

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2024

Fostering Humanity: Promoting Health Equity for a Better Planet

2nd to 3rd October, 2024

College Hall, RCSI, Dublin

Co-Hosted with RCSI Institute of Global Surgery

ABSTRACT BOOKLET

📍 RCSI, 123 St Stephen's Green, Dublin 2, D02 YN77, Ireland



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ABSTRACT BOOKLET

Day 1 - Wednesday 2nd October, 2024

PARALLEL SESSION 1.1: DEMONSTRATING THE IMPACT OF THE HEALTH PARTNERSHIP APPROACH

 *College Hall*
2nd October, 2024
10:45am - 12:15pm

Title: Demonstrating the impact of the health partnership approach in Africa: Nigeria as a case study

Keywords: Health Partnership Approach, Healthcare Delivery, Nigeria, Capacity Building, Collaboration

Author(s): Agbo, A., Msheliza, M., TLMN., and Udo, S.

Affiliation(s): The Leprosy Mission Nigeria (TLMN)

Abstract Text

Introduction/Aims: The Health Partnership Approach (HPA) seeks to enhance health outcomes through collaborative efforts between international and local healthcare organizations. This study aims to evaluate the impact of HPA in Nigeria, focusing on improvements in healthcare delivery, capacity building, and community health outcomes. The presentation highlights the successes and challenges of HPA in an African context, providing insights into its broader applicability across the continent.

Methods: A mixed-methods approach was employed, combining quantitative data analysis and qualitative interviews. Data were collected from health facilities involved in HPA projects across Nigeria, including patient health records, service delivery metrics, and training outcomes. Additionally, semi-structured interviews with healthcare workers, community leaders, and patients provided in-depth perspectives on the partnership's impact.

Results: The study revealed significant improvements in healthcare delivery and patient outcomes in HPA-supported facilities. Key statistics include a 30% increase in antenatal care attendance, a 25% reduction in maternal mortality rates, and a 40% improvement in immunization coverage (WHO, 2022). Healthcare workers reported enhanced skills and knowledge due to targeted training programs, leading to better patient care and satisfaction. One nurse stated, "The training provided by our international partners has empowered us to deliver higher quality care and save more lives."

Conclusion/Discussion/Implications: The findings underscore the positive impact of the Health Partnership Approach in Nigeria, demonstrating its potential to strengthen healthcare systems in similar settings. However, challenges such as resource limitations, cultural differences, and sustainability of efforts were also identified. Culturally sensitive training programs, long-term strategic planning and collaborative efforts between international and local stakeholders are essential to sustaining and scaling up the benefits of HPA across Africa.

Title: Enhancing professionals' inter-disciplinary child protection responses**Keywords:** Child Protection, Nigeria, Child Abuse**Author(s):** Ardilouze, A., Roarty, S., Donnellan, R., Ekwochi, U., Okoh Aham, I., and Okafor, I.**Affiliation(s):** CHI; TUSLA; ESUTH**Abstract Text**

Issue: Child abuse is the physical, sexual, and/or psychological maltreatment or neglect of a child that results in actual or potential harm. Today in Nigeria, 6 in 10 children continue to experience some form of violence. This can lead to short and long term physical and mental consequences or disorders. However, less than 5% of these children will receive any sort of support.

Description: EPIC-PR is a partnership between Children's Health Ireland (CHI) and Enugu State University Teaching Hospital (ESUTH, Nigeria) who's aim is to enhance Child Safeguarding and Protection. In November, we are travelling to Enugu to educate staff about the issue, train and upskill the Child Protection group which will handle reported cases, and implement a policy and referral pathway within ESUTH. We will also do a Train The Trainer, to ensure the sustainability of the protect and continuity of this working group. Finally, we will be meeting ESUTH administrators and hospital leads, NGOs, local police force and government to engage the out-of-hospital network and continue to promote the welfare of children.

Lessons Learned: Working collaboratively, and perhaps most importantly, travelling to meet each other in both settings was key to this partnership's success. We learned from each other, of the differences in systems and have managed to create and implement a policy as well as a more integrated network to protect children.

Title: Stigma towards mental, neurological and substance use (MNS) conditions in Ireland and Liberia**Keywords:** Stigma, MNS-conditions, Ireland, Liberia, Cross-Cultural**Author(s):** Hargreaves, A., Loughnane, G., Mothersill, D., Mulbah, J.M., Ebuonyi, I.D., and Dossen, S.B.**Affiliation(s):** Psychology Department, School of Business, National College of Ireland, Dublin, Ireland; School of Business, National College of Ireland, Dublin, Ireland; The Carter Center, Monrovia, Liberia; Department of Rehabilitation Science & Technology, University of Pittsburgh, PA, USA; The Carter Center, Monrovia, Liberia**Abstract Text**

Background/Aims: In 2021 Esther Ireland generously funded a Research Partnership between Ireland and Liberia aimed at investigating stigma towards individuals with mental, neurological and substance use (MNS) conditions. Stigma is associated with problems accessing healthcare and employment, with the experience of stigma negatively impacting mental health itself. Thus, understanding how stigma arises and varies across MNS conditions and countries is an important aim to inform interventions and improve mental health outcomes globally.

Methods: A population representative sample from both Ireland (N = 1232) and Liberia (N = 1148) completed a survey examining knowledge, attitudes, and behaviours towards several MNS conditions, including schizophrenia (SZ), bipolar disorder (BD), epilepsy (Ep) and substance use disorder (SUD). The questionnaire included four internationally validated scales; 1) Mental Health Attribution Questionnaire (AQ9); 2) Five Question Stigma Indicator Questionnaire (A5QSI-CS); 3) Reported Intended Behavioral Scale (RIBS); and 4) Personal Acceptance Level of Conditions (PALoC). Data were analyzed using central tendencies, logistic regression, bi-variate analysis, and trimmed-mean analysis of variance (ANOVA).

Results: Whilst some findings were consistent between countries there were also many differences, highlighting the importance of social determinants of stigma. For example, in Ireland SZ is more stigmatised than Ep, a finding that reverses in Liberia. Overall knowledge scores are lower in Liberia, whilst the impact of perceived danger and familiarity is evident in both countries.

Conclusion: Not only does stigma differ towards distinct conditions but this difference can also vary depending on geography. As such stigma interventions should target both condition and location. Interventions might also benefit from focusing on familiarity and perceived danger, which may be common features of stigma globally.

Title: Setting up a post-grad paediatric surgical educational platform – PASS in Tanzania**Keywords:** Paediatric Surgery, Medical Education, International Collaboration**Author(s):** Johnston, K., Corbally, M., Holterman, A., Losty, P., and Ngotta, V.**Affiliation(s):** Operation Childlife, Royal College of Surgeons in Ireland (RCSI); ipsacvietnam.org, USA; Muhimbili National Hospital, Tanzania**Abstract Text**

Children <15 years old make up 44.1% of the 67,438,106 population of Tanzania. 23.5% of trauma hospital admissions are children, with fall and RTA being the two top causes. Child mortality in acute paediatric Care Units has been shown to be almost 25%, with 41.9% in the first 24 Hours. Pediatric Acute Surgical Support (PASS) course gives healthcare professionals the skills to manage for the acute management of life-threatening pediatric surgical emergencies. Currently there is no unified training program, for treatment of acute surgical conditions in children. This course has been developed by IPSACVietnam validated and run in Vietnam and Bahrain, in conjunction with Operation Childlife and the Christina Noble Foundation successfully for several years. Typically course composition is physician (60%), nurse (40%), PICU (36%), surgery (23%), ED (20%) and anesthesiology (9%). Course success has been measured by pre and post course exams.

- Pre- and post-course written exam score of 55.4+/-15.5% vs 71.6+/-12.8%.
- Team-based trauma scenario management 22.6 ± 7.8% vs 54.7 ± 16.6%
- Team-based dynamic scores 17+/- 10% vs 53.3+/- 15.5%, respectively (p<0.0001)

Self-reported satisfaction scores were ≥ 95% for course method, level of difficulty, clinical applicability, and quality of instructors

The need has been clearly identified in Tanzania, a LMIC like Vietnam, where Operation has a track record of operation and where the course has been established and validated in Vietnam. We recently trained faculty in Bahrain in Conjunction with RCSI, King Hamad University Hospital and Operation Childlife. The next step is to implement the course in Tanzania in October 2024. This has been an internationally collaborative project between Operation Childlife, RCSI, ipsacvietnam.org, and Christina Noble Foundation, and aims to be a self propagating course that eventually will produce its own faculty.

Title: Improving access to surgical care in rural settings of East Central and Southern Africa**Keywords:** Rural Patients, Surgical Care, Collaborations, Equitable Access**Author(s):** Philipo, G.S., Brocato, L., Itungu, S., O'Flynn, E., Muteweye, W., Akoko1, L., Elias, N., Nduhiu, M., Christophe, M., and Chikoya, L.**Affiliation(s):** The College of Surgeons of East Central and Southern Africa (COSECSA); Royal College of Surgeons in Ireland (RCSI)**Abstract Text**

Background/Aims: Over 50% of people in COSECSA countries reside in rural settings. Lack of specialists is one of the reasons for inadequate access to safe, timely, quality and affordable surgery surgical care in these settings. Under the RCSI/COSECSA Collaboration Programme (CP), we aimed to implement the Essential Surgical Training (EST) Programme build capacity of rural surgical providers in COSECSA region.

Methods: Implementation duration was 2022-2024 preceded by Key Informant Interviews (KII) and desk review of existing recourses to establish the need and EST delivery model. Training was delivered by experts using the WHO Surgical Care at the District Hospital Manual. A participatory approach was used to identify key stakeholders, enroll countries and contextualize topics per country priorities. Feedback reports from implementors were collected and evaluated.

Results: Seven Key Informants from Rwanda, Zimbabwe and Zambia were interviewed to inform the implementation plan. Working with surgical societies/associations and ensuring prioritization at the policy level was found to be key. To present, we have delivered 9 trainings, each for 3 days, to 234 rural providers from Tanzania, Kenya and Rwanda. Trauma/injury was the most prioritized topic. All stakeholders highlighted that EST is needed and may improve the whole surgical/health system. Recommendations were longer training duration, audiovisual use, continuous mentorship, and live teaching in theatre to bridge the gap between knowledge and practice was highlighted.

Discussion/conclusions: EST is critical in bringing surgical care closer to patients, and ensure safe referral, reducing overall disparity in patient outcomes. Incorporating technology, readily available online resources and prevention modules may benefit this Programme. Further advocacy is fundamental to ensure local funding from Ministries of Health and other partners for a broader reach and sustainability of the EST impacts.

PARALLEL SESSION 1.2:
HEALTH EDUCATION AND
SYSTEMS STRENGTHENING

 *Robert Smith Room
2nd October, 2024
10:45am - 12:15pm*

Title: mHealth for self-testing: assessing usability and acceptability in a university setting

Keywords: mHealth, Self-Testing, Point of Care Testing, COVID-19, Usability

Author(s): Kingdon, C., O'Riordan, C., Smiddy, M., MacSharry, J., Byrne, M., and Heavin, C.

Affiliation(s): Department of Business Information Systems, Cork University Business School, University College Cork; UniHealth Project, University College Cork, Ireland; School of Public Health, College of Medicine and Health, University College Cork, Ireland; Head of Student Health Department, University College Cork, Ireland; School of Microbiology, College of Science, Engineering and Food Science, University College Cork, Ireland

Abstract Text

The spread of respiratory viruses continues to be a challenge in terms of absenteeism in proximity settings, such as universities. This is important as in-person attendance of students and staff is integral to the student experience. Universities could enable a better learning experience for students as well as a safer working environment for staff, particularly those who are vulnerable or live with vulnerable people, by promoting safe reliable self-testing and reporting. Our research investigates the usability and acceptability of a mHealth application, called UniHealth, used in parallel with clinical support and a supplied multiplex antigen test for self-testing at home for respiratory viral infections (Influenza A and Influenza B, Adenovirus, and COVID-19).

Methods: In March to April 2024, an anonymous online Qualtrics survey was used to collect data. Our survey was informed by validated questions derived from Unified Theory of Acceptance and Use of Technology (UTAUT) (Venkatesh et al., 2003) and Brookes (1996) System Usability Score tool (SUS). The survey was sent to university students and staff engaged with the wider UniHealth study. After data cleaning, we analysed sixty-two responses (50 staff members, 11 students, 1 unknown), initial preliminary data analysis was completed using MS Excel.

Results/Conclusions: Most participants surveyed (97%) strongly agreed/agreed with the usability of the UniHealth app and the supplied multiplex self-tests. Interestingly, 21% of participants were neutral or disagreed with the statement "I rarely have issues using the UniHealth app which prompts the need for further investigation of the app design. Further, we reveal some disagreement amongst participants regarding the social perceptions of an individual's use of mHealth and antigen self-tests, for example 19% strongly disagreeing/disagreeing and 66% neutral in their response to the statement "People who are in my social circle think that I should use the UniHealth app". Our analysis confirms the applicability of UTAUT and SUS in the context of mHealth and antigen self-testing in the home. The findings of this study will be beneficial for software designers and developers, antigen test designers and manufacturers, policy makers, and healthcare providers.

