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.

Abstract #: 1.003_GOV

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.

Abstract #: 1.004_GOV

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

and quantity of human resource for health. Medical schools are increasing, offering international elective opportunities for their students to enable them understand the concept of global health. This is by experiencing a medical system and culture different from their own. Currently, almost all medical schools have some avenues for medical students to pursue global health interests or activities. Makerere University College of Health Sciences is a partner with several institutions through which students and residents from across borders undertake their placement. However, only 8% of MakCHS students get opportunity to undertake global health placements.

Aim: The goal of this study was to investigate means of fostering quality exchange in Global health opportunities for MakCHS.

Structure/Method/Design: We conducted a review of available reports, memoranda of understanding in all clinical Departments at MakCHS in search of beneficiaries of international exchanges and innovative ways of facilitating global health placements international partners A tool was used to classify the institutions based on their efforts towards equitable exchange between high income institutions and MakCHS as an institution in low incoming country.

Outcome & Evaluation: MakCHS has several international partnerships with clearly documented objective of fostering exchange of students. Only 5 (31.3.%) institutions had mutually beneficial exchange programme that allow equal exchange of students between institutions, 2 (12.5%) financially support MakCHS students' placements abroad in other institutions other than theirs, 4 (25%) support MakCHS students' placements abroad through financial grants, free homestays and 5 (31.2%) institutions bring residents to MakCHS but do not support residents' global health programs abroad for MakCHS.

Going Forward: Equity international exchange can be achieved through the framework of international partnerships by applying for joint grants, free home stays by Faculty and friends of host institutions.

Abstract #: *1.005_GOV*

Soil Transmitted Helminth Infection and Facors Affecting Preventive Chemotherapy for School-Age Children in Capiz and Iloilo Provinces Post-Typhoon Haiyan

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Background: In the Philippines, Soil-transmitted helminths (STH) are controlled through mass drug administration (MDA) of preventive chemotherapy to school-age children (SAC). In 2013, the Philippines was devastated by the strongest cyclone ever recorded, Typhoon Haiyan. This study focused on three crucial issues regarding 1) the post-typhoon state of the MDA program in Capiz and Iloilo (Region VI), 2) change in post-typhoon STH infection and MDA program coverage of SAC in Region VI, and 3) MDA program factors that should be targeted to lead to program evaluation and improvement.

Methods: A retrospective review of MDA coverage (children dewormed/ children enrolled in school) delivered to SAC in Region VI was completed through data routinely collected by the Department of Education (DepEd). Review of STH infection of SAC was completed through sentinal survey data routinely collected by the Department of Health (DOH). The state of the MDA program and factors affecting MDA was evaluated through Key Informant Interviews (KIIs). The study was conducted in the municipalities of Panay and Pilar in Capiz and the municipalities of Estancia and Sara in Iloilo. These municipalities reported high devastation by the category-5 typhoon.

Findings: There were 16 total KIIs including the Department of Health (n=1), DepEd (n=6), and the local government units (n=9). All 16 key informants indicated that the typhoon had no effect on the MDA program or on the resources necessary to complete the program. In comparing MDA coverage and STH infection before and after Typhoon Haiyan: from Jul. 2013 to Jan. 2014, there was no significant difference in MDA coverage percentage, as overall Region VI coverage increased from 87% to 90%; STH infection rates in Capiz decreased from 56.6% in 2011 to 24.4% in 2015.

Interpretation: The MDA program in Region VI was not negatively affected by Typhoon Haiyan. MDA coverage as an outcome variable indicates that 90% of SAC currently receive MDA treatment. STH infection in Capiz decreased since Haiyan. Despite Haiyan's mass destruction of infrastructure and livelihood leading to incredible challenges, mobilization of the community in Region VI allowed for the continuation and successful implementation of the MDA program.

Abstract #: *1.006_GOV*

Connecting Global Health & International Education: Best Practices, Enabling Systems, Health, Safety, & Pedagogy

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Program/Project Purpose: International Education is a field of academic practice and expertise that has been maturing for many decades. Multiple health, safety, security best practices that are applicable for global health experiential learning domestically and internationally originate within the field of international education. In addition, well-developed pedagogies, such as service-learning, reflection, civic learning, and more have roots in the international education field. The aim of this session is to bring the pedagogies, policies, practices, and resources that have roots in international education to the visibility of the global health education community of practice. These topics include marketing best practices, fair trade learning, standards of good practice, service-learning, reflection, response to sexual violence while abroad, accomodation of students with disabilities, and much more.

Structure/Method/Design: International education including constructs such as risk management, enabling systems, financial