FESTMIH NOTM



NEWS OF THE MONTH - OCTOBER 2026

Dear Readers,

October is the month in which next year's conference calendar takes shape, and this edition reflects that. In our Society Space, the German Society for Tropical Medicine, Travel Medicine and Global Health (DTG) looks ahead to 2027, from its annual conference in Würzburg to the 2nd Theodor Bilharz Conference in Leiden and ECTMIH 2027 in Barcelona, for which the call for organised sessions is now open.

Our Good News of the Month comes from South America. WHO has validated Chile as having eliminated dog-transmitted rabies as a public health problem, the first country in South America to do so, half a century after its last human case. It rests on decades of routine dog vaccination, surveillance and post-exposure prophylaxis.

In Editors' Choice, a study from the Brazilian Amazon shows how often P. falciparum parasites at the borders with Peru and Venezuela have lost the genes that common malaria rapid tests rely on. In Global Health News, two new WHO Collaborating Centres in Norway set out to strengthen the use of qualitative evidence in WHO guidelines, with a particular focus on partners in the Global South; their launch webinar takes place on 12 November.

For those looking for new opportunities, this edition features GFF × CIVIC ALIGN subgrants for adolescent health and nutrition in twelve African countries, the Fellowship in Outbreak Readiness for Global Health Protection (FOR-GHP), the COST Open Call for new research networks, and the grant and training schemes of WHO/TDR. Several of these deadlines fall within days of publication, so please pass them on quickly. Our Events section covers the Global Health Norway Conference in Stavanger and the BNITM Diploma in Tropical Medicine and Hygiene 2027, for which registration is open until 31 December. In the Digital section, we introduce free Research4Life courses, and SIMET and AIFO invite European centres to a survey on Hansen's disease.

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

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Hansen's Disease Survey

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

DTG at a glance

- Full name: Deutsche Gesellschaft für Tropenmedizin, Reisemedizin und Globale Gesundheit e.V. (DTG)
- Founded: 1907, now in its 120th year
- Based at: Bernhard Nocht Institute for Tropical Medicine (BNITM), Hamburg
- Mandate: Tropical medicine, travel medicine and global health; committees include StAR (travel medicine), Global Health, Research, Guidelines, Humanitarian Aid, NTDs and Junge DTG
- Membership: More than 1,600 clinicians, veterinarians, natural and social scientists
- FESTMIH: Member society
- National conference: CTM 2027, Würzburg, 17-20 March 2027
- President: Dr Dr Carsten Köhler



Looking Ahead to 2027: A Letter from the DTG

Contributed by Carsten Köhler, President, on behalf of the DTG

This month's Society Space comes from Germany, with a look back at a General Assembly disrupted by the weather and ahead to a busy year of meetings.

Dear NOTM readers,
As I write these lines, I should actually have been in Barcelona, attending the preparatory meeting for ECTMIH 2027 (the European Congress on Tropical Medicine and International Health) and the General Assembly of the Federation of European Societies for Tropical Medicine and International Health (FESTMIH). Due to the unusually heavy rainfall in the Barcelona area, many flights were cancelled and it was impossible to travel there, meaning that for some, the only option was to join online. Let us hope that a similar weather event does not occur next year during the ECTMIH Congress – though the organisers and participants should, of course, always be prepared for such eventualities.
What lies ahead for us as the DTG in 2027?
In addition to the Executive Board elections, Executive Board and committee meetings, and online seminars, there is a whole series of high-quality conferences on the horizon, for some of which we will once again be offering travel grants.
We will be kicking things off ONLINE on 16 January from 9.00 am to 5.30 pm with the StAR course 'StAR Beneficial Travel Medicine Refresher' – unfortunately only in German.
The first highlight in March will be our DTG Annual Conference, held as the "Conference on Tropical Medicine and Global Health (CTM)" in beautiful Würzburg from 17 to 20 March. The conference languages will be German and English. You can find all the latest information on the **homepage**.
Please feel free to subscribe to the conference newsletter.

