims To assess the risk of bias in infant formula trials and establish whether it varies according to the human development index (HDI). The risk of undermining breastmilk feeding within the trial in relation to the human development index will also be examined.

Methods This systematic review carried out an investigation into controlled trials published from 1/1/16 to 17/2/19, using the Cochrane Risk of Bias 2.0 tool, as well as analysing the risk of undermining breastmilk feeding using signalling questions derived from a previous Delphi consensus. Included trials had a population under 3 years old, where one infant formula was compared against another infant formula with modified ingredients.

Results This study considered 44 main trial publications, where 61% had a high overall risk of bias. In individual domains, highest risk of bias was identified in deviation from intended intervention (36%) and selective outcome reporting (18%). There was no significant association between HDI and risk of bias in any domain ($p > 0.05$). A high risk of undermining lactation tended to be present in lower HDI countries (OR 0.29, 95% CI 0.80 to 1.08, $p = 0.06$). 70% of the trials overall and 63% of those with high risk of undermining lactation were funded by BMS industry.

Conclusion These findings suggest a possible relationship between risk of undermining lactation and HDI, which needs to be explored further. No relationship between risk of bias and HDI was found. Further breastfeeding protection and promotion worldwide is needed.

G447(P) IAP IMMUNIZE INDIA: SMS TEXT BASED VACCINATION REMINDER SERVICE PROGRAM – AN INNOVATION

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Objectives To Improve vaccine uptake and compliance in Childhood vaccine program by sending text alerts on phone.

Methods A soft ware program was created with a national sort code. Any person in India can register their child by sending an SMS with the child's name and date of birth to 566778 from their mobile phone. For example: 'Immunize >name<date of birth'. The same phone will then receive vaccination reminders for 12 years, whenever the child is due for a shot. Three reminders, two before the due date in that week and one after the due date. It is across all mobile networks anywhere in India. It is free of cost to the client.

Immunize India Charities then partnered with Indian Academy of Pediatrics (IAP) to endorse the program. Indian academy of Pediatrics professional organization, with over 30000 members. IAP is the disseminator and motivator. Immunize India Charities are continuing to do the back end work of the program. There is an option of joining the program for children who are already into their vaccination schedule. There is an option for a family to opt out of the program.

Results Pilot program tested before the launch. Impact value is 11% increase in uptake. The program currently has more than 1.7 million registrations.

Conclusions Very effective. Can be done in any language or multiple languages.

Utilizes the most popular cell phone and text modality.

Software based program and hence limited human resource required to implement. Soft ware is very strong. All messages are automatically generated and proof of sending the message can be had.

Can be scaled up with ease. Now the program also has an app.

The program was sought by University of Kentucky, USA. Implemented it as a pilot program in the city of Kentucky. Immunize India translated it into Spanish. The impact of the program showed improvement in the compliance and uptake of immunization. 18% increase in compliance in the 6 month cohort in the subgroup of under privileged part of the society.

Immunize India is ready to offer the program to any interested government or non profit organization, provide guidance to implement.

G448(P) QUALITY OF CARE DATA COLLECTION IN SIERRA LEONE – IMPORTANCE OF NARRATIVE AND CONTEXT

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Background Emergency Triage, Assessment and Treatment plus (ETAT+) was adapted as a quality improvement intervention and rolled out to regional and district hospitals in Sierra Leone in 2017 and 2018. UK mentors partnering with ETAT +trained Sierra Leonean nurse-mentors were placed in participating facilities for 6 months to provide a 3-month teaching programme with 3 months' follow-up clinical support. Data were collected on Quality of Care (QOC) including management of severe respiratory distress (SRD) and prescription of key medications and blood transfusions, selected as core aspects of ETAT+. Aggregate data showed improvements in QOC over the two intervention periods. ETAT+ is now part of Sierra Leone's national health strengthening strategy. In 2019, a 3-year ETAT+ programme was initiated in all government hospitals.