Title: Bridging the global health divide: Ireland's role and future opportunities**Keywords:** Global Health, Ireland's Contributions, Healthcare Disparities, Youth Engagement**Author(s):** Aboukasem, J.A.**Affiliation(s):** Independent**Abstract Text**

Background: Developing countries face significant healthcare challenges, including high mortality rates from preventable diseases and limited access to medical resources. Ireland has actively supported these nations' healthcare systems. This study aim's to highlight Ireland's current contributions, discuss possible areas for improvement, and propose ways for bridging the healthcare gap, while putting an emphasis on youth engagement.

Methods: The study population will include the top 10 countries in need of healthcare support based on global health indicators and Irish healthcare initiatives. Quantitative analysis will involve financial data on Ireland's healthcare funding, mortality and morbidity statistics from the target countries, and economic indicators. Qualitative analysis will include surveys, and literature reviews on global health management practices.

Results: Ireland provides significant financial support and has implemented various medical aid programs. However, a substantial portion of the budget is allocated to research rather than direct action. Diseases such as malaria, tuberculosis, HIV/AIDS, and maternal mortality are managed effectively in developed countries, whereas developing countries struggle with insufficient infrastructure and medical supplies. Economic development is crucial for sustainable healthcare improvements, and job creation within the healthcare sector can bolster local economies. Current opportunities for student involvement in global health are limited, and enhanced programs and new initiatives can increase youth participation.

Conclusions: Funds towards actionable healthcare initiatives can have immediate benefits. Establishing long term programs in target countries creating opportunities to work/volunteer in these regions facilitates both assistance and experiential learning. Encouraging the youth to get involved in global health can help create a workforce that's ready to take action in the future.

Title: Interprofessional education placements for healthcare students in non-clinical community settings**Keywords:** Interprofessional Education, Students, Interdisciplinary Placement**Author(s):** Simiyu, B and Macdonald, S**Affiliation(s):** University of Limerick**Abstract Text**

Interprofessional education (IPE) is crucial for preparing future health professionals to collaborate effectively in diverse healthcare settings. It emphasizes the significance of teamwork competencies, which are essential for crossing professional boundaries, resolving issues related to stereotypes and professional roles, and managing communication challenges in dispersed teams, thereby enhancing the quality of patient care. This systematic review aims to assess the effectiveness of IPE placements in non-clinical community settings on teamwork, communication, and clinical competence among healthcare disciplines.

We will include studies that examine educational interventions assessing one or more aspects of interprofessional education collaborative competencies which are values/ethics for interprofessional practice, roles/responsibilities, interprofessional communication and teams and teamwork. We will search the PubMed, CINAHL, EMBASE, Scopus, and PsycINFO electronic databases for studies and reviews published from January 2000 onwards, in English language, with no restrictions on jurisdiction.

Utilising a data-based convergent synthesise approach, quantitative data will be transformed into narrative interpretations, creating 'qualitised' evidence such as themes and patterns, which will then be synthesized with the qualitative results using thematic analysis to generate the findings.

The systematic review will gather and present evidence regarding interprofessional education placements in allied health university programmes as an effective means to increase collaborative and clinical competence. It identifies best practices in IPE within community services, showcasing successful implementations and emphasizing opportunities to expand IPE learning models in these settings.

Title: Developing and piloting a method to evaluate the global health commitment of Irish universities

Keywords: Access, Innovation, Empowerment, Transparency

Author(s): Mohsin, A., Benke, M., John, A.P., and Conlan, C.

Affiliation(s): University of Limerick; Health Service Executive (HSE)

Abstract Text

Background/Aims: This project was undertaken as part of an assignment where three master's students in Public Health undertook an eight-week practicum with a civil society group, Access to Medicines Ireland. The task assigned was to develop a global health grading methodology that could be applied at Irish Universities, with a focus on commitment to access to essential medicines.

Methods: A non-systematic literature review was undertaken for peer-reviewed articles and grey literature. A methodology was then formulated consisting of 4 sections for grading - access, innovation, empowerment, and transparency for Irish settings based on the Universities Allied for Essential Medicines report card on global health. The adapted methodology was piloted at the University of Limerick (UL).

Results: A suitable global health grading methodology was developed for the Irish context. The responses received so far have provided valuable insights into the global health commitments at UL. This project and the process of engaging with civil society and different actors within the university has given the students the confidence to work and apply research techniques to the healthcare challenges in the field of public health.

Discussion/conclusions/implications: Universities are major stakeholders in drug development and share responsibility for ensuring affordability. The development of the university report card is a useful tool to reflect on the university's global health engagement. Completion of the pilot at UL is planned and share the learning with other Irish students interested in using our methodology to grade the global health commitments of their university.

PARALLEL SESSION 1.3:
INNOVATIVE INTERVENTIONS IN
GLOBAL HEALTH

 *Albert Lecture Theatre*
2nd October, 2024
10:45am - 12:15pm

Title: A systemic approach to map, analyze and strengthen health systems resilience

Keywords: Resilience, R4S, Health System Mapping

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

Affiliation(s): GOAL

Abstract Text

Health systems are complex with multiple stakeholders, both temporary and permanent, interacting in complex ways to deliver health services. GOAL's Resilience for Systems (R4S) approach underpins our programme design and implementation, offering a suite of tools to map and analyze existing health system status, identify the key risk scenarios which threaten the system's performance, assess system resilience to these risk scenarios and guide the development of a vision for systemic change.

One of the key innovations in R4S is its mapping tool, which aims to enhance the comprehension of systems through visualization of their interactions. This tool facilitates the analysis of healthcare delivery providing a more holistic understanding. The mapping shows the key actors supporting and regulating the system's core functions.

R4S also guides analyzing risk scenarios that affect communities and systems and identifies six determinant factors of resilience (DFR): governance, diversity, redundancy, connectivity, learning, and participation.

Portfolios of interventions are designed to address identified root causes of vulnerabilities within the system. GOAL has developed detailed R4S maps of the Sierra Leone and South Sudan Health Service Delivery System. We have used this mapping exercise to ground our health programme design by examining core service delivery channels between service providers and users, supporting functions of the health system, regulatory functions, health behaviours and social norms, thereby identifying the focus of our interventions to support the permanent actors for system change.

Health systems are complex and system mapping is an innovative way to break down and understand this complexity. GOAL will present an audio-visual explainer video which communicates the R4S process and, using the example of the South Sudan health system map, explains the complex functions, actor relationships and interactions in the system.

Title: Positive connections: a superhero mental health intervention in Zimbabwe

Keywords: HIV/AIDS, Mental Health Intervention, Zimbabwe

Author(s): Munatsi, V., Low, C., Tineyi, AL., and Byrne, E.

Affiliation(s): Renewal International Trust, Zimbabwe; School of Medicine, Royal College of Surgeons in Ireland (RCSI) University of Medicine and Health Sciences, Dublin, Ireland; Centre of Positive Health Sciences, Royal College of Surgeons in Ireland (RCSI) University of Medicine and Health Sciences, Dublin, Ireland

Abstract Text

With only 18 psychiatrists and 16 psychologists for 17 million people in Zimbabwe, Positive Connections (PK) is an inexpensive, easily, and privately accessible mental health program delivered through a mobile application. The developers and implementors, Renewal International Trust, developed with an intervention for adolescents and young people living with HIV (AYPLHIV) to combat the negative effects of shame, self-stigma, and social stigma they experience.

This study describes the development of the application using the Medical Research Council (MRC) framework for developing and evaluating complex interventions. Data was obtained from background documents written by and interviews with Renewal International Trust. The foundational intervention for AYPLHIV is used to illustrate the development and implementation process. This intervention 'The Birthing of a Superhero' consists of 10 chapters, each containing a short video clip from a movie where a superhero faces a situation and a short story showing how the situation relates to experiences of having HIV. Clients reflect on how the story relates to their life while being guided by a counsellor to reflect on their journey - reframing negative self-perceptions, developing resilience, and moving from self-stigma to self-worth. PK utilizes narrative therapy and cognitive behavioural therapy to underpin this mental health intervention.

PK is expected to reduce the burden of care on the healthcare sector, reduce the geographical and financial limitations to accessing support services, and complement existing efforts to combat mental health and HIV for vulnerable key populations. PK is currently only available in Zimbabwe, and plans are to assess and disseminate its impact in Zimbabwe with the hope of scaling within Sub-Saharan Africa in the near future.

Title: Inquiry based stress reduction in obesity self-stigma in community clinic / general practice setting

Keywords: Obesity, Self Stigma, Inquiry Based Stress Reduction, Primary Care

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

Affiliation(s): University College Cork; Department of Public Health and Primary Care, Trinity College; University of Limerick; Beyond Stigma, Ireland

Abstract Text

Obesity is a major cause of suffering and driver of non communicable diseases. Engagement between people with obesity and health care systems is difficult, due to stigmatisation, self stigma and limited efficacy of interventions. Hospital based care is difficult for people with limited mobility. Mental health and self stigma are of important for long term outcomes.

We describe a community clinic GP based study exploring use of Inquiry Based Stress Reduction (IBSR), formerly known as The Work of Byron Katie, to explore obesity self stigma in a convenience sample of people with severe obesity, utilising a multidisciplinary team (IBSR Facilitators (3), Clinical Psychology (1), GPs (3)) to deliver a moderate intensity intervention.

Outcomes/Conclusion: Intervention included a 12 week program with pre and post evaluation. Participants experienced a tailored curriculum of IBSR elements, delivered in online group setting, with options for one on one and couples sessions. GPs identified 22 suitable individuals for inclusion, with 12 commencing and 10 completing the study, m:f = 3:7, average BMI 42, and with significant reduction in Weight Self Stigma Score. Qualitative data from participants and reflection of the project team support conduct of a larger multi practice study, informed by these results.

Title: The impact of creativity in Wakakosha - a self-stigma intervention for young people with HIV

Keywords: Self-Stigma, Creativity, HIV, Emotional Regulation, Self-Worth

Author(s): Heniff, L., Ferris France, N., Mavhu, W., Ramadan, M., Nyamwanza, O., Chinembiri, M., Crehan, E., Willis, N., Ní Cheallaigh, D., Gwenzi, E., Nolan, A., and Byrne, E.

Affiliation(s): Trinity College Dublin, Dublin, Ireland; Beyond Stigma, Dublin, Ireland; CeSHHAR, Harare, Zimbabwe; Trinity College Dublin, Centre for Global Health, Dublin, Ireland; Beyond Stigma, Harare, Zimbabwe; Speak Up Sing Out, Meath, Ireland; Zvandiri, Harare, Zimbabwe, Royal College of Surgeons in Ireland (RCSI), Dublin, Ireland

Abstract Text

Background: The integration of creativity into health and well-being interventions is growing with increasing evidence on how the arts can reduce stigma. Many research projects evaluate arts-based approaches, but few specifically examine creativity. This study focuses on the influence of creativity in moving young people living with HIV from self-stigma to self-worth.

Methods: The Wakakosha intervention, a group therapy using inquiry-based stress reduction with creative activities, was conducted among 60 young people (ages 18-24) living with HIV in Zimbabwe in 2022. This study examines the same data, focusing on creativity's influence. Anonymised transcripts of three focus groups and 12 interviews, along with creative products, were thematically analysed using NVivo.

Results: Wakakosha's integration of creativity created opportunities for participants to express and release emotions within the process of shifting negative personal beliefs. Overall, the intervention transferred practical skills on self-inquiry, mindfulness, meditation and creativity that participants used in their daily lives. Creativity saturated the intervention through music, dance, letters to the body, drawing, colouring, poetry and body mapping. The creativity engaged participants and gave a space in which to shift their self-stigmatising beliefs. Four major themes on creativity in the intervention emerged: Acceptance and Forgiveness, Emotional Regulation, Self-Empowerment and Self-Worth, and Reminder of Messaging or New Skills. Literature on creativity and the arts aligns with our findings that creative activities can enhance the therapeutic environment and associated participant experience.

Conclusions: Creativity contributed to self-stigma reduction and improved participant experience. It provided new skills for participants to remind themselves of programme lessons and regulate distress. This project offers promising insights into the potential of creativity in counteracting self-stigma.

**PARALLEL SESSION 2.1:
INTERSECTIONALITY, HEALTH
EQUITY, AND DECOLONISATION**

 **College Hall**
2nd October, 2024
1:45 - 3:15pm

Title: Improving equity and quality: which are the perceived priorities in collaborative global health research?

Keywords: Collaborative Research, Global Health Research Equity, Global Health Research Quality, International Collaborations

Author(s): Hussu, I., Andriamasy, H.E., Rampanjato, Z., Ravololohanitra, O.G, Neumann, A., Franke, M.A., Knauss, S., Emmrich, J.V., and Muller, N.

