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GLOBALE KINDERGESUNDHEIT IN PANDEMIEZEITEN

GLOBAL CHILD HEALTH IN TIMES OF PANDEMICS



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Virtuelle Veranstaltung

ABSTRACTBAND

<https://globalchildhealth.de/39-gtp-jahrestagung-2020-globale-kindergesundheit-in-pandemiezeiten/>

05. Juni 2021 – Programm

09:00 bis 09:10

Begrüßung: Carsten Krüger, Benno Kretzschmar

09:10 bis 10:00

Eröffnungsvortrag Vorsitz Carsten Krüger

- **COVID-19 and its impact on children and women in LMICs – policy and ethical considerations (Michael Knipper, Gießen)**

Session 1 Vorsitz Michael Krawinkel (10:00 bis 11:30)

Thema: Globale Programme für Kinder in COVID-19-Zeiten

- The influence of the pandemic on paediatric health care in the humanitarian context (Mona Tamannai, MSF Berlin)
- Einfluss von COVID19 auf die Arbeit von Plan International (Franz-Josef Kretz) – fällt wegen Krankheit aus!!!
- Nachhaltige Ernährungssicherung und die Verbesserung der Gesundheit in ländlichen Gebieten: Die Nutrition Smart CommUNITIES (Simone Welte, Welthungerhilfe Berlin)
- The impact of the SARS-CoV2 pandemic on child health - Essential paediatric emergency and critical care in difficult circumstances (Hans-Jörg Lang, ALIMA & UWH)

Pause (11:30 bis 12:00)

Session 2 Vorsitz Ralf Weigel (12:00 bis 13:30)

Thema: COVID 19 / Vermischtes

- Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal (Mats Malqvist, Uppsala/ Schweden)
- Vorstellung des „Child Growth Monitor“ (Markus Pohl, Welthungerhilfe Berlin)
- Evaluation of an Emergency Triage Assessment and Treatment (ETAT+) training in Madagascar – preliminary findings (Michael Galatsch et al. / Witten)

Mittagspause (13:30 bis 14:00)

Session 3 Vorsitz Carmen Herr (14:00 bis 15:30)

Thema: Forschung und Projekte in globaler Kindergesundheit

Abstracts GTP-Jahrestagung 2021

- Heuschen A-K, Müller O. Public health relevant consequences of the COVID-19 pandemic on the malaria burden in sub-Saharan Africa /Heidelberg
- Langha L, Weigel R. What are the Menstrual Experiences of Schoolgirls and Students in Uganda? - A Narrative Literature Review / Witten
- Leusmann A et al. Evaluation of the Pediatric Emergency Course and Advanced Skills Training (PEAST) in Sierra Leone - A State of Knowledge Analysis Pre and Post Course / Witten, L'appel Germany, GTP
- Schmidt-Troschke H-M et al. "Zines" as a new health education medium for children: a narrative literature review / Witten
- Heinrich A et al. Das nationale Impfprogramm in Tansania: strukturelle Voraussetzungen und Optimierungspotenziale / Witten
- **Informationsblock**

Pause (15:30 bis 16:00)

Session 4 Vorsitz Irene Schmidt (16:00 bis 17:00)

Thema: Freie Themen, Impfungen und Ernährung in Pandemiezeiten

- Experience of Implementation of Gastrochisis Treatment Protocol in Tanzania (Zaitun Bokhary / Muhimbili National Hospital, Dar es Salaam, Tanzania)
- Probleme in der Corona-Pandemie aus Sicht der Pflege (Irene Schmidt / Hamminkeln)

COVID-19 and its impact on children and women in LMICs – policy and ethical considerations

Michael Knipper

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To “give every child the best start in life” was the first of six policy objectives raised by Sir Michael Marmot in his “Fair Society Healthy Lives”-report, published in 2010. In the current pandemic, this goal appears even more distant than ever. The situation and prospects of children and women in LMICs are severely affected by the widening gap between the “health ‘haves’ and the health ‘have nots’”, to quote the opening address by Dr. H. Mahler, DG of WHO, to the International Conference on Primary Health Care in 1978. After more than 40 years of discussions and international efforts to advance global health equity, and in light of unprecedented advancements in biomedical research and health technology, this is a shattering reality. Inspired by Michal Marmot’s call for fair societies and health equity, in this paper I will share some thoughts on the ethical and political determinants of global health, with particular attention to some of the puzzling experiences during the historic yet still evolving pandemic.

