



**FESTMIH
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NEWS OF THE MONTH - APRIL 2026

Dear Readers,

As we step into April, spring has truly arrived across Europe, bringing with it a renewed sense of energy and momentum. The first quarter of 2026 is already behind us, and the pace of global health research, clinical work, and collaborative projects is in full swing.

In this month's edition of the FESTMIH News of the Month, we are excited to share another carefully curated selection of updates to support your work. Whether you are looking for the latest global career and funding opportunities, upcoming networking events, or accessible digital learning tools, we have gathered the most relevant news for you. We also continue our mini Journal Club in the Editors' Choice section, distilling impactful research into clear, actionable takeaways.

We are incredibly grateful for the continued engagement of our community. Please keep sending your relevant calls, event announcements, and open-access resources our way—NOTM is built on the shared knowledge of the FESTMIH network, and we always welcome your contributions.

Warm regards,
The FESTMIH NOTM Team

TOPICS

Good News of the Month

Denmark Becomes First EU Country to Eliminate Mother-to-Child Transmission of HIV and Syphilis

Editors Choice

Epidemiology of Shigella Species in Cameroon: Systematic Review and Meta-Analysis

Global Career and Funding Opportunities

Wide range of international grants, fellowships, awards, and career calls

Events

Conferences, webinars, and networking opportunities

Digital

- Enabel
- Utrecht Summer School



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... in the "America First" Era: Why We Must Act Now

Contributed by the Enabel Health Team

The recent shift in US global health policy has introduced significant changes to international health financing and strategic priorities. The US remains the largest bilateral donor — disbursing \$12.4 billion in 2024, roughly 42% of all donor government health assistance worldwide — but its new "America First Global Health Strategy" now explicitly ties health investments to US geopolitical and commercial interests. Thematic priorities, especially HIV, remain stable but multilateral funding is deprioritized, favoring direct government agreements, private sector partnerships, and faith-based organizations. Several countries are excluded from negotiations due to political or commercial disagreements, including former large beneficiaries. For those still included, the new bilateral health agreements (so-called "US Compacts" or G2G MoUs) include strict conditionalities, especially regarding data sharing and co-financing.

The stakes are particularly high for Belgium's partner countries, where US health ODA represents a major share of total bilateral health funding: Burkina Faso (52%), Mali (54%), DRC (61%), Mozambique (76%), Tanzania (79%), and Uganda (83%).

A major concern is the expanded Mexico City Policy (Global Gag Rule), now rebranded as "Promoting Human Flourishing in Foreign Assistance" (PHFFA), which restricts funding not only for abortion-related activities but also for projects promoting diversity, inclusion, and so-called "gender ideology." This policy affects all non-military US assistance, creating a chilling effect across the entire ecosystem of sexual and reproductive health and rights (SRHR). National health strategies in partner countries may be rewritten to align with US priorities, often at the expense of existing commitments to SRHR. The lack of transparency in negotiations and the exclusion of civil society and technical experts from decision-making processes further exacerbate risks.

Advocacy and information-sharing are urgently needed — a matter of weeks — to mitigate negative impacts and preserve national health priorities. There is a narrow window for influencing implementation plans following the signing of bilateral agreements, and practical strategies include advocating for health system strengthening and safeguarding domestic co-financing for local priorities. The situation demands coordinated action and vigilance from all stakeholders to ensure that essential health services and rights are not undermined by external conditionalities and shifting donor agendas.

Meeting this moment requires a whole ecosystem response that brings together civil society organizations, technical experts, academia, governments, bilateral partners, and diplomatic missions in coordinated action and shared vigilance, to ensure that essential health services and rights are not undermined by external conditionalities.

For more details, presentations, and practical advocacy tools, visit the dedicated FESTMIH resource page where all supporting documents — including a summary presentation on the current state of play, a detailed analysis of the impact on SRHR, and a practical advocacy toolkit — are available for download:

[Downloads](#)



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FESTMIH EVENT PATRONAGE

Elevate Your Event with FESTMIH Patronage

Does your upcoming conference or workshop align with the mission of promoting Tropical Medicine and Global Health? By partnering with FESTMIH, you can leverage an established European network to maximize your event's visibility and scientific impact.

Who Should Apply?

FESTMIH offers formal scientific patronage to organizers of high-quality conferences, academic workshops, and scientific meetings focused on Global Health, Tropical Medicine, or International Health.

