Health of People on the Move

Access to health for refugees *en route* and in the Netherlands

Friday, October 28th 2016
Rode Hoed, Amsterdam

This symposium is a joint initiative of

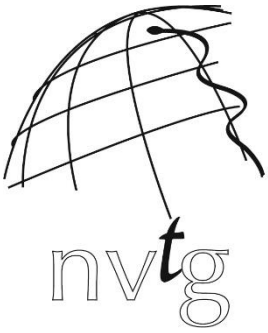
Netherlands Society for Tropical Medicine and International Health (NVTG)

Médécin Sans Frontiers Holland (MSF)

Rutgers

Uniting Streams (US)

Tropical Doctors in Training (TROIE)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Uniting Streams
workgroup on field research in international health


Rutgers
For sexual and reproductive health and rights


MEDECINS SANS FRONTIERES
ARTSEN ZONDER GRENZEN


TROPIE

Contents

ATTENTION:
Please note the rooms have different limited capacities (from 22 to 250 persons). Should the smaller rooms be full for the afternoon sessions, please then join the session in the Oosterhuiszaal, downstairs or on the balcony.

Organising committee **Twitter? #NVTG16**

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- Rachel Ploem

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- Lisanne Denneman
- Remco van Egmond

Other contributors:
- Share-Net, Billie de Haas

Dear Participant,

We warmly welcome you to our symposium 'Health of people on the move. Access to health for refugees *en route* and in the Netherlands'.

War and conflict forces people to leave their country of origin behind and take the road to safe places. According to Médecins Sans Frontières (MSF) over a million refugees fled war and insecurity in 2015 and arrived in Europe. Migration routes expose them to mental and physical health risks, as health services are overburdened or otherwise incapable of responding to the needs of refugees. The symposium focuses on the health problems people present during their travels and upon arrival in the Netherlands. Themes such as coping with trauma and mental health, sexual and reproductive health and rights, health seeking behaviour, and health systems responses in the countries of origin*, en route*, and in the Netherlands will be addressed.

In the morning we welcome two international guests: Tammam Aloudat, the Deputy Medical Director at MSF-Switzerland, and Ugochi Daniels, Chief Humanitarian & Fragile Contexts Branch at UNFPA in New York. In their keynote speeches they will talk about the health of people on the move, starting with the situations in their countries of origin and the hurdles they face along the way. Contributions from the Dutch speakers address sexual and reproductive health and rights (Pinar Okur, Rutgers), mental health (Rembrant Aarts, Equator Foundation and Centrum '45), and the health status of asylum seekers and refugees in the Netherlands (Simone Goosen, GHOR and AMC/Social Medicine).

In the afternoon we present an interesting pallet of presentations and discussions such as the interactive debate with the MSF coordinator in Jordan, a presentation on gender-stereotyping in the 'Men on the Move' session, and a session on addressing human rights aspects of people on the move. The Uniting Streams abstract sessions focus on refugee health, community health, and in the joint US/ShareNet session on sexual & reproductive health and rights. Infectious diseases in asylum seekers' centres will be addressed, as well as human resources in refugee health, including the role of the AIGT, the MD in International Health and Tropical Medicine.

The chair of the day, Maria van den Muijsenbergh will reflect on the day, followed by 'Poetry in music'.

We wish you an inspiring day!
The organising committee

Morning programme:

Health of people on the move

Access to health for refugees en route and in the Netherlands

08.45 – 09.30	**Registration and Coffee**
	OOSTERHUISZAAL (GROTE ZAAL)
09.30 – 09.40	Welcome by **Ankie van den Broek** (chair NVTG) and **Maria van den Muijsenbergh** (chair for the day)
09.40 – 10.05	Key note by **Tammam Aloudat (MSF)**: 'Health challenges of refugees en route to Europe'
10.05 – 10.30	Key note **Pinar Okur (Rutgers)**: 'Sexual and reproductive health and rights of people on the move, both in country of origin and en route'
10.30 – 10.55	Key note by **Ugochi Daniels (UNFPA)**: 'Let's make Humanitarian Action work for Women and Girls'
10.55 – 11.15	**Short coffee / tea break**
11.15 – 11.40	Key note by **Rembrant Aarts (Equator Foundation, C45, Arq Psychotrauma expert group)**: 'Ali & Spiderman: Effects of forced Migration on Mental Health'
11.40 – 12.05	Keynote by **Simone Goosen (GGD GHOR Nederland)**: 'A safe and healthy future? The health of and health care for asylum seekers and refugees in the Netherlands'
12.05 – 12.30	Interactions with the audience and presenters, chaired by **Maria van den Muijsenbergh (Pharos)**
12.30 – 13.30	**Lunch (small information market, posters on the AIGT)**

Programme parallel afternoon sessions

	Oosterhuiszaal (250)	**Vrijburgzaal (50)**	**Zwanenzaal (50)**	**Banningzaal (22)**
13.30-14.45	MSF - Iro Evamplidou *Experiences of MSF around care for people on the move*	Rutgers - Rachel Ploem *Questioning the gender stereotypes 'Men on the Move'*	Uniting Streams *Community Health*	Johannes Wier Foundation - Inke Schaap *Defending human rights of people on the move*
14.45-15.15	**Coffee / tea break**			
15.15-16.30	RIVM, Radboudumc (AMPHI), GGD Gelderland-Zuid – Susan Hahné, Helma Ruijs, Danielle Nijsten, Alma Tostmann, Nynke Nutma *Surveillance of infectious diseases in asylum seekers' centres*	TROIE & WHIG - Jamilah Sherally, Pieter van den Hombergh *Addressing human resources and health care needs among migrants in the Netherlands*	Uniting Streams *Refugee Health*	Share-Net / Uniting Streams *Sexual & Reproductive Health Rights (SRHR)*
16:30-17.15	**Oosterhuiszaal:** • **TROIE on the TCD** • **Closing reflections by the chair, followed by poetry in music**			
17.15-18.15	**Drinks** / Meet and greet			

About the speakers

Tammam Aloudat has a medical degree from the University of Damascus and an MSc in Public Health in Developing Countries from LSHTM. Since 2002, he has worked as a health and medical humanitarian worker with the International Federation of Red Cross and Red Crescent Societies, Save the Children, and for the past five years with MSF Holland and Switzerland in contexts ranging from conflicts in Iraq, Yemen, and Syria as well as in natural disasters including the Indian Ocean Tsunami and Haiti earthquake, chronic instability, nutrition crises and disease outbreaks.
His main fields of work and interest include humanitarian medical ethics and politics, the Middle East, non-communicable diseases, vaccination, and mental health. He has contributed to guidelines and publications including the SPHERE handbook, Rutledge Handbook of Hazards and Disaster Risk Reduction, WHO technical guidelines on Hepatitis E and Influenza, and Oxford Handbook of Humanitarian Medicine.