Der Einfluss der Pandemie auf die Versorgung von Kindern in der humanitären Hilfe

The influence of the pandemic on paediatric health care in the humanitarian context

Mona Tamannai

Affiliation: MSF Berlin; Contact: Mona.Tamannai@berlin.msf.org

Kinder sind nicht das Gesicht der Pandemie, aber die Opfer.

Die Pandemie, die das neue Coronavirus SARS-CoV-2 verursacht hat, hat alle Gesellschaften weltweit hart getroffen. Bisher ist der indirekte Effekt auf Kinder weitaus größer als der direkte Effekt durch die Infektion selbst. Die Pandemie hat die Kinder gesundheit global insbesondere durch einen Anstieg der Armut, Schließung von Bildungseinrichtungen, Nahrungsmittelunsicherheit, Gewalt und die wachsende Belastung der Gesundheitssysteme und damit einhergehend einem verminder ten Zugang zu Gesundheitseinrichtungen negativ beeinflusst. Diese Kollateraleffekte der Pandemie haben die Länder des globalen Südens, wo ein Anstieg der Kinder sterblichkeit eine große Sorge ist, am härtesten getroffen. Die Bedenken sind groß, dass diese Kollateralschäden sich weiter verschärfen beispielsweise, wenn Millionen von Impfdosen durch medizinisches Personal verabreicht werden müssen, das dann für andere ohnehin schon geschädigte Gesundheitsdienste nicht zur Verfügung stehen wird. Und vor allem Kinder werden den Preis dafür zahlen müssen.

In diesem Vortrag werden konkrete Beispiele des Einflusses der Pandemie auf Gesundheitsprogramme für Kinder im Kontext von Ärzte ohne Grenzen in Form eines Erfahrungsberichts gezeigt. Es wird darauf eingegangen welche negativen, aber auch positiven Entwicklungen in Bezug auf Kindergesundheit durch die Pandemie entstanden sind, welche Erkenntnisse wir bisher gewinnen konnten und was die Zukunft eventuell noch bringen wird.

Abstracts GTP-Jahrestagung 2021

Einfluss von COVID19 auf die Arbeit von Plan International

Franz-Josef Kretz

Affiliation: Plan International

Vortrag fällt wegen Krankheit aus!!!

Nachhaltige Ernährungssicherung und die Verbesserung der Gesundheit in ländlichen Gebieten: Die Nutrition Smart CommUNITIES

Simone Welte

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Nutrition Smart CommUNITY

Die nachhaltige Bekämpfung von Hunger und Mangelernährung ist das Kernmandat der Welthungerhilfe. Um das komplexe Problem zu adressieren, implementiert die WHH seit Jahren verschiedenen multisektorale Ansätze. Der Projektansatz Nutrition Smart CommUNITIES umfasst eine Kombination von systemischen Interventionen auf verschiedenen Ebenen, die vor allem darauf abzielen, die Ursachen von chronischem Hunger und Unterernährung zu beeinflussen.

In der Projektimplementierung kommen dabei 5 praktische und erprobte Ansätze der nachhaltigen Ernährungssicherung zum Einsatz.

Linking Agriculture and Natural Resource Management towards Nutrition (LANN)+ durch Participatory Learning and Action (PLA) konzentriert sich auf die familiäre Ernährungs- und Hygienebildung.

Ernährungscamps sind spezielle 15-tägige Fortbildungen, die von geschulten Ernährungsfreiwilligen und Beratern für Mütter / Betreuer und ihre Kinder in Dörfern mit hoher Prävalenz von Mangelernährung organisiert werden.

Ernährungssensible Landwirtschaft hilft Familien, nahrhafte und vielfältige Lebensmittel zu produzieren und zu konsumieren und gleichzeitig ihre ökologische, ökonomische und soziale Situation zu verbessern.

Ernährungssensible Mikroplanung wird eingesetzt, um individuelle und gemeinschaftliche Pläne zu entwickeln, um die Qualität der Landwirtschaft, der Lebensgrundlagen, der Gesundheit, der Ernährung und der WASH-Dienste sowie der Infrastruktur zu verbessern.

Der fünfte Ansatz ist die **Stärkung und Unterstützung von gemeindebasierten Institutionen**, die für Verbesserung von Dienstleistungen auf Gemeindeebene sowie der Förderung eines multisektoralen, gemeindebasierten Modells für das Recht auf angemessene Nahrung und Ernährung eintreten.

