FESTMIH NOTM

NEWS OF THE MONTH - AUGUST 2026

Dear Readers,

August brings a quieter rhythm to many institutions, but not to global health. This edition of the FESTMIH News of the Month opens with something new: the first instalment of our **Society Space**, a rotating slot in which our member societies share what they are working on. The Italian Society of Tropical Medicine and Global Health (**SIMET**) begins, reporting from its 11th Congress in Turin, where a new Board was elected and the **Turin Declaration** was adopted — a statement on the right to health, One Health, and the social and commercial determinants that shape both.

Our **Good News of the Month** stays close to that theme. WHO has validated El Salvador as having eliminated **trachoma** as a public health problem: the first country in Central America to reach this milestone, and the 64th worldwide to eliminate at least one neglected tropical disease. Readers who followed last month's Human Rights Council resolution will recognise what those principles look like when they are actually delivered.

In Editors' Choice, we turn to a case-control study from Chiang Rai, Thailand, examining why **tuberculosis** treatment fails among **hill tribe** and stateless populations, a reminder that the decisive barriers are often documentation, language and cost rather than the drug regimen itself.

For those looking for new opportunities, this edition features two **calls** with a strong NTD focus: Dioraphte's call for research proposals on skin-related NTDs, and a request for proposals on integrating female genital schistosomiasis into sexual, reproductive and primary health services. We also introduce the Global Health Internship Marketplace for colleagues earlier in their careers, and two posts in global and tropical health at Unisanté in Lausanne. Our Events section previews the next session of the webinar series **NTDs around the World,** this time on Nigeria, on 16 September. In the Digital section, the Global Health Committee of the DTG invites you to take part in **Reverse Learning**, a project asking what high-income health systems could learn from health systems elsewhere. The questionnaire closes on 13 September.

As always, NOTM is at its best when it is community-driven. If you have a call, course, event, publication, or digital resource you would like to see featured in the next edition, please share it with us before the 10th of the month.

Warm regards,
The FESTMIH NOTM Team

TOPICS

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FESTMIH NOTM

SOCIETY SPACE

Introducing a new NOTM format

FESTMIH brings together national societies for tropical medicine, travel medicine and global health from across Europe, and each of them is doing work that the rest of the network rarely gets to hear about. Society Space is a new monthly slot designed to change that. In turn, one member society will use this page to share what it has been working on: congresses and courses, new boards and appointments, position papers, national campaigns, or projects looking for partners.
The commitment for each society is deliberately light, one short contribution roughly once a year, but the effect, we hope, is cumulative: over the course of a year, readers get a working map of what tropical medicine and global health look like across Europe, told by the people doing it.

We begin, fittingly, in Italy.

SIMET at a glance

- Full name: Società Italiana di Medicina Tropicale e Salute Globale (SIMET ETS)
- Founded: 1984 now in its 42nd year
- Based at: Lazzaro Spallanzani Institute for Infectious Diseases, Rome
- Mandate: Research on tropical diseases and zoonoses, including neglected tropical diseases, and international health cooperation
- Membership: Multidisciplinary physicians, veterinarians, biologists, pharmacists, nurses and health assistants
- FESTMIH: Member society since the Federation's founding
- National Congress: Every two years
- President: Dr Angela Corpolongo (elected June 2026)

News from the Italian Society of Tropical Medicine and Global Health (SIMET)

Contributed by Marco Albonico on behalf of SIMET

The Italian Society of Tropical Medicine and Global Health, now in its 42nd year, held its 11th National Congress in Turin this June under the theme New Challenges of Global Health. The congress is convened every two years and brings national and international professionals together across tropical medicine, migration and travel medicine, global health and One Health; fields that are no longer separate disciplines, but different views of the same phenomena connecting populations in the global North and South.
That framing shaped the programme. Sessions addressed the right to access healthcare, health inequalities, migration, the clinical care and epidemiology of both infectious and non-communicable diseases, access to therapies, animal health, international cooperation, and the state of the environment and climate. Invited speakers came from ISGlobal Barcelona, the World Organisation for Animal Health, Médecins Sans Frontières, the University of Oxford and the University of Wisconsin. the meeting on the Veterinary Sciences campus of the University of Torino was a deliberate signal of its One Health orientation, as was the audience it addressed: physicians, nurses, veterinarians, biologists, pharmacists and health assistants alike.

