



Joint Event on
**Public Health World
Conference 2025**, and
3rd Edition of
**World Nursing Research
Conference 2025**

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DAY 1

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KEYNOTE PRESENTATIONS





Artificial Intelligence Enhanced Kiosk Use to Improve Access to Primary Care

Joseph L Braun*

Orlando College of Osteopathic Medicine, USA

Artificial Intelligence has the potential to enhance healthcare provision, particularly in low-resource settings, underserved populations, and remote areas where access to healthcare is limited. This study proposes the deployment of AI-equipped medical kiosks capable of performing many tasks typically handled by primary care providers. These tasks include taking a history, performing basic physical examinations, conducting rudimentary laboratory testing, and generating a differential diagnosis. A critical function of these kiosks will be to assess whether a patient requires further consultation with an in-person provider or specialist to ensure comprehensive medical care. The kiosk will be integrated with a comprehensive care system to ensure that any necessary care is provided.

The initial testing phase will take place in Polk County, Florida, a region with a unique demographic profile. The county has a rapidly growing population, with a significant portion consisting of older, retired individuals who rely on Medicare. At the same time, Polk County is experiencing a shortage of healthcare providers, particularly in primary care, and its medical resources are unevenly distributed. This has led to significant challenges in accessing care, even for those with insurance and financial means.

To address these gaps, the study will explore the deployment of AI-powered kiosks—either permanently or as portable units—in strategic locations to enhance healthcare access and alleviate pressure on the existing medical infrastructure.

Biography

Joseph L. Braun, MD, JD, MPH, MBA, M.Div., is a highly accomplished educator, physician, and attorney with extensive experience in law, medicine, health policy, and bioethics. He has taught and practiced in diverse settings, bringing a multidisciplinary perspective to his work. His expertise also extends to biomedical engineering, particularly in the ethical and practical integration of emerging technologies, such as artificial intelligence, into the healthcare field.

Dr. Braun is an Assistant Professor at the Orlando College of Osteopathic Medicine and an Adjunct Professor at Sacred Heart University. In addition to his academic roles, he leads a medical-legal consulting firm, providing expert guidance on complex healthcare and legal matters.

A retired United States Air Force officer, Dr. Braun continues to contribute to the advancement of healthcare through his research, teaching, and advocacy for the responsible adoption of technology in medicine. He also leads medical service missions to remote areas of the globe.



Trends in Exposure to Respirable Dust and Respirable Crystalline Silica Among Lithium Mine Workers in Western Australia

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Curtin University of Technology, Australia

Background: Exposure to respirable dust (RES) and respirable crystalline silica (RCS) is a common occurrence in mining operations and is associated with various health effects, including pneumoconiosis, chronic obstructive pulmonary disease (COPD), interstitial pulmonary fibrosis, silicosis, lung cancer, and renal disease.

Methods: This study utilized industry occupational exposure data for respirable dust from two surface lithium mines in Western Australia, spanning the period from 2017 to 2023. A total of 1,122 samples were collected in workgroups across four departments: administration and support, mining, crushing and processing, and maintenance.

Results: The study found that the overall RES concentration did not exceed the exposure standard. However, Crusher Dry/Wet Plant Personnel (0.558 mg/m³) and Workshop Boilermakers (0.842 mg/m³) recorded elevated exposure to RES. The highest mean exposures for RCS over the seven-year study period were measured for Management Administration and Technical personnel (0.068 mg/m³), followed by Crusher Dry/Wet Plant Personnel (0.042 mg/m³), exceeding the exposure standard (ES). Maximum results for both RES (15.00 mg/m³) and RCS (2.50 mg/m³) indicated exceedances.

Conclusion: The study demonstrated a decline in exposure to RES over the seven-year study period, from 0.472 mg/m³ to 0.151 mg/m³, with a slight increase in 2019 and 2022. A decline in the concentration of RCS was observed between 2019 and 2021, followed by a rise after 2021. The mean concentration of RCS exceeded the exposure standard in 2023. Based on the study results and the established adverse health effects associated with exposure to silica, various control measures should be considered to protect workers from RCS exposure.

Keywords: Exposure, lithium mining, respirable dust, silica

Biography

David is a certified occupational hygienist with a background in risk management, toxicology, and leadership development. He is also a public health researcher and a doctoral candidate in Philosophy at Curtin University of Technology, Western Australia.

He started his career with BHP and then worked for South32. His current employer is Mineral Resources Limited, where he manages the occupational hygiene and radiation team to define and control workplace health exposures, aiming to prevent occupational illnesses.

David is passionate about the role of science in driving human civilisation, and the prevention of harm to human health and the environment. He is also passionate about the transformative power of leadership and governance in advancing human progress.

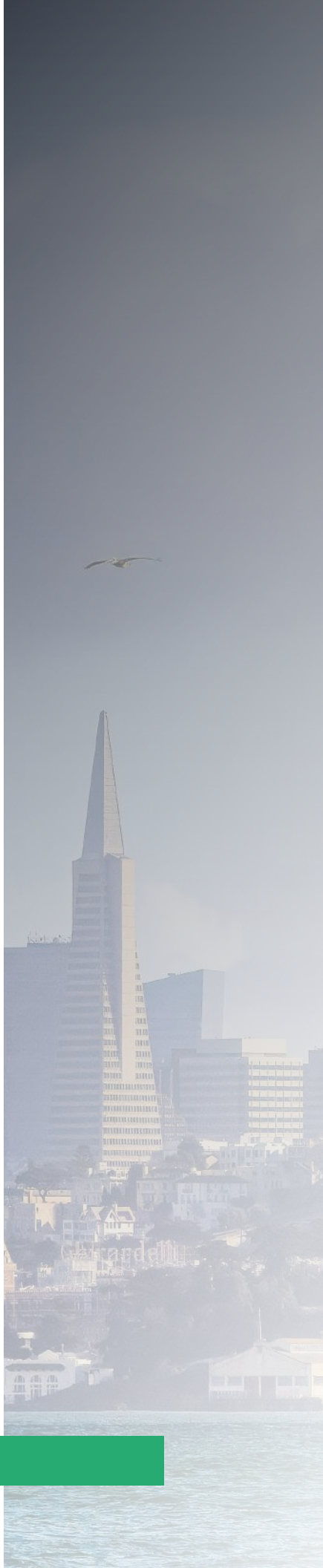


DAY 1

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ORAL
PRESENTATIONS





New Beginnings and Old Wounds: A Qualitative Exploration of the Dual Transition Process of Young Refugees in Norway

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Background: Young refugees face the unique challenge of navigating two simultaneous transitions: growing up while adapting to life in a new country. This study examines the impact of these intertwined journeys on psychological processes, including vulnerability, resilience, acculturation, integration, meaning-making, and identity formation, among individuals who arrived in Norway as child and adolescent refugees.

Methods: We conducted in-depth life story interviews with eight participants (four women and four men) aged 21-45 who had arrived in Norway between the ages of 8 and 17 and had lived there for 13-30 years. Using explorative-reflexive thematic analysis with a hermeneutical-phenomenological foundation, we examined how participants constructed narratives about their experiences of vulnerability, personal growth, and integration.

Results: Two overarching themes emerged: "the opportunity for a new beginning" and "the pain of loss and overwhelming life events." Within these themes, four subthemes illuminated different facets of the refugee experience: (1) "A new world: First encounter with Norway," capturing initial uncertainty and ambivalence; (2) "The backstory that makes you vulnerable," describing how past trauma continues to influence present functioning; (3) "Finding belongingness through hard work: Schooling and career," highlighting education as a pathway to integration; and (4) "Gratitude for opportunities: Contrasting actual and potential life outcomes," revealing how participants made meaning by comparing their current lives with imagined alternatives.

Discussion: Our findings illustrate how young refugees navigate an existential tension between hope for a better future and the lingering impact of traumatic experiences. This "dual transition process" involves simultaneously traversing typical developmental milestones while adapting to a new cultural context. Participants' narratives revealed how successful integration flourished not through individual grit alone, but through the vital presence of caring communities and strong institutions that helped contain existential anxiety and foster meaningful connection.

Conclusion: Understanding the dual transition process of young refugees has important implications for public health policy and practice. Support systems should address both the immediate wounds of displacement and more profound existential questions about identity and belonging. By recognizing how vulnerability and resilience intertwine in the refugee experience, we can better foster conditions that promote long-term well-being and meaningful integration in host societies.

Biography

Per-Einar Binder is a professor at the Department of Clinical Psychology at the University of Bergen, Norway. He brings extensive experience in qualitative research methods and maintains a keen interest in existential approaches within theoretical and philosophical psychology. His research explores narrative identity, psychotherapeutic change processes, and the influence of personal stories on psychological growth and therapeutic transformation. With 30 years of clinical practice, Professor Binder has worked with children, adolescents, and adults throughout his career.



From Lived Experience to Helper Identity: How Refugee Peer-Helpers Transform Personal Experiences into Professional Resources in PM+

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Background: Problem Management Plus (PM+) is a low-intensity intervention aimed at enhancing mental health and well-being among newly arrived refugees (clients) and is delivered by peers with a former refugee or migrant background (helpers). This study investigates the research question: How do peer helpers use experiences from their own lives as a resonance when working with PM+ clients?

Method: Data were collected through eight individual life story interviews with seven female and one male helper, spanning an age range of thirty-three to sixty-two. The helpers had backgrounds from Middle Eastern countries, Eastern Europe, and Africa, and had lived in Norway between thirty-two and three(?) (?) years. Four had backgrounds from voluntary migration, and four had backgrounds from forced migration.

Grounded in social constructivist theory, which posits that truth emerges through interpersonal interaction and contextual influences, this research employed life story interviews with eight helpers working across two Norwegian municipalities. Data analysis utilized Reflexive Thematic Analysis to identify thematic patterns.

Results: Preliminary findings revealed three key themes: Transformation of personal struggle into professional strength, where the helpers' former painful experiences seemed to be understood as a resource in their meetings with the clients, which created a sense of meaning to the helpers' adverse experiences. The second theme From Personal Resistance to Professional Empowerment: Helper Identity Shaped Through Experiences of Gender Oppression discusses how the helpers' desire to strengthen women's rights and their own experiences of relational and structural female oppression could contribute to the recognition of different forms of gender-based violence and thus contribute to social support for female clients. The third theme, Empathetic Resonance Through Shared Adversity, examines how the helper's resilience in surviving oppression and poverty, their desire to promote social equality, and their recognition of clients' adverse experiences seem to foster both respect and an empathetic understanding of the clients' struggles.

Conclusion: The initial conclusion suggests that the helper's recognition of their clients' adverse experiences related to adaptation to life-altering changes and different forms of oppression could provide a sense of meaning through helping clients. The growing knowledge of PM+ shows that the intervention can reduce the mental health burden among clients. This study suggests that helpers might also benefit from their role as helpers.

Biography

Mathea Homme is a PhD research fellow in psychology at the University of Bergen, Norway. She is involved in the project "PM+ evidence-based intervention for problem management among refugees (PEIL-FORSK)". The project aims to explore whether former refugees, through training and guidance from authorized healthcare workers, can contribute to better psychosocial health among newly arrived refugees in Norway. Other research interests include health behavior and health promotion, sexual health and diversity, and cultural diversity and inclusion.



A Copper Detoxification System in Uropathogenic *Proteus* *Mirabilis*

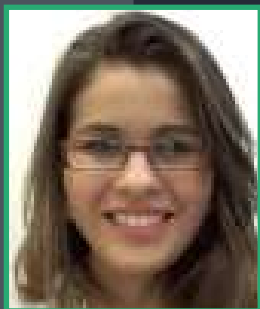
Shwu-Jen Liaw* and Hsuan-Hsuan Chen

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Copper, an essential trace element for all lives, is toxic when accumulated in excess. Thus, bacteria evolve copper detoxification systems to maintain copper homeostasis. Copper is also a member of the human innate immunity. For *Proteus mirabilis*, an important uropathogen often causing catheter-associated urinary tract infections, the approaches to maintain copper homeostasis remain unclear. Using Tn5-mutagenesis, we isolated *cueO* and *cueR* mutants which exhibited more sensitive to copper than the wild-type. The *cueO* gene, encoding a periplasmic multicopper oxidase, belongs to COG category of cell division and chromosome partitioning. The *cueR* gene encodes a copper-responsive transcriptional factor. Transcriptomic analysis revealed that, *cueO* expression increased 11-fold under the copper stress. We then investigated the role of *cueO* in cell differentiation and found that overexpression of *cueO* decreased swarming motility and swarmer cell length, while *cueO* mutant had increased swarming motility and cell length compared to wild type, suggesting that *cueO* may play a role in cell differentiation in *P. mirabilis*. In addition, we found *cueO* mutant showed decreased tolerance to oxidative stress and killing by macrophages and reduced ability to adhere and invade urothelial cells, which correspond to the lower colonization in the mouse urinary tract compared to the wild type. Mouse colonization assay also revealed lower colonization ability of *cueR* mutant. We further showed the copper-induced expression of *cueO* through *CueR*. Interestingly, we found that aldehydes such as methylglyoxal can decrease *cueR* mRNA level and uplift bacterial susceptibility to copper. In summary, a copper detoxification system made of *CueO* and *CueR* was found in *P. mirabilis*. Besides copper homeostasis, *CueR* and *CueO* also participated in virulence. To our knowledge, this is the first report disclosing the role of *P. mirabilis* copper detoxification system in virulence.

Biography

I am a professor of Department of Clinical Laboratory Sciences and Medical Biotechnology, College of Medicine, National Taiwan University, Taipei, Taiwan. Our lab has been engaged in the study of uropathogenic *Proteus mirabilis*, investigating drug resistance, virulence factor expression, pathogenesis, gene regulation and signal transduction for more than 10 years. *P. mirabilis* is an important pathogen of the urinary tract. We found that the bacterial two-component system, small regulatory RNAs and sigma factors such as RpoS, RpoN and RpoE are involved in the virulence of *P. mirabilis*. I was always invited as a conference speaker for our significant findings. Recently, we found copper homeostasis is associated with virulence factor expression.



Consumption of Ultra-Processed Foods, Quality of Life and Mental Health of Brazilian Federal Education Network Employees

Priscilla Rayanne e Silva^{1*}, Isabela Fernanda Rodrigues de Oliveira¹, Nicolli Godoi Pereira¹, Leonardo Mateus Teixeira de Rezende¹, Woska Pires da Costa¹ and Matias Noll^{1,2}

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Exploring the connection between ultra-processed food consumption and the quality of life (QoL) and mental health of educational employees can provide valuable insights into their overall well-being. This study aimed to evaluate the influence of food-related factors on the QoL and mental health of employees within the Brazilian Federal Education Network. This cross-sectional epidemiological study was conducted in 2022, with 1,563 participants. We used the WHOQOL-bref, DASS-21, PeNSE, and a self-developed sociodemographic questionnaire. The results showed that female participants had poorer mental health, showing higher symptoms of depression ($p=0.010$) and anxiety and stress ($p<0.001$), and lower QoL in the physical and psychological domains ($p<0.001$) compared with male participants. The older age group (>53 years) indicated higher QoL in the psychological ($p<0.001$) and environmental ($p<0.015$) domains, with differences in mental health-related symptoms ($p<0.001$), compared with the younger age group. Higher levels of education were related to higher QoL in the psychological and environmental domains ($p<0.001$). The consumption of ultra-processed foods, sodas, and sweets were negatively associated with mental health ($p<0.001$), as was the consumption of fried snacks, which indicated higher symptoms of depression ($p=0.002$), anxiety ($p=0.006$), and stress ($p<0.001$). Conversely, the consumption of healthy foods (vegetables and fruits) was related to better QoL in all domains ($p<0.001$). These results emphasize the need for interventions that not only encourage healthier eating habits, such as increased consumption of nutritious foods, but also promote a reduction in the intake of ultra-processed foods, in order to enhance the mental health and overall quality of life of Brazilian educational employees. SAMPLE ABSTRACT TEMPLATE

Biography

PhD in Sciences from the University of São Paulo and master's degree in Collective Health from the Federal University of Goiás. Bachelor's degree in nutrition from the Pontifical Catholic University of Goiás. Collaborate with the Research Group on Child and Adolescent Health (GPSaCA - <https://www.gpsaca.com.br>).



Exploring the Association Between Digital Health Literacy and Journalists' Mental Health during the Covid-19 Pandemic in Serbia

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⁵Ministry of Health Republic of Serbia

⁶Institute for Statistics, Faculty of Medicine, University of Belgrade, Serbia

Introduction: The aim of this study was to examine the association between digital health literacy with burnout and depression among journalists in Serbia.

Methods: The cross-sectional study included total of 180 journalists working on televisions with national coverage in Serbia. The instrument used was a questionnaire with four sections.

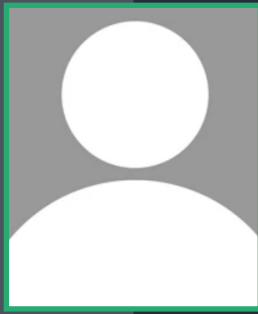
Results: For the EE, perceived health status and protecting privacy subscale were significant predictors of burnout, after adjusting for age and gender. Within the DP subscale, vaccination status was a significant factor. For the PA variables identified as significant predictors were sex, socioeconomic status, alcohol consumption, and information searching subscale. Multivariate logistic regression analysis showed that men have a lower risk of depression compared to women, journalists with better health status demonstrated a decreased likelihood of depression, and journalists who used sedatives were found to have a higher risk of experiencing depression. A lower score on the information searching subscale was linked to a higher risk of depression, and journalists with lower scores on the protecting privacy subscale tended to have a higher risk of depression.

Conclusion: Promoting digital health literacy among journalists can significantly impact their well-being and efficiency in work during crisis situations such as a pandemic.

Biography

Ivana Bozovic, PhD, is a distinguished public health expert with a robust academic background, including a PhD in Public Health and a master's in public health from the Faculty of Medicine in Belgrade. She also completed her medical studies at the same institution and passed the state examination with the Ministry of Health, confirming her qualifications in the healthcare field.

Dr. Bozovic has received multiple acknowledgments for her significant contributions to public health in Serbia. In 2024, she was recognized for supporting preventive skin examinations and melanoma detection. She has also been commended for promoting HPV immunization and advancing mental health services in the country. Additionally, Dr. Bozovic has played an instrumental role in enhancing services for babies and parents, contributing to developing essential healthcare initiatives to improve community wellbeing.



Of Course, You Get Depression in this Situation”: Explanatory Models Among Afghan Refugees in Camps in Northern Greece

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University of Bergen, Norway

Background: Afghan refugees and asylum seekers are among the largest groups residing in camp settings in Greece. Despite experiencing significant psychological distress, they face substantial barriers to accessing appropriate mental health care. Explanatory Models (EMs) offer a context-sensitive framework for understanding the differing perspectives of health professionals, refugees, and NGOs operating in the field. This study aims to explore how Afghan refugees perceive and explain depression and psychological distress, as well as how these perceptions influence their coping strategies and help-seeking behaviors.

Methods. This qualitative study involved six vignette-based, semi-structured focus group discussions with Afghan refugees and asylum seekers (N = 19; 12 females, 7 male) primarily residing in camp settings in Northern Greece. The vignette depicted a fictional individual exhibiting symptoms of depression consistent with DSM-5 and ICD-10 criteria. The interviews were recorded, transcribed, and analyzed using template analysis.

Results. Explanatory Models of depression were linked to Pre-Migration Traumatic Experiences (PMTE) and Post-Migration Living Difficulties (PMLD) within camp settings. Female participants emphasized gender-based and domestic violence as major contributors to psychological distress, while male participants highlighted conflict and persecution. Life in the camp—characterized by inactivity and uncertainty about the future—was widely perceived as a significant risk factor for psychological distress among both genders. Regarding coping strategies, female participants primarily focused on mobilizing collective resources within the camp, such as women's safe spaces that facilitate emotional support. Male participants, on the other hand, emphasized self-empowerment and solution-oriented coping strategies. Both groups highlighted the value of peer-helper roles in fostering mental well-being.

Conclusions. The findings underscore the potential benefits of community-based psychosocial approaches in supporting and promoting mental health within refugee camps. Additionally, the results can inform policies and practices aimed at improving Afghan refugees' access to appropriate mental health care. Further research is needed to evaluate the effectiveness of such interventions in this context.

Biography

Gro Mjeldheim Sandal is a (full) professor in psychology and the leader of Society and Workplace Diversity research group. She is trained as a clinical psychologist and holds a Ph.D in psychology. She is particularly interested in how people cope under extreme environmental conditions and countermeasures that might enhance mental health and function in these contexts. Her current research encompasses the mental health, well-being, and integration of displaced populations in urban and camp settings. She is particularly interested in how social and mental health service in receiving countries can be tailored to meet the needs of refugees.



The Effects of Chronic Exergaming Intervention on Neuropsychological Performance and Cerebral Blood Flow in Middle-Aged and Older Adults During Dual-Task Conditions

Wen-Yi Chen* and Chia-Liang Tsai

Institute of Physical Education, Health and Leisure Studies National Cheng Kung University, Taiwan

Objective: As people age, cognitive function gradually declines, increasing the risk of developing diseases such as dementia. Previous studies have shown that exercise has the potential to induce structural and functional brain plasticity and improve cognitive function in older adults. In recent years, exergaming—combining video games with exercise—has emerged as a novel form of physical activity, offering greater variety and engagement. However, most research on exergaming has primarily focused on cognitive performance and hemodynamic response in single-task conditions, with limited exploration of these two indices during dual-task conditions. Therefore, this study aimed to investigate the effects of chronic exergaming on neuropsychological performance and hemodynamic changes in middle-aged and older adults while performing dual tasks.

Methods: Thirty-three participants (male = 12; female = 21) were enrolled and randomly assigned to either the exergaming (EG) group or the traditional aerobic exercise (TAE) group. The eight-week intervention consisted of three 30-minute sessions per week. Measurements were conducted pre- and post-intervention using functional near-infrared spectroscopy (fNIRS) to record changes in hemoglobin concentration while participants performed the Stroop task at their preferred and fast walking speeds. Additionally, Stroop task accuracy was recorded to assess neuropsychological performance.

Results: During the cognitive test at the preferred walking speed, both the EG and TAE groups showed significant improvements in neuropsychological performance after eight weeks of exergaming and traditional exercise interventions ($P_s < 0.001$), with no significant difference observed between the two groups post-intervention ($P = 0.492$). In addition, both groups exhibited significant declines in PFC activation ($P_s < 0.001$).

However, the EG group demonstrated significantly less PFC activation compared to the TAE group post-intervention ($P = 0.002$). During the cognitive test at the fast-walking speed, both the EG and TAE groups exhibited significant improvements in neuropsychological performance following the interventions ($P < 0.001$), with no significant difference observed between the two groups post-intervention ($P = 0.089$). However, although both groups exhibited significant declines in PFC activation ($P_s < 0.001$), the EG group showed significantly less activation compared to the TAE group post-intervention ($P = 0.040$).

Conclusion: Both exergaming and traditional aerobic exercise interventions effectively enhanced neuropsychological performance and PFC activation in middle-aged and older adults under dual-task conditions. While improvements in neuropsychological performance were comparable between the two groups, exergaming demonstrated a greater effect on PFC activation. These findings suggest that exergaming may provide additional neurocognitive benefits beyond traditional aerobic exercise in this population.

Biography

Wen-Yi Chen obtained bachelor's degree in physical therapy and is currently pursuing a master's degree in Institute of Physical Education, Health and Leisure Studies of National Cheng Kung University. Currently, her research investigates how exercise intervention can enhance the well-being and quality of life of elderly individuals. She wishes to contribute to the field by advancing knowledge and practices that support the physical and mental health of the elderly population.



Food Poisoning Outbreak Caused by Salmonella in Jazan - Saudi Arabia June 2024

Yazeed Alharbi*

Ministry of Health, Saudi Arabia

Background: Food poisoning is becoming a very important health problem both internationally and in the Kingdom of Saudi Arabia (KSA). The salmonella species is the most important pathogen and poses significant global public health risk.

Objectives: This report aims to provide a detailed explanation of the outbreak, its effects, and the actions taken to address and prevent future occurrences.

Methods: a cross-sectional study, using questionnaire data gathered from 164 people to evaluate instances of food poisoning in Jazan province was conducted. Interviews with affected individuals were performed and a sample for a stool lab test from them had taken. Additionally, Laboratory investigation of food samples was taken. Collection of tests such as throats swabs, nasal swabs, skin swabs and stool lab test were taken from 14 restaurant workers was performed.