The impact of the SARS-CoV2 pandemic on child health - Essential paediatric emergency and critical care in difficult circumstances

Hans-Jörg Lang

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This presentation is an essay attempting to describe different aspects of how the SARS-CoV2 pandemic affects the health of children in resource-limited settings: the indirect effects of the SARS-CoV2 pandemic on children's health will be examined.

Clinical presentation and management options for children with severe COVID-19 illness in resource-limited settings will be discussed. In this context, the SARS-CoV2 pandemic highlights pre-existing challenges in providing access to essential emergency and critical care in resource-limited settings, including the provision of a reliable supply of oxygen to health facilities.

So far, limited information is available on how SARS-CoV2 infections affect children with acute co-infections (e.g. severe malaria / sepsis) as well as particularly vulnerable children with co-morbidities, e.g.: malnutrition, sickle cell disease or HIV / tuberculosis infection. The challenges in diagnosing and treating paediatric multisystem inflammatory syndrome associated with SARS-CoV2 infection in resource-limited settings will be included in the discussion.

Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal

Mats Malqvist

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The COVID-19 pandemic response is affecting maternal and neonatal health services all over the world. In collaboration with partners in Nepal, we conducted a study to assess the impact of the national COVID-19 lockdown in Nepal during spring 2020 on the number of institutional births, their outcomes (institutional stillbirth and neonatal mortality rate), and quality of intrapartum care. In a prospective observational study, we collected participant-level data for pregnant women between Jan 1 and May 30, 2020, from nine hospitals in Nepal. This period included 12,5 weeks before the national lockdown and 9,5 weeks during the lockdown. Women were eligible for inclusion if they had a gestational age of 22 weeks or more, a fetal heart sound at time of admission, and consented to inclusion. Women who had multiple births and their babies were excluded. We collected information on demographic and obstetric characteristics via extraction from case notes and health worker performance via direct observation by independent clinical researchers. We used regression analyses to assess changes in the number of institutional births, quality of care, and mortality before lockdown versus during lockdown.

Out of 22 907 eligible women, 21 763 women were enrolled and 20 354 gave birth, and health worker performance was recorded for 10 543 births. From the beginning to the end of the study period, the mean weekly number of births decreased from 1261 births before lockdown to 651 births during lockdown, a reduction of 52%. The institutional stillbirth rate increased from 14 per 1000 total births before lockdown to 21 per 1000 total births during lockdown ($p<0,01$), and institutional neonatal mortality increased from 13 per 1000 livebirths to 40 per 1000 livebirths ($p<0,0001$). In terms of quality of care, intrapartum fetal heart rate monitoring decreased by 13,4% (-15,4 to -11,3; $p<0,0001$), and breastfeeding within one hour of birth decreased by 3,5% (-4,6 to -2,6; $p<0,01$). The immediate newborn care practice of placing the baby skin-to-skin with their mother increased by 13,2% (12,1 to 14,5; $p<0,0001$), and health workers' hand hygiene practices during childbirth increased by 12,9% (11,8 to 13,9) during lockdown ($p<0,0001$).

To conclude, institutional childbirth reduced by more than half during lockdown, with increases in institutional stillbirth rate and neonatal mortality, and decreases in quality of care. Some behaviors improved, notably hand hygiene and keeping the baby skin-to-skin with their mother. An urgent need exists to protect access to high quality intrapartum care and prevent excess deaths for the most vulnerable health system users during this pandemic period.

Source: Kc A et al. Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal: a prospective observational study. Lancet Glob Health. 2020 Oct;8(10):e1273-e1281

Child Growth Monitor (CGM)

Markus Pohl

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Fragestellung / Projektbeschreibung: CGM ist eine App zur Vermessung von Unterernährung bei Kindern von 0,5–5 Jahren.

Methodik: Die App verwendet Bilddaten und Künstliche Intelligenz zur Vermessung anstatt herkömmliche Messmittel (Waage, Heightboard, MUAC-Tape). Die Bilddaten werden via Smartphone gesammelt und die Ergebnisse auf dem Smartphone ausgegeben.

Ergebnisse: In der Präsentation zeigen wir die Funktion, den Entwicklungsstand, den momentanen und zukünftigen Einsatz von Child Growth Monitor.

Diskussion und/oder Schlussfolgerung: Offene Diskussion (Q&A) anschließend an die Kurzpräsentation.

