SCIENTIFIC SESSION AT THE HUMANITARIAN CONGRESS BERLIN

PRESENTATIONS

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<th>Abstract Title</th>
<th>The prevalence and determinants of Post-Traumatic Stress Disorder (PTSD) among Palestinian children exposed to political violence: Systematic review and Meta-Analysis</th>
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<td>Keywords</td>
<td>PTSD, Occupied Palestinian Territories, Political violence, Children, Adolescents</td>
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<tr>
<td>Introduction</td>
<td>The Occupied Palestinian Territories (oPt) have been fraught with political violence for more than half a century. Fragmented health service provision and damaged infrastructure contribute to a complex and pervasive burden on children's and youth's mental health. To our knowledge, this is the first paper that aims to systematically review the literature on the prevalence of PTSD among Palestinian children and adolescents exposed to political violence.</td>
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<tr>
<td>Methods</td>
<td>For this systematic review and meta-analysis we searched electronic data-bases to identify population-based studies that reported the prevalence and determinants of PTSD among children and adolescents exposed to political violence in Palestine.</td>
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<td>Results</td>
<td>We initially identified 1514 studies and after screening of titles and abstracts, our search yielded 66 potential full texts from the year 1998 to 2015. Of these, 17 studies (total n=21,716) were included in the review and pooled using a random-effects model. The reported prevalence of PTSD ranged from 19% to 90%, with an overall pooled estimate of 58% (95% CI 48.4-67.0). Among girls the prevalence was 60.7% (95% CI 37.0-80.3), and among boys it was 59.7% (95% CI 42.6-74.7). In the Gaza Strip the prevalence was 52.2% (95% CI 50.3-54.0) and in West Bank 48.5% (95% CI 34.8-62.5). The point prevalence of PTSD increased slightly to 60% after performing sensitivity analysis with only studies at low risk of bias.</td>
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<td>Conclusion</td>
<td>The very extensively prevalence of PTSD among children in Palestine found in this review is not surprising and chime with the findings in different regions affected by chronic political conflicts. Nonetheless, the results should be interpreted with caution due to discrepancies in study design and methodological issues of the included studies. These limitations also reflect the challenge in conceptualizing and measuring PTSD in the Palestinian context, and the need for further investigation into the moderating factors for PTSD.</td>
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### Abstract Title
Refugee Survival After Arrival: A Social Scientist’s Perspective

### Keywords
post-migration, integrate, integration, adaptation, loss, distress, cultural bereavement, cultural mourning, community-making

### Introduction
The decision to uproot oneself or one’s family and move away from one’s homeland, whether prompted by war, political upheaval or a natural disaster, is a difficult and anguishing one for refugees.

Further, it often turns out to be just the beginning of a long complicated quest as, even after perilous journeys end and safe harbors are found in faraway places, those displaced continue to face challenges for indefinite periods: cultural barriers, hostility, indifference and resistance from local populations. Then there are deeper issues - loss of familiar ways of life, places, social standing, livelihoods, languages and community.

Researchers delineate 3 phases: pre-migration, migration - and post-migration which is beginning to receive more attention. For those working with refugees, the focus has traditionally been on physical resettlement and rehabilitation, with underlying expectations of eventual assimilation within host countries.

Present-day priorities are changing. Therefore, strategies need to be rethought in order to meet the deepest needs of refugees, while supporting them as they integrate into new homelands in a manner that respects their individual and cultural autonomy.

### Methods
Adopting a qualitative quasi-meta-analytic approach, thematic content-analysis was conducted on 15 recent studies, focusing on identification of specific factors that matter most in the post-migration experience of refugees re-settling and starting anew.

### Results
Some central themes emerged in addition to normal adaptation: anger, trauma, emotional distress, adaptation difficulties, a sense of living under “inhumane conditions”, discrimination, restricted economic opportunity, “bureaucratic limbo”, loss of status, culture and support, even “cultural bereavement”.

