18TH WORLD CONGRESS ON PUBLIC HEALTH

2026 September 6-9 CAPE TOWN

ABSTRACT BOOK

Health Without Borders:
Equity, Inclusion, and Sustainability



by:
Population Medicine

DOI:10.18332/popmed/197728cnmpmr


WFPHA
World Federation
of Public Health
Associations


PHASA

ORGANISING COMMITTEE

CMC

The two organising partners of the 18th World Congress on Public Health established a Congress Management Committee (CMC) consisting of representatives of WFPHA, PHASA and the PCO. The CMC has the full managerial and financial management responsibility for the Congress.

Chair: Luis Eugenio de Souza

Members:
Emma Rawson - WFPHA
Raman Bedi - WFPHA
Bettina Borisch - WFPHA
Marta Lomazzi - WFPHA
Harsha Somaroo - PHASA
Laetitia Rispel - PHASA
Moeketsi Modisenyane - PHASA
Saiendhra Moodley - PHASA

ICC

The International Congress Council (ICC) consisted of the Congress Management Committee and international public health experts representing various regions of the WFPHA, international health organizations, European health non-governmental organizations and Italian universities and institutes. The ICC in particular develops, in consultation with the CMC, the scientific programme including subthemes and plenary program of the WCPH and identify speakers/panellists/moderators of the plenary sessions.

Co-chairs:

Emma Rawson - WFPHA
Bettina Borisch - WFPHA
Tracey Naledi - PHASA
Lwando Maki - PHASA

Members:
Alessano Berioni
Andre Rose
Anh Le Vu
Arachu Castro
Betty Chiu
Clothilde Oliphant
Elisabet Schuele
George Amofah
James Chauvin
Jean-Marie Okwo-Bele
Jennifer Miller
Kasia Czabanowska
Laura Magana
Laurel Baldwin Ragawan
Lekan Ayo-Yusuf
Malabika Sarker
Margareth Kaseje
Mary Codd
Meru Sheel
Michael Asuzu
Mohannad AL Nsour
Monika Kosinska
Nicholas Crisp
Ntobeko Ntusi
Olagoke Akintola
Rajen Naidoo
Rômulo Paes Souza
Saadiq Karrim
Shakira Choonara
Shiva Murugasampillay
Sikhumbuzo Mabunda
Siphokazi Mthathi
Sylla Thiam
Walter Ricciardi
Xiao-Nong Zhou
Yogan Pillay

ISC

The International Scientific Committee (ISC) consists of experienced public health experts from around the world nominated by WFPHA, PHASA. It mainly advises the ICC on scientific matters of the conference and contributes to the scientific evaluation of the conference.

Aim & Scope

Population Medicine is a double-blind peer-reviewed open access online scientific journal that encompasses all aspects of population, preventive and public health research. The journal's scope encompasses all aspects of population health, with a strong focus on domains such as epidemiology and disease burden (studies on the distribution, determinants, and control of diseases, including research on mortality, causes of death, and the prevalence of specific conditions); health behavior and lifestyle factors (population-level behaviors, substance use, and mental health); global and specific public health challenges (investigations into large-scale public health events and and public health interventions) and health systems, policy, and delivery (i.e. research focused on improving health care systems and health policy). The journal is also interested in secondary dataset analyses that can provide real world evidence.

Full Journal Title: Population Medicine
Abbreviated Title: Popul Med
ISSN (electronic): 2654-1459
Publisher: European Publishing
Publisher Address: Science and Technology Park of Crete
Peer Review: Double Blind
Publication Frequency: Quarterly from 2026 (Monthly between 2019-2025)
Publication Medium: Electronic Only
Publication website: www.populationmedicine.eu

Disclaimer: All authors are responsible for the content of their abstracts and retain copyright of their abstract under an Open Access, Creative Commons License (CC BY-NC 4.0). Each abstract is citable and identifiable through its individual Digital Object Identifier (DOI).

Shaping the future of global health without borders:
WCPH 2026 in Cape Town

The global public health community is preparing for a landmark event: **the 18th World Congress on Public Health (WCPH 2026)**, taking place in Cape Town, South Africa, from 6 to 9 September 2026. Organized by the World Federation of Public Health Associations (WFPHA) in collaboration with the Public Health Association of South Africa (PHASA), the Congress will convene leaders, practitioners, policymakers, researchers, and advocates from around the world.

Under the theme **"Health Without Borders: Equity, Inclusion, and Sustainability,"** WCPH 2026 aims to confront the pressing health challenges of our time while fostering pathways for collaborative, sustainable solutions. Hosting the Congress in Southern Africa highlights the continent's growing influence in shaping the global health agenda and provides a platform to integrate diverse regional perspectives into international dialogue.

The Congress will feature a rich program designed to inspire collaboration and innovation. Keynote presentations from internationally recognized experts will address critical public health issues, while workshops, panel discussions, and interactive sessions will explore practical strategies, foster skills development, and create opportunities for long-term partnerships. Special attention is given to students and early-career professionals, ensuring the next generation of public health leaders actively contributes to shaping the field.

We are also delighted to present a series of **Plenary Sessions** that will bring together leading voices to explore the future of public health, including:

- Equity and Health
- Economics of Democracy and Public Health
- International Law and Global Treaties in Public Health
- Primary Health Care and the Health Workforce for Sustainable Health Equity
- Public Health in Conflict, War, and Peacebuilding
- Restoring Balance: Indigenous Knowledge Systems & Decolonizing Global Health
- One Health in a Changing World
- Imaging the Future of Public Health

WCPH 2026 is more than a conference; it is a catalyst for change. By bringing together voices from every corner of the globe, the Congress will strengthen networks, amplify innovative solutions, and promote equity, inclusion, and sustainability in public health practice, policy, and research.

For further information and updates, visit the official Congress website: https://www.wcph.org.

Table of Contents

Adults & Older Adults Health 41
Risk factors for cardiovascular diseases in people of working age: results of a survey of employees 41
The effects of internet and technology use on the ability to care for own health among the U.S. populations: An analysis from the Health Information National Trends Survey (HINTS 7) 41
Assessing Resident Trauma: Evaluating Trauma Informed Practices in Nursing Homes 41
Explaining the rural–urban gap in cervical cancer screening among older women in India using Fairlie decomposition 41
Trends in Multimorbidity among Ageing Populations in the Global South: Implications for Equity and Sustainable Health Systems 42
Loneliness, Nutritional Status, and Chronic Disease in Egyptian Older Adults: A Mediation Analysis 42
Social and Health Inequities in Rural Thai Older Adults: A Qualitative Meta-Synthesis of Community-Based Health Promotion Interventions 42
Towards integrated and sustainable post-diagnostic dementia support: Insights from care partners in the Australian Capital Territory 42
My mind is not the same: Cognitive complaints during the menopausal transition in Urban South Africa 43
Ageing well at home: interconnected care and addressing challenges in regional australia 43
Experience of Body Changes and Sexuality among Middle-aged Men and Women: A Community-Based Exploratory Qualitative Study 43
Understanding Dementia Caregiving Through a Public Health Lens: A Qualitative Exploration of Caregiver Experiences 44
Social determinants of functioning and well-being in older adults: a multidimensional approach 44
Happiness, functioning, health literacy, and well-being among older adults: a study in primary health care 44
Vascular contribution to mild behavioral impairment 45
Demographic, psychosocial, and health-related factors associated with depressive symptoms in older adults receiving antiretroviral therapy in a South African metropolitan 45
Evaluating Implementation of a Culturally Adapted Peer-Led Diabetes Self-Management Program for Black Men: A Convergent Mixed Methods Feasibility Study 45
Healthy Brain Tracker: An interactive data dashboard to monitor Hawai□i's progress towards supporting individuals with cognitive decline, their caregivers, and reducing dementia risk factors 45
Afterhood and Wellbeing Among Older Gay Men: A Mixed-Methods Study 46
Predictors of frailty and multimorbidity patterns among middle-aged adults in a rural population cohort in Burkina Faso, 2015-2022: A retrospective cohort study based on an AWI-Gen population. 46
Comparative analysis of methods for identifying multimorbidity patterns in an ageing rural African population: Insights from HAALSI 46
Transcending Health Borders: A Global Community of Practice for Integrated Multimorbidity Care- Redefining Primary Care through North-South Collaboration 47
Perimenopause in the workplace: The impact of media representation and online communities on women's health literacy 47
The Influence of Lifestyle Behaviors on Health-related Quality of Life: Results of a Non-Randomized Controlled Intervention Study 47
Healthy Longevity: Global Public Health's Next Frontier 48
A portrait of social participation in defending the right to healthy aging at the National Conference on the Rights of Older Persons. 48
Effects of psychosocial factors on Swedish waste collectors musculoskeletal pain through the mediating roles of occupational fatigue and physical demands: a structural equation model 48
Association of Fruit and Vegetable Intake with All-Cause and Cardiovascular Mortality Among Hypertension Populations in China: A Cohort Study 48
The benefit of learning circle approaches to grow trust and usage of AI-supported e-health programmes for the older population: Commentaries from the Global North and South 49
Social mobilization as a strategy for strengthening policies for the elderly: the Brazilian example of the free digital education conference. 49
Building blocks for public health ethics for the older population. Reporting on a South African study 49
Key issues in safeguarding research integrity for public health research on older people. Directives from global research integrity statements 50
Gogos as agents of change: exploring the role of grandmothers as catalysts for social change and inclusive public health programming .. 50
The institutionalization process of the elderly in brazil: challenges and perspectives of family caregivers 50
Taking blood pressure in both arms - a diagnostic necessity or a time luxury? 50
Vascular intervention in presenium can decide the quality of life in a patient with peripheral arterial disease 51
Sexual health of older people (SHOP): promoting dialogue and enhancing sexual well-being in older adults 51
Community-Based Participatory Research to Strengthen Rural Older Adults' Health Care Planning in Northeastern Brazil 51
Health outcomes in Brazilian adults one year after COVID-19 infection 51
A quantitative examination of how adults with Multiple Chronic Conditions experience chronic healthcare 52
Epidemiological profile of deaths from cellulitis and mouth abscess in Brazil: 1996–2024 52
Dietary patterns and adiposity risk in young adults aged 18-49, living in urban slums in a metropolitan city in Ghana: Implications on healthy lifestyle practices 52
Do Cross-National Differences in Increasing Early-Onset Colorectal Cancer Incidence Rates Reflect Inequities in Diagnosis and Surveillance 53
Antimicrobial Resistance 53
Kenyan Undergraduate Medical Curriculum Review: Integrating Antimicrobial Resistance (AMR) and Digital Health/ Information and Communications Technology (ICT) 53
Antimicrobial stewardship in rural Zambia: insights from a two-year primary care prescribing audit 53
Advancing equitable and meaningful youth engagement in Africa's antimicrobial resistance response 53
Bridging the Policy-to-Practice Gap in One Health Approaches to Antimicrobial Resistance: A Thematic Evidence Synthesis (2020–2025) . 54
Assessing antimicrobial susceptibility profiles among enterobacterales isolates: a case study of lekma hospital 54
Accelerated emergence of dolutegravir resistance among children in Malawi: implications for antimicrobial resistance control in HIV

programmes ... 54
Environmental surveillance of diarrheagenic Escherichia coli highlights spatial patterns of antimicrobial resistance and diarrheal risk along the Buffalo River, South Africa ... 55
Antibiotic consumption in hospital healthcare sector in Kazakhstan ... 55
Nationwide study of healthcare-associated infections in Kazakhstan ... 55
Antibiogram fingerprinting of Vibrio species recovered from commercial fish specimens collected from key retailers. ... 56
Assessment of surgical antibiotic prophylaxis practices in a Tunisian surgical hospital ... 56
Antimicrobial use, perceptions, and alternative practices regarding antimicrobial resistance amongst pig farms in Gauteng Province, South Africa ... 56
Inclusive and Complementary Assessment Approaches of Antimicrobial Stewardship Programs: Balancing Global Standards and Contextual Diversity ... 56
Prescribing appropriateness and combating antimicrobial resistance: results of a stewardship program ... 57
Tackling antimicrobial resistance: an AWaRe-based intervention for acute respiratory illness in primary care for low- and middle-income countries ... 57
The localisation process of an AWaRe-based antibiotic stewardship intervention in primary care across four low- and middle-income countries ... 57
Developing and disseminating an antimicrobial resistance (AMR) 3 Part animated series ... 58
A Multi-Dimensional Evaluation of the Antimycobacterial Activity, Cytotoxicity, and Mechanisms of Action of South African Medicinal Plants Against Mycobacterium smegmatis ... 58
Strengthening AMR Governance and Promoting Equity through One Health: A Civil Society Dialogue ... 58
Healthcare-Associated Infections as a patient safety challenge: Findings from a surgical hospital in Tunisia ... 59
Integrating Social Protection into Antimicrobial Resistance Response: A Critical Review and Framework Development ... 59
AMR public health research priorities for oral health in Africa: evidence gaps and pathways for action ... 59
The Implementation of Antimicrobial Consumption Surveillance and Stewardship in Human Healthcare in Post-Soviet States: A Systematic Review ... 59
Can we reduce microbial burden in frail patient care by dry fog disinfection? ... 60
Evaluating Infection Prevention and Control Competency Among Healthcare Workers in Kenya ... 60
Microbial profile and antimicrobial resistance patterns of diabetic wound infections in Nelson Mandela Bay Metro: A retrospective multi-hospital study ... 60
Strengthening the capacity of primary health care workers to drive optimal antibiotic use in the community ... 61
Youth, Experience and Artificial Intelligence: Designing Innovative Solutions to Antimicrobial Resistance ... 61
Inappropriate antibiotic use is a social practice, not just a knowledge gap: Uncovering the 'township effect' and systemic drivers of antibiotic use in South Africa ... 61
Climate Change, Environmental, One Health and Urban Health ... 62
Assessing Health-Related Climate Resilience Using an Urbanization Index in Fast-Track Cities ... 62
Efficacy of activated carbon for ammonia gas reduction in selected poultry farms in ido local government area, ibadan, oyo state ... 62
Neighborhood environment: Analysis of the physical availability and affordability of alcoholic beverages, tobacco and tobacco products in three regions of Russia ... 62
Land Surface Temperatures at Different Time Points in Pregnancy and Their Impact on Birth Outcomes within the Mother and Child in the Environment Birth Cohort in Durban, South Africa ... 62
"This will be the cause of our death": Air pollution as a wicked problem in a low resource high vulnerability urban setting ... 63
Global application of World Health Organization's building and measurement tools for climate-resilient health system and preliminary exploration of localization practice in Beijing ... 63
Unsupervised machine learning to investigate the joint effects of SO2, NO2, O3, PM2.5 and PM10 on respiratory and cardiovascular hospital admissions in the Vaal Triangle Airshed Priority Area, South Africa ... 63
"The heat really troubles us": Community perspectives on a cool roof intervention, Umlazi, KwaZulu-Natal, South Africa 2025 ... 64
Community perceptions of climate change and health: A qualitative study in a peri-urban health and demographic surveillance site in Umlazi, KwaZulu-Natal ... 64
Forced Animal Displacements: Indian Cattle Camps as a response to extreme weather conditions ... 64
Impact of climatic variations on the global distribution and prevalence of mpox disease: analysis of data from 52 countries using linear regression and time-series forecasting analyses ... 64
Green biomanufacturing: reducing carbon footprints in vaccine and biologics production ... 65
Forecasting Lyme Borreliosis Based on Climatic Factors Using a Negative Binomial Model in the Baltic States ... 65
One Health Assessment of Biosecurity Knowledge, Attitudes, and Practices for Zoonotic Disease Prevention among Small-Scale Farmers in the North-West Province of South Africa ... 66
Assessment of the carbon footprint of meat and fish procurement in israeli hospital settings: time trends, expenditures and alternative scenarios ... 66
Sustainability and nutritional composition of food choices in a hospital canteen: pre-intervention vs. post-intervention ... 66
How much do hospital canteens waste? ... 66
Drivers of zoonotic Campylobacter transmission in slaughterhouses: Insights from Nigeria for global One Health improvement ... 67
Toward a climate-informed predictive risk assessment for occupational hazards in mining and agriculture in zimbabwe ... 67
Effect of climate change on indigenous mental well-being from a one health perspective using a mixed methods approach ... 67
Use of Climate Information Services as a Decision-Making Tool for Monitoring Meningitis Outbreaks in Africa ... 68
Comparative assessment of PM2.5 and carcinogenic trace elements across four South African sampling sites ... 68

Climate & Health 101: Foundations for Public Health Action in a Warming World 68
Replacing traditional proteins with alternative protein foods: Results of two systematic reviews on psychosocial and environmental determinants 68
There is Nothing "Natural" about these Disasters: The Need for a Decolonial and Harm Reduction Approach in the times of Climate Crisis 69
Structural syndemics: from diagnosis to action on inequality, climate, and health sovereignty in Africa 69
Flood and Wellbeing – What is the Evidence? 69
Mapping Areas of High Risk for Waterborne Zoonoses in the Eastern Cape: Integrating Multi-Criteria Decision Analysis with GIS to Identify Critical Rivers 69
Where does public health go after the UN Framework Convention on Climate Change summit in Belem, Brazil (CoP30)? Opportunities arising from the International Court of Justice advisory opinion and a UN General Assembly Special Session on climate change 70
Climate Change and Health Adaptation: China's Practice 70
How to effectively co-create complex interventions for dual benefits of climate change and health? 70
Healthcare access vulnerability in groundwater-dependent regions: preliminary methods for a surveillance framework from the American High Plains aquifer 71
Strengthening One Health Governance for Pandemic Preparedness in a Changing Climate 71
Assessing the prevalence of Schistosoma mansoni infections among school-going children aged 5-14 years old in Nelson Mandela Bay: A comprehensive diagnostic approach. 71
Environmental exposure disparities in urban markets: A comparative air quality assessment in Lusaka, Zambia 72
Mercury as a Global Pollutant and its Lasting Effects on A Community, 35 Years Later 72
Sex Differences in the Association Between Typical Winter Ambient Temperature and Physical Activity in China: A Nationwide Study 72
Short-term effects of temperature and air pollution on childhood asthma exacerbations in Cape Town, South Africa 73
Migrant participation in addressing health challenges in a Chilean urban squatter settlement 73
Self-reported pesticide exposure and male reproductive development among boys in rural Western Cape, South Africa 73
Transition to sustainable diets in European food systems: stakeholders' perspective on determinants of alternative protein intake 73
ORGANISED SCIENTIFIC PANEL- 'ONE-HEALTH APPROACH SNAKEBITE MITIGATION' 74
Heatwave-related mortality among older Australians: A Two-Stage Small-Area Time Series Analysis 74
Co-designing a mobile cooling hub to reduce heat-health risks among people experiencing homelessness. 74
The Relationship between Organophosphate Pesticide Exposure and Anthropometric Outcomes among a Cohort of Children from Four Informal Settlements in the Western Cape 75
The association of joint effects of air pollution on cardiovascular and respiratory disease hospital admissions in cape town: 2011- 2016.. 75
Heat Stress in Early Childhood Development Centres in an Urban Informal Settlement in Tshwane, South Africa: Emerging Risks in a Warming Climate 75
Effects of climate change on health system, policy response, and factors hindering policy formulation in Malawi: A qualitative study. 75
Climate Change and Extreme Heat in Early Childhood Development Centres: Preschool Teachers' Awareness and Health Perceptions in an Urban Informal Settlement 76
Association between climate change and mental health outcomes in school-aged children: a systematic review protocol 76
The health system strategies and responses to the effects of climate change in Sub-Saharan Africa: A scoping review 76
Water-related Climate Impacted Health; transdisciplinary meetings and working group 77
Carbon footprinting and action planning for Health professionals 77
Working in a Hot World: The Missed Heat-related Epidemics in the Global South. A Worker's Perspective into the Realities of Working in Heat 77
Characterisation of fine inhalable particles (PM2.5) and related health threats in low-income households of the Western Cape, South Africa 77
Why is Health Underrepresented in International Forums on Chemical Risk Management? Increasing Health Professionals' Role in Chemical Risk Prevention 78
Policy advocacy training for health professionals in Africa on health and climate change in preparation for the 32nd Conference of Parties in Ethiopia 2027. 78
Can Brief Psychosocial Interventions Increase Alternative Protein Intake? Evidence from a Randomized Controlled Trial. 78
The Sustainability of Stewardship: Decarbonizing Health Systems through Primary Care-Led Management Models 79
Quantifying Disposable Diaper Waste as a One Health and Climate-Sensitive Public Health Threat: Evidence from a 72-Hours Diapers Collection for Accountability Campaign in Kilifi County, Kenya 79
Ambient $PM^{2.5}$ air pollution in Botswana: Composition, source apportionment, and implications for air pollution policy 79
Biodiversity, Human Health and Nature-Based Solutions 80
Physiological and perceptual responses to a co-designed mobile cooling hub exposure in people experiencing or at risk of homelessness during extreme heat: A pilot study 80
The intersection of fossil fuel emissions and public health: the anatomy of a polycrisis 80
Estimating the impact of energy supply shocks on indoor air pollution and the health of vulnerable children in South Africa 80
Ultra-processed food consumption among primary school children and caregivers in low socio-economic communities in Nelson Mandela Bay, South Africa 81
From vulnerability mapping to action: artificial intelligence and geospatial methods for urban heat resilience 81
Strengthening Integrated Community-Centred Municipal Strategies for Water-Related Public Health under Climate and Infrastructure Stress in South Africa 81
The One Health concept is the key to a healthy future – or how to prepare leaders and experts to implement this idea in the functioning of policies and communities 82
Comparison of fine particulate matter (PM2.5) concentrations measured using low-cost sensors and gravimetric sampling in Mabopane, South

Africa ... 82
Prioritising indoor air quality - a landmark public health opportunity ... 82
Heat and homelessness: a practical toolkit to partner, implement and evaluate heat relief interventions for people experiencing homelessness ... 82
Exploring predictors of short and long-term pesticide exposure using urinary pesticide biomarker data from children in South Africa ... 83
Quantifying misclassification in maternal heat exposure: Implications for heat-health alert thresholds for pregnant women ... 83
Investigation of a foodborne disease outbreak linked to a restaurant, City of Cape Town Metropolitan, Western Cape, South Africa, February 2024 ... 83
Design & public health. Can salutogenic cities, healthy buildings and the hospital of the future fix the emerging global public health challenges, through equity, inclusion, and sustainability? ... 84
Determinants of snake-human conflict, based on the ICMR funded National Task Force pan-India study on the incidence, mortality, morbidity and socioeconomic burden of snakebite ... 84
Operationalising Resilience: Bridging the Gap Between Climate Early Warnings and Health System Readiness in South Africa ... 84
When water connects us all: Climate-sensitive health risks through a One Health lens ... 85
Household hygiene practices and perceived responsibility for vector control shape frequent rat and mosquito sightings in resource-constrained urban settings ... 85
Sustainability and resilience in the territory: dialogues on healthy environments and climate change in a brazilian rural settlement ... 85
Climate Change and Public Health Planning: The Participatory Development of the State of Bahia's Sectoral Health Plan for Mitigation and Adaptation, Brazil ... 86
Health Sector Plan for Climate Change Mitigation and Adaptation in the State of Bahia, Brazil ... 86
Heat – Not a Small Problem! Investigating the Association Between Heat, Heatwaves, and Birthweight in Sub-Saharan Africa ... 86
Impacts of heat exposure on pregnant women, fetuses and newborns: a systematic review and meta-analysis ... 87
A Public Health Approach to Climate Change ... 87
Heat Exposure and Preterm Birth in Sub-Saharan Africa: An Individual Participant Data Meta-Analysis ... 87
Hot Nights, Sleepy Days: An investigation into Ambient Temperature and Daytime Sleepiness - A cross-sectional study in adults in Johannesburg, South Africa (2017-2018) ... 88
It's time to go beyond awareness and advice: A systematic review and policy analysis of heat-protection interventions for people experiencing homelessness. ... 88
Parasite prevalence in wild birds across preserved and human-modified landscapes of the Atlantic Forest, Brazil ... 88
Assessing the Effectiveness of Home Smoking Bans in Reducing Indoor Thirdhand Smoke and Children's Exposure Risk ... 89
Genotoxicity of cyphenothrin pesticide and the impact of encapsulation ... 89
Genotoxic and epigenetic effects of prenatal and early-childhood pesticide exposure: a systematic review and meta-analysis ... 89
Drinking water quality in the United Arab Emirates: a systematic review ... 89
Flooding and chemical contamination impacts on human health: a global scoping review ... 90
Grounding Ethics in Climate Change and Health Research: A collaborative study triangulating perspectives of the communities, researchers and ethical committees ... 90
Algae as a Source of Protein and Oil for Human Nutrition, Food Security and Health in Africa: A Systematic Review ... 90
Climate services for diarrheal diseases: The benefit of climate information for health protection ... 91
Favelas and polycrises: an "insider and a close-up view" and the development of hybrid knowledge through systemic risk assessment with young researchers in heliópolis, são paulo, brazil ... 91
Combating loneliness in South African cities: exploring public health through an urban planning lens ... 91
DXA-Measured Body Composition Modifies Temperature–Blood Pressure Associations by Sex in Johannesburg, South Africa ... 91
Increasing Readiness to Adopt Sustainable Diets: Does Asking About Alternative Protein Food Intake Changes Intention and Consumption Among Omnivores and Meat-Reducing Individuals ... 92
Integrating climate change, environmental health, and one health into provincial health governance: a policy analysis from the western cape, south africa ... 92
The impact of socio-environmental and climate vulnerabilities on the patient care profile in an emergency hospital in Rio de Janeiro, Brazil. ... 92
Investigation of suspected Bovine Brucellosis cases in a Cattle Herd in Sheepmoore, Msukaligwa Sub-District, Mpumalanga Province 2025 ... 93
Exploring the role of grandmothers in promoting sustainable environmental practices and climate awareness in community-based climate interventions ... 93
Spatial assessment of early childhood development centers' proximity to coal-related air pollution in Mpumalanga Province, South Africa 93
Climate and Health 101 : Strengthening public health capacity to respond to climate change ... 94
Data-driven understanding of air pollution in Pretoria ... 94
Youth leadership in public health emergencies: models from conflict and climate-affected regions ... 94
Exploring Climate-sensitive Patterns of Vector-Borne Diseases in South Africa using Big Data analytics ... 94
MSF Case Study: Community-Centered Water, Sanitation and Climate Resilience in Southern Africa ... 95
The Landscape of Climate Change and Comprehensive Protection for Workers in Brazil ... 95
Communicable Diseases ... 95
Real world study for Mother-to-Child Transmission of Hepatitis B in Guangdong Province, 2021–2023 ... 95
Number of Austrian SARS-CoV-2 infections in the 2024/2025 season: Analysis of national wastewater data ... 95
Nationwide estimates of SARS-CoV-2 infection fatality rates and numbers needed to vaccinate for SARS-CoV-2 vaccines in 2024 in Austria ... 96
Post-pandemic mortality patterns and COVID-19 burden considering multiple death causes ... 96
The Evolving Landscape of Multimorbidity: An Analysis of Disease Clustering Across 13 HDSS Sites in Africa and Asia (2018-2021) ... 96
Cost-effective diagnostic strategies for targeted mass screening campaigns: Pooled GeneXpert vs. TB-LAMP testing in Ethiopia ... 96

Resurgent multistate measles outbreak in Sudan amidst conflict: urgent need for vaccination and international support 97
Epidemiological and demographic analysis of gestational toxoplasmosis in brazil over the last five years 97
Travel-Associated Mpox in Pakistan with Limited Household Transmission: A Case Series from Khyber Pakhtunkhwa (2023–2025) 97
Occupational and Zoonotic Transmission of Crimean-Congo Hemorrhagic Fever in Khyber Pakhtunkhwa, Pakistan: A Case Series, 2025 ... 98
Outbreak of Diphtheria in Mardan, Pakistan: A Field Investigation of Laboratory-Confirmed Cases Amid High Reported Vaccine Coverage . 98
Comparative Epidemiology of Measles in Charsadda District, Pakistan: 2023–2024 98
Application of the 7-1-7 Framework to Strengthen Crimean-Congo Hemorrhagic Fever (CCHF) Outbreak Response in Khyber Pakhtunkhwa, Pakistan, 2025 98
Human Papillomavirus in Gulf Cooperation Council (GCC) countries: What Do We Know and What is Missing? A Mapping Review 99
Investigation of an acute diarrheal disease outbreak in a municipality in southwestern Bahia: Experience report..... 99
Determining the prevalence, predictors and patterns of transfusion transmissible infections among blood donors in Lesotho – a retrospective cross-sectional study between 2013 – 2023 99
Factors associated with low HIV testing uptake among Adolescents and young adults in Boitekanelo College, Botswana..... 99
Epidemiology, incidence, hospitalization rates, and clinical severity of acute respiratory infections associated with respiratory viruses: A population-based surveillance study integrating multi-source data in China.....100
Schistosomiasis knowledge, attitudes, practices and associated risk factors among school-going children aged 5-14 in Nelson Mandela Bay, South Africa 100
Interplay of risk factors and complications in severe outcomes of acute respiratory infections: A multicenter study in China.....100
Evaluating performance of the Bioline™ HCV point-of-care test in Ghana 101
Impact of Risk Adjustment for Drug-Resistant Types on Tuberculosis Patients' Outcomes under China's Innovative Diagnosis-Intervention Packet Payment Methods 101
Psychosocial factors associated with ART adherence among older adults living with HIV in the Free State Province, South Africa 101
Investigating the role of nutrition in TB management: Association between nutritional status and nutrition related knowledge, attitudes, and practices among people receiving TB treatment in eThekwini District.....101
Prevalence and factors associated with HIV testing uptake among adolescent girls and young women in Sub-Saharan Africa, 2015 to 2024 102
The Epidemiology of ESKAPE Pathogens and Clostridioides difficile in patients with and without COVID-19 in hospitals in Tshwane District, Gauteng Province, South Africa 102
Improving equitable access to malaria care among hard-to-reach Amazonian gold miners: a promising self-diagnosis and self-treatment kit (Malakit) 102
Health Belief Patterns and Preventive Behaviors Toward Opisthorchiasis Among Rural Mekong Border Communities in Northeastern Thailand.....103
Epidemiological profile of leprosy in children under 15 years of age in the state of bahia, 2015 to 2024.....103
Assessing User Experience with the Bioline™ HCV Point-of-care Test in Primary Healthcare Settings in Ghana: A Mixed-Methods Study....103
Diagnosis of sexually transmitted infections during the june festivals using a public health testing strategy, 2024s diagnosed with sexually transmitted infections in the Fique Sabendo strategy during the June festivals in Salvador, Bahia, 2024 104
A scalable community mobilisation model for fighting the spread of cholera across borders using Emergency Community Health Clubs. Lessons from Zimbabwe from one of the worst single outbreaks in decades in Africa 104
Risk Factors for Lassa Fever Outbreak in Edo State, January 2025: A Case-Control Study.....104
Estimating the impact of different intermittent preventative treatment in pregnancy delivery strategies on low-birth-weight outcomes under moderate and high malaria transmission settings 104
Seasonal labour, systemic injustice: health inequities in the pacific australia labour mobility scheme 105
Neglected Within Neglect: The Invisibility of Female Genital Schistosomiasis in South Africa's Neglected Tropical Disease Programming.105
Incidence of adverse events following BCG vaccination with Russia and Moreau strains: a surveillance study in Brazil.....105
Malawi's 95–95–95 progress at risk: Identifying who falls behind as HIV funding shrinks 106
ART initiation, adherence and retention in care among men in Cape Town, South Africa 106
Economic evaluation of COVID-19 vaccination in reducing hospitalisation and mortality in a South African insured population using real-world data.....106
Exploring Factors Driving Vertical HIV Transmission: A Case-Based Intervention in Cape Town, South Africa 106
Non-specific effect of BCG in individuals with persistent symptoms of COVID-19.....107
Multilevel Determinants of Tuberculosis Treatment Completion in a High-Burden District of South Africa: A Mixed-Methods Study 107
Structural Vulnerability and TB Treatment Adherence Among a Homeless HIV-Positive Patient in South Africa: A Qualitative Case Study. .107
Spatial estimation of pulmonary tuberculosis risk at small-area level in Chile 108
Perceptions and Attitudes Towards HIV Test and Treat: A Comparative Study of Males and Females in Eswatini 108
Strengthening the effectiveness, scalability and sustainability of the Remote Laundries intervention for Acute Rheumatic Fever 108
Spatio-Temporal Patterns in Climate-Sensitive Diarrhoeal Medication Demand: A Fuzzy Accessibility Approach.....108
Barriers and Enablers to HIV Care access and engagement among Mobile Populations in Sub-Saharan Africa: A Mixed-Methods Systematic Review 109
Ticks, Demographics, and Farmer's Influence on Red Meat Production in Communal Regions of Eastern Cape Province 109
Two shocks to the system: Impact of the COVID-19 pandemic on HIV testing and prevention services in KwaZulu-Natal, South Africa 109
From Approval to Access: Helping Communities Rise Through Long-Acting HIV Prevention Advocacy 110
The hidden epidemic: HIV Prevalence in Peri-Mining Communities.....110
Q fever outbreak in a slaughterhouse in Brazil: retrospective assessment of long-term complications ten years later 110
Clinical characteristics and risk factors for long COVID. 110
Q fever in quilombola communities of Southern Brazil 111

Co-Infections in Mining Communities - Integrated STI Surveillance Reveals Public Health Priorities 111
Sociodemographic and Digital Access Factors Associated with Tuberculosis Treatment Supervision Strategies in Brazilian Municipalities 111
Mycobacterium tuberculosis infection among international migrants, refugees, and stateless persons: prevalence in Brazilian municipalities 112
Time in the care cascade of latent tuberculosis infection among international migrants, refugees, and stateless persons: operational challenges. 112
Chronic chagas disease: descriptive analysis of reported cases from 2023 to 2024 112
Screening for Subclinical Tuberculosis among International Migrants, Refugees, and Stateless Persons in Brazil 112
Predictors of Unfavorable Tuberculosis Treatment Outcomes among Migrants and Refugees in Brazil: a Nationwide Retrospective Cohort Study 113
Barriers and Strategies for Antiretroviral Therapy Appointment Adherence in Rural South Africa: A Narrative Review with a Focus on the Vhembe District 113
On-Demand and On-Site: Assessing the acceptability of Event-Driven PrEP among cisgender men attending mobile clinics in Cape Town, South Africa 113
Optimizing Case Finding through Multiple HIV Self-Test Distribution Channels: Reporting and Linkage Outcomes from the Promoting Access to HIV Self-Testing (PATHS II) Project in Three Nigeria states 114
Epidemiology of foodborne disease outbreaks in South Africa, 2011 – 2020 114
Patterns and Predictors of Loss to Follow-Up Among Hypertensive and Diabetic Patients in PIH-Supported Clinics, Rwanda 114
Hidden Burden of Opportunistic Infections among Hospitalised Adults with HIV: Post-mortem Evidence of Diagnostic Gaps in South Africa 115
Sourcing and managing the distribution of diphtheria antitoxin (DAT): Pharmacy Services, Western Cape Government Health and Wellness (WCGHW), South Africa, response to the diphtheria outbreak commencing in 2024 115
China-Africa cooperation in malaria control: from the perspective of malaria-endemic African countries 115
Impact of Payment Standard Differentials on Healthcare Equity Under Payment Method Reform: A Continuous Triple-Difference Study on Tuberculosis in China 115
From Home Visits to Diagnosis, Household Contacts' Preferences for Tuberculosis Screening and Testing in the Eastern Cape, South Africa 116
Temporal Trends and Epidemiological Profile of Dengue in Brazil, 2021–2025 116
Vulnerability in Motion: Socio-Economic and Service-Seeking Determinants of HIV Risk among Truckers and Migrants in India 116
Investigation and public health response to a cluster of serogroup C Neisseria meningitidis in a Western Cape Province community, South Africa, 2025 117
Disparities in hepatitis B diagnoses, associated risk factors, and time to diagnosis among migrants compared with Danish-born populations: A matched cohort study 117
Analysis of the laboratory and diagnostic support network for leprosy care: a cross-sectional study 117
Measles outbreak in the Western Cape Province, South Africa January 2025- January 2026 118
Decolonisation of Public Health 118
Decolonizing brain health screening: Community perspectives from Arabic-speaking populations and implications for culturally responsive global health strategies 118
Striving for partnership equity: Lessons learned during a six-year, five-country global health research collaboration 118
The Narrative of Women Victims of Violence Participating in a Culture Circle During an Implementation Research in Brazil 119
Bridging the Equity Divide: Patient-Reported Outcome Measures in Trauma Care for Aboriginal People 119
Decolonising informed consent: Ethics, language, and power in public-sector maternal health systems 119
Voices of Indigenous Youth as a Beacon of Light and Hope: A Culturally Informed Approach to Preventing Human Immunodeficiency Virus and Hepatitis C Virus and Promoting Sexual Health and Wellness Among Indigenous Youth in Northern Saskatchewan 119
Building Cultural Safety to Advance Equity and Inclusion in Healthcare 120
Reimagining Research: A Workshop on the Guunu-maana model of Indigenous Leadership and Excellence 120
Losing Roots, Losing Care: Afro-Indigenous Perspectives on Health and Colonialism 120
Ancestral African-rooted Solidarity Kitchens: religious and dietary practices in the decolonization of public health 121
Decolonizing Public Health through Harm Reduction Through Language Justice: Lessons learned from the Global South and North 121
Westernized society's fragmenting of public health and religion 121
From Colonial Violence to Contemporary Hunger: An Analysis of the Emergence of Anti-Hunger Policies in Brazil 121
Indigenous Knowledges in Higher Education: constraints to inclusion 121
Intersections Between Colonialism, Medical Racism and Race-Based Medical Practice 122
Equitable Participation in Healthcare: Shifting Power to Communities 122
From data extraction to social transformation: decolonial research practices in a rural traditional pomeranian community in Brazil 122
Living with with lymphatic filariasis in our community: insights from community mapping in Ghana 123
Supporting Decolonized Pharmacovigilance Systems: A Funder Perspective on African-Led Regulatory Decision Making 123
Diverse approaches and shared benefits: A scoping review of co-designed chronic disease interventions with Indigenous People 123
The Decolonisation of (Oral) Health 124
Setting up a community-led palliative care programme in low-income urban settings in Cape Town, South Africa 124
Decolonizing Global Health Education: Historical Lessons from Immunization and Vaccine Equity 124
Challenging the bystander effect: Towards a socially-just global health academic culture 125
The profile of brazilian nursing: a critical analysis of the labor market entry of brown and black professionals 125
Critical Embodiment: A People's Framework for Planetary Health 125
Urban tree census as catalyst for improved public health: a community-led exploration in Bishop Lavis, Cape Town 125
Decolonising African Public Health: Centering Indigenous Knowledge for Equity and Health 126
Solidarity kitchens and decolonial approaches to public health in campinas, brazil 126

Decolonising public health: from critique to practice in knowledge production and health systems strengthening 126
Colonial continuities in German medicine and healthcare: toward anti-racism and decolonization 127
Ethics in Action: Reimagining Implementation Science Beyond Colonial Legacies....127
Community-based approaches in primary health care: a perspective from popular health education and emancipatory care 127
impact of inclusive social policies on access to medical education in brazil by historically excluded populations: breaking the "pact of whiteness" 127
Decolonizing humanitarian public health: power, narratives, and ethical practice 128
Decentralizing HIV Testing for Transgender Populations in India: Evidence from Community Platforms and Facility-Based Models 128
Community-Led Monitoring (CLM): A Participatory Model for Environmental Justice in Post-Industrial Bahia 128
Digital Health, Health Information, AI and cybersecurity....128
Commentary on the Intersection Between Health Information, Misinformation, and Generative AI Technologies....128
Maturity Level model of Artificial Intelligence in the Health Care System: UAE CASE 129
It takes a village: education sessions for families of patients with diabetic foot ulcers in the Northern Provincial Hospital, Vanuatu 129
Fast, Ethical, and Accessible Research: Manuscript Writing with the Chisquares Platform....129
Enhancing TB Case Notification in High-Burden Areas of South Ethiopia: The Role of Mapping Hotspot Areas and AI-Assisted Ultra-Portable Digital X-ray Screening in Community-Level Active Case Finding 129
Exploring enablers and barriers to implementing virtual reality-based alcohol and other drug prevention among adolescents: a cross-national Delphi study in Germany and Australia....130
The Universal Wellbeing Evaluation Tool (UWET): Facilitating Change Through Literacy....130
From policy to practice: facilitating the notification of perinatal deaths and births by community health workers using electronic platform in four health districts in Mali 130
Specialized care in primary health care via telemedicine in Northeastern Brazil 130
Digital dependence and Artificial Intelligence: implication on mental health information use and seeking behavior 131
Integration of AI into legacy EHRs - challenges and opportunities 131
Patient Education and Counseling Teach-Back Techniques in Telehealth: A Systematic Review and Insights for Future Directions....131
Evaluating the efficacy of digital media platforms in disseminating public health information: A global review with implications for South Africa....132
Beyond the big vaccine: exploring novel approaches to tuberculosis prevention and control across african countries....132
Digital screen exposure and child and adolescent health and wellbeing: a scoping review of systematic reviews and meta-analyses 132
Whose Data, Whose Benefit? Equity Implications of AI-Based Surgical Risk Prediction Models 133
Breaking the Silence: A Hybrid Digital-Community Ecosystem for Child Sexual Abuse Prevention and Healing in Kenya 133
The Application of Artificial Intelligence in the Field of Childhood and Adolescent Obesity....133
Exploring community health workers' experiences with mHealth: A case study on digital public health interventions at Ekangala Clinic in Gauteng Province. 133
The Interplay of e-Health Literacy, Health Literacy, and Self-Care among Hypertension and Diabetes Risk Groups: A Community-Based Investigation in Southern Thailand....134
Leveraging SEAIR Modeling and Time-Series Forecasting to Optimize Malaria Interventions in Bauchi State, Northwest, Nigeria....134
VAXIN8: an artificial intelligence reverse vaccinology tool to predict potential vaccine candidates 134
Video observed treatment for tuberculosis in people-centred primary care: a narrative review of effectiveness, acceptability and mitigation of TB-related catastrophic costs 135
Unlocking intelligence through digital technologies in environmental health data management and utilisation: a scoping review 135
Contributions of Design Thinking to the Structuring of Conversational Modeling for a Digital Educational Health Technology on Sexual and Reproductive Health for Adolescents....135
From Hospital to Home: Rethinking Colorectal Cancer Follow-Up with Digital Health....136
From Wearables to EMRs: Who Holds the Keys to Your Health Data? 136
Strengthening community tuberculosis reporting: lessons from a locally adapted digital solution to address systemic gaps in enugu state, nigeria 136
Co-Designing a Digital Social Prescribing Platform to Reduce Out of Pocket Health Expenditure for Aboriginal Communities Living in Rural Australia 136
Continuity of care: a systems-level gap in digital health–enabled health systems 137
Digital mental health interventions in indigenous and traditional communities of the Global South: A scoping review....137
Youth-led safeguarding amid digital restrictions: How boys and young men protect their mental health in digital spaces in Australia 137
Implementation of a mobile health application used by community health workers in Ekurhuleni Health District....138
Implementing a Real-Time Excess Mortality Surveillance Dashboard in Uganda's DHIS2 platform 138
Using Social Listening and Digital Analytics to Address Diphtheria Misinformation During an Outbreak Response in Nigeria....138
Machine learning algorithms for the detection and prediction of depression in diabetes: A systematic review. 139
Mismatch at the interface: barriers to nutrition messaging about M-health among pregnant women in low-resource rural settings in South Africa....139
AIM-HEALTH: Artificial intelligence-mediated discharge document for accessible healthcare. A study protocol....139
Between promise and practice: mapping the implementation of digital health technologies in five sentinel district hospitals in South Africa.... 139
Using Digital Tools (eTools) as a Strategy for improving uptake and scale up coverage of Tester Training, Competency Assessments and Certification, an important component of the HIV-Rapid Test Continuous Quality Improvement (RTCQI). 140
The Process of developing a Hospital Procedure Booking System in the Free State 140
Enhancing Death Registration Through Electronic Medical Record Integration in Zambia: Linking the National Registration Information System

with SmartCare to Strengthen Mortality Data for Public Health Decision-Making....140
Telemedicine as a tool for continuity of care: the experience of local healthcare trust....141
Short-Term Forecasting of Dengue and Chikungunya Incidence: A Comparative Evaluation of Predictive Models in Paraguay....141
Telemedicine applied to the management of patients affected by obstructive sleep apnea syndrome treated with continuous positive airway pressure....141
Screen exposure and sleep quality in early childhood: evidence from an early childhood education center....142
Situational analysis and development of SMARThealth Climate Indonesia: a digital primary healthcare intervention with an integrated early warning system for non-communicable disease management....142
Health managers and professionals experiences with tuberculosis treatment adherence in in-person and digital strategies....142
Developing a Cost Data Collection Framework for Tuberculosis Care Using Activity-Based Costing: In-Person and Digital Strategies....143
Leveraging CrossRef Application Programming Interface to identify policy-relevant research conducted in South Africa: a bibliometric analysis....143
Readiness and Impact of Digital Public Financial Management Systems at Uganda's Health Frontlines....143
Quality of internet-based public health strategies to Prevent Infectious Diseases in Germany....143
Utilisation of digital health technologies among frontline health professionals in five sentinel district hospitals in South Africa....144
Mobile-Based Educational Interventions for Maternal Nutrition in Low- and Middle-Income Countries: A Scoping Review of Knowledge, Attitudes, Perceptions, and Adoption — A CFIR 2.0–Guided Implementation Analysis....144
Co creating an integrated e Health Intervention to Improve Sexual and Reproductive Health and Reduce NCD Risk Among Adolescents and Young Adults in Rural South Africa....144
Digital Health Innovation: Development of the digital health educational portal within Brazil's Unified Health System....145
Innovation and transparency in brazilian health law: experience report on the implementation of the Capixaba Health Law Observatory....145
Digital health in Brazil's Unified Health System (SUS): Advances and challenges for the consolidation of digital transformation....145
National Digital Health Strategies in The Global South: Comparative Perspectives on Governance, Data and Health Systems Strengthening....146
Adherence to Directly Observed Treatment via Video as a strategy for monitoring tuberculosis care in migrants.....146
Digital health and its impacts on the access of minority groups to primary care: a systematic review....146
Strengthening Brazil's Unified Health System through digital health strategies for traditional Amazonian communities....147
Developing and testing automated Interactive reminders for cervical cancer screening and chronic disease follow-up in Brazilian primary care....147
Digital Technologies and Health Inequalities in Tuberculosis Care: An Analysis of Institutional Processes in the Implementation of Video Directly Observed Therapy with a Focus on Equity and Health System Sustainability....147
Unsupervised, Personalized, and Interpretable Activity Recognition and Anomaly Detection in a Real-World Smart Home....147
Harnessing Artificial Intelligence for a Healthier Future: Applications in Public Health....148
Mapping Global Cybersecurity Policies in Healthcare in WHO Member States and their alignment to the WHO Digital Strategy, the National Institute of Standards and Technology and the WHO Health Systems Frameworks.....148
Overcoming Systemic Barriers to Telehealth Implementation in the Brazilian Public Health System: The Experience of a University-Based Digital Health Hub....148
Implementation and Evaluation of Syphilis Telemonitoring in Primary Health Care: An Innovative Approach to Public Health Management149
Developing and Evaluating Chatbots for Health: To Bot or Not to Bot?....149
Inclusive Digital Health in Primary Health Care: Bridging Governance, Education, Provision of Health Service, and Social Participation....149
The association between digital health technology utilization and health worker well-being at selected general hospitals in Uganda....149
The determinants of digital health technology utilization among health workers at selected general hospitals in rural Uganda....150
Implementing digital health innovations for tuberculosis treatment in real-world settings: operational insights from São Paulo state, Brazil....150
A Digital Health Approach to Addressing Technology-Facilitated Gender-Based Violence and Mental Health Support in India....150
iGOGO: bridging the digital divide by addressing the grey divide....151
Cancer surveillance gaps and data fragmentation in middle-income health systems: lessons from South Africa....151
Digitalizing community health workers: learnings on the drivers of impact from a narrative review of digital health programs....151
Between platforms and practices: a critical analysis of digital health from the perspective of education and communication in the Brazilian Unified Health System (SUS)....151
Digital Mental Health: Expanding and Strengthening Mental Health Care in Primary Health....152
Factors associated with risky online behaviour and lifetime online victimization among children and adolescents in Juba: A Cross-Sectional Analysis....152
Multidisciplinary Team Practice in Digital Health for Transgender People: experience from a university-based digital health hub....152
AI Applications for Epidemic Preparedness in Cross-Border Contexts (IHR Perspective)....152
Monitoring telehealth actions in a university digital health hub: operational indicators to advance health digital transformation....153
Digital health intervention for cardiovascular disease risk score reduction: a systematic review and meta-analysis....153
Reducing barriers to mental health care: the experience of the Digital Health Hub at Unifesp, Brazil....153
Closing the evidence-to-practice gap: a scalable framework for strengthening national clinical guidance in the global south....153
Bridging the digital implementation gap: identifying determinants for the adoption of source-grounded living evidence in low- and middle-income primary care....154
Development of an intercultural mental health care model using digital tools....154
University Digital Health Hub: Innovations for the digital transformation of the National System Health....154
Digital health and advanced manufacturing to promote equitable access to assistive devices in the Brazilian Unified Health System....155
The Experience of the Digital Health Work-Based Education Program Project at the Federal University of São Paulo in Strengthening the Unified Health System (SUS) through Digital Transformation....155