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SOCIETY SPACE

During the congress, the assembly elected a new Board of Directors, combining experienced and new members, under the presidency of Angela Corpolongo, a clinician and scientist at the Lazzaro Spallanzani Institute in Rome where the Society is based. Planned activities will continue and new projects with an international focus are in preparation, an area where the connection with FESTMIH offers considerable opportunity.
The congress closed with the adoption of the ***Turin Declaration***, a manifesto setting out the Society's concerns and commitments for the coming four years. Grounded in Article 32 of the Italian Constitution and Article 1 of the WHO Constitution, it addresses the erosion of the right to health in the current geopolitical context: attacks on healthcare workers and facilities in conflict zones, gender-based violence as an instrument of war, falling humanitarian and global health funding, growing scepticism towards scientific evidence, the privatisation of health systems, the weakening of WHO, and the lack of access to essential medicines for neglected diseases and tuberculosis — in endemic countries and in Europe alike. It calls on governments to pursue conflict resolution, fair and inclusive migration policy, a One Health approach, and support for the WHO Pandemic Agreement.

"No Health without PEACE, no Peace without HEALTH."

Turin Declaration, Turin, 13 June 2026

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GOOD NEWS OF THE MONTH

A Blindness-Prevention Milestone: El Salvador Eliminates Trachoma

Trachoma is the world's leading infectious cause of blindness, and it is a disease of circumstance: it spreads where water is scarce, sanitation is poor and eye care is out of reach. In July, WHO validated El Salvador as having eliminated it as a public health problem — the first country in Central America to do so.

Key Points

- WHO validated El Salvador as having eliminated trachoma as a public health problem on 13 July 2026.
- El Salvador is the first country in Central America and the second in the Americas to reach this milestone.
- It becomes the 64th country worldwide recognised by WHO for eliminating at least one neglected tropical disease.
- Assessments between 2023 and 2026 found no active transmission: no signs of disease in children, no blinding cases in adults.
- Trachoma remains a public health problem in rural areas of Brazil, Colombia, Guatemala and Peru.

Validation is not a formality. It follows a multi-year process in which a country must demonstrate both that the disease is no longer a public health problem and that its health system can detect, investigate and respond to any future cases. Between 2023 and 2026, El Salvador carried out targeted assessments in communities selected on the basis of environmental and social risk factors. No evidence of active transmission was found; no signs of disease among children, and no advanced cases capable of causing blindness among adults.

What made that possible was not a single intervention but a combination of them: stronger primary health care, improvements in water, sanitation and hygiene, and eye health services including visual acuity screening in adults, delivered through collaboration between government sectors, communities and international partners. PAHO supported the work through the Initiative for the Elimination of Trachoma in the Americas, in partnership with the Government of Canada. El Salvador's Minister of Health noted that the country reached the milestone in just three years.

Equally important is what happens next. El Salvador has put systems in place to hold the ground: trained health personnel, integrated surveillance, and the capacity to identify and manage trichiasis, the advanced stage in which the eyelashes turn inward and can destroy sight, within the national health system. WHO's recommendation to validated countries is consistent on this point: surveillance and access to quality eye care must continue, or the disease returns.

The Americas are not finished. Trachoma remains a public health problem in rural and remote areas of Brazil, Colombia, Guatemala and Peru, and investigations have been expanded in several countries where its status was uncertain, Bolivia, Ecuador, Guyana, Panama, Paraguay and Venezuela among them. El Salvador was on that list until the evidence said otherwise. That is perhaps the most useful thing about this result: it shows what it takes to move a country from suspected to confirmed free, and that the answer is neither exotic nor unaffordable. Clean water, working clinics, someone looking, and the patience to document it properly.