### Conclusion
Rethinking humanitarian priorities might involve large-scale community-based sensitizing initiatives, mobilizing cultural capital, providing open access to employment, supporting entrepreneurs, creating safe spaces for community-making, proper cultural mourning and remembrance - essentially aiding in maintaining native cultures as refugees integrate into the larger culture at will.
Missed opportunities: Global health research, education and access provisions at German medical faculties

Publicly-funded universities in Germany have the potential to reduce health inequities. This study provides the first systematic assessment of German medical faculties regarding their commitment to research and education in the field of Global Health (GH) and poverty-related and neglected diseases (PRNDs) between 2010 and 2014.

36 publicly-funded medical faculties were assessed according to qualitative and quantitative indicators in three areas: 1) research funding and publications addressing neglected health needs; 2) open access (OA) publishing and equitable licensing frameworks promoting access to publications and medical innovations worldwide; 3) GH and PRNDs education. Data were extracted from five online grant databases, PubMed, and university websites via standardized searches and supplemented by questionnaires sent to university and/or student representatives. For the analysis of global cooperations, a co-authorship network analysis based on publication metadata was conducted.

Total research grant funding and number of publications in 2010 and 2011 attributable to GH and PRNDs were both at median values below 1%. A median proportion of 31.25% of GH and PRNDs publications was published OA. 19 out of 36 faculties had an OA publishing fund and 20 had an institutional OA publishing policy. Only three had socially-responsible licensing policies; one university reported having used the policy in licensing a health technology between 2010 and 2014. 21 out of 36 of medical faculties provided some form of GH education, mainly consisting of elective courses. Whereas almost half of the universities enabled their students to benefit from outgoing programs, a very small number of universities received students from low and middle income countries.

Overall evidence suggests that German medical faculties make relatively small efforts in the field of GH and/or PRNDs research, education, and access provisions and miss out on opportunities to strengthen their impact.
### Abstract Title
Cross-disciplinary Approaches to Health in Humanitarian Contexts: Learning from Polio Eradication

### Keywords
- polio eradication
- health in humanitarian emergencies
- migration and refugee health
- multi-sectoral approaches

### Introduction
Polio virus remains endemic in only three countries, in reservoirs characterised by inaccessibility, insecurity and conflict. Complex environments, shaped by geography, culture, religion and politics, as well as epidemiological challenges, are nothing new to the Global Polio Eradication Initiative (GPEI). Beyond polio, the infrastructure developed through the Initiative over the past 3 decades has also been used to deliver other vaccines, vitamins and basic services to underserved, inaccessible, and vulnerable populations; the infrastructure was critical to extinguishing Ebola in Nigeria during the recent West Africa outbreak.

### Methods
The Global Health Centre at the Graduate Institute Geneva is undertaking a multi-year research project to better understand the multi-disciplinary underpinnings (especially social and political) of support for polio eradication and transitioning. The research has utilized expert interviews, policy analysis and public policy dialogues.

### Results
Findings highlight connections between polio and issue areas including health security, migration and refugee health, and universal health coverage. As polio nears eradication, there is increasing attention on transferring knowledge, skills, infrastructures and human resources to benefit other goals.

Polio transitioning has significant implications for the design and management of future disease control programmes; for how health systems are configured; and for how to balance complex, multi-sectoral agendas to protect and promote health, engage in humanitarian assistance and support sustainable development.