FESTMIH NOTM

SOCIETY SPACE

In April, we will be taking part in the Congress of the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) in Stockholm, and the XXIXth Symposium on International Health organised by the **Federal Foreign Office** is also expected to take place in Berlin this month.
In May, the 20th Conference of the International Society of Travel Medicine (**CISTM20**) will take place in Bangkok, followed in June by the 2nd Theodor Bilharz Conference on schistosomiasis in **Leiden (Netherlands)**. Both conferences will be held in English. After the summer break, at the end of September, the 17th Malaria Meeting will take place in Heidelberg, followed by ECTMIH from 24 to 28 October under the theme "Refocusing on Global Health" in Barcelona.
Looking further ahead, we would also like to draw your attention to the Northern European Conference on Travel Medicine (NECTM), which will take place from 10 to 12 May 2028 in Rostock.
We believe that, with such a diverse range of events on offer, there will be something of interest for every member of our national association in the coming year. Please make the most of these opportunities for professional development and scientific exchange, and we hope to see many of you there. The preparations are usually very time-consuming, create a significant amount of extra work for the organisers and now represent a not inconsiderable financial risk – so it is all the more gratifying when this is recognised through high attendance figures and many interesting contributions.
Looking ahead to the coming year, we are also delighted to be welcoming Christian Lotz as our new Youth Ambassador for the DTG and the German Network for Neglected Tropical Diseases (DNTDs). You will therefore have the chance to meet him in person at some of the many conferences – we hope you're looking forward to it!

Best regards from Germany, on behalf of the DTG,
Carsten Köhler

"Please make the most of these opportunities for professional development and scientific exchange."

Carsten Köhler, President of the DTG



FESTMIH NOTM

GOOD NEWS OF THE MONTH

Fifty Years Without a Case: Chile Eliminates Dog-Transmitted Rabies

Rabies is almost always fatal once symptoms appear, and almost entirely preventable before they do. In September, WHO validated Chile as having eliminated dog-transmitted rabies as a public health problem — the first country in South America to do so.



Key Points

- WHO validated Chile as having eliminated dog-transmitted rabies as a public health problem on 14 September 2026.
- Chile is the first country in South America to be validated; Bhutan was validated ten days earlier, the first in WHO's South-East Asia Region.
- The last human case of dog-transmitted rabies in Chile was reported in 1972.
- It is Chile's second NTD milestone of 2026, after WHO verified the elimination of leprosy earlier in the year.
- As of September 2026, 65 countries have eliminated at least one NTD, seven of them in the Americas.

Validation is not a formality, and for rabies it is not simply a matter of counting cases. WHO requires evidence that transmission among dogs has been interrupted, that no one has died of dog-mediated rabies for at least two years and, just as important, that the systems needed to keep it that way are in place. Chile submitted a technical dossier documenting all of this, which an independent international expert group convened by PANAFTOSA/PAHO/WHO reviewed and confirmed.

What stands behind the result is not a single campaign but five decades of routine. After its last human case in 1972, Chile combined timely vaccination of people exposed through bites or scratches with door-to-door dog vaccination, dog population management and community education. Its national programme still offers free mass vaccination of dogs and cats, maintains epidemiological and laboratory surveillance, monitors the virus in animals and guarantees access to post-exposure prophylaxis. More recently, it has added risk assessment, community-based surveillance and preventive vaccination in border areas where reintroduction is most likely. Health Minister Dr May Chomalí credited municipalities, their zoonosis teams and communities as much as national policy.

The regional picture explains why this matters beyond Chile. Since 1983, human cases of dog-mediated rabies in the Americas have fallen by more than 98%. Elsewhere the contrast is stark: dog-transmitted rabies still kills tens of thousands of people every year, mostly in Asia and Africa, and around four in ten of them are children under 15.

That is perhaps the most useful lesson here. Nothing in Chile's approach is new or expensive by the standards of modern medicine: vaccinated dogs, a working laboratory, a vaccine available when someone is bitten, and a One Health programme that kept going long after the last case. The hard part is keeping it up for fifty years.