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GOOD NEWS OF THE MONTH

How Trachoma Is Eliminated, and What "Elimination" Means

The toolkit: WHO's SAFE strategy

Countries where trachoma is endemic work through four components, applied together rather than in sequence:

- **S · Surgery**. Eyelid surgery to correct trachomatous trichiasis, the advanced stage in which in-turned lashes scrape the cornea. It stops the pain and prevents blindness, but cannot undo damage already done.
- **A · Antibiotics**. Azithromycin is the drug of choice, given as a single oral dose of 1 g in adults and 20 mg/kg in children. In endemic districts it is delivered through mass drug administration rather than case by case. The manufacturer donates it to elimination programmes through the International Trachoma Initiative. Second-line treatment is 1% tetracycline eye ointment, applied twice daily for six weeks.
- **F · Facial cleanliness**. Sustained behaviour change, particularly clean faces in young children, who are the main reservoir of infection.
- **E · Environmental improvement**. Access to safe water and sanitation, plus measures that reduce fly populations, overcrowding and the conditions that let repeated infection accumulate over a childhood.

El Salvador's route was slightly different. Because assessments found no active transmission, the country's achievement rested less on mass treatment than on the F and E components delivered through routine services: strengthened primary health care, improvements in water, sanitation and hygiene, and eye health services including visual acuity screening in adults, combined with the surveillance capacity needed to prove the absence of disease.

The finish line: what validation actually requires

WHO does not certify that the last case has gone. It validates that trachoma is no longer a public health problem, which is a measurable threshold applied in every formerly endemic district:

1. Trachomatous trichiasis unknown to the health system in fewer than 0.2% of people aged 15 and over
2. Trachomatous inflammation (follicular) in fewer than 5% of children aged 1 to 9 years
3. A functioning system to identify and manage new trichiasis cases

Meeting the numbers is not the end of the work. Countries that reach validation are expected to maintain surveillance and access to quality eye care, because the conditions that produced the disease can produce it again. The global target is elimination worldwide by 2030.

Read Article

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EDITORS' CHOICE

Factors Associated With Tuberculosis Treatment Failure Among Hill Tribe and Stateless People in Chiang Rai Province, Thailand: A Case–Control Study

Upala P, Apidechkul T, Yeemard F, Laingeon O, Kumpun M, Apidechkul W, Yodkham D.
Tropical Medicine & International Health (2026), 1 to 14. DOI: 10.1111/tmi.70150

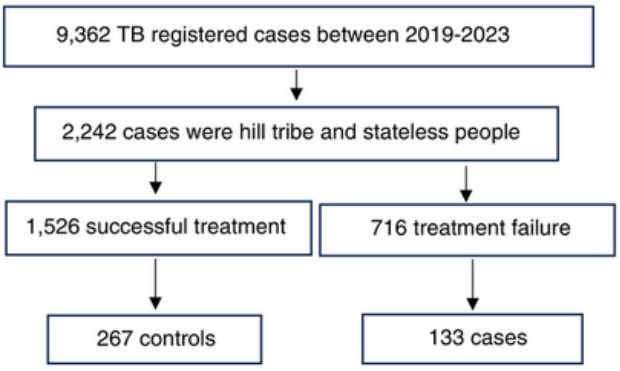

Figure 1: Flow of study sample selection.

Study at a glance

- Design: Case-control study
- Setting: 18 district hospitals, Chiang Rai Province, northern Thailand
- Population: Hill tribe and stateless TB patients registered between 2019 and 2023
- Cases: Treatment failure · Controls: Successful treatment outcome
- Data collection: Validated questionnaire, June to August 2024
- Result: Eleven variables independently associated with treatment failure

Why this matters

Thailand runs a competent national TB programme, and the drugs are the same everywhere. Yet in the northern border districts, treatment still fails at rates that the regimen alone cannot explain. The populations concerned live at the intersection of two vulnerabilities: poverty, and the absence of documented citizenship. This study is useful precisely because it does not treat those as background conditions. It measures them.

