

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Day 1

Theme: Health Systems Resilience
Date: 26th October 2022
Time: 8:30 - 19:00 Dublin time
Location: Trinity College Dublin

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: From Health Crisis to Health Resilience – A Systems Approach to Resilient Health

Keywords: healthcare, crisis, resilience, shocks, systems

Author(s): Hallissey, M., McCaul, B., Bremaud, I., Muhungura, D.

Affiliation(s): GOAL

Abstract Text

Issues: COVID-19 highlighted the importance of building resilience to shocks and stresses that disrupt healthcare across the world. Disease outbreaks, conflict, displacement and climatic shocks are increasingly impacting on healthcare, especially in fragile and conflict affected contexts where health systems are already weak. There is an urgent need to innovate and develop durable solutions to Resilient Health and support crisis affected populations move from health crisis to health resilience.

Description: GOAL's Health Resilience Guidance provides a framework for how healthcare can move from Health Crisis to Health Resilience, incorporating two key pillars: 1) capacity to maintain and continually improve health care services when confronted with adversity and 2) capacity to prepare for and respond to health emergencies. GOAL uses a systems approach based on the Resilience for Social Systems (R4S) Approach for analysing and building the effectiveness, resilience and inclusiveness of critical local systems, through integrating systems-thinking and social behaviour change (SBC).

Lessons learned: To mitigate and adapt to risk scenarios that threaten people's health, there is need to adopt a risk-based approach, focusing on protecting, stabilising, and strengthening local systems and related positive behaviours. A health resilience strategy can set out planned changes to be achieved at each level from Household, Community, service delivery and public health governance.

Next steps: GOAL is developing tools to operationalise this framework for health resilience to strengthen the capacity and resilience of both health and community systems to shocks and stresses in fragile and conflict contexts where we work.

Title: How Did The Irish State Respond To Global COVID-19 Vaccine Inequity

Keywords: COVID-19, vaccines, inequality, TRIPS waiver

Author(s): Larkin, J., McCarthy Flynn, M.

Affiliation(s): Oxfam Ireland

Abstract Text

Background

COVID-19 vaccines are effective at preventing mortality. By September 2022, 17% of people in low-income countries were vaccinated. Ireland has claimed to be addressing global vaccine inequity. This report aims to examine the Irish state's response to COVID-19 vaccine inequity.

Methods

By reviewing media reports, government documents, and academic literature, this research will document 1) the Irish state's response to calls for a COVID-19 technology intellectual property (IP) waiver; 2) lobbying activities by the pharmaceutical industry and civil society; 3) vaccine donations by the Irish state; 4) Irish Official Development Aid (ODA) devoted to global health.

Results

An Taoiseach and An Tánaiste opposed calls for a COVID-19 technology IP waiver. Pharmaceutical companies with COVID technologies or organisations representing them had 7 meetings with an Taoiseach and 3 with an Tánaiste. Civil society requested several meetings with both, none were facilitated. By September 2022, Ireland delivered a minority of its pledged vaccine doses, a minority of those were to expire within 70 days of delivery. In 2022, Ireland contributed 6% of their fair share to the WHO's Access to Covid-19 Tools Accelerator.

Discussion

Ireland adopted a charitable approach to addressing global COVID-19 vaccine inequity, an approach that did not meet its goals. Ireland should support reform of the global IP framework. Also, Ireland should increase annual global health ODA to 0.1% of GNI.

Title: Trust in a Time of Crisis

Keywords: missionary, COVID-19, community, trust, response

Author(s): Caffrey, N., Gajewski, J., Pittalis, C.

Affiliation(s): Misesan Cara, RCSI

Abstract Text

The onset of the COVID-19 pandemic in East Africa served only to exacerbate the challenges and inequalities faced by many poor and excluded communities. In addition to fear of the unknown, lockdowns forced the closure of the day-to-day informal economy on which many in the region depend for survival. In this context of fear, uncertainty, misinformation and disruption, rural healthcare facilities needed to find ways to keep essential health services open, sufficiently operating and staffed, to prevent a reversal of health gains achieved prior to the pandemic.

The research investigated how seven health facilities in Kenya and Tanzania, ranging from district hospital to dispensary, coped with the impact of COVID-19 and to find out if and how they managed to maintain the provision of essential (non-COVID-related) services. In-depth interviews were conducted remotely with staff from all facilities; service provision data was collected from pre-COVID periods for comparison with data from more recent years; and differences and similarities in response noted.

The health facilities responded rapidly to the threat of the pandemic, ensuring the continuity of essential services while also dealing with the pandemic itself. The provision of clear, objective, scientifically sound and consistent information was a key element in maintaining trust in the facilities and their staff, especially in rural communities where not all global COVID-19 control measures were appropriate. Strong and long-established relationships, both institutional and individual, with key stakeholders and community leaders proved essential to success.

Misesan Cara will share the results of this research widely among members involved in the provision of healthcare throughout the Global South, and with the wider development community, so lessons learned can be used in responding to future (probably inevitable) disease outbreaks and other emergency situations.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

Title: Unsalaries Health Workers in Sierra Leone

Keywords: health systems, access to healthcare, human resources for health

Author(s): Pieternella Pieterse

Affiliation(s): Dublin City University

Abstract Text

Issues: Sierra Leone's health indicators are among the worst in the world. It remains a fragile state and low-income country. It emerged from a decade-long civil war in 2002, which destroyed 70% of its health infrastructure. During the Ebola epidemic (2014-2016), an estimated 250 health workers and over 4,000 people died after contracting the virus. The COVID-19 pandemic put the country's health system under further strain. After each upheaval, significant donor funding and technical support aims to improve Sierra Leone's health system. Yet it continues to be undermined by the widespread use of informal arrangements that result in the 'employment' of unsalaried health workers. An official 2016 report estimates that up to half of all health workers are not on the payroll. This anomaly is rarely discussed and its consequences go unrecognised.

Description: These findings are based on an extensive literature review, interviews with key stakeholders conducted in 2022 and field research completed in 2012-2014 and 2020.

Lessons learned: When trained and qualified health workers are unsalaried, they employ a range of coping mechanisms to provide for themselves and their families. Informal charging, dual practice and 'double-jobbing' have all been documented in Sierra Leone; it undermines the quality of publicly available healthcare, and therefore, population health outcomes.

Next steps: Recent health policies explicitly state that unsalaried health workers shall be absorbed into the formal health system to address health worker shortages. Greater awareness of the link between unsalaried health workers and poor health outcomes should compel national and international stakeholders to address this issue.

Title: Effectiveness of an intervention in reducing distress among caregivers of disabled children

Keywords: psychosocial training, psychological distress, parental, intellectual disability, Malawi

Author(s): Masulani-Mwale, C.,, Kauye, F., Gladstone, M.

Affiliation(s):

Abstract Text

Background: Rates of intellectual disabilities (IDs) are high in resource-poor settings with 85% of disabled children living in these settings. Long-term caregiving for disabled children is associated with psychological issues. Studies have shown a link between parenting children with intellectual disabilities and psychological distress as well as overall Health-Related Quality of Life (QoL). However, with interventions, these negative impacts may not be as severe as thought before. This study aimed at developing and testing the impact of a contextualized psychological intervention, in reducing psychological distress among caregivers with intellectually disabled children in Malawi.

Methods: We conducted a randomized-waitlist trial of a psychosocial training intervention (Titukulane) provided to caregivers of children with IDs. Caregivers of children with IDs aged 1 to 18 years were recruited, screened, and then enrolled in the trial through two disability organizations. They were randomized in blocks to the Titukulane intervention or waitlist and provided with the intervention or standard care for 3 months respectively. Assessment of socioeconomic status, age, gender, and carer psychological distress (using Self Reported Questionnaire) were conducted at baseline and follow-up.

Results: We found that psychological distress on SRQ was significantly lower in caregivers of children with intellectual disability in the intervention in comparison to the waitlist control group even when the confounding were taken into account (Cohen $d = 0.08$; CI = 0.33- 0.754; $p = 0.0005$).

Conclusions: Psychosocial interventions provided over a few months can improve caregiver mental health an important factor for supporting families of children with IDs.

Title: A Systematic Review of Effective Education-Based MHPSS Practices For Migrant and Refugee Youth

Keywords: MHPSS, education, migrant, refugee, youth

Author(s): McQuillan, K., Byrne, S., Nixon, E., Swords, L., Vallieres, F.

Affiliation(s): Trinity Centre for Global Health and School Psychology, School of Psychology, National University of Ireland Maynooth

Abstract Text

Background/Aim: The aim of this systematic review was to identify practices that have demonstrated effectiveness in improving mental health and psychosocial related needs of migrant, asylum-seeking, or refugee (MAR) youth in educational settings.

Method: An initial search of five key databases returned 1802 study abstracts fitting the inclusion criteria. Titles and abstracts were then subject to repeated screening and 202 records were sought for retrieval. A minimum of two researchers reviewed each study resulting in the inclusion of 18 studies from which the following data were extracted: study setting and participants, study methods (e.g., description and category of intervention, constructs evaluated, methods of assessment/exploration), and results (i.e., youths' self-report). Each study's quality was assessed via the Mixed Methods Appraisal Tool (MMAT).

Results: The resulting effective practices included: (1) creating a safe space, (2) providing psycho-education, (3) facilitating creative expression, (4) and an 'other' category focused on one study's broad curriculum of academics and mental health. Application of the MMAT resulted in six studies being deemed low quality.

Discussion/conclusions/implications: The results provide insight into key considerations for mental health and psychosocial programming with MAR in educational settings. The MMAT review also highlights the need for continued attention to quality in the design, implementation and assessment of education-based mental health and psychosocial interventions.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

Title: Including fathers in mental health and psychosocial support (MHPSS) for at-risk adolescents

Keywords: adolescent mental health, humanitarian, fathers, family program

Author(s): Bosqui, T., Brown, F., Farah, S., Elias, J., Mayya, A.

Affiliation(s): American University of Beirut, Trinity College Dublin, War Child Holland

Abstract Text

Background/Aims: Despite strong evidence for the role of caregivers and family in protecting the mental health of at-risk adolescents in humanitarian emergencies, mental health and psychosocial support (MHPSS) has often limited inclusion of family members, particularly fathers. The family focused psychosocial support study aimed to develop and test a family MHPSS program in Lebanon – named 'Sawa Aqwa (Stronger Together)' - based on existing evidence and collaboration with families.