What FESTMIH Offers:

- **Official Endorsement:** Gain formal permission to prominently feature the FESTMIH logo on your promotional materials, event website, and official program.
- **Enhanced Web Presence:** Secure a dedicated feature for your meeting in the official Events Calendar on the FESTMIH website.
- **Active Network Promotion:** We will amplify your reach by actively promoting your event across our social media channels, specifically LinkedIn, and directly through our extensive European member network.

[Website](#)

Eligibility & Core Requirements:

- The event must make a clear, active contribution to the advancement of knowledge in the fields of Global Health, Tropical Medicine, or International Health.
- All supported events are strictly required to adhere to the highest scientific and ethical standards.

How to Apply: Interested in collaborating? Before submitting your request, please review the detailed criteria outlined in our official guidelines: "Regulations of patronage by FESTMIH" (PDF download, 208 KB). Once you have reviewed the requirements, you can follow the application links provided on our website to formalize your partnership.

Patronage

Scientific patronage for academic events in the field of global health and tropical medicine.



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OFFICIAL ASSOCIATION - NEGLECTED TROPICAL DISEASE NGO NETWORK (NNN)

FESTMIH is proud to be officially associated with the Neglected Tropical Disease NGO Network (NNN), a crucial partner in the global health landscape.

About the NNN:

- **Global Reach:** The NNN is a robust global forum consisting of over 100 member organizations working across various diseases and thematic areas.
- **Primary Mission:** The network partners closely with governments to advance the control, elimination, and management of neglected tropical diseases (NTDs), working directly in line with the WHO's NTD Roadmap.
- **Strategic Approach:** By facilitating coordination, technical exchange, and joint advocacy, the NNN strengthens the collective contribution and impact of NGOs toward achieving global NTD targets.

[Website](#)



NEGLECTED TROPICAL DISEASE
NGO NETWORK

A global forum for nongovernmental organizations
working together on NTDs



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Denmark Becomes First EU Country to Eliminate Mother-to-Child Transmission of HIV and Syphilis

The World Health Organization (WHO) has officially certified Denmark for the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis. This makes Denmark the first country in the European Union to reach this significant public health milestone, joining 22 other validated countries and territories worldwide.

Key Drivers of Success This achievement is the result of decades of sustained commitment by clinical and public health professionals. Validation was based on Denmark consistently meeting strict WHO benchmarks from 2021 to 2024, which was made possible by:

- Testing and treating at least 95% of pregnant women.
- Keeping new infant infections below 50 per 100,000 births.
- Providing universal health coverage that includes integrated prenatal screening, strong data systems, and rights-based policies.

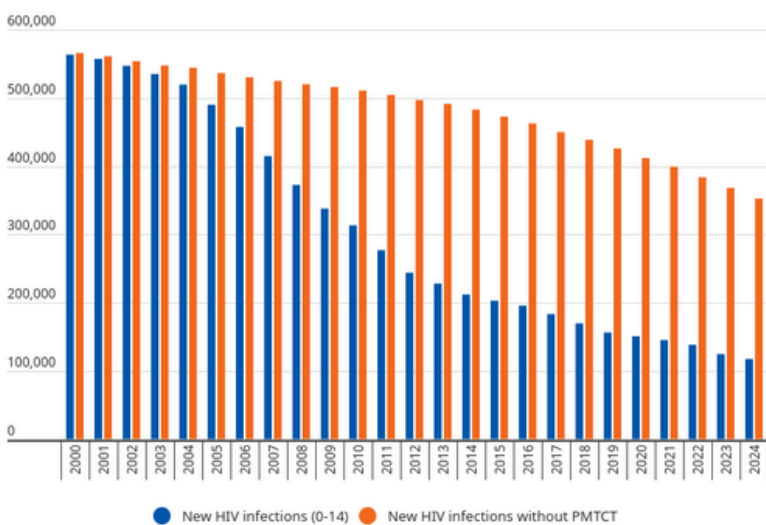
[Read Article](#)

Looking Ahead Denmark's success serves as a powerful, actionable model for other nations seeking to strengthen their maternal and child health programs. Building on this momentum, the country is already working toward full "triple elimination" by adding hepatitis B to its elimination goals.

Source: WHO News Release (February 27, 2026)

Due to the impact of prevention-of-mother-to-child-transmission, about 4.4 million new paediatric HIV infections were averted between 2000 and 2024

Impact of PMTCT on new child HIV infections, 2000-2024



Source: UNAIDS 2025 estimates.

