

Shaping the future of equitable and sustainable planetary health



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A warm welcome to ECTMIH 2023!

This summer made it clearer than ever that without a healthy planet, we will not have healthy lives.

We are at a tipping point where we do not have any choice if, but only how, we will transition into a new phase within the Anthropocene - and whether this transition will be anchored into principles of sustainability, equity and justice. Indeed, halfway into the Sustainable Development Goals (SDGs), our primary concern must be how we will jointly forge a world in which we leave no one behind and “ensure healthy lives and promote well-being for all at all ages” (SDG Goal 3). The theme of the 13th European Congress on Global Health (ECTMIH 2023) could therefore not be more apt: planetary health.

It is the ambition of ECTMIH 2023 to accelerate the necessary transformations towards equitable and sustainable planetary health. We are therefore proud of the programme that does justice to the diversity in expertise within global health, tropical medicine and global health, bringing together practitioners, researchers, policy makers and civil society from all over the world, and allowing us to explore the critical junctions between these concepts and identify the way forward. We would like to thank the ECTMIH 2023 track leaders and committee members for their valuable guidance in this.

The future we want requires visionary thinking, transdisciplinary collaboration and new networks to be forged with other sectors. Thanks to the spectacular insights of the various cross-cutting thematic committee chairs and committee members, ECTMIH 2023 also offers you a vibrant arts and culture, social, sports, public engagement programme, as well as the pre-congress ECTMIH academy.

The future we need is one of joint action. We are therefore grateful for the local organizing committee members (Alay Llamas, Janneke Pala, Esther Jurgens, Helene Voogdt, Jaco Verweij, Juliette Mattijsen, Noa Kolpa), the 100+ volunteers in the various committees and the 25+ organizations who have partnered with us to realize this.

We look forward to welcoming you between 20-23 November to Utrecht, the Netherlands!

On behalf of FESTMIH and the local organizing committee,

Karel Gyselink (FESTMIH), Hanneke Dekker (NVTG), Janneke Pala-van Eechoud (KCGH), Rick Grobbee (UMC Utrecht) and Joyce Browne (UMC Utrecht)

“Our planet has just endured the hottest summer on record. Climate breakdown has begun. We can still avoid the worst of climate chaos. We don’t have a moment to lose.”

António Guterres, UN Secretary General September 2023

“People have forgotten this truth,” the fox said. “But you mustn’t forget it. You become responsible forever for what you’ve tamed. You’re responsible for your rose.”

Antoine de Saint-Exupéry, The Little Prince

Useful information

Conference venue: TivoliVredenburg, Utrecht, the Netherlands

We are pleased to welcome you to Utrecht, the Netherlands for the 13th edition of the European Congress on Global Health. We build on a rich tradition of Global Health congresses, since the first one was organized in Hamburg in 1995 by the patron of the congress, the **Federation of European Societies of Tropical Medicine and International Health**.

At the heart of the city, immediately adjacent to Utrecht Centraal, the main transit hub. Amsterdam and Schiphol Airport are just 30 minutes by train; Rotterdam and The Hague only 45 minutes. There are daily international trains from and to Brussels (2 hours), Cologne (2,5 hours) and Paris (3,5 hours).

For more info, go to www.ns.nl or www.ns.nl/en (international).

Host city: Utrecht

Utrecht has a vast array of great cultural attractions. It is particularly proud of its unique Museum Quarter, where historic sights, museums and cultural institutions are to be found. Its hidden alleys and lively streets are places where locals like to gather for a snack and a drink. You will find cozy terraces, exclusive boutiques, popular catering outlets and the medieval streets regularly form the backdrop for innovative street entertainment.

The city's impressive Dom Toren, or Dom Tower is situated in the old part of the city; standing at a height of 112 metres, it is the iconic symbol of Utrecht and the tallest church spire in the Netherlands.

How to find programme updates online:

ECTMIH 2023 website

Conference App

Our ECTMIH Conference App (NetworkApp) is available for download through your App store or as a browser online version here: get.networkapp.com. ECTMIH 2023 delegates will receive their login instructions shortly before the congress starts.

How to connect with us and each other:

Wifi: TivoliVredenburg (free)

Social media:

- X: @ECTMIH2023
- LinkedIn: FESTMIH, NVTG, KCGH, #ECTMIH2023,
- Instagram: #ECTMIH2023

How to prepare for ECTMIH 2023

Travel sustainably if possible.

Follow us online and sign up to the **newsletter** for programme updates

- Join a pre-congress webinar offered by our regional hubs, these will be announced through our newsletter and social media
- Consider reading one of the titles for discussion at the ECTMIH 2023 lunchtime book club, organised in partnership with **local independent bookstore Savannah Bay**:
 - **The Fraud** by Zadie Smith (fiction)
 - **The Culture Map** by Erin Meyer (non-fiction)
 - **Call Us What We Carry** by Amanda Gorman (poetry)
 - **Misjka** by Edward van de Vendel (Children's book recommendation - Dutch)
- Add your favorite song to the **Planetary Health Hub NL's playlist**, and listen to those of others here

Health, Safety and accessibility

Your safety is our top priority. We created a set of standards aimed to promote and safeguard the health, safety and accessibility of any person working at or visiting the ECTMIH 2023 Conference. You can find our Health, Safety and accessibility Guidelines during ECTMIH 2023 Conference [here](#).

Accreditation

All delegates will receive a certificate of attendance once ECTMIH 2023 has closed. Delegates in the Netherlands can apply for up to 18 points via the NVTG, the Dutch Society for Tropical Medicine and Global Health.

*Be ready to be inspired,
engage, connect with
people, learn new things
and have fun!*



ECTMIH 2023

programme overview

The scientific programme is organised in six thematic tracks

- 1 Planetary Health and Health Systems
- 2 Infectious Diseases and Neglected Tropical Diseases
- 3 Non-Communicable Diseases
- 4 Mental Health
- 5 Sexual and Reproductive Health and Rights
- 6 Child and Adolescent Health

Cross-cutting topics across all six tracks include:

- Equity, justice and equitable partnerships
- Prevention, diagnostic innovation, treatment and care
- Public and community health
- Universal Health Coverage and health equity
- Health policy and the role of social sciences in global health research

Track 1

Track 2

Track 3

Track 4

Track 5

Track 6

Wild Card

Arts & Culture

Plenary

ECTMIH 2023 UTRECHT

The programme at a glance

Mon 20	Tivoli Vredenburg		
	Centrale Hal	Park 6	Grote zaal
15:00	First day registration and coffee/tea		
15:45			Opening session Part 1: Welcome remarks Part 2: Setting the scene: linking science, practice and policy for transformative change Musical intermezzo Part 3: Global health is health equity everywhere
16:00	Registration and information desk		
16:30			
17:00			
17:30		Welcome reception	
18:45			
19:00	Close		



Tuesday 21

08:00 to 19:00

Registration and information desk in **Centrale Hal**

Exhibition, posters and refreshments in **Park 6**

TUE 21	Tivoli Vredenburg		
	Grote zaal	Hertz	Pandora
08:30	Climate Justice FESTMIH, NVTG, KCGH, Be-cause Health		
10:00	Break		
10:30	Climate, environment and health; Impact on humanitarian contexts and crisis response Médecins Sans Frontières	Climate, animals and humans: rethinking One Health Società Italiana di Medicina Tropicale e Salute Globale, German Society for Tropical Medicine, Travel Medicine and Global Health, Swiss Society of Tropical Medicine and Parasitology	Infertility: the untold story and still neglected issue for men and women Netherlands Working Party for International Safe Motherhood and Reproductive Health
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
	WHO Health 4 All Film Festival 1. <i>Mapping survival</i> by Nacho Corbella 2. <i>Gen Z Mental Health</i> by Maxfield Biggs 3. <i>The Speech of Txai Surui</i> by Alexandre Juruena		
13:30	A hidden tragedy: why do so many people still die from lack of insulin? Health Action International	Ethical partnerships for health worker migration: perspectives, interest, criteria Wemos	Cost-efficient monitoring and evaluation of soil-transmitted helminths control programmes Department of Translational Physiology, Infectiology and Public Health, Ghent University, Department of Public Health, Erasmus MC, University Medical Center Rotterdam
15:00	Break		
15:30	Planetary health and wellbeing: what does mental health mean on a warmer planet? Transdisciplinary views and diverse contexts Be-Cause Health/Planetary Health working group and Erasmus School of Health Policy and Management, Erasmus University Rotterdam	Clinical development of new anti-malarials German Society for Tropical Medicine, Travel Medicine and Global Health, Bernhard-Nocht-Institut für Tropenmedizin	Strongyloidiasis: challenges in endemic and non-endemic areas Department of Infectious, Tropical diseases and Microbiology - IRCCS Sacro Cuore Don Calabria, Italy, Department of Parasitology, Leiden UMC
17:00	Changeover break		
17:15	Tuberculosis in the context of COVID-19 pandemic: how to turn challenges into opportunities. Presentation of COST action ADVANCE TB ADVANCE-TB, INNOVA4TB	The stories and science behind the ECTMIH arts & culture FESTMIH, ECTMIH, NVTG	Are you applying an intersectional lens to your work in SRHR? Wemos, Make Way consortium, Liliane Fonds, VSO Netherlands

TUE 21	Tivoli Vredenburg		
	Cloud Nine	Club Nine	Pit
08:30			
10:00	Break		
10:30	Oral Abstract Presentation <i>Malaria (1)</i>	How to scale up novel health interventions? An emerging field <i>KIT Royal Tropical Institute</i>	Maternal health and non-communicable disease in LMICs <i>UMC Utrecht, Equity in Health and Research Initiative, Nigeria, Population Council</i>
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
	Leveraging public health education for women from marginalized community: experience from Asian University for Women <i>Asian University for Women, Bangladesh, UMC Utrecht</i>		
13:30	Oral Abstract Presentation <i>Malaria (2)</i>	Utilizing geospatial methods to drive health service delivery in the era of climate change <i>KIT Royal Tropical Institute, Institute of Global Health & Institute for Environmental Sciences, University of Geneva</i>	Oral Abstract Presentation Adolescent and Child Health
15:00	Break		
15:30	Developing national roadmaps for scaling-up integrated care <i>Julius Centre for Health Sciences and Primary Care, UMC Utrecht in collaboration with the SCUBY consortium.</i>	Fighting falsified and substandard medicines: acting on evidence in Indonesia and Afghanistan <i>Erasmus School for Health Policy and Management, Erasmus University Rotterdam, KIT Royal Tropical Institute</i>	Oral Abstract Presentation <i>Humanitarian and Disaster Mitigation and responses</i>
17:00	Changeover break		
17:15	The challenge of schistosomiasis treatment in young children and pregnant women - example of freeBILy <i>Bernhard Nocht Institute for Tropical Medicine, Leiden University Medical Center</i>	Engage communities in prevention and control of NCDs <i>UMC Groningen et al</i>	Climate Change and waterborne infectious diseases <i>National Institute for Public Health and the Environment (Rijksinstituut voor Volksgezondheid en Milieu)</i>



Overview

Social Impact Factory

Tuesday
21 November 2023

TUE 21	Social Impact Factory	
	Event space	Room 1 Sydney
08:30		
10:00	Break	
10:30	Scenario-based workshop on climate change & pandemic threats <i>Pandemic & Disaster Preparedness Center</i>	Closing the gap for children affected by NTDs <i>Drugs for Neglected Diseases Initiative</i>
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)	
	Serious Gaming and Planetary health Education <i>Act4Health (International Federation of Medical Students Associations - The Netherlands)</i>	Game Simulation of social justice: how games demonstrate health equity <i>KIT Royal Tropical Institute</i>
13:30	Ensuring mother and child health care in a protracted crisis: the experience of Afghanistan <i>KIT Royal Tropical Institute HealthNet TPO</i>	Oral Abstract Presentation <i>Vulnerable populations and gender-based violence (1)</i>
15:00	Break	
15:30	The exposome and planetary health - multifaceted data for a multifaceted field <i>Utrecht University</i>	Oral Abstract Presentation <i>Health systems (1)</i>
17:00	Changeover break	
17:15	Plastics in our air, water and places. Health effects and research challenge <i>Utrecht University</i>	Oral Abstract Presentation <i>Mental health in the context of SRHR and maternal health</i>

TUE 21	Social Impact Factory		
	Room 2 Singapore	Room 3 Seoul	Room 4 Dublin
08:30			
10:00	Break		
10:30	Monitoring and prognostics in paediatric critical care in low-income settings <i>Amsterdam Institute of Global Health and Development, Amsterdam UMC, Kamuzu University of Health Sciences, Blantyre, Malawi</i>	Building bridges in essential surgical care and education <i>Netherlands Society for International Surgery, Radboud UMC, Queen Elizabeth Central Hospital Malawi, Global Surgery Amsterdam, UMC Utrecht / Wilhelmina Kinderziekenhuis</i>	
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
13:30	Respiratory Syncytial Virus epidemiology and global burden of disease <i>ResViNet</i>	Training in sustainable local collaboration in global health setting; examples in the field <i>Opleidingsinstituut Internationale Gezondheidszorg en Tropengeneeskunde</i>	Oral Abstract Presentation <i>Environmental Exposures</i>
15:00	Break		
15:30	Reflecting on Global Health discourse: towards socially just knowledge construction in Global Health programme <i>tropED</i>	Oral Abstract Presentation <i>Paediatric Infectious Diseases</i>	Oral Abstract Presentation <i>Outbreaks</i>
17:00	Changeover break		
17:15	Global Paediatric Oncology <i>Princess Maxima Center for Pediatric Oncology and Utrecht University Medical Center</i>	Oral Abstract Presentation <i>Health systems in child health</i>	Oral Abstract Presentation <i>Pandemic Mitigation and responses (1)</i>



Wednesday 22

08:00 to 19:00

Registration and information desk in **Centrale Hal**

Exhibition, posters and refreshments in **Park 6**

WED 22	Tivoli Vredenburg		
	Grote zaal	Hertz	Pandora
08:30	The New EU Global Health Strategy: Implications for research <i>Amsterdam Institute for Global Health and Development, ISGlobal, European Global Health Research Institutes Network</i>		
10:00	Break		
10:30	When the climate impacts our sexual and reproductive health and rights: linking research, policy & practice <i>Academic Network for Sexual and Reproductive Health and Rights Policy, International Centre for Reproductive Health Belgium, Ghent University, KIT Royal Tropical Institute</i>	Advancing schistosomiasis control interventions towards elimination goals 2030 <i>Swiss Society of Tropical Medicine and Parasitology</i>	Community skin health events in Cote d'Ivoire, Ghana, Ethiopia, Mozambique and Tanzania <i>NLR - In collaboration with the PEP4LEP consortium (ministries of health, research institutes, the national leprosy programme manager from the MoH Ghana (Benedict Quao) the research group working on Early detection and case management of skin diseases in Cote d'Ivoire</i>
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
	WHO Health 4 All Film Festival <i>Efun by Anita Abada Pre-eclampsia: Predict Earlier, Prevent Earlier by Indonesian Prenatal Institute War & Grace by Sonia Lowman</i>		
13:30	Art to inspire equitable and sustainable transformations FESTMIH, ECTMIH, NVTG	Measuring global access to essential medicine <i>Utrecht WHO Collaborating Centre for Pharmaceutical Policy and Regulation, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, WHO Collaborating Centre for Pharmaceutical Policy and Evidence Based Practice, School of Health Sciences, University of KwaZulu-Natal, South Africa, Health Action International, The Netherlands</i>	Digital optical devices - a new development in parasite diagnostics <i>Leiden University, Enablers, Uppsala Science Park, Sweden, IDLab, Department of Electronics and information systems, University of Ghent</i>
15:00	Break		
15:30	Racism, inequity, health and well-being: an urgent call for a European Stance <i>Ghent University, Faculty of Psychology and educational sciences, department of experimental-clinical and health psychology, Belgium, University of Amsterdam, Department of Anthropology, The Netherlands, Center for Health Sciences and Primary Care, University Medical Center Utrecht, University Utrecht, Belgian Lung and Tuberculosis Association, Belgium</i>	Context matters: Learnings from real world implementation within maternal health in Malawi, Ethiopia and Tanzania <i>The PartoMa research team (Copenhagen and Tanzania), the EthOSS research team (Ethiopia, Netherlands, and UK), Malawi and the Netherlands research team, CCBRT Hospital, Tanzania</i>	Advances of CAA detection for schistosomiasis diagnosis in non-endemic and endemic settings <i>Statens Serum Institute, Copenhagen, Denmark, Department of Parasitology, LUMC, Leiden, the Netherlands</i>
17:00	Changeover break		
17:15	Research and development on novel drugs for nematode infections. insights from academia and PDPs working together in the EU-funded HELP project <i>Swiss Tropical and Public Health Institute</i>	Oral Abstract Presentation Malaria (3)	Intersectoral working among education and health: from words into actions <i>UNESCO Chair Global Health and Education</i>

WED 22	Tivoli Vredenburg		
	Cloud Nine	Club Nine	The Pit
08:30			
10:00	Break		
10:30	Staying safe while working on SRHR in hostile environments Justice for Prosperity Foundation	Novel diagnostics for infectious disease in the tropics <i>Institute of Medical Microbiology and Hygiene, Saarland University, Germany</i>	Colonial Utrecht and beyond: acknowledging the past, shaping the future <i>UMC Utrecht</i>
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
		Landcent abstract presentations	
13:30	Current and future landscapes on Buruli Ulcer and leprosy treatment <i>University of Zaragoza, Foundation Raoul Follereau</i>	Elevating partnerships: a closer look at the role of Product Development Partnerships to enhance access and accelerate innovation of health products for poverty-related diseases <i>Landcent Europe B.V</i>	Movement building for planetary health: the power of education and art <i>UMC Utrecht / CO2-assistant, Planetary Health Hub NL, University of Exeter GreenFutures</i>
15:00	Break		
15:30	Perinatal depression research in Africa <i>African Population and Health Research Center, Kenya</i>	Innovating cervical cancer screening in LMICs and Vulnerable groups in Europe <i>University Medical Centre Groningen, the Netherlands, Female Cancer Foundation, the Netherlands, Leiden University Medical Centre, the Netherlands, Trnava University, Slovakia, Uganda Cancer Institute, Uganda, Uganda Rural Development and Training, Uganda, ICDDR,B, Bangladesh, Friendship NGO, Bangladesh</i>	Oral Abstract Presentation Skin Infections
17:00	Changeover break		
17:15	Health systems strengthening and innovation: What can HICs learn from LMICs <i>GEO, Working Group on Health and Development of the Netherlands Society for Tropical Medicine and International Health, University of Birmingham</i>	The burden of disease cause by onchocerciasis <i>Global Health Institute, University of Antwerp</i>	Oral Abstract Presentation Infectious disease



Overview

Social Impact Factory

Wednesday
22 November 2023

WED 22		Social Impact Factory	
Event space		Room 1 Sydney	
08:30			
10:00	Break		
10:30	Syndemic research: the road ahead viewed from the path travelled VU Amsterdam	Cancer screening in the Caribbean Rijksinstituut voor Volksgezondheid en Milieu, Ministerie van Volksgezondheid, Welzijn en Sport	
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
	Game <i>ePLANET: a planetary health game for medical students</i> UMC Utrecht	Game <i>The Wemos Global Health Game: Challenge your knowledge, perceptions and beliefs</i> Wemos	
13:30	Improving practical training opportunities for students and young professionals <i>Working Group on Tropical Medicine Education and Training, Federation of European Societies for Tropical Medicine and International Health, University Clinic of Saarland, Institute of Medical Microbiology and Hygiene, Homburg/Saar, Germany</i>	Impact and intervention for mental health and NTDs <i>NLR International, Netherlands, Brighton and Sussex Medical School, UK, CMB Global and London School of Hygiene & Tropical Medicine, UK, Lepra, UK</i>	
15:00	Break		
15:30	Why planetary health risk analysis is necessary for environment and child health <i>Global Health Norway, based at NTNU, Trondheim, The Norwegian University of Science and Technology (NTNU), Faculty of Health Sciences</i>	Involving patients at different stages of product development and implementation <i>Drugs for Neglected Diseases initiative, Geneva, Switzerland, Institut Pasteur de Tunis, Tunisia, Centro Internacional de Entrenamiento de Investigaciones Médicas, Colombia, Medical University of Vienna, Vienna, Austria, PECET - Programa de Estudio y Control de Enfermedades Tropicales, Universidad de Antioquia, Medellin, Colombia, University of Oxford, UK</i>	
17:00	Changeover break		
17:15	Oral Abstract Presentation <i>Non-Communicable Disease</i>	Sustainable value chains: the path to greener global health systems. IDA Foundation, Solvoz	

WED 22	Social Impact Factory		
	Room 2 Singapore	Room 3 Seoul	Room 4 Dublin
08:30			
10:00	Break		
10:30	Sacred nature: indigenous and religious views on the health of Planet Earth <i>Maastricht University and Institute for Animals Ethics</i>	Oral Abstract Presentation <i>Covid-19 outbreaks</i>	Oral Abstract Presentation <i>Nutrition</i>
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
13:30	Oral Abstract Presentation <i>Climate-resilient Health Systems</i>	Oral Abstract Presentation <i>Vaccination</i>	Oral Abstract Presentation <i>HIV in the context of sexual and reproductive health</i>
15:00	Break		
15:30	Healthy people on a healthy planet; Connection between climate, biodiversity, food systems, and health <i>Wageningen University and Research</i>	Oral Abstract Presentation <i>Parasitic Infections</i>	Oral Abstract Presentation <i>Maternal and reproductive health (1)</i>
17:00	Changeover break		
17:15	Gynaecological oncology with a focus on breast and gynaecological cancer <i>UMC Utrecht Dutch Cancer Institute, Working group International Safe Motherhood</i>	Subnational burden estimation: methods and applications for locally tailored public health program planning <i>KIT Royal Tropical Institute</i>	Oral Abstract Presentation <i>Pandemic Mitigation and responses (2)</i>




Thursday 23

08:00 to 19:00

Registration and information desk in **Centrale Hal**

Exhibition, posters and refreshments in **Park 6**



THU 23	Tivoli Vredenburg		
	Grote zaal	Hertz	Pandora
08:30	Migrant health: to screen or not to screen <i>Società Italiana di Medicina Tropicale e Salute Globale, Swedish Society for Tropical Medicine, Société Francophone de Médecine Tropicale et Santé Internationale, ESCMID Study Group for Infections in Travellers and Migrants</i>	Exploring the One Health and Planetary Health Dimensions of Helminth Diseases World Federation of Parasitologists, International Federation for Tropical Medicine	Oral Abstract Presentation Vulnerable populations and GBV (2)
10:00	Break		
10:30	Border violence, detention and pushbacks in Europe: A determinant of health? <i>Lancet Migration European Regional Hub, The University of Heidelberg</i>	Prevention and morbidity management of female genital schistosomiasis <i>Bernhard Nocht Institute for Tropical Medicine, Drugs for Neglected Diseases initiative, London School of Hygiene & Tropical Medicine</i>	Oral Abstract Presentation <i>Climate change impacts</i>
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
	WHO Health 4 All Film Festival <i>Schizophrenia in me by Iván Camilo Villamil</i> <i>Mirrors by Paul Jerndal</i>		From Beriberi to obesity, the changing challenges in nutrition - 100 years Eijkman Medal Foundation <i>Stichting Het Eijkman Medaillefonds</i>
13:30	Decolonising Global Health <i>Federation of European Societies for Tropical Medicine and International Health</i>	Oral Abstract Presentation <i>Malaria (4)</i>	The road towards optimizing the medical treatment for mycetoma <i>Drugs for Neglected Diseases initiative</i>
15:00	Break		
15:15	A global conversation with Ernst Kuipers, Minister of Health, Welfare and Sport, the Netherlands <i>Speaker: Ernst Kuipers</i>		
16:15		Strengthening strategic planning and data for decision making in fragile and conflict-affected settings <i>KIT Royal Tropical Institute</i>	A focus on Malawi: Schistosomiasis and its new one health dimensions <i>Liverpool School of Tropical Medicine</i>
18:00	ECTMIH 2023 wrap up – acceleration towards our equitable and sustainable future in Grote zaal		

THU 23	Tivoli Vredenburg		
	Cloud Nine	Club Nine	The Pit
08:30	Refugee children: do we care? <i>Expertisecentrum Kinderen, Adolescenten Nieuw in Nederland et al</i>	Oral Abstract Presentation <i>Schistosomiasis (1)</i>	Advocacy successes: learning from youth climate movements towards intergenerational climate justice <i>IFMSA-NL</i>
10:00	Break		
10:30	How do we best research and improve maternal and newborn healthcare in large cities? Case studies from sub-Saharan Africa <i>Institute of Tropical Medicine, Belgium</i>	Technology and systems approaches for global health <i>Delft University of Technology, in partnership with Delft Global</i>	Oral Abstract Presentation <i>Adolescent and children mental health</i>
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
13:30	How SRHR integration in medical curricula supports equitable and rights-based health around the globe <i>KIT Royal Tropical Institute</i> <i>In collaboration with partners: the FIGO/WATOG/IFMSA network, Association of private health schools Mali, The Netherlands general Practitioner Advisory Group on Sexual Health</i>	Oral Abstract Presentation <i>Schistosomiasis (2)</i>	Women creating a flourishing future in planetary health <i>Royal Roads University, Canada</i>
15:00	Break		
16:15	Contribution of multi-disciplinary research to the equity and sustainability of social health insurance in Benin <i>PRD-ARCH Consortium, Faculty of Law, Political Science and Criminology, University of Liège, Faculty of Letters, Arts and Human Sciences, University of Parakou, Benin</i>	Oral Abstract Presentation <i>Tuberculosis</i>	Oral Abstract Presentation <i>Health systems (3)</i>
18:00	ECTMIH 2023 wrap up – acceleration towards our equitable and sustainable future in Grote zaal		



Overview

Social Impact Factory

Thursday
23 November 2023

THU 23		Social Impact Factory	
Event space		Room 1 Sydney	
08:30	Wild Card Impact of war and armed conflict on health care delivery and ensuring the right to health <i>Médecins Sans Frontières; KIT Royal Tropical Institute, the Netherlands; Dutch Society for Tropical Medicine and International Health</i>	Oral Abstract Presentation Health systems (2)	
10:00	Break		
10:30	Health, food, water and sustainability at rural-urban interface in the global south <i>WUR-ETE; WUR-FHM; WUR-HNH; Utrecht University Department of Human Geography and Spatial Planning</i>	Financial Justice for Health Equity <i>Wemos, Society for International Development, Public Services International</i>	
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
13:30	EAT Lancet planetary health diet: fair, equitable and diverse? Future Food Utrecht (part of Pathways to Sustainability, Utrecht University)	Oral Abstract Presentation Health systems in NCDs	
15:00	Break		
16:15	Climate change and health outcomes: extreme temperatures, air pollution and policy instruments <i>Erasmus School of Health Policy and Management, Erasmus University Rotterdam, the Netherlands</i>	Oral Abstract Presentation <i>Vector-borne diseases</i>	
18:00	ECTMIH 2023 wrap up – acceleration towards our equitable and sustainable future in Grote zaal		

THU 23	Social Impact Factory		
	Room 2 Singapore	Room 3 Seoul	Room 4 Dublin
08:30	Climate and Health in Focus: Implementing the Dutch Global Health Strategy <i>On behalf of Dutch Global Health Alliance: Wemos and Cordaid, Ministry of Foreign Affairs, Ministry of Health, Welfare and Sport</i>	Oral Abstract Presentation <i>HIV</i>	Oral Abstract Presentation <i>Sexual and Reproductive Health</i>
10:00	Break		
10:30	Sustainable healthcare from an international perspective <i>UMC Utrecht</i>	Oral Abstract Presentation <i>Leishmaniasis</i>	Oral Abstract Presentation <i>Cancer</i>
12:00	Lunch plus side programmes commencing at 12:15 (side events run 12:15 – 13:15)		
13:30	Oral Abstract Presentation <i>General mental health</i>	Oral Abstract Presentation <i>Infectious diseases and One Health</i>	Oral Abstract Presentation <i>NTDs (1)</i>
15:00	Break		
16:15	Oral Abstract Presentation <i>Digital Health</i>	Oral Abstract Presentation <i>Maternal and reproductive health (2)</i>	Oral Abstract Presentation <i>NTDs (2)</i>
18:00	ECTMIH 2023 wrap up – acceleration towards our equitable and sustainable future in Grote zaal		



Programme detail

Monday 20 November

15:00 Tivoli Vredenburg **Centrale Hal** | Plenary

Registration and refreshments

15:30 Tivoli Vredenburg **Grote Zaal** | Plenary

Welcome remarks and keynote speakers

Federation of European Societies for Tropical Medicine and International Health (FESTMIH); Nederlandse Vereniging voor Tropische Geneeskunde en internationale Gezondheidszorg (NVTG); Kenniscentrum Global Health (KCGH); UMC Utrecht; City of Utrecht; World Health Organization (WHO)

Co-chairs: Lindy van Vliet; Sie-Meng Lee, International Federation of Medical Students' Associations - The Netherlands

We are at a tipping point where we do not have any choice if, but only how, we will transition into a new phase within the Anthropocene - and whether this transition will be anchored into principles of sustainability, equity, and justice. How do we make difficult, uncomfortable yet inclusive and transformative decisions? Indeed, halfway into the Sustainable Development Goals (SDGs), our primary concern must be how we will jointly forge a world in which we leave no one behind and “ensure healthy lives and promote well-being for all at all ages” (SDG Goal 3) and to overcome barriers of translating our aspirations to reality.

It is with this in mind we look forward to welcoming ECTMIH 2023 and WHO European Healthy Cities Network Annual Meeting delegates to this joint opening session of the 13th Congress on Global Health (ECTMIH). After a word of welcome from the ECTMIH 2023 team, our three keynote speakers, Professor Heleen de Coninck, Dr Renzo Guinto and Dr Francesca Racioppi will introduce the concepts and science of planetary health, and discuss the significant societal transformations we need to ensure our human and planetary health.

A musical intermezzo will proceed to the final section of this opening session: a welcome to Utrecht from the Mayor of Utrecht Sharon Dijksma and CEO of UMC Utrecht Professor Margriet Schneider.

Formal Opening

Speakers: Dr Karel Gyselinck, Coordinator Health Unit Enabel, President FESTMIH, Expert Global Fund Technical Review Panel; Dr Hanneke Dekker, Chair NVTG; Professor Rick Grobbee, Professor of Clinical Epidemiology; Chairman of the Heart and Vascular Center UMC Utrecht, Chair ECTMIH 2023; Dr Joyce Browne, Assistant Professor of Global Health at the Julius Center for Health Sciences and Primary Care, UMC Utrecht, Vice Chair ECTMIH 2023

Setting the scene: linking science, practice and policy for transformative change

Speakers: Dr Renzo Guinto, Associate Professor of the Practice of Global Public Health and Inaugural Director St. Luke's Medical Center College of Medicine, Philippines; Professor Heleen de Coninck, Professor of Socio-Technical Innovation and Climate Change at Eindhoven University of Technology and Innovation Studies and Sustainability at the Department of Environmental Science at Radboud University Nijmegen; Francesca Racioppi, Head of the World Health Organization European Centre for Environment and Health

Musical intermezzo by: Merel Vercammen and Vincent Houdijk

Global health is health equity everywhere

Speakers: Hon. Sharon Dijksma, Mayor, City of Utrecht; Prof. Dr. Margriet Schneider, Chair of the Executive Board of UMC Utrecht

17:30 Tivoli Vredenburg **Park 6** | Plenary

Welcome reception

Tuesday 21 November

08:30 Tivoli Vrendenburg **Grote Zaal** | Track 1

Climate justice

Federation of European Tropical Medicine and International Health, the Dutch Society for Tropical Medicine and International Health, Knowledge Centre Global Health, Be-cause Health

Chair: Nori Spauwen, philosopher, coach, former diplomat, Founder of Embassy of Change, Diplomacy, activism and human rights

Speakers: Joyeeta Gupta, Professor of environment and development in the global south at the University of Amsterdam and IHE Delft Institute for Water Education, research leader Amsterdam Global Change Institute; Mohammed Nadiruzzaman, Assistant Professor Maastricht University, Department of Health, Ethics and Society; Adrián Salas Xopan, indigenous Maya elder and Deputy Director of Muuchxiimbal Mayan Ceremonial Center; Ruben Terlou, Dutch Documentary filmmaker/photographer, medical doctor; Hilda Flavia Nakabuye, Ugandan climate and environmental rights activist, founder of Uganda's Fridays for Future movement.