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GOOD NEWS OF THE MONTH

How Dog-Transmitted Rabies Is Eliminated, and What "Validation" Means

The toolkit: One Health in practice

Human deaths from rabies can be prevented at two points: in dogs, where the virus circulates, and in people, after exposure. Programmes that succeed work on both at once:

- **Stop it at the source**. Mass vaccination of dogs interrupts transmission where it begins, since dogs account for up to 99% of human rabies cases. Campaigns aim to vaccinate at least 70% of the dog population, and must be repeated year after year as puppies are born and dogs move.
- **After a bite, act fast**. Post-exposure prophylaxis means washing the wound thoroughly with soap and water for at least 15 minutes, a course of rabies vaccine and, when indicated, rabies immunoglobulin or monoclonal antibodies. Given promptly, it prevents a disease that is almost invariably fatal once symptoms appear. Access has to be timely and affordable: WHO puts the average cost of a course at around US$ 108, before travel and lost income.
- **Follow the virus**. Laboratory confirmation of suspected animal cases, monitoring of virus circulation in animals and integrated bite case management, in which human and animal health services investigate bites together, show where the virus still circulates and where it could return.
- **Educate**. Teaching children and adults about dog behaviour, bite prevention and what to do after a bite, together with responsible pet ownership, turns communities into the first line of prevention.

Chile's route combined all four over five decades: free mass vaccination of dogs and cats, laboratory-based surveillance, guaranteed access to post-exposure prophylaxis and community education delivered through municipalities, more recently reinforced by preventive vaccination in border areas at higher risk of reintroduction.

The finish line: what validation actually requires

WHO does not certify that the virus itself has disappeared, since rabies also circulates in wildlife. It validates that dog-transmitted rabies is no longer a public health problem, which a country must demonstrate on three counts:

1. Transmission of rabies among dogs has been interrupted
2. Two years or more without a human death from dog-mediated rabies
3. A functioning system of surveillance, laboratory diagnosis, dog vaccination, post-exposure prophylaxis and response that can prevent re-emergence

The dossier is reviewed by independent experts against internationally agreed criteria, and validation obliges the country to keep the system running. The global goal, set out in the 'Zero by 30' strategic plan, is to end human deaths from dog-mediated rabies by 2030. Mexico became the first country to be validated, in 2019; Bhutan and Chile followed within ten days of each other in September 2026.

Read Article

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EDITORS' CHOICE

Plasmodium falciparum Parasites With Histidine-Rich Protein 2 (pfhrp2) and pfhrp3 Gene Deletions in Frontier Endemic Regions of Brazilian Amazon

de Oliveira Bonsanto Gonçalves J, da Silva Santos S, Martorano RM, Louzada J, Almeida VMR, Viana LR, Ferreira JO, Costa AP, Siqueira A, Suárez-Mutis MC.

Tropical Medicine & International Health (2026), Early View. DOI: 10.1111/tmi.70221

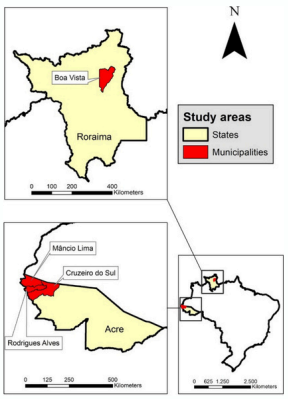


Figure 1: Study areas in Roraima and Acre (from the article, CC BY 4.0).

Study at a glance

- Design: Multisite cross-sectional study within a genomic surveillance project, July 2022 to December 2023
- Setting: Two border hubs in the Brazilian Amazon: Boa Vista, Roraima (borders with Venezuela and Guyana) and the Upper Juruá Valley, Acre (border with Peru)
- Population: 342 symptomatic patients with microscopy-confirmed P. falciparum malaria
- Method: Nested PCR for pfhrp2 and pfhrp3, with pfmsp2 amplification as DNA quality control
- Result: pfhrp2 deleted in 25.2% of isolates, pfhrp3 in 49.1%, both genes in 9.4%

Why this matters

Travellers and migrants account for most of the malaria diagnosed in Europe, and rapid diagnostic tests are part of the first-line work-up in many emergency departments and laboratories. The most widely used tests detect histidine-rich protein 2 (HRP2), which only P. falciparum produces. Parasites that have lost the pfhrp2 gene, and especially those that have also lost its cross-reacting relative pfhrp3, can turn an infected patient into a negative test. WHO recommends moving away from HRP2-only tests once deletions causing false-negative results exceed 5% locally. This study suggests that some Amazonian border regions may already be well beyond that point.