Parental needs and experiences with e-Health applications in chronic pediatric care – a scoping review 155
AI on Fragile Foundations? - Lesson's from Ghana's Lightwave Health Management System.....156
Teleconsultation as a strategy for strengthening the health system: effects on Primary Health Care and network organization 156
Adaptation and implementation of ophthalmic telediagnosis services: a strategy for prevention of avoidable blindness in rural remote regions 156
Education and Training 157
Training health education multipliers to strengthen public health capacities.....157
Training Integral Health Agents: An Innovative Report on Interprofessional Education in Brazil 157
A qualitative study exploring nutrition knowledge, self-efficacy, and practices of Life Orientation educators in Limpopo Province, South Africa.....157
learning from the community: early medical students' immersive experience with community health agents in brazil 157
Assessing the Knowledge and Attitudes of a Cohort of Nurses Towards LGBTIQ+ Health Care 158
Adoption and Utilization Patterns of Artificial Intelligence Tools Among Public Health Students in South Africa.....158
Strengthening community health capacity in rural Zambia through targeted training of community-based volunteers 158
Educational and physical exercise intervention on lower back pain among nurses in Botswana: a non-blinded randomized control trial.....158
Engaging communities for health: Implementation and outcomes from the Texas CEAL consortium.....159
Evaluating Expanded Eligibility Pathways for Global Public Health Certification: A Pilot Study 159
How the Public Health Workforce Learns: Insights From Nearly 500,000 Recertification Credits 159
Public Health Nursing Job Task Analysis: Defining Competencies for a Skilled Workforce 159
Nutrition and food safety knowledge, attitudes, and practices of school food handlers in Westrand district primary schools, Gauteng province. 160
Development of oral health educational intervention in selected Primary Schools in Tshwane District, South Africa 160
Mental health and wellbeing promotion in teaching and learning for dental students in Australian universities: a scoping review 160
Designing a food-related learning agenda among vulnerable populations 160
Knowledge Gap to Action: Impact of a Community Based Health Education Intervention on Dengue Fever Awareness 161
Integrating Innovation-Based Learning into Public Health Education to Enhance Health Promotion Competencies: A Mixed-Methods Study 161
The power of descriptive social norms at lunch time: when behaviour becomes contagious.....161
Integration of infant feeding in clinical undergraduate education: a case study of one South African university faculty 162
Peoples-Praxis (PP): A Mentorship Model for Public Health Skills Development in Low- and Middle-Income Countries (LMICs) 162
The Impact of Continuing Education on Strengthening Environmental Health Surveillance in the State of Bahia, Brazil.....162
Teaching Strategies Used by Grade 11 Chemistry Teachers in Rural South Africa: Implications for Scientific Literacy and Public Health Education.....163
Creating an academically competent public health workforce through supportive education and training.....163
Recognising the Gaps: Reflections on the Absence of Cultural Humility and Ubuntu in Healthcare Spaces 163
Strengthening Cancer Civil Society Leadership through Education: Evidence from a Quasi-Experimental Study in Chile.....163
A qualitative evaluation of a global surgery course within the University of Cape Town's master of public health curriculum: A cross- sectional study 164
Training social innovators and entrepreneurs for Community Oriented Primary Care in Western Cape, South Africa. 164
Care for Child Development Approach: A Large-Scale Hybrid Training Model for Primary Health Care Professionals in Brazil 164
PhD Mentorship Programme: An Emerging Community of Practice.....165
Co-design, agency, and challenge: Understanding the experiences of educators engaged in the delivery of mental health promotion programs involving boys and young men in Australia 165
From theory to practice: Health promotion in undergraduate medical education 165
Impact of Training and Program Expansion on Proficiency Testing Performance in the Western Cape Province, South Africa. 165
Stakeholder and Community engagement for non-communicable disease training in West Africa 166
Challenge-based learning for interprofessional health science education for non-communicable disease care – the CAPSTONE experience.....166
Reframing Communication Partner Training in Healthcare: A Critical Interpretive Synthesis to foreground culture, power and linguistic diversity 166
Digital screen use and educational performance in early childhood: evidence from an early childhood education center.....167
Assessing public health training in Southeast Asia and the UK: a comparison of competency development for delivering the Essential Public Health Functions 167
Integrating health systems and public health into a renewed undergraduate medical programme at a sub-Saharan university 168
Strengthening Quality of Care Through a Blended Training Model at Private Not for Profit Health Facilities in Central and Eastern Uganda. 168
Academia, Public Health, and the Challenges of the Current Environment.....168
Co creating Ubuntu Pedagogy: A Participatory Workshop Model for Strengthening Educational Capacity in Higher Education 168
Ubuntu informed Student Perspectives on Community, Solidarity, and Learning: Outcomes from a Multidisciplinary Workshop at the University of Nairobi.....169
Bridging the skills gap: An open access initiative to strengthen hand injury care in low resourced settings 169
Data to Policy: Equitable Health Policy Development for the Improvement of Health Outcomes 169
Preparing the Frontline: Integrating Oral Health into Medical and Nursing Curricula 169
Health Professionals' Perceptions after a Hybrid Continuing Education Strategy of the Care for Child Development Project in Primary Health Care.....170
Strengthening the public health workforce: Insights from South Africa's MPH graduate career trajectories and leadership pathways.....170
A health systems intervention project to address the suboptimal disease surveillance and response capacities in the Western Cape.....170

Health systems and public health learning through partnership: Co-designing a game-based assessment with South African medical students 171
Playing public health: An interactive demonstration of a game-based assessment for health systems and public health learning at a higher education institution....171
Education and intersectorality: the importance of territorial meanings based on the experience of the course "education, health, and social assistance: complementary networks in basic social protection" in perus – São Paulo, Brazil 171
Public health entrepreneurial training as a pathway to equity and meaningful public health work....172
Challenges to emergency medical care students' mental health and well-being during clinical training 172
Integrating Data-to-Policy Training into Field Epidemiology Training Programme: Advancing Equitable and Sustainable Decision-Making in South Africa....172
Interprofessional relations and the humanization of neonatal care: a narrative review....172
Sal & luz: a university extension initiative using integrative practices and popular health education to promote equity among socially vulnerable populations.....173
Building Transdisciplinary Capacity for Non-Communicable Disease Control in sub-Saharan Africa and Beyond: Lessons from the CAPSTONE Community of Practice 173
Building Digital Safety and Preventing Technology-Facilitated Gender-Based Violence Through School-Based Education in India 173
Equitable capacity building from postgraduate diploma to PhD: strengthening the public mental health training pipeline....174
Resources to Facilitate Capacity Building for Pathogen Surveillance 174
Support tools for the elderly – Opportunities for academic training....174
Training for uncertainty: capacity building for public health professionals in emergencies....175
Strengthening Africa's children's nursing workforce through contextualised training 175
Defining the elements of a self and peer assessment system for academic institutions of public health in Africa as a precursor to accreditation: A sequential exploratory mixed-methods study 175
Simulation of a worker health conference – Contributions to the teaching-learning process 175
Remote teaching & learning: delivery of Africa focused, globally informed postgraduate programmes in public mental health 176
Primary Health Care as a practice field for Family and Community Medicine residents in Brazil 176
The profile of Family and Community Medicine residents in Brazil....176
Workshop: Training of national workforces for essential public health services and public health functions considering a global competency and outcome framework – how can we make this fly? 176
Implementation of a permanent health education committee to strengthen primary health care governance and service quality in a countryside Brazilian municipality....177
Embedding person-centered teaching in nursing education: academic staff and clinical facilitator's experiences in a South African undergraduate program 177
From curriculum to capability: developing Entrustable Professional Activities for Public Health training programmes across health systems....177
Mapping Leadership Competencies and Program-level Characteristics Across U.S. MHA Programs Using the National Center for Health Leadership (NCHL) Competency Model 178
Barriers and Facilitators of Continuous Professional Development for Non – Communicable Disease managers in a public health setting in Gauteng, South Africa....178
Training Needs of Teachers in Higher Educational Institutions for Non-Communicable Disease Capacity....178
Student-Led Public Health Exchanges Internships: Ensuring Quality and Capacity....179
Health Determinants, Sustainable Health Equity and SDGs....179
Piloting an Urban Health Index in Fast-Track Cities: Outcomes, Lessons Learned, and Pathways to Scale 179
Stigma as a Barrier to Ending AIDS: Global Findings from the Zero HIV Stigma Day 2025 Survey....179
The Impact of Primary Health Care on Child Mortality Amid the Humanitarian Crisis in Sub-Saharan Africa: An Integrated Retrospective and Forecasting Analysis from 2007 to 2040....179
Dentistry and Inclusion: Building Racial Equity 180
Factors contributing to home deaths for children under 5 years old in Okavango district for the year 2021-2022: An Exploratory study....180
Unmet health and care needs of persons with disabilities in Ethiopia: what and why 180
Financial chains and caregiver strain:The True cost of Haemodialysis in rural India 181
Immigrants Health: Social Determinants of Health and Health Inequities among East African Migrants in Australia – an Ethnographic Approach 181
Bridging Barriers: A Proposed Ethics-Driven Ecological Paradigm for Global One Health and Intergenerational Well-being 181
Have health policy efforts reduced residential inequalities in mortality in Lithuania?....181
Nutrition equity and food environments in rural communities: assessment of small discount stores....182
Factors associated with cocaine and ecstasy use among portuguese adolescents 182
Transforming health equity through nurse led inreach and outreach for people experiencing homelessness....182
Adopting a health equity lens to advance Health Literacy in South Tyrol (Italy) within the framework of the Local Prevention Plan 183
Investigating the challenges faced by migrants in accessing public healthcare in Yeoville Bellevue community. 183
Empowering African Youth: A Community-Led, Culturally Responsive Early Intervention Program in South Australia 183
Health-related quality of life, stress coping, and optimism among adults receiving ambulatory care for non-communicable diseases....183
The Widening Gap: How Differential Payment Standards Under Diagnosis-Intervention Packet Reform Influence Patients with Different Types of Medical Insurance 184
Language access as a public health intervention: Ethical and equity implications from public-sector maternal care 184
Factors Affecting Posttraumatic Growth Among Survivors Of Domestic Violence: A Scoping Review 184

Violence Motivated by Religious Intolerance in Brazil: A Public Health Concern 185
Community Health Workers 's views on barriers and challenges on healthcare service access and utilisation faced by adult men in the City of Mbombela, Mpumalanga Province, South Africa: a qualitative analysis 185
Causes of Mortality in DIMAMO Health Demographic Surveillance Centre, Limpopo Province, 2019-2021 185
Childhood Socioeconomic Circumstances and Adult Mortality: A Systematic Review and Meta-Analysis 185
Environmental Health Surveillance in Brazil: The experience in the State of Bahia 186
Occupational and sociodemographic disparities in chronic respiratory disease mortality in south africa: a national analysis (2013-2019).186
Completeness of race/ethnicity data in national health surveillance information systems in Brazil (2010–2023): trends and implications for equity 186
Population Health and the Burden of Neuropsychological Disorder Profile in 5 Southern African Development Community Countries from 2001 – 2021 187
Determinants of Non-Adherence to Tuberculosis Treatment in Patients Co-Infected with TB and HIV in Polokwane, Limpopo....187
Persistent socioeconomic inequalities in cardiovascular disease mortality amid declining death rates in Australia, 2016-2023....187
Rural-urban disparities in eye health: An oaxaca-blinder decomposition 187
Identifying drivers of decreased avoidable mortality in Brazil: a longitudinal analysis of nationwide administrative and census data....188
Health and the many borders: how populations in Brazilian rural territories travel to access health services? 188
Association between socioeconomic conditions and environmental tobacco smoke exposure with eczema symptoms among teenagers attending school in Soshanguve, Gauteng Province, South Africa. 188
Rising Burden of Congenital Syphilis in South Africa: Trends from 2020–2023: Opportunities to Optimize Implementation of Dual HIV/Syphilis in Pregnant women and their sexual partners 188
Gender as a Determinant of Multimorbidity: Findings from the Migrant Health Follow-Up Study (MHFUS)....189
The Social Determinants of Multimorbidity in Sub-Saharan Africa: a narrative review 189
Epidemics as Syndemics: Global Inequities, Structural Determinants, and the Urgency of Collective Action in Global Health 189
perceptions and experiences of early childhood development practitioners regarding menu implementation in early childhood development centers 190
Curriculum-Based Road Safety Education as a Cost-Effective Strategy to Reduce Pedestrian Traffic Injuries in Bangladesh....190
Bridging the Surgical Divide: A Comparative Analysis of Rural Surgery Initiatives and System Integration in the Philippines 190
Patient-Centred Quality of Life Measurement in Sleep Health: Closing the Gap for Public Health Equity and Policy 190
Targeting sex disparities in physical inactivity: where and when action is most needed....191
Racism in nursing: the racialization and commodification of internationally recruited nurses in German healthcare....191
Health and harmony: a collaborative knowledge-exchange platform for equitable health systems strengthening in the Khayelitsha and Eastern Substructure, Western Cape, South Africa 191
Factors Associated with Timely TB Clinic Attendance Among Household Contacts in Eastern Cape, South Africa 192
A Multidisciplinary Approach for Addressing Cancer Diagnostic Inequities for People with Disabilities 192
Impact of the covid-19 pandemic on tuberculosis occurrence according to sex in São Paulo State, Brazil 192
Experiences and Challenges of Clean Intermittent Catheterization among Children with Spina Bifida and Their Caregivers in Uganda....193
Navigating Violence, Gender, and Disability: Experiences of Young People with Disabilities in Uganda 193
Men's health - a con or a real concern? The case for a new global public health policy approach 193
Negotiating visibility and invisibility: South African women with neurological disabilities' experiences with transportation and health impacts....194
Monitoring Sustainable Health Development at the Municipal Level in Brazil: Evidence from the MSDHI....194
Socio demographic determinants of energy drink consumption among tertiary students in Botswana....194
Judicialization of health care in specialized care in Espírito Santo, Brazil: equity or justice? 194
Do individual or area-level measurements of social determinants of health perform better at predicting chronic pain? 195
Improving caregiver coping to support family members engaged in addiction and HIV treatment 195
Temporal trends in mortality and regional inequalities of socially determined diseases in brazil, 2014–2023 195
Human development, inequality, and burden of socially determined diseases in brazil, 2014–2023....196
From Algorithms to Access: Using AI to Advance SDG 3 and Health Equity 196
The food environment at a South African university campus- an exploratory case study....196
Operationalising equity: A study of the challenges in aligning policy principles with performance metrics in Brazilian primary care....196
Implications of USAID funding withdrawal on the progress of the SDG's among women and girls in Eswatini 197
A practical guide to citizen-centred evaluation for more equitable and responsive health systems....197
Equity Beyond Access Community Participation and Power in Health Committees in Cape Town....197
Demystifying Snakebite Envenoming in Uganda: A Cost-Effectiveness Analysis of Life-Saving Prevention Strategies....198
Sexual Risk Behaviors among Adolescents and Young Adults in the Context of Food Insecurity: A Population-Based Cross-Sectional Analysis....198
Bridging Gender Gaps in Health Equity: Insights from Women's Empowerment and Decision-Making Patterns in Nigeria Using the 2024 NDHS Data....198
Tuberculosis in children and adolescents in bahia: analysis of case trends in the health macroregions of the state of bahia (brazil) between 2010 and 2024 198
The determinants and distribution of rural–urban migration among oral health professionals in South Africa 199
Masterclass - Realizing Universal Health Coverage: understanding the central role of legal frameworks....199
Analysis of Healthcare Accessibility and Equity from the Perspective of Health Equality: A Case Study of a City 199
Understanding domestic care workers' health through the lens of labour exploitation as a social determinant of health: Evidence from Brazil,

Colombia and UK....199
Food insecurity as an invisible frontier of health: a dialectical analysis in the context of the 2030 Agenda....200
Household Socioeconomic Inequities as Determinants of Subclinical Rheumatic Heart Disease in a Rural District of Mozambique....200
Social Determination of Health, access to medicines, and pharmaceutical services in Primary Health Care: a Scoping Review....200
From Rice-Based Diets to Viand-Centered Meals: Dietary Pattern Changes among Filipino Adults, 2013–2021....201
Determinants of zero-dose prevalence in Southern Madagascar: Evidence from community-level data....201
Oral Health Conditions, Self-Perception and Quality of Life Among Older Quilombola Adults in Northeastern Brazil....201
Sustainability pathways in solidarity kitchens: challenges and perspectives from a public health–oriented experience....202
Socioeconomic Status Profiles using Household Indicators in Eastern Cape: A Latent Class Analysis....202
Social prescribing - bridge between evidence-based medicine and everyday life in diabetic foot prevention....202
Obesity, Lifestyle Behaviours and Time-Related Stress among Nursing Students in South Africa: Implications for Health Equity and Sustainable Workforce Development....202
Intersectional dialogues on race, environment, and religiosity to promote public health policies for the Black population....203
Food as a political frontier of health: contradictions between human rights, global food systems and sustainability....203
The Children are our Future: Targeting Early Adolescents for Violence prevention in the Western Cape of South Africa.....203
Factors Associated with Food Insecurity in People Living with HIV/AIDS in a City in the Northeast of Brazil....204
Persistent Social Inequalities in Tuberculosis Incidence in Brazil: A Municipal-Level Ecological Study....204
STUNTING in young children - the height of inequality....204
Transgender and gender nonconformingpeople's vulnerability to food insecurity:systematic review and meta-synthesis....204
Migration and access to healthcare services: the legal path to equity in health....205
"Don't Eat My Food": Experiences of Trans Women and Travestis Regarding Food (In)Security....205
Price, Volume, and Market Power: Alcohol and Ultra-Processed Beverage Markets as Commercial Determinants of Non-Communicable Diseases in South Africa....205
Social inequalities in the use of health care services: evidences from a population-based health survey in a city in southeastern Brazil....205
Challenges in Water Quality Surveillance in Contexts of Territorial Inequality in Bahia, Brazil....206
Regional inequalities in dental caries: Evidence from four decades of Brazilian National Oral Health surveys....206
Access to and use of public and private health services: evidence from a population-based survey in urban brazil....206
Physical activity security: is it time to "change the conversation" for environmental justice in Lower- and Middle-Income Country Settings?....206
Experiences and challenges of substance use and misuse among Black African youth in Calgary, Canada....207
Community-Led Financial Platforms as Public Health Infrastructure: Leveraging Informal Savings Groups (Stokvels) to Improve Food Security and Dietary Equity in Urban South Africa....207
Persistence of limitations in activities of daily living after COVID-19: the role of social determinants and clinical conditions in the Brazilian population....207
Accessibility and Universal Design in the World Health Organization Healthy Cities Initiative: A Qualitative Analysis of Strategies, Language, and Urban Planning Frameworks....208
Spatial interaction of covid-19 and tuberculosis in Brazil: syndemic cluster evidence....208
Association of age group, religion, and educational level with mental health among Brazilians in post–COVID-19 conditions....208
Health Service Utilization and Access in the Municipality of São Paulo: A Contribution from a Population-Based Survey....209
Reframing Tobacco Control in Africa: Inequality, Industry Power, and Policy Innovation....209
Food Insecurity in Urban Brazil: Implications for Health Promotion and Intersectoral Action....209
Health Promotion and Universal Health Systems....209
"Positive Signage and Certification as Complementary Strategies for Tobacco-Free and Health-Promoting Environments: Experiences from Switzerland"....209
School Nutrition Programs in Dubai: A Landscape Analysis....210
Universal health coverage implementation in sub-saharan Africa: challenges, reforms, and policy recommendations for national sustainability....210
We can't talk about it: Youth voices on SRH in Nepal....210
Strategies to enhance the approach to prostate cancer screening of South African black men in the Free State: a Delphi study....210
Understanding Family Planning Dynamics: Knowledge, Usage, and Challenges among women in Makurdi, Benue State, Nigeria....211
Implementation of the Italian National Prevention Plan 2020-2025 at local level: strategies, outcomes, and future perspectives....211
Improving access to sexual and reproductive health services for boys and young men: a systematic review....211
Exploring participants insights on the adoption of plant-based diets: South African context....212
Oral Health Status of School Children in South Africa: Quasi Experimental Research....212
Perceptions and Attitudes of Students Regarding Contraceptive Use at the University of Limpopo....212
Healthcare utilisation among adult men in Mbombela Subdistrict, Mpumalanga Province, South Africa: A mixed method analysis....212
A model for improving pastoral support and care for church members living with human immunodeficiency virus and/or acquired immunodeficiency syndrome in Limpopo Province....213
Impact of a Nationwide Youth-Led Anti-Tobacco Campaign Initiative in Nepal....213
Effects of Forest Therapy on Quality of Life among Middle-aged and Older Adults: A Comparative Analysis by Age Group and Socioeconomic Status....213
Impact of an educational intervention on knowledge, attitude and practices of community members on schistosomiasis in Nelson Mandela Bay, South Africa....213
Beyond pilots: sustainability strategies in the tuscan living lab's healthy eating promotion activities....214
Primary Health Care in remote rural municipalities: context, organization, and access to integral care in the Brazilian National Health

System 214
Mapping mental health awareness programs among adolescents in South Africa: a scoping review 214
Impact of educational intervention on hygiene-knowledge and practices of sanitation workers globally: A systematic review 215
Impact of Different Recovery Strategies on Perceived Fatigue and Recovery Experience....215
An Integrated School-to-Community Model for Adolescent Substance Use Prevention and Health Risk Reduction in India 215
Study on existing health promotion, education and training needs in 10 SEAR countries in 2025....215
From Risk Communication to Testing Uptake: Mapping Barriers and Facilitators to HCV Testing Among Key Populations 216
The Practicality of conducting multi- domain disorders screening in preschools from low income communities in South Africa: A cross-sectional observational study....216
Taxation of sugar-sweetened beverages: Perspectives of adults and nursing practitioners in Makhanda, Eastern Cape, South Africa 216
Towards systematic assessment of health governance: a framework-based assessment of the South African National Health Insurance (NHI) Governance Structure 217
Evaluation of the operationalization of health promotion in primary health care 217
Occupational health and wellness training for healthcare workers....217
Drivers of inequality in physical activity participation: the role of automatic and conscious self-regulation processes, physical environment, across populations with lower and higher socioeconomic status 217
Assessing the inclusion of people with disabilities in the health system in Ethiopia. 218
The impact of hospital structure and process measures on quality of care in intensive care units in Namibian Hospitals: a questionnaire survey....218
Association between selected nurse outcomes and the quality of care in Intensive Care Units in Namibia: A Cross-Sectional Study....218
Codesigning a culturally responsive trauma informed health promotion framework: improving healthcare equity, inclusion and access for Indigenous peoples 219
Applying a community change process to achieve sustainable community health change 219
Participatory development and pilot implementation of self-care support groups for chagas disease in primary health care in brazil's unified health system....219
Integrating sexual and reproductive health services into existing tuberculosis care: a qualitative study 220
Artificial Intelligence for Patient Safety: Strengthening Clinical Pharmacy Practice in Primary Health Care within Brazil's Unified Health System 220
Social inequalities and care experience in primary health care in complex urban contexts....220
Leveraging private sector pick-up points to strengthen public chronic medicine delivery in South Africa: Lessons from the central chronic medicines dispensing and distribution programme....220
From Evidence to Policy: Rapid Evidence Syntheses as a Governance Instrument for Evidence-Informed National Clinical Guidelines in the Management of Sexually Transmitted Infections 221
The work of community health workers in a pandemic context: narratives, care, and equity in primary health care....221
The influence of children on parental food purchases during supermarket shopping in Pretoria, South Africa: The perspectives of parents 221
The Influence of Patient Health Literacy on Lung Cancer Care Journeys in the Western Cape, South Africa 222
Evaluation of the effect of the national oral health policy on the provision of dental prostheses in primary care in the state of Bahia, Brazil....222
Financial Accessibility to Quality Hospital Care: Experience with the Implementation of a Subsidised Flat-Rate Payment System at Isangi General Referral Hospital, Tshopo Province, Democratic Republic of Congo....222
contribution of human resource management interventions to health care worker performance in buyende district, uganda 222
The South African Health Promotion Levy: Navigating Public Health Gains, Economic Realities, and Future Directions 223
Essential Surgery Capability of Non-Tertiary Hospital Facilities in the Philippines (The Philippine Surgical Capacity Study -Phase 1)....223
Forest therapy and its measurable effects on psycho-emotional state and mood regulation 223
Implementation of the PACK protocol in Primary Health Care in Porto Alegre: an experience report on strengthening evidence-based clinical practices....224
Tobacco smoking habits, attitudes and associated factors among women in the United Arab Emirates 224
Perception of quality of life among primary health care users in a brazilian municipality 224
From Policy to Practice: Implementing Nutritional Interventions to Improve Adherence to School Meals in Northeastern Brazil....224
Addressing barriers to sexually transmitted infection information and care for adolescent girls and young women in South Africa: A health promotion approach within universal health systems 225
Smoking profile and associated factors among primary health care users in a brazilian municipality 225
Scaling Decentralized, Integrated HIV Services for Mobile Populations: Evidence from India's One Stop Centre Model....225
Alcohol consumption patterns and associated factors among primary health care users in a brazilian municipality 226
From universal coverage to comprehensive care: The essential role of health education in healthcare systems....226
Translating Population Medicine Levels of Prevention to the Patient Care Continuum and Clinician Bedside: A Roadmap for Preventive and Promotive Population Health Practice 226
Behavioral and Lifestyle Determinants of Poor Glycemic Control Among Adults with Type 2 Diabetes in Lesotho: Implications for Public Health in Low-Resource Settings....226
Scaling Up HIV Testing Through Community Leadership: Evidence from a One Stop Centre Model for Transgender Populations in India....227
Assessment of fruit and vegetables consumption among teenagers in some selected basic schools in a low middle income country: Implications for health promotion....227
Diagnosis of the public helthcare network for leprosy patients: A cross-sectional study....227
Impact of stress on food choice behavior of health science students at the university of Ghana: implications on healthy lifestyle behavior practices....228

Changes in the national primary health care policy: perceptions of community health workers in northeastern Brazil 228
Disparity between curative and preventive oral health actions in Brazilian primary care: an analysis of the 2024 national census of primary health care units of the unified health system 228
From Global to Local: Youth-driven public health actions 228
Health Systems Strenghtening 229
Operationalising Global Chronic Care Frameworks in Africa: Innovative Integrated Service Models from Namibia, Botswana, and Ethiopia 229
Access to Primary Health Care in the Asia-Pacific Region: Determinants, Impacts, and Strategic Interventions for Improved Equity Background....229
Spatial Spillover Effects of Resource Allocation on Service Volume and Expenditure in Secondary versus Tertiary Hospitals, China 229
Effective coverage of the integrated management of acute malnutrition (IMAM) program in six districts of Ethiopia 230
Quality of essential newborn care practice at public health facilities in Sidama Regional State, Ethiopia, 2024: Institution based study 230
Towards equity in healthcare workforce distribution: regional progress and remaining gaps in türkiye, 2007–2023 230
Overcoming stumbling blocks: harnessing partnerships to improve mental health outcomes in rural south Africa 230
Burnout prevalence, determinants, perceived organizational drivers, and coping processes among health workers in Abu Dhabi, United Arab Emirates 231
What measures, frameworks and criteria are used to evaluate the scale-up of health systems strengthening interventions? A scoping review... 231
Mapping the strategies to address the gender gap in youth clinic utilization in Sweden; explorative survey and follow up interviews. 231
How can the health system respond to aftercare needs? An integrated model of aftercare for people with substance use disorder in Kwazulu-Natal, South Africa 232
“They need to feel at home not in a home.” Experiences of residents and carers in mental health residential facilities: In-depth case studies from the Sedibeng district, South Africa....232
South-South collaboration to strengthen primary care: supporting the localisation of South Africa’s Practical Approach to Care Kit (PACK) for Indonesia....232
Strengthening Health systems capacity in Africa for Pandemic Equity and Responsiveness (SHARPER): Why ethics, human rights, and population benefits matter. 232
If we really want Pandemic Preparedness, we must ensure equity and justice – how Ethics Committees and researchers in Africa can promote population benefits from health research....233
Strengthening primary care through PACK: contextualising evidence-based, comprehensive clinical guidance to support primary care health systems strengthening in five low- and middle-income countries....233
Reconceptualizing Integrated People-Centred Health Services: Towards a Mechanism-Sensitive Model Using Realist Evaluation 233
Optimizing reach for mental health services through campaigns in rural South Africa 234
Closing the gap between public health and primary care: strengthening health systems to ensure equity in South Africa 234
Mother’s Touch, Baby’s Lifeline: Improving Neonatal Outcomes through Kangaroo Mother Care Down-Referral and Integrated Health Services in Gauteng, South Africa 234
Global Health and Latin America: Challenges to Health Systems in an Unequal World 235
Addressing Health Systems Quality Gaps: Empowering Health Service Managers Through a Formal Academic Program 235
Nudging Sub-Saharan African Primary Health Care Systems Toward Preventive and Promotional Care: Project Design and Conceptual Framework for the Development of Remote Functions....235
Implementing training strategies for primary health care teams to improve child development surveillance: a pilot study 235
Development and pilot testing of Our Practice Advisories to improve access to Chronic Kidney Disease treatment and care....236
Realising the Life Course Approach in primary health practice towards optimising person-centred care in the Western Cape, South Africa 236
Evaluating the Implementation of Adolescent- and Youth-Friendly Services in the Selected Primary Healthcare Facilities in Vhembe District, Limpopo Province....236
Development and Validation of an Integrated HIV/STI, and Pregnancy Prevention Programme: Improving Adolescent Sexual Health Outcomes 237
A Conceptual Framework for Integrating HIV, STIs and Pregnancy Prevention Services in Vhembe District, Limpopo, South Africa: Improving Teenagers’ Health Outcomes. 237
From Policy to Practice: The implementation and scaling of HIV Self-Screening amongst Adolescents and for client on Oral PrEP in South Africa....237
Health Without Borders: Governance, Equity, and Priority Setting for Essential Medicines and Diagnostics in sub-Saharan Africa – A Systematic Review....237
Establishing a learning health system at the sub-district level: Healthy Futures South Africa 238
Effects of Continuity of Care on Avoidable Hospitalization in Hypertensive Patients: A Retrospective Analysis in High-altitudes of China..238
Rapid Responsive Evidence Synthesis for Decision-making for Lenacapavir: Evidence-to-decision (E2D) Collaboration....238
Collaboration in Action: Khayelitsha Eastern Substructure’s partnerships with community structures and interventions in identifying social drivers of violence while collectively strengthening protective factors....239
Donor funding transitions as system shocks: Implications for paediatric HIV equity and health system sustainability in sub-Saharan Africa 239
Challenges experienced by health care professionals working in resource-poor intensive care settings in the Limpopo province of South Africa....239
Mapping Social Innovation in South Africa’s Health Ecosystem: Enablers, Barriers and Pathways to Scale 239
From Innovation to Impact: Strengthening Social Innovation for Health in South Africa 240
Factors influencing effectiveness of a community health worker program in an urban South African setting. 240
A sub-national level analysis of the human resource implications of large-scale community health programs in developing countries....240
World Cafe: Strengthening health sector governance and equity in plural health systems through community participation 241

Post-COVID-19 recovery of elective surgery in Brazil: a nationwide ecological analysis of access, regional inequalities, and health system resilience 241
The experience of the District Health Management Team members with Cyclone Freddy 2023, in two Districts of Malawi....241
Translating treatment intensification into condition control for people with multiple long-term conditions: evaluating implementation of ENHANCE - a health systems intervention in primary care and community settings in the Western Cape, South Africa....241
From research to action: strengthening diabetes foot screening in South Africa through participatory research with patients and healthcare providers....242
Silent Struggles: Early detection of multidomain communication risks in resource-constrained early childhood development 242
From Donor Dependency to Sustainable National Capacity: Strengthening HIV Testing Services through permanent employment of Lay Counsellors in South Africa....242
Challenges to Patient Safety Incident Reporting and Learning in South African Public Hospitals – Transitioning from Blame Culture to Just Culture!....243
A 25-year journey of embedding and sustaining research in district health systems: lessons from an urban health district in South Africa 243
Child development surveillance and child booklet: barriers and potential from the perspective of primary health care professionals and managers....243
RIVCHPP Achievements and Best Practices: Expanding Health Insurance Coverage in Rivers State, Nigeria 244
Patients who abscond from Free State public Healthcare facilities; 2020 - 2023 244
Improving health system responsiveness to patients in First Referral Hospitals of Kenya, South Africa, and Uganda....244
Why do people trust (or mistrust) health organizations? A systematic review 244
'We Have No Choice': An ethnographic study of emotional labour among midwives in first-referral hospitals in South Africa....245
Urgent gaps in the provision of diabetes foot care in the Cape Metropole of South Africa: a qualitative study 245
Health system strengthening through good governance: results of a scoping review....245
Inclusive Evidence-To-Policy Processes: Integrated Knowledge Translation for Health Systems Strengthening in LMICs 246
Investing in Pharmacovigilance as Health Systems Strengthening: From an Innovative Pilot to African Continental Architecture 246
Reducing community health worker stigma toward depression and substance use to improve human immunodeficiency virus and tuberculosis care engagement in South Africa: Results from a randomized, stepped-wedge hybrid effectiveness-implementation trial 246
Identifying implementation determinants for mental health and substance use stigma-reduction training in human immunodeficiency virus and tuberculosis care in South Africa 247
Barriers, Enablers, and Cost Implications of Scaling the AURUM Management Development Programme (MDP): District Manager Reflections from the Western Cape 247
Preferences for PrEP access amongst clients presenting for care at novel PrEP delivery models in South Africa: A discrete choice experiment....247
Identifying obstacles to the effective implementation of data analytics in Population Health Management: A narrative review for Low- and Middle-Income Countries 248
Interventions to improve nurse outcomes in healthcare facilities in Eswatini: An appreciative inquiry 248
Impact of the Management Development Programme (MDP) on Primary Healthcare Manager Competencies and Organisational Performance in the Western Cape, South Africa 248
When Healers Hurt: Uncovering the failures of a South African health professions regulatory body to respond to sexual misconduct allegations - advocacy by a volunteer-led working group 248
Healthcare workers' acceptability of integrating oral HIV pre-exposure prophylaxis delivery into routine antenatal and postnatal clinic services in Cape Town, South Africa: a qualitative sub-study....249
Right Health Foundations First: Public Health and Primary Health Care 249
Implementing a learning health system to strengthen data-driven decision-making and quality improvement in primary healthcare....249
Applying the Health Systems Integration Maturity Framework to assess the level of health services integration in Uganda 250
District manager perspectives on USAID/PEPFAR funding cuts and service delivery in the Western Cape, South Africa....250
Public health system strengthening : The transition of adolescents with severe bilateral cerebral palsy from paediatric to adult care in the Western Cape, South Africa....250
Strengthening the National Integration Agenda in Uganda: Evidence from 67 Baseline and 143 Follow-up Facilities....251
Consensus-based strategies to guide system-wide implementation of the World Health Assembly resolution on acute rheumatic fever and rheumatic heart disease in African countries. 251
How Structured Mentorship and Capacity Building Transformed Work planning and Budget Absorption in Uganda's Subnational Health Facilities 251
Exploring the occupational health and safety hazards faced by dental staff and their impact on their performance at the dental clinics in KZN, uGu District, 2022....252
Knowledge, perspectives and practices of doctors and dietitians regarding the severe acute malnutrition protocol in South Africa 252
Factors influencing frugal innovations in south africa's public health system within the national health insurance framework 252
Below 95%: Trends in immunisation Coverage and Health System Drivers of the re-emergence of vaccine-preventable diseases in KwaZulu-Natal, South Africa (2018/2019–2024/2025) 252
Opportunities and barriers for delivering PrEP service beyond public healthcare facilities to young Men in Rural South Africa: A Cross-sectional Qualitative study....253
Design thinking as an implementation strategy to strengthen Primary Health Care: lessons from the CARDIO initiative 253
The impact of covid-19 on tuberculosis diagnostic indicators: a systematic review on the path to 2030 goals....253
From disease-focused programmes to system strengthening, implementing Adult Primary Care in the Eastern Cape, South Africa....254
A person-centred assessment of district health system competencies in the management of multimorbid conditions in KwaZulu-Natal, South

Africa....254
Assessment of ICD-10 Coding and Discharge Summary Documentation in public sector hospitals in the National Health Insurance Pilot Districts, South Africa....254
Barriers to accessing cancer care services in Eastern Cape and Mpumalanga provinces of South Africa: cancer survivors' perspectives ..255
An Interactive Workshop on Strengthening Health-Sector System Leadership to Prevent Violence Against Women and Girls....255
Health-Sector Readiness to Prevent and Respond to Violence Against Women and Girls in the WHO European Region: Integrating Prevalence Estimates and Policy Analysis....255
"The buck stops here": Experiences of frontline healthcare workers in expanding district hospital surgical services in rural South Africa ..256
Systems for Health: Exploring Diverse Pathways to Strengthening the Building Blocks....256
Strengthening System Resilience: Insights from the Western Cape Province Strategic Toolkit for Assessing Risks (STAR) Assessment, South Africa....256
Bridging policy and practice: the KwaZulu-Natal PHCTC model for iterative multisectoral governance and primary health care transformation ..257
Continuity of Care is a Design Choice: Why Fragmentation Persists and How Health Systems Can Stop Designing for It....257
Beyond Hardware: The role of NGO-Public-sector relationships in strengthening fragile health systems: A case study of Zimbabwe....257
Health Systems Performance Monitoring of Mental Health Services in South Africa Using Routine Public Sector Data....258
Actionable pathways to disability inclusive health: A participatory session on system reform....258
Phonetic-linguistic models for the construction of Singular Therapeutic Projects for cochlear implant users: singular profiles for rehabilitation with accessibility and inclusive technologies. 258
Multi-sectoral Partnerships to Address Gendered Workplace Violence Against Health Workers in Cape Town: Lessons for Health System Strengthening....258
Collaborative learning and knowledge co-creation as catalysts for health system strengthening: The South African Learning Alliance for District Health Systems....259
The unintended consequences of vertical health programs on health systems in lower and middle-income countries....259
Evaluating the economic and operational impact of a leadership development programme for primary health care managers in South Africa: A cost and outcome analysis of the MDP....259
Pay for performance for health professionals in sub-Saharan Africa: A systemic review of qualitative research....260
Scaling Differentiated Service Delivery for an Aging Population: Insights from the Central Chronic Medicines Dispensing and Distribution Programme in South Africa....260
Expanding public access to chronic medication in South Africa through community-based pick-up points: A decade of scaling the central chronic medicines dispensing and distribution programme....260
Chronic pain in primary health care: historical and conceptual perspectives on the health and disease process and the development of health care strategies....261
Recife Monitora: A Brazilian model for institutionalized Primary Health Care Quality Assessment....261
Health systems strengthening to improve detection, treatment, and control of Multiple Long-Term Conditions in South African primary health care facilities: implementing the ENHANCE trial intervention....261
Healthcare system resilience during the COVID-19 pandemic in Lithuania: Insights from outpatient healthcare....262
Patient journeys to lung cancer diagnosis in the Western Cape, South Africa....262
Challenges and facilitators in pathways to cancer diagnosis in Southern Africa: A qualitative study....262
Strengthening the research study approval process in khayelitsha eastern sub-structure (kess), western cape, south africa....263
Systemic and Structural Barriers to Infection Prevention and Control Practices in Thika Level 5 Hospital, Kiambu County, Kenya....263
Breaking Barriers to Testing: HIV Self-Testing as a Structural Intervention to Reduce Stigma and Enhance Male Engagement in Three Nigerian States....263
Centre of Excellence for Pharmacovigilance in Southern Africa (CEPSA): early achievements and future plans....263
The contribution of the Practical Approach to Care Kit programme for primary healthcare to health systems process goals: reflections from four low- and middle-income countries....264
Determination of Flat-Rate Health Care Costs and Revenue Allocation Criteria in Health Facilities of Isangi Health Zone, Democratic Republic of Congo....264
Embedding Crisis Communication Training Within Health Systems: Strengthening Vaccine Demand and Institutional Resilience in India's HPV vaccine Rollout....264
Exploring perceptions, experiences, and components of family based interventions for people living with severe mental illness: A global qualitative evidence synthesis....265
Actors' perspectives on navigating context when co-designing gender integration in an established adolescent sexual and reproductive health program in South Africa....265
Effectiveness of Training and Evaluation Tools for Community Health Workers Delivering Comprehensive Care in Low- and Middle-Income Countries: A Systematic Review....265
"Building the plane while flying it": Co-designing gender integration in an established sexual and reproductive health program in South Africa....266
From Participation to Power: Why community participation is essential for Equitable, Resilient Public Health Systems....266
Operational feasibility and programmatic impact of Early Infant Diagnosis (EID) HIV testing at birth in Prevention of Mother-to-Child Transmission (PMTCT) Settings: Preliminary findings from Nigeria....266
The revolving door phenomenon in psychiatric care in the Sedibeng district....267
Challenges and successes in the implementation of the 90-90-90 hiv strategy in the city of johannesburg, south africa: a qualitative study 267
Co-created integrated e-health interventions for non-communicable diseases and sexual and reproductive health services for young people in low- and middle-income countries: a systematic review....267

Climate Change, Emergency System Strain, and Code Black Events: A Data-Driven Evaluation of Contributing Factors and Predictive Insights ..267
Strengthening routine health information system reporting to support data-driven hospital management: implementation at a tertiary hospital....268
Smart hospital´s role on the future of sustainable and resilient healthcare systems....268
The Praboromarajchanok Institute (PBRI) Model for Non-Communicable Diseases in Sustainable Primary Care in Rural Thailand: Evidence from Four Regions of Thailand....268
Strengthening paediatric burns care in South Africa through an inclusive training programme....268
Effective strategies to reduce waiting times on specialized care....269
Moving towards more equitable resource allocation for the district health system: A Case study of a novel resource allocation model in the Western Cape, South Africa....269
Inequalities in laparoscopic surgery in the brazilian health system....269
Rebuilding health in the rubble: strengthening public health institutions and systems in protracted conflicts....270
Research findings on community participation in Nelson Mandela Bay....270
Health systems strengthening through good governance: a research priority setting workshop....270
Enhancing implementation success in healthcare organizations: 10 strategies for comprehensive planning....270
Health workforce mobility in decentralised systems: A comparative examination of experiences in Kenya and other selected countries....271
Co-producing territorial health planning through rapid participatory appraisal: an experience in a Southern Brazilian capital....271
Making Trade-Offs Visible: Economic Evidence to Support Resilient and Equitable Public Health Financing Decisions....271
Situational diagnosis of continuing education needs in an inland Brazilian municipality....272
the brazilian primary health care model and the organization of the work process based on interprofessional collaborative practices....272
Regulation of Health Systems in Addressing Challenges to Equity in Universal Health Systems....272
Developing more responsive mental health services in Lesotho: Using a socioecological framework to explore the system's building blocks....272
Financing public health under constraint: a facilitated roundtable on equity and resilience....273
Drivers of community and health system resilience: exploring the role of informal health actors, a case study of the Community Action Network in South Africa....273
Evidence Use in Decision-making in Hospital Organizations: A Systematic Review Across Regional and Global Contexts....273
Hygiene & Sanitation - including Clean Water and Hospital Hygiene....274
Costs and health impacts of inadequate water sanitation and hygiene in Zambian primary healthcare facilities 2022....274
Effectiveness of the Kutuba campaign in promoting sustainable hygiene practices in healthcare facilities in Monze District, Zambia, 2023–2024....274
Assessing the Impact of Teacher-Led School-based Hygiene Intervention on Children's Handwashing Practices for Childhood Disease Prevention in Nigeria: A Cluster Randomized Control Trial....274
Bridging Hygiene Gaps: The Contribution of Water, Sanitation, and Hygiene Facilities to Maternal Hygiene Practices During Complementary Feeding in Ethiopia....274
Knowledge, attitudes and practice of oral healthcare workers towards infection, prevention and control measures: lessons learned from the COVID-19 pandemic....275
Co-identifying with stakeholders the challenges, barriers and possible actions to strengthen river water quality and prevent disease outbreaks....275
Food safety knowledge, attitudes, and practices of foodservice and nutrition support staff employed at a tertiary hospital, in Western Cape, South Africa.....275
Assessment of Healthcare Waste Management knowledge among healthcare trainees and nurses in Tunisia....275
Health impact assessment of environmental problems affecting local residents in tourism areas of the satun UNESCO global geopark, Thailand....276
Indigenous pediatric care and basic sanitation: challenges and strategies for a necessary integration....276
Sanitation infrastructure and child health vulnerability in indigenous territories of Northeastern Brazil....276
Water security and water, sanitation and hygiene practices across 10 years in South Africa....277
Indigenous Views on Health....277
Ngaanyatjarra Indigenous Men's Vaccination Project....277
Caregivers' experiences and support needs in caring for their children with neurodevelopmental disorders - a qualitative exploration from Bonny Island, Nigeria.....277
The Niue community's COVID-19 experiences: Development and application of the Matalili-Aga Gahua (Matalili Wellbeing Framework) to inform health initiatives....277
Walking in Two Worlds: Indigenous Knowledges and Public Health Research in Australia....278
Uncovering Hidden Burden - Developing a Patient Reported Measure to Address Out-of-Pocket Healthcare Expenditure for Aboriginal Families....278
"Between Orunmila and Socrates: where African culture missed its path to development and modernity"....278
Early Tobacco Education for First Nations Children: Culturally Tailored Curriculum Development for Kindergarten to Grade 3 Students in Northern Saskatchewan....279
Strengthening Our Voices and Honouring Traditions: Indigenous Youth and Community Efforts to fight commercial Tobacco....279
Country, Culture and the Cost of Care: The Burdens Behind the Journey for Health....279
Walking in Two Worlds: Decolonising Practices in Clinical Spaces on Tarntanyungga, Kaurna Yarta. Our starting approach for truth telling, change and action.....280
Compounded marginalisation: A perspective of caregivers regarding communication disorders at early childhood development centres in South Africa....280

Yarning with Aboriginal people on Ngarrindjeri Ruwe: A qualitative study exploring Community priorities for a co-designed type 2 diabetes and metabolic syndrome initiative in South Australia 280
From mistrust to meaningful engagement: a practical, interactive session on participatory approaches to adapting public health interventions in indigenous communities through lessons learned from Meghalaya, Northeast India....280
Co-design, Implementation and Evaluation of a Social and Emotional Wellbeing Program for Aboriginal and Torres Strait Islander Males in a Very Remote Community of the Northern Territory, Australia. 281
Community communication workshops as a method for knowledge dialogue on chagas disease with indigenous populations 281
Spotted fever in indigenous communities from Atlantic Forest areas of Southeastern Brazil....281
How knowledgeable and informed are stakeholders concerning uptake of organ donation: An ethnography study of the Xhosa people. 282
Caregiver's knowledge, attitudes and practices on consumption of traditional green leafy vegetables among children attending Early Childhood Development Centers in the city of Tshwane 282
Basic sanitation infrastructure and access to indigenous prenatal care in Northeastern Brazil 282
Geoinformation Applied to Indigenous Oral Health 283
Integrative, Complementary and Traditional Health Practices....283
A critical exploration of cultural competence from asylum seekers and refugees' perspectives 283
Transdiagnostic Psychological Effects of Lysergic Acid Diethylamide– and Psilocybin-Assisted Psychotherapy in Patients With and Without Substance Use Disorders 283
Integrative Ayurvedic Approaches to Lifestyle and Preventive Care: Traditional Medicine as a Pathway to Global Health Equity....284
Women's Cultural Interpretations and Health-Seeking Pathways for Symptoms Suggestive of Female Genital Schistosomiasis in Rural KwaZulu-Natal, South Africa 284
A qualitative exploration of public healthcare providers' preparedness for complementary and alternative medicine integration 284
Salt and light project: art therapy as a strategy for recovery from harm and promotion of the health of homeless people. 284
Traditional Medicine and Public Health: Preparing for System-Wide Change 285
Functional movement: a path to well-being, resocialization, and dignity for homeless people in Brazil. 285
Residues in Selected Medicinal Plants and Their Implications for Public Health: A Review 285
Phefumula GOGO: breathwork as a complementary practice to promote emotional wellbeing, mental health and psychosocial support for grandmothers and grandchildren 286
Maternal & Adolescent & Child Health - including women's health rights....286
Empowerment and help-seeking for violence among Filipino women victims of intimate partner violence: Analysis of data from the Philippine National Demographic and Health Survey 286
Women Mistreatment in hospitals During Childbirth In Khartoum State, Sudan 2022 286
Intersecting Supply- and Demand-Side Barriers to Accessing Safe Abortion Care among Adolescents and Young Women in Southern Ethiopia: Insights from Levesque's Access Framework 286
Balancing Accountability and Learning: Ethical and practical Dilemmas in Naming and Shaming within MPDSR....287
Early Exposures, Altered Defenses: Immunotoxic Consequences of Childhood Pesticide Contact 287
Growing Up in Umlazi: Adolescents lived experiences of puberty, relationships, and Sexual Health 287
Why adolescents seek emergency care: a descriptive study from a national district hospital in South Africa 287
Global Youth Health Policy 288
Integrating hiv tb and sexual and reproductive health services through community safe spaces to improve health access for adolescent girls and young women in Uganda....288
A study of inappropriate promotion of commercially available complementary foods for infants and young children aged 6–36 months in the Russian Federation 288
Menstrual and Sexual Health Education in Brazil's School Health Program: An Experience Report in Medical Education 289
Burden of Caesarean Section deliveries in the United Arab Emirates: The Mutaba'ah Study....289
Reproductive coercion and abuse leading to birth in women from Afghan/Iranian backgrounds living in Australia 289
Exploring Pathways for Maternal and Child Health Institutions to Participate in Adolescent Reproductive Health Education: Shanghai Practice 289
Midwives' Practice Challenges in Triaging Expectant Mothers: A Qualitative Study in Mpumalanga Maternity Units, South Africa....290
Community based maternal health care received from community health workers and its effect on skilled maternal health care in Sidama regional state, Ethiopia: Community-based cross sectional study....290
Mismatch at the Interface: Barriers to mHealth Nutrition Messaging among Pregnant Women in Low-Resource Rural Settings 290
Growth Outcomes Among HIV-Exposed Infants in Africa: Emerging Vulnerabilities and Evidence Synthesis 290
We don't need saviors, we are our own saviors, black doulas and black birth work in the US....291
Investing in an HIV-Free Generation: A Cost Analysis to Strengthen Equity and Sustainability of PMTCT Services in Zimbabwe....291
Reviewing the impact of maternal health care accessibility on maternal mortality: a decade-long study in sub-saharan Africa (2010-2020)....291
Effectiveness of Mobile App–Based Peer Support on Breastfeeding Outcomes Amongst Pregnant Women and Postpartum Mothers: A Global Systematic Review....291
Sex as a Biological Variable in African Preclinical Research: A Bibliometric and Policy Analysis....292
Type and content profile of added sugars in Ready-To-Eat breakfast cereals for children sold in selected markets 292
Nearly four in ten adolescent girls and young women experience unintended pregnancy in southern africa: a multilevel analysis....292
The influence of cultural practices and socioecomic factors on teenage pregnancy across selected primary health care centres in akinyele local government area, ibadan, nigeria....293
Disparities in the Diagnosis and Management of Endometriosis and Fibroids among Black African and Black Caribbean Women in High Income Countries: A Rapid Review 293

Prevalence and Public Health Implications of Gender-Based Violence among Women in Kogi State, North-Central, Nigeria 293
Empowering Community Healthcare Workers (CHEWs) through Continuous Professional Development and Reflective Practice: Lessons from a Blended Pilot Project in North-East Nigeria 293
Individual and community-level factors influencing modern contraceptive use among women of reproductive age in South Africa: a multilevel analysis 294
A No-Code Large Language Model Framework for Privacy Protection in Maternal, Adolescent, and Pediatric Electronic Medical Records 294
Stalled progress in reducing reproductive tract infections and uneven treatment seeking among women in India 2005–2021 294
Racism and global child health: a complex systems approach 295
Prevalence and Determinants of Viral Hemorrhagic Fevers in East Africa: A Protocol for a Comprehensive Public Health Assessment 295
Doubts Persist Among Adolescents Regarding Sexual and Reproductive Health Beyond the Biomedical Dimension 295
Focus groups with adolescents on sexual and reproductive health: experience report 295
Creating a combination HIV and pregnancy prevention cascade to measure condom and contraception use among adolescent girls and young women in South African schools 296
Dance2Kinnect: A Culturally Grounded, Community-Led Approach to Child Safety, Equity, and Wellbeing 296
Association of Severe Asthma Symptoms and Household Fuel Use Among Preschool Children in Mabopane, South Africa 296
Public Health Association advocacy for Women, Children, and Youth 297
“It’s where I buy lunch or anything that I want to buy”: A participatory photo elicitation study on adolescents’ experience of food choice and environment in Kisumu, Kenya 297
The role of socio-structural factors in influencing feeding intentions and practices among mothers with infants 297
Factors affecting the utilisation of family planning services amongst nursing undergraduate students 297
Bridging Barriers, Saving Lives: Innovative Multidisciplinary Antenatal Care for Stronger Mothers and Healthier Newborns in Rural Xhariep 298
Quality and system performance: Progress and gaps across the RMNCAHA+N continuum of care and life course in Botswana 298
Does Resolving Obesity Mitigate the Risk of Glucose Metabolic Abnormalities? A Longitudinal Study from Grade 4 to Grade 7 298
Equity on the plate: Factors influencing vegetable provision and menu dietary diversity in South African early childhood development centres 299
A new generic Health-Related Quality of Life measure for very young children: preliminary evidence from the EuroQol Toddler and Infant Populations (EQ-TIPS-5L) 299
Evaluating Performance of the Experimental EQ-TIPS (V3) for Assessing Infants and Toddlers with Acute Infections: A Mixed-Methods Approach of Cognitive Debriefing and Psychometric Testing 299
The Impact of Structured Infection Prevention Training on Maternal Sepsis in Rural Private Not For Profit Health Facilities in Uganda 300
The Impact of Structured Infection Prevention Training on Maternal Sepsis in Rural Private Not for Profit Health Facilities in Uganda 300
Postnatal pesticide exposure and executive function in children and adolescents: Findings from South Africa 300
Short-term heat exposure and cumulative adverse pregnancy outcomes among women living with HIV in Johannesburg, South Africa 301
Prevalence and associated risk factors of self-reported symptoms suggestive of female genital schistosomiasis among women in KwaZulu-Natal, South Africa 301
Risk and Readiness: Drivers of HIV PrEP interest among young women in high-burden rural South Africa 301
From Antenatal Care to HIV-Free Survival: Decentralizing PMTCT through Community-Led Testing in India 302
Antenatal Blood Pressure Variability and Adverse Pregnancy and Neonatal Outcomes in the United Arab Emirates: The Mutaba’ah Study 302
Evaluating the Prevalence and Reclassification of Hypertensive Disorders of Pregnancy Using the 2017 American College of Cardiology/American Heart Association and American College of Obstetricians and Gynecologists Hypertension Criteria: The Mutaba’ah Study 302
Mapping the risk of diarrhoea using spatial fuzzy lattice catchment areas 302
Threads of tradition: Emirati mothers’ perspective on family dynamics and support systems during the perinatal period 303
Becoming a father: a qualitative analysis of paternal practices of Emirati fathers 303
Prevalence and factors influencing delivery site preferences among women accessing immunization services in Calabar, Cross River State, Nigeria 303
Centring the voice of women who use drugs in public health research and practice 303
We are Fearless Women; exploring how women been impacted by changes in commissioning processes in English drug treatment services over the past 10 years? 304
Exploring workplace breastfeeding support from the perspective of the employees and employers in the Breede valley sub-district, Worcester, South Africa 304
‘The way we love ourselves in our marriage’: A qualitative study of shifting gender dynamics among partners of peer mentors in the context of an intervention to improve contraceptive agency through peer mentorship in rural Uganda 304
Centering Black women’s experiences during the menopause transition: Preliminary findings from a national study 305
Mortality among children with disabilities: a systematic review and meta-analysis 305
Evaluating an Australian school-based program for adolescent boys and young men: preliminary protocol for a mixed-methods study of masculinities, mental wellbeing, and relationships 305
Fostering a health-enabling environment for adolescent sexual and reproductive health through strengthening caregiver-early adolescent sexuality communication in Cape Town, South Africa 305
For Youth, By Youth: Engaging young voices in public health 306
Preventing Obesity Through a Life-Course Approach: From Women’s and Children’s Health to Chronic Disease Management 306
Perinatal Mental Health: Key Indicators of Quality of Care and Maternal Experiences in 10 Countries of the World Health Organization European Region from the Improving MAternal Newborn Care Research Network 306
A cross-sectional study on key clinical practices to support breastfeeding: inequalities across Europe? 307
Priority interventions for reducing stunting in the complementary feeding age group in South Africa 307