The first session of this planetary health congress creatively combines scientific insights, storytelling, art and rituals to unravel connections between climate crisis, global environmental challenges, and present avenues to achieve social justice and health equity.

For this we will make use of powerful images from Ruben Terlou, a Dutch documentary filmmaker and photographer along with scientific evidence, and case studies and testimonies from Bangladesh, Mexico, and Uganda.

Professor Gupta will talk about her research on climate change and fossil fuels, and solving issues arising from climate change through good governance; Assistant Professor Mohammed Nadiruzzaman will present a case study on the intersection of climate change, salinity, and preeclampsia in Bangladesh; Testimonies from Mexico (Yucatan) where the construction of a 1,500-kilometre railway jeopardizes the rights of indigenous peoples and other communities to land and natural resources; and from Uganda where a young woman was pushed to action by the effects of climate change within her own community.

10:30 Tivoli Vrendenburg **Grote Zaal** | Track 1

Climate, environment and health: impact on humanitarian contexts and crisis response

Médecins Sans Frontières Operational Centres in Amsterdam, Geneva and Brussels

Chair: Ama van Dantzig, co-founder Dr. Monk

Speakers: Dr Amrish Baidjoe: LuxOR (Operational Research and Epidemiology Support Unit, MSF Operational Centre Brussels), London School of Hygiene and Tropical Medicine (Infectious Disease Epidemiology); Dr. Lachlan McIver: Tropical Diseases & Planetary Health MSF Operational Centre Geneva, James Cook University, Australia

Join Médecins Sans Frontières medical coordinators to learn more about the impact of weather events, climate change and environmental degradation on health and human wellbeing in humanitarian contexts.

This session will testify to what is already happening as well as making a call for collaboration between organizations to help those at highest risk for the impact of weather events.

10:30 Tivoli Vrendenburg **Hertz** | Track 2

Climate, animals and humans: rethinking One Health

Società Italiana di Medicina Tropicale e Salute Globale (SIMET), German Society for Tropical Medicine, Travel Medicine and Global Health (DTG), Swiss Society of Tropical Medicine and Parasitology (SSTMP)

Co-chairs: Dr Marco Albonico, SIMET Board, Infectious Disease Specialist, Italy; Dr Carsten Köhler, president DTG, Institute of Tropical Medicine, University of Tübingen, Germany, Dr Jurgen May, Department Infectious Disease Epidemiology, Bernhard Nocht Institute for Tropical Medicine, Germany

Speakers: Dr Charlotte Adamczick, University Children's Hospital, Zürich, Switzerland; Dr Daniele De Meneghi, Dept. Veterinary Sciences- CISA0_UniTo, University of Torino, Italy; Dr Adriano Casulli, WHO Collaborating Centre for the Epidemiology, Detection and Control of Cystic and Alveolar Echinococcosis; Istituto Superiore di Sanità, Italy; Dr Denise Dekker, BNITM Research Group "One Health Bacteriology", Germany; Dr Emanuele Nicastrì, Istituto Nazionale Malattie Infettive Lazzaro Spallanzani;

In this session we will explore the environment alterations caused by man, which are reflected in climatic changes that may affect global health, contributing to outbreaks of re-emerging diseases in Europe and globally, and influencing transmission of endemic infections.

Our objectives are:

- to link climate change to an increase in vector-borne diseases, as well as water and food borne diseases with impact on human and animal health;
- to highlight a One Health approach to climate change adaptation which may significantly contribute to food security, food safety and environmental sanitation;
- to foster integrated community-based surveillance and control of zoonoses as a promising avenue to reduce health effects of climate change;

10:30 Tivoli Vrendenburg **Pandora** | Track 5

Infertility: the untold story and still neglected health issue for men and women

Share-Net Netherlands, Knowledge Platform for sexual and reproductive health and rights, Amsterdam, Netherlands; Netherlands' Working Party for International Safe Motherhood and Reproductive Health

Chair: Prof Jelle Stekelenburg, UMC Groningen, Consultant Obstetrics & Gynaecology, Medical Center Leeuwarden and member NL Working Party for International Safe Motherhood and Reproductive Health

Speakers: Dr Papreen Nahar, Brighton and Sussex Medical School, UK; Dr Charlotte Frederike van Teunenbroek, Leeuwarden Medical Centre, Netherlands; Dr Cynthia Witsenburg, Dimbayaa Fertility Programme, Gambia

The purpose of this session is to break the silence on infertility, one of the most neglected and stigmatized health issues.

Our aim is to:

- improve understanding that infertility is a serious health and human rights issue, affecting men and women, with gross inequities in [access to] information,
- diagnostic care and support;
- enhance learning about people's perception of infertility and how they cope with infertility;
- disseminate information about what can be done (also by young people) to protect people's sexual and reproductive health, including their fertility;

10:30 Tivoli Vrendenburg **Cloud Nine** | Track 2

Oral Abstract Presentations: Malaria (1)

Spatio-Temporal Bayesian Models for Malaria Risk Using Survey and Health Facility Routine Data in Rwanda (Muhammed Semakula *et al.*)

Malaria molecular surveillance use cases demonstrated with highly multiplexed AmpliSeq targeted NGS assays (Eline Kattenberg *et al.*)

Safety and efficacy of primaquine in patients with *P. vivax* malaria from South Asia: A systematic review and individual patient data meta-analysis (Reena Verma *et al.*)

Stakeholder analysis, in-depth interviews and community surveys on expanded roles of malaria community health workers in Cambodia, Thailand and Vietnam (Monnaphat Jongdeepaisal *et al.*)

Evolution and spread of Plasmodium falciparum dhps quintuple mutant carrying the I431V mutation in Central Africa: a cross-sectional study (Emilie Guemas *et al.*)

Long-Lasting Insecticidal Nets: survivorship, physical integrity and insecticidal activity three years after distribution to households in Afghanistan (Martijn Vink *et al.*)

10:30 Tivoli Vrendenburg **Club Nine** | Track 1

How to scale up novel health interventions? An emerging field

KIT Royal Tropical Institute

Co-chairs: Dr Beatrice Kirubi, Stop TB Partnership, Innovation & Grants Team, Global Health Campus, Switzerland; Dr Egbert Sondorp, KIT Health Associate; Honorary Assistant Professor London School of Hygiene and Tropical Medicine, UK

Speakers: Aniek Woodward, Vrije Universiteit, Amsterdam Public Health Research Institute, Athena Institute, the Netherlands, KIT Royal Tropical Institute, the Netherlands; Esmée Hessel, KIT Royal Tropical Institute, the Netherlands; Dr Susan Bulthuis, KIT Royal Tropical Institute, the Netherlands; Dr Stephen John, Janna Health Foundation, Nigeria

The purpose of this symposium is to inform participants about the emerging field of scaling up health innovations through the presentation of case studies and sharing of experiences, addressing the multiple dimensions of the scale-up process.

Case studies will address the process of scaling up of psychological intervention for refugees, tuberculosis care interventions and district health management strengthening interventions. Participants will be engaged through a discussion/debate about the barriers and enablers of scaling-up health interventions in complex systems and contexts. Provocative statements will be discussed in small groups. Finally, the Chairs will summarize the session and key lessons learned from the debate such as the complexity of scaling up, how to plan for scale up, and a systems perspective.

10:30 Tivoli Vrendenburg **The Pit** | Track 3

Maternal health and non-communicable disease in low- and middle-income countries

Equity in Health and Research Initiative, Nigeria, Action on Pre-eclampsia, Ghana; UMC Utrecht, the Netherlands

Chair: Dr Nazmul Alam, Asian University for Women

Speakers: Dr Salisu Ishaku, UMC Utrecht, the Netherlands, Equity in Health and Research Initiative Nigeria, Koiwah Koi-Larbi, Executive Director, Action on Pre-eclampsia, Ghana; Dr Zainab Datti-Ahmed, Bayero University/Aminu Kano Teaching Hospital, Kano, Nigeria; Dr Kitty Bloemenkamp, WKZ Birth Centre, Wilhelmina Children’s Hospital Utrecht

In this panel, we will investigate the current situation in relation to previous hypertensive disorders in pregnancy and non-communicable diseases in Low- and Middle-Income Income Countries (LMICs).

We will discuss the following themes:

- Association between previous hypertensive disorders in pregnancy and non-communicable diseases in LMICs;
- Current guideline/efforts in preventing, detecting and managing non-communicable diseases following hypertensive disorders in pregnancy;
- Recommendations and future research needs;

An increasing body of knowledge strongly suggests associations between prior pregnancy complications and subsequent chronic non-communicable diseases later in life. In particular, a group of pregnancy complications generally referred to as the ‘Maternal Placental Syndromes (hypertensive disorders in pregnancy, abruptio placenta, low birth weight/small for gestational age and gestational diabetes) are known to be strong predictors of poor long-term health in women. This creates double epidemiological disease burden in many LMICs from persisting infectious diseases coupled with rising non-communicable diseases prevalence.

10:30 Social Impact Factory **Event Space** | Track 1

Scenario-based workshop on climate change and pandemic threats

Pandemic & Disaster Preparedness Center

Chair: Dr Anja Schreijer, Pandemic & Disaster Preparedness Center

Speakers: Dr Reina Sikkema, Department of Viroscience, Erasmus Medical Centre, the Netherlands; plus five facilitators to guide the groups

The emergence of new infectious diseases has been occurring at an accelerated pace in recent decades. Many emerging infections are zoonotic and/or vector-borne in origin. At the same time, the geographical distribution of existing infectious diseases is changing, with diseases like malaria, dengue and tick-borne encephalitis being found in regions where they were previously uncommon. The growing threat of both existing and emerging infections is intrinsically linked to climate change.

Additional factors that contribute to the heightened risk of new infectious disease outbreaks are increased contact between humans and wildlife habitats due to human expansion into previously untouched areas, increased contact between humans and domestic animals driven by changes in food production, and greater human interconnectedness due to urbanization and globalization. Moreover, biodiversity loss may exacerbate infectious disease transmission by reducing alternative hosts for pathogens. It is therefore evident that an interdisciplinary/cross-sectoral approach to the mitigation of climate-related trends in infectious diseases is essential.

In an interactive, scenario-driven case study, Pandemic & Disaster Preparedness Center researchers invite you to delve into a real-world climate-related crisis with a substantial risk of triggering an infectious disease outbreak.

In teams, the objective is to:

1. Work together to identify the immediate and far-reaching consequences of the crisis
2. Suggest solutions/ interventions as well as the short and long-term risk-benefit analysis of each approach from an interdisciplinary perspective
3. Come to an unanimous decision/recommendation regarding how the teams intends to advise policymakers to intervene in the situation

In doing so, the aims of this session are to understand the drivers of climate-related pandemic threats and explore the complexity of applying suitable interventions to mitigate both immediate and long-term implications.

The Pandemic & Disaster Preparedness Center was established to better understand and prepare for climate-related threats in an interdisciplinary manner. Knowledge from a research project on climate change and vector borne diseases will be used in this serious game.

10:30 Social Impact Factory **Room 1 Sydney** | Track 2

Closing the gap for children affected by Neglected Tropical Diseases

Drugs for Neglected Diseases initiative

Co-chairs: Janice Lee, Drugs for Neglected Diseases Initiative, Switzerland; Hye Lynn Choi, World Health Organisation, Switzerland

Speakers: Dr Martina Penazzato, World Health Organization Switzerland; Dr Fabiana Alves, Drugs for Neglected Diseases initiative, Switzerland, Dr Jose Ramon Franco Minguell, World Health Organization, Switzerland, Dr Sabine Specht, Drugs for Neglected Diseases Initiative, Switzerland, Dr Peter Steinman, Swiss Tropical and Public Health Institute, Dr Amadou Garba Djirmay, World Health Organisation African Regional Office, Republic of Congo

This session will highlight a global initiative to tackle the unmet therapeutic needs of children affected by neglected tropical diseases (NTDs). It is estimated that over 800 million children are affected by NTDs. Without appropriate treatment and formulations, children suffer from even greater neglect when it comes to treating these diseases.

The Drugs for Neglected Diseases initiative (DNDI) has joined forces with the Global Accelerator for Paediatric Formulations (GAP-f) to accelerate access to child-friendly drug formulations for neglected tropical diseases. Between 2022 and 2023, Paediatric Drug Optimization (PADO) processes were launched for four NTDs: schistosomiasis, human African trypanosomiasis, onchocerciasis, and visceral leishmaniasis, to define priority molecules and formulations to be developed for children as well as

priority research questions. Experts from these four PADOs will share their experiences, challenges and major breakthroughs which will help close the gap for children affected by NTDs.

10:30 Social Impact Factory **Room 2 Singapore** | Track 6

Monitoring and prognostics in paediatric critical care in low-income settings

Amsterdam Institute of Global Health and Development (AIGHD), the Netherlands; Amsterdam UMC, the Netherlands; Kamuzu University of Health Sciences, Blantyre, Malawi

Co-chairs: Dr Job Calis, AIGHD, the Netherlands, Amsterdam UMC, the Netherlands, Kamuzu University of Health Sciences (KUHeS), Blantyre, Malawi; Dr Jenala Njirammadzi, Kamuzu University of Health Sciences, Blantyre, Malawi

Speakers: Dr Roxanne Assies, AUMC/AIGHD/KUHeS, Dr Wieger Voskuil, AUMC/AIGHD/KUHeS; Dr Clare Wilson, Imperial College London, UK; Dr Jenala Njirammadzi, KUHeS; Dr Niek Versteegde, GOAL3, Den Bosch

Monitoring is essential in paediatric critical care to prioritise care and apply timely interventions. Especially in low resource settings this is essential as patient numbers are high whilst staff and resources are limited.

On admission several prediction models have been designed to guide these decisions but very few have been implemented. Once patient are admitted to hospital the monitoring tools are scarce.

Continuous monitoring is commonly used in high income settings but applying monitors in low resource settings face several barriers and may need to be redesigned for use in these settings. Modern technologies such as contactless sensors and artificial intelligence may provide solutions to these challenges and could allow to predict the future.

The purpose of this session is to share knowledge on new prediction models and advances in continuous patient monitoring in paediatric critical care in low resource settings.

Our objective is to help build a community to improve critical care monitoring. Expanding the current initiative by the EDCTP-sponsored IMPALA consortium.

10:30 Social Impact Factory **Room 3 Seoul** | Track 1

Building bridges in essential surgical care and education

Netherlands Society for International Surgery; Radboud UMC Nijmegen; Queen Elizabeth Central Hospital, Malawi; Global Surgery Amsterdam; UMC Utrecht / Wilhemina Kinderziekenhuis (WKZ), the Netherlands

Co-chairs: Dr Eva Stortelder, pediatric surgeon, WKZ; Dr Marije Gordinou, oncological surgeon, WKZ; Dr Hanna Hazenberg, on behalf of the Netherlands Society for International Surgery

Speakers: Dr Kees van Laarhoven, Radboud University Medical Center, Nijmegen, the Netherlands; Dr Lucy Kaomba, Queen Elizabeth Central Hospital Blantyre, Malawi; Dr Matthijs Botman, UMC Amsterdam and founder of Global Surgery Amsterdam, the Netherlands

Surgical care is an essential part of global health and planetary health, accounting for one-third of the global burden of disease, and global surgery has been high on the international agenda for several years. By improving surgical care and surgical training, health care systems will also improve. Improving access to surgical care, and optimizing quality of surgical care and education, will diminish the burden of disease that now strikes millions of patients.

In this session inspiring examples of surgical partnerships in health care and education will be presented, followed by a lively discussion on how we could further build sustainable bridges in global surgery, aiming for planetary health for all.

The purpose of this session is to:

- Introduce the concept of essential surgical care and the ‘neglected surgical patient’ in global health care;
- Give inspiring examples of surgical partnerships in health care and education that are need- and demand driven, sustainable and adapted to local context;
- Start an interactive discussion with the audience on what sustainable surgical partnerships should include and how we could best and efficiently collaborate from low and high income settings to reach this.

13:30 Tivoli Vredenburg **Grote Zaal** | Track 3

A hidden tragedy: Why do so many people still die from lack of insulin?

Health Action International, the Netherlands

Chair: Prof Hans V Hogerzeil, University Medical Centre Groningen

Speakers: Molly Lepeska, Health Action International, Dr Margaret Ewen, Health Action International, Dr George Msengi, Civil Society Working Group, World Health Organisation, Janeth Marilyn Tenorio Mucha, CRONICAS Peru

Few practitioners and global health experts are aware of the hidden tragedy of the widespread lack of insulin in low-and middle-income countries (LMICs). Even hundred years after its discovery, about half the people in the world who need of insulin for their diabetes still have no access to this life-saving medicine. Lack of insulin leads to serious complications, disability and premature death.

Human insulin has been off-patent for many decades, but the insulin market is strongly dominated by only three pharmaceutical companies who leave very little room for meaningful competition. In many LMICs, monthly patient prices for insulin and blood glucose monitoring sticks can be over half a month's minimum wage. Newer insulin analogues are 5-10 times more expensive and are heavily promoted yet offer very few clinical advantages. The production and supply of biosimilar insulin products in LMICs faces many technical and regulatory challenges.

Globally, about 463 million people have diabetes, projected to increase to 700 million by 2045. The ever-increasing need for life-long prevention and treatment of non-communicable diseases (NCDs), including diabetes, is a challenge for governments in their efforts towards achieving universal health coverage. Insulin ranks in the top five most expensive medicines in NCD programmes. The lack of heat-stable products complicates regular supply and home use in tropical climates.

- From the health-system perspective of universal access to life-long treatment, ensuring uninterrupted access to insulin is a perfect test-case. The ultimate solution must be sought in the promotion of more competition by increasing the number of biosimilar insulins in the market, the inclusion of essential diabetes supplies (insulin, syringes, and blood glucose self-monitoring tools) in national health insurance programmes, and the integration of diabetes care into decentralized NCD programmes. Countries like Tanzania, Kyrgyzstan and Peru have made very good progress in this regard and may provide practical lessons for other countries.

13:30 Tivoli Vredenburg **Hertz** | Track 1

Ethical partnerships for health worker migration: perspectives, interests, criteria

Wemos

Chair: Corinne Hinlopen, Wemos

Speakers: Professor Dr Monique Kremer, Dutch Advisory Council on Migration, Dr Nadja Rakowitz, German Association for Democratic Doctors, Sophie van Hoenselaar, OTTO Health Care, (pre-recorded) interventions by Filipino Nurses United and Council for Health and Development

Like many other high-income countries, the Netherlands struggles with increasing health worker shortages. Measures taken by the Dutch government to tackle them are mainly aimed at increasing the intake of students, rolling out a campaign to emphasize the appeal of working in health and care and urging health employers and facility managers to improve working conditions and increase retention.

The possibility of recruiting from abroad has been mentioned by influential stakeholders and thinktanks. The Netherlands Scientific Council for Government Policy mentions 'targeted recruitment from abroad' to increase labour supply. The report stresses that an explicit government policy in this area has 'far-reaching implications, not just for healthcare but also for society, the economy, and government policy. This is why a broad-based political consideration is needed'.

More recently, the Dutch Advisory Committee on Migration Affairs published a report exploring the opportunities and conditions for ethical labour migration policy for health workers. The report draws from lessons from earlier experiences, highlights in detail the practical and ethical pros and cons of international recruitment of health workers and translates these into concrete policy recommendations.

But what is 'ethical recruitment' in practice? Wemos' view is: that depends on whom you ask. In this session, we will bring together different stakeholders, all with their own perspectives, experiences and ideas. We will explore the question whether these perspectives are compatible and if there are ethical partnerships thinkable that can potentially accommodate all interests.

13:30 Tivoli Vredenburg **Pandora** | Track 2

Cost-efficient monitoring and evaluation of soil-transmitted helminths control programmes

Department of Translational Physiology, Infectiology and Public Health, Ghent University, Merelbeke, Belgium; Department of Public Health, Erasmus MC, University Medical Center Rotterdam, Rotterdam, the Netherlands

Co-chairs: Bruno Levecke, Ghent University; Lisette Van Lieshout, Leiden University Medical Center

Speakers: Prof Luc E. Coffeng, University Medical Center Rotterdam, Ms Sara Roose, Ghent University, Prof Sitara SR Ajjampur, The Wellcome Trust Research Laboratory, Christian Medical College, Mr Peter Ward, (1) Enablers, Sweden; (2) IDLab, Department of Electronics and information systems, University of Ghent - Imec, Belgium; Mr Adama Kazienga, Ghent University

Soil-transmitted helminths (STHs) remain a public health concern, affecting approximately 1.5 billion of the world's population. In response, the World Health Organization (WHO) released its new 2030 targets for STH control programmes, aiming to reduce the number of tablets needed in preventive chemotherapy (PC) and eliminate STH as a public health problem. To track the progress toward achieving these targets, cost-efficient monitoring and evaluation (M&E) strategies are crucial. This is because STHs are predominant in resource-constrained countries, and it is important to minimize operational costs while ensuring the correctness of the programme decision.

This session will provide participants with new approaches for M&E of STH control programmes. In addition, the WHO launched a call to develop new and performant diagnostic methods in its 2021-2030 neglected tropical diseases roadmap. In response, our session will provide a view on promising and alternative diagnostic methods for M&E of STH control programmes. These promising tools are serology (detecting anti-parasite antibodies in the blood) and artificial intelligence-based digital pathology and might create the opportunity to further reduce the operational cost during M&E surveys by increasing the throughput rate.

13:30 Tivoli Vredenburg **Cloud Nine** | Track 2

Oral Abstract Presentations: Malaria (2)

External validation of the World Health Organization Integrated Management of Childhood Illness (IMCI) protocol for malaria testing in low malaria risk areas (Nadia Cattaneo *et al.*)

Malaria transmission dynamic on border areas in very low transmission phase: what role do mobilities play? (Hélène Tréhard *et al.*)

Phenotypic resistance but absence of knockdown mutations in *Anopheles albimanus* exposed to deltamethrin in southern coastal Ecuador (Sebastian Real-Jaramillo *et al.*)

High genetic flow and absence of knockdown mutations in *Anopheles albimanus* from two coastal regions of Ecuador (Juan José Bustillos *et al.*)

Assessment study of the knowledge, prevalence and control strategies of malaria among households, Sunyani Municipality, Bono Region, Ghana (Samuel Yaw Agyemang-Badu *et al.*)

13:30 Tivoli Vredenburg **Club Nine** | Track 1

Utilizing geospatial methods to drive health service delivery in the era of climate change

KIT Royal Tropical Institute; Institute of Global Health; Institute for Environmental Sciences, University of Geneva

Co-chairs: Dr Mirjam Bakker, KIT Royal Tropical Institute; Professor Nicolas Ray, Institute of Global Health & Institute for Environmental Sciences, University of Geneva

Speakers: Professor Nicolas Ray, Institute of Global Health & Institute for Environmental Sciences, University of Geneva, Dr Muhammed Semakula, KIT Royal Tropical Institute, the Netherlands; Dr Fleur Hierink, Institute of Global Health & Institute for Environmental Sciences, University of Geneva, Red Cross, the Netherlands, Jacopo Margutti, Data Scientist & Emergency Response Coordinator, 510, The Netherlands Red Cross.

This session aims to facilitate knowledge sharing and exchange among participants, providing valuable insights into geospatial methodologies using various sources of secondary data to inform, plan, and monitor health service delivery.

Presenters will showcase a suite of different spatial analysis and geoprocessing methodologies, which have been successfully applied in different contexts, including acute crisis response and tuberculosis care.

The focus will be on current uses of geospatial methodologies in directing health service delivery and climate resilience.

The session will also discuss health care planning for crisis preparedness and response, where existing health disparities are likely to be magnified and where resources need to be precisely targeted. Additionally, the session will present the conceptualization of these approaches for surveillance and projection of climate change related health impacts. The presenters will provide insights into the methodologies, while highlighting the challenges to improving, such as data caveats and knowledge exchange between different scientific disciplines.

The discussion will then focus on the use of these approaches in health service delivery considering the impacts of the climate crises, including vector-borne diseases, migration of vulnerable populations, and natural hazard-induced disasters. Participants will be invited to share their experiences in the field and encouraged to share challenges and potential solutions.

13:30 Tivoli Vredenburg **The Pit** | Track 6

Oral Abstract Presentations: Adolescent and Child Health

Neurodevelopment among children born after obstructed labour in Eastern Uganda (Martin Chebet *et al.*)

Hypoxaemia prevalence, management and outcome among children presenting to low-level health facilities in Tanzania and Rwanda (Alix Miauton *et al.*)

Adolescent health and well-being in communities affected by extractive industries in Mozambique: a stakeholder perspective (Olga Cambaco *et al.*)

The main determinants of drugs and alcohol use amongst adolescents in seven districts in Rwanda (Véronique Zinnen *et al.*)

The prevalence of mental disorders and suicidal behavior among adolescents in Kenya: Evidence from the Kenya National Adolescent Mental Health Survey (Yohannes Wado *et al.*)

Mitigating HIV treatment challenges faced by children and adolescents through the triple case management model in Chingola and Chililabombwe districts of Zambia (James Mwanza *et al.*)

13:30 Social Impact Factory **Event Space** | Track 5

Ensuring mother and child health care in a protracted crisis: the experience of Afghanistan

KIT Royal Tropical Institute, the Netherlands; HealthNet TPO

Chair: Sandra Alba, KIT Royal Tropical Institute, the Netherlands

Speakers: Abdul Majeed Siddiqi, HealthNet TPO; Margo van Gurp, MSc, KIT Royal Tropical Institute; Dr Nasratullah Ansari, independent researcher, Dr Egbert Sondorp, KIT Royal Tropical Institute and WHO advisor

The sudden regime change in Afghanistan in August 2021, with the Taliban now leading the de-facto government, has been a major shock to the health system. Major threats to the system include the withdrawal of international funding, a massive drain of clinical and public health professionals, and concerns over negative influence of the new government lacking the competence to run the health systems. A further threat is the regime's perspective on human rights that negatively affects women's and minorities' access to health care.

The SEHAT and Sehatmandi public health programmes were implemented consecutively in Afghanistan until 2021 to ensure universal access to health services and health equity, with a strong focus on maternal and child health care. With the Taliban take-over international donors withdrew development funding towards these programmes which are now being sustained in a more reduced form primarily through humanitarian funding streams.

In this session we discuss the resilience of the health system in providing universal access maternal and child health service considering three phases: 1) absorbing the shock of the 2021 Taliban take-over, 2) adaptation of the health system in response to change, and 3) possibilities that lie ahead to transform the health system given in the new political reality, to continue ensuring equitable access to health services, despite increasingly challenging living and working conditions for women.

13:30 Social Impact Factory **Room 1 Sydney** | Track 5

Oral Abstract Presentations: Vulnerable populations and gender-based violence (1)

Modus operandi of war time rape: the case of Tigray, Ethiopia (Kokob Gebru Kidanu *et al.*)

Addressing the evidence gap for gender-based violence in Northwest Ethiopia 2022 (Keflie Yohannes Gebresilassie *et al.*)

Addressing the needs of Ethiopia's street homeless women of reproductive age in the health and social protection policy: a qualitative study (Kalkidan Yohannes *et al.*)

A perpetual culture of emergency: a scoping review on access to sexual and reproductive healthcare for refugees in camps and informal settlements in the WHO European region (Jamilah Sherally *et al.*)

Care to gender-based violence survivors in Benin: is social dimension in the community the missing piece of the puzzle? (Paulin Codjo Sogbohossou *et al.*)

13:30 Social Impact Factory **Room 2 Singapore** | Track 2

Respiratory Syncytial Virus epidemiology and global burden of disease

ResViNET

Chair: Dr Lieke de Vrankrijker, UMC Utrecht, the Netherlands

Speakers: Dr Natalie Mazur, UMC Utrecht the Netherlands; Dr Jonne Terstappen, UMC Utrecht, the Netherlands; Dr Senjuti Saha, Child Health Research Foundation, Bangladesh

Respiratory Syncytial Virus (RSV) is the second leading cause of infant mortality after the neonatal period with more than 99% of childhood deaths occurring in low-income and middle-income countries (LMICs).

Nevertheless, the RSV burden in children is likely underestimated, and major gaps in knowledge regarding RSV disease burden have been addressed only recently. In older adults (aged >60 years), the burden of morbidity and mortality due to RSV was also underestimated until recently.

Modelling studies now estimate that the RSV burden is similar to the burden of seasonal influenza in adults older than 65 years. Preliminary economic evaluations have highlighted the potential value of a vaccine for older adults, especially in high-income countries.

13:30 Social Impact Factory **Room 3 Seoul** | Track 2 Track 6

Training in sustainable local collaboration in the global health setting; examples from the field

Opleidingsinstituut Internationale Gezondheidszorg en Tropengeneeskunde (OIGT)

Co-chairs: Dr Albertine Baauw, OIGT, Dr Heleen Kruij, OIGT

Speakers: Dr Bwire Chirangi, Shirati KMT Hospital, Tanzania; Jan Rademaker, Shirati KMT Hospital, Tanzania; Bente van der Meijden, Kamuzu University of Health Sciences, Malawi; Victoria Von Salmuth, Maastricht University, the Netherlands in cooperation with Shirati KMT Hospital, Tanzania; Dr Nikolien van de Ven, AIGT; Dr Margarita Boering, AIGT; Dr Lombani Mhango, AIGT; Dr Starlin Vijay, Psychiatrist at Makunda Christian Leprosy and General Hospital, Assam, India

Which conditions are needed to prepare health care professionals to create sustainable collaborations in global health settings, within the evolving perspectives on planetary health and health equity? What does this mean for the Global Health & Tropical Medicine training programme (Physician GH&TM) and other training programmes?

Examples of local projects that OIGT residents have worked on during their training for Physician GH&TM will be presented. Consequently, a plenary discussion will take place where session participants are invited to share their experiences and thoughts on the subject. Principle values and conditions for sustainable collaboration in the global health setting will be discussed and formulated as take-home messages for training programmes and courses.