Methods: We conducted a systematic review of existing programs, including an implementation component analysis (ICA), extensive qualitative interviews with Syrian, Lebanese and Palestinian families, and a structured intervention development process in collaboration with implementing partners, a community advisory board and local and interventional specialists, as well as mock sessions and a pilot (n=10 families) of the program. Here we report on a cross-cutting theme throughout this process, of fathers inclusion in programs.

Results: Fathers inclusion was flagged at every step of the intervention development process. The systematic review of programs (n=80 studies) found low fathers attendance across programs and contexts, and qualitative interviews showed strong gender roles impacting on parenting and family functioning. Learning from this, engagement of fathers was considered throughout the intervention development process, and in the pilot of the 'Sawa Aqwa' Family Program, fathers attendance was high. Adolescents, mothers and fathers reported benefits of fathers involvement, including closer relationships with children.

Implications: Findings of the program development and pilot demonstrate the importance of active inclusion of fathers in parenting and family programs for at-risk adolescent mental health, including through outreach strategies, session timing, and program content.

Title: Health inequalities among young people in Ireland: an exploratory stakeholder analysis

Keywords: participatory, qualitative, youth, health inequalities, pandemic

Author(s): Lee, S.J., Muhammed, U., Ahmed, Z., Tambe, K., Pirghasemi, P., Stanistreet, D.

Affiliation(s): School of Population Health, RCSI, Ireland

Abstract Text

Background: 'Teenpath Covid' is a qualitative participatory study that aims to capture the experiences of young people in Ireland throughout the COVID-19 pandemic and its impacts on existing health inequalities. Teenpath's Public and Participant Involvement model directly involves young people, communities, and key services to centre young people in the co-production of evidence for public health policy. As part of an exploratory sequential research design, we conducted a stakeholder analysis to identify cross-cutting issues impacting the health and wellbeing of young people in Dublin's North inner city.

Methods: We interviewed 32 individuals (18 stakeholders spanning national and local youth service, public health, and education sectors, and 14 young people aged 16-25 in Dublin). Interviews and analysis explored: individuals' experiences of the pandemic; how organisations have adapted their work to maintain engagement and service delivery; key concerns about young people's health and wellbeing; and priorities for future research and policy. A thematic analysis of transcripts was carried out to identify impacts of the pandemic on health inequalities with potential policy implications.

Results: We found the pandemic's largest impacts on young people has been on mental health and access to youth mental health services; disruption to education and social support networks; domestic tensions; precarious housing and overcrowding; food insecurity; substance misuse; and access to safe outdoor spaces, with many of these issues exacerbated by existing socioeconomic inequalities and disadvantage.

Discussion: These findings are refining the focus of research questions and data collection in the forthcoming phases of the study, shaping the design of an online health questionnaire to explore geographical differences and compare young people's experiences nationwide. These themes will also inform the focus of a participatory 'photovoice' project with youth groups in Dublin.

Title: My LGBTI+ Voice Matters: The Views and Experiences of LGBTI+ Mental Health Service Users in Ireland

Keywords: LGBTI+, mental health services

Author(s): Julia Corey

Affiliation(s): Mental Health Reform (Ireland); LGBT Ireland (Ireland)

Abstract Text

Background: Research suggests mental health (MH) difficulties are more common among LGBTI+ identifying people than among non-LGBTI+ identifying people. However, relatively little research has explored the experiences of LGBTI+ MH service users in Ireland. This project aimed to explore the views and experiences of LGBTI+ identifying MH service users in Ireland in order to understand how services and supports can better meet their needs.

Methods: Mixed methods were used. Secondary data from 1,127 participants (aged 18-64) who provided gender and sexual identity information as part of the broader 'My Voice Matters' survey were analysed using descriptive and comparative analysis. In addition, a total of 15 LGBTI+ identifying people participated in three focus group discussions (FGDs), and data analysed using exploratory thematic analysis.

Results: Significantly less LGBTI+ identifying participants felt they were treated with dignity and respect by community MH services and listened to by their GP compared to non-LGBTI+ identifying participants. Themes emerging from FGDs included barriers to access, issues with treatment and care, experiences of those accessing transition/gender affirmation services, the importance of LGBTI+ competence and sensitivity, and actions needed to improve services.

Discussion: Findings highlight disparities between the experiences of LGBTI+ and non-LGBTI+ MH service users, and ways in which these could be improved. Having to explain identities, teach providers about LGBTI+ issues and terminology, and self-censoring were common experiences. Stigmatization and pathologization of LGBTI+ identification were also noted as challenges. Building capacity of service providers through education and training, and regular consultation with LGBTI+ service users to evaluate progress, is key to the delivery of MH services that meet the needs of LGBTI+ people.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

Title: Community Participation to Build and Sustain Local Capacity for Health Service Delivery, South Sudan

Keywords: community empowerment, collaboration with local health authorities

Author(s): Mwaba, F., Okello, F.A., Bousquet, C.

Affiliation(s): Concern Worldwide South Sudan

Abstract Text

Issues: South Sudan's health system experiences challenges to deliver essential health and nutrition services. In Northern Bhar El Gazal state, limited health facility functionality has unmet health needs posed by disease outbreaks and food insecurity. Children, women, the elderly and persons with disabilities are particularly vulnerable.

Description: In October 2021, Concern Worldwide South Sudan, funded by USAID Bureau for Humanitarian Assistance (BHA), extended its support to health and nutrition services in Aweil South County, classified in emergency IPC 4 (integrated phase classification). Through community dialogues and close collaboration with the County Health authorities, community stakeholders volunteered to support the construction of primary health facilities in four underserved areas. This resulted in secondment of Government health staff, allowing services to be delivered, and contributed to the strengthening of core health system functions such as medical supply chain management and health management information system.

Lessons Learned: Monthly outpatient consultations increased from 131 in October 2021 to 2,836 in July 2022. Antenatal care and immunization services, which were non-existent, show an increased uptake, with an average monthly 50 antenatal care visits and 45 children fully immunized. Capacity building and community participation from the onset were critical.

Next steps: Concern Worldwide South Sudan will continue to strengthen immunization and reproductive health services and to respond to the needs of the extremely poor. In parallel, advocating for free essential services for most vulnerable will be critical considering the fragile context of South Sudan.

Title: Community Led Action (CLA): putting communities at the centre of the COVID-19 response

Keywords: Community Led Action (CLA), COVID-19

Author(s): Kallon M., McCrossan G., Hallissey M.

Affiliation(s): School of Population Health, RCSI, Ireland

Abstract Text

In Sierra Leone, using the learning from the EVD epidemic, GOAL in collaboration with the National COVID-19 Emergency Response Centre Risk Communication and Social Mobilization pillar (RCSM) rolled out Community Led Action across 16 districts. GOAL provided the technical support to develop a national CLA manual, train national trainers and cascade training down to 9,300 community mobilisers. An evaluation showed an increase in communities adopting preventive behaviours. In 8 districts, where 370,000 people were reached with CLA, at end-line there was an increase in the number of people wearing masks in public, 45% (females) and 51% (males) compared to 26% and 21% respectively at baseline. The number of people handwashing with soap increased from 17% to 31% for females and to 41% for males. It was noted that an increased level of coordination among stakeholders ensured social mobilisation was coherent and consistent.

Lessons Learned: A community, bottom-up approach to RCCE allows communities to be an integral part of an outbreak response and supports the national coordination of social mobilisation.

Next Steps: GOAL is working with the National RCSM pillar for the adoption of CLA as a community engagement approach for all infectious disease responses and documenting the evidence that a national participatory community engagement approach can effectively coordinate social mobilisation, ensuring that messages are consistent and coherent and based on community driven solutions to prevention.

Title: Removing the tick-box process from community participatory approaches

Keywords: participatory approach, community, inequalities, capacity building, tick-box

Author(s): Eunice Phillip

Affiliation(s): School of Population Health, Royal College of Surgeons in Ireland

Abstract Text

An innate desire to heal has always been the basis of my research and advocacy for global health issues. Working in emergency nursing and community health for over a decade, mainly in West Africa, I have never regretted this desire and drive to be a change agent. Yet, however gratifying this is, there is a simultaneous awareness of a hidden box filling with the lack of patient and community voices in a top-down approach to health and social projects.

Why is this talk unique?

Efforts to reduce top-down approaches in health are being undermined by hidden inequalities in the hierarchy of knowledge and power, with interventions designed from the 'top' and implemented in rural areas. Increasing our awareness and addressing this issue is crucial to rid the participatory approaches of the 'superiority' of knowledge and enhance community capacity building.

The core of the talk.

The talk calls for action to evaluate participatory approaches in low socioeconomic and rural communities. It will highlight the insidious inequality inherent in our so-called participatory approaches based on examples drawn from my ongoing field research in a rural community in Malawi. It also aims to challenge assumptions that we have superior knowledge and recognise the power participatory approaches could wield if the principles are incorporated effectively.

Take home message.

Health intervention should not be a simple tick-box process to satisfy our endless research, practice, and funding needs but a partnership built on respect and appreciation of the value and wealth of knowledge the rural communities have to share.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

Title: Supporting families of Special Olympics athletes during COVID-19

Keywords: social connectedness, family engagement, disability, COVID-19, Special Olympics

Author(s): Mohajeri, A. Turley, M. Smith, A. Hussey, M.

Affiliation(s): Special Olympics International, Samuel Centre for Social Connectedness

Abstract Text

Special Olympics International (SOI) empowers individuals with intellectual disabilities (ID) through the inclusive power of sports. SOI views families as the “life force” of the movement as family participation builds socially connected communities to enhance the athlete experience. SOI developed a family engagement strategy in 2013 to involve families in the movement. This study fills a critical need to update the Family Engagement Strategy by exploring how Special Olympics can support families of Special Olympics athletes and what the expectations of the families are from SOI, given the challenges of the COVID-19 pandemic.

Through an inclusive, mixed methods approach, the authors surveyed 30 and interviewed three family members in Ireland, the United Arab Emirates, and the United States to understand their experiences. The research process was adapted to ensure a participatory and emancipatory approach for Turley, a Special Olympics Ireland Athlete Leader and individual with ID.

Results indicated a strong desire for social connectedness amongst Special Olympics families. Family members placed social connectedness as their most urgent need with an average ranking of 1.96, on a scale of one as the most important and seven as the least important need. When noting their COVID-19 concerns, 40% of families worried about their socio-emotional connections, 42% were concerned about their mental health, and 67% worried about socio-emotional connections for the athlete in their family. As one interviewee noted, “I can’t talk about COVID-19 without getting anxious about [the individual with ID in my family]. I’m worried that they have no opportunities to socialize. Their stress is my stress.”

The authors recommend prioritizing social connectedness through further funded outreach, expanding inclusive research methodology, conducting family research on a larger scale, expanding intersectional research, and continuing temporal research post COVID-19.