Pinar Okur, a psychologist and criminologist from Utrecht University (including semesters at the National University of Singapore (NUS) and University of California Los Angeles (UCLA) to write her theses), continued her career as a researcher at Tilburg University. She obtained her PhD in 2015 on child sexual abuse among ethnic minorities in the Netherlands; a comparative study into child sexual abuse of youth with a non-Western ethnic and native Dutch background. The non-Western ethnic sample included both young adults from the four traditional migrant groups (i.e. with a Surinam, Dutch Antillean, Moroccan and Turkish background) and the so-called 'new' migrant groups (i.e. with an Afghan, Somali and Iraqi background). Her main field of interest are vulnerable groups, sexual violence, sexual and reproductive health and youth. She is a highly experienced researcher with strong skills in data analysis (both quantitative and qualitative) and culturally sensitive assessments.
Currently, she is working as the project leader of and researcher for the 'Refugees and Sexual and Reproductive Health and Rights (SRHR)' programme at Rutgers, which she has set up with colleagues. The aim of this programme is to mainstream SRHR in humanitarian services.

Ugochi (Ugo) Daniels, Chief Humanitarian & Fragile Contexts Branch UNFPA, joined UNFPA in 2002, as the Deputy Programme Manager of the African Youth Alliance. In 2007 she was appointed the UNFPA Deputy Representative in Nepal and moved on as Representative in the Philippines in 2010, where she also served as the Resident Coordinator and Humanitarian Coordinator ad interim. Prior to joining UNFPA, Ugo was the Monitoring and Evaluation Information Specialist with USAID in Nigeria after 12 years in the private sector developing and programming evaluation systems. Currently as the Chief of the Humanitarian and Fragile Contexts Branch at the United Nations Population Fund (UNFPA) in New York, since 2013, Ugo has coordinated UNFPA's humanitarian response in UNFPA's 33 priority countries with specific focus on mega-crises in South Sudan, Iraq, Jordan, Lebanon, Philippines as well as the countries affected by Ebola. Additionally, she has supported UNFPA's very successful efforts to integrate text on addressing sexual and reproductive health during emergencies in key resolutions of UN intergovernmental processes. Ugo, a national of Nigeria has an MSc in Geography from the University of Ibadan and a Diploma in Information Management from the University of Lagos, in Nigeria. She is also a Microsoft Certified Systems Engineer.

Rembrant Aarts (1975) works as a Psychiatrist and a Medical Doctor in International Health and Tropical Medicine KNMG at Equator Foundation and Centrum ’45. Both are partners in the ARQ psychotrauma expert group. He leads an expertise team on undocumented migrants with psychotrauma. The team englobes a specialized outpatient department for traumatized undocumented migrants, health innovation programs, policy advice and scientific research. He also works as a clinician with traumatized refugees in a transcultural setting. He is involved in training of medical doctors, psychiatrists, general practitioners, nurse specialists, psychologists and military medical doctors. His fields of interest in publication and expertise are: complex psychotrauma, transcultural psychiatry, International Mental Health, narrative exposure therapy, health education, forensic asylum expertise and mental health aspects of reproductive health. His international working experience includes Mozambique, Burundi, Spain, Germany, Georgia, Portugal and Greece.

- www: https://psychotraumanet.org/nl/experts/aarts-rembrant-0
- Email: r.aarts@arq.org .

Simone Goosen, PhD, trained in Health Sciences and particularly epidemiology. She has been working as researcher and policy advisor on asylum seeker health at the Netherlands Association of Community Health Services (GGD GHOR Nederland) as from 2001. Previous to this assignment, she worked for the World Health Organisation in Africa and at the National Institute of Public Health (RIVM) in the Netherlands.
As from 2001 she carried out epidemiological studies on the health of asylum seekers in the Netherlands and was involved in quantitative and qualitative studies by others. Her PhD thesis 'A safe and healthy future; epidemiological studies on the health of asylum seekers and refugees in the Netherlands' contains epidemiological studies on various aspects of asylum seeker and refugee health (AMC, 2014). The thesis contains studies on amongst others, causes of death, suicidal behaviour, diabetes, sexual and reproductive health, HIV and the association between relocations and mental distress in children of asylum seekers.

Chair of the day

Dr. Maria van den Muijsenbergh PhD is a family doctor and senior researcher at Pharos, the Dutch centre of expertise on health disparities, and at Radboud University Medical centre Nijmegen, department of primary and community care. Her national and international research focusses on ethnic and socio-economic health disparities, vulnerable groups and person centred, integrated primary healthcare. She was one of the Dutch project leaders of the EU funded FP7 project RESTORE 'communication with migrants in Primary care', and is currently member of the steering committee and leader of two work packages in the CHAFEA funded project 'EUropean Refugees - HUman Movement and Advisory Network' (Specific Call HP-HA-2015). She is also involved in under- and postgraduate training of medical students and doctors in the Netherlands as in the EU funded C2Me and MEM-tp projects. Many of these activities are carried out jointly with the Dutch College of General Practitioners, NHG. In 2016 Pharos and NHG will publish the handbook on diversity in General practice of which she is one of the editors.