13:30 Social Impact Factory **Room 4 Dublin** | Track 1

Oral Abstract Presentations: Environmental exposures

Sociodemographic factors rather than early-life exposure to ambient air pollution increases risk of under-5

mortality in the Navrongo Health and Demographic Surveillance Site (Ali Moro *et al.*)

Longitudinal associations of neighbourhood environmental exposures with externalising and internalising problems during adolescence: findings from the TRAILS study (Yi Zeng *et al.*)

Can causal structure discovery be used to strengthen inference for exposome studies? (Salome Kakhaia *et al.*)

A quantitative assessment of natural and anthropogenic effects on the occurrence of high air pollution levels in Dhaka and neighboring cities and its health consequences (Riaz Hossain Khan *et al.*)

Variability in main sources of improved drinking water over time in Latin America and the Caribbean (John McLennan)

Impact of a raw coal ban upon air pollution and maternal health in Ulaanbaatar: an interrupted time series study (Emma Dickinson-Craig *et al.*)

15:30 Tivoli Vrendenburg **Grote Zaal** | Track 4

Planetary health and wellbeing: what does mental health mean on a warmer planet? Transdisciplinary views and diverse contexts

Be-Cause Health/Planetary Health working group, Erasmus School of Health Policy and Management, Erasmus University Rotterdam, the Netherlands

Chair: John Jamir Benzon R. Aruta, Department of Psychology, De La Salle University Philippines

Speakers: John Jamir Benzon R. Aruta, De La Salle University Philippines; Dr Matteo Innocenti, Istituto Psicologico Italiano, Italy; Davide Ziveri, Handicap International, Belgium; Hilda Flavia Nakabuye and Rivka Meelis, Fridays For Future, Uganda & Netherlands; Adrian Xopan, Mexican Indigenous; Chiara Cadeddu, Erasmus School of Health Policy and Management - Erasmus University Rotterdam, the Netherlands; Elisa Vanlerberghe, Francarita Belgium; Michele Lapini, freelance photographer

The climate crisis is one of the greatest challenges of the 21st century, affecting the health of the earth and all life on it (including human life).

While the consequences of the climate emergency on physical health have been described in literature, mental health impacts are given less consideration and evidence is still limited. Extreme weather events represent potential stressors and triggers for trauma and mental illness, such as depression and post-traumatic stress disorder. Furthermore, ongoing or anticipated climate and environmental change can negatively affect mental wellbeing, causing eco-anxiety, eco-paralysis and/or other chronic conditions, and exacerbate conflicts and violence in countries already hit by social injustice.

In this view, youth climate activists and indigenous communities are relevant voices to be listened at. They could guide us in seeing the climate crisis as a health crisis that should be analyzed and tackled through a planetary health approach.

This workshop will combine content on direct and indirect impacts on mental health of the climate crisis by different and distinctive perspectives with debates and an interactive session with audience. This interdisciplinary presentation aims at fostering a productive exchange to explore public health issues at the interface of climate change and mental health.

The aims of the workshop are to:

- gain deeper understanding of the climate change impacts on public mental health;
- hear and learn from perspectives and engagement experiences by resilient communities and individuals;
- explore possible good practices when working with communities to improve climate change-related mental health outcomes;
- engage the global health sector in the fight against climate injustice and for health equity;

15:30 Tivoli Vrendenburg **Hertz** | Track 2

Clinical development of new anti-malarials

German Society for Tropical Medicine, Travel Medicine and Global Health c/o Bernhard-Nocht-Institut für Tropenmedizin, Hamburg, Germany

Co-chairs: Dr Carsten Köhler, Institute of Tropical Medicine, Travel Medicine and Human Parasitology, Germany; Professor Peter G. Kremsner, Tübingen University, Germany

Speakers: Professor Michael Ramharter, Bernhard-Nocht-Institut für Tropenmedizin, Germany; Dr Jana Held, I Tübingen University, Germany; Dr Rella Manego, Centre de Recherches Médicales de Lambaréné (CERMEL), Gabon; Dr Ghyslain Mombo-Ngoma, CERMEL, Gabon and Bernhard-Nocht-Institut für Tropenmedizin, Germany

Every year there are more than 200 million cases of malaria and about half a million deaths worldwide; African children aged five and under bear the major burden. The most effective way to prevent an uncomplicated case of malaria from developing into severe disease and death is through prompt diagnosis and treatment. Currently, artemisinin-based combination therapies are the mainstay of treatment in all malaria-endemic countries. However, history has taught us that malaria parasites can become resistant to almost all drugs used heavily in clinical practice.

Therefore, there is an urgency to achieve the development of new combinations of antimalarial drugs with new mechanisms of action. The ultimate goal is the development of a combination of new compounds that block all stages and are potent enough to work as a curative single-dose, described as a Single Exposure, Radical Cure and Prophylaxis (SERCaP) treatment.

To preserve the existing antimalarial drugs, there are suggestions of triple or more combination therapies to gain time while new drugs with different modes of action and no cross-resistance with the current drugs will be implemented. There are presently several compounds in patient exploratory phases for blood-stage treatments including the imidazolopiperazine ganaplacide (KAF156), the more rapidly acting spironolactone cipargamin (KAE609), the Plasmodium eukaryotic translation elongation factor 2 (PeEF2) inhibitor M5717, the triaminopyrimidine ZY19489, and the more recent imidazothiadiazole INE963.

In this session we will present updates on clinical trials on triple and quadruple therapies made of artemether-lumefantrine plus atovaquone-proguanil or artesunate-pyronaridine plus fosmidomycin for uncomplicated malaria and artesunate-fosmidomycin-clindamycin for severe malaria, in addition to updates on the development of the combinations ZY19489-ferroquine, ganaplacide-lumefantrine, and M5717-pyronaridine.

15:30 Tivoli Vrendenburg **Pandora** | Track 2

Strongyloidiasis: challenges in endemic and non -endemic areas

IRCCS Sacro Cuore Verona, Italy; Leiden UMC, the Netherlands

Co-chairs: Dr Dora Buonfrate, IRCCS Verona, Italy; Professor Lisette van Lieshout, Leiden UMC, the Netherlands

Speakers: Professor Emmanuel Bottieau, Institute of Tropical Medicine, Belgium; Professor Jennifer Keiser, Swiss Tropical and Public Health Institute, Switzerland; Professor Lisette van Lieshout, Leiden UMC, the Netherlands; Professor José Muñoz, ISGlobal, Dr. Francesca Tamarozzi, Istituti di Ricovero e Cura a Carattere Scientifico (IRCCS) Sacro Cuore Don Calabria

Strongyloidiasis by *S. stercoralis* is a neglected tropical disease that, according to most recent estimates, affects around 600 million people worldwide. There is no gold standard for diagnosis, and testing methods should vary based on setting (e.g. endemic versus non-endemic area) and purpose (e.g. screening versus individual diagnosis). Also, treatment strategies may vary according to the context.

The aim of this session is to present the peculiarities and complexities of strongyloidiasis, highlighting the different approaches needed for diagnosis, clinical management and control in endemic versus non-endemic areas.

15:30 Tivoli Vrendenburg **Cloud Nine** | Track 3

Developing national roadmaps for scaling-up integrated care – lessons to be learned from the SCUBY project

UMC Utrecht in collaboration with the SCUBY consortium

Chair: Dr Martin Heine, UMC Utrecht, the Netherlands

Speakers: Dr Srean Chimm, National Institute of Public Health, Cambodia; Dr Monika Martens, Institute of Tropical Medicine, Belgium; Dr Črt Zavrnik, Dr Tina Virtic and Dr Matic Mihevc, Primary Healthcare Research and Development Institute, Slovenia; Mr Tyrone Reden Sy, WHO Regional Office for Europe; Dr Sean Taylor, World Heart Federation

The purpose of this session is to present the development and outcome of three country-specific roadmaps (Cambodia, Slovenia, Belgium) for the scale-up of an integrated care package for Type 2 Diabetes and Hypertension. These roadmaps are the end-project of a multi-year, European funded, project titled "Scaling up integrated care for Type 2 Diabetes and Hypertension" (SCUBY).

In the form of a panel discussion (talk-show type format), we will subsequently discuss the value and challenges in developing broad (national, global) strategies and roadmaps for strengthening health systems; and the intricacies of converting such strategies into local or regional change for impact. Dr Grace Marie Ku will host, the panellists/guests converse, and audience participation is encouraged to ask questions or share their opinion/experiences.

The objectives are to:

- Draw lessons from best-practice examples of developing roadmaps for integrated care across three diverse health systems (Cambodia, Slovenia, and Belgium)
- Reflect on the value and challenges encountered, innovations done in response to challenges, and lessons to be learned to develop and to capitalize on national and global strategies, in order to catalyze subnational and regional change

15:30 Tivoli Vrendenburg **Club Nine** | Track 1

Fighting falsified and substandard medicines: acting on evidence in Indonesia and Afghanistan

Erasmus School for Health Policy and Management, Erasmus University Rotterdam; KIT Royal Tropical Institute, the Netherlands

Co-chairs: Dr Maarten Kok, Erasmus School for Health Policy and Management, Erasmus University Rotterdam, Universitas Gadjah Mada, Yogyakarta Indonesia; Dr Elisabeth Kleipool, Dr Sandra Alba, PhD, KIT Royal Tropical Institute, the Netherlands

Speakers: Amalia Hasnida, ESHPM Erasmus University; Maarten Kok ESHPM Erasmus University; Dr Elisabeth Kleipool, KIT Royal Tropical Institute, the Netherlands; Nima Yaghmaei, KIT Royal Tropical Institute, the Netherlands

In this session, we focus on the fight against falsified and substandard medicines in Indonesia and Afghanistan, presenting original studies on the size and nature of the problem and proposing solutions. How big is the problem? What are the root causes and what can be done to protect patients from poor-quality medicines? We will explore different methods for assessing the quality of medicines in both the public and private sector and present empirical examples of both random and risk-based sampling, patient perceptions, and an ongoing review of which medicines in the market are most at risk.

Our interactive session will centre on what can be done to reduce the chance that falsified and substandard medicine penetrate the market and reach patients. We will focus on how research can be used to ensure the safety and efficacy of pharmaceutical products and the need for intergovernmental collaboration, between departments and sectors, regulatory bodies, healthcare providers, and other stakeholders who play a role in ensuring the quality of medicines. Ultimately, our goal is to contribute to the global effort to address the drug quality crisis and improve access to safe and effective medicines for all.

15:30 Tivoli Vrendenburg **The Pit** | Track 1

Oral Abstract Presentations: Humanitarian and disaster mitigation and responses

Where planetary health meets emergency humanitarian medicine: experiences from MSF projects in Honduras, Madagascar and Mozambique (Lachlan McIver)

Health services supervision in a protracted crisis: a qualitative study into supportive supervision practices in South Sudan (George Lutwama et al.)

Environmental impact and mineral and energy requirements of the use of an electronic clinical decision support algorithm to manage sick children in Tanzania: a life cycle assessment (Nina Emery *et al.*)

Access to care in Afghanistan: a mixed-methods study exploring trends, barriers, and changes after the Taliban takeover (Martina Valente *et al.*)

Development of tailored interventions to increase HPV and MMR vaccine uptake in underserved communities in the European region (Bert van Enter *et al.*)

The Dutch post-graduate training in global health and tropical medicine: international stakeholders' perspectives (Jamilah Sherally *et al.*)

15:30 Social Impact Factory **Event Space** | Track 1

The exposome and planetary health - multi-faceted data for a multi-faceted field

Utrecht University

Chair: Dr George Downward, Department of Environmental Epidemiology, Institute for Risk Assessment Sciences, Utrecht University and UMC Utrecht, the Netherlands

Speakers: Professor Roel Vermeulen, Department of Environmental Epidemiology, Institute for Risk Assessment Sciences, Utrecht University and UMC Utrecht, the Netherlands; Tabea Sonnenschein, UMC Utrecht, the Netherlands; Salome Kakhaia, UMC Utrecht, the Netherlands; Caspar Safarlou, UMC Utrecht, the Netherlands

There is a complex and inter-connected relationship between human activities, environmental degradation, and disease. The exposome concept was developed with the purpose of examining the entirety of human exposure across the life course.

Within this session we will describe and discuss the role of the exposome and exposomic approaches within the planetary health sphere.

15:30 Social Impact Factory **Room 1 Sydney** | Track 1

Oral Abstract Presentations: Health Systems (1)

Using corporate human rights benchmarking to advance universal health coverage and equitable access to medicines (Rosalind Turkie *et al.*)

Determinants of availability of essential medication in public health facilities in Afghanistan (Margo van Gorp *et al.*)

Toward universal health coverage: an innovative approach to teaching pharmaceutical policies in health systems (Raffaella Ravinetto *et al.*)

Strengthening the capacity of health system actors within research program consortium: Experience from CHORUS (Baby Naznin *et al.*)

Applying the ResQ approach to performance-based financing: a theory-based approach to further our understanding of how health care systems function (Dimitri Renmans)

Implementation of a decentralised maintenance model with measurable impact on functionality and availability of medical equipment in health care facilities in Burundi (Farah Beniacoub *et al.*)

15:30 Social Impact Factory **Room 2 Singapore** | Track 1

Reflecting on Global Health discourse: towards socially just knowledge construction in Global Health programmes

tropEd

Chair: Lisa Hoffaeller, Center for International Health, Ludwig-Maximilians-Universität München, Germany

Speakers: Dr Karin Gross, Swiss Tropical and Public Health Institute, Switzerland; Dr Jani Puradiredja, Bernard Nocht Institute for Tropical Medicine, Germany; Francine Egberts, KIT Royal Tropical Institute, the

Netherlands

The purpose of this session is to reflect and discuss global health discourses that may implicitly or explicitly enforce social injustice.

Furthermore, the session aims to provide food for thought: what can lecturers, students and global health professionals do to construct knowledge and narratives in a more equitable and socially just manner?

15:30 Social Impact Factory **Room 3 Seoul** | Track 6

Oral Abstract Presentations: Paediatric infectious disease

Antibiotic stewardship using the ePOCT+ digital clinical decision support algorithm in primary care facilities in Tanzania: results from a cluster randomized controlled trial (Rainer Tan *et al.*)

Impact of a novel digital clinical decision support algorithm (e-POCT+) in malaria management cascade in children aged 2 months to 14 Years in Tanzania, results from a cluster randomized controlled trial (Lameck Luwanda *et al.*)

Effectiveness of a clinical decision support algorithm (ePOCT+) in improving quality of care for sick children in primary health facilities in Tanzania (DYNAMIC project): results from a cluster randomized trial (Godfrey Kavishe *et al.*)

Clinical predictors of bacteraemia in neonates with suspected early-onset sepsis in Malawi: a prospective cohort study (Tessa de Baat *et al.*)

Severe RSV Infection among children younger than 2 years admitted to the paediatric intensive care unit in low- and lower-middle income countries (Yvette Löwensteyn *et al.*)

Prevalence and factors associated with anaemia in children aged 6–24 months living a high malaria transmission setting in Burundi (Jean Claude Nkurunziza *et al.*)

15:30 Social Impact Factory **Room 4 Dublin** | Track 2

Oral Abstract Presentations: Outbreaks

The forgotten survivors of epidemics and pandemics: a 2022 cross-sectional study of Ebola virus disease survivors and close contacts in Sierra Leone on clinical and psycho-social effects (Brayden Schindell *et al.*)

Cholera epidemic and first deployment of the health emergency management project team in Madarounfa, Niger, September 2022 (Moustapha Mahamadou Yacouba)

Frequent monkeypox virus spillover in the northern Republic of the Congo, 2018 – 2022 (Bachir van Egmond *et al.*)

Spatial clustering, hotspot analysis and temporal distribution of the seventh Ebola Virus Disease outbreak in Uganda (George Paasi *et al.*)

Constructing a high-level isolation unit in Rwanda and implementing a high – consequence infectious diseases – related training program for healthcare workers: The Efficiency by Edification – Center of Excellence (EFO-CoE) project (Thomas Paerisch *et al.*)

Assessment of the effectiveness of rat traps in the control of plague in endemic areas of Madagascar (Vatsiharizandry Mandrosovololona *et al.*)

17:15 Tivoli Vredenburg **Grote Zaal** | Track 2

Tuberculosis in the context of the Covid-19 pandemic: how to turn challenges into opportunities
Presentation of COST action ADVANCE TB

1. ADVANCE-TB 2. INNOVA4TB

Co-chairs: José Domínguez, Institut d’Investigació Germans Trias i Pujol, Spain, Cristina Prat Aymerich, UMC Utrecht, the Netherlands

Speakers: Alicia Lacoma, Institut d’Investigació Germans Trias i Pujol, Spain, Nancy Virginia Sandoval Paiz, Asociación Guatemalteca de Enfermedades Infecciosas, Guatemala, Zorica Nanovic, PHI Institute for

Lung Diseases and Tuberculosis, Skopje, Republic of North Macedonia, Helen Savage, Liverpool School of Tropical Medicine, UK, Lorenzo Guglielmetti, National Reference Center for Mycobacteria, Pitié-Salpêtrière Hospital; Sorbonne University; Médecins Sans Frontières, France, Saddiq Abdurrahman, Public Health Department, Health and Human Services Secretariat, Abuja, Nigeria

Tuberculosis (TB) has been, already for too many years, the leading cause of mortality from an infectious disease globally. Although global TB control efforts were not on track even before the advent of the Covid-19 pandemic, diagnostic, prevention and treatment strategies have been tremendously impacted in terms of disruption at every single level for the long term planned strategies for TB control.

SARS-CoV-2 is unquestionably a One Health disease and has highlighted the concept of syndemics. The ADVANCE-TB is a research network that offers opportunities for collaboration between clinicians, academic researchers from interdisciplinary backgrounds, industry and non-governmental organizations to achieve breakthroughs difficult to obtain by individual partners, allowing a better understanding of the underlying host-pathogen mechanisms, enabling the transfer of basic science into innovative applications and allowing product development and clinical validation.

This session aims to discuss current gaps and unprecedented opportunities to improve TB management and lessons learned as well as presenting the network as a platform for research coordination and capacity building activities. Objectives for the presentation in this congress aim for strengthening interdisciplinary collaboration which is mandatory for any progress in global health.

17:15 Tivoli Vredenburg **Hertz** | Arts and Culture

The stories and science behind the ECTMIH 2023 art and culture

Federation of European Societies for Tropical Medicine and International Health, European Congress on Global Health, Nederlandse Vereniging voor Tropische Geneeskunde en internationale Gezondheidszorg

Chair: Megan Milota, UMC Utrecht and the New Utrecht School, the Netherlands

Speakers: Dr Megan Milota, UMC Utrecht & The New Utrecht School, the Netherlands; Hozan Zangana, Hozan Zangana Studio, the Netherlands; Dr Niloufar Ashtiani, CoMaster, Radiqs, Hozan Sangana Studios, the Netherlands; Dr Saskia Duijs, Amsterdam UMC, the Netherlands; Dr Arsenii Alenichev, University of Oxford, UK; Dr Nazmul Alam, Asian University of Women, Bangladesh

The 13th European Congress on Global Health (ECTMIH 2023) has made a deliberate effort to integrate arts and culture throughout the programme. During this session, we invite the artists whose work are exhibited to tell us more about their inspiration and creative practices.

First, Megan Milota will provide a general introduction about the role of art and culture in health, healthcare and societal transformation. Three artists will then elaborate on their work. Hozan Zangana and Niloufar Ashtiani will talk about the vision and process behind their sculpture about the Jezedi women that show the invisible wounds of the refugee crisis. Saskia Duijs will share the stories behind her insistent photography about racism and discrimination in elderly care. Arsenii Alenichev will reflect on the lessons learned from his recent art-meets-science exhibition on artificial intelligence’s reproduction of biased imagery in global health visuals. Finally, the various artworks created by the students of the Asian University for Women in Bangladesh will also be introduced by Dr Nazmul Alam.

17:15 Tivoli Vredenburg **Pandora** | Track 5

Are you applying an intersectional lens to your work on sexual and reproductive health and rights?

Make Way Consortium members: Wemos, the Netherlands; Liliane Fonds, the Netherlands; VSO Netherlands;

Chair: Lisa Ligterink, global health advocate, Wemos, the Netherlands

Speakers: Srushti Mahamuni, Advocacy and SRHR adviser, Liliane Fonds, the Netherlands, other speakers TBC

The Make Way consortium aims to break down structural barriers to sexual and reproductive health and rights (SRHR) through an intersectional approach to SRHR advocacy programmes in five countries in East

and Southern Africa, as well as at the regional and global level.

This innovative and pioneering work is done by applying an intersectional lens to SRHR and creating a bridge of evidence that brings theory and practice together to solve SRHR issues with a deep understanding of the complex realities on the ground. This means making overlapping vulnerabilities visible to understand their effects on people’s SRHR, at national, regional and global level. With insights and sound data, we develop innovative tools and build capacities of other civil society organisations to advocate the needed policy and societal changes.

Our flagship product is the Make Way Intersectional SRHR Toolkit, which contains tools that can help you adopt an intersectional lens in policy and budget analyses, communication, social accountability, youth engagement and youth leadership.

This session aims to let participants experience intersectionality and provides them with insights into two tools that have been applied in our programme. Together we will explore the different routes to advocate for intersectional SRHR programmes and policies that leave no one behind.

We will start with the Inclusive Health Game. This game helps participants of the session to understand some of the barriers that people with intersecting identity characteristics face when they make use of health care services – and to create short term and long-term solutions so that participants can better advocate for health equity. Barriers range from how to enter the health centre, to how to access information that is not provided that is not geared towards people with certain characteristics (e.g., disability, gender identity) and counter stigmatizing beliefs about their (sexual and reproductive) health needs.

17:15 Tivoli Vredenburg **Cloud Nine** | Track 2

The challenge of schistosomiasis treatment in young children and pregnant women - example of freeBILy

Bernhard Nocht Institute for Tropical Medicine; Leiden University Medical Center

Co-chairs: Daniela Fusco, Bernhard Nocht Institute for Tropical Medicine, Germany; Govert van Dam, Leiden University Medical Center, the Netherlands

Speakers: Pytsje Hoekstra-Mevius, Leiden University Medical Center; Raphaël Rakotozandrindrainy, University of Antananarivo; Josiane Honkpehedji, CERMEL Gabon; Friederike Roeder, IS-Global

The World Health Organization Neglected Tropical Diseases 2030 Roadmap targets for schistosomiasis focus on elimination as a public health problem, and the potential interruption of transmission. As such, there is a need for the alignment of national guidelines and strategies of endemic countries to include all groups at risk for the disease in targeted interventions such as preventive chemotherapy.

However, there is a lack of prevention and treatment for schistosomiasis in two risk groups: preschool-aged children and pregnant women. Despite being heavily affected by the disease, research and policy have neglected both, (resulting in an absence of systematic treatment and testing practices). The reluctance to treat these two medically vulnerable groups as a preventive measure raised the question if a test and treat strategy might be a more effective solutions to reach these groups. freeBILy is a clinical trial conducted in Gabon and Madagascar. It is aimed at assessing the feasibility, effectiveness and safety of a test-based schistosomiasis treatment with Praziquantel in pregnant women and young children. In this session, we present the findings of the trial in order to discuss with the global health community the next steps needed to further push endemic countries to adapt strategies for treating young children and pregnant women.

After a brief introduction of the trial, four presentations of the main findings will be held. Specifically, we will discuss the diagnostic challenges for schistosomiasis, the safety and tolerability of Praziquantel, the efficacy of treatment in young children and pregnant women and the cost effectiveness of the test and treat strategy for schistosomiasis. A final debate between the speakers and the public will be opened in order to pinpoint challenges and opportunities identified by freeBILy and aligning those with the WHO NTD 2030 Roadmap targets for schistosomiasis.

17:15 Tivoli Vredenburg **Club Nine** | Track 3

Engaging communities in prevention and control of non-communicable diseases

UMC Groningen, the Netherlands, Trnava University, Slovakia, University of Passau, Germany, HelpAge International, UK, Age International, UK, Thay Nguyen University, Vietnam, Health Strategy and Policy Institute, Vietnam, University Sebelas Maret, Indonesia, University of Public Health, Myanmar

Chair: Dr Jaap Koot, UMC Groningen

Speakers: Zinzi Pardoel, UMC Groningen, Hanneke Vervoort, UMC Groningen, Dr Jurjen van der Schans,

RUG/UMC Groningen

The purpose of this session is to strengthen community-based approaches in national prevention and control programmes for non-communicable diseases (NCDs) in low- and middle-income countries.

We will discuss:

- empowerment strategies for community groups in improving own health and wellbeing;
- strategies of implementing national NCD prevention and control programmes in decentralised health systems;
- cost-effectiveness of community-based strategies
- the experiences of the SUNI-SEA research project in South-East Asia

The session will start with a short video on the experiences of communities involved in the screening and health promotion for NCDs. The speakers will give a short introduction concerning the themes, and afterwards there will be ample time for discussion with the participants in the session,

Key questions might include: how to address social determinants of NCDs at community level? How to strengthen collaboration between primary healthcare and community organisations? How to guarantee quality and continuity of community activities in order to achieve cost-effectiveness?

17:15 Tivoli Vredenburg **The Pit** | Track 1

Climate Change and waterborne infectious diseases

National Institute for Public Health and the Environment (Rijksinstituut voor Volksgezondheid en Milieu or RIVM), the Netherlands

Speakers: Jesse Limaheluw, RIVM; Jerome Lock-Wah-Hoon, RIVM

Waterborne bacteria, viruses and parasites can cause many different diseases, including diarrheal diseases such as cholera, and remain an important cause of poor health. Most of these diseases are affected by climate change, and impacts are already being observed worldwide. Without adaptation efforts, climate change could slow down progress on reducing their burden of disease. As over 25% of the world population still lacks access to safely managed drinking water, primarily in low- and middle income regions, the implications for public health could be significant.

In this session, we explore the issue of waterborne infectious diseases and climate change through a global health lens. We will discuss how climate change can affect waterborne infectious diseases and how it interacts with other developments such as improvements in access to good water, sanitation and hygiene facilities. Through case studies we will demonstrate what this means in practice and what work is being done to address these challenges. Finally, we will apply these lessons in a serious game and open discussion where we will reflect on real-life scenarios and think of possible solutions to the presented problems

17:15 Social Impact Factory **Event Space** | Track 1

Plastics in our air, water and places. Health effects and research challenge

Utrecht University

Chair: George Downward, Department of Environmental Epidemiology, Institute for Risk Assessment Sciences, Utrecht University and UMC Utrecht, the Netherlands

Speakers: Professor Roel Vermeulen, Department of Environmental Epidemiology, Institute for Risk Assessment Sciences, Utrecht University and UMC Utrecht, the Netherlands; Dr Runyu Zou, UMC Utrecht, the Netherlands; Laura Zoutendijk, Inorganic Chemistry and Catalysis group, Utrecht University, the Netherlands
Over recent decades, humanity has been producing an ever-increasing number of plastics, which have largely been continually accumulating in our environments. Studying exposures and consequences to plastic waste is a challenging and still emerging field.

In this session we will describe current progress in this field and what health effects can be anticipated.

17:15 Social Impact Factory **Room 1 Sydney** | Track 4

Oral Abstract Presentations: Mental health in the context of SRHR and maternal health

Trajectories of (mental) well-being: understanding resilience in trans persons in Costa Rica (Natalia Sanchez Villalobos)

Acceptability and feasibility of a group-based mental health intervention for pregnant women in Kenya (Sujan Katuwal *et al.*)

A systematic review of the epidemiology of maternal mental health in Africa: types, magnitude, determinants, health outcomes and service utilization (Amanuel Abajobir *et al.*)

The association of HIV status and depressive symptoms in the Ndlovu Cohort Study, South Africa (Li Xiang den Boer *et al.*)

17:15 Social Impact Factory **Room 2 Singapore** | Track 4

Global Pediatric Oncology

UMC Utrecht, the Netherlands; Princess Maxima Center for Pediatric Oncology, the Netherlands

Chair: Dr Minke Huibers, Princess Maxima Center for Pediatric Oncology, the Netherlands

Speakers: Laura van Tinteren, Princess Maxima Center, the Netherlands; Dr Noa Wijnen, Princess Maxima Center, the Netherlands; Dr Larissa Klootwijk, MD, Princess Maxima Center, the Netherlands; Eva Stortelder, MD, Utrecht UMC

This session is about global perspectives on paediatric oncology care. The session elaborates on current achievements and challenges within childhood cancer care globally.

After an interactive introductory presentation we will dive deeper into current practice and present work on paediatric oncology surgery. Finally, some of the scientific achievements of the programme will be presented by two twinning PhD students

17:15 Social Impact Factory **Room 3 Seoul** | Track 6

Oral Abstract Presentations: Health systems in child health

Identifying clinical skill gaps of health workers using a decision support algorithm during consultation in Rwanda (Haykel Karoui *et al.*)

The first signs of change: predicting clinical deterioration and mortality at different stages during hospital admission. A systematic review of risk prediction models in children in Low-and Middle-Income countries (Deborah van den Brink *et al.*)

The impact of the International Code of Marketing of Breast-Milk Substitutes on child mortality in Ghana and Tanzania (Juliana Lima Constantino *et al.*)

Growing knowledge and health: insights from India's Andhra Pradesh School Kitchen Garden Programmes (Abhijith Parameswaran)

Strategies to implement the Standardized Infant NeuroDevelopmental Assessment (SINDA), an excellent tool for global child health care professionals to detect infants at high risk of neurodevelopmental disorders (Roselin van der Torren-Klever *et al.*)

Questioning UNICEF's population level index of severe physical punishment of children (John McLennan)

17:15 Social Impact Factory **Room 4 Dublin** | Track 1 Track 6

Oral Abstract Presentations: Pandemic mitigation and responses (1)

A sending country's response to migrant health during the first two years of the Covid-19 pandemic: a case study from the Philippines (Renzo Guinto *et al.*)

Patient engagement in access to healthcare and essential health products in the Philippines in the era of universal health care and Covid-19: a multi-method case study (Renzo Guinto *et al.*)

Emergency preparedness and integrated surveillance potential of a rapid diagnostic for Covid-19 and TB at airport quarantine in Bangladesh (Farzana Zaman *et al.*)

Preventing the next pandemic through a planetary health approach in Africa (Taofeekat Adigun et al.)

Wednesday 22 November

08:30 Tivoli Vrendenburg **Grote Zaal** | Plenary

The new EU Global Health Strategy: implications for research

Amsterdam Institute for Global Health and Development (AIGHD); ISGlobal; European Global Health Research Institutes Network (EGHRIN)

Co-chairs: Dr Antoni Plasencia, ISGlobal, Spain, Chair Executive Committee EGHRIN; Professor Anna Vassall, AIGHD

Speakers: Dr Jan Paehler, EU Commission; Lisa Goerlitz, Deutsche Stiftung Weltbevölkerung (civil society) Germany; Dr Constance Assouhou-Luty, World Health Organization, Switzerland; Professor Till Baernighausen, Heidelberg University, Germany

In early 2023 the European Commission launched its new Global Health Strategy, providing an important framework for European investment in global health research.

This session will inform researchers from EU and non-EU countries about the opportunities for global health research in the context of the new Global Health Strategy, and discuss how the strategy can further translate into funding for global health research and which gaps remain that should be addressed.

10:30 Tivoli Vrendenburg **Grote Zaal** | Track 5

When the climate impacts our sexual and reproductive health and rights: linking research, policy and practice

Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER); International Centre for Reproductive Health Belgium (ICRH), Ghent University, Belgium; KIT Royal Tropical Institute, the Netherlands

Chair: Emilie Peeters, ANSER and ICRH, Ghent University, Belgium

Speakers: Dr Malachi Ochieng Arunda, Karolinska Institutet, Sweden; Judith Brusselmans, Ghent University, Belgium; Dr Feziwe Mpondo, Wits Reproductive Health and HIV Institute, South Africa; Dr Isabelle Lange, London School of Hygiene & Tropical Medicine, UK; Francesca Conway, World Health Organization, Switzerland; Ophelia Chatterjee and Tasneem Kakal, KIT Royal Tropical Institute, the Netherlands

The impact of sexual and reproductive health and rights (SRHR) on the population and the environment has been frequently discussed, however much less attention has been given to the reverse process: how does a changing climate affect SRHR?