What the authors found

Both border hubs carried deletions, but in very different patterns. In Boa Vista, where the samples came from gold miners moving between Brazil, Venezuela and Guyana, 33.3% of isolates lacked pfhrp2 and 36.6% lacked pfhrp3; 10.6% lacked both genes. In the Juruá Valley on the Peruvian border, pfhrp2 deletions were less common (11.1%), but pfhrp3 was missing in 70.6% of isolates.

pfhrp2 deletions were more frequent in polyclonal than in monoclonal infections (46.5% vs 19.6%) and, in Boa Vista, in samples with low parasitaemia.

Two caveats matter. Deletions were inferred from failed PCR amplification with a positive pfmsp2 control, and no rapid tests were run on the same samples. The study therefore measures the genetic risk of false-negative results rather than false negatives themselves. The Boa Vista samples also come from a highly mobile mining population and may not represent the wider region.

Practical takeaways

- A negative HRP2 line does not rule out falciparum malaria in a patient returning from the Amazon border regions of Brazil, Peru, Venezuela or Guyana. Thick and thin films, or PCR, remain essential.
- Read the LDH line. Brazil uses combined HRP2 and pan-LDH tests, which can still detect HRP2-negative infections, but LDH lines are less sensitive at low parasite densities.
- Deletions clustered in low-parasitaemia and mixed-clone infections, exactly where a false-negative test is least likely to be questioned.
- Ask about mining and border crossings. Mobile workers in artisanal gold mining carried the highest pfhrp2 deletion rates in this study.
- Genomic surveillance at borders is part of diagnostics, not an academic extra: without it, programmes cannot tell when their tests stop working.

Read Article

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GLOBAL HEALTH NEWS

Making Qualitative Evidence Count: Two New WHO Collaborating Centres Launch in Norway

Norwegian University of Science and Technology (NTNU) · Western Norway University of Applied Sciences (HVL)
Launch webinar: Thursday 12 November 2026, 13:00–14:00 (Norway time)

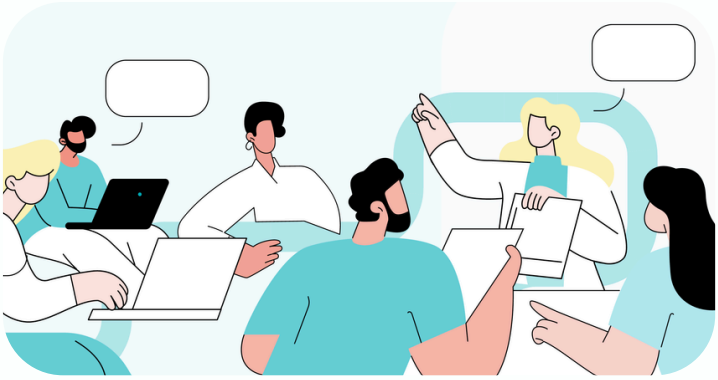


Illustration: WHO Collaborating Centre at HVL

The Centres at a glance

- Designated: 2026, as twin Centres
- Policy Making and Qualitative Evidence: Department of Health Sciences in Ålesund, NTNU
- Systematic Reviews of Qualitative Evidence for Decision Making: HVL, with Cochrane Norway and GRADE-CERQual
- Working with: WHO Guidelines Review Committee Secretariat, HQ and regional offices
- Focus: Networks and capacity with partners in the Global South

Why this matters

The question of whether an intervention works is only the first one a WHO guideline has to answer. Whether it will work in a given place depends on others: is it acceptable to the people who receive and deliver it, is it feasible in the health system at hand, and what does it mean for equity? Those questions are answered by qualitative research, which has long been the less visible partner in guideline development.

What the Centres will do

Both Centres were designated by WHO in 2026 and will work as twins. Together they will support WHO headquarters and selected regional offices in producing and using systematic reviews of qualitative evidence for normative decisions; build WHO's own capacity to commission, assess and apply such reviews; develop methods so that qualitative findings are synthesised, packaged and presented appropriately in guidelines; and train and mentor WHO staff and collaborators. A particular focus lies on strengthening networks and capacity with partners in the Global South.