Results: 164 people aged from 11 months old to 53 years old went to the emergency department in different hospitals in Jazan Province which are (Abu Arish General Hospital - King Fahad Central Hospital - Sabya General Hospital - al hakami medical group - Alemies Hospital) between 17th to 20th of June 2024. They were suffering from symptoms of nausea, vomiting, abdominal pain, fever, headache and diarrhea. On day 17th and 18th of June 2024, they ate from Restaurant which located in Abu Arish city includes (Grills, Broasted chicken, Shawarma, Appetizers, Musaqah, Rice, Pizza and Fatayir). Around 70 patients underwent to laboratory investigation for stool culture test. Salmonella germs were identified in 30 cases of 70 cases that were gone under stool lab investigations. Foods in the restaurant were tested for Salmonella, and all came negatively but improper storage may be the cause of this outbreak. Also, 14 restaurant workers were tested for Salmonella and all came negative result.

Conclusion: Based on the findings of the investigation, Authority fined the Restaurant to avoid future ones; the restaurant should follow proper food handling and sanitary measures.

Keywords: Salmonella, outbreak, food poisoning, restaurant.

Biography

Clinical Epidemiologist & Physician Currently pursuing advanced studies in Epidemiology and Public Health (FETP program), with a focus on the prevention, surveillance, and control of diseases at the population level. I have gained expertise in data management, statistical analysis, and field epidemiology, particularly through involvement in disease outbreak investigations. I have contributed to managing outbreaks by providing clinical care, conducting epidemiological surveillance, and assisting with control measures.



The Role and Opportunities of Using Community Pharmacists in Non-Communicable Diseases Prevention and Management Services in Zambia

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Objective: The Sub-Saharan Africa region has the highest hypertension prevalence of 30% globally. Hypertension is a key driver of cardiovascular diseases such as stroke and ischaemic heart disease in the region. In Zambia, for instance, hypertension accounted for an estimated 50% of cardiovascular diseases-related deaths in 2019. However, managing the condition remains a low priority, with inadequate hypertension screening and other cardiovascular risk factors prevention and management services at the primary healthcare level. Community pharmacists could help reduce the burden of hypertension and other cardiovascular risk factors such as diabetes and high cholesterol in such contexts. Therefore, this study aimed to explore the potential role of community pharmacists in hypertension and other cardiovascular risk factors prevention and management services in Zambia. Barriers and facilitators associated with delivering these services were explored.

Methods: An exploratory qualitative study with a constructivist approach was conducted. Purposeful and snowballing sampling were utilised to recruit participants: Ministry of Health policymakers (n=8), pharmacy academics (n=2), community pharmacists (n=22), nurses (n=4), and clinical officers (n=4) and focus group discussions with patients (n=24). Semi-structured interview and focus group guides were developed based on 1) the Consolidated Framework for Implementation Research (CFIR) version 2022, 2) gaps from a systematic review and 3) findings from the document analysis. Data collection was conducted in Lusaka Province and Ndola of the Copperbelt Province of Zambia. Interviews and focus group discussions were audio recorded and transcribed verbatim. Data was analysed using a framework analysis approach.

Results: The findings suggest that accessibility, early diagnosis, and short waiting times for patients were major facilitators to providing hypertension and other cardiovascular risk factors prevention and management services in community pharmacies. Providing these services in community pharmacies could also help decongest public (government) health facilities. Additionally, strengthening legislation and monitoring of community pharmacies, developing a standardised community pharmacy non-communicable diseases model of practice, specialist training, and enhancing public-private sector partnerships were notable facilitators.

Barriers to implementing hypertension and other cardiovascular risk factors included structural barriers (i.e. community pharmacy is delinked from the mainstream health system), lack of community pharmacy non-communicable diseases policies and regulations, lack of community pharmacists' representation at policy development level, inadequate pharmacists' practical exposure to glucose or high cholesterol testing, a lack of interest from pharmacy business owners, insufficient funding and implementation costs. A lack of access to electronic patient medical records was also a significant barrier. For instance, none of the 22 community pharmacists interviewed had access to electronic patient medical records in their pharmacy.

Recommendations: Policymakers should consider linking the private community pharmacy sector to the mainstream referral health system. The implementation of an electronic interface to allow community pharmacists to access patients' medical records and connect with public health facilities to enhance collaboration between clinicians in hospitals/health centres to provide optimal patient care. For example, the implementation of electronic information systems, such as Smart Care, being rolled out in some public health facilities. Accrediting the National Health Insurance Management Authority (NHIMA) community pharmacies near public health facilities could reduce transport costs

and challenges patients encounter to access NHIMA services in community pharmacies. Policymakers and pharmacy regulatory bodies should work towards creating policies and laws that support the expanded role of community pharmacists in reducing the burden of non-communicable diseases in Zambia.

Biography

I am a PhD Researcher in the School of Medicine at the University of Leeds.



Environmental Justice and Physical Activity Level: A Qualitative Study in Ahvaz, Iran

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Introduction: Physical inactivity in environmentally challenged cities represents a critical public health concern, particularly in regions experiencing extreme environmental conditions. While research has documented correlations between environmental conditions and physical activity levels, limited attention has been paid to how communities experience and adapt to environmental barriers, especially in non-Western contexts. This study aims to explore how residents in Ahvaz, Iran—one of the world's most polluted cities and highest level of insufficient physical activity in Iran—perceive and respond to barriers to physical activity, with particular focus on environmental justice implications.

Methods: This qualitative study employed an exploratory design utilising in-depth semi-structured interviews with physically inactive adults in Ahvaz from May to July 2024. Eligibility was determined using the International Physical Activity Questionnaire (IPAQ) short form. Purposive maximum variation sampling ensured diverse representation across socioeconomic status, gender, age, and educational backgrounds. The interview protocol underwent iterative refinement, including pilot testing with five community members to ensure cultural appropriateness and question clarity. All interviews were conducted in Persian, audio-recorded using dual devices with comprehensive field notes documenting contextual factors. Verbatim transcription in Persian was followed by member checking with 15 participants (46.8%) before professional translation to English. Data saturation was determined through iterative analysis. The analytical process employed Naeem et al.'s six-phase thematic analysis approach. Initial coding frameworks were iteratively refined through constant comparison techniques and team-based interpretive validation. Trustworthiness was established through Lincoln and Guba's criteria, including prolonged field engagement, triangulation through multiple data sources, team debriefing sessions, and cultural consultation with internationally diverse co-investigators from Jundishapur University and Kyoto University.

Results: Analysis of data from 32 participants (53.1% female, aged 19-59 years) revealed three interrelated themes: Environmental and Infrastructure Barriers (characterised by extreme climate conditions exceeding 50°C, frequent dust storms with PM2.5 concentrations surpassing safety thresholds, and severely inadequate public recreational facilities); Sociocultural and Individual Dynamics (manifesting as gender-specific constraints particularly affecting women's outdoor activities, internalised resignation towards environmental limitations, and community-wide psychological adaptations including normalised physical inactivity); and Economic and Access Issues (encompassing direct financial barriers to access private facilities, socioeconomic disparities in residential proximity to limited green spaces, and structural inequities in resource allocation). Participants consistently expressed environmental injustice through comparative references to better-resourced urban areas and perceptions of governmental neglect. Significant behavioural adaptations included the development of alternatives to indoor activity (primarily unhealthy) and altered daily routines to cope with environmental constraints, often accompanied by expressions of pessimism regarding the potential for environmental improvement.

Conclusion: This study reveals the intricate interplay between environmental stressors, sociocultural factors, and economic constraints that influence physical activity behaviours in environmentally challenged contexts. The findings contribute to a theoretical understanding of how issues of environmental justice affect health behaviours and inform practical interventions that address physical inactivity in similar settings globally.

Implications: The findings underscore the necessity for context-specific interventions, including climate-adaptive infrastructure (shaded exercise spaces), culturally responsive programming, and policy reforms that address

environmental inequities. This research offers actionable insights for addressing health disparities in rapidly urbanising regions facing environmental challenges.

Biography

Zeinab Bahrami was born and raised in Iran. Bachelor's degree in English Education and Translation in Iran, Mofid University. Master's degree in environmental health engineering from Kyoto University, Japan. Four years of background in technical translation in Iran and 2 years of technical research assistant work at the Research Institute of Humanity and Nature (RIHN) in Kyoto, Japan. I am currently a Doctor of Public Health student in Preventive.



Hamlin Fistula Ethiopia, Project Zero District by District Intervention: A Multifaceted Approach in Establishing the Current State of Obstetric Fistula and its Prevention Across Ethiopia

Hanna Tesfaye Sisay* and Carolyn Hardy

Hamlin Fistula Ethiopia, Project Coordinator, Ethiopia

Background: EDHS data estimated that in 2016 there were almost 32 thousand historic obstetric fistula (OF) cases across Ethiopia, and approximately 948 new injuries per year. Given national average treatment numbers per year of circa 1,500, it is estimated there are still likely to be just under 30,000 historic OF cases across Ethiopia in 2024. The national strategic plan for eliminating obstetric fistula notes that women's awareness of OF is only 39%, hindering efforts in preventing it.

Objectives: One of the objectives of Hamlin Fistula Ethiopia's (HFE) Project Zero (PZ) Woreda-by-Woreda (Eradication of Fistula) strategy is to understand the number of historic fistula cases in Ethiopia, as a support to patient identification and to inform Hamlin Fistula Ethiopia's prevention strategy for the future eradication of Obstetric Fistula in Ethiopia while the other objective is to raise awareness. Data and research obtained will also be shared with the Ministry of Health National Fistula Task force to support MoH's country wide strategy.

Methods: Project Zero piloted in Ale Woreda, Ethiopia in 2023 and the first intervention was in Didesa Woreda in 2024. Although it would be legitimate to employ a sample methodology and visit a selection of households, it was decided that the only way to be sure of finding all OF cases would be to carry out a survey - House to House - across Ale's 24 Kebeles with around 16,400 households and around 54,000 households in 33 kebeles of Didesa woreda.

The Survey was carried out after a week of awareness raising in each Kebele. The PZ team were supported by 620 people of which; 509 Health Development Army (HDA) and 111 Health Extension Workers (HEW) across both woredas. HEWs helped with their knowledge of the Kebele (where households were located, numbers to expect) and in communicating with and organizing the HDAs.

HDAs were given specific areas to cover and used standard questionnaires for each household, which they returned to the PZ team each day. The PZ team checked each complete questionnaire with each HDA, ensuring that questions were answered in a consistent way, and checking the completeness of forms which were transcribed onto an excel database with a sample of entries double checked by PZ team.

After doing the base line assessment, a Woreda wide community awareness campaign is undertaken through into education sessions and public woreda wide communication. These sessions include definition, cause, risk factors, prevention and treatment of the OF and the utilization of maternal health care services. Power points, leaflets, t-shirts, banners, pre-recorded voice on speakers were used to raise awareness in marketplaces, schools, community gatherings and health facilities.

Results / Conclusions: 19 Obstetric Fistula and 217 Pelvic Organ Prolapse cases were found. Attendance at ante-natal clinics increased substantially during phase 1 at Ale and Didesa.

The findings in Ale Woreda are not statistically significant enough to change the national estimate. However, with 8 cases found in a Woreda only 18km from a Hamlin Treatment Centre it's unlikely that cases elsewhere are less than the national estimate.

The awareness level was raised from an average of 11% to 78% in Ale woreda and from 17% to 79% in Didesa woreda.

Following the Ale PZ intervention, HFE launched PZ in Didessa Woreda in February 2024. HFE has launched a further 2 interventions in 2025 and plans to launch 6 more in 2026 then increase PZ interventions to up to 50 interventions a year by 2030. It is hoped that over time, other institutions working in maternal health, and the Ministry of Health will become involved until every Woreda has been reached.

Biography

Hanna Tesfaye is a midwife, public health expert, and lecturer with over 9 years of experience in resource-limited health facilities and specialised hospital. In her role as a lecturer at Mettu University, she guides and inspires future midwives and has served as a gender and special needs coordinator. She has coordinated successful projects, including a national pilot's initiative. She is pursuing a PhD at the Karolinska Institute in the Women's and Children's Health department. She is passionate about empowering women and positively impacting the world.



DAY 2

Joint Event on
**Public Health World
Conference 2025**, and

3rd Edition of
**World Nursing Research
Conference 2025**

KEYNOTE
PRESENTATIONS





Postpartum Realities in New Parents (Depression & Anxiety)

Stephen-Claude Hyatt*

Clinical Director at CALM International, Singapore

The transition to parenthood can be both a joyful and deeply challenging experience. This presentation, *Postpartum Realities in New Parents*, explores the often-overlooked psychological impact of childbirth on both mothers and fathers, with a specific focus on postpartum depression (PPD) and postpartum anxiety (PPA). Drawing on clinical insights and psychological research, Dr. Stephen-Claude Hyatt delves into the biological, emotional, and social factors that contribute to these conditions.

Attendees will gain a foundational understanding of the symptoms, causes, and diagnostic criteria of PPD and PPA, as well as the practical treatment protocols used to manage them — including cognitive behavioral therapy (CBT), pharmacological interventions, and integrative approaches like mindfulness and support groups. The session also encourages open reflection on the emotional realities of becoming a parent, with the goal of reducing stigma and improving mental health outcomes for new families. This presentation is especially relevant for organizational leaders, HR professionals, and clinical practitioners seeking to support the holistic well-being of employees while navigating early parenthood.

Biography

Dr. Stephen-Claude HYATT, a clinical health psychologist and trauma expert, has worked with patients worldwide, including those impacted by the Tianjin chemical explosion and families of those on Malaysian Airlines MH370. He served as the former head of the Mental Health Department at International SOS and was part of the trauma response team at the Jamaican Ministry of Education. Dr. Hyatt is a member of the Jamaican Psychological Society (JPS) and the American Psychological Association (APA). He is currently the co-founder and Clinical Director of CALM International.



The Positive Feedback Loop of HIF-1 α /miR-295/FIH-1 in Hyperuricemic Nephropathy

Jiali Wei^{1*} and Yuhan Ma²

¹Department of Nephrology, Hainan General Hospital (Hainan Affiliated Hospital of Hainan Medical College), China

²PSB Academy, Singapore

Background: Hyperuricemia is a common metabolic disorder and a risk factor for multiple diseases, including chronic kidney disease (CKD). Hyperuricemic nephropathy (HN) affects many individuals with hyperuricemia, yet its molecular mechanisms are not fully understood, and effective treatments are lacking.

Methods: In vitro, human tubular epithelial cells (HK-2) were exposed to uric acid for 36 hours, followed by transfection with microRNA mimic or FIH-1 siRNA. In vivo, HN was induced in mice using potassium oxonate (PO) and adenine (Ad) for two weeks. miR-295 mimic or anti-miR-295 was administered via tail vein injection, and mice were sacrificed for analysis.

Results: We demonstrated a significant increase of miR-295 in renal tubular cells in HN mice. Hyperuricemia led to the activation of hypoxia inducible factor-1 α (HIF-1 α), and the inhibition of HIF-1 α by YC-1 (a HIF-1 α inhibitor) prevented the increase of miR-295. ChIP assay further verified HIF-1 α binding to the miR-295 gene promoter directly. Functionally, inhibition of miR-295 led to increased cell death and tubulointerstitial fibrosis in HN mice, whereas supplementation of miR-295 mimic had kidney protective effects in this model. miR-295 suppressed the expression of factor inhibiting hypoxia-inducible factor-1 (FIH-1) in both in vitro and in vivo models of HN. Luciferase microRNA target reporter assay further verified FIH-1 as a direct target of miR-295. In addition, the knockdown of FIH-1 inhibits tubular cell apoptosis and profibrotic cytokines production in HK2 cells during uric acid treatment.

Conclusion: This study reveals a HIF-1 α /miR-295/FIH-1 positive feedback loop that regulates tubular damage and fibrosis in HN.

Biography

Dr. Jiali Wei is a highly respected nephrologist and Professor of Medicine, currently serving as the Director of the Department of Nephrology at Hainan General Hospital. With extensive experience in clinical practice, research, and medical leadership, Dr. Wei has made significant contributions to the advancement of nephrology in China.

She also serves as the Director of the Hainan Province Nephrology Quality Control Center, where she plays a pivotal role in improving nephrology care standards across the region. As Chairman of both the Nephrology Society of the Hainan Medical Association and the Kidney Disease Alliance in the Beibu Gulf Rim, Dr. Wei is deeply involved in fostering collaboration and innovation in kidney disease management.

In addition to her regional leadership roles, Dr. Wei is an Executive Committee Member of the Nephrology Branch of the Chinese Medical Doctor Association and a Member of the Nephrology Branch of the Chinese Medical Association, reflecting her national influence and commitment to excellence in the field of nephrology.



Hao-Ming Hsiao^{1*}, Lin-Han Lin¹, Peng-Jie Wang¹, Ching-Chang Huang², Hsien-Li Kao², Yun-Rui Lin¹ and Ting-Wei Lan¹

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Stroke is a global leading cause of death. Carotid artery stenosis (CAS) is an early indicator of stroke. Currently, carotid Doppler ultrasound is the preferred option for assessing CAS risk, but it is impractical to do so for the screening purpose. In this paper, the PulStroke program was initiated to transform the video motion analysis (VMA) developed by the authors into a potential commercial product, with the goal of completing the entire CAS screening process quickly. PulStroke is the world's first fully automated screening device for carotid artery stenosis. A user records a 20-second video clip using the device and, with just one simple screen touch, the video clip is automatically uploaded to the cloud for the CAS risk assessment. VMA analyzes the video clip and sends a risk report back to the user's account in just 5 minutes. VMA technology is able to extract useful features from subtle pulsation on the neck and classify CAS and non-CAS subjects with acceptable sensitivity and specificity. This paper presents the methodology used to advance the technology readiness level from TRL 1 to TRL 6, highlighting the evolution of the PulStroke device from concept to product. As part of the technology maturity process, the PulStroke device was evaluated with target users invited to participate in the usability testing. This was crucial in assessing the PulStroke device's safety, effectiveness, and practicality in real-world settings. Most users found the PulStroke to be fully functional and easy to use, with a satisfaction rate of more than 88%. This strong approval indicates its user-friendly design and full potential to make an impact in medical society. The PulStroke device could be incorporated into future clinical practice to provide the general public with quick and cost-effective CAS screening for the first time. PulStroke screening outcomes will allow early interventions (lifestyle changes, medicine, or surgery) for millions of people, reducing healthcare costs and improving survival rates around the globe.

Biography

Professor Hsiao is a distinguished scholar in the field of mechanical engineering at National Taiwan University, specializing in medical devices and AI imaging. He is also an entrepreneur, founding a start-up company Pulxion Medical Technology to transform his research into medical products. He has received numerous accolades, including prestigious National Innovation Awards five times and the Future Tech FUTEX Award. In addition to his academic achievements, Professor Hsiao has played a pivotal role in shaping national technology policies by serving as chair for key government programs. His leadership has significantly contributed to advancing medical technology and fostering innovation in engineering.

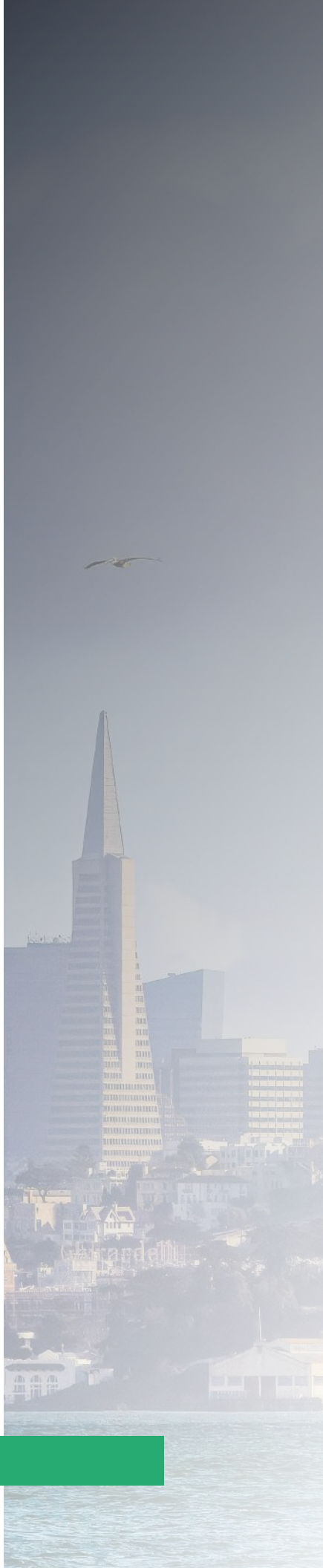


DAY 2

Joint Event on
**Public Health World
Conference 2025**, and

3rd Edition of
**World Nursing Research
Conference 2025**

ORAL
PRESENTATIONS





Family Planning Awareness Among Never Married Adolescent Girls in Bangladesh

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Objectives: This study aims to assess family planning (FP) awareness among never married adolescent girls (NMAGs) in Bangladesh and evaluate the effectiveness of existing FP programs and initiatives in addressing their needs through a structured policy analysis framework.

Methods: This study utilized a secondary analysis of data from the Bangladesh Adolescent Health and Wellbeing Survey (BAHWS) 2019–20, the first nationally representative survey targeting adolescents aged 15–19 in Bangladesh. Bivariate and multivariable logistic regression models were applied to identify sociodemographic factors associated with FP awareness. Furthermore, the study employed the Centers for Disease Control and Prevention (CDC) policy analysis framework to systematically evaluate national policies, programs, and strategies implemented since 2012—including the National Adolescent Health Strategy (2017–2030), the Bangladesh National Adolescent Strategy (2020), and flagship projects such as Advancing Adolescent Health (A2H) and Shukhi Jibon—with a specific focus on their inclusivity and effectiveness for NMAGs.

Results: Approximately 75% of NMAGs reported awareness of at least one modern FP method. Awareness was notably higher among adolescents in the highest wealth quintile (79%) compared to those in the lowest quintile (74%). Regionally, the western area exhibited greater FP awareness (83%) compared to the eastern region (67%). Multivariable analysis identified age, educational attainment, wealth index, access to mobile and internet services, and exposure to adolescent programs as significant predictors of FP awareness. The CDC policy analysis underscored a critical policy gap, revealing that aside from the A2H initiative, no other national programs or strategies specifically addressed FP awareness among NMAGs in Bangladesh.

Discussion: This study provides novel insights into the sociodemographic disparities influencing FP awareness among NMAGs in Bangladesh. The findings highlight that despite existing national strategies; significant policy gaps persist in addressing the specific needs of NMAGs. The absence of targeted interventions beyond the A2H program indicates missed opportunities to promote sexual and reproductive health (SRH) education within this demographic. These results underscore the urgency for a comprehensive, multi-sectoral approach that integrates FP education into broader adolescent health initiatives. Strategic collaboration between government bodies and development partners is essential to develop inclusive, evidence-based interventions that empower NMAGs with the knowledge and resources necessary for informed reproductive health decisions.

Conclusion: The study emphasizes the critical need for tailored, evidence-based policies to enhance FP awareness among NMAGs in Bangladesh. Future initiatives should prioritize inclusivity and adaptability, integrating FP education into adolescent health programs and bridging existing policy gaps. Such efforts are vital to safeguarding the sexual and reproductive health and rights of adolescents.

Biography

Sumaiya Nusrat is a physician and data enthusiast with an MBBS and a master's in applied Statistics. Her passion for numbers guided her transition from clinical practice to analytics. With a strong focus on adolescent and reproductive health, she applies her analytical expertise to explore diverse datasets, generate evidence-based insights, and drive public health solutions. Nusrat is committed to bridging the gap between research and real-world impact, using her writing to aware public and inspire stakeholders to spearhead large-scale interventions for significant health challenges.



Community Awareness and Community Driven Health Promotion for Disease Prevention and Control Through a Healthy Environment Linking with Community Based Surveillance in Bangladesh

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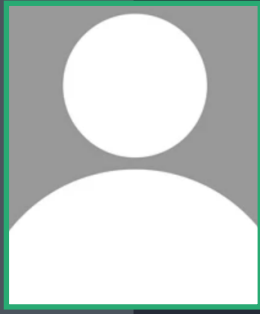
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Bangladesh is a densely populated country with several public health challenges like poor waste management, environmental pollution, inadequate health education, and overall weak urban health system. Sustainable actions are required for health system strengthening. Community stepping up for awareness program, health promotion activities and environmental cleaning campaign is a unique example of community engagement and empowerment contributing to reduction of administrative workload. Bangladesh Red Crescent Society (BDRCS), jointly with technical partners initiated regular community-based health campaign that includes awareness building, cleanup drives and health promotion events by the local community volunteers and gatekeepers engaging community and public authority. Started as a pilot in August 2023 at Dhaka South, Rajshahi and Sylhet City Corporations, this initiative has been applauded by the community people and local administration where BDRCS is supporting bridging gaps. Linking with Community Based Surveillance, this initiative engaged more than 35000 households to clean their surroundings as well as motivating neighbors joining cleaning campaign in the area with support of BDRCS's team and 240 trained local community volunteers. These volunteers give a door-to-door visit for health promotion by informing community with different awareness messages to prevent outbreak of diseases like dengue, acute watery diarrhea (AWD), Influenza like illness, and encourage healthy behavior practices by demonstrating hand washing, healthy eating, personal hygiene maintenance, using mosquito nets and other approaches. These campaigns are low-cost measures conducted utilizing local resources, therefore sustainable for instigating behavior change through community leadership. It has improved community engagement by mobilizing locals to take ownership of their health and environment through active participation. This is an excellent example of programmatic partnership for encouraging local health authorities to strengthen community engagement.