The objective of this session is to explore this topic, build a broader understanding and strengthen collaboration between research, policy and practice to be better prepared and prevent possible negative impacts in the future.

ANSER is an international network of 42 universities and non-profit organizations supporting evidence-building for SRHR policies. KIT Royal Tropical Institute is an independent centre of expertise and education on sustainable development, working closely together with national and international partners to co-create and manage knowledge to improve policies, strategies and programmes on various thematic areas including gender equality, SRHR and social inclusion.

10:30 Tivoli Vrendenburg **Hertz** | Track 1

Track 2

Advancing schistosomiasis control interventions towards the elimination goals 2030: innovative examples from eastern and central Africa using One Health and Citizen Science approaches

Swiss Society for Tropical Medicine and Parasitology

Co-chairs: Dr Helena Greter, Swiss Tropical and Public Health Institute, Switzerland; Professor Salome Duerr, Veterinary Public Health Institute, University of Bern, Switzerland

Speakers: Dr Stefanie Knopp, Swiss Tropical and Public Health Institute, Switzerland; Dr Tine Huyse, Royal Museum for Central Africa, Belgium; Dr Richard Bongo Naré Ngandolo, Institut de Recherche en Elevage pour le Développement, N'djamena, Chad

To achieve the ambitious WHO target of eliminating schistosomiasis as a public health problem by 2030, new, innovative interventions are urgently needed. These will only succeed if the population concerned is engaging from the planning to the implementation.

In this session, we will hear about examples from Chad, DRC, Tanzania and Uganda that are bringing One Health and Citizen Science approaches into action to achieve contextualised, acceptable and feasible schistosomiasis interventions.

10:30 Tivoli Vrendenburg **Pandora** | Track 2

Community skin health events in Cote d'Ivoire, Ghana, Ethiopia, Mozambique and Tanzania

NLR in collaboration with the PEP4LEP consortium, national leprosy programme Ghana and research group on skin diseases Côte d'Ivoire

Chair: Dr Liesbeth Mieras, NLR

Speakers: Dr Anne Schoenmakers, NLR; Dr Benedict Quao, Ghana Health Service; Dr Rie Yotsu, Tulane School of Public Health and Tropical Medicine, USA; Aubin Yao, Hope Commission International, Côte d'Ivoire

In this session we will share lessons learned and (preliminary) results of community skin health events in five countries in Africa, with the aim to improve early diagnosis and management of skin diseases, including skin neglected tropical diseases, and preliminary results of combining community skin health events with the distribution of post-exposure chemoprophylaxis for leprosy.

10:30 Tivoli Vrendenburg **Cloud Nine** | Track 5

Staying safe while working on sexual and reproductive health and rights in hostile environments

Justice for Prosperity Foundation, the Netherlands

Chair: Lou Errens LL.M, Justice for Prosperity Foundation, the Netherlands

Speakers: Lou Errens LL.M Chief, Justice for Prosperity, Amsterdam University Faculty of Law, the Netherlands; Jelle Postma, Justice for Prosperity, the Netherlands; Frances Singleton -Clift, Amsterdam Law Hub, University of Amsterdam, the Netherlands

An increasing number of development non-governmental organisations (NGOs), human rights, and sexual and reproductive health and rights (SRHR) professionals experience aggressive actions from opposing groups, individuals, or host governments. Legal restrictions, strategic lawsuits against public participation (SLAPPS), surveillance spyware, verbal attacks, hate speech, and physical threats against assets and personnel resulting in a shrinking civil space that requires an answer.

As an NGO investigating aggression against and providing support to SRHR-workers under siege, we propose to host a workshop on safety and security to learn about risk management, key types of aggressors and defences against their actions.

10:30 Tivoli Vrendenburg **Club Nine** | Track 2

Novel diagnostics for infectious disease in the tropics

Institute of Medical Microbiology and Hygiene, Saarland University, Germany

Co-chairs: Professor Sören L. Becker, Saarland University, Germany; Professor Emmanuel Bottieau, Institute of Tropical Medicine, Belgium

Speakers: Dr Sophie Schneitler, Institute of Medical Microbiology and Hygiene, Saarland University, Germany; Dr Sakib Burza, Health in Harmony, Portland, USA; Professor Aladje Baldé, National Institute of Public Health, Guinea-Bissau; Dr Elsa H. Murhandarwati, Center for Tropical Medicine, Universitas Gadjah Mada, Indonesia

Novel rapid diagnostics for common and neglected infectious diseases have the potential to considerably improve individual patient management and also prevalence estimates of previously underappreciated pathogens in the tropics. Additionally, rapid diagnostic tests can be applied in field settings where no well-equipped laboratory is established. However, these techniques also need to be broadly validated and require regular quality assurance assessments.

In this session, we aim to present and discuss four case studies pertaining to diagnostics for tuberculosis, helminth infections and multi-resistant bacteria in diverse settings from tropical Asia and sub-Saharan Africa.

10:30 Tivoli Vrendenburg **The Pit** | Wild Card

Colonial Utrecht and beyond: acknowledging the past, shaping the future

UMC Utrecht, the Netherlands

A city tour and museum presentation by Frank Huisman, prof. in Medical History

In 2023, the Netherlands are commemorating the formal abolition of slavery in 1863. This fact has prompted a great deal of research into Dutch history, leading to apologies on behalf of the King, the Prime Minister, and a few big cities who were involved in the slave trade. There is a veritable wave of rethinking the Dutch past, both morally and politically. There is also a growing awareness that the apologies made should be the prelude to recognition, reconciliation, equality and cooperation (equitable partnerships) between the Global North and the Global South.

Recently, the Mayor of Utrecht apologized for the serious involvement of the city in the Dutch colonial past. Her apologies led Utrecht University to look at its own role as well. Several faculties – including the Medical Faculty - have now started research into their role in shaping and sustaining the colonial system. Frank Huisman – who will be supervising two post-docs, doing research into the Dutch Caribbean and the Dutch East Indies - will give a short guided tour through ‘colonial Utrecht’. He will then give a presentation on the research project in the University Museum of Utrecht, which owns objects and other silent witnesses of the ways in which the colonial system was upheld and legitimized.

Tropical medicine (which was reframed later on as international health and global health) was an integrative part of this system. Acknowledging this past is the only way forward in shaping a future of equitable and sustainable planetary health.

10:30 Social Impact Factory **Event Space** | Track 1

Syndemic research: the road ahead viewed from the path travelled

Vrije Universiteit Amsterdam, the Netherlands

Chair: Frank van Leth, Vrije Universiteit, the Netherlands

Speakers: Dr Alexander C. Tsai, Harvard T.H. Chan School of Public Health, Center for Global Health and Mongan Institute, USA; Dr Matty Crone, Leiden UMC, the Netherlands; Dr Ria Reiss, Amsterdam Institute for Global Health and Development, the Netherlands, Niels Bal, Vrije Universiteit Amsterdam, the Netherlands

The aim of this session is to address the current state of syndemics research in light of historical developments.

We will:

- provide an overview of the development of the field of syndemic research and define current challenges
- provide case studies of syndemic research that highlight the breath of the research field
- discuss methodological and implementation challenges of syndemic research as a way to progress in the scientific field

10:30 Social Impact Factory **Room 1 Sydney** | Track 3

Cancer screening in the Caribbean: connecting across the Atlantic

Rijksinstituut voor Volksgezondheid en Milieu, the Netherlands; Ministerie van Volksgezondheid, Welzijn en Sport. the Netherlands

Co-chairs: Dr Peter Schielen RIVM/UMC Utrecht, the Netherlands; Dr Soraya Verstraeten, Fundashon Prevension, Curaçao

Speakers: Dr Tuma Davidson, Ministry of Health, Jamaica, and coordinator Cervical cancer screening programme; Professor Jacqueline Hugtenburg, Amsterdam UMC/University of Curaçao; Dr Vincent Lethongsavarn, Chargé de Mission Scientifique, Depistages de Cancers, Centre de coordination Guadeloupe/St Martin/ Saint-Barthélemy

The Netherlands have just started implementing cancer screening programmes on the Islands of Saba, St Eustatius and Bonaire. In this, we are trying to connect the European Dutch and Caribbean Dutch cancer screening organization, which is both an exciting and challenging endeavour.

This workshop is meant to learn from similar transatlantic experiences, more specifically the British experience and the French experience.

Our speakers will share their experiences of the organization of cancer screening programmes on the Caribbean islands and establishing a connection with European partners.

In the subsequent plenary discussion with audience and speakers, we look forward to exploring the following topics:

- How is the exchange of knowledge between the Caribbean and European providers, policy makers and authorities?
- How do you engage and interact with European partners or to other partners and international networks?
- Is the relation with your partner equitable? What are good practices in this, and what are challenges you have encountered?

10:30 Social Impact Factory **Room 2 Singapore** | Track 1

Sacred nature: indigenous and religious views on the health of planet Earth

Maastricht University, Institute for Animals Ethics

Chair: Professor Pim Martens, Maastricht University, Maastricht University, the Netherlands

Speakers: Professor Pim Martens, Maastricht University, Maastricht University, the Netherlands; Dr Marloes van de Goor, International Institute for Animals Ethics, the Netherlands; Professor Hans Alma, Vrije Universiteit, the Netherlands

Our dominant current socio-economic and political systems have become decoupled from the larger ecology of life. Our relationship with the natural environment and animals has changed dramatically over time. This session intends to discuss these past patterns and how it affects planetary health from an indigenous perspective.

Pim Martens will discuss past patterns and future pathways with representatives of various indigenous cultures and religious beliefs. Learning from them about our relationship with nature may be a way we can begin to address the planetary health challenges we see today.

Marloes van de Goor will touch on (Human) Animals in the Jungle. Apart from our profession, we are humans. But how are we doing being human? With our ever-demanding agendas, hectic work environment, and rapidly changing world? From mountain tops to the desert and from the jungle to the deep ocean: we've all been there, human and non-human animals alike. By looking at animal interactions across our planet, we boost our knowledge, happiness, and patient care.

Finally, Hans Alma will reflect on the silencing of the indigenous voice having ecological consequences as well.

10:30 Social Impact Factory **Room 3 Seoul** | Track 2

Oral Abstract Presentations: Covid-19 outbreaks

The effect of co-Infection with intestinal parasites on Covid-19 severity: a prospective observational cohort study (Teklay Gebrecherkos)

Experiences of persons in Covid-19 institutional quarantine in Uganda: a qualitative study (Ronald Tibiita *et al.*)

Influence of a chronic *Schistosoma mansoni* infection on the clinical manifestation, pathology and immunological response of SARS-CoV-2 infection in the hamster model (Melanie Rissmann *et al.*)

Severity factors for Covid-19 patients during the first wave in Madagascar (Nantenaina Pierre Michael Nomenjanahary *et al.*)

Evaluation of the long-term effects of Covid-19 on pulmonary functions in recovered patients (Naja K *et al.*)

Assessment of Covid-19 vaccine uptake and associated factors among health care providers in Addis Ababa, Ethiopia (Adamu Addissie *et al.*)

10:30 Social Impact Factory **Room 4 Dublin** | Track 1 Track 5 Track 6

Oral Abstract Presentations: Nutrition

Physical accessibility to public healthcare facilities and undernutrition in children under five in Uganda (Rik Lubbers *et al.*)

Treatment of acute malnutrition with locally produced ready-to-Use therapeutic food in rural Tanzania – a study on its facilitators, barriers, acceptability, and long-term feasibility (Victoria von Salmuth *et al.*)

Health Needs Assessment for the double burden of malnutrition - a community-based study on nutrition facilitators and barriers in rural Tanzania (Victoria von Salmuth *et al.*)

Magnitude, drivers and perceptions on ultra processed food consumption by adolescent: A mixed methods study in low-income urban setting, Kenya (Milkah Wanjohi *et al.*)

Re-imagining nutrition education for teenage pregnant women in the face of climate change: a Kenyan community approach (Fleur de Meijer *et al.*)

Operationalizing the capability approach for child growth: examples from a participatory approach in haor areas of Bangladesh (Barnali Chakraborty)

13:30 Tivoli Vredenburg **Grote Zaal** | Arts and Culture

Art to inspire equitable and sustainable transformations

Federation of European Societies for Tropical Medicine and International Health (FESTMIH), European Congress on Global Health (ECTMIH), Nederlandse Vereniging voor Tropische Geneeskunde en internationale Gezondheidszorg (NVTG)

Chair: Dr Niloufar Ashtiani, CoMaster, Radiqs, Hozan Sangana Studios, the Netherlands

Speakers: Chidiebere Ibe, Copperbelt University in Zambia, medical illustrator at the International Center for Genetic Disease at Brigham and Women’s Hospital, Harvard Medical School, USA; Professor Tobias Rinke de Wit, Amsterdam UMC, University of Amsterdam, PharmAccess Group and Joep Lange Institute, the Netherlands; Maria Koijck, spatial artist, the Netherlands; Dr Malone Mukwende, Founder, Black And Brown Skin and co-author of *Mind the Gap: A clinical handbook of signs and symptoms in Black and Brown Skin*

Art and culture are instrumental to realize the transformational changes we need for just and sustainable societies. Three inspirational examples will be discussed during this session.

We will explore how illustrations such as the iconic ‘black fetus’ by medical student Chidiebere Ibe have accelerated the call for more representation in medical illustration and teaching. Tobias Rinke de Wit will reflect on his experiences integrating culture and music in the response to the ’80 and ’90 HIV epidemic in sub-Saharan Africa, which still affects his approach to the integration of art and culture today. Maria Koijck will describe how her spatial design work visualizes the impact of our plastic waste, and has inspired healthcare workers across the world to reduce the waste clinical practice produces.

13:30 Tivoli Vredenburg **Hertz** | Track 1

Measuring global access to essential medicines

Utrecht WHO Collaborating Centre for Pharmaceutical Policy and Regulation, Utrecht University, the Netherlands; WHO Collaborating Centre for Pharmaceutical Policy and Evidence Based Practice, University of KwaZulu-Natal, South Africa; Health Action International, the Netherlands

Chair: Professor Aukje Mantel-Teeuwisse, Utrecht WHO Collaborating Centre for Pharmaceutical Policy and Regulation, Utrecht University, the Netherlands

Speakers: Dr Rianne van den Ham, Utrecht University, the Netherlands; Professor Fatima Suleman, University of KwaZulu-Natal, South Africa; Gaby Ooms, Health Action International, the Netherlands; Dr Tim Reed, Health Action International, the Netherlands; Iris Joesse, Utrecht University, the Netherlands

Access to safe, effective, quality-assured and affordable medicines is critical for functional health systems and fundamental for obtaining universal health coverage.

Currently around 30% of the world’s population does not have access to essential medicines which causes increased mortality and morbidity, decreased quality of life and economic hardship. Improving access to medicines globally has been outlined in the United Nations Sustainable Development Goals (SDGs) targets

3.8 and 3.b. To reach this goal it is important that countries' current performance and their progress is assessed and monitored.

The objective of this session is to discuss how access to medicines can be measured in terms of availability and affordability, with a focus on low- and middle-income countries. The presentations will cover different methodologies for measuring access to medicines, such as the standardized WHO/HAI methodology and the UN SDG 3.b.3. indicator.

13:30 Tivoli Vredenburg **Pandora** | Track 2

Digital optical devices – a new development in parasite diagnostics

Leiden UMC, the Netherlands; Enablers, Sweden; IDLab, University of Ghent, Belgium

Co-chairs: Dr Lisette van Lieshout, Leiden UMC, the Netherlands; Peter Ward, Enablers, Sweden, and IDLab, University of Ghent, Belgium;

Speakers: Professor Jake Baum, University of New South Wales, Australia, Elena Dacal Picazo, Spotlab, Spain; Peter Ward, Enablers, Sweden, University of Ghent - Imec, Belgium, Dr Temitope Agbana, Delft University of Technology, the Netherlands, Delft Centre for Systems and Controls, the Netherlands

Current diagnostics of parasitic diseases relies on conventional microscopy, especially in low-income settings where access to cutting-edge technology is limited. The microscopic detection of parasites in clinical samples has limited sensitivity, particularly in the case of low-intensity infections. In addition, the procedure is observer-dependent, error-prone, time-consuming and not suitable for high-throughput analysis and it requires functional microscopes and properly trained technicians.

To address these diagnostic challenges, innovative digital optical devices, some supported by artificial intelligence technology, are being developed by various international research groups. They range from stand-alone devices to components added to conventional microscopes, with or without the option of remote, offline data analysis. All aim to achieve (semi)automated detection and quantification of parasites in clinical samples. Co-creation, meaning elucidation of the needs of stakeholders and to translating them into inclusive product specifications, is an important aspect in order to achieve usability in the local context.

This session aims to highlight research developments and to bring together a multidisciplinary audience composed of biomedical scientists, diagnostic product designers and public health specialists. The entire development chain, from research and development to implementation in a low-resource setting, will be discussed and future direction points will be formulated.

13:30 Tivoli Vredenburg **Cloud Nine** | Track 2

Current and future landscapes on Buruli ulcer and leprosy treatment

University of Zaragoza, Spain; Foundation Raoul Follereau, France

Co-chairs: Dr Santiago Ramón García, University of Zaragoza, Spain; Dr Roch Christian Johnson, Foundation Raoul Follereau, Paris France

Speakers: Dr Santiago Ramón García, ARAID Foundation/University of Zaragoza, Spain; Professor Gerd Pluschke, Swiss Tropical and Public Health Institute, Switzerland; Dr Kodio Mamoudou, Hopital de Dermatologie de Bamako, Mali; Dr Roch Christian Johnson, Foundation Raoul Follereau, France

The purpose of the session is to provide a forum for the relevant stakeholders in skin Neglected Tropical Diseases (NTDs), especially those on Buruli ulcer (BU) and leprosy drug development, where discussing the current and future landscape on these disease treatments, as well as main challenges in the clinical trials and experimental interventions presented.

In the case of BU, this is a skin NTD. Current WHO-recommended treatment requires eight weeks of daily rifampicin and clarithromycin, wound care and, sometimes, tissue grafting and surgery. Healing can take up to one year and may pose an unbearable financial burden to the household. Several clinical trials are currently ongoing and other experimental interventions have been proposed aiming to improve BU treatment by shortening its duration.

In an NTD landscape of limited funding opportunities and with the number of BU cases in the decline in African countries compromising future clinical trials, it is of utmost importance to integrate and optimize efforts. The main goal being simplifying and shortening BU treatment ensuring readily access to medicines

and health care to those patients in need and, therefore, addressing one of the WHO targets for BU set in the road map for NTDs: that by 2030 the proportion of confirmed cases who have completed a full course of antibiotic treatment will be higher than 90%.

The main goal of this workshop is thus to provide a forum for all relevant stakeholders in the BU drug development field to give a general overview on the current and future landscape on BU treatment, and to address the following specific objectives:

- Is it possible to integrate results from ongoing clinical trials?
- Given the current BU scenario, what are the future perspective of other drugs or combination regimens or novel interventions?
- What would be the way forward to improve and ensure access to treatment?

In the case of leprosy, the current treatment dates from the 1980s with a duration of twelve months for multibacillary forms combining three antibiotics, namely rifampicin, dapsone and clofazimine. Thanks to this treatment, millions of leprosy cases have been successfully treated worldwide.

However, recent WHO publications report more and more resistance to one or more current treatment drugs, in particular rifampicin. It is then necessary to consider shorter and more robust therapeutic regimens.

In addition, the fight against leprosy has always been organized in vertical programmes based on screening and the administration of multi drug therapy. However, integration into the NTDs, particularly that with cutaneous manifestation, is becoming an important strategy for organizing and sustaining the fight against leprosy.

This workshop will provide a platform for the various actors to discuss the current challenges in the treatment of leprosy and will make it possible to identify some future perspectives from the clinical trials currently in progress including molecules such as bedaquiline used in the treatment of tuberculosis and having demonstrated efficacy against *Mycobacterium leprae* in preclinical studies. It will also make it possible to take stock of the challenges of integrating the fight against leprosy in NTDs with cutaneous manifestations, in particular the challenges concerning integrated care at the community level.

13:30 Tivoli Vredenburg **Club Nine** | Track 2

Elevating partnerships: a closer look at the role of Product Development Partnerships to enhance access and accelerate innovation of health products for poverty-related diseases

Landcent Europe B.V.

Chair: Dr Peter Atadja, University of Health and Allied Sciences, Landcent Europe B.V.

Speakers: Govert van Dam, Senior Research Scientist, Dept. of Parasitology, Leiden University Medical Center; Pierre Hugo, Senior Director Market Dynamics and Global Access Partnerships MMV; Jutta Reinhard-Rupp, Merck Global Health Institute; Remco de Vrueh, Senior Partnership Manager, Coordinator Pediatric Praziquantel Consortium, Lygature; Thomas John, Chief Strategy Officer, Landcent Europe B.V.

Over the last two decades, Product Development Partnerships (PDPs) played a pivotal role in expediting the product development process for poverty-related diseases. Nevertheless, certain challenges persist, including issues related to financing and navigating intricate regulatory frameworks, among others.

The forthcoming Landcent-led discussion seeks to explore innovative strategies and ideas concerning collaborations between diverse PDPs and product developers, with the goal of identifying and advancing the most promising projects.

13:30 Tivoli Vredenburg **The Pit** | Track 1

Movement-building for planetary health; the power of education and art

UMC Utrecht, Planetary Health Hub NL, University of Exeter GreenFutures

Co-chairs: Jopke Janmaat, UMC Utrecht, Planetary Health Hub NL, Arte Groenewegen, Utrecht University, Planetary Health Hub NL, Cecilia Manosa, University of Exeter GreenFutures, UK

Speakers: Jopke Janmaat, UMC Utrecht, Planetary Health Hub NL, Arte Groenewegen, Utrecht University, Planetary Health Hub NL, Cecilia Manosa, University of Exeter GreenFutures, UK

In this working session we aim to inspire, connect, and reflect, to ultimately give the participants practical tools to turn the resources they have into the power they need to make planetary health related changes within their working field.

Given our efforts in educational institutions, a strong focus will be on movement building for planetary health education. We will present our story of planetary health integration in the Faculty of Medicine at UMC Utrecht and will link this to a practical framework for effective movement building.

Furthermore, a specific interest is taken in the power of art and imagination, with a focus on storytelling. For this, we will apply the expertise of Exeter University GreenFutures. Stories can be a powerful vehicle for humanizing our climate and ecological crises and can act as a driver for positive change to forge a sustainable, healthier, and socially just world.

13:30 Social Impact Factory **Event Space** | Track 1

Improving practical training opportunities for students and young professionals

Working Group on Tropical Medicine Education and Training; Federation of European Societies for Tropical Medicine and International Health (FESTMIH); University Clinic of Saarland; Institute of Medical Microbiology and Hygiene, Homburg/Saar, Germany

Chair: Dr Rosemary James, Working Group on Tropical Medicine Education and Training, Federation of European Societies for Tropical Medicine and International Health (FESTMIH), Scientific Collaborator, Centre of Humanitarian Studies, University of Geneva, Switzerland

Speakers: Dr Sophie Schneitler, University Clinic of Saarland, Institute of Medical Microbiology and Hygiene, Germany; Dr Francisca Bartilotti Matos, Serviço de Doenças Infecciosas, Centro Hospitalar Vila Nova de Gaia / Espinho, Portugal; Dr Elsa H. Murhandarwati, Center for Tropical Medicine, Universitas Gadjah Mada, Yogyakarta, Indonesia; Dr Florian Obereisenbuchner, LMU University Hospital, Munich, Germany

Clinical electives in tropical medicine are popular unique opportunities for many medical students, doctors and researchers in Europe, to expand their knowledge and get hands-on experience with research, diagnosis, management, and prevention of tropical diseases that are not commonly found in Europe. However, placements abroad can be dangerous, and if not organised well, can put stress on or even harm the local communities and health system that the trainee is placed in.

Further, there are overwhelmingly more electives for Europeans to travel to low-and middle-income countries (LMICs) than there are for people in LMICs to visit European institutions, and few bilateral programmes exist. Subjective experience has shown that clinical electives abroad are often perceived as unsatisfactory and insufficient for both trainees and training institutions in LMICs. There are structural inequalities between high-income Countries and LMIC institutions, leading to an ethical dilemma that is often unavoidable.

There not yet a global standard and guidance on how students, doctors or researchers should prepare for tropical medicine electives in LMICs or what competencies they should be able to demonstrate before going abroad. This session will therefore aim to provide good practice examples of tropical medicine electives, and outline perspectives from the Global South on how electives could be improved to be more equitable and less harmful.

For this purpose, data from the FESTMIH Working Group on Tropical Medicine Education and Training “Partnership project” survey will be presented. Various electives will be presented and discussed with a panel consisting of colleagues representing institutions both in Europe and abroad as well as young professionals who have had recent elective experience. There will be plenty of time for audience interaction to ensure a constructive discussion surrounding this critical issue. A summary of the discussion will be submitted for publication to outline key areas for improving clinical electives in tropical medicine to promote equity, diversity and inclusion.

13:30 Social Impact Factory **Room 1 Sydney** | Track 2 Track 4

Impact and interventions for mental health and neglected tropical diseases

NLR International, the Netherlands, Brighton and Sussex Medical School, UK, CMB Global, London School of Hygiene & Tropical Medicine, UK, Lepra, UK

Co-chairs: Dr Wim van Brakel, NLR International, Netherlands; Dr Julian Eaton, CMB Global and London School of Hygiene & Tropical Medicine, UK

Speakers: Ms Robin van Wijk, NLR International, the Netherlands; Dr Pradeepta Nayak, NLR India; Dr Maya Semrau, Brighton and Sussex Medical School, UK; Milena Simic, Lepra UK; Guillermo Robert de Arquer, Effect Hope, Canada

The aim of this session is to share evidence of the impact of neglected tropical diseases on mental wellbeing and social participation of persons affected.

Preliminary results will be shared from intervention studies to improve mental wellbeing interventions designed for this group. The objective is to identify common lessons learned and a road ahead to improve the mental wellbeing of persons affected by these diseases.

13:30 Social Impact Factory **Room 2 Singapore** | Track 1

Oral Abstract Presentations: Climate-resilient health systems

Early lessons and experiences in building climate-resilient local health systems in coastal municipalities in the Philippines (Renzo Guinto *et al.*)

PERSIST - an Italian pilot project about tackling climate crisis through systems thinking for high school students (Chiara Cadeddu *et al.*)

Translating national climate policies to resilience actions at the subnational level in low resourced settings: lessons from Ghana's health systems (Rudolf Abugnaba-Abanga *et al.*)

Challenges, enablers, and opportunities in building climate-resilient local health systems: a thematic analysis of stakeholder interviews in two coastal municipalities in the Philippines (Renzo Guinto *et al.*)

Climate change and health litigation (Andre den Exter)

13:30 Social Impact Factory **Room 3 Seoul** | Track 2 Track 6

Oral Abstract Presentations: Vaccination

The role of existing structures and past experience in a successful Covid-19 vaccination strategy: the experience of Rwanda (Hassan Sibomana *et al.*)

Mapping, prevalence, and risk factors of unvaccinated children for DTP1 vaccine (zero-dose children) in Kikwit, Democratic Republic of the Congo, 2022 (Armand M. Mutwadi *et al.*)

Real-world effectiveness of the SOBERANA02 and SOBERANA-Plus vaccine combination in children 2 to 11 years of age during the SARS CoV-2 Omicron wave in Cuba: a regression discontinuity study (Maria Eugenia Toledo Romani *et al.*)

Hepatitis A vaccine immunogenicity in an immunocompromised population: a prospective cohort study (Jenny Schnyder *et al.*)

Influenza vaccine uptake in Mysuru, India: a qualitative study (Jantine van Wijlick *et al.*)

Timeliness of routine childhood vaccination among 12-35 month-old children in The Gambia: analysis of national immunisation survey data, 2019-2020 (Oghenebrume Wariri)

13:30 Social Impact Factory **Room 4 Dublin** | Track 5

Oral Abstract Presentations: HIV in the context of Sexual and Reproductive Health

A Phase-IV non-interventional study to assess virological effectiveness, safety and tolerability of DTG-based antiretroviral therapy in HIV-1 infected Indian persons living with HIV (Sumit Arora *et al.*)

Barriers to care, mental health status and the impact of Covid-19 pandemic on adolescents and young adults living with HIV in Shinyanga Region, Tanzania (Constantine Alex Ntanguligwa *et al.*)

Colliding wars: a systematic review of HIV response in conflict-affected settings (Alhadi Khogali Osman *et al.*)

Effect of history of respiratory illness, smoking, and diabetes on respiratory health outcomes among people-living-with-HIV clients in a single-center HIV clinic in Metro Manila, Philippines (Emmanuel S. Baja *et al.*)

Predictors of ANC completion among HIV positive mothers accessing antenatal care in an urban setting Uganda (Dorine Nakalanda *et al.*)

Racism, inequity, health and well-being: an urgent call for a European stance

Ghent University, Belgium; University of Amsterdam, the Netherlands; Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, the Netherlands; Belgian Lung and Tuberculosis Association, Belgium

Co-chairs: Dr Wouter Arrazola de Oñate, Belgian Lung and Tuberculosis Association, Belgium; Dr Joyce Browne, UMC Utrecht, the Netherlands

Speakers: Professor Charles Agyemang, Amsterdam UMC, the Netherlands; Abigail Norville, Ministerie van Volksgezondheid, Welzijn en Sport, the Netherlands; Dr Alana Helberg-Proctor, University of Amsterdam, the Netherlands; Dr Ama Kissi, Ghent University, Belgium; Dr Niloufar Ashtiani, CoMaster, Radiqs, Hozan Sangana Studios, the Netherlands; Dr Bahar Goodarzi, Vrije Universiteit Amsterdam, the Netherlands; Michaela Moua, European Commission

Several major public health institutions declared racism and discrimination a major threat to public health, in response to the vast and growing body of evidence indicating the deleterious health consequences of racism. These institutions include the Centers for Disease Control and Prevention, the National Institutes of Health, the American Public Health Association, Harvard TH Chan School of Public Health, and the London School of Hygiene & Tropical Medicine.

The Lancet Series 'Racism, xenophobia, discrimination, and the determination of health' was published in December 2022 and proposed an excellent conceptual framework of how racism affects health. The current O'Neill-Lancet Commission on Racism, Structural Discrimination and Global Health, will further accelerate our understanding through research and translation of these findings into practice and policy.

Remarkably, research (reviewed by the above) about the impact of racism on health has been primarily conducted in the US (+/-80%) - with a small portion from UK / Australia / Canada / New Zealand (+/-10%) and the remaining +/-10% from the rest of the world, including Europe.

This session aims to address the evidence gap on the physical and mental health consequences of racism within the European context. Contextualized evidence generation is important to inform national and European public health and clinical practice and policies. This panel discussion will build onto the work of the O'Neill-Lancet Commission and continue and expand this to focus on the European context.

