German Society of Tropical Paediatrics and International Child Health

42ND ANNUAL CONFERENCE

CHILDREN WITH DISABILITIES AND CHRONIC ILLNESS IN GLOBAL HEALTH

12th – 14th April 2024
Automobile Welt Eisenach (AWE)

Under the patronage of Mrs. Tina Rudolph, MP

https://globalchildhealth.de/en/gtp2024/

WELCOME ADDRESS

Dear colleagues, students and allied health professionals!

We would like to welcome you to our 42nd Annual Meeting of the Society for Tropical Paediatrics and International Child Health (GTP) e.V. in Eisenach.

Under the guiding theme “Children with disabilities and chronic illness in global health”, the conference takes place in the world-renowned Lutherstadt Eisenach in Thuringia.

Starting with a wide range of workshops on Friday afternoon and the keynote lecture on Friday evening, given by Mr Arved Fuchs, the conference continues on Saturday and Sunday with six sessions covering both topics relating to the guiding theme and new developments in global child health. Renowned researchers and colleagues from around the world present their research findings and share their experience from various projects.

We would especially like to thank our younger colleagues who submitted their research and project contributions as free abstracts and present them in the form of short lectures and posters on Saturday after the lunch break at the conference. As every year, the winner of the Helmut Wolf Award will be selected from among the free presentations and posters. The prize is endowed with 500.00 Euros.

Together with you we would also like to celebrate a little and cordially invite you to the ‘Get together’ on Friday evening (Automobile Welt Eisenach) and to our social evening on Saturday (Automobile Welt Eisenach).

We are very much looking forward to your participation and to lively, stimulating, but also controversial discussions.

Welcome to Eisenach!

Carsten Krüger and Benno Kretzschmar
Conference chairs

CONTACT DETAILS

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FRIDAY 12TH APRIL 2024

15:00 – 16:30 (1) 16:45 – 18:15 (2)	WORKSHOPS (DIFFERENT VENUES!!!)

(1) AG Young GTP: "Destigmatising psychiatric disease: Global Perspectives and different approaches on Child and Adolescents Well-being".
Workshop facilitators: Khawla Nasser AlDeen (**virtual**), Veronika Lehner (+ patient), Vivienne Fey; max. 30 participants (IN ENGLISH)
Venue: Martin-Luther-Gymnasium
This session offers a platform for collective dialogue on the global mental health and well-being of children and adolescents. We'll explore determinants like exposure to conflict and disaster, examining their profound impact on child mental health. Speakers will provide insights into global goals and policies, discussing interdisciplinary interventions for mental health promotion. Drawing from practical experiences, the session will reflect on community-based well-being initiatives and highlight promising efforts to normalize mental health discourse, fostering opportunities for thriving.

(1) AG Allied Health Professions: "Challenges in the collaboration between the delivery ward and neonatal intensive care unit".
Workshop facilitators: Irene Schmidt, Agnes Mlokozi, Sabine Montag; max. 30 participants (IN GERMAN)
Venue: St. Georg Klinikum Eisenach
For content see FLYER

(2) AG Climate Change and Global Child Health: "Talking Climate and Environment – communication in youth projects".
Workshop facilitators: Sarah Kotsias-Konopelska, Alexander Weise, Arved Fuchs; participants: no upper limit (IN ENGLISH)
Venue: Martin-Luther-Gymnasium
This workshop will present various youth projects around climate and environment. Those examples will serve as group for discussions around communication strategies and motivators in order to yield ideas for individual action opportunities in all participants' working environments.

(2) AG ETAT+: "ETAT: A simple approach for emergency situations with children in LMIC " / "ETAT: ein einfacher Ansatz für die Vorgehensweise in Notfallsituationen bei Kindern in Ländern mit limitierten Ressourcen".
Workshop facilitators: Bernardien Thunnissen, Gudrun Jäger; max. 20 participants (IN ENGLISH)
Venue: Martin-Luther-Gymnasium
The ETAT (Emergency Treatment Assessment and Treatment) concept is a well-established programme, developed by the WHO and implemented in many countries of the global south. It has been shown that the training in triage, assessment and treatment for emergency situations has reduced the mortality of children. Nurses and doctors planning to work abroad will be prepared for typical emergency situations with an ETAT course. The workshop gives an impression of this course system.

(2) AG Paediatric Oncology/Palliative Care: "Paediatric oncology and palliative care in ressource-limited settings".
Workshop facilitators: Jenny Dörnemann, Thomas Eichholz; participants: no upper limit (IN ENGLISH)
Venue: Martin-Luther-Gymnasium
The treatment of children with Non-Communicable Diseases is becoming increasingly important in Low- and Middle-Income Countries (LMIC). This also includes the treatment of children with

oncological diseases or conditions that require palliative treatment. The structures for this and the training of specialists are still being developed in many places in LMIC. These development processes are repeatedly supported by highly committed initiatives and cooperation with German institutions. However, these are often single initiatives.
The aim of the workshop is to exchange experiences of previous and current cooperation projects. We want to bring together those interested in this field so that we can support each other and benefit from each other's experiences. We also want to motivate people to become interested in oncology and palliative care in resource-limited settings.

13:00 – 16:30	GTP EXECUTIVE BOARD MEETING 2024

Participants: Board members and co-opted board members of the German Society of Tropical Paediatrics & International Child Health, guests welcome

Venue: **St. Georg Klinikum Eisenach**

More information: https://globalchildhealth.de/vorstand/

WORKSHOP AG Allied Health Professions, BOARD MEETING: St. Georg Klinikum Eisenach, Mühlhäuser Str. 94, 99817 Eisenach, https://www.stgeorgklinikum.de/

WORKSHOPS (except AG Allied Health Professions): Martin-Luther-Gymnasium (former Benediktin Monastery), Predigerplatz 4, 99817 Eisenach, https://www.martin-luther-gymnasium.com/

MAIN VENUE	AUTOMOBILE WELT EISENACH (AWE)
18:45 – 19:55	WELCOME ADDRESS & KEYNOTE LECTURE

Time	Topic/presenter
18:45 - 18:55	Welcome address and opening of the GTP annual conference 2024 by **Carsten Krüger & Benno Kretzschmar** Conference Chairs Welcome by **Sarah Kotsias-Konopelska & Christian Schmidt,** Chairwoman/Chairman of the German Society of Tropical Paediatrics & International Child Health
19:00 - 19:55	**KEYNOTE LECTURE | Arved Fuchs** **Thin Ice - Global warming and its consequences** **(Das Eis schmilzt - Auswirkungen des Klimawandels)**

20:00: GET TOGETHER, SNACKS AND DRINKS

SATURDAY 13TH APRIL 2024

MAIN VENUE	AUTOMOBILE WELT EISENACH (AWE)
09:00 – 10:30	SESSION 1 – CHILDREN WITH DISABILITIES AND CHRONIC ILLNESS: DEFINITIONS, CULTURAL PERCEPTIONS, EPIDEMIOLOGY, CAUSES, RISK FACTORS

Session chairs	***Moshiro, Robert**	Muhimbili National Hospital, Dar es Salaam, Tanzania* ***Weigel, Ralf**	Witten/Herdecke University, Witten, Germany*

Time	Topic/presenter
09:00	**Welcome address by the patroness** Rudolph, Tina Member of the Deutscher Bundestag (German Parliament), Berlin, Germany
09:15	**Concepts and global epidemiology of disability and chronic disease in childhood and adolescence** Krüger, Carsten Witten/Herdecke University, Germany
09:40	**Congenital anomalies and their potential for disability and chronic illness** Lindert, Judith University of Rostock, Germany
10:05	**Young GTP - Presentation of activities** Reiter, Andrea University of Münster, Germany
10:25 – 10:30	**Discussion**

10:30 – 11:00 COFFEE BREAK

11:00 – 12:30	SESSION 2 – IMPACT OF DISABILITY AND CHRONIC ILLNESS ON CHILDREN AND THEIR FAMILIES; MENTAL HEALTH ASPECTS

Session chairs	***Muoneke, Uzoamaka**	Edward Francis Small Teaching Hospital, Banjul, The Gambia* ***Harbauer, Theresa**	University Medical Centre Hamburg, Germany*

Time	Topic/presenter
11:00	**Child rights in Malawi with a focus on children with disabilities** Magawa, Elizabeth Dedza District Hospital, Malawi

11:20	**Child protection in Sierra Leone and Germany** Metzger, Jule Child Protection Hotline, Berlin, Germany
11:40	**Caring for children with spina bifida and hydrocephalus in the Mbulu area, Tanzania** Harbauer, Theresa University Medical Centre Hamburg (UKE), Germany
12:00	**Clinical outcome of chronic neurological disorders seen in The Gambia** Uwaezuoke, Ndubuisi Edward Francis Small Teaching Hospital, Banjul, The Gambia
12:20 – 12:30	**Discussion**

12:30 – 13:30 LUNCH BREAK

13:30 – 14:30	**SESSION 3 – SHORT ORAL PRESENTATIONS**
14:30 – 15:30	**SESSION 3 – POSTER WALK**

Session chairs	***Gehring, Stephan*** *| University Medical Center Mainz, Germany* ***Kobbe, Robin*** *| University Medical Center Hamburg, Germany*

Time	Topic/presenter
	SHORT ORAL PRESENTATION
13:30	**Cross sectional survey of professionals delivering care for migrant children and adolescents** Esser, Anna Jael University Medical Center Freiburg, Germany
13:40	**Epidemic of chemical induced multiple organ failure presenting as AKI in young children in The Gambia – the clinicians perspective** Muoneke, Uzoamaka Edward Francis Small Teaching Hospital, Banjul, The Gambia
13:50	**Newborn mortality can be prevented with timely screening and referral of congenital heart disease and pulmonary hypertension** Freudenthal, Pablo Witten/Herdecke University, Witten, Germany
14:00	**Introduction of ETAT+: A capacity building project in the region of Alaotra-Mangoro/Madagascar** Noa, Cynthony & Rajaobary, Herizo Haritiana Ministry of Public Health, Madagascar
14:10	**Clinical and socio-demographic profile of children presenting with eosinophilia at a tertiary referral hospital in Nepal** Jost, Marlene Annik University Medical Center Mainz, Germany
14:20	**Examining childhood disability in developing economies and identifying gaps to guide future research** Nassolo, Ritah ACDHI, Masaka, Uganda

	POSTER WALK
14:30 – 15:50	**Scurrying urine – Schistosomiasis in a refugee** Hagemann, Alexandra University Medical Center Freiburg, Germany
	Yaws - Resurgence of an old and eliminated infection? Muoneke, Uzoamaka Edward Francis Small Teaching Hospital, Banjul, The Gambia
	Treatment regimens and outcomes of cutaneous diphtheria in migrant children and adolescents in Germany, June 2022 – October 2023 Zink, Alicia Denise University Medical Center Freiburg, Germany
	Possibilities and limitations of Point-of-Care real-time-PCR Truelab® on hospitalized acute febrile children at Bugando Medical Centre in Mwanza, Tanzania Plett, Johannes University Medical Center Mainz, Germany
	Physiotherapy for children with disabilities in Malawi Braun, Lena Phoenix Schule der Pfennigparade, Munich, Germany
	Strengthening paediatric speciality training through the Paediatricians for Malawi project: preliminary findings of a qualitative study Nagase, Megumi Witten/Herdecke University, Germany
	A partnership to strengthen paediatric emergency care in the Alaotra Mangoro region, Madagascar: preliminary findings of a multipronged approach to capacity building Miadanaarisoa, Miora & Fier, Martina External expert, Madagascar & Witten/Herdecke University, Germany
	Perceptions of women from a rural community in Northeast Brazil on the impact of the programs Bolsa Família, Cisterns, and PRONAF in their food practices – a qualitative study Lopes Simoes, M Witten/Herdecke University, Germany
	Incidence of mental health and psychiatric disorders in asylum seeking and refugee minors in 20 refugee shelters of the PriCareNet research network Klein, Mia Charlotte University Medical Center Freiburg, Germany
	Clinical profile and short-term outcome of neonates requiring mechanical ventilation at national referral hospital Bhutan Lamichaney, Gitanjali Khesar Gyalpo University of Medical Sciences, Bhutan
	The correlation between poor health care and socio-economic status among children in the rural settings of northern Uganda Nakanwagi, Martha Health and Care for Future Foundation, Uganda

15:30 – 16:00 COFFEE BREAK

16:00 – 17:25	SESSION 4 – APPROACH TO DISABILITIES AND CHRONIC ILLNESS (PREVENTION, TREATMENT, CARE)

Session chairs	***Onesmo, Ruth*** *| CCBRT, Dar es Salaam., Tanzania* ***Schultz, Andreas*** *| University of Bonn, Germany*
Time	Topic/presenter
16:00	**Developing paediatric NCD guidelines in Malawi** Mchawa, Chifundo Paediatrics and Child Health Association (PACHA), Blantyre, Malawi
16:20	**Supporting children with disabilities with protheses and other means** Onesmo, Ruth CCBRT, Dar es Salaam, Tanzania
16:40	**Health services for migrant and refugee children with NCDs and disabilities in Freiburg, Germany** Spielberger, Benedikt University of Freiburg
17:00	**The PMPH Centre Munich – Improving medical care for children in the context of migration (virtual)** von Both, Ulrich LMU Hauner Children's Hospital, Munich, Germany
17:20 – 17:25	**Discussion**

17:30 – 19:30	GTP GENERAL ASSEMBLY 2024

Chairs: Sarah Kotsias-Konopelska, Christian Schmidt

Annual general assembly of the German Society of Tropical Paediatrics & International Child Health with board election

Agenda: was sent to all members 4 weeks before the assembly date

17:30 – 19:30 PROGRAMME FOR NON-GTP MEMBERS AND FOREIGN GUESTS: VISIT TO BACH MUSEUM EISENACH VISIT TO AUTOMOBILE WELT EISENACH

Bachhaus Eisenach
Frauenplan 21
D-99817 Eisenach
www.bachhaus.de
Photo Copyright: André Nestler

Automobile Welt Eisenach (AWE)
Friedrich-Naumann-Str. 10
D-99817 Eisenach
https://awe-museum.de
Photo Copyright: www.azubicard.de

Visit to the Bachhaus Eisenach. Open until 18:00. Further information to be found on the website of the museum.