What the authors found

Being a non-Thai citizen was independently associated with treatment failure (AOR 4.36, 95% CI 1.74 to 10.87), as was being female (AOR 3.83, 95% CI 1.77 to 8.29) and being aged 61 years or over (AOR 4.63, 95% CI 1.62 to 13.23).

The strongest signal in the model was behavioural rather than clinical: having ever missed a medical appointment carried an adjusted odds ratio of 21.06 (95% CI 4.32 to 102.58). Side effects from TB medication (AOR 7.88, 95% CI 1.76 to 35.25) and experiencing stress (AOR 9.95, 95% CI 2.85 to 34.80) also stood out, alongside attending the TB clinic alone rather than accompanied (AOR 3.00, 95% CI 1.33 to 6.78) and living in housing built from traditional materials (AOR 2.91, 95% CI 1.76 to 4.80).

One result runs against expectation. Compared with the poorest households, those in higher annual family income brackets showed greater odds of treatment failure, not lower (5,001 to 10,000 baht: AOR 8.63, 95% CI 2.55 to 29.18; above 10,000 baht: AOR 4.28, 95% CI 1.32 to 13.91). It is worth reading that finding carefully rather than around it. Every bracket in this study describes a household living in poverty, and income earned is income that has to be turned up for, which may say more about the cost of attending a clinic on a working day than about wealth protecting anyone.

Practical takeaways

- A missed appointment is not an administrative event. It is the single loudest predictor in this model. Programmes that treat non-attendance as a trigger for immediate outreach, rather than as a note in a register, are acting on the strongest available signal.
- Ask who came with the patient. Attending alone tripled the odds of failure. Accompaniment is cheap, measurable at intake, and almost never recorded.
- Citizenship status belongs in the risk assessment. Statelessness is not a demographic footnote here. It quadrupled the odds, independent of income, age and sex.
- Side effects need active management, not passive reporting. An eightfold association suggests patients are stopping treatment rather than reporting symptoms and being managed through them.
- Screen for stress. A tenfold association makes psychosocial support a treatment component, not a nice-to-have.

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GLOBAL CAREER & FUNDING OPPORTUNITIES

Call for Research Proposals: Skin-related NTDs (CfP-NTD2027)

The Dioraphte Foundation has opened its fifth call for research proposals on skin-related neglected tropical diseases. Skin NTDs remain underfunded relative to other NTDs, and many still lack adequate diagnostics, effective treatment or preventive tools. The call supports preclinical, clinical and operational research worldwide.

Key Information

- Funder: Dioraphte Foundation, a private charitable foundation in the Netherlands
- Diseases in scope: Buruli ulcer, cutaneous leishmaniasis, PKDL, leprosy, lymphatic filariasis, mycetoma, onchocerciasis, noma, scabies and other ectoparasitoses, yaws
- Total funding: € 2.7 million, awarded as two large grants (max € 900,000 each) and three smaller grants (max € 300,000 each), all for 2 to 4 years
- Process: Two stages. Stage 1 is a pre-application of max 5 pages; approximately 6 large and 9 small proposals are then invited to submit a full application
- Encouraged: Alignment with the WHO NTD road map, multidisciplinary partnerships, clear path to implementation, and scientific leadership in endemic countries
- Submission: Mail (also for enquiries)
- Deadline Stage 1: Monday 5 October 2026, 6pm CEST. Stage 2 full applications due 15 February 2027; awards announced 30 April 2027

More Information

More Information

Request for Proposals: Sustainable Integration of Female Genital Schistosomiasis into Health Systems

COR-NTD at the Task Force for Global Health is soliciting proposals for operational research on female genital schistosomiasis, a chronic manifestation of schistosome infection affecting an estimated 56 million women and girls in sub-Saharan Africa. FGS drives inequity through misdiagnosis and confusion with STI symptoms, through social exclusion linked to fertility, marital discord and depression, and through stigma. The RFP asks how FGS can be integrated into existing services rather than run alongside them.