Affiliation(s): Global Digital Last Mile Health Research Lab, Charité Center for Global Health, Charité - Universitätsmedizin Berlin, Germany; Doctors for Madagascar, Antananarivo, Madagascar; Ärzte Für Madagaskar e.V., Leipzig, Germany; Heidelberg Institute of Global Health, Heidelberg University, Heidelberg, Germany

Abstract Text

Background/Aims: International research collaborations are key in addressing Global Health (GH) challenges. However, these collaborations often involve disparities, such as unequal access to training and funding. These inequities create power imbalances that unevenly affect partners from the Global South (GS) and undermine the quality and impact of the research. This study aims to identify inequities within the Global Digital Health Lab (GDHL), a GH research group of scientists from Malagasy and German institutions. The aim is to explore researchers' values and perspectives in improving equity and quality within international collaborative research. **Methods:** This case study employs a qualitative exploratory approach. We purposefully sampled 7 participants from the GS and the Global North, all active GDHL researchers, with at least 2 years of experience in international research collaborations. Prior to conducting the interviews, we adapted and distributed a Research Practice Guidance Tool, a checklist highlighting key equity and quality considerations through 5 sections representing the main research stages. All participants were interviewed remotely using semi-structured in-depth interviews.

Results: Two main findings emerged from this study. Firstly, technical research priorities, such as the elaboration of project concepts and the definition of research questions, shall be approached collaboratively to ensure a common understanding and same-level involvement of all partners. Secondly, external factors contributing to inequities, such as funding dependencies, should be addressed within the collaborative framework wherever possible. Overall, promoting the equitable inclusion of GS partners at every stage of the research process is crucial for ensuring high quality, inclusive, and reflective research.

Discussion/Conclusion/Implications: This study provides context-specific insights into priority areas for improving equity and quality of research practices within the group, highlighting the importance of addressing hidden imbalances in GH research. For international collaborators in the field of global health, this study underscores the collective responsibility to actively promote equity and quality by identifying, prioritizing, and addressing imbalances and provides a practical example of how to approach this sensitive topic effectively.

Title: Internal stigma: a comprehensive analysis of the people living with HIV stigma 2.0 index**Keywords:** Self-Stigma, Internal Stigma, PLHIV Stigma Index, HIV**Author(s):** Chen, P. Y., El Sheikh Idris, L., Cahir, C., Ferris-France, N., Byrne, E.**Affiliation(s):** School of Medicine, Royal College of Surgeons in Ireland (RCSI) University of Medicine and Health Sciences, Dublin, Ireland; Data Science Centre, RCSI University of Medicine and Health Sciences, Dublin, Ireland; Beyond Stigma, Ireland; Centre of Positive Health Sciences, RCSI University of Medicine and Health Sciences**Abstract Text**

Background: The people living with HIV (PLHIV) Stigma Index, created to support the Greater Involvement of People living with HIV and AIDS (GIPA) principle, is a vital study designed to understand the levels of stigma and discrimination experienced by this population globally. The study uniquely empowers PLHIV putting them at the centre of the process as it is conducted by and for PLHIV. Stigma is a complex, multidimensional phenomenon and concept with many definitions, understandings and approaches. It is enacted and perpetuated through structures, organisations, communities, and individuals. HIV-related self-stigma (or internal stigma) - a mindset of negative beliefs, thoughts, and behaviours a person holds about themselves - remains a major barrier to HIV treatment, management and care. Self-stigma has been linked to adverse outcomes, including low self-esteem, low self-efficacy, and social isolation.

Methods: This study explored self-stigma (internalised stigma), as reported in the revised PLHIV Stigma 2.0 Index. The data from 38 country reports (thirty-one in English, seven in French) were analysed quantitatively and qualitatively. Qualitatively the data from the in-depth-interviews pertaining to self-stigma was thematically analysed.

Results: Descriptive statistics and regional comparisons were possible according to emotional responses (e.g., guilt, shame, worthlessness), behavioural changes (e.g., avoiding social gatherings, medical care, job applications), and personal abilities (e.g., self-confidence, desire for children, religious practice). Additionally, comparisons were made on self-stigma experiences between male and female participants.

Discussion/Conclusions/Implications: This analysis will provide activists, policy makers and researchers with a better understanding on internalised stigma and the potential data that is available in these publicly available reports that can be used for advocacy through country, regional and global comparisons.

Title: Decolonial and inclusive one health approach: a participative action research in South Kivu, DRC**Keywords:** One Health, Participatory Action Research, Community Resilience, Conflict, Decolonization**Author(s):** Vieri, K., Procureur, F., Leroy, I., Franceschin, L., Ben Abdelhafidh L., Franzini, A.L., Ripoche, D., Timmermans, E., Sy, H., and Olchini, D.**Affiliation(s):** MdM Be: Doctors of The World Belgium; Université de Tours, France; VSF Be: Veterinary Without Borders Belgium; ITM: Institute of Tropical Medicine Antwerp**Abstract Text**

In the surroundings of the Kahuzi-Biega National Park, South Kivu, DRC, communities are grappling with long-standing armed conflicts, climate change stressors, and severe environmental degradation leading to heightened health and environmental risks. These communities, long marginalized, have been highly dependent on humanitarian aid. Our project employs a Participatory Action Research (PAR) framework, rooted in the One Health (OH) paradigm. This approach aims to rethink the way knowledge is produced by questioning the dominance of a knowledge system created in the global north and transferred to the global south, and by valuing local epistemologies. The intervention seeks to enhance community resilience and mitigate environmental risks in fragile contexts, through inclusive community involvement. Combining decolonial approaches with PAR ensures that local communities are not merely participants but active co-creators of knowledge and interventions. This method challenges traditional power dynamics and fosters the integration of local knowledge systems, which is essential for developing contextually relevant and sustainable solutions. Implementing a decolonial approach involves challenges. Inclusive participation was difficult to achieve due to entrenched social hierarchies and inter-community conflicts. The influence of past aid shaped community expectations, with a strong focus on immediate humanitarian needs rather than sustainable behavioral change. We are currently conducting a realist evaluation to uncover underlying mechanisms of this complex intervention and document the influence of contextual factors. Recommendations for policy and practice include promoting inclusive participation by addressing social hierarchies, integrating decolonial methods into health and environmental programs, securing sustained support for community-led initiatives, and ensuring multisectoral collaboration to foster synergies between human, animal, and environmental sectors.

Title: Addressing the barriers to meaningful adolescent involvement in health research: a qualitative study

Keywords: Youth Involvement, Participatory Research, Youth Engagement in Global Health, Co-Producing Research

Author(s): Warritch, A., Wacker, C., Buckley, E., Lee, M., Bruce, D., Biju, S., Curran, P., Khraisha, Q., Bourke, A., and Hadfield, K.

Affiliation(s): Trinity Centre for Global Health, Trinity College Dublin; School of Psychology, Trinity College Dublin; School of Engineering, Stanford University, United States of America; School of Social Work and Social Policy, Trinity College Dublin; Institute of Education, Dublin City University, Dublin, Ireland


Abstract Text

Background: A lack of awareness among researchers on how to engage young people in mental health research has been reported as one of the main challenges in involving adolescents in research. The currently available guidelines on adolescent involvement are limited in terms of the scope, content, and context for which the guidelines are applicable. To address this, we are developing comprehensive guidelines on youth involvement in mental health research.

Methods: We are developing the guidelines following the ADAPTE process, where in lieu of de novo guideline development, available guidelines are being adapted with input from researchers and young people. We conducted a pre-registered (PROSPERO #CRD42021293586) rapid review to identify the available guidelines on youth involvement in research. A pre-registered (PROSPERO #CRD42021287467) umbrella review was conducted to synthesise review-level evidence on youth involvement in research. Gaps in the currently available guidelines and literature on youth involvement were addressed by conducting a Delphi study with a multi-disciplinary panel of 400 health researchers and young people from around 130 countries. Young co-researchers (aged 10-24) were engaged at all stages of the research process. The final guidelines will be drafted in participatory workshops in collaboration with youth and adult researchers.

Discussion: The resulting guidelines will provide researchers with practical tools and recommendations on how to engage young people in mental health research. These guidelines will contribute to system-level strengthening by adopting a holistic, interdisciplinary, participatory, culturally sensitive, and implementation-focused approach to youth involvement in mental health research.

PARALLEL SESSION 2.2:
SEXUAL REPRODUCTIVE HEALTH
AND RIGHTS

 **Robert Smith Room**
2nd October, 2024
1:45 - 3:15pm

Title: A global research priority setting exercise on masculinities and SRHR: key lessons and future directions

Keywords: Gender Equality, SRHR, Gender-Transformative, Male Engagement, Research Priority Setting

Author(s): Brennan-Wilson, A., Marques, M., Coates, A., Amin, A., Garry, J., Tomlinson, M., Nyembezi, A., George, A., and Lohan M.

Affiliation(s): Queen's University Belfast; MenEngage Global Alliance; World Health Organization; Stellenbosch University; University of the Western Cape

Abstract Text

Issues: Recognising the increasing importance of research priority setting exercises (RPSEs) in role-modelling how responsive research agendas can be collectively generated by policy, practice and research communities, we present our approach to setting research priorities on engaging men and boys in sexual and reproductive health and rights with a diverse group of over 200 global stakeholders across 60 countries.

Description: We followed an adapted approach to the Child Health and Nutrition Research Initiative (CHNRI) methodology for RPSEs. This widely used approach consists of two steps: 1) a research question generation stage and 2) a research question evaluation stage. The initial stage usually involves a steering group, but our adaptation was to make this stage bottom-up and deliberative, by inviting a wider, diverse group of stakeholders to collectively propose and discuss priority research questions. The aim was to enhance the quality of question suggestions by facilitating the recording of nuanced rationales and perspectives. Informed by feminist and decolonising approaches, we sought to foster meaningful participation, especially among stakeholders in lower- and middle-income countries (LMICs) settings by working with a civil society organisation with established networks in LMICs and through multilingual participation opportunities. The evaluation stage followed the established CHNRI method of an online priority setting survey.

Lessons learned: The exercise produced 26 priority research questions emphasising the need for 1) more gender-transformative research; 2) more applied research; 3) improved research methods; and 4) closer attention to research priorities of LMIC stakeholders.

Next Steps: Through an inclusive, rigorous, and transparent process of engagement with global stakeholders, this exercise forges a collaborative research agenda to steer the next decades of research funding and gender-transformative research on masculinities and SRHR.

Title: Culture and sexual health among young adults: a literature review**Keywords:** Sexual Health, Young Adults, Culture, Literature Review, Global Health**Author(s):** Deevy, K. E., Hughes, M., and Phelan, A.**Affiliation(s):** School of Nursing & Midwifery, Trinity College Dublin, Ireland**Abstract Text**

Background: Access to sexual health has been heralded as a gatekeeper to safer sex among young people, however, for many minority youths, there are barriers. The aim of this literature review is to explore how culture influences the knowledge, attitudes and behaviours related to sexual health among young adults.

Methods: A literature review was conducted using several databases and keywords with Boolean logic to maximise relevant findings. Articles that had a study population of young people between the ages of 18-30 were also included as there is no universal age definition for young adults. Studies in the English language that were published within the past 10 years (2014-2024) were included to obtain the most recent information.

Results: A total of 721 studies were found, and following screening with 36 included from 17 countries across five continents. Nine themes were identified as being influenced by culture in the literature: Sexually Transmitted Infections, Traditional Gender Norms, Transactional Sex and Imbalance of Power, Stigma and Disbelief, Lack of Sexual Health Education and Discussion, Sexual Risk and Behaviours, Pressures of Virginity and Purity, Religion, and Policy and Procedure.

Discussion: Cultural values of young people are an important consideration in managing their sexual health. The literature emphasises the importance of sexual education and open communication at home and in communities to address questions and dispel misconceptions. The lack of access to information can lead to increased stigma, shame and negative sexual health outcomes. Patriarchal values and gender inequalities influenced by culture were found to have harmful effects on the sexual health of young females. Further support for youths, parents and community leaders is needed, with national and international policies to strengthen this effort. This review suggests a need for more research on the sexual health of young people, particularly those from hard-to-reach groups.

Title: A systems approach to empower adolescents for positive reproductive health choices**Keywords:** Systems Approach, SBC, Transformative Change.**Author(s):** Abdululah Fadulallah, M.E., Hallissey, M., and McCrossan, G.**Affiliation(s):** GOAL Sierra Leone; GOAL Ireland**Abstract Text**

Sierra Leone has one of the highest rates of adolescent pregnancy in the world with 21% of girls aged 15 - 19 having begun childbearing, 8.6% of women aged 20-24 years married before the age of 15, and 29.6% married before the age of 18 years. (DHS 2019)

GOAL Sierra Leone implemented an Adolescent Sexual Reproductive Health (ASRH) programme (2018 - 2022) using a systems approach combined with Social Behavior Change (SBC) interventions addressing the interrelated challenges of high rates of adolescent pregnancy and maternal mortality. Health system strengthening included a robust system analysis which identified the service gaps across the health system, allowing the programme to focus on mentoring of clinical staff for the provision of quality and confidential ASRH services at 63 target health facilities, while SBC communication increased the awareness, knowledge, skills and confidence of adolescents. At the centre was Community Dialogues, a participatory communication process addressing the social and gender norms perpetuating high rates of adolescent pregnancy in 240 communities. Youth Led Advocacy provided adolescents with skills to hold community and health staff to account and built the agency of young people to lead on issues related to their health.