Unmet Oral Health Needs Among Paediatric Cancer Survivors: Ethical and Systemic Imperatives for Integrated Public Health Responses.307
Indicators and actions to address stunting across multiple sectors relevant at subnational level.....308
Evaluating the health and economic impact of switching from multiple micronutrient supplementation to iron and folic acid in south africa: cost-benefit analysis and scenario outcomes.....308
Dietary diversity and food handling practices of food handlers at registered ECD centres in Johannesburg.....308
Circulating Maternal MicroRNAs, Preterm Birth and HIV in South African Women.....309
Multiple Micronutrient Supplementation (MMS) for pregnant women: A Value Chain Situational Analysis to explore implementation in South Africa.....309
Mother's At Risk: Pregnant and Fighting TB.....309
The impact of alcohol bans on birth weight in South Africa.....309
Did respectful maternity care improve after the end of the COVID-19 pandemic? Preliminary results from the Improving MAternal Newborn Care study over 5 years in 21 countries.....310
Development and validation of a tool to assess mothers' knowledge, perception, and practice of child growth monitoring.....310
Cultural Authority and Maternal Diets: Intergenerational Power, Structural Constraints, and Theoretical Insights for Strengthening Nutrition Interventions in Rural South Africa.....310
Perceptions Among Adolescents on Peer Support Communication: Recognising Warning Signs, Providing Supportive Interaction, and Addressing Stigma Around Professional Help.....311
Analysis of the determinants associated with exclusive breastfeeding in a population served by primary health care.....311
Heat exposure, heat-related symptoms, and healthcare–seeking behaviour among pregnant women in Johannesburg: preliminary findings from the Bio-HEAT study.....311
Perspectives of mothers of preterm infants regarding donor milk.....311
Child Malnutrition and Household Vulnerability in Thiès, Senegal: Findings from a Longitudinal Study.....312
Improving Early Infant Diagnosis (EID) testing coverage and retention in Prevention of Mother-to-Child Transmission (PMTCT) programs through Early Infant HIV Diagnosis at birth.....312
Formative research on chagas disease – a deeper understanding of the impact of a neglected disease on women in bolivia, brazil, colombia and paraguay.....312
Implementation research: perspectives of the cuida chagas protocol in strengthening primary health care for chagas disease.....313
Physical fitness in adolescents born preterm or small for gestational age in rural Malawi.....313
Retinopathy of prematurity in premature infants: the role of outpatient follow-up within brazil's public health system.....313
Post-discharge growth of very low birth weight preterm infants: implications for outpatient follow-up in maternal and child public health in Brazil.....314
Chagas disease among women of reproductive age: implications for maternal and child health policies.....314
Barriers to the use of digital mental health applications for depression among pregnant adolescents in DIMAMO, Limpopo province.....314
Clinical and epidemiological profile of preterm infants with neonatal intracranial injuries in an outpatient follow-up program within brazil's public health system.....314
Strengthening HIV Care for Pregnant Women in Rural South Africa Through Peer Support: Lessons from the Enable Mentor Mother Programme.....315
Empowering Men, Strengthening Families: Early Lessons from the Mentor Brothers Program in South Africa.....315
Prevention of unsafe abortion in Brazil.....315
An observation of Environmental Health compliance at early childhood development centres in a local municipality, South Africa.....316
Spatial distribution and determinants of uptake of intermittent preventative treatment for malaria during pregnancy in the Democratic Republic of Congo between 2017 and 2018.....316
An eye for food insecurity and unequal access to public policies and services: a data analysis from a cross-sectional Brazilian study.....316
Social Media Exposure and Gender Disparities in Vaping among a Population of South African High School Students.....317
Co-Creating a Digital Maternal Nutrition Intervention in Rural South Africa Using a Design Thinking Framework.....317
Multidimensional Household Energy Poverty and Its Association with Early Childhood Development among Children 24-59 months in Nigeria..317
Trends of stunting and thinness Among Children and Adolescents Aged 6 to 15 Years — the Central and Western Regions, China, 2012–2023.....317
State of Africa's Stillbirth: Burden, Drivers, Impact, and Pathways to Action.....318
Women's Empowerment and Antenatal Care Utilization: A Multilevel Analysis of the Philippines Demographic and Health Survey Data 2022.....318
Understanding knowledge of, access to, and willingness to use and continue using PrEP among pregnant and breastfeeding women in South Africa.....318
Are those most at risk reached? Participation in the My Journey Programme: a combination HIV prevention intervention for Adolescent Girls and Young Women in South Africa.....319
Women's Sexual and Reproductive Health Services in Egypt: Insights from a Pre- and Post-Universal Health Coverage Qualitative Study...319
Engaging men to improve women's wellbeing and address sociocultural barriers to family planning : the "husbands' schools" approach in Eastern Democratic Republic of Congo.....319
Aligning South Africa's National Abortion Care Guideline with WHO Standards: Lessons from a Collaborative Policy Revision Process.....320
Exploring key drivers of progressive abortion law and policy reform in six countries in Africa, Asia, and Latin America.....320
Early Sexual Initiation Among Adolescents in Public Secondary Schools in Parakou, Benin, 2024: Influences and Challenges.....320
The grief of black women facing the homicide of their children.....320
Applying implementation science to assess readiness for community-based management of acute malnutrition: a qualitative baseline study from Meghalaya, India.....321
The health system as a gateway to strengthening systems of l support for women and children in the first 1000 days.....321

Barriers and facilitators to coverage of HIV prevention innovations among adolescent girls and young women (AGYW) in South Africa 321
GOGOcare: co-creating positive maternal and child health outcomes with third-generation caregivers 321
Early pregnancy overweight and obesity: prevalence, determinants, and temporal trends in a large maternal cohort 322
Let's talk sex: the perceived impact of skills training on grandmothers' communcation with pre-adolescent and adolescent grandchildren about sexual and reproductive health 322
Co-Designing Gender-Sensitive, Culturally Appropriate Mental Health Interventions with Adolescents in Pakistan: A Gender-Informed Framework 322
From Daily Practice to Health Policy: The Work of Community Health Agents in Detecting and Responding to Gender-Based Violence as a Social Determinant of Health 323
Measuring stunting and tracking trends in prevalence in South Africa: Conceptual and methodological considerations 323
Feminist leadership in public health: reclaiming power and driving equity in emergencies 323
Applying the IM4Equity Framework to Advance Equitable HPV Vaccination in Low-Resource Settings 323
The Challenge of Armed Conflict on the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B, and Syphilis in the War-Torn Tigray Region of Northern Ethiopia: A Mixed-Methods Study. 324
Maternity Protection in the Global South – Where are the shortfalls? Evidence on Workplace Breastfeeding Support Across Low and Middle Income Countries 324
Acceptance of corporal punishment among Japanese parents of young children: A nationwide survey 324
The impact of parenting styles on alcohol consumption among adolescents: A bibliographic review of the brazilian literature (2016–2026) 324
promotion of sexual and reproductive health for women in social vulnerability: impacts of the brazilian public policy rede alyne 325
"Through Our Eyes": Learner Perspectives from the Western Cape Planet Youth Survey on Wellbeing, Substance Use, and Safety 325
Mental Health & Social Wellbeing 325
Health promotion in school – what does it mean, and how can the effect of health promoting efforts be evaluated? 325
Emotional well-being of young women with long-term use of combined oral contraceptives 326
Awareness of workplace violence and its management among employees at the hospital X 326
The impact of social media exposure to anti-Asian hate crimes on Asians' mental health during the COVID-19 pandemic in the United States ..326
Development and validation of the personal recovery scale (ReConnect) for mental health in Ethiopia 326
Student health, institutional conditions and academic success among higher-education students in Germany: an analysis of StudiBiFra data ..327
Loneliness and Cognitive Decline Among U.S. Adults: A Stratified Analysis of the BRFSS 327
Development of the competency framework for public mental health in the Philippines: Results from a stakeholder consensus 327
The prevalence associated risk factors for perinatal depression among HIV positive women attending prevention of mother to child transmission of HIV services in Tzaneen sub-district 328
Socioeconomic determinants of mental health service utilisation: A retrospective analysis of Government Employees Medical Scheme (GEMS) claims data (2019 - 2024) 328
Strategic Whole-person Lifespan Approaches and Networks to Strengthen Systems for Mental Wellness across Ten United States-Mexico Border Counties 328
Comparing the effectiveness of Trauma-Focused Cognitive-Behavioural Therapy and Eye Movement Desensitization and Reprocessing in treating Post-Traumatic Stress Disorder among females: A Systematic Review 329
Health and wellbeing of staff working at higher education institutions globally: Evidence from 16 countries 329
Islamophobia and discrimination: Did it differ between Muslim and non-Muslim healthcare professionals in Australia? 329
Training in Applied Behavior Analysis (ABA) for Professionals at the Child and Adolescent Psychosocial Care Center (CAPS) 329
The association of asylum, health and trauma-relate d factors with suicidal ideation among newly arrived asylum seekers in Finland 330
"A place where you never have to be afraid of who you are": An intersectional analysis of university students' experiences of discrimination during their studies 330
Admissions of people living with serious mental illness (PLSMI) under the South African Mental Health Care Act (MHCA) [No. 17 of 2002] in poorly resourced mental healthcare systems 330
Depressive condition and rise of intentional poisoning among young girls during the COVID-19 pandemic. A Swedish national register-based cohort study using different time windows 331
Prevalence of depressive and anxiety symptoms and mental health help-seeking among physiotherapists in Tartu County, Estonia 331
Evaluation of Mental Health outcomes: a framework for mental health policy and quality of Public Health Systems 331
Individual Factors Associated with Substance Use Among Rural High School Learners in Limpopo, South Africa 331
Support under strain: Alcohol use and social support in intimate partner violence among adolescent girls and young women 332
Licensing and regulation of the mental health residential care facilities: A case study from the Sedibeng district, South Africa 332
Mental health as a shared responsibility: working across sectors to finance and improve mental health service integration 332
Conceptualisations of Postpartum Mental Disorder Among Yoruba Communities in Southwest Nigeria: Meanings, Causes, and Responses 333
High burden of problematic alcohol use is associated with depression and poor psychosocial well-being in South Africa 333
"Coping is Not Enough": Rethinking Nurse Wellbeing Interventions During Health Emergencies 333
The Silent Struggle: Mental Distress among Bachelor of Emergency Medical Care Students in South Africa 333
Invisible and highly exposed: psychosocial vulnerability of Brazilian migrants working in illegal gold mining in French Guiana 334
Public Health Association advocacy for youth mental health 334
occupational therapy and public mental health in nigeria: a systematic review of community based interventions 334
Exploring the socio-economic drivers of gender-based- violence: a closer look at community dynamics as social determinants of health in Rural Limpopo Province of South Africa 335
Does mental health overshadow possible cancer symptoms: vignette survey with healthcare professionals 335
Silenced Stories: Men's Experiences of Gender-Based Violence in Musina 335

Care Pathways Between Primary Health Care and Psychosocial Care Centers for Users With Mental Health Needs in a Brazilian Urban District....335
Leveraging Social Media Campaigns for Youth Mental Health Promotion: A Cross-Sectional Study of Awareness, Stigma Reduction, and Behavioral Impact....336
The relationship between cardiovascular health and common mental disorders among adults aged ≤50 years: A systematic review of observational studies....336
Syrian refugee young adults implementing Problem Management Plus (PM+) with adults in their community: Using the Consolidated Framework for Implementation Research (CFIR 2.0) to understand perspectives of the implementation team....336
Prevalence and sociodemographic factors associated with the school bullying victimization in elementary students from socially vulnerable areas in a Brazilian Capital....337
Exploring the bidirectional pathway between intimate partner violence and depression in women....337
Simplicity and equity in depression risk prediction among Brazilian adults: a temporal machine learning study....337
Barriers and facilitators in the collection and use of student mental health survey data at universities – Perspectives from involved university professionals and students....338
Should South Africa Develop a Clinical Program Guideline for Mental Health?....338
Pawsitive Impact: How One Little Dog Changed a Public Health Research Workplace....338
Perceptions of the feasibility and acceptability of a remote counselling program for callers to a national mental health and substance use helpline, "If I missed your call, please call again; We don't get checked upon by our families": A qualitative study....339
Shifting the Power: A Multi-Stakeholder Roundtable on Transitioning from Lived Experience Consultation to Co-Leadership in Public Health....339
Moral distress and injury in the public health workforce and implications for policy and practice....339
Depression and Anxiety among Adults in Abu Dhabi: A population-based study....339
'Natty or not?': Building gender appropriate media literacy interventions for boys and men that help them to recognise the likely use of image and performance enhancing drugs....340
The psychosocial effects of USAID funding withdrawal on women's health capabilities in urban Eswatini....340
Digital And Social Media Interventions for Depression And Suicidal Behaviour Among Adolescents And Young Adults In Low And Middle-Income Countries (LMICS): A Scoping Review....340
Collaborative conversations for impact: How can public health stakeholders support CHW occupational mental health and well-being initiatives across diverse contexts....341
Mental Health Status and Associated Risk Factors Among In-School Adolescents in a Rural Community in Rivers State, Nigeria....341
Alcohol use disorders and mental health problems among men in underserved communities in South Africa....341
Integrating Mental Health, Youth Unemployment, and Systems Change Through Social Innovation: Evidence from the South African Youth Development Innovation Review....341
The silent epidemic: Childhood trauma as a Public Health crisis....342
"… I tried to commit suicide…": Understanding the intersections between mental health, HIV and teenage pregnancy....342
Adverse childhood experiences and distal health outcomes: the mediating effect of depression, anxiety, and stress....342
Social Workers' Mental Health in times of disaster: Lessons from the COVID19 Pandemic....343
Risk Prediction Models for the Onset of Mental Health Disorders: A Systematic Review of Model Methods,Performance and Clinical Utility....343
Current pesticide suicide surveillance methods used across the African continent – A scoping review....343
Kuyeka!: An Open Pilot of a Smoking Cessation and TB Treated Adherence Intervention for People Living with HIV in Khayelitsha, South Africa....343
Assessing South Africa's health and demographic surveillance system (HDSS) reporting of pesticide suicide incidence and fatal poisoning....344
Risk Perception, Chemsex Engagement, and Transactional Sex Among Transgender Women: A National Survey Across South Africa....344
Depression Burden and Medication Non-Adherence Among Transgender Women on PrEP and ART: Findings from a South African National Survey....344
Fostering Resilience and Improving Mental Health in Adolescents in a Resource-Limited Setting: Lessons from a Peer Support Initiative in Rural South Africa....345
The autism industry: medicalization, stigma, and the search for emancipatory practices in Brazil's Unified Health System....345
Service user involvement in a peer support implementation project: the community advisory board strategy....345
Enhancing continuity of mental health care through medication access: The role of the central chronic medicines dispensing and distribution programme in South Africa....346
Life events and Public Mental Health....346
Building Evidence-Based Youth Mental Health Support in South Africa: Early Findings from EASE-SA, #FTM and Chommie....346
Mental health needs of community health workers providing home-based healthcare in South Africa: Khanya Ekhaya....346
Title: Digital Art as a Tool for Mental Well-being: Findings from the ArtEater Pilot in Eldorado Park, South Africa....347
The prevalence and associated risk factors of compassion fatigue among healthcare professionals who cared for patients with covid-19 in selected healthcare facilities in Durban and Mthatha, South Africa....347
Trajectories of Turnover Intention Among Interns in Early Career: Antecedents and Consequences for Mental Health and Occupational Well-Being....347
Early life factors associated with childhood trajectories of violence among the birth to twenty-Plus cohort in soweto, south africa....348
Healthcare professionals management of compassion fatigue whilst caring for patients with Covid-19 in Mthatha and Durban, South Africa....348
Study on the Status of Turnover Intention and Related Factors Among Nurses in Public Hospitals in Jilin Province....348
Dynamic Within-Person Links Between Job Insecurity, Anxiety, and Depressive Symptoms Among Employees in a Large Automobile Manufacturing Plant in China....348
Predictors of physical and mental health of adults in lower income communities in Gauteng and the Western Cape of South Africa....349

A protocol for exploring health promoter-led mental wellness initiatives for early prevention, screening, and quality of life in cervical cancer patients of rural Eastern Cape, South Africa: a mixed-method study 349
From Isolation to Reintegration: Exploring Student Mental Health and Anxiety in the Return to School Post-COVID-19" Abstract:....349
"They stigmatize themselves so much that they believe that HIV infection is some kind of dirt:" A qualitative exploration of HIV stigma and intervention needs in Kyiv, Ukraine....350
Reflective support for young people outside education and work: A case study of On the Inside....350
Adults with substance use disorders: the long-term impact of adverse childhood experiences in a socioeconomically disadvantaged South African community 350
Mental Health and Precarity in Everyday Life: Lived Experiences of Internal Migrants in Urban India 350
Longitudinal Nomological Network Validation of an Expanded Job Insecurity Scale With a New Technology Insecurity Dimension Among Frontline Manufacturing Employees in China....351
Parallel Process Latent Growth Analysis of Digital Job Insecurity and Employee Innovative Behavior Over Time....351
Promoting Mental Well Being Among Migrants: A Strengths Based Group Intervention....351
Understanding Perceived Stress and Its Social Determinants Among Mothers of Young Children in Tunisia: The Role of Social Support 352
From Stigma to Support: Improving Mental Well-Being Engagement Among Adolescent Girls and Young Women Through an Artificially Intelligent Chatbot, Bol Behen, in India....352
Understanding Social and Psychological Drivers of Coping in Pregnancy in Tunisia: The Role of Self-Efficacy and Social Factors 352
MasidlaleGOGO: designing inclusive neighbourhoods & exploring public spaces through intergenerational play....352
Relapse in Addicts Following the 12 Steps to Recovery from Addiction Program....353
Exploring integrated community-based collaborative care in South Africa: A qualitative study on health care providers' experiences....353
From Theory to Practice: Cost-Effective Mental Health and Suicide Prevention Education for Global Public Health Curricula....353
Well-being, Aspiration, and Precarity Among Young Internal Migrants in Urban India: Insights from Participatory Action Research 354
Understanding the experiences of neurodivergent children being raised by their grandmothers to enhance pathways to equitable care and inclusive support systems....354
Use of Mobile Phones Before Sleep, Sleep Deprivation, and Cognitive, Physical, and Academic Impacts in Brazilian Adolescents: Cross-Sectional Analytical Study with 564 Participants 354
Nature-informed mental health training and self-care for community health workers in South Africa: Khanya Ekhaya....355
Suicide, oppression, and cultural responsivity: pathways for understanding and mitigating suicide risk among people of African descent.355
Practising digital storytelling in climate–mental health research: Lessons from a multi-site transdisciplinary study in Africa....355
Strengthening Equitable Mental Health Care in Rural South Africa: Leveraging Health and Community Resources to Support Informal Caregivers....356
Effects of organisational-level interventions on symptoms of depression and anxiety in medical doctors – A systematic review....356
Mental health care for people in disadvantaged communities: a task for community health workers? 356
The Role of Artificial Intelligence and Media in Mental Health....356
Weaving and co-producing a peer support implementation with stakeholders: participatory workshops guided by the theory of change 357
Occupational determinants of mental illness among community health workers: challenges in the primary health care context 357
Examining the effect of peer recovery coaches on alcohol and other drug stigma and HIV care engagement in a low-resource South African community. 357
Comprehensive healthcare in cases of work-related suicide: investigation and postvention....358
Is Mental Health Care Service Utilization and Treatment Prospectively Associated with Favourable Mental Health Outcomes in Youth from the General Population?....358
Minorities, Diversity & Inclusion - including Migrants, Refugees, LGBTQ....358
Islamophobia and discrimination: Experience of Muslim healthcare professionals in Australia....358
Health Service Disruptions among Immigrants and Undocumented Individuals in 6 U.S. Fast-Track Cities, January–June 2025 358
Beyond the Numbers: Registry-Based Mortality Outcomes and Structural Challenges in Transgender Health Surveillance 359
Between tongues and minds: Language identity and a sense of belonging among multilingual 1.5 generation Asian immigrant young adults in the United States using a three-step sequential mixed methods approach 359
Migration stories of 1.5 generation Asian/Asian American immigrant young adults: adaptation, family perspectives, and evolving identities in California, the United States....359
Human trafficking victims' lived experiences of navigating social service provision across intersecting systemic and individual barriers...360
A Qualitative Examination of the Impact of Sexual Assault on Alcohol Use among Bisexual+ and Heterosexual Survivors: Implications for Public Health....360
Intercultural mediation with migrant populations in health systems: experiences of intercultural facilitators in Chile 360
Advancing mental health and equity: understanding the determinants of psychological distress among Africans living in Western Australia.... 361
Development of an Intervention to Improve Access to Chronic Kidney Disease Treatment and Care for African Americans: Application of the 6SQuID Framework 361
Beyond the Binary: A Cross-Sectional Online Survey of Gender Dysphoria, Mental Health, and Well-being Among Transgender and Gender-Diverse Adults in South Africa 361
An integrated medical care and mental health and psychosocial support service model for refugees in greece....361
Equity and Primary Health Care: providing care to vulnerable populations, traditional peoples, and communities in Brazilian PHC facilities. 362
Lived Experiences of LGBTIQ+ Health Profession Students: A Scoping Review of Challenges, Supports, and Gaps in Global and Global South Contexts 362
An intersectional perspective to the health of women with lived experience of homelessness 362
Afro-descendants and the 2030 Agenda: Inclusion, Structural Inequalities, and Challenges for Sustainable Development 363

Ethnic–Racial Inequalities in Access to Basic Sanitation in Brazil: Evidence from the 2022 Demographic Census for the Quilombola Population 363
PrEP usage among high-risk populations in Brazil: a nationwide retrospective study 363
Use of technology for effective outreach among MSM population in virtual space 363
Screening Saves Lives: Cancer screening knowledge, awareness and practices among LGBTIQA+ Western Australians 364
Determining the migration status of 24 million individuals living in England using the OpenSAFELY platform 364
The development of telemedicine in correctional facilities 364
Challenges and opportunities for strengthening access to primary care for migrant adolescents in Chile 365
Lessons from implementing a hybrid online/in-person social and emotional wellbeing program for young Aboriginal and Torres Strait Islander males in the Northern Territory, Australia 365
Synthesising global evidence about engaging marginalised and vulnerable adolescent boys and young men in health and social services: What do we know? 365
Relational Choices and the Enactment of Therapeutic Citizenship among Sexual Minority Men on Antiretroviral Therapy in the SOAR Intervention, Eastern Cape, South Africa 366
Centering Resilience: A Methodological Framework for Studying Trans and Gender-Diverse Experiences of Waiting for Gender-Affirming Surgery in South Africa 366
Feasibility and acceptability of an equity and diversity maturity matrix applied in heterogeneous public health contexts across 18 European countries 366
Insecure Work, Insecure Housing: Gendered Violence and Mental Distress among Migrant Women in Urban Slums in India 367
The Homeless Population and the limits of mental health care in Brazil 367
From equity commitment to action: Applying the 4C framework and maturity matrix for embedding equity, diversity and inclusion principles in public health policy and practice. 367
Transforming migrant health data for policy action: Developing, validating and applying the Migrant Health Country Profile Tool in the Middle East and North Africa 367
Understanding the Burden of Disease Among Migrants in the Middle East and North Africa: Findings from a Suite of Systematic Reviews 368
Challenges and Opportunities for Primary Health Care in Tuberculosis Control among People Experiencing Homelessnes 368
Epidemiological aspects of tuberculosis among international migrants in a border municipality in Southern Brazil 369
The impact of Islamophobia on migrants' health and wellbeing outcomes: a systematic literature review 369
A skill-based sero-status sharing intervention for HIV treatment lowers intimate partner violence and improves resiliency for sexual minority men living with HIV in South Africa 369
Rationale and design of a multi-component intervention study to address implicit racial bias amongst healthcare professionals 369
Barriers and facilitators to maternal and child health services and breastfeeding counselling among Somali-speaking mothers: A comparative study in Finland and Somalia 370
Barriers and facilitators to maternal and child health services use and breastfeeding counselling among Somali-speaking mothers: A comparative study in Finland and Somalia. 370
Health diplomacy and media: Toward an integrative approach for minorities' health 370
Gendered syndemics: how partnership status shapes violence exposure and mental distress among urban migrant women in India 370
The quality of primary care received by foreign migrants in South Africa: A standardised patient audit 371
Urban violence in Brazil: a critical analysis of homicide indicators among black youth 371
Barriers to cancer diagnosis for people with disabilities: a qualitative study with patients and healthcare providers in northern italy 371
Housing insecurity and health outcomes among migrants from culturally and linguistically diverse backgrounds in high-income countries: a scoping review 372
Women's collectives in Brazilian federal universities: national mapping and the production of health 372
Trends in housing insecurity and its determinants among humanitarian migrants from culturally and linguistically diverse backgrounds in Australia, using the longitudinal Building a New Life in Australia data. 372
Oral Health in Quilombos: An exploratory approach in Quilombo Remnant Communities in the state of Pernambuco 372
Disability- and youth-friendly approach to sexual and reproductive health and rights education. in Uganda: A skill-building workshop for global and public health practitioners and researchers 373
Voices that break silence: women's narratives and the production of health in Brazilian universities 373
Health systems responsiveness to queer users in low- and middle-income countries: A narrative thematic synthesis review 373
Diversity and inclusion in public health care: the perspective of sexual and gender minorities in municipal services in Brazil 374
Queering health policy and systems: Dialogues for integrating sex characteristics, sexual orientation, gender diverse and non-conforming, sexual dissident lived experiences into health policy and systems for universal inclusivity and justice in public health 374
When Does Political Empowerment Mitigate Racial Disparities in Infant Mortality? A Simulation Study 374
Prejudicial attitudes of health professionals toward transgender people 375
Barriers and facilitators in nursing education on sexual and gender diversity 375
Non-Communicable Diseases - including Cancer, CVD, Obesity, Oral Health 375
Racial and Ethnic Disparities in Cancer Occurrence and Outcomes in Rural United States 375
Socioeconomic inequalities in the use of recent dental services among dentate older adults in Brazil 375
Redefining Cancer Care Equity: Public Health Insights from Phytochemical-Based Melanoma Therapy 376
Global school models advancing innovation, equity and sustainability in oral health 376
Changes in chronic diseases prevalence and multimorbidity clusters among the deceased in rural northeast South Africa (2012-2022) 376
The Socio-demographic characteristics of prostate cancer survivors among patients treated in South Africa's only rural Central hospital in 2020: A cross-sectional study protocol 377

A protocol on Perspectives and Health-Seeking Behaviours of men on Prostate Cancer in Rural South Africa: A Qualitative study of survivors and the general population....377
Oral health and its association with limitations on basic activities of daily living among older adults in Brazil....377
Prevalence and factors associated with metabolically unhealthy normal weight among adult Ghanaian migrants in Europe and non-migrants in Ghana: The RODAM study....377
'Beyond the dentist': role of schools in improving oral health of children attending Islamic boarding schools in Pakistan: a qualitative study with parents and teachers....378
Can poor oral health impact the quality of life of children attending Islamic boarding schools? A cross-sectional study conducted in Pakistan....378
Trends in hypertension prevalence among adults aged ≥40 years in Agincourt, South Africa (2014 - 2022)....378
Sweet Deception: An Interactive Demonstration to Expose Hidden Sugars and Empower Health Education....378
Prevalence and associated factors of normal-weight central obesity among community-dwelling persons 45 years and older in Indonesia in 2023....379
Effect of whole-body electromyostimulation (WB-EMS) on muscle strength and body composition in people with a sedentary lifestyle and prediabetes....379
Opportunities and challenges for the integration of managing non-communicable diseases within HIV care and treatment services in Tanzania....379
Trends in the utilisation of cervical cancer screening and preventive services among beneficiaries of a large medical aid scheme for government employees in South Africa, 2022–2025: A descriptive analysis....380
Trends in disease burden, healthcare utilisation, expenditure, and preventive service uptake: A retrospective longitudinal analysis of Government Employees Medical Scheme (GEMS) claims data (2019–2024)....380
Prevalence and disparities of Ideal Cardiovascular Health: A nationally representative cross-sectional study in South Africa....380
Dietary Drivers of Non-Communicable Diseases Among Women of Reproductive Age in Sub-Saharan Africa: Evidence from a Scoping Review....381
Reframing Stimulant Use Disorder Through Public Health: Political, Ethical, and Structural Conditions for Supervised Cocaine Substitution....381
Mental Health, Cannabis Use Motives, and Cannabis Use Disorder: A Path Analysis From a Swiss Regulated Cannabis Cohort....381
Non-communicable diseases in rural Zambia: healthy community or hidden burden?....381
Barriers to cancer screening among women aged 40 years and older....382
Diabetic Emergencies and Precipitating Factors Among Diabetic Patients at Atbara Teaching Hospital....382
Building Cross-Sectoral Digital Advocacy Partnership for Integrated Oral Health- Non-Communicable Disease Management....382
Implementation of cardiovascular risk prediction scores in sub-saharan Africa: a scoping review....382
The effectiveness of a theory-based oral health intervention to improve oral health behavior among parents in Johannesburg....383
Social inequities in clustering of modifiable non-communicable disease risk factors among adults in a low-income urban community: A cross-sectional study....383
From bench to health equity: In vitro insights on bioinspired peptides as multifunctional antidiabetic agents....383
Participants' Risk factor profile, Knowledge of Cardiovascular Disease, and Perception of Peer Support Intervention towards Stroke Risk Factor Prevention in Selected Communities in Oyo state, Nigeria....384
Mapping NCD Risk in Youth: Prevalence of risk factors for non-communicable diseases and its association with hypertension among young adults in urban Meghalaya....384
Systematic Review of Weight Management Interventions for Adults with Intellectual Disability: Effectiveness and Key Characteristics....384
Safe Pathways: Advancing Equity, Inclusion, and Sustainability in Aboriginal Cancer Care....384
Beyond treatment: A five-year follow-up cost analysis from a South African tertiary hospital....385
From Community to Clinic: Evidence from the Eat Better South Africa Program....385
Metabolic Outcomes and Lived Experience Following a Low-Carbohydrate Dietary Approach: A Mixed-Methods Case Study....385
Silent doctors, invisible patients: Systemic barriers to cancer screening in 835 patients with severe mental disorders in rural Turkey....386
Wearable-derived physical activity and sleep: Long-term reproducibility and implications for estimating disease risk....386
Which Is More Effective at Improving Uptake of Bowel Cancer Screening: Text Message Reminders or Patient Navigation? Results from a three-arm RCT....386
Prevalence and predictors of nicotine dependence among adult smokers in 4 African countries, 2016-2021....386
Prevalence and associated factors of workplace secondhand smoke exposure in 10 African countries, 2012-2021....387
Differences in Hospital Clinical Outcomes Between Younger and Older Women with Breast Cancer in Chile, 2004–2024....387
A quasi-experimental study to assess the effectiveness of "child to parent" health education strategy for prevention of type 2 diabetes mellitus among rural population of South India....387
A retrospective study on the impact of lockdown and alcohol bans during COVID-19 on the prevalence of mandibular fractures at a South African Dental School....388
Polygenic Risk Scores and Digital Health Technologies in Cardiovascular Prevention: Evidence on Efficacy and Sustainability from the Italian National Health System....388
Evaluating the effects of a sorghum probiotic fortified beverage on diabetes and obesity among mineworkers in South Africa: A proof of concept study....388
Association between Alzheimer's disease and other dementias and religious practice among Brazilian adults and older adults: evidence from the Brazilian Longitudinal Study of Aging (ELSI-Brazil)....389
Depression, anxiety and poor psychosocial well-being are associate with tobacco smoking in South Africa....389
Colour fundus photography as a rapid screening tool for diabetic complications: a pilot study....389
Bridging the Gap: Investigating the interplay between maternal oral health and food insecurity among pregnant women in KwaZulu-Natal, South

Africa....389
Investigation of hypertension self-efficacy, medication adherence, and related factors among hypertensive patients aged 40–65 in a district...390
There Is No Health Without Oral Health: Advancing Integration into NCD and UHC Frameworks....390
Using Group Model Building to Identify the Drivers and Levers of the Double Burden of Malnutrition in Cape Town, South Africa....390
A qualitative exploration of healthcare workers' perspectives on and experiences with colorectal cancer screening in the Western and Eastern Cape....391
Enhancing Implementation and Impact of Universal School Meals: Initial Acceptability, Feasibility, and Sustainability of Equity-Focused Implementation Strategies....391
Exploring the Cardiometabolic Profile of Emirati Adults at Risk for Obstructive Sleep Apnea: Findings from the United Arab Emirates Healthy Future Study....391
Takotsubo cardiomyopathy in postmenopausal women: misdiagnosis, equity, and inclusion in cardiovascular care....392
Exploring Biokineticists' Role in the Early Detection and Prevention of Non-Communicable Diseases in Rural South Africa: A Qualitative Study....392
Comparing the association of selected anthropometric indices with cardiovascular disease risk and vascular age in adults under 40 years....392
Prevalence and associated factors of normal-weight central obesity among community-dwelling adults 18 years and older in Mongolia...393
Determining the incidence of breast cancer in Mbekweni, Paarl, South Africa, and the lived experiences of the women involved: A mixed-methods study....393
Stroke Prevention: Exploring the Knowledge, Attitudes and Practices of CHWs and Healthcare Professionals in the North-West Province, South Africa....393
Population-level incidence and temporal trends of first lower limb amputations among people with diabetes in the Western Cape, South Africa, using routine health record data (2008-2023)....393
Patient beliefs and experiences of adhering to medical therapies for cardiovascular comorbidities, before non-cardiac elective surgery in South Africa: a mixed-methods study....394
Ethylene oxide as a medical sterilant: safer substitution....394
Uncovering Inequalities and Major Gaps in Care Provision to People Living with HIV and Hypertension in Southern Mozambique....394
Mental health conditions and attitudes towards help-seeking and diagnostic testing for potential ovarian cancer symptoms: An online vignette study....394
Developing a community pharmacy service to facilitate early diagnosis of bowel cancer: survey of pharmacy staff....395
Transforming diabetes and metabolic health with Aboriginal people living on Ngarrindjeri Country: Insights from the co-designed Nra:gi Ya:yun healthy eating initiative....395
Patient perceptions of asthma control and remission: a qualitative evidence synthesis....395
Interactive data trackers inform policy and monitor non-communicable disease progress in Hawai□i....396
Establishment of a Group A Streptococcal antigen discovery platform to identify immunodominant targets in Rheumatic Heart Disease ..396
Effect of exposure to secondhand tobacco smoke on respiratory health: a secondary analysis of the ASHES study....396
Diabetes Screening Strategies for people with TB in public health facilities, Gauteng, South Africa: cost-effectiveness analysis....397
Advancing Oral Health within Public Health Systems: An Assessment of Primary School Teachers in Sedibeng District, South Africa....397
Navigating cervical cancer treatment in South Africa's public health system: Women's experiences at a tertiary hospital....397
Cervical cancer awareness among women recently diagnosed with cervical cancer in South Africa and Zimbabwe....397
The dual burden of obesity and depression among university students in the United Arab Emirates....398
Cadence Patterns and cardiovascular disease risk in African-Origin Young Adults: The Modeling the Epidemiologic Transition Study....398
Disability and cancer diagnosis following an emergency presentation: a systematic review and meta-analysis....398
Costing the national clinical guidelines for prostate cancer control and management in South Africa: Public sector perspective....399
Retail Food Environments in Southern Africa – An epidemic without borders....399
Disability-related disparities in diagnosis and survival of cancer of the digestive system: a population-based study in Northern Italy....399
Cancer mortality during the COVID-19 pandemic in low- and middle-income countries: A literature review....400
Improving Cancer Symptom Communication in Primary Care: Acceptability of a Symptom Report Form for Patients with Anxiety and/or Depression....400
Barriers to screening and early cancer diagnosis in people living with mental health conditions or a learning disability: A qualitative study on patient experiences and healthcare providers' perspectives....400
Cardiometabolic risk clusters in adolescents and adults: A latent class analysis in the South African National Health and Nutrition Examination Survey....401
Time to diagnosis in patients with chronic obstructive pulmonary disease who have never smoked....401
Prevalence of lung cancer risk occupations in Small Cell Lung Cancer cases....401
Objectively measured sleep is associated with cardiometabolic health in African-origin populations....402
Does receiving pharmacological treatment for common chronic conditions influence cancer symptom attribution? a vignette study in England....402
Diet among African-origin adults over 10 years modeling the epidemiologic transitions study mets....402
Economic burden of multimorbidity in South Africa - findings from the ENHANCE Trial....403
Exploring community members' perceptions of oral health in rural South Africa....403
A cross-sectional study of knowledge, attitudes, barriers and practices of cervical cancer screening among nurses in selected hospitals in the Eastern Cape Province, South Africa....403
Global sodium reduction policies: current strategies and opportunities for population-level cardiovascular risk reduction....404
Rethinking oral health through a global south lens: context, capacity and sustainable public health responses....404
Oral health as non-communicable diseases: why the mouth matters in public health....404

Exploring the attitudes, knowledge and experiences of smoking-related harm and smoking cessation tools among tobacco smokers living with HIV in Cape Town 404
Bridging the Genomic Divide: Towards Inclusive Risk Scores for Diabetic Complications in LMIC Populations, with Preliminary Metabolic Insights from a Central Asian Cohort 405
Home food environment and household food security interventions targeting adult populations in low-income settings: a systematic review 405
Neighbourhood environmental exposures and cognitive performance among older individuals in Johannesburg, South Africa....405
The association between anthropometric obesity indices and lipid profile in the United Arab Emirates (UAE): Results from the UAE Healthy Future Study Data 406
Effectiveness of individual support by healthy lifestyle specialists in reducing risk factors for noncommunicable diseases in population..406
Multi-model evaluation of South African Fynbos honey: Bioactive stability and effects on immunomodulatory, antimicrobial, and antibiofilm activities across gastrointestinal digestion and protein isolation. 406
Rethinking noncommunicable diseases after the fourth UN High-Level Meeting....407
Baseline Knowledge, Attitudes, and Practices of Primary Healthcare Nurses on Head and Neck Cancer in a Resource-Limited Setting 407
Adverse pregnancy outcomes among adolescent mothers in the Eastern Cape, South Africa 407
Peripheral arterial disease screening in Slovakia - already 10 years in the hands of general practitioners 407
The prevalence of periodontitis in adults with Type 2 Diabetes Mellitus: A Systematic Review 408
Multi-level barriers to non-communicable disease healthcare quality management in the United Arab Emirates: a synthesis of qualitative studies....408
Oral health in South Africa: constitutional commitments, systemic neglect, and the limits of progress....408
Impact of age-based discontinuation guidelines on cervical cancer screening in the United States: findings from 2022 Behavioral Risk Factor Surveillance System 409
Evaluating a Mobile Health–Supported Regular Physical Measurement Program for Weight Change in Urban Zambia: A Quasi-Experimental Study 409
Association between oral health status and cardiovascular disease outcomes in Africa: A scoping review 409
Community-based pre-screening using a paper-based risk assessment tool to identify individuals at risk for lung cancer 409
Comparative analysis of nutritional content and pesticide residues in organic and conventional foods used in school meals....410
Identifying the Barriers to Rehabilitation Following Traumatic Injury in Low and Lower-Middle Income Countries: A Narrative Review 410
Benefits and challenges of online teaching and learning in a South African Master of Public Health program during the COVID-19 pandemic: insights from students and academics 410
The Environmental Double Standard of Highly Hazardous Pesticides – how Agricultural Policy failed to prevent lethal Terbufos poisoning of children in South Africa....411
Ensuring evidence informs policy decisions: The experience of the Ministerial Advisory Committee on Foodborne Illness following six fatal child terbufos poisonings in South Africa....411
Investigation of agastroenteritis outbreak on farms in Dr Pixley Ka-Isaka Seme Sub-district, Gert Sibande District, September - October 2025...411
Strengthening Global Pandemic Preparedness: Insights from WHO and the Intergovernmental Negotiating Body 411
The self-perceived psychological, social, academic and personal impact of the covid-19 pandemic on chiropractic students in south africa 412
Understanding the Timing of Human Mobility Decisions in Response to Epidemics....412
Knowledge, attitudes and practises of oral healthcare workers in the Ugu district of KwaZulu-Natal towards infection prevention and control measures: Lessons learned from the COVID-19 pandemic 412
We led through the storm: a comparative analysis of leadership styles and strategies during the covid-19 pandemic in south africa and sierra leone 412
Wastewater Based Epidemiology for Covid-19 in three catchment areas in the Cape Town 413
Two Years On: Progress and Emerging Challenges of the Japan Institute for Health Security (JIHS) 413
Seroprevalence of sars-cov-2 antibodies, covid-19 vaccine uptake and hesitancy amongst students at a tertiary institution, gauteng province..413
Investing in Continental Pharmacovigilance to Strengthen Pandemic Preparedness in Africa 414
Interdisciplinary simulation exercise: integrated scientific advice during pandemics 414
Strengthening Scientific Advice for Pandemic Decision-Making: Insights from Interdisciplinary Tabletop Simulation Exercises 414
Panex-youth: examining the experiences of children and youth in the brazilian favelas of paraisópolis and heliópolis to inform post-covid recovery policies and strategies for facing future polycrises....415
Effects of the COVID-19 pandemic on the health of school-going adolescents: a multimethods study....415
Political and Economic Determinants of Healthcare Access for Central Asian Patients in Turkey: Implications for Global Health Governance....415
Drug-Assisted Treatment as Choice Architecture: A Behavioral Economics Perspective on Addiction Policy....415
The process and effects of funding withdrawal in fragile systems: a case of three International Non-governmental organisations' exits from Tsholotsho District Hospital, Zimbabwe....416
Aligning Bilateral Health Compacts with the Accra Reset: A Comparative Analysis of Three U.S. Health MOUs in Africa 416
The political determinants of public health in conflict settings with case studies from Palestine and Sudan....416
Regional advocacy networks and the advancement of infant and young child nutrition policy in Africa 417
Multinational Fossil Fuel Exploitation and the Health Legacy in the context of the Just Transition 417
Equity and Ethics in Health Policy Development 417
Environmental health advocacy tools and strategies: a panel of three presentations: 417
Successful Experiences – Leprosy Truck Project – Bahia – 2025....418
Prevalence of gastroesophageal reflux disease and its associated risk factors among the adult population of Mthatha, Eastern Cape, South Africa....418
The role of National Public Health Institutes in health emergencies: Findings from a global study 418

Researching the Commercial Determinants of Health in Sub-Saharan Africa: Generating Evidence for Advocacy and Policy, and Action 418
Strengthening collaboration for public health action in an age of populism and fragmentation 419
Strengthening collaboration for public health action: equity, inclusion and sustainability in an age of populism and fragmentation 419
Power Asymmetries in Global Governance and Health Inequalities: A Human Rights–Based Analysis 419
Governing Global Health in Europe: A Comparative Policy Analysis of the European Union Global Health Strategy and Five National Global Health Strategies (France, Germany, Spain, Sweden, and the Netherlands)....420
'Powerful, greedy old men are bad for your health': Towards a public health teaching curriculum for 'geopolitical health' 420
Engaging the police and public health sectors to collaborate for the public good 420
Health capability deprivations associated with USAID's closure in an urban Swati community- a participatory ethnography 421
The African Bioinformatics Institute: strengthening health data governance through African-led data collaborations....421
Prevention of noncommunicable diseases from a 360-degree perspective: advocacy and network-based action for the promotion of public health policies....421
Trends in mortality from suicide, drug use and alcohol-related diseases in Sao Paulo, Brazil, 2009-2021 421
Perceptions and Challenges within the Clinical Trials Ecosystem in South Africa 422
from territory to decision-making: popular participation as a pathway to health care, equity, and social justice 422
Health without borders: narratives from Gaza and beyond 422
The health impacts of illegal pushbacks at European borders on children....422
Cutting through the conflict: Reducing conflicts of interest in maternal, infant and young child nutrition policy and practice 423
Decrystallizing People Power & Pandemics in the 21st Century....423
Policy, diplomacy and action to tackle an industrial pandemic from ultra-processed foods in Africa 423
Civil Society in Global Health Governance: Analytical Insights from the Fiocruz Global Health Observatory 424
Togo, Ghana, Morocco and Fiji have all Eliminated Trachoma – Can Australia be next? 424
Challenging the Social License of the Fossil Fuel Industry: A Strategy for Public Health and Systemic Change 424
Characteristics of Recurrent Individuals with Tuberculosis and Risk Factors of Unsuccessful Treatment Outcomes, South Africa, Gauteng and Western Cape Province, 2019 - 2023....424
PBRI–Singburi Academy for Excellence in Primary Care: Integrating Academic Co-Creation and System Strengthening through a Provincial Living Laboratory in Thailand 425
Ten proposals to enhance health equity in cameroon....425
Integrating Palliative Care into Public Health Systems in East Africa: A Comparative Case Study of Tanzania, Uganda and Rwanda 425
Front-of-package labelling as a public health imperative rooted in the right to health 425
What are the key barriers and facilitators to adoption and compliance of alcohol policies in African and international high schools....426
Now more than ever: The need for Public Health Association advocacy....426
Reclaiming Public Health Advocacy in the Climate Era: Lessons from Health Professionals' Leadership in Social Justice Movements 426
Towards Effective Citizen Participation in Cancer: Evidence from Civil Society Organizations in Chile....427
The Impact of Implementing a Risk-Based HIV Screening Tool for early detection of HIV in Children across five provinces in South Africa: Progress Toward UNAIDS 1st 95 Target 427
Strengthening Medical Certification of Cause of Death: Evidence and Lessons from Multi-Country Implementation under the Data for Health Initiative....427
Coordinated Market-Shaping Levers in Health Product Introduction: A case study from South Africa 427
Between Policy and Practice: Multi-level Perspectives on Implementing South Africa's Neglected Tropical Disease Master Plan....428
Facilitators and barriers of community health workers screening for early childhood malnutrition in a socially disadvantaged community 428
Contextualising the Planetary Health Diet: Stories of Progress from the African region 428
Exploring the marketing and healthiness of food products promoted on South Africa's major food retailers' online platforms....429
Advancing Global Public Health Diplomacy Through Academic Partnerships 429
Beyond Policy Adoption: Civil Society Capacity Strengthening for Equitable and Sustainable Tobacco Control in Africa....429
A formative intervention to strengthen health rights literacy, social participation, and local advocacy on chagas disease in Brazil and Paraguay....429
Health Diplomacy in a polycrisis world: An African Perspective....430
Unravelling unintended consequences in health policy through the 2007 Occupation-Specific Dispensation Strategy: a qualitative systematic review 430
Preventing Adolescent Alcohol Use Through Community-Based Multicomponent Interventions in Northeast Brazil....430
Health care access, seeking practices and behaviours among migrant parents and/or caregivers with under-five children: A scoping review protocol 431
No Health Without Peace: Public Health Leadership for peace, health and justice in a world in turmoil 431
Waste, Services, and Child Health: Exposure to Informal Waste in Low-Income Communities in South Africa 431
Public health advocacy action for social determinants of health 432
Youth, Equity, and Accountability: Reimagining Global Health Governance in Africa....432
Food Delivery Applications and the Digital Food Environment: Motivations and Implications for Public Health Nutrition 432
Multifaceted interventions needed to reduce the use of antibiotics without a prescription: Integrating patient education, pharmacist training and regulation in rural South Africa 432
Food Insecurity, Mental Health and Comorbidities Among South African Adults During 2025....433
Public policies and maternal grief in the face of the homicide of black youth in Brazil....433
NPHI Models and Sub-Regional Co-ordination for SADC 433
Roundtable on Youth Leadership and Representation on Public Health Governance 433