The session's objectives are to:

- Introduce the O'Neill-Lancet Commission on Racism, Structural Discrimination, and Global Health
- Delineate the state of the art on research on racism and health within the European context
- Discuss how racial discrimination may negatively impact people's health through both healthcare and wider societal context
- Provide insights into the importance of research on the mechanisms of racism and how this could translate into interventions aimed at eradicating racism within healthcare
- Share patients' and healthcare providers' (e.g., medical doctors and clinical psychologists) perspectives, expert opinions and lived experiences
- Discuss the complexities and unintended consequences of attending to concepts such as 'race' and 'ethnicity' in health research and healthcare. In doing so, we will focus on the conceptualization and application of 'race' and 'ethnicity' as social vs biological constructs, and how they should be applied in inclusive healthcare

This session will appeal to a broad, global audience of scientists, clinicians, and policy-makers, exemplifying the emerging notion that global health concerns health equity everywhere.

It is our hope that insights deriving from our panel discussion may not only inspire, but also motivate these agents to put anti-racism high on their agenda and invest in diversity-sensitive care, research, and policy.

15:30 Tivoli Vredenburg **Hertz** | Track 5

Context matters: learnings from real-world implementation within maternal health in Malawi, Ethiopia, and Tanzania

The PartoMa research team (Copenhagen and Tanzania); the EthOSS research team (Ethiopia, Netherlands, and UK); Malawi and the Netherlands research team; Comprehensive Community Based Rehabilitation Tanzania Hospital, Tanzania

Chair: Dr Nanna Maaløe, University of Copenhagen, Denmark

Speakers: Dr Abera Kenay, Haramaya University, Ethiopia; Dr Brenda Sequeira Dmello, CCBRT, Tanzania, University of Copenhagen and Aga Khan university medical college, Tanzania; Dr Monica Lauridsen Kujabi, University of Copenhagen, Denmark; Dr Fleur Gooren, Vrije Universiteit, Amsterdam, the Netherlands; Dr Wouter Bakker, Leiden UMC and Vrije Universiteit, Amsterdam, the Netherlands; Dr Sagni Girma, Haramaya University, Ethiopia and Leiden UMC, the Netherlands

To end the crisis of preventable maternal deaths in low- and middle-income countries, evidence-informed and cost-efficient health care is urgently needed. However, fundamental gaps continue to be reported between (inter)national recommendations and realistic best practices in fragile healthcare systems challenged by contextual realities of shortages of skilled staff, inconsistent supplies, lack of equipment, weak leadership, and managerial accountability.

Drawing on lived experiences from researchers in Ethiopia, Tanzania, and Malawi, we would like to present the complexity of this major global health challenge. This will include sharing examples of experiences in localizing interventions for improving rights-based, safe reproductive health, and the strengths and challenges of working with end-users and health authorities to co-create impactful initiatives.

Likewise, we set out to share examples of unplanned, and unexpectedly harmful local adaptations that may happen when poorly fitting health interventions are rolled out in resource-constrained healthcare systems, where sub-optimal audit and accountability allow the co-existence of ‘too little, too late’ and ‘too much, too soon’ care, of which ‘the cesarean section epidemic’ is an example.

Understanding the context, and designing implementation strategies that consider context, is paramount to reaching sustainable improvements in healthcare within and beyond maternal health. This is of relevance to other low- and middle-income countries, donors, researchers, funders, global health advocates, and collaborators in their pursuit of equitable high-quality healthcare for all.

15:30 Tivoli Vredenburg **Pandora** | Track 2

Advances of circulating anodic antigen detection for schistosomiasis diagnosis in non-endemic and endemic settings

Statens Serum Institute (SSI), Denmark; Leiden UMC, the Netherlands

Co-chairs: Dr Anna Kildemoes, SSI, Denmark; Dr Pytsje Hoekstra, Leiden UMC, the Netherlands

Speakers: Dr Govert van Dam, Leiden UMC, the Netherlands; Dr Francesca Tamarozzi, IRCCS Sacro Cuore Don Calabria Hospital, Italy; Dr Pytsje Hoekstra, Leiden UMC, the Netherlands; Dr Luc Coffeng, Erasmus MC, UMC Rotterdam, the Netherlands; Dr Jaap van Hellemond, Erasmus MC, UMC Rotterdam, the Netherlands; Sarah Nogaro, FIND, Switzerland

The WHO 2030 roadmap identifies diagnostic developments as a critical need for progress towards control and elimination of schistosomiasis.

Circulating anodic antigen (CAA) has proved to be a highly specific and sensitive biomarker for detection of active infection with all (human) schistosome species. CAA is an extensively studied and well-characterised circulating parasite antigen, which is regurgitated by *Schistosoma* worms living in the blood vessels of infected hosts. CAA can be detected in urine and serum samples via the ultra-sensitive and highly specific up-converting reporter particle lateral flow (UCP-LF) test. The UCP-LF CAA assay is not limited to a single *Schistosoma* species, and its sensitivity even allows detection of a single adult worm pair as demonstrated in a primate model. CAA is rapidly cleared from the circulation of the host, allowing for an early assessment of treatment efficacy after interventions. Several formats of laboratory based UCP-LF CAA assays exist with applicability for various sample types including urine, serum, plasma, and dried blood spots. Tests have also been developed in dry format, which allow for storage and worldwide shipment of reagents without need for a cold chain. Overall, the UCP-LF CAA test has great potential for accurate detection presence and intensity of *Schistosoma* infections including monitoring praziquantel treatment efficacy.

This session will provide an overview of currently available CAA assay formats and discuss their strengths and limitations in non-endemic as well as endemic settings. Experiences from applying the UCP-LF CAA assay in Italy for non-endemic traveller and migrant routine diagnostics will demonstrate pre- and post-treatment data and capacity for detection of very low worm burdens. Randomised controlled RePST trial data from Côte d'Ivoire illustrates the use of multiple schistosomiasis diagnostic tools including CAA in an endemic setting. CAA results highlight the need for such a highly specific and ultra-sensitive tool if the aim is to reach control or even break transmission. Modelling approaches can be used to prioritise use of the still costly UCP-CAA test in combination with other measures in order to get maximum impact with limited resources. Finally, quality control importance and initiatives will be discussed to future-proof use and reliability of CAA tests.

The session will start with a short overview of CAA detection for the diagnosis of schistosomiasis by Govert van Dam from the Department of Parasitology, Leiden UMC, the Netherlands, followed by five expert presentations, and a general discussion.

15:30 Tivoli Vredenburg **Cloud Nine** | Track 4

Perinatal depression research in Africa

African Population and Health Research Center, Kenya

Co-chairs: Dr Amisah Bakuri, Utrecht University, the Netherlands; Dr Fred Wekesah, African Population and Health Research Center, Kenya

Speakers: Dr Caroline Wainaina, UMC Utrecht, the Netherlands; Dr Emmy Kageha Igonya, African Population and Health Research Center, Kenya; Dr Anthony Ajahi, African Population and Health Research Center, Kenya; Professor Wendy Janssens, Amsterdam Institute of Global Health and Development and Vrije University, Amsterdam, the Netherlands; Dr Salim Wangabi, UMC Utrecht and clinical psychologist, Greater Accra Regional Hospital, Accra, Ghana

The World Health Organization (WHO) defines maternal mental health as “a state of well-being in which a mother realizes her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her community”

Worldwide approximately 10% of pregnant women and 15% of those who have just delivered experience a mental disorder, primarily depression. The number is higher in developing countries, with approximately 20% of mothers experiencing clinical depression after childbirth. Depression can range from mild to severe. Severe cases can lead to psychosis, increase the risk of suicide, and contribute to causes of maternal mortality. Untreated or undetected perinatal depression (the stage between pregnancy and up to 1 year after childbirth) can have adverse outcomes, including preterm birth or low birth weight, maternal morbidity, infanticide, poor infant feeding, and mother-child interaction.

Despite the high burden, research on experiences of maternal mental health among peri and postnatal women is largely absent in low-middle-income countries (LMICs), including sub-Saharan Africa. Evidence suggests the high burden of perinatal depression remains undetected and untreated in many LMICs. The lack of up-to-date evidence on maternal depression is attributed to stigma, lack of awareness among health workers and communities, and inadequate investment in mental health infrastructure.

Our panel will center on the experiences of perinatal women in low-income countries. We will bring together multidisciplinary researchers in public health, anthropologists, epidemiologists, and health economists working on maternal mental health in Africa. The panel will demonstrate the centrality of mental health in maternal healthcare. The panel presents ongoing research on perinatal depression and discusses the key issues arising in both primary healthcare and community settings.

The panel will consider the following:

- What is the burden of maternal mental health;
- What are the triggers to mental health across different contextual settings?
- What are the coping strategies women use to deal with mental health challenges?
- What support systems exist, what works and how?
- How can notions of integration of maternal mental health be configured into maternal healthcare?

15:30 Tivoli Vredenburg **Club Nine** | Track 3

Innovating cervical cancer screening in low- and middle-income countries and vulnerable groups in Europe

UMC Groningen, the Netherlands, Female Cancer Foundation, the Netherlands, Leiden UMC, the Netherlands, Trnava University, Slovakia, Uganda Cancer Institute, Uganda, Uganda Rural Development and Training, Uganda, ICDDR, Bangladesh, Friendship NGO, Bangladesh

Chair: Professor Jelle Stekelenburg, UMC Groningen, the Netherlands

Speakers: Dr Janine de Zeeuw, UMC Groningen, the Netherlands; Dr Naheed Nazrul, Friendship NGO, Bangladesh; Dr Jaap Koot, UMC Groningen, the Netherlands; Prof Marek Majdan, Trnava University, Slovakia; Dr Jogchum Beltman, Leiden UMC, the Netherlands; Dr Carol Nakisige, Uganda Cancer Institute, Uganda; Prof Keerthana Prasad, MAHE; Dr Jurjen van der Schans, UMC Groningen, the Netherlands

The purpose of this session is to reflect on the feasibility of the WHO strategy towards elimination of cervical cancer as a public health problem based on experiences in the PRESCRIP-TEC project

Our objectives are to discuss:

- the knowledge, awareness and practices of women and household decision-makers concerning cervical cancer screening in low- and middle-income countries (LMICs) and vulnerable groups in Europe
- experiences with home-based hrHPV testing and follow-up examinations for cervical cancer in LMICs and vulnerable groups in Europe
- the feasibility of the use of artificial intelligence in the Visual Inspection of the Cervix with Acetic acid
- the cost-effectiveness of the hrHPV screening, followed by VIA or Pap-smear

In cervical cancer screening much progress is made with introduction of hrHPV testing as primary screening, followed by Pap smear or VIA. However, the introduction of this new approach is not easy in LMICs. There are many issues to be solved to enhance participation in screening, to guarantee quality of lab tests and follow-up examinations. Even if technical issues are resolved, health services may face major problems with the investments needed, both financially and human resources. PRESCRIP-TEC is working in four countries and has already gained wide experience in the screening process. Through surveys detailed information concerning the facilitators and barriers has been collected. This will be shared during the session.

15:30 Tivoli Vredenburg **The Pit** | Track 2

Oral Abstract Presentations: Skin infections

Quality assessment of WHO's SkinNTDs app as a training and decision support tool for frontline health workers in Ghana and Kenya: findings from a cross-sectional study (Mireia Cano *et al.*)

Living with leprosy (Hansen's Disease) in Malaysia: a transdisciplinary research approach (Norana Abdul Rahman *et al.*)

Outputs, outcomes, and realized benefits of the completed research projects funded by the Leprosy Research Initiative (Margot Spelde *et al.*)

Community skin health events in Côte d'Ivoire with use of digital health tool (Koffi Aubin Yao *et al.*)

Definition of 'close contacts' in leprosy studies: a scoping review (Maya Ronse *et al.*)

15:30 Social Impact Factory **Event Space** | Track 6

Why planetary health risk analysis is necessary for environment and child health

Global Health Norway; Norwegian University of Science and Technology

Co-chairs: Professor Jon Øyvind Odland, The Norwegian University of Science and Technology, Norway; Professor Thorkild Tylleskaer, University of Bergen, Norway

Speakers: Associate Prof Solrunn Hansen, The Arctic University of Norway; Dr Muhammad Asaduzzaman, University of Oslo, Norway; Dr Mphatso Mwapasa, Kamuzu University of Health Sciences, Malawi, and Norwegian University of Science and Technology; Professor Jon Øyvind Odland, The Norwegian University of Science and Technology, Norway

In this organized session, we aim to present ongoing and recently implemented studies of the impact of various environmental toxins on the pregnancy outcome and child health in different parts of the world. All studies (ranging from case studies to policy briefs) depict ecotoxicological exposure as a major global child health stressor with compatible and comparable results.

15:30 Social Impact Factory **Room 1 Sydney** | Track 2

Involving patients at different stages of product development and implementation for infectious diseases

Drugs for Neglected Diseases initiative (DNDi), Switzerland; Institut Pasteur de Tunis, Tunisia; Centro Internacional de Entrenamiento de Investigaciones Médicas (CIDEIM), Colombia; Medical University of Vienna, Austria; Universidad de Antioquia, Colombia; University of Oxford, UK

Co-chairs: Professor Piero Olliaro, Pandemic Sciences Institute, Nuffield Department of Medicine, University of Oxford, UK; Dr Maria del Mar Castro, CIDEIM, Colombia

Speakers: Dr Astrid Erber, Medical University of Vienna, Austria, Centre for Tropical Medicine and Global Health, University of Oxford; Philip Horgan, Pandemic Sciences Institute, University of Oxford; Evidence & Impact, University of Oxford, UK; Dr Ashleigh Cheyne, Pandemic Sciences Institute, University of Oxford, UK; Dr Byron Arana, Drugs for Neglected Diseases initiative, Switzerland; Aicha Boukthir, Pasteur Institute of Tunis, Tunisia, Laboratoire Interdisciplinaire de Recherche en Enseignement Supérieur (LIREs), Université du Québec à Trois-Rivières

In this session we present approaches of how patients, as end-users, can be actively involved in the different stages of the development of therapeutics and vaccines for infectious diseases.

Presentations will cover different of stages of the product life cycle, from target product profiles often constructed before the start of first-in-human trials, to the clinical trial programme, and the post-approval phase, where products are implemented. They will focus on four diseases (cutaneous leishmaniasis, lassa fever, mpox and influenza), and consulted patients come from Brazil, Colombia, Peru, three West African countries, Tunisia, Austria and the UK. Studies used both qualitative and quantitative methods that can be transferrable to other diseases, giving patients a voice in the development of interventions.

15:30 Social Impact Factory **Room 2 Singapore** | Track 1

Healthy people on a healthy planet; connection between climate, biodiversity, food systems, and health

Wageningen University and Research, the Netherlands

Chair: Martine van der Mast, Wageningen University and Research, Eindhoven, Wageningen, Utrecht University and UMC Utrecht Alliance (EWUU), the Netherlands

Speakers: Professor Wim van der Poel, Wageningen University and Research, the Netherlands; Dr Jeanne Nell, Wageningen University and Research, the Netherlands

The vision of health goes beyond the physical and human health. It is closely connected to functioning in the living environment and for overall well-being in harmony with a healthy planet. To address health issues amidst the necessary and interacting transitions and within the planetary boundaries, a joint ambition, systems approach and action is essential. Thereby taking a variety of aspects and connectedness into account.

This session highlights the Wageningen University and Research (WUR) approach and ongoing research from its unique planetary health perspective. It emphasizes upstream prevention and inclusivity. By transitioning from interdisciplinary to transdisciplinary research, WUR strives to maximize impact to deal with global challenges.

15:30 Social Impact Factory **Room 3 Seoul** | Track 2

Oral Abstract Presentations: Parasitic infections

Efficacy and safety of moxidectin compared to ivermectin against *Strongyloides stercoralis* infection in Laotian and Cambodian adults: a randomised, double-blind, non-inferiority, phase 2/3 trial (Viviane Sprecher *et al.*)

The hidden burden of strongyloidiasis – insights from Ethiopian sentinel schools (Sara Roose *et al.*)

Isolation and antibiotic resistance pattern of microbes from the street foods in selected towns of Ethiopia (Mathewos Weldekirkos *et al.*)

Development and evaluation of a protocol for *Taenia saginata* and *Ascaris suum* egg recovery from the house fly's exoskeleton and gastrointestinal tract (Sophie De Bock *et al.*)

Giardiasis imported to the Czech Republic: response to the treatment (Frantisek Stejskal *et al.*)

The 1st National Prevalence Survey of soil-transmitted helminths in Pakistan (Waleed Rabbani)

15:30 Social Impact Factory **Room 4 Dublin** | Track 5

Oral Abstract Presentations: Maternal and reproductive health (1)

Assessment of the knowledge, attitudes and practices of communities regarding maternal, neonatal, sexual and reproductive health in seven districts in Rwanda (Véronique Zinnen *et al.*)

Abortion services as a contraception option in sub-Saharan Africa: barriers to access and their consequences (Marine Caillaud)

Inequalities in accessing safe childbirth services is an obstacle to achieving universal health coverage in scarce-resource settings: an evidence from Tanzania (Deogratus Bintabara)

Measuring socioeconomic disparities in quality of care within and between villages: an application to antenatal care in India (Igna Bonfrer *et al.*)

Adolescent pregnancy and social exclusion of girls in Korogocho, Nairobi, Kenya (Beryl Machoka)

Long-term maternal outcomes after caesarean sections in Sierra Leone: a prospective cohort study (Richard Torp *et al.*)

17:15 Tivoli Vredenburg **Grote Zaal** | Track 2

Research and development on novel drugs for nematode infections; insight from academia and product development partnerships working together in the EU-funded Helminth Elimination Platform (HELP) project

Swiss Tropical and Public Health Institute

Co-chairs: Dr Jennifer Keiser, Swiss Tropical and Public Health Institute, Switzerland; Dr Sabine Specht, Drugs for Neglected Diseases initiative, Switzerland

Speakers: Dr Jennifer Keiser, Swiss Tropical and Public Health Institute, Switzerland; Dr Sabine Specht, Drugs for Neglected Diseases initiative, Switzerland; Dr Marc Hübner, University Hospital Bonn, Germany; Dr Said Jongo, Ifakara Health Institute, Tanzania;

More effective, safe, and affordable treatments are needed for helminth diseases, to reach the 2030 Sustainable Development Goals on health.

HELP is an EU-funded project run by a consortium of universities, not-for-profit organizations, and pharmaceutical companies to develop new drugs for soil-transmitted helminthiasis and onchocerciasis. The consortium is establishing a much-needed drug R&D pipeline, progressing drug discovery up to clinical trials. In this symposium we will update the audience on the recent progress in research and development for soil-transmitted helminthiasis and onchocerciasis.

17:15 Tivoli Vredenburg **Hertz** | Track 2

Oral Abstract Presentations: Malaria (3)

Community-based biolarviciding for malaria control in Tanga region, Tanzania (Denis Richard Kailembo *et al.*)

Comparative analysis of peripheral whole blood transcriptome from asymptomatic carriers reveals upregulation of subsets of surface proteins implicated in *P. falciparum* phenotypic plasticity (Joseph Amwoma *et al.*)

Malaria parasite prevalence among migrants: a systematic review and meta-analysis (Ana Requena-Méndez *et al.*)

Efficacy of Praziquantel for treatment of *Plasmodium falciparum* infection in asymptomatic Gabonese adults (Johannes Mischlinger *et al.*)

Malaria asymptomatic carriage in the Sahelian region: the challenge associated to young adults (Eva Legendre *et al.*)

17:15 Tivoli Vredenburg **Pandora** | Track 1

Intersectoral working among education and health: from words into actions

UNESCO Chair Global Health & Education; Maastricht UMC, the Netherlands; Amsterdam UMC, the Netherlands; JOGG; Eurohealthnet

Chair: Professor Stef Kremers, Maastricht UMC, the Netherlands

Speakers: Dr Bonnie van Dongen, Department of Health Sciences, Faculty of Science, Vrije Universiteit Amsterdam, the Netherlands; Dr Carry Render, Department of Health Sciences, Faculty of Science, Vrije Universiteit Amsterdam, the Netherlands; Dr Kathelijne Bessems, Faculty of Health, Medicine & Life Sciences, Maastricht University, the Netherlands; Patty Scholten, Healthy Communities, JOGG; Ingrid Stegeman, EuroHealthNet; Goof Buijs, UNESCO Chair Global Health & Education

The Covid pandemic has highlighted the importance of intersectoral working between health and education sectors - yet they still have their own objectives and speak their own language.

During this session we will look at the importance of intersectoral working between health and education and especially how this can be put into practice. We will share good examples of intersectoral working in school and community settings and on implementation in a co-creative way contributing to social change. Participants are invited to share their experiences. By the end of this session participants will have practical ideas to improve intersectoral collaboration in their own work.

The UNESCO Chair on Global Health & Education brings together people and organisations from different backgrounds with a common interest in health and education. The focus is on intersectoral working that aims to orient and support social change in order to improve the health for all, reduce inequalities and preserve our planet. The Chair community consists of researchers, professionals working in the health, education and social sectors, activists, communities, networks and institutions.

17:15 Tivoli Vredenburg **Cloud Nine** | Track 1

Health systems strengthening and innovation: what can high income countries learn from low- and middle-income countries?

GEO, Working Group on Health and Development of the Netherlands Society for Tropical Medicine and International Health

Chair: Dr Gilles de Wildt, University of Birmingham, UK and GEO, Working Group on Health in Developing Countries of the Netherlands Society for Tropical Medicine and International Health

Speakers: Dr Matthew Harris, Imperial College and Imperial College Healthcare NHS Trust, London, UK; Prof Quazi Monirul Islam, Prince of Songkla University, Thailand; Dr Fleur de Meijer, Aga Khan University, Kenya

Health system strengthening is often viewed through the prism of high income countries (HICs), as an approach that is mainly applicable to low- and middle-income countries (LMICs). Achievements and innovations in LMICs that could be suitable in other health care systems are often overlooked.

In this session, keynote speakers will highlight examples, including:

- What can health systems globally learn from the Brazilian nationwide Community Health Agents' Programme to strengthen and improve access to services at the community level – and to respond to and facilitate community involvement?
- Lives and livelihoods: Lessons from the worldwide responses to the Covid pandemic and how communities can contribute to, or lead innovations in health service delivery with examples from LMICs;
- What is the global significance of training and education in LMICs?

This will be followed by themed small group discussions, with keynote speakers as resource persons, exploring suitability in HICs. Small groups will be asked to articulate relevant recommendations for strengthening policies in HICs. Recommendations will be discussed and prioritised in a concluding short plenary meeting for use by professional, educational governmental and non-governmental organisations.

Cross-cutting themes will include WHO's policy recommendations on building resilient health systems based on primary health care; Investing in whole-society engagement, in all-hazards domestic and global emergency responses as well as pandemic preparedness on the back of the Covid control experiences.

17:15 Tivoli Vredenburg **Club Nine** | Track 2

The burden of disease caused by onchocerciasis

Global Health Institute, University of Antwerp, Belgium

Co-chairs: Professor Robert Colebunders Global Health Institute, University of Antwerp, Belgium; Dr Joseph Siewe Fodjo Global Health Institute, University of Antwerp, Belgium

Speakers: Dr Stephen R Jada, Amref Health Africa, South Sudan; Dr Joseph Siewe Fodjo, Global Health Institute, University of Antwerp, Belgium; Amber Hadermann, Global Health Institute, University of Antwerp, Belgium; Luis-Jorge Amaral, Global Health Institute, University of Antwerp, Belgium

During the session an update will be given concerning the latest research findings about the association between onchocerciasis and epilepsy. The burden of disease caused by onchocerciasis will be illustrated by findings from onchocerciasis endemic regions in South Sudan. Results will be presented that show that onchocerciasis-associated epilepsy (OAE) including nodding syndrome is preventable by strengthening onchocerciasis elimination programmes. New insights in the pathogenesis of OAE will be discussed.

The ultimate aim of the session is to identify ways to reduce the onchocerciasis disease burden.

17:15 Tivoli Vredenburg **The Pit** | Track 2

Oral Abstract Presentations: Infectious disease

Is water from 'improved sources' safe? Evidence in rural Mozambique (Hirotsugu Aiga *et al.*)

Genetic phylogeny of diarrheagenic *Escherichia coli* isolated in children below five years living in close contact with food animals, Kisumu County, Kenya (Redemptah Yeda *et al.*)

Co-infection of *Schistosoma mansoni*, Hepatitis B, C viruses and HIV among the adult population of fishing villages in north-western Tanzania: a wake-up call to address multiple concurrent diseases (Andreas Mueller *et al.*)

Addressing men's participation in mass drug administration: evidence from a cluster-randomised trial in Malawi (Stefan Witek-McManus *et al.*)

Anti-circulating anodic antigen antibodies as primary schistosome infection marker: applicability in travel medicine and for surveillance in near- and post-elimination settings (Anna Kildemoes *et al.*)

Pilot survey of cystic echinococcosis in Masaai livestock-keeping communities of Northern Tanzania (Francesca Tamarozzi)

17:15 Social Impact Factory **Event Space** | Track 2 Track 3

Oral Abstract Presentations: Non-communicable diseases

Developing and externally validating a machine learning risk prediction model for 30-day mortality after stroke using national stroke registers in the UK and Sweden (Wenjuan Wang *et al.*)

Job stress a source of hypertension in Sub-Saharan Africa: a scoping review (Rodrigue Khonde Kumbu *et al.*)

Sleep quality and quality of life in adults with Type 2 diabetes in Bangladesh (Farzana Zaman *et al.*)

Hospital costs attributable to obesity, diabetes and hypertension in Covid-19 patients in South Africa (Loes Kreeftenberg *et al.*)

VAC4EU study to identify risk factors for the development of myocarditis and pericarditis after mRNA-1273 vaccination in four European countries: methodological considerations (Laura Zwiers *et al.*)

17:15 Social Impact Factory **Room 1 Sydney** | Track 1

Sustainable value chains: the path to greener global health systems

IDA Foundation, Solvoz Foundation

Chair: Ms Claudia Martinez, Access to Medicines Foundation

Speakers: Claire Barnhoorn, Solvoz, Harm Veerkamp, IDA Foundation, Harwin de Vries, RSM Erasmus University Rotterdam, the Netherlands

For a conference with a theme of shaping the future of equitable and sustainable planetary health, we believe it is instrumental to look at procurement, which on average makes up 65% of the cost component of humanitarian response*. We are at a moment in time that we have to move beyond guidelines, and take lessons learned into standard procurement practices – be it for humanitarian response, or national/local health procurement in low- and middle-income countries.

Through discussion, we aim to touch upon the different aspects affecting planetary health in global health operations, and where there are opportunities for alternatives or improvement, including:

- pollution from manufacturing of goods
- waste generated in health facilities (WHO states about 75%–90% of the wastes generated from different healthcare facilities can be considered as non-hazardous, whereas 10%–25% are hazardous wastes)
- procurement practices of health organisations (how can criteria for sustainable practices be mainstreamed when it is often cost-driven?)

Covering these issues, this session aims to share best practices, challenges and insights on environmental factors in health / humanitarian procurement between different actors in the global health supply chain to highlight current challenges, priorities, developments, knowledge gaps and opportunities.

* <https://www.sciencedirect.com/science/article/pii/S0925527320303662>

17:15 Social Impact Factory **Room 2 Singapore** | Track 5

Gynaecological oncology with a focus on breast and gynaecological cancer

UMC Utrecht, the Netherlands; Dutch Cancer Institute, the Netherlands; working group International Safe Motherhood & Reproductive health; Queen Elizabeth Central Hospital, Blantyre, Malawi, Erasmus Medical Centre, the Netherlands; Leiden UMC, the Netherlands; Female Cancer Foundation; Breast Care International; Amsterdam UMC, the Netherlands

Chair: Dr Marcus Rijken, UMC Utrecht, Dutch Cancer Institute, Working group International Safe Motherhood & Reproductive Health, the Netherlands

Speakers: Dr Marcus Rijken, UMC Utrecht, the Netherlands; Dr George Chilinda, Queen Elizabeth Central Hospital, Malawi; Dr Heleen van Beekhuizen, Erasmus MC, the Netherlands; Dr Jogchum Beltman, Leiden University Medical Centre, the Netherlands; Dr Marlieke de Fouw, Leiden University Medical Centre, the Netherlands; Dr Lawrencia Dsane Bawuah, Erasmus MC, the Netherlands; Dr Luc van Lonkhuijzen, Amsterdam University Medical Centre, the Netherlands

Worldwide approximately 5% of all cancers are caused by the Human Papilloma Virus (HPV). Cervical cancer is the most common HPV-related cancer with around 470.000 new cases yearly, mostly in LIMC, also in Malawi, where Médecins Sans Frontières has a programme for cervical cancer treatment.

In this session we will also focus on primary prevention of HPV related cancer worldwide and the progress of the WHO initiative on elimination of cervical cancer. Is a single dose of HPV vaccine the solution? Is vaccination of both boys and girls a good option? Screening is a very effective method to reduce the global burden of cervical cancer. But how do we make screening a success and reach all women in different parts of the world?

We discuss our experiences with HPV self testing, visual inspection with acetic acid, direct treatment, and artificial intelligence in resource constrained settings in Uganda and in the riverine islands of Bangladesh. Finally we will be updated about the Breast Care International Ghana walk to fight breast cancer.

17:15 Social Impact Factory **Room 3 Seoul** | Track 1

Subnational burden estimation: methods and applications for locally tailored public health programme planning

KIT Royal Tropical Institute, the Netherlands

Chair: Ente Rood, KIT Royal Tropical Institute, the Netherlands

Speakers: Abdullah Latif, BMGF Grant Manager; Mercy Corps Pakistan, Christina Mergenthaler, KIT Royal Tropical Institute, the Netherlands, Jake Mathewson, KIT Royal Tropical Institute, the Netherlands, Muhammed Semakula, Rwanda Ministry of Health/ KIT Royal Tropical Institute, the Netherlands, Nathaniel Henry, Institute for Health Metrics and Evaluation, Washington, USA

A key requirement for public health preparedness and planning is the availability of reliable estimates of health needs.

Globally, emerging public health threats (i.e. Covid-19, influenza, disaster relief) rely on subnational estimates of disease burden to optimally allocate limited health resources and to monitor the effectiveness of interventions.

In this session, infectious disease experts and disease modellers will present novel methods and approaches to monitor and estimate disease burden at subnational level and will demonstrate how these estimates are used to inform public health decisions.

17:15

Social Impact Factory **Room 4 Dublin** | Track 1

Track 3

Oral Abstract Presentations: Pandemic mitigation and responses (2)

Illegal deforestation rates were lower during the Covid-19 pandemic in rural Bornean communities with health and livelihood support (Skylar Hopkins *et al.*)

Measuring preparedness to infectious diseases among 2124 households exposed to climate disasters in Mozambique: a cross-sectional study (Francesco Vladimiro Segala *et al.*)

Covid-19 vaccine hesitancy and associated factors in the Boeny region of Madagascar (Irina Kislaya *et al.*)

Covid-19 vaccine safety monitoring studies in low- and middle-income countries: a methodological review (Malede Sisay *et al.*)

Challenges in access to care among diabetes patients during the Covid-19 pandemic: a hospital based mixed method study (Namuna Shrestha *et al.*)

Thursday 23 November

08:30 Tivoli Vrendenburg **Grote Zaal** | Track 1

Migrant health. To screen or not to screen: this is the question

Società Italiana di Medicina Tropicale e Salute Globale (SIMET); Swedish Society for Tropical Medicine (SSTM); Société Francophone de Médecine Tropicale et Santé Internationale (SFMTSI); ESCMID Study Group for Infections in Travellers and Migrants (ESGITM)

Co-chairs: Dr Katja Wyss, Karolinska University Hospital; Swedish Society of Tropical Medicine; Dr Guido Calleri, Amedeo di Savoia Hospital, Italy. President SIMET

Speakers: Dr Ana Requena Mendez, Karolinska Institutet, Sweden and Barcelona Institute for Global Health, Spain; Dr Andreas Wångdahl, Karolinska Institutet and Department of Infectious Diseases, Sweden; Dr Eric Caumes, Hôpital de l'Hotel-Dieu, Sorbonne Université, France; Dr Michele Spinicci, Department of Experimental & Clinical Medicine, University of Florence, and Infectious and Tropical Diseases Unit, Careggi University Hospital, Italy; Dr Susanna Capone, University Division of Infectious and Tropical Diseases, Brescia ASST Spedali Civili Hospital, Italy

The aim of this session is to overview the emerging challenges that increasing migration flows from different epidemiological environments are posing to health systems in non-endemic countries.

