

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.

Funding: None.

Abstract #: 1.003_GOV

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

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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

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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