Title: Participation in early childhood programmes and social cohesion in Mali

Keywords: Early Childhood Development, Parenting, Social Cohesion

Author(s): Miller, S., Brennan-Wilson, A., Craig, N., Dunne, L., Togo, Y., Sagara, I., Doumbia, S., Connolly, P.

Affiliation(s): Queen’s University Belfast, University Of Science Technical And Technologies De Bamako, Mali, Ulster University

Abstract Text

In the area of social cohesion, a variety of programmes have been implemented in sub-Saharan Africa; however, few have focused on early childhood development. Mama Yeleen is a community-based programme in Mali, where women from the community volunteer to be trained as ‘role model mothers’ to provide advice and support to new and expectant mothers. The programme’s overall aim is to establish a caregiving community and to improve positive parenting practices and reduce parental stress. This study (part of the LINKS network) aimed to evaluate whether perceived social cohesion and parenting confidence improve among participants taking part in the programme. It was conducted in the context of a process evaluation, and a post-test only design with a (non-randomised) control group was implemented. A total of 1,101 parents took part: 546 parents in the intervention group and 555 parents in the control group. A measure of social cohesion was developed specifically for the study context, and an existing measure of confidence (the TOPSE) was used to measure parental efficacy. The results indicate that families taking part in the Mama Yeleen reported higher levels of social cohesion (particularly in relation to support and social distance and contact) compared to those who do not receive the programme. Participating parents also reported higher parenting confidence, across the majority of the efficacy subdomains. The design of the study does not allow us to draw causal inferences however the data do provide promising evidence of effect, that could also inform a more rigorous test of efficacy.

Title: A Mapping of GOAL’s Cash, Vouchers and Social Protection Interventions Linked with Health

Keywords: CVA, Health, Financial Barriers

Author(s): O Malley, C., Njue, L., Hallissey, M., Muhungura, D.

Affiliation(s): GOAL

Abstract Text

Issues: It is globally accepted that assistance transferred in the form of cash and vouchers can be more efficient, effective, and better for people and markets compared to other forms of assistance. Cash and Voucher Assistance (CVA) can be useful to improve access to and utilisation of health services in humanitarian settings, by reducing financial barriers and incentivising the use of free preventative services. Donors and aid organisations are encouraged to consider CVA in their health response option analysis.

Description: GOAL conducted a mapping of our CVA and Social Protection interventions with linkages with health and nutrition programming to inform GOAL’s global CVA strategy and identify potential to address financial barriers to health care for vulnerable and marginalised communities.

Lessons learned: GOAL had adopted various strategies to offer financial assistance to increase access to health services. These include: payment of transport to facilitate referrals to services; use of CVA at the household level to improve nutrition outcomes; payment of hospital bills directly to service providers on behalf of community members; salary support for healthcare workers, etc. The main challenge associated with the implementation of CVA in health relates to ensuring the availability of quality health services and supporting access to such services.

Next steps: GOAL will explore the expanded use of CVA in our health programmes, giving more choice and power to community members to address health needs and where possible allocate cash for health needs when designing CVA responses.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

Title: An “Ireland Inc.” Response to the Surgical Care Crisis in East, Central and Southern Africa

Keywords: Surgery, Multi-disciplinary, Africa, Global Surgery, Partnership

Author(s): Brocato, L., Philipo, G.S., O’Flynn, E.

Affiliation(s): RCSI

Abstract Text

Issues: Lack of access to surgical care is a major global health issue, with an estimated 93% of people in sub-Saharan Africa unable to access safe surgical care when needed. Surgical care is delivered by an interdisciplinary team, yet most interventions in this area have focused on a single cadre of healthcare provider. An interdisciplinary approach may be more effective. We consider close cooperation between Irish institutions as a means to deliver this coordinated support. Description: The collaboration programme between RCSI and the College of Surgeons of East, Central and Southern Africa (COSECSA) has worked since 2007 to improve and expand surgical training, supported by Irish Aid. COSECSA has expanded rapidly, with approximately 1,000 trainees now enrolled in training. This growth has not been replicated in other specialties. In 2019 collaboration programme support was extended to the region’s anaesthesiology training college (CANESCA) in partnership with the College of Anaesthesiologists of Ireland. In 2021 support was extended to obstetrics and gynaecology training (ECSACOG) and peri-operative nursing (ECSACON), with the Institute of Obstetrics and Gynaecology in RCPI and the RCSI Faculty of Nursing and Midwifery respectively. Lessons learned: An expansion of remit and partners requires the buy-in of existing partners and funders. Increased complexity calls for new governance, administrative and stakeholder engagement structures. We believe approach to training has increased collaboration programme impact by offering new partners an established partnership structure, leveraging the expertise and resources of multiple institutions and processes across multiple LMIC partners. International health partnerships aiming to address multi-disciplinary health challenges may benefit from considering multi-disciplinary, and multi-institutional responses.

Title: Postpartum Haemorrhage in Low-Resource Settings: Barriers to Treatment and Enabling Solutions

Keywords: Maternal, Pregnancy, Haemorrhage, Low-income, Inequality

Author(s): Wallace, E., Best-Lydon, P., O’Halloran, M., McDermott, B.

Affiliation(s): National University Ireland, Galway

Abstract Text

Introduction: Postpartum haemorrhage (PPH) is the leading cause of maternal mortality globally and is responsible for >100,000 deaths every year, 99% of which occur in low and middle income countries (LMIC). Inappropriate and inadequate medical and surgical intervention contributes to this as well as a variety of societal factors.

Aim: To identify the challenges faced by healthcare workers (HCW) managing PPH in LMIC, in order to establish a set of engineering design criteria for optimal solutions.

Methodology: A literature review of healthcare and societal factors which influence PPH outcomes and stakeholder interviews with 10 HCWs in LMICs were conducted. Engineering design criteria were established and available technology was ranked against each criterion to highlight priorities for further research.

Result: The literature and interviews revealed many PPH fatalities occurred pre-hospital, highlighting a need for better community tools. Poor supply chains and financial constraints limit opportunities to procure consumables such as oxytocin and uterine balloon tamponades. Unreliable power limits use of many tools. Often, devices were reused despite suboptimal sterilisation and maintenance putting patients at risk of iatrogenic harms.

Conclusion: The ranked engineering criteria for an optimal PPH device for use in LMIC included: low-cost, multi-purpose, easy to sterilise, clear guidelines for reuse, minimal training and power requirements and ability for rapid haemostasis.

Title: Non-communicable diseases and the caring role in Uganda

Keywords: Non-Communicable Diseases, Caring Roles

Author(s): McShane, C.M., Montgomery, L, Nanyonga, C. R, Misinde, C.

Affiliation(s): Queen’s University Belfast

Abstract Text

Background: Documented health system challenges in low- and middle-income countries directly impact Health and Social Care Professionals (HSCP)’s ability to deliver optimum care for persons living with chronic illnesses, including their family carers. We aimed to explore the views and experiences of HSCP’s caring for persons living with a non-communicable disease (NCD) and their family carers in Uganda.

Methodology: During February to March 2021, two semi-structured focus group discussions (FGD) were conducted in two purposively selected research sites: one urban, one rural. Questions sought to gather perspectives of the caring role, support needs, and impact of caring on both HSCP and family carers. FDGs were audio recorded, transcribed and collaboratively analysed using thematic analysis.

Results: Nineteen HSCP with work experience ranging between 2 to 50 years participated. Four broad themes emerged: perceptions on the needs of patients and carers (community attitudes and integration, practical challenges and carer capacity); the impact of caring on family caregivers (burden of long-term caring responsibilities, disruption to family life); challenges within the health sector (lack of structured referral pathways, lack of equipment, home visit limitations, the need for respite care, need for the education of carers); and personal and professional challenges faced by HSCP (understaffing and overworking, limited knowledge around different models of illness, personal well-being).

Discussion: Insights into the experiences of HSCP may assist in developing targeted interventions for improving the quality of life of NCD patients, their carers and HSCPs. Further investment in Uganda’s NCD human resource structure could enhance HSCP’s capacity and wellbeing.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

Title: Direct Nutrition Service Provision by CONCERN Sudan to Government Lead Delivery Through Empowerment

Keywords: Health service delivery, local leadership

Author(s): Mekuria, HT., Sztacho, E., Pagani, G., Berton, A., Gahan, B.

Affiliation(s): Concern Worldwide

Abstract Text

Issues: Concern has been providing direct nutrition services for management of malnutrition in Sudan since 2004. The nutrition programme in West Darfur and across the country was not fully integrated as part of the Ministry of Health (MoH) primary health care package, and mainly provided by humanitarian partners. Implementation was hampered by lack of qualified and trained staffs.

Description: Concern has been working closely with West Darfur MoH to ensure nutrition is incorporated as part of the primary health care package led and owned by MoH. Consultative meetings between Concern and MoH have ensured a transition plan to handover nutrition services to the MoH staffs in health facilities. MoH at state level has demonstrated commitment by nominating staffs to provide all essential nutrition services for treatment of malnutrition. Concern has supported support capacity development and organised training for selected staffs on community management of acute malnutrition (CMAM) through the support of Irish Aid and UNICEF. Now all 29 health facilities are providing integrated health and nutrition services by MoH and Concern is providing technical support to maintain service quality in line with MoH and Sphere standards.

Lessons Learned: Providing supportive supervision, on the job training, provision of essential supplies, quality standards can be maintained. Since January 2022, a total of 8772 children with acute malnutrition have been treated through service provision of MoH staffs.

Next Steps: Take the approach and lessons learned to advocate and scale up integrated health and nutrition service delivery in South and West Kordofan states where Concern is operational.

Title: Mobile Clinics: Alternative Model of Care in Conflict-Affected Settings Within COVID-19 Context Chad

Keywords: Access to primary health care, COVID-19

Author(s): Ndikuriyo, Z., Rozoumka, C., Wang-Mbara, K., Bemadjim, A., Rokolegato, H., Dahbalbe, L., Eberschweiler, C., Bousquet, C.

Affiliation(s): Concern Worldwide Chad

Abstract Text

Issues: Internally displaced populations in Bagasola and Bol health districts, Chad's Lac Region, have been facing significant challenges in accessing essential health services in the context of high insecurity due to conflict and COVID-19 pandemic disruptions.

Description: From May 2021 to 30 April 2022, Concern Worldwide Chad, supported by European Civil Protection and Humanitarian Aid Operations (ECHO) donor, deployed two mobile clinics in collaboration with local health authorities. Remoteness and lack of access to healthcare were amongst the key criteria for the site selection. The mobile clinics offered an essential package, including prevention of childhood communicable diseases, reproductive health services, treatment of common ailments and management of acute malnutrition. In parallel, support to seven static health centres enabled the safe referral of complicated cases to district health hospital and the continuum of services.