Development of Indicators for Evaluating the Content Quality of Media Reports on Road Traffic Crashes 434
Calling the shots: how others' mistakes may influence vaccine take-up 434
Beyond Crisis Response: Strategies, Challenges, and Lessons from Brazilian Health Regulatory Agency (Anvisa) communication during the COVID-19 Pandemic 434
Advancing health equity through language policy and practice in Nelson Mandela Bay An assessment of the quality and effectiveness of isiXhosa translations 435
Storytelling workshop for public health professionals and researchers 435
Global Burden and Trends of Invasive Non-Typhoidal Salmonella Infection from 1990 to 2021 435
Storytelling for systems change: decolonizing public health through Planetary Health and wellbeing economies 435
Strengthening Infodemic Management Through Scenario-based Training: Validation of a Toolkit for Public Health Crisis Response 436
Assessing how digital intervention facilitate co-creation and participatory research among adolescents and young people in South Africa 436
Health ombudsman services as sentinel systems for detecting and addressing health misinformation in brazilian communities 436
Reducing stigma in public health communication: Cross-issue insights from three national message research projects 436
Insights into Screening barriers for MultiDomain Disorders in Preschool Children from South Africa 437
Co-Creation Insights into Demand Generation Strategies for expanded contraceptive choice in South Africa 437
Public Health Communication in the Italian Press During COVID-19: an assessment according to International Recommendations 437
Media Narratives on COVID-19 Vaccination in Italy: Insights from a Multidisciplinary Analysis of National Newspapers 438
To what extent does the population use and understand patient information leaflets for medicines? A cross-sectional study of adults in Italy 438
Communication strategies in childhood vaccine hesitancy: scoping review 438
National Public Health Bulletins: Case studies in governance, production, and dissemination 439
Communication for health equity: reaching underserved populations in Brazil with effective strategies 439
Algorithms, Fake News, and Global Health: Infodemia as a Factor in the Deepening of Inequities in Contexts of Systemic Crisis 439
Preliminary Evidence on Vaccine Misinformation Narratives on YouTube in Brazil: A Large-Scale Computational Analysis of Videos and User Comments 439
Vaccine Hesitancy: Reflections from the Medical Professional's Perspective 440
Examining intimate partner femicide narratives on X: A social listening study in South Africa 440
Exclusion from health information among socially vulnerable populations: an intersectional analysis in Brazil 440
Trust, Information Integrity, and Emergency preparedness: From Infodemics to Brokering Trust in an era of Polycrisis 441
The susceptibility to health misinformation depends on the addiction to social media and political views but not on e-health literacy 441
Health Communication as a Pathway to Equity: Challenges and Opportunities in Brazil's Unified Health System Planning 441
Reflections on the influence of the media on health: online social networks, the dissemination of information and health production 442
From evidence to action: knowledge brokering for equitable, inclusive, and sustainable health systems 442
From Survey to Solution: Mobile Application Targeting Health, Nutrition, Stress, and Sexual Wellness for Truckers Based on Route- and Age-Specific Needs Assessment in India 442
From viral to verifiable: social media, health misinformation and public health communication 442
Decoding HIV pre-exposure prophylaxis through youth experiences of misinformation, stigma and communication 443
Conceptualizing Justice Upstream: Insights from Decision Makers in Health Research Funding 443
Ethical dilemmas and moral distress among critical care nurses during the COVID-19 pandemic in the central hospitals of a South African province 443
Creating code of ethics and professional conduct for public health professionals and institutions 444
Humanising the WHO Pandemic Agreement: A Rights-Based Framework for Equitable Implementation 444
Global Health Ethics at a Crossroad in the 21st Century 444
Impact of PEPFAR Funding Freezes on HIV Treatment Access and Projected Outcomes, January–June 2025 444
Exploring factors contributing to diarrhea outbreaks in children under-5 years old in Habu village 445
Voices from Gaza: Coping strategies during the war on the Gaza Strip- A qualitative study 445
Examining the adaptive capacity to flood disaster 445
Incidence of Bovine Tuberculosis in Slaughtered Cattle in Bayelsa State from 2019–2023: Implications for Public Health 445
Exploring Early Childhood Development (ECD) and Nutrition Initiatives in Collective Shelters for Displaced Children in Lebanon: Insights and Global Implications 446
Fragile state, fragile planet: Lebanon's polycrisis as a planetary health case study 446
War-Induced Disruptions to HIV Treatment Services in Tigray, Northern Ethiopia: A Mixed-Methods Study, Evidence for Post-Conflict Recovery. 446
Social participation and community-led responses to public health emergencies in Brazil, 2015–2025 447
Connecting disaster indices with community health: developing more equitable measures of disaster resilience 447
Workshop: Developing research principles for investigating the efficacy of individual and household disaster preparedness interventions 447
The impact of misinformation on social media in the context of a disaster 447
A Qualitative Evaluation of the Impact of the 2023 Earthquake on Earthquake Survivors in Hatay Province, Türkiye: A phenomenological approach 448
Epidemiological characteristics of mpox cases and public health response during the first mpox outbreak in South Africa, June – October 2022 448
NkwaSafe: A Mobile First-Aid Educational Intervention to Support Prehospital Care Gaps in Rural Ghana 448
Regulation of Access to Health Services in São Paulo and Portugal during the COVID-19 Pandemia: A Comparative Study 449
Data under fire: safeguarding research, evidence and public health surveillance in times of war 449
Strengthening Public Health Preparedness for Climate-Driven Disasters 449

Protecting Public Health in Armed Conflict Settings: Lessons, Gaps, and Future Directions 449
Diplomacy as a tool for health equity: opportunities for young and emerging leaders 450
Resurgence of multistate rabies amid ongoing conflict in Sudan: strengthening a one health response.....450
Nurses as guardians of the right to health in conflict zones: Lessons from the Gaza Strip - An interactive rights-based workshop on ethical nursing and resilience in conflict zones 450
The prevention of genocide is a professional obligation and an organisational challenge for public health.....450
Availability of essential medicines in 14 remaining health facilities in Gaza.....451
Violent Conflict, Insecurity and Access to Healthcare: Insights from the Sahel Region.....451
Skin in the Crossfire: Dermatological Consequences of the War in Ukraine A Narrative Review 451
Prevalence, socioeconomic drivers, and protective impact of food assistance on household food insecurity during the conflict in Lebanon.....452
Successful public policies in reducing lethal violence: an experience report 452
Building Solidarity and Equity: Lessons from WFPHA Language-Based Networks.....452
Action learning in action: reciprocal public health reflective learning between the UK and South Africa – and how you can do it too.....452
emotional intelligence as a predictor of public health leadership competencies in khyber pakhtunkhwa 453
Alignment across Public Health Competencies 453
Strengthening competency-based education of the global public health workforce - A UK FPH and WHO Collaboration 453
Getting a GRIP on the WHO Road map for public health workforce development : the work of the WFPHA_GNAPH implementation group .454
Workforce unemployment and underemployment: defining and scaling an overlooked problem in global health systems 454
The prevalence of and factors associated with burnout among medical laboratory professionals in Georgetown, Guyana.....454
Health Workforce Retention Challenges and Adaptive Strategies in Rural Private Not-for-Profit Health Facilities in Uganda.....454
Public Health Leadership: An essential tool towards malaria elimination.....455
A framework for the future of the Public Health Workforce. 455
Determinants of designing for dissemination in public health practice in the United States: A mixed methods study 455
Lessons in organizing and scaling up mentorship as workplace -based support in health systems. SA Learning Alliance for District Health systems (SALAD): 456
From Brain Drain to Brain Gain: Ensuring Equity in Global Public Health Collaborations 456
Building tomorrow's public health workforce: a comprehensive revision of Portugal's medical residency program 456
Lessons in organizing and scaling up mentorship as workplace -based support in health systems. Authors: SA Learning Alliance for District Health systems (SALAD).....457
Strengthening Public Health Leadership for Data-Driven Decision Making: Institutionalizing Civil Registration and Vital Statistics (CRVS) Data Use Training in Uganda 457
The Role of Undergraduate Public Health Graduates in Strengthening System Resilience and Emergency Response in Fiji 457
Knowledge-sharing practices among dentists, pharmacists, and allied health professionals: a cross-sectional study in Eastern Cape public hospitals, South Africa.....457
Health workforce distribution and determinants in South Africa – Insights from the WiSDOM Cohort Study 458
Embedding Diversity, Equity and Inclusion as a Strategic Management Task in Healthcare Organizations.....458
Health workforce retention in First Referral Hospitals of Kenya, South Africa, and Uganda: Implications for equitable and sustainable health systems 458
Dismantling the Gerontocratic and Eurocentric Hegemony: A Dialogue on Solutions for Diverse Public Health Leadership 459
Building pillars for professionalisation of the public health workforce 459
Building Public Health Workforce Resilience: Integrating research, theory and practice 459
Grounded Under Pressure: Individual Tools for Workforce Resilience in Public Health 460
Strengthening South Africa's frontline capacity for sustainable and resilient health systems: evidence from a pilot climate and health short course 460
The Relationship Between Nurse Outcomes, The Work Environment, Nurse-Perceived Patient Outcomes, and Patient Satisfaction in Eswatini..460
Strengthening public health leadership for malaria elimination: Lessons from a regional leadership and management capacity-building programme in Southern Africa.....460
Mapping common job demands and job resources for large-scale community health worker programs in Southern Africa 461
Moral distress and health system responsibility: Exploring ethical failures, silences and power.....461
How to grow diverse public health workforce: lessons from School of Public Health, Yorkshire and the Humber, England, United Kingdom461
Teaching what the system needs: aligning the Albertina Sisulu Executive Leadership Programme in Health curriculum to South Africa's health leadership priorities.....462
Addressing Gendered Workplace Violence Experienced by the Primary Healthcare Workforce: A Qualitative Policy Analysis across Burkina Faso, Tanzania, and South Africa.....462
Assessing Albertina Sisulu Executive Leadership Programme in Health alumni's contribution to everyday resilience in South Africa's public health services 462
Public Health Medicine training as a lever for Health System strengthening in South Africa.....463
Co-creating culturally grounded leadership indicators: translating evidence into an African health leadership framework for Africa 463
Aligning Primary Care Workforce Competencies to Implement Care Pathways for Type 2 Diabetes: Evidence from Integrated Medical Groups..463
Physician Provision Programmes and Health Workforce Governance in Primary Health Care: Evidence from Espírito Santo, Brazil 464
The ambiguity of multiple job holding regulation in South Africa: Stakeholder perspectives on the implementation of the Remunerative Work Outside the Public Service Policy 464
Building a national public health workforce model: making it relevant to local context 464
Strengthening global public health through cross-border collaboration: A case study of collaboration between the UK Faculty of Public Health

and the College of Public Health Medicine of South Africa....464
An investigation into the knowledge and practices of pesticides use and exposure by pest control officers in a municipality in South Africa 465
A Framework for Nurturing, Empowering, and Strengthening Early Career Researchers in Global Health Research Ecosystem....465
Growing the voice for academic public health: the work of the Global Network for Academic Public Health 465
Gender, Power, and Governance: Reimagining Women's Leadership in Global Health 466
Spirituality in Public Health: Leading with Purpose, Policy and Practice....466
From policy to practice, equipping South Africa's health workforce for climate action through multisectoral collaboration....466
The drivers and strategies for workforce upskilling in dietetics and nutrition sciences: a scoping review 466
Strengthening public health advocacy through international collaboration - insights from a collaboration between south africa and United Kingdom public health professional institutions....467
Exploring awareness of implicit bias within new zealand's chronic pain management healthcare workforce: Is current regulation serving them best? 467
Women's leadership in the governance of health policies in Brazil....467
Health without borders, yet unsafe at work: Gendered power, structural inequality, and the unsustainability of primary health care systems in Tanzania 468
Effectiveness of Community-Based Nutrition Programs in Reducing Stunting Among Under-Five Children in Rwanda....468
Measures to amplify the implementation of health impact assessment in East and Southern Africa 468
Immersion, identity and public-health diplomacy: The political strategy of Zohran Mamdani in urban health equity advocacy....468
Medical doctors' experiences during COVID-19 in South African public hospitals....469
Assessing the impact of healthcare financing models on antenatal and delivery services in pprimary health care centres in Mushin lga....469
A Governance-Oriented Municipal Index for Monitoring Early Childhood Policies in Brazil....469
From Cost-Effectiveness to Legitimacy: A Systematic Review of Governance in Essential Medicines and Diagnostics Priority Setting in sub-Saharan Africa 470
Mobilisers or Decision-Makers? The Policy Landscape of Community Participation in Urban Health Governance in India....470
Who Pays for Health? Filling the Primary Health Care Gap Through Health Taxes. 470
Centering Sensitivities and Voices: Co-Producing Elements of an Intervention to Strengthen Community Voice in Urban Health Systems ..470
Designing and evaluating the implementation of a monitoring and evaluation system to improve cost efficiency in the surgical department of a central hospital in Gauteng, South Africa....471
The impact of water-based activity on maintaining psychophysical well-being....471
Assessing the case for applying personal responsibility for COVID-19 vaccination in a South African insured population....471
Diagnostic and therapeutic pathway of breast cancer....472
From capacity building to political change: A framework for evaluating social participation in health system governance....472
What it really takes to scale accountability: Practical tools and lessons from eight countries 472
Characterization of access to outpatient care, pharmacological treatment and quality of life of patients with chronic respiratory conditions....472
Gender representations in unhealthy food advertisement that appeal to adolescents- implications for obesity prevention 473
Advancing multisectoral public health Leadership and governance in Zimbabwe: The role of the public health advisor to the president and cabinet in the highest office of the land 473
Are children at the center of policies and what data supports their needs in multi-sectoral programming: exploratory analysis of the Western Cape, South Africa....473
Evaluating the Costs of an Integrated PrEP and SRH Model Delivered in South African Community Pharmacies and Online: Evidence from an Implementation Study Project 474
Cross-Border Health Challenges in a Triple-Vulnerability Context: Primary Health Care in a Brazilian–Bolivian Twin City 474
Policy coherence and health system reform: The case of health benefit package design for national health insurance in South Africa 474
A Qualitative Exploration of Evidence Use in Disability-Inclusive Policy and Programme Decision-Making by South African and Kenyan Government Stakeholders....475
Equity in Access to High-Cost Medicines for Rare Diseases in Brazil: The Dornase Alfa Case 475
Cost efficiency through decentralised chronic medicine delivery: Economic implications of the central chronic medicines dispensing and distribution programme in South Africa 475
Economic evaluation of physician assistants in primary, urgent, and emergency care: A rapid review....475
South African adolescents' perspectives regarding barriers and facilitators to implementing healthy food environment policies....476
Strengthening governance for universal health coverage in South Africa 476
Migration Policies and Sexual and Reproductive Health Access Among Young Migrants 476
World Café: "Bridging the Divide: Strengthening collaboration between the community and law enforcement for safer and healthier communities"....476
Does "local health" make "healthy locals"? Lessons from developing municipal health strategies in Portugal....477
Public Health Governance and Ambulatory Care: Evaluation of Operational Efficiency with Effectiveness and Sustainability Practices at AMAS Umane 477
Trends in tuberculosis incidence and treatment outcomes among children during the COVID-19 pandemic in the state of São Paulo 477
From silence to accountability: International humanitarian law and public health responses to war crimes 478
Institutionalizing performance management at the County level for Primary Healthcare (PHC) Strengthening 478
Causal Mediation Analysis of Maternal Smoking During Pregnancy and Adult Offspring's Wages: The Northern Finland 1966 Birth Cohort Study 478
Contracting campus food agreements between universities and food providers in South Africa....478
Oral health of children in Islamic boarding schools of Pakistan: Review of a mixed method study....479

Lean management in patient flows to maximize hospital outputs, reduce waiting times and overcrowding in emergency rooms 479
Analysis and implications of research hotspots in domestic and international maternal and child health management empowered by large language models 479
The Universal Wellbeing Model: A new paradigm enhancing outcome metrics 479
A Multi-site Mortality and Morbidity Assessment of Air Pollution in South Africa's Priority Areas: an Adapted Three-Stage Distributed Lag Non-linear Case-Crossover Framework for Parsimonious Datasets.....480
Children's Recruitment and Engagement in Health Research - Challenges and Successful Strategies 480
The 2024 Dutch Burden of Disease Study Driving Prevention and Health Policy.....480
Thirty Years of Strategic Foresight Shaping Public Health in the Netherlands.....481
Navigating an uncertain future: The use of strategic foresight in public health.....481
Repositioning Community Health Workers as Boundary Spanners: A Realist-Informed Theory of Change for Integrated People-Centred Care in South Africa 481
Between Care and Discrimination: Racism Experienced by the Black Population in Brasilian Health Services 481
rom Gaps to Gains: Coordinated Implementation Research for Public Health.....482
Preparing for Global Threats: A Global Risk Assessment for Public Health in the Netherlands 482
Comparison between real-time low-cost sensor and gravimetric sampling methods of particulate matter (PM2.5) in an urban background location, Zambia.....482
The importance of evaluating nonylphenol ethoxylate (Igepal Co-630) in the recovery of Toxoplasma gondii oocysts in sandy soil samples for environmental surveillance 482
South African Principal Investigators' perspectives on reducing publication bias of randomized controlled trials 483
Promoting inclusive evidence-informed decision-making: health policymakers' views and experiences of knowledge translation approaches – a qualitative evidence synthesis 483
Implementing public health interventions in low-resource settings: Challenges, opportunities, and practical solutions 483
Barriers and facilitators to include children and youth with disabilities in public health research in East Africa: Findings from a co-creative research study.....484
Extracellular vesicle-based cl-elisa as an enhanced diagnostic tool for toxoplasmosis surveillance 484
Water Safety Implementation Project: A Delphi study to develop an Implementation Framework for drowning prevention 484
Variability and lack of consensus in the measurement of food outlet availability in Australia: A scoping review.....485
Community Engaged Research (CER): Igniting the Flame 485
Using road networks to identify risk factors during COVID in disjoint areas 485
Beyond the Ethics Checkbox : Operationalizing Trauma-Informed Research Ethics (TIRE) Within Research Ecosystems to Support Researcher and Participant Wellbeing Across the Research Lifecycle through Decolonial and Feminist Principles.....485
From Uniform Coverage to Targeted Impact: Subnational Tailoring for Evidence-Informed Malaria Decision-Making – Lessons from Nigeria..... 486
Mapping outcomes reported in primary studies of interventions addressing access to food in LMICs to inform a core outcome set.....486
Missing Data Imputation in the HAALSI Study: Comparative Analysis of Statistical, Machine Learning, and Deep Learning Techniques 486
Cape Town Systematic Healthcare Action Research Project (C-SHARP) – Experience of a health and demographic surveillance system integrated into routine health services, with household assessment findings from Nomzamo.....486
Beyond Statistical Tests: Observational Meta-Analyses as Tools for Understanding Health Inequities.....487
Driving sustainable impact through implementation science.....487
Realising the promise of participatory action research in health - Emerging findings from a realist review (REAL-2).....487
Comparing of survey-based and small area model estimates of secondhand tobacco smoke prevalence of exposure 488
An enabling context for Participatory Action Research: P(p)olitics, funding and whose knowledge is valued 488
Disrupting structural inequity in community-engaged research.....488
Adoption of the good clinical trials collaborative guidance in the South African context.....488
Building and maintaining a cost data collection system and repository for human immunodeficiency virus (HIV) and tuberculosis (TB) health interventions in South Africa 489
A Pilot Study to Examine the Relationship between Social Privilege and Health Outcomes in a Primary Care Setting 489
A Novel Integrated Syndemic Climate-Health Framework to Refine Transdisciplinary Processes in Low- and Middle-Income Countries.....489
Rapid Skill-Building in Qualitative Research for Public Health Professionals 490
Reframing Health Committee Effectiveness Using the Capabilities Approach in South African Health Governance 490
A Scalable Model for National Expansion of HIV Self-Testing: Rapid Scale-Up of HIV Self-Testing Using a Total Market Approach in Nigeria 490
Community perspectives on the environmental determinants of obesity in a low-income urban neighborhood: A participatory study in Istanbul 491
Improving knowledge generation and capitalisation in health system strengthening projects: Learning and documenting action research in the Democratic Republic of Congo 491
Methods for scrutinising coloniality in commercial determinants of health research 491
Lessons learned from advancing equity within the undiagnosed diseases network community engagement model 491
Complex, mixed-method research for investigating food environments- examples from a multi-campus study in South Africa 492
Trends in tuberculosis treatment outcomes and mortality in São Paulo State, Brazil, 2015–2022.....492
Analysis of the integrated regional planning process as a mechanism for interfederative coordination in the Brazil's Unified Health System..... 492
A Cross-Sectional Survey of Health, Safety, and Digital Engagement Among Truckers: Priorities for Behavior Change and Mobile Health Interventions 493
Social vulnerability and gaps in social protection among people undergoing tuberculosis treatment in São Paulo State, Brazil.....493
Monitoring tuberculosis notification, treatment outcomes and mortality in Brazil using routine health information systems.....493

Factors associated with antenatal care utilisation among women of reproductive age in sub-saharan africa: A systematic review and meta-analysis from 2015-2025....494
Evidence-Based Intervention Guidelines for the Prevention of Noise-Induced Hearing Loss Among Workers in South African Coal Mines ..494
Occupational lead exposure among lead handlers at a copper mining company, Zambia....494
A model for integrating public benefit navigation into health systems in the United States....494
Profile of occupational health services for healthcare cleaners at a tertiary hospital in Gauteng Province, South Africa....495
Exposure to blood-borne pathogens and factors associated with post-exposure prophylaxis management among healthcare workers at the Lekma hospital....495
Occupational Lung Diseases including tuberculosis in South African mining industry: A panel discussion on intervention of the last decade! ...495
Projects of well-being of healthcare workers in the hospital....496
Non-clinically relevant alterations in serum protein electrophoresis: The preventive and occupational medicine perspective....496
Temporal trends of occupational accidents involving exposure to biological material in Brazil, 2014–2024....496
Production process and health of metalworkers in the Campinas region, São Paulo, Brazil....497
Assessing healthcare professionals' perspectives: A knowledge and perceptions survey on South Africa's National Health Insurance 497
Pleasure and Suffering Experiences of Nursing Professionals in a University Hospital During the COVID-19 Period 497
Workers' Compensation Systems Globally: The interface between Public Health and Corporate Responsibility for Socially just and equitable systems....497
Territorial management in the context of multiple crises: barriers and potentials based on a comparative analysis of Brazilian universal social protection systems....498
Work, illness, and health-related leave among nursing workers in Brazil....498
Construction of occupational risk maps at the university – A tool for worker health care....498
Occupational risks at the university – In the words of its workers 499
Ending AIDS from the Ground Up: A Community-Led, Integrated Care Model for India's Key Populations....499
Who Is Being Missed? Socio-Demographic Inequities in HIV Positivity among PWID Reached through Integrated Community Services....499
Distress Financing for Hospital Care in Uganda: Prevalence, Determinants, and Association with Patient Experience 500
Work-Related Mental Health Risks and Policy Gaps in Europe 500
Assessing Implementation Fidelity of Targeted Universal Testing for Tuberculosis at Primary Care Facilities in Johannesburg 2024-2025.500
Evaluating the Integrated Disease Surveillance and Response System (IDSRS) Across Five Districts of Khyber-Pakhtunkhwa, Pakistan: A Descriptive Evaluation Study, 2024 500
Designing AI-Based air pollution early warning for low resource high vulnerability settings: Insights from an adapted Technology Acceptance Model in Ulaanbaatar, Mongolia 501
Intrasetorial Collaboration to Address Exogenous Intoxications Caused by Biological Larvicide in Bahia, Brazil....501
Sanitary control and risk assessment of blood establishments in amazonas, the largest state in the Brazilian Amazon (2023-2025)....501
Evolution of sanitary control and risk assessment in blood establishments in manaus, the largest city in the pan-american amazon (2023–2025)....502
The African Population Cohorts Consortium as an infrastructure providing population-based data to strengthen health research and policy through evidence informed decision-making in Africa....502
Improving evaluation and surveillance of non-smoking chronic obstructive pulmonary disease: From clinical phenotypes to public health policy....502
Strengthening Cutaneous Leishmaniasis Diagnosis in Guyana: Surveillance, Molecular Analysis, and Performance Evaluation to Improve Access to Care....503
Primary care and public health: A strategic alliance....503
Improving health facility death notification and medical certification of cause of death through digital systems integration - A case of Uganda 503
Embedding student mental health data in university governance, leadership, and practice: A world café for a whole-university approach ..503
Improving Reliability of Dual HIV/Syphilis Testing: A Study on assessing the staff competency on utilization and interpretation through the Internal Quality Control (IQC) process in Gauteng Province, South Africa....504
Aligning Public Health Frameworks with Health Technology Assessment to Strengthen Progress Toward Universal Health Coverage....504
Practical Cooling Vest for Reducing Physiological Heat Strain Under a Hot and Humid Environment....504
Are Generic Quality-of-Life Measures Fit for Purpose in Sleep Health? Implications for Public Health Surveillance and Equitable Resource Allocation 505
Development and validation of a scorecard to monitor implementation of the World Health Assembly resolution on acute rheumatic fever and rheumatic heart disease in Africa....505
From Evidence to Action: How Embedded Evaluation Strengthens Equity-Focused Decision-Making in Global Health Systems....505
Advancing institutionalisation of evidence-informed decision-making in South Africa to support equitable and sustainable health systems: The Evidence to Decision (E2D) collaboration 506
Bayesian Spatio-Temporal modelling for the implementation of a malaria early warning based on the impact of climate change in DR Congo... 506
Artificial Intelligence and Machine Learning for Mosquito Population Forecasting: A Systematic Review and Meta-analysis of Predictive Performance and Methodological Quality 506
Epidemiological Profile of Exogenous Pesticide Poisonings in the State of Bahia, Brazil 507
Burden and Determinants of Healthcare-Associated Infections and Antimicrobial Use in a Large Tertiary-Care Hospital in Milan: A Repeated Point Prevalence Survey Study (2022–2025)....507
Advancing efficiency in an evidence response service towards the achievement of universal health coverage (UHC) in South Africa 507
Making Hypoxemia Visible: Co-Creating Routine Oxygen Data Systems through Participatory Evidence Generation in Nigeria 508

Profile of chagas disease in Brazil: Transitions and public health challenges 508
Internationally recommended indicators for conducting population-based tobacco surveillance....508
Strengthening mental health surveillance through integrated health information systems: Lessons from South Africa....509
From data to decisions: Using routine district health data to advance equitable and sustainable primary health care 509
Cost Evaluation and Monitoring of the Tuberculosis Control Program in Pernambuco, Brazil: An Analysis of State Management 509
Migrant worker health equity: Transforming health interventions for migrant workers....509
Associations between high burden health conditions and trends in mortality during the COVID-19 pandemic – insights from integrated routine health information in the Western Cape, South Africa. 510
Food Security Monitoring across Primary Health Care Units (UBS) of Brazil 510
Actions for the control of chronic noncommunicable diseases in primary health care in Brazil: development of an evaluation model. 510
Medicine unavailability and institutional responses in Brazil's unified health system: A user perspective in primary care 511
Epidemiological surveillance actions in leprosy control 511
Implementing the Respiratory Syncytial Virus (RSV) Vaccination for Adults: A Global Perspective with Lessons from China 511
Intrahospital Vaccination Strategy for BCG and Hepatitis B: Achieving Near-Universal Coverage in Brazil 511
Beyond the Health Unit: Extramural Vaccination Actions to Rescue Coverage and Promote Equity in Brazil 512
Overcoming Recruitment Challenges Among Adolescent Participants Aged 12–17 in Urban Liberia: Lessons from the PREVAIL Lassa Fever Phase 2a Study 512
Health system and caregiver related factors influencing measles vaccination Uptake 512
Clinical efficacy, immunogenicity and safety of Malaria vaccines in children: A systematic review and meta-analysis 512
Analysis of Vaccination Coverage in the Pediatric Age Group Against Coronavirus (COVID-19) in Brazil from 2021 to 2024 513
Unprotected on the Frontlines: The Critical HBV Immunization Gap Among Healthcare Students in Sudan 513
Strengthening Capacity for Immunization Advocacy in an Era of Geopolitical Complexity....513
Comparative Immunogenicity of 15-Valent and 20-Valent Pneumococcal Conjugate Vaccines: Evidence from a Network Meta-Analysis....513
Barriers for adult vaccination: results of the qualitative survey with adults and healthcare workers in three regions of the Russian Federation ..514
Occupationally acquired mumps infection with complications of severe bilateral hearing loss in a healthcare worker: Resurgence of a vaccine-preventable disease....514
Vaccination literacy of the adult population: Results of a study in three regions of the Russian Federation....514
Understanding practical barriers when accessing vaccines in the UK 515
Impact of alternative measles-containing vaccines on childhood up-to-date immunizations in the United States, 2023....515
What influences communities to participate in vaccine trials? a rapid review of barriers and enablers to inform trials of streptococcus a vaccination 515
Exploring the Barriers to HPV Vaccination Among Males in Italy: A Qualitative Study 515
HPV Vaccination Strategies and Implementation Progress 516
Fostering vaccine confidence: The role of vaccine trial participation in shaping adolescent self-worth and community trust....516
Impact of vaccination coverage on the evolution of measles incidence in Bahia, Brazil: An analysis of four decades of control and elimination strategies....516
Measles susceptibility and risk of viral reintroduction in a large urban center in northeastern Brazil 517
Measles immunity in a large urban center in northeastern Brazil: An assessment using the Plaque Reduction Neutralization Test and Enzyme-Linked Immunosorbent Assay 517
Childhood vaccine hesitancy in the post–COVID-19 context in Brazil: Communication challenges 517
Trends in Hospitalizations for Selected Vaccine-Preventable Diseases in Brazil, 2009–2024: A Joinpoint Regression Analysis 518
Epidemiological characteristics of laboratory confirmed mumps infection in South Africa during the 2023 mumps outbreak: January 2023 - January 2024 518
Exploring the Use of Storytelling in Vaccination: A Scoping Review 518
Low measles-mumps-rubella vaccine coverage and the re-emergence of measles in Brazil: implications for health equity in a world without borders 519
Drums, Drama, and Dosages: Utilizing Culturally Anchored Edutainment Strategies to Improve Vaccine Acceptance in Northern Nigeria ...519
Investigations of a diphtheria outbreak in Mpumalanga province, South Africa, 2025 519
Life-course vaccination: Knowledge, attitudes and practices of pharmacists registered with the South African Pharmacy Council 519
Determinants of malaria vaccine uptake among caregivers of children under one year at Masaka police health centre iii, Masaka 520
city, Uganda 520
Trust, Opposition, and Hesitancy: A Qualitative Study of Vaccine Discourse on YouTube Videos....520
Cognitive reflexion, positive perception of science and health literacy are independent protective predictors of vaccine conspiracy beliefs....520
Scoping review of interventions supporting COVID-19 vaccination among immigrants and refugees in Poland 521
Optimizing the schedule of BNT162b2 COVID-19 against long COVID and associated quality of life losses 521
COVID-19 vaccination uptake is associated with susceptibility to misinformation and vaccine hesitancy, but not with health literacy 521
Factors associated with parents' VACCINE HESITANCY OF children aged 0 to 24 months in the Klouékanmè–Toviklin–Lalo health zone in 2025 521
Analysis of the causality assessment outcomes for adverse events following immunisation caused by vaccines administered as part of the expanded program on immunisation....522
Strengthening Vaccine Confidence: A Global Public Health Imperative 522
Promoting Mental Well-Being in Academia: Evidence, Tools and Action Plans....522
Political Leadership for Integrated Financing of Social and Behavior Change in African Health Systems: A Call to Action 522
Healthy Beginnings, Protected Futures: Scaling Impact in Pediatric RSV and Pneumococcal Immunization....522

Digital health in BRICS: Towards an equity-oriented technological development model.....523
The Convergence Imperative: From Innovation to Implementation Equity in Ending TB and HIV.....523
Closing the Prevention Gap through Adult HPV Vaccination: From a Women-Only Narrative to Universal Cancer Prevention.....523

ADULTS & OLDER ADULTS HEALTH

ABS0371

Risk factors for cardiovascular diseases in people of working age: results of a survey of employees

Aleksandra Antsiferova[1], Anna Kontsevaya[1], Oxana Drapkina[1]
[1]Department of Public Health Promotion, National Medical Research Centre for Therapy and Preventive Medicine of the MH of Russian Federation, Moscow, Russian Federation

ABSTRACT
Background and Objective All risk factors for cardiovascular diseases (CVDs) are widespread among the working population. Well-being programs for employees in the workplace reduce the prevalence of risk factors. The aim is to determine risk factors CVDs in people of working age at the workplace by conducting a survey of employees on the Atria platform. Methodologies In 2020, experts developed the Atria platform, accessible to any Internet user. Using the survey method risk factors for CVDs were identified among employees. The survey identified the most preferred well-being programs for employees in the workplace. The survey took place from April 2020 to February 2024. The results are presented in absolute and relative values.
RESULTS
In total, 67,487 workers took part in the survey on the Atria platform (mostly women – 80.5%, n=54,389). The average age was 42.3 ± 11.9 years and 43.3 ± 11.7 years for men and women, respectively. 16.3% of employees currently smoke (n=10978); 58.4% of workers drink alcohol (n=39409) with varying frequency; two-thirds of workers do not consume vegetables and fruits on a daily basis; 33.85% of workers (n=22843) add salt to already prepared food, of which 1.7% of workers (n=1177) without first tasting the food; 66.7% of workers (n=45039) do not regularly engage in sports/physical education and 64.3% of workers (n=43425) were in a state of tension and stress during the last month. For employees, the most preferred well-being programs are the following: a medical examination (44.5%, n=30022), office exercises (28.6%, n=19329), organization of educational lectures on the topics of correction of behavioral risk factors, basics of healthy lifestyle (27.3%, n=18403).
CONCLUSIONS
The high prevalence of risk factors for CVDs among employees determines the importance of primary prevention in the workplace through the creation of a health-preserving environment and the introduction of well-being programs for employees.
Popul. Med. 2026;8(Supplement 1):A10

ABS0438

The effects of internet and technology use on the ability to care for own health among the U.S. populations: An analysis from the Health Information National Trends Survey (HINTS 7)

Chulwoo Park[1]
[1]Department of Sociology, Anthropology, and Public Health, University of Maryland, Baltimore County, Baltimore, United States

INTRODUCTION
In the age of artificial intelligence, the use of the internet and technology, such as a desktop computer or laptop, smartphone, tablet, and smartwatch or other electronic wearable device, has become an important part of people's daily lives.1–3 The goal of this study was to determine how internet and technology use relates to confidence in the ability to care for own health among the United States populations.
METHODS
The Health Information National Trends Survey (HINTS 7), collected from March to September 2024, was used.4 The final HINTS 7 sample size was 7,278 respondents, with the overall household response rate of 28.1%. Hierarchical survey-weighted nested logistic regression models were designed: Model 1 for demographic factors (age, marital status, education, race/ethnicity, household size, and number of children in the household), Models 2-4 for internet and technology use (internet use frequency, health-related internet use, and internet connection satisfaction, health apps, tracking health, and sharing health data), Models 5-8 for digital literacy and mental health status, and Model 9 for incorporating all variables.
RESULTS
While the majority of digital engagement variables—internet use frequency, health-related internet use, health app use, tracking health, sharing health information, social media engagement, and trust in social media health information—were not statistically significant, internet connection satisfaction remained a significant predictor (OR = 1.31) for health self-care confidence, after adjusting for all the other factors. Regarding positive mental health and digital literacy, they showed a strong positive association with the ability to care for own health (OR = 11.41; OR = 1.29, respectively). The interaction between positive mental health and digital literacy was statistically significant (OR = 0.86).
CONCLUSIONS
Health policies and interventions focused on establishing reliable internet infrastructure and implementing education for digital literacy would improve people's ability to care for their own health.
Popul. Med. 2026;8(Supplement 1):A13

ABS0547

Assessing Resident Trauma: Evaluating Trauma Informed Practices in Nursing Homes

Dr. Sherry Hodge[1], Dr. Nailya DeLellis[1], Dr. Tina Lewis-Kopka[1], Dr. Fadi Salloum[1]
[1]1 School of Health Sciences, Central Michigan University, Michigan, United States, Central Michigan University, Mount Pleasant, Michigan 48859, United States

BACKGROUND
The U.S. Centers for Medicare and Medicaid Services (CMS) mandate the integration of trauma-informed care (TIC) within nursing homes to enhance resident well-being and quality of care. Despite this requirement, gaps persist in the consistent recognition and response to trauma among nursing home residents. This dissertation addressed these gaps by examining the prevalence, implementation, and policy alignment of trauma-informed practices across three nursing homes in Southeastern Michigan.
METHODS
A retrospective cross-sectional design was employed using secondary data from 400 resident medical records collected between 2020 and 2025. Quantitative analyses were conducted to assess trauma documentation, resident characteristics, and facility-level factors associated with trauma-informed care. The study also incorporated policy and systems-level reviews to evaluate organizational readiness and alignment with CMS trauma-informed care guidelines.
RESULTS
Findings from the first manuscript revealed inconsistencies in the use of standardized instruments to assess resident trauma. Among the 400 residents studied, 206 had documented trauma histories; however, 61% lacked trauma-informed treatment plans. Males and younger adults (ages 18–44) were more likely to have recorded trauma histories, with post-traumatic stress disorder and stress-related conditions representing the most prevalent diagnoses. The second manuscript identified significant associations between trauma history, resident demographics, and facility characteristics. The third manuscript highlighted barriers to sustained TIC adoption, including limited access to mental health providers, weak referral networks, and inadequate community collaboration.
CONCLUSIONS
Collectively, the findings indicate that while progress toward trauma-informed care in nursing homes has begun, uniform application remains limited. Advancing trauma-informed long-term care requires leadership engagement, staff education, and alignment of organizational policies with community partnerships to ensure consistent, compassionate, and person-centered approaches to resident care.
Popul. Med. 2026;8(Supplement 1):A15

ABS1544

Explaining the rural–urban gap in cervical cancer screening among older women in India using Fairlie decomposition

Aditya Singh[1]
[1]Institute of Science, Banaras Hindu University, Varanasi, India

INTRODUCTION
Cervical cancer remains a leading cause of cancer-related mortality among women in India, yet screening uptake is extremely low, particularly among older women. Although rural–urban inequalities in preventive healthcare are well documented, the mechanisms underlying geographic disparities in cervical cancer screening among older women remain insufficiently understood. This study examines the rural–urban gap in recent cervical cancer screening and quantifies the contribution of socioeconomic, health, and contextual factors.
METHODS
Data were drawn from the Longitudinal Ageing Study in India (LASI) Wave-1. The analytical sample included 35217 women aged 45 years and older. Multivariable logistic regression assessed the association between place of residence and recent cervical cancer screening after adjusting for demographic, socioeconomic, health, and healthcare-access factors. Fairlie decomposition was applied to quantify the extent to which observed characteristics explained the rural–urban difference in screening prevalence.
RESULTS
National screening prevalence was alarmingly low at 1.2%. Urban women were four times more likely to report recent screening than rural women at 3.3% versus

0.8%. After extensive adjustment, urban residence remained a strong independent predictor of screening with an adjusted odds ratio of 2.15. Fairlie decomposition explained 59.8% of the 2.46 percentage point rural–urban gap. The largest contributors were indicators of service integration proxied by prior mammography at 33.1% and state-level contextual effects at 32.2%, followed by media exposure at 15.0%. General health system contact contributed negatively at -3.5%, indicating missed opportunities for screening within routine rural healthcare encounters.
CONCLUSIONS
Rural disadvantage in cervical cancer screening among older women is driven less by individual characteristics and more by the absence of integrated preventive care pathways. Achieving cervical cancer elimination in India will require embedding screening within routine primary care and chronic disease services, with focused strategies for rural older women who remain structurally disconnected from preventive healthcare.
Popul. Med. 2026;8(Supplement 1):A33

ABS1563
Trends in Multimorbidity among Ageing Populations in the Global South: Implications for Equity and Sustainable Health Systems

Abhinav Abhinav[1], Rifqah Aeeda Roomaney[2], Annibale Cois[2], Sanghamitra Pati[2]
[1]Public Health, ICMR-Regional Medical Researh Centre, Bhubaneswar, India, [2]Burden of Disease Research Unit, South African Medical Research Council, Cape Town, South Africa

INTRODUCTION
Multimorbidity is an increasing public health concern in low- and middle-income countries (LMICs), with important implications for health equity and the sustainability of health systems. As countries in the Global South experience rapid population ageing, understanding temporal trends in multimorbidity is critical for inclusive health planning. This study examined trends in the prevalence of multimorbidity and its socio-demographic correlates among older adults in India and South Africa between 2007 and 2015.
METHODS
We used nationally representative data from the World Health Organization's Study on Global AGEing and Adult Health (SAGE), collected in 2007 (Wave 1) and 2014/2015 (Wave 2). The analysis included adults aged ≥50 years (India: n=7,150 in Wave 1 and n=7,110 in Wave 2; South Africa: n=3,565 in Wave 1 and n=2,163 in Wave 2). We estimated weighted prevalence of multimorbidity at each time point and assessed changes over time. Socioeconomic correlates of multimorbidity were examined.
RESULTS
The prevalence of multimorbidity increased over time in both countries. In India, prevalence rose significantly from 26.4% (95% CI: 25.4–27.5) in 2007 to 29.2% (95% CI: 28.2–30.3) in 2014/15 ($p<0.001$). In South Africa, multimorbidity increased from 27.4% (95% CI: 22.2–33.2) to 30.2% (95% CI: 25.4–35.4), although this change was not statistically significant. Across all survey waves, multimorbidity was consistently more prevalent among individuals in higher wealth quintiles, highlighting complex patterns of social inequality in disease burden.
CONCLUSIONS
Multimorbidity is increasing over time among older adults in two Global South countries, underscoring the growing burden of chronic conditions in ageing populations. These findings highlight the need for equitable and sustainable health system responses that address multimorbidity across diverse socioeconomic groups and support inclusive planning for ageing societies in LMICs.
Popul. Med. 2026;8(Supplement 1):A36

ABS1645
Loneliness, Nutritional Status, and Chronic Disease in Egyptian Older Adults: A Mediation Analysis

Jana AbouElezz[1]
[1]The American University in Cairo (AUC), Cairo, Egypt

ABSTRACT
Loneliness affects approximately one quarter of older adults globally, yet remains an overlooked health concern, particularly in collectivist societies like Egypt, where family-centered culture may mask its prevalence. Recent evidence demonstrates loneliness is associated with 32% increased diabetes risk and elevated cardiovascular disease incidence through multiple pathways, including systemic inflammation and compromised health behaviors. Loneliness reduces motivation for meal preparation and dietary quality, creating nutritional vulnerabilities that contribute to chronic disease development. However, whether poor nutritional status mediates the loneliness-chronic disease relationship remains unexplored in Egyptian older adults. The objectives of this study are to: examine whether nutritional status mediates the association between loneliness and nutrition-related chronic diseases (diabetes, hypertension, cardiovascular disease) in Egyptian older adults, and determine whether this relationship differs by gender. Data will be collected from 200 participants aged 60 years and above recruited from Ain Shams University clinics. Loneliness will be assessed using the UCLA Loneliness Scale, nutritional status through the Mini Nutritional Assessment, and chronic disease presence through self-reported medical history. Mediation analysis will test whether nutritional status mediates the loneliness-chronic disease association, controlling for depression, age, marital status, socioeconomic status, and physical functionality. We hypothesize that loneliness is associated with poorer nutritional status, which in turn is associated with higher chronic disease burden. This cross-sectional research will provide the first evidence on the loneliness-nutrition-disease pathway in Egyptian older adults, generating hypotheses for future longitudinal research and informing nutritional intervention strategies under Egypt's Elderly Law.
Popul. Med. 2026;8(Supplement 1):A39

ABS1692
Social and Health Inequities in Rural Thai Older Adults: A Qualitative Meta-Synthesis of Community-Based Health Promotion Interventions

Worayuth Nak-Ai[1], Juraporn Krates[2], Rungrueng Kitpati[3], Phatcharapan Maneesiri[4], Patchaya Pet-O-part[5], Duangtawan Chinnawong[6]
[1]Sirindhorn College of Public Health, Chonburi, Faculty of Public Health and Allied Health Science, Praboromarajchanok Institute, Chonburi, Thailand, [2]College of Public Health Administration, Office of the Permanent Secretary, Ministry of Public Health, Nonthaburi, Thailand, [3]Department of Science Service, Ministry of Higher Education, Science, Research and Innovation, Bangkok, Thailand, [4]Praboromarajchanok Institute, Nonthaburi, Thailand, [5]Mappong Health Promoting Hospital, Chonburi, chonburi provincial administrative organization, Chonburi, Thailand, [6]Bureau of Medical Doctor and Health Care Professional Production and Development, Ministry of Public Health, Nonthaburi, Thailand

BACKGROUND
Thailand became an aged society in 2024, with over 20% of the population older than 60 years. Rural older adults often experience structural disadvantages – such as poverty, low education, and limited healthcare access – leading to pronounced health inequities.
METHODS
We conducted a qualitative documentary research and meta-synthesis of 94 research project reports (2023–2025) addressing health promotion for rural Thai elders. Reports were selected based on relevance to rural community settings and aging health promotion. Data were analyzed using content analysis and thematic synthesis. We coded recurring concepts, grouped codes into categories, and synthesized overarching themes. To ensure trustworthiness, multiple researchers cross-checked coding, and we applied criteria of credibility, dependability, confirmability, and transferability in analysis.
RESULTS
Three main themes emerged: Structural Inequities: Geographic isolation, inadequate transportation, and economic hardship (low income, reliance on meager pensions) limit rural elders' access to health services. Social determinants like low education and poverty underlie higher health risks. Community Mechanisms: Successful interventions leverage community participation – e.g. Village health volunteers, local health committees, "elderly school" programs, and home visits – to improve health literacy and access. Integrating care through primary health centers and trained community caregivers yields improved outcomes. (3) Social Innovations and Local Wisdom: Communities devised creative solutions, such as volunteer handyman teams installing home modifications to prevent falls, development of local exercise clubs and traditional herbal remedies, and use of telehealth technology to reach remote elders.
CONCLUSIONS
Structural disparities pose serious challenges for rural healthy aging in Thailand. However, community-driven models – grounded in local social and cultural capital – can effectively promote elder health. Policy makers should draw on these grassroots innovations to craft equitable health promotion strategies for Thailand's aging rural communities, bridging gaps in resources and access.
Popul. Med. 2026;8(Supplement 1):A40

ABS1802
Towards integrated and sustainable post-diagnostic dementia support: Insights from care partners in the Australian Capital Territory

Abdeljalil Lahiouel[1], Jane Kellett[1], Stephen Isbel[1], Stephanie Mulhall[1], Nathan D'Cunha[1]

[1]Centre for Ageing Research and Translation, University Of Canberra, Canebrra, Australia

BACKGROUND

Despite growing recognition of the importance of post-diagnostic support for people with dementia, service delivery in the Australian Capital Territory (ACT) has been reported as fragmented and constrained by system- and individual-level barriers. This study examined the lived experience and perceptions of care partners of people with dementia regarding service accessibility and adequacy to inform person-centered and sustainable post-diagnostic support.

METHODS

An explanatory sequential mixed-methods design was employed. A cross-sectional survey explored the accessibility, availability, and responsiveness of dementia support services using a 69-item questionnaire. Purposive semi-structured interviews subsequently explored key issues raised in the survey. Quantitative data were descriptively analysed, while qualitative data underwent inductive content analysis. Findings were integrated to provide a comprehensive understanding of post-diagnostic support in the ACT.

RESULTS

Care partners (n=86; 75.6% female) encountered access barriers, notably protracted and distressing diagnostic delays exceeding six months for 46.5% of people with dementia. Financial constraints were reported by 75.0% of care partners, with services described as unaffordable which led to service discontinuation. System navigation was a considerable barrier for 69.4% of participants, who experienced difficulty with the aged care system and understanding available services. While early-stage supports from dementia organisations were valued by interviewees (n=13; 53.8% female), responsiveness declined as needs intensified, with 60.8% of survey respondents reporting insufficient tailored support to accommodate complex and evolving needs.

CONCLUSIONS

The findings advocate for a public health paradigm shift toward affordable, integrated post-diagnostic support tailored to the evolving needs of people with dementia and their care partners. Strengthening service coordination, funding sustainability, and workforce capacity aligns with priorities of the WHO's Global Action Plan on the Public Health Response to Dementia 2017-2025, including timely diagnosis, person-centered care across the continuum, structured care partner support (training, respite, psychological resources), and recognition of dementia as a public health priority.

Popul. Med. 2026;8(Supplement 1):A44

ABS1851

My mind is not the same: Cognitive complaints during the menopausal transition in Urban South Africa

sostina matina[1]

[1]Africa centre for migration and society, University of the Witwatersrand, Johannesburg, Zimbabwe

ABSTRACT

Population ageing is accelerating in low- and middle-income countries (LMICs), increasing the proportion of women spending longer portions of the life course in midlife, including the menopausal transition. While menopause is a universal biological process, its symptoms and consequences are shaped by social context. Beyond vasomotor and urogenital symptoms, many women report cognitive changes such as forgetfulness, impaired concentration, and "brain fog," yet most evidence on menopause-related cognitive complaints derives from high-income settings and clinical cohorts. There remains limited population-based research on subjective cognitive experiences among women living in urban LMIC contexts characterised by structural inequality, chronic stress exposure, and multimorbidity. This study examines cognitive complaints and perceived cognitive functioning during the menopausal transition among urban women in Soweto, Johannesburg, South Africa. Using data from the Soweto Syndemics Survey (2018), we employed an explanatory sequential mixed-methods design. Quantitatively, we analysed women aged ≥40 years, categorising menopausal status using self-reported menstrual history into pre/early transition, late transition, and postmenopause. Menopausal symptom burden was measured using the Menopause Rating Scale (MRS). Two subjective cognitive outcomes were assessed: cognitive complaints captured through the MRS item on physical and mental exhaustion (including impaired memory and reduced concentration), and perceived cognitive functioning assessed via a quality-of-life item on the ability to concentrate in daily life. Ordinal logistic regression models were used to estimate associations between menopausal stage and cognitive outcomes, adjusting sequentially for age, education, employment, socio-economic position, chronic stress burden, and chronic health conditions. Sensitivity analyses explored the influence of depressive and anxiety symptoms.Qualitatively, we conducted an inductive thematic analysis of embedded open-ended survey responses to contextualise women's interpretations of cognitive changes, including narratives of fatigue, sleep disruption, emotional distress, and perceptions of ageing. Integration of findings aimed to identify convergence between statistical patterns and lived experiences.

Popul. Med. 2026;8(Supplement 1):A45

ABS2081

Ageing well at home: interconnected care and addressing challenges in regional australia

Geraldine Vaughan[1], Robyn Preston[1], Anne-Marie Holt[2], Dean Carson[3], Wendy Newton[1], Ashlyn Sahay[1]

[1]Centre > Health Equity in Regional and Remote Communities C>HERRC, CQUniversity, Rockhampton, Australia, [2]The University of Notre Dame Australia, Perth, Australia, [3]Umeå University, Umeå, Sweden

INTRODUCTION

Ageing well at home is a key aspiration for many older adults, where connection to place, independence, and community ties are central to quality of life. However, an ageing population, shifting demographic trends, increasing resource demands and persistent workforce shortages have contributed to a crisis in services to support healthy ageing. In rural and regional areas, these issues are exacerbated by access barriers and resource limitations, with dispersed populations and inadequate infrastructures further compounding the sustainability of aged care services in these communities. Amidst significant policy and program change in this domain, there is a need to understand local community perspectives that shape their experiences of ageing.

METHODS

A qualitative study in the Central Highlands of Queensland, Australia explored how the community would like to age, support structures and initiatives, with perspectives of health/community services and industry; and community members aged 55+. The research was underpinned by a social justice perspective, drawing on critical theory to align with the study's focus on codesign and innovation.

RESULTS

Findings from interviews and focus groups highlighted challenges and innovations that were both broadly typical to the Australian context, and particular to rural areas. A need for greater connectivity and collaborations across several dimensions was evident.

CONCLUSIONS

Amidst entrenched barriers to effective, respectful ageing-at-home for rural community members in the Central Highlands of Queensland Australia, several existing strategies and opportunities are evident that support an imperfect system, as well as critical calls for change. As the Australian home-based aged care system moves to implement new policies and programs, the imperative to harness the local knowledge, existing strategies and address priorities of engaged rural communities is vital. The research findings have direct implications for other settings with similar economies and demographics.

Popul. Med. 2026;8(Supplement 1):A56

ABS2095

Experience of Body Changes and Sexuality among Middle-aged Men and Women: A Community-Based Exploratory Qualitative Study

Latifat Ibisomi[1], Relebogile Mapuroma[1], Neo Masike[1,2], Ozo Ibeziako[3], Doyinmola Ojifinni[4]

[1]School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg South Africa, Johannesburg, South Africa, [2]Improve Africa Systems, Johannesburg, South Africa, [3]Family Medicine Department, University of Pretoria, Pretoria, South Africa, [4]School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

INTRODUCTION

The midlife is the period at the crossroads between the growth experienced in youth and the decline of old age which is associated with reduction in cognitive performance and physical health in addition to increasing responsibilities at the workplace, family and the community. Concerning sexual and reproductive health, the midlife is poorly researched compared to other age categories. Nonetheless, significant body changes occur during this phase, which may affect their mental state and sexuality negatively.

OBJECTIVE

Thus, this study explored the experience of body changes, sexuality and health among adults in midlife.