Evaluation found the quality and responsiveness of ASRH services had been strengthened and that engaging young people and key influencers on adolescent pregnancy led to positive changes in attitudes and shifts in social and gender norms, increased uptake of modern contraception among female youth from 38% to 58% (15-19yrs) and from 26% to 71% (20-24yrs) and reductions in adolescent pregnancies in the target communities. GOAL is currently supporting district health management teams in three districts to scale up this approach to facilitating health system improvements and transformative change regarding social and gender norms.

Title: Access to sexual and reproductive health services and information by adolescents aged 10-19 years in the North Shoa Zone, Amhara Region, Ethiopia: a thematic analysis

Keywords:

Author(s): Kovuri, T.S., Hadfield, K., Wagnew, M., Seifu, A., Ababe, S., Nolan, A., and Kaba, M.

Affiliation(s): School of Social Work and Social Policy, Trinity College Dublin; Department of Preventive Medicine, School of Public Health, College of Health Sciences, Addis Ababa University; Trinity Centre for Global Health, School of Psychology, Trinity College Dublin; Department of Reproductive, Family and Population Health, School of Public Health, Addis Ababa University; AMREF Health Africa, Ethiopia Country Office, Addis Ababa Ethiopia

Abstract Text

Introduction: Adolescents in low-middle income countries (LMICs) face substantial barriers in accessing SRH services, leading to early and unintended pregnancies, unsafe abortions, and higher rates of HIV and STIs, particularly in rural areas. In Ethiopia, adolescents aged 10-19 make up 18% of the population, with prevalent sexual initiation necessitating an increased need for SRH services. This study part of EASE project sought to determine the facilitators and barriers of SRH information and services for adolescents in Ethiopia's North Shoa zone in the Amhara region.

Methodology: The Youth-led Participatory Action Research (YPAR) project in North Shoa, conducted in three phases, engaged 144 early and late adolescents in 16 focus group discussions to identify SRH service barriers and facilitators in the first phase. The second phase employed photographic elicitation to assess adolescents' SRH needs. The third phase included semi-structured interviews with 18 parents, 13 schoolteachers, six community leaders, 13 local government and NGO employees, and five healthcare workers. Data were transcribed and analysed in NVivo 12 following Braun and Clarke's six-phase thematic analysis.

Results: Early and late adolescents reported varying SRH service priorities; however, common facilitators included youth-friendly services, peer-shared information, affordable access, and privacy. Supportive family and community structures are also crucial. Confidentiality and privacy are deemed essential, with adolescents favouring provision at schools and healthcare facilities, a preference echoed by parents, teachers, and community leaders. Barriers include inadequate service provision, low awareness, prohibitive costs, travel difficulties, and lack of privacy intensified by traditional families, religious values, and social stigma in Ethiopia.

Conclusion: The YPAR approach examining adolescents' access to SRH services in North Shoa highlights the necessity for specialized school and community programs. These should empower adolescents to seek stigma-free SRH information and services, utilize peer learning, and engage teachers and parents. Creating youth-friendly spaces for free contraceptive access and promoting NGO-government collaboration to broaden SRH program outreach is advised.

PARALLEL SESSION 2.3:
GENDER AND HEALTH

📍 *Albert Lecture Theatre*
2nd October, 2024
1:45 - 3:15pm

Title: Adolescent girl's experiences of shame when diagnosed with HIV/AIDS: a qualitative study in Zimbabwe

Keywords: HIV/AIDS, Adolescence, Shame, Identity, Self-Stigma

Author(s): Munatsi, V., Alfuraydi, A., and Byrne, E.

Affiliation(s): Renewal International Trust, Zimbabwe; School of Medicine, Royal College of Surgeons in Ireland (RCSI) University of Medicine and Health Sciences, Dublin, Ireland; Centre of Positive Health Sciences, RCSI University of Medicine and Health Sciences, Dublin, Ireland

Abstract Text

Background: Despite the decline in incidence over the past 10 years, 2 out of every 7 new HIV infections globally in 2019 were among young people (15–24 years) and 1.7 million adolescents and 3.4 million young people are living with HIV. Adolescents and young people living with HIV (AYPLHIV) have the highest rates of treatment failure, morbidity, and mortality compared to other age groups. Adolescent girls and young women are disproportionately affected and accounted for 77% of all new HIV infections in 2022. This study explores specifically the experiences of HIV-related shame in adolescent girls diagnosed with HIV/AIDS in Zimbabwe.

Methods: A qualitative exploratory design explored the experiences of shame through in-depth semi-structured interviews with ten female adolescents (aged 17–19) in Harare, Zimbabwe. The interviews were conducted in a familiar environment by a qualified psychologist. Data was thematically analysed and supported through a rigorous literature review of shame and PLHIV to contextualize the findings. The principles and theories of Self-Psychology were used to identify, interpret, and understand instances of shame in the data.

Results: Overall shame pervades every aspect of HIV infection. The emerging themes can be categorized broadly into internalized, externalized, bypassed, and contextual forms of shame. Individuals internalised societal cultural and moral prejudices and perceptions that exacerbated shame. Shame influenced self-esteem, decision-making, set limits on set limits on aspirations in life. Coping mechanisms were also identified.

Discussion/Conclusions: The findings have implications for HIV policies, service provision, and interventions that induce, promote, and/or maintain shame in various spheres. Practically these findings have contributed to the development of a mental health intervention for adolescents and young people in Zimbabwe – Positive Konnections.

Title: Gender and self-stigma: a narrative report of self-stigma interventions for people living with HIV**Keywords:** Self-Stigma, HIV, Gender Inequality, Intersectionality, Sexual Health**Author(s):** Cote, C., Ferris-France, N., Ní Cheallaigh, D., Mavhu, W., and Byrne, E.**Affiliation(s):** School of Medicine, RCSI University of Medicine and Health Sciences, Dublin, Ireland; Beyond Stigma, Ireland; Centre for Sexual Health & HIV/AIDS Research (CeSHHAR) Zimbabwe; Department of International Public Health, Liverpool School of Tropical Medicine, Liverpool, UK; Centre of Positive Health Sciences, RCSI University of Medicine and Health Sciences, Dublin, Ireland**Abstract Text**

HIV-related self-stigma - a mindset of negative beliefs, thoughts, and behaviours a person holds about themselves - remains a major barrier to HIV treatment, management and care. HIV-related self-stigma leads to depression and other mental health problems, lowers adherence to antiretroviral medication, and acts as a barrier to health services. This situation is further exacerbated by the impact of intersecting stigmas, particularly gender, sexuality, sex work and substance use. This study set out to examine the intersectionality of gender, people living with HIV (PLHIV) and self-stigma. A systematic review of existing interventions that address self-stigma among people living with HIV (PLHIV) was recently conducted. The reported results of the thirty-five interventions included in this review, the referenced and associated literature that was used in these studies to support the gendered findings, and data from the Stigma Index 2.0 for People Living with HIV were used to examine reported differences in self-stigma across gender for PLHIV. The main findings suggest that aspects of self-stigma that particularly affect care outcomes in women living with HIV (WLHIV) vary across geographical and cultural contexts but are largely based on sociocultural beliefs and their associated gender norms, the degree of gendered social cohesion, and the capacity of women to bear and perinatally infect children. Overall, self-stigma for WLHIV is amplified by existing gender inequalities and their already marginalised positions in society. This study adds to an area of research on self-stigma for PLHIV, and underlines the need to look at more gendered approaches to care vulnerable population groups. It provides gender-based analysis of previous interventions, highlighting key variables for self-stigma for women living with HIV and indicates areas for further research.

Title: A systematic review of gender representation in clinical trials in Singapore**Keywords:** Clinical Trials, Gender Representation, Equity, Bias**Author(s):** Kwek, P.X., Sem, X.H., and Chu, A.**Affiliation(s):** Women in Global Health Singapore**Abstract Text**

Issues: Women have historically been underrepresented in scientific research, particularly in Asian and ethnic minority populations. Although female representation in clinical trials has been increasing partly due to new regulations, laws, policies and scientific evidence, the pharmaceutical industry continues to have poor representation of women in their trials. As Singapore becomes an important rising hub for biomedical trials in the region, we proposed a systematic review of clinical trials carried out in the country. The primary objectives are to examine gender representation in Singapore clinical trials.

Description: Singapore-held clinical trials published on four databases: Clinical Trials, Pubmed, Cochrane, Web of Science from 2008-2023 were identified. 610 studies were screened by three independent reviewers. The main outcomes were proportion of women among participants in clinical trials, and sex-disaggregated findings reported in clinical trials. Subgroup analyses will be performed for the following trial characteristics: sample size, mean age of participants, racial status, intervention type, sex of principal investigator and funding agency.

Next steps: As Singapore is a rising biomedical hub attracting pharmaceutical and medical device research and investment, the country could be a leading example of gender representative research in the region. Findings and lessons from the data will help inform future regulations and strategies in the local environment, to hold future organizations accountable in addressing and minimising gender bias in clinical trials. The protocol for this review was published on PROSPERO on 22nd January 2024.

Title: Gender and self-stigma: a narrative report of self-stigma interventions for people living with HIV**Keywords:** Gender, Global Health Leadership, Stereotypes**Author(s):** Mucheru D., Harley J., Genda E., Gilmore B., McAuliffe E., Mpinga A., and Mollel H.**Affiliation(s):** UCD Centre for Interdisciplinary Research, Education and Innovation in Health Systems (UCD IRIS), University College Dublin, Ireland; Mzumbe University, Tanzania**Abstract Text**

Women who make up 70% of health worker positions and are primary healthcare users, occupy only 25% of leadership roles. In Tanzania, women dominate the health workforce making up the majority of nurses, midwives and allied health professionals; however, cross-sectional data shows that women hold just 17.4% of middle and senior leadership roles, compared to 82.6% occupied by men. Persistent barriers such as gender stereotypes, can impede women's advancement to leadership, reinforcing the systematic unequal representation. This study aimed to better understand gender stereotypes among Tanzanian healthcare leaders. A cross-sectional survey was disseminated via email to the healthcare leaders. The survey consisted of demographics, current employment, and perceptions of gender and gender stereotyping within the workplace. SPSS data analysis software was used to describe the data and explore relationships between gender stereotypes and the gender of the rater (significance based on $p < 0.05$). 200 participants completed the survey, with men comprising 59% of the sample. Exploration of the association between scores for communality, which measured elements of sociability and concern for others on a 7-point scale, indicated a significant difference ($U = 3110$ $p = 0.03$), with men rating themselves higher 4.03 (1.89) than women rated them 3.37 (1.64). Assessments of agency, encompassing assertiveness, independence, instrumental and leadership competence, indicated that women rated themselves higher 3.87 (1.66) than men rated them 3.48 (1.62), with differences approaching significance ($U = 4906$ $p = 0.059$). Results indicate that healthcare leaders implicitly stereotype the opposite gender. This may have implications for women's representation in Tanzania's healthcare leadership, as leadership is often equated with traits more frequently associated with men. To advance women's leadership representation, strategies need to ensure that they address these stereotypes across all genders.

IRISH GLOBAL HEALTH NETWORK CONFERENCE 2024

Fostering Humanity: Promoting Health Equity for a Better Planet

ABSTRACT BOOKLET

Day 2 - Thursday 3rd October, 2024

PARALLEL SESSION 3.1: HUMANITARIAN CRISES AND CONFLICT

 *College Hall*
3rd October, 2024
10:00 - 11:30am

Title: How did the 2022 floods in Pakistan impact child wellbeing?

Keywords: Climate Change, Early Childhood, Qualitative, Extreme Weather Event, Pakistan

Author(s): Akhtar, T. N., Cosma, A. P., Hadfield, K.

Affiliation(s): School of Psychology, Trinity College Dublin; Trinity Centre for Global Health, Trinity College Dublin

Abstract Text

Background: Climate change is a growing threat to health and wellbeing, with countries least responsible suffering the worst consequences. Emerging evidence indicates that children are more vulnerable to climate-related shocks, such as extreme weather events, as exposure threatens their biological, cognitive, and psychological development and wellbeing. In Pakistan, at least seven million children were affected by extreme flooding in 2022.

Aims: This research aims to qualitatively explore parents' perspectives on how the experience of extreme flooding has impacted the development and mental health of young children, aged 0 to 8 years, in Pakistan.

Methods: This exploratory study will use semi-structured, in-person interviews in August 2024 with a gender-balanced sample of 10 parents living in flood-affected areas. Lived experiences of the flooding on children's wellbeing and development will be enquired upon. Additionally, we will explore caregivers' perspectives on children's needs in post-weather disaster settings. Interview transcripts will be translated and coded using Braun and Clarke's thematic analysis framework.