### Conclusion
With the anticipated dismantling of the GPEI after eradication, the global community has an important opportunity to understand and leverage polio-related resources and knowledge, ensuring their integration within other agendas. This will require a coalescence of diverse perspectives, including from health and political, social, anthropological, cultural, economic and developmental disciplines. This presentation and discussion will examine the opportunities and challenges of the polio endgame and transition, focusing on the provision and protection of health and humanitarian action in complex political contexts.
## Abstract Title
Getting humanitarian data sets back in order: how data collection can reinforce pre-existing patterns of vulnerability (and what to do about it)

## Keywords
humanitarian data; social network analysis; vulnerability; crowdsourcing; crisismapping; surveys; information platforms; information management;

## Introduction
This PhD project contributes to a research programme called Enhancing smart disaster governance: Assessing the potential of a net-centric approach. The aim of this programme is to explore how grassroots initiatives can complement traditional top-down approaches to disaster management. The aim of this sub-project is to explore this issue in the context of humanitarian information flows and data collection platforms, analysing how grassroots crisis information initiatives can complement centralized top-down data collection methods. The goal of the overarching project is to establish whether and how linking grassroots initiatives to traditional responders can make a response more adaptive to local circumstances and needs. This sub-project analyses this issue by looking at the extent to which grassroots’ and traditional humanitarian datasets reflect actual needs and circumstances on the ground.

## Methods
This research focuses on the humanitarian response to the 2015 earthquakes in Nepal. It is based on qualitative social network analysis, paying equal attention to the social and the material side of networks. This project uses observation, open and structured interviewing, document and dataset analysis in order to obtain information on how connections shape humanitarian datasets. To date, the project has covered grassroots’ disaster crowdsourcing initiatives and post-disaster surveys and assessments on the ground by both traditional and grassroots’ responders.

## Results
Results show that the design and implementation of the tools and platforms used by both grassroots and traditional responders resulted in datasets that reflected long-standing inequalities - and that aid initiatives based on this data reinforced pre-existing patterns of vulnerability.

## Conclusion
This project concludes that the strategic incorporation of online grassroots initiatives with established data collection routines has the potential to yield humanitarian data sets that facilitate an adaptive response targeted at those most in need.
**Abstract Title**  
Exploring internally displaced Nepalese women’s perceptions and experiences of the impact the 2015 Earthquake on their health and access to healthcare

**Keywords**  
Women, Gender, Disaster, Humanitarian relief, IDPs, displacement, health, access to healthcare

**Introduction**  
Disasters have a multi-dimensional gendered impact, affecting women’s health in different and more extensive ways to their male counterparts. Research is limited both into the impact of the Nepal 2015 earthquake on women’s health and globally, into the perceptions of IDP women about their health.

**Methods**  
Between May-July 2016 qualitative research was conducted with women in IDP camps in Dhading district, Nepal. The research was conducted along a feminist participatory continuum, allowing the 58 participants greater participation in the research process. Semi-structured interviews, focus group discussions and participatory ranking exercises were used to explore women’s experiences and perceptions.

**Results**  
Women’s perceptions of how the earthquake had affected their health were complex, whilst some health problems and barriers to access existing before the earthquake had been reduced, others had been exacerbated. Post-earthquake, the main health problems perceived by participants were: Gender-based violence, Emotional and mental health issues, a Lack of fulfilment of basic needs and Sexual and reproductive health issues - predominantly menstrual hygiene issues. The main barriers, identified by participants as preventing women accessing healthcare included: cost, embarrassment and a lack of female staff. The participatory ranking exercise revealed clearly, that participants perceived the lack of fulfilment of basic needs such as: shelter, water and food, to be the most influential health issues they face.

**Conclusion**  
The research yielded two compelling conclusions. Firstly, participants often expressed concern with the social determinants of health rather than specific health issues and therefore the project recommendations, many of which stem directly from participant suggestions, predominantly involve addressing the social determinants of health. Secondly, that resolution of IDP women’s health issues depends upon addressing health issues related to gendered-oppression: violence, ‘victim-blaming’ and being embarrassed to access healthcare services. Consequently, creating women-only spaces and delivering health education which empowers women, form central recommendations of this research.
Chiara Altare - Action against Hunger
Co-Author: Kristina Dalacker, Gwenaelle Luc, Marion Junca, Blanche Mattern, Wolfgang Meyer

Abstract Title
Unravelling the pathways linking women's social position and child nutrition: a review of Link Nutrition Causal Analyses

Keywords
child undernutrition, chronic emergencies, women’s role, gender, anthropological research

Introduction
Child undernutrition remains a public health concern in several countries. It is widely acknowledged that, as primary caregivers, women play a pivotal role in determining the nutritional status of their children. However, it remains to clarify how women can accomplish this function in different settings, where thriving or blocking factors may vary. This study aims to better understand how women are hampered in their capacity to care for their children by disentangling the pathways through which women’s social status affects child undernutrition.