Key Information

- Funder: Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD), Task Force for Global Health
- Focus: Integration of FGS into existing sexual and reproductive health services, including cervical cancer and HPV, STI, family planning and HIV services, to strengthen primary health care and service sustainability
- Maximum project budget: USD 175,000. Budgets exceeding this amount will not be considered
- Project duration: All research activities must be concluded by 1 December 2027
- How to apply: Submission through an online web form
- Contacts: Elizabeth Long for technical questions about the RFP; Leslie Sorensen for questions about the submission form and requirements
- Deadline: Wednesday 26 August 2026, 5:00 PM Eastern US time

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GLOBAL CAREER & FUNDING OPPORTUNITIES

Two Positions in Global and Tropical Health at Unisanté, Lausanne

Unisanté, the University Centre for Primary Care and Public Health in Lausanne, is recruiting for two posts in its Global and Environmental Health sector. The sector provides routine and pre-travel vaccinations for the population of Vaud, offers tropical medicine consultations for returning travellers, and carries responsibility for undergraduate and postgraduate training in global and tropical health. Its Tropical and Global Health research group works on primary care and community health in Switzerland and Africa.

Key Information

- Employer: Unisanté, University Centre for Primary Care and Public Health, Lausanne, Switzerland
- Setting: Global and Environmental Health sector, including the Polyclinic for Tropical Medicine, Travel and Vaccination (TropiVac)
- Both posts: 80%, permanent contract, start date 1 November 2026
- Languages: French and English at B2 level
- Contact: Valérie D'Acremont Genton
- Deadline for both posts: 21 September 2026. Applications are accepted only through the Unisanté website

1. Deputy Chief Physician with Academic Accreditation (Ref. 1396)

Joint medical direction of TropiVac alongside the head physician, strategic input into the sector, supervision of clinic heads, assistant doctors and nurses, teaching at undergraduate and postgraduate level, supervision of Master's, MD and PhD theses, and securing and leading research funding. Requires a MEBEKO-recognised medical degree, FMH specialisation in tropical and travel medicine or an equivalent qualification in global health, university teaching accreditation (PD-MER or equivalent), research experience in vaccinology, tropical medicine or global health, and experience managing clinical and research teams.

2. Clinical Fellow in Travel Medicine and Global Health (Ref. 1394)

Consultations in tropical medicine, travel medicine and vaccination, supervision and mentoring of resident physicians and nurses, organisation of departmental seminars, and participation in global health or clinical research. Offered as a one-year training programme, renewable. Requires a MEBEKO-recognised medical degree, FMH certification in tropical and travel medicine or an equivalent qualification, or completion of training in these fields, plus experience in tropical or subtropical countries and in a vaccination centre.

Deputy Chief Physician (Ref. 1396)

unisanté

Clinical Fellow (Ref. 1394)

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GLOBAL CAREER & FUNDING OPPORTUNITIES

Global Health Internship Marketplace

The Knowledge Centre for Global Health (KCGH) hosts a platform connecting students with internship opportunities in global health. Developed within the EWUU Alliance in collaboration with the Dutch Global Health Hub and its Communities of Practice, it brings organisations and emerging talent into one accessible space. KCGH was founded by the Dutch Society for Global Health (NSGH, formerly NVTG), a FESTMIH member society, together with the training institute OIGT.