COVID-19 infection prevention and control measures during service delivery were essential for maintaining safe services at mobile and static facility level.

Lessons Learned: During that period and despite the restrictions imposed by the COVID-19 pandemic, mobile clinics were able to provide nearly one third of the total curative and preventive consultations. In fragile and conflict-affected settings, mobile clinics may be a model of care to improve access for vulnerable and isolated populations, to complement facility-based services and ensure continuum of care and services.

Next steps: Concern Worldwide Chad and district health authorities will continue supporting and advocating with key stakeholders, including donors, for mobile clinics ongoing in hard-to-reach areas whilst adapting implementation to reach underserved communities.

Title: Crisis, conflict and children's health: The CHI response to the Ukrainian conflict

Keywords: Ukraine, paediatric, health, hospital

Author(s): McGirr, J., Walsh, A., Molloy, E., Ní Cheallaigh, C., Okafor, I., Hensey, C.

Affiliation(s): General Paediatrics CHI at Temple Street

Abstract Text

Introduction: Since the 24th February 2022, Ireland has experienced an unprecedented influx of refugees. At the end of August 2022 there were an estimated 12,042 Ukrainians under 18 claiming refugee status in Ireland, many with known underlying pathologies. CHI Global Migrant Health Response (MHR) was created to support Ukrainian children and colleagues in accessing and providing healthcare respectively.

Methods: MHR identified additional logistical and social considerations needed to support Ukrainian children to engage with an unfamiliar health service. This was an iterative process to facilitate hospital engagement, access to community resources, obtaining necessary medications and ensuring continuity of care.

Results: As of 17th July 2022, 495 Ukrainian children had registered in CHI sites under the Ukrainian Temporary Protection Directive (UKTPD). 48.5% (n=227) were acute, unplanned presentations. The remainder required scheduled care, often for complex and significant pathologies. Co-operation with community health and social care professionals (HSCPs) was integral to providing comprehensive care, especially when primary health infrastructure was not established. A resource repository was compiled, including information pertaining to immunisation, prescribing, translation and psychological support. Adaptations to existing services were made involving the provision of additional outpatient appointments, protected phlebotomy slots and transport support.

Conclusion: This dedicated response continues to coordinate hospital care for Ukrainian refugees across CHI sites. Multi-agency collaboration led by MHR has enabled comprehensive care for those with complex pathologies. This is the first example nationally of a hospital level service for vulnerable migrant children, the tactics employed will inform the strategic development of CHI-led migrant child health care.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

Title: Exploring the Challenges and Potentials of Using Participatory Methods in Humanitarian Medical Care

Keywords: Humanitarian Medical Care, Participatory Methods, Medical Sociology, Lebanon

Author(s): Gilmour, M., Shukair, B., O'Donnell, K.

Affiliation(s): University of Glasgow, Scotland

Abstract Text

Lebanon hosts the largest number of refugees per capita in the world. The conflict-affected state has experienced compounding shocks impacting public health. The country is now reliant on international aid organisations. This research aimed to understand experiences of providing and receiving humanitarian medical care, in a fractured healthcare system sustained by temporal healthcare projects. This research explored how participatory methods can be used to generate meaningful dialogue with healthcare professionals and patients to support the recalibration of health equity in Lebanon. Methods included audiodiaries, interviews and participatory research in an MSF paediatric service. Thematic analysis was conducted to identify and interpret experiences and perceptions of accessing and providing healthcare. This method created a meaningful dialogue with patients, staff and researchers and generated understandings of the healthcare needs and expectations of Syrian patients. The aid sector is grappling with the discrimination entrenched in its structures. Decision-making powers often reside in the 'Global North' resulting disjuncture between perceptions and realities of need due to different cultural, social, political and economic realities. Participatory methods can enable the emancipation of structurally marginalised patients and staff and has the potential to redistribute power amongst the categorised and tiered actors in humanitarian medical aid.

Title: Estimating the prevalence of HIV among Ukrainian refugees in Ireland

Keywords: HIV, Ukraine, Refugees, Public Health

Author(s): Hanrahan, M., Barrett, P.

Affiliation(s): Department of Public Health HSE South, St. Finbarr's Hospital, Cork & School of Public Health, University College Cork

Abstract Text

Background/Aims: The Russian invasion in Ukraine has forced millions of people to flee their homes and seek refuge throughout Europe. According to the 2019 Global Burden of Disease (GBD) survey, the estimated prevalence of HIV in Ukraine was 0.63% (0.48-0.79%). The aim of this study was to estimate the number of people living with human immunodeficiency virus (HIV) among Ukrainian refugees living in Ireland.

Methods: HIV prevalence data from the 2019 GBD survey were applied to the known number of Ukrainian refugees living in Ireland based on arrivals data from the Central Statistics Office up to 7th August 2022. Additionally, the 2021 UNAIDS data was used to estimate the number of Ukrainian refugees living in Ireland with HIV who know their status, the number of people living with HIV who were on antiretroviral therapy (ART) and the number of people living with HIV who had suppressed viral loads before the war in Ukraine began.

Results: The estimated number of people living with HIV from Ukraine in Ireland is 274 people (173-440). Of these, 101 (65-157) are likely to be male and 173 (108-283) are likely to be female. The greatest numbers of expected cases are among those aged 25-44 years old. It is estimated that 75% [n = 206 (130-330)] people living with HIV know their status, and that 62% [n = 170 (107-273)] of people living with HIV were on ART and 58% [n = 159 (100-255)] had suppressed viral loads before the war began.

Discussion/ Conclusions: This study has estimated the number of people living with HIV among Ukrainian refugees that could be expected in Ireland. It is likely that additional cases of HIV among newly-arrived refugees have yet to be identified and linked into healthcare services.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Day 2

Theme: Leadership, Representation and Inclusion
Date: 27th October 2022
Time: 9:00 - 17:30 Dublin time
Location: Online - Zoom

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: Assessing global health: Are you sure you are measuring what you think you are measuring?

Keywords: measurement, equivalence, bias, mental health

Author(s): Karl J., Fischer R.

Affiliation(s): Dublin City University, Instituto D'Or de Pesquisa & Ensino, Victoria University of Wellington

Abstract Text

Measurement instruments in health research are overwhelmingly developed, validated, and refined in Western, Educated, Industrialized, and Democratic contexts. These measures are then used to across different cultural, economic, and social contexts to guide individual and group level decision making and research. Built into this approach is a universalistic assumption of mental health and implicit biases about human health and wellbeing. Across three studies we challenge these assumptions. In study 1, we use data from sixteen cultures and demonstrate that the five-facet mindfulness questionnaire shows substantial difference in both structure and function, which in turn can be linked to substantive cultural characteristics such as individualism and tightness in social norms. In study 2, we examine the item-level functioning of the subjective happiness scale a commonly used well-being measure across 59 cultures and we illustrate how analyses of measurement equivalence can help identify instrument characteristics which vary systematically across cultures and language families. Finally, study 3 presents a simulation study that explores how individual level bias in measurement substantially impacts group-level comparisons, highlighting the impact that measurement quality may have for macro level policy making across groups. In combination, these studies open up new ways of documenting and understanding power imbalances in global health research via careful attention to instrument properties within and across contexts.

Title: Global Surgical Training Challenge Mentorship Programme – Supporting Innovation in Surgical Training

Keywords: mentorship, surgical skills, innovation, low resource contexts

Author(s): O'Flynn, E., Offiah, G., Condron, C., Crehan, M., Mulhall, C., Morris, M., Perić, I.

Affiliation(s): Royal College of Surgeons in Ireland

Abstract Text

The surgical care workforce in most low-income countries is insufficient to meet the needs of the populations of those countries. A significant barrier to scaling up surgical training in low-resource environments is the scarcity of surgical trainers.

The Global Surgical Training Challenge is responding to this scarcity by incentivising and supporting the creation of low-cost, open-source, easily-reproducible surgical simulators – to allow surgeons, surgical trainees and other cadres to upskill when a surgical trainer is not present.

The Royal College of Surgeons in Ireland is supporting the low- and middle-income country teams competing in this Challenge by provide a tailored mentorship programme for each team. RCSI provides a mentorship manager who builds a one-to-one relationship with each team to understand the individual needs of the project. Teams also have access to a panel of subject matter experts covering expertise across all aspects of simulation training, assessment, project development and more.

The programme has shown that RCSI, with its network of experts in relevant subject matter areas, is well placed to support teams in the Challenge. Teams are provided with access to conversations tailored to their current progress which address issues they are encountering. Structured feedback has been collated from all stakeholders to identify strengths and weaknesses of the Programme and feedback has been positive.

The Programme is a successful model for leveraging the resources of institutions in high-income countries to support innovators in low- and middle-income countries.

Title: Irish Fruit and Vegetable Imports from Climate-vulnerable Countries.

Keywords: Food Systems, Climate Change, Food security

Author(s): Stanley, I., Doyle, O., Elliot-Kingston, C., McNulty, B., Murrin, C.M.

Affiliation(s): School of Public Health, Physiotherapy and Sports Science, University College Dublin

Abstract Text

Background/Aims: As a small, open economy with a mild climate, Ireland is heavily reliant on imports for fruit and vegetable supply. In 2020, 890 thousand tonnes of fruit and vegetables were imported, a 42% increase in total fruit and vegetable imports compared to 1992. As climate changes and shocks become more extreme, fruit and vegetable yields will be impacted by higher temperatures, drought, extended rainy seasons and increased crop losses. Knowledge of how import countries will be affected by climate change is key to understanding the sustainability of Irish fruit and vegetable supply. The aim of this research is to describe Irish fruit and vegetable imports over time and examine imports from climate vulnerable countries.

Methods: The Notre Dame Global Adaption Initiative uses projected changes in resources, human health and habitat, and infrastructure to assign country vulnerability scores. Using these scores, import countries were categorised into vulnerability tertiles. Annual shares of total fruit and vegetable imports from climate vulnerable countries were calculated in R using Central Statistics Office trade data.

Results: Total fruit and vegetable imports from countries classified as climate-vulnerable are trending upwards since the early 2000s; 22% of total imports in 2021. Countries with moderate/high levels of vulnerability supply a large proportion of popularly consumed fruit and vegetables in Ireland: bananas (98%), onions (83%), oranges (57%).