Tour of the Automobile Eisenach Museum. Open until 18:00 (last entrance at 17:30). Further information to be found on the website of the museum.

20:00 GTP-CONFERENCE DINNER (AUTOMOBILE WELT EISENACH - AWE) WITH LIVE MUSIC

Let us surprise you! Booking includes participation, food and two non-alcoholic drinks. Additional drinks at your own expense. Discounted participation fees for students.

SUNDAY 14 APRIL 2024

MAIN VENUE	AUTOMOBILE WELT EISENACH (AWE)
09:00 – 10:30	SESSION 5 – GLOBAL CHILD HEALTH – GERMAN CONTRIBUTIONS

Session chairs	***Bruchhausen, Walter**, University of Bonn, Germany* ***Krüger, Carsten**, Witten/Herdecke University, Witten, Germany*

Time	Topic/presenter
09:00	**German contributions to global child health (Part 1 and Part 2)** Bruchhausen, Walter & Krüger, Carsten Bonn & Witten, Germany
09:20	**The Friede Springer endowed professorship for global child health, experiences from six years** Weigel, Ralf Witten/Herdecke University, Germany
09:40	**EKFS tandem professorship "Global child Health" between Malawi and Germany** Schultz, Andreas University of Bonn, Germany
10:00	**Round table discussion: listening to partners' voices (including the audience)** Participants: F. Mussa, C. Mchawa, E. Magawa, R. Moshiro, H.H. Rajaobary, C. Noa, M. Miadanaarisoa, N. Chami, M.W. Weber, E. Molyneux, R. Weigel, A. Schultz, R. Kobbe, S. Gehring, C. Schmidt, S. Kotsias-Konopelska, A. Züchner, G. Jäger. (yellow: tbc)
10:25 – 10:30	**Final remarks**

10:30 – 11:00 COFFEE BREAK

11:00 – 12:30	SESSION 6 – NEW DEVELOPMENTS IN GLOBAL CHILD HEALTH & PAEDIATRICS

Session chairs	***Molyneux, Elizabeth** | Kamuzu University of Health Sciences, Blantyre, Malawi* ***Mussa, Fatima** | Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania*

Time	Topic/presenters
11:00	**Effect of IPTp on malaria in pregnancy and maternal, fetal and neonatal outcome, community-based research (virtual)** Barsosio, Hellen KEMRI-CGHR, Kenya

11:25	**IT programm GNU Health and its impact on child health** Zarbock, Markus Starwit Technologies, Wolfsburg, Germany
11:45	**Surveillance and Gut Microbiomics in Neonatal Sepsis in Tanzania (MS-GM-NST) – an academic partnership study at Muhimbili National Hospital, Dar es Salaam, Tanzania** Mussa, Fatima Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania
12:05	**Recent research findings in paediatric viral infections in LMICs** Gehring, Stephan Children's Hospital, University Medical Centre, Mainz, Germany
12:25-12:30	**Discussion**

12:30 – 12:45 HELMUT WOLF AWARD CEREMONY

Since 2012 the Helmut Wolf Award has been granted to (junior) scientists and clinicians/project leaders in honour of our long-standing GTP chairman Professor Dr. Helmut Wolf (*1925 †2006).

The award acknowledges colleagues with their special commitment, scientific research and projects related to global paediatrics and child health who are willing to present their work at an annual conference. The abstracts of the presentation or poster are to be submitted to the conference organiser. Invited speakers are excluded from the contest. There is no age limit. The winning contribution will be selected during the conference by a jury consisting of three scientists or clinicians with experience in global child health from the GTP. The award amounts to 500 Euros and can be granted to a maximum of two outstanding presentations or posters from aspiring scientists or clinicians/project leaders.

12:45 – 13:00 FAREWELL & INVITATION TO THE ANNUAL GTP CONFERENCE 2025

The next annual conference is planned to take place in May 2025 in Gießen and will be organized by Professor Michael Knipper and his team. The main theme of the conference will be announced during the conference. More information will become available on the GTP website over the next months.

13:00 – 14:00 LUNCH SNACK AND CLOSURE OF THE CONFERENCE

PARTICIPANTS (IN ALPHABETIC ORDER)

HELLEN BARSOSIO | SPEAKER (VIRTUAL)

Dr., MD, Asst. Principal Clinical Research Scientist, Malaria Program; Section Head: Maternal & Newborn Health Studies | KEMRI-CGHR, Kenya

LENA BRAUN | FREE ABSTRACT CONTRIBUTION

MSc, physiotherapist | Phoenix Schule der Pfennigparade (Munich), tayenda e.V.

WALTER BRUCHHAUSEN | CHAIR, SPEAKER

Professor, Dr. med., MD, Dipl.-Theol., M.Phil., Physician | Endowed Professor for Global Health – Social and Cultural Aspects, University of Bonn/Germany, head of the section Global Health (which includes a working group on Global Child Health) in the Institute for Hygiene and Public Health of the University Hospital Bonn, director of the MSc Global Health study programme in association with the United Nations University at the University of Bonn, senior fellow at Bonn University's Center for Development Research (ZEF). Co-speaker of the German Alliance for Global Health Research (GLOHRA), co-director for Bonn in the German-West African Center for Global Health and Pandemic Prevention.

NEEMA PASSIAN CHAMI | ROUND TABLE DISCUSSION PARTICIPANT

Dr, MD, MMED, Paediatrician | Department of Paediatrics and Child Health, Bugando Medical Centre,, Mwanza, Tanzania

JENNY DÖRNEMANN | WORKSHOP FACILITATOR

Dr. med., MD, Paediatrician, Paediatric Haematology & Oncology | Klinik und Poliklinik für Kinder- und Jugendmedizin, Universitätsklinikum Dresden

THOMAS EICHHOLZ | WORKSHOP FACILITATOR

Dr. med., MD, Consultant (Funktionsoberarzt) Paediatrician, Paediatric Haematology & Oncology, Palliative Care, Paediatric Intensive Care; Head of Paluna - SAPV team for children and adolescents | Universitätsklinik für Kinder- und Jugendmedizin Tübingen

ANNA JAEL ESSER | FREE ABSTRACT CONTRIBUTION

Doctoral student (medicine) | Division of Pediatric Infectious Diseases and Rheumatology, Center for Pediatrics, University Medical Center Freiburg

VIVIENNE FEY | WORKSHOP FACILITATOR

Medical student, member of the GTP Working Group Students and Young Doctors | University of Heidelberg

MARTINA FIER | FREE ABSTRACT CONTRIBUTION

MPH, research associate, registered nurse | Global Child Health Group, Endowed Professorship for Global Child Health, Witten/Herdecke University

PABLO FREUDENTHAL | FREE ABSTRACT CONTRIBUTION

Medical student, student research assistant, Bachelor in Political Science, MSc | Global Child Health Group, Endowed Professorship for Global Child Health, Witten/Herdecke University

ARVED FUCHS | KEYNOTE LECTURE

World-renowned explorer, especially for polar expeditions, involved in research on global climate change, numerous national and international honours, extraordinary excellence professorship of the Prof. Dr. Werner Petersen Foundation (2018) | Bad Bramstedt, www.arved-fuchs.de

STEPHAN GEHRING | CHAIR, SPEAKER

Professor, Dr. med., MD, Consultant (Sektionsleiter) Paediatrician, Paediatric Gastroenterologist, Paediatric Intensive Care; GTP board member | Department of Paediatrics, University Medical Center Mainz

ALEXANDRA HAGEMANN | FREE ABSTRACT CONTRIBUTION

Dr. med., MD, DTM&H, paediatrician | University Medical Center of Freiburg, Paediatric Infectious Diseases

THERESA HARBAUER | CHAIR, SPEAKER

Dr. med., MD, Consultant (Oberärztin) Paediatrician, Neonatologist, neonatal and paediatric intensive care | Center for Obstetrics and Pediatrics, Section Neonatology and Pediatric Intensive Care Medicine, University Medical Centre (UKE) Hamburg

GUDRUN JÄGER | WORKSHOP FACILITATOR

Dr. med., MD, Consultant (Leitende Ärztin) Paediatrician, Neonatologist, Palliative Care, president of the Swiss Doctors, GTP secretary and board member | Ostschweizer Kinderspital St. Gallen

MARLENE ANNIK JOST | FREE ABSTRACT CONTRIBUTION

Medical student, physiotherapist | University Medical Center Mainz

MIA CHARLOTTE KLEIN | FREE ABSTRACT CONTRIBUTION

Medical student | Division of Pediatric Infectious Diseases and Rheumatology, Center for Pediatrics and Adolescent Medicine, Medical Center, University of Freiburg

ROBIN KOBBE | CHAIR

PD, Dr. med., MD, DTM&H, Paediatrician, Tropical Medicine, Oxford Postgraduate Diploma in Paediatric Infectious Diseases | Center for Internal Medicine, Infection Research and Vaccine Development, University Medical Centre (UKE) Hamburg

SARAH KOTSIAS-KONOPELSKA | CHAIR, WORKSHOP FACILITATOR

Dr. med., MD, DTM&H, Paediatrician, Co-chairwoman of the GTP, GTP webmaster | Institute for Tropical Medicine and International Health, Center of Global Health, Charité, Berlin

BENNO KRETZSCHMAR | CONFERENCE CHAIR

Dr. med., MD, Consultant (Chefarzt) Paediatrician, Neonatologist, Paediatric Gastroenterologist | Treasurer of the Foundation for international child health (SIGK) | Klinik für Kinder- und Jugendmedizin, St. Georg Klinikum Eisenach

CARSTEN KRÜGER | CONFERENCE CHAIR, SESSION CHAIR, SPEAKER

PD, Dr. med., MD, MIH, FRCPCH; Consultant (Chefarzt) Paediatrician, Neonatologist, Paediatric Gastroenterologist, Master of International Health, Certificate Medical Ethics; Honorary Chairman of the GTP, Chairman of the Foundation for international child health (SIGK) | Klinik für Kinder und Jugendliche, St. Franziskus Hospital Ahlen & Global Child Health Group, Witten/Herdecke University

GITANJALI LAMICHANEY | FREE ABSTRACT CONTRIBUTION

Dr., MBBS; MD Pediatrics, Paediatrician | Khesar Gyalpo University of Medical Sciences, Bhutan

VERONIKA LEHNER | WORKSHOP FACILITATOR

Co-founder of "Bauchgefühle Gießen e.V."