METHODS

This exploratory qualitative study was conducted in Ekurhuleni North Sub-District,

Ekurhuleni district, Gauteng Province, South Africa. The study included focus group discussions and in-depth interviews among men and women aged 45–64 years. Transcribed interviews were analysed thematically.
RESULTS
The themes identified include a description of the body and sexuality changes experienced, challenges with understanding the changes and gaining access to care as well as the effect of the changes. Body changes included hot flushes, reduced appetite and loss of beauty. While women described either heightened or reduced libido, the men described reduced libido. Challenges with understanding the changes were due to lack of information, effect of cultural norms and poor information provided by health workers from whom the participants sought guidance. The changes led to fragile emotions and performance anxiety among the participants.
CONCLUSIONS
The effect of midlife changes among men and women can be far-reaching when combined with other stressful factors such as household stresses and higher demands at the workplace. It is therefore important to raise awareness about the challenges experienced in this age group and to provide interventions to mitigate these effects so they are better able to cope.
Popul. Med. 2026;8(Supplement 1):A57

ABS2107

Understanding Dementia Caregiving Through a Public Health Lens: A Qualitative Exploration of Caregiver Experiences

Muhammad Hoque[1], Refilwe Moeketsane[1]
[1]Public Health, Sefako Makgatho Health Sciences University, Pretoria, South Africa

BACKGROUND
Dementia caregiving is an essential but largely invisible part of public health systems, especially in settings with inadequate long-term care services. It is important to explore the lived experiences of caregivers to inform interventions and policies that promote the health and well-being of caregivers and people with dementia.
METHODS
This qualitative research used in-depth interviews with caregivers of elderly people with dementia. Thematic analysis was used to explore the motivations, challenges, emotional and personal effects, coping mechanisms, and systemic support needs of caregivers.
RESULTS
Five thematic domains were derived from the study. First, the motivations for caregiving were strong family bonds, affection for the elderly person with dementia, and a wish to help people with dementia. Second, the experience of caregiving was characterized by significant challenges, including the need for continuous patience, dealing with behaviour and mood changes, emotional effects, and day-to-day unpredictability. Third, the experience had a significant emotional and personal impact on the caregiver, including emotional exhaustion, the need for emotional endurance, and occasional feelings of fulfilment and purpose. Fourth, the caregivers used coping mechanisms such as personal networks and self-care techniques to deal with the emotional and structural challenges of caregiving. Lastly, the caregivers highlighted the need for systemic support and emphasized the importance of government recognition and increased availability of resources for caregivers.
CONCLUSIONS
Dementia caregiving is driven by strong family bonds and altruistic motivations but is also characterized by significant emotional and structural challenges. It is essential to address the psychosocial needs of caregivers by improving systemic support systems and resources to promote the health and well-being of people with dementia and caregivers within public health systems.
Popul. Med. 2026;8(Supplement 1):A59

ABS2265

Social determinants of functioning and well-being in older adults: a multidimensional approach

Carla Chamouton[1], Beatriz Aragão[2], Andrezza Escarce[2,3], Stela Lemos[2,3]
[1]Department of Speech, Language and, Hearing Sciences, São Paulo State University, Marília, Brazil, [2]Graduate Program in Speech, Language, and Hearing Sciences, Federal University of Minas Gerais, Belo Horizonte, Brazil, [3]Department of Speech, Language, and Hearing Sciences, Federal University of Minas Gerais, Belo Horizonte, Brazil

BACKGROUND
Several factors accompany the aging process, including physical, cognitive, and social changes that may directly impact individuals' autonomy in health care and their quality of life1-2. Therefore, this study aimed to analyze the association between functioning, perceived well-being, health literacy, and contextual aspects among older adults.
METHODS
This was a cross-sectional analytical observational study with a sample of 101 older residents of a small city in Brazilian southeast, approved by the institutional ethics committee. Procedures included the application of the Brazilian Economic Classification Criterion (CCEB), the World Health Organization Disability Assessment Schedule (WHODAS 2.0), the Short Assessment of Health Literacy for Portuguese-Speaking Adults (SAHLPA-18), the WHO-5 Well-Being Index, and a clinical-care questionnaire. Descriptive and bivariate analyses, as well as multiple linear regression, were performed. Variables were manually removed from the initial model one by one, considering the highest p- value in each model, until only variables with a p-value <0.05 remained, forming the final model (backward elimination).
RESULTS
Most participants were female, and the majority belonged to the socioeconomic class with the lowest purchasing power. The mean age was 76.2 years (±8.95), and mean schooling was 4.58 years (±4.00), considered low. In WHODAS 2.0, the mean scores across domains indicated good functional clinical status. In the WHO-5, the mean score was 16.81 points (±6.35), indicating good perceived well-being. In SAHLPA-18, the mean score was 12.38 points (±4.01), which is considered inadequate. In the final regression model for the Cognition domain, significant predictors were age, well-being, and health literacy. In the other domains assessed, the final models identified age and psychological well-being as significant predictors.
CONCLUSIONS
Higher levels of health literacy and well-being were associated with better cognition and greater autonomy in health-related decision-making, whereas increasing age was associated with reduced functioning.
Popul. Med. 2026;8(Supplement 1):A65

ABS2266

Happiness, functioning, health literacy, and well-being among older adults: a study in primary health care

Stela Lemos[1,2], Beatriz Aragão[1], Andrezza Escarce[1,2], Carla Chamouton[3]
[1]Graduate Program in Speech, Language, and Hearing Sciences, Federal University of Minas Gerais, Belo Horizonte, Brazil, [2]Department of Speech, Language, and Hearing Sciences, Federal University of Minas Gerais, Belo Horizonte, Brazil, [3]Department of Speech, Language and, Hearing Sciences, São Paulo State University, Marília, Brazil

BACKGROUND
Considering the social context and the potential of primary health care, it is necessary to adopt effective public policies that promote autonomy, independence, and well-being in aging1-2. For this reason, the purpose of this study was to analyze the association between happiness, perceived well-being, functioning, health literacy, and contextual aspects among older adults.
METHODS
This was a cross-sectional analytical observational study, approved by the institutional ethics committee, with a sample of 81 users of the primary health care of a small city in Brazilian southeast. Procedures included the application of the Brazilian Economic Classification Criterion (CCEB), the Subjective Happiness Scale, the World Health Organization Disability Assessment Schedule (WHODAS 2.0), the Short Assessment of Health Literacy for Portuguese-Speaking Adults (SAHLPA-18), and the WHO-5 Well-Being Index. Analyses included descriptive and bivariate approaches, along with multiple linear regression.
RESULTS
Most participants were female, the majority belonged to socioeconomic classes with low purchasing power, and the mean age was 73.93 years (± 8.12). In WHODAS 2.0, the mean simple score was 48.77 (±18.27), indicating good functional clinical status. In WHO-5, the mean score was 16.81 points (±6.35), reflecting good perceived well-being. On the Subjective Happiness Scale, the mean score was 5.09 (±1.47), considered a good level of perceived happiness. In SAHLPA-18, most participants presented inadequate health literacy. In the final regression model for the Subjective Happiness Scale, significant predictors were well-being and the Mobility and Participation domains of WHODAS 2.0.
CONCLUSIONS
Higher levels of well-being and lower mobility limitations were associated with better perceived happiness, while reduced social participation had a negative impact on the perception of happiness.
Popul. Med. 2026;8(Supplement 1):A66

ABS2286

Vascular contribution to mild behavioral impairment

Pavla Brennan Kearns[1], Tejaswi Ravi[1], Matěj Seifert[1], Zdeněk Linha[1]
[1]Department of Public Health, Second Faculty of Medicine, Charles University, Prague, Czech Republic

ABSTRACT
Mild Behavioral Impairment (MBI) is recognized as a prodromal stage of dementia, characterized by the later-life onset of neuropsychiatric symptoms. Although MBI is believed to arise primarily from neurodegenerative processes, it remains unclear whether vascular pathology also contributes to its development. We examined whether white matter hyperintensities (WMH)—a well-established marker of small vessel disease and cumulative cardiovascular risk factor burden—are associated with MBI. We analyzed data from 1,273 participants enrolled in the Alzheimer's Disease Neuroimaging Initiative (ADNI), all of whom had either normal cognition or mild cognitive impairment at baseline. MBI symptoms and status were derived from the Neuropsychiatric Inventory. WMH burden was measured volumetrically, and both global and regional associations with MBI were assessed. We employed general linear models to evaluate the relationship between total WMH volume and both MBI total score and MBI status. To investigate spatial specificity, we also conducted voxel-wise analyses across the white matter. Our results showed that greater total WMH volume was significantly associated with higher MBI total scores as well as with increased odds of meeting criteria for MBI. These associations were observed across individuals with normal cognition and those with mild cognitive impairment, suggesting that WMH may influence behavioral changes even before overt dementia develops. The voxel-wise analyses revealed a significant cluster within the left inferior longitudinal fasciculus, where higher WMH burden was related to elevated MBI total scores. This tract, which plays a key role in emotional regulation and social cognition, may represent a pathway through which vascular pathology contributes to behavioral alterations. Our findings indicate that both the overall burden and the spatial distribution of WMH are linked to MBI. These results support the hypothesis that MBI may, in part, reflect neurovascular mechanisms, highlighting the importance of considering vascular health in early behavioral changes associated with dementia risk.
Popul. Med. 2026;8(Supplement 1):A67

ABS2400

Demographic, psychosocial, and health-related factors associated with depressive symptoms in older adults receiving antiretroviral therapy in a South African metropolitan

Gladys Kigozi-Male[1], Monique J Brown[2,1], Michelle Engelbrecht[3], Lerato Makhele[4,5]
[1]Centre for Health Systems Research & Development, University of the Free State, Bloemfontein, South Africa, [2]Department of Epidemiology and Biostatistics, Arnold School of Public Health, University of South Carolina, Columbia, United States, [3]Department of Psychology, University of the Free State, Bloemfontein, South Africa, [4]Free State Department of Health, University of the Free State, Bloemfontein, South Africa, [5]Department of Psychiatry, University of the Free State, Bloemfontein, South Africa

BACKGROUND
Globally, mental health disorders, including depression, present a key challenge among older people living with HIV (OPLHIV) – defined as those aged 50 years and older. Evidence, largely from high-income countries, highlights a complex interplay between aging, HIV, and psychosocial vulnerability. However, data from sub-Saharan Africa remains limited. This study examined demographic, psychosocial, and health-related factors associated with depressive symptoms among OPLHIV receiving antiretroviral therapy (ART) in a South African metropolitan area.
METHODS
Data were gathered cross-sectionally through fieldworker-administered interviews with 382 OPLHIV attending primary health care facilities. Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9). Demographic variables included age, sex, education level, and home language. Psychosocial variables comprised HIV-related stigma, substance use as a coping strategy, and perceived social support. Health-related variables included comorbidity status and self-rated health satisfaction. Multivariable linear regression was used to identify factors associated with depressive symptoms.
RESULTS
Participants' mean age was 57.4 (standard deviation [SD]: 5.5) years. Overall depressive symptom burden was low (mean PHQ-9 score = 2.0; SD: 3.7). Higher PHQ-9 scores were significantly associated with greater HIV disclosure concerns (B = 0.207, p = 0.007) and higher educational attainment (B = 1.013, p < 0.001). Sesotho home language was associated with lower PHQ-9 scores compared to other languages (B = -0.738, p = 0.031), while lower self-rated satisfaction with health was associated with higher scores (B = -0.545, p = 0.029). Support from friends was inversely associated with depressive symptoms, suggesting a protective effect (B = -0.222, p < 0.001).
CONCLUSIONS
Despite a low overall prevalence of clinically significant depression, symptoms were patterned by HIV-related stigma, social support, coping behaviour, and contextual factors. These findings suggest the need for targeted, preventive mental health interventions that integrate stigma reduction, substance use screening, and social support strengthening with HIV screening services.
Popul. Med. 2026;8(Supplement 1):A73

ABS2443

Evaluating Implementation of a Culturally Adapted Peer-Led Diabetes Self-Management Program for Black Men: A Convergent Mixed Methods Feasibility Study

Jaclynn Hawkins[1], Alana Ewen[1], Maricruz Moya[1]
[1]Department of Learning Health Sciences, Medical School; School of Social Work, University of Michigan, Ann Arbor, United States

BACKGROUND
Black men in the United States experience disproportionately high type 2 diabetes burden and related complications yet remain underrepresented in self-management education and support programs. Sociocultural factors including masculine norms and historical mistrust of healthcare systems create engagement barriers. This mixed methods feasibility study evaluated the implementation of a culturally adapted, peer-led diabetes self-management and support intervention to assess acceptability, appropriateness, feasibility, and identify factors influencing implementation.
METHODS
We employed a convergent mixed methods design integrating three implementation science frameworks: the Consolidated Framework for Implementation Research, Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies, and Reach, Effectiveness, Adoption, Implementation, and Maintenance. Data collection included semi-structured interviews with one Certified Diabetes Care and Education Specialist and two trained Black male peer leaders with lived diabetes experience, plus two focus groups with prior program participants (N=11). Validated surveys measured acceptability, appropriateness, feasibility, implementation leadership, and satisfaction. Qualitative data were analyzed using the Rigorous and Accelerated Data Reduction (RADaR) technique with joint display integration.
RESULTS
Feasibility benchmarks were met: the intervention demonstrated high acceptability (4.46/5), appropriateness (4.41/5), and feasibility (4.40/5). Implementation leadership was strong (3.17/4). Participants reported moderate satisfaction (18.42/32), identifying specific enhancement opportunities including structured between-session support. Qualitative themes converged with quantitative findings, revealing culturally grounded communication, peer leaders' flexibility to adapt content, and shared racial and gender identity as mechanisms supporting high appropriateness. Brotherhood, psychological safety, and hybrid virtual delivery facilitated engagement and addressed access barriers. Maintenance themes included sustained peer meetings beyond the program period and shifts in mindset toward diabetes self-management.
CONCLUSIONS
Feasibility aims were achieved, with implementation measures exceeding acceptability thresholds. These findings suggest the intervention model warrants adaptation testing in other community-based settings serving Black men with type 2 diabetes. Future work should strengthen between-session support structures and evaluate effectiveness in a fully powered trial.
Popul. Med. 2026;8(Supplement 1):A75

ABS2486

Healthy Brain Tracker: An interactive data dashboard to monitor Hawai□i's progress towards supporting individuals with cognitive decline, their caregivers, and reducing dementia risk factors

Julia Chosy[1], Saikaew Dudla[1], Tani Salazar[2], Whitney Katsutani[3], Rebekah Rodericks[1], Christy Nishita[3]
[1]Department of Public Health Sciences, University of Hawaii at Manoa, Honolulu, United States, [2]Executive Office on Aging, Hawaii State Department of Health, Honolulu, United States, [3]Center on Aging, University of Hawaii at Manoa, Honolulu, United States

BACKGROUND
As the population ages and life expectancy increases, the global prevalence of dementia is predicted to rise from 52.6 million in 2021 to over 152.8 million by 2050.1 In Hawai□i, the rate of adults experiencing cognitive disability is also rising,2 particularly as the older adult (65+) population grows.3 In response to

these trends, the state's Executive Office on Aging (EOA) initiated the development of a data tracker to monitor dementia-related trends.
METHODS
An online data dashboard was developed by the University of Hawai'i's Hawai'i Health Data Warehouse (HHDW) and Center on Aging, EOA, and other stakeholders. The majority of indicators are sourced from the Behavioral Risk Factor Surveillance System, a survey that collects data on health-related behaviors and chronic health conditions nationwide.4 In Hawai'i, approximately 7,800 adults are surveyed each year. Each indicator is updated annually, and displays point estimates, comparison values, trend data, and subgroup breakdowns.
RESULTS
The Healthy Brain Tracker includes 36 indicators around cognition, dementia prevalence and mortality, risk factors, and caregiving for the state of Hawai'i. Key results from the latest data are as follows: 11.2% of adults experience cognitive decline and the death rate due to Alzheimer's Disease is 21.4 per 100,000. The prevalence of dementia risk factors among adults 45+ years are increasing for six of the eleven indicators tracked: hearing loss, high blood pressure, depression, diabetes, sedentary lifestyle, and tobacco use. Among caregivers, 27.2% care for someone living with dementia.
CONCLUSIONS
The Healthy Brain Tracker was developed to monitor Hawai'i's progress towards reducing risk factors for cognitive decline, promoting healthy brain function, and supporting caregivers. The data provided in this dashboard helps direct programs and policies, and aids the development of a strong infrastructure to support individuals with dementia and their caregivers.
Popul. Med. 2026;8(Supplement 1):A77

ABS2524
Afterhood and Wellbeing Among Older Gay Men: A Mixed-Methods Study

Jesus Ramirez-Valles[1], Sonya Arreola[1]
[1]Medicine, univeristy of california san francisco, San Francisco, United States

INTRODUCTION
Older gay men are a growing yet understudied population whose later lives are shaped by the aftermath of social marginalization, AIDS epidemic, and structural inequality. While research has examined HIV outcomes and aging separately, less is known about how older gay men live or how well-being differs by HIV status. This study integrates the concept of Afterhood—the period of life that unfolds after major collective biographical disruptions—to examine aging, health, and inequities among older gay men.
METHODS
We used a mixed-methods design drawing from the ongoing Openly Gray Study in San Francisco. Quantitative analyses were conducted on interim data collected 2023-2026 (N=410) among gay men aged 50+ to examine differences by HIV status. In parallel, we conducted in-depth interviews with a subsample of men (N=30) across ethnic and HIV status. Qualitative data were analyzed using thematic and constant comparative methods, guided by queer theory and life-course perspectives.
RESULTS
Findings revealed significant disparities by HIV status. Compared to HIV-negative men, those living with HIV report greater financial insecurity (in childhood and in the prior 12 months), higher loneliness, lower likelihood of having a primary partner, and poorer health (e.g., elevated inflammation, depression, anxiety, drug use). Suicidal ideation was alarmingly common across groups (≈20%). Qualitative interviews contextualized these inequities, showing how men describe afterhood as a stage of continuity and reorientation rather than decline. Participants emphasize sustaining a "queer essence"—authenticity, creativity—through spirituality, community engagement, and chosen family, while navigating aging, illness, and loss.
CONCLUSIONS
Afterhood is a critical period where aging, HIV, and inequity intersect. Addressing the well-being of older gay men—particularly those living with HIV—requires interventions extending beyond biomedical care to address loneliness, financial insecurity, mental health, and meaning-making. Centering afterhood offers a new framework for equity-driven global HIV and aging strategies.
Popul. Med. 2026;8(Supplement 1):A80

ABS2638
Predictors of frailty and multimorbidity patterns among middle-aged adults in a rural population cohort in Burkina Faso, 2015-2022: A retrospective cohort study based on an AWI-Gen population.

Georges Some[1,2], Juliana Kagura[1], Palwendé Romuald Boua[2,3,4], Anniretouo Reines Poda[2], Definissery Joel Bognini[2], Zinisida Sophie Konkobo[2], Guétawendé Job Wilfried Nassa[2], Athanase Mwinessobaonfou Somé[2], Toussaint Rouamba[2], Berenger Kaboré[2], Innocent Valéa[2], Michele Ramsay[3], Hermann Sorgho[2], Halidou Tinto[2], Ngianga-Bakwin Kandala[1,5]
[1]Wits School of Public Health, Division of Epidemiology and Biostatistics, University of the Witwatersrand, Johannesburg, South Africa, [2]Institut de Recherche en Sciences de la Santé, Clinical Research Unit of Nanoro, Ouagadougou, Burkina Faso, [3]Sydney Brenner Institute for Molecular Bioscience, University of the Witwatersrand, Johannesburg, South Africa, [4]MRC Unit The Gambia, London School of Hygiene and Tropical Medicine, Atlantic Boulevard, Banjul, Gambia, [5]Schulich School of Medicine and Dentistry, Department of Epidemiology and Biostatistics, Western University, London, Canada

BACKGROUND
Frailty and multimorbidity are vulnerable geriatric syndromes among the elderly, and assessment of the determinants of both conditions has remained limited despite the prevalence established in previous studies. We determined factors associated with frailty and multimorbidity among middle-aged adults in rural areas from 2015 to 2022 in Burkina Faso.
METHODS
This study utilized data from the AWI-Gen sub-study, a retrospective cohort study of 1500 participants aged 40-65 residing in Nanoro and Yako in Burkina Faso. Fried's phenotypic frailty components, and twelve chronic diseases were assessed for derivation into frailty and multimorbidity score variants respectively. To determine the risk factors associated with frailty and multimorbidity, we performed an ordinal and multinomial logistic regression analysis respectively with a significance level of 5%.
RESULTS
Pre-frailty and frailty were 59.3% and 8.5% respectively while that of multimorbidity was 38.3%. Weight loss (23.9%) and self-reported exhaustion (23.1%) were the most frequent frailty components. Dyslipidemia (63.9%), hypertension (26.4%) and rheumatic arthritis (15.0%) were the most frequent chronic diseases. In adjusted analysis, increasing age (AOR 1.4), being widowed (AOR 1.5), being unemployed (AOR 2.5), smokeless tobacco use (AOR 2.5), being underweight, and multimorbidity (AOR 1.4) were independently associated with increased odds of frailty. Fruit and vegetables consumption (AOR 0.9) and being highly active (AOR 0.1) significantly reduced the odds of frailty. With regards to multimorbidity, increasing age (RRR 1.8), being a woman (RRR 2.6), being widowed (RRR 1.6), being unemployed (RRR 4.5), overweight and obesity (RRR 3.4), pre-frailty and frailty (RRR 2.1) were prominent predictors of multimorbidity. Nevertheless, fruit consumption (RRR 0.9) significantly reduced the risk of multimorbidity.
CONCLUSIONS
These findings provide additional evidence on the determinants of frailty and multimorbidity in Burkina Faso. Community awareness initiatives should be strengthened to influence lifestyle on tobacco consumption, alcoholism, physical activity, vitamin supplementation, and fruit and vegetables consumption.
Popul. Med. 2026;8(Supplement 1):A86

ABS2713
Comparative analysis of methods for identifying multimorbidity patterns in an ageing rural African population: Insights from HAALSI

Rumbidzai Mupfuti[1], Cyril Chironda[1], Tariro Ndoro[1], Chodziwadziwa Whiteson Kabudula[1], Francesc Xavier Gómez-Olivé[1]
[1]MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), University of Witwatersrand, Johannesburg, South Africa

BACKGROUND
Multimorbidity (MM), defined as the coexistence of two or more chronic diseases, is an increasing global health concern with a particularly high burden in sub-Saharan Africa (SSA). Understanding patterns of disease co-occurrence is essential for effective care, yet MM clustering is complex and context specific. While clustering methods have advanced MM research, their application and validation in SSA remain limited. This study aimed to identify and compare multimorbidity patterns using multiple clustering methods and ensemble approaches in rural South Africa.
METHODS
We analysed data from the wave 4 HAALSI cohort of adults aged ≥40 years in rural South Africa, including fourteen chronic diseases. Five single clustering algorithms were applied: Latent Class Analysis (LCA), Partitioning Around Medoids (PAM), K-modes, Hierarchical Cluster Analysis (HCA), and Multiple Correspondence Analysis with K-means (MCA+K-means). Outputs were combined using two ensemble approaches—the Adaptive Clustering Ensemble (ACE) and the Cluster-based Similarity Partitioning Algorithm (CSPA)—to derive a consensus

solution. Model performance was evaluated using the silhouette index (SI), Davies–Bouldin index (DBI), predictive strength (PS), Adjusted Rand Index (ARI), and Calinski–Harabasz index (CHI).
RESULTS
The optimal number of clusters varied across single clustering methods, reflecting their differing assumptions. LCA and PAM demonstrated superior performance, whereas K-modes performed poorly. Ensemble clustering produced an interpretable eight-cluster solution, revealing distinct MM profiles. Common patterns included HIV/hypertension, HIV/dyslipidemia, anemia/depression/hypertension, and depression/dyslipidemia, highlighting interactions between infectious, cardiometabolic, and mental health conditions. Sociodemographic differences were evident, with women and older adults predominating in cardiometabolic–mental health clusters and younger individuals in HIV-related clusters.
CONCLUSIONS
This study provides a data-driven taxonomy of multimorbidity patterns in a rural SSA population and demonstrates the value of ensemble-based approaches for improving cluster interpretability. The coexistence of infectious, metabolic, and mental health conditions challenges single-disease care models and underscores the need for integrated, person-centred healthcare strategies in rural SSA.
Popul. Med. 2026;8(Supplement 1):A87

ABS2726
Transcending Health Borders: A Global Community of Practice for Integrated Multimorbidity Care- Redefining Primary Care through North-South Collaboration

Sanghamitra Pati[1], Srinath Reddy[2], Bruno Nunes[3], Vundli Ramokolo[4], Akhtar Hussain[5], Abdullah Mamum[6], Jaya Kshatri[7]
[1]Additional Director General, Indian Council of Medical Research, New Delhi, India, [2]Honorary Professor, Public Health Foundation of India, New Delhi, India, [3]Department of Health and Kinesiology, University of Illinois, Illinois, United States, [4]Medical Research Council, MRC South Africa, Cape Town, South Africa, [5]IMPACT – Institute for Mental and Physical Health and Clinical Translation, School of Medicine, Deakin University, Geelong, Australia, [6]Poche Centre for Indigenous Health, The University of Queensland, Brisbane, Australia, [7]Regional Medical Research Centre, IndianCouncil of Medical Research, Bhubaneswar, India
ABSTRACT
Multimorbidity, the coexistence of multiple chronic conditions, is the definitive public health challenge of the 21st century. This session presents a "Evidence-to-Transformation" roadmap, derived from a transcontinental "Community of Practice" (CoP) involving India, Brazil, the UK, and Australia. The session centres on the CoP model as a mechanism for decolonizing evidence and building horizontal care capacity. Our work on synthesising findings from landmark longitudinal cohorts indicate that childhood health disadvantages and educational gaps are potent predictors of adult multimorbidity. Furthermore, evidence of our work with the Australian First Nations populations and large surveys among tribal communities of India reveal the increasing burden and challenges in managing multimorbity in vulnerable populations. The symposium advocates the need to move from "retail" clinical visits to "wholesale" public health strategies. Panellists will discuss: • The Policy Vision: Prof. K. Srinath Reddy (Public Health Foundation of India) on shifting from clinical siloed care to public health strategies for the SDG agenda. • The Life Course effect: Prof. Bruno P. Nunes (University of Illinois, USA) on the role of childhood disadvantage in adult disease accumulation. • Multimorbidity in pregnancy: Dr Vundli Ramokolo (South African MRC) on care needs and challenges in maternal multimorbidity. • Primary Care Reorientation: Dr. Sanghamitra Pati (ADG, Indian Council of Medical Research) on horizontal integration models in low-resource settings. • Vulnerable Populations: Prof. Abdullah Mamun (University of Queensland, Australia) on intergenerational multimorbidity challenges in Indigenous communities. • The Syndemic Interface: Dr. Akhtar Hussain (Deakin University, Australia) on managing the collision of acute infectious diseases and chronic conditions. • Moderator: Dr. Jaya Singh Kshatri, Geriatric Public Health Researcher, ICMR-Regional Medical Research Centre The session will feature an interactive discussion (45 minutes) and a moderated "North-South" dialogue (15 minutes). Attendees will gain actionable insights into bridging the research-policy gap through established Communities of Practice.
Popul. Med. 2026;8(Supplement 1):A88

ABS2730
Perimenopause in the workplace: The impact of media representation and online communities on women's health literacy

Evie Kendal[1]
[1]Biomedical, health and exercise sciences, Swinburne University of Technology, Hawthorn, Australia
INTRODUCTION
According to a Senate Inquiry in Australia (2024), symptoms of perimenopause and a lack of workplace supports are responsible for significant loss of earnings, reduced superannuation, and high levels of unplanned early retirement for many working women. Citing data from the Australian Institute of Superannuation Trustees (2022), the report claims the economic cost to Australian working women is estimated at $17b a year. Similar trends can be seen in other economies around the world, and underreporting of the effects of perimenopause on employment outcomes is likely. The South Australian Government's Office for Women (2025) notes women in the relevant age bracket are the "fastest growing working demographic," justifying further research into reasonable workplace adjustments for women handling this transition.
METHODS
The Senate Inquiry noted many women experiencing symptoms of perimenopause feel stigmatised and report a lack of education and support from medical professionals, leading them to seek information through media and online support groups. This project assesses the depiction of perimenopause in mainstream and popular media, as well as various leading online communities. It compares the knowledge transferred via these sources to the up-to-date literature on the topic and the workplace adjustments these different media suggest.
RESULTS
The project demonstrates there is a lack of institutional awareness of perimenopause among employers of many women posting in online communities. Health literacy on this topic is poor with a lot of misinformation present. Perimenopause is also rarely shown in popular media, but where it does appear it is often used as a comedic element and betrays various stereotypes about older women.
CONCLUSIONS
Workplaces should be more proactive about supporting women experiencing perimenopausal symptoms and invest in education programs for men and women in the workplace to increase health literacy regarding this life transition.
Popul. Med. 2026;8(Supplement 1):A89

ABS2795
The Influence of Lifestyle Behaviors on Health-related Quality of Life: Results of a Non-Randomized Controlled Intervention Study

Claudia Pischke[1], Paula M Matos Fialho[1], Simone Weyers[1], Markus Vomhoff[2,3,4], Andrea Icks[2,3,4], Oliver Kuss[4,5,6], Alexander Lang[5]
[1]Institute of Medical Sociology, Heinrich Heine University Duesseldorf, Düsseldorf, Germany, [2]Institute for Health Services Research and Health Economics, Centre for Health and Society, Medical Faculty, Heinrich Heine University Duesseldorf, Düsseldorf, Germany, [3]Institute for Health Services Research and Health Economics, Leibniz Center for Diabetes Research, Heinrich Heine University Duesseldorf, Düsseldorf, Germany, [4]German Center for Diabetes Research, Partner Duesseldorf, Düsseldorf, Germany, [5]Institute for Biometrics and Epidemiology, Centre for Health and Society, Medical Faculty, Heinrich Heine University Duesseldorf, Düsseldorf, Germany, [6]Centre for Health and Society, Medical Faculty, Heinrich Heine University Duesseldorf, Düsseldorf, Germany
INTRODUCTION
Regular physical activity (PA) positively influences health-related quality of life (HRQoL). However, it remains less clear how an overall healthy lifestyle, combining PA with other lifestyle behaviors, affects this relationship. The aim of this investigation was to examine associations between lifestyle behaviors, including PA, measured by an established lifestyle index, and HRQoL in the non-randomized controlled ‚10,000 Steps NRW' study.
METHODS
Lifestyle behaviors (i.e., smoking, fruit and vegetable intake, German Health Update (GEDA) study, 2019, 2021; PA, Global Physical Activity Questionnaire; alcohol intake, Alcohol Use Disorders Identification Test) and HRQoL (EuroQol 5-Dimension: mobility, self-care, usual activities, pain/discomfort, anxiety/depression) were assessed via telephone-based interviews with residents of two German cities. A lifestyle index was generated combining non-smoking, daily fruit and vegetable intake, PA (≥600 metabolic equivalent of task (MET) minutes/week), and no or moderate alcohol intake (≤6 drinks/week). For each lifestyle behavior, a 1 was assigned when participants adhered to evidence-based recommendations, a 0 when they did not, resulting in a score ranging from 0 to 4 points. Cross-sectional associations between adherence to a healthy lifestyle and HRQoL were examined using multivariable linear regression models.
RESULTS
Of the 627 participants included in the analysis, 13% adhered to ≤2 favorable lifestyle behaviors, 31% to 3 behaviors, and 56% to all 4 behaviors. Adherence to

all favorable lifestyle behaviors was associated with higher HRQoL compared to adherence to ≤2 favorable lifestyle behaviors [β (95% CI): 0.037 (0.013, 0.070)]. Each additional favorable lifestyle behavior was associated with higher HRQoL [β (95% CI): 0.017 (0.003, 0.031)]. When investigating individual lifestyle behaviors separately, PA, in particular, was linked to higher HRQoL [β (95% CI): 0.069 (0.028, 0.110)].
CONCLUSIONS
Our findings indicate that higher adherence to a healthy lifestyle is associated with higher HRQoL and suggest that PA may be the largest contributor to this association.
Popul. Med. 2026;8(Supplement 1):A91

ABS2892

Healthy Longevity: Global Public Health's Next Frontier

Laura Magaña[1]
[1]Association of Schools and Programs of Public Health (ASPPH), Washington, DC, United States

BACKGROUND
Global increases in life expectancy have not been matched by equivalent gains in healthspan, resulting in longer lives incumbered by chronic disease, disability, and inequity. Public health must move toward integrated strategies that promote health across the life course, repositioning aging as an opportunity for societal growth and resilience. The Association of Schools and Programs of Public Health (ASPPH) Healthy Longevity Framework provides a population-based, equity-centered model emphasizing prevention, multisectoral action, and systems change. This session will examine how the framework can be operationalized across diverse public health contexts to advance healthy longevity globally.
METHODS
This session is structured around the core domains of the ASPPH Healthy Longevity Framework and will focus on life-course prevention, social and structural determinants of health, health systems transformation, and equity and justice. Presentations will draw on applied research, policy initiatives, educational innovations, and community-based interventions from multiple regions. Case examples will highlight cross-sector collaboration, implementation challenges, and measurement approaches relevant to various income settings.
RESULTS
The session will demonstrate how applying a comprehensive healthy longevity framework shifts focus from aging as an individual biomedical issue to longevity as a population and societal outcome. Findings across cases illustrate improved alignment of public health practice with upstream determinants, stronger integration between health and social systems, and enhanced capacity to address inequities that shape longevity outcomes. Common enabling factors and barriers to implementing the framework and its recommendations will be identified.
CONCLUSIONS
By grounding healthy longevity in a public health framework, this session underscores the critical role of prevention, equity, and systems thinking in extending not only years of life but years of health, ensuring longer lives are matched by improved quality, purpose, and societal contribution. The ASPPH framework offers a scalable model to guide global action toward healthy longevity for all.
Popul. Med. 2026;8(Supplement 1):A93

ABS3217

A portrait of social participation in defending the right to healthy aging at the National Conference on the Rights of Older Persons.

Alexandre Silva[1], Maria Fabiana Passos[2], Lucélia Pereira[1]
[1]National Secretariat for the Rights of Older Persons, Ministry of Human Rights and Citizenship of Brazil, Brasília - Distrito Federal, Brazil, [2]Oswaldo Cruz Fundation, Brasília, Brazil

ABSTRACT
Social participation in Brazil is ensured by normative frameworks such as the Statute of Older Persons, with the aim of strengthening democracy, addressing social inequalities, and promoting the rights and citizenship of people aged 60 years and over. Within the Brazilian Unified Health System (SUS), participatory governance has historically guided the development of health conferences as dialogical spaces for defining public policy priorities. This experience has served as an international reference, contributing to the inclusion of social participation on the global health agenda, as recognized by the 77th World Health Assembly. In Brazil, conferences function as national mechanisms to broaden popular representation. Within this context, the 6th National Conference on the Rights of Older Persons was held under the theme Multicultural Aging and Democracy: the Urgency of Equity, Rights, and Participation. Drawing from more than 2,900 municipalities and 22 national free conferences focused on groups in situations of vulnerability, 1,158 delegates were elected. These delegates formed 15 working groups with representation from all Brazilian states. The conference addressed key issues related to health, comprehensive care, violence and rights violations, financing, and the structure of councils to strengthen social participation. A total of 90 proposals were approved, including 15 priority proposals, aimed at promoting social protection, active and healthy aging, long-term care, and respect for the plurality of aging experiences. The outcomes highlight the importance of qualified listening, particularly to older adults, and the value of collective deliberation in shaping public policy agendas. The proposals underscored the need to improve financing strategies for policies targeting older populations, strengthen intersectoral coordination, and establish reference structures for comprehensive care. Overall, conference outcomes reaffirm that significant challenges remain in addressing inequalities and discrimination, and in ensuring the right to active, dignified, and healthy aging in a country with more than 16 million older adults.
Popul. Med. 2026;8(Supplement 1):A103

ABS3297

Effects of psychosocial factors on Swedish waste collectors musculoskeletal pain through the mediating roles of occupational fatigue and physical demands: a structural equation model

Lihua He[1], Yun Wang[1]
[1]Department of Occupational and Environmental Health, School of Public Health, Peking University, Beijing, China

ABSTRACT
Background Musculoskeletal pain is the primary non-fatal disabling condition in waste collectors, but how psychosocial factors contribute to it via physical and psychosocial pathways is poorly understood. This study aimed to examine the effects of leadership quality, social support, and job demands on musculoskeletal pain among Swedish waste collectors. In addition, the mediating roles of physical demands and occupational fatigue and their chain mediation were also examined. Methods A 2015 cross-sectional survey of all Swedish waste collectors utilized validated scales (COPSOQ II, SOFI-20, Nordic Questionnaire) to assess exposures (psychosocial factors), mediators (occupational fatigue, physical demands), and outcomes (musculoskeletal pain). Of 1005 eligible workers (≥ 1 year experience), 662 analyzed (65.9% response rate). Structural equation modeling and bias-corrected bootstrapping were used to assess direct/indirect pathways, with $p \leq 0.05$ or 95% bootstrapped CIs excluded zero taken as significant. Results Occupational fatigue explains the majority of the intermediate processes. Specifically, occupational fatigue mediated the effects of job demands (β = 0.185, 95% CI: 0.134–0.246), leadership quality (β = -0.074, 95% CI: -0.123 - -0.031), and social support (β = -0.051, 95% CI: -0.095 - -0.007) on musculoskeletal pain. Physical demands mediated job demands (β = 0.113, 95% CI: 0.075–0.155) and leadership quality (β = -0.038, 95% CI: -0.077 - -0.003) on musculoskeletal pain. Physical demands also amplified occupational fatigue (β = 0.369, $p < 0.001$), forming a chain mediation pathway. Conclusions Leadership quality and job demands significantly influenced musculoskeletal pain through the mediating roles of occupational fatigue and physical demands, respectively. Social support's impact was limited to occupational fatigue mediation. Physical demands may translate to occupational fatigue and be linked to musculoskeletal pain. Managers of waste collectors should prioritize leadership training and the construction of good psychosocial factors to manage physical demands, ensure mental health, and thereby mitigate musculoskeletal pain.
Popul. Med. 2026;8(Supplement 1):A105

ABS3298

Association of Fruit and Vegetable Intake with All-Cause and Cardiovascular Mortality Among Hypertension Populations in China: A Cohort Study

Xueqian Wu[1], Limin Wang[1], Xiao Zhang[1], Zhenping Zhao[1], Chun Li[1], Mengting Yu[1], Yuting Lian[1], Chuangjia Du[1,2], Yu Guo[1], Mei Zhang[1]
[1]National Center for Chronic and Noncommunicable Diseases Control and Prevention, Chinese Center for Disease Control and Prevention, Xicheng District, Beijing, China, [2]Department of Big Data in Health Science, and Center for Clinical Big Data and Statistics, the Second Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou, China

BACKGROUND
Previous studies have shown that fruit and vegetable intake was associated with a reduced risk of mortality. But evidence is limited among Chinese hypertension patients. This study explores the association of fruit and vegetable intake with mortality risk of all-cause and cardiovascular diseases (CVD) deaths.
METHODS

This study included 24,034 adults aged 45 years or older with hypertension from the 2015 China Chronic Disease and Risk Factors Surveillance (CCDRFS). Death data were ascertained by linking each participant's name and identification number to the China's Disease Surveillance Points system through 31 December 2022. To better reflect long-term intake conditions, vegetable intake was assessed by a three-day 24-hour dietary recall, and fruit intake was derived from a food frequency questionnaire (FFQ). Weighted Cox proportional hazards regression models were used to estimate the associations between fruit and vegetable intake and mortality. Schoenfeld residuals were used to test the proportional hazards assumption, and no violation was observed. Restricted cubic spline (RCS) models were used to examine the dose-response relationships.
RESULTS
Over a median 7.1-year follow-up, 2,503 all-cause deaths and 1,253 CVD deaths occurred. In the fully adjusted model, compared with the first quartile (<136.7g), the second (136.7-216.7g) and fourth (>318g) quarters of vegetable intake had lower risk of all-cause mortality (Q2: HR=0.81, [95% CI:0.66-0.99]; Q4: HR=0.80, [95%CI:0.66-0.97]), and CVD mortality (Q2: HR=0.71, [95% CI:0.54-0.93]; Q4: HR=0.72, [95% CI:0.55-0.95]). Compared with the first quartile (<10g), the second (10-42.9g) and fourth (>120g) quarters of fruit intake were associated with reductions in all-cause mortality (Q2: HR=0.82, [95% CI: 0.67-0.99]; Q4: HR=0.73, [95%CI: 0.59-0.90]). Nonlinear, L-shaped dose–response relationships were observed (all p for nonlinear <0.001), respectively.
CONCLUSIONS
In this national study, higher fruit and vegetable intake is associated with decreased all-cause and CVD mortality, and depicted non-linear relationship among individuals with hypertension.
Popul. Med. 2026;8(Supplement 1):A106

ABS3382
The benefit of learning circle approaches to grow trust and usage of AI-supported e-health programmes for the older population: Commentaries from the Global North and South

Ralf Von Bear[1], Laetus Lategan[2]
[1]Aalen University of Applied Sciences, Aalen, Germany, [2]Central University of Technology, Bloemfontein, South Africa

BACKGROUND
There is growing scholarship on healthcare in the Global South, highlighting challenges such as limited resources, budget constraints, a high disease burden, and the impacts of climate change and conflict. A critical issue is the shortage of skilled personnel and limited access to Artificial Intelligence to support healthcare systems. Although the Global North faces similar challenges, they are less severe. The increasing global older population further strains resources, especially financial ones. While technology and innovation offer potential solutions, educating older adults to use and trust AI within an e-health framework is essential.
METHODS
This presentation focuses on the setup of a learning circle approach. A structured approach for emphasising peer interaction and problem-solving to educate older adults on using AI-powered wearables for fall detection, vital signs monitoring, and caregiver alerts, is demonstrated. It also addresses voice-activated assistants for managing medication schedules. The Venn diagram is utilised to illustrate this approach. This diagram highlights the overlapping similarities (shared characteristics) and differences (unique characteristics) among three circles: (a) qualities of healthy ageing, (b) trust in emerging technologies, and (c) community members, healthcare professionals, and laypersons.
RESULTS
The experimental learning circle framework emphasises the importance of trust and confidence in shared AI-based healthcare for the older population. This framework requires a new narrative for older adults, highlighting not only the need to trust new technologies and their developments but also to engage actively with them and make use of their capabilities.
CONCLUSIONS
AI-based healthcare for older people necessitates a new narrative that encourages them to not only trust new technologies and their developments but also actively utilise them. The role of e-health in socio-technical transformation marks a major shift from in-person diagnosis and treatment to remote diagnosis and treatment, regardless of the patient's location on the planet.
Popul. Med. 2026;8(Supplement 1):A107

ABS3404
Social mobilization as a strategy for strengthening policies for the elderly: the Brazilian example of the free digital education conference.

Maria Fabiana Passos[1], Alexandre Silva[2], Paulo Carvalho[1], Meiriluci Lima[1], Neilton Oliveira[1], Raquel Oliveira[1], Celina Roitman[1]
[1]Oswaldo Cruz Foundation, Brasília - Distrito Federal, Brazil, [2]National Secretariat for the Rights of Older Person, Ministry of Human Rights and Citzenship of Brasil, Brasília - Distrito Federal, Brazil

ABSTRACT
Access to digital technologies has become a fundamental determinant of health, citizenship, and the provision of comprehensive care for older adults. In Brazil, more than half of the older population is illiterate or has low levels of formal education, limiting their ability to access increasingly digitalized essential services. The rapid digitalization of public and social services has outpaced the capacity of social structures and public policies to adapt to demographic aging, generating new forms of exclusion, deepening preexisting inequalities, producing rights violations, and constraining intersectoral action. Digital literacy, recognized as a pillar of the World Health Organization's Decade of Healthy Ageing (2021–2030), is therefore central to health equity in later life. This paper synthesizes the experience of the National Free Conference on Digital Education, collectively organized by participants from nine Brazilian states to contribute to the 6th National Conference on the Rights of Older Persons. The conference was held in a hybrid format and involved approximately 400 participants. A total of 53 proposals were developed, emphasizing the need to implement public policies aimed at democratizing access to digital tools and devices. The proposals highlighted the importance of ensuring the availability of professionals trained in digital literacy, education, misinformation management, and digital security to support older adults' access to government service platforms. They also reinforced the need to design strategies to prevent scams and fraud, mitigate financial and patrimonial violence, promote digital inclusion, and strengthen digital citizenship. By engaging students, university faculty, health professionals, social assistance teams, and older adults from diverse communities, the conference constituted a democratic and intergenerational space that enabled the sharing of territorial challenges. It supported the collective construction of a policy-oriented agenda to inform public authorities in addressing digital dimensions of comprehensive care for older persons within a public health framework.
Popul. Med. 2026;8(Supplement 1):A108

ABS3409
Building blocks for public health ethics for the older population. Reporting on a South African study

Laetus Lategan[1]
[1]Central University of Technology, Bloemfontein, South Africa

BACKGROUND
A qualitative study confirmed the neglected academic and policy narrative on the older population's healthcare in South Africa, let alone sufficient programmes from the country's national health departments. Whilst some evidence exists on clinical studies focusing on older people, their treatment and care, the public health debate is too silent, considering especially the ethical challenges associated with older people's healthcare.
METHODS
A mixed-method study was completed, using the Q-methodology to identify what should be part of such a public health ethics framework for the older population. Following the data collection from facilities for older people, eight building blocks were identified for such a framework. Following the development of the framework, the question was whether a value chain approach could be used for implementing this framework. This value chain aims to assess the framework's effectiveness in relation to emerging AI technologies, narratives of vulnerability, and the transfer of skills and knowledge. This value chain was developed in response to increasing distrust towards AI in healthcare, a shortage of skills in evidence-based healthcare, and the widening gap in health data availability.
RESULTS
The value chain pointed towards fundamental principles and ethics of public health as the basis for application. These principles will identify and address ethical challenges in service delivery for both the providers and recipients of health services. Additionally, it emphasises the importance of ethical leadership and the incorporation of ethics education. Promoting social justice in public health programmes should be based on professional ethics and care ethics. Furthermore, it is essential to develop ethical expertise and practice care ethics effectively.
CONCLUSIONS
A preliminary evaluation of the value chain indicated a shortage of necessary skills and emphasised the importance of a collaborative approach in practising public ethics rather than a singular focus on it.
Popul. Med. 2026;8(Supplement 1):A109

ABS3458

Key issues in safeguarding research integrity for public health research on older people. Directives from global research integrity statements

Laetus Lategan[1]
[1]Central University of Technology, Bloemfontein, South Africa

BACKGROUND
The World Conferences on Research Integrity (WCRI, https://www.wcrif.org) have published several statements since 2010 to guide various aspects of the research value chain. Notable examples from the WCRI include the Singapore Statement (2010), the Hong Kong Principles (2019), and the Cape Town Statement (2022). In South Africa, only a few statements inform this discussion such as the joint statement on Ethical Research and Scholarly Publication Practices, issued by the Academy of Science in South Africa (ASSAf), the Council on Higher Education (CHE), the Department of Education and Training (DHET), the National Research Foundation (NRF), and Universities South Africa (USAf) in 2019.
METHODS
This presentation focuses on two key aspects for research committees in public health concerning older individuals: risk and vulnerable groups. Healthcare research related to older adults will be used as an example, highlighting both risk identification and the protection of vulnerable populations. According to the Older Persons' Act (Act 2013 of 2006), older individuals are defined as females aged 60 years and older and males aged 65 years and older.
RESULTS
This presentation will specifically address vulnerability as a key focus for research integrity committees. To illustrate these concerns, guidance is obtained from the World Conference on Research Integrity and various statements from South Africa regarding risk and vulnerability. The Amsterdam Agenda (2017) identifies responsible practices for sharing data, while the Montreal Statement (2013) provides guidelines for collaboration. The Cape Town Declaration (2022) addresses unfair and inequitable research practices throughout all stages of the research process.
CONCLUSIONS
These statements are important for several reasons, with risk identification and the protection of vulnerable groups being two key aspects. Research Ethics and Integrity Committees frequently deal with review reports where the formal research process is often the focus of the reviews, instead of identifying and dealing with risk factors.
Popul. Med. 2026;8(Supplement 1):A110

ABS3553

Gogos as agents of change: exploring the role of grandmothers as catalysts for social change and inclusive public health programming

Jane Simmonds[1], Hlumelo Gxotiwe[1]
[1]goGOGOgo, Johannesburg, South Africa

INTRODUCTION
Social behaviour change communication (SBCC) approaches recognise the importance of engaging community members to accelerate health-promoting norms across society. South African grandmothers, locally known as gogos, are influential leaders and repositories of knowledge for their families and communities. Despite this potential influence, grandmothers are underutilised in public health programming. Drawing on evidence from goGOGOgo interventions, this workshop explores the role of grandmothers as change agents capable of influencing health behaviours at all four levels of the SBCC socio-ecological model: individual, interpersonal, community and policy.
METHODS
This 1-hour interactive workshop will be structured around the socio-ecological model and use structured group activities and facilitated reflection to explore the impact of gogos on public health outcomes. Participants will be guided through the four levels of behaviour change, using case studies and findings from goGOGOgo programmes on digital inclusion, maternal and child health, sexual and reproductive health and mental health. Small-group activities will enable participants to map pathways through which grandmothers influence norms, behaviours and access to public health services. Participants will use these pathways to design contextual, relevant SBCC strategies rooted in intergenerational collaboration.
RESULTS
Evidence from goGOGOgo programmes shows that co-creating change with grandmothers leads to improved health knowledge, intergenerational communication, healthcare access, digital inclusion and reduced stigma around sexual and reproductive health. These effects influence community norms and access to critical public services. Workshop participants will gain practical tools and insights to help identify intergenerational barriers and interventions designed around inclusive practices.
CONCLUSIONS
Collaborating with grandmothers as active change agents supports programme design that is relevant to its target audience and grounded in empirical evidence. This workshop contributes actionable insights into how grandmothers can accelerate behaviour change and guide the creation of inclusive public health strategies.
Popul. Med. 2026;8(Supplement 1):A113

ABS3638

The institutionalization process of the elderly in brazil: challenges and perspectives of family caregivers

Mateus Nague de Souza[1], Ana Claudia Pinheiro Garcia[1], Fabiana Turino[1], Erika Maria Sampaio Rocha[2], Maria Helena Monteiro de Barros Miotto[1], Stephania Mendes Demarchi[1], Caroline Feitosa Dibai de Castro[3], Rita de Cássia Duarte Lima[1], Fabíola Fernandes Bersot Magalhães[1], Maria Angélica Carvalho Andrade[1]
[1]1 Postgraduate Program in Public Health (PPGSC) - Health Sciences Center (CCS), Universidade Federal do Espírito Santo, Vitória, Espírito Santo, Brazil, [2]2 Universidade Federal do Sul da Bahia, Itabuna, Bahia, Brazil, [3]3 Medicine, Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória (EMESCAM), Vitória, Espírito Santo, Brazil

INTRODUCTION
The increase in longevity in Brazil and worldwide has brought several challenges to be faced by society and policymakers, among which is the increased demand for Long-Term Care Facilities for the Elderly (LTCFs). Historical and cultural transformations have been modifying the relationship of home care, predominantly carried out by women. However, access to LTCFs by the Brazilian population is still limited, especially in contexts of greater social inequality. This study aims to discuss home care for dependent elderly people from the perspective of family caregivers and the limitations of public policies aimed at long-term care.
METHODS
This qualitative, cross-sectional study was conducted in the state of Espírito Santo, Brazil. Fifteen family members who actively cared for elderly individuals at home participated in the research. The study adhered to the ethical guidelines of Resolution No. 466/2012.
RESULTS
Home care for elderly people in Brazil is a social imposition, as elderly women assume this role without technical training and under intense physical, emotional, and economic strain. The absence of state support means that care is provided without a support network, potentially increasing the health of the caregiver and compromising the care of the elderly person. Long-Term Care Facilities for the Elderly (LTCFs) were recognized as a care alternative. However, they proved inaccessible to some participants, as the elderly person's retirement income was insufficient to cover expenses, making it impossible to contract the service.
CONCLUSIONS
The institutionalization of elderly people tends to increase with population aging. Although LTCFs present themselves as a care alternative, access is restricted and unequal, highlighting difficulties for the State in guaranteeing equity in access and ensuring quality standards in care. The findings reveal weaknesses in public policies and reinforce collective care as a necessary agenda in the face of accelerated population aging.
Popul. Med. 2026;8(Supplement 1):A115

ABS3702

Taking blood pressure in both arms - a diagnostic necessity or a time luxury?