Global Health Context

Denmark's historic elimination of mother-to-child transmission of HIV and syphilis proves full elimination is achievable, contrasting with a mixed global landscape:

- **Millions Averted:** Global prevention programs prevented ~4.4 million pediatric HIV infections from 2000 to 2024. Without them, 2024's 120,000 new cases would have been three times higher.
- **Rising Coverage:** In 2024, 84% of pregnant women living with HIV globally received antiretrovirals, up from 50% in 2010.
- **Stagnating Progress:** Worldwide efforts are currently missing 2030 targets. The global transmission rate sits at 10%—well above the 2–5% elimination thresholds—mostly because mothers drop out of or lack access to therapy.



Epidemiology of Shigella Species in Cameroon: Systematic Review and Meta-Analysis

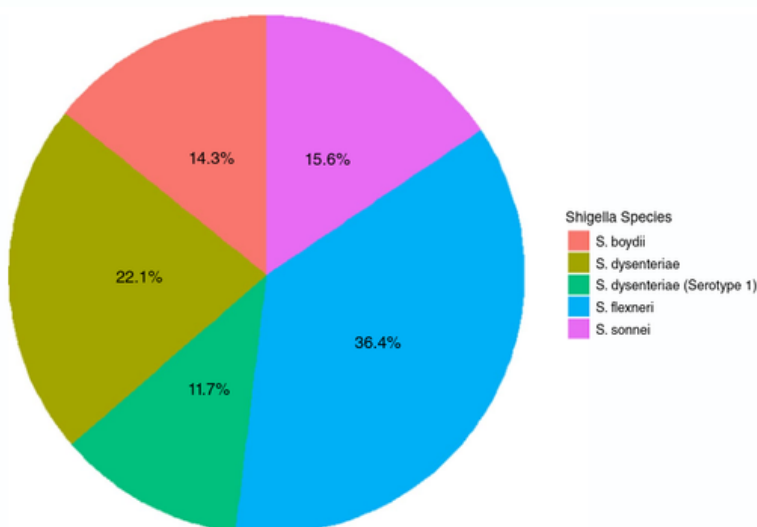
Minawir et al. (2026).

KEY POINTS

- **High overall burden:** The pooled prevalence of *Shigella* across all tested sources in Cameroon was 9%, which notably exceeds the estimated 5.9% average for the African continent.
- **Clinical vulnerability matters:** While the overall prevalence in humans was 6%, it spiked dramatically to 19% among HIV-positive patients. This underscores the critical role of underlying immune status in infection rates.
- **The "One Health" link:** *Shigella* was consistently found in non-human reservoirs, including food samples (9%), animal hosts (6%), and environmental samples (6%). This highlights a complex, multi-sectoral transmission network.
- **Dangerous species distribution:** *S. flexneri* was the most dominant species, accounting for 36.4% of cases. Alarmingly, the highly virulent *S. dysenteriae*—known for causing severe, large-scale epidemics—was the second most prevalent at 22.1%.
- **Widespread Antimicrobial Resistance (AMR):** Isolates showed concerning resistance to first-line beta-lactam antibiotics and fluoroquinolones (such as ciprofloxacin). This suggests that current empirical treatments may be increasingly ineffective.

Global Health Relevance

- This comprehensive review serves as a stark warning regarding the escalating AMR crisis in enteric diseases. The declining effectiveness of critical last-resort drugs like ciprofloxacin necessitates an immediate re-evaluation of local treatment guidelines and antimicrobial stewardship programs.
- **Practical takeaway:** Controlling *Shigella* transmission cannot rely on human clinical interventions alone. The significant presence of the bacteria in street food, livestock, and abattoir waste demands an integrated, robust "One Health" surveillance strategy.



A Closer Look

Shigella Species Distribution in Cameroon
This breakdown highlights a concerning epidemiological trend. While *S. flexneri* is the most frequently isolated pathogen (36.4%), the highly virulent *S. dysenteriae* accounts for a substantial 22.1% of cases—with its epidemic-prone Serotype 1 contributing an additional 11.7%.