JUDITH LINDERT | SPEAKER

Dr. med., MD, DTMH, Consultant (Oberärztin) Paediatric Surgery, Paediatrician; GTP board member | Department of Paediatric Surgery, University Medical Centre Rostock

MARIANA LOPES SIMOES | FREE ABSTRACT CONTRIBUTION

MSc, research associate | Friede Springer endowed professorship for global child health, Witten/Herdecke University Faculty of Health/School of Medicine

ELIZABETH MAGAWA | SPEAKER

BSc Paediatric Nursing/Child Health, head nurse, Department of Paediatrics and Neonatology | Dedza District Hospital, Malawi

CHIFUNDO MCHAWA | SPEAKER

MScPH, Dipl Clin Med, programme manager EKFS-funded NCD project “Umoyo wa ana athu” | Paediatrics and Child Health Association (PACHA), Blantyre, Malawi

JULE METZGER | SPEAKER

Dr. med., MD, Paediatrician, Child Psychiatrist | Consultant for a hotline for medical child protection and at a centre for social paediatrics (SPZ), Berlin

MIORA MANJAKA MIADANAARISOA | FREE ABSTRACT CONTRIBUTION

Dr, MD, Physician, external expert | Madagascar

AGNES MLOKOZI | WORKSHOP FACILITATOR

Registered paediatric nurse, neonatal intensive care | Neonatal intensive care unit, Bugando Medical Center, Mwanza, Tanzania

ELIZABETH MOLYNEUX | SESSION CHAIR

Professor, MBBS, FRCP, FRCPCH, FCEM, DSc h.c., OBE; Consultant Paediatrician; honorary professor of paediatrics, and ex head of department, Kamuzu University of Health Sciences, founder of the ETAT course for WHO, strategic advisor to the Royal College of Paediatrics and Child Health (UK) for West and East Africa; honours including the William Rutherford prize from the Royal College of Emergency Medicine, a Pioneer Award from the Malawi Society of Doctors, a Distinguished Global Health Leadership Award from the Consortium of Universities for Global Health, USA, an honorary fellowship from the Royal College of Paediatrics and Child Health, a Doctor of Science *honoris causa* from Newcastle university, Life Membership of the Australian Society of Infectious Diseases in recognition of outstanding services to infectious diseases and an Officer of the Most Excellent Order of the British Empire (OBE) from the Queen.

SABINE MONTAG | WORKSHOP FACILITATOR

Registered paediatric nurse, neonatal intensive care | Neonatal intensive care unit, St. Georg Klinikum Eisenach

ROBERT MOSHIRO | CHAIR

Dr, MD, MMED Paediatrics, Consultant Paediatrician | Department of Paediatrics and Child Health, Muhimbili National Hospital, Dar es Salaam, Tanzania

UZOAMAKA MUONEKE | CHAIR, FREE ABSTRACT CONTRIBUTION

Professor, Consultant Paediatrician, Paediatric Nephrologist | Department of Paediatrics, Edward Francis Small Teaching Hospital, Banjul, The Gambia & University of Nigeria

FATIMA MUSSA | SPEAKER

Dr, MD, MMED Paediatrics, PhD candidate | Pediatrics & Child Health Department, Muhimbili University of Health and Allied Sciences (MUHAS), Dar es Salaam, Tanzania

MEGUMI NAGASE | FREE ABSTRACT CONTRIBUTION

MPH, research associate | Global Child Health Group, Endowed Professorship for Global Child Health, Witten/Herdecke University

MARTHA NAKANWAGI | FREE ABSTRACT CONTRIBUTION

MPH (Makerere), public health specialist, programme quality officer | Health and Care for Future Foundation Uganda (HCFAU)

KHAWLA NASSER ALDEEN | WORKSHOP FACILITATOR

MPH, independent Public Health Consultant, France

RITAH NASSOLO | FREE ABSTRACT CONTRIBUTION

Health specialist | Appropriate Community Development Health Initiatives (ACDHI), Masaka, Uganda

RICKY LYTTON CYNTHONY NOA | FREE ABSTRACT CONTRIBUTION

Dr, MD, Physician, external expert | Madagascar

RUTH ONESMO | CHAIR, SPEAKER

BSc Prosthetics & Orthotics, In-charge Prosthetist/Orthotist | CCBRT, Dar es Salaam, Tanzania

JOHANNES PLETT | FREE ABSTRACT CONTRIBUTION

Medical student | University Medical Center Mainz

HERIZO HARITIANA RAJAOBARY | FREE ABSTRACT CONTRIBUTION

Dr, MD, Physician, Regional Director of Public Health Alaotra Mangoro | Ministry of Public Health, Madagascar

ANDREA REITER | SPEAKER

Medical student, member of the GTP Working Group Students and Young Doctors | University of Münster

CHRISTIAN SCHMIDT | CHAIR

Dr. med., MD, Consultant (Chefarzt) Paediatrician, Co-chairman of the GTP | St. Vinzenz Hospital, Department of Paediatrics, Dinslaken

IRENE SCHMIDT | WORKSHOP FACILITATOR

Registered paediatric nurse, paediatric and neonatal intensive care; GTP working group of allied health professionals | Dinslaken

ANDREAS SCHULTZ | CHAIR, SPEAKER

Designated Professor, Dr. med. MD, DTMPH, MScIH, Paediatrician, Head of Global Child Health Group | Designated Else Kröner Endowed Professor of Global Child Health, University of Bonn

BENEDIKT SPIELBERGER | SPEAKER

Dr. med., MD, Paediatrican, Infectious Disease Specialist | Division of Pediatric Infectious Diseases and Rheumatology, Center for Pediatrics and Adolescent Medicine, Medical Center, University of Freiburg

BERNARDIEN THUNNISSEN | WORKSHOP FACILITATOR

Drs., MD, (former) Paediatrician | Dokters van de Wereld (Médecins du Monde), Amsterdam, The Netherlands

NDUBUISI UWAEZUOKE | SPEAKER

Dr, MBBS, FMCPaed, MSc (Tropical Paediatrics UNN), Paediatric Neuroogist | Edward Francis Small Teaching Hospital, Banjul, The Gambia

ULRICH VON BOTH | SPEAKER

PD, Dr. med., MD, Consultant (Oberarzt) Paediatrician, Clinician Scientist, Infectious Diseases Specialist, Head Pediatric Migrant & Public Health Center Munich | Division of Paediatric Infectious Diseases, Hauner Children's Hospital, KUM, LMU Ludwig-Maximilians-University, Munich

MARTIN W. WEBER | ROUND TABLE DISCUSSION PARTICIPANT

PD, Dr. med., MD, PhD, Paediatrician | Athens Office for Quality of Care and Patient Safety, WHO Regional Office for Europe, Athens, Greece

RALF WEIGEL | SESSION CHAIR, SPEAKER

Professor, Dr. med., PhD, MD, MSc, FRCPCH; Professor of Global Child Health, Paediatrician, co-opted board member of the GTP | Endowed Friede Springer Professorship for Global Child Health, Witten/Herdecke University

ALEXANDER WEISE | WORKSHOP FACILITATOR

Dr. med., MD, Paediatrician, Paediatric Allergology & Pulmonology | Kaltenkirchen

MARKUS ZARBOCK | SPEAKER

IT specialist, CEO & Founder Starwit Technologies | Starwit Technologies, Wolfsburg

ALICIA DENISE ZINK | FREE ABSTRACT CONTRIBUTION

Medical student | Division of Pediatric Infectious Diseases and Rheumatology, Center for Pediatrics and Adolescent Medicine, Medical Center, University of Freiburg

ANTKE ZÜCHNER | ROUND TABLE DISCUSSION PARTICIPANT

Dr. med., MD, MScIH, Consultant Paediatrician, Neonatologist, Paediatric Cardiologist; senior lecturer at MUHAS; board member of GTP | CCBRT, Dar es Salaam, Tanzania

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Prerequisites

Anyone (physicians, health professionals, students, others) with an interest - and possibly experience - in the area of global child health can become a member of the society. We appreciate and welcome every new member who would like to support our goals. Two current GTP members should support your application by means of signature or supporting emails. The current membership fee amounts to 35,00 € per year.

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ABSTRACTS

WORKSHOPS (see programme and website for content)

Young GTP: Destigmatising psychiatric disease. | Khawla Nasser AlDeen (**virtual**), Veronika Lehner (+ patient), Vivienne Frey

Allied Health Professions: Challenges in the collaboration between the delivery ward and neonatal intensive care unit. | Irene Schmidt, Agnes Mlokozi, Sabine Montag

Climate Change and Global Child Health: Talking Climate and Environment – communication in youth projects. | Sarah Kotsias-Konopelska, Alexander Weise, Arved Fuchs

ETAT+: ETAT: A simple approach for emergency situations with children in LMICs. | Bernardien Thunnissen, Gudrun Jäger

Paediatric Oncology/Palliative Care: Paediatric oncology and palliative care in ressource-limited settings. | Jenny Dörnemann, Thomas Eichholz

KEYNOTE LECTURE

Thin Ice - Global warming and its consequences | Arved Fuchs [no abstract available]

SESSION 1

Welcome address by the patroness | Tina Rudolph [no abstract available]

Concepts and global epidemiology of disability and chronic disease in childhood and adolescence | Carsten Krüger

In the first section, the presentation discusses more theoretically concepts of disability and chronic disease with reference to modern thoughts on health, disease, illness, impairments/limitations/restrictions and participation (WHO-ICF) based on the prevailing idea of individualised autonomy. Their implicit claim of universal validity is cautioned by presenting an example of community-based views of health and disease from the global South. – In the second section, the presentation provides epidemiological details on the growing importance of developmental disability and chronic diseases worldwide over time and especially in contrast to the familiar topics of infectious diseases, perinatal disorders and malnutrition. It presents data on the various causes of as well as possible approaches to developmental disability and chronic diseases in global child health.

Congenital anomalies and their potential for disability and chronic illness | Judith Lindert

The burden of congenital conditions needing surgery in low- and middle-income countries is great. Access to timely and affordable surgery often is challenging. Congenital malformations even treated with adequate surgery often need long-term follow up and may impair quality of life. This talk gives an overview of long-term quality of life implications of typical paediatric surgical conditions with a special focus on circumstances in LMICs.

Young GTP Presentation | Andrea Reiter

The Young GTP serves as a dynamic hub for students and young doctors passionate about global child health. Through our monthly online gatherings, members share firsthand insights from experiences abroad and engage

in controversial discussions on pertinent issues, exploring responsible approaches to tackling challenges in the field of global child health. Utilizing our online pinwall, we actively share valuable resources such as upcoming conferences, summer schools, and latest findings in research. In addition to organizing our own workshop at the annual conference we are eager to initiate more projects, including journal clubs and discussions focusing on clinical case studies from regions in the Global South. If you want to stay updated and delve deeper into the realm of global child health, we welcome you to talk to us directly during the coffee break or reach out via mail at students@globalchildhealth.de. We look forward to getting to know you!

SESSION 2

Child rights in Malawi with a focus on children with disabilities | Elizabeth Magawa

The GIZ Hospital Partnership between Dedza District Hospital (DDH) and Witten/Herdecke University (UW/H) aims to support healthcare workers in promoting child rights at Dedza District Hospital in Malawi, aligning with Malawi's Ministry of Health's human rights-based approach in healthcare.

So far, stakeholders from DDH and UW/H revealed gaps in a rapid situation analysis, that concern protecting children's right such as a lack of child protection policies, limited knowledge and awareness among healthcare workers as well as children and their caregivers, limited resources for service delivery or hindering infrastructure in the hospital. - The project team developed an action plan addressing identified gaps and needs. Project activities include implementing the action plan through task force meetings, development of child rights policy, dissemination and development of promotion material for raising awareness and information, and infrastructure improvements aimed at making the hospital, especially the paediatric ward more child-friendly.

The presentation will cover project status, future activities, and lessons learned during implementation.

Child protection in Sierra Leone vs Germany | Jule Metzger

The lecture delves into the political and medical child protection systems in both Germany and Sierra Leone. Both countries share common goals of protecting children from harm and promoting their well-being. Both recognize the importance of education and awareness-raising in preventing child abuse and neglect. Although both countries attach great importance to the well-being of children, there is still ample room for improving sensitivity to the issue for various reasons in both countries. In Germany, protection of the family and the confidentiality within the medical system are highly regarded for good reasons, but this often brings uncertainty in identifying child protection issues early in daily practice. Additionally, there is a lack of personnel to achieve important goals. Conversely, in Sierra Leone, some regions struggle to fulfil not only the basic needs of children but also for adults, making it challenging to ensure child welfare.

Sustainable developmental aid - from ideal to possible reality. Example of a developmental and medical follow up project for children with spina bifida and hydrocephalus at Haydom Lutheran Hospital, Manyara Region, North Tanzania | Theresa Harbauer

Sustainable development aid often fails because of our Western ideals. Respecting local infrastructure, using local resources, and training local specialists often takes a lot of time, patience, and long-term partnerships, as well as recurring reciprocal visits and joint active exchange. Rapid assistance and a quick solution are often needed to help patients acutely. But is this solution sustainable in the long term? The aim should not only be to provide acute help for patients, but also to provide long-term help for local structures and care in general.

Haydom Hospital in northern Tanzania, Manyara region, once built by the Norwegian missionaries, today a 400-bed referral hospital, counts up to 6000 births per year. Up to 30 children are born there every year with a birth defect of the spinal cord and/or a disorder of the outflow of cerebrospinal fluid, resulting in a hydrocephalus.

Haydom Hospital is situated in one of the poorest regions of Tanzania. In cooperation with the German aid organization Haydom-Friends, together with a local team of physiotherapist, paediatric nurse and a German paediatrician, Haydom Hospital established a medical aid program on the ground, starting with the initial surgical back closure and VP Shunting followed by a lifelong follow up schedule of medical visits and parent education.