Methods
A qualitative review of 28 Link Nutrition Causal Analysis (NCA) reports conducted in 22 countries between 2011 and 2017 is ongoing. The Link NCA method, developed by Action Against Hunger since 2010, uses a participatory, mixed-method approach to reach consensus among multiple local stakeholders (communities, local representatives, religious leaders, health workers, etc) on the main drivers of undernutrition in a given area. Pathways showing how factors are interconnected and how they lead to undernutrition are unravelled to identify mechanisms to be addressed by policies and programmes.

Results
Multiple pathways linking women's social status and child nutrition are identified in each Link NCA. This shows how women’s role within the household and the communities is strictly interconnected with the technical factors related to undernutrition (food security, care practices and healthy environment). We report on the identified pathways. Initial results show that women’s capacity to care for their children is hampered by workload, decision power, autonomy, access to health care. We draw lessons on recurrent and unique drivers by different criteria such as geographical region, urban/rural setting, year, and enabling environment.

Conclusion
We provide insights into how women’s status differently affects child nutrition in different settings. Programmes aimed to achieve sustained nutrition outcomes should go beyond technical
interventions, and mainstream gender throughout the actions in order to increase effectiveness and sustainability of interventions.

Cornelia Barth - International Committee of the Red Cross
Co-Authors: Barbara Rau, Harald Veen, Andreas Wladis

Abstract Title
Practice of humanitarian medicine: Development of a rehabilitation protocol for patients with femur fracture under skeletal traction

Keywords
Skeletal traction; Protocol development; Evidence-based practice in conflict/ disaster

Introduction
The International Committee of the Red Cross supports hospitals in conflict zones. In these settings femur fractures are mostly managed by skeletal traction. No valid guidelines exist for rehabilitation of patients under traction and after traction removal. For capacity building, standardisation and quality of care an exercise protocol was elaborated for supervisors, rehabilitation workers, and patients. The following criteria were used for its development: evidence-based, methodical instructions to be followed also by staff not used to clinical reasoning, no need of specialised material.

Methods
The rehabilitation protocol for patients under femur traction was developed based on literature search and professional experience with selection of exercises targeting weapon wounded persons seen in humanitarian settings. After testing feasibility with 3 rehabilitation workers in an ICRC supported hospital in Bukavu, D.R. Congo, for 4 months, and sharing it with hospital projects for feedback, it was validated by the ICRC health department at headquarter level.

Results
Field testing showed that after introduction under supervision the protocol is used by local staff autonomously, the exercises can be performed by the majority of adolescent and adult patients, and the material is locally available and affordable.

Conclusion
This is the first structured protocol for weapon wounded persons with femur traction in humanitarian medicine, based on available evidence plus experience. Written in form of a simple precise instructions it can be performed by all members of the rehabilitation team, including untrained staff or patient themselves. The protocol will help promote best practice and capacity building in challenging contexts allowing standardized quality rehabilitation in ICRC supported hospitals. Further studies in different hospital settings are required in the future.
**Abstract Title**  
Socio-cultural barriers and opportunities to accessing contraception among Palestine refugees in Jordan

**Keywords**  
Contraception; family planning; Jordan; refugee; access; culture

**Introduction**  
Maternal mortality has increased during the last 7 years among Palestine refugees in Jordan. Especially women with short pregnancy intervals and young pregnant women are at risk of maternal mortality. This mortality can be prevented by using modern contraception. Contraception for Palestine refugees is provided for free in Jordan. Yet, contraception usage has decreased among this population. Research indicates that socio-cultural barriers exist to accessing contraception. This study aims to improve access to contraception by understanding socio-cultural barriers to access contraception.