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GLOBAL HEALTH ETHICS & ADVOCACY

The Pathogenicity of Immigration Detention: Medical Ethics vs. Migration Policies

The Lancet Regional Health - Europe (May 2026)

KEY POINTS

- On February 12, 2026, eight infectious disease specialists at the Santa Maria delle Croci Hospital in Ravenna, Italy, were investigated for issuing health certificates of "unfitness for detention" to immigrants bound for administrative detention.
- The World Health Organization and current scientific literature unanimously characterize immigration detention as inherently pathogenic. These restrictive environments cause severe physical and mental deterioration, with some studies describing them as "torturing environments" due to overcrowding, inadequate hygiene, and barriers to healthcare.
- The authors highlight a clinical paradox: medically certifying someone as "fit" for an environment known to destroy psychophysical integrity directly violates the Hippocratic principle of primum non nocere (first of all, do no harm).
- In response, a movement led by the Italian Society of Migration Medicine (SIMM) is calling for an end to this practice. Doctors are increasingly refusing to act as "notaries" for a system that violates health rights, instead using "unfitness" certifications as an evidence-based medical intervention to prevent further harm to vulnerable patients.

Global Health Relevance

- Under the new European Pact on Migration and Asylum, health screenings will become a mandatory gateway to detention centers in several European countries, meaning immigrants' detention will play an increasingly prominent role.
- This situation exposes a critical systemic friction between current migration policies and medical practice. The authors urge the global health community to uphold the World Medical Association's Declaration of Tokyo, which mandates complete clinical independence to alleviate human distress above any political or collective motives. Health must remain a fundamental right, regardless of legal or immigration status.

[Read Paper](#)



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GLOBAL CAREER & FUNDING OPPORTUNITIES



Become a Member of Mesh: Join the Global Community of Practice

Are you looking to connect with a worldwide network of professionals dedicated to community engagement and global health research? Mesh, a part of The Global Health Network, offers a dynamic platform to collaborate, learn, and share expertise.

Why Join Mesh?

- **Free and Easy Registration:** Becoming a member is quick, simple, and completely free.
- **Build Your Profile:** Create a professional presence and connect with like-minded individuals globally.
- **Share Your Knowledge:** Contribute to the community by authoring articles and participating in specialized discussion groups.
- **Find Collaborators:** Add yourself to the Mesh Global Community of Practice world map—an interactive tool that helps you discover and connect with potential collaborators near you.

As a World Health Organization (WHO) Collaborating Centre for Research Information Sharing, E-learning, and Capacity Development, The Global Health Network provides Mesh members with access to a wealth of resources, training opportunities, and a supportive network designed to enhance global health research.

Take Action:

- Join the Mesh network today to start connecting and collaborating globally.

[Mail](#)

ESCMID Global 2027: Submit Your Session Proposals

As previously shared with our delegates, FESTMIH has the exciting opportunity to submit up to 3 session proposals for the ESCMID Global 2027 conference.

We strongly encourage you to take advantage of this platform to highlight critical issues, innovative research, and collaborative projects from within the FESTMIH network on a major international stage.

Deadline Reminder: Please ensure your session proposals are submitted for consideration by May 12, 2026.



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Launch of the NTM-PD Global Clinical Survey

We invite you to participate in and share a new global survey-based study. This initiative aims to capture clinicians' perspectives on the practical applicability and interpretation of the NTM pulmonary disease (NTM-PD) diagnostic criteria and management guidance in diverse real-world settings.

Target Audience This survey is open to all physicians dealing with patients presenting with pulmonary NTM, including pulmonologists, TB specialists, infectious disease specialists, internal medicine physicians, and GPs. Multiple responses from every country are encouraged to help capture a comprehensive global snapshot.

Survey Objectives

- Assess how interpretable and applicable clinicians find the current NTM-PD diagnostic criteria in day-to-day practice.
- Estimate the proportion of patients with at least one respiratory NTM isolate who are perceived to eventually fulfill all diagnostic domains.
- Explore how clinicians re-weight diagnostic domains based on the presence or absence of structural lung disease, as well as across different resource and TB-burden settings.
- Understand the specific contextual factors that drive a clinician's decision to start or withhold treatment.

Contact & Participation

- Lead Study Contact: Nityanand Jain, MD (KU Leuven, Belgium)

[E-Mail](#)

ESCMID Global Survey: AI in Clinical Microbiology

SCMID is inviting professionals in clinical microbiology to participate in and support an international survey focused on the current and future role of Artificial Intelligence (AI) in the field.

Survey Objectives:

- **Aim:** To collect global perspectives on the awareness, use, expectations, and concerns related to AI-based tools in routine practice, diagnostics, and research.
- **Outcome:** The gathered data will be analyzed and submitted for publication in a peer-reviewed scientific journal.

[Survey](#)





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Call for Abstracts: Be-cause health 2026 International Conference

The Be-cause health network has officially launched its call for abstracts for the 2026 International Conference, themed "Do we Care?". The event will take place on October 20, 2026, in Brussels, Belgium.

