

GOVERNANCE

“Elite child athletes are our future” - cardiac adaptation to monofin training in prepubertal Egyptian athletes

Magdy Abouzeid, Nancy Abouzeid, Afaf Salem; College of Sport Education, University of Alexandria, Egypt

Background: The elite child athletes are one who has superior athletic talent. Monofin (a single surface swim fin) swimming already proved to be the most efficient method of swimming for human being. This is a novel descriptive study examining myocardial function indices in prepubertal monofin children. The aim of the present study was to determine the influence of long-term monofin training (LTMT), 36 weeks, 6 times per week, 90 min per unit on Myocardial function adaptation in elite child monofin athletes.

Methods: 14 elite monofin children aged 11.95 years (± 1.09 yr) took part for (LTMT). All subjects underwent two-dimension, M-mode, and Doppler echocardiography before and after training to evaluate cardiac dimensions and function; septal and posterior wall thickness. Statistical methods of SPSS, means \pm SD and paired t test, % of improvement were used.

Findings: There was significant difference ($p < 0.01$) and % improvement for all echocardiography parameter after (LTMT). Inter ventricular septal thickness in diastole and in systole increased by 27.9 % and 42.75 %. Left ventricular end systolic dimension and diastole increased by 16.81 % and 42.7 % respectively. Posterior wall thickness in systole very highly increased by 283.3 % and in diastole increased by 51.78 %. Left ventricular mass in diastole and in systole increased by 44.8 % and 40.1 % respectively. Stroke volume (SV) and resting heart rate (HR) significant changed (sv) 25 %, (HR) 14.7 %.

Interpretation: the unique swim fin tool and create propulsion and overcome resistance. Further researches are needed to determine the effects of monofin training on right ventricular in child athletes.

Abstract #: 1.001_GOV

How immigrant women living in Ontario experience culturally competent care during pregnancy

E. Amoako¹, L. Kapiriri²; ¹University of Toronto, Ontario, Canada, ²McMaster University, Ontario, Canada

Background: The experience of poorer birth outcomes for many immigrant women living in Canada can only be enhanced when “effective prenatal care integrates the best available information into a shared model of decision making” (Kirkham et al 2005 pg 1307) between the pregnant woman and the health care worker, and this can only begin at the point during the delivery of services, when cultural competent care is being provided.

Methods: A qualitative ethnographic study with eight in depth one on one interviews with immigrant women, sampled from a church and a prenatal program from Unison Community Health Centre in Toronto, Ontario. The women had more than one child, but

no more than four children, and were between the ages of 30-50 years old, and lived in Canada between 2 to 37 years.

Findings: The participants within this study acknowledged the presence of prenatal care and services being provided by the health care system, though the majority did not attend prenatal classes. The immigrant women from this study discussed a need for larger social support networks during and after pregnancy, and health care professionals that took the initiative to understand their cultural needs and wants on an individualistic level. The participants highly preferred midwifery as a form of prenatal care, and they did not rely much on what was culturally appropriate and competent care, but rather relied on their personal cultural networks.

Interpretation: The research concluded that different measures of care were needed other than the prenatal care/services that are provided through Ontario. Four final recommendations were made according to the findings to provide a platform for future progression towards the enhancement of prenatal care and services so that it reflects the needs of the immigrant women population.

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Abstract #: 1.002_GOV

Political accountability and public service provision in Africa: evidence from Ghana

J. Asunka¹, P. Afulani²; ¹University of California, Los Angeles, CA, USA, ²University of California, San Francisco, CA, USA

Background: The quantity and quality of public services, notably basic health services, vary substantially within and across countries in Africa. Why are some governments much better at providing public services to citizens than others? We investigate the political sources of weak public services in Africa using Ghana as a case study. We argue that partisan attachment of voters plays a key role.

Methods: We use a unique dataset from a UNICEF project in 2014 on public service provision by local governments in Ghana. Under this project, all the 216 local governments in the country are scored, using objective performance indicators in health, education, water, governance, and security services. We combine data from this project and electoral data for each district to investigate the impact of political accountability—measured by the distribution of voter attachment to political parties—on supply of and demand for basic services. Supply is measured by rural water coverage and a composite score of public services supply called the District League Table (DLT) score. Demand is measured by percent of women delivering with a skilled birth attendant—the most critical intervention to reduce maternal mortality. We use simple linear regression analysis.