Starting with 7 families in postsurgical follow up in 2011, now the program has grown and counts more than 100 kids with spina bifida and hydrocephalus in regular medical follow up. It is no longer only a primary medical care-based program but also covers for mobility devices like wheelchairs and consumable materials like catheters for example. The program by now has outgrown the hospital walls and is currently focused on building a shelter home and rehabilitation centre for kids with Spina Bifida and Hydrocephalus and their families in Haydom – a House of Hope.

Clinical outcome of chronic neurological disorders seen in The Gambia | Ndubuisi Uwaezuoke

A total of 302 children with epilepsy, 608 with cerebral palsy and 32 with muscular dystrophy are seen in the Edward Francis Small Teaching Hospital Gambia. EFSTH is the only tertiary hospital in Gambia with a population of 2.841,803. Seventy percent, 27% and 3% respectively of those being managed for epilepsy have generalized onset, focal onset epilepsy and unclassified seizures. 80% of those diagnosed of epilepsy have a perfect control with use of antiepileptic drugs. Twenty two percent of all epileptics have been allocated to the syndrome type enabling prognostication of disease. For those with cerebral palsy 50% of the 608 are above 5 years of age. For those above 5 years 20% of them cannot ambulate. The shortage of physiotherapists and physiotherapy centers along with other supportive specialties have contributed to our poor outcome in Gambia. Those with muscular dystrophy have had their disease slowed with medication but more cutting-edge medical trial/treatments are needed to reverse the trend. Three with Duchenne's muscle dystrophy are already wheelchair-bound and all are below 15 years.

SESSION 3 (Eligible for the Helmut Wolf Award)

Examining childhood disability in developing economies and identifing gaps to guide future research

Ritah Nassolo [1], Peace Anne Kobusingye [1], Ali Matano [2], Filbert Amanya [3]

[1]Appropriate Community Development Health Initiatives (ACDHI), Masaka, Uganda; [2] Strategic Partners in Research and Development Organization (SPRDO), Wakiso, Uganda; [3]Makarere University, Kampala, Uganda

Background and Purpose: Childhood disability affects millions of children around the world, most of whom are in low- and middle-income countries. Despite the large burden on child development, family life, and economics, research in the area of childhood disability is woefully inadequate, especially from low- and middle-income countries. The objective of this review was to generate information about current knowledge on childhood disability in low- and middle-income countries and identify gaps to guide future research.

Methods: Electronic databases were searched by using specific search terms related to childhood disability in developing countries. The Cochrane Library was also searched to identify any similar reviews. Whole texts of articles that met study criteria were scrutinized for information regarding research method, screening tools, epidemiology, disability-related services, legislation, and prevention and promotion activities. Quantitative and qualitative information was collated, and frequency distributions of research parameters were generated.

Results: Eighty articles were included in the review (41 from low-income countries). Almost 60% of the studies were cross-sectional; case-control, cohort, and randomized, controlled trials accounted for only 15% of the

studies. Of the 80 studies, 66 focused on epidemiologic research. Hearing (26%) and intellectual (26%) disabilities were the commonly studied conditions. The Ten Questionnaire was the most commonly used screening tool. Information on specific interventions, service utilization, and legislation was lacking, and study quality generally was inadequate. Data on outcomes of morbidities, including delivery complications and neonatal and early childhood illness, is particularly lacking.

Conclusions and Implications: With this review we identified potential gaps in knowledge, especially in the areas of intervention, service utilization, and legislation. Even epidemiologic research was of inadequate quality, and research was lacking on conditions other than hearing and intellectual disabilities. Future researchers should not only address these gaps in current knowledge but also take steps to translate their research into public health policy changes that would affect the lives of children with disabilities in low- and middle-income countries.

SAVE-KID: Cross-sectional survey of professionals delivering care for migrant children and adolescents

Anna Jael Esser[1], Jana Willems[2], Markus Hufnagel[1], Thorsten Langer[3], Benedikt D Spielberger[1]

[1] Division of Pediatric Infectious Diseases and Rheumatology, Center for Pediatrics, University Medical Center Freiburg, Freiburg, Germany; [2] Section of Health Care Research and Rehabilitation Research, Institute of Medical Biometry and Statistics, Faculty of Medicine and Medical Center - University of Freiburg, Freiburg, Germany; [3] Department of Neuropediatrics and Muscle Disorders, Center for Pediatrics, Faculty of Medicine - University of Freiburg, Freiburg, Germany.

Project description: In 2022, almost 1.5 million individuals came to Germany as refugees; ~30% of them were children and adolescents. The main countries of origin were Ukraine, Syria, Afghanistan, and Turkey. The German Pediatric Infectious Disease Society (DGPI) and the Robert Koch-Institute (RKI) have developed screening guidelines focusing on infectious diseases. It is unclear whether these recommendations can be implemented in practice. In addition, guidance on how to address mental health issues is limited.

Methods: We used the online platform REDCap to conduct a cross-sectional survey with professionals involved in the care of refugee minors (responses mainly Likert scaled). Respondents were recruited through Infectious Diseases Societies (DGPI, DGI), Tropical Medicine Societies (GTP, DTG), Pediatric Societies (DGKJ, BVKJ) and via multipliers (e.g., Caritas, DRK, PriCareNet research network). The survey contains two major areas: Infectious disease screening and experiences with mental health issues in minors who arrived in Germany over the last two years as refugees.

Research question on mental health: What is the estimated burden of mental health problems among minor refugees? Is it possible to provide appropriate (follow-up) mental health care?

Results: The survey is still open for participation. So far, 134 participants completed the survey (mean age 45.1 yrs.; 72% female). The largest groups were doctors (50%) and social workers (34%). - Over 2/3 of respondents stated that systematic screening of minors for mental health problems in their workplace is rarely conducted at best. The most frequently reported problems were sadness, restlessness, and fatigue. On average, each respondent identified 16 young people with at least one mental health problem over the last three months but was only able to refer seven (44%) for further psychological/psychiatric assessment. Over 50% clearly stated that they were only rarely or not at all able to meet the needs of affected minors. Over 65% of participants have no adequate professional training in mental health; over 2/3 reported at least occasional excessive demands. Over 60% of respondents indicated that sufficient follow-up care resources are rarely available at best. 60% rated this resource accessibility as significantly more limited compared to minors growing up in Germany.

Discussion: SAVE-KID reveals severe structural problems in the care of refugee minors with mental health problems. Comprehensive, systematic detection of mental health problems seems to be difficult due to

communication problems and lack of specialized staff/diagnostic tools. Furthermore, care structures and services are lacking for adequate follow-up care.

Conclusion: From the professionals' perspective, refugee minors do not appear to receive adequate mental health support. This may contribute to devastating individual life stories and cause long-term socio-political problems. There is an urgent need for more research and action.

Epidemic of chemical-induced multiple organ failure presenting as AKI in young children in The Gambia – the clinicians' perspective.

Muoneke VU,[1,5] Obidike EO,[1,5] Joof S,[1] Allen A,[1] Ogun G,[2] Allen S,[1] Udenweze LI,[3] Samanteh M,[4] Bittaye M [4]

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Abstract: Multiple organ dysfunction syndrome (MODS) is defined as a clinical syndrome characterized by the development of progressive and potentially reversible physiologic dysfunction in 2 or more organs or organ systems that is induced by a variety of acute insults. -Acute kidney injury (AKI) is defined functionally as a rapid decline in glomerular filtration rate (GFR) leading to accumulation of waste products such as blood urea nitrogen (BUN) and creatinine resulting in inability of the kidneys to maintain and sustain fluid and electrolyte homeostasis. - Clinical manifestations/presentations vary and are dependent on the original cause of the AKI. This study is an observational fallout from the AKI crisis that occurred in the 2nd half of the year 2022 in The Gambia.

Methods: An observational study at the Edward Francis Small Teaching Hospital Banjul of children who presented with features of multiple organ failure and AKI linked to ingestion of possibly contaminated syrups. History with physical examination was carried out and several body fluid samples, ingested drug samples collected for laboratory and toxicological investigations while 2 autopsies were carried out.

Findings: Sixty-six patients were admitted for AKI. Oliguria or anuria was mostly the reason for referral with a mean duration of 4.03 ± 3.0 days prior to presentation/referral. The time interval between drug ingestion to the time of manifestation of oliguria/anuria was 1 to 6 days with a mean of 2.9 ±2.6 days and a mode of 3 days. - Most of the laboratory tests including liver function test, renal function test, uric acid levels, full blood count were severely deranged. Autopsy results showed evidence of acute tubular necrosis, periportal and interstitial fibrosis with multi-focal hepatic cell necrosis. The fatality rate was 95.4% occurring more in children less than 2yrs of age with a male predominance.

Conclusion: Toxicological evidence strongly suggested that mortality was associated with ingestion of the contaminated liquid medications which had resulted in multi-organ failure presenting as AKI.

Newborn Mortality Can Be Prevented With Timely Screening And Referral Of Congenital Heart Disease And Pulmonary Hypertension.

Determining Screening Parameters and Optimising the Clinical Workflow For Very High Altitude Maternity Wards In El Alto, Bolivia.

Alexandra Heath (1), Inge von Alvensleben (1), **Pablo Freudenthal** (1, 2), Jesús Ardiles (1) Mariana Gonzales (3), Ceylan Apaza (4), Leibniz Sanga (5), Miguel Galvez (1), Ivana Noya (1), Fanny Mendizábal (1), Erin Mc Cann (6), Rainer Kozlik-Feldmann (7)

Affiliations: 1. Kardiozentrum, La Paz, Bolivia; 2. Universität Witten Herdecke, Germany; 3. Ludwig Maximilian Universität München, Germany; 4. Hospital Arco Iris, La Paz, Bolivia; 5. Hospital Holandés, El Alto, Bolivia; 6. Cincinatti Children Hospital, USA; 7. Universitätsklinikum Hamburg-Eppendorf, Germany

Background: Neonatal cardiac screening (NCS) including pulse oximetry is standard practice in OECD countries, but has not been broadly implemented for the world's very high altitude births (> 11,483 feet (>3,500 meters) above sea level). The population living at very high altitudes is approximately 14.4 million, with China, Peru, and Bolivia having the highest absolute populations. Bolivia has the highest percentual population above 3500 msl. (32,5%). - Research has shown that birth at very high altitudes can increase the risk of heart defects in newborns at least by a factor of 2X. The implementation of NCS poses greater challenges in higher altitude regions, both due to lower oxygen saturations among neonates in the first 24 hours of life, as well as lack of training resources and fragile information systems for patient referral.

Objectives

1. to better understand the potential impact of NCS in reduction of newborn mortality at very high altitude: Therefore, we aim to determine the prevalence of congenital heart diseases + the prevalence of pulmonary hypertension at very high altitude in Bolivia. Bolivia has the 2nd highest newborn mortality in Latin America, where congenital heart diseases (CHD) are among the most relevant causes. Newborns leave wards without undergoing a standardized screening protocol for CHD and pulmonary hypertension.

2. to define a cut-off for pulse oximetry screenings: Screening capacities within the Bolivian healthcare workforce are limited, due to lack of training and equipment

3. to develop effective protocols for case detection and false positive screening limitation: In Bolivia, only one single facility in the public healthcare system is equipped to fully diagnose (via echocardiography) and treat children with CHD: Hospital Del Niño La Paz.

Methods: This study included all infants born at Hospital Holandes (4,150 meters above sea level (13,615 feet)), or transferred before 48 hours of life between December 2020 and January 2022. The sample of 1009 newborns was randomized and reflected 20% of all infants born at the ward. Consented mothers completed a structured interview, and clinical information about the infant was collected. - Pulse oximetry was performed by a trained member of the In-house medical personnel on both left foot and arm on newborn between 24 and 48h of age. All infants underwent an established screening echocardiogram protocol within 48 hours after birth by a Paediatric Cardiologist of Kardiozentrum.

Results: Among 1009 newborns, 50 patients had relevant congenital heart diseases (4.96%). The most frequent diagnosis was VSD (40.8%), ASD (25.9%), xxx (16.9%). 69 patients (6,8%) were found with pulmonary hypertension, 6 patients (0,6%) with persistence of fetal circulation were identified. - The mean SpO2 in the right hand among healthy newborns was 90% (ranging from 84 to 99). At 83% oxygen saturation, the false positive rate was 20%. 623 patients had no relevant findings.

Conclusions: The study identified relevant congenital heart disease in 4.9% of the patient cohort, significantly exceeding the prevalence reported in the literature for low-altitude populations. - 69 patients showed prolonged postnatal adaptation with oxygen therapy dependency and an enhanced risk of sudden infant death, indicating considerable risk of death without intervention. - Therefore, implementing a standardized clinical examination protocol and pulse oximetry measurements is likely to reduce newborn mortality in Bolivia, and shall be included in the national norms for universal newborn screening protocols.