Evaluation of an Emergency Triage Assessment and Treatment (ETAT+) training in Madagascar – preliminary findings

Michael Galatsch, Ricky Cynthon Noa, Hans-Jörg Lang, Ralf Weigel, Diavolana Köcher Andrianarimanana

Affiliation: Witten/Herdecke University; Contact: michael.galatsch@uni-wh.de

Background: One component for reducing under-five mortality in low resource settings is essential emergency and critical care (EECC). Therefore, the World Health Organisation (WHO) produced guidelines and training materials for Emergency Triage Assessment and Treatment (ETAT+) for children managed at district hospital level. However, in recent years, hardly any ETAT training took place in Madagascar. To re-establish ETAT principles, a pilot ETAT+ training was conducted in December 2019 at University Hospital Mahajanga. Health care professionals from different regions of Madagascar attended the training. The aim of this study is to evaluate whether the ETAT+ training content met Madagascar's clinical needs and whether the participants have achieved their learning objectives.

Materials and Methods: The cross-sectional study uses a questionnaire with 41 items (37 closed items and four free text options) in French. The data were collected at the end of the five-day ETAT+ training from 12 attending Malagasy health professionals (paediatricians, physicians, nurses and midwives). The questionnaire includes eight categories related to learning: preparation, engagement, critical thinking, collaborative working, overall experience, training delivery, training content and future role as a trainer.

Results: Overall, the participants gave very positive feedback. They found the training's content highly relevant to Madagascar's clinical work and felt motivated and challenged. The reading materials' feedback was very positive related to content, scope, and structure (n=9 positive answers). All participants (n=12) found the training interesting, felt challenged to perform at their best, and achieved their learning objectives. After the training, all participants (n=12) felt able to communicate ETAT content at their facilities further and identify challenging situations related to daily hospital routines. All participants (n=12) rated the course content as up-to-date and relevant to their work. However, some participants rated the training pace (n=4), the amount of reading material (n=3) during the training week negatively.

Conclusion: In summary, the pilot project to re-establish ETAT in Madagascar can be considered as successful. The ETAT training, adapted to Malagasy conditions, meets the participants' needs and their clinical challenges. Comparable results can be found in evaluations of ETAT training in other African countries. However, the results also show that some adjustments are still necessary before implementing ETAT in Madagascar. For example, better and earlier access to ETAT documents in preparation for training must be ensured. It is also essential to see if the pace and content can be adapted to the training time. The role of the participants in the hospitals must also be strengthened to support implementation. These processes need to be continuously reviewed for their validity to improve the quality of care. Further research is required to find a sustainable solution for the specific settings in Madagascar.

Heuschen A-K, Müller O. Public health relevant consequences of the COVID-19 pandemic on the malaria burden in sub-Saharan Africa /Heidelberg

Anna-Katharina Heuschen, Olaf Müller

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Background: "Every two minutes a child dies of malaria in sub-Saharan Africa (SSA)." This statement has been published by the WHO in 2019. The latest WHO malaria report presents the following numbers: 229 million cases and 409.000 deaths in 2019 with the WHO African Region bearing for 94% of both; children under the age of five and pregnant women being the most vulnerable populations. Large progress in the control of malaria has been made since the early 21st century but the rate of change has slowed down over the last five years. The COVID-19 pandemic and its numerous direct and indirect impacts now pose unprecedented challenges to the health systems of SSA in general and to malaria control in particular and could set back the achievements of the last years.

Materials and Methods: We did a systematic scoping review to summarize the evidence about the direct and indirect effects of the coronavirus pandemic on the malaria situation in SSA.

Results: The outcomes were divided in a quantitative and a qualitative part with the following main categories for the largest effects on the malaria situation:

1. Challenges due to similar clinical and diagnostical aspects of malaria and COVID-19
2. Difficulties regarding the access to health care services
3. Disruptions affecting the availability of curative and preventive drugs and medicines
4. Impacts of the pandemic on national malaria programs

The final results will be presented at the conference.

Conclusion: The COVID-19 pandemic is associated with huge disruptions on the socio-economic situation, including the malaria situation in SSA. The mitigation of these negative effects must be an international public health priority therefore further research needs to be done.

What are the Menstrual Experiences of Schoolgirls and Students in Uganda? - A Narrative Literature Review / Witten

Lea Langha, Ralf Weigel

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Background: Menstruation is a neglected topic in public health, even though its influence on girls' and women's well-being, physical as well as psychosocial, is fundamental. The objectives to this review are therefore to summarize and synthesize recent evidence from literature on menstrual health and menstrual experiences for schoolgirls and students in Uganda.

