

is thus necessary to establish favorable treatment regimens for MDRTB patients with hypertension to improve patient outcomes.

**Funding:** None.

**Abstract #:** 1.007\_GOV

### Perceptions of political actors on sex-selective abortion in Northwestern India

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**Background:** Sex-selective abortion (SSA) describes the abortion of an undesired female fetus (solely because she is a girl). Demographic studies on SSA demonstrate that a combination of three factors – high son preference, access to sex-selection technology, and low fertility rates – catalyze skewed sex ratios. Although SSA has been illegal in India since 1994 with the passing of the Pre-Natal Diagnostic Testing (PNDT) Act, as of 2011 there were only 875 girls to 1000 boys in Northwestern India. Even though the United Nations highlights the need to engage with public authorities to curb SSA, thus far studies have not analyzed the opinion of political actors on SSA. Thus, this study aims to understand perspectives of political actors in Northwestern India on SSA policies.

**Methods:** I conducted lengthy unstructured interviews. Political actors were from Northwestern India (Gujarat, Maharashtra, New Delhi, and Rajasthan). Sixteen political actors were recruited – eight were experts on SSA, while the other eight were not specialists in the field (non-specialists). Using Critical Discourse Analysis and a Readiness (demand) and Able (supply) framework, my study analyzes how political actors discuss policies aimed at curbing the demand or supply of SSA. Participants provided verbal consent and ethics approval was received from the University of Cambridge.

**Findings:** (1) While Census data demonstrates that sex ratios are most skewed in urban, wealthy, and educated populations, non-specialists incorrectly believed the practice occurred primarily in rural, poor, and uneducated populations. (2) Non-specialist political actors do not perceive the PNDT Act as valuable for lowering SSA; they believe SSA must be curbed through cultural change, not legal measures.

**Interpretation:** There is a lack of knowledge amongst non-specialists may lead to policy mismatches (e.g. conditional cash transfers). Additionally, there are debates on the role of the law, demonstrating the potential decreased political will towards legal solutions for SSA. Future studies will include 100 standardized surveys of non-specialist political actors to gain insight on their level of knowledge as well as opinions on SSA policies.

**Funding:** The Gates-Cambridge Trust funded my graduate studies.

**Abstract #:** 1.008\_GOV

### Morbidity pattern in individuals seeking treatment in primary medical care units in the division of the ampara regional director of health services, Sri Lanka and related costs

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**Background:** Sri Lankan government provides free health care. Ampara is one of the four health districts in the Eastern province of Sri Lanka. Morbidity pattern and associated cost of individuals attending Primary Medical Care Units (PMCU) in Sri Lanka is scarce. Therefore, we conducted this study to describe the pattern of presenting symptoms and cost incurred by the government and the individual (out-of-pocket expenditure) attending PMCU in the Ampara Regional Director of Health Services (RDHS) division.

**Methods:** The study was a descriptive cross sectional study. Of the fifteen PMCU situated in the Ampara RDHS division, eight daily functioning PMCU run by a qualified Medical Officer were randomly selected. All individuals attending them on a selected day in a week were included to the study. An interviewer administered structured questionnaire was used. Data was analysed using SPSS statistical software.

**Findings:** A total of 516 individuals were included in the study. The mean age was 34.8 years (SD=22.2 years). Respiratory symptoms were the commonest (28%), while 19% had musculoskeletal and 13% digestive symptoms. The pattern of presenting symptoms among children was different from adults. The mean cost incurred by the government was Rs.136.89 (1USD=40 SLR) per visit. Out of this cost 18% were for medicines and 82% for salaries of health care personnel. Antibiotics accounted for 45% of the total medicine cost incurred by the government and 44% were issued antibiotics. Issuing of antibiotics to children was statistically significantly higher than in adults ( $p < 0.05$ ). The mean cost incurred by the government for children (Age  $\leq 12$  years) was statistically significantly higher ( $p < 0.05$ ) than for adults. The mean out-of-pocket expenditure per visit was Rs.175.40. The main component of this consisted of loss of income (61%). The mean out-of-pocket expenditure (Rs.175.40) was statistically significantly higher than the mean cost incurred by the government (Rs.139.89) and the mean total cost for a PMCU visit was Rs.312.29.

**Interpretation:** As forty three million visits are recorded annually for PMCU care in Sri Lanka, Rs. (312.29x43) x10<sup>6</sup> is spent for these visits. Visits to a PMCU affect the income of the individual and indirectly the family and the society.

**Funding:** Education Training and Research Unit, Ministry of Health, Sri Lanka.

**Abstract #:** 1.009\_GOV

### The West African Ebola outbreak: reforming international aid in emergency responses to promote universal coverage for comprehensive care of survivors

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**Program/Project Purpose:** The medical identities of Sierra Leone's 4,000+ Ebola survivors came at the cost of losing socio-economic support networks. Ebola Virus Disease sequelae leads to pain in the joints, chest, fevers, difficulty sleeping and blindness. In 2014 Partners In Health established an Ebola Survivors Program to provide comprehensive care to EVDS. Here we summarize a process for establishing a program for Ebola survivors as a model for building comprehensive care services for vulnerable individuals receiving care for chronic morbidities in global health.