Poetry and music

Musician Monir Goran and poet/writer Baban Kirkurki take us on a journey, telling their stories of being on the move and finding a new home in the world.

Baban Kirkuki (Kudistan, Irak, 1974) published his first collection of poems in 2006 (in Dutch: *Op weg naar Ararat)*. Since then more poetry was published, in 2009 *Lontananza,* in 2011*Territorium,* and in 2013 *Licht onbekend*. In 2011 he received the C.C.S. Crone Grant. Baban Kirkuki is a member of the Utrecht Poet Guild.
http://www.babankirkuki.com/

Monir Goran was born in 1975 in Kirkuk. Since childhood he was interested in world music. He grew up with Kurdish music and learned how to play the oud (a pear-shaped stringed instrument) and guitar. His journey with the oud started when he went to Baghdad to study music, where he studied with famous musicians. He graduated in 1997, and kept active in a group of artists and philosophers. In Jordan, he taught at a music school Ud. He worked with a band 'Al-Nagam -Alasil' and performed regularly at festivals in Amman and Zerkah. In the Netherlands he regularly performed at festivals and venues including Rasa, Paradiso, Dunje festival, Global village festival, Radio 4 & 6 Klara Radio.
http://www.monirgoran.nl/

Programme afternoon session MSF
Location: Oosterhuiszaal (250)

Time: 13.30 – 14.45 hours
Theme: Experiences of MSF around care for people on the move; looking into medical needs and experiences in MSF projects in Syria, Jordan, on the Mediterranean Sea and along the Balkan route
Chair: Tammam Aloudat
Timekeeper: Heleen Koudijs

Presenters:
Part 1: Medical Coordinator from Jordan (Shoaib) via skype
Part 2: Iro Evlampidou

Iro Evlampidou is a medical doctor with a specialisation in General Medicine (2007). She received her master's degree in Public Health and Health Care Administration from the University of Crete (2005) and was trained in Field Epidemiology at the European Program for Intervention Epidemiology Training (EPIET) of ECDC (2014) during which she was placed in Public Health England in Bristol. Since 2001, she has worked with Médecins Sans Frontières (MSF) in various medical, epidemiology and coordination positions in Zambia, Burma, South Sudan, Kenya, Greece, Liberia and Belgium. During that time she worked extensively with migrants, refugees and internally displaced people. Her most recent post was in providing epidemiological support to the refugee projects of MSF in the Balkans and the Mediterranean Sea. Additionally, she has collaborated with academic and public health institutions as a researcher and invited lecturer on refugee and migrant health, rapid health assessments in emergencies and environmental epidemiology in Greece (National School of Public Health, University of Athens), Spain (Centre for Research in Environmental Epidemiology – CREAL) and Belgium (Université catholique de Louvain – UCL).

Progamme afternoon session Rutgers
Location: Vrijburgzaal (50)

Time: 13.30 – 14.45 hours
Theme: Questioning the gender stereotypes 'Men on the Move'
Chair: Marieke Bootsma ((ex)-Rutgers)
Timekeeper: Remco van Egmond

Presenter: Rachel Ploem (Gender & SRHR advisor, International programme, Rutgers)

In the media, male refugees are often portrayed as aggressive (young) men, perpetrators of (sexual) violence, homophobes, and a threat to "our own women and daughters". This is a rather negative, false or limited picture which is contributing to a climate of "us versus them". Women, on the contrary, are often portrayed as innocent, vulnerable, victims of sexual violence. Without negating women's suffering in crises, this limited picture of women may easily get in the way and prevent us from also seeing them as strong, resilient agents of change. In this session we will be looking beyond the gender stereotypes of male and female refugees. Critical self-reflection on our own biases will be counter balanced by the stories of two male refugees (tbc). Lessons learned from programs working explicitly with boys and men in the field of SRHR, prevention of gender based violence and gender equality will be shared as useful insights for your own practice.

Part 1: Presentation of Rachel Ploem on Men on the Move – looking through a gender lens.

Part 2: Conversation and discussion with male refugees and reflection on own gender stereotypes, followed by lessons learned useful for your engagement with male and female refugees

Closing with clip: MenEngage

Programme afternoon session Uniting Streams
Location: Zwanenzaal (50)

Time: 13.30 – 14.45 hours
Theme: Community Health
Chair: Prof. Dr. Jelle Stekelenburg (Medisch Centrum Leeuwarden, UMCG)
Timekeeper: Lisa van de Wijer

1	The affordability of comprehensive Community Health Worker programmes in sub-Saharan Africa - *Celia Taylor*
2	The Influence of HIV Infection and Respiratory Risk Factors on Pulmonary Condition in Sub-Saharan Africa - *Meri R.J. Varkila*
3	Learning Curve Characteristics of the Caesarean Section Among Community Health Officers in Sierra Leone - *Bart P. Waalewijn*
4	Evaluation of the Relationship Between Food Environment and Obesity Using GIS in a Rural Community - *Yessica Tenorio*

Programme afternoon session Johannes Wier Foundation
Location: Banningzaal (22)

Time: 13.30 – 14.45 hours
Theme: Defending human rights of people on the move
Chair: Marieke Lagro
Timekeeper: Emily Tegnell

Presenter: Inke Schaap

The aim of the Johannes Wier Foundation is to support health care professionals in ensuring the right to health. In this session the Right to Health will be explained. “The right to the highest attainable standard of health” is a human right. It is defined in a set of criteria that is abbreviated with **AAAQ**:

Availability: A sufficient quantity of functioning public health and health care facilities, goods and services, as well as programmes.
Accessibility: Health facilities, goods and services accessible to everyone. Accessibility has 4 overlapping dimensions: non-discrimination; physical accessibility; economical accessibility (affordability); information accessibility.
Acceptability: All health facilities, goods and services must be respectful of medical ethics and culturally appropriate as well as sensitive to gender and life-cycle requirements.
Quality: Health facilities, goods and services must be scientifically and medically appropriate and of good quality.