Findings: We find that supply and demand of public services is much lower in districts where voters are strongly attached to political parties. Controlling for other factors, strongly partisan districts score about 10 percentage points lower in rural water coverage and the DLT score than weakly partisan districts; deliveries by skilled

attendants is also about 10 percentage points lower in strongly partisan districts.

Interpretation: Strong voter attachment to political parties undermines the quality of democratic elections as a mechanism for enhancing electoral accountability. Where voters evince strong attachment to political parties, elections fail to discipline poor performance of public officials. Because strong partisan attachment is associated with weak supply and poor quality of public services, demand for essential services is also lower in these places. Initiatives that create public awareness about governments' performance on public services provision could pressure poor performers to improve. It could also spur collective action efforts to demand better services from government.

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Anticipatory governance of technological innovation in global health as seen in Canadian newspapers

Shyrose Aujla¹, Gregor Wolbring²; ¹Bachelor of Health Sciences, Cumming School of Medicine, Health and Society, University of Calgary, Calgary, Canada, ²Department of Community Health Sciences, Specialization in Community Rehabilitation and Disability Studies, University of Calgary, Calgary, Canada

Purpose: Newspapers are a source of knowledge for the public (1), as diffusion of knowledge through printed media is essential to the fabric of society, enabling social participation (2), and sustaining political freedom. The discussion in media may pertain to new and emerging scientific or technological development in the field of global health. Anticipatory governance strives to discuss foresight into the emergence of a given technological product in order to facilitate capacity for the society in which it is introduced(3); as such, we posit it as important for technological innovation within global health to be mentioned in a way that the reader is equipped to participate in anticipatory governance. The objective of the study was to find and analyze discourse regarding anticipatory governance of technological innovation within global health in Canadian newspapers, to compare this discourse to that which is found in existing literature on the topic, and to understand the consequences of such coverage for society.

Methods: We downloaded every article (1970–2015) from The Globe and Mail and National Post, and the Calgary Herald, and keyword searched the phrase “global health” in the text (n=1135 articles). We coded for “innovation” (n=70 articles) “technology” (n=346 articles) and “governance” (n=43 articles). Each article was read within context to decipher the nature of discourse, and co-accordance of certain terms to terms identified in existing literature on the topic were noted and analyzed.

Results: There was an evident discrepancy between the terms mentioned within existing literature on global health innovation, and the discourse presented in the media sources studied. The concepts of global health, technology, and innovation often occupied a financial context, with little regard to the social context associated. Identified issues associated with global health innovation received little visibility within the media. Non-state actors involved in global health governance(4) very rarely showed up in co-occurrence with “innovation” or “governance.”

Outcomes: We posit that the lack of discourse around anticipatory governance in global health and technological innovation is due to the excessive prevalence of a financial context, the lack of consideration given to the social aspect of innovation, and the narrowness of information leading to an absence of insight into different social contexts present in the global community.

Going Forward: Our findings show that a reader of the Canadian newspapers studied would not be equipped to participate in the anticipatory governance of technological innovation in the field of global health.

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Abstract #: 1.004_GOV

What explains the distribution of community-based health organizations in Malawi? an analysis of 15-year trends

S. Burrowes¹, X. Mai¹, S. Sarkizzadeh¹, A. Harawa², K. Greenberg³, J. Willard³; ¹Touro University California, Vallejo, CA, USA, ²Invest in Knowledge Initiative, Zomba, Malawi, ³AidData, William and Mary University, VA, USA

Background: In many sub-Saharan African countries, non-governmental and community-based organizations (NGOs and CBOs) deliver a significant proportion of health services. Yet, despite their importance, we know little about the dynamics of CBO formation or the determinants of their geographic distribution. To address this gap, we examine the changing geographic distribution of health-related CBOs in Malawi over a 15-year period. Our research questions are: (1) Where are health CBOs concentrated in Malawi? (2) How stable are they over time? (3) What socio-economic factors are associated with their formation and persistence?

Method: We recorded, categorized, and mapped 5,176 organization-locations using information collected through in-country reviews of Ministry records; web searches of district reports and NGO repositories; reviews of National AIDS Commission reports; and the compilation of data from previous mapping exercises. CBO information was then merged with district-level data on need, aid flows, social capital, and voting behavior. Data are analyzed graphically to determine trends. Negative binomial models are used to estimate factors associated with district-level CBO activity.

Results: There are 3,004 unique organizations in our dataset, of which 2,442 are CBOs or faith-based organizations. Almost all CBOs (89%) are primarily involved in HIV/AIDS activity although the exact nature of this work is difficult to discern. Only a small minority (8.33%) are involved in direct service provision, fewer