Biography

Dr Nazmus Sakib, is a public health professional working as Project Officer–Community-Based Surveillance (CBS) at Bangladesh Red Crescent Society under the PPP Programme. I am collaborating with government and stakeholders to implement CBS for early outbreak detection, while also contributing to epidemic preparedness, anticipatory action on health and health system resilience.



The Roles and Perspectives of An Informatics Nurses

Sarah Allabun*

Princess Nourah University, Saudi Arabia

Informatics nurses play a critical role at the intersection of healthcare and technology, driving improvements in patient outcomes, care delivery, and operational efficiency. Their expertise bridges clinical practice and information systems, enabling effective implementation, optimization, and evaluation of healthcare technologies. This paper explores the diverse roles of informatics nurses, including system integration, data management, workflow redesign, and end-user training. It also examines their perspectives on overcoming challenges such as data security, interoperability, and user adoption. By leveraging their dual knowledge of nursing and informatics, these professionals act as key facilitators of innovation and advocate for patient-centred care in an increasingly digital healthcare environment. Recognizing the value of informatics nurses is essential to achieving meaningful advancements in healthcare systems and enhancing the overall quality of care.

Biography

Princess Nourah University, Saudi Arabia

Regional Laboratory Support for Cholera Outbreak Response: Kasensero, Uganda, May 2024



Tracy Maureen Rutogire^{1,2*}, Samuel Gidudu¹, Amable Ayebale², Jackson Were³, Shem Mwebaza¹, Ritah Namusoosa^{1,4}, John Bachman Nambale⁵, David Isabirye⁶, Harriet Nambozo⁷, Gideon Ononge⁷, William Ssenyonga⁴, Francis Ongole⁴, Lilian Bulage¹, Daniel Kadobera¹ and Alex Riolexus Ario¹

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⁵Kyotera District local government, Uganda

⁶Kasensero health Center II, Uganda

⁷Masaka Regional Referral Hospital, Uganda

Background: In late April 2024, cholera cases emerged at Kasensero landing site, Kyotera District, Central Uganda, with the Ministry of Health confirming the outbreak on May 8, 2024. Regional laboratories played a pivotal role in the response, providing real-time, accurate diagnostics essential for outbreak management, transmission monitoring, and public health interventions. The team evaluated the capacity of regional laboratory systems to support sample management and ensure timely cholera sample collection and result dissemination during the outbreak.

Methods: We adapted a World Health Organization checklist to assess human resources, infrastructure, equipment functionality, and cholera logistics at Masaka Regional Referral Hospital (RRH) laboratory. A sample tracking register monitored collection, transportation, and result return times, evaluating the national transport network's activation for timely delivery to testing facilities.

Results: Masaka RRH laboratory met human and infrastructural standards, supported by functional equipment and a qualified microbiologist. However, initial shortages of rapid diagnostic test (RDT) kits and culture media hindered early response. The national transport network enabled sample delivery from Kasensero to regional and national laboratories within 24 hours, with all isolates shipped to the Uganda National Health Laboratory and Diagnostic Services (UNHLDs). Of 47 verified alerts, samples from all (100%) were cultured, with 23 (49%) positive for *Vibrio cholerae*; 33 (70%) were RDT-tested, with 15 (45%) positive for cholera antigens. Two Lake Victoria water samples tested negative for *V. cholerae*. Results reached requesters within a median of six days (range: 5–7) from collection.

Conclusion: Timely sample collection, testing, and result return supported patient management and public health interventions, supported by robust regional laboratory capacity. Despite logistic challenges, decentralizing emergency diagnostics proved critical, highlighting the need for sustained investment in regional systems to enhance cholera outbreak preparedness and response.

Biography

Tracy Maureen Rutogire is a Laboratory Leadership Fellow at the Uganda National Institute of Public Health with a master's in public health and a bachelor's in medical laboratory. "Regional Laboratory Support for Cholera Outbreak Response: Kasensero, Uganda, May 2024," highlights the role in coordinating timely laboratory services during the Kasensero cholera outbreak. I leverage my skill to enhance regional laboratory capacity, contributing to effective outbreak management and advancing Uganda's public health preparedness through evidence-based interventions.



Community Based Surveillance Protocol for Improving Preparedness, Early Detection, and Response of Disease Outbreaks in Bangladesh

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³Bangladesh Red Crescent Society (BDRCS), Bangladesh

Community-Based Surveillance (CBS) is a vital tool for preparedness and early detection of disease outbreaks in densely populated countries like Bangladesh. It offers a complementary approach to existing surveillance systems, acting as a gateway to reach remote and marginalized populations overcoming limitations of facility-based surveillance. Bangladesh Red Crescent Society (BDRCS) and Institute of Epidemiology, Disease Control & Research (IEDCR) is jointly implementing CBS under BDRCS's Pilot Programmatic Partnership (PPP), with objective of improving the early detection and response of outbreaks like dengue fever, acute watery diarrhea (AWD), influenza like illness (ILI) and unusual events at community. The piloting is being conducted in the 12 wards of three City Corporations of Bangladesh: Dhaka South, Rajshahi and Sylhet. A total of 38400 households are enrolled represent the whole ward, specially prioritizing the vulnerable areas like slums, riverbanks etc. In each ward, 20 community volunteers are identifying, recording, and reporting on the suspected cases based on community case definitions. The data is collected in real time using customized application prepared with the support of CBS technical team. A two-way reporting system is planned to be established along with formulation of a real time dashboard which will visualize the day-to-day analysis. A fortnightly report will be generated and circulated within the team and local health authorities. BDRCS unit verifying the data, further coordinating with the local health authority and National team for any required investigation. CBS links community-generated data into facility-based surveillances of Bangladesh, set alert thresholds and improve early detection and timely response of disease outbreaks. This community driven system complements Early Warning, Alert and Response System (EWARS) by community engagement, ownership, and strengthen existing health system coordination.

Biography

Dr. Immamul Muntasir is a young public health professional, a medical doctor and an MSc in Applied Epidemiology. As a graduate of FETP Advanced, he has been actively involved in managing and leading responses to various outbreaks, including waterborne, foodborne, infectious diseases, and zoonotic outbreaks. His contributions include working with the Hospital-Based Influenza Surveillance (HBIS) and conducting its evaluation from 2017-2022. His 2023 thesis focused on biosecurity and WASH practices in Live Bird Markets. He also serves as a Technical Officer for FETP (Advanced) in Bangladesh, supervises the operational wing of Public Health Emergency Operation Centre (PHEOC) and is the focal person from Bangladesh for IANPHI.



Assessing Laboratory Capacity for Sample Collection and Referral During the Anthrax Outbreak Response in Amudat District, Uganda in June 2024

Nabatta Esther^{1,2*}, Daniel Kalepon³, Samuel Gidudu¹, Sarah Acaye⁶, Gladys Nakanjjako², Hannington Katumba^{1,4}, Patrick Kwizera¹, Annet Martha Nankya^{1,6}, Rutogire Tracy^{1,4}, Joshua Kayiwa¹, Rebecca Nakidde⁵, Bahizi Gloria⁷, Thomas Nsibambi⁷, Daniel Kadobera⁷ and Alex Riolexus Ario¹

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Background: Amudat district in Uganda registered a first suspected anthrax case on December 28, 2023, from Kakworobu village and a surge of cases between January and February 2024. Anthrax outbreak was confirmed on March 15, 2024, and Ministry of Health dispatched a multidisciplinary national rapid response team on June 12, 2024, to support the response. We set out to assess the capacity of Amudat district to collect and refer samples as well as obtain results on time.

Method: We conducted a laboratory capacity assessment for selected two health laboratories using the WHO laboratory assessment tool. The key aspects assessed included human resource, sample management, bio risk management, partner and stakeholder and/or partner engagement.

Results: The assessment was done in health laboratories of Amudat hospital and Karita HCIV. Laboratory capacity to respond to anthrax outbreaks was at an average of 51%. The average indicator scores for Amudat Hospital and Karita HCIV laboratories were 54% and 47%, respectively. Biorisk management had the lowest score (0%) for both laboratories. Despite having adequate logistics for the outbreak investigation, the district, the time of assessment did not have a laboratory preparedness and response plan, sample referral register, 13% (2/15) competent laboratory workforce to collect and refer samples. We observed a TAT of 10 days from sample collection to result return.

Conclusion: The district capacity to collect and refer samples during the anthrax outbreak response was suboptimal. These is needed to develop laboratory leadership competency to enhance district capacity to collect and refer samples as well as obtain results on time.

Biography

Esther Nabatta is a Laboratory Leadership Fellow with the Uganda Public Health Fellowship Program, hosted at the National Animal Disease Diagnostic and Epidemiology Center. She holds a master's degree in Infectious Disease Management and a bachelor's degree in biomedical laboratory technology. Esther has over 8 years of experience in public health laboratory systems, with a focus on antimicrobial resistance surveillance, biosafety and biosecurity, and diagnostic stewardship. She is currently leading a project assessing compliance with biosafety and biosecurity guidelines in veterinary laboratories in Uganda, contributing to national One Health and zoonotic disease prevention efforts.



The Status of the Nurses Working in the Field of Child Health and Diseases in Implementing Their Roles and Functions, and the Factors Affecting This

Şenay Çetinkaya*

Head of Child Health and Diseases Nursing, Faculty of Health Sciences, Çukurova University, Turkey

The purpose and basic function of nursing is to help healthy or sick individuals. The research was conducted to determine the roles and functions of nurses working in child health related areas in Adana city center through their responses; to examine the implementation status of these roles and the factors affecting them. The study was conducted in the pediatric wards, emergency, intensive care and polyclinics of Çukurova University Balcalı Hospital, Adana Numune Training and Research Hospital, Adana Maternity and Child Diseases Hospital, Adana city center, between December 1, 2018, and May 1, 2019. Data were collected using 19 socio-demographic questions and the Scale for the Application of the Roles and Functions of Pediatric Nurses developed by Yüzer and Yiğit in 2005. It was determined that 20 nurses (45.4%) were in the 26-35 age group, 39(88.6%) were female, 26(59.1%) were married, 29(65.9%) had a bachelor's degree/above, and 21(47.7%) had been working for 6-15 years. It was determined that 25 nurses (56.8%) worked in the pediatric ward/surgery, 35(79.5%) received in-service training, 25 (56.8%) attended a course, and 10 (40%) had attended the course for more than 1 year. It was determined that 23 (52.3%) of them did not work willingly in the clinic they currently work in, 42 (95.5%) of them loved children and 35 (79.5%) of them felt competent in the field of child health. It was determined that 42 nurses (95.5%) wanted to participate in scientific activities in child health and wanted to receive scientific activities from faculty members, 39 (88.6%) of them played entertaining roles for children to reduce stress, and 41 (93.2%) of them played educational roles for children. A statistically significant difference was found in terms of caregiver and health protective role scores, advocate and decision-maker role score, rehabilitative role scores, and counseling role scores according to the clinic worked in ($p<0.05$). It was determined that the scores given by those working in pediatric ward/surgical clinics were statistically significantly higher than those working in pediatric intensive care.

Keywords: Child Health and Disease Nursing, Nursing, Roles and Functions, Health.

Introduction and Objective: The purpose of existence and basic function of nursing is to help healthy or sick individuals. Role is defined as 'the behaviour expected from a person in a certain position or assigned with a certain function'. Professional paediatric nurses have the responsibility to provide high quality care. The working areas of paediatric nurses include a wide range including clinics of children's hospitals, neonatal intensive care units, paediatric surgery clinics, nurseries, kindergartens, primary schools, high schools, private polyclinics and hospitals, home care centres, rehabilitation centres, kindergartens, children's villages, day care centres, child psychiatry centres and summer camps (1-5).

The aim of this study was to determine the roles and functions of nurses working in areas related to child health in Adana province centre and to examine the status of their implementation of these roles and the factors affecting them.

Materials and Methods: The study was conducted between 01 December 2018 and 01 May 2019 in Adana city centre, Çukurova University Balcalı Hospital, Adana Numune Training and Research Hospital, Adana Obstetrics and Gynecology Hospital in Turkey, in pediatric services, emergency, intensive care and outpatient clinics. The nurses who were determined by simple random sampling method were included in the study without selecting a sample. Data were collected with socio-demographic questions consisting of 19 questions and the Scale of Implementation of Roles and Functions of Paediatric Nurses developed by Yüzer and Yiğit in 2005. Factor analysis of the scale yielded an eight-dimensional scale with 63 items, and Cronbach's reliability was found to be 0.96 (6).

Data Evaluation: Statistical analyses were performed using SPSS (IBM SPSS Statistics 24) package programme. Frequency tables and descriptive statistics were used to interpret the findings. Parametric methods were used for measurement values suitable for normal distribution. In accordance with parametric methods, 'Independent Sample-t' test (t-table value) was used to compare the measurement values of two independent groups and 'ANOVA' test (F-table value) was used to compare the measurement values of three or more independent groups. Nonparametric methods were used for measurement values that were not suitable for normal distribution. In accordance with nonparametric methods, the 'Mann-Whitney U' test (Z-table value) was used to compare the measurement values of two independent groups and the 'Kruskal-Wallis H' test (χ^2 -table value) was used to compare the measurement values of three or more independent groups. Bonferroni correction was applied for pairwise comparisons of variables with significant differences for three or more groups.

Results: Twenty nurses (45.4%) were in the 26-35 age group, 39 (88.6%) were female, 26 (59.1%) were married, 29 (65.9%) had a bachelor's degree or higher, and 21 (47.7%) had been working for 6-15 years. It was determined that 25 nurses (56.8%) worked in paediatric ward/surgery, 35 (79.5%) received in-service training, 25 (56.8%) attended the course and 10 (40%) attended the course more than 1 year ago (Table 1).

It was determined that 23 (52.3%) of the nurses did not willingly work in the clinic where they were currently working, 42 (95.5%) of them liked children and 35 (79.5%) of them felt competent in the field of child health. It was determined that 42 nurses (95.5%) had a desire to participate in scientific activities in child health and wanted to receive the scientific activity from the faculty member, 39 (88.6%) exhibited the role of entertaining children to reduce stress, and 41 (93.2%) performed the role of educating children (Table 2).

A statistically significant difference was found in terms of caregiver and health protective role scores according to the clinic ($Z=-2,404$; $p=0,016$). The caregiving and health-protective role scores of those working in paediatric ward/surgical clinics were statistically significantly higher than those working in paediatric intensive care. A statistically significant difference was found in terms of advocacy and decision-making role scores according to the clinic ($Z=-1,968$; $p=0,049$). The advocacy and decision-making role scores of those working in paediatric ward/surgical clinics were statistically significantly higher than those working in paediatric intensive care. A statistically significant difference was found in terms of rehabilitative role scores according to the clinic worked in ($Z=-2,581$; $p=0,010$). The rehabilitative role scores of those working in paediatric ward/surgical clinics were statistically significantly higher than those working in paediatric intensive care. A statistically significant difference was found in terms of counselling role scores according to the clinic worked in ($Z=-2,607$; $p=0,009$). The counselling role scores of those working in paediatric ward/surgical clinics were statistically significantly higher than those working in paediatric intensive care.

Conclusion: A statistically significant difference ($p<0.05$) was found in terms of care-giving and health-protective role scores ($Z=-2.404$; $p=0.016$), defender and decision-making role scores ($Z=-1.968$; $p=0.049$), rehabilitative role scores ($Z=-2.581$; $p=0.010$), and counselling role scores ($Z=-2.607$; $p=0.009$). It was determined that the scores given by those working in paediatric ward/surgical clinics were statistically significantly higher than those working in paediatric intensive care.

Biography

Prof.Dr. Şenay Çetinkaya has 5 patent applications. These patent applications relate to medical devices. With the first of these, European and American patents were approved. She won the innovative nurse of the year award with one and a silver medal with the other. She has 1 USA, 2 German, 1 UK, 1 French, 1 Turkish patent and 3 Turkish Utility Model. Having completed her undergraduate, graduate and doctorate education in nursing at Ege University, 1 German Utility Model. Prof. Dr. Şenay Çetinkaya has been continuing to train undergraduate and graduate students of nursing for 35 years. She worked at Ege University Thoracic and Cardiovascular Surgery Intensive Care Nursing for 8 years. In 27 years of this 35-year study period, she conducted undergraduate and graduate courses in Child Health and Disease Nursing alone. She has been working as the head of the Department of Child Health and Diseases Nursing at Çukurova University for 16 years. During this time, she served as the Erasmus Faculty coordinator. Under her supervision, 21 graduate students and 5 PhD students graduated. There is an international book editor (1 book), a book chapter author (6 book chapters), a national book chapter (9 book chapters). She has been published in SCI journals (14 original research articles), international peer-reviewed journals other than SCI (26 articles), and national (33 articles).



Enhancing Dengue Detection at Community: A Pilot Study on Community Based Surveillance in Bangladesh

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Mohammad Rashedul Hassan¹, Nazmus Sakib³, Mahbubur Rahman¹
and Tahmina Shirin¹

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Delegates

³Bangladesh Red Crescent Society (BDRCS), Bangladesh

Dengue is a major public health concern for Bangladesh. In addition to its high prevalence in capital Dhaka, it has spread to other parts of Bangladesh. A pilot of Community Based Surveillance has been implemented by Bangladesh Red Crescent Society (BDRCS) and Institute of Epidemiology, Disease Control and Research (IEDCR) with objectives of early detection of dengue at community and improving community measures. The piloting was conducted from 12 December 2023 to 30 April 2024 in 12 wards of three city corporations of Bangladesh: Dhaka South, Rajshahi and Sylhet. In each ward, 20 community volunteers used a customized application for real-time data collection from selected households to identify, record and report on the suspected cases or alerts. Suspected case was defined as any person of any age with fever or headache and any of the following symptoms: body pain, muscle pain, joint pain, rash, diarrhea and vomiting within the last seven days. NS1 or IgM positive for dengue was considered as confirmed case. Each suspected case was referred to urban health centers for treatment. The pilot covered 45,851 households and 139,000 people: Dhaka South (16%, 17%), Rajshahi (35%, 37%), and Sylhet (49%, 46%). Near-equal gender distribution (male: 49.5%, female: 49.8%) was observed. Median age was 27 years (IQR: 15-40 years). Total 1863 alert was generated where 21 were confirmed as Dengue positive. Among three city corporations, Sylhet reported most dengue alerts (1,043, 56%) and confirmed case (10/21, 1863). This study reported dengue cases at community level using the alerts generated by CBS. It is recommended to integrate CBS into national surveillance system and utilize its findings to improve early detection and timely response for dengue.

Biography

I work as a Senior Scientific Officer at IEDCR, Bangladesh, serving as Resident Advisor for FETPB. I mentor residents, lead health workforce development, and contribute to PHEOC operations and surveillance systems, including CBS, STI, rotavirus, and enteric diseases. I also serve as Planning Chief of PHEOC and CBS focal.



The Role of the Laboratory in the Effective Response and Control of a Viral Conjunctivitis Outbreak, Kampala, Uganda, March 2024

Wilfred Opeli^{1,2,1,3}, Anne Martha Nankya, ⁴Alisen Ayitewala, ²Moses Kisakye, ⁵Emma Amalai, ⁵Javis Tumwesige, ⁶Bryn Odaga, ⁷Richard Walwema, ^{1,8}Esther Nabatta, ^{1,10}Ronald Samuel Lugwana, ^{1,4}Ritah Namusoosa, ^{1,3}Tracy Rutogire, ^{1,10}Winnie Agwang, ¹Hannington Katumba, ¹Charity Mutesi, ¹Emmanuel Mfitunda, ¹Owens Joyce Kobusingye, ¹Daniel Wenani, ¹Loryndah Olive Namakula, ¹Emmanuel Okiror Okello, ¹Janet Lubega Kobusingye, ¹Getrude Abbo, ¹Annet Mary Namusisi, ¹Briget Ainembabazi, ¹Patrick Kwizera, ¹Joshua Kayiwa, ¹Milton Wetaka, ³Stephen Balinandi, ³John Kayiwa, ³Rebecca Nakidde, ³Ibrahim Mugerwa, ³Grace Najjuka, ³Isaac Ssewanyana, ³Atek Kagirita, ³Susan Nabadda, ¹Samuel Gidudu and ¹Alex Riolexus Ario

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⁵Kampala Capital City Authority, Uganda

⁶Kampala Metropolitan Area Public Health Emergency Operations Centre, Uganda

⁷Infectious Disease Institute of Uganda, Uganda

⁸National Animal Disease Diagnostics and Epidemiology Center, MAAIF, Uganda

⁹Mengo Hospital, Kampala, Uganda

¹⁰Baylor College of Medicine Children's Foundation, Uganda

Introduction: On March 7, 2024, the Public Health Emergency Operations Centre, Ministry of Health received reports of a suspected conjunctivitis outbreak in Uganda Prisons Service (UPS) and two schools in Kampala Metropolitan area (KMA). We assessed five laboratories for testing capacity, supply availability, laboratory surveillance, data management, sample management, human resource, facility suitability and equipment functionality. We also investigated the conjunctivitis causative agent and monitored turnaround time (TAT) from sample collection to return of test results to the requester.

Method: Laboratory capacity was assessed using the WHO Laboratory capacity assessment tool. We collected and referred 142 eye swab samples from 85 suspected cases to identify the causative agent. A total 116 samples were referred to the Uganda National Health Laboratory and Diagnostic Services (UNHLDS) Laboratory for culture and sensitivity testing and 26 samples to the Arbo-virus laboratory at Uganda Virus Research Institute (UVRI) for genomic sequencing. We tracked and calculated the average TAT from the date of sample collection to result return to requester.

Results: Overall laboratory capacity to respond to the conjunctivitis outbreak was at an average of 43%, below the WHO recommended 80%. All laboratories lacked testing and bio-risk management capacity. Assessed laboratories had 38% supply availability for sample collection and referral. Laboratories had access to the National Hub Sample Transportation Network. Culture and sensitivity testing for 116 (100%) samples showed no significant bacterial growth. We identified Enterovirus Type C as the causative agent for the conjunctivitis outbreak. The average TAT was 5 days (range:1-7) from the date of sample collection to result return to requester.

Conclusion: Timely laboratory testing informed public health interventions for clinical management without mass antibiotic usage.

Recommendation: Strengthening the UPS and KMA laboratory systems for preparedness, effective detection and sample management of future public health emergencies.

Biography

Wilfred Opeli is a Medical Laboratory Specialist (Medical and Diagnostic Microbiology) with over 10 years' work experience and a passion in managing public health and infectious diseases emergencies. He has participated in numerous disease outbreak preparedness and response activities as part of his employment with the Ugandan Ministry of Health and Laboratory Leadership Program Fellowship he is presently undertaking at the Uganda National Institute of Public Health (UNIPH). His presentation highlights some of the challenges faced by Low- and Middle-Income countries in the event of an infectious disease outbreak in a closed community setting. It also presents some of the benefits of timely laboratory intervention using gene sequencing in viral outbreak situations for improved clinical management.