Participants of the session may identify the threats to this right from the perspective of people on the move.
We will conclude with 'Where there is a doctor'; an overview of the possibilities a doctor has to ensure the right to health of people on the move.

Inke Schaap is vice president of the Johannes Wier Foundation. Inke studied mental health science and nursing. She is a lecturer at the School of Health of the University of Applied Sciences Amsterdam. Her areas of expertise include anxiety disorders, education, mental health promotion and evidence based practice. She has a long career in mental health promotion and care for refugees. This work inspired her to travel the world. Home is where her heart is.

Programme afternoon session RIVM,
Radboudumc (AMPHI), GGD Gelderland-Zuid
Location: Oosterhuiszaal (250)

Time: 15.15 – 16.30 hours
Theme: Surveillance of infectious diseases in asylum seekers' centres
Chair: Susan Hahné
Timekeeper: Noor Tromp

Presenters: Danielle Nijsten (RIVM), Helma Ruijs (RIVM/LCI), Alma Tostmann (Radboudumc, AMPHI), Nynke Nutma (GGD Gelderland Zuid)

Especially in 2015 and early 2016, most European countries faced a large increase in the influx of asylum seekers. In the Netherlands, 80% of refugees are coming from Syria, Iraq and Afghanistan, others from Eritrea, Ethiopia and Somalia. Poor living conditions during travel and in crowded shelters and refugee camps increase the risk for (outbreaks of) infectious diseases in this vulnerable population.
Four speakers from different organisations will discuss how public health services have responded to this increased risk. Key aspects of this response include enhanced surveillance, dedicated research studies, and the development of specific information materials and specific response activities for prevention and control of infectious diseases.
The workshop aims to provide an overview and platform to exchange experiences on approaches to infectious disease challenges in refugee settings.

15.15-15.20	Welcome - Susan Hahné (RIVM)
15.20-15.35	Surveillance of notifiable diseases (e.g. TB, malaria, hepatitis B) in asylum seekers' centres *- Danielle Nijsten (RIVM)*
15.35-15.50	Control of hepatitis A in refugee shelters *- Helma Ruijs (RIVM/LCI)*
15.50-16.05	Immunity against vaccine preventable diseases among adult refugees in The Netherlands *- Alma Tostmann (Radboudumc/AMPHI)*
16.05-16.20	Infectious disease control in a large-scale refugee shelter *- Nynke Nutma (GGD Gelderland-Zuid)*
16.20-16.30	General discussion

Programme afternoon session TROIE & WHIG
Location: Vrijburgzaal (50)

Time: 15.15 – 16.30 hours
Theme: People are on the move! Could the AIGT be any help?
Chairs: Pieter van den Hombergh GP, E.g. tropical doctor and board member WHIG; Jamilah Sherally
Timekeeper: Remco van Egmond

Panel
Barend Gerretsen, Director at the Training Institute International Health & Tropical Medicine;
Arno Maas, Aios doctor International Health and Tropical Medicine, board member TROIE;
Rob Jansen, General Practitioner, senior consultant Gezondheidscentrum Asielzoekers (GCA);
Eveline Hund, Contract manager, Menzis Curatieve zorg Asielzoekers (MCA);
Koos van der Velden, Professor in Public Health and e.g. tropical doctor.

People from outside Europe, trying to escape misery, face new hazards once they have reached it. Proper healthcare is difficult to provide. What can doctors specialized in International Health and Tropical Medicine (AIGT) contribute? Is there a role for an AIGT – even already during their training - in the current refugee crisis?

In the Netherlands, there is a shortage of healthcare providers in asylum centres. Would an AIGT be able to provide general healthcare in an asylum centre or is this only the playing field of a general practitioner? Or does 'migrant care' need a new speciality, and could this be the AIGT? Should general practice care be implemented in the current curriculum coupled with a traineeship in an asylum centre? Or should an AIGT stick to the old-school tropical training, go work in developing countries and get involved in health care for migrants only after their return?

This and more will be discussed during this session. Come join us and participate in a lively discussion with our panel!

Programme afternoon session Uniting Streams
Location: Zwanenzaal (50)

Time: 15.15 – 16.30 hours
Theme: Refugee Health
Chair: Prof. Dr. Martin Grobusch
Timekeeper: Lisa van de Wijer

1	Integrative Care For Traumatized Asylum Seekers Illegally Residing In The Netherlands - *Rembrant Aarts*
2	High Prevalence of Infectious Diseases and Drug-Resistant Microorganisms in Asylum Seekers Admitted to the Hospital - *Sofanne J. Ravensbergen*
3	Health Care Seeking Behaviour of Undocumented Migrants in the Netherlands - *Rosa Watjer*
4	Scabies Amongst Asylum Seekers: Prevalence and Effect of the Scabies Programme - *Dorien T. Beeres*
5	Cardiovascular Disease Risk Among Ghanaian Populations in Ghana and Europe: the RODAM Study - *Daniel Boateng*

Programme afternoon session Uniting Streams & Share-Net
Location: Banningzaal (22)

Time: 15.15 – 16.30 hours
Theme: Sexual & Reproductive Health Rights (SRHR)
Chair: Prof. Dr. Ymkje Stienstra
Timekeeper: Lisanne Denneman

Linking research, policy and practice
This session is co-organised by the Share-Net Netherlands working group "Linking Research, Policy and Practice"[1]. Its aim is to increase the practical relevance of research outputs and to create and encourage knowledge sharing in order to improve evidence-informed policy and practice.
Our objective for this session is to share relevant insights and evidence and to stimulate discussion about the implications of these insights. Presenters will share recommendations for practice and/or policy, after which presenters and session participants will be invited to reflect on strategies to bring these recommendations into practice.