Key Information

- Host: Kenniscentrum Global Health (KCGH), Utrecht
- Format: Live listings board, updated on a rolling basis. Each entry states employer, location, weekly hours and whether the placement is paid
- Placements: Based in the Netherlands. Applicants from abroad are not excluded, but should check individual listings for language and eligibility requirements
- Recent postings: Wemos, Access to Medicine Foundation, Netherlands Ministry of Foreign Affairs, Philips, Dokters van de Wereld. Most placements are paid, typically 32 to 40 hours per week
- Backgrounds: Not restricted to medical or global health degrees. The platform runs an FAQ on eligibility, preparation and how to approach host organisations
- For organisations: Internship vacancies can be submitted through the site
- Cost: Free to browse and apply

More Information

CHALLENGING FUTURE GENERATIONS

TU/e Eindhoven University of Technology · Wageningen University & Research · Utrecht University · UMC Utrecht

https://www.festmih.eu/ secretariat.festmih@gmail.com

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EVENTS

NTDs around the World: Focus on Nigeria

Neglected tropical diseases continue to pose significant public health challenges globally, requiring integrated approaches, field-driven solutions and strong international collaboration. The next session of the webinar series NTDs around the World turns to Nigeria, where three experts share insights into diagnosis, surveillance and elimination strategies.

- Dr Chinwe Chukwudi – Human African Trypanosomiasis: The Challenges of Diagnosis and Treatment
- Dr Grace Sabo Nok Kia – Breaking the Cycle: Leveraging Field Experiences in One Health Surveillance and Integrated Bite Case Management to Drive Nigeria's Rabies Elimination
- Dr Mohammed Nasiru Wana – Reaching the Last Mile: The Missing Piece in NTD Elimination

Register Here

Key Information:

- Date: Wednesday 16 September 2026
- Time: 19:00 WAT / 20:00 CEST
- Format: Online webinar
- Supported by: DTG and FESTMIH
- Registration: Open, via online form

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DIGITAL

More Information

Reverse Learning: A Questionnaire from the DTG Global Health Committee

Global health knowledge has traditionally travelled in one direction, from high-income settings outwards. The Reverse Learning project turns that around. The Global Health Committee of the German Society for Tropical Medicine, Travel Medicine and Global Health (DTG) wants to learn from healthcare systems around the world and identify approaches that could deliver real benefit if adapted to a high-income context, and to Germany in particular, where the system faces major challenges of its own. The project team is looking for open and intensive exchange with health professionals internationally.

Key Information:

- Who: Global Health Working Grouop of the DTG
- What: Electronic questionnaire, approximately 10 to 15 minutes
- Languages: English, French, Spanish and Portuguese (Brazil)
- Who should respond: Health professionals internationally. Contributions from colleagues working in LMICs are particularly welcome
- Follow-up: Respondents who indicate an interest in further exchange will be contacted directly by the team
- Please share: The team asks readers to forward the questionnaire within their own networks
- Deadline: 13 September 2026
- Contact: Nicola Reck, Gisela Schneider and colleagues, Global Health Committee of the DTG

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CLOSING NOTE

News of the Month, August 2026

Thank you for reading, sharing, and contributing to this edition of the NOTM. August has brought a set of items that fit together more closely than usual: a new Society Space opened by SIMET and the Turin Declaration, a country validated as free of trachoma as a public health problem, a study on why tuberculosis treatment fails among people without documented citizenship, two research calls on diseases that receive less funding than their burden warrants, a webinar on elimination work in Nigeria, and an invitation to help a German committee learn from health systems elsewhere.

Two deadlines in this edition fall soon. The FGS request for proposals closes on 26 August, and the Reverse Learning questionnaire on 13 September. If either is relevant to you or to someone in your network, this is the moment to pass it on.

We are also pleased to introduce Society Space, our new monthly slot for FESTMIH member societies. If your society has news, a congress report, a position paper or a project looking for partners, we would be glad to hear from you.

Until next month,
The FESTMIH NOTM Team

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.

https://www.festmih.eu/ secretariat.festmih@gmail.com