

Health Service Delivery and State Legitimacy in Nepal's Madhesh: A Study of Health Governance and Identity-Based Conflict in a Fragile State

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Background: Improving the delivery of state services is fundamental to achieving state legitimacy in fragile and post-conflict states. This research investigated how Madhesis, an oppressed ethnic minority in Nepal experience state health care services, which is delivered largely by the ethnic majority, Pahadis. The study analyzed the relationship between the recipients' perceptions about these services and their views on the state's legitimacy within the health service domain.

Methods: This qualitative study was conducted among Madhesis who live in the Parsa district of southern Nepal. Multiple methods were employed for the investigation: an extensive literature review, a focus group with 11 Madhesi recipients of government services in the Pipra Ward of the district, and 25 semi-structured interviews with Madhesi patients and Pahadi frontline healthcare practitioners in the Narayani sub-zonal hospital, a state-run health facility in the district.

Findings: A majority of Madhesis held favorable views about health services received and the health service providers who are mostly Pahadis. Madhesis did not question the state's legitimacy within the healthcare domain either, and, in fact, praised the government's sense of obligation to provide free and equitable health services. The skepticism and discontentment actually arose from healthcare providers who found Madhesi patients to be ill-behaved and distrustful of their medical decisions. Health workers at times felt their authority challenged by the Madhesi patients and their family members.

Interpretation: The discrepancies in perspectives about the relationship between the ethnic majority and the minority could be explained by their frame of reference. While the health care workers mostly viewed their clients in terms of ethnicity, the clients viewed the workers in a professional light where the health care provider-patient relationship overshadowed ethnic divisions. The positive evaluation by Madhesis of the state's legitimacy could be attributable to the spillover effect of their approval of the health care workers who are the extensions of the state.

This study provides opportunities for Nepali health policy makers to understand the perspectives of health services recipients in Madhesh, develop new policies that could address challenges faced by the ethnic minorities, and also expand on success areas to strengthen state legitimacy.

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Attacks on Hospitals and Healthcare Workers in Syria: A Cry for International Health Neutrality

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Background: Given the current humanitarian crisis in Syria where unprotected civilian patients, healthcare workers, and hospitals are under attack, we sought to quantify the number of healthcare worker fatalities and hospital attacks since the inception of the war in Syria, and examine existing humanitarian laws describing the right to international health neutrality. For many decades, the authors have provided global healthcare professionals with education and training in sudden onset disasters, complex humanitarian emergencies, and conflicts worldwide.

Methods: Medline/PubMed and law periodical search for documents pertaining to international humanitarian laws specific to international health neutrality. Additionally, the UN Commission of Inquiry on Syria, Physicians for Human Rights, ICRC, and WHO reports on attacks of healthcare workers were reviewed for documentation of fatalities and attacks on hospitals and medical facilities in Syria since the inception of the war.

Findings: As of June 2016, 757 healthcare personnel have been killed and 382 attacks have occurred on 269 separate medical facilities across Syria- 122 hospitals have been struck multiple times. Healthcare providers, both civilian and military, have inherent protections provided under international humanitarian law (IHL), including the Geneva Conventions of 1949, as well as the principles and rules of IHL applicable to the conduct of hostilities, including the targeting of hospitals and medical facilities. These international laws are also clearly referenced in the Hague Statement on Respect for Humanitarian Principles (1991), UN Security Council Resolution 2286 on attacks against medical workers (2016) and military manuals of many States. In addition, the Russian Federation's Military Manual (1990) states that attacks against medical personnel constitute a prohibited method of warfare.

Interpretation: We join healthcare professionals worldwide in condemning attacks on hospital and healthcare workers in Syria and other nations in conflict. We further advocate for the following remedies: 1) Establishment of healthcare safe zones in conflict regions to ensure the integrity of medical centers. 2) Allow safe and unfettered passage of medical supplies and equipment. 3) Cessation of all attacks on patients and hospital medical staff. 4) Recognition by all parties of the neutrality of healthcare workers and their rights to care for any sick and injured patient, regardless of their nationality, race, religion, or political point of view.

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Bidirectional Exchange of Health Professionals' Students; Ensuring Equity between Partners

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Program/Project Purpose: Partnership in health professionals' education have been put at the forefront of improving the quality