Next steps: Campaign for a law on Universal Neonatal cardiac screening, sensitive to altitude; Integrate neonatal cardiac screening into routine triage programs and digital patient records; Research concerning genetic expression and pathways related to populations at high altitude; Testing autonomous, hands-free ultrasound scans - with AI-driven onboard image interpretation for real time decision support

Introduction of ETAT+ A capacity building project in the region of Alaotra-Mangoro/Madagascar

C. Noa MD[1], **H.H. Rajaobary** MD[2], for the project "Establishing ETAT+ in paediatric emergency care in the Alaotra Mangoro Region, Madagascar." M. Miadanaarisoa MD**[1],** M. Fier MPH**[3]**, M. Galatsch PhD[4], K Fahlbusch[3],

F Yasmin PhD[3], T. Nomenjanahary Andriatahina MD[5], H.J. Lang PhD[3], D. Köcher-Andrianarimanana MD[1,6], R. Weigel PhD[3]

1. Faculty of Medicine, University of Mahajanga, Mahajanga, Madagascar; 2. Ministry of Health, Regional Public Health Directorate Alaotra Mangoro; 3. Friede Springer – endowed professorship for Global Child Health, Faculty of Health, School of Medicine, Witten/Herdecke University, Witten, Germany; 4. Institute of Nursing, School of Health Science, Zürich University of Applied Science, Winterthur, Switzerland; 5. Société Malgache de Pédiatrie (SOMAPED), Madagascar; 6. Faculté de Médecine, Université d'Antananarivo, Madagascar

Partners: Centre Hospitalier Universitaire (CHU) Mahajanga, societé malgache de pédiatrie (SOMAPED), Ministry of Health (MOH) in Madagascar, Directrice Régionale de Santé publique (DRSP), Global Child Health Department (GCHD), University Witten Herdecke (UWH).

Background: Despite substantial improvement in child health Madagascar faces considerable socio-economic and environmental challenges, impacting child survival.[1,2] This university partnership focuses on capacity building for essential paediatric emergency and critical care in response to urgent healthcare needs in the region of Alaotra-Mangoro.

Project description (figure 1)

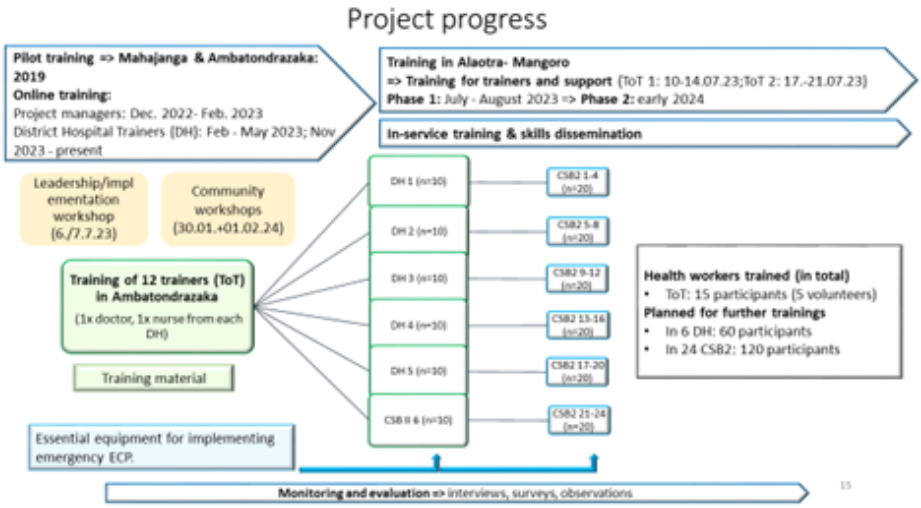

Figure 1: Project plan.

Project duration: 01.07.2022-30.06.2024

Partners: CHU Mahajanga, SOMAPED, MOH, UWH.

Project sites: five regional/district hospitals and 25 associated health centres.

The training content is based on WHO-ETAT guidelines and international critical care recommendations.

The following activities define the project:

- Workshops were conducted to inform regional health authorities, and community leaders.
- Interprofessional medical training, including an online program, a train-the-trainer (TOT) process, and on-site training, was complemented by the provision of essential biomedical equipment for participating health facilities. Training for health facility technicians was aligned with clinical training.
- Pragmatic health facility assessments were conducted to evaluate preparedness for essential paediatric services.

Results and challenges: Leadership and community workshops facilitated project activities. The TOT approach, with on-site instructor support, aided in disseminating essential competencies. Online trainings were successful in supporting on-site activities. - Technical and medical training sessions accompanied introduction of biomedical equipment and strengthened preventive maintenance systems. -Feedback from participants and

health facility evaluations highlighted challenges in implementing essential paediatric hospital care, including logistic and supply issues such as unreliable electricity impacting O2-concentrator use, and limited availability of essential medication and supplies. - Barriers to access health facilities included difficult road conditions in some parts of the region, challenges in transferring patients due to limited ambulance availability and transfer costs. Additionally, challenging road conditions affected transport of essential supplies to remote health facilities.

Discussion: The TOT-approach is a valuable project concept. Both online and on-site training proved feasible. Integrated technical and medical sessions, accompanied by the introduction of biomedical equipment, enabled efficient use and maintenance. - Geographic and socioeconomic access barriers to essential health services require further evaluation. Identified logistic challenges in health facilities need sustainable solutions.

Conclusion and perspectives: This project enhances capacity and exposes challenges in ETAT/EPECC-implementation in a region in Madagascar. Addressing these demands requires collaboration with training institutions, professional societies and MOH. Future project activities can focus on strategies to improve access for vulnerable populations to essential paediatric services.

Clinical and socio-demographic profile of children presenting with eosinophilia at a tertiary referral hospital in Nepal

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Background: Eosiniphilia is frequently observed in children in Nepal and clinical presentation is highly variable. However, severe disease requiring intensive care treatment was reported. Even though, a parasitic genesis is suspected, the causing etiology currently remains unknown. To identify the cause of eosinophilia in Nepalese children, a clinical study to evaluate the clinical and laboratory profile of these patients was initiated as a cooperation between Dhulikhel Hospital, Nepal and University Hospital Mainz, Germany. Here we present initial data from a pilot phase of this collaboration.

Methods: Pediatric patients presenting with eosinophilia at a tertiary referral hospital in Nepal were offered participation in our study. Eosinophilia was defined as an absolute eosinophil count more than 500/µL. As a control group, patients without eosinophilia presenting within in +/- 1 month of an included case at the study site were offered inclusion to achieve seasonal matching. Controls must not have received anti-parasitic treatment or steroids in the past 6 weeks. - Clinical data of both groups were collected from medical records. In addition, participants were interviewed using a questionnaire to collect further data regarding socio-demographics, present symptoms and the medical history.

Results: During a period from June 2020 to April 2021, 19 participants were included into our study. Median age of the participants was 11.3 years, 8 were female, 11 male. 8 of the 19 patients did show an absolute eosinophil count of more than 500/µL, ranging from 550/µl to 8800/µl. We did not observe any difference between cases and controls regarding age (11.7 vs, 10.8 years) or sex (3 female/5 male vs. 3 female/4 male). The majority of participants from both groups lived within the rural Kabhrepalanchok district southeast of Kathmandu (75.0% vs. 85.7%). - Cases did belong to the Tamang community more frequently in comparison to controls (75% vs. 28.6%). In contrast, the majority of cases did belong to the Brahmin group (42.9%). In addition, cases did report to have only access to an outdoor toilet more frequently (87.5 vs. 57.1%). All participants indicated to eat an omnivore diet. However, consumption of raw or undercooked freshwater crab was reported more frequently within the case group (25.0% vs. 14.3%).

Conclusion: Eosinophilia is still observed in children in Nepal. The initial socio-demographic data from our study indicates that eosinophilia seems to be more prevalent in disadvantaged communities such as the Tamang. In contrast, more affluent parts of the Nepalese society seem to be less at risk. These results are in line with previous reports. Accordingly, it seems promising to investigate food and living habits of the Tamang ethnic group to further understand the genesis of eosinophilia in children in Nepal.

Scurrying urine – Schistosomiasis in a refugee

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1 Division of Pediatric Infectious Diseases and Rheumatology, Center for Pediatrics and Adolescent Medicine, Medical Center, University Freiburg, Freiburg, Germany; 2 Kinder- und Jugendarztpraxis Dr. Roland Fressle, Freiburg, Germany

Patient description and case history: A 16-year-old male refugee from the Ivory Coast presented to our outpatient department for a health check as an unaccompanied minor refugee. For many months, he had been complaining about suprapubic pain after micturition. Urine dipstick showed micro-hematuria without proteinuria. Laboratory evaluation revealed eosinophilia of 2.040 /µl (normal value <500 /µl). He reported contact to fresh water from lakes and rivers in the home country as well as during the central Mediterranean refugee route via Mali, Niger and Libya – where he had spent several years.

Diagnostics: Because of hematuria, eosinophilia and the migration route along countries with endemic schistosomiasis, a schistosomiasis serology was performed and returned positive. Subsequently, urine was collected over 4 hours and by microscopy, multiple Schistosoma haematobium eggs were found (Video). No parasites were found by stool microscopy. Ultrasound of the abdomen showed an altered bladder wall morphology and a cystoscopy was planned.

Therapy and additional follow-up: According to the current S1-guideline for Schistosomiasis (AWMF-Register Nr. 042-005), which was established under the guidance of the German Tropical Medicine Society (DTG), the patient was treated with Praziquantel (40 mg/kg/d for three following days). We expect that this cycle is sufficient and that long-term problems such as bladder cancer were averted. Follow-up visits were planned at 6, 12 and 24 months (urine status, urine microscopy, serology, ultrasound) to assess therapy success. Unfortunately, the patient was transferred and lost to follow-up before the cystoscopy or a first follow-up visit could be scheduled.

Conclusion: Our case highlights the need for a thorough screening for communicable and non-communicable diseases in minor refugees after arrival in Germany. A health assessment should be performed within days after arrival in Germany to prevent further spread of communicable infectious diseases (e.g., measles, varicella or tuberculosis) and to identify rare or tropical infectious diseases. We also advise to screen for non-infectious health complaints. In the light of growing migration and travelling, imported tropical illnesses, such as schistosomiasis, the second most frequent tropical disease worldwide, will be seen more often in our clinics and outpatient departments. Patients typically will be treated by doctors not fully trained in tropical or travel medicine. We therefore want to emphasize that the guideline for the care of refugees, such as AWMF Register Nr. 048 – 017 from the GTP and the DGPI, should be implemented.

Yaws - Resurgence of an old and eliminated infection?

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Department of Paediatrics, Edward Francis Small Teaching Hospital, Banjul. The Gambia.

Abstract: Yaws is a non-venereal disease caused by the organism Treponema pallidium pertenue. Other strains include TP Carteum and TP Endemicum. It is transmitted by direct skin contact and primarily affects children younger than 15 years, with a peak incidence in those aged 6-10 years. It is similar to syphilis and can persist

for years as a chronic relapsing disease. - Yaws is endemic along the tropical belt in areas characterized by hot temperatures, high humidity, and heavy rainfall. These conditions in conjunction with poverty, poor sanitation, overcrowding, and lack of public health surveillance, encourages the perpetuation of Yaws. Several efforts had been made by the World Health Organization (WHO) in trying to eliminate this disease by employing different mass treatment of people with drugs such as Penicillin (Benzathine Penicilline) to Azithromycin with varying degrees of success.

Case presentation: A 14-year-old male Mandinka by tribe from Bundung (an urban area outside Banjul), a boarding house Arabic school pupil, was referred from the Maternal and Child Health Facility with the history of recurrent multiple skin lesions, the present episode started a month ago accompanied by fever and passage of loose stools of 4 days duration and a number of episodes of seizures. - Lesions were said to have started gradually involving the head, face, trunk and later extending to the limbs. These lesions were first noticed at 7 years of age which regressed with herbal treatment. It however reoccurred 4 years later associated with fever for which patient made several outpatient visits. Patient on each occasion was treated with some drugs (names unknown and recovered) in addition with some herbal concoctions. - Clinical examination revealed a chronically ill-looking, small for age child, moderately pale with multiple lesions spreading cephalo-caudally. Lesions appeared reddish with irregular edges and a central pallor measuring between 1 cm and 3 cm, some healing with significant crusting, some were punctuated, and the rest were still fresh with exposed raw areas. - The major systems affected were the central nervous system; evidenced by presence of repetitive seizures, altered sensorium and hypertonia in all limbs, the respiratory system; evidenced by the presence of respiratory distress though with no other abnormal chest findings, the musculoskeletal system showing extensive skin lesions with bone exposure especially the tibial, radial and ulna bones which had altered shapes but without any demonstrable bony fractures. - The Retro-viral test was negative, VDRL test was positive, the platelet counts were significantly reduced, there was severe anemia, but normal x-rays of the affected bones.