Submission Details:

- **What to submit:** The organizers welcome a wide variety of submissions, including scientific abstracts on recent research findings, policy proposals, case studies, stories, poems, imagery, or songs that dive into one of the three suggested conference tracks.
- **Who should apply:** There is a strong call to encourage submissions from colleagues in Low- and Middle-Income Countries (LMICs), young professionals, women, representatives of indigenous populations, and people living with disabilities.
- **Deadline:** Please submit your individual abstracts using the official submission form before April 26, 2026 (midnight, Brussels time).

[More Information](#)

1st International Workshop "Virus and Brain"

- **Dates:** 2 to 3 June 2026 (Montpellier, France)
- **Format:** In person workshop
- **Organiser:** Centre International de Recherche en Infectiologie (CIRI) / I3M network

The first international workshop "Virus and Brain" will take place in Montpellier on 2 and 3 June 2026. A detailed programme and further practical information will be announced soon. In the meantime, interested participants are invited to join the national thematic network "Virus et Cerveau".

[More Information](#)



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DNDi's efforts to address the needs of neglected populations



- Date & Time: Thursday, April 30, 2026, from 13:00 to 14:00 CEST (Paris time).
- Language: French.
- Organizers: The French Network on NTDs and Inserm.
- Theme: The Drugs for Neglected Diseases initiative (DNDi), a non-profit R&D organization, will discuss its collaborative work to develop innovative and accessible treatments for diseases like Human African Trypanosomiasis (HAT/sleeping sickness), leishmaniasis, and helminth (worm) infections.

Featured Speakers

- Laurent Fraise: Director of Research and Development at DNDi since 2019. With a PhD in biotechnology, he brings extensive pharmaceutical R&D experience from leadership roles at companies like Sanofi and Evotec.
- Junior Matangila: A medical doctor and tropical medicine specialist. Educated in the DRC, Tanzania, and Belgium, his expertise covers malaria, trypanosomiasis, and clinical trials for Ebola and COVID-19.
- Ivan Scandale: Joined DNDi in 2008 and currently leads the worm program (since 2026). With a background in chemical engineering and industrial chemistry, he has contributed significantly to developing treatments for sleeping sickness (acoziborole) and filariasis.
- Alexandra Solomos: Joined DNDi in 2014 and specializes in designing and managing Phase II to IV clinical trials in Africa and South Asia. She has over 15 years of clinical research experience, with a strong focus on treatments for visceral leishmaniasis.

[More Information](#)

SFMTSI Spring Meeting 2026: Tropical Envenomations

The Société Francophone de Médecine Tropicale et Santé Internationale (SFMTSI) will host its Spring Meeting dedicated to the theme of tropical envenomations.

Key Information:

- Date: 21 May 2026
- Format: Hybrid (In-person and online)
- Venue: French Red Cross, 21/23 rue de la Vanne, 92220 Montrouge, France

Registration & Fees:

- SFMTSI Members: 15 €
- Non-Members: 30 €
- Free of Charge: Available for students of health professions and for online participation (subject to geographical distance conditions).

[E-Mail](#)





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CLIMADEMIC Summer School 2026



ROBERT KOCH INSTITUTE • 29 JUNE – 3 JULY 2026 • BERLIN

CLIMADEMIC Summer School 2026: Climate Change, AI, and Public Health

The Centre for Artificial Intelligence in Public Health Research (ZKI-PH) at the Robert Koch Institute is hosting the CLIMADEMIC Summer School 2026 in Berlin. This intensive one-week program offers a unique opportunity to explore how a changing climate shapes infectious disease dynamics and public health risks.

Key Information:

- Dates: 29 June to 3 July 2026
- Location: Berlin, Germany (Conference Centre of the Federal Ministries)
- Language: English

Program Focus: The curriculum is designed to equip early-career researchers with a solid understanding of climate-health interactions. The program comprises three main blocks:

1. Climate Modelling and Impacts on Health and Society
2. Infectious Disease Epidemiology and Climate Change Dynamics
3. AI Approaches in Climate Sciences

Target Audience & Fees:

- **Who should apply:** International PhD students and Postdocs with an academic background in climate research and modeling, epidemiology, public health, machine learning, or data science.
- **Capacity:** The summer school is limited to 40 spots.
- **Fees:** The standard participation fee is 450 € (which includes curriculum activities, daily lunch, and refreshments). A reduced fee of 150 € is available exclusively for members of partner institutions and the ELLIS Network. Please note that travel and accommodation expenses must be covered by the participants.