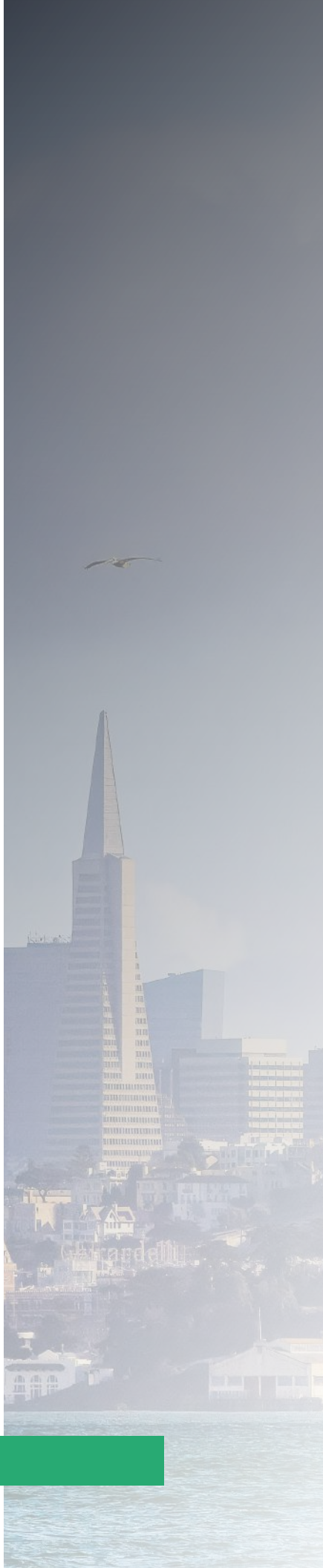


DAY 2

Joint Event on
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POSTER
PRESENTATIONS





A Case Study on the Application of Oscillatory Positive Expiratory Pressure (OPEP) Device in Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD) Patient

Ching Wen Pang*

National Taiwan University Hospital, Taiwan

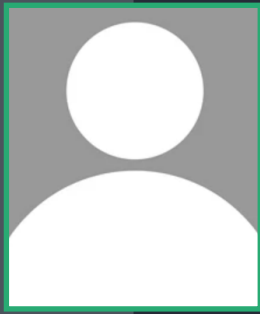
Introduction: Chronic Obstructive Pulmonary Disease (COPD) is a progressive respiratory disorder characterized by persistent airway symptoms and airflow limitation. According to the World Health Organization, COPD ranks as the third leading cause of death globally and is the ninth leading cause of death in Taiwan. In 2019, COPD was responsible for 3.23 million deaths worldwide, accounting for 6% of all global deaths. The primary symptoms of COPD include shortness of breath (dyspnea), chronic cough, and excessive sputum production. Secondary symptoms often include sleep disturbances, increased levels of anxiety or depression, fatigue, weight loss, and anorexia. Increased airway secretions are a hallmark symptom of Acute Exacerbations of Chronic Obstructive Pulmonary Disease (AECOPD). When coughing becomes ineffective in clearing these secretions, they accumulate in the airways, potentially leading to infections or airway obstruction, which can significantly worsen the patient's clinical condition.

Methods: This case study focuses on the management of a COPD patient who was admitted due to an acute exacerbation, characterized by a significant increase in respiratory secretions that resulted in severe respiratory distress and hypoxemia. The intervention involved the use of an Oscillatory Positive Expiratory Pressure (OPEP) device. By providing oscillations and positive pressure during exhalation, the OPEP device helps facilitate sputum clearance, reduces airway obstruction, and improves pulmonary ventilation. This study evaluates the patient's improvement in respiratory distress and sputum clearance following the use of the OPEP device, with a focus on clinical observations and diagnostic results to assess its therapeutic efficacy in the context of AECOPD.

Results: The application of the OPEP device led to significant improvements in the patient's respiratory status, notably reducing sputum accumulation and alleviating symptoms associated with acute exacerbation. The intervention not only eased the immediate respiratory distress but also enhanced the patient's overall quality of life. As an adjunctive therapy, the OPEP device demonstrated considerable potential in managing acute exacerbations of COPD. Its clinical effectiveness in facilitating respiratory recovery underscores its value as a supportive treatment option for improving pulmonary function in patients with AECOPD.

Biography

I graduated with a Bachelor of Science in Nursing from National Taipei University of Nursing and Health Sciences in 2022. I currently work as a registered nurse in the Department of Thoracic Medicine at National Taiwan University Hospital, specializing in the care of patients with lung cancer, pneumonia, and chronic obstructive pulmonary disease (COPD). With a strong commitment to delivering high-quality, patient-centered care, I am dedicated to improving patient outcomes through compassionate care and evidence-based practices. Passionate about continuous learning, I strive to enhance my clinical expertise in nursing and contribute to advancing healthcare practices.



Cannabis for Medical Use Behaviour and Related Factors Among People

Sirinath Treesinchai* and Charuwan Manmee

Division of Medical Research, Department of Research and Technology Assessment, Rajavithi Hospital, Thailand

Background: Cannabis is one of the medicinal plants to use for improving medical treatment. Moreover, the use of cannabis for medical purpose is increasing. It is unclear which medical conditions patients are attempting to treat with cannabis and whether they are communicating with medical providers about their use. This study aimed to describe the behavior of using cannabis for medical and factors related to utilization of medical cannabis.

Material and Methods: This cross-sectional study was conducted in outpatients at Rajavithi Hospital from June to October 2023. Participants who were 20 years and over were recruited. The questionnaires were developed based on literature and content experts, including the perception of information, behavior, and medical cannabis experience. Binary logistic regression was performed to identify factors associated with outcomes. The Ethics Committee Rajavithi Hospital approved this study.

Result: Of the 384 (96.0%) returned questionnaires, most participants were female 62.8%, and the mean age was 49.28 ± 15.99 years. Most were employed 32.0%, less than a bachelor's degree 62.0%, marital status 61.7%, and 42.2% had comorbidities. Most participants obtained medical cannabis information via social media and healthcare workers. Overall, 12.5% of participants used cannabis; better sleep (48.0%), reduced stress and anxiety (39.6%), and pain relief (31.3%) were the most common reasons for using cannabis. Factors associated were age (aOR1.03, 95%CI1.01-1.05, $p=0.043$), smoking (aOR3.00, 95%CI1.28-7.01, $p=0.012$), and opinion related medical cannabis use (aOR2.22, 95%CI1.36-3.61, $p=0.001$).

Conclusion: People use medical cannabis for better sleep, relaxation, and decreased pain. Factors associated with medical cannabis use are age, smoking, and medical cannabis use opinion. People agree to use medical cannabis to improve the effective medical treatment, whereas they are concerned about legalization, health, and social impact.

Biography

I am Sirinat Treesinchai, a public health technical officer in Rajavithi Hospital, Department of Medical Services, Ministry of Public Health, Thailand. I graduated from Faculty of Public Health. I am interesting this topic because people use increasingly cannabis for medical treatment. Moreover, several researchers increasingly study in medical cannabis to improve the effective medical treatment. Then, I conducted this project to study behavior and opinion with medical cannabis in people.



DAY 3 (Virtual)

Joint Event on
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KEYNOTE
PRESENTATIONS





Mustafa Z Younis*

Tenured Professor and International Consultant in Health Economics & Finance, USA

This 3-day comprehensive workshop on Healthcare Management focuses on the economics and financial aspect of health care. The workshop includes financial management, cost benefit analysis, and cost effectiveness. The workshop will discuss the American Health Care system; it will compare public and private hospitals and the trend in conversion and changes in hospital ownership from public/not-for-profit to for-profit ownership (privatization). Hospital payment systems and differences between economic and accounting profit will be discussed. The workshop will provide health care managers and health policy makers with in-depth practical knowledge of the foundations and recent trends in health economics and finance issue related to improving the health care delivery in their respective organizations. An empirical research study published by the workshop presenter will be discussed.

Biography

Mustafa Z. Younis is an internationally recognized scholar & tenured professor at Jackson State University, Mississippi, USA.

Dr. Younis served as a member of the Executive Committee of the International Society for Research in Healthcare Financial Management. Dr. Younis has authored and published over 100 articles, 150 abstracts, and presentations in refereed journals and meetings, as well as at universities in America, Europe, and Asia. He has presented his work at national and international conferences. Dr. Younis' co-authored articles appeared in leading journals such as "Nature", "The Lancet", and "JAMA", Expert Review of Pharmacoeconomics and European Journal of Health Economics.

Dr. Younis has administrative experience as Chair of the Department of Health Policy and Management at Florida International University (FL, USA), where he led the accreditation efforts for the Healthcare Management Program.

Dr. Younis held a visiting professor position at various universities such as Tsinghua University, China, University Putra Malaysia, and Jena University, Germany.

Dr. Younis has a history of playing visible roles on the editorial boards of several journals, such as Editor-in-Chief, Guest Editor, and Editorial board member of leading journals, such as JHCF, Inquiry, JHSA, JPBAFM, and EJEPH.

Dr. Younis is a frequent speaker for both academic and professional audiences. His talks often feature his latest research and work in progress, as well as cross-industry trends and strategy implications. He has provided workshops and presentations for worldwide organizations. His research and findings apply to for-profit, non-profit, and government settings.

Dr. Younis has consulted with several organizations on healthcare finance and economics. Dr. Younis is often invited to speak about the challenges in the healthcare industry and other related topics to health economics, finance, and research. He has presented topics, such as healthcare reform, ownership structure, profitability, unit cost, payment system, and management efficiency, at various forums and conferences in the USA, Europe, Asia, and the Middle East.



The Risk of HCV Infection in the Professional Practice of Nurses in Poland

Lidia Elżbieta Sierpińska^{1, 2, 3*}

¹Command, Military Clinical Hospital No. 1 with Polyclinic, Independent Public Health Care Unit, Lublin, Poland

²Faculty of Health Sciences, Radom Higher School, Radom, Poland

³Faculty of Health Sciences, Vincent Pol University, Lublin, Poland

Infection with hepatitis C virus (hepatitis C) is an important medical and social problem in Poland and worldwide. The etiologic factor of this disease is hepatitis C virus (HCV), which is transmitted via blood and blood-derived products.

The routes of infection with HCV are various types of damage (disruption) of tissue continuity, and contact with infected blood, e.g. medical procedures and occupational exposure).

According to the reports by the Nofer Institute of Occupational Medicine in Łódź, Poland, the majority of cases of infection with HCV or HBV were due to occupational infection in Polish hospitals. HCV antibodies (anti-HCV) were found among the examined medical staff, including nurses, e.g. in 2009 (1.40%); 2011 (1.42%); and in 2013 (0.80%).

Approximately 60-90% of all cases of infection with HCV registered in Poland are associated with the provision of medical services within the system of health care. Therefore, this type of infection is frequently reported as a hospital-acquired infection. Most frequently hospital-acquired infections due to HCV occur in the following wards: surgical, transplant, maternity (infections of newborns via vertical transmission), dialysis centres, endoscopy laboratories, and in dental surgeries - in these places there is a risk of infection for nurses.

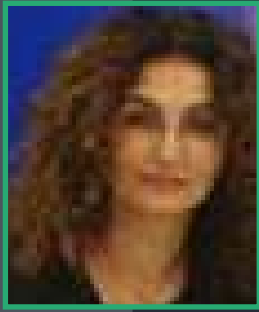
Considering the risk of infection with HCV among nurses and other medical staff it is necessary to observe the procedures of prevention of occupational exposure, proper management of employees after occupational exposure (immediate laboratory tests of the employee and the patient, post-exposure prophylactic administration of immunoglobulin or antiviral agents).

Considering a high risk of infection with HCV in medical facilities among nurses and other medical staff it is necessary to conduct a wide range of non-specific methods of prevention – lack of specific methods.

Biography

Lidia Elżbieta Sierpińska, MD, RN. I am a specialist in public health and in the field of epidemiological nursing. Head nurse, Military Clinical Hospital No. 1 with Polyclinic, Independent Public Health Care Unit, Lublin, Poland (33 years). Research and didactic employee at Vincent Pol University in Lublin, nursing speciality (2 years). Adjunct at the Radom School of Higher Education, nursing speciality (17 years). National consultant for defence in the field of nursing (15 years).

Many publications within the scope of issues concerning quality management of medical services, and problems of hepatitis C as a risk factor for hospital-acquired infections



Gülbu Tanrıverdi*

Nursing Department, Public Health Nursing Department, Canakkale Onsekiz Mart University, Turkey

This study addresses nursing shortages in rural healthcare globally and particularly examines the situation in Turkey. It underscores the challenges of accessing healthcare services in rural areas worldwide, the uncertain roles of nurses, and the adverse impacts of these deficiencies on health outcomes. In Turkey, it explores the healthcare needs of rural populations alongside the historical development of health policies and practices. Despite rural nursing not being defined as a specialty in Turkey, the article emphasizes the importance of establishing clear job descriptions and responsibilities for nurses to strengthen their role in healthcare delivery in these regions.

Keywords: Rural nursing, Nursing, rural, village, Health equity

Biography

She completed her undergraduate nursing education at Atatürk University School of Nursing in 1992 and obtained the title of professor in the Department of Public Health Nursing in 2017. For over twenty years, Tanrıverdi has been conducting scientific and social studies focusing on transcultural nursing, culture's impact on health, transcultural models, interfaith nursing, and health approaches in different cultures. Tanrıverdi, a Sociology department graduate, has participated in fieldwork with her students for the past 30 years in efforts to protect and improve community health. Since 2005, Tanrıverdi has worked in the Department of Public Health Nursing at Çanakkale Onsekiz Mart University.



DAY 3 (Virtual)

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ORAL
PRESENTATIONS





Air, Air, Air: A Champion Midwife Programme in Tanzania Using HOT Neonatal Resuscitation Lessons Learned

Jan Becker^{1,2,3*}; Chiung-Jung (Jo) Wu^{4,5,6}; Chase Becker⁷; James Moir^{8,9}; Marion Gray¹⁰; Meshak Shimwela¹¹ and Florin Oprescu¹²

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²Midwife Vision Global Ltd, Tanzania, Senior Clinical Midwife, Australia

³University of the Sunshine Coast, QLD, Australia

⁴School of Nursing, Midwifery and Paramedicine, University of the Sunshine Coast (USC), Australia

⁵Honorary Research Fellow, Royal Brisbane and Women's Hospital (RBWH), Australia

⁶Honorary Research Fellow, Mater Medical Research Institute-University of Queensland (MMRI-UQ), Australia

⁷Midwife Vision Global Tanzania

⁸Obstetrician, Gynaecologist Sunshine Coast, QLD, Australia

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¹⁰Associate Dean (Clinical), Faculty of Health, Engineering and Sciences, University of the Southern Queensland, QLD, Australia

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¹²Public Health, Health Promotion, University of Sunshine Coast (USC), Australia

Background: Tanzania has approximately 40 000 newborn deaths per year, with >25% of these are linked to intrapartum-related hypoxia. The Helping Babies Breathe® and Golden Minute® (HBB®) programme was developed to teach skilled intervention for non-breathing neonates at birth. While Helping Babies Breathe® and Golden minute®, providing training in simulated bag and mask ventilation, is theoretically successful in the class- room, it often fails to transfer to clinical practice without further support. Furthermore, the proclivity of midwives to suction excessively as a first-line intervention is an ingrained behaviour that delays ventilation, contributing to very early neonatal deaths.

Methods: The 'champion' programme provided guided instruction during a real-life resuscitation. The site was Amana Hospital, Tanzania. The labour ward conducts 13 500 deliveries annually, most of which are managed by midwives. Brief mannikin simulation practice was held two to three times a week followed by bedside 'hands-on training' (HOT) of bag and mask skills and problem solving while reinforcing the mantra of 'air, air, air' as the first-line intervention during a real-life emergency.

Results: Champion midwives (trainers) guided instructions given during a real emergency at the bedside caused learners' beliefs to change. Trainees observed changes in baby skin colour and the onset of spontaneous breathing after effective ventilation.

Conclusions: Visible success during an actual real-life emergency created confidence, mastery and collective self-efficacy.

Biography

As a Registered Nurse and Midwife, Jan is passionate about reducing child mortality and improving maternal health in some of the world's most under-resourced countries. A co-founder of Midwife Vision Global, which offers education, professional support, and resources to midwives in Tanzania. Jan completed her Ph.D – on a new innovative training she developed for managing neonatal resuscitations in limited clinical areas. She utilized her insights from training as Helicopter Pilot to adapt, learn and enhance learning through real life neonatal birth asphyxia emergencies at the bedside – short concise checks and key words anchored learning.

It is this dedication to the service of others, in the 2019 Honours List Jan was awarded the Member (AM) in the General Division of the Order of Australia for service to community health through neonatal organisations and to aviation.



Using the Neuman Systems Model to Care for a Patient with End-Stage Renal Disease Secondary to Hypertension Undergoing Initial Hemodialysis

Yi-Ting Hsu^{1,2*} and Chun-Yi Tai¹

¹School of Nursing, National Taipei University of Nursing and Health Sciences, Taiwan

²Hemodialysis Unit, Taoyuan General Hospital, Ministry of Health and Welfare, Taiwan

The purpose of this article is to describe the experience of caring for a patient with end-stage renal disease (ESRD) secondary to hypertension who underwent initial haemodialysis. The nursing care period lasted from September 5 to September 19, 2024. We applied the Neuman Systems Model to conduct a holistic assessment, including the collection and analysis of intrapersonal, interpersonal, and extra personal factors. The identified health issues included a potential risk for decreased cardiac tissue perfusion, feelings of powerlessness, a knowledge deficit regarding self-care precautions at home after haemodialysis for ESRD, and a potential risk for infection.

Given the patient's arterial sclerosis, vascular narrowing, reduced blood flow to the heart and kidneys, and declining renal function due to uncontrolled hypertension, it was crucial to control blood pressure during haemodialysis. This would help ensure adequate perfusion to vital organs, minimize hypertensive complications, and alleviate symptoms caused by insufficient blood flow. In addition, nursing care was provided to help alleviate feelings of powerlessness. To address the knowledge deficit associated with self-care after the first haemodialysis, self-care precautions were provided to ensure proper post-treatment management at home. Information and preventive measures related to nutrition, hygiene, and infection control were also discussed to improve the patient's willingness to adopt healthy habits and reduce the risk of infection.

Through this nursing experience, we aimed to provide valuable insights and serve as a reference for healthcare professionals who manage similar cases in the future.

Biography

Yi-Ting Hsu works as a haemodialysis nurse at Taoyuan General Hospital, Ministry of Health and Welfare. She is pursuing a master's degree at the National Taipei University of Nursing and Health Sciences. She has 5 years of clinical experience in nephrology and medical intensive care, as well as 12 years of experience as a registered nurse specializing in haemodialysis.



Chance of Life

Happy Liang*

Commonwealth School, Boston, MA, USA

Four years ago, my little sister and I founded Chance of Life, an initiative that attempts to address congenital heart disease (CHD) in rural China, an issue that was only exacerbated by the strict pandemic lockdowns (we were living in Shanghai at the time). Our mission is to provide financial assistance for heart surgeries and raise awareness for CHD. So far, we have sponsored five children's heart surgeries!

But when our team visited Inner Mongolia to perform screenings, I realized that this issue was much more complex than it seemed on the surface. There is, in fact, a huge wealth gap that prevents access to necessary health treatments; from transportation to insurance not covering surgery, lower-income families carry many financial burdens when their child has been diagnosed with CHD. It is also for this reason that doctors in rural areas heavily recommend abortion during prenatal diagnosis of CHD, without giving the mother complete information.

Chance of Life has worked incredibly hard over the past few years to address the root issues. We have submitted the first draft of a legal proposal to the Chinese government to ensure safe and regulated hospital practices for CHD screenings, and to create a national Congenital Heart Disease Day! This year, my family moved to Boston. I have worked hard on the second draft of the legal proposal by investigating American diagnoses and treatments of CHD. I was also able to expand Chance of Life worldwide, which is so exciting to me! As of now, we have over 20 core members across five countries. The Boston chapter was recently invited to the Harvard Youth in Public Health Symposium.

Biography

Happy Liang is a junior at Commonwealth School in Boston. She is passionate about public policy and reducing inequities in healthcare.



Nursing Grand Rounds on the Off Tour A Catalyst for Evidence Based Care and Inclusion

Judith A Manning*

NYCHHC- Jacobi, USA

Background: As a dynamic platform to advance nursing science and evidence-based practice within the clinical setting, Nursing Grand Rounds provide nurses with opportunities to expand their knowledge, refine clinical skills, and enhance critical thinking. At this level one tertiary hospital, Nursing Grand Rounds have become a sustained initiative on the day shift. Hence to foster inclusivity and equity among staff, in 2024 Nursing Grand Rounds were implemented on the off tour.

Purpose: The objective of providing Nursing Grand Rounds on the off-tour is to provide nurses with evidence-based knowledge that informs their daily clinical decision-making. These sessions align with healthcare's quintuple aim of enhancing patient experience, improving population health, reducing costs, supporting team well-being, and promoting health equity.

Methodology: Nursing Grand Rounds are conducted monthly as interprofessional sessions both in-person and via a virtual platform. Topic selection is based on data collected quarterly from direct care nurses. Nurse planners collaborate with unit-based nurse educators, frontline staff, and nurse leaders to develop evidence-based presentations. After each session an evaluation is completed by the attendees to ascertain if their learning needs were met and to garner their suggestions for future topics of interest.

Findings: In 2024, eight Nursing Grand Rounds were conducted, engaging 79 participants. Direct care nurses and content experts played active roles in presenting evidence-based projects. The inclusion of off-tour staff marked a significant milestone for the organization. Participant feedback consistently affirmed the achievement of learning objectives with many nurses expressing confidence in applying newly acquired knowledge to their clinical practice.

Implications for Practice: Nursing Grand Rounds serve as an effective mechanism for promoting evidence-based practice, professional development, and optimal patient outcomes. The hybrid in-person and virtual format ensures accessibility and inclusion. Nursing Grand Rounds on the off-tour is an effective method to ensure inclusion and standardization of evidence-based care.

Biography

Miss Judith Manning is a dedicated Nurse Educator with 32 years of experience in nursing education and clinical practice. She is passionate about developing the next generation of healthcare professionals and specializes in curriculum development, simulation-based learning, clinical training, and mentoring. Currently serving as a Nurse Educator at NYC H+H Jacobi Medical Center, Miss Manning is committed to fostering evidence-based practice, critical thinking, and compassionate patient care. With a strong background in adult learning strategies and nursing andragogy, she has played a vital role in shaping nursing curricula and mentoring future nurses. Miss Manning has been awarded the Daisy Nurse Leader Award, presented at multiple conferences, and has her work published in the Journal of Doctoral Nursing Practice.



Task Sharing for Inguinal Hernia Repair: Economic Evaluation of Expanding Access Through Non-Specialist Doctors in Uganda

Zin Min Thet Lwin*, Amir Qureshi, Kenji Kuroiwa, Jenny Löfgren, Sr Margaret, Matovu Alphonsus and George Keel

Department of Molecular Medicine and Surgery, Karolinska Institute, Stockholm, Sweden

Introduction: People in Africa suffer from a high burden of disease caused by inguinal hernia. In Uganda, a Sub-Saharan African country, there is a shortage of surgeons performing inguinal hernia repair. The surgery is conducted by surgeons and medical doctors in the form of task-sharing. No previous studies have been conducted in Uganda on the economic impact of task-sharing between the two groups of healthcare professionals on costs and health outcomes.

Aim: The aim of the study was to determine the cost-effectiveness of task-sharing between surgeons and medical doctors for open mesh repair of inguinal hernia among adult males in Uganda and to estimate the budgetary impact and health gains of scaling this up nationally in order to expand inguinal hernia surgery in Uganda.

Method: A Markov model was used to determine the differences in costs and health outcomes of inguinal hernia repair performed by surgeons or medical doctors compared to no treatment. Additionally, a budget impact analysis was performed to assess the impact of service expansion through task-sharing on cost and health gains over a 10-year period.

Results: The incremental cost-effectiveness ratios for providing open mesh repair in symptomatic adult males in Uganda by either surgeons or medical doctors compared to no treatment were USD 486.79 and USD 481.69 per disability-adjusted life year (DALY) averted, respectively. The operation is cost-effective at and above the willingness-to-pay threshold of USD 490 per DALY averted. The budget impact analysis estimated total cost of USD 352 million to eliminate the backlog of 1.2 million inguinal hernias in adult men in 10 years, with 644,000 DALYs averted.

Conclusion: Open inguinal hernia repair is cost-effective by both surgeons and medical doctors and investing more financial resources in hernia surgery can avert a large burden of disease in Uganda. Task-sharing between surgeons and medical doctors is an important part of the solution to the shortage of surgeons in the country.

Biography

Dr. Zin Min is a medical doctor, bringing forth expertise in public health and research, amassed over a decade of dedicated service in the field. He is currently pursuing a doctoral study, specializing in health economics and policy. His doctoral research focuses on advancing healthcare access and outcomes, particularly in underserved communities in Sub-Saharan Africa. With a commitment to addressing healthcare disparities prevalent in the region, his research is primarily centered on the critical domain of task sharing in hernia repair. The results from the studies aim to explore innovative solutions that can positively impact healthcare delivery in resource-constrained settings.



Nursing and Sports Science Optimize Treatment of Symptoms of Suspected Altitude Sickness

Zih Ping Ho*

Nursing Researcher of New Taipei Nursing Union, Taiwan

Most athletes carry out activities in the mountains. In previous medical research due to ethics concerns, its difficulties to proceed controlled study about altitude sickness which is related to human body. In our best knowledge, it has no really effective medicine aiming at altitude sickness in Chinese herb or general medicine. If it happens, the only option is to quickly lower the altitude or enter the pressure chamber. Thus, altitude sickness occurs is high related to individual body. Within PubMed database, there are over 5000 papers related to altitude sickness, waiting that uses integrated analysis methods to comb through these files. This study analysed the potential factors and optimized how do the decision if suspected uncomfortable happens within altitude sickness. The study only discussed minor altitude sickness symptoms when it occurs. It would be helpful for mountain athletes if it really happens, does it have any tools of flowchart to assist them to make a decision

Biography

Zih-Ping Ho, he serves at New Taipei Nursing Union. He received Ph.D. in Jan. 2010 in Tunghai University. He studied in the department of nursing, Central Taiwan University of Science and Technology from 2019 to 2024. He served at Show Chwan Health System since 2014. He has already published over 200 papers or works.