Results: By interviewing parents, we seek to elucidate the effects of extreme flooding on children. Findings will highlight the influences of the flooding and its associated effects on developmental outcomes, accounting for age-specific perspectives and mechanisms.

Implications: This study aims to shed light on an under-represented area where large numbers of children are at risk from the extreme effects of climate change. By capturing age-specific perspectives and mechanisms, the findings will provide critical insights into how different age groups are uniquely impacted. Participant experiences will facilitate development of targeted guidelines and recommendations to support child development, mental health, and wellbeing after climate change-related disasters in climate-vulnerable settings.

Title: The impact of food system attacks on child nutrition: evidence from conflict in Nigeria**Keywords:** Conflict, Nutrition, Humanitarian, Data, Nigeria**Author(s):** Dowd, C., and Gleason, K.**Affiliation(s):** School of Politics and International Relations at University College Dublin; Department of Biomedical and Health Sciences at University of Vermont**Abstract Text**

Introduction: Research has extensively documented the significant effect of armed conflict on child nutrition. However, existing studies typically treat 'conflict' as an aggregate category, rarely distinguishing between forms of violence likely to have outsized effects on food systems and, through this, nutrition. We investigate and comparatively assess the effects of violence in which food systems, resources and/or stakeholders are attacked (hereafter, food-related violence) on weight-for-height and wasting among children aged 6-59 months in Nigeria.

Methods: Data are from Demographic Health Survey (DHS) household surveys from 2003–2018 for over 50,000 children aged 6-59 months, and the Armed Conflict Location and Event Data (ACLED) project database, adjusting for child, household and community characteristics, climate and environmental factors. Models test the relationship between food-related violence and wasting, compared to other forms of violence.

Results: Food-related violence is associated with a larger negative effect on weight-for-height compared to non-food related violence, violence against civilians, and all conflict events. Food-related violence is also associated with a greater effect on wasting than other forms of violent conflict, including non-food related violence, violence against civilians, or all conflict events.

Conclusion: Food-related violence has an important, but to date largely unstudied, effect on nutrition in conflict contexts. The study highlights the value in nutrition and global health scholarship of integrating insights from peace and conflict scholarship by distinguishing between forms of violence and their differential effects. Future practice and policy aimed at addressing conflict's impacts on nutrition can be improved through greater attention to contexts in which food systems and resources are the frequent sites and/or targets of violence.

Title: Paediatric mortality in a regional hospital in the Central African Republic**Keywords:** Paediatrics, Low-Resource Setting, Quality Improvement**Author(s):** Larkin, G.C., and Singasso, T.**Affiliation(s):** MSF**Abstract Text**

Aims: MSF supports paediatric care at Bambari Hospital, CAR. Challenges to care here include lack of data collection and reporting. This study was carried out with a view to incorporating quality improvement and informing training sessions.

Methods: We conducted a review of all deaths in paediatric clinical areas during 8 months in 2023. We collected each chart following death and recorded patient demographics and clinical course. Results were compared with data from 2021.

Results: 2524 children were admitted. Of these, 180 (7.1%) died in hospital. 32% died within 24 hours of admission. 349 were neonates. Of these, 69 (19.8%) died in hospital. 38.3% of deaths were neonates. Prematurity accounted for 23.8% of paediatric deaths, 62.3% of neonatal deaths. For non-neonates, the most frequent causes of death were malaria (49.5%), and sepsis (18.9%). Severe acute malnutrition was present in 18.9% of deaths outside neonates.

Implications: The number of recorded children who died in 8 months of 2023 is higher than in 9 months of 2021: 180 vs 146. Possible explanations include more accurate data collection and reporting. Under-recording of deaths due to fear of blame is historically reported. 32% were within 24 hours of arrival. Late presentation is common due to traditional treatment and travel distance. There is no doctor onsite overnight, and some new admissions go up to 16 hours without medical examination. Monitoring overnight and during feeding was also a noted issue, with 3 deaths by inhalation and one case of accidental suffocation. This data supported our application for funding a doctor's night shift. The high proportion of neonatal death supported creating a Maternal-Infant Health Committee, made of MSF-supported neonatal staff and MOH-supported maternity staff, to coordinate care and improve neonatal resuscitation. Data was presented monthly to the clinical team to encourage reflection on practice and increase accountability for providing high quality care.

Title: Telehealth initiatives in conflict zones: Insights from Ukraine**Keywords:** Telehealth, Crises, Digital Health, Health Equity, AI**Author(s):** Rafferty, M., Schneider, K.-F., Shanahan, A., Tripana, M., and Vincens, V.**Affiliation(s):** Abi Global Health**Abstract Text**

Since the escalation of the conflict by Russia in Ukraine on February 24th 2022, the humanitarian crisis has led to mass displacement, severely disrupting access to essential healthcare services for millions of refugees and internally displaced persons.

How can telehealth be leveraged to ensure continuity of care for citizens in conflicts such as that in Ukraine?

Abi is an AI driven telehealth platform designed to improve health equity. It is interface agnostic, enabling it to meet users where they are. A distributed network of doctors use Abi's ProApp to efficiently and effectively resolve users' cases. Abi's match time between user and healthcare professional averages 30 seconds across 10 million lives in 40 geographies.

Poised to launch as a paid service in Ukraine, following the conflict escalation, Abi removed the paywall, enabling access to the service via messaging platforms like Telegram, Viber and WhatsApp during the acute phase of the crisis. Demand generation was carried out using Google Search Ads.

Between the 24th of February 2022 and the 5th of May 2022, Abi facilitated 559 consultations in Ukraine, predominantly addressing general health, gynaecological, and dermatological needs. User feedback indicated high satisfaction, with 90.52% of consultations rated over 4 out of 5 stars. These results underscore the viability and demand for telehealth services in unstable environments, highlighting their potential to sustain crucial healthcare access during crises.

To ensure continuous access to healthcare in unstable contexts, governments and humanitarian organisations should consider investing in the establishment of telehealth hotlines facilitated by platforms like Abi. These initiatives should prioritise ease of access and user-friendliness, promoting equitable healthcare delivery amidst instability.

Title: Enhancing supportive supervision in humanitarian MHPSS: the 'Integrated Model for Supervision' (IMS)**Keywords:** Supportive Supervision, Humanitarian Contexts, Health Systems, Mental Health**Author(s):** Ryan, M., Zemp, C., Jabbour, S., Tingsted Blum, P., Rigall, N.H., Matos, C.S.P., Cheffi, A., Nielsen, L.M.T, and Vallières, F.**Affiliation(s):** Trinity Centre for Global Health, School of Psychology, Trinity College Dublin; International Federation of Red Cross and Red Crescent Societies Psychosocial Centre (PS Centre)**Abstract Text**

Issues: Supportive supervision is crucial for providing effective mental health and psychosocial support (MHPSS) in humanitarian settings, as endorsed by various international guidelines. However, clear guidance on providing such supervision has been lacking, and it remains frequently neglected in these contexts.

Description: Launched in 2021, the 'Integrated Model for Supervision' (IMS) addresses this gap by offering detailed guidance for how to provide supportive supervision within mental health and psychosocial support (MHPSS) programming in humanitarian emergencies. To date, the IMS has been piloted with six different humanitarian organisations operating in different humanitarian contexts. Feedback from each of these sessions has informed continuous refinement of the IMS and its accompanying resources.

Lessons Learned: Quantitative and qualitative data from IMS training participants has consistently revealed that the IMS is valuable for developing supportive supervision systems, as well as enhancing practitioner well-being, organisational culture, and service quality. While these findings are promising, participants have also frequently identified remaining challenges such as include language barriers, limited awareness and support from leadership, and resource constraints.

Next Steps: To mitigate these challenges, the IMS Team is translating the IMS and its accompanying resources into Spanish, French, and Arabic. These translated resources will be piloted in the Americas, Sahel, and MENA regions in order to continue to refine them and grow the IMS evidence base. Additionally, the team is updating the IMS' Cultural Adaptation and Monitoring & Evaluation Guidelines to better support organizations in implementing the IMS.

PARALLEL SESSION 3.2:
REFUGEE AND MIGRANT HEALTH

 Robert Smith Room
3rd October, 2024
10:00 - 11:00am

Title: The infectious disease needs of Ukrainian refugees in a tertiary centre in the west of Ireland

Keywords: Infection, HIV, Tuberculosis, Refugees, Migrants

Author(s): Quirke, S., Duffy, L., Walsh, E., Bohan Keane, M., Scarry, M., Boyle, N., Langan, C., McDonough, K., Tuite, H., Gallagher, D., Moloney, G., and Fleming, C.

Affiliation(s): Department of Infectious Diseases, Galway University Hospital, RCPI; Department of Infectious Diseases & Genitourinary Medicine, St. James Hospital, RCPI; Department of Hepatology, Galway University Hospital

Abstract Text

Background: Since February 2022 6.5 million have fled Ukraine; 104' 870 to Ireland (2% of population) [1, 2] The surge in refugees, coupled with infectious disease epidemiology in Ukraine has placed strain on host countries' health services. [3, 4] 18 '840 (18% of National total, 0.37% of population) live in our catchment area. Our objective was to evaluate case complexity, barriers to access and impact on service by this population. **Methods:** A retrospective chart review using the electronic patient record, compiled data on a protected spreadsheet and results were collated.

Results: 123 Ukrainian refugees have newly attended between February 2022 - April 2024, 2.03 new patients weekly; 63/123 (51.2%) females. Mean age is 44.7 years (18 - 79). 76 (61.8%) have HIV (PLWH); 68 (89.5%) known diagnoses; 39 (57.3%) were virally suppressed on ART, 27 (40%) were viraemic due to treatment interruption, 2 (2.9%) had no bloods with us. 7 (5.7%) newly diagnosed; 4 (57%) with advanced disease (mean CD4 285 IU/mL [28 - 753]). Thirty two (42%) PLWH are co-infected with HCV, 4 (5.3%) with HBV. 37 (30%) have HCV mono-infection, 9 (7.3%) have HBV mono-infection. 17 PLWH (22.4%) report previously treated TB. There were 4 (3.25%) cases of active TB; three of MDR pulmonary disease, results pending for fourth case. 4, 10.5% of women living with HIV have had pregnancies; 2 (5.3% of WLH) currently pregnant (average 165.6 miles from clinic). Average distance traveled to our clinic is 64.6 miles (Range 0.62 - 189); currently 50.4% (62/123) can access public transport that would reach our clinic within 2 hours. No significant association between access to public transport and missed clinic appointments ($p = 0.64$). 115 (93.5%) need an interpreter. 26 (21%) required admission; average length of stay 22.9 days, total of 597 bed days used.

Conclusion: We have identified significant case complexity and ongoing high ID service needs for this cohort.

Title: Developing a health strategy for Roma in Cork and Kerry**Keywords:** Roma, Experts by Experience, Social Determinants of Health, Lifecycle**Author(s):** Kennedy, P., Ianco, I., Venzel, M.,**Affiliation(s):** School of Applied Social Studies, UCC; Tralee International Resource Centre (TIRC)**Abstract Text**

Between January and April 2023, the authors on behalf of TIRC (Tralee International Resource Centre), funded by HSE CHO4, completed a consultation process which over 60 representatives from the Roma community, NGOs and statutory agencies with the objective of developing a Health Strategy for Roma in Cork and Kerry which would lead to better Health outcomes for Roma. All of the consultations were, when possible, conducted with the 'experts by experience' and throughout the process information gathered was discussed and analysed with the aim of designing a pragmatic strategy which would lead to better health outcomes for Roma in Cork and Kerry. The consultations focused on the social determinants of health and the needs of Roma across the life course from pre-natal to old age; what they need in relation to accessing health services; if there are barriers; what they are, and how they can be overcome. The strategy is guided by the 10 Common Basic Principles for Roma Inclusion and relevant national policies and human rights and equality legislation and community development principles. The findings have been translated into actions, some of which can be progressed immediately. The complexity of the issues identified indicate there is a need for a multi-agency response, led by an inter-agency steering group, and the recruitment of two Roma Peer workers to improve links between the Roma community and health and social services. Evidence suggests that there is a lack of understanding by the public and service providers regarding the diversity of Roma as regards age, gender, nationality, religion and migration status, which is reinforced by cultural and gender-based stereotypes. Roma have experienced significant levels of adversity including racism, exclusion, financial hardship, further exacerbated by experiences of historical persecution. A trauma sensitive approach across domains of policy, culture and practice is necessary.