Materials and Methods: We searched the literature in PubMed between September and October 2020, to identify eligible studies using the keywords "Uganda", "Menstruation", "School", "Experience". Of the 41 studies identified, 30 were duplicates, had a different study focus, were correspondence letters, focussed on different countries or had a different target group, and were excluded. The synthesis of findings followed Hennegan's model (2019).

Results: Eleven studies were eligible and had various designs: mixed method including focus group discussions, semi-structured interviews, assessment of facilities (4), interventional studies (4), a scale validation (1), semi-structure interviews (1), a cluster-randomised control trial (1). Schoolgirls and students in Uganda experience major challenges when it comes to their menstruation and menstrual health. The experiences influence both their physical and psychosocial health.

Conclusion: Menstruation and menstrual health are multidimensional. To improve girls' health and well-being, it is very important to consider all the dimensions, such as educating girls and boys, initiating trusting conversations and support, providing hygienic materials and facilities, and responding to myths and false beliefs.

Evaluation of the Pediatric Emergency Course and Advanced Skills Training (PEAST) in Sierra Leone - A State of Knowledge Analysis Pre and Post Course

Annemarie Leusmann^{1,2}, Malte Braun^{1,2}, Katharina Altmann^{1,2}, Nicolas Aschoff^{2,3}, Judith Lindert^{2,3}

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Project description: The 7 day-PEAST course was conducted in March 2021 at Magbenteh Community Hospital in Makeni, Sierra Leone. The participating health care professionals received theoretical and practical training in triage and emergency care of children, as well as treatment of common pediatric conditions. The course content was based on the ETAT plus manual Sierra Leone (update 2020) and WHO guideline "Pediatric Hospital Care". The overall aim is to enable participants to recognize pediatric emergencies timely and initiate the necessary treatment as well as pass on knowledge and skills.

An analysis of the participants' level of knowledge is used to monitor the training impact on specialist knowledge as a result of the PEAST course.

Methods: Participants were asked to complete a pre- and post-course survey with 7 multiple choice questions (single choice, 5 answer options) on initial assessment and emergency treatment (e.g. shock signs, airway management and seizures), also one question with 9 different scenarios to be assigned to three triage categories. This survey was voluntary and anonymous completed by 20 participants before and 23 participants after the course.

The surveys were analyzed using the program "Lime Survey". For each question and for the totality of all questions, the percentage of correct, incorrect and not completed answers was determined.

The obtained score in each test and the average score before and after the course was calculated.

Results: For the multiple-choice questions, the percentage of correct answers increased between 18% and 44%. Only one question was answered incorrectly more often after the course by 8% (the different number of completed surveys must be taken into account here). For the triage questions, the proportion of correct answers increased by 20% on average. There was no deterioration in any subquestion.

The overall result for all questions was 49% correct, 34% incorrect and 17% not answered before the course and 70% correct, 25% incorrect and 5% not answered after the course. This results in a 21% increase in questions answered correctly.

The average score achieved was 7.8 out of 16 before and 11.2 out of 16 after the course. 19 participants reached 9-16 points after the course, which is more than half of the total score.

Discussion and Conclusion: The percentage of questions answered correctly, and the average score show an increase in knowledge retention among the participants as a result of the PEAST training. Therefore, the course can enable the participants to better assess and recognize children's illnesses and to initiate the correct treatment. A repetition of the course with other main topics can be a useful measure to consolidate and expand the knowledge.

The difference in the number of participants before and after the course as well as language barriers of some participants may affect the results.

Overall a relatively short, but intensive course can significantly increase knowledge.

“Zines” as a new health education medium for children: a narrative literature review

Hannah-Milena Schmidt-Troschke, Michael Galatsch, Ralf Weigel

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Background: Zines, small self-made booklets on a certain topic using a combination of graphic and text, is an evolving interactive graphic medium. It could offer a new format for the health education of children. Combining graphic elements and text is effective in transporting health messages by involving both emotion and intellect, but evidence for zines is lacking. Here, the aim is to explore the potential, strengths and limitations of zines in the health education of children.

Materials and Methods: A narrative literature review was conducted in PubMed and PsychInfo© using the following keywords with various Boolean operators: “graphic medicine”, “pathographies”, “comics”, “educational comics”, “children and health education”. Four studies were identified by the narrative review. Furthermore, two studies were added by secondary literature and three articles were recommended by an expert. Social media such as Instagram© were used as a source for zines.