A User Centered Design to Develop a Digital Self- Management Platform for People with Lung Cancer

Suriya Kirkpatrick*

Oxford Brookes University, UK

Background: Physical activity has been shown to alleviate common symptoms associated with lung cancer, including breathlessness, fatigue, and depression, while enhancing overall well-being^{1,2}. Web- based interventions are growing in popularity, allowing users to engage in online programs that promote health and well-being, especially as post-COVID-19 efforts shift traditional in-person activities online^{3,4}. A systematic review was conducted to identify and evaluate existing research on technologies designed to support individuals with lung cancer in maintaining or improving their physical function and health-related quality of life (HRQoL)⁵. The review revealed a significant gap in digital resources for self-management through physical activity and exercise. In response, a novel digital self-management platform was developed using a user-centred approach, integrating two existing apps to provide tailored resources for independent health management for people living with lung cancer.

Methods: Predesign: In addition to the literature review, the lead researcher observed lung cancer clinics and conducted patient and public engagement events, to verify that current services matched the findings from the review and to gather the views of patients, carers, and lung cancer healthcare professionals on the proposed new app. A clickable prototype was created to facilitate co-design sessions.

An agile development methodology⁶ was employed, encompassing multiple iterative phases: meeting, planning, designing, developing, testing, and evaluating. The evaluation of the platform's content, design, and usability was conducted in two distinct phases. In Phase 1, researchers conducted focus groups and interviews with lung cancer patients, their careers, and healthcare professionals experienced in lung cancer care to inform the development of the app's content and features. Phase 2 involved a usability study with lung cancer patients to assess the platform's acceptability, practicality, and impact on self-efficacy.

Results: Focus Groups and Interviews: 27 participants were recruited, 15 health care professionals (HCPs), 11 lung cancer patients (LCPs) and 1 carer. Data from transcripts, recordings and notes were thematically analysed using Framework method⁷.

HCPs and LCPs expressed similar views on safety, accessibility, motivation and content required for disease management, with appropriate sign posting and messaging identified as needing to be supportive and motivational. Differences were noted in that LCPs did not raise concerns regarding digital literacy, or the need for a feedback system. LCPs found the app supportive and welcomed it having multiple functions, while HCPs thought that too many functions might reduce the impact of the app.

Usability Study Preliminary Analysis: 8 participants were recruited, but only 5 data sets were available for analysis. Findings suggest that the app was easily accessible and user-friendly, with all participants (100%) successfully completing the assigned tasks with minimal errors. The task with the highest error rate involved inputting data on additional activity performed.

Findings from focus groups and interviews guided changes to the app's content and design (sprint 2-5), while usability testing informed adjustments to accessibility and functionality (sprint 6-9).

Conclusion: Agile development methodology enabled ongoing platform refinement, ensuring iterative improvements. Engaging key stakeholders is essential to enhancing the app's effectiveness in addressing the needs of individuals with lung cancer, thereby increasing its potential for adoption in clinical practice. Insights from focus groups and interviews, combined with usability findings, guide the next phase of development - feasibility testing.

Biography

Suriya is an internationally qualified registered nurse and midwife who began her career in South Africa. With over three decades of nursing experience and a background in psychology, she has dedicated her professional life to enhancing patient outcomes across diverse clinical settings, including intensive care, acute medicine, stroke, and cancer care.

Her extensive expertise in cancer care is particularly notable, encompassing roles such as Acute Oncology Specialist Nurse, Advanced Cancer Research Practitioner and Genomics Practitioner. Suriya led the delivery of cancer research for over 16 years at North Bristol Trust, where she played a pivotal role in shaping the cancer research portfolio to benefit patients and advance care delivery. She is currently pursuing a PhD in lung cancer, focusing on developing a digital self-management platform for individuals living with the disease. Her research bridges clinical expertise, leadership, and innovation to drive improvements in patient care and experiences.

Suriya's commitment to leadership and innovation in nursing is exemplified by her recognition as a Florence Nightingale Foundation Established Leadership Scholar. She also holds influential leadership roles, nationally and internationally. Suriya serves as Chair of Lung Cancer Nursing UK's Research Interest Group, is a core member of the UK Oncology Nursing Society's Personalised Cancer Care Members Interest Group, sits on the advisory committee of the Global Power for Oncology Nursing Group and various research advisory committees. More recently, Suriya was accepted on the National Institute for Health and Care Senior Research Leaders Programme.

In her new role as Assistant Chief Nursing Officer for Research Development and Genomics, Suriya aligns her work with the Chief Nursing Officer for England's strategic research priorities and NHS England's vision for integrating genomics into healthcare. Equity, diversity, and inclusivity are at the heart of Suriya's research and leadership approach. She is committed to empowering the nursing community by supporting the development of fundable research proposals and nurturing the ambitions of her colleagues.



DAY 3 (Virtual)

Joint Event on
**Public Health World
Conference 2025**, and

3rd Edition of
**World Nursing Research
Conference 2025**

KEYNOTE
PRESENTATIONS





Fatigue and Perceived Social Support Contributing to Medication Adherence Among Elderly Patients with Musculoskeletal Disorders in Greece

Paraskevi Theofilou^{1,2*} and Eleni Anyfantopoulou³

¹General Hospital of Thoracic Diseases SOTIRIA, Athens, Greece

²School of Social Sciences, Hellenic Open University, Patra, Greece

³Social Organization of Municipality of Patra, Patra, Greece

The aim of the present study was to explore the contribution of fatigue and perceived social support to medication adherence among elderly patients with musculoskeletal disorders in Greece. In this study, 145 elderly patients (51 males and 94 females) with musculoskeletal disorders participated. It was a convenience sample, which meant that participants were selected based on their accessibility and availability to the researcher. The mean age was 74.8 ± 9.12 years. The Fatigue Assessment Scale (FAS), the Self Efficacy for Appropriate Medication Use Scale (SEAMS), and the Multidimensional Scale of Perceived Social Support (MSPSS) were used to collect research data. Physical fatigue was significantly and negatively correlated to medication adherence ($p < 0.05$). Furthermore, mental fatigue was significantly and negatively correlated to medication adherence, social support from significant others, family and total social support ($p < 0.05$). Total fatigue was also significantly and negatively correlated with medication adherence, social support from significant others, family and total social support ($p < 0.05$). Additionally, social support from family was significantly and negatively correlated with medication adherence ($p < 0.05$). The findings show a strong association of medication adherence with social support and fatigue.

Biography

Post-Doc Researcher (2016-2018, University of Peloponnese, Department of Nursing, Sparta, Greece) Ph.D. in Health Psychology (Panteion University of Social and Political Sciences, Department of Psychology, Athens, Greece) Ph.D. in Personnel Management (University of Peloponnese, Department of Nursing, Tripoli, Greece) M.Sc. Health Services Management (Frederick University, School of Health Sciences and School of Law and Business Administration, Cyprus) M.Sc. Social exclusion, minorities, and gender (Panteion University of Social and Political Sciences, Department of Sociology, Athens, Greece) Social Administration - Management of Health Services (National School of Public Administration, Athens, Greece) B.Sc. in Psychology (Panteion University of Social and Political Sciences, Department of Psychology, Athens, Greece) B.Sc. in Social Work (Technological Educational Institute of Athens, Athens, Greece)



Managing Healthcare Transformation Towards Intelligent and Ethical Ecosystems

Habil. Bernd Blobe*

Medical Faculty, University of Regensburg, Regensburg, Bavaria, Germany

Healthcare systems around the world are undergoing an organizational, methodological and technological transformation towards personalized, preventive, predictive, participative precision (5P) medicine ecosystems. These ecosystems consider individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental, and behavioral contexts. For designing and managing the resulting highly interdisciplinary, complex, distributed and dynamic ecosystem, we must formally and consistently represent the system and its components at necessary granularity levels from the perspective of all actors including the subject of care. As those actors from different domains have different education, skills, and experiences, using different methodologies, languages and terminologies, communication and cooperation, i.e. interoperability, must advance from the data level (data sharing) to the knowledge level (knowledge sharing). To understand the business system, it must formally represent each considered use case structurally and functionally. Therefore, the design, implementation and management of intelligent and ethical transformed ecosystems must be realized, using a system-theoretical, architecture-centered, ontology-based and policy-driven approach, developed by the author over the last 30 years. The related model and framework have been meanwhile standardized as the ISO 23903 Interoperability and Integration Reference Architecture, defined as mandatory for any specification or project at ISO, CEN, IEEE, OMG, etc., addressing more than one domain. Therefore, it manages also security, privacy and trust in detail. Keynote introduces necessary standards and methodologies for designing and managing 5P medicine ecosystems as well as practical examples.

Biography

Dr. Bernd Blobe studied Mathematics, Technical Cybernetics and Electronics, Bio-Cybernetics, Physics, Medicine and Informatics at the University of Magdeburg and other universities in the former GDR. He received his PhD in Physics with a neurophysiological study. Furthermore, he performed the Habilitation (qualification as university professor) in Medicine and Informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg and thereafter Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, he acted until his retirement as Head of the German National eHealth Competence Center at the University of Regensburg as well as Head of the globally unique International Interdisciplinary PhD and PostDoc College. He was and is still leadingly involved in many countries' health digitalization as well as electronic health record strategy. He published more than 600 papers, published/edited many books and supervised a big number of PhD students from all around the world. He was German Representative to many SDOs such as HL7, ISO, CEN, OMG, IEEE, ASTM, SNOMED, etc., also chairing the national mirror groups. Furthermore, he is still engaged in international higher education. He is Fellow of several international academies.



Namaste Care: Helps People with Advanced Dementia Live Not Just Exist

Joyce Simard*

School of Nursing and Midwifery, College of Health and Sciences Western Sydney, Australia



Namaste Care is a small group program for residents in a nursing home or assisted living who can no longer participate in traditional activities. Often residents were kept clean, fed, changed and placed in front of a television. Residents were existing not living. The Namaste Care program provides quality of life for residents, especially those with advanced dementia.

Namaste care can be offered as a small group program or can be brought to wherever the person is living. Two principles of the room or space where Namaste Care is offered as a small group are as free from distractions as possible. Residents are taken there after breakfast for the morning session. They are greeted individually and assessed for pain. A soft blanket is tucked around them, and they are offered a beverage. Morning activities include gentle washing of the face and moisturizing of the face, hands, arms and legs. Their hair may be combed or scalps massaged. All of these activities are offered with a slow-loving approach to the carer, softly talking to them. They leave the room for lunch and return for the afternoon activities that may include bringing seasonal items to them, feet soaking, nail care and fun activities such as blowing bubbles. Beverages are offered on a continuous basis for both the morning and afternoon sessions. Namaste Care can be brought to the people bedside and offered by trained staff or volunteers. Supplies are not expensive, and no additional staff has to be hired.

Biography

Joyce Simard MSW is an Adjunct Associate Professor School of Nursing, University of Western Sydney Australia. She is a private geriatric consultant residing in Florida (USA). She has been involved in long-term care for over 40 years.

Professor Simard has written numerous articles and chapters in healthcare books "The Magic Tape Recorder", and "The End-of-Life Namaste Care Program for People with Dementia" now in its third edition. She has been involved with grants studying the outcomes of Namaste Care internationally. with the School of Nursing, University of Western Sydney, Australia, St. Christopher's hospice (UK), the University of Worcester (UK) and Lancaster University (UK). Ms. Simard is a popular speaker for organizations all over the world.



DAY 3 (Virtual)

Joint Event on
**Public Health World
Conference 2025**, and

3rd Edition of
**World Nursing Research
Conference 2025**

ORAL
PRESENTATIONS





Treatment of Chronic Muscle Spasm and Pain with the CMECD® Procedure

Roger H. Coletti*

Interventional Health, PA, Lewes, DE, USA

It has been noted by multiple researchers that there is Spontaneous Electrical Activity (SEA) at painful trigger points. This author has studied chronic muscle spasm and found that SEA is always present and appears to be the cause of the chronic nature of muscle spasm and resulting chronic pain. Chronic muscle spasm and resulting chronic pain can last for years and cases where the spasm lasted for decades were not only found but successfully treated with the CMECD® procedure. This procedure consists of EMG guidance searching for the SEA and using a combination of phenoxybenzamine, Lidocaine and dexamethasone to extinguish the SEA. Large areas of muscle often need to be treated. Thanks to lidocaine acting as an antiarrhythmic, the SEA is extinguished within seconds and the phenoxybenzamine then takes over after about one hour. With the resolution of the SEA, the muscle can immediately relax. The phenoxybenzamine forms a covalent bond on the alpha motoneuron receptor and the result is a duration of action of 2-3 months. This is enough time for the muscle to recover the prolonged effect of ischemia resulting from the prolonged spasm. Muscles treated in this fashion need only a single injection. Recurrences are rare and only occur if there is a repeat overuse or traumatic injury. The CMECD® procedure is available for use by any medical caregiver that is licensed to give injections. The ability to permanently relieve chronic pain without the use of opioid drugs should prompt interest in this procedure.

What will audience learn from your presentation?

- The audience will be exposed to an EMG guided injection procedure that will allow them to treat chronic pain resulting from chronic muscle spasm in individuals with post laminectomy syndrome with a single injection regardless of the length of time the chronic spasm had been present. Details and practical considerations will be covered. The EMG presentation will be reviewed with treatment and outcome EMG videos. Theoretical considerations will be discussed.
- The ability to make use of the CMECD® procedure will allow nurses under physician supervision and independent nurse practitioners to treat individuals suffering from chronic pain. The economy of the procedure will allow them to treat patients directly and be rewarded with the personal accomplishment of immediate and sustained relief of chronic pain. The EMG findings that will be presented offer an opportunity for further research in the origin and treatment of chronic pain and chronic muscle spasm.

Biography

Dr. Coletti did a fellowship in interventional cardiology in New York and had a career in interventional cardiology in New Jersey and Delaware, USA. He was board certified in internal medicine, cardiovascular disease, interventional cardiology, and nuclear cardiology. He had an interest in chronic muscle spasm and found that chronic muscle spasm had an ischemic etiology and developed a technique using EMG guidance to reverse the ischemia and resolve the chronic muscle spasm. His publication in this area is 12 abstracts, a book and 2 recent articles. He is currently retired from clinical practice and no longer has institutional affiliations.



Empowering Nurses as Catalysts for Entrepreneurship and Innovation in Healthcare

Hajah Asmah Husaini*

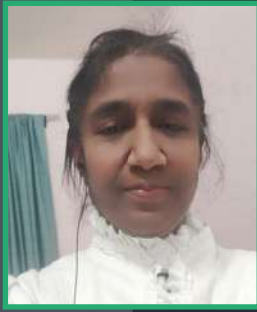
University Brunei Darussalam, Brunei

Nurses are widely regarded as the cornerstone of the healthcare system, playing a vital role as primary caregivers and patient advocates. Their unique position enables them to identify inefficiencies and highlight areas for improvement, making them key drivers of innovation and entrepreneurship in healthcare. As the healthcare landscape rapidly evolves, it is crucial to cultivate environments that empower nurses to leverage their expertise and lead systemic change, with an emphasis on patient-centered care and health equity. This case study offers a reflective discussion on how nurse leaders and researchers can utilize the core professional values of nursing to promote a culture of creativity and innovation within institutions of higher education and healthcare organizations.

Biography

Dr Asmah Husaini is an Assistant Professor at the Pengiran Anak Puteri Rashidah Sa'adatol Bolkiah Institute of Health Sciences, University Brunei Darussalam (PAPRSB IHS, UBD). She joined that PAPRSB IHS, UBD as a lecturer in 2008 and became the first committee members to develop the current Undergraduate curriculum for nursing programs at the Institute. She specializes in the following teaching approaches in nursing: 'Problem based learning', 'Community experiential learning' and 'Multi-disciplinary Peer teaching programs for basic health clinical skills for the Nursing, Midwifery, Medicine, Pharmacy and Dental Undergraduate students. She graduated with a PhD in Palliative care nursing from King's College London 2019. She studied the experience of advanced cancer patients with palliative care in Brunei.

She was recently appointed as the Head of Commercialization under the office of the Industry Engagement and Enterprise Development. She is currently working with the UBD's Entrepreneurship Management Team that aims to enhance the entrepreneurship education ecosystem in the university. She is a huge advocate for successful aging and currently holds the position of Vice President for Dementia Brunei. She currently continues to carry out research in understanding the phenomenon of palliative care from the context of Brunei Darussalam, and healthcare issues related to aging and dementia.



Research And Innovations Need of The Hour for Quality Paediatric Nursing Care

Mary Anbarasi Johnson*

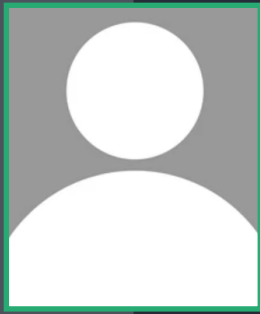
Head of the Paediatric Nursing Department, College of Nursing, India

In the rapidly evolving landscape of healthcare, research and innovations have become essential to ensuring quality pediatric nursing care. With the increasing complexity of childhood illnesses and the rising demand for personalized care, pediatric nurses must integrate cutting-edge practices to enhance outcomes for young patients. Innovations such as telehealth, wearable health devices, and gamification have revolutionized the way care is delivered, promoting better engagement and adherence to treatment. Additionally, evidence-based research in areas like pain management, developmental care, and family-centered practices has improved clinical interventions and patient satisfaction. The integration of technological advancements and continuous research in pediatric nursing not only improves the quality of care but also ensures holistic and compassionate treatment that addresses both physical and emotional needs of children. This paper explores the current innovations and research initiatives that are shaping pediatric nursing care, emphasizing the need for their adoption to meet the growing demands and challenges in child health.

Biography

I am Mary Anbarasi Johnson working as a professor and Head in pediatric nursing department, CMC Vellore. I worked as Clinical Nurse Specialist in PICU for a year and as Assist Professor in USA for two years. US faculty & friends went out of their ways to help me. I also worked as Assist. Director of Nursing, in Saudi Arabia Defense Sector, (Kamis Mushayt Armed Forces Hospitals for the Southern Saudi Arabia Region), I have learnt much about military from the excellent and amicable team there. I have served in CMC Vellore as Deputy Nursing Superintendent for staff training and quality assurance, NABH Co-ordination, HICC -coordination etc. I have been a CMC Institutional research board member for more than 4 years. CMC gave me the opportunity to be secretary for the HICC (Hospital Infection Control Committee) secretary for a term. CMC gave me opportunity to be Master trainer for International Projects like GFATM, IMNCI at national level as well national projects like ICMR Infection control, Child Sexual Abuse Protection, OSCE by Dr. MGR Medical university Aswell Diabetic of Educators program etc. It also gave me the opportunity to be an examiner or paper setter for various levels of nursing students for 6 universities and an inspector for Dr. MGR Medical University. I am very interested in reviewing articles. I have published in 70 national, international journals and presented in around 30 national and international conferences. I have also contributed 5 book chapters and published a book. I have completed "Lean Six Sigma -Academy Europe, green, yellow and black belt in Saudi. NGO "INSO" had awarded me as well, I am thankful to them Aswell thankful to SAS society for giving me the fellow membership with them (FSASS). I am given opportunity to be the chief editor for a book on "Trends in Engineering, Management and Arts" and editor for "Management book". I recently received "Life Achievement Award" by the SAHEI, The Best Faculty award and Best Administrative Officer Award was also bestowed this year by Coimbatore academy, India. My alma mater helped me to get "Presidents Gold Medal for standing first in the university for BSc (N) Programmer's research guidance has given me opportunity to be speaker at many international conferences as well to be advisory member or editorial member or executive editor or reviewer in more than 100 international journals and Chief Editor for two Indexed International Journal. I am also conferred with Rifacimento International – "Icon of the Year Award" very recently as well, Asian Pacific Educationist and Nursing Specialist Award was also conferred on me this year.

I give all thanks to Lord Jesus Christ who is the reason for my living. I am indebted to my family, teachers and friends for their encouragement and support particularly to CMC Vellore, "my alma mater". I am also thankful to Kamis Mushayt Armed Forces Hospital, Saudi & US institutions (St. Joseph Regional Medical Center, CON) which have mentored me, helped me to grow from nowhere, a disadvantaged beginning to contribute my best possible to my people around. God bless all those who sacrificially helped me.



Piloting Cytisine as a Stop Smoking Medication for Acute Inpatients in a Large Trust in UK

Daniela Cristea-Nicoara*, Sanjay Agrawal, Joanne Priestley, Claire Mellon and Liz Clarke

The CURE Project, Leicester Leicestershire and Rutland ICB, University Hospitals of Leicester NHS Trust, England, United Kingdom

Introduction: Cytisine is a plant-based drug which has been used routinely across mainland Europe since 1960s with robust evidence of effectiveness and safety. Hajek P, McRobbie H, Myers K Efficacy of cytisine in helping smokers quit systematic review and meta-analysis Thorax 2013;68:1037-1042.

Cytisine was made available on prescription in the UK on the 22nd of Jan 2024. (NCSCT)

University Hospitals of Leicester NHS Trust was one of the first four trusts to gain funding and piloting of Cytisine began from 1st July 2024 across the 3 acute hospital sites.

Methods: A Task & Finish Group was established consisting of the two Acute CURE Clinical Leads, the Project Co-ordinator and CURE Lead Pharmacist. A decision was made to offer Cytisine to patients during admission and on discharge. All inpatients referred to CURE were screened by the TDAs for their eligibility prior to a bedside consultation. The TDAs used the screening criteria document and interrogated the electronic patient's medical records to determine each patient's eligibility.

The choice of medication used was patient-led. All patients were offered NRT for an immediate smoke-free admission and only then was Cytisine offered to complement NRT (which would cease from Day 5 of taking Cytisine). Patients wishing to take part in the pilot were required to consent to be contacted by the CURE Project Co-ordinator by telephone (or email) to provide feedback on their experience of using Cytisine on days 3, 7 and 28. They also needed to agree to support from the relevant community Stop Smoking Service (SSS) post discharge. Each patient taking part in the pilot was provided with a physical copy of a patient information leaflet and the dosing guide.

Results: Of the 1063 patients screened, 279 were eligible (38.1%). The numbers screened were recorded until 30 patients (2.82% of the total number screened) accepted enrolment in the pilot study which ran from July 1st to September 29th. 1 patient withdraw consent and was excluded from the pilot study.

The results from telephone feedback were of 16 patients who were able to be contacted at Day 28, 11 confirmed they had quit smoking by using Cytisine (38% of pilot cohort of 29). Results combining telephone feedback plus SSS 28-day outcomes showed that 13 patients had quit in total (45% of pilot cohort of 29).

Discussion: The process of screening for eligible patients was a time-consuming process. After 30 patients had been prescribed Cytisine, TDAs were asked to no longer routinely screen patients. However, Cytisine was still offered to eligible patients who expressed an interest in using the medication to stop smoking.

Patients had successfully quit smoking with very few experiencing side effects. Three patients provided very positive feedback and agreed to their comments being shared in case studies. The pilot was successful in achieving its main aim to prove that Cytisine is a well-tolerated medication, with minimal side effects and high quit rates when commenced during an inpatient stay in tobacco smokers

Biography

The CURE Project, Leicester Leicestershire and Rutland ICB, University Hospitals of Leicester NHS Trust, England, United Kingdom



Working Together to Deliver Person-Centred Care within the Stepped Care Model: An Australian Multidisciplinary Perspective

Shingai Mareya*, Lin Zhao, Mimmie Claudine Watts
and Michael Olasoji

Federation University Australia, Australia

The Australian stepped care model (SCM) in primary mental health care aims to provide a structured, accessible, and flexible framework for addressing mental health issues. This study examines the perspectives of multidisciplinary mental health professionals on the implementation and effectiveness of the SCM, forming a subset of a broader research project.

An exploratory descriptive qualitative methodology was utilised, involving interviews with nine participants, including mental health nurses, psychiatrists, an occupational therapist, a psychologist, a social worker, and a care coordinator. Data were analysed using reflective thematic analysis, identifying four key themes: collaborative approach, flexible and personalised care, complexities of navigating the model, and stories of success: positive client outcomes.

The findings reveal that the multidisciplinary nature of the SCM supports a holistic approach to mental healthcare, providing comprehensive and patient-centred support. Flexibility and personalisation within the SCM allow it to address diverse patient needs effectively, leading to enhanced outcomes and satisfaction. However, workforce shortages and systemic barriers pose significant challenges to its implementation. Participants noted that navigating the SCM is complex, highlighting the need for improved coordination and more precise guidelines to facilitate smoother transitions between care levels. Despite these challenges, the SCM has successfully improved mental health outcomes.