1	Motivations for Teaching Sexuality Education in Uganda: Utilization of Cultural Schema Theory as a Theory for Understanding Behaviour - *Billie de Haas*
2	(Mis)Understanding Sexual Violence in Conflict - *Rosanne M. Anholt*
3	UNFPA Global Support to Family Planning: Mixed-Methods, Theory-Based Evaluation Design - Results and Challenges - *Anke van der Kwaak*
4	Perspectives of Skilled Attendants on the Quality of BEmOC in Gondar, Northern Ethiopia - *Linda Barry*

[1] Members of the Share-Net Netherlands working group "Linking Research, Policy and Practice" are GNP+, International Institute of Social Studies, Oxfam Novib Academy, the Royal Tropical Institute, University of Amsterdam, University of Groningen, and University of Maastricht.

Abstracts Uniting Streams
Zwanenzaal: Community Health (13:30 – 14:45)

1 The affordability of comprehensive Community Health Worker programmes in sub-Saharan Africa

Celia Taylor[1,#], Richard Lilford[1]

[1] University of Warwick, Coventry, United Kingdom; [#] Presenting author

Background Governments in low- and middle-income countries are increasingly turning to community health workers (CHWs) to achieve universal health care and progress towards the health-related Millennium Development Goals; yet despite evidence of their effectiveness, the aim of having one million CHWs across Africa by the end of 2015 was not met. This may be because the wages/salaries available to existing and potential CHWs are insufficient to ensure a CHW labour force of sufficient quality and quantity. Alternatively, CHW programmes may not be affordable if all CHWs are to be paid even subsistence wages.

Methods We examined the relative affordability of a CHW programme at national level for 37 countries in mainland sub-Saharan Africa, based on a constant coverage level of 1 CHW to 650 rural population. We used three different CHW monthly salaries: CHWs as volunteers, earning the national minimum wage and US$80 per month and four estimates of the budget available for healthcare in each country, based on actual and target public healthcare spending and the amount of foreign aid spent on health. For each salary level, we estimate the proportion of each budget level that would need to be spent on the CHW programme, and compare this to the target maximum of 3.5%.

Results In the most pessimistic scenario (minimum wages paid out of current public healthcare spending), the cost of a CHW programme would be less than 3.5% of the public healthcare budget in only four countries (Gabon, South Africa, Botswana and Swaziland). The situation improves as CHW wages fall and the potential healthcare budget increases, but even in the most optimistic scenario (CHWs as volunteers paid out of the highest potential budget), the programme appears unaffordable (i.e. costs more than 3.5% of the budget available for healthcare) in just over half of the countries included.

Conclusion The data presented suggest that any level of money wages for CHWs may not be affordable if universal coverage is to be government-funded, despite the promising cost-effectiveness of CHWs.

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2 **The Influence of HIV Infection and Respiratory Risk Factors on Pulmonary Condition in Sub-Saharan Africa**

Meri R.J. Varkila[1,#], Alinda G. Vos[1,2], Hugo A. Tempelman[3], Walter Devillé[3], Kerstin Klipstein-Grobusch[1,2]

[1] Utrecht University, Utrecht, The Netherlands; [2] University of the Witwatersrand, Johannesburg, South-Africa; [3] Ndlovu Research Consortium; [#] Presenting author

Background Data about obstructive lung disease (OLD) in HIV from Sub-Saharan Africa are scarce. The aim of the study was to investigate HIV-infection, HIV-related factors, occupational and lifestyle factors in relation to OLD in a South African population.

Methods A cross-sectional study was conducted in Limpopo, South Africa. HIV+ and HIV- adults, living within 30 km of the Ndlovu Cohort Study research site without known cardiovascular disease, were invited to participate. A respiratory questionnaire and pre- and post-bronchodilator spirometry were performed. Airflow obstruction was defined as FEV1/FVC less than the lower limit of normal. Prevalence of airflow obstruction was calculated and multiple regression analysis used to investigate if HIV was associated with OLD.

Results 84 HIV+ and 117 HIV- participants were enrolled in April-May 2016 with a median age (IQR) of 38 (22) years. Pre- and postbronchodilator FEV1 and FEV1/FVC were significantly lower in the HIV+ group compared to the HIV- group. In sex and age adjusted analysis, the prevalence of airflow obstruction was significantly higher (p=0.010) in the HIV+ group (12.2%) than the HIV- group (3.5%). Correcting for pulmonary risk factors, HIV was not independently correlated with decreased FEV1/FVC (p=0.88). Independent factors for decreased lung function in men were age, history of TB and having worked in a dusty job (R2=0.492) and age and history of asthma in women (R2=0.265).

Conclusion The prevalence of airflow obstruction is significantly higher in HIV-infection than in HIV-negative controls. However, the association between HIV and decline in lung function appears to be multifactorial.

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3 Learning Curve Characteristics of the Caesarean Section Among Community Health Officers in Sierra Leone

Bart P. Waalewijn[1,2,#], Alex A. van Duinen[1,2,3,4], Håkon A. Bolkan[1,3,4]

[1] CapaCare, Trondheim, Norway; [2] Royal Tropical Institute, Amsterdam, The Netherlands; [3] Norwegian University of Science and Technology, Trondheim, Norway; [4] Department of Surgery, St. Olavs Hospital, Trondheim University Hospital, Trondheim, Norway; [#] Presenting author

Background In response to high maternal mortality rates Sierra Leone has adopted a post-graduate surgical training program including task-sharing of emergency obstetric care. Little is known about the surgical learning curve characteristics in caesarean sections among associate clinicians. Western literature suggests a minimum of 10 – 40 supervised procedures. Are similar numbers required in associate clinicians in a low-resource setting?

Methods Caesarean section (CS) data was retrospectively retrieved from trainee surgical logbooks in the period 01.01.2011 – 30.06.2016. Analysis was done for the first 50 supervised cases of each trainee. Primary outcome was total operating time in minutes. Secondary outcomes were length of hospital stay (LOS), surgical site infections (SSI), estimated operative blood loss and death. Statistical analysis was done among 10 groups of 5 subsequent procedures.

Results 26 trainees with 1274 CS procedures were included. Total operation time significantly reduced during the first 15 operations. At onset mean(SD) operation time was 69(27) minutes which reduced to 47(19) minutes in group 10. LOS, estimated blood loss and maternal mortality did not vary among the first 50 CS operations. Surgical site infections occurred mostly during the first 25 procedures 29/37 (78%).