For anyone who has worked on implementation research, health systems or community-based programmes, this is welcome news. Why a well-evidenced intervention fails in practice is rarely answered by a trial. The launch of these Centres signals that WHO intends to take that question more seriously at the point where it matters most: when recommendations are written.

Launch Webinar

- About: Formal launch of the two new WHO Collaborating Centres on qualitative evidence
- Date: Thursday 12 November 2026
- Time: 13:00–14:00 Norway time (CET)
- Format: Online webinar (Zoom)
- Programme: The aims of the two Centres; WHO's perspective on how qualitative evidence strengthens guideline development; examples of qualitative research that has shaped WHO guidelines; and a discussion on mainstreaming qualitative research in global health guidelines and guides
- Registration: Via the Zoom link below
- Updates: The Centres share news on LinkedIn

Register Here

FESTMIH NOTM

GLOBAL CAREER & FUNDING OPPORTUNITIES

GFF × CIVIC ALIGN: Subgrants for Adolescent Health & Nutrition in Africa

Adolescents still face unequal access to quality health and nutrition services, while promising community-led solutions too often remain small pilots, disconnected from public systems. ALIGN, the second pillar of the World Bank Group's GFF × CIVIC Platform, funds civil society and youth-led organisations to adapt, expand and integrate proven innovations into national health systems.

Key Information

- Funders: Global Financing Facility for Women, Children and Adolescents (GFF) and CIVIC, the Civil Society and Social Innovation Alliance (World Bank Group)
- Consortium: Action Against Hunger (lead), Emergency Nutrition Network (ENN) and The Youth Café
- Eligible countries: Côte d'Ivoire, Ethiopia, Madagascar, Mauritania, Niger, Nigeria, Senegal, Somalia, Tanzania, Uganda, Zambia, Zimbabwe
- Who can apply: Legally registered local non-profit CSOs and youth-led organisations, applying as one CSO–YLO consortium per country
- Funding: USD 2,568,000 in total; up to USD 214,000 per country for an 18-month grant, plus technical assistance, mentoring and peer learning
- How to apply: Expression of Interest on the official template via the ALIGN web form
- Contact: alignacf@actionagainsthunger.org
- Deadline: Wednesday 21 October 2026, 5:00 PM EDT

More Information

More Information

GO4GHP German Online Platform for Global Health Protection

Fellowship in Outbreak Readiness for Global Health Protection (FOR-GHP)

FOR-GHP is an 18-month, blended-learning training-of-trainers programme for public health professionals in sub-Saharan Africa. It combines graded eLearning, distance phases and three in-person workshops to strengthen outbreak readiness, and is run by a consortium of AFENET, the Bernhard Nocht Institute for Tropical Medicine (BNITM), the Robert Koch Institute (RKI) and Swiss TPH.

Key Information

- Funder: German Federal Ministry of Health, through the Global Health Protection Programme (GHPP)
- Eligibility: Origin and employment in sub-Saharan Africa; at least two years of experience in public health or the biomedical sector; a degree in public health, medicine, epidemiology, microbiology, biology or allied health sciences; advanced English (e.g. IELTS 6.0)
- Required: Employer endorsement for release to all three workshops, and a recommendation letter no older than three years
- Workshops: Hamburg (12–17 April 2027), Accra (11–15 October 2027) and Kampala (3–7 July 2028)
- Costs: No tuition fees; flights, visa fees and workshop accommodation covered, meals provided; no daily allowances
- Certificate: 10 ECTS from the University of Basel
- Selection: Graded eLearning modules (1 December 2026 – 1 January 2027), then Zoom interviews in January 2027
- Deadline: Wednesday 21 October 2026, midnight CET

FESTMIH NOTM

GLOBAL CAREER & FUNDING OPPORTUNITIES

COST Open Call 2026: Funding to Build New Research Networks

COST (European Cooperation in Science and Technology) funds bottom-up, interdisciplinary research networks, known as COST Actions, in every field of science and technology. The 2026 Open Call is collecting proposals for new Actions, and up to 80 will be funded. For researchers in tropical medicine and global health, whose expertise is often spread thinly across many institutions and countries, it is one of the most accessible ways to build a European network from scratch.