Conclusion: While Ireland is classified as 'no/low vulnerability' the supply of fruits and vegetables relies on imports from climate vulnerable countries. As such, the Irish food system is not immune to the impact of the climate crisis directly impacting vulnerable countries. When considering the future of Ireland's food supply, policies should consider and address the vulnerability of countries supporting the supply chain.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: HepCare Plus: Enhancing Primary Care Identification & Treatment of Hepatitis C in High-Risk Patients

Keywords: Hepatitis C, peer support worker, vulnerable populations, integrated care

Author(s): O' Gorman, T., Lambert, J. S., McHugh, T., Cullen, W., Avramovic, G. Federico, R., West, B., O' Kelly, B., Vidal, L., Woo, J.

Affiliation(s): Dublin City University, Instituto D'Or de Pesquisa & Ensino, Victoria University of Wellington

Abstract Text

Issues: Hepatitis C Virus(HCV) disproportionately affects people who inject drugs, migrants, prisoners and the homeless. An integrated, peer-led model of care involving primary and specialty care is required to enhance the identification and treatment of HCV in these marginalised groups.

Description: HepCare Plus is a continuation of HepCare Europe. A peer support worker(PSW) and community HCV nurse specialist identified community services where individuals with HCV risk factors frequent (homeless and harm reduction services, general practices). Here individuals were screened for HCV and if required offered a direct pathway to HCV treatment with peer support in the Mater Misericordiae University Hospital(MMUH), Dublin.

Lessons Learned: From August 2019 to December 2021, 100 participants commenced HCV treatment as part of the HepCare Plus project. There was a high-level of treatment completion with PSW engagement (98%, n=98). 100 (36.6%) individuals who initiated treated for HCV in the MMUH availed of HepCare Plus instigated peer support. Despite interruptions to treatment figures (COVID-19 pandemic, HSE Cyberattack) this model proved to be a sustainable pathway to provide care to high-risk, vulnerable individuals infected with HCV. 80 (73%) participants were previously aware of a positive HCV status, highlighting the ongoing need to address barriers preventing marginalised groups from engaging with care.

Next Steps: This report reiterates the defining role of peer-led community interventions in HCV treatment engagement and the need for continuous open-ended care. HepCare Plus provides a sustainable framework to meaningfully combat HCV and achieve the United Nations Sustainable Development Goal of HCV elimination by 2030.

Title: Social Mobilisation to Prevent Child Malnutrition and Key Childhood Illnesses in Burundi

Keywords: Behaviour change, community empowerment

Author(s): Conayisavye, A., Moyer, D., Bousquet, C.

Affiliation(s): Concern Worldwide Burundi

Abstract Text

Issues: An estimated 52 percent of children aged under five are chronically malnourished in Burundi. Extreme poverty, a lack of dietary diversity, poor hygiene and barriers to accessing essential services such as health and education are some of the drivers of malnutrition.

Description: From 2018 to 2021, funded by UK Aid Match, Concern Worldwide Burundi, in collaboration with the Ministry of Health in Cibitoke province, implemented a project aimed at tackling acute and chronic malnutrition and its underlying causes. The project used a set of strategies that combined social and behaviour change communication (SBCC) with support to community health workers (CHWs) for Integrated Community Case Management (iCCM) of childhood illnesses.

Lessons Learned: Interventions that successfully engage and empower community members to adopt new behaviours can lead to improved care seeking and health service utilization. Using Positive Deviance Hearth (PD/Hearth) approach and Care Groups (CG), the project reached over 47,920 households with key education messages and best practices on health, nutrition and hygiene. Out of 4,291 children suffering from Moderate Acute Malnutrition (MAM), 3,808 improved their nutritional status, gaining at least 200g. 529 Community Health Workers (CHWs) were trained, and equipped to effectively diagnose and treat malaria, diarrhoea and Acute Respiratory Infections (ARI). Stock-outs of iCCM drugs, however, were one of the major barriers to successful implementation.

Next steps: Supporting iCCM presented a unique opportunity for acceleration of the management of childhood illnesses at community level. Concern Worldwide Burundi will continue advocating with government and key partners for strengthening the forecasting for medicines and supplies and supply chain management.

Title: Social adversity and Healthcare Provision: A snap shot of considerations for child health in Ireland

Keywords: Equitable, child, inclusion, marginalised, health

Author(s): Mc Girr, J., Walsh, A., Molloy, E., Ní Cheallaigh, C., Hensey, C.

Affiliation(s): School of Public Health, Physiotherapy and Sports Science, University College Dublin

Abstract Text

Introduction: The need to provide inclusive healthcare to marginalised members of society is a national and global priority(1). RCPI reports on children experiencing homelessness and those living in Direct Provision acknowledge barriers encountered in accessing and engaging with healthcare in an Irish context(2,3). These obstacles based on social determinants of health (SDH) include education, language, transience and discrimination(4).

Methods: Recent national figures were reviewed to estimate the number and characteristics of cohorts of children with recognisable adverse SDH. Identification of key stakeholders in governmental and non-governmental bodies supporting vulnerable children and families was also performed to forge working partnerships that bridge hospital and community health and social care.

Results: Key national figures from a child health perspective in July 2022 include 3,317 children accessing emergency accommodation(5), 3,220 children seeking international protection(6), 2,339 children homeless in Dublin(5) and 12,034 Ukrainian refugees children registered(7).

The following key stakeholders in supporting marginalised children and their families have been identified;

International Protection Accommodation Services, National Social Inclusion Office, HSE Healthlink for the Homeless Team, SafetyNet Primary Care, HSE Public Health, HSE Health Screening Team, Baleskin Reception Centre

Conclusion: There are significant numbers of children with recognisable adverse SDH living in Ireland. Clear need for tailored interagency healthcare for children at risk of social exclusion is evident. The requirement for integrated service delivery is recognised by CHI. A hospital-based workforce trained in the recognition and mitigation of the social determinants of health is currently in development

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: HepCare Plus: Enhancing Primary Care Identification & Treatment of Hepatitis C in High-Risk Patients

Keywords: Hepatitis C, peer support worker, vulnerable populations, integrated care

Author(s): O' Gorman, T., Lambert, J. S., McHugh, T., Cullen, W., Avramovic, G. Federico, R., West, B., O' Kelly, B., Vidal, L., Woo, J.

Affiliation(s): Dublin City University, Instituto D'Or de Pesquisa & Ensino, Victoria University of Wellington

Abstract Text

Issues: Hepatitis C Virus(HCV) disproportionately affects people who inject drugs, migrants, prisoners and the homeless. An integrated, peer-led model of care involving primary and specialty care is required to enhance the identification and treatment of HCV in these marginalised groups.

Description: HepCare Plus is a continuation of HepCare Europe. A peer support worker(PSW) and community HCV nurse specialist identified community services where individuals with HCV risk factors frequent (homeless and harm reduction services, general practices). Here individuals were screened for HCV and if required offered a direct pathway to HCV treatment with peer support in the Mater Misericordiae University Hospital(MMUH), Dublin.

Lessons Learned: From August 2019 to December 2021, 100 participants commenced HCV treatment as part of the HepCare Plus project. There was a high-level of treatment completion with PSW engagement (98%, n=98). 100 (36.6%) individuals who initiated treated for HCV in the MMUH availed of HepCare Plus instigated peer support. Despite interruptions to treatment figures (COVID-19 pandemic, HSE Cyberattack) this model proved to be a sustainable pathway to provide care to high-risk, vulnerable individuals infected with HCV. 80 (73%) participants were previously aware of a positive HCV status, highlighting the ongoing need to address barriers preventing marginalised groups from engaging with care.

Next Steps: This report reiterates the defining role of peer-led community interventions in HCV treatment engagement and the need for continuous open-ended care. HepCare Plus provides a sustainable framework to meaningfully combat HCV and achieve the United Nations Sustainable Development Goal of HCV elimination by 2030.

Title: Exploring Developmental Outcomes for Children attending Community-based Pre-Schools in Timor-Leste

Keywords: early childhood education, child development, LMICs

Author(s): Dunne, L., Brennan-Wilson, A., Soares, L., Martins Da Silva, D., Da Silva, A., Craig, N., Hanna, D., Miller, S.J., Connolly, P.

Affiliation(s): Queen's University Belfast, Peace Centre at the Universidade Nacional Timor Lorosa'e (UNTL), Ulster University

Abstract Text

There is a substantial body of evidence which indicates that early childhood programmes have a positive effect on children's school readiness and academic achievement, and social and emotional development. Recent research has shown that participation in early childhood education (ECE) is associated with improved cognitive outcomes for young children in LMICs in east Asia Pacific (EAP) region (Rao et al., 2019). Timor-Leste has particularly low pre-school enrolment rates (25%). This research, part of the LINKS study, carried out in 2020, employed a quasi-experimental pre- post-test design with public school control group to evaluate the UNICEF community-based alternative pre-schools (CBAPs) in Timor Leste. A total of 607 children were recruited from 33 pre-schools: 508 completed post-test after nine months of pre-school exposure. The East-Asia Pacific Early Childhood Development Scales (EAP-ECDS) was used to assess the development of children in the current study. Results at post-test suggest that despite differences in dose and infrastructure between the school types, attendance at CBAPs appears to close the developmental gap seen at pre-test between children in the two groups. Findings underline the importance of preschool access and early learning experiences to development of children at highest risk of not reaching their developmental. Results point to the need to scale the intervention and carrying out an experimental effectiveness evaluation of this promising programme.

Title: Paediatric Inclusion Health: Equitable healthcare for children experiencing social adversity

Keywords: Equitable, child, inclusion, marginalised, health

Author(s): Mc Girr, J., Walsh, A., Molloy, E., Ní Cheallaigh, C., Hensey, C.

Affiliation(s): School of Public Health, Physiotherapy and Sports Science, University College Dublin

Abstract Text

Background & Aims: Paediatric Inclusion health (PIH) is model of healthcare delivery for children that seeks to overcome inequitable access to necessary services. Adverse social determinants of health (SDH) contribute to higher rates of illness and increased barriers to accessing healthcare. Our hospital began a pilot project assessing the feasibility of PIH delivery to facilitate equitable access to services and better understand SDH in clinical practice.

Methods: Need for PIH care was determined by the presence of adverse SDH including insecure housing, lack of secure primary care infrastructure, ethnic minorities, or vulnerable migration status. Healthcare encounters were optimised with outreach clinics, care pathways focused on specific population needs (e.g. migrant, Roma), and the inclusion of community representatives in service planning.