Title: Lessons learned in co-creating educational and psychosocial programs with refugee and migrant youth**Keywords:** Refugee Youth, Co-Creation, Psychosocial Interventions**Author(s):** Maiorano, N., McQuillan, K., Swords, L., Vallières, F., and Nixon, E.**Affiliation(s):** Trinity College Dublin, Ireland**Abstract Text**

Background/Aims: The rise in children experiencing forced displacement and the associated negative mental health effects have led to novel interventions targeting their educational development and mental health and psychosocial support (MHPSS) needs. Co-creation has been proposed as a way of increasing the acceptability and efficacy of these interventions by involving the voices of those most affected. To understand the process of co-creation and provide tangible recommendations for using this methodology, the current presentation will explore the use of co-creation in the REFUGE-ED project: an international consortium identifying, co-creating, and implementing educational and MHPSS interventions for refugee youth. **Methods:** The current process evaluation includes data collected from REFUGE-ED consortium members and project site staff through meeting transcriptions, focus groups, interviews, and surveys collected throughout the implementation. A content analysis was conducted using the updated Consolidated Framework for Implementation Research (CFIR) to identify barriers to and facilitators of the co-creation process. **Results:** Numerous barriers and facilitators were identified across the Teaming, Tailoring Strategies, Engaging Innovation Recipients, and Doing CFIR constructs. Only two barriers and facilitators traversed both categories and every stage of the co-creation process: namely, the quality of interpersonal relationships and the clarity of the implementation plan. **Discussion/conclusions/implications** While these barriers and facilitators identified are relevant for many strands of research, their influence within co-creation is unique. Their impact on co-creation and strategies to support co-creation will be discussed. As co-creation is used more widely, research collaborations and systems that research occur within need to make explicit and justified decisions regarding strategies for co-creation that account for the specific requirements of this methodology.

Title: Service provision and skills training in reconstructive surgery for Syrian refugees / surgical residents

Keywords: Reconstructive Surgery, Complex Wounds, Syrian Refugees, Syrian Conflict

Author(s): Farhan, A.M., Boutros, T., Fakhro, A., Corbally, M., Hopkins, C., Tamarro, B., Akbik, H., Bisiso, N., Al Nati, Z., and O'Shea, B.

Affiliation(s): RCSI Bahrain and Operation Childlife; RCSI Kuwait and Operation Childlife; The Bridge Medical Centre, Newbridge; Atlantic Humanitarian Relief; Family Medicine Program Jordan; Al Istiklal Hospital, Amman, Jordan; Trinity College Dublin and ICGP Global Health Group

Abstract Text

This study was undertaken to ascertain feasibility of building capacity in complex reconstructive surgery for Syrian refugees in Northern Jordan, injured by a 'shoot to maim not kill' policy of Government Forces during the Syrian conflict from 2010 onwards. It included multidisciplinary training for Surgical, Theatre Staff and associated healthcare professionals at Al Istiklal Hospital, Amman, Jordan.

The study reports on a 4 day exercise conducted May 2023, comprising didactic multidisciplinary teaching, a course curriculum, daily didactic morning interactive teaching sessions, followed by intra operative teaching in complex reconstructive surgical techniques, teamwork and aftercare.

Study outcomes include formulation of a memorandum of understanding among the collaborating agencies, case selection, case descriptors, surgical techniques demonstrated, description of intraoperative care and teaching, and formal feedback from those attending the training exercise. The study also includes a cost benefit analysis of the training exercise particularly, together with a consideration of the practicality of building capacity in complex reconstructive surgery in the context of the population based needs of Syrian refugees in Northern Jordan.

Case selection, pre operative evaluation, surgical care, aftercare and associated teaching and training were felt to have been successfully conducted. Costs associated with individual cases were high, principally due to very long operating times for individual cases, and while surgeries were successfully conducted as planned, the limited improvement achievable in each case despite the costs incurred all casts doubt on the viability of reconstructive surgery in this important subgroup of Syrian refugees. Objective learner feedback was strongly positive.

PARALLEL SESSION 3.3:
RESILIENT HEALTH SYSTEMS
AND HEALTH POLICY

 *Albert Lecture Theatre*
3rd October, 2024
10:00 - 11:00am

Title: An exploration of barriers to implementation of MDA of schistosomiasis in Lake Albert, Uganda

Keywords: Schistosomiasis, Mass Drug Administration, Endemic, Praziquantel, Lake Albert

Author(s): Cunningham, C., and Bustinduy, A.

Affiliation(s): London School of Hygiene and Tropical Medicine, UK, LSHTM, UK

Abstract Text

Background: Schistosomiasis is a chronic water-borne parasitic disease. The World Health Organisation (WHO) has included it in its list of neglected tropical diseases targeted for elimination by 2030. While there is an effective preventative treatment programme in place, in reality it is estimated that only a third of people in need of treatment receive it. Understanding the factors that influence implementation of a mass drug administration (MDA) programme is critical for successful implementation. This study's aim was to establish MDA uptake rates in a 'hotspot' region in Western Uganda and explore possible barriers to implementation of MDA.

Methods: This cross-sectional study of 209 adult participants, conducted in 2022, used quantitative surveys to interview villagers who live in a highly endemic 'hotspot' adjacent to Lake Albert in Uganda. Village Health Workers (VHTs) and teachers, involved in delivering MDA, were also interviewed to gain a broader understanding of barriers to MDA implementation. A convenience sampling technique was used. Descriptive and inferential statistical analysis was applied using Stata 17 software.

Results: 36 VHT staff, 9 teachers and 164 villagers were interviewed. Self-reported uptake of praziquantel was 52.26%. The most frequent reasons given for medication avoidance were fear of side-effects and pregnancy/breast-feeding.

Conclusion: The uptake of MDA in this 'hotspot' region adjacent Lake Albert is suboptimal. Levels of knowledge on schistosomiasis were very high with the community highly sensitised. However, this did not translate to improved MDA coverage and adherence rates.

This information was fed back to the Vector Control Division and MDA deliverers in Uganda and may help inform policy changes on MDA implementation in the future.

Title: Regulating digital health markets through data justice principles - a call for EU policymakers**Keywords:** Artificial Intelligence, Digital Healthcare, Digital Capitalism, Data Justice, Justice-Based Markets**Author(s):** Gross, N., and Geiger, S.**Affiliation(s):** National College of Ireland; University College Dublin**Abstract Text**

The use of generative artificial intelligence (AI) is on the rise in healthcare. While there are a lot of promising applications in health and big tech companies have much to deliver, these companies have built business models that take people's data and sell it on the market. Having amassed significant amounts of data, tech companies have established market ecosystems that leave key stakeholders in healthcare – the state, healthcare providers and patients – disempowered and choiceless. Clearly, digital health capitalism is here to stay, and its political and market power is now extended through the scale of generative AI. Current and new regulations, including GDPR, the EU AI Act, Digital Services Act and European Health Data Space, have already left or will leave significant loopholes. The question is: is it too late to organize these markets through data justice concerns? Our study, developed in collaboration with the Dublin City Community Co-Op, deploys a multimethod qualitative approach – a document analysis, 18 semi-structured interviews and participant observation. We discover data justice issues and review the recent policy moves in the EU, explore the tensions of between AI's promises and AI-driven digital health capitalism, and provide recommendations on how to 'bake in' data justice principles into future AI and healthcare regulations. We identify seven tension points that showcase AI's potential to do both 'good and evil' at the same time, and trade-offs are often unavoidable. We also trace how regulators can further organize digital markets to ensure that the trade-offs are socially acceptable. Three intertwined organisational pathways emerge from the data.

Title: Support to referral system for live-saving emergencies in conflict-affected settings, Chad**Keywords:** Access, Secondary Health Care, Conflict Settings**Author(s):** Xhaufclair, M., Dahbalbe, L., Djekadom, N., Kolla, M., Ndikuriyo, Z., Eberschweiler, C., Hernandez, A., Bousquet, C., O'Reilly, S.**Affiliation(s):** Concern Worldwide Chad; Concern Worldwide Dublin**Abstract Text**

Issues: Internally displaced populations in Bagasola and Bol health districts, Chad's Lac province, have been facing significant challenges in accessing secondary health care in the context of high insecurity due to conflict.
Description: From July 2022 to May 2023, Concern Worldwide Chad, supported by European Civil Protection and Humanitarian Aid Operations (ECHO) donor, expanded its support to life-saving emergencies to cover for in-patient costs. The support targeted all age and gender groups and enabled to prevent avoidable deaths. A total of 123 life-saving emergencies were referred to the two hospitals. Infectious diseases, such as malaria and pneumonia, were among the most common causes of admissions, followed by surgical and gynecological/obstetric emergencies. The drugs and laboratory costs made up the largest share of hospitalisation expenditures.

Lessons Learned: Access to hospital level care is an important component of comprehensive health care and saves lives. Detailed memorandum of understanding with hospitals, robust monitoring of referral care (including outcomes and costs), clear lines of communication, and dedicated human resources are essential. There is also a need to review the current classification to strengthen eligibility criteria for assistance and ensure that emergency life-threatening cases are prioritized.

Next steps: Concern Worldwide Chad and provincial health authorities will continue supporting the referral system whilst integrating lessons learned into the second phase of the project.

Title: Fostering meaningful community engagement in health impact assessment**Keywords:** Health Impact Assessment, Community Engagement, Health Promotion, Participatory, Community-led**Author(s):** Nash, K., and O'Mullane, M.**Affiliation(s):** University College Cork**Abstract Text**

Background/Aims: Community involvement is a core principle of Health Impact Assessment (HIA) (WHO Gothenberg Consensus Paper, 1999). However, current guidance for HIA published by Ireland's Institute for Public Health does not include information on community engagement in HIA. As part of the project HIA-IM - 'Development of a Health Impact Assessment Implementation Model: Enhancing Intersectoral Approaches in Tackling Health Inequalities,' a Community Engagement Toolkit is being created. This aims to allow space for those carrying out HIAs to engage with communities or marginalized groups who may be directly or indirectly affected by the policy, plan or programme being assessed.

Methods: To develop the Toolkit, a literature review of community engagement in HIA globally was conducted, with benefits, challenges, and case studies of HIA's gathered from peer-reviewed and grey literature. In line with the participatory nature of HIA, a public consultation event was held, which is presented as a case study within the Toolkit.

Results: Findings from the literature review show that community engagement in HIA captures lived experiences and local circumstances, fostering empowerment and greater health awareness. However, many practitioners find community engagement to be challenging in practice, citing factors such as time and resource constraints; with risks of consultation fatigue and raising expectations. Case studies from the Global North and Global South were gathered, presenting tools and approaches that have been used to facilitate meaningful community participation in HIA.

Discussion/conclusions/implications: These findings have informed the content of the Toolkit, which provides tools for community engagement at each stage of the HIA process. The Toolkit aims to complement HIA guidance to centre the community voice in future HIA practice and foster greater health equity, and can be utilised by those carrying out HIA's both in Ireland and globally.

Title: Can Sierra Leone achieve UHC when lack of funding leaves nursing graduates unemployed or unsalaried?**Keywords:** Human Resources for Health, Health Systems, Universal Health Coverage**Author(s):** Pieterse, P., Williams, D., and Saracini, F.**Affiliation(s):** Royal College of Surgeons; Independent, Sierra Leone**Abstract Text**

Background: Sierra Leone's skilled health workers to population ratio is 6.4 doctors, midwives and nurses per 10,000; much lower than 45 per 10,000, essential to achieve Universal Health Coverage (UHC). Achieving UHC is a policy priority, but without funding for a health workforce expansion, the growing cohort of young nursing professionals will face unsalaried employment after their unpaid internships. Health worker training facilities respond to high demand for courses in healthcare, aware they cannot influence political decision-making and fiscal space constraints that limit employment opportunities in health. **Methods:** Trainee health worker enrolment data (2019-2026: past, projected) was collected for all 12 health worker training facilities in country. Health workers (n=110) both on payroll and unsalaried, healthcare students, faculty, and key informants were interviewed. **Results:** Since 2020, when training of two auxiliary nursing cadres was halted due to 'overproduction', the emphasis shifted to training nursing cadres who meet WHO standards. An expansion of public and private sector institutions offering nursing and midwifery diploma and degree courses followed, almost quadrupling enrolment. However, WHO labour market forecasts (2019) predict that only a fraction of graduates will find paid employment. Students tended to be overoptimistic about finding paid employment, driving up demand. **Discussion:** Expansion of the health workforce is important to achieving UHC progress, however, training health workers without expanding health financing, will not increase access to public healthcare. In Sierra Leone, 50% of the health workforce works without a salary due to payroll inclusion deferrals. Informal charging by health workers is already a significant barrier to access. Increasing funding for the health workforce should be a greater political priority, so that young health professionals can find gainful employment and contribute to achieving UHC in Sierra Leone.

PARALLEL SESSION 4.1: HEALTH EQUITY AND SOCIAL DETERMINANTS

 *College Hall*
3rd October, 2024
2:15 - 3:30pm

Title: Social and community determinants of youth mental health in Lebanon

Keywords: Community, Social Determinants, Mental Health, Youth

Author(s): Jabbour, S., Hadfield, K., and Bosqui, T.

Affiliation(s): Trinity College Dublin; American University of Beirut

Abstract Text

Objective: The aim of this study is to explore the social and community determinants of youth mental health (YMH) in the context of social exclusion and humanitarian disaster in Lebanon.