Conclusion While gaining surgical experience, associate clinician trainees in Sierra Leone significantly reduce operation time during the first 15 CS operations. Length of hospital stay, estimated blood loss and maternal mortality are not found to be dependent on the trainees experience.

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4 Evaluation of the Relationship Between Food Environment and Obesity Using GIS in a Rural Community

Yessica Tenorio[1,#], Gerardo A. Zavala[2], Jorge L. Rosado[1], Dolores Ronquillo[1], Maiza Campos[2], Colleen M Doak[2], Olga P. García[1]

[1] Autonomus University of Queretaro, Santiago de Querétaro, Mexico; [2] VU University Amsterdam, Amsterdam, The Netherlands; [#] Presenting author

Background To determine the association between food environment and childhood obesity using Geographic Information Database (GIS).

Methods A total of 218 school-age children randomly selected from a rural community in Mexico participated in this cross-sectional study. Anthropometric measurements (weight, height) and body fat (DXA) were measured in all children and BMI for age z-score was calculated (BMIz). Geolocation of both convenience stores (CS) and participants' households was collected and introduced to a GIS database. The shelf-space of highly processed foods and unprocessed foods available at each CS was measured. The distance to the closest CS, the number of CS, and the shelf-space of processed foods within a 150m, 200m, 250m and 300m radius from each participant's household was calculated using GIS.

Results We found positive associations between BMIz, total body fat % and abdominal fat % with the distance to the nearest CS, with the number of CS, and the meters of highly processed foods within 150, 200, 250 and 300m radius; the 250m radius had the highest association (BMIz b= 0.028 IC 95%:0.009-0.047; total body fat % b=0.167, IC 95%: 0.064-0.271; abdominal fat % b=0.22, IC 95%: 0.076-0.373; $p<0.05$).

Conclusion GIS methods provide a new approach to assess association between food environment and obesity by modelling spatial accessibility (density, proximity to CS and exposure to highly processed foods). These results may help find new risk factors for childhood obesity in rural Mexico.

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Abstracts Uniting Streams
Zwanenzaal: Refugee Health (15:15 – 16:30)

1 Integrative Care For Traumatized Asylum Seekers Illegally Residing In The Netherlands

Rembrant Aarts[1,3,#], Sam Ghane[1], Anke Lahuis[1], Pim Scholte[1,2]

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Background The number of asylum seekers and undocumented migrants in the Netherlands is, although difficult to measure, around 70.000. It is estimated that 13-25% of refugees resettled in high-income countries suffer from Posttraumatic Stress Disorder (PTSD) or depression, while rates of anxiety disorder, psychosis, substance abuse and suicide attempts are also increased. For asylum seekers, residence in the Netherlands is illegal after rejection of their asylum claim. Those who remain in the country anyway are not entitled to social security, health care insurance, housing, schooling and work. Therefore, serious social problems add to the suffering of those with existing trauma-related mental health problems. Such social distress in patients generally leads to great reservation among mental health professionals towards applying emotionally dysregulating treatment methods such as trauma-focused psychotherapy. Access to somatic and psychiatric care for this group is limited.
Methods An integrative one-year treatment approach, which, despite the deplorable living situation of most beneficiaries, comprises trauma-focused therapy (Narrative Exposure Therapy) next to context-focused elements is offered since 2014. Interpreter and culturally sensitive services are included.
Results Preliminary findings from an evaluation study show that the treatment may be complicated due to both ethical issues and the ongoing negative impact of context-related factors, but is doable. Scores on the Clinician Administered PTSD Scale (CAPS-5) in 16 patients decreased significantly during the course of the treatment. Additional psychometric data of 154 patients show that about 50% show clinical improvement.

Conclusion Multiple mental health and social issues prevailing in a distinct group within the community, call for an integrative approach taking a combined psychiatric, public health, social, medical-ethical and human rights perspective. Treatment is challenging but can result in clinical improvement.

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2 **High Prevalence of Infectious Diseases and Drug-Resistant Microorganisms in Asylum Seekers Admitted to the Hospital**

Sofanne J Ravensbergen[1,#], Mariëtte Lokate[1], Darren Cornish[2], Alewijn Ott[3], Alex W. Friedrich[1], Wiel C. de Lange[1], Tjip S van der Werf[1], Ymkje Stienstra

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Introduction The current refugee crisis emphasizes the need for information on infectious diseases and resistant microorganisms in asylum seekers with possible consequences for public health and infection control.

Methods We collected data from asylum seekers admitted to our university hospital or who presented at the Emergency Department (n=273). We collected general and demographic characteristics including country of origin, the reason of presentation, and the screening results of multi-drug resistant organisms.

Results 67% of the patients were male with a median age of the study group of 24 years (IQR 15-33); 48% of the patients had an infectious disease – predominantly malaria with P. vivax or tuberculosis. Patients also reported with diseases which are less common - e.g. leishmaniasis, or even conditions rarely diagnosed in Europe – e.g. louse borne relapsing fever. A carriage rate of 31% for multi-drug resistant microorganisms (MDRO) was observed, with ESBL-expressing E.coli (n=20) being the most common MDRO. No carriage of Carbapenemase Producing Enterobacteriaceae was found.

Conclusion The current refugee crisis in Europe challenges hospitals to quickly identify and respond to communicable diseases and the carriage of MDRO. A rapid response is necessary to optimize the treatment of infectious diseases amongst asylum seekers to maximize infection control.

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3 Health Care Seeking Behaviour of Undocumented Migrants in the Netherlands

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Background Limited attention has been devoted to the full process of illness response among undocumented migrants in the Netherlands. The aim of this study was to (1) explore health care seeking practices among undocumented migrants and (2) gain insight into factors influencing health care seeking behaviour among undocumented migrants.