Katarina Dostalova[1], Martina Slovacikova[2], Lucia Kukuckova[3], Peter Petrasko[3], Diana Ponosova[3], Peter Mikula[4], Stefania Moricova[1], Katarina Gazdikova[2]
[1]Faculty of Public Health, Slovak Medical University, Bratislava, Slovakia, [2]Faculty of medicine, Slovak Medical University, Bratislava, Slovakia, [3]University Hospital, Bratislava, Slovakia, [4]Faculty of Medicine, Comenius University, Bratislava, Slovakia

BACKGROUND
Recommendations of international societies as well as the Standard Diagnostic and Therapeutic Procedures for Arterial Hypertension in Slovakia explicitly recommend measuring blood pressure in both upper extremities. The symptomatic upper extremity peripheral artery disease is poorly studied compared with the lower extremity. Case report: We describe the case of an 87-year-old woman with arterial hypertension, dementia, and adenocarcinoma of the uterus, She was many times hospitalized for collapses in the last 10 years. The patient worked as a hairdresser her entire life. Her work was also her passion and hobby. She

practically until nowadays does hairstyles for her friends and neighbors. The pain of her right shoulder was quite logically attributed to right-sided osteoarthritis. During last hospitalization in the long-term care department was it found that the pressure difference between the right and left arm was 40 mmHg. Color duplex sonography and CT angiography were performed. The examinations confirmed critical stenotization of the right subclavian artery with the presence of subclavian steal syndrome. Subsequently the vascular team attempted to patency the stenosed right subclavian artery, but the calcified lesion resisted. The patient was discharged to the nursing house. In the discharge report, the general practitioner was alerted to inter arm pressure difference, which he must take into account in the management of arterial hypertension. A follow-up examination is planned with consideration of further intervention

CONCLUSIONS

The case is an example of the long-standing ignoring of the recommendation regarding measuring blood pressure in both arms. Health insurance companies in Slovakia reimburse preventive examinations every two years (blood donors every year). A self-evident part of the preventive examination should be measured in both arms. Similarly, during the first visit to the department or hospital, in case of difficulties - dizziness, headaches and shoulder pain, or collapses.

Popul. Med. 2026;8(Supplement 1):A119

ABS3755

Vascular intervention in presenium can decide the quality of life in a patient with peripheral arterial disease

Katarina Dostalova[1], Peter Mikula[2], Jakub Hennel[2], Martin Kokles[2], Katarina Tokarcikova[3]

[1]Faculty of Public Health, Slovak Medical University, Bratislava, Slovakia, [2]Faculty of Medicine, Comenius University, Bratislava, Slovakia, [3]Faculty of Medicine, Pavel Jozef Safarik University, Kosice, Slovakia

ABSTRACT

Peripheral artery disease (PAD) seriously affects the mortality rate of the population, as well as the quality of daily life of individuals, mainly through claudication, which limits walking and daily activities. Case: Three years ago, 60-year-old patient comes to our clinic with claudication of the right leg 100 m. Smoker with previously untreated arterial hypertension (AH), an electrician, married, 16-year-old daughter. Sonography showed severe atherosclerotic changes in the superficial femoral artery (AFS) l. dx. We encourage the patient to quit smoking, start to treat of AH, add statins. He starts daily muscle training. Claudication does not worsen further. We potentiate the treatment with naftidrofuryl and ginko biloba, he completely quit smoking. Claudication does not worsen but does not improve either. His desperate wife comes in, reporting erectile dysfunction (ED), the patient is considering prematurely terminating his work, there is a significant decrease in the ankle-brachial and toe-brachial index. So, despite the absence of signs of critical limb ischemia, we consult the vascular interventionist. CT angiography showed severe stenotizations of the a.ilica l.dx. (AIE) and the right AFS. Intervention technically successful recanalizes AIE l.dx., antiplatelet therapy follows. The claudication distance increases to 650 m. He returns to work, decides to support his daughter studies for the next 5 years. Management of risk factors as a prevention of restenosis continues.

CONCLUSIONS

A comprehensive, consistent approach to addressing risk factors as well as vascular intervention has the potential to improve and sustain quality of life in patients with PAD.

Popul. Med. 2026;8(Supplement 1):A121

ABS3905

Sexual health of older people (SHOP): promoting dialogue and enhancing sexual well-being in older adults

Jane Simmonds[1], Makandwe Nyirenda[2]

[1]goGOGOgo, Johannesburg, South Africa, [2]South African Medical Research Council, Cape Town, South Africa

INTRODUCTION

Sexual health is an essential yet frequently overlooked component of healthy ageing, particularly in communities where stigma, ageism, and a lack of provider training inhibit open discussion. Despite growing evidence that sexual activity in later life is linked to improved physical, emotional, and cognitive well-being, older adults often encounter barriers to accurate information and supportive services. In partnership with Realize Canada, goGOGOgo implemented the Sexual Health of Older People (SHOP) initiative to address these gaps through inclusive, informed, and age-affirming approaches to sexuality in later life. SHOP encouraged individuals aged 50+ to embrace sexual health as a vital aspect of holistic well-being

METHODS

SHOP delivered structured, evidence-informed workshops facilitated by trained community members and professionals. Using participatory methods, the curriculum addressed: - Age-related changes in sexual function and desire. - Consent and sexual autonomy, including in contexts of cognitive decline and institutional care. - Safer sex practices and sexually transmitted infection (STI) risks among older adults. - Non-penetrative intimacy and supportive aids. - Communication strategies for discussing sexual health with partners and healthcare providers. Workshops incorporated real-life scenarios, discussion prompts, and local referral information to reinforce learning and resource navigation.

RESULTS

Findings from the pilot programme demonstrated: - Raised awareness among older adults and healthcare providers on the continued importance of sexual health. - Strengthened communication between older adults and healthcare workers. - Enhanced community recognition of sexual health as a human right across the life course. - Strengthened peer support among older adults in discussing the emotional, physical and relational aspects of sexuality

CONCLUSIONS

SHOP demonstrated the potential of tailored, community-based education to transform perceptions and practices around ageing and sexuality. By embedding sexual health within healthy ageing strategies, health and social care providers can reduce stigma, challenge ageism, and support the autonomy of older adults.

Popul. Med. 2026;8(Supplement 1):A123

ABS4049

Community-Based Participatory Research to Strengthen Rural Older Adults' Health Care Planning in Northeastern Brazil

Ana Morais[1], Gislane Freitas[1], Ana Castro[1], Leidy Abreu[1], Thales Vieira[1], João Filho[1], Rodrigo Bandeira[1], Inara Moura[1], Antonio Júnior[1]

[1]CENTRO DE CIÊNCIAS DA SAÚDE, UNIVERSIDADE ESTADUAL DO CEARÁ, Fortaleza, Brazil

INTRODUCTION

Population aging in rural areas poses specific challenges to primary health care, particularly due to access barriers, social vulnerabilities, and the fragmentation of public policies. In this context, community-based participatory research emerges as a methodological strategy capable of strengthening health planning through listening to and fostering the protagonism of territorial subjects. This study aimed to collaboratively develop an action plan focused on comprehensive health care for older adults living in rural areas, grounded in the expanded clinical approach and community-based participatory research.

METHODS

This was a participatory research study2 conducted between November 2025 and January 2026, based on the establishment of a community advisory committee composed of older adults, health and social assistance professionals, representatives of the municipal council, and intersectoral initiatives. Six in-person meetings were held using participatory dynamics, brainstorming, collective discussions, and records in field diaries and voice recordings. The activities corresponded to phases 1 to 5 of community-based participatory research, with a focus on problem identification and the collective construction of strategies.

RESULTS

The formation of the committee enabled the creation of an intersectoral space for qualified listening and co-production of knowledge. The participatory diagnosis identified the insufficiency of intersectoral actions to protect against and address violence against older adults as the central problem. The analysis revealed that underreporting, associated with fear and the cultural naturalization of violence, constitutes a critical barrier. Participants mapped local assets and agreed on strategies for an integrated action plan between health and social assistance.

CONCLUSIONS

Community-based participatory research proved effective in transforming latent demands into management priorities. Strengthening health planning for rural older adults requires intersectoral articulation, valuing community knowledge, and qualifying practices within primary health care.

Popul. Med. 2026;8(Supplement 1):A127

ABS4080

Health outcomes in Brazilian adults one year after COVID-19 infection

Francisca Elisângela Teixeira Lima[1], Alice Passos do Nascimento[1], Victor Caetano Rodrigues[1], Glaubervania Alves Lima[1], Brena Shellem Bessa de Oliveira[1], Maria Williany Silva Ventura[1], Maria Gabriela Miranda Fontenele[1], Lanese Medeiros de Figueiredo[2,1], Larissa Bento de Araujo Mendonça[1], Juan David Dussan Chaux[1], Lorena Pinheiro Barbosa[1]

[1]Departamento de Enfermagem, Universidade Federal do Ceará, Fortaleza/Ceará, Brasil, [2]Departamento de Morfologia, Universidade Federal do Ceará, Fortaleza/Ceará, Brasil

INTRODUCTION

Post-COVID-19 conditions have emerged as an important public health challenge due to the persistence of symptoms and clinical sequelae long after the acute phase of infection. These outcomes may affect multiple organ systems and generate sustained health demands. This study aimed to estimate the prevalence and describe post-COVID-19 symptoms and clinical outcomes in Brazilian adults one year after COVID-19 infection.

METHODS

This cross-sectional, retrospective, quantitative study included 854 Brazilian adults aged 18 years or older with a confirmed diagnosis of COVID-19 at least one year prior to data collection. Data was collected through an electronic questionnaire. Post-COVID-19 symptoms and clinical outcomes were identified based on self-report. Descriptive statistical analyses were performed.

RESULTS

Overall, 64.3% of participants reported at least one post-COVID-19 symptom or sequela. The most prevalent persistent symptoms were fatigue (74.1%), difficulty breathing (43.7%), hair loss (42.7%), and other persistent symptoms (42.7%). Regarding post-COVID-19 clinical outcomes, systemic arterial hypertension was reported by 16.0% of participants, followed by muscle weakness (34.2%), severe respiratory infection (6.9%), chronic neuropathic pain (6.8%), and diabetes mellitus after COVID-19 (5.3%). Less frequent but clinically relevant outcomes included deep vein thrombosis (1.9%), pulmonary embolism (1.5%), acute kidney injury (1.4%), stroke (0.9%), and acute myocardial infarction (0.7%). These findings demonstrate a wide spectrum of post-COVID-19 manifestations affecting cardiovascular, metabolic, neurological, respiratory, and musculoskeletal systems.

CONCLUSIONS

Post-COVID-19 conditions were highly prevalent one year after infection, with a substantial burden of persistent symptoms and clinically relevant sequelae. The diversity and frequency of these outcomes highlight the need for long-term monitoring, integrated care strategies, and health service planning to address the ongoing consequences of COVID-19.

Popul. Med. 2026;8(Supplement 1):A128

ABS4129

A quantitative examination of how adults with Multiple Chronic Conditions experience chronic healthcare

Olona Mzimkulu[1]

[1]Medicine, University of Cape Town, Cape Town, South Africa

BACKGROUND

Individuals with more than two chronic conditions, known as Multiple Chronic Conditions (MLTCs), often experience increased health care utilization and polypharmacy. The Patient Assessment of Chronic Illness Care (PACIC) scale is most appropriate for assessing self-reported experience in chronic care; however, its use in the MLTC cohort in the African context is limited.. Objectives We aimed to assess the experience of chronic care of patients with MLTCs using baseline data from the ENHANCE clinical trial. Objectives were: (i) to compare the experience of care received by two groups with MLTCs, those with HIV and other non-communicable diseases. (ii)To examine the association between experience of care and demographic characteristics of patients with MLTCs. (iii)To describe the frequency of health service utilization by individuals living with MLTCs.

METHODS

We conducted a secondary analysis of 1746 patients with MLTCs aged 40 and above in 32 clinics in two South African Provinces, KwaZulu-Natal and Western Cape. We collected data using the PACIC instrument, a standardized questionnaire for the experience of chronic care. Descriptive statistics were performed to report the socio-demographics of the participants. In addition, we fitted linear regression models to explore the association of experience of chronic care and sociodemographic characteristics.

RESULTS

Overall, the mean age was 58 years (SD: 9.8), 76% were women. The experience of chronic care was positively associated with being married (p=0.002) and widowed (p=0.002), employed (p=0.001), and receiving care in the Western Cape Province (p=0.004), having ≥3 chronic conditions (p=0.021), and three clinic visits (p=0.011). After adjusting for all other variables, patients who were employed (p=0.001), residing in the Western Cape province (p=0.006), who were widowed (p=0.010), and who had three visits experienced person-centered chronic care.

CONCLUSIONS

The findings suggest that socioeconomic context, play an important role in shaping chronic care experiences for patients with MLTCs.

Popul. Med. 2026;8(Supplement 1):A129

ABS4146

Epidemiological profile of deaths from cellulitis and mouth abscess in Brazil: 1996–2024

Nicole Justo[1], Lisie Justo[2]

[1]Odontologia, Unisagrado, Bauru, Brazil, [2]Medicina, Faculdade São Leopoldo Mandic, Araras, Brazil

BACKGROUND

ICD-10 K12.2 (cellulitis and abscess of the mouth) encompasses acute orofacial infections, primarily of odontogenic origin. Although often overlooked in large-scale surveys, these conditions belong to a group of oral disorders that affected 139 million people globally in 2017, posing a critical public health challenge due to the risk of sepsis and airway obstruction [2,3].

OBJECTIVE

To describe the epidemiological profile of deaths caused by cellulitis and mouth abscess in Brazil between 1996 and 2024.

METHODS

Quantitative, descriptive, and cross-sectional study using data from the Mortality Information System (SIM/DATASUS). Analyses were performed using descriptive statistics via SPSS software (v.27). As the study utilized public domain secondary data, it was exempt from ethical committee approval.

RESULTS

During the study period, there was a 10.1% increase in deaths. Mortality was predominant among males (58.1%), individuals of white race/color (45.8%), single individuals (38.1%), and those with 8 to 11 years of education (22.3%). Regionally, the state of São Paulo accounted for 24.1% of occurrences. Although 91.8% of deaths occurred in a hospital setting and 67.7% received medical assistance, only 13.2% underwent diagnostic tests and 6.1% underwent surgical intervention. In 33.1% of cases, the death was certified by the physician who treated the patient.

CONCLUSIONS

The high number of deaths contrasts with the low rate of diagnostic testing and surgical procedures, suggesting barriers to timely clinical management or late diagnosis. These data underscore the need to strengthen dental emergency networks and hospital integration to reduce mortality from preventable orofacial infections.

Popul. Med. 2026;8(Supplement 1):A130

ABS4147

Dietary patterns and adiposity risk in young adults aged 18-49, living in urban slums in a metropolitan city in Ghana: Implications on healthy lifestyle practices

shamima Alhassan[1], Frank Hayford[1]

[1]Department of Dietetics, University of Ghana, Accra, Ghana

BACKGROUND

Dietary behaviour in urban slums in Ghana has undergone significant transformation due to rapid urbanization. This transition is characterized by increased consumption of energy-dense and processed foods, leading to rising levels of adiposity and associated health risks. This study explored dietary patterns in relation to adiposity among young adults aged 18–49 years living in selected urban slum communities in Accra. Additionally, socioeconomic and environmental determinants of dietary behaviour were examined within this vulnerable population.

METHODS

A quantitative cross-sectional study design was employed, involving 200 respondents selected using stratified sampling from three urban slum communities in the Ablekuma West District of Accra. Data was collected using socio-demographic questionnaires and Food Frequency Questionnaire. Adiposity was assessed using bio-impedance analysis, waist circumference and waist-to-hip ratio. Dietary patterns were identified using Principal Component Analysis with Varimax rotation, and associations with adiposity were examined using multinomial logistic regression.

RESULTS

Two major dietary patterns emerged. The Mixed Pattern, which explained 47% of total variance, included a wide range of food groups such as carbohydrates, animal products, vegetables, legumes, fats, and refined sugars. Although indicative of dietary diversity, this pattern included unhealthy components. The High Carbohydrate and High Alcohol Pattern explained 12% variance and was characterized by high intake of carbohydrates and alcohol. This pattern was significantly associated with increased adiposity risk (OR: 1.94; 95% CI: 1.14–3.32; p = 0.013), representing nearly a two-fold risk. The Mixed Pattern showed no significant association with adiposity.

CONCLUSIONS
The study identified unhealthy dietary patterns dominated by processed foods, sugary beverages, and refined cereals, which were strongly associated with increased obesity risk. Financial constraints influence food choices, encouraging consumption of low-cost, high-calorie foods. Public health interventions should prioritize affordable healthy food options and targeted nutrition education to reduce obesity and related non-communicable diseases among urban slum populations.
Popul. Med. 2026;8(Supplement 1):A131

ABS4180
Do Cross-National Differences in Increasing Early-Onset Colorectal Cancer Incidence Rates Reflect Inequities in Diagnosis and Surveillance

Avi Magid[1], Dorit Nitzan[2], Manfred Green[3]
[1]International Health, Maastricht University, Maastricht, Netherlands, [2]School of Public Health, Ben Gurion University of the Negev, Beer Sheva, Israel, [3]School of Public Health, University of Haifa, Haifa, Israel

BACKGROUND
Colorectal cancer (CRC) incidence rates is increasing among young adults in several high-income countries, while remaining stable or declining s at older ages. Whether similar trends are occurring in high- and middle-income countries is less clear. Cross-national comparisons of CRC incidence rates can help clarify whether observed differences reflect true risk patterns or inequities in risk exposure, detection or surveillance. These trends.
OBJECTIVES
To compare temporal trends in age-adjusted CRC incidence rates among young adults in high- and middle-income countries.
METHODS
We analysed age-specific CRC incidence rates from the IARC database. High-income countries included Norway, the United Kingdom, Sweden, Israel, the United States, and Canada. Middle-income countries included Turkey, Croatia, Belarus, and India. Analyses focused on adults aged 20–49 years. Sex-specific trends were assessed using Joinpoint regression, estimating Annual Percentage Changes (APCs) and Average Annual Percentage Changes (AAPCs).
RESULTS
High-income countries showed consistent and sustained increases in early-onset CRC incidence rates in both sexes, often accelerating from the mid-2000s or early-2010s. In contrast, middle-income countries demonstrated greater heterogeneity. Turkey and Belarus exhibited clear recent increases, Croatia showed marked sex-specific divergence with a pronounced late increase among females, and India displayed substantially lower incidence with more variable and often non-significant trends.
CONCLUSIONS
Increasing early-onset CRC age-adjusted incidence rates in low-income countries are not identical to the trends in low-income countries. This may reflect broader global inequities in exposure risk, detection, and surveillance. Uniform increases in high-income countries may reflect earlier exposure to modifiable risk factors, alongside stronger cancer registry systems. In middle-income countries, heterogeneous patterns likely reflect later epidemiological transitions, uneven diagnostic access, and variable registry capacity. Comparative analyses across income settings are essential to inform equitable prevention and risk-adapted screening strategies.
Popul. Med. 2026;8(Supplement 1):A132

ANTIMICROBIAL RESISTANCE

ABS0066
Kenyan Undergraduate Medical Curriculum Review: Integrating Antimicrobial Resistance (AMR) and Digital Health/ Information and Communications Technology (ICT)

Marie-Claire Wangari[1], Hafeez Hamza[2], Bonnke Arunga[1], Sylivia N. Ntamwinja[3], Nyakio Mburu[3]
[1]Kenya Medical Association (KMA), Nairobi, Kenya, [2]Ducit Blue Foundation (DBF), Abuja, Nigeria, [3]Medical Students' Associations of Kenya (MSAKE), Nairobi, Kenya

INTRODUCTION
Antimicrobial resistance (AMR) is a major global health threat driven by inappropriate antibiotic use, leading to longer hospital stays and increased mortality. Simultaneously, digital health and information and communications technology (ICT) are reshaping healthcare through improved patient management and care coordination. To prepare future physicians, undergraduate medical curricula must adapt to address both AMR and digital innovation.
METHODS
The review began by mapping medical schools offering undergraduate medicine courses, as identified by the Kenya Medical Practitioners and Dentists Council (KMPDC). Curricula were then examined against KMPDC guidelines to assess the presence of AMR and Digital Health/ICT content. To complement this review, a student survey was conducted via Google Forms, focusing on exposure to AMR, Digital Health/ICT, and awareness of emerging technologies such as nanobots
RESULTS
Findings revealed strong but imperfect integration of AMR compared to limited coverage of Digital Health/ICT. Among respondents, 94.4% reported receiving AMR training, predominantly delivered through lectures (75%). However, 41.7% rated this training as only "somewhat adequate." In contrast, only 61.1% of respondents reported exposure to Digital Health/ICT, most often through online resources (44.4%), with 44.4% rating its depth as "not at all adequate." Awareness of emerging technologies was particularly low: 83.3% of students reported never encountering the concept of nanobots during their training, while 36.4% of those who had were introduced to it exclusively through research contexts.
CONCLUSIONS
The findings expose a clear gap between AMR and Digital Health/ICT education in Kenyan medical schools. While AMR is broadly covered, teaching quality needs improvement. Conversely, Digital Health/ICT content remains insufficient and lacks emphasis on rapidly evolving technologies. Modernising curricula to strengthen AMR pedagogy and embed comprehensive Digital Health/ICT training—including emerging innovations—is essential for equipping future physicians to address pressing health challenges and leverage digital tools effectively in patient care.
Popul. Med. 2026;8(Supplement 1):A136

ABS0896
Antimicrobial stewardship in rural Zambia: insights from a two-year primary care prescribing audit

Elizabeth Timperley[1], Joanna Taylor[1], Joseph Jameson[1], Clare Greevy[1], Luned Nicholas[1], Edward Sibeene[1], Eunice Sinyemu[1]
[1]On Call Africa, Livingstone, Zambia

INTRODUCTION
Antimicrobial resistance (AMR) is a growing global public health threat, disproportionately affecting low and middle-income countries.1 High resistance from common bacterial pathogens is reported in Zambian hospitals, but data from rural primary care are limited.2 Understanding prescribing practices in these settings is essential to guide national strategies and support sustainable antimicrobial stewardship.
METHODS
Three retrospective audit cycles were conducted by a non-governmental organisation working with a rural health facility in Southern Province, Zambia. Prescribing practices were assessed against the Zambian Standard Treatment Guidelines (2020). Outcomes included prescribing frequency, multi-antibiotic use and guideline adherence. In October 2024, 143 patient notebooks were randomly sampled. Following teaching sessions and educational resources over 2 months, 85 notebooks were re-audited. The third cycle in October 2025 captured 491 patient encounters over the preceding 10 months (199 patient notebooks and 292 outpatient logbook entries).
RESULTS
In 2024, 69% (n=99) of the sample population were prescribed at least 1 antibiotic; post-intervention, this decreased to 42% (n=36). In 2025, 56% (n=273) received antibiotics: 86.8% (n=237) one, 8.8% (n=24) two, 4.4% (n=12) three or more. Metronidazole (n=86) and amoxicillin (n=78) accounted for over 50% of prescriptions. Guideline adherence remained low: in 2024, 8–13% appropriate; in 2025, 16.5% (n=45) fully and 8.8% (n=24) partially adherent. Multi-antibiotic prescribing declined from 78% (2024) to 13% (2025).
CONCLUSIONS
Antibiotic prescribing remained high, with over half of all prescriptions consisting of broad-spectrum agents, and guideline adherence limited. These prescribing practices contribute to accelerating AMR and reflect persistent barriers in rural healthcare settings, such as minimal diagnostics, stock shortages, staff turnover, and low community awareness. Targeted education can reduce inappropriate prescribing, but sustained improvement requires ongoing mentorship, guideline access, routine surveillance, and community engagement. These findings provide actionable insights for national AMR strategies and emphasise the urgent need for locally driven system-level stewardship interventions.
Popul. Med. 2026;8(Supplement 1):A158

ABS1482
Advancing equitable and meaningful youth engagement in Africa's

antimicrobial resistance response

Hafeez Hamza[1], Daniel Waruingi[2,1], Gathai Mundia[2,1], Yusuf Babatunde[3,1], Mayowa Akinpelu[4,1], Niniola Williams[5]
[1]African Youth Antimicrobial Resistance Alliance (AYARA) Task Force, Lusaka, Zambia, [2]Department of Research, Zihi Institute, Nairobi, Kenya, [3]Alliance Against Antimicrobial Resistance, Ibadan, Nigeria, [4]Africa Public Health Student Network Initiative (AfricaPHSN), Abuja, Nigeria, [5]Dr. Ameyo Stella Adadevoh (DRASA) Health Trust, Abuja, Nigeria

INTRODUCTION
Antimicrobial resistance (AMR) is a critical global public health threat, with Sub-Saharan Africa bearing the highest burden. Despite Africa's youthful demographic, nearly 70% of the population is under 30, young people remain largely excluded from AMR policy, governance, and implementation processes. This exclusion limits the equity, sustainability, and effectiveness of AMR responses. The objective of this paper is to examine the current landscape of youth engagement in AMR initiatives across Africa and makes the case for institutionalizing equitable and meaningful youth engagement as a core pillar of AMR mitigation.
METHODS
The paper synthesizes evidence from peer-reviewed literature, scoping and umbrella reviews on youth participation in health, and documented case studies of youth-led and youth-serving AMR initiatives across Africa. Using the World Health Organization's Global Consensus Statement on Meaningful Adolescent and Youth Engagement as a guiding framework, this paper articulates key principles and practical strategies for embedding youth as co-creators in AMR responses.
RESULTS
Findings indicate that youth engagement in AMR initiatives is often tokenistic, episodic and limited to awareness-raising. In contrast, evidence from youth-led AMR programs demonstrates measurable impacts, including improved antimicrobial-use behaviors, strengthened community stewardship, and large multiplier effects through peer-to-peer engagement. Programs that integrate youth as co-designers and implementers show greater relevance, reach, and sustainability. The paper presents 'The AMR Meaningful Youth Engagement Wheel' which entails the core principles of equitable and meaningful youth engagement in tackling this global health threat.
CONCLUSIONS
Institutionalizing meaningful youth engagement is both a moral imperative and a practical necessity for achieving equitable, inclusive, and sustainable AMR responses. Embedding youth within AMR decision-making, funding mechanisms, and accountability frameworks can strengthen health systems and ensure long-term resilience in the fight against AMR. (poster link - https://drive.google.com/file/d/1vOAnJq15ftC1VmIyJ1QOB5GeuDRn4kLE/view?usp=sharing)
Popul. Med. 2026;8(Supplement 1):A180

ABS1552

Bridging the Policy-to-Practice Gap in One Health Approaches to Antimicrobial Resistance: A Thematic Evidence Synthesis (2020–2025)

Tarini Jayaprakash[1], Danish Razdan[2], Nathalia Nunes[3], Mayumi Wakimoto[3]
[1]Department of Global and Public Health, McGill University, Montreal, Canada, [2]Center for Health Policy, Asian Development Research Institute, Patna, India, [3]Department of Health Surveillance, Evandro Chagas National Institute of Infectious Diseases - Oswaldo Cruz Foundation, Rio de Janeiro, Brazil

INTRODUCTION
Antimicrobial resistance (AMR) poses a critical global health threat, undermining modern medicine and disproportionately affecting low- and middle-income countries. Although the One Health approach integrating human, animal, and environmental health has been widely endorsed and embedded within National Action Plans (NAPs), progress remains stalled due to persistent gaps between policy adoption and effective implementation. This review examines how integrated One Health interventions contribute to AMR policy implementation and identifies the systemic factors shaping their success or failure.
METHODS
A critical narrative review methodology was employed. A systematic search of PubMed, Scopus, and Web of Science was conducted for English-language publications from 2020 to 2025. From 13227 initial records, 58 studies meeting inclusion criteria were selected after screening. Data were extracted and analysed using thematic synthesis to identify cross-cutting themes influencing policy implementation.
RESULTS
The evidence confirms that integrated OH interventions are effective but hindered by systemic barriers. Three interdependent themes were pivotal: governance, financing, and surveillance. Successful implementation was associated with strong inter-ministerial governance structures, dedicated long-term financing, and integrated surveillance systems with shared data platforms. Conversely, the implementation gap was driven by political silos, reliance on short-term project funding, and fragmented, sector-specific data collection. Country-level analyses illustrate how the interplay of these factors determines outcomes, from the sustained progress seen in high-income countries to the significant challenges faced in many resource-constrained settings.
CONCLUSIONS
The AMR crisis is stalled by an implementation gap rooted in political, financial, and technical systems. Bridging this gap requires moving beyond policy endorsement to actionable measures: institutionalising mandated OH governance with dedicated budgets, reforming international financing to support integrated systems, and prioritising the development of shared surveillance platforms to enable collaborative accountability and targeted interventions.
Popul. Med. 2026;8(Supplement 1):A182

ABS1699

Assessing antimicrobial susceptibility profiles among enterobacterales isolates: a case study of lekma hospital

Folasade Ojo-Benys[1], Joana Twasam[2], Akua Gyimah-Asante[3], Edward Ampadu[4], Gracelyn Asare[3], Deborah Sekoh[2], Isaac Appiah[1], Emilia Udofia[5]
[1]Public Health and Research Unit, LEKMA Hospital, Accra, Ghana, [2]Microbiology Laboratory, LEKMA Hospital, Accra, Ghana, [3]Paediatrics Department, LEKMA Hospital, Accra, Ghana, [4]Emergency Department, LEKMA Hospital, Accra, Ghana, [5]Community Health Department, Korlebu Teaching Hospital, Accra, Ghana

INTRODUCTION
The emergence of drug-resistant organisms, both in healthcare settings and the community, poses a significant challenge for healthcare providers. Among these organisms, Enterobacterales, including Escherichia coli, Klebsiella pneumoniae, Enterobacter cloacae, and Proteus mirabilis, are of particular concern due to their prominent roles in both community and hospital-acquired infections. The study aimed to evaluate the antimicrobial susceptibility profiles of Enterobacterales isolates and determine the prevalence of antimicrobial resistance (AMR) among patients at lekma hospital.
METHODS
Conducted from september 2022 to july 2023, the study involved collecting and examining 688 clinical samples (503 from females and 185 from males) for bacterial cultures using standard procedures. Samples were cultured on various media to isolate and identify bacterial species and assess their susceptibility.
RESULTS
Antimicrobial susceptibility testing (AST), following clinical and laboratory standards institute (CLSI) guidelines, revealed an overall resistance rate of 42.6% among the isolated pathogens. Notably, Escherichia coli, the most frequently isolated pathogen, demonstrated a 44.3% resistance rate, with significantly higher resistance in males (48.5%) compared to females (43.3% p = 0.0447). Similar trends of higher male resistance were seen in Pseudomonas aeruginosa (49.4% vs. 44.4%) and Klebsiella spp. (45% vs. 37.9% p = 0.0137). Conversely, Staphylococcus aureus showed higher resistance in females (41.3%) than males (37.4%, p = 0.0320). Minimum inhibitory concentration (MIC) data indicated alarming resistance to conventional beta-lactams but highlighted the effectiveness of newer combination therapies.
CONCLUSIONS
The findings reveal a high rate of AMR at lekma hospital, marked by significant gender-based differences and declining efficacy of beta-lactam treatments. While traditional antibiotics face increasing resistance, the effectiveness of novel combination therapies presents a crucial alternative for clinical management. This underscores the need for gender-responsive antimicrobial stewardship and the integration of advanced susceptibility testing to address the rising challenge of drug-resistant infections.
Popul. Med. 2026;8(Supplement 1):A185

ABS1835

Accelerated emergence of dolutegravir resistance among children in Malawi: implications for antimicrobial resistance control in HIV programmes

Bilaal Wilson Matola[1,2], Juliet Yauka Charity Nyasulu[1], Edward Nicol[1]
[1]Global Health, Stellenbosch University, Cape Town, South Africa, [2]HIV, STIs & Viral Hepatitis, Ministry of Health, Lilongwe, Malawi

BACKGROUND
Dolutegravir (DTG) based regimens form the backbone of contemporary HIV treatment due to their high potency and high genetic barrier to resistance. However, the emergence of DTG resistance poses a growing antimicrobial resistance (AMR)

threat to sustained HIV epidemic control. Evidence on age-related differences in the timing of DTG resistance remains limited, yet is critical for informing paediatric HIV treatment strategies and resistance surveillance.
OBJECTIVES
To compare the duration of DTG exposure at the time of resistance detection between children (≤14 years) and adults (≥15 years) in Malawi.
METHODS
We conducted a retrospective analysis of ART-experienced individuals receiving DTG-based regimens who underwent HIV drug resistance testing within the Malawi national HIV programme from January 2019 to October 2025. DTG resistance was defined as a resistance score ≥30. The primary outcome was duration of DTG exposure (months) at resistance detection. As DTG exposure time was not normally distributed, results were summarised using medians and interquartile ranges. Differences between children and adults were assessed using the Wilcoxon rank-sum (Mann–Whitney U) test, with statistical significance set at $p<0.05$.
RESULTS
Among 200 individuals with confirmed DTG resistance, 68 (34%) were children and 132 (66%) were adults. Children developed DTG resistance after substantially shorter exposure than adults. Median DTG duration at resistance detection was 28 months (IQR: 21–37) among children compared with 48.5 months (IQR: 33–58) among adults. Mean DTG exposure was 29.5 months in children and 47.4 months in adults.
CONCLUSIONS
The earlier emergence of DTG resistance among children represents a critical AMR concern for HIV programmes. These findings underscore the need for intensified paediatric viral load monitoring, age-appropriate adherence support, and timely regimen optimisation. Prioritising children within national AMR surveillance frameworks is essential to preserve DTG effectiveness and sustain long-term HIV epidemic control in Malawi and similar high-burden settings.
Popul. Med. 2026;8(Supplement 1):A187

ABS1910
Environmental surveillance of diarrheagenic Escherichia coli highlights spatial patterns of antimicrobial resistance and diarrheal risk along the Buffalo River, South Africa

Chidozie Iwu[1], Anthony Okoh[1]
[1]University of Washington, Seattle, United States

INTRODUCTION
Surface waters serve as reservoirs for diarrheagenic and antimicrobial-resistant bacteria. This study applied environmental surveillance to examine spatial patterns of diarrheagenic Escherichia coli (DEC), antimicrobial resistance, and diarrheal risk along the Buffalo River, Eastern Cape province, South Africa.
METHODS
Water samples were collected from four access points along the Buffalo River. E. coli were isolated, confirmed using polymerase chain reaction (PCR), and pathotyped for DEC. Antimicrobial susceptibility testing and PCR detection of resistance genes were performed. Diarrheal infection risk was estimated using microbial risk assessment with Monte Carlo simulation, and spatial variation in resistance was assessed using resistance indices and diversity metrics.
RESULTS
Mean E. coli concentrations ranged from approximately 8.2 × 10 to 1.6 × 10 CFU/100 mL across sites, exceeding guideline values at all access points. Of 200 presumptive isolates, 180 (90%) were confirmed as E. coli, and 50 (28%) were identified as DEC. Enterohemorrhagic E. coli accounted for up to 54% of DEC at some access points and was detected at all sites. Multidrug resistance was common, with 58% to 84% of DEC isolates resistant to three or more antibiotic classes. Mean multiple antimicrobial resistance indices ranged from 0.15 at upstream sites to 0.42 at downstream sites, with three access points exceeding the high-risk threshold of 0.2. Tetracycline- and β-lactam–associated resistance genes were detected in 30–62% of DEC isolates, and strong correlations were observed between phenotypic and genotypic resistance profiles ($r = 0.83–0.93$). Estimated annual diarrheal infection risks exceeded international guideline values at all access points.
CONCLUSIONS
Environmental surveillance along the Buffalo River revealed consistently elevated diarrheal risk and substantial spatial variation in antimicrobial resistance among DEC. These findings support the use of surface water monitoring to guide water safety planning and antimicrobial resistance surveillance in communities reliant on untreated surface water.
Popul. Med. 2026;8(Supplement 1):A188

ABS1920
Antibiotic consumption in hospital healthcare sector in Kazakhstan

Yuliya Semenova[1]
[1]School of Medicine, Nazarbayev University, Astana, Kazakhstan

INTRODUCTION
Kazakhstan is an upper-middle-income country located in Central Asia. The healthcare system is a legacy of the Semashko model. Several aspects of antimicrobial stewardship (AMS) have been introduced in Kazakhstan, with a hospital AMS program in place in a few hospitals. This study aimed to analyze the nationwide antibiotic consumption trends and patterns over the period 2016-2024 using internationally comparable methodology.
METHODS
This study relied on data from SK-Pharmacia, the sole supplier of pharmaceuticals to hospital facilities in Kazakhstan. Data on systemic antibacterials (J01 code) from the Anatomical Therapeutic Chemical (ATC) classification system were extracted for both public and private hospitals, covering the period from January 1, 2016, to December 31, 2024. The extraction was disaggregated at the ATC5 level and included details such as the active ingredient(s), dosage form, route of administration, number of preparations per package, and number of packages administered. The extracted data were entered into the Excel template of the Global Antimicrobial Resistance and Use Surveillance System for AMR and antimicrobial use surveillance (GLASS-AMC)1. The calculation of defined daily doses per 1000 inhabitants per day (DID) for each ATC5 code was performed in the next stage2.
RESULTS
An average of 3.3 DID of antibacterials was annually consumed by the hospital healthcare sector. The consumption peaked in 2020 and 2024 with 5.2 and 6.2 DID, respectively. Quinolone antibacterials and other beta-lactams, including cephalosporins, were the most consumed pharmacological subgroups. Watch group antibacterials constitute the bulk of consumption, exceeding 60% each year. The consumption of Access group antibacterials mirrored this trend and constituted <40%. The share of Reserve group antibiotic consumption was mild, but showed significant growth during the study period.
CONCLUSIONS
There is an urgent need for the implementation of the AMS program in the hospital sector to address these emerging challenges.
Popul. Med. 2026;8(Supplement 1):A189

ABS1924
Nationwide study of healthcare-associated infections in Kazakhstan

Yuliya Semenova[1]
[1]School of Medicine, Nazarbayev University, Astana, Kazakhstan

INTRODUCTION
There is a paucity of studies investigating the prevalence of healthcare-associated infections (HAIs) and antimicrobial use at a national level in Kazakhstan. Therefore, this study aims to address this gap by reporting the results of the first nationwide investigation into healthcare-associated infections and antimicrobial use in acute care hospitals.
METHODS
A point-prevalence survey was conducted in 26 acute care hospitals across Kazakhstan in June 2023. The methodology strictly adhered to Protocol 5.3 of the European Centre for Disease Prevention and Control1. The sample consisted of 8,076 patients.
RESULTS
The median length of hospital stay until study was 4.0 days. Systemic antimicrobials were administered to 40.2% of hospitalized patients (3250/8076), and HAIs were identified in 2.4% of hospitalized patients (196/8076). Patients receiving antimicrobials were generally younger than those not receiving antimicrobials (median age: 34.42 vs. 37.76 years, respectively). Similarly, patients with HAIs were younger than those without HAIs (median age: 30.88 vs. 36.31 years, respectively). Most antimicrobials were administered to patients hospitalized in surgical wards (57.1%), and a similar trend was observed for HAIs, which were more common among patients hospitalized in surgical wards (42.9%) Pneumonia was the most common type of healthcare-associated infection (25.0%), followed by surgical site infections (13.2%), and gastrointestinal tract infections (11.8%). Cephalosporins were the most frequently prescribed pharmacological group (59.7%). Resistance to third-generation cephalosporins and carbapenems was the most commonly observed resistance in microorganisms isolated from HAI cases, accounting for 47.6% of cases each.
CONCLUSIONS

Kazakhstan needs to continue implementing infection prevention and control measures and foster the development of antimicrobial stewardship programs tailored to the specific needs of its hospitals.
Popul. Med. 2026;8(Supplement 1):A190

ABS1954
Antibiogram fingerprinting of Vibrio species recovered from commercial fish specimens collected from key retailers.

Asiphe Hobe[1], Ishmael Jaja[1,2], Luyanda Msolo[2], Anthony Okoh[2]
[1]Animal and Pasture Science, University of Fort Hare, Alice, South Africa, [2]Department of Biotechnology and Biological Sciences, University of Fort Hare, Alice, South Africa

INTRODUCTION
Antimicrobial resistance (AMR) is a growing global public health challenge that compromises the effective treatment and prevention of infectious diseases. The current investigation focused on the fingerprints of antibiotic resistance in Vibrio species isolated from commercial fish specimens collected from prominent merchants in the Eastern Cape region of South Africa
METHODS
Fresh-frozen fish samples were collected from selected retail stores. Presumptive Vibrio isolates were recovered using standard microbiological techniques and confirmed by polymerase chain reaction (pcr). Confirmed Vibrio isolates were tested for susceptibility to multiple antibiotics. Genotypic analysis was performed to detect resistance determinants, including blaTEM, mcr-1 to mcr-4, and tet genes. Multiple antibiotic resistance indices (mari) were calculated to assess contamination risk.
RESULTS
a total of 190 presumed isolates; 92 isolates were verified to be members of the Vibrio genus and subsequently examined for antibiotic susceptibility. In the study, multiple drug resistance fingerprints were observed among Vibrio isolates, including resistance to Erythromycin (79%), Nitrofurantoin (40.2%), Colistin (34.8%), Ampicillin (31.5%), Cefotaxime (17.4%), Oxytetracycline (17.4%), Azithromycin (15.2%), Ceftazidime (15.2%), Trimethoprim (5.4%), Ciprofloxacin (3.3%), Imipenem (4%), and Ceftazidime (1.4%). Mari values ranged from 0.25 to 0.5, exceeding the 0.2 threshold and indicating high-risk contamination. Genotypic screening detected blaTEM in 12% of resistant isolates, predominantly in V. Vulnificus (75 %) and V. Parahaemolyticus (12%). Mcr genes were present in 30.8 % of resistant isolates and tet genes in 17.4 %
CONCLUSIONS
The presence of multidrug-resistant Vibrio species in commercial fish highlights a significant threat to food safety and public health. These findings emphasise the need for enhanced surveillance and sustainable antibiotic management in aquaculture and healthcare. The study underscores the importance of equitable and inclusive public health interventions to address antimicrobial resistance across food systems.
Popul. Med. 2026;8(Supplement 1):A191

ABS2110
Assessment of surgical antibiotic prophylaxis practices in a Tunisian surgical hospital

Zeineb Mallek[1], Maroua Trigui[1], Yosra Mejdoub[1], Mouna Baklouti[2], Emna Mziou[3], Fedi Ben Dhaou[1], Mondher Kassis[1]
[1]Hygiene, Habib Bourguiba Hospital Sfax,Tunisia, Sfax, Tunisia, [2]Community and preventive medicine, Faculty of medicine, Sfax, Tunisia, [3]Community and preventive medicine, Hedi Chaker University Hospital, Sfax, Tunisia

INTRODUCTION
Surgical antibiotic prophylaxis (SAP) is an essential preventive strategy aimed at reducing the risk of surgical site infections. Its effectiveness depends on strict adherence to international recommendations. The objective of our study was to assess adherence to SAP in surgical departments at a University Hospital in Tunisia, with the French Society of Anesthesia and Intensive Care (SFAR) recommendations.
METHODS
We conducted a clinical audit at Habib-Bourguiba University Hospital during June–July 2025, including patients who underwent surgery. For each patient, we assessed whether SAP was indicated. When indicated, we evaluated compliance across several dimensions: SAP administration, antibiotic choice, timing of SAP administration relative to the incision, prescribed dosage, and SAP duration.
RESULTS
We included 133 patients who underwent surgery in the hospital's surgical departments, with a sex ratio equal to 1.55. Their median age was 51years(Interquartile range (IQR)= [31.5-65]). Of the 133 surgical interventions performed, 49.6% (n =66) were classified as clean-contaminated according to Altemeier's classification. In addition, 78.2% (n = 104) of the procedures were scheduled, and 21.8% (n = 35) involved the implantation of prosthetic material. SAP was indicated and administered in 68.4% of cases (n = 91), while it was indicated but not administered in 11.3% of cases (n = 15). The choice of antibiotic for SAP was aligned with SFAR recommendations in 84.2% of cases (n = 77). Regarding the timing of administration relative to the incision, it was compliant with SFAR recommendations in 88.9% (n = 88). In comparison, the prescribed antibiotic dosage and duration were appropriate in 57% of cases (n = 49) and 67% of cases (n = 59), respectively.
CONCLUSIONS
Our study showed that although adherence to SFAR recommendations was generally adequate, inconsistencies in antibiotic dosage and SAP duration indicate that preventive measures should be reinforced, including staff training and standardized protocols
Popul. Med. 2026;8(Supplement 1):A195

ABS2167
Antimicrobial use, perceptions, and alternative practices regarding antimicrobial resistance amongst pig farms in Gauteng Province, South Africa

Japhta mokoele[1], Japhta Mokoele[1]
[1]Animal health, UNISA, Roodepoort, 170, South Africa

ABSTRACT
The inappropriate use of antimicrobials, coupled with inadequate knowledge and misconceptions, in livestock farms can contribute to the development and spread of antimicrobial resistance (AMR), leading to increased mortality and a substantial economic burden in the public health sector. This cross-sectional questionnaire study evaluated antimicrobial use among 65 commercial and developing pig farms in Gauteng Province, South Africa, from 2021 to 2022. It also assessed farmers' perceptions and alternative practices concerning antimicrobial use and AMR. Descriptive analysis was applied to determine the frequencies of demographics, practices, and perceptions. Then their associations with the farming category (commercial vs. developing) were explored using the Chi-square or Fisher's test. Associations across variables regarding usage, perceptions, and alternative practices, as well as individual categorization, were analysed by multiple correspondence analysis (MCA) and multiple factor analysis (MFA). A significantly higher proportion of developing farmers than commercial farmers engaged in inappropriate practices that can be associated with AMR ($p<0.05$). They rarely discussed antimicrobial dosages and the risk of AMR with veterinarians, and they poorly understood or observed withdrawal periods. This category of farmers also used antimicrobials for prophylaxis, which implies overuse of drugs. Moreover, alternative measures such as cleaning and disinfection, administration of vaccines, and adherence to vaccination frequency and regimes were categorised as poor in developing farms. There is a need for effective access control of antimicrobials used in the livestock industry, and authorities should ensure that farmers benefit from food safety and biosecurity advice. Additionally, targeted research should aim at alternative and applicable practices that mitigate the use of antimicrobials and benefit livestock productivity.
Popul. Med. 2026;8(Supplement 1):A196

ABS2376
Inclusive and Complementary Assessment Approaches of Antimicrobial Stewardship Programs: Balancing Global Standards and Contextual Diversity

Mohammed Khogali[1]
[1]Institute of Public Health, United Arab Emirates University (UAEU), Al Ain, United Arab Emirates

BACKGROUND
Antimicrobial stewardship programs (AMS) are central to addressing antimicrobial resistance. Assessment of AMS implementation, however, relies on tools that differ substantially in scope, content, and intended use. This heterogeneity raises concerns regarding inclusion, equity, and the capacity of diverse health systems, particularly those operating under resource constraints, to engage in stewardship evaluation, comparison, and global benchmarking. To better understand this landscape we mapped and compare tools used to assess the implementation of hospital-based antimicrobial stewardship programs, focusing on how assessment approaches accommodate diversity in health system capacity and context.
METHODS
We conducted a comparative review of peer-reviewed studies and policy documents published between 2011 and 2024 that applied structured tools to assess AMS implementation in inpatient hospital settings. Five electronic databases and

relevant grey literature sources were searched. Identified tools were examined by origin, scope, assessed components, geographic application, and alignment with internationally recognized AMS domains.
RESULTS
Twenty-four documents met inclusion criteria, identifying twelve distinct AMS assessment tools developed by international, national, and facility-level institutions. Globally endorsed frameworks, including WHO toolkits and the CDC Core Elements, were most frequently used. Core domains—such as leadership commitment, education and training, and stewardship actions—were consistently assessed. In contrast, domains critical for inclusive implementation, including public awareness, pharmacy expertise, information technology capacity, surveillance infrastructure, and resource allocation, were inconsistently captured. Local adaptations were common but varied widely across settings
CONCLUSIONS
Current AMS assessment practices reveal an imbalance between standardization and contextual adaptation. While some tools support comparability, resource-intensive assessment frameworks may exclude health systems with limited resources or differing organizational structures. More inclusive and complementary approaches are to balance global alignment with local context. Combining complementary global and locally adapted tools may offer a pragmatic pathway toward equitable stewardship evaluation, meaningful participation across diverse health systems, while supporting global learning and policy development.
Popul. Med. 2026;8(Supplement 1):A198

ABS2406

Prescribing appropriateness and combating antimicrobial resistance: results of a stewardship program

Nicola Cogo[1], Davide Bonaldo[1], Valentina Didone'[2], Monica Varotto[3], Vania Zambon[3], Antonio Marco Miotti[4], Alberto Ruggeri[5], Giacomo Mezzapelle[5], Desire' Bastarolo[6], Luca Gino Sbrogio'[7], Enrico Pinton[8], Emanuela Zilli[1]
[1]Medical Board of Directors, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [2]Health Profession Service, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [3]Infection Prevention and Control Specialist Nurse, Hospital of Cittadella, Cittadella, Italy, [4]Service of Infectious Disease, ULSS 6 Euganea, Hospital of Cittadella, Padua, Italy, [5]Microbiology Laborator, ULSS 6 Euganea, Hospital of Cittadella, Padua, Italy, [6]Hospital Pharmacy, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [7]Department of Prevention and Hygiene, ULSS 6 Euganea, Padua, Italy, [8]Clinical Risk Management, ULSS 6 Euganea, Padua, Italy
INTRODUCTION
The misuse and overuse of antimicrobials in humans is one of the main factors driving the development of resistant pathogens. It is therefore a priority to adopt effective antimicrobial stewardship strategies to improve the appropriateness of antibiotic use. This scenario is particularly critical in the veneto region, where the padua healthcare trust is located.
METHODS
The local healthcare trust serves nearly one million residents, has four acute care hospitals, and 1300 beds. To increase the appropriateness of antibiotic prescribing, the following antimicrobial stewardship measures have been adopted. These strategies include periodic monitoring of reports on the epidemiology of sentinel microorganisms, resistance rates, and antibiotic consumption; discussion of reports in multidisciplinary teams; focus on the operating units with the greatest critical issues; dissemination of guidelines for empiric therapy (pneumonia, urinary tract, skin); and finally the use of digital tools/apps to facilitate consultation of empiric therapy and dissemination of pathogen-specific control and prevention measures for both specialists and medical practitioners.
RESULTS
Following the introduction of strengthened antimicrobial stewardship strategies, overall antibiotic consumption decreased from 74.55 DDD per 100 bed-days in 2022 to 70.11 in 2024 and 66.29 in 2025. Specifically, fluoroquinolones, classified in the "Watch" group by the WHO due to the risk of resistance development, decreased from 7.8 DDD per 100 bed-days to 5.66 in 2024 and 4.9 in 2025. Carbapenems, also in the Watch group, were reduced from 8.5 in 2022 to 1.2 in 2025 (1.59 in 2024). Finally, third-generation cephalosporins decreased from 14.7 in 2022 to 14.2 in 2024 and 13.8 in 2025.
CONCLUSIONS
This study demonstrates how raising awareness of antibiotic resistance, implementing effective antimicrobial stewardship measures, and digitalization are essential to contain this phenomenon, which is considered by the WHO to be a global health threat.
Popul. Med. 2026;8(Supplement 1):A199