The objective are to:

- draw attention to emerging infectious diseases in migrant populations and the role of early detection by screening procedures
- highlight the challenges and the unmet needs of the screening procedures for migrant populations in non-endemic countries
- raise awareness about the burden of neglected latent infections in some fragile migrant populations

08:30 Tivoli Vrendenburg **Hertz** | Track 2

Exploring the One Health and planetary health dimensions of helminth diseases

International Federation for Tropical Medicine; World Federation for Parasitologists

Co-chairs: Professor Malcolm Jones, School of Veterinary Science, University of Queensland Australia and QIMR Berghofer Medical Research Institute; Dr Momar Ndao, McGill University, Montreal, Canada

Speakers: Dr Pikka Jokelainen, Serum Statens Institute, Denmark; Dr Joanne Webster, London Centre for Neglected Tropical Diseases Research, UK, Dr Carolina Verissimo, University of Galway, Eire; Dr Maarten VanHove, Universiteit Hasselt, Belgium; Dr Momar Ndao, McGill University, Canada

This session will focus on One Health aspects of parasitic diseases predominantly and look to the diseases from a One Health perspectives, while focusing on integrated responses to the diseases.

08:30 Tivoli Vrendenburg **Pandora** | Track 5

Oral Abstract Presentations: Vulnerable populations and gender-based violence (2)

“One-stop centres” for gender-based violence victims: a multisectoral anchoring dilemma - a study of six African GBV programmes (Francois Sarramagnan *et al.*)

Decentralization of gender-based violence case management services and capacity building in Rwanda: an alternative to improve survivors’ accessibility and care? (Bénédicte Briot *et al.*)

Utilization of sexual and gender-based violence response services by women and girls affected by conflict in north-east Nigeria: barriers, opportunities, and strategies (Esther Osime *et al.*)

Findings from a community mobilization intervention on intimate partner violence in rural south-west Nigeria (Olusegun Awolaran)

Prevention and management of gender-based violence in north-east Nigeria from a human rights perspective: a policy brief (Esther Osime)

Men’s childhood experiences and intimate partner violence perpetration: a cross-sectional study of young men in Mwanza, Tanzania (Rebecca Eulalia Alba Brambilla *et al.*)

08:30 Tivoli Vrendenburg **Cloud Nine** | Track 6**Refugee children: do we care?**

EKANN Expertisecentrum Kinderen, the Netherlands, Adolescenten Nieuw in Nederland; Adolescenten Nieuw in Nederland; Ludwig-Maximilians-Universität (LMU) München, Germany; Institute of Mother and Child Foundation, Poland; Medical University of Warsaw, Poland; National Institute of Public Health NIH-NRI, Poland

Co-chairs: Dr Niloufar Ashtiani, CoMaster, Radiqs, Hozan Sangana Studios, the Netherlands; Dr Robert Scherpbier, UNICEF

Speakers: Dr Albertine Baauw, Opleidingsinstituut Internationale Gezondheidszorg en Tropengeneeskunde (OIGT), the Netherlands; Dr Sara Sahba, Pediatrics, EKANN, the Netherlands; Dr Ulrich von Both, Consultant Paediatrician (Infectious Diseases) & Clinician Scientist at Ludwig-Maximilians-Universität (LMU) München, Germany; Dr Dorota Kleszczweska, Institute of Mother and Child Foundation, Poland; Dr Anna Dzielska, Institute of Mother and Child Foundation, Poland; Dr Katarzyna Lewtak, Institute of Mother and Child Foundation, Poland

The aims of this session are:

- Advocacy for health equity for refugee children in European countries
- Update on medical and psychosocial screening for refugee children
- Update on tools to improve the health for refugee children

08:30 Tivoli Vrendenburg **Club Nine** | Track 2**Oral Abstract Presentations: Schistosomiasis (1)**

Test-Treat-Track-Test-Treat approach for breaking schistosomiasis transmission in Zanzibar (Lydia Trippler *et al.*)

Prevalence of female genital schistosomiasis and acceptability and performance of operator-collected and self-collected cervical-vaginal swabs followed by PCR among women in north-western Tanzania: the ShWAB study (Tamara Ursini *et al.*)

Field validation of an artificial intelligence-based digital microscope (Schistoscope) for automated diagnosis of *Schistosoma haematobium* infection in urine (Brice Meulah *et al.*)

Targeted mass drug administration for schistosomiasis in north-western Tanzania: exploring the use of geostatistical modeling to inform planning at sub-district level (Jake Mathewson *et al.*)

Paving the way for the introduction of paediatric praziquantel in schistosomiasis endemic countries: a cross-sectional study from Madagascar (Valentina Marchese *et al.*)

Sanitation infrastructure and behaviour in a high transmission setting for *Schistosoma mansoni*: results from a survey and focused group discussions on Ijinga island, Lake Victoria, Tanzania (Merle Dierks *et al.*)

08:30 Tivoli Vrendenburg **The Pit** | Track 1**Advocacy successes: learning from youth climate movements working towards (intergenerational) climate justice**

International Federation of Medical Students Associations - Netherlands (IFMSA-NL)

Co-chairs: Anouk Nusselder, Juliette Mattijssen for IFMSA-NL

Speakers: to be confirmed; medical students or young doctors that have contributed to the global, climate and health movement on a national and global scale.

This session will delve into the profound impact of the climate crisis on current and future generations and the vital role that today's youth play in advocating for a just and sustainable future.

All over the world, youth speak up and mobilize for more ambitious and just climate action. From school strikes and grassroots activism to diplomacy at high level international meetings: youth are speaking up for their future.

In this session, we will discuss the concept of intergenerational justice and the moral problems of intergenerational risk imposition. We will hear from various climate advocates from all over the world,

Learn how intergenerational justice is understood in different regions, and learn from the success of local, national and international movements of young climate activists.

Through this session, we aim to help you strengthen (youth) climate movements as well as involve youth into all stages of decision-making to better cultivate, identify and utilise creative solutions for climate action and environmental policy.

08:30 Social Impact Factory **Event Space** | Wild card

Impact of war and armed conflict on health care delivery and ensuring the right to health

Médecins Sans Frontières; KIT Royal Tropical Institute, the Netherlands; Dutch Society for Tropical Medicine and International Health

How to deliver healthcare where and as needed in violent conflicts today?

This session will discuss the health impact of conflict, (breaches of) humanitarian law and difficulties for or dilemmas in getting access to populations in need of humanitarian relief. These questions will be approached through considerations from law, political sciences, international development agencies and humanitarian response organizations.

08:30 Social Impact Factory **Room 1 Sydney** | Track 1

Oral Abstract Presentations: Health systems (2)

Determinants of treatment-seeking behaviour and healthcare provider choice in Afghanistan: understanding barriers to access from a client and provider perspective (Margo van Gurp *et al.*)

The increasing reliance on fully trained, unsalaried health workers in Sierra Leone: a case study from Port Loko District (Pieternella Pieterse *et al.*)

Quality of healthcare services delivered by pharmacies: plurality of providers, an opportunity to collaborate in Pokhara Metropolitan City of Nepal (Grishu Shrestha *et al.*)

Do deferred payment programmes increase access to health services in Cameroon? A trauma registry analysis (Fanny Nadia Dissak Delon *et al.*)

Estimating the economic value of surgical activities and costs inflicted by unmet surgical needs in Liberia (Håvard Askim Adde *et al.*)

Assessing health facility preparedness for disaster events in Afghanistan: the application of the SAFE-Prep Tool (Nima Yaghmaei *et al.*)

08:30 Social Impact Factory **Room 2 Singapore** | Track 1

Climate and health in focus: implementing the Dutch Global Health Strategy

Ministry of Health, Welfare and Sport; Ministry of Foreign Affairs; Dutch Global Health Alliance

Chair: Carmen Fenollosa, StickyDot

Speakers: to be confirmed

It has been one year since the Dutch Global Health Strategy 2022-2030 was launched. This strategy outlines three roles the Netherlands should play in the global health arena: (1) as a connector promoting multisectoral cooperation, (2) as an innovator sharing knowledge and expertise, and (3) as an advocate championing multilateralism and human rights.

In this session, we will delve into one of the strategy's focus areas: "the impact of climate change on public health and vice versa". The goal of this session is to understand how these roles are put into action and to learn what this means 'on the ground'.

The first part of the session will focus on the importance of developing strategies and policies that address the intersection of climate and health. The Dutch Ministry of Health will share its approach on this intersection. In addition, we will engage with representatives from other EU countries to learn how they incorporate climate considerations into international health policies. Finally, we will hear from civil society about what further needs to be done at policy-level to connect health and climate.

The second part of the session will explore how the strategy translates into tangible actions. We will connect with key stakeholders who are working in the global south to strengthen health systems and make them more resilient to climate change, seeking insights from experts in the field. We will answer the question of what does a resilient health system actually look like?

08:30 Social Impact Factory **Room 3 Seoul** | Track 2

Oral Abstract Presentations: HIV

Virological impact of HIV drug resistance testing in children, adolescents and adults failing first-line ART in Tanzania (Shimba Henerico *et al.*)

Long-term retention and predictors of attrition for key populations receiving antiretroviral treatment through community-based ART in Benue State Nigeria: a retrospective cohort study (Olujuwon Ibiloye *et al.*)

Changes in access to viral load testing, incidence rates of viral load suppression and rebound following the introduction of the 'Universal Test and Treat' guidelines in Cameroon: a retrospective follow-up analysis (Cavin Epie Bekolo *et al.*)

The impact of HIV on the prevalence and characterization of peripheral arterial disease in Kigali, Rwanda: a pilot study (Kyle Denison Martin *et al.*)

Initial programme theory for community-based ART delivery for key populations in Benue State, Nigeria: a realist evaluation study (Olujuwon Ibiloye *et al.*)

08:30 Social Impact Factory **Room 4 Dublin** | Track 5

Oral Abstract Presentations: Sexual and reproductive health

Ensuring sexual and reproductive health and rights in indigenous Santal community in Gaibandha district, Bangladesh through empowering Santal women to study midwifery (Md. Shamsuzzaman *et al.*)

"Nothing about me without me": modalities and conditions for youth participation in sexual and reproductive health and rights advocacy in Ethiopia, Mali and Mozambique (Charlotte van Tuijl *et al.*)

The effects of theatre for change and participatory drama-based programmes on sexual and reproductive health and rights: a qualitative meta-analysis using the 4R-framework (Ophelia Chatterjee *et al.*)

Man-to-man discussion to improve contraceptive use: the experience of the Model Men's Club in Benin (Arnaud Kinnenon *et al.*)

Barriers to quality of care in contraceptives among young people in the primary healthcare level, A case of Mukuru and Kibera Slums, Nairobi, Kenya (Stephen Ougo)

Reproductive autonomy among heterosexual and LGBT couples in the Netherlands: a reproductive justice perspective (Billie de Haas)

10:30 Tivoli Vredenburg **Grote Zaal** | Track 1

Border violence, detention and pushbacks in Europe: a determinant of health?

Lancet Migration European Regional Hub; University of Heidelberg, Germany

Chair: Professor Bernadette Kumar, Norwegian Public Health Institute

Speakers: Reem Mussa, Médecins Sans Frontières, Belgium; Dr Mariano Gutiérrez Dandridge, healthcare in detention doctor; Zahia Wasko, University of Heidelberg, Germany

The phenomenon of pushbacks has been increasingly documented by NGOs, human rights institutions, media, and health practitioners across European borders, presenting a dire threat to the health, well-being and right to life of migrants. Pushbacks refer to measures taken by States directly or indirectly that force people individually or collectively back over a border without consideration of their individual circumstances, any possibility to apply for asylum, and any access to assistance including emergency medical care.

Many international and European institutions have already stated that pushbacks are a denial of a state's obligation to protect the human rights of people seeking international protection at national borders. Pushbacks have contributed to undue injuries, trauma, mental health, and loss of life among people on the move, especially when conducted violently. Often time the physical abuse, harassment and denial

of assistance and medical care, as well as legal assistance may amount to torture or ill-treatment and have long-term consequences on people’s physical and mental health. Pushbacks contribute to the perpetuation of dire living conditions and dangerous journeys, which have been documented as including shipwrecks, extreme temperatures, overcrowding in informal camps, access to basic needs and services (such as shelter, food, water, hygiene, and medication) as well as exposure to abuse, exploitation, and sexual and gender-based violence, in a context where access to appropriate healthcare is often impossible for a long period of times. Additionally, the deprivation of access to medical assistance, protection, water, food, and necessities at borders is a threat to people’s health and life. Delays in searching for and rescuing migrants in distress on land and at sea, as well as in designating safe ports for disembarkation also ultimately undermine their right to life. To date, healthcare provision at borders and detention facilities is limited, and often NGOs are relied upon by governments to provide basic screening and care. Further, research on health outcomes remains poorly documented as access to these settings and associated data is also limited.

The purpose of this panel discussion will be to explore the border securitization practices in Europe and the subsequent violence and oppression used against migrants and how these practices impact health and well-being, and to understand what role health providers, policymakers and academics can play in reducing these practices and their impact on health.

The audience will first hear findings from a systematic review on border violence and pushbacks in the European Union and their effect on health, which is due to be published in *The Lancet Regional Health - Europe* toward the end of 2023. This review is an ongoing effort by the *Lancet Migration European Regional Hub* working group on Border Detention and Security. Two humanitarian experts will then respond with their professional experiences in mitigating the health impacts of border security and detention. There will be plenty of opportunity for the audience to respond to the panellists and generate a constructive dialogue on regional priorities facing migrant health researchers and practitioners in this context of increasing violence and political ping-pong.

10:30 Tivoli Vredenburg Hertz | Track 2

Prevention and morbidity management of Female Genital Schistosomiasis: how to optimise strategies to meet the neglected tropical diseases roadmap goals for schistosomiasis

Bernhard Nocht Institute for Tropical Medicine, Germany; Drugs for Neglected Diseases initiative, Switzerland; London School of Hygiene & Tropical Medicine, UK

Chair: Daniela Fusco, Bernhard Nocht Institute for Tropical Medicine, Germany

Speakers: Sabine Specht, DNDi, Switzerland; Professor Amaya Bustinduy, London School of Hygiene & Tropical Medicine, UK; Professor Louis-Albert Tchuem Tchuente, University of Yaoundé, Cameroon; Amadou Garba, WHO, Switzerland; Dr Sarah Nogaro, FIND, Switzerland; Penelope Vounatsou, Swiss TPH, Switzerland

Schistosomiasis is a parasitic disease of poverty with highest burden associated to chronic manifestations of the infection. *S. mansoni* and *S. haematobium* are the two most common species of the parasite leading to liver fibrosis and female genital schistosomiasis (FGS) respectively as chronic consequences of prolonged or repeated infections.

FGS can occur when *S. haematobium* eggs recruit host immune cells to form granulomas which can become trapped in genital tissues and lead to fibrosis, presenting with characteristic lesions (sandy patches) on the cervix or vaginal wall. The disease is mostly diagnosed via visual investigation of the cervix through colposcopy, a clinical diagnostic process which requires dedicated equipment and trained personnel. Additionally, due to the natural history of FGS, with an extensive asymptomatic phase and the manifestation of general gynaecological symptoms associated to the diseases, awareness among both general population and health care workers is quite low. All this complicates the assessment of the burden of FGS which, worldwide, remains scarcely known.

To date, praziquantel (PZQ), a repurposed drug with variable effectiveness, is the only drug available to treat schistosomiasis. PZQ is mostly used for mass drug administration campaigns promoted in endemic areas with the aim of eliminating the disease as a public health problem. Under the current treatment regimen, a single dose of PZQ is insufficient to resolve these lesions. Additionally, as the sole treatment available, the potential for *Schistosoma* to develop resistance towards PZQ is a concern.

New treatments and strategies for morbidity management are urgently needed so as strategies to target the most burdened populations in order to meet the goals set by the NTDs 2030 roadmap.

This debate has the scope of putting together the expert opinions of scientists, implementers and stakeholders in the field of FGS to identify ways forward to eliminate schistosomiasis as a public health problem

10:30 Tivoli Vredenburg **Pandora** | Track 1 Track 3

Oral Abstract Presentations: Climate change impacts

Climate change, seasonality and household water security in rural Gambia: a qualitative exploration of the complex relationship between weather, water and health (Indira Bose *et al.*)

Impact of the heatwaves in the Italian elderly population: not just a hot issue (Chiara Cadeddu *et al.*)

Threshold determination and temperature trends analysis of Indian cities for effective implementation of an early warning system (Mahaveer Golechha *et al.*)

Pollution and disease stigma still significant barriers to achieving asthma control (Achiri Ndikum *et al.*)

10:30 Tivoli Vredenburg **Cloud Nine** | Track 5

How do we best research and improve maternal and newborn health care in large cities? Case studies from sub-Saharan Africa

Institute of Tropical Medicine, Belgium

Chair: Dr Lenka Benova, Institute of Tropical Medicine, Belgium

Speakers: Dr Opeyemi Babajide, Drexel Dornsife School of Public Health, USA; Catherine Birabwa, Makerere University, Uganda; Aline Semaan, Institute of Tropical Medicine, Belgium; Dr Aduragbemi Banke-Thomas, London School of Hygiene & Tropical Medicine, UK

The purpose of this panel is to engage how we understand and improve maternal and newborn health in urban areas. The four contributions draw on research in three large sub-Saharan African cities (Lagos, Dar es Salaam and Kampala), cover the continuum of care from antenatal, intrapartum to postnatal care, and methodologically span conceptual issues, primary data collection & analysis, and reflections on conducting research in cities.

Research on health facility access has been focussed on rural areas due to the role of delays caused by distance, lack of roads and transport, and lower density of health facilities. However, two-thirds of the world's population will live in urban areas by 2050; 90% of these additional 2.5 billion urban residents will concentrate in Africa and Asia, which include countries with high levels of maternal and perinatal mortality. Studies have begun to question the existence of an "urban advantage"; a recent study from Tanzania documented that newborn mortality was double in urban areas compared to rural. Urban health systems do not comprehensively meet the needs of women and newborns.

Specific challenges include:

- clustering of urban poverty and marginalisation of migrants;
- a broad array of private providers contributing to overmedicalisation and high out-of-pocket expenditure;
- suboptimal quality of care in health facilities including due to crowding;
- relatively short travel distances to health facilities obfuscating long travel times (e.g. traffic, insecurity);
- lack of trust in facilities;
- ineffective referral systems;
- incomplete or poor quality routine data to inform decision-makers;

10:30 Tivoli Vredenburg **Club Nine** | Track 1

Technology and systems approaches for global health

Delft University of Technology, in partnership with Delft Global

Co-chairs: Dr Saba Hinrichs-Krapels, Faculty of Technology Policy and Management, Delft University of Technology, the Netherlands; Lys-Anne Sirks, Delft Global, Delft University of Technology, the Netherlands

Speakers: Professor Jenny Dankelman, Delft University of Technology, the Netherlands; Professor Jan Carel Diehl, Delft University of Technology, the Netherlands; Karlheinz Samenjo, PhD candidate, and Partner Chloe Innovations; Temitope Agbana, CEO AiDx Medical

Our objective in this session is to address the challenge of how technology, and its surrounding systems, can enable health systems strengthening in low-resource settings. We welcome scholars, innovators and

practitioners from a variety of disciplines to debate this topic together, and showcase examples of good practice.

Achieving the sustained functioning of technologies within different health systems globally requires a critical look at the surrounding infrastructures, adopting a holistic systems-approach to the introduction of technologies, and understanding the socio-technical nature of any health system.

Our remit includes, but is not limited to, improving capacity planning for hospitals, health technology management, enabling the sustainable adoption of appropriate medical devices and equipment, ensuring technologies are designed to be fit for purpose in a low-resource contexts, providing training and support for the global biomedical engineering community, and critically examining the necessary data and information technology systems required for providing care.

We welcome innovators, as well as scholars in disciplines such as clinical and biomedical engineering, operations research, design, and information technology, alongside public health, health services research, and health policy. This is a cross-cutting topic focussing on general health systems strengthening. Although we have a larger network of engineers, equipment innovators, and computer scientists working in many low- and middle-income countries, we observe that these communities are not connected to the global health research community, and see this session as an opportunity to build bridges between these communities.

10:30 Tivoli Vredenburg **The Pit** | Track 4

Oral Abstract Presentations: Adolescent and child mental health

SeeTheChild – mental child health in Uganda: an evaluation of the strengths and difficulties questionnaire as a mental health screening tool among Uganda children (Marine Caillaud)

Two programmes, similar core elements: what works in mental health and psychosocial support for children. design and action research of the BoB-programme in South Sudan and Nour digital application in Lebanon (Remy Vink *et al.*)

SeeTheChild – mental child health in Uganda: assessment of the mental health burden of children in Mbale district, Uganda (Marine Caillaud)

Implementing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to unaccompanied minors in Greece: study protocol of a randomized controlled trial and evaluation of the TF-CBT training to mental health professionals (Theodora Anastasiou *et al.*)

Adolescent pregnancy induced stressors and psychological distress among pregnant and parenting girls in an urban informal settlement in Kenya (Anthony Ajayi *et al.*)

Prevalence and socio-demographic correlates of mental health problems among adolescent students in eastern Ethiopia: a cross-sectional study design (Gari Hunduma *et al.*)

10:30 Social Impact Factory **Event Space** | Track 1

Health, food, water and sustainability at the rural-urban interface in the global south

Wageningen University & Research, the Netherlands; Utrecht University, the Netherlands

Co-chairs: Professor Huub Rijnaarts, Wageningen University & Research centre, the Netherlands; Professor Edith Feskens; Wageningen University & Research centre, the Netherlands; Professor Marcel Zwietering; Wageningen University & Research centre, the Netherlands; Professor Ajay Bailey, International Development Studies, Department of Human Geography and Spatial Planning, Utrecht University, the Netherlands

Speakers: Professor Ajay Bailey, International Development Studies, Department of Human Geography and Spatial Planning, Utrecht University, the Netherlands; Professor Edith Feskens, Wageningen University & Research centre, the Netherlands; Professor Marcel Zwietering, Wageningen University & Research centre, the Netherlands; Dr Katarzyna Kujawa-Roeleveld, Wageningen University & Research, the Netherlands

The purpose of this session is to review the state of knowledge about rural-urban health and the current priorities for education, research and action.

10:30 Social Impact Factory **Room 1 Sydney** | Track 1**Financial justice for health equity**

Wemos, Society for International Development, Public Services International

Chair: Mariska Meurs, Wemos, the Netherlands

Speakers: Mariska Meurs, Wemos, the Netherlands; Nicoletta Dentico, Society for International Development, Switzerland; Baba Aye, Public Services International, Switzerland

The purpose of the session is to raise awareness among health professionals, activists and policy makers on possible ways to mobilize resources for health, anchored in a more equitable global financial architecture, to promote equity and health for all.

The speakers will share perspectives on equitable and sustainable finance for health, borrowing their analysis from the Geneva Global Health Hub report published in November 2023: *Financial Justice for Pandemic Prevention, Preparedness and Response*. The funding gap for global health is large, but cannot be resolved by attracting private profit-oriented investors. Pandemic prevention, preparedness and response, overall health equity and universal health coverage require public resources.

Reforms are needed in the economic and monetary policy domain to raise more public resources, and good examples of such policies exist. In this session you will learn about such examples and a vision to redirect the global financial architecture for the public good.

10:30 Social Impact Factory **Room 2 Singapore** | Track 1**Sustainable healthcare from an international perspective**

UMC Utrecht, the Netherlands

Chair: Jopke Janmaat, UMC Utrecht

Speakers: Dr Renzo Guinto, Harvard T.H. Chan School of Public Health, William H. Quasha Memorial, Philippines; Dr Celina Kroon, UMC Utrecht, the Netherlands; Dr Rudolf Abugnaba-Abanga, University for Development Studies, Ghana

What is required for emission-free and circular healthcare delivery?

Renzo Guinto, Celina Kroon and Rudolf Abugnaba-Abanga will give a realistic insight in their experiences and challenges in practice. What can we learn from climate-resilience and circular healthcare thinking from a Western European, Southeast Asian or North African country? We invite you to embrace the discomfort and to look at the sustainable healthcare issues from a new angle. Can you enlarge your personal green handprint by learning from a different perspective? We challenge you to incorporate lessons learned in your day-to-day work environment.

10:30 Social Impact Factory **Room 3 Seoul** | Track 2**Oral Abstract Presentations: Leishmaniasis**

Spreading endemicity of visceral leishmaniasis in Nepal: a threat to ongoing elimination initiative (Surendra Uranw *et al.*)

Are impact increases when more than one intervention is clubbed for *Phlebotomus argentipes* (Diptera: Psychodidae) sand fly control in Bangladesh: a cluster-randomized control trial (Rajib Chowdhury *et al.*)

In vitro antiproliferative synergism of phenolic compounds and Glucantime® against *Leishmania donovani* (Christine Moore *et al.*)

Evaluation of less invasive sampling tools for the diagnosis of cutaneous leishmaniasis (Saskia van Henten *et al.*)

Haemoglobin dynamics following treatment of visceral leishmaniasis: an individual patient data meta-analysis using the Infectious Diseases Data Observatory data platform (Prabin Dahal *et al.*)

Host, parasite and drug determinants of treatment outcomes in visceral leishmaniasis: an individual patient data meta-analysis using the Infectious Diseases Data Observatory data platform (Prabin Dahal *et al.*)

10:30 Social Impact Factory **Room 4 Dublin** | Track 3 Track 6**Oral Abstract Presentations: Cancer**

Oral cancer screening with visual inspection: a way forward to prevent and control the burden of oral cancer in Nepal (Gambhir Shrestha *et al.*)

A caregivers' perspective on social reintegration and stigma of childhood cancer survivors in Kenya (Jesse Lemmen *et al.*)

Disparities in cervical cancer screening programmes in Cameroon: a scoping review of facilitators and barriers to implementation and uptake of screening (Emma Woks Kefiye *et al.*)

Time to treatment among breast cancer patients at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia: a retrospective follow-up study (Tsefaneh Ayele)

Treatment outcomes of paediatric acute myeloid leukemia in Western Kenya before and after the implementation of the International Society of Paediatric Oncology (SIOP) Paediatric Oncology in Developing Countries (PODC) treatment guidelines (Noa Wijnen *et al.*)

Access to childhood cancer medicines in South Africa: a health system analysis of barriers and enablers (Iris Joosse *et al.*)

13:30 Tivoli Vredenburg **Grote Zaal** | Track 1**Decolonising global health; beyond the rhetoric, facing the practice**

Federation of European Tropical Medicine and International Health, the Dutch Society for Tropical Medicine and International Health, Knowledge Centre Global Health, Be-cause Health

Chair: Godelieve van Heteren, Physician and historian, Senior international consultant health & social systems transformations, PBF, policy and governance, Director Europe Arena

Speakers: Dr Patrick Kuma-Aboagye, Director General Ghana Health Service; Charles Ddungu, Public Health, Institute of Tropical Medicine, Antwerp, Belgium

In an interactive session we will use two deep-dive cases of the struggle to move beyond the rhetoric of decolonising global health (DGH).

A. We will take a closer look at local ownership of health system agendas around the world, using the case of sustainable financing and delivery of care policy transformation in Ghana as one telling illustration of the multiple issues to be addressed in processes of DGH.

B. We will explore the critical and reflective journey on what decolonisation means in the context of old academic institutions, such as the Institute of Tropical Medicine in Belgium or others, asking how radical the current change agendas are in practice and what addressing colonial legacies really entails in such knowledge centres.

13:30 Tivoli Vredenburg **Hertz** | Track 2**Oral Abstract Presentations: Malaria (4)**

A retrospective analysis of cumulative malaria incidence in health zones applying indoor residual spraying with and without seasonal malaria chemoprevention in northern Benin from January to December 2019 (Rock Aikpon *et al.*)

Artesunate Pyronaridine is a safe and efficacious treatment for *Plasmodium falciparum* and *Plasmodium vivax* in Ethiopia with a strong transmission-reducing role in *Plasmodium vivax* (Migbaru K. Bezabih *et al.*)

Vertical and horizontal transmission of a Plasmodium-inhibiting symbiont Microsporidia MB in *Anopheles arabiensis*: effect on life history traits (Syeda Tullu Bukhari *et al.*)

Systematic review and geospatial modelling of molecular markers of resistance to artemisinins and sulfadoxine-pyrimethamine in *Plasmodium falciparum* in India (Minu Nain *et al.*)

Seasonal dynamics of composition and density of co-endemic *P. falciparum* and *P. vivax* in elimination setting, south Ethiopia: implication for elimination (Eshetu Molla *et al.*)

13:30 Tivoli Vredenburg **Pandora** | Track 2**The road towards optimizing the medical treatment for mycetoma***Drugs for Neglected Diseases initiative***Co-chairs:** Dr Sahar Bakhiet, Mycetoma Research Center, Sudan; Dr Fabiana Alves, Drugs for Neglected Diseases initiative, Switzerland**Speakers:** Professor Ahmed H. Fahal, Mycetoma Research Center, Khartoum, Sudan; Dr Wendy W. J. van de Sande, Erasmus MC, the Netherlands; Profesor Eduard E. Zijlstra, Drugs for Neglected Diseases initiative, Switzerland; Dr Borna Nyaoke, Drugs for Neglected Diseases initiative, Kenya

Mycetoma is one of the most neglected diseases in the world, not well understood or widely studied despite being first identified more than 300 years ago. This chronic slow-growing infection slowly and progressively destroys subcutaneous tissues. It affects skin, muscle and bone, causing swollen, disfigured body parts and severe disability. At its worst, mycetoma can be fatal.

The global burden of mycetoma is unknown; it is not a notifiable disease and all too often tools are lacking to make a final diagnosis and to keep records of the number of patients.

There is a >90% cure rate for bacterial mycetoma using a combination of antibiotics while the anti-fungal drugs used to treat mycetoma are only 25-35% effective as per case reports, administered daily for 12 months, and often require surgical excision.

There is a need for an effective, safe, affordable, and shorter-term treatment for fungal mycetoma in endemic areas, in all age groups and along the spectrum of mycetoma lesions, and all causative fungi.