Methods Qualitative study involving a transdisciplinary component, containing in-depth semi-structured interviews and focus group discussions. Sixteen undocumented migrants above the age of 18, varying in country of origin, sex and age were recruited through migrant organisations, Médecins du Monde the Netherlands and snow ball sampling. Eight general practitioners were recruited through convenience sampling.

Results Less than half of the undocumented migrants indicated to be registered with a general practitioner. Among undocumented migrants, regular health care utilization was perceived most favourable, as it in their view secures adequate health care. However non-attendance, delay in seeking health care and utilisation of alternative forms of health care was reported among undocumented migrants. This is attributed to barriers, notably limited knowledge of the health care rights of undocumented migrants among both undocumented migrants and health care providers, fear and inability to seek regular health care among undocumented migrants and reluctant attitudes of health care providers towards including undocumented patients.

Conclusion Improving the knowledge of health care providers and undocumented migrants on the health care rights of undocumented migrants is expected to contribute to change in health care seeking behaviour and improve access to necessary health care among undocumented migrants in the Netherlands.

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4 Scabies Amongst Asylum Seekers: Prevalence and Effect of the Scabies Programme

Dorien T. Beeres[1,#,*], S. J Ravensbergen[1,*], Till Frederik Omansen[1], Annelies Heidema[2], Darren Cornish[2], Machiel Vonk[3], Ymkje Stienstra[1]

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[*] These authors contributed equally to the work

Introduction Scabies outbreaks both in refugee camps and in asylum seeker centres have burdened patients and health care systems during the current refugee crisis. Asylum seekers arriving in the Netherlands, especially those originating from Eritrea and Ethiopia, often presented with complicated forms of the disease. Therefore, a programme for scabies control was introduced in the National Dutch Reception Centre for asylum seekers arriving from Eritrea and Ethiopia in July 2015 comprising of mass-drug administration with ivermectin and screening of the skin. Here we describe the results from the entrance screening of this population for scabies and the efficacy of mass drug administration.

Methods Data is collected using medical records of all patients who visited the health care centre at Ter Apel for scabies related issues between January 2014 and April 2016.

Results We included in total 2374 patients visiting the health care centre for scabies between July 2015 – April 2016. 1374 (57%) showed clinical signs of scabies and 318 (13%) required multiple visits for their scabies treatment implying complicated disease, lack of treatment efficacy or reinfection. Complications such as abscess formation are frequently observed. Further data on the efficacy of the screening programme and clinical presentations of scabies, are being collected.

Conclusion This high prevalence of scabies and its complications represents a considerable burden for the healthcare system. Rigorously controlling scabies in asylum seekers may reduce the risk of complicated cases, reduce strain on the health care system and prevent spread to other patient groups in the proximity of individuals from high-risk countries.

Note: Part of this research has previously been presented as an oral presentation at the European Congress of Clinical Microbiology and Infectious Diseases 2016 in Amsterdam. www.escmid.org

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5 Cardiovascular Disease Risk Among Ghanaian Populations in Ghana and Europe: the RODAM Study

Daniel Boateng[1,#], Charles Agyemang[3], Erik Beune[3], Karlijn Meeks[3], Liam Smeeth[4], Matthias Schulze[5], Juliet Addo[4], Ama de-Graft Aikins[6], Cecilia Galbete[5], Silver Bahendeka[7], Peter Agyei-Baffour[2], Ellis Owuso-Dabo[8], Frank P. Mockenhaupt[9], Joachim Spranger[10], Andre P Kengne[11] Diederick E Grobbee[1], Karien Stronks[3], Kerstin Klipstein-Grobusch[1,12]

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Background For migrant populations from sub-Saharan Africa, adverse CVD risk factors have been observed to be higher than their home country-based counterparts or the host populations. Differences in absolute overall vascular risk, however, remains largely unexplained. We assessed the differences in 10-year CVD risk among Ghanaians living in Ghana and Europe.

Methods For 3864 participants, aged 40-70 years, selected from the multi-centre RODAM study conducted among Ghanaian adults residing in rural and urban Ghana and three European cities (Amsterdam, Berlin and London), 10-year risk of CVD was estimated using the Pooled Cohort Equation, with estimates $\geq$7.5% defining high risk. A logistic regression analysis was performed to determine the effects of migration on 10-year CVD risk.

Results CVD risk was higher for men than for women and differed by country of residence in Ghana and Europe. Ghanaians in urban Ghana and Europe had increased risk for CVD as compared to their rural Ghana counterparts. CVD risk was significantly increased for Ghanaian men living in Berlin (adjusted Odds Ratio (AOR) 3.00; 95% CI 1.91- 4.73), London (2.59; 95% CI 1.63-4.10), Amsterdam (2.13; 95% CI 1.44-3.16) and urban Ghana (1.51; 95% CI 1.02-2.24)

and for Ghanaian women living in London (1.54; 95% CI 1.01-2.35).

Conclusion The risk of CVD was higher among Ghanaians residing in urban environment and differed by city of residency. Knowledge about differences in absolute CVD risk between migrant populations and their home countries appropriately supports tailoring of health policy and care for migrant populations.

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1 Motivations for Teaching Sexuality Education in Uganda: Utilization of Cultural Schema Theory as a Theory for Understanding Behaviour

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Background In public health intervention research, motivational theories are often applied to study individual behaviour. This study utilizes cultural schema theory, a motivational theory used by cognitive anthropologists, to explore teachers' schemas of sexuality education and to explain how teaching sexuality education is motivated by these schemas.
Methods In-depth interviews were conducted with 40 secondary school teachers in Kampala, capital of Uganda. The interviews were transcribed verbatim and analysed using principles of grounded theory. Teachers' motivations to teach sexuality education appeared mostly motivated by lower- and middle-level schemas of culture, professional identity and personal experiences with onset of sexual intercourse, and higher-level schemas of pursuing students- and teachers wellbeing.
Results Analysis showed conflicts between these schemas; interactions between schemas at the interpersonal level, i.e. teacher-student, and contextual level, i.e. teacher-school; and schemas based on personal experiences that strengthen the motivational force of higher-level schemas.