**Methods**  
Forty women, twenty-seven men and seventeen healthcare providers participated in twelve focus group discussions (FGDs) conducted in a rural and urban setting. Topics discussed were derived from previous research and previously conducted FGDs. Discussions were tape recorded, transcribed verbatim, translated and entered into MaxQDA for analysis. Analysis was conducted by two researchers independently using predetermined and emergent themes.

**Results**  
The desire to have a large nuclear family for population survival and pride in which boys are more highly valued, as well as opposition from husband and family-in-law were important barriers to accessing contraception. Also perceived unwillingness of healthcare providers to provide contraception to women with one child or with no husband-permission was a mentioned barrier. Female community members also expressed the gender of the health care provider to be a barrier. Having little financial means was frequently stated as a reason for using contraception. Also ensuring good mental and physical health for the mother was regularly mentioned as a reason to use contraception.

**Conclusion**  
Findings provide a deeper understanding of results yielded by previous studies and complement these findings with results on barriers related to healthcare providers. Resources are needed to decrease misunderstanding between healthcare providers and community members so as to increase access to contraception for Palestine refugees in Jordan.
## Abstract Title
Experiences of physicians in caring for refugees and asylum seekers in Bammental, Germany

## Keywords
Refugees, Asylum Seekers, Physicians and Local integration

## Introduction
Challenges for refugees and migrants related to access health care services have been identified. However, there is relatively less known about challenges perceived by physicians who provide health care to this population.

## Methods
Bammental, a municipality close to Heidelberg with roughly 6,600 people, accepted in September 2016 about 75 young male refugees and migrants from Gambia, Pakistan and Afghanistan. In July 2017, local physicians and key informants were questioned in semi-structured in-depth interviews about their experiences.

## Results
Seven main themes were identified and related to language barriers, cultural differences, lack of information on health care services, health insurance, health needs, health facilities and administration and local community. The main problems were experienced with health insurance, medical documentation and mental health problems. Other issues appeared as being improved or less urgent, including communication and cultural gaps.

Strong and honorary support to access health care in conformity with the local system was given to refugees and migrants through the local administration and particularly a volunteer group "Flüchtlingshilfe Bammental". Compared to the general German context, the current problems observed in this small town were found to be fewer and relatively solvable. There was a great sense of satisfaction from the physicians’ perspective with respect to health needs and health care services.

## Conclusion
The positive situation in Bammental might result from its relatively affluent and educated civil society. Bammental may hopefully contribute to societal and administrative visions for other villages that provide health services to refugees and asylum seekers.
Abstract Title

Trends and patterns in leprosy in 9 states of the Republic of the Sudan 7 years after the introduction of routine contact screening

Keywords

Leprosy, contact screening, Sudan

Introduction

In this paper we analyze the trends of key indicators reflecting the epidemiological situation of leprosy in 9 different states of the Republic of the Sudan after the introduction of a systematic contact screening in 2010.

Methods

The routinely assessed data from the leprosy control programme from 2010 to 2016 were analyzed.

Results

Despite, intense contact screening, the overall number of new cases detected showed a decreasing trend. The Female:Male ratio among new cases was constantly low. The overall average number of contacts needed to screen in order to detect a new case among contacts was 64. However this number varied significantly in the 9 states under investigation, with the best yield being observed in the state with the lowest case detection rate.

Conclusion

The total number of new cases of leprosy in 9 states of the Republic of the Sudan showed since 2010 declining tendencies. Our data are not suggestive of a significant impact of contact screening on the trends of leprosy key indicators. Overall, contact screening proved to be efficient in most states, including those states that exhibited very low ANCDRs. Sensitization of personnel undergoing training and measures improving access of female to leprosy services are urgently needed.