Results: Over 15 months, 125 children were referred to the PIH project, the majority from the following cohorts: homeless children, Irish Travellers, Roma and vulnerable migrants. High rates of homelessness (72%, n=90), low complete vaccination uptake (26.4%, n = 33), need for interpreters (49.6%, n=62) and less formal access to primary care (35.2%, n=44) were notable findings. Attendance at first appointment was 76.8% (n=96), 8% (n=10) cancelled due to illness. Of the 15.2% (n=19) who did not attend, 52.6% (n=10) attended a rescheduled appointment.

Conclusion: A PIH model for children experiencing social deprivation enabled us to understand their individual and population needs. Tailoring healthcare provision to overcome barriers and enable equitable access has developed pathways of care that facilitate attendance and further our understanding of the most marginalised children in our society.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: Improving Outcomes for Children Living in Homelessness: a Scoping Review

Keywords: Homelessness, Housing, Children, Early Years, Development

Author(s): Rambaran, S., Olufemi-Ojo, F., Mwesigye, P., Neville, S.

Affiliation(s): School of Medicine, University of Limerick, Ireland

Abstract Text

Background: The negative impacts of homelessness on the health and development of young children are well-described and can have lifelong consequences. However, less is understood about the role and efficacy of interventions to mitigate such adverse effects. The aim of this review is to explore the evidence for interventions targeting young children living in homelessness, and to identify gaps in the literature.

Methods: Using the PRISMA-ScR checklist, we performed a systematised scoping review, to identify original research evaluating interventions for families with children in the vulnerable developmental stage of 0-6 years experiencing homelessness. Online databases PubMed and Medline were used and each paper was assessed for quality and relevance.

Results: The initial search yielded 3,277 papers; 18 papers were ultimately deemed to meet inclusion criteria. Housing supports were the most studied interventions; other papers focused on parenting supports and education, case management or other wrap-around services, or support bundles incorporating two or more of the above. Only one study focused on a direct intervention for the child, and this was primarily targeted at an older age group. A broad range of outcome measures were employed, including housing status, family unification, parenting skills and stress, and scoring on standardised tools for child mental health, development and behaviour. Outcomes were varied, likely reflecting the broad range of interventions and study designs.

Discussion: There is a paucity of high-quality research evaluating targeted supports for young children experiencing homelessness during their developmentally vulnerable early years. There is a need to expand the evidence base in this area, to inform policies in response to the burgeoning problem of childhood homelessness. Bridging the gap with effective interventions may help to mitigate its lifelong impacts.

Title: The experiences of young leaders implementing HIV prevention in humanitarian settings

Keywords: HIV, youth, humanitarian, prevention

Author(s): Jones, G., Akparibo, R.

Affiliation(s): Independent, University of Sheffield

Abstract Text

The objective was to develop a narrative review of the experiences of young people (under 30 years of age) who implement HIV-prevention services in humanitarian contexts to reframe young people as leaders, rather than as beneficiaries. It explores the experiences that young people have as leaders and their interaction with other stakeholders.

Methods: The sample was recruited using convenience sampling. Data were collected through virtual semi-structured interviews with participants.

Data were analysed and coded using thematic analysis before being grouped into themes. The data were analysed utilising an intersectional feminist lens with the experiences of youth categorised into one of the categories of the Three Lens Approach to youth engagement (youth as beneficiaries, youth as partners, and youth as leaders/implementers).

Results: The peer-led aspect was key to their success of their programmes. HIV is seen holistically. The young leaders strongly emphasised that for the young people they work with as service users, HIV prevention was not high on their list of priorities. Many were food insecure, did not have access to shelter, had low incomes, and had mental health or other health issues. Young leaders face barriers to implementation of HIV prevention. Legal registration of organisations was seen as a barrier due to the time and effort required. There was often an expectation that young people volunteer their time for such work rather than being employed. Partnerships often only involved young people engaged in one aspect of the programme cycle. This was not meaningful and did not support the sustainability of youth-led organisations. Many of the issues put forward by the young leaders are issues faced generally by youth-led organisations working in the global AIDS response. The data suggests that humanitarian crises have exacerbated the issues.

Title: Empowering mothers & caretakers to screen U5 children for malnutrition using Family MUAC in Kenya

Keywords: Community, Malnutrition, Empowerment

Author(s): Maina, E.M., Golden, K., Ng'etich, W.

Affiliation(s): Concern Worldwide Kenya, Concern Worldwide Ireland, WFP

Abstract Text

In Kenya, 4% of children under five, or more than half a million children are reportedly wasted with wasting (GAM) above 20% in North Horr, Marsabit. A major obstacle to the early detection and treatment of acute malnutrition is that caretakers of young children often do not know their child is malnourished and rely on community health volunteers CHVs who are overstretched and under-resourced.

Concern with Ministry of Health supported by innocent foundation implemented the Family Mid-Upper Arm Circumference (MUAC) approach in North Horr with 400 mothers of children under-five to regularly screen their own children for malnutrition using a MUAC band. Key results indicate that the mothers' sense of being capable of taking MUAC measurements based on the COM-B model for behavior change improved from 'agreed' at baseline to 'strongly agreed' at Endline. Mothers screened their children more frequently peaking at 97% compared to baseline 64%. Mothers participating in this study accurately detected acute malnutrition compared to health workers. One lesson is that more work is needed to understand the specific barriers that mothers face in seeking timely treatment for malnourished children.

The Family MUAC approach has empowered mothers to detect malnutrition early and to take action including treatment uptake. Has also reduced workload for CHVs. Family MUAC was adopted as a critical approach to ensure continuity in the screening of children during COVID-19 pandemic when all household visits by CHVs were prohibited. Next steps are to advocate for resourcing and scale up of the approach nationally.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: Who is accountable for equity? An analysis of the critical actors in COVID-19 vaccination response

Keywords: International development cooperation, consultants, accountability, private sector, COVID19 response

Author(s): Twinem, R., Brownlow, K.

Affiliation(s): Independent

Abstract Text

Independent consultants and for-profit consulting firms operate at the heart of the aid delivery chain, often in influential positions. Despite the central and increasing role these private contractors play in delivering development cooperation, very little in-depth analysis has taken place. Given the imperative for accountability in effective development cooperation and consultants' apparent proliferation and scale of influence, the 'COVID project' is an opportune case study to recognise the unique accountability relationships and responsibilities of these critical actors. Our collaboration offers insights into the position of private sector consultants working at the centre of a complex network of relationships as 'agents' of development. We use an original conceptual framework – the Accountability Map – as an analytical tool to map the actors and key accountability relationships involved in Mozambique's COVID-19 vaccination response. Systematic analysis combines the results of exploratory research on consultants in development together with front-line experience from national COVID response programming. The resultant mapping aids conceptualising where consultants can be positioned in the nexus of accountability relationships involved in COVID-19 vaccination programming funded by the Global North implemented in the Global South. This conceptual framework demonstrates the potential value in holistically analysing all salient accountability relationships to help address underlying assumptions and contribute to the body of knowledge on effective and sustainable development in the context of global health. Establishing a broader, more comprehensive understanding of the actors involved in the structures within which global health operates is fundamental to coordinated and systemic change. The results of this analysis provide a useful analytical framework for further exploring accountability for equity and resilience in global health.

Title: Cash Transfers for Emergency Healthcare in Humanitarian Settings: the Case of Burkina Faso

Keywords: Access to health care, conflict, protection

Author(s): Busman, K., Amundala, F., Bousquet, C.

Affiliation(s): Independent, University of Sheffield

Abstract Text

Issue: The humanitarian, insecurity crisis in Burkina Faso since 2015 has significantly impacted access to essential health care. In addition, women, adolescent girls and children face protection issues. Due to the influx of displaced people, the Centre-East region of Burkina has been a priority area in the OCHA Humanitarian Response Plan 2021.

Description: The objective of the 8-month intervention under WHO funding was to pilot cash transfer to facilitate transport of emergency medical and surgical cases to referral health facilities and to increase access to early management of Gender Based Violence (GBV). This modality, implemented by Concern Burkina Faso, was part of a wider range of health system strengthening and community mobilization activities, including support to health centres and outreach.

Lessons learned: Cash transfers contributed to restore the dignity of affected populations and to strengthen adherence to continuity of care. There was an increase from 5% to 15% in the number of cases referred, indicating that payment of transport and incidental costs facilitated referrals to services. Best practices included close collaboration and coordination between communities and the health facilities. Early management of GBV remains conditional on the involvement of key influencers within the household and at community level, including local health authorities.

Next steps: Next step will be to pilot cash transfers over a longer period and place increased focus on risk communication and community engagement (RCCE). Concern Burkina Faso will continue to advocate for quality and timely response services in order for most vulnerable to benefit from RCCE measures.

Title: Empowering mothers & caretakers to screen U5 children for malnutrition using Family MUAC in Kenya

Keywords: Community, Malnutrition, Empowerment

Author(s): Maina, E.M., Golden, K., Ng'etich, W.

Affiliation(s): Concern Worldwide Kenya, Concern Worldwide Ireland, WFP

Abstract Text

In Kenya, 4% of children under five, or more than half a million children are reportedly wasted with wasting (GAM) above 20% in North Horr, Marsabit. A major obstacle to the early detection and treatment of acute malnutrition is that caretakers of young children often do not know their child is malnourished and rely on community health volunteers CHVs who are overstretched and under-resourced.

Concern with Ministry of Health supported by innocent foundation implemented the Family Mid-Upper Arm Circumference (MUAC) approach in North Horr with 400 mothers of children under-five to regularly screen their own children for malnutrition using a MUAC band. Key results indicate that the mothers' sense of being capable of taking MUAC measurements based on the COM-B model for behavior change improved from 'agreed' at baseline to 'strongly agreed' at Endline. Mothers screened their children more frequently peaking at 97% compared to baseline 64%. Mothers participating in this study accurately detected acute malnutrition compared to health workers. One lesson is that more work is needed to understand the specific barriers that mothers face in seeking timely treatment for malnourished children.

The Family MUAC approach has empowered mothers to detect malnutrition early and to take action including treatment uptake. Has also reduced workload for CHVs. Family MUAC was adopted as a critical approach to ensure continuity in the screening of children during COVID-19 pandemic when all household visits by CHVs were prohibited. Next steps are to advocate for resourcing and scale up of the approach nationally.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: Susceptibility of persons with disabilities to landslides in Mount Elgon, Eastern Uganda

Keywords: Susceptibility, persons with disabilities, landslide risk, inclusive disaster programmes

Author(s): Ssennoga, M., Mugagga, F., Nadhomi, D., Kisira, Y.