Conclusion: The recurrent nature of the extensive skin lesions, multiple systemic involvement, misshaped bony structures, positive VDRL test at the background of severe poverty, ignorance and ultimately malnutrition were suggestive of this debilitating disease.

Treatment regimens and outcomes of cutaneous diphtheria in migrant children and adolescents in Germany, June 2022 – October 2023

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Introduction: Diphtheria is a rare, potentially lethal upper respiratory tract infection that causes systemic illness associated with toxemia. In Western countries – where diphtheria is not endemic - unspecific wound infections due to toxigenic *Corynebacterium diphtheriae* strains are usually observed in travelers and patients with migration history. From September 2022 until 8th January 2024, a total of 442 cases of *C. diphtheriae* infection have been reported to ECDC and most cases were cutaneous infections (1,2). The clinical picture of cutaneous diphtheria was mostly reported as chronic, erosive skin infections and a polymicrobial infection with *S. aureus* or *S. pyogenes* as the most common additional pathogens (3). Roughly, 50% of *S. aureus* isolates were methicillin-resistant and a high rate of resistance against clindamycin and tetracyclines was detected in some cohorts (3,4). We therefore aimed to get more insight into treatment regimens chosen by practitioners and the outcome of affected individuals.

Methods: The survey was distributed through the German Pediatric Infectious Diseases society (DGPI) and professional contacts in Germany, Switzerland and Austria. We focused on children and adolescents presenting to pediatric hospitals. The collected information was derived from routine medical care and reported in an anonymous format. Anonymized data was then compared with results from the consultant laboratory.

Results: A total of 36 adolescents with cutaneous diphtheria were reported from 9 centers. The majority (n=28; 78%) was born in Afghanistan. Of those who were asked for their migration route (n=21; 57%), the majority (n=20; 95%) came via the Balkan route. Skin wounds mostly affected lower legs (27%), feet (25%) and hands (20%). Toxigenic *C. diphtheriae* was isolated from 29 (81%) individuals from skin wounds, while 3 (8%) had non-toxigenic *C. diphtheriae* and toxin status was not reported for 4 individuals (11%). Co-infection with *S. aureus and S. pyogenes* was common and 56% of *S. aureus* isolates were methicillin-resistant. *C. diphtheriae* was reportedly resistant to cotrimoxazole in 28% of isolates and to macrolides in 6% of cases. No resistances to tetracyclines or clindamycin were reported. Topical treatment was prescribed for 28 patients (78%), mostly with topical antiseptics (n=25; 89%). Systemic antibiotic treatment was prescribed for 31 patients (86%), mostly clindamycin (32%) or amoxicillin/clavulanic acid (26%), followed by macrolides and penicillin (Fig. 1). Treatment duration varied between 5 to 17 days (Fig. 2). Clinical outcomes were most favourable with combination of local antiseptic and systemic antibiotic therapy.

Treatment for 36 refugees with *Corynebacterium diphtheriae* in polymicrobial skin infections, Germany, 01.06.2022 – 30.09.2023

Treatment	No. (%)
Topical therapy	28 (78%)
topical antiseptic	25 (89%)
topical antibiotic	3 (11%)
Systemic therapy	31 (86%)
Clindamycin	10 (32%)
Amoxicillin/Clavulanic acid	8 (26%)
Azithromycin	4 (13%)
Clarithromycin	3 (10%)
Penicillin G	2 (7%)
Penicillin V	2 (7%)

Ampicillin/Sulbactam	1 (3%)
Doxycycline	1 (3%)

Figure 1: Topical and systemic treatment regimens for cutaneous diphtheria in the reporting centers in Germany.

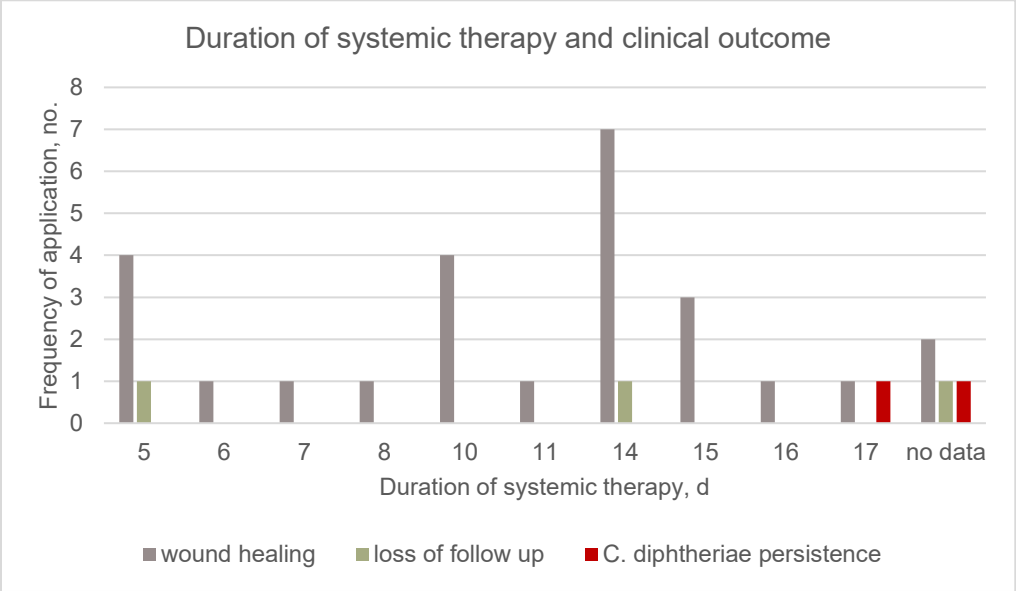

Figure 2: Duration of systemic antibiotic treatment in individuals with confirmed cutaneous diphtheria.

Discussion: Our data highlight the need for awareness for cutaneous diphtheria in children and adolescents with recent migration history. Treatment duration for skin wounds was ranging from 5 to 17 days. Clindamycin, aminopenicillins with beta-lactamase inhibitors and macrolides were among the preferred treatments, alongside topical antiseptic treatment. Comparing our results with those from the consultant laboratory, an overall 5% resistance rate against clindamycin and the need for increased exposure to penicillin must be taken into account. From an antibiotic stewardship perspective, we advise, treating with clindamycin in combination with high doses of oral penicillin V for cutaneous mixed infections in a setting with a high rate of MRSA and *C. diphtheriae* in the ongoing European outbreak among refugees.

Possibilities and limitations of Point-of-Care real-time-PCR Truelab® on hospitalized acute febrile children at Bugando Medical Centre in Mwanza, Tanzania

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Research question: Acute febrile diseases are a serious threat for children in Sub-Saharan-Africa. Malaria and mosquito-borne viruses are common etiologies. Little epidemiological data and few diagnostic tools distinguishing various pathogens lead to inadequate treatment decisions. Precise Point-of-Care (PoC) diagnostic tools are considered helpful to optimize diagnostic procedures and to reduce unnecessary prescription of anti-infectives. The aim of the project was to evaluate the possibilities and limitations of the Truelab ® PCR analyzer by molbio ®, a PoC-real-time-PCR (PoC-rt-PCR) diagnostic tool.

Methods: In May – September 2022 pediatric participants presenting with fever were enrolled in the study at Bugando Medical Centre at Mwanza, Tanzania. Clinical measurements, medical history and prescribed medication were recorded. All participants were tested on-site with Malaria Rapid-Diagnostic-Tests (MRDT) and Dengue-NS1-Rapid-Tests (DRT) as well as with PoC-rt-PCR for Plasmodium falciparum or vivax, Dengue or Chikungunya virus. A multiplex-PCR-ELISA (MPCR) for the differentiation between the pathogens was conducted off-site at University Hospital Mainz, Germany.

Results: The total number of patients was 112. 73/112 (65%) were under the age of five. The test results showed no evidence for the presence of arboviral pathogens in either the DRT, the PoC-rt-PCR or the MPCR. The test results for the detection of malaria showed 23/112 (21%) positive MRDT results, 19/105 (18%) positive PoC-rt-PCR results. 21/112 (19%) samples showed positive results in the MPCR. There were two false negative PoC-rt-PCR results and two false positive MRDT results. Sensitivity of MRDT was 21/21 (100%), specificity was 89/91 (98 %). Sensitivity of PoC-rt-PCR for Plasmodia was 19/21 (90%), specificity was 91/91 (100 %). PoC-rt-PCR showed invalid test results for 86/303 (28%). In the repetition some tests showed valid results. 108/112 (96%) patients received antibiotics. 35/112 (31%) patients received anti-malarials while 10/112 (9%) patients did not show malaria infection by local diagnostic methods.

Discussion: 21/112 (19%) of acute febrile patients were tested positive for mosquito-transmittable pathogens by MPCR as gold standard. MRDT and PoC-rt-PCR showed different sensitivities and specificities in the detection of malaria infection which must be validated by literature references. The targeted use of PoC diagnostic devices like MRDT as screening and PoC-rt-PCR as confirmation tests can help to avoid unnecessary treatment for patients and reduce the occurrence of resistance to anti-malarial drugs. Invalid PoC-rt-PCR-tests result into higher financial costs. The fraction of invalid test runs needs to be lowered tremendously to consider establishment at endemic low resource settings.

Physiotherapy for children with disabilities in Malawi: Interdisciplinary collaboration to improve care for children with disabilities

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Background: Cerebral palsy is one of the most common physical disabilities in children. In addition to developmental disorders of movement and posture, children with cerebral palsy (CP) also have deficits in sensory perception, cognition and behavior, which leads to activity restrictions. This leads to difficulties in motor learning and overall physical development. Early intervention programs are necessary to prevent complications, promote neuroplasticity and provide early support to affected children and their families. Most children with CP live in low- and middle-income countries.

Project description: The physiotherapy team at Zomba Hospital in Malawi has set itself the goal of contributing to improving the care of children with disabilities through interdisciplinary cooperation. Among other things, they carry out *Physiotherapy Pediatric Outreach* Programs in which various medical disciplines are involved (e.g. physiotherapists, social workers and nutritionists). They travel to a village for three consecutive days to assess children with motor abnormalities, advise families and give workshops. - The lead physiotherapist and his team run workshops on the construction of assistive devices in order to have a lasting effect. APT (*Appropriate paper-based technology*) is a technique with which small aids such as chairs can be produced inexpensively for children with motor disabilities. Adapted to the child's measurements, a sturdy chair is built from a mixture of flour and water using old cardboard, waste paper and paste.

Results/ findings: The various measures carried out that there are already specialized personnel, facilities and structures for children with CP and their families. Access and, in some cases, implementation, particularly in remote regions, appears to be very difficult.

Discussion: Due to cultural differences, individual assessments or therapeutic measures such as early verticalization using aids cannot be implemented in Malawi. There is therefore a need to revise physiotherapy standards for the treatment of children with cerebral palsy in Malawi. In addition, educational material for families is needed, as is already available on the subject of spina bifida in Malawi. Interdisciplinary cooperation in the context of the International Classification of Function and Health is necessary.

Conclusion: Increased cooperation between specialized personnel from various professional groups in Germany and the therapists at Zomba Hospital will take place in the future. This includes the pillars: *skills and knowledge, parent education* and *physiotherapy pediatric outreach*. An association to promote these measures is currently in the founding phase.

The correlation between poor health care and socio-economic status among children in the rural settings of northern Uganda

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Background and Purpose: Few studies have been done to assess socioeconomic inequities in health in African countries. We sought evidence of inequities in health care by sex and socioeconomic status for young children living in a poor rural area of Northern Uganda.

Methods: In a baseline household survey in Uganda early in the implementation phase of integrated management of childhood illness (IMCI), we included cluster samples of 2006 children younger than 5 years in four rural districts. Questions focused on the extent to which caregivers' knowledge of illness, care-seeking outside the home, and care in health facilities were consistent with IMCI guidelines and messages. We used principal components analysis to develop a relative index of household socioeconomic status, with weighted scores of information on income sources, education of the household head, and household assets.

Results: 1026 (52%) of 1968 children reported having been ill in the 2 weeks before the survey. Caregivers of 415 (41%) of 1014 of these children had sought care first from an appropriate provider. 71 (26%) caregivers from families in the wealthiest quintile knew 2 danger signs compared with 48 (20%) of those from the poorest (p=0·03 for linear trend across quintiles) and wealthier families were more likely to bring their sick children to a health facility (p=0·02). Their children were more likely than poorer children to have received anti-malarials, and antibiotics for pneumonia (p=0·0001 and 0·0048, respectively).

Conclusions and Implications: Care-seeking behavior is worse in poorer than in relatively rich families, even within a rural society that might easily be assumed to be uniformly poor.