In conclusion, the SCM is a promising approach to primary mental health care, focusing on tailored, multidisciplinary care. Addressing workforce shortages, improving coordination, and refining service delivery is essential to maximise its potential and ensure sustainable mental health services in Australia. Future research with larger sample sizes and quantitative data is recommended to further evaluate the SCM's effectiveness and guide policy and practice improvements.

Biography

Shingai is a dedicated mental health researcher and Doctor of Philosophy candidate who focuses on developing innovative, evidence-based mental health care solutions. With extensive experience as a mental health professional and qualifications in project management and public health, Shingai is passionate about early intervention and integrated primary mental health care systems.

Their work is driven by a commitment to delivering timely, evidence-based health initiatives tailored to the unique needs of diverse populations. Shingai values stakeholder collaboration, guided by principles of mutual respect, equality, impartiality, and accountability.

Through his research and professional practice, Shingai seeks to transform mental health care systems by fostering strong relationships and responsiveness to the needs of individuals and communities. His goal is to create sustainable, person-centred solutions that enhance the quality of mental health care across settings.



Engaging Medical Students with the Community Through Service-Learning Programs

Peter Averkiou*

Associate Professor of Paediatrics at Charles E. Schmidt College of Medicine, USA

Introduction: Service-learning (SL) programs in medical schools illustrate one of the numbers of adult learning principles and practices now used in today's accredited curriculum that better prepares medical students for working with a variety of patients. **AIM:** The research aim was to assess medical students' learning experiences while participating with nonprofit organizations during an SL curricula-designed program.

Method: Analysis of 60 reflective essays over a three-year period from 192 medical students placed in teams of 2-4. A case study research design was employed. This iterative approach allowed the identification of themes and interpret meaning. **RESULTS:** Four major themes and one overarching theme emerged that illuminated adult learning theories including: (1) transferring learning of one's skills and knowledge to community and practice; (2) articulating a variety of ways to communicate with multiple, diverse community audiences; (3) employing creative process for quality improvement strategies; (4) creating positive, trusting, and rewarding relationships; and an overarching theme: collaboration emerging almost without forethought. Medical educators may find that replicating this SL program into the curriculum infrastructure provides agency and student buy-in. A multi-prong process bringing reward to students and to the community. Reflection provides for meaningfulness from SL programs and helps student identify how experiential learning affects their professional development.

CONCLUSION: Implementing an SL program into any medical school curriculum strengthens the adult learning theoretical delivery approach. Disseminating projects and lessons learned to and from the community also showcases experiential learning opportunities for medical students and other professionals. Many aspects of awareness from the medical students during the SL program emerged. They learned about specific aspects of community engagement. They found it a privilege to give and take many lessons from the experiences and opportunities.

Biography

Dr. Peter Averkiou is a pediatrician and an Associate Professor of Pediatrics at the Charles E. Schmidt College of Medicine at Florida Atlantic University. He is the Co-Director of the four Foundations of Medicine Courses, the Director of the Service-Learning Projects, the Director of the Newborn Nursery Clinical Rotation and the Director of the Synthesis and Transition Course at the medical school.



Rectal Prolapse as a Manifestation of Inflammatory Bowel Disease with Celiac Disease in a 2-Year-Old Male: A Rare Case Report

Nafiza Martini^{1,2}, Noura Kara Tahhan³, Mohamad S. Aldarwish³ and Jaber Mahmoud³

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²Stemosis for Scientific Research, Damascus, Syrian Arab Republic

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Introduction and Importance: The simultaneous presentation of inflammatory bowel disease (IBD) and celiac disease (CeD) in early childhood is exceedingly rare, especially when rectal prolapse is a leading symptom. This case report presents a 2-year-old male patient with both conditions, highlighting the diagnostic and therapeutic complexities in low-resource settings.

Case Presentation: A 2-year-old Syrian boy was evaluated for chronic diarrhea spanning 18 months, significant failure to thrive, and recurrent rectal prolapse over the past 6 months. Laboratory findings showed anemia and elevated anti-DGP IgA levels, raising suspicion for CeD. Duodenal biopsy confirmed Marsh 3b celiac disease, and colonoscopy with biopsy revealed IBD-unclassified. Despite the initiation of a gluten-free diet, symptoms persisted, prompting further evaluation and a revised management strategy.

Clinical Discussion: The co-existence of CeD and IBD presents diagnostic challenges, as one condition can mask or mimic the other. This child's persistent symptoms despite dietary modifications warranted re-examination of the initial diagnosis. Due to financial limitations, genetic testing for monogenic IBD was not feasible. A conservative treatment approach combining a gluten-free diet and high-fiber intake was adopted. The patient showed gradual improvement, underscoring the role of non-pharmacological strategies in carefully selected cases.

Conclusions: This case underscores the need for heightened clinical suspicion of immune-mediated gastrointestinal overlap syndromes in children presenting with unusual symptoms. It advocates for early multidisciplinary intervention and supports the use of dual dietary management in similar complex pediatric cases, especially in resource-constrained environments.

Biography

Dr. Nafiza Martini is a medical doctor and researcher with a background in pediatrics and gastrointestinal diseases publications. She is a researcher at University of Illinois at Chicago currently. She graduated from the Faculty of Medicine at Damascus University and trained at the Pediatric University Hospital in Damascus. Dr. Martini is the founder of Stemosis for Scientific Research and has contributed to over 45 scientific publications. She is actively involved in reviewing manuscripts for international medical journals and is passionate about improving diagnostic and treatment strategies for rare pediatric conditions, especially in low-resource settings. Her work bridges clinical care and research, with a focus on practical, patient-centered approaches.



Enrique Arribas*

Department of Physics; University of Castilla-La Mancha, Spain

This study reviews and assesses research on personal exposure to Radiofrequency Electromagnetic Fields (RF-EMF), focusing on two primary methodologies: personal measurements conducted by volunteers and measurements carried out by trained researchers across various microenvironments, either on foot or using transportation.

We also examine the current understanding of wireless emissions and their potential health implications. RF waves, such as those emitted by Wi-Fi and mobile networks, are classified as non-ionizing radiation, lacking sufficient energy to break chemical bonds or directly damage DNA. The World Health Organization (WHO) has extensively reviewed RF exposure and concluded that, under normal usage conditions, no confirmed adverse health effects have been established.

Nonetheless, in 2011, the International Agency for Research on Cancer (IARC) categorized RF radiation as "possibly carcinogenic to humans" (Group 2B), reflecting limited and inconclusive evidence while acknowledging that potential risks particularly from prolonged or high exposure—cannot be entirely dismissed.

The prevailing scientific consensus is that RF waves do not directly harm biological tissues at regulatory exposure levels. However, research continues to explore possible long-term effects, especially considering cumulative exposure and vulnerable populations, such as children and individuals with preexisting health conditions.

In summary, while current evidence suggests no significant health risks at typical exposure levels, a precautionary approach is recommended, supported by continuous monitoring and conservative exposure limits grounded in rigorous scientific evaluation.

Biography

Enrique Arribas holds the position of Full Professor within the Department of Physics at the University of Castilla-La Mancha, located in Albacete, Spain. His primary research focus encompasses radio frequency waves emanating from mobile phones and Wi-Fi technologies. Professor Arribas has published more than one hundred articles in peer-reviewed journals and has delivered more than one hundred presentations at both national and international conferences. Furthermore, he is the author of thirty books. He has also been an advisor to the Ministry of Health of Spain for the study of low frequency magnetic fields: 50 Hz, in a pilot research project.



Constructing a General Demographic Foundational Model Based on Representation Learning Technology

Li Chin Chen^{1*}, Wei-Chieh Huang², Ji-Tian Sheu³ and Yuh-Jue Chuang³

¹Data Analytics and Digital Transformation Research Center, National Taiwan University, Taiwan

²Division of Cardiology, Department of Internal Medicine, Taipei Veterans General Hospital, Taiwan

³Department of Health Care Management, Chang Gung University, Taiwan

Following the robust advancement of deep learning methodologies and foundational models, the field has achieved significant results across myriad applications, proving advantageous for augmenting machine learning outcomes without dependence on artificial feature extraction. Nevertheless, there has been limited adoption of these technologies within the realm of public health. One contributing factor is that a substantial portion of public health, medical, and governmental data is predominantly presented in tabular format, which currently lacks effective pre-trained or foundational models tailored for this domain. Moreover, existing models are not designed to support public health initiatives. Public health policies are formulated based on the prevailing population dynamics and disease distribution; thus, it is imperative to leverage the extensive repository of accumulated data alongside the capabilities of deep learning methods to facilitate industry transformation and inform public health policy development.

This study aims to develop representations and foundational models conducive to public health-related research or applications, utilizing the most prevalent demographic information—namely gender and age—through training on an extensive health insurance database, thereby bolstering support for future public health policy formulation. Three methodologies were explored: the first involves a traditional approach, encoding information through one-hot encoding and max-min scaling; the second method encodes age information using positional embedding while integrating gender encoding; the third transforms tabular data into textual form and encodes the resulting sentences using a large language model (LLM). The model will initially train on Taiwan's National Health Insurance Database, which encompasses 98% of the population. Following the training of these foundational models, we aim to validate their generalizability using open data related to public health from OpenML. Individual tasks will be designed to assess whether the pre-trained model enhances performance on these tasks.

Biography

Li-Chin Chen obtained her Ph.D. from the Graduate Institute of Biomedical Electronics and Bioinformatics at National Taiwan University and is currently an Assistant Research Fellow at the Data Analytics and Digital Transformation Research Center, National Taiwan University. Her research interests focus on the application of informatics in healthcare, specializing in the development of deep neural network applications. Her recent works include modeling laboratory patterns and transformations across diseases, streamlining disease screening methodologies using non-invasive parameters and machine learning, leveraging multimodalities in multimodal fusion learning to enhance preoperative assessments for patients, and supporting health policymaking applications.



A Reflective Analysis on The Inequities in Cancer Diagnosis and Treatment in Latin America: A Call to Action for Public Health

Marcela Gomez Suarez*, Gabriela Guerron-Gomez,
Mariana Rojas Fierro, Andres Mosquera and Rafael
Parra Medina

University Foundation of Health Sciences (FUCS), Colombia

Cancer continues to be a significant public health challenge in Latin America and the Caribbean (LAC), marked by rising incidence and mortality rates and a projection of increased burden by 2040. Despite the recognized importance of early diagnosis and treatment, the LAC region faces profound disparities in cancer care access due to socioeconomic, geographic, and educational barriers. These inequities are exacerbated by a lack of medical specialists, healthcare access limitations, and the distribution of resources, especially in rural areas. Social determinants of health (SDH) such as income level, educational attainment, and geographic location further contribute to delayed diagnoses and poor treatment outcomes. Addressing these barriers, recent initiatives emphasize strategies like telepathology networks, health education programs, and the establishment of cancer support networks to improve early diagnosis and quality of care. This review explores these SDH-based disparities in cancer care within LAC, examining innovative approaches aimed at reducing health inequities and improving outcomes for underserved populations. Through targeted interventions, the article highlights the critical need for policies promoting equitable access to cancer care as a fundamental public health objective in LAC..

Biography

Dr. Marcela Gómez-Suarez, MD, MSc, PhD, is the Vice-Rector for Research at Fundación Universitaria de Ciencias de la Salud (FUCS) in Bogotá, Colombia. She is a physician and researcher with expertise in epidemiology, health equity, public health, and economic analysis. With extensive experience in teaching research methodology, epidemiology, and public health at both undergraduate and postgraduate levels, she also serves as a thesis advisor for master's and PhD students. Dr. Gómez-Suarez is an active peer reviewer for academic journals and is recognized for her ability to lead interdisciplinary academic discussions, offering respectful and constructive feedback to support experiential learning and professional development.



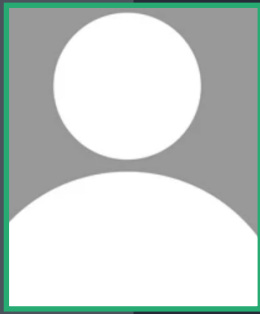
Emilia Luyten* and Sandy Tubeuf

Faculty of Economics, UCLouvain Saint-Louis Bruxelles, Belgium

This review summarises empirical studies on the progressivity and redistributive effects of healthcare financing mechanisms. The evidence varies significantly across countries and financing sources. Tax-based systems exhibit high progressivity, as direct taxes contribute to a favourable redistribution toward low-income households, often offsetting the regressive nature of indirect taxes. Social insurance systems are found to be progressive but may be regressive in practice due to contribution ceilings and exemptions for high-income earners. This creates disparities where high-income taxpayers benefit from social protection while contributing less proportionally to their total income, limiting the overall positive redistributive effect on income inequalities. Most health systems with co-payments use flat rates rather than income-based rates, disproportionately affecting lower-income individuals and potentially leading to catastrophic expenses. This review highlights a lack of recent research on healthcare financing in high-income countries, while recent studies in low- and middle-income countries align with commitment to deliver universal health coverage. Continuous analysis of the redistributive effects of the health system is essential to ensure that health financing systems not only fund healthcare effectively but also contribute to broader social equity goals.

Biography

Emilia Luyten is a PhD student in health economics at UCLouvain Saint-Louis Bruxelles. Her research focuses on public health issues, with a particular interest in equity in healthcare financing and access. She first worked on a project analyzing healthcare systems worldwide and their role in reducing income inequalities. Currently, her research explores the equity challenges in healthcare financing and access arising from the implementation of health insurance in Benin. By examining these issues, she aims to contribute to a better understanding of how health policies can promote fair and sustainable healthcare systems.



Cryopreservation of Genetic Material in Greece: Legal Framework and Advantages

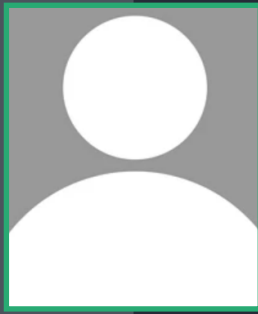
Andreas-Nikolaos Koukoulis*

Court of First Instance of Athens, Greece

The cryopreservation of genetic material has gained substantial attention in Greece, particularly after the legislative advancements of Law 4958/2022. This study examines the transition of Greek legislation from medically justified to elective cryopreservation, reflecting societal and demographic changes. The new legal framework allows for the preservation of fertility for non-medical reasons, extending the rights of individuals and addressing contemporary challenges like delayed parenthood. Advantages include safeguarding reproductive autonomy, increasing the chances of biological parenthood at a later age, and contributing to the fight against declining birth rates. However, the practice also raises ethical, legal, and health-related concerns, such as the risk of medicalization and commodification. Greece's approach serves as a case study on harmonizing reproductive law with technological advancements and social demands, setting a precedent for other countries. This presentation will analyze the Greek legal framework, highlight its benefits, and discuss the potential implications for public health and family law.

Biography

Andreas-Nikolaos Koukoulis is a distinguished legal professional and academic. He is currently an associate judge at the Athens Court of First Instance and Post-doc researcher at Law Scholl of Athens. With advanced degrees in law and psychology, he has taught at esteemed institutions such as Athens University and Thrace University law schools. Fluent in multiple languages, he actively contributes to scholarly discourse through publications, teaching, and conference presentations.



A Quantitative Epidemiological Analysis of the Prevalence, Antimicrobial Resistance, and Public Health Risks of Seafood-borne *Vibrio vulnificus* in Asia

Maryum Tanveer*, Eurade Ntakiyisumba, and Gayeon Won

College of Veterinary Medicine and Bio-Safety Research Institute, Jeonbuk National University, Iksan Campus, South Korea

Background: *Vibrio vulnificus* is a highly virulent marine bacterium associated with seafood contamination and a significant public health threat. It causes severe infections, including gastroenteritis, necrotizing fasciitis, cellulitis, and septicemia, with mortality rates of 15–50%. Infection occurs through consuming contaminated seafood or exposing open wounds to contaminated seawater. With its extensive coastlines, rich aquatic biodiversity, and high seafood consumption, Asia is exposed to an increased risk of infections. Studies highlight the bacterium's notable prevalence in seafood, its alarming antimicrobial resistance (AMR), and the associated infection risks. A systematic evaluation of these factors is vital to guide public health strategies and policy development.

Objectives: This study aims to integrate data from relevant studies to assess the prevalence and AMR profiles of seafood-borne *V. vulnificus* in Asia. Furthermore, it seeks to estimate the risk of human infection associated with exposure through seafood consumption.

Methods: Relevant data from existing research across Asian countries were integrated using systematic review and meta-analysis, following the PRISMA guidelines and a predefined study protocol. This approach facilitated the evaluation of *V. vulnificus* prevalence in various seafood types and determined its AMR rates. Moderator analyses were conducted based on predefined covariates to account for anticipated heterogeneity among primary studies. The annual probability of *V. vulnificus* infection associated with raw oyster consumption was estimated using a quantitative microbial risk assessment (QMRA) model specific to South Korea. Predictive models were developed and analyzed using a Monte Carlo simulation coupled with probability modeling to account for variability and uncertainty in the data. The outputs of these predictive models were subsequently integrated into a beta-Poisson dose-response model to estimate the risk of infection.

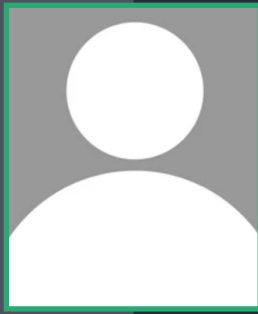
Results: The integrated prevalence analysis revealed an overall seafood contamination rate of *V. vulnificus* in Asia at 10.47% (95% CI: 6.8–15.8%), with significant regional variations—Japan

exhibiting notably higher rates (47.6%). Among seafood types, oysters were among the most contaminated, with a pathogen prevalence of 11.7%. The antimicrobial resistance (AMR) profile of *V. vulnificus* indicated low resistance levels to tetracyclines (4.89%), quinolones (1.85%), nitrofurans (0.86%), and phenicols (0.61%). In contrast, resistance was markedly higher for lincosamides (80.32%), polypeptides (64.42%), and glycopeptides (56.14%). The QMRA model specific to South Korea estimated 92 ± 23 annual cases of *V. vulnificus* infection, with an incidence rate of 0.18 ± 0.04 per 100,000 individuals. A significant seasonal impact was observed in the probability of illness per meal, with summer risk ($7.03 \square 10^{-7}$) substantially exceeding winter risk ($3.21 \square 10^{-8}$).

Conclusion: This study underscores the health challenges posed by seafood-borne *V. vulnificus* in Asia, highlighting its prevalence, AMR patterns, and seasonal risks. Enhanced surveillance, stringent seafood safety measures, and targeted antimicrobial stewardship are crucial to mitigate the region's threat of multidrug-resistant *V. vulnificus* infections. Such an integrative approach can also be applied to other infectious diseases and public health challenges, supporting evidence-based policy and risk management.

Biography

Maryum Tanveer is a Ph.D. candidate in Veterinary Medicine at Jeonbuk National University (JBNU), specializing in Public Health and Infectious Disease Epidemiology. Her research employs statistical and mathematical models to enhance understanding, prediction, and prevention of emerging and re-emerging infectious diseases impacting the health of domesticated animals, wildlife, and humans. She is proficient and well-versed in MS Office applications, statistical analysis techniques, data analysis, data interpretation, and machine learning. Her modeling and programming skills encompass but are not limited to using software such as SPSS, R, Python, NetLogo, and @Risk. She is recognized for her strong organizational abilities, dependability, and positive attitude, and she is eager to take on additional responsibilities to support team goals.



A Qualitative Exploration of Doctors' and Nurses' Experiences on the Management of Tuberculosis and Human Immune Virus Co-infection in a Tuberculosis-Human Immune Virus High Burden Community in Northern KwaZulu-Natal, South Africa

Mbuso Mabuza^{1*} and Constance Shumba²

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²Department of Public Health and Policy, University of Liverpool, United Kingdom

Background: South Africa is faced with a huge challenge of addressing the high burden of tuberculosis-human immune virus (TB-HIV) co-infection, and this challenge is more pronounced in the province of KwaZulu-Natal which has one of the highest burdens of TB-HIV co-infection in the world.

Aim: The study explored the experiences of doctors and nurses with regard to the management of tuberculosis and HIV co-infection in a TB-HIV high burden community in northern KwaZulu-Natal, South Africa. The particular focus was to provide insight and to inform policy and programme development for effective management of TB-HIV co-infection in the TB-HIV high burden community of northern KwaZulu-Natal.

Methods: An interpretivist exploratory qualitative approach was employed through individual semi-structured interviews of 16 participants comprising eight doctors and eight nurses, with a total interview time of 8.95 hours. Purposive sampling was used to select the doctors and nurses from the public and private sector of the TB-HIV high burden community of northern KwaZulu-Natal. Thematic analysis was used to analyse the data.

Results: Five key themes emerged from this study and these themes were discussed together with the sub-themes based on the various participant responses. The five key themes were practical experience about the management of TB-HIV co-infection; access to information and training on the management of TB-HIV co-infections; challenges and concerns about the management of TB-HIV co-infection; perception about local beliefs; and knowledge of policies and guidelines.

Conclusion: Overall, this study highlights barriers that hamper the effective management of TB-HIV co-infection in northern KwaZulu-Natal. Recommendations of this study point towards an urgent need to scale up the management of TB-HIV co-infection through effective policies, improved capacity and infrastructure, stronger partnerships of all stakeholders, and further research.



Manual Traction in Severe Cervical Spondylotic Radiculopathy

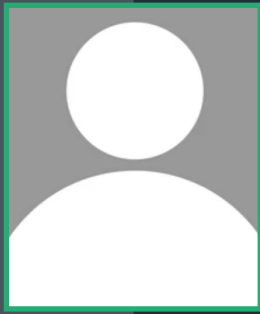
Yu Hou*

Orthopaedics Department, Guangdong Provincial Hospital of Chinese Medicine, Guangzhou, China

Manual Traction has been established as an effective technique for the treatment of cervical spondylotic radiculopathy, which can be performed with bare hands. The pain relief effect is evident immediately, with a total effective rate of 92%, particularly in severe cases. The five-year long-term follow-up results are satisfactory. This technique emphasizes the three elements of force, angle, and time, and is combined with continuous traction using instruments. Over the past 20 years of application, there have been no complications such as nerve injury. The technique has now received project funding from the National Administration of Traditional Chinese Medicine in China to promote it throughout the country. In a study involving 8 centers and 254 patients, a statistically significant difference in NRS and NDI scores was observed before and after treatment ($P < 0.001$). When analyzing the NRS and NDI scores before and after treatment for each center separately, the results indicated that patients treated at all 8 centers showed statistically significant differences in NRS and NDI scores before and after treatment ($P < 0.05$).

Biography

MD, Attending Physician, trained under Professor Lin Dingkun, a renowned Chinese medicine expert in Guangdong Province and a distinguished scholar in Traditional Chinese Medicine (TCM). Currently serving as the Secretary of the Orthopedic Hospital at Guangdong Provincial Hospital of Chinese Medicine. Specializing in integrated prevention, treatment, and rehabilitation strategies for chronic musculoskeletal disorders, with a focus on cervical spondylosis, lumbar degenerative diseases, and knee osteoarthritis. Published 47 research articles, including 20 SCI-indexed papers with a cumulative impact factor of 69.4. Holds 5 national invention patents, 3 utility model patents, and 4 design patents.



Emerging Mechanisms of Microplastic-Induced Skin Diseases: A Perspective from the Gut–Skin Axis

Xueer Zhang^{1,2*}

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²The School of Chemistry, Chemical Engineering and Biotechnology, Nanyang Technological University, Singapore

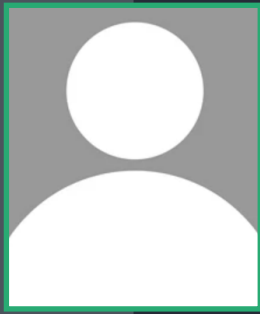
Microplastics (MPs), ubiquitous environmental pollutants, can enter the human body through ingestion, inhalation, and dermal contact, accumulate in various organs, and exert harmful effects. Emerging evidence suggests that both the skin and the gut serve as key immunological and neuroendocrine organs, sharing structural and neuroanatomical similarities. The interaction between these two systems is referred to as the “gut–skin axis.” Numerous studies have demonstrated that MPs not only induce gut microbiota dysbiosis and compromise intestinal barrier integrity but also impair skin barrier function. Thus, the gut–skin axis offers a novel perspective for understanding MP-induced toxicity. Although interactions between MPs and the gut–skin axis have garnered increasing scientific interest, the mechanistic understanding of how MPs may mediate crosstalk between the gut and skin remains limited, and the impact of MPs on skin damage is not yet fully elucidated. MPs can directly disrupt gut microbial homeostasis and epithelial barrier function, allowing harmful bacteria and microbial metabolites to translocate into the bloodstream and exert systemic effects, ultimately contributing to cutaneous inflammation, metabolic imbalance, and oxidative stress. This review summarizes the mechanisms by which MPs exposure induces gut microbiota dysbiosis and skin damage from an integrated gut–skin axis perspective, highlighting their interplay's relevance. Understanding changes in gut microbiota and its metabolites may represent a promising approach to mitigate MP-induced skin diseases via modulation of the gut–skin axis.