Results: Graphic elements are increasingly applied in health education. They come in established formats such as comics. Possible applications for the usage of graphic stories were identified in the literature such as portraying subjective experience and educating public and professionals. Several zines were found on a variety of health topics. Information criteria for health education of children were identified in literature. Strengths and limitations of zines were worked out. Zines can be created by anyone and are easily accessible.

Conclusion: The interactive graphic format of zines could motivate children to learn when dealing with health issues and the resulting social matters. They could be used in schools and health facilities to transport messages of health promotion and prevention, inform about certain aspects of acute or chronic illness and support children to process and deal with it while enhancing communication between all parties. Zines are a new but increasingly used format in health education. There is a clear lack of evidence concerning their effectiveness in transporting health information as well as the ideal contexts and topics for their application; further research is necessary.

Das nationale Impfprogramm in Tansania: strukturelle Voraussetzungen und Optimierungspotenziale

Antonia Heinrich, Carsten Krüger

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Background: In Tansania umfasst das Expanded Program of Immunization (EPI) Impfungen gegen Tuberkulose, Diphtherie/Tetanus/Pertussis/Hib/Hepatitis B, Polio, Pneumokokken, Rotaviren und Masern. Laut nationaler Statistik lagen die Impfraten im Jahr 2018 über 98%, nur für Polio waren sie mit 91% niedriger. Die Impfraten unterscheiden sich laut des Demographic Health Surveys (DHS) 2015/2016 jedoch erheblich von diesen offiziellen Angaben und schwanken zwischen unter 60 und fast 100% je nach Impfung und Region. Wir analysierten verschiedene Komponenten des tansanischen Gesundheitssystems, ob dadurch die Unterschiede zu erklären waren.

Materials and Methods: Im Rahmen des nationalen Service Provision Assessment (SPA) Surveys 2014/2015 wurden an 1001 Gesundheitseinrichtungen mit EPI-Angebot Querschnittsdaten zur Verfügbarkeit und Anwendung von Impfstoffen, zum Trainingsstand des Personals und zu verschiedenen Organisationsaspekten auf den drei Ebenen des Gesundheitssystems (Hospital, Health Centre, Dispensary) und in den Landesregionen erhoben. Die Daten wurden für wissenschaftliche Analysen von Macro International (USA) zur Verfügung gestellt.

Results: Impfstoffe waren bis zu 9,1% (Pneumokokken) nicht vorhanden. Das Impfangebot beschränkte sich zu 24-27% (BCG 67%, Masern 72%) auf weniger als 5 Tage/Woche in der ambulanten Versorgung, für mobile Angebote standen zu ca. 90% nur 5 Tage oder weniger/Monat zur Verfügung. Die Kühlkette wurde in ca. 10% nicht überwacht. Von 6162 Mitarbeitern führten nur 52% Impfungen durch, hauptsächlich waren dies Krankenschwestern (87%). Diese waren in EPI signifikant häufiger geschult (58%) als ärztliche Berufsgruppen (30-33%) ($p < 0.05$). Weniger als 25% des Personals überprüfte den Impfstatus. Von 4962 Kindern wurden 2,5% am Erhebungstag geimpft. Die häufigsten Gründe für eine nicht durchgeföhrte Impfung waren: alle erhalten – 33,7%, nicht fällig – 28,3%, kein Impftag – 20,1%, nicht überprüft – 13,1%. Mehr Institutionen im ländlichen Bereich (besonders Health Centres und Dispensaries) boten EPI an, allerdings kam es hier häufiger zu Engpässen in der Impfstoffversorgung ($p < 0.001$); dies betraf eher die beiden unteren Ebenen Health Centre und Dispensary. Dafür prüfte das Personal dieser Versorgungsstufen in ländlichen Gebieten häufiger den Impfstatus als in städtischen Einrichtungen.

Conclusion: Im EPI-Programm Tansanias lassen sich deutliche Verbesserungspotenziale erkennen, welche unter anderem das Impfangebot, den Trainingsstand des Personals und die Durchführung der Impfungen betreffen. Dabei lassen sich große Unterschiede bezüglich der Lebensorte (Stadt / Land), der Regionen und der Gesundheitssystemebenen herausarbeiten, die mit den Impfraten korrelieren. Um die Impfraten zu erhöhen, muss jeder Kontakt als Impfmöglichkeit genutzt werden.

Experience of Implementation of Gastrochisis Treatment Protocol in Tanzania

Zaitun Bokhary

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No abstract available

Probleme in der Corona-Pandemie aus Sicht der Pflege

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No abstract available