Key Information

- Eligible fields: All fields of science and technology, including the social sciences and humanities
- Funder: COST Association, funded by the European Union through Horizon Europe
- Network requirements: Proposers from at least seven COST Full or Cooperating Members, at least half of them Inclusiveness Target Countries; at least 40% Young Researchers and Innovators
- Duration: Four years per Action
- Submission: Single-stage, online via e-COST; national COST coordinators offer advice before submission
- Deadline: Collection date 28 October 2026, 12:00 noon CET (Brussels time)

What a COST Action funds

COST funds the networking around research rather than the research itself: working group meetings, Short-Term Scientific Missions that let researchers spend time in another institution, training schools for early-career scientists, workshops and conferences, and the dissemination of results. Salaries, consumables and equipment are not covered. Actions stay open to new members throughout their lifetime, so researchers who are not part of a proposal can join existing networks later.

Why it matters for global health

COST Actions are one of the few instruments that pay for building a multi-country network from the ground up, with explicit weight on inclusiveness and on early-career researchers. A well-run Action can become the scaffolding for later Horizon Europe consortia, and for FESTMIH member societies it is a realistic way to connect smaller research groups across Europe. Researchers from neighbouring and international partner countries can also take part in approved Actions.

Open Call



e-COST Portal

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

FESTMIH NOTM

GLOBAL CAREER & FUNDING OPPORTUNITIES

WHO/TDR: Grants and Training in Implementation Research

TDR, the Special Programme for Research and Training in Tropical Diseases co-sponsored by UNICEF, UNDP, the World Bank and WHO, funds and trains researchers working on infectious diseases of poverty, with a strong focus on implementation research in low- and middle-income countries. Its calls open and close throughout the year, so the grants portal is worth bookmarking rather than checking once.

Key Information

- Host: TDR, hosted at the World Health Organization in Geneva
- Research grants: Calls for proposals are published on the eTDR portal. At the time of writing, the open call on digital solutions for infectious diseases of poverty in LMIC settings closes on 15 October 2026; new calls follow throughout the year
- Regional Impact Grants: Small implementation research grants run jointly with WHO regional offices, for example up to USD 15,000 per project in the 2026–2027 WHO AFRO/TDR round (now closed)
- Postgraduate scholarships: Full scholarships for Master's degrees in implementation research at seven partner universities in Bangladesh, Colombia, Ghana, Indonesia, Lebanon, South Africa and Zambia, covering tuition and board, dissertation research, return travel and learning materials
- How to apply: Grants via eTDR (account required); scholarships directly through the participating universities, not through TDR
- Cost: Free to browse



More Information

FESTMIH NOTM

EVENTS

Global Health Norway Conference 2026: Learning Together in Global Health

The annual Global Health Norway Conference brings together researchers, clinicians and students working in or with Norwegian institutions on global health. This year's edition in Stavanger asks what works, and why, at a time when challenges long associated with low-income settings, from health worker shortages to the need for resilient systems, are increasingly shared worldwide. Three core themes structure the programme:

- Drawing lessons from health reforms: financing, primary–secondary care collaboration, human resources and UHC
- Health systems resilience: leadership, quality, preparedness and capacity building
- Implementing evidence: lessons from projects with Norwegian and global partners

GLOBAL HEALTH NORWAY

Register Here

Key Information:

- Date: Wednesday 4 – Thursday 5 November 2026, with a pre-conference reception on 3 November
- Venue: University of Stavanger, Campus Ullandhaug, Norway
- Hosts: Faculty of Health Sciences, University of Stavanger, with Stavanger University Hospital and SAFER, on behalf of Global Health Norway
- Speakers include: Till Bärnighausen, Edwine Barasa, Ellen Nolte, Siri Wiig and Hege Langli Ersdal
- Fee: NOK 400; conference dinner NOK 600
- Anniversaries: 20 years of the Norwegian Forum for Global Health Research and 10 years of the Global Health Norway network
- Add-on: Grant writing seminar on 6 November with the Novo Nordisk Foundation, Horizon Europe, NORHED III and the Research Council of Norway, on site or online (register by 29 October)
- Registration: Open · Contact: ghnc2026@uis.no



