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GOVERNANCE AND POLITICAL DECISION MAKING

Involvement of Men in Childcare: National Policy Efforts of Croatia, India, and Mexico

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Background: Since ratification of the International Conference of Population and Development (ICPD) Programme of Action, the importance of promoting men's participation in childcare has been recognized globally as an important approach for achieving gender equality in all spheres of life. This research documents the national policy efforts that have been implemented in Croatia, India, and Mexico to increase men's participation in childcare during the ICPD Programme of Action timeframe: 1995-2014.

Methods: We analyzed 33 policies from these three countries, which were chosen given their diverse policies on paternal childcare. The selected policies were evaluated according to whether they included statements of intent and/or action related to promoting men's involvement in childcare.

Findings: Results suggest that in Croatia, India, and Mexico, policy efforts significantly focused on three axes: child wellbeing, work-family conflict, and gender equality. While paternal involvement was referenced in the majority of policy documents (27 of 33), over half of the policy documents from Croatia (9 of 11 policies) had the potential to affect men's involvement in childcare. Most policy documents from Mexico (9 of 13) and India (7 of 9) included only a statement of intent or had no reference to paternal involvement and, thus, had little potential to affect men's participation in childcare.

Interpretation: Results suggest that concrete policies that focus both on intent and action will have to be developed and implemented in India and Mexico as one set of mechanisms to increase men's involvement in childcare in these countries. In addition, results of this research set the stage for future assessment of the effectiveness of national policy efforts in Croatia, India, and Mexico in increasing the level of men's involvement in childcare.

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Abstract #: 2.001_GOV

International Research Funded by the US National Institutes of Health (NIH): A Bibliometric Analysis of Publications with NIH Funding and Non-US Authors – 2014

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Background: Background: NIH is the largest funder of biomedical research worldwide. We characterized NIH's international collaboration by analyzing publications in 2014 that were funded by NIH and included at least one non-U.S. author.

Methods: Methods: The Web of Science (Thompson Reuters – New York, NY) database was searched for publications in 2014 that listed NIH funding. Further analysis identified publications with at least one author with a non-U.S. affiliation.

Findings: Results: Out of a total of 84,478 papers with NIH funding, 27,850 (33%) had at least one non-U.S. author. The top three journals most published in were *PLoS One* (1,645), *Proc Natl Acad Sci* (597), and *J Biol Chem* (417). The top journal subject categories, which are based on the journal in which the article appears and which may have more than one category per article, were biochemistry & molecular biology (3,316), multidisciplinary sciences (3,082), and cell biology (2,450). Excluding the USA, China was the country most represented (4,795 publications), followed by the United Kingdom (4,409), Canada (3,449), Germany (3,098), Australia (2,166), and France (1,948). The most represented middle-income countries after China were Brazil (838), India (649), South Africa (528), Mexico (372), and Thailand (324); and low-income countries were Uganda (191), Tanzania (109), and Malawi (71), Zimbabwe (42), and Nepal (32).

Interpretation: Conclusions: One-third of scientific papers published in 2014 with NIH funding included at least one non-U.S. co-author. Authors published in high-impact journals in a variety of subject areas which included basic sciences and specific health disciplines. With the exception of China, higher-income countries had more publications with NIH funding than lower-income countries. This analysis does not include publications where NIH funding may have been present, but was not acknowledged, where non-U.S. authors did not list a foreign affiliation, or where NIH-funded international research did not include a non-U.S. co-author. Future analyses will examine temporal trends as well as subject categories by country income classification. Bibliometric analysis provides insight into the international scope of NIH-funded research and, together with other forms of evaluation, help assess NIH's collaborations and global impact.

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Abstract #: 2.002_GOV

Translating Political Commitment to Action: WHO, AMR, and the One Health Approach

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Program/Project Purpose: Antimicrobial resistance (AMR) is an urgent global concern, extending beyond the human and animal health sector. Rendering previously treatable conditions fatal, AMR has the potential to severely hinder attainment of Sustainable Development Goals (SDGs) adopted by the 70th UN General Assembly. If action is not taken, an estimated 10 million people will die annually due to AMR in 2050. The World Health Organization (WHO) was established in 1948 to ensure the highest possible level of physical,

mental, and social health by all peoples. At the request of the World Health Assembly, the WHO, with the World Organization for Animal Health (OIE) and the Food and Agriculture Organization (FAO) (tripartite), developed a Global Action Plan (GAP) adopted in 2015 to ensure successful treatment and prevention of infectious diseases with effective, safe, and quality medicines accessible to all. Cases of AMR, guidelines established by the tripartite, and actions taken by the international community were investigated to assess the progress made in preventing the progression of AMR.