Strengthening paediatric speciality training through the *Paediatricians for Malawi* project: preliminary findings of a qualitative study

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Project description: The partnership project supports speciality training for Malawian registrars in Malawi and South Africa to mitigate the country's severe shortage of paediatricians. In addition, German registrars undergo six months of training in Malawi, eligible for accreditation by their German regional medical council.

Research questions: This qualitative study examines the views of registrars and stakeholders about the training in Malawi with the following questions: (1) What are the expectations of Malawian and German paediatric

registrars participating in the training? (2) What are the perceived benefits of the project? (3) What are the respondents' views about the quality of the partnership and the opportunities for improvement?

Methods: Between Apr. 2023 and Jan. 2024, we conducted in-depth interviews online or in-person with 5 Malawian registrars, 7 German registrars, and 7 key informants who were involved in implementing the project and supervising the registrars. Thematic analysis identified key themes corresponding to the research questions.

Findings: Malawian registrars expected diverse learning experiences in South Africa, aiming to gain exposure to patients and health workers from various backgrounds, different disease patterns, diagnostics and subspecialties. However, concerns arose about xenophobia in South Africa and about applying advanced skills upon returning. German registrars anticipated new learning opportunities in a resource-limited setting and aspired to work in global health in future. They noted improved clinical skills without relying on lab results and experienced perspective shifts in professional and personal interests through multicultural exposure. Key informant interviews emphasized mutual learning by Malawian and German registrars and potential for long-term capacity building by contributing to increasing the number of specialists. Better support measures for German registrars and providing bonding opportunities for Malawian and German registrars were areas for improvement. - Consideration for a bilateral exchange emerged but doubts about its effectiveness arose, concerning language and legal barriers. Overall, participants rated the partnership positively, leveraging long-established relationships and effective communication to be able to navigate unanticipated events.

Discussion: Not all Malawian registrars traveled to South Africa. Therefore, findings are incomplete, and the richness of the interview skewed towards German registrars. Despite this, the preliminary analysis indicates the project's contribution to all registrars´ professional and personal growth. - Overarching themes suggest the need for accessible preparation sessions for German registrars and a focus on nurturing peer-relations among registrars to magnify the project's outcome.

A partnership to strengthen paediatric emergency care in the Alaotra Mangoro region, Madagascar: preliminary findings of a multipronged approach to capacity building

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Research question/project description

Although the country's under-five mortality rate declined from 156 to 66 death per 1000 live birth over the last 30 years, the reduction has been uneven (1). To address the gap the University of Mahajanga and the Witten/Herdecke University collaborate to provide trainings in paediatric emergency care across Alaotra Mangoro. Training modalities included workshops for hospital leadership (LS-WS) and communities (C-WS), on-line training sessions, a training of trainer (ToT), and on-site mentoring visits. Here, we present the findings from the evaluations conducted so far.

Methodology: The evaluation includes quantitative and qualitative methods:

1. LS-WS and two C-WS: A questionnaire using a five-point Likert scale (5= definitely agree; 1= definitely disagree) and open questions and In-depth interviews for C-WS.

2. Online training sessions: A questionnaire using a four-point Likert scale with (1= definitely agree; 4= definitely disagree)] and a “one-minute paper”.
3. Two five-day ToT sessions: Questionnaires with open and closed questions for the course examination and to assess engagement [four-point Likert scale with (1= definitely agree; 4= definitely disagree)]. A clinical simulation assessed by exam sheets.

Results: LS-WS (July 2023): The seven participants included a MoH representative and hospital directors. Likert scale results indicated high satisfaction with a mean (SD) of 4.6 (0,3) with the workshop's relevance and content. The C-WS analysis is under way. - Online training sessions (February to May 2023): The interactive sessions targeted ToT candidates. Nine of eleven individuals answered the online questionnaire reporting a mean (SD) of 2.5 (0.9) for the engagement dimension and 1.95 (0.85) for the overall experience. Participant’s feedback suggested adaptations for the 2nd phase of online training. - Five-day ToT sessions (July 2023): Ten medical doctors and fives nurses/midwives participated. Thirteen participants passed the exam. All simulation participants (n=7) passed the assessment. The post-ToT Engagement questionnaire (n=15) showed a mean (SD) engagement score of 1.8 (0.6) and an overall experience score of 1.4 (0.6).

Discussion: Overall, the program appears to be successful. Enablers might be the strong bonds between collaborators resulting from co-creation and co-implementation, and the alignment between trainings’ objectives with participants’ needs. - On-site visits revealed many challenges health facilities face, affecting the projects’ implementation. Adverse weather conditions and poor infrastructure affect accessibility and professional exchange. However, despite these limitations, the project proves feasible as evidenced by the engagement of stakeholders involved. Follow-up evaluation at the project’s end will offer more insights.

Conclusion: Capacity building in paediatric emergency care in Alaotra Mangoro is challenging. Success may depend on a strong collaboration between multiple partners, stakeholder engagement and flexible and tailored approaches.

Perceptions of women from a rural community in Northeast Brazil on the impact of the programs Bolsa Família, Cisterns, and PRONAF in their food practices – a qualitative study.

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Background/Problem: Brazilian Zero Hunger strategy included the cash-transfer program Bolsa Família, the credit to strengthen family farming PRONAF, and providing cisterns. Understanding the effects of this strategy in rural areas and pondering gender is crucial as women play an essential role in the family’s dietary decisions and agriculture.

Questions/Objective(s): This study explored the perceptions of women from a rural community in Northeast Brazil regarding the impact of the three programs mentioned on their food practices.

Methods: A qualitative study was conducted in a rural setting with severe drought. Seventeen women, 18 to 87 years old, were selected through convenience sampling and interviewed in-depth. Data were analyzed using thematic analysis.

Results: The interviewees manage crops, family meals, and domestic work. Subsistence farming keeps predominant, with surplus of production mainly being donated. Participants perceive more diversity of food consumed and attribute it to income growth and better access to the cities where markets are located. Cisterns eradicated water collection work previously under their responsibility and with the extra time, they keep gardens and small animals. Regular meat consumption was noticed as the main gain in their diet, currently composed of rice, beans, meat, and vegetables, with rice and pasta replacing corn and manioca. A growth in the ingestion of ultra-processed food was mentioned. With no garbage collection in the region, domestic waste is burned. The youngest participants demonstrated awareness regarding this practice's health and environmental effects. 05 women used PRONAF, and 04 had little influence on how to invest the money.

Discussion: Interviewees have more access to and diversity of food. Their diet is still composed of no or minimally processed food, but an increase in the consumption of ultra-processed food was observed. Their power of decision is restricted to the domestic sphere, with little participation in using PRONAF. The economic progress was not followed by nutritional and environmental programs. Further studies on the emerging food environment can support the development of such programs.

Incidence of mental health and psychiatric disorders in asylum seeking and refugee minors in 20 refugee shelters of the PriCareNet research network

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Introduction: Forced displacement is on the rise worldwide and 40% of all displaced people are aged between 0-17 years (1,2). Asylum seeking or refugee (ASR) minors are reported to be often affected by mental illness, with prevalences ranging between 19 - 53% for post-traumatic stress disorder (PTSD), 10 - 33% for depression and 9 - 32% for anxiety disorders (3–5). However, since displacement and migration are highly dynamic it is difficult to obtain reliable data on disease incidences, which in turn is necessary for the development and provision of adequate care services for this vulnerable population. Our study analyzes the incidence of psychiatric disorders in ASR minors from 20 refugee shelters in Germany contributing to *PriCareNet*, a research network dedicated to medical care for asylum seekers and refugees (6,7).

Methods: Available data was obtained from October 2017 until end of June 2023 from the *PriCareNet* research network, comprising routine medical data extracted in an anonymized format from a standardized medical record. This includes information on the number of patients and the incidence of the selected indicators, e.g. "mental and behavioral disorders" (ICD-10 diagnoses: F00-F99) stratified by age group (minors < 18 years and adults ≥ 18 years). To calculate incidences, the total yearly number of newly diagnosed patients with mental conditions was used as the numerator and the total number of patients as the denominator. All observations <3 are set to 0 to maintain anonymity. The facilities' infrastructure is currently investigated using a questionnaire but feedback is pending.

Results: During the study period 22.846 children were treated in medical facilities in *PriCareNet*. Of those, 842 children (4%) were diagnosed with a psychiatric or mental disorder (Fig. 1). Overall, we observed high fluctuation of diagnosed individuals as well as overall patient numbers in the reporting centers.

Discussion: Our retrospective analysis of routine medical data in 20 refugee shelters showed an incidence of 4% of mental disorders among the pediatric patients. This number seems very low compared to previous prevalence studies in refugee children, and is likely an underestimation of the true burden of disease due to the use of routine medical data in primary care settings. Various confounders may explain these differences. Firstly, *PriCareNet* is not specifically designed to collect data on mental health (alone) but to collect routine care information. This could also explain why some centers did not report any affected children. Secondly, unaccompanied minor refugees are cared for by the youth welfare office and are not included in the data analyzed. In 2022 this group accounted for around 10% of all refugee children (8) and is particularly vulnerable to mental illness (9). Thirdly, it must be taken into account that the length of stay in refugee shelters ranges from a few weeks up to six months and a visit of the health infrastructure is not mandatory in all reporting

centers. Therefore, an unknown number of patients could be missed because of not showing up. Lastly, not all centers are staffed with specialist care for mental health, which could also decrease incidence numbers.

In summary, our analyses reflect the dynamic environment of ASR medical care. We advise to implement a standardized screening for mental health in refugee minors in the routine medical care in refugee shelters to provide better detection and care for mental health.

Centre	2017	2018	2019	2020	2021	2022	2023	2017 - 2023
01			4 (1%)	13 (3%)	11 (3%)	20 (4%)	7 (6%)	55 (3%)
02					0 (0%)	10 (3%)	0 (0%)	10 (2%)
03	4 (6%)	7 (2%)	8 (2%)	16 (5%)	27 (3%)	26 (2%)	12 (3%)	100 (3%)
04						19 (8%)	4 (4%)	23 (7%)
05			6 (7%)	20 (9%)	34 (11%)	31 (7%)	0 (0%)	91 (8%)
06					5 (2%)	0 (0%)	0 (0%)	5 (1%)
07				28 (9%)	31 (7%)	37 (5%)	12 (4%)	108 (6%)
08				0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
09					6 (3%)	20 (4%)	4 (3%)	30 (4%)
10			0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
11			0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
12				0 (0%)	11 (3%)	6 (3%)	0 (0%)	17 (2%)
13		0 (0%)	0 (0%)	0 (0%)	7 (7%)	10 (4%)	4 (4%)	21 (4%)
14		26 (5%)	49 (6%)	46 (8%)	56 (7%)	18 (1%)	5 (1%)	200 (4%)
15			3 (3%)	4 (2%)	9 (3%)	4 (1%)	0 (0%)	20 (2%)
16			0 (0%)	19 (14%)	12 (7%)	16 (15%)	7 (15%)	54 (11%)
17	0 (0%)	5 (3%)	4 (2%)	8 (4%)	12 (5%)	5 (2%)	3 (2%)	37 (3%)
18			0 (0%)	5 (3%)	3 (0%)	6 (2%)	6 (18%)	20 (2%)
29							0 (0%)	0 (0%)
20		0 (0%)	0 (0%)	4 (4%)	13 (3%)	25 (4%)	9 (8%)	51 (4%)
All Centres	**4 (5%)**	**38 (4%)**	**74 (3%)**	**163 (6%)**	**237 (4%)**	**253 (3%)**	**73 (3%)**	**842 (4%)**

Figure 1. Number of children with mental illness and proportion (%) of all children shown per year for each center. Darker colour reflects a higher proportion of diagnosed children and vice versa.

Clinical profile and short-term outcome of neonates requiring mechanical ventilation at national referral hospital Bhutan

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BACKGROUND AND AIM: Respiratory disorders are the most frequent cause of admission to NICUs and are the leading cause of early neonatal morbidity and mortality [1, 2]. The introduction of NICUs and widespread use of mechanical ventilation revolutionized the outcome in sick neonates [3]. This index prospective cohort study

was conducted at the Jigme Dorji Wangchuck National Referral Hospital (JDWNRH), Bhutan, the apex institute for health care in the country. The aim of the study was to outline the clinical characteristics, indications, short term outcomes and the factors associated with the outcomes of mechanically ventilated neonates.

METHODS: This prospective cohort study was conducted from 01 November 2020 to 31 October 2021 at the NICU, JDWNRH. All neonates, inborn and outborn who were admitted to the NICU and underwent mechanical ventilation were candidates for the study. Neonates with lethal congenital malformations, extreme preterm <25 weeks, weighing <500 grams, and neonates intubated for <6 hours were excluded from the study.