Biography

I am currently pursuing a Ph.D. in Traditional Chinese Surgery (Scientific Degree) at the School of Clinical Medicine, Chengdu University of Traditional Chinese Medicine, with a visiting research experience at Nanyang Technological University, Singapore. I have participated in the writing and completion of several national and provincial-level research projects and have independently led three university-level projects. To date, I have published three SCI-indexed papers and over three core journal articles (Peking University Core Journals) as first author. I also hold two national patents and one computer software copyright.

My research primarily focuses on the basic and clinical application of traditional Chinese medicine (TCM) in the prevention and treatment of inflammatory skin diseases. I have explored the relationship between microbiota dysbiosis (skin, oral, and gut) and paediatric atopic dermatitis, as well as the regulatory mechanisms of lipid metabolism in diabetic pruritus and published several papers on these topics. At the microscopic level, I investigate the material basis of TCM efficacy against inflammatory dermatoses through gene–protein interactions, exosomes, microbial immunity, and inflammation.

In addition, I integrate interdisciplinary approaches to explore biological carriers such as ferritin and Pickering emulsions for delivering TCM monomers, aiming to develop novel drug delivery systems for the prevention and treatment of inflammatory skin disease.



The Experience and Needs for Exergames in Older Adults with Mild Cognitive Impairment: A Qualitative Study

Xi Chen*, Dian Jiang, Hongting Ning, Lina Wu¹, Yifei Chen, Chi Zhang, Ruotong Peng and Hui Feng

Xiangya School of Nursing, Central South University, China

Background: As a novel intervention method that combines exercise and games, exergames have demonstrated a positive impact on enhancing the cognitive and physical functions of older adults with mild cognitive impairment (MCI). However, older individuals are often more vulnerable when it comes to adopting new technologies, and the majority of currently available exergames have not been specifically designed for older adults. Furthermore, there remains a dearth of knowledge and evidence regarding the experiences and needs of Chinese seniors with MCI about exergames.

Objectives: The purpose of this qualitative study was to investigate the experience and needs of exergames among older adults with MCI.

Methods: Semi-structured personal interviews were conducted with MCI seniors. We applied the phenomenological method and analyzed the interview records to uncover the experience of MCI seniors engaging in exergames and identify their needs for exergames. We then summarized our qualitative findings and suggested strategies to utilize our results as a foundation for developing appropriate exergames for older adults with MCI in the future. The COREQ (Consolidated Criteria for Reporting Qualitative Research) checklist was used to ensure the study met the recommended standards of qualitative data reporting.

Results: Twenty-one participants (mean age 70.2, SD 7.6 years) were interviewed. MCI seniors' experience of exergames includes five parts: attitudes towards exergames vary, both entertaining and interesting, promote physical activity and exercise, pass the time and relieve loneliness, and conditions of use are not restricted. MCI seniors' needs for exergames include the desire to design senior-friendly exergames, ensure science and safety in the process of sports, provide a good gaming experience, exercise physical and cognitive function, and provide support and training.

Conclusions: Customizing exergames to meet the unique needs of seniors with MCI is of utmost importance. By examining the experience and needs of MCI seniors regarding exergames, this study offers valuable insights that can inform the development of suitable exergames for this population group and guide the implementation of exergame interventions among older adults with MCI. Furthermore, future studies should consider extending these findings to broader population cohorts for a comprehensive understanding.

Biography

School of Nursing, Central South University, China.



The Illness Experiences of Adolescents with Type 1 Diabetes Mellitus: A Qualitative Meta-Synthesis

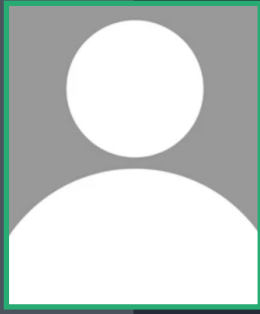
Ziyu Sun*, Wenjuan Zhang, Jiaqi Wang, Yibao Zhang
and Yuhong Wu

School of Nursing, Hangzhou Normal University, Hangzhou, Zhejiang
Province, China

This study aims to systematically review the illness experience of adolescent patients with type 1 diabetes mellitus (T1DM). The JBI qualitative systematic review method was used and meta-aggregate analysis of 14 qualitative studies were performed. Qualitative studies on the disease experience of adolescent patients with T1DM were obtained from Cochrane, PubMed, Web of Science, CINAHL, Embase, Wanfang, CNKI, and VIP, and the search period was from 1995 to 2024. The qualitative research quality evaluation tool of JBI the Evidence-based Health Care Center in Australia was used to evaluate the analysis results. Thirty-one results were distilled and categorized into 7 themes and then synthesized into 3 overarching findings: (1) experiencing psychological distress and developing coping mechanisms following adjustment; (2) acknowledging self-management shortcomings and actively seeking support; and (3) overcoming challenges and growing through experiences. The findings illuminate that adolescents with T1DM often experience negative physical and emotional challenges during their illness. Transitioning from dependency to independence poses numerous obstacles that can be overcome by improving both internal and external support, cultivating self-management skills, strengthening coping mechanisms, and achieving control over the disease while fostering personal growth.

Biography

Ziyu Sun is a master's student at the School of Nursing, Hangzhou Normal University. Her research areas encompass Nursing and Nutrition, with a particular focus on diabetes mellitus. She has published more than 5 papers in reputed journals and has been serving as a peer reviewer.



Effect of Manuka Honey Among Patients Diagnosed with Adenoviral Keratoconjunctivitis (AKC) on Gaza Strip

Aysha Fadel El-Agha*

Ministry of Education, Egypt

Introduction: The most common contagious conjunctivitis is viral conjunctivitis triggered by adenovirus. Highly infectious pathogenies are adenoviruses. Epidemic keratoconjunctivitis accompanied by pharyngoconjunctival fever was the most common ocular adenoviral infection. The most serious type and diagnosed with watery escape, hyperemia, chemosis, and ipsilateral lymphadenopathy is Epidemic keratoconjunctivitis. AKC distinguishes from other types of viral conjunctivitis by its corneal presence. Throughout the infection, subepithelial corneal opacities frequently form about 10 days after the start of symptoms.

Research Methodology: The design of this study is (Randomized Control Trial), multi-centre in which 70 patients with the diagnosis of Adenoviral keratoconjunctivitis were directly referred from the emergency department of European Gaza hospital, ophthalmology hospital, and eye care centres. Eligible subjects will be categorized randomly in three groups: The usual medical protocol undergoes the 1st group (control group), and the 2nd is the intervention group will be treated by manuka honey with 16.5% concentration and the 3rd group is another intervention which is underwent by feeding the honey orally.

Material and Methods: All patients who will be matched the eligibility criteria will be diagnosed in either case by: AdenoPlus device (Recently used). AdenoPlus device is used as point-of-Care Testing for Acute Conjunctivitis. It's the first and only CLIA-waived, point-of-care test that detects all known serotypes of adenoviral keratoconjunctivitis.

Conclusion: The results showed that there were no significant differences between the age groups. std. deviation for quantitative variables, such as age. The average age of the control group is 39.43 years, while the experimental group is 40.03 years. 75% of the control group patients ranged in age from 19-45 years, and 25% were between 46 and 65 years of age. With regard to the ages of the experimental group patients, it was found that 60.6% of them are between 19 and 45 years old, and 21.2% are between 46 and 65 years old.



What to Include in Nursing Teaching from the Perspective of a Person with Autism and Developmental Disability

Sarah Butler*

Campbelltown TAFE, Australia

During the presentation I will draw upon my experience of living with autism as well as being both self-advocate and an inclusive co-researcher. I will cover the gaps I have experienced in encountering both the medical and nursing professions which could be overcome through additional training. Identified gaps will be covered

accompanied by suggested strategies covering; How to communicate more effectively with people with disabilities, both verbally and non-verbally; Identify lack of physical access to medical and hospital buildings; Practicing how to write easy read English as it relates to diagnosis, referrals, remedial exercises; Ensuring that the person with a disability is spoken to rather than to their family member or person bringing them to the appointment; Getting in touch with agencies that advocate for people with disability particularly in the area of health; Being aware of all the accessible tools and materials that are out there to support nursing and medical agencies about what it means to be disabled.

Also included in the presentation will be my own journey of being included in the community through the support of different clubs such as Toastmasters. Knowing more about what community-based organizations can offer in supporting people to overcome social

isolation will be promoted as needing to be part of the training for nursing, medical and allied health students. My own journey will exemplify how being connected with interest groups in the community goes a long way to overcoming anxiety which can provide an alternative to medication.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) states that people with disabilities have equal rights to access the healthcare they need to live a quality life. Ensuring that medical, nursing and allied health staff are well trained, including talks like my own that I will cover in the presentation, is one much safeguard to healthy evidence-based practice.

Biography

Sarah Butler is a person that lives with autism. She is a member of several groups that advocate for and do research with people with intellectual and developmental disabilities. She has spoken at many conferences both in Australia and internationally. She has a Diploma in Disability and is called upon by tertiary institutions to speak on what it means to live with autism.



Importance of Early Diagnosis of Leprosy: Multidisciplinary Involvement

Kátia Floripes Bezerra*

Carmelo Tavares Bezerra e Julieta Batista da Silva, Brazil

Leprosy is a chronic, infectious disease, whose etiological agent is *Mycobacterium leprae*, an acid-fast, weakly gram-positive bacillus, which infects the peripheral nerves and, more specifically, the Schwann cells, is a curable infectious disease that remains endemic in >140 countries around the world. The objective of this study was to describe the importance of early diagnosis and multiprofessional therapeutic interventions in cases of leprosy. Methods: We carried out a systematic review and meta-analysis by searching the databases MEDLINE, Embase, Cochrane Library, CINAHL, LILACS, Scopus, and Web of Science until outubric 2023. The random effects model was used to calculate the pooled relative risk (RR) and 95% confidence intervals (95% CI) when heterogeneity was greater than 50%. Results: The search resulted in 1296 references and included 31 reports. shows whether they are associated with early diagnosis of leprosy: adherence to multidisciplinary treatment [RR = 8,04 (IC95%: 2,35-27,50); p = 0,001] , did not present sequelae [RR = 6,43 (IC95%: 2,02-20,44); p = 0,002]; did not present leprosy reactions [RR = 10,7 (IC95%: 1,4-81,6; p = 0,004)]. Conclusions: Early diagnosis and multidisciplinary action in cases of leprosy are essential for adherence to treatment, the absence of sequelae and the absence of leprosy reactions. Multidisciplinary team working with coordinated actions between health professionals, researchers, managers and policy makers to combat leprosy.

Biography

Nurse with a PhD in Medicine and Human Health and a master's in health sciences, currently a student at the Federal University of Alagoas, studying Medicine (third period).



Foundational Infection Prevention and Control Practices Among Mid-Level Professionals

Meaza Getahun Sileshi^{1*} and Portia J Jordan²

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Basic infection prevention and control practice (IPC) is a set of procedures performed to minimize hospital-acquired infections (HAIs) and guarantee patient safety. It includes hand hygiene, use of appropriate personal protective equipment, environmental cleaning, disinfection and waste management to reduce risk to patients. This study aimed to assess infection prevention and control practices among mid-level professionals in selected referral hospital in Addis Ababa, Ethiopia. A descriptive cross-sectional study was conducted on 182 nurses and midwives working in a specific hospital in June 2022. They were recruited using a non-probability convenient sampling method and completed a self-administered questionnaire. Descriptive data analysis was done using SPSS version 28.0 software. Two-thirds of study respondents (63.7%) were females and 140 (77.0%) of them were between 21 and 39 years of age. Also 131(71.9%) of them had bachelor's or master's degree in nursing, midwifery or public health. Around 156 (85.7%) of them had hand washing before and after patient contact ($P<0.001$) and 64 (35.2%) of them practiced personal protective equipment's use (gloves, gown and facemask). Half of them reported change of 0.5% chlorine solution of every 24 hours for decontamination purpose and 123 (67.6%) of them reported waste segregation practice at their unit. Participants (77.0%) revealed that they had no updated training on infection prevention and the infection prevention manual was not available in their respective units (53.8%). The overall safe infection prevention practice among them was low (65.0%). The existence of HAIs might be higher, so hospitals must update staff on the protocol of IPC.

Biography

Dr. Meaza Getahun Sileshi completed PhD in Public Health from University of South Africa. She also studied MSc degree in Adult Health Nursing from Addis Ababa University and BSc degree in nursing from Jimma University, Ethiopia. She was academician in Jimma University, St Paul hospital millennium medical college and Research and Development Dean in Nordic Medical Centre in Ethiopia. Also, she served international NGOs as technical advisor and resource person, i.e. Jhpiego, Intra-Health International and Project Hope. Currently she is post-doctoral fellow at department of Nursing and Midwifery in Stellenbosch University, Cape Town, South Africa.



Association Between Mental Health and Social Determinants of Health Among Ethnic Communities in Bangladesh: An Intersectional Study

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Department of Public Health and Informatics, Bangabandhu Sheikh Mujib Medical University, Bangladesh

Mental well-being and various common mental disorders are profoundly influenced by the social, economic, and physical surroundings in which individuals reside. Intersectionality serves as a significant theoretical framework for analysing how various sociocultural factors intersect and the impact of societal disparities on mental health conditions. The study aims to investigate the complex interrelationships between mental health conditions and social determinants of health within ethnic communities in Bangladesh, employing an intersectional approach. The cross-sectional study was conducted among community people aged 18 years or above from Kamalganj and Sreemangal Upazila of Moulavibazar district. A total of 1268 people of age 18-60 years were a part of this study. They were selected by the systematic sampling method. A pre-tested structured questionnaire was used to interview all the participants to obtain the study's objectives. Descriptive analysis was done on participants' socio-demographic variables, family characteristics, and different social determinants. We investigated the association between mental health conditions and social determinants across 10 intersectional strata defined by ethnicity and sex. We calculated odds ratios (with 95% confidence intervals) to evaluate between-strata differences using Bengali men as the comparison reference. Among the participants, male vs female was 47.8% and 52.8% respectively. In terms of educational attainment, around 80% of the participants have formal schooling and 42% of participants were labourers. Regarding the distribution of ethnic communities, the proportions were as follows: Manipuri (23.7%), Bengali (22.7%), Khasia (22.7%), Tea labour (22.2%), and Tripura (8.8%). For the mental health questions, Cronbach's alpha was 72%. For instance, the association between social connection and mental health was six times higher for Manipuri males (OR 5.97 [95% CI 1.16-30.77]) than for Bengali males, for domestic violence association is higher in male tea labour (OR 0.32 [95% CI 0.13- 0.75]) and for housing condition association is higher in female tea labour [(OR 0.17 [95% CI 0.04-0.76]). The intersectional approach can inform public health initiatives through the idea of proportionate universalism and offers more accurate information on the presence (or absence) of health inequities.

Biography

Dr. Khandakar Fatema is a Research officer at Bangabandhu Sheikh Mujib Medical University. As part of my work, I am currently working on a baseline of a cohort along with some other project regarding social determinants of health, environmental health and infectious diseases. I finished my thesis on child rights. I received my master's in public health from BSMMU and second master's in applied Statistics and Data Science from Jahangirnagar University, MBBS from Cox's Bazar Medical College. Throughout my academic career, I competed in a variety of academic and cultural competitions and received numerous awards and collaborated with different people.



Sexual and Reproductive Health Service Use of Unmarried Adolescents in Morogoro, Tanzania: Insights from a Cross-Sectional Household Survey

Baraka Malaki Morris^{1*}, Suleiman Chombo², Connie Ulrich,³ and Deodatus CV. Kakoko⁴

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Background: Adolescents in Tanzania are a socially, economically, and sexually active group that significantly influences public health trends, particularly in sexual and reproductive health. Despite health facilities that offer adolescent-friendly sexual and reproductive health services (SRHS), their use is low, especially among unmarried adolescents. This potentially exposes them to risky sexual practices, unwanted pregnancies, unsafe abortion, and sexually transmitted illnesses (STIs, including HIV. This paper explores the use of SRHSs by unmarried adolescents in Tanzania and the factors associated with it.

Methods: This study employed a cross-sectional quantitative household survey to collect data from 312 unmarried adolescents aged 15 -19 years in the selected streets and villages located in Morogoro municipal and Mvomero District of the Morogoro region, Tanzania.

Results: Of the 312 unmarried adolescents who participated, 17.9% reported having visited a health facility to receive SRHSs. The study found that unmarried adolescents who had ever worked for pay were 1.98 times more likely to use SRHSs than those who had never worked for pay (RR=1.98, p=.025). Moreover, unmarried adolescents who had sexual relationships were 2.27 times more likely to use SRHSs than those who had not (RR=2.27, p =.007).

Conclusion: Despite government efforts to improve access to SRHSs, their utilization among adolescents remains disappointingly low. This study found that working for pay and having been in a sexual relationship are associated with the use of SRHS among unmarried adolescents. Services offered should address the relational (social) and economic factors influencing this group to improve utilization.

Biography

Mr. Baraka M. Morris is an Assistant Lecturer in the Department of Nursing Management at Muhimbili University of Health and Allied Sciences, with a background in nursing and bioethics. He is currently pursuing a Ph.D. in global health bioethics, focusing on ethical issues affecting adolescent uptake of sexual and reproductive health services. His research and publications on healthcare ethics, HIV prevention, and patient-provider decision-making reflect his commitment to addressing ethical challenges in public health. With experience in research, policy discussions, and mentorship, he is well-prepared to contribute meaningful insights to the upcoming public health conference.



Transforming Mental Health for Children, Adolescents, and Caregivers in Jharkhand's Tribal Districts through Innovation and Community Empowerment in India

Pratibha Pandey*, Chandrashekar Pandey, Rajesh Ranjan Singh and Russell Dowling

ChildFund India, India

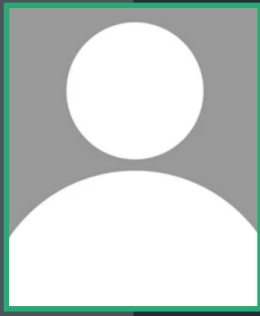
Mental health and wellbeing among children, adolescents, and caregivers in Jharkhand's tribal districts are a growing concern due to harmful socio-cultural norms, inadequate access to health services, and a lack of trained mental health professionals. The National Family Health Survey (NFHS-5, 2019-21) reveals that 23.5% of adolescents aged 15-19 exhibit symptoms of depression, anxiety, or emotional distress, and only 19% of primary health care centres employ trained mental health personnel. In 2023-24 Child Fund India, in collaboration with the National Health Mission (NHM) and the Central Institute of Psychiatry (CIP) Ranchi, launched an initiative aimed at improving mental health services for tribal communities.

Programming incorporated innovative, community-driven strategies, including the deployment of 'Mentor Mothers' and women's groups. Jointly, these groups conducted over 1,000 home visits and counselling sessions to raise awareness, reduce stigma, and deter unproven practices such as witchcraft. More than 100 child-friendly mental health spaces were also established in primary health care centres and community spaces, empowering children and adolescents to express emotions and access early support. Additionally, key innovations focused on capacity strengthening, with over 50 master trainers and 500 frontline health workers trained to identify and manage mental health issues. Finally, tailored education materials and community-based awareness campaigns were developed to promote care-seeking behaviours.

The program's outcomes included reaching 15,000 households, reducing self-reported stigma by 45%, and improving self-reported emotional regulation in 60% of adolescents and community mobilizers surveyed. By integrating mental health into existing healthcare systems and addressing cultural stigma, this initiative represents a sustainable community-driven model for improving child and caregiver mental well-being. Its collaborative approach also provides a replicable framework for addressing mental health disparities in underserved regions, empowering communities to prioritize the mental well-being of young people and recommendation for further research or programming.

Biography

Pratibha Pandey a public health professional, brings with her over 19 years of diverse and rich work experience in the domains of Maternal and Child health, nutrition, Reproductive & Sexual health rights and social development. Pratibha Pandey holds a post graduate degree in social work with specialization on RCH and Psychiatric social work and a higher-level post graduate diploma in community health/nutrition and health governance.



Medical Historiography in Kashmir: An Overview

Hilal Ahmad Tantray

Jamia Millia Islamia, India

This study rigorously examines the medical history of Kashmir (1846–1947), contesting linear narratives of Western medical advancement. The text contends that the Dogra state, in collaboration with British missionaries, established Western medicine as the dominant practice while sidelining indigenous systems such as Unani and Ayurveda. Medical missionaries, masquerading as benevolent agents, propagated religious and cultural imperialism, transforming hospitals into venues for conversion and oversight. Public health initiatives exhibited significant disparities—classist, gendered, and regionally biased—favoring urban elites and the military while disregarding rural and marginalized communities. Utilizing archival sources and oral histories, the research demonstrates that medicine operated not only as a therapeutic field but also as a mechanism of governance, ideological expression, and social regulation. Indigenous healers and communities, rather than being passive recipients, actively negotiated, rejected, or adapted to these interventions. This study reconceptualizes medicine in Kashmir as a contentious domain influenced by power dynamics, identity, and resistance, rather than merely a humanitarian or scientific pursuit.



Rate Of Request for Labour Analgesia Among Postpartum Women in A Southwestern University Teaching Hospital, Nigeria

Olufemi Oyebanji OYEDIRAN*, Motunrayo Aanuoluwapo BELLO, Oluwaseun Rebecca OKE, Emmanuel Olufemi AYANDIRAN and Sunday Joseph AYAMOLOWO

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Background: This study assessed the knowledge, attitude and rate of request for labor analgesia among postpartum women in Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife.

Methods: The study adopted a descriptive research design and an ample size of 164 was selected with purposive sampling method, and. A structured questionnaire was used for data collection among postpartum women after obtaining their informed consents and ethical approval. Data collected were analyzed using Statistical Package for Social Sciences (SPSS) version 25.

Results: Findings show that more than half (53%) had a poor knowledge and 47% had a good knowledge regarding the use of pain relief in labor. In addition, their attitude was very poor (67.9%) and only 32.1% had a good attitude while 90.9% desired pain relief during their last labor. However, 19.5% reported to have requested any pain relief during last labor and 70.3% reported that they were not given labor pain relief promptly when they requested but 60.4% reported they would request for pain relief in their next labor. Hypothesis testing showed that there is a relationship between knowledge of labor analgesia and attitude towards it and between knowledge and rate of request for labor analgesia.

Conclusion: This study concluded that pregnant women poor knowledge of pain relief during labor. Therefore, there is a need for health interventions like health education programs at antenatal clinic aimed at providing detailed information on pain relief and formulation of policies that will ensure that pain relief measures are readily available for all.

Key words: Labor; Analgesia; Postpartum Women

Significance: The manuscript provided empirical data on the rate of request for labor analgesia and attitude of postpartum women toward labor analgesia.

Biography

I am a Perioperative Nurse Practitioner and a patient safety advocate with expertise in phenomenology and survey research. I am a Senior Lecturer from Department of Nursing, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria.

To date, my research has focused on health promotion, surgical care and patient safety, as well as the psychosocial well-being of surgical patients and lived experiences of nurses. I have successfully led various local and international research projects, collaborated with other researchers and produced over forty peer-reviewed publications in international high impact journals.



Reimagining Primary Care in Syria: Designing a Community Health Worker Model for a Post-Conflict Health System

Sophia Shalabi*

Syrian American Medical Society, USA

Syria's healthcare system has endured over five decades of dictatorship, marked by political repression and neglect of public services. The past 14 years of widespread destruction, displacement, and targeted attacks on health infrastructure have further weakened access to care across the country. Both regime-held and non-regime-held areas have experienced severe disruptions to primary care and preventive services. In regions now referred to as "New Syria," local actors have begun rebuilding health systems through more community-driven governance structures, with a growing shift away from dependency on international donors.

This presentation outlines a conceptual framework for developing a Community Health Worker (CHW) model in these areas, informed by successful examples from post-authoritarian and post-conflict settings such as Liberia and Rwanda. Both countries leveraged CHW programs to restore basic health services, improve trust in the system, and promote care in hard-to-reach communities.

The proposed CHW model for Syria focuses on a few critical areas: maternal and child health, chronic disease support, and health education. These priorities were identified based on documented health needs in underserved Syrian communities, where limited access to maternal care, rising chronic disease burden, and lack of health education continue to challenge recovery efforts. CHWs have been recognized as a critical workforce in addressing these gaps and improving long-term outcomes in similar post-conflict settings

Key components of the model include recruitment from within communities, competency-based training, and integration with primary care services through locally coordinated systems. The presentation will also highlight opportunities in the current Syrian context, including organized local health authorities, emerging governance frameworks, and strong community engagement. These conditions provide a pathway for designing and implementing a CHW model that is responsive, sustainable, and grounded in local ownership.