ABS2569

Tackling antimicrobial resistance: an AWaRe-based intervention for acute respiratory illness in primary care for low- and middle-income countries

Nafessa Saldulker[1], Ruth Cornick[1], Candice Daniels[2], Michaela Levy[3], Christy-Joy Ras[3], Daniella Georgeu-Pepper[4], Kathryn Jacobs[3], Pearl Spiller[5], Mike Sharland[6], Max Bachmann[7]
[1]Clinical Content, Knowledge Translation Foundation, Cape Town, South Africa, [2]Innovation, Knowledge Translation Foundation, Cape Town, South Africa, [3]Learning and Development, Knowledge Translation Foundation, Cape Town, South Africa, [4]Implementation, Knowledge Translation Foundation, Cape Town, South Africa, [5]Design, Knowledge Translation Foundation, Cape Town, South Africa, [6]Centre for Neonatal and Paediatric Infection, Institute for Infection and Immunity, Centre for Neonatal and Paediatric Infection, Institute for Infection and Immunity, Northampton Square, United Kingdom, [7]Public Health, University of East Anglia, Norwich, United Kingdom
ABSTRACT
Background - About 90% of antibiotics prescribed for humans occurs in primary care, and most are inappropriate, contributing to global antimicrobial resistance (AMR)(1). To promote safer antibiotic use, the World Health Organisations (WHO) AWaRe system categorises antibiotics into Access, Watch and Reserve groups(1). The AWaRe1 trial(2) focusses on common acute respiratory illnesses (ARIs) in four low- and middle-income countries (LMICs) – Nigeria, Indonesia, Bangladesh, and Vietnam – and aims to improve antibiotic use by changing health worker prescribing behaviours using an AWaRe-based intervention. Methods – Content from the 2022 WHO AWaRe antibiotic book(1) guided the development of an intervention package, including tools and training. Algorithmic approaches to four common ARI presentations (sore throat, sore ear, sore face and new cough) in adults and children aged 1-12 years include key messages around antibiotic use. This informed an educational outreach approach to deliver training sessions to health workers by local champions, guided by the COM-B behaviour change model. Workshops with stakeholders from the WHO AMR Division ensured clinical accuracy and alignment with the AWaRe book1. An internal pilot assessed and improved content flow and ease of usability, and the intervention was aligned to AWaRe branding. Results – The intervention comprises a clinical decision support tool, four behaviour change posters, a self-audit log for health workers, a one-page clinical summary to help diagnose ARIs, and a training package comprising case studies, slides and quizzes linked to a reporting system. It is ready for localisation to the four trial countries to reflect local policy and guidelines, available resources, and cultural norms. Conclusion – This intervention provides a template for an educational strategy for the AWaRe system to support appropriate antibiotic prescribing for ARIs in LMIC primary care. Following evaluation, it may be optimised to be expanded to other clinical presentations and to other LMICs.
Popul. Med. 2026;8(Supplement 1):A200

ABS2703

The localisation process of an AWaRe-based antibiotic stewardship intervention in primary care across four low- and middle-income countries

Michaela Levy-Haigh[1], Daniella Georgeu-Pepper[1], Christy-Joy Ras[1], Kathryn Jacobs[1], Candice Daniels[1], Ruth Cornick[1], Nafeesa Saldulker[1], Pearl Spiller[1], Michael Sharland[2,3], Max Bachmann[3,2]
[1]Learning & Development/Research, Knowledge Translation Unit, Cape Town, South Africa, [2]Norwich Medical School, University of East Anglia, Norwich, United Kingdom, [3]St George's School of Health and Medical Sciences, City St George's, University of London, London, United Kingdom
BACKGROUND
Inappropriate antibiotic use contributes to millions of deaths globally each year1. The World Health Organization's AWaRe system aims to improve antibiotic prescribing practices1. The AWaRe1 trial2, designed to test this system's effectiveness, was initiated in four low- and middle-income countries (LMICs) - Nigeria, Indonesia, Bangladesh and Vietnam. An intervention package addressing acute respiratory illnesses (ARI) was developed from the AWaRe antibiotic book by the Knowledge Translation Unit (KTU). To enable global implementation, the package required localisation across diverse settings.
METHODS
Components requiring localisation included a clinical decision tool, behaviour change posters, a clinician self-audit log, training presentations with case studies and quizzes, implementation manuals, and a reporting system – all first presented in English. Project management tools supported communication and document transfer between the KTU and implementation teams. Online workshops were held at key stages, collectively and per country. Implementation teams considered local health systems, policies, medication availability, disease burden and cultural

context. Translation into local language occurred where required and AI-generated voices were utilised for local narration. Final materials were produced in online and offline formats, allowing for varied training settings.
RESULTS
The AWaRe1 intervention package was successfully localised for four LMICs. All components were adapted to align with country-specific contexts, enabling future implementation of the AWaRe intervention. Key challenges included discrepancies between local medication availability and clinical guidelines, compared with AWaRe guidance; coordination with broader AWaRe1 trial activities; health system and funding related delays; variation in implementation team capacity; and internal decisions regarding digital tools and data collection requirements.
CONCLUSIONS
This process demonstrates the feasibility of localising an AWaRe-based intervention for primary care in LMICs and establishes a foundation for a streamlined, replicable approach to adapting and implementing the AWaRe system across diverse settings. This will be evaluated during the AWaRe1 trial and accompanying process evaluation.
Popul. Med. 2026;8(Supplement 1):A203

ABS2763

Developing and disseminating an antimicrobial resistance (AMR) 3 Part animated series

Mbali Jiyane[1], Andiswa Kona[2], Samkele Mkumbuzi[2], Yonwaba Olo[1], Mitchell Gilbert Messina[1], Marc Mendelson[2], Esmita Charani[2], Edward Young[1], Anastasia Koch[1,3]
[1]EHWOZA NPC, Cape Town, South Africa, [2]Division of Infectious Diseases & HIV Medicine, UCT Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [3]MRC/NHLS/UCT Molecular Mycobacteriology Research Unit, Department of Pathology and Institute of Infectious Disease & Molecular Medicine, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa

BACKGROUND
antimicrobial resistance (AMR) is making common infections harder to treat and threatens global health1. Its impact extends beyond hospitals, affecting families and communities1. Effective public engagement is essential to make AMR understandable and relevant in order to effect behaviour change2.
METHODS
we developed a three-part animated series2 to raise awareness of AMR among youth, translating complex scientific concepts into engaging, relatable narratives. The series was co-created by researchers, scientists, artists, and community members. Animations were designed to highlight the scientific and social dimensions of AMR, illustrate the consequences of antibiotic misuse, and encourage community-level understanding and action. Central to the approach was co-creation: learners from eh!woza programmes watched the first draft of the series and provided feedback on content, language, and visual storytelling, ensuring relevance and clarity. Animations were initially produced in English, with translation into isiXhosa to broaden accessibility within local communities.
RESULTS
the animations3,4,5 were shown during community engagement workshops, stimulating discourse around AMR and responsible antibiotic use. The series was shared with postgraduate health science students and community healthcare workers, facilitating discussion on AMR and public engagement strategies. The animation was adapted into an audio series broadcast on an eastern cape local radio station, reaching 10000 listeners daily and disseminating the message to families and the broader community. Notably, translation of animations from english into isixhosa was complex and required several iterations, including a translation workshop to ensure AMR concepts were accurately represented using isixhosa terms.
CONCLUSIONS
creative media can make complex health topics like AMR accessible and relevant4. By engaging youth as collaborators and reaching communities, students, and health workers, the series supports dialogue, awareness, and practical understanding of AMR. To ensure that concepts in complex health communication are accurately represented, it is critical to reserve time and resources for their translation into local languages6.
Popul. Med. 2026;8(Supplement 1):A204

ABS2915

A Multi-Dimensional Evaluation of the Antimycobacterial Activity, Cytotoxicity, and Mechanisms of Action of South African Medicinal Plants Against Mycobacterium smegmatis

Ramokone Florah Mothupi[1], Mashilo Mash Matotoka[1], Tshwahla Gabriel Mashabela[2], Peter Masoko[1]
[1]1 Biochemistry, Microbiology and Biotechnology, University of Limpopo, Polokwane, South Africa, [2]2 Centre for TB Research Division of Molecular Biology and Human Genetics, Stellenbosch University, Cape Town, South Africa

BACKGROUND
Tuberculosis remains a major global health challenge, intensified by rising multidrug resistance and the ability of Mycobacterium tuberculosis to persist in dormant states 1,2. Given the limitations of current therapies, medicinal plants offer a potential source of new antitubercular agents 3,4. This study examined how varying concentrations of selected plant extracts influence resistance-related mechanisms in Mycobacterium smegmatis, with the aim of understanding how natural compounds may disrupt bacterial resistance and support future TB treatment development.
METHODS
The study determined the antimycobacterial activity of the plant extracts and examined how it corresponds to the extract concentrations effective for antibiofilm activity, metabolic disruption, mechanisms of action and cytotoxicity. Comparative bioactivity analyses were conducted across the different plant extracts to identify the most promising species for further pharmacological exploration. Cytotoxic effects were evaluated using the human leukemia monocytic (THP-1) cell line.
RESULTS
The minimum inhibitory concentrations (MICs) of the plant extracts ranged from 310 to 1250 µg/mL, with Polygala myrtifolia exhibiting the most potent antimycobacterial activity. The concentrations required to inhibit biofilm formation and metabolic activity at various developmental stages were significantly lower than the MIC values and differed among the plant species. All extracts were non-toxic to THP-1 cell lines, except for Harpephyllum caffrum, which displayed an IC value of 18.43 ± 1.13ab µg/mL, indicating measurable cytotoxicity 5. The plant extracts disrupted the membrane integrity of M. Smegmatis as shown by the protein and DNA leakage which was proportional to extract concentrations 6,7.
CONCLUSIONS
The plant extracts showed strong antimycobacterial activity, with P. Myrtifolia most effective. Sub MIC levels reduced biofilms and metabolic activity, indicating disruption of persistence mechanisms. Most extracts were non toxic to THP 1 cells, though H. Caffrum showed some cytotoxicity. Overall, these plants appear promising sources of new antimycobacterial agents.
Popul. Med. 2026;8(Supplement 1):A206

ABS2964

Strengthening AMR Governance and Promoting Equity through One Health: A Civil Society Dialogue

Hafeez Hamza[1], Federica Castellana[1], Katherine Urbáez[2,3]
[1]Young WFPHA, Geneva, Switzerland, [2]Health Diplomacy Alliance, Geneva, Switzerland, [3]WHO Civil Society Task Force, Geneva, Switzerland

INTRODUCTION
Antimicrobial resistance (AMR) is a complex global health challenge shaped not only by biomedical factors but also by governance, equity, and accountability gaps across human, animal, and environmental health systems. Addressing AMR through a One Health approach requires strong civil society leadership to ensure policies reflect lived realities and promote inclusive, equitable responses at community levels. Civil society organizations (CSOs), including youth-led and grassroots groups, play a critical role in AMR response, yet their engagement often remains limited and uneven.
METHODS
This session employs a participatory civil society dialogue approach, convening youth-led, community-based, and civil society actors working on AMR across One Health sectors. The methodology combines structured presentations on the WHO Civil Society Task Force on AMR and with case examples of youth-led and grassroots initiatives. A moderated panel discussion and interactive question-and-answer session facilitate shared learning, collective reflection, and co-creation of priorities to strengthen coordination, accountability, and equity in AMR governance.
RESULTS
The dialogue enhances participants' understanding of civil society's role in One Health–driven AMR governance and increases awareness of the WHO Civil Society Task Force on AMR as a platform for coordinated civil society action. Youth-led and community-based experiences showcase innovative and context-responsive approaches to advocacy, awareness, and accountability across human, animal, and environmental health. The session culminates in the co-creation of a joint civil society statement outlining practical recommendations to advance inclusive, equitable, and accountable AMR governance.
CONCLUSIONS
Strengthening AMR governance requires moving beyond consultation toward

meaningful civil society and youth leadership within One Health frameworks. Inclusive dialogue and shared leadership enhance accountability and ensure AMR responses are grounded in community realities. Institutional platforms such as the WHO Civil Society Task Force on AMR are critical for sustaining equitable civil society engagement in global and national AMR efforts.
Popul. Med. 2026;8(Supplement 1):A207

ABS3324

Healthcare-Associated Infections as a patient safety challenge: Findings from a surgical hospital in Tunisia

Zeineb Mallek[1], Maroua Trigui[1], Emna Mziou[2], Mouna Baklouti[3], Fedi Ben Dhaou[1], Jihen Jdidi[3], Sourour Yaich[2], Mondher Kassis[1], Yosra Mejdoub[1]
[1]Hygiene, Habib Bourguiba Hospital Sfax,Tunisia, Sfax, Tunisia, [2]Community and preventive medicine, Hedi Chaker University Hospital, Sfax, Tunisia, [3]Community and preventive medicine, Faculty of medicine, Sfax, Tunisia

INTRODUCTION
Healthcare-associated infections (HAIs) represent a major public health issue, particularly in healthcare settings, and serve as an indicator of the quality and safety of care. The objectives of our study were to determine the prevalence of HAIs in a surgical university hospital in Tunisia and to identify its main associated factors.
METHODS
We conducted a point prevalence survey of HAIs in June 2025, including all patients hospitalized at the Habib Bourguiba University Hospital in Sfax for more than 48 hours. HAIs were defined according to the Centers for Disease Control and Prevention (CDC) criteria.
RESULTS
A total of 247 patients were included. The median age was 56 years (interquartile range (IQR)= [39-68.25] years), and the sex ratio was 1.71. Forty-seven patients had at least one HAI, representing a HAI prevalence of 19%. The median number of HAIs per patient was 2 (IQR = [1-3]). Urinary tract infections were the most identified site infections (34.7%, n = 25), followed by respiratory tract infections and surgical site infections (20.8%, n = 15) each. The most frequently isolated organisms were Klebsiella pneumoniae (18.2%, n=18) and Acinetobacter baumannii (16.2%, n=16). According to the antibiograms, 67.7% (n=23) of the isolates were multidrug-resistant. Multivariate analysis of factors associated with HAIs showed that hospitalization lasting 10 days or more (adjusted odds ratio (AOR)=15.04; p<0.001), transfer from another hospital or department (AOR=7.72; p=0.002), diabetes (AOR=7.3; p=0.002), and current urinary catheterization (AOR=4.47; p=0.025) were independently associated with the occurrence of HAIs.
CONCLUSIONS
Our study revealed a higher prevalence of HAIs compared to previous national data. This underscores the importance of continuous prevention, surveillance, and control strategies of infections to enhance patient safety and improve the quality of care.
Popul. Med. 2026;8(Supplement 1):A212

ABS3396

Integrating Social Protection into Antimicrobial Resistance Response: A Critical Review and Framework Development

Joris Michielsen[1], Abdirahman A. Sulleiman[2]
[1]Public Health, Institute of Tropical Medicine, Antwerp, Belgium, [2]Public Health, Independent consultant, Hargeisa, Somalia

BACKGROUND
Antimicrobial resistance (AMR) causes 1.27 million deaths annually, with disproportionate burden in low- and middle-income countries. Current AMR policies emphasize biomedical interventions—stewardship, surveillance, infection control—yet fail to address structural drivers. A growing body of evidence point to the need of considering the social determinants of health in the fight against AMR. Based on this insight one could suggest that social protection interventions would prevent AMR by addressing these upstream determinants. This review critically examines how social protection can address structural AMR drivers and develops an implementation framework.
METHODS
We reviewed global and national AMR policies and conducted systematic literature searches in Web of Science, Scopus, PubMed, Embase, WorldCat, Semantic Scholar and Google Scholar using terms combining "antimicrobial resistance," "social protection," and "social determinants." We analyzed policies for structural determinants and equity dimensions, distinguished proximal drivers (antibiotic use, transmission) from distal drivers (poverty, infrastructure, climate impacts), and developed an integrative framework mapping six social protection instruments (transfers, insurance, labour policies, services, food programs, housing) to AMR pathways.
RESULTS
Critical gaps emerge: Although the link between poverty and AMR is gaining attention in global discourse, NAPs overwhelmingly emphasize proximal interventions while ignoring distal structural drivers. Social protection integration is minimal; when present, it focuses narrowly on financial access to care. However, evidence demonstrates effectiveness—nutritional support and social housing reduce susceptibility to recurring infectious diseases (food born, water born, respiratory), cash transfer, labour market interventions and sick leave enable treatment completion, livestock insurance reduces prophylactic antibiotic use in agriculture.
CONCLUSIONS
Social protection represents evidence-based structural intervention addressing root causes of AMR. The proposed framework provides actionable guidance for integrating social protection into NAP revisions and One Health strategies, advancing equity while enhancing AMR response effectiveness.
Popul. Med. 2026;8(Supplement 1):A215

ABS3434

AMR public health research priorities for oral health in Africa: evidence gaps and pathways for action

Sudeshni Naidoo[1], Precious Moedi[1]
[1]Community Dentistry, University of the Western Cape, Cape Town, South Africa

INTRODUCTION
Dentistry accounts for an estimated 10% of global antibiotic use, with misuse and inappropriate prescribing reported in up to 90% of cases in several countries, including many in Africa.1-2 Africa bears a high burden of oral diseases (approximately 42%), combined with a severe shortage of oral health workers (3.7 per 100 000 population).3 As a result, oral pain and infection are frequently managed by non-dentists or through self-medication, increasing the risk of antimicrobial misuse. Key drivers of antimicrobial resistance (AMR) in dentistry include defensive and prophylactic prescribing, lack of adherence to clinical guidelines, limited access to diagnostics, and weak stewardship and surveillance systems.4 While the WHO has identified 40 global AMR research priorities5, many of which focus on low- and middle-income countries6, oral health remains largely absent from this agenda.7-11
METHODS
This analysis maps oral health–related AMR challenges in Africa against the WHO global AMR research priority framework across prevention, diagnosis, treatment, stewardship, and cross-cutting domains. We identify gaps where oral health is directly implicated but insufficiently addressed in current AMR research and policy.
RESULTS
Key gaps aligned with WHO AMR priorities include: prevention—limited evidence on the role of water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in reducing dental antibiotic use; diagnosis—lack of feasible, point-of-care tools to distinguish bacterial from non-bacterial oral infections; (3) treatment and stewardship—absence of context-specific stewardship interventions addressing prescribing behaviours in dental and non-dental care settings; and cross-cutting gaps—weak AMR surveillance systems that exclude oral health data.
CONCLUSIONS
Oral health is a missing component of Africa's AMR response. Addressing this gap requires prioritising African-generated evidence on antibiotic prescribing, stewardship strategies, and resistance patterns, and integrating oral health into national AMR surveillance and action plans.
Popul. Med. 2026;8(Supplement 1):A216

ABS3509

The Implementation of Antimicrobial Consumption Surveillance and Stewardship in Human Healthcare in Post-Soviet States: A Systematic Review

Zhanar Kosherova[1], Dariga Zhazykhbayeva[1], Yuliya Semenova[1]
[1]School of Medicine, Nazarbayev University, Astana, Kazakhstan

BACKGROUND
Antimicrobial consumption (AMC) surveillance and antimicrobial stewardship (AMS) are core strategies for mitigating the global burden of antimicrobial resistance (AMR).– Despite international commitments, evidence from post-Soviet countries remains fragmented, rendering the region a persistent blind spot in global AMR monitoring frameworks. This systematic review aims to assess and characterise the implementation of AMC surveillance and AMS in post-Soviet countries.

METHODS
A systematic search was conducted in PubMed, Embase, Scopus, Google Scholar, and regional databases, supplemented by grey literature from international and national health authorities. Eligible sources included peer-reviewed publications and official policy documents addressing AMC surveillance and AMS in human health systems of post-Soviet countries.
RESULTS
Following screening and critical appraisal, three peer-reviewed publications and 31 policy and technical documents were included. Eleven of the fifteen countries with updated national action plans on AMR explicitly defined AMC surveillance and AMS as strategic objectives.– All reviewed countries reported submission of antimicrobial consumption data to international surveillance platforms and the existence of regulatory frameworks governing antibiotic sales. However, substantial heterogeneity was observed in the scope, digitalisation, and operational maturity of surveillance systems, with high-income countries demonstrating more comprehensive implementation than lower-middle-income counterparts.,
CONCLUSIONS
Significant disparities persist in AMC surveillance and AMS implementation across post-Soviet countries. While regulatory frameworks are formally established, enforcement gaps—particularly regarding over-the-counter antibiotic access—continue to undermine policy effectiveness. Strengthening governance mechanisms, expanding digital surveillance infrastructures, and investing in workforce capacity are critical to closing implementation gaps. Sustainable progress requires long-term political commitment, regular policy review cycles, and blended financing models that support transition from external to domestic funding.–
Popul. Med. 2026;8(Supplement 1):A217

ABS3725
Can we reduce microbial burden in frail patient care by dry fog disinfection?

Katarina Dostalova[1], Jan Mikas[1], Viera Pastrnakova[2], Maria Kmetova[2], Karol Dzupa[3], Pavol Pavlovic[3], Nina Kotlebova[1], Stefania Moricova[1]
[1]Faculty of Public Health, Slovak Medical University, Bratislava, Slovakia, [2]University Hospital, Bratislava, Slovakia, [3]Detectair Technologies Association, Bratislava, Slovakia

BACKGROUND
A general practitioner(GP) who cares for elderly patients discharged from hospital to a home or nursing home faces the challenges of healthcare-associated infections(HAIs). An antimicrobial dry fog disinfection(DFD) is a new modality of multimodal infection control strategy. We assessed the effectiveness of antimicrobial DFD disinfection in the open healthcare microenvironment of a long-term care department.
METHODS
We analysed the microbiological contamination of surfaces and air in patient rooms.
RESULTS
I. We analysed the microbiological contamination of surfaces. Before the DFD application, we detected: Staphylococcus epidermidis, a potential cause of HAIs, Enterobacteriaceae and Pseudomonas aeruginosa, clinically serious pathogens (urinary, respiratory tract and wound infections), Bacillus spp. And Micrococcus spp., a common part of the environment, but indicate general contamination. In one sample, Penicillium spp. was also present, indicates the presence of Mold. After the application of DFD, all tested surfaces were negative for pathogens such as Staphylococcus, aureus, Pseudomonas aeruginosa, Enterobacteriaceae or yeast. Only occasionally were detected Bacillus spp. and Micrococcus spp., which are considered non-pathogenic, environmental bacteria, naturally present in the environment. II.We analysed the microbiological contamination of air. Before disinfection, the total number of microorganisms reached 304 - 393 CFU (Colony Forming Units) /m3, which represents high environmental contamination. Molds were captured in the cut (118 – 142 CFU/ m3). Yeasts and Staphylococcus spp. were not detected before disinfection. After DFD the total number of microorganisms dropped to 73 – 102 CFU/m3. Molds were reduced to 53 – 73 CFU/ m3. Yeasts and Staphylococcus spp. were not detected even after disinfection. DFD reduced the microbial load of the air by 70-80%.
CONCLUSIONS
The use of DFD has the potential to significantly reduce the microbial burden as part of a comprehensive HAI prevention strategy in department caring of frail patients. and then facilitate the work of GPs after discharge.
Popul. Med. 2026;8(Supplement 1):A219

ABS3749
Evaluating Infection Prevention and Control Competency Among Healthcare Workers in Kenya

Abigail Nyanjui[1], Langelihle Ndebele[1], Sakhile Ndwandwe[1], Samuel Mungai[1]
[1]School of Pharmacy and Health Sciences, United States International University, Nairobi, Kenya

INTRODUCTION
Carbapenem-resistant gram-negative bacteria, namely Enterobacteriaceae, Acinetobacter baumannii and Pseudomonas aeruginosa are emerging as consequential threats to public health due to their high levels of antimicrobial resistance and associated mortality (Cerceo et al., 2016). Kipsang et al. (2023) found a prevalence of 22.7% of multidrug-resistant Acinetobacter baumannii in a Kenyan intensive care unit. While the Ministry of Health has established Infection Prevention and Control (IPC) guidelines, staff literacy and its correlation with infection outcomes remain under-researched.
METHODS
This study aimed to assess the level of self-reported IPC competency among healthcare workers and its influence on carbapenem-resistant hospital-acquired infection (HAI) prevalence in the country. It utilized a convergent parallel mixed methods approach to collect data. 31 healthcare workers were surveyed using a paper-based, self-administered questionnaire derived from the World Health Organization's IPC framework at the facility level. It contained 5 core components and was administered across 12 departments. Key informant interviews were carried out with 7 members of the anti-microbial stewardship team. Statistical analysis was done using Rstudio 2024.12.1 +563.
RESULTS
The distribution of levels was as follows: 48.39% intermediate, 38.71% basic, 9.68% advanced and 3.23% inadequate. A Pearson's correlation coefficient of -0.79 (p = 0.2144, CL: 95%) revealed a strong but non-significant negative association between IPC competency level and carbapenem resistance prevalence rates. Component 5, targeting multimodal strategies for implementation of IPC interventions, was the lowest scoring with a mean of 20 points (s = 18.46). It most strongly predicted high carbapenem-resistance rates.
CONCLUSIONS
Low self-reported IPC knowledge is a major factor influencing the prevalence of carbapenem-resistant HAIs in Kenya. There is a need for continuous medical education and training to reinforce knowledge on IPC strategies. Targeted interventions like multimodal hand hygiene campaigns and IPC audits can elevate scores, potentially reducing the burden of carbapenem resistance.
Popul. Med. 2026;8(Supplement 1):A220

ABS3764
Microbial profile and antimicrobial resistance patterns of diabetic wound infections in Nelson Mandela Bay Metro: A retrospective multi-hospital study

Vuyiseka Ntsalu[1], Saartjie Roux[2], Wilbert Sibanda[3]
[1]1 Pharmacy, Nelson Mandela University, Gqeberha, South Africa, [2]2 Nanomedicine Platform, Medical School, Nelson Mandela University, Gqeberha, South Africa, [3]3 Biostatistician, Faculty of Health Science, Nelson Mandela University, Gqeberha, South Africa

INTRODUCTION
Diabetic wound infections represent a major cause of morbidity and mortality globally, with disproportionate impact in resource-limited settings where access to timely diagnostic services is limited1. In South Africa, delayed diagnosis and reliance on empiric antibiotic therapy contribute to preventable complications including cellulitis, gangrene, sepsis, and lower limb amputations. Addressing these challenges is essential for advancing equitable and sustainable healthcare delivery2.
METHODS
A retrospective analysis was conducted on 154 diabetic wound infection cases managed in both public and private hospitals within the Nelson Mandela Bay Metro. Microbial profiles, antimicrobial resistance patterns, hospitalization trends, surgical outcomes, and infection-related complications were evaluated.
RESULTS
Hospitalization was required in 80.5% of patients, with 41.5% experiencing multiple admissions. Length of stay ranged from 3 to 18 days (mean: 10.38 days). Polymicrobial infections were predominant and were associated with more severe clinical presentations. High levels of antimicrobial resistance was identified among frequently prescribed antibiotic classes, including penicillin's, cephalosporins, and carbapenems, limiting the effectiveness of empiric therapy. Severe complications, such as cellulitis, gangrene, and sepsis, were commonly observed, with sepsis showing a strong association with progression to major amputation. Surgical interventions comprised major amputations in 43.9% of

cases, minor amputations in 14.6%, and debridement in 19.5%.
CONCLUSIONS
Diabetic wound infections impose substantial clinical, psychosocial, and economic burdens, particularly in settings where diagnostic services are not readily accessible. Delays associated with conventional culture-based diagnostics (2–7 days) hinder timely clinical decision-making and contribute to disease progression, prolonged hospitalization, and high amputation rates. Many primary healthcare facilities lack on-site microbial testing, reinforcing dependence on empiric antibiotics despite escalating antimicrobial resistance. These results support the urgent need for rapid, accessible point-of-care diagnostic tools capable of guiding early targeted therapy. Such innovations have the potential to improve antimicrobial stewardship, reduce preventable amputations, and promote sustainable healthcare delivery in resource-limited settings.
Popul. Med. 2026;8(Supplement 1):A221

ABS3828
Strengthening the capacity of primary health care workers to drive optimal antibiotic use in the community
Samkele Mkumbuzi[1], Candice Bonaconsa[1], Tlangelani Makamu[1], Andiswa Kona[1], Hannah Hussey[2,3], Eunice Beneke[2,3], Arne Von Delft[2,3], Marc Mendelson[1], Esmita Charani[1]
[1]1 Division of Infectious Diseases and HIV Medicine, Department of Medicine, Groote Schuur Hospital, University of Cape Town, CAPE TOWN, South Africa, [2]2 Cape Town Systematic Healthcare Action Research Project (C-SHARP), Provincial Health Data Centre, Western Cape Department of Health and Wellness, University of Cape Town, CAPE TOWN, South Africa, [3]3 School of Public Health, University of Cape Town, CAPE TOWN, South Africa
BACKGROUND
Community-based services play an integral role in health systems, especially in low-resource settings where access to health facilities is under strain. Community Health Workers (CHWs), who come from the communities they serve, are key role players who are well positioned to bridge the gap between the public and healthcare services. Accelerating interventions that empower and enhance the role of CHWs in public health, including for infection-related care, can support efforts aiming to respond to the threat of Antimicrobial Resistance (AMR).
METHODS
We facilitated two rounds of participatory workshops with CHWs in partnership with two non-government organisations in Bishop Lavis and Nomzamo in Cape Town, South Africa. Using exploratory visual participatory methods, the first workshop established a baseline understanding of CHWs' roles in primary care and identified areas for capacity strengthening in infection-related care. The second workshop was: 1) part-educational and 2) centred around AMR communication strategies. It included a pre-tested survey developed as part of a Delphi process that focused on identifying actionable, context-specific messages for AMR awareness.
RESULTS
In July and October 2025, four sessions (two per workshop round) were conducted with 158 and 163 CHWs, respectively. Interpretative analysis showed that CHWs valued their roles and reported themselves as key agents for delivering public health services. A total of 163 CHWs completed the survey. CHWs ranked themselves as the most reliable sources for health information. Encouraging communities to finish antibiotic treatment was the most preferred message in local languages, while community events were rated as the most effective public communication medium.
CONCLUSIONS
Interactive community-based workshops offer an opportunity for health systems strengthening to address AMR. This collaborative project provided important first steps to explore how engagement through community-based research can enhance the role of CHWs in delivering sustainable and context-specific public health interventions such as AMR awareness campaigns.
Popul. Med. 2026;8(Supplement 1):A222

ABS3830
Youth, Experience and Artificial Intelligence: Designing Innovative Solutions to Antimicrobial Resistance
Winnifred Akello[1,2], Jacopo Garlasco[3,1]
[1]AMR Committee, Young World Federation of Public Health Associations (YWFPHA), Geneva, Switzerland, [2]College of Veterinary Medicine, Animal Resources and Biosecurity, Makerere University, Kampala, Uganda, [3]Department of Diagnostics and Public Health, University of Verona, Verona, Italy
BACKGROUND
Antimicrobial resistance (AMR) is a major threat to global health, with disproportionate impacts in low- and middle-income countries, where surveillance systems are weak, fragmented and under-resourced. Even in high-income settings, surveillance seldom captures resistance to newer antibiotics. Advances in information technology and artificial intelligence (AI) offer new opportunities to improve AMR surveillance, anticipate resistance detection, optimize antimicrobial stewardship, and integrate different data sources to support data-driven decision-making. However, responsible and effective AI adoption requires contextual relevance, ethical safeguards, and strong capacity-building. Thus, it would benefit from involving young and early-career professionals, often actively engaged in local AMR research, policy, clinical and community work, but underrepresented in global decision-making spaces.
METHODS
This interactive workshop, led by the Young WFPHA AMR Committee, will use participatory and youth-centered methodologies. Participants will engage in small-group discussions to share lived experiences of AMR work and key challenges encountered across diverse One Health settings and geographic contexts, and to map structural, social and technical barriers to AMR mitigation. An expert-facilitated session will introduce AI applications in AMR surveillance, antimicrobial stewardship and decision support, with attention to ethical, equity and data-governance issues. Groups will then co-create youth-led, AI-enabled intervention concepts emphasizing feasibility, sustainability, community inclusion and One Health integration.
RESULTS
Expected outputs include a consolidated set of youth-identified AMR challenges, practical examples of AI-supported interventions, cross-cutting recommendations for inclusive and sustainable AMR strategies, and the co-development of a youth-led position paper or peer-reviewed commentary capturing the workshop insights. The session is also intended to catalyze collaboration among youth networks, researchers, practitioners and digital health stakeholders.
CONCLUSIONS
By centering youth experience and responsible AI use, this workshop aims to strengthen equitable, context-relevant and collaborative responses to AMR. The outcomes will inform policy advocacy, program design and future research, contributing to resilient and sustainable global AMR mitigation efforts.
Popul. Med. 2026;8(Supplement 1):A223

ABS4094
Inappropriate antibiotic use is a social practice, not just a knowledge gap: Uncovering the 'township effect' and systemic drivers of antibiotic use in South Africa
Nishana Ramdas[1], Natalie Schellack[2], Corrie Uys[3], Brian Godman[4,5,1], Stephen Campbell[6,1], Johanna Meyer[1,7]
[1]Department of Public Health Pharmacy and Management, Sefako Makgatho Health Sciences University, Pretoria, South Africa, [2]Department of Pharmacology, University of Pretoria, Pretoria, South Africa, [3]Applied Microbial and Health Biotechnology Institute, Cape Peninsula University of Technology, Cape Town, South Africa, [4]Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde, Glasgow, United Kingdom, [5]Antibiotic Policy Group, University of London, London, United Kingdom, [6]School of Health Sciences, University of Manchester, Manchester, United Kingdom, [7]South African Vaccination and Immunisation Centre, Sefako Makgatho Health Sciences University, Pretoria, South Africa
INTRODUCTION
Antimicrobial resistance (AMR) threatens global public health, yet stewardship in the Global South often relies on a "knowledge deficit" model, assuming education changes behaviour. This ignores complex socio-structural drivers in resource-constrained settings. This study aimed to investigate how social norms and health literacy shape antibiotic use behaviours among patients in primary healthcare (PHC) settings.
METHODS
A large-scale cross-sectional survey was conducted amongst 1283 patients across 25 public-sector PHC facilities in South Africa. Data was collected on tablets via face-to-face interviews. The locally developed and psychometrically validated Community Antimicrobial Use Scale (CAMUS) was used to measure five behavioural domains of antimicrobial use. Functional health literacy was assessed in a nested sub-sample (n=463) using the Health Literacy Test for Limited Literacy Populations. Multivariable generalized linear models were fitted to identify independent predictors of non-prescribed antibiotic use, adjusting for sociodemographic factors.
RESULTS
Participants were predominantly female (67.4%) with 39.5% unemployed. Overall, 22.8% of participants reported obtaining antibiotics without a prescription. Geography was a significant driver: non-prescribed use was notably higher in

high-density peri-urban settlements (36.3%) compared to rural areas (16.0%; p<0.001). While general antibiotic knowledge scores were high, knowledge alone did not protect against social pressure. In the multivariable model, inadequate health literacy emerged as the strongest independent predictor of inequality, associated with a 13-fold increase in the odds of non-prescribed antibiotic access (AOR=13.86; 95% CI: 2.60–73.93; p=0.002).
CONCLUSIONS
Findings confirmed a distinct "township effect", suggesting that inappropriate antibiotic use in South Africa is not merely a knowledge gap, but a social practice rooted in rapid urbanisation and health inequity. Traditional "awareness" campaigns failing to address these determinants will remain ineffective. To secure a sustainable future for antimicrobials, public health strategy must pivot from passive education to community-embedded interventions, leveraging community health workers to bridge literacy gaps and reshape household norms.
Popul. Med. 2026;8(Supplement 1):A231

CLIMATE CHANGE, ENVIRONMENTAL, ONE HEALTH AND URBAN HEALTH

ABS0013

Assessing Health-Related Climate Resilience Using an Urbanization Index in Fast-Track Cities

Jose Manuel Zuniga[1]
[1]Fast-Track Cities Institute, Washington, DC, United States

INTRODUCTION
Urban centers face escalating climate-related health risks, including heat stress, flooding, and vector-borne diseases. Measuring resilience is critical for protecting populations. Fast-Track Cities, engaged in global health initiatives, provide a unique context for assessing how urbanization influences health-related climate resilience.
METHODS
A composite Health–Climate Urban Resilience Index (HCURI) was developed comprised of four domains: environmental (green space, heat-island intensity), infrastructural (healthcare density, flood protection), social (poverty, density), and governance (disaster response, health investment). Data were drawn from municipal and national sources for Amsterdam, Netherlands; Paris, France; São Paulo, Brazil; Nairobi, Kenya; and Johannesburg, South Africa. Domains were standardized and aggregated, then correlated with heat-related hospitalizations and vector-borne disease incidence using regression models adjusted for socioeconomic variables.
RESULTS
Amsterdam ranked highest (+1.75 SD), reflecting strong climate adaptation and health infrastructure, followed by Paris (+0.85 SD). São Paulo scored near average (+0.10 SD), balancing investments with persistent inequities. Nairobi (−0.50 SD) and Johannesburg (−1.20 SD) scored lowest, reflecting infrastructural and governance gaps despite ongoing public health initiatives. Higher HCURI values correlated strongly with lower heat-related hospitalizations ($r = -0.82$, $p = 0.005$) and moderately with lower vector-borne disease incidence ($r = -0.65$, $p = 0.04$). Adjusted models showed a one-unit increase in HCURI corresponded to a 30% reduction in heat-related admissions (95% CI: 15–45%) and a 20% reduction in vector-borne cases (95% CI: 5–35%).
CONCLUSIONS
The HCURI provides a practical tool to quantify health-related climate resilience in urban contexts. Findings highlight how integrated planning – linking environmental, infrastructural, social, and governance factors – can mitigate climate-sensitive health outcomes. Policymakers should adopt cross-sectoral resilience strategies to safeguard health, with potential to scale the HCURI for broader monitoring and evaluation across the Fast-Track Cities network.
Popul. Med. 2026;8(Supplement 1):A232

ABS0036

Efficacy of activated carbon for ammonia gas reduction in selected poultry farms in ido local government area, ibadan, oyo state

Juliet Ugbedeojo Shaibu[1]
[1]Environmental Health Sciences, University of Ibadan, Ibadan/Oyo State, Nigeria

INTRODUCTION
Ammonia gas is one of the major toxic pollutant gases when inhaled in high doses. Previous studies have demonstrated increase in ammonia emission levels among poultry farms in Nigeria, but there is little information on ammonia gas emission reduction. Hence, this study utilized activated carbon filter in the reduction of ammonia emissions produced in selected poultry farms.
METHODS
The study adopted a quasi-experimental design and four poultry farms within Ibadan metropolis (renamed A, B, C and D) were purposively selected. Also, a fabricated glass chamber was used to monitor ammonia gas emission and reduction levels in the farm. Measurements of ammonia levels was carried-out six days in a week, three times daily for two weeks at specific periods of the day (8-11am, 12-3 pm and 4-7pm) with a total sampling period of eight weeks. Activated carbon produced from coconut shells and palm kernel shells was used as ammonia absorbent. Data were analysed using descriptive statistics, T-test and ANOVA at 5% level of significance.
RESULTS
The ammonia emissions (ppm); 1150.67, 953.67, 1068.06, and 859.3 for farms A, B, C and D, respectively were higher than the guideline limits for ammonia gas by NIOSH (25ppm) and OSHA (50ppm). Coconut shells-based activated carbon had a higher absorbency capacity with the average ammonia level reduced from 36.15±30.48 at baseline to 16.38±17.71 at post-treatment level and a percentage reduction of 19.77% while Palm Kernel shells-based activated carbon had 35.80±31.15 at baseline and 18.54±16.85 at post-treatment level, with a percentage reduction of 17.26% across all the poultry farms.
CONCLUSIONS
The study showed that activated carbon obtained from coconut shells had a greater absorbency potential for ammonia gas reduction when compared to palm kernel shells activated carbon. Therefore, poultry managers should include activated carbon filters as a mechanism to reduce ammonia levels in poultry farms.
Popul. Med. 2026;8(Supplement 1):A233

ABS0370

Neighborhood environment: Analysis of the physical availability and affordability of alcoholic beverages, tobacco and tobacco products in three regions of Russia

Aleksandra Antsiferova[1], Anna Kontsevaya[1], Oxana Drapkina[1]
[1]Department of Public Health Promotion, National Medical Research Centre for Therapy and Preventive Medicine of the MH of Russian Federation, Moscow, Russian Federation

BACKGROUND
Neighborhood environment influences the formation of behavioral habits, as well as the risk of developing behavioral risk factors. Aim was to analyze the physical availability and affordability of alcoholic beverages, tobacco and tobacco products in three regions of Russia. Methodologies A study was conducted to assess the actual status of urban infrastructure in three regions of Russia (Arkhangelsk, Yekaterinburg, Tver). In order to assess the existing infrastructure, a special software was developed allowing to collect and analyses the required data using Open Street Maps. The data collection took place in January-March 2022.
RESULTS
A total of 1180 alcohol outlets (AOs) and 726 tobacco outlets (TOs) were identified on the selected urban sites. The median value of the total number of AOs located within a radius of 1000 meters from the place of residence of an ESSE-RF3 participant was 33, within a radius of 400 meters - 8. A 0.5-liter bottle of vodka was sold below the minimal legal cost in 55.1% of specialized alcohol outlets in the Sverdlovsk region, and in 66.8% of such outlets in the Tver region. The median value of the total number of TOs located within a radius of 1000 meters from the place of residence of an ESSE-RF3 participant was 18, within a radius of 400 meters - 4. The median of the lowest selling price for one pack of cigarettes on the study sites was 120 rubles [110; 179].
CONCLUSIONS
The results reflect the high physical availability and affordability of alcoholic beverages, tobacco and tobacco products and outline the need for interventions both at the state level, and at the level of local authorities.
Popul. Med. 2026;8(Supplement 1):A252

ABS0444

Land Surface Temperatures at Different Time Points in Pregnancy and Their Impact on Birth Outcomes within the Mother and Child in the Environment Birth Cohort in Durban, South Africa

Jihada Cassim[1], Rajen Naidoo[1], sujatha Hariparsad[1], Sheena Muttoo[1]
[1]Discipline of occupational and environmental health, University of KwaZulu-Natal, Durban, South Africa

INTRODUCTION
Climate change has resulted in increasing temperatures worldwide(1). Associations between thermal exposure during pregnancy and adverse birth outcomes have been found(2-5). Few studies on this topic have been conducted

among pregnant women living in low socioeconomic communities(6). This study aims to investigate land surface temperature (LST) at different time points in pregnancy and its impact on birth outcomes within the Mother and Child in the Environment (MACE) birth cohort in Durban, South Africa
METHODS
A Retrospective cohort study was conducted utilizing outcomes data for 820 pregnant women within the MACE study, recruited at public-sector antenatal clinics in Durban, from 2012-2018. MODIS satellite LST for the period of study was linked to each participant's residence using GPS coordinates, and to individual pregnancy timelines based on dates of conception and delivery. Regression analyses were conducted to examine associations between exposure and outcomes during different gestational periods. Models were adjusted for maternal age, socioeconomic status, smoking, alcohol-consumption, gestational age, and maternal co-morbidities.
RESULTS
Average LST ranged from 25-32 degrees Celsius over the entire pregnancy period, with a mean of 28.7. Significant associations were observed between average LST and mean birthweight; for every 1 degree increase in LST over the entire pregnancy, there was decrease in birthweight by 33g (95% CI: -54.70,-11.45; p=0.003), and 29% increased odds ratio of LBW (OR=1.29; 95% CI: 1.08,1.53; p=0.004). Second trimester showed birthweight reduction by 11g for every 1 degree increase in LST (95% CI: -19.8,-2.65; p=0.01).
CONCLUSIONS
Increased average LST over the entire pregnancy and during the second trimester was associated with decreased birthweight and higher ORs for LBW, in this sample of pregnant women from low socioeconomic communities. This signifies the relationship between pervasive thermal exposure and adverse birth outcomes, evidencing climate impacts on vulnerable populations, highlighting the need for inclusive and gender-sensitive adaptation.
Popul. Med. 2026;8(Supplement 1):A258

ABS0582
"This will be the cause of our death": Air pollution as a wicked problem in a low resource high vulnerability urban setting

Shahan Salim[1], Plinio Morita[1]
[1]School of Public Health Science, University of Waterloo, Waterloo, Canada

INTRODUCTION
Air pollution in Ulaanbaatar, Mongolia, is a critical environmental and public health crisis that disproportionately affects residents in low resource high vulnerability districts. Using the Social Ecological Model, this study examines how individuals and communities experience air pollution and how intersecting inequities and policy gaps position it as a wicked problem.
METHODS
We conducted semi structured interviews with adult residents of Ulaanbaatar, drawing on lived experience across diverse districts. Interviews were audio recorded, transcribed and analysed using a hybrid inductive and deductive thematic approach.1 The Social Ecological Model guided interpretation across individual, interpersonal, community, organizational and policy levels, with ongoing input from Mongolian partners to ensure contextual relevance.2
RESULTS
Participants described vivid physical symptoms, emotional stress and a sense of inevitability captured in the expression "this will be the cause of our death." Household level coping was constrained by crowded housing, financial limitations and inadequate access to reliable information. These everyday constraints were tightly linked to broader structural forces, including inequitable urban planning, insufficient healthcare capacity and mistrust in government measures that were perceived as poorly designed or unevenly enforced. Together, these dynamics created feedback loops where interventions produced unintended consequences and reinforced existing inequities.
CONCLUSIONS
Findings position air pollution in Ulaanbaatar as a wicked problem that emerges from interlocking social, environmental and policy factors rather than individual choices alone. Addressing air pollution in low resource high vulnerability urban settings requires interdisciplinary, community engaged approaches that integrate public health, urban planning and policy reform, and that explicitly centre the lived experience of residents in the design of surveillance and interventions.
Popul. Med. 2026;8(Supplement 1):A268

ABS0755
Global application of World Health Organization's building and measurement tools for climate-resilient health system and preliminary exploration of localization practice in Beijing

Yang Hao[1], Na Li[2], Minghui Ren[2,3,4,5]
[1]Institute of medical technology, Peking University Health Science Center, Beijing, China, [2]Department of Global Health, School of public Health, Peking University, Beijing, China, [3]China Center for Health Development Studies, Peking University, Beijing, China, [4]Beijing Institute for Health Development, Peking University, Beijing, China, [5]Institute for Global Health, Peking University, Beijing, China

BACKGROUND
Global climate change poses unprecedented threats to public health, underscoring the urgent need to build climate-resilient health systems. The World Health Organization (WHO) has developed frameworks and assessment tools to guide this process. This study aims to systematically analyze the global application patterns of WHO tools and conduct a preliminary localized assessment of climate-resilient health system of Beijing, China.
METHODS
The study utilized a literature review to analyze national adaptation plans and reports from 10 countries, summarizing key application strategies of WHO tools. Based on strategies, the study uses public data and policy documents from Beijing City to locally adapt the WHO assessment tool, evaluates and rates the climate resilience of Beijing's health system. A SWOT analysis is further employed to identify the internal strengths, weaknesses, the external opportunities and threats, of the system in addressing climate change.
RESULTS
The global analysis identified four primary application strategies: policy integration, international collaboration, phased implementation, and localization. Countries prioritized governance, multi-sectoral coordination, human resources, surveillance and infrastructure, while environment and financing indicators were less frequently adopted. The empirical assessment of Beijing revealed that the City scored high in "Leadership and Governance"(2.80) and "Emergency Preparedness"(3.00). However, lower scores were observed in "Health Workforce"(1.67) and "Infrastructure and Technology"(1.75), particularly at the primary care and peripheral facility level. SWOT analysis further revealed structural advantages (policy support, monitoring capacity) and weaknesses in primary care resilience, supply chains and equity for vulnerable groups.
CONCLUSIONS
The study summarizes four main application strategies of WHO tools, and confirms the practicality of localizing WHO tools for health resilience assessments. The Beijing case demonstrates the feasibility of translating WHO frameworks into a city-level assessment, and provides a reference for building and measuring the climate resilience of health systems for other cities in China and even abroad.
Popul. Med. 2026;8(Supplement 1):A272

ABS0807
Unsupervised machine learning to investigate the joint effects of SO2, NO2, O3, PM2.5 and PM10 on respiratory and cardiovascular hospital admissions in the Vaal Triangle Airshed Priority Area, South Africa

Nandi Mwase[1,2], Moses Kabalepile[3], Washington Junger[4], Janine Wichmann[2]
[1]Department of Family Medicine and Primary Care, University of Witwatersrand, Johannesburg, South Africa, [2]School of Health Sytems and Public Health, University of Pretoria, Pretoria, South Africa, [3]Facalty of Health Sciences, University of Witwatersrand, Johanessburg, South Africa, [4]State University of Rio de Janeiro, Rio de Janerio, Brazil

ABSTRACT
Exposure to air pollution is associated with an increased risk of respiratory diseases (RD) and cardiovascular diseases (CVD). The abundant epidemiological evidence on the health effects of air pollution often focuses on individual pollutants, rather than complex mixtures of simultaneous exposure to multiple air pollutants. Traditional statistical approaches to investigate the effects of air pollution often predict the health outcome of a specific pollutant, and control for confounding by other pollutants. This is a limitation which could result in an underestimation of the health risks. Recently, the application of Machine Learning (ML) has been used to predict the health effects of complex air pollution mixtures. The aim of this study was to use unsupervised ML clustering methods to determine the joint effects of SO2, NO2, O3, PM2.5, and PM10 on hospital admissions for RD and CVD in the Vaal Triangle Airshed Priority Area (VTAPA), South Africa. Due to the missing air pollution from January 2011 to February 2020, data were imputed using the multiple imputation by chain equations (mice) method. K-means and spectral clustering methods were then applied to the air pollution data. A three-cluster spectral clustering model using the normalised Laplacian matrix, showed that the risk of RD hospital admission increased when exposed to SO2, NO2, PM2.5, and PM10 in higher concentration levels, and lower levels of O3 by 1.04 (95 % CI 1.01–1.08). No cluster models showed an increased risk of CVD hospitalisation.