Conclusion It can be concluded that schemas may motivate various behaviour depending on interpersonal and contextual interactions and that personal experiences are selected or reconstructed to support present behaviour. In the case of teaching sexuality education, this means that interventions aimed at positive behaviour change towards teaching comprehensive sexuality education should not only address schemas of sexuality and sexuality education in general but should include interactional aspects such as teachers' schemas of professional identity, of students and their sexual citizenship, and of the school environment.

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2 (Mis)Understanding Sexual Violence in Conflict

Rosanne M. Anholt[1,#]

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Sexual violence in conflict is high on the agenda of the international humanitarian community. Despite commendable advances in both policy and practice, there continues to be a gap between what is recommended, and the reality on the ground. This paper argues that notwithstanding the profound challenges of working in humanitarian emergencies, an analysis of humanitarian sexual violence discourses indicates a mismatch between the complexity of the issue and the way in which it is understood, leading to ineffective programmes on the ground. First, humanitarians' reductionist approach to sexual violence not only disregards victims/survivors other than the stereotypical, it also exempts perpetrators from scrutiny – including the international humanitarian community itself, through whose extensive de-politicisation of sexual violence has erased the link between gender inequality and violence. Second, the international humanitarian community has positioned itself as the white, western, heroic protector of vulnerable women and girls (and not men and boys) – a narrative that not only escalates power differences between humanitarian and beneficiary, but also reproduces the subordination of women. Third, an exposé of silences in international discourses about sexual violence in armed conflict shows the humanitarian community's complicity in reproducing systems of gender inequality that allow for sexual violence to occur and remain unaddressed, by refusing to transform the restrictive political environment that ultimately impedes effective humanitarian action. Humanitarians' engagement with critical research, as well as researchers' engagement with feminist theories may recreate meanings that benefit our understanding of sexual violence in conflict, rather than impede it.

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UNFPA Global Support to Family Planning: Mixed-Methods, Theory-Based Evaluation Design - Results and Challenges

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Background UNFPA as leading UN entity on SRHR decided on a global evaluation of its FP programme 2008-2013, aiming to look backward (accountability) and forward (learning). The evaluation team consisted of experts from EHG, Denmark and KIT, Netherlands.

Methods The team used a theory-based, mixed-methods evaluation design. It reconstructed a theory of change and defined evaluation questions for each of eight areas of investigation. Focusing on the 69 UNFPA priority countries, 12 countries were selected for case studies. Methods involved document review, two global online surveys, face to face and remote stakeholder interviews, FGDs and review and analysis of FP expenditure data.

Results UNFPA contributed to raising the global and national profile of FP. Yet sometimes there was a trade-off between being a privileged partner of government and meeting stakeholder expectations (such as regarding promotion of civil society's voice). UNFPA promotes FP integration, but shows mixed results in implementing this (staff operating in "silos"). UNFPA advocated for a human rights-based approach to FP programming, although efforts to put this into action were limited. UNFPA does not invest enough in organisational learning.

Conclusion Results imply that UNFPA should strengthen alignment of its FP programming with ICPD commitments to integration, a human rights-based approach and greater cooperation between government and civil society. It should also strengthen documentation of results and organizational learning, and ensure that knowledge management is a priority component of technical support to country offices. The methodological approach and actual data collection resulted in some study limitations.

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Perspectives of Skilled Attendants on the Quality of BEmOC in Gondar, Northern Ethiopia

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Background Worldwide a staggering 289.000 mothers continue to die from complications relating to pregnancy each year. More than half of these deaths occur in sub-Saharan Africa. In Ethiopia, skilled birth attendants deliver only 15 per cent of pregnant women. The MMR has declined over the past 25 years, but is still 420 /100,000 live births in 2014. The reasons why women choose not to delivery with a skilled attendant are various, but one reason could be the assumed poor quality of care at the health facilities.

Methods A qualitative study was conducted between August and November 2015, in Gondar, northern Ethiopia. The study explored perspectives of skilled attendants on the quality of BEmOC offered by local health centres. Using purposive sampling methods 15 health centres were selected. All health centres referred their patients to the University of Gondar Referral Hospital. 26 skilled birth attendants (20 midwives and 6 clinical nurses) were interviewed.

Results / Discussion The assessment of the quality of BEmOC varied across the different demographics. Semi-urban health centres assessed the quality of their services as adequate, while urban and rural health centres assessed their services as poor. Respondents identified four categories of factors affecting the quality of BEmOC services: access to BEmOC training and schooling, the referral system, and functioning facilities and medication. Mentorship and supervision from the referral hospital were considered as key ingredients for reducing the disparities faced by health centres with regard to offering skilled BEmOC services as well as improving the referral system.

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Notes

Poster presentation AIGT

At the back of the Oosterhuiszaal posters on the specialisation (training) of the Medical Doctors International Health and Tropical Medicine are presented (these are in Dutch).

This (new) programme provides medical doctors a generalist profile that enables them to work at the intersection of clinical medicine and public health in various settings.

Practical information de Rode Hoed

Three bars
Coffee, lunch and tea will be served from three points, in the foyer, the bar and on the balcony. Please spread out.

Time-keepers
All sessions will be attended by a time-keeper. Please join us in our aim of keeping the symposium sessions starting and finishing on time. During the drinks at 17:15 hours, conversation and discussions may be pursued ☺.

Limited capacity rooms
Please note the rooms have different limited capacities (from 22 to 250 persons. Should the smaller rooms be full for the afternoon sessions, please then join the session in the Oosterhuiszaal, downstairs or on the balcony.

Think green and evaluate

- In order to save paper, an evaluation form for this symposium will be mailed to you. We appreciate your view, so feel free to respond!
- At the end of the day your badge may be handed in at the registration desk for future re-use.

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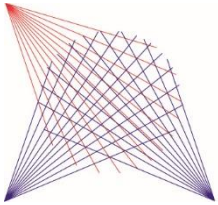

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