RESULTS: Of the 374 admissions to the NICU over the study period, 100 neonates underwent mechanical ventilation. 95 fulfilled the inclusion criteria. The majority (60%) were preterm. Respiratory distress was the commonest indication for ventilation (57.9%). Sepsis was the most common diagnosis (31.3%) among ventilated neonates and prematurity was the leading cause of death (43.6%). The survival among ventilated neonates was (58.9%), comparable to other developing countries. Pulmonary hemorrhage predicted poor outcome and birth weight less than 1500 grams, APGAR score less than 8 at 5 minutes and SNAPPE II score ≥37 were predictors of mortality as per ROC analysis.

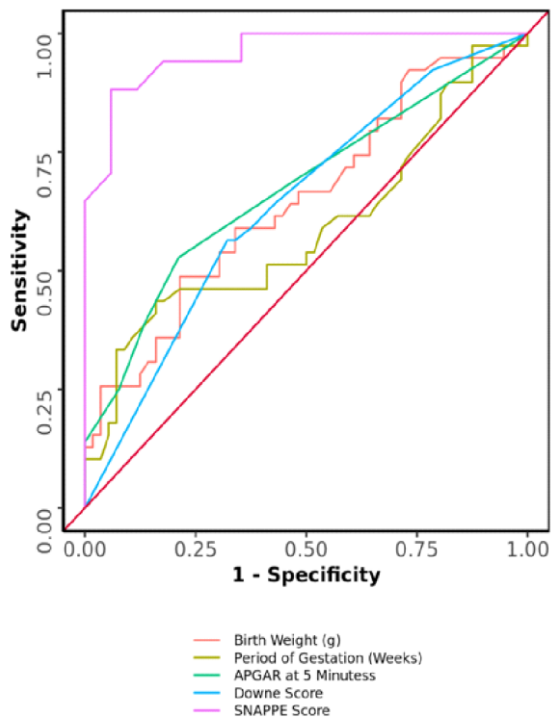
CONCLUSION: The judicious use of mechanical ventilation has improved outcomes in NICUs globally and in Bhutan. Birth weight, APGAR score at 5 mins and SNAPPE II score are useful indicators of mortality among ventilated neonates and pulmonary hemorrhage predicted poor outcome.

Table 1. Clinical Profile of the Index Study (Sample Size = 95)

Sl no	Clinical Parameter	Results (n = 95)	
		Frequency	**Percentage**
1.	**Place of Birth**		
	(a) In Born	**31**	**32.6**
	(b) Out Born	**64**	**67.4**
2.	**Gender**		
	(a) Male	**58**	**61.1**
	(b) Female	**37**	**38.9**
3.	**Birth Weight**		
	(a) < 1000 grams	**07**	**7.4**
	(b) 1000 grams – 1499 grams	**19**	**20.0**
	(c) 1500 grams – 2499 grams	**35**	**36.8**
	(d) ≥ 2500 grams	**34**	**35.8**
4.	**Period of Gestation**		
	(a) < 28 Weeks	**05**	**5.3**
	(b) 28 to 31^{+} 6 Weeks	**26**	**27.7**
	(c) 32 to 33^{+} 6 Weeks	**11**	**11.7**
	(d) 34 to 36^{+} 6 Weeks	**15**	**15.7**
	(e) ≥ 37 Weeks	**38**	**40.4**

5.	**Antenatal Dexamethasone (Data presented n=57)**	**32**	**56.1**
6.	**PROM > 18 Hours**	**15**	**15.8**
7.	**APGAR Category (Data presented n = 88)** (a) 0 to 3 (b) 4 to 6 (c) ≥ 7	 **05** **08** **75**	 **5.7** **9.1** **85.2**
8.	**Neonatal Resuscitation** (a) Not Done (b) Basic (c) Advanced	 **61** **18** **16**	 **64.2** **18.9** **16.9**
9.	**SNAPPE Score Category (Data presented for n = 34)** (a) ≤ 40 (b) > 40	 **20** **14**	 **58.8%** **41.2%**

Figure 1 ROC Curve Analysis Showing Diagnostic Performance of all parameters in predicting outcome among enrolled ventilated neonates in JDWNRH, November 2020 - October 2021



SESSION 4

Developing paediatric NCD guidelines in Malawi | Chifundo Mchawa

The presentation reflects on the actual process of the paediatric NCD guideline development process in Malawi that is currently underway. It covers why it is necessary, what has been done so far, what is to be done, challenges and recommendations. Included in the presentation also is the Else Kröner Fresenius Stiftung (EKFS)

child health program that is currently being implemented in Malawi. Further, the presentation gives a snapshot of the burden of paediatric NCDs in ten pilot districts in Malawi. The intended audience for the presentation includes health care professionals championing child health in different portfolios and countries.

Supporting children with disabilities with protheses and other means | Ruth Onesmo

Children with disabilities often face unique challenges in their daily lives, particularly in mobility and independence. Prostheses and assistive devices play a crucial role in enhancing their quality of life and facilitating their integration into society. This presentation will explore the importance of supporting children with disabilities through the provision of prosthetic limbs and other assistive technologies. It examines the various types of prostheses available for different disabilities, including upper and lower limb amputations and congenital limb deficiencies. Additionally, this presentation discusses the impact of prostheses in improving access to education, social interactions, and overall well-being for children with disabilities.

Health services for migrant and refugee children with NCDs and disabilities in Freiburg, Germany | Benedikt Spielberger

Care for children with special needs and/or non-communicable diseases in conjunction with language barriers can be very challenging. The university medical center Freiburg established a pediatric outpatient clinic in a refugee shelter to identify those children early upon arrival in Germany and to facilitate provision of adequate treatment.

The PMPH Centre Munich - Improving Medical Care for Children in the Context of Migration (virtual) | Ulrich v. Both

The recent surge in global migration has posed a significant healthcare challenge for European countries, particularly concerning migrants and refugees, especially children. As global tuberculosis prevalence peaked in 2022, compounded by conflicts such as the war in Ukraine, which drive populations from high MDR prevalence areas to seek asylum in Europe, maintaining tuberculosis control has become a top priority for many public health authorities. Recognizing the pivotal role of healthcare access in early TB case identification, the commitment to tuberculosis control presents a unique opportunity to bolster healthcare services for refugee children across Europe. In response to these challenges, in March 2023, the Infectious Diseases Team at the Hauner Children's Hospital and The Public Health Department of the City of Munich joined forces to establish a new structural framework for providing care to refugee-migrant children and their families: the Pediatric Migrant and Public Health Centre Munich (PMPH) aiming to improve access and quality of care provided to refugee-migrant children, with a specific focus on TB. Since its initiation the PMPH Center Munich has cared for >280 children from > 35 different countries of origin. By tailoring our services to the unique medical and social needs of this vulnerable patient group, we have successfully improved communication with patients, fellow clinicians, and institutions, raising the level of patient care and infection control to a new level. Creation of this new collaborative network has opened new avenues of pediatric TB care and research in the greater Munich region building a well characterized pediatric TB cohort.

SESSION 5

German Contributions to Global Child Health between World War II and Re-Unification | Walter Bruchhausen

Without any institutional ties to colonial territories in this period, first West German experts in child health mainly delivered their international work with Christian missions, International Organisations or in countries that were no colonies any longer, like Iran, Iraq, Libya, or Egypt, later also Indonesia. They often concentrated on social paediatrics, designing, and conducting programs to lower infant mortality by fighting malnutrition and

childhood infections. East German paediatricians had less chances to work abroad although they had one of the best experts on child health in the Middle East.

When later Maternal & Child Health continued to be a major focus in Primary Health Care, many West German doctors worked for children in bilateral governmental programs of several countries, clinically as well as by promoting immunization, nutrition, and hygiene. East Germans where rather confined to formally socialist countries like Zanzibar and Ethiopia.

German Contributions to Global Child Health after the Re-Unification| Carsten Krüger

The presentation focuses on four areas of Germany's global child health activities. First, it describes briefly the policies and priorities developed by the German government; second, it mentions the numerous activities of individuals and NGOs with a focus on global child health; third, it recalls the more recent engagement of paediatric professional societies like GTP, DGKJ, DGSPJ, BVKJ and others: fourth and finally, it describes the evolution of academic activities in global child health, starting from small research groups in Heidelberg and Hannover and growing into the Friede Springer and more recently Else Kröner endowed professorships for global child in Witten and Bonn, respectively.

The Friede Springer endowed professorship for global child health: experiences from six years | Ralf Weigel

The talk presents the global child health group's journey since October 2017. Starting with the group's objectives, it summarizes its achievements and lessons learned in education and research. Specifically, we use examples to highlight our approach to identifying and nurturing partnerships. Finally, we briefly reflect on opportunities to advance global child health in Germany's academic context.

EKFS tandem professorship "Global child Health" between Malawi and Germany | Andreas Schultz

Germany's increased engagement in global health builds on many years of experience in bilateral and multilateral activities in health. However, compared to neighbouring European countries, Germany has few structures and qualified scientific personnel in the field of global child health, this makes it difficult to address relevant issues systematically and scientifically. Partnership-based research and teaching oriented towards the needs of resource-poor countries is limited and to date there is no institute for global child health in Germany. In the political sphere, there is currently a partnership focus on Africa - also in the area of health. Especially in countries in Sub-Saharan Africa, the greatest burden of disease currently lies with children. There is a need of partnerships that jointly strengthen good clinical research as well as teaching and training of local health workers, thereby also improve the long-term health of vulnerable groups such as children. For these reasons, we will explore the chances and challenges the consented effort of a tandem professorship in global child health will bring along and use child health as an example to shed light on the success of academic cooperation in general.

SESSION 6

Effect of IPTp on malaria in pregnancy and maternal, fetal and neonatal outcome; community-based research (virtual) | Hellen Barsosio [no abstract available]

IT programme GNU Health and its impact on child health | Markus Zarbock [no abstract available]

Surveillance and Gut Microbiomics in Neonatal Sepsis in Tanzania (MS-GM-NST) – an academic partnership study at Muhimbili National Hospital, Dar es Salaam, Tanzania | Fatima Mussa

Research question and project description: Despite advancements in reducing child mortality, neonatal mortality rates remain high in many low- and middle-income countries (LMICs). Neonatal sepsis and the escalating threat of antimicrobial resistance (AMR) pose significant challenges in LMICs. Understanding the epidemiology of neonatal sepsis and AMR is crucial for developing effective treatment and prevention strategies. Gut dysbiosis has been described as a significant risk factor for late-onset sepsis (LOS) in preterm infants. Recognizing gut dysbiosis and its impact on LOS risk may enhance the predictive value of microbiome patterns, offering avenues for targeted interventions like probiotics for high-risk preterm infants.

Objectives and Methods: The MS-GM-NST study, funded by the GIZ academic Hospital Partnership program, aims to identify risk factors, causative bacterial pathogens and AMR prevalence in neonatal LOS at Muhimbili National Hospital (MNH), Dar es Salaam, Tanzania. Supported by our German counterparts, we aim to employ a translational approach on fresh fecal samples to characterize the gut microbiome by metagenomic sequencing, improve AMR surveillance, microbiological diagnostics and clinical care. Our team collects clinical data, blood cultures and fresh frozen fecal samples from preterm infants born between 28+0 and <34 weeks of gestational age at MNH. Participants will be enrolled with parental consent and prospectively followed until 28 days of life. Endpoints include suspected and blood culture-proven LOS, deaths due to sepsis, deaths from any cause, and hospital discharge. DNA extracted from fecal samples of 50 infants with culture-proven LOS and a sufficient number of controls will be analyzed for microbial community function using microbial metabolic network modeling. A pilot colonization screening for potential pathogens will be established to evaluate its role in AMR surveillance. **First results and discussion:** We report challenges in study implementation at MNH, in a large neonatal department within a low-resource setting. These include limited infrastructure and supplies, trained human resources, and financial constraints. Despite the logistical hurdles, the study endeavors to enroll adequate participants with culture-proven LOS, establish colonization screening, and characterize local gut microbiomes. The study aims to establish an academic partnership by contributing data to improve clinical care, AMR surveillance, and understanding microbiome patterns in the Tanzanian setting.

Recent research findings in paediatric viral infections in LMICs | Stephan Gehring

Research on pediatric viral infections in LMICs has been multifaceted, addressing key viruses such as Arboviruses, respiratory pathogens (RSV), rotavirus, and emerging pathogens. Efforts have focused on understanding epidemiology, identifying risk factors for severe disease, and improving prevention and treatment strategies. Vaccination programs, particularly for rotavirus, measles, and other preventable infections, have been a priority, alongside research into vaccine coverage and hesitancy. Additionally, efforts have been directed towards enhancing surveillance systems, improving diagnostics, and developing rapid response strategies to outbreaks of emerging viruses. Overall, research in this area aims to mitigate the burden of viral infections on pediatric populations in resource-limited settings.

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