Affiliation(s): Independent

Abstract Text

Terrain parameters such as slope aspect, angle, curvature, stream power and altitude spur landslide occurrence and yet hinder evacuation efforts. Persons with disabilities are seldom given priority during rescue and recovery programmes during pre- and post-disaster evacuation. The study was guided by two objectives, namely, (1) to map the landslide risk for households of persons with disabilities and (2) to investigate the disability type that is perceived to be most affected by landslides. A cross-sectional household survey was adopted employing snowball sampling, Key Informant Interviews (KII), and Focus Group Discussions (FGDs). A 30-m Shuttle Radar Topography Mission (SRTM) Digital Elevation Model (DEM) was used for terrain spatial landslide risk analysis in ArcGis 10.8 and System for Automated Geoscientific Analyses (SAGA) tools. A one-sample t-test in Statistical Package for Social Sciences (SPSS) version 23 was used to ascertain the perceived landslide effect on the different disability categories. Qualitative data was subjected to content analysis. Results showed that majority of PWDs live in high-risk landslide zones with 1400 m – 1700 m, S-E, 10–80, > 10, and -0.8–0.13 of altitude, aspect, slope angle, Stream Power Index (SPI), and slope curvature, respectively. T-test results revealed that blind and deaf-blind were perceived as most affected by landslides with $t(31) = 58.42$, mean = 4.7, $p < 0.0001$, and $t(31) = 34.8$, mean 4.6, $p < 0.0001$. The deaf people were perceived to also be highly affected by landslides with $t(31) = 34.4$, mean = 3.9, $p < 0.0001$. In conclusion, PWDs in Bushika were highly susceptible to landslide hazards and yet considered as a minority for rescue and recovery during landslide occurrences. We recommend for prioritisation of inclusive disaster programmes such as disaster training, relocation, and resettlement to reduce vulnerability and enhance landslides disaster resilience of PWDs especially in high-risk areas.

Title: Migrants and the Exacerbation of Inequities Associated with the Emergence of Monkeypox in Ireland

Keywords: Inequity, Migrants, Monkeypox, Outbreak

Author(s): Somers, E., Carroll, C. O'Gorman, T., McLoughlin, M., Kelly, N., Mullane, P.

Affiliation(s): Department of Public Health East, Dr Steeven's Hospital

Abstract Text

The emergence of Monkeypox (MPX) in non-endemic countries across Europe has posed additional challenges for vulnerable migrants. Already faced with economic instability, housing challenges and language barriers, MPX has intensified the inequities faced by this group.

Public health management of MPX includes ensuring that suspected and confirmed cases can isolate appropriately and identifying contacts to provide advice and offer vaccination. An isolation facility was identified for cases who could not isolate at home and a community vaccination team was established.

From 26/05/2022 to 30/08/2022, the North Dublin Public Health team were notified of 54 MPX cases, with 93 associated contacts. 57% (n=31) of cases were migrants, the majority from South America. All identified as gb-MSM. Many cases lived in crowded or temporary accommodation where they had difficulty isolating, with 15% (n=5) of migrants requiring isolation facilities. The mean number of household contacts per case was significantly higher in migrants at 2.1, compared with 1.1 for Irish nationals ($p=0.025$), increasing potential for viral transmission and demand for vaccination. Some cases feared disclosing their illness due to perceived stigma associated with MPX, their nationality and sexuality; others were reluctant to isolate due to concerns about loss of income. Language barriers posed challenges when managing cases and contacts, leading to difficulties in conveying information and creating obstacles for self-advocacy.

This outbreak lays bare inequities affecting vulnerable migrants. Our experience highlights the need for adequate isolation facilities and access to financial support for those isolating, and to improve access to timely and appropriate care.

Title: Rockcourt Medical: Social Prescribing in an Irish General Practice

Keywords: Community, Social Inclusion, Prescribing, Collaboration

Author(s): Deevy, K. E., Murphy, E.

Affiliation(s): Rockcourt Medical Centre

Abstract Text

Issues: Social determinants of health are imperative considerations for global health. Emerging from the pandemic, there are widespread increased patient reports of isolation and loneliness. Social isolation can negatively impact physical and mental health. General practices in Ireland understand its importance, but ultimately lack the resources to provide effective management of social inclusion. Social prescribing groups in Ireland have been proposed as a collaborative solution to this global health problem.

Description: Social prescribing is a local community service that refers patients to non-clinical community support to improve health and wellbeing. As an adjunct to treating chronic disease, acute mental health and social issues raised during consultations, the authors located their local social prescribing service. Researchers met with local link workers to explain the process. Patients were referred to the service by healthcare practitioners in the surgery, and would be followed up with a link worker via phone or in person. Patient interests would be explored by link workers and suitable referral to community activities would be mutually agreed upon. Activities were vast and included support such as walking groups and art classes.

Lessons learned: 18 patients were referred from Rockcourt Medical Practice to 'Southside Partnership' social prescribing service. Of those, there have been multiple benefits found, such as: increased social inclusion and community involvement, improved management of chronic diseases, anecdotal improvement in quality of life. "It gives me the push I need to get out of the house... I can notice the change in myself and I'm talking to people again" - Patient of social prescribing.

Next steps: The authors recognise the benefits of the service and will continue to increase patient referrals to the service. Further research is needed to substantiate the impact of social prescribing in Ireland and its replication as a global health solution.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: Improving Nutrition Programming to Reach Vulnerable Populations: Practical Guidance for Implementers

Keywords: nutrition, social assistance, vulnerability, healthy diets

Author(s): Ramage, A., Espeut, D., Phelps, L., Holmes, R., Hawkes, C., Shaw, M., Michalska, A., Chalimbaud, J., Quigley, P.

Affiliation(s): Technical Assistance to Strengthen Capabilities Project, DAI, UK

Abstract Text

Nutrition is a basic human right, not a luxury, and yet many people around the world do not consume adequately healthy diets. According to the 2021 Global Nutrition Report, an estimated 149.2 million children are currently stunted, 45.4 million are wasted, and over 40% of all men and women (2.2 billion people) are now overweight or obese. The COVID-19 pandemic has compounded the problem, spurring further malnutrition and impeding the achievement of the Sustainable Development Goal targets for achieving zero hunger.

A series of guidance notes developed under DAI's TASC project detail the latest evidence on how to improve nutrition programming and policies. The guidance helps identify key population groups that are most nutritionally at-risk in different settings, the drivers of elevated malnutrition risk, and how to address the nutritional needs of at-risk groups. It supports the design of programmes and policies that enable the world's most vulnerable people to access healthier diets, while also meeting climate and economic objectives. It identifies how to use social protection programmes to target those most at risk of malnutrition, improve diets and address other nutrition determinants. Finally, it supports accurate measurement of programme outcomes and impacts for all target populations.

The guidance was developed following extensive literature reviews and stakeholder consultation and can support implementing agencies planning or engaging in nutrition relevant interventions through a range of sectors.

Using this guidance will help foster programmes and policies that ensure the world's most vulnerable people obtain healthy diets and improved nutrition outcomes by translating global evidence into local solutions.

Title: Shibalaya Health Model – making mainstream health services inclusive in Bangladesh

Keywords: OPD, Inclusive health and Rehabilitation, Empowerment, Stigma

Author(s): Tazeen Hossain

Affiliation(s): CBM Global Disability Inclusion

Abstract Text

Bangladesh has approximately 10.5 million people with disabilities which accounts for 9.2 % of the total population. People with disabilities continue to experience stigmatization, discrimination, and inequalities in accessing health and rehabilitation services. 54% people with disabilities face barriers to receive mainstream health services from district and national level facilities. Only 22.8% of persons with disabilities accessed rehabilitation services with the relative percentage highest in capital city Dhaka.

Along with Ministry of Health and Family Planning and DRRA, CBM has developed a health model, derived from a project titled "Promoting Inclusive Health and Rehabilitation Services". The project provided health and rehabilitation services by building capacity of Health professionals on disability inclusive service provision. The project improved accessibility of health facilities, created effective referral services, empowered Organizations of persons with disabilities (OPDs) to policy advocacy.

As a result, stigma has been reduced about disabilities. People with disabilities and their caregivers became aware and are satisfied with the quality of services. A total of 11,620 new patients with disabilities made 52,518 visits to nine Union health rehabilitation centers. Government has provided a circular to all sub district level health complexes regarding the provision of accessibility and committed to include disability data in national health MIS.

The major recommendations include, the meaningful participation of OPDs is key to creating awareness and influencing implementation of policies; Disaggregated data should be collected to provide health and rehabilitation services and lastly, the government should mainstream this health model, allocating adequate funds and human resources.

Title: The importance of key influencers & an enabling environment for healthy behaviours: Ethiopia.

Keywords: key influencers, enabling environment, SBC, MIYCF, sustainability

Author(s): Barthorp, H., Assefa, L., Beri, A., Murphy, M-T.

Affiliation(s): GOAL Global, United Kingdom

Abstract Text

The burden of childcare is often shouldered by mothers, rather than both parents having equal responsibility in ensuring the healthy growth and development of their child. However, policy and interventions often overlook key influencers who have the ability to control or influence the behaviours of others. Most interventions that support child growth and health are accessed by women, which means the opportunity to engage other influencers is limited. And yet the attitudes of many societies towards women have prevented them from participating in decision making, particularly women's reproductive health, women and child nutrition and control over economic and financial resources.

In attempts to support optimal MIYCF, 100 F2FSG support groups were formed in August 2021 to engage members in an interactive, participatory manner. GOAL hypothesised that increased engagement of males from targeted households with young children on appropriate care and feeding practices of children and women, would create an enabling environment for active behaviour change and sustained positive practices in households.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: Using IBSR to address self stigma in people with severe spectrum obesity attending general practice

Keywords: Inquiry Based Stress Reduction, Obesity, Self Stigma, Stigma, General Practice

Author(s): O'Shea, B., Ferris France, N., Wade, G.

Affiliation(s): Beyond Stigma, Trinity College Dublin

Abstract Text

1. Obesity is a universal driver of multimorbidity. Stigma/self stigma are important in informing an effective clinical approach. There is increasing recognition of the value of inquiry based stress reduction (IBSR) in addressing self stigma in a growing range of conditions.
2. This study explores IBSR in addressing self stigma for improving primary care for people with severe spectrum obesity (SSO) in general practice. Research question is if feasible and acceptable to utilise IBSR in the GP setting to address SSO utilising a multidisciplinary patient centered approach?
3. Method: Mixed methods pilot study including a convenience sample of people with SSO from a general practice, including use of IBSR provided in both group utilising IBSR Facilitators, a Clinical Psychologist, and participating GPs. Outcomes include pre/post intervention surveys and qualitative data.
4. Results: 22 initially invited/ 14 commenced/10 completed. Mean BMI was 42.8, mean age 49, F:M = 7:3. Many believed their overweight was their own fault, related difficult interactions with the health system, and valued engagement with the intervention. While participants had a high level of comorbidity, they themselves were far more concerned regarding stigma and self stigma.
5. Conclusions: Results at the practice level indicates this approach is feasible and acceptable. The study was valuable for participants, and in guiding a larger study, and in multiple practices.