[Register](#)



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ICOPA 2026: Parasites in a Changing World

The 16th International Congress of Parasitology (ICOPA 2026), the premier event organized by the World Federation of Parasitologists (WFP), is set to take place in Montréal, Canada. As the largest gathering in the field, ICOPA brings together leading scientists, researchers, and practitioners to share knowledge and address global challenges in parasitic diseases.

Key Information:

- Dates: August 16–21, 2026
- Location: Montréal, Canada
- Theme: "Parasites in a Changing World" - highlighting the dynamic interplay between parasites and their environments.
- Call for Abstracts: Submit your late-breaking abstracts by May 27, 2026.

Important Deadline: Do not miss out on the early bird rates! Register before May 3, 2026, to save up to \$150 on your ticket.

[Register](#)



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Free E-Learning: Facilitating Change Through Action Research (Enabel)

Enabel, the Belgian Development Agency, has opened its internal e-learning modules on action research to external audiences. These resources offer a powerful approach to continuous learning, adaptive management, and achieving stronger impacts in international cooperation and global health projects.



ENABEL

Course Overview

- Module 1 – Introduction to Action Research (Approx. 3–4 hours): Designed for anyone interested in understanding the fundamentals. It covers what action research is, why it matters in international cooperation, and how it is applied in practice—serving as an accessible entry point for professionals curious about learning and change.
- Module 2 – Deepening Action Research (Approx. 10–12 hours): An advanced module that builds on foundational concepts. It invites participants to slow down, reflect deeply, and strengthen critical thinking for better decision-making. It is specifically tailored to Monitoring, Evaluation, and Learning (MEL) officers, project and programme managers, and technical experts.



Utrecht Summer School 2026: Global and Planetary Health Courses



The Utrecht Summer School has announced its specialized short courses for July 2026. These intensive, one-week programs offer a unique, interdisciplinary perspective on pressing global health challenges, environmental degradation, and health equity.

Course Schedule (July 2026):

- **Fundamentals of Global Health (6–10 July 2026):** Introduces the principles of global health, governance, and policy. It covers the role of health systems, international partnerships, and the impact of migration and climate change on health outcomes.
- **Public Health in Humanitarian Contexts (13–17 July 2026):** Focuses on the complexities of delivering healthcare and managing public health responses in crisis and humanitarian settings.
- **Foundations of Planetary Health (13–17 July 2026):** Examines the health effects of climate change, environmental pollution, and global inequality, emphasizing justice-oriented perspectives and the burdens placed on marginalized communities.
- **Transforming Systems for Planetary Health (20–24 July 2026):** An advanced course exploring the system-level drivers of the planetary crisis, governance structures, and strategies for equitable and sustainable systems transformation.
- **Global Health Ethics & Equity (20–24 July 2026):** Centers on the ethical challenges in global health, focusing on human rights, social justice, and bridging research integrity with equitable partnerships.

Key Information & Funding:

- **Target Audience:** Designed for Master's students, PhD researchers, professionals, and policymakers in medicine, public health, social sciences, geosciences, and related fields.
- **Credits:** Completing a course awards 1.5 ECTS.
- **Fees & Scholarships:** The standard course fee is €900. However, substantial fee reductions (e.g., €475–€580) are available for participants based in Low- and Middle-Income Countries (LMICs). Early bird registration rates apply until April 1, 2026.
- **Bundle Discount:** A 10% discount is available if you combine both Planetary Health courses.

[More Information](#)



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CLOSING NOTE

News of the Month – April 2026

Thank you for reading and for helping keep NOTM a community-driven resource. As the days in Europe slowly grow longer and many of us return from winter breaks, we are looking ahead with fresh energy to the months ahead. If you have upcoming events, funding calls, training opportunities, or notable publications you would like to share, please send them to us for the next edition. We look forward to staying connected throughout 2026 and continuing to bring you timely opportunities across the FESTMIH network.

SHARE YOUR EVENTS & FEEDBACK

Do you have an upcoming event from within your institution, society, or network that you would like to see featured in the News of the Month?

We invite our cooperation partners to share relevant announcements with the FESTMIH Secretariat. Submissions received before the 10th of each month will be considered for inclusion in the following edition.

We also value your thoughts on the NOTM. You can provide feedback anytime by simply scanning the QR code included in this newsletter.

Your contributions and ideas help us keep the NOTM a vibrant and useful resource for the FESTMIH community.



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