Rather than presenting a completed intervention, this session offers a forward-looking proposal aimed at guiding future planning and coordination. It contributes to broader discussions on health system recovery in politically transitional settings and encourages collaborative thinking on how CHW programs can support inclusive, resilient primary care in Syria.

Biography

Sophia Shalabi, MPH, is a Syrian American public health professional with experience in community health, health education, and working with conflict-affected populations. She currently serves as a Senior Program Officer with the Syrian American Medical Society (SAMS), where she supports program development, coordination, and strategy for health initiatives in Syria and the surrounding region. She has worked with refugee-serving organizations and health NGOs in both the United States and Syria, focusing on equity, outreach, and local capacity-building. Her current focus is on adapting successful community health models from countries like Liberia and Rwanda to contribute towards health system strengthening efforts in Syria



Global, Regional, and National Burden of Ischemic Heart Disease Among Adults Aged 30-54 Years From 1990 to 2021: A Combined Analysis of the Global Burden of Disease (GBD)

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⁸Children's Hospital, Zhejiang University School of Medicine, Hangzhou, Zhejiang, China

⁹Department of Emergency and Critical Care, Shanghai General Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China

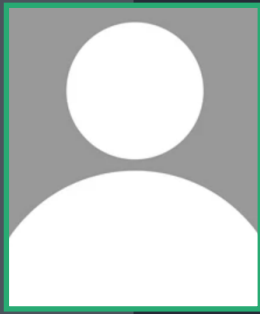
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Background: The burden of ischemic heart disease (IHD) is gradually shifting toward younger and middle-aged populations; however, the epidemiological trends and geographic patterns of IHD among individuals aged 30-54 years remain insufficiently explored. **Methods:** This study utilized data from the Global Burden of Disease Study 2021 (GBD 2021) to assess the age-standardised incidence, prevalence, mortality, and disability-adjusted life years (DALYs) of IHD among adults aged 30-54 years across different countries and regions from 1990 to 2021. Temporal trends were evaluated using Joinpoint regression. Further stratified analyses were conducted by sex, age, and Socio-Demographic Index (SDI) to investigate the influence of key demographic and social factors. Age-period-cohort (APC) modeling was used to disentangle the independent effects of age, calendar period, and birth cohort. In addition, we examined the IHD burden attributable to environmental/occupational, metabolic, and behavioral risk factors to uncover global and regional heterogeneity in risk attribution. To further explore the causal contribution of metabolic risk factors, Mendelian randomization (MR) analysis was conducted to assess associations between 637 human metabolites and IHD risk. **Results:** In 2021, the global age-standardised rates of IHD incidence, prevalence, mortality, and DALYs among adults aged 30-54 years were 372.9, 2946.4, 108.7, and 2212.2 per 100,000 population, respectively. The heaviest burdens were observed in Central Asia, Eastern Europe, North Africa and Middle East. Joinpoint analysis indicated a continuous decline in IHD burden from 1990 to 2021, particularly in mortality and DALYs. Stratified results showed a consistently higher burden among males than females, with increasing disease burden with age. High-SDI regions had the lowest IHD burden and exhibited the most significant declines. APC analysis confirmed a downward trend in incidence over time, with older subgroups within the 30-54 age range showing relatively higher risk. Metabolic risk factors remained the primary contributors to the IHD burden globally. MR analysis further identified 52 metabolites significantly associated with IHD, supporting a strong causal role of disordered lipid metabolism in IHD. **Conclusion:** The burden of IHD among adults aged 30-54 years remains substantial, despite global declines in mortality and DALYs. Consistent evidence from GBD and MR analyses reinforces the causal role of metabolic risks, emphasizing the urgency of early intervention strategies in this age group.

Biography

Doctor of General Medicine, Fudan University General Practitioner, Health Management Center, Zhongshan Hospital, Fudan University



Effectiveness of Road Safety Education in Reducing Teen Traffic Accidents in Southeast Asia: A Systematic Review

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⁴Nakhon Pathom University

Background: Traffic accidents are a leading cause of injury and death among teenagers globally, with Southeast Asia being no exception. This review aims to evaluate whether road safety education can effectively reduce these incidents among adolescents in the region. This systematic review assesses the impact of road safety education on reducing teenage traffic accidents and injuries in Southeast Asia. The focus is on the effectiveness of programs, necessary cultural adaptations, practical training integration, implementation challenges, and long-term behavior modification among teenagers.

Methods: A comprehensive literature search was conducted utilizing a range of databases, including PubMed, Scopus, and Google Scholar, to locate relevant studies that were published between 2013 and 2023. Literature extraction approach included using search keywords like traffic accidents, Southeast Asia, teenagers, and road safety education. The selection criteria included relevance to road safety education and teenage participants from Southeast Asia. The effectiveness of the programs was assessed by vote counting, tallying the number of studies showing positive, neutral, or negative impacts on teenage driving behavior.

Results: Seventeen studies met the inclusion criteria. Findings indicate that road safety education programs are crucial for reducing traffic accidents and injuries among teenagers in Southeast Asia. These programs are most effective when they include both theoretical and practical training, are culturally and contextually adapted to the local environment, and involve community and parental support. Challenges in implementation include resource limitations and ensuring long-term engagement and behavior change among teenagers.

Conclusions: Road safety education is a vital component in the strategy to reduce teenage traffic accidents and injuries in Southeast Asia. Policymakers should prioritize financing for road safety education, ensure cultural sensitivity, and include components of hands-on instruction. The long-term behavior change, and program sustainability should be the main goals of initiatives meant to increase road safety. Promoting safe driving habits among teenagers requires community and parental involvement in instructional programs.

Keywords: Road Safety Education, Teenagers, Traffic Accidents and Injuries, Southeast Asia

Biography

School of Public Health Walailak University, Thailand



Bridging Evidence and Implementation: A Collaborative Model for Strengthening Health Systems Through Policy-Academic-NGO Partnerships

Faye Eshraghi*

University Cape Town and the Knowledge Translation Foundation,
South Africa

In many low- and middle-income countries (LMICs), a persistent gap exists between the creation of clinical evidence and its effective use by healthcare workers on the ground. Guidelines, policies, and training resources often remain siloed within academic or policymaking institutions, rendering them inaccessible, impractical, or overwhelming to frontline health workers who operate in complex, resource-constrained environments.

This presentation introduces a collaborative model developed by the Knowledge Translation Foundation (KTF) that bridges this evidence-to-practice gap by embedding knowledge translation and implementation science into the structure of primary healthcare systems. Central to this model is the Practical Approach to Care Kit (PACK) an integrated program of decision support, learning, and system change developed in collaboration with academic institutions, government partners, and clinical teams. Active in five countries, PACK adapts global evidence to local contexts, harmonizes with national policies, and supports clinician behaviour change through on-the-job mentorship and training.

The strength of this approach lies in its governance and leadership model. Rather than positioning knowledge generation and implementation as separate functions, KTF acts as a neutral partner and facilitator, bringing together ministries of health, researchers, guideline developers, and health system actors under a shared agenda. By building local capacity and enabling co-ownership of tools and processes, the model promotes sustainability, responsiveness, and trust. This session will also explore the role of digital innovation in this model, including an AI-powered platform that curates, tags, and localizes evidence-based documents, enabling real-time updates to PACK content and clinical recommendations.

Drawing on case studies from South Africa and other LMICs, we will share lessons learned in navigating the political, technical, and cultural complexities of leading systems change in the public health sector. The presentation will highlight how shared leadership, values-driven partnerships, and a focus on adaptability have enabled the PACK model to support primary healthcare workers in responding to diverse challenges from infectious disease outbreaks to the integration of mental health and noncommunicable disease care.

In an era of shifting health priorities, overburdened systems, and increasing demand for real-time, equitable access to knowledge, this model offers a scalable, evidence-informed approach to strengthening governance, building trust, and transforming the implementation of care.

Biography

Faye Eshraghi is a public health leader and Director of the Knowledge Translation Foundation (KTF), where she co-leads the PACK program and manages the Knowledge Translation Unit (KTU) at the University of Cape Town. With a background in health systems research and an MBA, she specializes in bridging evidence and policy through NGO-academic-government partnerships. Faye has led large-scale implementation and research initiatives, with a focus on digital innovation, equitable access to knowledge, and strengthening primary healthcare systems in underserved settings.



The Facade of The Labor Union Advocacy for Secure Relations Between Health Professionals in Rural Comprehensive Health Centers

Thokozile Harriet Kgongwana

Sefako Makgatho Health Science University Skills Center, South Africa

Background: In South Africa the labor representation of employees by registered trade unions in health facilities is played by various health professionals. The interprofessional collaboration call and the worldwide experiences of health professionals regarding unfair labor practices and disharmony in rural Primary Health Care facilities have been of concern; South Africa is not an exception. The ability to balance the dual responsibilities of representing health professionals and committing to work role and responsibilities as prescribed remains a challenge. The study explored the experiences of health professionals and unions secure collaborative partnerships in rural and semi-rural comprehensive community centers (CHCs)

Objectives: The aim is to explore the experiences of the health professionals and trade union collaborative partnership for secure workplace in the six rural and semi-rural comprehensive health centers (CHC) from three provinces. The collaboration culture is perceived as a strategy to resolve challenges between workers and maximize use of resources.

Methods: The study has adopted the mixed-methods research approach, the quantitative and qualitative methods that encompasses the explorative, descriptive, and analytic research designs to triangulate the health professionals' experiences on the role of organised labour in six rural comprehensive health centres (CHC). Purposive sampling was used to select the 42 participants on quantitative and 26 respondents for qualitative participants. Ethical measures were applied throughout the study.

Results: The SPSS quantitative data analysis and seven thematic themes emerged from the qualitative data. Both the quantitative and qualitative results were compared to confirm that the role of organised labour is silent and missing to advance safe collaboration and partnerships between health professionals and organised labour. Management sabotage the weak sparsely distributed union representatives in CHCs.

Conclusion: Health professionals do not have a beneficial relationship with organized labor and the labor relations related legislations do not accommodate the dynamics of scattered CHS in rural areas thus their labor rights are not met. There is a conflicting perception that organized labor is accessible and beneficial to all employees in rural CHCs.

Contribution: This study has added value to the policy makers responsible for health and workforce, health facilities, training institutions of health professionals and organized labor organizations.

Keywords: Health professionals, rural comprehensive health centers, organized labor, veracity and façade, advocacy for labor practice and secure relationships.

Biography

Sefako Makgatho Health Science University Skills Center, South Africa



COPD Risk Factors and its Management Aspects

Kiros Belay Gebrekidan*

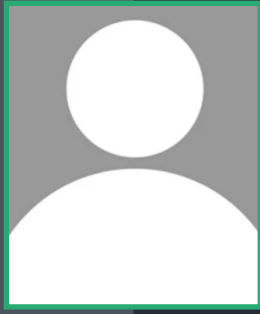
Mekelle University, CHS, School of Nursing, Ethiopia

COPD is a heterogeneous lung condition characterized by chronic respiratory symptoms due to abnormalities of the airways or alveoli that cause persistent, often progressive, airflow obstruction. Globally, in 2019, COPD is the third most common cause of death and an increasingly important contributor to morbidity due to an ageing population, urbanization, and persistence of risk factors. COPD risk factors include tobacco smoking, environmental or occupational sources of lung irritants, history of severe childhood infections, pulmonary tuberculosis, abnormal lung development, and age 40 or more years. Rare risk factors of COPD include genetic components, such as alpha-1 antitrypsin deficiency (ACE CLINICAL GUIDANCE,2024).

Although COPD is not fully reversible, once diagnosed it can be effectively managed in primary care. Primary care plays an important role in detecting new cases in the community to generate early intervention opportunities, including counselling to quit smoking, and initiating pharmacotherapy to reduce symptoms and future risk of exacerbations. Treatment of COPD acute exacerbations should be initiated with short-acting inhaled beta2 -agonists with or without antimuscarinics. The main goals in managing stable COPD are reducing symptoms and risk of future exacerbations.1 Both pharmacological and non-pharmacological measures are important to achieve COPD management goals and reduce associated morbidity and mortality (ACE CLINICAL GUIDANCE,2024).

Biography

I have completed BSc, MSc at the age of 23,26 years from Mekelle University, college of health sciences, school of nursing respectively. I have served as head department of adult health nursing for the past 5 years and recently I am head department of comprehensive nursing. I have published more than 5 papers in reputed journals and more than 7 papers under review as co and main author.



Impact of School-Based CPR Training on Adolescents in Tamil Nadu, India: A Pre-Post Intervention Study on Knowledge, Skills, and Confidence

Pavithra M V*

KMCH Institute of Health Sciences and Research, India

Background: Sudden out-of-hospital cardiac arrest remains a leading cause of preventable mortality, with survival hinging on timely bystander cardiopulmonary resuscitation (CPR). Although school-based CPR training is routinely implemented in many high-income countries, such initiatives remain scarce in India, where bystander CPR rates are critically low. Adolescents, though often overlooked, represent a promising and untapped target group for early CPR education.

Objective: To assess the effectiveness of structured school-based CPR training in improving adolescents' knowledge, skill competency, and confidence, and to evaluate its feasibility as a scalable public health strategy in Tamil Nadu.

Materials and Methods: This pre-post intervention study involved 306 students aged 13–18 years from two rural and two urban government and private schools in Tamil Nadu, selected through two-stage stratified random sampling. The intervention comprised structured theoretical sessions, mannequin-based CPR demonstrations, and hands-on simulated scenarios, delivered using a low-cost, replicable training model. Structured assessments were administered before and after the intervention to evaluate changes in knowledge, skill competency (via standardised checklists), and attitude.

Results:

Post-training assessments showed:

- 43% increase in knowledge scores ($p < 0.001$)
- 56% improvement in skill competency (based on checklist)
- 68% increase in self-reported confidence
- Significant rise in self-reported confidence, with higher gains among female students (+1.8 vs. +1.2 on a 5-point scale; $p = 0.04$)
- Urban students outperformed rural peers, potentially due to better infrastructure

and teaching aids.

Conclusion: School-based CPR training program significantly improved adolescents' knowledge, skills, and confidence. The notable improvements, especially among girls and across urban- rural settings, highlight their potential to fill critical gaps in emergency response. Scaling this low cost yet impactful intervention could be a vital step towards increasing bystander CPR rates and reducing preventable cardiac deaths in India.

Biography

KMCH Institute of Health Sciences and Research, India



Enhancing Mental Health Well-Being and Awareness Among Adolescents in Nepal

Sudeepa Dhungana and Aruna Uprety*

Rural Health Education Service Trust, Nepal

Abstract: Adolescence is a critical period for mental health development, where the foundations for emotional well-being and resilience are established. Mental health awareness programs play a vital role in equipping adolescents with the knowledge and skills needed to manage stress, build resilience, and maintain healthy relationships. Country like in Nepal which falls under LMIC (Low- and Middle-Income Countries), the need for mental health services is particularly pressing.

WHO data reveals that between 76% and 85% of people with mental health conditions in these regions receive no treatment. And counselling. This alarming gap highlights the critical importance of community-driven mental health wellbeing and awareness campaigns. By raising awareness and reducing stigma, communities can ensure that adolescents have access to the support they need to thrive.

Prevalence of Mental Health Issues in low and middle-income countries like Nepal

Recent studies indicate that approximately 20-25% of adolescents in Nepal experience some form of mental health issue, including depression, anxiety, and stress-related disorders.

A study conducted by UNICEF in 2021 found that 13% of adolescents aged 10-19 in Nepal reported feeling depressed, and 8% had seriously considered attempting suicide in the past year. Adolescents in Nepal face significant mental health challenges, driven by socio-economic pressures, educational stress, the impact of natural disasters, and cultural stigma. Poverty, unemployment, and a competitive education system contribute to heightened anxiety and stress among young people.

Access to mental health services in Nepal is severely limited, with only 0.36 psychiatrists and 0.06 psychologists per 100,000 people, leading to a significant treatment gap. Less Suicide is a leading cause of death among Nepali adolescents, with a rate of 9 per 100,000 in the 15-19 age group. Factors such as academic pressure, family conflicts, broken families and socio-economic hardships are major contributors to this high suicide rate. Addressing these challenges requires comprehensive mental health interventions, increased awareness, and better access to mental health services.

The student suicide rate has been increasing over the years, though comprehensive data is limited. However, recent news articles frequently highlight these tragic cases, drawing attention to the growing concern.

In conclusion, raising mental health awareness among adolescents in LMICs is essential for early detection of mental health issues, reducing stigma, and providing the necessary support to foster resilience and well-being.

Rural Health Education Service Trust (RHEST) is an organization that is working with adolescents and schoolteachers to raise awareness about mental health wellbeing and awareness. Till now 250 teachers (in two years' time) from 30 schools have been given training on Mental health awareness and results have shown that the training has helped teachers to recognize the problem among students. RHEST will continue to work with teachers and adolescents and will raise the issue through mass media also

Biography

Dr. Aruna Uprety did her M.D from Kharkiv State Medical Institute Ukraine (Former Soviet Union). She is now working in the Rural Health Education service Trust and raising the issue of nutrition, mental health and well-being. She has written many articles also on this issue.

Biography:

Sudeepa Dhungana is a board member of RHEST and also a counselor. She is working with adolescents in schools and communities providing them with counselling and supporting them to get needed treatment with psychiatrist. She is doing her master's on counselling and aims to raise issues of mental health in schools and communities.



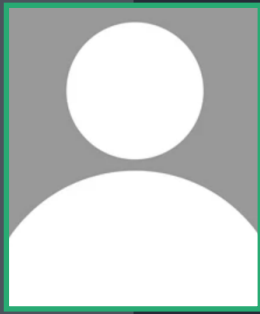
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POSTER
PRESENTATIONS





Impact of Standardized Health Education Modules (Picture Book + QR Code) on Self-Management and Activation in Hemodialysis Patients

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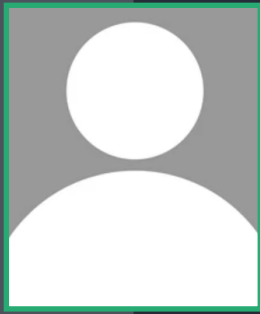
According to the United States Renal Data System (USRDS, 2023), Taiwan ranks first among the eight countries with the highest treatment rates for End-Stage Renal Disease (ESRD), leading to significant healthcare costs. ESRD patients rely on lifelong hemodialysis, but proper self-management can slow disease progression and prevent complications. Given the age and declining cognitive functions of most patients, clear, accurate, and user-friendly health education is essential.

This prospective cohort study randomly assigned patients from two hemodialysis units in Eastern Taiwan into two groups: 64 patients in the control group received traditional bedside education, while 66 patients in the experimental group used a 20-page picture book (CVI 0.96) with QR codes linking to digital videos for enhanced learning. Data were collected at baseline (T0), two weeks (T1), and one month (T2) post-intervention, including demographics, biochemical data, and responses to the Hemodialysis Self-Management Instrument (HDSMI-18) and Patient Activation Measure (PAM-13).

The average age of participants was 64.07 (± 10.05) years. Pre-intervention, there were no significant differences between groups. Post-intervention, the experimental group showed significantly greater improvements in self-management ($\beta = 39.98$, $p < 0.01$) and activation ($t = 81.95$, $p < 0.01$). The HDSMI-18 and PAM-13 were significantly correlated ($r = 0.54 - 0.64$, $p < 0.01$). This study highlights the effectiveness of picture book-based education in improving self-management and activation for elderly patients, as visuals and images effectively support learning, stimulate reflection, and prompt action for older adults with special needs..

Biography

Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Hualien, Taiwan



Environmental Pesticide Exposure and Increased Risk of Cancer Across Various Demographics: A Comprehensive Review and Program Implementation

Tanishka Aglave

Intern Delaware Department of Public Health, USA

Background: Pesticide use is critical for modern agriculture, enhancing crop yields and ensuring food security. However, extensive pesticide exposure poses significant environmental and public health risks, with mounting evidence linking exposure to cancer. This study investigates the relationship between pesticide exposure and cancer risk in various demographics, introducing the Integrative Pesticide Safety and Exposure Reduction Program (IPSERP) as a targeted intervention for mitigation of pesticide-related-risks.

Methods: This study combines epidemiological data, toxicological assessments, and molecular investigations. Data on pesticide exposure and cancer incidence were obtained from national health databases and prior meta-analyses. Toxicological studies evaluated pesticides such as glyphosate, atrazine, and organophosphates. Molecular mechanisms of carcinogenesis, including oxidative stress and hormone disruption, were examined. IPSERP was developed using the ecological model of public health, including safety training, protective equipment distribution, and community pesticide monitoring.

Results: Epidemiological analysis confirmed increased risk of cancers such as colorectal, lung, and pancreatic in populations exposed to pesticides, particularly agricultural workers and those in high-exposure areas. IPSERP, incorporating safety education, monitoring, and public awareness campaign, has impacted over 15 farmers and 5 counties across Florida. The program shows potential in reducing exposure through institutional, community, and individual intervention through a scalable framework.

Conclusions: Pesticide exposure remains a significant public health concern, disproportionately affecting vulnerable populations. Strengthened policies, increased awareness, and programs like IPSERP are essential for reducing risks. Future research should focus on long-term exposure studies and policy-driven-interventions.

Biography

Tanishka Aglave is a student researcher, and environmental leader passionate about agriculture, sustainability, and public health. She has conducted award-winning research on plant disease management, earning 1st Place at the International Science and Engineering Fair, 3rd at Invention Convention U.S. Nationals, and recognition by the American Chemical Society. She collaborates with the USDA to implement sustainable solutions for plant diseases in Florida and serves on national environmental advisory councils. As founder of the Million Tree Foundation, she leads hands-on-conservation efforts. Tanishka is deeply interested in the intersection of health and the environment through the lens of environmental health and epidemiology.



Expecting Balance: A Qualitative Study Exploring Wellness Perceptions of Career Women Planning Motherhood

Yuri Kozman^{1*}, R. Patti Herring¹, Anna Nelson¹ and Ernie Medina

As more women pursue professional careers, the need to balance career advancement, family planning, and overall wellness has become increasingly complex. While women's participation in the workforce has grown, public health frameworks have not sufficiently evolved to support their multidimensional wellness needs—especially during reproductive decision-making. This qualitative study explores how working women perceive and manage wellness when contemplating or actively planning for children, identifying systemic gaps that hinder holistic well-being.

Semi-structured interviews and focus groups were conducted with 25 career-oriented women who expressed a desire for future motherhood. Participants were recruited through snowball sampling. Data were audio-recorded, transcribed, and analyzed using thematic coding to identify patterns related to perceived wellness, workplace dynamics, and family planning.

Three primary themes emerged: (1) balancing wellness across life domains often leads to trade-offs, particularly between emotional and social well-being; (2) women face both internal barriers (such as perfectionism and guilt) and external barriers (such as inflexible workplace norms and lack of support); and (3) the workplace functions as a powerful gatekeeper to wellness—either enhancing or restricting women's perceived readiness for parenthood. Emotional wellness was most frequently prioritized, yet social wellness (e.g., community support, connectedness) was consistently undervalued or unmet. Women with flexible work schedules or entrepreneurial roles reported stronger wellness confidence due to greater control over time and energy allocation.

Importantly, all participants expressed a desire to enhance their wellness across at least one of the eight dimensions—emotional, physical, social, intellectual, occupational, environmental, spiritual, and financial—before starting a family. These findings reveal a crucial gap in how reproductive readiness is supported in professional environments, and how wellness itself is framed within public health discourse.

This study highlights multiple educational and systemic gaps: a lack of holistic understanding of working women's wellness; limited recognition of the workplace as a clinical and social determinant of reproductive health; and insufficient counseling support tailored to career-oriented women. Furthermore, wellness is often underestimated as a reproductive justice issue, contributing to inadequate policy frameworks that fail to address gender-specific needs. Burnout is also commonly framed in the context of frontline healthcare roles, with insufficient attention to its effects among non-clinical or white-collar professional women.

By foregrounding women's lived experiences, this study informs the development of gender-responsive, holistic public health strategies. Workplace wellness programs, employee health counseling, and maternal health policy initiatives must evolve to consider the intersection of career, wellness, and reproductive autonomy. This research contributes to a broader understanding of wellness as foundational to equitable maternal and public health outcomes. Public health professionals, employers, and policymakers are encouraged to use these insights to promote workplace environments that support—not hinder—women's wellness and reproductive choices.

Biography

Yuri Kozman is a doctoral candidate at Loma Linda University, researching the intersection of women's wellness, reproductive health, and the workplace. Yuri holds a Master's degree in Environmental and Occupational Health. In addition, Yuri is a board-certified Health & Wellness Coach. She has worked with several government agencies, including the Department of Public Social Services, Department of Public Health, and Indian Health Service. Currently, she serves as a Patient and Employee Safety Officer at an inpatient psychiatric hospital, where she created the first workplace wellness educational initiative





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