Photo: Campus Ullandhaug, University of Stavanger · Vandergiezen, CC BY-SA 4.0 (Wikimedia Commons)

FESTMIH NOTM

EVENTS

BNITM Diploma Course in Tropical Medicine & Hygiene (DTM&H) 2027

The Bernhard Nocht Institute for Tropical Medicine (BNITM) in Hamburg runs its classic Diploma Course in Tropical Medicine & Hygiene again in spring 2027, as it has since 1905. The programme prepares physicians for clinical and public health work in tropical and subtropical countries and for the care of travellers and migrants. The curriculum covers tropical and travel-associated infections, pre-travel advice, public health in LMICs and laboratory diagnostics including microscopy, with clinical teaching at the BNITM outpatient clinic and the University Medical Centre Hamburg-Eppendorf.

Key Information

- Format: Twelve weeks, full-time and on site in Hamburg; online participation is not available
- Dates: 5 April – 25 June 2027
- Eligibility: Medical doctors (MD/MBBS or equivalent) from any country with a licence to practise
- Language: English
- Fees: €4,900 regular, €3,900 for participants from LMICs; travel, accommodation and living costs not included
- Assessment: Multiple-choice and practical microscopy exam; at least 80% attendance required
- Recognition: ASTMH; German Medical Association and DTG; Hamburg Medical Association (approx. 500 CME credits); Worshipful Society of Apothecaries
- Contact: tropmed@bnitm.de
- Registration deadline: Thursday 31 December 2026

More Information

More Information

ECTMIH 2027 in Barcelona: Call for Organised Sessions Now Open

Coming back to Barcelona after 16 years, ECTMIH 2027, the 15th European Congress on Tropical Medicine and International Health, will take place under the theme “Refocusing on Global Health”. Organised by ISGlobal in partnership with FESTMIH and SEMTSI, the congress now invites researchers, practitioners, policymakers, NGOs, industry and early-career scientists to propose organised sessions. Shifting geopolitical priorities, shrinking global health funding and widening inequalities make this edition a call to reassess priorities and address neglected areas.

Key Information

- FESTMIH congress: Initiated by FESTMIH in 1995, ECTMIH is the federation's biennial flagship meeting
- Dates: 25–28 October 2027, with the ECTMIH Academy on 24 October
- Venue: CCIB – Centre de Convencions Internacional de Barcelona
- Programme: Six scientific tracks plus four cross-cutting themes: AI and digital innovation, geopolitical and societal challenges, climate and planetary health, antimicrobial and vector resistance
- Call for organised sessions: Now open; submission guidelines and deadlines on the congress website
- Registration: Open. Early bird until 31 March 2027: €585 for FESTMIH members, €300 for students and LMIC members

FESTMIH NOTM

DIGITAL

Research4Life: Free Virtual Courses for Supporting Research

Key Information

- Format: Five free, self-paced online courses
- Structure: Short modular lessons with activities, knowledge checks and real-world scenarios
- Access: As a guest, no account or login required
- Completion: Final quiz with a minimum score of 80%
- Certificates: Not issued
- Platform: ITOCA eLearning
- Contact: training@research4life.org



Research4Life gives institutions in low- and middle-income countries free or low-cost online access to peer-reviewed research. With its new series of interactive Virtual Courses for Supporting Research, the partnership now offers free, self-paced training that guides users through everything Research4Life provides, from accessing and searching for research to writing and publishing their own work.

The series consists of five courses: Research4Life Overview and Access, the Research4Life Unified Content Portal, Mastering Research4Life Summon Search, Writing for Research, and Navigating the Research Article Publishing Workflow. Each course is built around short, modular lessons with activities, knowledge checks and real-world scenarios, so that learners can put what they learn into practice straight away.