Title: Attitudes of teachers in Bulgarian kindergartens towards inclusive education

Keywords: Educational reform, Inclusion, Attitudes

Author(s): Scanlon, G., Radeva, S., Pitsia, V., Maguire, C., Nikolaeva, S.

Affiliation(s): Dublin City University, UNICEF, Sofia University

Abstract Text

Background/Aims: The purpose of this paper was to determine the readiness of kindergarten teachers in Bulgaria in anticipation of impending inclusion-driven reforms in the education system.

Methods: Data on 922 kindergarten teachers' attitudes towards inclusion across three dimensions (cognitive, affective and behavioural), their concerns, and self-efficacy were analysed. A series of multiple regression models were derived to analyse the contribution of independent variables in explaining variance in teachers' attitudes about inclusive education.

Results: Overall, teachers reported being willing to adapt their behaviour to promote inclusion in their classroom, despite not feeling particularly positively about inclusion.

Discussion/conclusions/implications: Inclusion-related training, which is critical for teachers to meet the demands of reforms, was a robust, positive predictor of teachers' attitudes across all three dimensions. Results highlight the urgency of inclusion-related training to foster positive attitudes in teachers towards inclusive practice.

Title: Health Financing: A Sustainable Social Protection Measure for Vulnerable Urban Poor in Bangladesh

Keywords: Health financing scheme, Social Protection

Author(s): Haq, E., Shabnam, S., Hossain, Z., Bousquet, C., Gahan, B.

Affiliation(s): Concern Worldwide, Bangladesh

Abstract Text

Issues: In the current volatile global financial situation, health care is sliding down the priority list among all segments of population, especially amongst the most vulnerable in urban areas of Bangladesh. Extreme poor mothers and children are the most vulnerable group. This has negatively impacted social and health indicators recently. A well designed health financing scheme can effectively provide sufficient safeguarding to vulnerable communities which can act as a strong social protection measure by the government.

Description: Concern Worldwide with BRAC has implemented health financing schemes in selected urban areas under a European Union funded project (Dec. 2016-Mar. 2020). The benefit packages were: health voucher scheme (HVS) fully funded by the project and micro-health insurance (MHI), enrollees paid an agreed annual premium which delivered essential health services provided through local NGO health facilities and private providers.

Lesson Learned: To achieve the SDG goal 3, it is essential to ensure sufficient social protection measures through health financing mechanisms. The project demonstrated that both the HVS and MHI schemes significantly reduced the Out of Pocket (OOP) expenditures of urban extreme poor people.

Next steps: With the evaluation findings, BRAC has started scaling up the MHI initiative, and Concern has further supported HVS in other urban and rural areas of Bangladesh. These projects provide a lesson which can further be replicated by different agencies. It remains a Concern advocacy issue to government and local government bodies to introduce similar schemes for improved health, inclusive growth and human development in poorest areas of Bangladesh.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: Exploring barriers and facilitators to Surgery for people experiencing homelessness in the UK

Keywords: Homelessness, safe surgery, global surgery

Author(s): Manchip, G., Bhatti, F., Adegboyega, G., Mazzoleni, A., Erhabor, J.

Affiliation(s): InciSioN UK

Abstract Text

People experiencing homelessness (PEH) are a vulnerable group in which physical health morbidities are much more common than in the general population. Despite this, inflexible services and appointment systems in addition to negative staff attitudes is leading to exclusion from primary care and mainstream services. However, it is not clear as to the barriers that this patient population face towards receiving safe surgical care. Therefore, we aim to conduct a qualitative study to evaluate key stakeholders' perspective and experiences of barriers and facilitators that PEH in the UK face towards receiving safe surgical care.

Semi-structured video interviews of health professionals (General Practitioners, Emergency doctors, surgeons) and key stakeholders (charity and hostel workers) in the UK will be conducted online. Participants will be recruited via the Groundswell and Incision UK networks. Interviews will be conducted until data is saturated. Interviews will be transcribed and analysed using open and axial coding. The following questions will be asked during interview, with follow-up questions (e.g. why):

1. Do you think there is an issue with PEH accessing safe surgical care in the UK?
2. Do you have any experience of PEH not receiving safe surgical care?
3. What do you think are the issues?
4. Are there any facilitators?

Interviews will be conducted following ethical approval. As this is the first study of its kind in the UK, findings may highlight disparities in care for this patient population and guide improvements to practice. As well as increasing general awareness of this global surgical issue.

Title: Establishing diabetic eye screening in Dodoma, Tanzania

Keywords: Diabetes, retinopathy, blindness, community, prevention

Author(s): Jamison, C.; Peto, T.; Mmbaga, J.Y.

Affiliation(s): Queen's University Belfast

Abstract Text

The IDF estimates that the number of adults with diabetes in the Africa region will reach around 47 million by 2045. The continent has a severe shortage of ophthalmologists, retinal cameras and specialist equipment. In 2020 alone, Tanzania had over 997,000 adult cases of diabetes. Diabetes can cause diabetic eye disease which is often symptomless until at the advanced stage. Therefore detecting changes early with screening can prevent blindness, enabling people to continue to work and support their family and community. Until 2022, the Dodoma region in Tanzania had no retinal cameras despite serving a population of 3 million people and covering over 41,000 sqkm.

A handheld retinal camera was obtained with an October 2021 ESTHER grant. In April 2022 a senior grader from Queen's University Belfast travelled to Dodoma, two nurses were trained to use the retinal camera, a screening form was developed and practice clinics were carried out in 3 hospitals. A doctor and nurse will be travelling to Belfast for further training in October 2022.

Getting the project up and running in Dodoma was delayed as COVID-19 prevented travel. There was an aim of screening 100 patients within the first year. However, a total of 175 patients with diabetes have since been screened in Dodoma at diabetes clinics, none of whom would have had their eyes checked for diabetic changes. Approximately 40% of patients had sight-threatening eye disease and were urgently referred for treatment. The project is self-sustaining, meaning that once training is complete the service can function independently with remote guidance where required.

The fact that the camera is handheld enables it to be used at hospitals across the region rather than fixed to a table-top like the majority of retinal cameras. However, clinics at remote hospitals have been slower to establish due to cost and staff time, 3 hospitals have been involved to date with next steps being to establish more remote clinics in the near future.

Title: CHILDSSTAR: CHILDren Living with Diabetes See and Thrive with AI Review

Keywords: Diabetic retinopathy, artificial intelligence

Author(s): Curran, K., Whitestone, N., Zabeen, B., Patnaik, J.L., Lanouette, G., Cherwek, D.H., Congdon, N., Peto, T., Jaccard, N.

Affiliation(s): Centre for Public Health, Queens University Belfast, Northern Ireland

Abstract Text

Background: Artificial intelligence (AI) appears capable of detecting diabetic retinopathy (DR) with a high degree of accuracy in adults; however, there are few studies in children and young adults.

Methods: Children and young adults (3-27years) with diabetes were screened at the Dhaka BIRDEM-2 hospital, Bangladesh. All gradable fundus images were uploaded to Cybersight AI for interpretation. Two main outcomes were considered at a patient level: 1) Any DR, defined as mild-severe non-proliferative diabetic retinopathy (NPDR); and 2) Referable DR, defined as moderate-severe NPDR. Diagnostic test performance comparing Orbis International's Cybersight AI with the reference standard, a fully qualified optometrist certified in DR grading, was assessed using the Matthews correlation coefficient (MCC), area under the receiver operating characteristic curve (AUC-ROC), area under the precision-recall curve (AUC-PR), sensitivity, specificity, positive and negative predictive values.

Results: Among 1,274 participants (53.1% female, mean age 16.7 years), 19.4% (n=247) had any DR according to AI. For referable DR, 2.35% (n=30) were detected by AI. The sensitivity and specificity of AI for any DR were 75.5% (CI 69.7%-81.3%) and 91.8% (CI 90.2% - 93.5%) respectively, and for referable DR, these values were 84.2% (CI 67.8%-100%) and 98.9% (CI 98.3%-99.5%).

Conclusions: Cybersight AI accurately detected DR and referable DR among children and young adults, despite its algorithms having been trained on adults. The observed high specificity is particularly important to avoid over-referral in low-resource settings. AI may be an effective tool to reduce demands on scarce physician resources for the care of diabetic children in low-resource settings.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2022

Global Imbalance and Social Inclusion

Co-hosted by the HSE Global Health Programme
Sponsored by Irish Aid

ABSTRACT BOOKLET

Title: Integrated Health & Rehabilitation Services in Mass Displacement: A model for inclusive healthcare

Keywords: Rehabilitation, Disability, Inclusion, Humanitarian, Refugee

Author(s): Pettey, E., Wali, T., Rothe, M., Habib, M., Paul, L.

Affiliation(s): CBM Global Disability Inclusion; Centre for Disability in Development (CDD)

Abstract Text

During situations of conflict and mass displacement when health programs are established quickly, accessibility in the design of infrastructure and programming is frequently overlooked, creating barriers for persons with disabilities in accessing essential health services. At the same time, rehabilitation services are often not considered; such denial of early rehabilitation for persons with traumatic injuries and disabilities can lead to increased co-morbidities, poorer prognosis and create barriers for accessing humanitarian aid. Building on years of a genuine partnership in disability inclusion programming in Bangladesh, CBM and CDD came together at the onset of the Rohingya refugee crisis in Bangladesh to establish a comprehensive health and rehabilitation program focussed on providing accessible primary health care and rehabilitation services under one roof, with a Homebased Rehabilitation (HBR) team to reach persons who were unable to come to the health and rehabilitation center. An external evaluation conducted by CBM in November 2019 revealed that the unique model of integrated service provision provided more holistic services and greater access for persons both with and without disabilities. Feedback from clients and other key informants indicates that health outcomes were improved through having comprehensive health and rehabilitation services in one location. Medical care and rehabilitation should not be seen as separate components, but rather as a model of multidisciplinary service where medical care and rehabilitation (including provision of assistive devices and home adaptation) are delivered together, providing for more comprehensive programming. Accessibility of services from the design stage, including the provision of HBR which allows for holistic assessment and treatment of a client within their own environment, should be integrated into health and rehabilitation programming to ensure access to services.