Structure/Method/Design: Efforts to combat AMR through garnering collective action across countries and sectors were supported in high-level meetings at the UN, preparation of reports, and analysis on publicly available materials on AMR.

Outcome & Evaluation: Due to factors such as the misuse and disposal of antibiotics for human illnesses, use of antibiotics in livestock as growth promoters and medicine to prevent illness, and poor hygiene practices in medical facilities, drugs against malaria and tuberculosis, among others, are becoming increasingly ineffective. Addressing AMR is crucial not only in the realization of SDG 3 on health and well-being, but all SDGs, particularly those concerning maternal and child health, universal health coverage, poverty, and food security. The WHO and other institutions have published detailed guidelines on how states, communities, and individuals can prevent the spread of AMR using a One Health multisectoral approach. Following adoption of the GAP in 2015, member states have been urged to have in place national action plans on AMR by 2017.

Going Forward: With continued efforts to improve health infrastructure, policies, and cooperation in the international community, the fundamental human right of health and well-being can be better realized by populations across the globe.

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Abstract #: 2.003_GOV

Collective Action among Non-Governmental Organizations Working in Maternal and Child Health in Haiti

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Background: Non-governmental organizations (NGOs) provide much needed social services to the people of Haiti, where abject poverty and inadequate infrastructure means the government relies heavily on NGOs to provide such services. Haiti has the second highest number of NGOs per capita in the world, second only to India. Despite the high number of NGOs, Haiti still experiences dismal health outcomes. Global public goods (such as health) are best provided when people and entities work together. It is therefore important to study collective action/cooperation among NGOs in order to gain a deeper understanding of the barriers to collective action/cooperation and how these barriers might be addressed.

Methods: This research involved interviewing a total of 18 managers or executives of NGOs working in maternal and child health in Haiti. The interview protocol consisted of 24 semi-structured questions. Results were analyzed using thematic analysis.

Findings: Four broad themes emerged:

1) Cooperation is beneficial

2) Cooperation is difficult

3) There is a need to cooperate in Haiti

4) There are consequences to not cooperating

All participants agreed that there was a strong need to cooperate in Haiti, but the majority felt that cooperation was not occurring due to resource constraints, competition/egos, and infrastructural issues. The majority of participants felt that cooperation should be required by donor agencies or by the Haitian government. Consequences to not cooperating included fragmentation, incomplete information, resource misallocation and inefficiencies and duplication of services. One broad, potentially transformative collective action network emerged that could have positive impacts on maternal and child health throughout Haiti.

Interpretation: Broader implications of this research point to the need to design effective incentives to entice organizations to work together. Donors perhaps need to require collective action as a funding contingency. The need for collective action in global health is only becoming more urgent, and this research helps to outline some of the problems inherent in collective action among NGOs, as well as sheds light on policy considerations that should be addressed.

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Abstract #: 2.004_GOV

An Approach to Partnership Assessment for Global Health in Resource-limited Settings

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Program/Project Purpose: Designing global health programs and determining the appropriate partners to engage can be difficult. Program/project implementers often have limited time, funding and human resources to implement their project, making it necessary and convenient to partner with local, in-country or external partners to leverage resources.

While partnerships can be mutually beneficial, if not properly assessed they can cause financial, reputational or legal risks that could be detrimental to the implementation of a project/program. To mitigate these risks, a U.S. Academic Medical Center (USAMC) designed a partnership assessment tool to evaluate potential partnership strengths and weaknesses.

Structure/Method/Design: To determine partnership feasibility, areas of assessment include: organizational alignment, existing partner program capacity and needs, USAMC resources and capabilities, and logistical complexity for implementation. Partners self-select by reaching out to the USAMC and via USAMC's existing in-country programs. USAMC staff with necessary expertise and experience conduct the partnership assessment.

Partnership assessments are carried out via desktop review of the potential partner and meetings with potential partners both in the U.S. and in-country. To collaboratively test program feasibility, USAMC faculty, trainees and staff also work shoulder-to-shoulder with the potential partner team to determine gaps and opportunities.