Methods: We interviewed 19 families from diverse backgrounds (Lebanese, Syrian, Sudanese, Ethiopian) residing in Lebanon who have at least one youth between 12 and 24 years old who recently accessed or is currently accessing mental health and psychosocial support (MHPSS) services for humanitarian or civil society organizations. During the interviews, we asked families about the roles that different individuals, groups, and institutions play in their life by collaboratively drawing ecomaps that reflect those relationships.

Results: We are analysing the anonymous transcriptions of recordings and ecomaps using Thematic Content Analysis (Braun & Clarke, 2006). Preliminary findings highlight how different social factors such as community violence, racism, housing insecurity, and lack of access to education affect YMH.

Implications: As there is an increasing from purely treating individual adolescents to building communities' capacity to promote YMH, understanding how community factors impact psychosocial well-being has major implications for how services should prioritise addressing social and community determinants.

Title: Epilepsy treatment gap in low- and middle-income countries: a scoping review

Keywords: Epilepsy, Treatment Gap, Low-And Middle-Income Countries, Anti-Epileptic Drugs, Stigma

Author(s): Kuriakose, C., Virgili, G., and Passmore, P.

Affiliation(s): Queen's University, Belfast

Abstract Text

Background/Aims: Globally, 80% of people with epilepsy reside in Low-and Middle-income countries (LMICs) and epilepsy treatment gap exists in many of these countries. This scoping review aimed to investigate the accessibility to and affordability of treatments for epilepsy, stigma and traditional treatments associated with epilepsy.

Methods: This scoping review used Arksey and O'Malley's methodological framework. All age groups and studies in LMIC settings were included.

Results: Forty-seven studies were included in this review. Twenty-two studies reported limited accessibility to and affordability of specialised clinical assessment, diagnostic procedures and treatments for epilepsy in LMICs. Nineteen studies described various forms of stigma associated with epilepsy. Additionally, fifteen studies reported on the traditional treatments associated with epilepsy, ranging from harmful physical procedures to the use of plants belonging to the Lamiaceae family. The results highlighted widespread treatment gaps, with only nine LMICs having governmental grants or programmes to assist people with epilepsy purchase anti-epileptic drugs.

Conclusion: There is a need for more neurologists and epilepsy imaging technologies in LMICs due to the high burden of epilepsy. Different projects such as training non-specialist healthcare providers for primary care and stigma reduction interventions have tried to tackle the epilepsy treatment gap. Despite these efforts, more actions need to be taken to improve provision of cost-effective drugs and change the culture around stigma and medication use. Furthermore, more research on models of epilepsy care and a global action to improve drug availability in LMICs can be taken to reduce this gap.

Title: Inclusion health service development in the West of Ireland

Keywords: Inclusion, Migrant Health, Social Determinants, Inequity

Author(s): Quirke, S., Colbert, M., Murray, A., and Fleming, C.

Affiliation(s): Department of Infectious Diseases, Galway University Hospital, RCPI; Galway University Hospital

Abstract Text

Background: Homelessness, the Russo-Ukrainian war and a surge in asylum seekers has prompted development Inclusion Health (IH) teams within hospital services. We present results of an inclusion health needs assessment undertaken to guide development of the first tertiary IH service in the West of Ireland.

Methods: Patients reviewed during the 5 month (10/2023 – 02/2024) pilot of inpatient consultations were included. Additionally, we performed a cross-sectional analysis of medical and surgical admissions in 01/2024 to identify those with IH needs but for whom a consult was not requested. We calculated the cost of delayed discharges based on most recent bed day cost of €1'268.

Results: We have identified 80 individuals with IH needs, 30 (37.5%) females, 49 (61%) males and 1 (1%) transgender individual. Median age is 30 for females (23 - 74) and 48 for males (16 - 80). 49/80 (61%) are Irish born. 31 (39%) are experiencing homelessness (PEH), 19 (61.3%) of them have an addiction. Alcohol is the most common drug of misuse; 46 (57%) of total cohort, of whom 34 (74%) have had a related admission and 37 (80%) have a related morbidity. 3/80 (3.75%) have previously injected drugs. 8 (10%) are seeking asylum and 11 (13.8%) are Ukrainian refugees. Most recent discharge diagnoses were grouped into 6 categories; alcohol related (22, 28%), community acquired respiratory infection (12, 15%), uncontrolled chronic disease (excluding alcohol disorders) (2, 2.5%), infectious diseases (7, 9%), social admission (3, 4%) and other (34, 42.5%).

Conclusion: The landscape of socially vulnerable groups in the Irish population is in constant flux. Those who are socially excluded experience high rates of health inequity and worse outcomes; social exclusion is an increasingly important determinant of health. This study, undertaken as a needs assessment for IH service development presents a snapshot of our cohort and highlights aspects of social exclusion and poverty we must face head on.

Title: Pregnant women navigating Sierra Leone's faltering free healthcare system

Keywords: Pregnant Women, Barriers to Health, FHCI, Unsalaries Health Workers

Author(s): Saracini, F., and Pieterse, P.

Affiliation(s): Dublin City University, School of Nursing, Psychotherapy and Community Health

Abstract Text

Background. Despite the Free Healthcare Initiative (FHCI), introduced by the Government of Sierra Leone in 2010 to provide free healthcare to pregnant women, access to free healthcare remains a challenge. Maternal health facilities are typically managed by salaried and non-salaried health workers. About 50% of the total workforce is unsalaried and their payroll inclusions are often deferred for years. Illicit coping strategies employed by unpaid and low-paid health workers have potentially adverse effects on the population's access to healthcare.

Method. A single instrumental, qualitative case study focused on rural Port Loko. Semi-structured interviews were conducted with a total of 22 purposively recruited study participants aged 18+. The interviews were thematically analysed using Nvivo12.

Results. Costs are cited as a significant barrier to pregnant women's access to health services. These can delay women from seeking healthcare and increase the risk of negative health outcomes. Almost all nurses, paid or unpaid, reportedly demanded unauthorized fees. Another theme identified was the chronic lack of access to medicines. Interviewees reported that "FHCI is not available", as the government drugs supply was limited in amounts, leading to nurses selling patients medicines bought in pharmacies. Yet, interviewees expressed a preference for bio-medical care to the traditional healthcare providers. They appreciated health workers for their skills in providing healthcare services and safe deliveries.

Discussion. Findings indicate that fees, drugs shortages, and FHCI inefficiency significantly hinder pregnant women's access to healthcare services. Even though those barriers exist, nurses' presence and their competence have positive impact on their patients. This study strongly suggests that the dysfunctional nature of the FHCI undermines access to healthcare. Based on these findings, it advocates for the inclusion of unpaid nurses on the payroll, with a clear timeframe.

Title: An epidemiological profile of the comorbidity burden of patients in a paediatric ICU in Cambodia

Keywords: Epidemiology, Comorbidity, Paediatric, ICU, LMICs

Author(s): McLoughlin, E., Chandna, A., Turner, C., Ngoun, C., Eang, H., Suy, K., Turner, P., Lee, S.J., Yeung, S., and Carter, M.J.

Affiliation(s): Cambodia Oxford Medical Research Unit, Angkor Hospital for Children, Siem Reap, Cambodia; Centre for Tropical Medicine and Global Health, University of Oxford, Oxford, UK; Angkor Hospital for Children, Siem Reap, Cambodia; Oxford Tropical Medicine Research Unit, Bangkok, Thailand; London School of Hygiene & Tropical Medicine, London, United Kingdom; King's College London, London, United Kingdom.

Abstract Text


Background: Limited data exists on the comorbidity burden among patients in paediatric intensive care units (PICUs) in low- and middle-income countries (LMICs). This study aims to describe the comorbidity profile and associated outcomes of patients in a level II PICU in rural Cambodia. This will inform optimal resource allocation for future PICU admissions, thereby promoting health equity.

Methods: Comorbidity data was collected as a nested substudy within an ongoing prospective validation study for a prognostic clinical prediction model for PICU patients. Caretakers of enrolled patients with comorbidities underwent interviews covering the patient's birth history, management of their conditions, and their quality of life. Data was recorded in ODK, and analysis was conducted using R. A comorbidity was defined as any pre-existing health condition severe enough to require specialised pediatric care and probable hospitalisation within the past 12 months. Neonates were excluded.

Results: From November 2023 to April 2024, 330 PICU admissions were enrolled in the validation study, comprising 305 patients, 66 (22%) of whom had a comorbidity. Interviews were completed for 56 (85%) of these patients. 14 patients (25%) had ≥ 2 comorbidities. The most common comorbidities were: epilepsy (18%), thalassaemia (16%), and cancer (13%). 6 patients (11%) were born premature. 19 of 56 (34%) were admitted to PICU for management of an infection; 9 (16%) had septic shock. Death occurred in 13 of the 66 (19.7%) patients with a comorbidity. In comparison, death occurred in 11 of 239 patients without a comorbidity (4.6%).

Discussion: Many LMICs have started to develop their critical care capacity within recent years with simple, cost-effective interventions. These nascent services often face high demand exceeding availability, making resource stewardship a priority. Understanding comorbidities linked to severe outcomes and mortality is crucial for optimising resource allocation in PICUs.

PARALLEL SESSION 4.2: PLANETARY ENVIRONMENTAL ONE HEALTH

 **Robert Smith Room**
3rd October, 2024
2:15 - 3:30pm

Title: Climate change and adolescent mental health: insights from two climate-vulnerable settings

Keywords: Climate Change, Drought, Flooding, Adolescent, Mental Health

Author(s): Akhtar, T. N., Cosma, A. P., Sulowska, M., Rasolomalala, N., Solomon, S., Ramoroson, S., Mareschal, I., and Hadfield, K.

Affiliation(s): School of Psychology, Trinity College Dublin, Trinity Centre for Global Health; School of Psychology, Trinity College Dublin; Centre for Research for Development, Catholic University of Madagascar; Department of Experimental Psychology, UCL, UK; CBM Madagascar, Madagascar; School of Biological and Behavioural Sciences, Queen Mary University of London, UK

Abstract Text

Background: Climate change is a growing threat to health and wellbeing, with countries least responsible suffering the worst consequences. Children and adolescents face heightened vulnerability to climate-related shocks, including extreme temperatures and weather events, that endanger their biological, cognitive, and psychosocial functioning. It is crucial to understand climate impacts on adolescence, a critical period for the onset of mental health problems. This is especially important in low- and middle-income countries where most children and adolescents live, resources to buffer climate shocks are limited, and the impacts of climate change are particularly severe.

Aims: Our aim is to capture young people's perspectives on how extreme weather events (drought, sandstorms, flooding) are impacting their mental health.

Methods: We conducted focus groups with adolescents in Androy, Madagascar with 48 adolescents aged 12 to 24, centring on their experiences and emotions related to extreme weather. Data were transcribed and analysed thematically using Braun and Clarke's framework. The study will be replicated in Pakistan in August 2024. Transcripts will be compared to highlight similarities and unique experiences.

Results: Three themes were developed from the Madagascan data: loss of resources, a state of uncertainty, and disruptions to coping mechanisms. These reflect mechanisms through which climate change affects adolescent mental health. We expect data from Pakistan to be largely similar.

Discussion/Implications: We expect that adolescent mental health and wellbeing will be impacted across both contexts, despite distinct geographic settings and climate-related shocks. Understanding adolescents' perspectives is essential to address their mental health challenges, mitigate long-term negative outcomes and promote climate resilience. Additionally, their insights will enable development of guidelines to protect adolescent wellbeing amidst the growing climate crisis.

Title: An example of an innovative handwashing campaign in the Democratic Republic of Congo (DRC)**Keywords:** Hygiene Promotion, Behaviour Change, WASH, DRC, Fragile Contexts**Author(s):** Byabuze A., Sordini S., Flachenberg F., Concern Worldwide.**Affiliation(s):** Concern Worldwide**Abstract Text**

Background/Aims: Handwashing with soap is by far the most efficient measure for reducing the burden of diarrheal diseases (Curtis, Lancet, 2003) but adoption of new hygiene behaviours can be difficult to obtain, especially in fragile contexts such as DRC. Concern's DRC team launched a pilot project to apply some of the best practices recommended by international experts on handwashing with soap. In particular, Concern went beyond hygiene messages dissemination to support people to put into practice the behaviour promoted and contract a professional drama group to perform a series of sketches based on a barrier analysis. The approach was implemented in 8 health areas in the Kayna health zone, North Kivu province, DRC.

Methodology: Self-report of handwashing gives results that are higher than actual practice [Danqah, Health Educ Research, 2009]. The evaluation was based on direct observation: counting the number of handwashing stations in use (presence of non-intact soap and water). The information gathered was then crosschecked through HouseHold (HH) survey and focus groups discussions with host and displaced communities, including men, women, girls and boys.

Results: 7,391 tippy taps were made in the community of 8 targeted health areas made up of 31,696 host and displaced households; 114 tippy taps were built in 17 targeted schools, involving 8,711 pupils and 238 teachers.