The aim of this session is to:

- present the final clinical trial results of the world's first randomized, double blind, phase II clinical trial of eumycetoma in Sudan
- discuss what is in the pipeline for mycetoma
- present the DNDi Strategic Plan for the Mycetoma programme

13:30 Tivoli Vredenburg **Cloud Nine** | Track 5**How sexual and reproductive health and rights integration in medical curricula (should) support equitable and rights-based health around the globe***KIT Royal Tropical Institute, the Netherlands in collaboration with partners: the FIGO/WATOG/IFMSA network; Association of private health schools Mali; The Netherlands General Practitioner Advisory Group on Sexual Health (sexHAG)***Chair:** Dr Irene de Vries, KIT Royal Tropical Institute, the Netherlands**Speakers:** Rafal Zadykowicz, European Network of Trainees in Obstetrics and Gynaecology and World Association of Trainees in Obstetrics & Gynecology; Anke van der Kwaak, KIT Royal Tropical Institute, the Netherlands; Dr Ba Sidi Yaya, president of the Association of private health schools of Mali; Dr Prisca Zwanikken, KIT Royal Tropical Institute, the Netherlands; Anne Vervoort, SexHAG, the Netherlands

Sexual and reproductive health and rights (SRHR) are globally under threat. Even in settings where SRHR policy and regulations are liberalized, people face barriers to access quality, non-biased and rights-based care. Given concerns in many countries of declining numbers of health care professionals able and willing to provide SRHR care, including around sensitive issues such as abortion care, SRHR for young people and for LGBTIQ+ amongst others, the need to ensure early-career training is urgent and essential. Also in less sensitive reproductive health issues the voice and rights of individuals are often challenged by cultural or political arguments of others.

Failure to ensure that the next generation of professionals have appropriate levels of SRHR skills and knowledge of the SRHR discourse, will be a failure to commit to meeting the basic health care needs and rights of people.

13:30 Tivoli Vredenburg **Club Nine** | Track 2

Oral Abstract Presentations: Schistosomiasis (2)

High sensitivity but low specificity of female genital schistosomiasis symptoms and risk factors diagnostic tool on genital lesions suggestive of female genital schistosomiasis in adolescent girls and women in Maswa District, Tanzania (Gladys Mbwangi *et al.*)

Opportunities and challenges in facilitating decision making for targeted mass drug administration through geostatistical models, a qualitative investigation in Tanzania (Jake Mathewson *et al.*)

Ultrasound assessment of hepatosplenic schistosomiasis: an experience in a highly endemic area of Madagascar (Valentina Marchese *et al.*)

Schistosoma mansoni related intestinal morbidities among adults co-infected with HIV-1 and / or Hepatitis B, C viruses in north-western Tanzania (Andreas Mueller *et al.*)

The Schistoscope, an AI-based microscope for the rapid detection of *Schistosoma haematobium* eggs in resource-limited settings (Prosper Oyibo *et al.*)

Revisiting regulating mechanisms for modelling schistosomiasis transmission (Veronica Malizia *et al.*)

13:30 Tivoli Vredenburg **The Pit** | Track 1

Women creating a flourishing future in planetary health

Royal Roads University, Canada, UMC Utrecht, the Netherlands

Chair: Professor Wanda Krause, Royal Roads University, Canada

Speakers: Professor Wanda Krause, Royal Roads University, Canada; Erin Dixon, Reconciliation Canada; Dr Camilla Alay Llamas, UMC Utrecht, the Netherlands

In line with supporting ‘human civilisations and the national systems on which they depend’, this session offers three perspectives through panel presentations of research related to planetary health concerns. The purpose of this panel of presentations is to bring to awareness that in these VUCA (volatility, uncertainty, complexity, ambiguity) times, we require a vision for planetary health that sees generations into the future and is predicated on holistic and inclusive approaches. On the theme of planetary health and health systems, we seek to hold up and support the recent developments related to planetary health awareness-raising and solutions. We, however, endeavor to offer a broader and more inclusive understanding than often permitted through an overview of communities that have been marginalized and racialized. We argue that it is imperative to see through the lens of intersectionality to be able to generate a much more nuanced view of the differential impacts of epidemics and climate change, among the various wicked issues of our times.

Intersectionality is then the segue to identifying and endeavoring to include the multiple ways in which civilization can be enhanced and nurtured. In particular, we offer multiple lenses from research on the ways in which women, from a land-based perspective, in geographical areas, such as the Middle East, Latin America, and North America, contribute to the expansion of civilization. We see the uplifting and nurturing of civilization as core and key to planetary health. For this objective of inclusion of wisdom traditions and forms of refusal, we present Indigenous worldviews and approaches of women who have been marginalized in the Global North paradigms around health systems.

This panel will also hold space for discussion around the weaving of individual research on diverse wisdom traditions embraced and practiced by women, including from various geographical areas. The hope is to create an opportunity for sharing and learning together towards the goal of an inter-generationally sustained vision for planetary health informed and nurtured by women from various communities around the globe. Together we will lean into questions that can deepen the sphere of our collective wisdom and transform together toward planetary health to set in motion transformation for generations.

13:30 Social Impact Factory **Event Space** | Track 1

EAT Lancet planetary health diet: fair, equitable and diverse?

Future Food Utrecht

Chair: Professor Detlef van Vuuren, Utrecht University, the Netherlands

Speakers: Dr Line Gordon, Stockholm Resilience Centre, Sweden; Dr Fabrice DeClerck, EAT Director of Science

The EAT Lancet planetary health diet emphasizes a plant-forward diet with whole grains, fruits, vegetables, nuts and legumes for human health and environmental sustainability.

Since launching the EAT Lancet dietary guidelines for global application in 2019, calls for more diverse EAT Lancet dietary guidelines, tailored to different regions in the world, each with their own food habits, cultures and systems have been put forward.

This session, organised by the Future Food community of Utrecht University, focuses on the question how this diversity can be obtained in a fair, equitable and ethically responsible way. How should this diversity be approached and guided? Who are the key players and what role do they have?

Line Gordon (Stockholm Resilience Centre) and Fabrice DeClerck (EAT Director of Science) will address and discuss these questions with ECTMIH session participants from different global regions contributing their unique views and experiences to engage with the EAT forum with respect to the transition towards fair, equitable and ethically responsible diets.

13:30 Social Impact Factory **Room 1 Sydney** | Track 3

Oral Abstract Presentations: Health systems in non-communicable diseases

Readiness of health facilities to provide non-communicable diseases related services in Nepal: a further analysis of Nepal Health Facility Survey 2021 (Bikram Adhikari *et al.*)

Universal non-communicable disease care coverage, a challenge in urban health system of Pokhara City, Nepal (Deepak Joshi *et al.*)

The role of community health workers in the management of palliative care patients in Benin (Yassinme Elysee Somasse *et al.*)

Where does Bangladesh's urban poor go for non-communicable disease (NCD) care, and do they receive adequate advice for NCD prevention and control? (Deepa Barua *et al.*)

Improving the quality and coverage of community-based health intervention to prevent type 2 diabetes mellitus in Indonesia: an early health economics evaluation (Rachmadiani Sukma Hanifa *et al.*)

Globalization of industry-sponsored clinical trials for breast, lung, and colon cancer research: trends, threats and opportunities (Anil Babu Payedimarri *et al.*)

13:30 Social Impact Factory **Room 2 Singapore** | Track 4

Oral Abstract Presentations: Mental health

Mental health in Burundi, what is the place of the community? (Belyse Munezero *et al.*)

The psychological poverty trap: evidence from a financial and health diaries study in Kenya (Nursena Aksunger *et al.*)

Beyond posttraumatic stress disorder symptoms: responses to trauma and posttraumatic growth among grandparents in Cambodia (Thida Kim *et al.*)

Mental health, a deprived and neglected part of the health system of Nepal (Deepak Joshi *et al.*)

What mistakes should be avoided to successfully integrate mental health care services into primary health care? Experience in Burundi (Alain Ndayikunda *et al.*)

Piloting a digital mental health solution in the Occupied Palestinian Territories (Chantale Lakis *et al.*)

13:30 Social Impact Factory **Room 3 Seoul** | Track 1

Oral Abstract Presentations: Infectious disease and One Health

Occurrence of β -lactam resistant bacterial genes from clinical, environmental, and poultry isolates (Upendra Thapa Shrestha *et al.*)

Convergence in zoonotic disease surveillance systems: an exploratory One Health systems study in urban Ghana (Joannishka Dsani)

Out-of-pocket expense related to chikungunya outbreak in deep South Thailand (Thanittha Ditsuwan *et al.*)

Understanding and designing multi-sectoral, collaborative approaches for antimicrobial resistance governance: policy, practice and research from a One Health perspective in five countries (Mandy Geise *et al.*)

Next Generation One Health Philippines: building domestic capacity for transdisciplinary and translational research to prevent the next pandemic (Renzo Guinto *et al.*)

Rapid multi-method assessment of the impacts of the Covid-19 pandemic on wet market biosecurity and local food security in the Philippines (Renzo Guinto *et al.*)

13:30 Social Impact Factory **Room 4 Dublin** | Track 2

Oral Abstract Presentations: Neglected tropical diseases (1)

A randomized, double-blinded, phase 2 trial of different dosing strategies for the treatment of adults living with chronic Chagas disease: the MULTIBENZ study (Pau Bosch-Nicolau *et al.*)

Efficacy and safety of fexinidazole in patients with human African trypanosomiasis due to *Trypanosoma brucei rhodesiense*. A multicentre, open label clinical trial: final results (Olaf Valverde Mordt *et al.*)

Scabies prevalence in Ecuadorian indigenous communities that previously participated in ivermectin mass drug administration as part of the onchocerciasis elimination programme (Marta Gonzalez Sanz *et al.*)

Delayed hypofibrinogenemia and late bleeding manifestations in patients with saw-scaled viper envenoming: a retrospective study from India (Akhilesh Kumar P H *et al.*)

Onchocerciasis-associated epilepsy an important public health problem associated with high mortality (Robert Colebunders *et al.*)

Health determinants and prevention of neglected tropical diseases: multidisciplinary research to prevent and manage Buruli ulcer disease in southern Benin (DSP-MTN-UB) (Horace Degnonvi)

15:15 Tivoli Vredenburg **Grote Zaal** | Track 1

A global conversation with Ernst Kuipers, Minister of Health, Welfare and Sport, the Netherlands

UMC Utrecht, The Netherlands; Kenniscentrum Global Health (KCGH); Ministerie van Volksgezondheid, Welzijn en Sport

Co-chairs: Dr Joyce Browne, UMC Utrecht, the Netherlands; Dr Renzo Guinto, St Luke's Medical Center College of Medicine, the Philippines

The 13th European Global Health Congress (ECTMIH 2023) organization is honoured to welcome H.E. Prof. Dr. @Ernst Kuipers, Minister of Health, Welfare and Sports of the Netherlands, on Thursday, November 23rd. This ECTMIH session will facilitate a Global Dialogue and exchange of perspectives on various global and planetary health topics between Ernst Kuipers and ECTMIH delegates. After a word of welcome by Professor Dr. Diederick Grobbee, it will be moderated by Dr. Renzo Guinto and Dr. Joyce Browne.

This session will include a dialogue with the audience on planetary health issues.

16:15 Tivoli Vredenburg **Hertz** | Track 1**Strengthening strategic planning and data for decision making in fragile and conflict-affected settings: methodological reflections and guidance***KIT Royal Tropical Institute, the Netherlands***Chair:** Dr Sandra Alba, KIT Royal Tropical Institute, the Netherlands**Speakers:** Nima Yaghmaei, KIT Royal Tropical Institute, the Netherlands; Dr Sandra Alba, KIT Royal Tropical Institute, the Netherlands; Dr Abimbola Olaniran: University of Lagos, Nigeria

In this session we aim to offer reflection and guidance and facilitate exchange, based on approaches we developed and employed to generate data and evidence for decision-making and strategic planning in fragile and conflict-affected settings (FCAS).

Through presentations we aim to provide reflections on and examples of how we approached methodological dilemmas and challenges in generating evidence, insights and knowledge uptake for decision making in specific FCAS with due attention to our positionality as researchers and providers of technical assistance and the political economy context in which we and our partners have operated.

Through the roundtable discussions centred around specific themes emerging from our presentations and the needs of participants, we intend to facilitate an exchange of experiences and lessons learned on how to mitigate challenges and dilemmas encountered in the process of generating insight from limited data for decision-making and strategic planning in FCAS.

We draw upon our experience in strengthening regional level planning on human resources for health in five countries affected by fragility and conflict in West and Central Africa; our experience as the Third Party for monitoring and evaluation for Afghanistan's Ministry of Public Health's contracting-out of health services programme to strengthen basic healthcare delivery in Afghanistan; and a recent analysis investigating the relationship between consultations at primary care facilities and services by community health workers under the newly established Boma (Community) Health Initiative in South Sudan.

16:15 Tivoli Vredenburg **Pandora** | Track 2**A focus on Malawi: schistosomiasis and its new One Health dimensions***Liverpool School of Tropical Medicine, UK***Co-chairs:** Professor Russell Stothard, Liverpool School of Tropical Medicine, UK; Dr Govert van Dam, Leiden University Medical Center, the Netherlands**Speakers:** Dr Tine Huyse, Royal Museum for Central Africa, Belgium; Dr Janelisa Musaya, MLW-Clinical Research Programme, Blantyre, Malawi; Peter Makaula, MLW-Clinical Research Programme, Blantyre, Malawi; Dr Alexandra Juhasz, Liverpool School of Tropical Medicine, UK; Dr Julianne Meisner, University of Washington, USA

Our aim is to highlight recent work on hybrid schistosomes in Malawi and nearby, documenting new dimension in One Health to control this neglected tropical disease.

This session and speakers draw together exciting new information on the realities of hybrid schistosomes in Malawi and in nearby countries, exploring new One Health Dimensions. Our specific focus is placed on the *S. haematobium-mattheei* combination which is now firmly incriminated in urogenital schistosomiasis in people. Recent surveillance by the multidisciplinary project entitled HUGS (Hybridisation in UroGenital Schistosomiasis) across two communities in Mangochi and Nsanje Districts has brought to light the complex epidemiology of this parasite as well as its zoonotic cycling in local livestock. Addressing One Health dimensions, schistosomiasis in Malawian livestock is neglected and we present our latest findings on GPS tracking and response(s) to praziquantel treatment over a calendar year.

16:15 Tivoli Vredenburg **Cloud Nine** | Track 1**Contribution of multidisciplinary research to the equity and sustainability of social health insurance in Benin**

PRD-ARCH Consortium

Chair: Professor Marc Bourgeois, Université de Liège, Belgium**Speakers:** Professor N'koué Emmanuel Sambiéni, Université de Parakou, Benin; Dr Aminatou Soulemana, Université libre de Bruxelles, Belgium; Cossi X. Agbeto, UC Louvain, Belgium; Professor Gilles-Armand Sossou, Université d'Abomey-Calavi, Benin; Jacob Gnamou, University of Liège, Belgium; Professor Elisabeth Paul, Université libre de Bruxelles, Belgium

Like many other Sub-Saharan African countries, Benin has embraced the objective of universal health coverage. To progress towards that objective, the government launched in 2017 a pilot social health insurance scheme, called ARCH. However, its scaling up is lagging, and some design issues – notably regarding its implementing agency and funding mechanism – are still not decided upon.

This organised session will bring together researchers from various disciplines enabling to approach the challenges of the development of such an ambitious public health programme under different lenses: socio-anthropology, economics, law, public finance, health systems and policies.

16:15 Tivoli Vredenburg **Club Nine** | Track 2**Oral Abstract Presentations: Tuberculosis**

Diagnostic accuracy of Thwaites' and Lancet consensus scoring systems in adult tubercular meningitis patients: a prospective study from Jodhpur, India (Pankaj Sukhadiya *et al.*)

The role of neighborhood factors in the cumulative number of episodes of recurrent tuberculosis in Cape Town (Eli Dearden *et al.*)

Unmasking barriers and crafting solutions: gender-responsive approaches to enhance tuberculosis care for men in Nigeria (Chukwuebuka Ugwu)

Resistance to pyrazinamide in *Mycobacterium tuberculosis* from previously treated tuberculosis cases in Southwest Ethiopia (Mulualem Tadesse Jano *et al.*)

Comparing performance of Bayesian and spatial lag models for predicting subnational tuberculosis positivity rates in Pakistan (Christina Mergenthaler *et al.*)

Costs faced by tuberculosis patients during diagnosis and treatment in Ethiopia. A systematic review and Meta analysis (Dawit Getachew Assefa)

16:15 Tivoli Vredenburg **The Pit** | Track 1

Track 3

Track 5

Oral Abstract Presentations: Health systems (3)

The impact of the accredited social health activists in India on uptake of modern contraceptive services: A multilevel modeling study (Catherine Moughalian *et al.*)

Redesigning maternal and newborn health service delivery for you, with you: qualitative methods in human-centered design for maternal and newborn health services in Niger, Chad, Democratic Republic of Congo, Pakistan, and Cote d'Ivoire (Chantale Lakis *et al.*)

Role of District Sexual and Reproductive Health and Rights (SRHR) Officer and Cervical Cancer Field Trainer in improvement of SRHR of women in low- and middle-income countries: a case study of Bangladesh (Fatima Shajahan *et al.*)

Level of small area poverty and urban health: estimation, validation, and visualization with ground level data (Farzana Sehrin *et al.*)

Latent class analysis of multimorbidity patterns and associated functional outcomes among Indian elderly aged 60 years and above in India (Jaya Prasad Tripathy *et al.*)

Comprehensive analysis of tuberculosis (TB) burden and healthcare facility readiness for TB care in Nepal (Sampurna Kakchapati *et al.*)

16:15 Social Impact Factory **Event Space** | Track 1

Climate change and health outcomes: extreme temperatures, air pollution, and policy instruments

Erasmus School of Health Policy and Management, Erasmus University Rotterdam, the Netherlands

Chair: Professor Tom Van Ourti, Erasmus School of Health Policy and Management and Erasmus School of Economics, the Netherlands

Speakers: Lizbeth Burgos Ochoa, Tilburg University, the Netherlands; Maartje van Wijhe, Erasmus University Rotterdam, the Netherlands; Dr Pilar García Gómez, Erasmus University Rotterdam, the Netherlands; Fiorella Parra Mujica, Erasmus University Rotterdam, the Netherlands; Igna Bonfrer, Erasmus University Rotterdam, the Netherlands; Callum Brindley, Erasmus University Rotterdam, the Netherlands; Jan Nouwen, Erasmus Medical Center, the Netherlands; Job van Exel, Erasmus University Rotterdam, the Netherlands

Climate projections indicate that extreme weather events, such as extreme temperatures, will become more frequent and intense in the coming years. This has raised concerns about the possible impact of these events on early-life health and their potential to exacerbate socioeconomic health inequalities. Nevertheless, our knowledge on the causal impact of such events on birth outcomes remains limited.

16:15 Social Impact Factory **Room 1 Sydney** | Track 2

Oral Abstract Presentations: Vector-borne diseases

Natural containers that are artificially in use put pressure on dengue and chikungunya vector control in Dhaka City, Bangladesh (Rajib Chowdhury *et al.*)

Child empowerment as mosquito larva monitors to prevent dengue in primary schools, Indonesia (Alidha Nur Rakhmani *et al.*)

A One Health approach for integrated vector control: proof of principle from a cluster randomized livestock-centred trial in western and coastal Kenya (Margaret Njoroge *et al.*)

Measuring the effect of a multicomponent dengue preventive strategy targeting transmission hotspots in Santiago de Cuba, Cuba (Waldemar Baldoquín-Rodríguez *et al.*)

A follow-up of chikungunya fever in deep South Thailand: what did the disease and patients tell us? (Vallop Ditsuwan *et al.*)

16:15 Social Impact Factory **Room 2 Singapore** | Track 1

Track 5

Track 6

Oral Abstract Presentations: Digital health

Investigating facilitators and barriers to data quality in a digital health systems pipeline: the VODAN case study (Abdullahi Abubakar Kawu *et al.*)

Perception of caregivers on the use of a digital tool by clinicians to manage sick children in primary healthcare settings of Tanzania: a mixed method study (Geoffrey Ashery *et al.*)

Hospital information system based on the electronic patient record in Burundi (Florence Munezero *et al.*)

Boosting community engagement in the local health system through the creation of a health user platform: innovative action-research in Benin (Nadja de Groote *et al.*)

Experiences of community health workers on the use of mobile health technology to improve utilization of maternal health services in rural Malawi: a qualitative study (Chiyembekezo Kachimanga *et al.*)

Impact of a digital clinical decision support algorithm on antibiotic prescription in Rwanda: preliminary results from a pragmatic cluster non-randomized trial (Alexandra Kulinkina *et al.*)

16:15 Social Impact Factory **Room 3 Seoul** | Track 5

Oral Abstract Presentations: Maternal and reproductive health (2)

Where do most mothers and babies die in Ethiopia? Geospatial analysis of pregnancy-related and perinatal death (Sisay Alemu *et al.*)

Action research on the preventive maintenance of medical equipment in maternity and neonatal units in Rwanda (Jean Claude Mwumvaneza *et al.*)

Perinatal outcomes of asylum migrants in the Netherlands (2014-2019): a registry-based study (Julia Tankink *et al.*)

Wealth-based inequality in the continuum of maternal health service utilisation in 16 sub-Saharan African countries (Anteneh Asefa *et al.*)

16:15 Social Impact Factory **Room 4 Dublin** | Track 2

Oral Abstract Presentations: Neglected tropical diseases (2)

The determinants of uptake of trachoma trichiasis surgery among women in North Pokot Sub County, Kenya (Victoria Akoth *et al.*)

Incidence of snakebites in the department Ogooué et des Lacs, Gabon (Rica Artus *et al.*)

Implementation of molecular diagnosis and genotyping approach for human rabies at the University Clinical Research Center in Mali (Dramane Diallo *et al.*)

AI-based microscopy: a game-changer for neglected tropical diseases diagnosis (Lin Lin *et al.*)

Poor mental wellbeing and the impact of stigma caused by neglected tropical diseases in Colombia, India and Mozambique (Robin van Wijk *et al.*)

Groping in the dark: the epidemiology of snakebite in Ghana (Leslie Mawuli Aglanu *et al.*)

18:00 Tivoli Vredenburg **Grote Zaal** | Plenary

ECTMIH 2023 wrap up – acceleration towards our equitable and sustainable future

Co-chairs: Dr Marco Albonico, Federation of European Societies for Tropical Medicine and International Health and Kimberley Nagesser, International Federation of Medical Students Association Netherlands

ECTMIH 2023's three-day effort to reunite health and non-health professionals to join the spirited conversations on the different aspects of health was just the beginning.

Systematic transformation and solidarity can be achieved if we reflect on both achievements and mistakes of the past and harnessing these lessons learned into bold, decisive and sustainable priorities going forward.

This closing session will reflect on ECTMIH 2023's lessons learned about how we can jointly shape the future towards equitable and sustainable planetary health. This will be guided by the reflections of Dr Patrick Kuma Aboagye, Director General of the Ghana Health Services, and Kimberley Nagesser from the International Federation of Medical Students Association Netherlands. We will encourage participants to explore their professional contributions to accelerate the transformative societal changes to realize the future we aspire.

With a word of thanks to the ECTMIH 2023 team, the ECTMIH 2025 location will be announced.



Poster Presentations

ePosters

ePosters and pre-recorded video pitches will be available in the dedicated congress poster website and in the congress app.

ePoster pitch presentations

These 8-minute presentations will be held in Park 6 from 12:15 to 13:15 on Tuesday 21, Wednesday 22 and Thursday 23 November.

Tuesday 21 November

Screen 1: Diagnostics

Utility of the loop-mediated isothermal amplification assay for the diagnosis of visceral leishmaniasis from blood samples in Ethiopia (Dawit Gebreegziabiher Hagos)

Development of a fair based data pipeline for routine syphilis screening during antenatal care visits: the case of Ayder Comprehensive and Specialized Hospital (Samson Yohannes Amare *et al.*)

Human rabies diagnosis in Mali: example of an onsite-online implementation in a One Health approach (Zakaria Keita *et al.*)

Perceptions and priorities for the development of multiplex rapid diagnostic tests for acute non-malarial fever in rural South and Southeast Asia: an international modified e-Delphi survey (Rusheng Chew *et al.*)

Proteomics an agnostic approach to detect viral species (Armand Paauw *et al.*)

Validation of international alliance for the control of scabies diagnostic criteria in the population of the Cayapas river, Esmeraldas, Ecuador (Virginia Velasco-Tirado *et al.*)

Screen 2: Governance and policy

Documenting the perspectives of sub-Saharan African policy makers, researchers and activists on the reproductive rights, population dynamics, and environmental sustainability nexus (Céline Delacroix *et al.*)

Long-term effects of donor support to maternal and child health service delivery improvements at sub-national level in Uganda: a qualitative study (Eric Ssegujja *et al.*)

The political economy of the financing and policy implementation of sexual and reproductive health and rights in East and Southern Africa: a multilevel study (Eelco Jacobs *et al.*)

Lessons learnt from the implementation of the ministerial order on safe abortion in Rwanda (Emery Jocelyne Ingabire *et al.*)

Integration of mental health care in Burundi: framework for action and current situation (Achour Ait Mohand *et al.*)

Is having national health insurance protecting youth from out of pocket? A study of youth healthcare-seeking behaviour in a province in Indonesia (Relmbuss Fanda *et al.*)

Screen 3: Infectious disease epidemiology

Seroprevalence of toxoplasmosis among pregnant women in Rabat, Morocco (Majda Laboudi *et al.*)

Estimating the prevalence of chronic infections among migrants in Catalonia, Spain: results of a multicentric systematic screening programme (Angeline Cruz *et al.*)

Seroprevalence of *Coxiella burnetii*, *Rickettsia* spp. and *Orientia tsutsugamushi* in indigenous tribes from the Santa Marta region, Colombia (Regina Oakley *et al.*)

The added-value of an integrated One Health surveillance and response strategy for the control of Rift Valley fever outbreak in Sudan (Ayman Ahmed *et al.*)

Aetiology and outcomes of cirrhosis and hepatocellular carcinoma in Blantyre, Malawi: observational case-control and cohort study (Benno Kreuels *et al.*)

The evolving epidemiology and ecology of mpox in Maniema, Democratic Republic of the Congo: Findings from a decade of surveillance data (Eugene Bangwen *et al.*)

Screen 4: Obstetric services

Perinatal care for refugees in the Netherlands: challenges of professionals in asylum-seeking centres. A survey study (Sabrine Lazaar *et al.*)

Identifying barriers and solutions to sexual and reproductive health and rights (SRHR) at district level through district SRHR planning: a case study Manikganj, Bangladesh (Abu Hussain Md. Moinul Ahsan *et al.*)

Inequalities in availability of obstetric services hinders provision of quality integrated care for HIV, tuberculosis and malaria during antenatal and postnatal care in Tanzania: a mixed-methods study (Deogratius Bintabara *et al.*)

Challenges mothers face when their newborns are admitted to a neonatal unit of a teaching hospital in Rwanda (Pascal Havugururema *et al.*)

Missed opportunities to reduce pregnancy related morbidity and mortality from tuberculosis in Kenya and Nigeria: a cross-sectional study (Uzochukwu Egere *et al.*)

Screen 5: Tuberculosis

Evaluation of loop mediated isothermal amplification and lateral flow based POC analysis for detection of mycobacterium tuberculosis and non-tuberculous mycobacterium infections (Chae Seung Lim *et al.*)

Using spatial analysis of routine data through MATCH and AccessMod to inform subnational TB programme planning in Lesotho (Ramatsoai Soothoane *et al.*)

Using private TB sector sales data to refine subnational burden estimates in Pakistan (Christina Mergenthaler *et al.*)

Private sector engagement in the tuberculosis cascade of care: a meta-analysis of TB REACH projects (Harry Coleman *et al.*)

Effects of the installation of 52 digital X-ray systems across Ghana on TB notifications and quality of care: a mixed-method outcome evaluation (Nwanneka Okere *et al.*)

Screen 6: Mental health

Intersections of vulnerability, resilience, and mental health impacts of climate change on women living in river islands in Assam, India (Abdul Azad *et al.*)

The social outcomes of community-based sociotherapy for refugees in Nakivale settlements, Uganda (Tessa Ubels *et al.*)

Psychometric validation of depression, anxiety, and stress scale (DASS-21) among typhoon survivors in the Philippines (John Jamir Benzon Aruta)

Association between positive rational acceptance and depression, anxiety, and stress among Filipino emerging adults (Zypher Jude Regencia *et al.*)

Prevalence and risk factors related to postpartum depression among women after giving birth in a mountainous area of Vietnam (Thi Thanh Huong Nguyen *et al.*)

Screen 7: Viral infections

A scoping literature review of global dengue age-stratified seroprevalence: estimating dengue force of infection in endemic countries (Anna Vicco *et al.*)

Viral dynamics and clinical outcomes of dengue virus serotype 2 (DENV-2) the Dominican Republic, 2022 (Robert Paulino-Ramírez *et al.*)

Track to improve the predictive capacity of EWARS signals for early detection of dengue epidemics (Hilda Delgado Acosta *et al.*)

Survey of Aedes mosquitoes (Diptera: Culicidae) breeding sites in the Sunyani municipality, Bono Region, Ghana (Samuel Yaw Agyemang-Badu *et al.*)

Health system readiness for dengue outbreak in the Kathmandu Valley: health provider perspectives on facilitators and barriers to dengue outbreak 2022 in a temperate climate (Ruby Maka Shrestha *et al.*)

Screen 8: non-communicable diseases

Systematic review of cost of illness studies in cervical cancer (Oluwatosin Kuti)

Characterization of traumatic brain injury research in the Middle East and North Africa region: a systematic review (Samar Al Hajj *et al.*)

Hyponatremia as a tool in predicting the mortality and functional outcome of the patient of acute cerebrovascular accident: a prospective study from Jodhpur, India (Shilpi Goyal *et al.*)

Health economic indicators used to measure the value of rehabilitation in low- and middle-income countries: a scoping review (Rulanda Oosthuizen *et al.*)

Cardiovascular risk inequalities in low- and middle-income countries

Social determinants of cardiovascular health in middle-aged men from northern Ghana: an AWI-Gen sub-study (Engelbert Nonterah *et al.*)

Screen 9: Community

Antibiotic recognition strategies and current trends of antibiotic use among community members in Matlab, Bangladesh (Md Matin *et al.*)

Approaches to community engagement in maternal health research in the sub-Saharan African context: a scoping review (Dora van Duijvendijk *et al.*)

Patient characteristics and care provided as part of a community health worker programme for management of hypertension in rural Haiti (Kyle Denison Martin *et al.*)

Fight against non-communicable diseases: effects of the sensitization sessions over households in the Savè-Ouessè health zone (Ezin Jocelyn Akakpo *et al.*)

Screen 10: Epidemiology and research

From principles to practice: a mixed-methods study on research integrity and fairness in global health research (Joseph B. Sempa *et al.*)

Vulnerability in learning from crises: an ethnographic study into healthcare governance practices during the Dutch 2021 flooding events (Karin van Vuuren *et al.*)

Factors influencing place of delivery in Ethiopia: linking individual, household, and health facility-level data (Adiam Sendek)

Antenatal ultrasound services at health centre level: monitoring, evaluation and programme learning in one district pilot in Rwanda, 2022 (Mélanie Mukantagara *et al.*)

Improving maternal health in low- and middle-income country health systems with mobile health interventions: exploratory case studies (Vedika Kundi)

Tuesday 22 November

Screen 1: Helminths

Seroprevalence and microscopy detection rates of strongyloidiasis in Croatian patients with eosinophilia (Mario Sviben *et al.*)

The development and validation of a latrine-based surveillance system to monitor and evaluate soil-transmitted helminthiasis control programmes (Abebaw Tiruneh *et al.*)

Lymphatic filariasis treatment studies: the case for an individual participant-level data platform (Azhar Uddin *et al.*)

Understanding the barriers and facilitators of mass drug administration in persistent schistosomiasis hotspots along Lake Albert, Hoima District, Western Uganda (Odoi Paskari *et al.*)