The courses are aimed at researchers, students, librarians and faculty members who want to find, use and share academic information with more confidence. They are hosted on the ITOCA eLearning platform and can be accessed as a guest without creating an account. To complete a course, participants need to pass a final quiz with a score of at least 80%; no certificates are issued. Questions can be sent to training@research4life.org.

Free Training

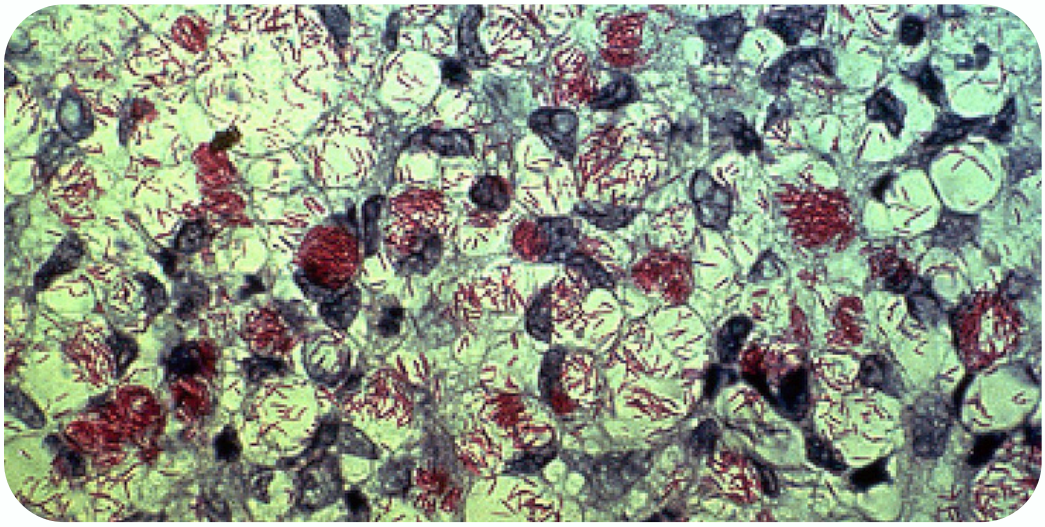
FESTMIH NOTM

DIGITAL

Hansen's Disease Survey

Take the Survey

Also in: Italiano Español Français



Acid-fast Mycobacterium leprae, Ziehl-Neelsen stain · U.S. Department of Health and Human Services, public domain (Wikimedia Commons)

SIMET (Italian Society of Tropical Medicine and Global Health) and AIFO (Associazione Italiana Amici di Raoul Follereau) are currently promoting a national consensus on the diagnosis and treatment of Hansen's disease in Italy, based on the most recent scientific evidence and literature.

In the course of this work, several areas with limited evidence have been identified, particularly in non-endemic countries, where clinical practice may vary even among experienced centres. To address these gaps and gather insights from international experts, SIMET and AIFO are running a brief online survey on selected open clinical and therapeutic questions. All European centres and clinicians with experience in the management of patients with Hansen's disease are warmly invited to contribute their expertise.

What to know:

- **Contributors: European centres and clinicians with recognised expertise in managing Hansen's disease**
- **Format: Brief online survey on selected open clinical and therapeutic questions**
- **Purpose: Input to a national consensus on diagnosis and treatment in Italy**
- **Languages: English, Italian, Spanish and French**

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

FESTMIH NOTM

CLOSING NOTE

News of the Month, October 2026

Once again, thank you for reading, sharing, and contributing to this edition of the NOTM. October takes us from Chile, which has shown that decades of routine dog vaccination, surveillance and post-exposure prophylaxis can end dog-transmitted rabies, to Stavanger, where Global Health Norway asks what works in health systems and why, and on to Barcelona, where ECTMIH 2027 is beginning to take shape.

Several deadlines in this edition fall very soon. The GFF × CIVIC ALIGN subgrants and the FOR-GHP fellowship close on 21 October, and the COST Open Call on 28 October. If any of these is relevant to you or to someone in your network, please pass it on today rather than next week. Registration for the BNITM Diploma Course 2027 remains open until 31 December.

Our thanks go to the DTG for filling this month's Society Space. If your society has news, a congress report, a position paper or a project looking for partners, we would be glad to feature it in a future edition.

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.

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