Discussion/conclusions/implications: Increasing people's knowledge on one behaviour is not sufficient; hygiene promotion interventions should create a desire to adopt the targeted behaviour. Contracting professional drama groups can help triggering an emotion that will ignite that desire. The sketches performed by the professional drama group were based on the main findings of a barrier analysis conducted in the local area of intervention. By triggering burst of laughter or disgust from the audience -two strong emotional reactions-, the sketches helped reinforcing the desire to apply the technical skills learned during the training organized by Concern on how to make handwashing stations.

Conclusion: The pilot proved to be successful. Even in fragile context such as DRC, adopting best practices from SBCC experts can bring better results in terms of adoption of new hygiene behaviours.

Title: An exploration into the relationship between nature exposure and wellbeing**Keywords:** Wellbeing, Adolescence, GIS, Nature, Exposure**Author(s):** Walker, M., and Hadfield, K.**Affiliation(s):** Trinity College Dublin**Abstract Text**

Over the next 25 – to 30 years, more than 60% of the global population will live in urban environments. As a result, individuals will have fewer options to access nature. Studies have found that exposure to nature can improve wellbeing, but these studies are limited in terms of methodological approach – conducting cross-sectional analyses, self-reports of wellbeing and using non-robust measures of nature exposure. There is limited research relating to the effects of nature exposure on the wellbeing of late adolescents. This study aims to investigate the relationship between nature exposure and wellbeing in a late adolescent sample. Experience sampling was used to track the wellbeing and nature exposure of 12 university students aged 18 - 24 ($M = 21.6$, $SD = 1.1$) throughout multiple timepoints per day across 18 days. Each survey response had a corresponding GPS coordinate, which was used to link wellbeing scores to nature exposure. A satellite map of Dublin was processed using the Normalized Difference Vegetation Index to determine nature exposure. Time series analysis and ARIMA/ARIMAX was used to analyse the data. The best-fitting ARIMA model for time series analysis was (7, 0, 18) with a log-likelihood of -76.831, Ljung-Box test ($P > 0.05$), an AIC of 207.663 and a BIC of 291.028. The model parameters were used for ARIMAX to test the influence of the NDVI on wellbeing. The ARIMAX found that NDVI did not influence ($P > 0.05$) wellbeing. This result is inconsistent with the literature. The result of this paper suggests that nature exposure does not affect the wellbeing of late adolescents. Future research should investigate the circumstances in which nature exposure influences adolescent wellbeing.

Title: Systematic review of influences on climate change attitudes in Europe**Keywords:** Climate Change, Attitude Formation, Systematic Review**Author(s):** Hadfield, K., Jabbour, S., Martin, A., Walsh, L., and Bourke, A.**Affiliation(s):** Trinity Centre for Global Health, Trinity College Dublin; Maynooth University; School of Human Development, Dublin City University**Abstract Text**


Background: Understanding public attitudes towards climate change is critical for developing effective climate policies and encouraging individual actions. Before we can influence such attitudes, we need to know how they were formed. Addressing these attitudes is vital as they significantly influence public health response to climate-induced health issues.

Methods: We conducted a pre-registered systematic review (PROSPERO CRD42023445108) focusing on studies from Europe that examine climate change attitudes. We searched four databases, reviewing 4554 titles/abstracts, and 543 full texts. 66 studies were included in the final review.

Results: Most existing research on predictors of climate change attitudes is of low quality, predominantly consisting of cross-sectional surveys. These studies provide limited insights due to their reliance on single-point data collection, which hinders the ability to draw causal inferences. Key findings indicate high levels of belief in climate change (96-98%) across Europe. Women and younger individuals show greater concern about climate change. Social influences, including family and peers, appear to impact individual attitudes. Climate change attitudes have direct health implications, as disbelief or scepticism towards climate change can lead to inadequate preparation and response to health threats.

Discussion: There is a need for higher quality, longitudinal research to understand how climate change attitudes are formed and evolve over time. The current body of research, while extensive, offers limited actionable insights due to methodological weaknesses. It does, however, tentatively suggest that communication strategies must be tailored to specific demographic and ideological groups, leveraging social influences and countering misinformation, particularly among skeptical groups. Effective communication and education on the health risks associated with climate change are essential to improving public health responses and outcomes.

PARALLEL SESSION 4.3: GLOBAL MENTAL HEALTH

 *Albert Lecutre Theatre*
3rd October, 2024
2:15 - 3:30pm

Title: Mental health champions: enhancing community centered health and mental wellbeing in low-resources

Keywords: MH Champions, Low-Resource Settings, Sustainability

Author(s): Musyoka, E., and Kevin, S.

Affiliation(s): CBM Global Disability Inclusion Kenya; CBM Ireland; Basic Needs Basic Rights

Abstract Text

Physical health and mental health (MH) are bidirectional. As an invisible disability, MH conditions and psychosocial disabilities are characterized by huge challenges that impede identification interventions and access to services in low-resource settings. WHO statistics indicate 1 out of 4 people globally will experience mental health conditions in their lives. In Kenya, WHO estimates 1.9 million people in Kenya have depression, and about 500,000 have severe mental disorders¹

Factors contributing to high prevalence i) Stigma and discrimination, social exclusion, and negative stereotypes, which can hinder access to opportunities and support systems. ii) barriers in access to care e.g. financial constraints, inadequate human resources for health, limited medication supplies, long distances to MH clinics. Description CBM Global Disability Inclusion with support from Irish Aid funded a MH project in Kilifi County, Kenya. The project identified and recruited 79 individuals to be MH champions (people with MH lived experience). The champions (both men and women) carried out community sensitizations and awareness raising including conducting anti stigma campaigns, demystifying myths and misconceptions on MH, conducted social contact activities to identify potential service users, establishing referral path ways for MH services, self-advocacy training to service users and their families, establish peer support groups, support home based rehabilitation and psychosocial support, strengthening MH and Disability inclusion, advocacy to the government for systemic change on consistent supply of psychotropic medication, increase of MH workforce for both health care providers and community support structures and to promote gender equality community dialogues. For a resilient health system, the project identified and strengthened capacity of mental health champions, and trained lay volunteers' counselors, community health promoters, health care providers, including MhGAP, WHO quality rights & human rights advocacy.

Lessons:

Through MH champions initiatives, the project

- Increased awareness and knowledge about MH conditions
- Positive change in health-seeking behaviors
- Reduction in stigma through MH dialogues
- Improved MH outcomes (reduced symptoms of depression or anxiety)
- Establishment of two extra mental health clinics in remote locations
- Stabilized supply of psychotropic medication in all mental health clinics
- County government adopted a MH action plan
- Employment of 2 additional psychiatric nurses

Title: The effectiveness of problem management plus (PM+) in treating psychological distress**Keywords:** Problem Management Plus, PM+; Psychological Distress, Anxiety, Depression, PTSD**Author(s):** Cai, P.**Affiliation(s):** Trinity Centre for Global Health, School of Psychology, Trinity College, Dublin**Abstract Text**

Background: Psychological distress encompasses a range of mental health issues, including anxiety, depression, and PTSD, which significantly impact wellbeing. Problem Management Plus (PM+), a scalable and adaptable intervention, has shown promise in various settings. However, there is a need to comprehensively evaluate its effectiveness across different contexts. To address this gap, we conducted a meta-analysis assessing the efficacy of PM+ and evaluating its across diverse settings.

Method: A comprehensive search of multiple electronic databases, including PubMed, PsycArticles, PsycINFO, Scopus, MEDLINE, CINAHL, CNKI, and two grey literatures, was conducted. The search strategy involved a combination of keywords related to PM+, psychological distress, anxiety, depression, and PTSD. Searches were conducted in English and Chinese. The inclusion criteria encompassed studies evaluating the effectiveness of PM+ interventions on mental health outcomes among adults.

Results: Following a comprehensive screening of 3122 studies, 23 studies met the inclusion criteria for the meta-analysis. These selected studies encompassed a total of 1737 participants in the PM+ intervention groups and 1766 participants in the control groups. Taking part in PM+ led to significant improvement in mental health: anxiety (SMD = -0.61, 95% CI: -0.91 to -0.31, $p < 0.01$), depression (SMD = -0.43, 95% CI: -0.51 to -0.36, $p < 0.01$), psychological distress (SMD = -0.41, 95% CI: -0.74 to -0.07, $p < 0.01$), and PTSD (SMD = -0.40, 95% CI: -0.68 to -0.12, $p < 0.01$). These findings demonstrate that PM+ is effective at improving multiple mental health outcomes.

Conclusion: PM+ effectively improves mental health, showing clear benefits for psychological distress, depression, anxiety, and PTSD. The variability in effect sizes across different studies highlights the need for more detailed, long-term studies to assess the consistency and sustainability of PM+ interventions.

Title: Superhero-based mental health interventions for young people: A systematic review**Keywords:** Superhero, Mental Health Intervention, Technology Based Interventions**Author(s):** Depner, N., Munatsi, V., and Byrne, E.**Affiliation(s):** Royal College of Surgeons in Ireland; Renewal International Trust**Abstract Text**

Since the launch of Superman in 1938, comic books and superheroes have been an integral part of adolescent and young adults' lives entertaining, but also providing valuable lessons and role models. This systematic review will provide an evidence base for Positive Konnections, a tech-enabled support program based in Zimbabwe that employs superhero metaphors to support young people with mental health challenges. The review question was: What are the existing superhero-supported mental health interventions that address adolescents and young people and what is their reported effectiveness?

Databases searched included EBSCO Host (Medline, APA PsychInfo, CINAHL), Scopus, and Web of Science. From these databases, 3900 articles were retrieved and are currently being screened. Titles and abstracts were reviewed by 2 of the authors and full texts resulting from this screening were reviewed and extracted by the same 2 authors. Inclusion criteria were all research designs, mental health interventions, focus on adolescents and youth and superheroes were a major component of the intervention. Reported outcomes of the interventions were recorded.

Preliminary findings suggest that superhero-themed interventions can significantly enhance engagement and therapeutic outcomes by promoting resilience, empowerment, and decreasing stigma, especially self-stigma, surrounding mental illness. However, some limitations include small sample sizes and interventions not being described in sufficient detail. This review makes a significant contribution to the field of youth mental health by providing a comprehensive overview of the current landscape of superhero-based mental health interventions for adolescents and young people.

Title: Global partnership - supporting a clinical psychology programme in Ethiopia

Keywords: Ethiopia, Mental Health, Clinical Psychology, Partnership

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Abstract Text

Clinical psychology is a relatively new field in Ethiopia, with a significant shortage of professionals compared to the WHO's recommendation of 7.85 psychosocial workers per 100,000 people. Ethiopia currently has only 0.045 clinical psychologists and 0.009 social workers per 100,000, despite widespread mental health needs. The Ethiopian government has outlined plans to expand mental health services and increase the number of clinical psychologists, but progress has been slow due to various challenges.

Experts like Wondie (2014) and Uppal et al. (2014) have highlighted the need for developing clinical psychology in Ethiopia, emphasizing the importance of integrating local practices with global, evidence-based approaches.

Psychology, in various forms, has long existed in Ethiopian society, but modern clinical psychology is primarily based on Western models. Therefore, partnerships must consider local culture, context, and existing practices to avoid the pitfalls of simply transferring Western frameworks that may not suit Ethiopia's needs.

A collaboration between HSE Global Health and Addis Ababa University (AAU) was established to address these challenges and support the growth of Ethiopia's clinical psychology programme. This programme, based in AAU's Department of Psychiatry, is one of only two in the country, the other being at the University of Gondar. The collaboration focuses on curriculum development, resource sharing, capacity building, and training of trainers. Virtual workshops on clinical supervision have been conducted, receiving positive feedback for their relevance and adaptability to the Ethiopian context.

This partnership aims to grow further, fostering reciprocal exchange of knowledge and skills, and contributing to Ethiopia's growing demand for culturally relevant, evidence-based mental health services.

Title: The unmet need for mental health support among persons with disabilities in Somalia

Keywords: Mental Health, Disability, Somalia, Barriers to Care

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Abstract Text

Background: Disability and mental ill-health may be especially prevalent in Somalia, largely due to a protracted armed conflict and its consequent humanitarian crises. Little, if any, research to date, however, has simultaneously explored both disability and mental health-related factors in the Somali context. We aimed to determine how increasing levels of functional impairment, reported across different disability domains (i.e., visual, hearing, cognition), number of concomitant disabilities, and other empirically supported variables (such as employment and sex) are associated with the likelihood of self-identifying the need for mental health support among a sample of Somalis with disabilities, as well as identify the common barriers to such support.

Methods: A secondary data analysis (using data from a sample of N=1355 Somalis with disabilities) that used both descriptive and regression analytical techniques was employed to achieve the above objectives.

Result: Despite most participants self-identifying a need for mental health support, only 15% were able to access it, with the most common barriers being the cost of services and the unavailability of local services. Being female, married, and having increasing levels of functional difficulty in the cognitive, mobility, and self-care domains of disability were each significantly associated with an increased likelihood of the self-identified need for mental health support.

Implications: This study's findings highlight potential priorities for mental health policy and programming in Somalia. They also serve as crucial information for strategies to improve access to mental health support in this community and guide future research.