Urogenital schistosomiasis in preschool children in Cubal, Angola (Raquel Sanchez-Marqués *et al.*)

Screen 2: Environmental exposures

Co-producing and co-creating knowledge on ambient lighting, air and noise pollution, gendered accessibility and transport for an equitable healthy Dhaka City (Sabrina Mustabin Jaigirdar *et al.*)

Assessing the health risks of microplastic exposures during pregnancy and early life (Virissa Lenters *et al.*)

Maternal facilitators and barriers to compliance with a raw coal ban in Ulaanbaatar, Mongolia: a mixed-methods study (Rob Miller *et al.*)

Environmental risk factors associated with birth defects in a war zone in Iraq (Jeffrie Quarsie *et al.*)

Adolescent health and well-being in the context of natural resource extraction projects: a scoping review (Olga Cambaco *et al.*)

Screen 3: Leishmaniasis

Epidemiological shifting of visceral leishmaniasis in Nepal: an emerging challenge for elimination (Uttam Raj Pyakurel *et al.*)

Are the clinical features of leprosy and American tegumentary leishmaniasis worse in patients with both diseases? (Amanda Carvalho *et al.*)

Innate immune cellular profile revealed by immunohistochemistry in cutaneous leishmaniasis caused by *Leishmania donovani* (Hasna Riyal *et al.*)

Factors underlying late diagnosis of visceral leishmaniasis among children in Brazil: a nationwide study (Murilo Brino *et al.*)

Risk of *Leishmania* transmission in visceral leishmaniasis non-endemic districts of Nepal: an explorative entomological survey (Lalita Roy *et al.*)

A systematic review of prognostic prediction models describing clinical outcomes in patients diagnosed with visceral leishmaniasis (James Wilson *et al.*)

Screen 4: Child health

Impaired extrauterine growth among preterm infants in Eastern Uganda: the role of intrauterine growth restriction (Noella Okalany *et al.*)

Monitoring critically ill children in Malawi: a qualitative study (Daniel Mwale *et al.*)

"My baby is fine, no need for more clinic visits." Facilitators and barriers for utilization of follow-up services for children born preterm in a low-resource setting: parents' perceptions (Flavia Namiiro *et al.*)

Modelling by multivariate analysis of the factors associated with dental caries in middle school students over 12 years old in Ambatondrazaka, Madagascar (Nantenaina Pierre Michael Nomenjanahary *et al.*)

The caregiver's experience of childhood cancer treatment in South Africa (Iris Joosse *et al.*)

Screen 5: Malaria (1)

Plasmodium falciparum with *pfhrp2* and *pfhrp3* gene deletions in asymptomatic malaria infections in the Lake Victoria region, Kenya (Takatsugu Okai *et al.*)

Reducing low birth weight by adding two doses of azithromycin to the intermittent preventive treatment of malaria in pregnancy with sulfadoxine pyrimethamin: a randomized controlled trial in Burkina Faso (Moussa Lingani *et al.*)

Harbouring of multiple plasmodium species triggers symptomatic malaria in endemic population (Jackline Jumah *et al.*)

Side-effects and factors influencing non-adherence to mass drug administration for malaria control in the context of a cluster randomised clinical trial (MATAMAL) on the Bijagós Archipelago, Guinea-Bissau (Maeve Barlow *et al.*)

Porous borders, mobile migrants and malaria elimination: estimating population size and movements of artisanal small-scale gold mining workers in Suriname and French Guyana (Pierre Pratley *et al.*)

Screen 6: Health systems

The impact of healthcare reform on equity in health workers distribution in Burundi: a 12year followup study (Alain Ndayikunda *et al.*)

Using system thinking approaches to identify gaps and co-design interventions for building a resilient local health system (Shophika Regmi *et al.*)

Polyvalent provincial supervision of health zones in the Democratic Republic of Congo: the case of Kasai-Oriental province (Emmanuel Mukendi Mukendi *et al.*)

A qualitative study on the use of the Hospital Safety Index and the formulation of recommendations for future adaptations (Hamdi Lamine *et al.*)

How to scale-up: a comparative case study of scaling up a district health management strengthening intervention in Ghana, Malawi and Uganda (Susan Bulthuis *et al.*)

Factors influencing the dissatisfaction of patients/users of pharmacies in basic health centres in Antananarivo, Madagascar (Nantenaina Pierre Michael Nomenjanahary *et al.*)

Screen 7: Provision of care

Health facility readiness to provide services covered under Sehat Card Plus, a social health insurance programme, Khyber Pakhtunkhwa, Pakistan (Shifa Salman Habib *et al.*)

Perception of the six keys roles of a family medicine physician in Malawi and their perceived impact (Martha Makwero *et al.*)

Experiences and perspective of healthcare providers on using e-cigarettes for smoking cessation: a cross-sectional study in Thailand (Surarong Chinwong *et al.*)

Where do people with hypertension or type 2 diabetes seek care when ill? A cross-sectional study on sociodemographic correlates of utilization of healthcare facilities in rural Kenya (Mackenna Ray Schwarz *et al.*)

Assessment of patient-centred care among diabetic patients in Malawi (Martha Makwero *et al.*)

Screen 8: Gender-based violence

Exploring sexual and gender-based violence from Indian adolescents perspective (Pratishtha Singh)

Unplanned pregnancies among schoolgirls in three departments of Benin: victim profile, risk factors and consequences (Yassinme Elysee Somasse *et al.*)

The psychological trauma of survivors of strategic rape survivors, Tigray, Ethiopia (Kokob Gebru Kidanu *et al.*)

The burden and determinants of gender based violence and the sustainability of the utilization of the trauma resilience and understanding self-help therapy by returnees living in northern Uganda: a pilot study (Jimmy Forry *et al.*)

Screen 9: Covid-19

Impact of Covid-19 containment measures on children with cancer in Indonesia (Ibrahim El Salih *et al.*)

Modelling time to recovery of diabetic patients from Covid-19: a retrospective cohort study at Eka Kotebe General Hospital in Addis Ababa, Ethiopia (Mulualem Tadesse Jano *et al.*)

Characterising socio-spatial variation around Covid-19 distribution in Lima, Peru (Claudia Nieto-Sanchez *et al.*)

Optimizing vaccine uptake in sub-Saharan Africa: lessons learnt from a collaborative Covid-19 vaccination campaign in Madagascar (Viola Pavoncello *et al.*)

Time to appropriate care-seeking for Covid-19 symptoms (Martin Herbas Ekot *et al.*)

Adverse pregnancy outcomes before and during the Covid-19 pandemic in Ulaanbaatar, Mongolia: a retrospective cohort study (Gruffudd Roberts *et al.*)

Screen 10: Nutrition and WASH

Impact of malnutrition on the pharmacokinetics of chemotherapy in children with cancer: a systematic review (Sterre Schoon *et al.*)

Water, sanitation and hygiene and infant young child feeding practices are both associated with childhood malnutrition in Lao PDR (Vicheth Somphos Som *et al.*)

Pathways of improved nutritional status of under-five children through women's empowerment modified by health-care services (Saira Parveen Jolly *et al.*)

A human rights-based, regime interaction approach to climate change and malnutrition: reforming food systems for human and planetary health (Rosalind Turkie)

Sanitary conditions and hygienic practices of street food vendors in selected towns of Ethiopia: a cross-sectional study addressing public health concerns (Mathewos Weldekirkos *et al.*)

An assessment of the national health information system for childhood nutrition and growth programmes in Rwanda through the experiences of caregivers and health workers: a qualitative study (Enock Rukundo *et al.*)

Thursday 22 November

Screen 1: Malaria (2)

Distribution of plasmodium species infections and associated clinical outcomes in children 3-17 years of age in the Lake Victoria region, Kenya, 2012-2020 (Protus Omondi *et al.*)

Characterization of Kenyan plasmodium falciparum field isolates for development of novel controlled human malaria infection strains (Agnes Cheruiyot *et al.*)

Gender disparity in malnutrition among children with severe malaria in eastern Uganda (Francis Okello *et al.*)

Mapping malaria infection among under-five children in Togo (Gountante Kombate *et al.*)

Larger families are less likely to achieve universal long-lasting insecticidal nets coverage in Ethiopia (Misganu Tantu *et al.*)

An overview of access provisions within public private partnerships for malaria and neglected tropical diseases

Screen 2: Health education

Wikitropica: access to inclusive and equitable quality education on tropical medicine (Susan Dierickx *et al.*)

Applicability of working abroad for physicians with a specialization in global health and tropical medicine (Hasan Özcan *et al.*)

Awareness and perceptions of medical students and doctors regarding tropical medicine education and training in Europe: an international, online-based survey (Sophie Schneitler *et al.*)

Advancing planetary health: a revised quadruple aim manifesto (Chiara Cadeddu *et al.*)

Resilience as a travelling concept (Joëlle Stocker)

Strengthening sexual reproductive health education in a pre-service training: CIRHT approach (Siyane Aniley *et al.*)

Screen 3: Schistosomiasis

Misconceptions and knowledge gaps regarding female genital schistosomiasis among community women and healthcare professionals in Kimpese, Democratic Republic of Congo (Cecilia Wangari Wambui *et al.*)

Knowledge of female genital schistosomiasis in a highly endemic population: a cross-sectional study from Madagascar (Pia Rausche *et al.*)

Setting the story straight on drug coverage for NTD control: a case for using coverage evaluation surveys for schistosomiasis elimination efforts in Mozambique (Jake Mathewson *et al.*)

Barriers to controlling schistosomiasis at the Ugandan lakes: a qualitative study identifying underlying reasons with regards to knowledge, practices and availability of effective control measures (Lisa Sophie Reigl *et al.*)

A qualitative assessment of community knowledge and perception towards schistosomiasis prior to the introduction of novel treatment for preschool-age children in two endemic counties of Kenya (Janet Masaku *et al.*)

The impact of chronic schistosomiasis on co-infections with dengue virus in Madagascar (Jana Hey *et al.*)

Screen 4: Migrant health and humanitarian settings

Climate migration and maternal–child health: a scoping review (Nikolaos Sourkounis)

Retention of immigrant health professionals on the medical labour markets in Finland, Sweden, Norway, Iceland and Denmark: a scoping review (Tania Aase Dræbel *et al.*)

How did the Covid-19 pandemic affect antibiotic consumption within humanitarian emergencies? Results from five humanitarian contexts (Tuba Yavuz *et al.*)

Screen 5: Adolescent health

Barriers to and facilitators of school re-entry among pregnant and parenting adolescents: A case of Korogocho, Nairobi (Sheila Mukabana)

Study of the determinants of risky sexual behavior among adolescents and young people at the University of Parakou in Benin: the case of sexual tontine (Léila Sale *et al.*)

The challenge of training care providers in sexual and reproductive health to better care for young people in Burundi (Aline Labat *et al.*)

The barriers to access youth friendly services in youth corners: a cross-sectional study in seven districts in Rwanda (Francois Regis Habarugira *et al.*)

How to improve adolescent sexual reproductive health services in youth friendly centres: action-research in seven districts in Rwanda (Francois Regis Habarugira *et al.*)

Screen 6: Vaccination

Improving immunisation coverage to address urban vaccine islands through the lower-level private-for-profit sector engagement in Uganda. Experiences from a quasi-experimental study in Kampala, Uganda (Eric Ssegujja *et al.*)

University-discovered biomedical patents and equitable access to new vaccines in times of a pandemic

Determinants of vaccine coverage and acceptability of malaria vaccine in children aged 6-23 months in Malawi: a healthcare provider's perspective (Dumisile Nkosi)

Geospatial patterns of unvaccinated children under two years in the city of Kikwit, the Democratic Republic of Congo (Joule Madinga *et al.*)

'Vaccine equity': a step towards decolonisation or the perpetuation of health inequity? (Elisabeth Paul *et al.*)

Screen 7: HIV

HIV and non-communicable disease multimorbidity: results from the Ndlovu Cohort Study, South Africa (Tanya Balani *et al.*)

Cascade of care for hypertension in people with and without HIV in urban South Africa: an observational study (David Overduin *et al.*)

Effect of sexual orientation, socioeconomic and lifestyle factors on coping strategies of people living with HIV Filipinos in a community-based HIV hub in Metro Manila, Philippines (Emmanuel S. Baja *et al.*)

Factors influencing utilization of oral pre-exposure prophylaxis among adolescent girls and young women in Chingola District of Zambia (James Mwanza *et al.*)

Factors associated to new HIV-1 Infections in HIV pre-exposure prophylaxis users after Covid-19-associated programmatic interruptions in the Dominican Republic (Robert Paulino-Ramírez *et al.*)

Inflammatory markers in mpox and HIV co-infection during the 2022-23 outbreak, Dominican Republic (Robert Paulino-Ramirez *et al.*)

Screen 8: General infectious and neglected tropical diseases

Toxoplasmosis-related knowledge among pregnant women attended in public health facilities in Casablanca, Morocco (Majda Laboudi *et al.*)

Vascular pathology in patients with alveolar echinococcosis: framework for assessment and clinical management - a retrospective case series (Marija Stojkovic *et al.*)

Tackling snakebite in the Philippines through a combined health system and 'One Health' approach: a comparative case study of three municipalities (Renzo Guinto *et al.*)

Utility of pro C global assay and Factor VIII activity as anti-coagulant and pro-coagulant factors in Hepatitis C cirrhotic patients (Ahmed Almenshawy *et al.*)

Accessibility of healthcare services among patients with chikungunya fever in deep south Thailand (Vallop Ditsuwana *et al.*)

Screen 9: Technology

Video-supported informed consent in genetic research and biospecimen collection: experiences from the SPOT-study in Ghana (Emmanuella Salia *et al.*)

The implementation realities of a digital antenatal care improvement intervention in Nepal: auxiliary nurse midwives as street-level bureaucrats (Sulata Karki *et al.*)

Integrated health centre information management solution (Etienne Mugisho Soron'gane *et al.*)

Envisioning a FAIR-OLR-based African health data space for future research of emerging communicable and neglected tropical diseases (Tesift Gebremeskel Gebreslassie *et al.*)

Screen 10: Mixed abstracts

Methodological reflections on conducting health facility assessments in 16 hospitals in four sub-Saharan African countries with a focus on intrapartum care provision from a health system perspective: an embedded case study (Anteneh Asefa *et al.*)

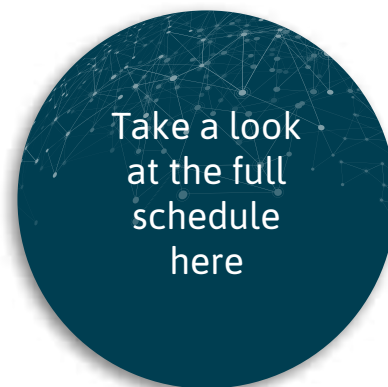
Strategies to improve interpersonal communication along the continuum of maternal and newborn care: a scoping review and narrative synthesis (Klaartje Olde Loohuis *et al.*)



Beyond the scientific programme

A spectacular choice of arts and culture, sports,
public engagement and social events

As part of our ambition to accelerate transformational change towards equitable and sustainable planetary health, ECTMIH 2023 offers a wide and varied programme of activities to inspire and connect delegates, and engage with the wider society.



For some of these activities, additional registration is required due to limited capacity; please check the congress app or ask anyone on the volunteer team for further assistance.

Arts & culture programme

We believe that art and culture is of vital importance to facilitate the transformation that we wish to achieve bringing people together to explore ideas for a better future for our planet.

With this in mind, we have embedded art and culture at the heart of the ECTMIH 2023 programme, including lunchtime film screenings and book discussions, art and photo exhibitions and music performances.

Social programme

We want to offer something non-work related, informal and low-stress that provides networking opportunities, breaks down professional boundaries, and creates ways for solo or first-timer congress participants and small groups to meet and make connections.

Social activities will take place during the breaks and in the evenings; we'll also have fixtures such as book swaps and message boards available all day during the congress.

Sports programme

To maximise a healthy congress atmosphere as well as opportunities for networking and socialising, we will be organising sport activities through the week, including walks, morning runs and engaging fun games.

Public engagement programme

Engaging partners, global health professionals and the wider public in the Netherlands and Europe is central to our goal of shaping the future of equitable and sustainable planetary health. We will identify the needs and interests of these stakeholders before, during, and even after ECTMIH 2023 to stimulate their active involvement and accelerate the understanding, appreciation, and connections between tropical medicine, global health, and the urgent field of planetary health.

ECTMIH Academy

Designed and developed by the ECTMIH 2023 Education Committee, the inaugural ECTMIH Academy takes place on Sunday 19 November and offers over 20 skills- and competency-strengthening workshops aligned to the scientific programme.

Numbers are strictly limited and ECTMIH Academy passes are selling fast.





Side Programs

In addition to the main events, we would like you to check ECTMIH's side programs. You will find more information on our [website](#) and conference app. Our information desk will also be happy to share more information with you.

Regional hubs programme

Borne out of our commitment to principles of diversity, equity, inclusion, and sustainability, we have partnered with nine institutions around the world to organise panel and roundtable discussions, debates and related activities on the grand challenges of the health of the people and the planet.

The participating countries and institutions are

Philippines (St. Luke's College of Medicine - William H. Quasha Memorial)

Bangladesh (Asian University for Women, in partnership with Red-OrangeMedia and Communications and Share-net Bangladesh)

Australia (University of Sydney)

Ghana (University of Ghana)

Curaçao (University of Curaçao, Instituto pa Formashon den Enfermeria)

Suriname (Anton de Kom University)

Colombia: (Universidad Javeriana)

El Salvador (Universidad Evangélica de El Salvador)

Nicaragua (Centro de Investigaciones y Estudios de la Salud)

Post-ECTMIH activities

On Friday 24 November, ECTMIH delegates can join two post-ECTMIH events at KIT Royal Tropical Institute and Artis Zoo in Amsterdam. These are within walking distance of each other and can be combined.

Power of Knowledge and Witness in Stone tour

**09:00 – 13:00 Friday 24 November | KIT Royal Tropical Institute
Mauritskade 64, 1092 AD, Amsterdam**

KIT Royal Tropical Institute will host its Power of Knowledge annual conference in partnership with ECTMIH 2023 and delegates are invited to join the discussion around this year's topic: 'Enacting climate action and response through meaningful partnerships.'

This hybrid panel discussion will run from 10:00 to 12:00 and will cover the role companies and organizations play in climate action and response efforts, and how we can achieve climate justice through bold and equitable partnerships.

The event will include a panel of inspirational speakers, who will identify frequently faced challenges and share examples of solutions. The panel will be followed by group work to develop ideas for position papers, and will close with networking and refreshments.

The Witness in Stone tour of KIT's historic building can be done at 09:00 or at 12:20 and offers a glimpse into KIT's colonial history and its decolonization efforts.

Please visit this [link](#) through the ECTMIH website for sign up information.

Spaceship Earth

16:00 Friday 24 November | ARTIS Planetarium, ARTIS Zoo

In the entire universe, there is only one planet where we know for certain there is life. Even on this vast scale of nature, everything for life on our planet is connected. Discover the uniqueness and fragility of our planet in the Planetarium show Spaceship Earth. You will be challenged to make a promise to Earth: on this ship there are no passengers, we are all crew.

Maximum capacity of 300 attendants. **ECTMIH delegates will receive a QR-code by email to register.** Please gather on 24 November at 16:00 at the main entrance of ARTIS where you will then be met and accompanied by an ARTIS Planetarium staff member.



Practical information

City of Utrecht

The City of Utrecht, officially recognised as a city by Henry V in 1122, is the fourth-largest city in the Netherlands. Utrecht was well-protected in medieval times. The Singel acted as its defensive moat, and in the 15th century, the city was fortified with 10-metre high brick walls, 50 stone towers, and 5 large gates. These walls were 5 kilometers long and formed the largest construction of that era in Utrecht. Even today, you can still see and touch these walls in the Hieronymusplantsoen, near the municipal theatre (Stadsschouwburg).

In the heart of the city stands the Dom tower, towering above the surrounding buildings. It may seem like it has always been there, but that couldn't be further from the truth. At one point in time, the nave was the connecting point between the Dom church and the Dom tower, but a tornado in 1674 destroyed it completely.

Utrecht's historic city center boasts numerous buildings and structures dating back to the Middle Ages. Prior to the Dutch Golden Age, Utrecht was the most important city in the Netherlands, but it was eventually overtaken by Amsterdam as the cultural center and largest city in the country.

Utrecht is home to the largest university in the Netherlands, Utrecht University, as well as several other institutions of higher education. Due to its central location, it serves as an essential transport hub for both rail and road transport. It also has the second-highest number of cultural events of any city in the Netherlands.

More interesting facts can be read here: www.utrecht.nl/fileadmin/uploads/documenten/bestuur-en-organisatie/publicaties/onderzoek-en-cijfers/dit-is-utrecht/2019-this-is-utrecht.pdf

Other things to do if you want to discover Utrecht's Region: www.visitutrechtregion.com/en/things-to-do

The best way to get to and go around Utrecht

(Credits to www.Utrecht.nl)

By bike

The easiest and most common way of getting around in Utrecht is by bike. The city centre of Utrecht has several covered permanent parking facilities. In addition, there are extra bicycle racks on the edge of the pedestrian zone in the direction of Hamburgerstraat and Smakkelaarsveld. In those peripheral areas you can also find (temporary) pop-up sheds where you can park your bicycle. If you come to Utrecht by public transport, an OV-bicycle is the best solution. Renting a bicycle costs only €4.15 per 24 hours. You can rent a bicycle with a personal OV-card and a free OV-bicycle subscription. In the city of Utrecht you will find 17 rental locations. For more information: www.ns.nl/en/door-to-door/ov-fiets

By public transportation

The public transport chip card (OV-chipkaart) is used for travel on trams, buses, metros and trains. The most convenient options for visitors are one-hour cards, (multi) day cards, or an anonymous card which you can add more credit to at any time. [Information about OV Chipcard](#). Before seeing the city, you may wish to consult the [9292 route planner](#) or [U-OV](#) to help you find the quickest and most convenient way to get from A to B.

Additionally, you can now travel by paying with your debit card, credit card or the [OV PAY](#) app through your phone.

The train is an easy method of travelling to other Dutch towns and cities or to other countries like Belgium, France or Germany. The central station of Utrecht is the biggest train station in The Netherlands and provides good connections to Amsterdam and Schiphol Airport (30 minutes), Rotterdam and The Hague (45 minutes). The terminus of the central station is also connected to the bus, tram and taxi services of Utrecht.

For planning your trip by train use the online planner at [the Dutch Railway services](#). Also for the [international train schedules](#) there is an online planner.

By car Are you traveling to Utrecht by car? Park your car clever and cheap at a P&R location, like P+R Transferium Westraven (next to the A12 highway), P+R Science Park or P+R Leidsche Rijn. From here you easily take the bus or the tram to the city centre. With a combi-ticket for one of the Utrecht P+R locations you can already park for €5,00 a day and that includes the fee for your transfer to the city centre. Looking for parking closer to the centre? Then you can use one of the public parking garages.

Electric cars Because of the importance of a good environment in the city Utrecht has a growing network of public charging stations. Check out where the nearest [charging station](#) (Dutch) in your neighbourhood is.

** Please note that ECTMIH 2023 has a commitment to equity and sustainability. Please visit our website for further information

Elections in the Netherlands: how to vote in a different city?

The elections in the Netherlands will take place on the 22th of November. Do you want to vote in another city? Then you need a voter ID card. You can apply for a voter card in 3 ways:

1. **Arrange a voter's card online.** This is possible until November 17 at 5 p.m.
2. Download the [Request for a voter ID](#) form (pdf, 71 kB), print it and complete it. Or pick up the form at the counter. The completed form must be received by us no later than November 17, 5 p.m. You can hand in the form at the counter or send it by post. Send it to: Municipality of Utrecht Elections, Answer number 9027, 3500 ZA Utrecht.
3. **Come to the counter of the city office.** This is possible until November 21 at 12 noon. Making an appointment is not necessary. Take your ID with you.

Cultural activities

Looking for more artistic inspiration and things to do within and around Utrecht? We asked one of UMC Utrecht's physicians and art-enthusiast Drs. Daphne Voorend for her recommendations about art & cultural highlights in Utrecht:

1. **Buitenplaats Doornburgh**, which brings science and art together through exhibitions, performances and lectures.
2. **The Centraal Museum**, it has an extensive collection of old and modern art, fashion, and applied art.
3. **Catharijneconvent**, which gives you an unprecedented experience full of opulent fashion fabrics, dazzling embroidery and luxurious high fashion from the Renaissance and Baroque.
4. **Street art route**, get a bike and discover all the beautiful street art in Utrecht.
5. **The Nijverheid**, which is a cultural free port in the Werkspoorkwartier in Utrecht with studios and creative workplaces for more than 50 autonomous artists, designers and creative makers.

The ECTMIH 2023 team

Local organising committee

Rick Grobbee, UMC Utrecht (ECTMIH 2023 Chair)
Joyce Browne, UMC Utrecht (ECTMIH 2023 Vice-Chair)

Julia Addison, UMC Utrecht
George Downward, UMC Utrecht
Oscar Franco, UMC Utrecht
Martin Heine, UMC Utrecht
Esther Jurgens, Netherlands Society for Tropical Medicine and International Health, and FESTMIH
Judith van de Kamp, UMC Utrecht
Kerstin Klipstein-Grobusch, UMC Utrecht
Noa Kolpa, UMC Utrecht
Virissa Lenters, Vrije Universiteit Amsterdam and Utrecht University
Alay Llamas, UMC Utrecht
Janneke Pala-van Eechoud, Knowledge Centre Global Health
Lekha Rathod, UMC Utrecht
Jaco Verweij, Elizabeth Hospital, Tilburg
Helene Voogdt-Pruis, UMC Utrecht
Juliette Mattijsen, UMC Utrecht
Manouk van de Klundert, KCGH

Scientific committee

Charles Agyemang, Amsterdam UMC
Thomas van den Akke, Leiden UMC
Regien Biesma, UMC Groningen
Wendy Janssens, Vrije Universiteit Amsterdam
Pim Martens, Maastricht University
Ntombizodumo Mvo, University of KwaZulu Natal
Annetee Nakimuli, Makerere University
Marianne van der Sande, Institute of Tropical Medicine Antwerp and UMC Utrecht
Monika dos Santos, University of South Africa
Alta Schutte, University of New South Wales and George Institute for Global Health
Estelle Sidze, African Population and Health Research Center
Jaco Verweij, Elizabeth Hospital, Tilburg

Education committee

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Lilian van der Ven, UMC Utrecht (co-Chair)

Francine Egberts, KIT Royal Tropical Institute
Yasmine El-Addouli, KIT Royal Tropical Institute
Nora van Gaal, UMC Utrecht
Janneke Pala-van Eechoud, Knowledge Centre Global Health

Arts and Culture committee

Niloufar Ashtiani, CoMaster & Hozan Zangana Studio (co-Chair)
Megan Milota, UMC Utrecht & DNUS (co-Chair)

Joyce Browne, UMC Utrecht
Noa Kolpa, IFMSA-NL and UMC Utrecht
Lisa Mandemaker, City of Utrecht
Renske Verstege, City of Utrecht

Social committee

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Renée Robbers, Vrije Universiteit van Amsterdam and Uniting Streams (co-Chair)

Luise Bödeker, IFMSA-NL
Ashis Brahma, GGD Brabant
Callum Gunn, UMC Utrecht
Mijke Kerperien, IFMSA-NL
Noa Kolpa, IFMSA-NL and UMC Utrecht
Chantale Lakis, KIT Royal Tropical Institute
Michaela LaPlanteova, Humanity in Action
Jake Mathewson, KIT Royal Tropical Institute
Lekha Rathod, UMC Utrecht, MSF and Uniting Streams
Su Someh, Vrije Universiteit Amsterdam and Uniting Streams

Sports committee

Sanne Peters, UMC Utrecht (co-Chair)
Noa Wijnen, UMC Utrecht (co-Chair)
Jelte Elsinga, Amsterdam UMC

Public engagement committee

Bipasha van der Zijde, KIT Royal Tropical Institute (Chair)
Carsten Bakhuis, Van Hier Naar [...]
Simon Bangma, Van Hier Naar [...]
Annik Blom, Van Hier Naar [...]
Joyce Browne, UMC Utrecht
Robert Dasovic Van Hier Naar [...]
Stefan Gaillard, The New Utrecht School
Manouk van de Klundert, Knowledge Centre Global Health
Juliette Mattijsen, UMC Utrecht

Regional hubs committee

Seye Abimbola, University of Sydney
Julia Addison, UMC Utrecht
Kwame Adu-Bonsaffoh, University of Ghana
Nazmul Alam, Asian University for Women
Mary Amoakoh-Coleman, University of Ghana
Vicente Artola Arita, UMC Utrecht
Joyce Browne, UMC Utrecht
Yazmin Cadena Camargo, Pontificia Universidad Javeriana, Colombia
Mohiuddin Ahsanul Kabir Chowdhury, Asian University for Women
Izzy Gerstenbluth, University of Curaçao and Instituto pa Formashon den Enfermeria
Renzo Guinto, St. Luke's Medical Center College of Medicine, Philippines
Euridice Irving, Anton de Kom University of Suriname
Lachmi Kodan, Anton de Kom University of Suriname
Noa Kolpa, UMC Utrecht
Camilla Alay Llamas, UMC Utrecht
Milena Marquina de Reyes, Universidad de Evangélica de El Salvador
Pim Martens, Maastricht University College Venlo
Juliette Mattijsen, UMC Utrecht
Teodoro Isaac Tercero Rivera, Centro de Investigaciones y Estudios de la Salud de la Universidad Nacional Autónoma de Nicaragua
Sara Rosekrans UMC Utrecht
Sayed Mohammad Nazim Uddin, Asian University for Women
Ying Zhang, University of Sydney

Our partners



ECTMIH 2023

guiding principles

From the outset, the ECTMIH 2023 has striven to embed core values of equity, diversity, inclusion and sustainability into every aspect of our thinking, planning and implementation of the congress. We have captured the essence of this in a series of key documents and checklists www.ectmih2023.nl/pages/ectmih-2023-guiding-documents, including a Code of Conduct that we ask all delegates to observe during ECTMIH 2023 so that we can ensure a healthy, equitable, diverse, inclusive and (emotionally, mentally and physically) safe experience for all attendees.

Please review the ECTMIH 2023 code of conduct and related key documents here www.ectmih2023.nl/pages/ectmih-2023-guiding-documents

ECTMIH as a learning opportunity

ECTMIH is a scientific conference, where science will be presented and discussed. In addition, we consider ECTMIH a wonderful opportunity for action research: research embedded in the practice of the conference set up, homing in on the experience, expertise and views of participants. This will allow us to explore certain concepts together, learn from the ECTMIH activities, and share these insights with others.

We would therefore like to use the data we collect during surveys (e.g. feedback forms, mentimeter questions, questions through the event app), embedded within the art exhibition, during the podcasts or interviews, or other events. All data will be collected anonymously. We will pseudonymize this in all external communication (e.g. conference reports, social media outings or scientific publications), unless we have your permission to use your name, function etc. If you prefer not to participate in this, this is your choice and completely optional and you can freely choose not to participate or submit information.

Want to use the insights you collect during your sessions for future research, a blog or commentary or scientific publication? Please feel encouraged to do so, while considering the research ethics that applies to your situation and inform the participants about this possibility.

If you have any questions, please contact Joyce Browne (J.L.Browne@umcutrecht.nl or through the NetworkApp)