Although the clustering methods used in this study were quick to run and analyse, it is evident that more studies need to be done before considering unsupervised ML a reliable and definite tool to study joint effects of air pollution on different health outcomes.
Popul. Med. 2026;8(Supplement 1):A278

ABS0825
"The heat really troubles us": Community perspectives on a cool roof intervention, Umlazi, KwaZulu-Natal, South Africa 2025

Saloshni Naidoo[1], Nisha Nadesan-Reddy[1], Nompumelelo Nzimande[2], Isabel Madzorera[3], Cheng He[4,5], Till Bärnighausen[4], Wafaie Fawzi[5]
[1]Discipline of Public Health Medicine, University of KwaZulu-Natal, Durban, South Africa, [2]Umlazi Surveillance Initiative to Nurture Grassroots Action" (USINGA), SAPRIN, Umlazi, Durban, South Africa, [3]School of Public Health, University of California, Berkeley, California, United States, [4]Heidelberg Institute of Global Health, University of Heidelberg, Heidelberg, Germany, [5]Harvard T.H. Chan School of Public Health, Harvard University, Boston, United States

BACKGROUND
Climate change disproportionately affects communities experiencing social and environmental vulnerabilities. In South Africa, rising temperatures pose significant risk to peri-urban communities where poorly constructed housing and low socioeconomic status increase exposure to heat stress. Knowledge gaps exist in designing climate-smart solutions tailored to communities affected. This pilot study explored community perceptions and attitudes toward passive cooling technologies for homes, focusing on cool roofs, as a climate adaptation strategy in Umlazi, South Africa.
METHODS
Trained facilitators conducted two focus group discussions with community members, using a structured guide, to explore perceptions and attitudes toward cool roof interventions. Discussions were recorded, transcribed and analysed using inductive thematic analysis following Braun and Clarke's approach.
RESULTS
Four themes emerged: perceived benefits and acceptance, concerns and reservations, affordability and equity, and durability and maintenance. Participants recognised the potential of cool roofs in reducing indoor heat, improving comfort, reducing extreme fatigue, and benefiting vulnerable populations; they viewed the intervention as timely and necessary. However, concerns were raised that some older people might believe that white roofs attracts death, and some may indulge in the conspiracy theory that the coating is associated with disease. Participants questioned the long-term effectiveness of cool roofs and their compatibility with existing informal housing structures lacking traditional roofs. They felt that the current cost of paint may make the intervention inaccessible to those most in need of it, thereby limiting equitable distribution, as most people were unemployed. Furthermore, they believed that if cool roofs lacked long-term durability and required constant maintenance, people were unlikely to accept the intervention.
CONCLUSIONS
While overall perceptions were positive, engaging and educating the community through transparent communication and information on cool roof interventions will address concerns and encourage the adoption of these interventions. More research is required to inform acceptable and scalable implementation in peri-urban settings.
Popul. Med. 2026;8(Supplement 1):A280

ABS0826
Community perceptions of climate change and health: A qualitative study in a peri-urban health and demographic surveillance site in Umlazi, KwaZulu-Natal

Nisha Nadesan-Reddy[1], Nompumelelo Nzimande[2], Isabel Madzorera[3], Cheng He[4], Till Bärnighausen[5], Wafaie Fawzi[4], Saloshni Naidoo[1]
[1]Discipline of Public Health Medicine, University of KwaZulu-Natal, Durban, South Africa, [2]Umlazi Surveillance Initiative to Nurture Grassroots Action, SAPRIN site, Umlazi, Durban, South Africa, [3]School of Public Health, University of California, Berkeley, California, United States, [4]Harvard T.H. Chan School of Public Health, Harvard University, Boston, United States, [5]Heidelberg Institute of Global Health, University of Heidelberg, Heidelberg, Germany

BACKGROUND
South Africa is experiencing more frequent extreme weather events, including heatwaves and floods, with vulnerable communities experiencing the worst impact. Communities' perceptions of climate change and its health impact can inform policy and guide the development of contextually appropriate interventions. This pilot qualitative study explored perceptions of climate change and health experiences of communities in a peri-urban township in KwaZulu-Natal.
METHODS
Trained facilitators conducted two focus group discussions with adult community members, using a structured guide to explore perceptions of climate change, extreme heat, and health-related impacts. Discussions were recorded, transcribed and analysed using inductive thematic analysis following Braun and Clarke's approach.
RESULTS
Two major themes emerged: perceived climate and environmental change with subthemes of unpredictable weather patterns; environmental degradation, and urbanisation, and health impacts of extreme heat with subthemes of physical and emotional well-being; nutritional and behavioural responses; and livelihood vulnerabilities. Participants described climate change as a lived reality, observed through blurred seasonal boundaries, more intense heat, and localised flooding. They attributed these changes to deforestation, expansion of informal settlements, inadequate drainage, and waste pollution. Reported health effects of heat stress included exhaustion, sleep disruption, cardiovascular and respiratory problems. During periods of heat, water scarcity forced a shift to unhealthy beverages, including alcohol and fizzy drinks, which can negatively impact health. Floods were reported to disrupt employment, agriculture, and household stability, deepening social vulnerability in a constrained community. Children, older adults, and people with chronic illnesses were viewed as especially at risk and climate events threaten food production, increasing hunger and economic strain.
CONCLUSIONS
Communities demonstrated local knowledge of climate change, linking environmental changes to health and livelihood impacts. This awareness highlights the need to engage them in future research to quantify health impacts of climate change and co-design effective adaptation strategies in South African settings.
Popul. Med. 2026;8(Supplement 1):A281

ABS0874
Forced Animal Displacements: Indian Cattle Camps as a response to extreme weather conditions

Piera Ceschi[1], Giorgia Casti[2], Chandralekha Nair[3], Emanuele De Ponti[4], Francesca Squillace[5]
[1]Department of Prevention - Epidemiological Surveillance Unit, South Tyrolean Healthcare Services, Bressanone/Brixen (BZ), Italy, [2]Struttura Semplice Dipartimentale Salute donna e Consultori materno-infantili, ASL Medio Campidano, Sanluri, Italy, [3]Independent Researcher, Alappuzha, India, [4]University Vita-Salute San Raffaele, Faculty of Medicine, Milan, Italy, [5]Fondazione IRCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy

ABSTRACT
Background Environmental emergencies and conflicts are major drivers of human displacements. Among the environmental variables, water represents one of the most critical factors, and populations in arid regions are the most exposed to droughts and more likely to migrate. In such contexts, farmers are among the most vulnerable communities. As a matter of fact, when animals are forced to move, disputes among communities may arise, and the risk of transboundary diseases' spread increases. In India chronically arid landscape and rising temperatures result in severe droughts which in turns lead to migrations. This abstract explores the phenomenon of forced displacements at the human-animal interface and the related promising strategies adopted in Maharashtra (India). Methods A research was conducted on PubMed®, followed by a search of grey literature. Results The establishment of cattle camps in Maharashtra is essential in mitigating the adverse effects of extreme weather, thereby ensuring the survival of entire farmers communities. Cattle camps can open during times of drought, where water and fodder are distributed for the animals. In 2019 the Authorities of the districts of Beed and Nashik published the procedures for their establishment. The documents (available in Hindi only) describe the requirements that must be fulfilled before starting a camp. This approach has been included since 2022 among the strategies to address emergencies in the Disaster Management Plan of the district of Beed. Non-governmental organizations and the press are raising awareness on this strategy. Only one paper mentions the Indian cattle camps. Conclusion When animals are forced to move with their owners, it is vital to acknowledge the relevance of the human-animal-environment interconnections to develop effective strategies. To date no studies have been carried out on Indian cattle camps and further research is required to better understand opportunities and issues concerning this promising strategy.
Popul. Med. 2026;8(Supplement 1):A283

ABS0908
Impact of climatic variations on the global distribution and

prevalence of mpox disease: analysis of data from 52 countries using linear regression and time-series forecasting analyses

Iyanuloluwa S. Ojo[1], Olurotimi John Badero[2], Muhammad Aziz Rahman[3], Nicholas Aderinto[4], Onur Oral[5], Rishad Choudhury Robin[6], Emmanuel Jesuyon Dansu[7], Faridat Ibidun[8], Temitope Ogunjimi[1]

[1]University College Hospital Ibadan, Ibadan, Nigeria, [2]Department of CardioNephrology, Cardiac Renal and Vascular Associates, Jackson, MI, United States, [3]Discipline of Public Health, Institute of Health and Wellbeing, Federation University Australia, Victoria, Australia, [4]Ladoke Akintola University of Technology, Ogbomosho, Nigeria, [5]Faculty of Health and Sports Sciences, Ege University, Izmir, Turkey, [6]The Leprosy Mission International, Dhaka, Bangladesh, [7]Graduate School of Life Sciences, Tohoku University, Sendai, Japan, [8]Nobles Hospital, Douglas, Isle of Man

INTRODUCTION

Mpox infection has emerged as a significant global public health concern, with marked epidemiological variations across countries. This study employed a quantitative, cross-sectional approach to examine the impact of climatic variations on mpox prevalence and mortality. We analysed daily confirmed mpox cases from 52 countries using linear regression and time-series forecasting methods (prophet and sarimax), focusing on average mean surface air temperature (amsat), precipitation, and climate types based on the köppen classification.

METHODS

Daily mpox case counts, climatic indicators and mortality data were evaluated using regression modelling and forecasting frameworks. Associations between temperature, precipitation and mpox outcomes were assessed globally and regionally.

RESULTS

Globally, no statistically significant relationships were observed between temperature or precipitation and mpox prevalence (p=0.99 and p=0.82) or mortality (p=0.45 and p=0.54). Region-specific analyses showed stronger associations: temperature significantly influenced mpox prevalence in Europe (p=0.049) and South America (p=0.0036), while precipitation was associated with mpox prevalence in South America (p=0.044). Tropical and temperate climate types demonstrated the strongest associations with increased mpox transmission. The prophet model, which incorporates seasonality, revealed fluctuating influences of temperature and precipitation over time, with their effects diminishing. Higher temperatures were associated with increased mpox prevalence, while precipitation displayed a two-legged influence. The sarimax model indicated a potential but less impactful resurgence of mpox in 2030; although higher temperature trends were again associated with increased prevalence, this did not reach statistical significance (p=0.561). Precipitation levels between 500mm and 1500mm were associated with slight increases in mpox prevalence (p=0.113), possibly explaining higher prevalence in countries within this range.

CONCLUSIONS

These findings highlight the nuanced role of climatic factors in mpox transmission and emphasise the need for enhanced regional surveillance. Monitoring temperature, precipitation and climate type may support improved understanding and mitigation of mpox spread and mortality.

Popul. Med. 2026;8(Supplement 1):A284

ABS0919

Green biomanufacturing: reducing carbon footprints in vaccine and biologics production

Courage Chandipwisa[1], Harrison Banda[2], Kapembwa Chabala[3], Tendai Pride Zenda[4], Agness Shimilimo[5]

[1]Infectious Diseases, Global Empathy Project, Lusaka, Zambia, [2]Department of Pure and Applied Chemistry, School of Natural and Applied Sciences, University of Zambia, Lusaka, Zambia, [3]Directorate of Licensing, Surveillance and Enforcement, Zambia Medicines Regulatory Authority (ZAMRA), Lusaka, Zambia, [4]Pharmacy and Pharmaceutical Sciences, University of Zimbabwe, Harare, Zimbabwe, [5]Reproductive Health, Pan African University Life and Earth Sciences (including Health and Agriculture), Ibadan, Nigeria

INTRODUCTION

the environmental burden of conventional vaccine and biologics production has become increasingly and remarkably unsustainable due to high energy consumption, water usage and greenhouse gas emissions. Green biomanufacturing offers a transformative alternative by integrating renewable energy, sustainable raw materials, process intensification and circular supply chains. This review explores how these innovations can reduce the carbon footprint of biologics manufacturing while supporting global health and climate goals.

METHODS

a systematic review of literature was conducted following prism guidelines. Peer-reviewed articles, industrial case studies, and policy briefs published between 2010 and 2025 were retrieved from pubmed, scopus, web of science, and google scholar using predefined keywords including green biomanufacturing, low-carbon biologics, and sustainable vaccine production. Studies were screened for relevance to biologics and sustainability, with inclusion and exclusion criteria applied to ensure methodological rigor. Data extraction and thematic synthesis were organized into five domains: energy systems, raw materials, process design, supply chains, and socioeconomic/policy considerations.

RESULTS

this systematic review indicates that green biomanufacturing can play a vital role in economizing energy, minimizing waste, and improving operational efficiency. The crucial strategies include the adoption of solar and wind energy, biodegradable feedstocks, continuous bioprocessing, and smart packaging. Life-cycle analysis has emerged as a critical tool for evaluating environmental performance and guiding sustainable decision-making. The one health framework further reinforces the value of green biomanufacturing in addressing zoonotic disease prevention and ecosystem resilience.

CONCLUSIONS

green biomanufacturing presents a viable pathway toward sustainable vaccine and biologics production. However, some issues remain in scaling technologies, harmonizing regulatory frameworks and therefore ensuring equitable implementation in low- and middle-income countries. Addressing these barriers will cost a coordinated investment, policy reform, and interdisciplinary collaboration to build climate-conscious health systems.

Popul. Med. 2026;8(Supplement 1):A285

ABS1223

Forecasting Lyme Borreliosis Based on Climatic Factors Using a Negative Binomial Model in the Baltic States

Gintare Kaliniene[1], Vidmantas Vaiciulis[1], Robertas Petrolis[2], Ingrida Grabauskyte[2], Renata Paukstaitiene[2], Justina Miniene[3], Stella Shaumyan[4], Liene Grike[5], Emils Zinkevics[5], Gabriele Domkute[6]

[1]Department of Environmental and Occupational Medicine, Lithuanian University Of Health Sciences, Kaunas, Lithuania, [2]Department of Physics, Mathematics and Biophysics,, Lithuanian University of Health Sciences, Kaunas, Lithuania, [3]Vilnius Public Health Bureau, Vilnius, Lithuania, [4]Strategic Planning Services, International Project Centre of Excellence, Tallinn Strategic Management Office, Tallinn, Estonia, [5]City Development Department, Riga City Council, Riga, Latvia, [6]Kaunas Public Health Bureau, Kaunas, Lithuania

BACKGROUND

Lyme borreliosis (LB) is the most common tick-borne disease in Europe, with an increasing incidence over time. The incidence is increasing due to climate change and has been linked to warm winters, higher summer temperatures, lower seasonal temperature variation, and higher vegetation indices. The highest incidences were reported in Baltic states, Nordic countries and Western Europe [2,3]. This work aims to provide a prognostic model for LB in the Baltic states as part of the forecasting and early warning system of the AURORA project.

METHODS

Surveillance data, reporting the number of cases per month of LB in Vilnius (Lithuania), Riga (Latvia), and Tallinn (Estonia) and meteorological data were used to conduct the epidemiological modelling. The availability of historical data varied across countries: the analysis included data from 2010-2024 for Vilnius, 2006-2023 for Riga, and 1993-2019 for Tallinn. Negative binomial regression was used to predict the monthly LB incidence.

RESULTS

The model for Vilnius data showed that temperature (°C), relative humidity (%), precipitation (mm), and atmospheric pressure (hPa) were significantly associated with monthly LB morbidity ($p<0.05$), with regression coefficients (B) of 0.137, 0.074, -0.148, and 0.04, respectively. In Riga, the monthly number of LB cases showed a significant positive relationship with temperature (B=0.144, p=0.001) and humidity (B=0.061, p=0.001). However, average wind speed (m/s) had a negative effect, with a one-unit increase corresponding to a 57.3% reduction in cases. The Tallinn model revealed similar

RESULTS

the temperature and relative humidity coefficients showed a significant positive relationship with the monthly LB cases, with coefficients of 0.111 and 0.078, respectively; average wind speed had a negative effect (B=-0.785, p=0.001).

CONCLUSIONS

Higher temperatures and increased humidity increase the prevalence of the LB across the Baltic states, while wind reduces transmission, highlighting the need for climate-based monitoring, control, and early warning systems.

Popul. Med. 2026;8(Supplement 1):A302

ABS1306

One Health Assessment of Biosecurity Knowledge, Attitudes, and Practices for Zoonotic Disease Prevention among Small-Scale Farmers in the North-West Province of South Africa

Mpinda Edoaurd Tshipamba[1], Baitsholetsi Gloira Mokolopi[1]
[1]Agriculture and Animal Health, University of South Africa, Florida-Roodepoort, South Africa

INTRODUCTION
Poor biosecurity of farms in small-scale livestock farming systems leads to risks of zoonotic illnesses. We evaluated the knowledge, attitudes, and practices of small-scale farmers in the Ngaka Modiri Molema District, North-West Province, South Africa on biosecurity.
METHODS
Cross-sectional research employed questionnaires that were structured, and 162 farmers were included in the study in addition to a focus group discussion and key-informant interviews. Frequencies/percentages were computed, and associations test were made using chi-square (alpha=0.05).
RESULTS
Complete biosecurity responses were available for 83 farmers (60.2% male, 50/83). Awareness of animal-to-human transmission was 43.4% (36/83) and awareness of zoonotic impacts on health/economic outcomes was 33.7% (28/83). Farmers aware of transmission were more likely to report awareness of impacts (58.3% [21/36] vs 14.9% [7/47]; chi-square=17.52, p<0.001). Biosecurity was considered important by 96.4% (80/83). Among those reporting practices (n=82), 96.3% (79/82) reported implementing ≥1 measure. Veterinary consultation was rare/never for 70.7% (58/82). Sick animals were mainly self-treated (68.7%, 57/83) rather than isolated (15.7%, 13/83) or managed with veterinary support (15.7%, 13/83). Financial constraints were the main barrier (68.3%, 56/82), while training/extension support was the top need (83.1%, 69/83). Practising any biosecurity measure did not differ by gender (p=1.00) or age group (p=0.514).
CONCLUSIONS
Nonetheless, there are gaps in zoonotic awareness and veterinary participation, which are perceived to be of high importance. One Health that combines specific farmer education as a part of extension services and enhancing veterinary outreach is required to enhance the biosecurity adoption and minimize the risks of zoonotic.
Popul. Med. 2026;8(Supplement 1):A306

ABS1320

Assessment of the carbon footprint of meat and fish procurement in israeli hospital settings: time trends, expenditures and alternative scenarios

Ilknur Ayvaz[1], Meidad Kissinger[2], Sigal Frishman[3], Moran Blaychfeld-Magnazi[4], Raanan Raz[1]
[1]Braun School of Public Health and Community Medicine, Hebrew University of Jerusalem, Jerusalem, Israel, [2]The Department of Environmental, Geoinformatics and Urban Planning Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel, [3]Nutrition Department, Clalit Health Services, Tel Aviv, Israel, [4]Nutrition Division, Israel Ministry of Health, Jerusalem, Israel

BACKGROUND
Climate change poses a major threat to global health, underscoring the need for mitigation efforts, including sustainable practices within the healthcare sector. Food procurement in healthcare institutions contributes to greenhouse gas (GHG) emissions, with red meat being a major driver. This study aimed to evaluate the carbon footprint of meat and fish procurement in Israeli hospitals and to assess the effects of alternative procurement scenarios on GHG emissions and food expenditures.
METHODS
This simulation study examined meat and fish procurement in 13 Clalit hospitals, Israel's largest healthcare provider, using procurement data from 2019 to 2023. GHG emissions from meat and fish procurement, covering stages from cradle to farm gate, were calculated using Israeli emission coefficients where available. Expenditures, procurement quantities, and related GHG emissions were normalized by the average number of hospital beds. Distributions by food category, temporal trends, and inter-hospital comparisons were analyzed. Alternative procurement scenarios were modeled to reduce beef consumption and replace it with healthier, more sustainable options, including poultry, fish, and plant-based proteins, accounting for portion-size adjustments, post-cooking weight changes, and equivalent protein content.
RESULTS
Meat and fish accounted for 25% of total food expenditures in Clalit hospitals, whereas legumes comprised less than 1%. Beef was responsible for 71% of total GHG emissions despite representing less than 20% of the total quantity procured. Substantial variability in expenditures, GHG emissions, and carbon intensity was observed across hospitals. Scenario analyses showed that replacing beef with poultry and fish reduced GHG emissions, while greater inclusion of plant-based proteins achieved further reductions in emissions alongside cost savings.
CONCLUSIONS
Beef procurement is the dominant contributor to food-related GHG emissions in major Israeli hospitals. Gradual substitution of beef with plant-based proteins offers a feasible strategy to reduce hospitals' carbon footprints, lower food costs, and promote healthier diets for patients and staff.
Popul. Med. 2026;8(Supplement 1):A307

ABS1349

Sustainability and nutritional composition of food choices in a hospital canteen: pre-intervention vs. post-intervention

Elisa Mansutti[1], Federica Fiori[1], Diana Menis[2], Peter Cautero[3], Caterina Liudmila Graziani[4], Daniela Zago[3], Yvonne Beorchia[5], Lucia Lesa[3], Lucrezia Grillone[6], Francesca Cortelazzo[6], Angelica Cosolo[6], Manuela Mauro[6], Laura Brunelli[1,7], Maria Parpinel[1]
[1]Department of Medicine, University of Udine, Udine, Italy, [2]Health District of Gemona, Friuli Centrale Healthcare University Trust, Gemona, Italy, [3]Medical Directorate, Hospital "Santa Maria della Misericordia" of Udine, Friuli Centrale Healthcare University Trust, Udine, Italy, [4]Health District of Udine, Friuli Centrale Healthcare University Trust, Udine, Italy, [5]Institute of Hygiene and Evaluative Epidemiology, Friuli Centrale Healthcare University Trust, Udine, Italy, [6]Food hygiene and nutrition Unit, Department of Prevention, Friuli Centrale Healthcare University Trust, Udine, Italy, [7]Accreditation, Quality, and Clinical Risk Unit, Friuli Centrale Healthcare University Trust, Udine, Italy

BACKGROUND
Workplace canteens provide an effective setting to improve user's dietary habits, and hospital canteens should also serve as exemplary models. The aim of this study was to investigate users' choices regarding nutrient composition and environmental impact in a hospital canteen before and after a combined educational and environmental intervention.
METHODS
A cross-sectional study was conducted in the canteen of Udine University Hospital (Italy) during two index weeks in September 2022 (T0) and September 2023 (T1). A mixed intervention was introduced between T0 and T1, consisting of educational posters on healthy eating, a self-service fruit and salad bar, and posters with descriptive norm messages. Photos of lunch trays were collected, and choices were analyzed for nutritional composition and sustainability, using the Italian Food Composition Database for Epidemiological Studies and the SU-EATABLE LIFE dataset, respectively.
RESULTS
A total of 1,803 user trays were analyzed (798 at T0, 1,005 at T1). In terms of energy contribution (%E), there was a decrease in protein (-1%E) and lipids (-1%E), and an increase in carbohydrates (+1%E) and fibers (+1%E) from T0 to T1. The median energy content of the meal increased slightly (854 kcal/tray at T0 vs 884 kcal/tray at T1). The carbon footprint (CF) and water footprint (WF) of the meal were 1,338 gCO2eq. and 1,229 L H2O at T0, and 1,227 gCO2eq. and 1,207 L H2O at T1.
CONCLUSIONS
After the mixed intervention, we observed an improvement in environmental indicators, although CF and WF remain above the recommended range (CF: 800–1,000 g CO2 equivalents/meal, WF: 700–1,000 L H20/meal). Minimal improvements were also observed in the macronutrient composition of the meal. Further strategies should include changes in the food offer to nudge healthier choices for users and for the planet.
Popul. Med. 2026;8(Supplement 1):A310

ABS1350

How much do hospital canteens waste?

Elisa Mansutti[1], Federica Fiori[1], Diana Menis[2], Peter Cautero[3], Caterina Liudmila Graziani[4], Daniela Zago[3], Lucia Lesa[3], Enrico Scarpis[5], Alessandro Conte[6], Laura Brunelli[1,7], Maria Parpinel[1]
[1]Department of Medicine, University of Udine, Udine, Italy, [2]Health District of Gemona, Friuli Centrale Healthcare University Trust, Udine, Italy, [3]Medical Directorate, Hospital "Santa Maria della Misericordia" of Udine, Friuli Centrale Healthcare University Trust, Udine, Italy, [4]Health District of Udine, Friuli Centrale Healthcare University Trust, Udine, Italy, [5]Medical Directorate, Hospital of Palmanova-Latisana, Friuli Centrale Healthcare University Trust, Palmanova, Italy, [6]Medical Directorate, Hospital of San Daniele-Tolmezzo, Friuli Centrale Healthcare

University Trust, San Daniele, Italy, [7]Accreditation, Quality, and Clinical Risk Unit, Friuli Centrale Healthcare University Trust, Udine, Italy

INTRODUCTION

Food waste in canteens includes food served but not consumed (plate waste, PW) and leftovers on the counter after service (counter food waste, CFW). The study aim was to characterize PW in terms of weight, energy, environmental indicators, and food categories, and to quantify CFW in three hospital canteens in the province of Udine (northeastern Italy).

METHODS

During a reference week in September 2023, user trays in three hospital canteens (C1, C2 and C3) were photographed before and after lunch. A modified Comstock visual scale was used to assess PW, and the SU-EATABLE Life database was used to estimate its environmental indicators. To evaluate CFW, leftover dishes on the canteen counter were weighed at the end of service.

RESULTS

A total of 1,624 trays were analyzed, of which 1,005 were in C1, 348 in C2, and 271 in C3. Of these, 59%, 79%, and 75% were fully consumed (zero PW), respectively. Side dishes were the main wasted food category in all canteens, accounting for 20-37% of total PW. The largest canteen (C1) reported the highest values of PW (44.3 g/tray, 58.7 kcal/tray) and the worst sustainability values, with a carbon footprint of 93.4 g CO2 eq./tray and a water footprint of 83.7 L H2O/tray. Considering the analysed trays, the PW accounts for approximately 113 kg of CO2 and 80,245 wasted kcal. Approximately 66 kg of CFW were weighed in C1, 101 kg in C2, and 8 kg in C3.

CONCLUSIONS

The environmental impact of PW and CFW in hospital canteens should be considered in addition to energy and nutrients waste. In line with the European Green Deal, improvement strategies should address the 3 Rs of food waste: Reducing plate waste, Reusing leftovers or donating surplus food, and Recycling by composting or sending scraps for energy recovery or feed production.

Popul. Med. 2026;8(Supplement 1):A311

ABS1354

Drivers of zoonotic Campylobacter transmission in slaughterhouses: Insights from Nigeria for global One Health improvement

Emmanuel O Njoga[1], James W Oguttu[1], Kennedy F Chah[2]

[1]Agriculture and Animal Health, University of South Africa, Johannesburg, South Africa, [2]Faculty of Veterinary Medicine, University of Nigeria, Nsukka, Enugu State, Nigeria

ABSTRACT

A cross-sectional survey was conducted among 188 randomly selected slaughterhouse workers (SHWs) in Enugu State, Nigeria, to determine the drivers of zoonotic Campylobacter transmission in slaughterhouse setting. Data on socio-demographics, hygiene practices, knowledge of Campylobacter transmission, and self-reported gastroenteritis symptoms were collected using a validated questionnaire. Descriptive statistics and a binary logistic regression model were applied to identify determinants of Campylobacter transmission risk practices and knowledge gaps. Over half of the respondents (56.4%) were at a high-risk of Campylobacter infection, due to non-use of personal protective equipment (PPE) (77.1%), washing multiple carcasses in the same water bowl (54.8%), eating or drinking during carcass/meat processing (45.7%), and consuming raw or undercooked meat (36.7%). Most workers (90.4%) used non-potable water for carcass/meat processing, with only 14.1% reporting purification of the water used. Age (p = 0.028; OR = 2), slaughterhouse location (OR = 2; p = 0.007), absence of training (OR = 3.7; p = 0.001), and low educational level (OR = 3.7; p = 0.020 were significantly associated with Campylobacter transmission risky practices. Significant knowledge gaps were evident, as 28.2%, 51.1%, 52.7% and 56.9% of the SHWs, respectively, did not recognize that Campylobacter infection could arise from consuming contaminated meat, eating/drinking while handling carcasses, using unsafe water during processing, neglecting PPE. Most (64.4%) SHWs reported gastroenteritis symptoms, with 76% of them continuing carcass processing despite the illness. Workers who had low knowledge scores were five times more likely (OR = 4.5) to report gastroenteritis symptoms. This study revealed low education, lack of training on meat processing, unhygienic meat processing practices, and high prevalence of gastroenteritis symptoms among the SHWs. Context-specific interventions, including provision of potable water, strict enforcement of hygiene standards, routine training in local languages, regulatory oversight and mandatory PPE use, are imperative.

Popul. Med. 2026;8(Supplement 1):A312

ABS1405

Toward a climate-informed predictive risk assessment for occupational hazards in mining and agriculture in zimbabwe

Bernadette Jani[1], Tatenda Nyenda[2]

[1]1 Environmental science and technology, Marondera university of agricultural sciences and technology, Marondera, Zimbabwe, [2]2 Geography, environmental sustainabilty and resilience building, Midlands state university, Gweru, Zimbabwe

ABSTRACT

introduction. Climate change is increasingly amplifying occupational health and safety (OHS) risks, particularly in climate-sensitive sectors such as mining and agriculture. In southern africa, and zimbabwe in particular, climate-related stressors pose significant threats to worker health, safety, and productivity. However, most existing occupational risk assessment tools remain static, retrospective, and insufficiently responsive to dynamic climatic conditions. Methods. This study develops a climate-informed predictive risk assessment model for zimbabwe's mining and agricultural sectors. The methodology involves a structured synthesis of peer-reviewed climate–health literature, occupational safety guidelines, and sector-specific hazard assessments to identify key predictive variables. A conceptual model integrating these variables into an interpretable risk scoring framework is proposed. The model's operational logic is simulated using microsoft excel to validate variable interactions and demonstrate the generation of actionable risk alerts. In addition, a low-cost, practitioner-centred software framework is conceptually designed for field application. Results. The study produces three key outputs. First, a validated set of climate and workplace variables critical for predicting occupational hazards in the target sectors is identified. Second, a functional excel-based simulation demonstrates the internal logic of the model and its capacity to generate context-specific risk outputs. Third, a prototype software design outlines a feasible implementation pathway for safety, health and environmental (SHE) personnel operating in resource-constrained settings. The findings further establish a clear conceptual pathway for future integration of wearable physiological monitoring data to support personalised risk assessment. Conclusions. By providing a practical and scalable framework, this research supports a shift from reactive to anticipatory occupational health practice. The proposed model has the potential to reduce climate-attributable occupational injuries and illnesses, thereby strengthening climate-responsive public health protection for vulnerable workers in low- and middle-income country contexts. Keywords: climate change, occupational health and safety, predictive risk assessment, mining, agriculture, zimbabwe

Popul. Med. 2026;8(Supplement 1):A315

ABS1407

Effect of climate change on indigenous mental well-being from a one health perspective using a mixed methods approach

Kusumsheela Bhatta[1], Madhusudan Subedi[2]

[1]Policy, Planning and Public Health Division, Ministry of Health, Gandaki, Pokhara, Nepal, [2]School of Public Health, Patan Academy of Health Sciences, Lalitpur, Nepal

INTRODUCTION

according to the intergovernmental panel on climate change (IPCC), the increasing trend of climate change presents a growing concern for mental health and psychosocial well-being. Leading to emotional distress, anxiety, depression, grief, and potentially suicidal behavior. Using a one health lens, which acknowledges the interconnectedness of human health, environmental integrity, and animal well-being, this study explores the impacts of climate change on mental well-being among indigenous populations.

METHODS

a sequential exploratory mixed-method design was used in madi municipality of chitwan district and madhyabindu municipality of nawalparasi district. The qualitative phase involved in-depth interviews with 23 tharu community members to explore experiences of climate change-related stress and coping mechanisms. Findings informed a quantitative survey of 510 participants to assess climate change anxiety. Data were collected using kobo toolbox and analyzed in STATA 13 MP and EZR. Bivariate and multivariate logistic regression analyses assessed associations between climate change vulnerability factors and mental well-being, controlling for potential confounders. Ethical clearance was obtained from nepal health research council.

RESULTS

qualitative findings were organized into a one health framework showing how environmental, animal, and human health disruptions collectively influence mental well-being. Quantitative results indicated that 71.2% of participants scored above the cut-off of 21 on the climate change anxiety scale. Multivariate analysis showed higher odds of anxiety among individuals using chemical fertilizers (AOR 7.34, 95% CI 2.38-22.60), perceiving worsening animal treatment (AOR 2.72, 95% CI

1.27-5.83), and receiving early warning information (AOR 2.59, 95% CI 1.44-4.67). Traditional farming practices (AOR 0.16, 95% CI 0.08-0.30) and low climate change perceptual awareness (AOR 0.24, 95% CI 0.13-0.44) were protective.
Popul. Med. 2026;8(Supplement 1):A316

ABS1449
Use of Climate Information Services as a Decision-Making Tool for Monitoring Meningitis Outbreaks in Africa
WENDLASIDA COMBERE[1], Ousmane Ndiaye[1], Pierre Kamsu[1]
[1]Climate and health, African Centre of Meteorological Applications for Development, Niamey, Niger
BACKGROUND
Epidemic meningitis remains a major public health challenge in the African "meningitis belt," stretching from Senegal to Ethiopia and affecting over 500 million people. Outbreaks are strongly associated with dry-season environmental conditions, including high temperatures, low humidity, and increased dust concentrations. To address this challenge, the African Centre of Meteorological Applications for Development (ACMAD) has developed a co-production approach that integrates real-time sub-seasonal and seasonal climate forecasts into a Meningitis Early Warning System (MEWS). Climate forecast products are used to co-design tailored information that supports public health decision-making. This work presents the MEWS co-production framework and highlights the added value of climate information services in public health response.
METHODS
MEWS integrates sub-seasonal forecasts of temperature, humidity, and dust to identify areas at risk of meningitis outbreaks. A coordination platform brings together ACMAD team and health stakeholders to co-design meningitis vigilance maps. During the epidemic season, weekly forecasts and vigilance maps are produced and discussed during biweekly coordination meetings with WHO-AFRO team to guide response actions. The platform also serves as a feedback mechanism, enabling continuous validation of forecasts to improve system accuracy and operational relevance.
RESULTS
The co-production framework resulted in operational vigilance maps and sustained user engagement, facilitating effective uptake of forecasts by health-sector decision-makers. Since implementation, MEWS maps have been issued twice weekly, enabling timely alerts and preparedness actions. In 2021, it supported the rapid containment of epidemic clusters within the meningitis belt. The initiative strengthened cross-sector collaboration, improved knowledge sharing, and enhanced the usability of climate information.
CONCLUSIONS
Climate-informed early warning systems represent a cost-effective adaptation measure for epidemic control. Institutionalizing MEWS, ensuring policy uptake, and sustaining climate–health partnerships are essential to achieving the WHO "Defeating Meningitis by 2030" goals.
Popul. Med. 2026;8(Supplement 1):A317

ABS1643
Comparative assessment of PM□.□ and carcinogenic trace elements across four South African sampling sites
Janine Wichmann[1], Johan Boman[2], Peter Molnar[3]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [2]Department of Chemistry and Molecular Biology, University of Gothenburg, Gothenburg, Sweden, [3]Department of Occupational and Environmental Medicine, Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, University of Gothenburg, Sweden
BACKGROUND
Fine particulate matter (PM.) is a major contributor to global disease burden, yet long-term monitoring and chemical characterisation remain limited in low- and middle-income countries, including South Africa. While PM. mass concentrations are routinely reported, less is known about PM.-bound carcinogenic trace metals and their associated health risks in African settings. These metals can penetrate deep into the respiratory system and induce oxidative stress, inflammation and cancer, underscoring the need for site-specific exposure and risk assessments. The aim was to compare PM. concentrations and carcinogenic trace element risks across four South African sites (Pretoria, Thohoyandou, Mabopane and Bloemfontein).
METHODS
24-hour PM. samples were collected at regular intervals, analysed gravimetrically and chemically characterised using energy-dispersive X-ray fluorescence. Health risks were estimated following the U.S. EPA Human Health Risk Assessment framework, with lifetime excess cancer risks calculated for arsenic (As), nickel (Ni) and hexavalent chromium (Cr(VI)). The World Health Organization (WHO) annual PM. guideline of 5 µg/m was used as a reference.
RESULTS
Mean PM. concentrations exceeded the WHO annual guideline at all sites, with the highest levels observed in Pretoria (23.2 µg/m), followed by Thohoyandou (11.0 µg/m), Bloemfontein (11.0 µg/m) and Mabopane (10.0 µg/m). Ni was the most consistent contributor to cancer risk across sites, with lifetime excess cancer risks exceeding commonly accepted benchmarks. As contributed additional seasonal risk in Pretoria, while Cr(VI) dominated cancer risk in Bloemfontein.
CONCLUSIONS
PM. pollution in South Africa remains well above the WHO guideline, with carcinogenic trace metals contributing substantially to health risks. Concentrations were consistently elevated during cold and dry seasons, reflecting increased domestic fuel combustion and reduced atmospheric dispersion. Ni sources may include traffic, industrial activities and combustion sources. Expanded chemical speciation monitoring and targeted emission control strategies are needed to reduce exposure, particularly in vulnerable communities and high-risk environments.
Popul. Med. 2026;8(Supplement 1):A330

ABS1706
Climate & Health 101: Foundations for Public Health Action in a Warming World
Azeeza Rangunwala[1], Shweta Narayan[2]
[1]groundWork South Africa, Pietermaritzburg, South Africa, [2]Campaign Lead, Global Climate and Health Alliance, Kumily, India
INTRODUCTION
Climate change is the greatest public health threat and equity challenge of the 21st century, disrupting progress across the Sustainable Development Goals. Yet many practitioners lack accessible, foundational training on the core pathways linking climate change and health. This 60-minute session aims to build essential literacy in climate-health science, impacts, and public health actions. Health professionals play a role in ensuring that the health sector is climate resilient.
METHODS
The session will employ a blended pedagogical approach combining: Evidence-based framing using current scientific assessments to outline the major exposure pathways, including extreme heat, air pollution, changing disease vectors, food and water insecurity, mental health impacts, and climate-related displacement. Contextual and equity-focused analysis to highlight disproportionate risks faced by low-income communities, Indigenous peoples, children, older adults, and workers in climate-exposed sectors. Case-based learning, drawing on global examples—from heat action plans and air-quality interventions to community-led resilience initiatives—to illustrate practical mitigation and adaptation strategies. Interactive engagement, including a short framing exercise enabling participants to articulate climate-health risks and solutions in their own contexts.
RESULTS
Participants will gain: A clear understanding of the fundamental scientific links between climate change, fossil-fuel pollution, and health. Improved ability to identify and explain key health impacts across the life course. Insights from real-world public health responses demonstrating effective policy, practice, and community action. Strengthened confidence in communicating climate and health issues to policymakers, peers, and the public. Practical entry points for integrating climate considerations into existing public health programs and institutional strategies.
CONCLUSIONS
Equipping public health professionals with foundational climate-health knowledge is essential to protecting health in a rapidly warming world. By combining evidence, equity, and practical tools, this session aims to catalyze stronger public health engagement, foster interdisciplinary collaboration, and support a global shift toward healthier, more resilient, and fossil-free communities.
Popul. Med. 2026;8(Supplement 1):A334

ABS1732
Replacing traditional proteins with alternative protein foods: Results of two systematic reviews on psychosocial and environmental determinants
Aleksandra Luszczynska[1], Hanna Zaleskiewicz[1], Anna Kornafel[1], Natalia Paduszynska[1]
[1]SWPS University, Warsaw, Poland
INTRODUCTION
Sustainable dietary changes, such as replacing traditional proteins with alternative protein food (APF) based on plants, microorganisms, fungi or insects,

requires changing consumers beliefs and motivations, as well as presence of social and physical facilitators in the environment. This study investigates (i) psychological and social determinants of APF intake and (ii) characteristics of physical environment structures (e.g., supermarkets, restaurants, online vendors) that act as barriers or facilitators of APF choices.
METHODS
13 databases were searched in two preregistered systematic reviews (#CRD42023388700 and #CRD42023388694). A total of 28 reviews were included to identify psychosocial determinants and 36 original studies addressing build food environment were analyzed. Risk of bias was evaluated with ROBIS and Joanna Briggs Institute quality evaluation tools.
RESULTS
Psychosocial determinants of APF intake may differ depending on the APF sources. For plant-based APF choices, consistent support was obtained for associations with: capabilities (e.g., cooking skills), familiarity with APF, consumers' beliefs (health-related, pro-environmental, and sustainability benefits, animal welfare), younger age, and higher education. For insect-based APF intake, consistent support was obtained for APF knowledge, APF familiarity, positive social and cultural norms, low technology distrust, perceived health benefits and risks, perceived pro-environmental and sustainability benefits, emotions (curiosity, neophilia, disgust), male gender, and younger age. Environmental barriers to regular AFP intake refer to a mismatch between retailers' actions of making APF available in one type of environmental structure (e-commerce), and consumers' preference for availability in other structures (supermarkets, local groceries). Effects of social factors are moderated by the type of APF and the environmental structure. For example, in restaurants, masculinity-related social norms act as barriers for plant-based APF choices, but not for insect-based APF intake.
CONCLUSIONS
Recognizing differences in potential determinants across various APF sources is essential for designing environment-matching interventions that aim to mainstream sustainable diets, rich in alternative proteins.
Popul. Med. 2026;8(Supplement 1):A337

ABS1745
There is Nothing "Natural" about these Disasters: The Need for a Decolonial and Harm Reduction Approach in the times of Climate Crisis
Tanagra Maria Melgarejo[1]
[1]National Harm Reduction Coalition, San Juan, Puerto Rico
ABSTRACT
Fires. Hurricanes. Drought. Typhoons. Medicaines. Tornados. Overfishing. Pollution. Aggressive deforestation. Unbridled construction. What do all of these have in common? Capitalism, sexism, imperialism, racism and greed. Our planet is suffering and the consequences of putting profits over people is having a profound impact on humanity and in particular those that are most vulnerable - people who use drugs, engage in sex work, those that are unhoused or live in communities threatened by environmental racism and ecological catastrophes. The goal of this organized workshop session is to demonstrate the connections between the systemic and structural violence experienced by people who use drugs, environmental and ecological racism and how harm reduction can be a concrete practice and approach that can provide communities a space for organizing, transformation and action.
Popul. Med. 2026;8(Supplement 1):A338

ABS1749
Structural syndemics: from diagnosis to action on inequality, climate, and health sovereignty in Africa
Moeketsi Modiseyane[1], Joyce Shirinde[1], Suzan Nzenze[2], Bono Nemukula[3]
[1]1 School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [2]2 Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, Johannesburg, South Africa, [3]3 Environmental Health and Port Health, National Department of Health, Pretoria, South Africa
ABSTRACT
The defining problem for public health in Africa is the complex interaction between infectious disease threats, increasing burden for non-communicable diseases, climate-enhanced disasters, and deeply ingrained health disparities. Current strategies often treat these as distinct crises, resulting in disjointed, symptom-focused solutions that overlook the underlying social, political, and economic systems that consistently create vulnerability. When disasters strike, these forces interact as structural syndemics—mutually reinforcing systems based on gendered inequality, extractive political economies, and misaligned global financing architectures that systematically determine who is most vulnerable, who becomes ill, and who recovers. This organised session will present "Structural Syndemic Cycle" framework to clarify how political-economic processes create differential vulnerability, how disasters cause synergistic health crises, and how traditional solutions sustain cycles of dependency. Key questions: • How can the pillars of the Africa Health Security and Sovereignty (AHSS) agenda be used to eliminate systemic injustices that cause health disparities during disasters rather than to make accommodations for them? • How can financing for pandemic prevention and climate adaptation directly support community-led, gender-transformative health sovereignty amidst rising non-communicable disease burden? • In restructuring health and climate governance, how can African youth, the largest demographic and most impacted generation, be positioned as agents of structural change? Session format: The aim is to transform evidence of systemic injustices into a concrete agenda for transformative health sovereignty. • Utilize the "Structural Syndemic Cycle" model to show why the success of the AHSS Agenda rests on addressing the underlying political and economic causes of vulnerability. • Moderated discussion on practical levers, climate-resilient primary care, financing community-led, gender-transformative health systems, and positioning youth as agents of structural change. • This session will develop a "2026 Action Compact" as Africa's transformative sovereignty agenda, to outline how global climate finance and pandemic governance must be realigned.
Popul. Med. 2026;8(Supplement 1):A339

ABS1764
Flood and Wellbeing – What is the Evidence?
Amber Abrams[1]
[1]Civil Eng, Future Water research institute - Civil - EBE, Cape Town, South Africa
BACKGROUND
Lack of access to clean, safe water is a global health crisis affecting billions of people. Evidence suggests an increase in diseases attributable to climate change, especially in low-income countries where limited budgets and infrastructure create challenges in responding to extreme climate or weather events (EWEs). Climate change impacts water-related diseases and healthcare concerns, however, data on climate-impacted, water-associated public health concerns are not often consolidated and synthesized. Research suggests that climate change is contributing to increased frequency and severity of EWEs. This requires understanding the extent to which these events may impact wellbeing, human health and ecosystems around us (OneHealth). A team of researchers have reviewed flood-related events since 2020 to understand the landscape on available research and map the evidence base.
METHODS
In May 2025, four databases (SCOPUS [140], PubMed [883], Africa Wide [239] and Web of Science [2054]) were searched using the original search string from the first health vulnerability indicator (HVI) flooding study (available upon request). Our data extraction and analysis enables us to report on emergent topics, as well as offering an evidence base to understand health impacts linked to flooding.
RESULTS
Studies from databases/registers were extracted with n = 2978 studies. Thereafter, 133 duplicates were removed, and 2845 studies were moved into Covidence for initial screening (title and abstract screening). Two thousand five hundred twenty-six (2526) studies were excluded at title abstract screening. In August three hundred nineteen (319) studies remained for full-text review. In December 64 studies remained for data extraction. Data extraction has been completed. Data analysis is underway to identify and report on the research landscape and the available evidence base.
CONCLUSIONS
Early analysis indicates that disease that incidence of studies exploring these topics, as well as the geographic spread of such studies has increased over time.
Popul. Med. 2026;8(Supplement 1):A340

ABS1779
Mapping Areas of High Risk for Waterborne Zoonoses in the Eastern Cape: Integrating Multi-Criteria Decision Analysis with GIS to Identify Critical Rivers
Siyabonga Mazibuko[1]
[1]Institute for Water Research, Rhodes University, Grahamstown, South Africa
INTRODUCTION
Waterborne zoonotic diseases remain a major global public health concern, contributing to approximately 2.5 billion infections and 2.7 million deaths annually. The Eastern Cape Province of South Africa is particularly vulnerable due to extensive rural settlements, high livestock density, and inadequate water and sanitation infrastructure. Many communities depend on river systems that are frequently contaminated with zoonotic pathogens, yet spatial tools to identify

high-risk areas are limited. This study aimed to develop and validate a spatial risk map for waterborne zoonotic diseases in the Eastern Cape Province.
METHODS
A multi-criteria decision analysis (MCDA) integrated with geographic information systems (GIS) was applied to develop a provincial risk map. Eight environmental drivers, including flooding, temperature, rainfall, wastewater treatment plants, population density, drought, livestock presence, and agricultural activities, were weighted using the analytic hierarchy process (AHP). The resulting composite map classified the province into five risk levels. Validation was conducted at eight sampling sites along the Bloukrans and Buffalo rivers during winter and summer using microbiological and molecular analyses.
RESULTS
Strong positive correlations were observed between predicted risk levels and measured concentrations of Escherichia coli O157:H7, particularly during summer (Bloukrans River R = 0.92 p = 1.8 × 10; Buffalo River R = 0.93 p = 1.6 × 10). Turbidity also correlated significantly with site risk level. Polymerase chain reaction analysis confirmed the presence of the fliC H7 gene in 97.9% of isolates and the invA gene for Salmonella enterica in 43.8% of presumptive isolates. The eaeA virulence gene was detected in 29.8% of Bloukrans River isolates.
CONCLUSIONS
The integration of MCDA and GIS effectively identified and predicted areas vulnerable to waterborne zoonotic contamination in the Eastern Cape Province, providing a useful decision-support tool for targeted intervention and public health planning.
Popul. Med. 2026;8(Supplement 1):A341

ABS1780

Where does public health go after the UN Framework Convention on Climate Change summit in Belem, Brazil (CoP30)? Opportunities arising from the International Court of Justice advisory opinion and a UN General Assembly Special Session on climate change

David Patterson[1,2,3], Farhang Tahzib[4,5], Hannah Marcus[6], Eva Maria Mfutso Bengo[7]
[1]Groningen Centre for Health Law, Faculty of Law, University of Groningen, Groningen, Netherlands, [2]Law and Public Health Section, European Public Health Association, Utrecht, Netherlands, [3]Aletta Jacobs School of Public Health, University of Groningen, Groningen, Netherlands, [4]Ethics and Public Health Section, European Public Health Association, Utrecht, Netherlands, [5]Public Health, Ethics and Law Network, Global Network for Academic Public Health, Washington, DC, United States, [6]Environmental Health Working Group, World Federation of Public Health Associations, Toronto, Canada, [7]School of Business and Economic Sciences, Malawi University of Business and Applied Sciences, Blantyre, Malawi
BACKGROUND
Climate change is causing extreme weather, spreading of disease, devastating and lasting harm to humans, nature and the planet, and heightened conflict and insecurity.(1,2) We have increasingly dire scientific evidence of the health arguments for urgent climate action.(3,4) This workshop will review the opportunities for advocacy and legal action following the International Court of Justice (ICJ) advisory opinion on climate change(5), and highlight the case for an UN General Assembly Special Session (UNGASS) on climate change.(6,7) Thirty years after the adoption of the UN Framework Convention on Climate Change (UNFCCC), progress has been hampered by the limitations of CoP meetings and processes, with the need for consensus, influence of the fossil fuel industry, the rise in populism, and recent geopolitical fragmentation. Opportunities have also emerged. In July 2025 the ICJ delivered a wide-ranging advisory opinion which also affirmed states' international legal obligations to advance the right to health in the climate crisis. Similar guidance has been delivered by regional courts in the Americas and Europe (Africa is pending). Description: The workshop will review the outcomes of CoP30 from a public health perspective and the positioning of health as the argument for climate action. It will draw on experience with a prior and continuing threat to global health, the HIV pandemic, and consider how a UNGASS on climate change might break the logjam of state inaction. Speakers with direct experience of the UNGASS on HIV and CoP30 will highlight opportunities for civil society, states and other actors to use these developments as opportunities for climate action. An open discussion of the role of the public health community in climate action will follow.
CONCLUSIONS
The ICJ advisory opinion and an UNGASS on climate change provide critical new opportunities for public health advocacy for climate action at national, regional and global levels.
Popul. Med. 2026;8(Supplement 1):A342

ABS1805

Climate Change and Health Adaptation: China's Practice

Tiantian Li[1,2], Minghui Ren[3,4], Limin Wang[5,6], Taiyuan Zhang[7], Bin Li[8], Feng Yang[9], Raman Bedi[10,11]
[1]Environmental Health Branch, Chinese Preventive Medicine Association, Beijing, China, [2]National Institute of Environmental Health, Chinese Center for Disease Control and Prevention, Beijing, China, [3]Vice President, Chinese Preventive Medicine Association, Beijing, China, [4]China Center for Health Development Studies, Peking University, Beijing, China, [5]Committee on Healthy Lifestyles and Community Health, Chinese Preventive Medicine Association, Beijing, China, [6]National Center for Chronic and Noncommunicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention, Beijing, China, [7]Huafeng Meteorological Media Group of China Meteorological Administration, Beijing, China, [8]President, Chinese Preventive Medicine Association, Beijing, China, [9]Executive vice president & Secretary General, Chinese Preventive Medicine Association, Beijing, China, [10]World Federation of Public Health Associations, London, United Kingdom, [11]King's College London, London, United Kingdom
INTRODUCTION
Climate change is a critical public health threat, triggering extreme weather events, aggravated air pollution, shifted disease transmission patterns and growing health inequities. The World Health Organization urges countries to strengthen climate-health adaptation systems, yet translating scientific evidence into cross-sectoral, sustainable interventions remains a global bottleneck. In response, China has developed systematic policy innovations and technical practices for climate-health adaptation. This session spotlights China's progress in policy coordination, early warning technologies, behavioral interventions and public communication, aiming to identify replicable models for global knowledge sharing and resilient governance.
METHODS
Adopting an interactive format, the session convenes experts from public health, climate science and health communication. Discussions cover climate-health governance policies, lifestyle-based risk intervention, heat-health early warning practices, and innovative public communication approaches, integrating presentations, guided dialogue, and audience interaction.
RESULTS
The session is structured around four core themes. At the policy level, it will review global and Chinese policy frameworks and implementation pathways for climate-health governance, clarifying the evolution and distinctive features of China's approach. At the technical level, it will examine lifestyle-based intervention strategies and heat-health early warning mechanisms. At the practice level, the session will showcase case studies of heat-health protection in key settings and targeted health communication tools. Cross-sector dialogue seeks to build consensus on an integrated "monitoring–early warning–intervention–communication" framework to bridge knowledge and action.
CONCLUSIONS
This session will synthesize scalable experience models, identify opportunities and challenges in current practice, and contribute to strengthening climate change and health adaptation systems. The outcomes are intended to provide actionable references for countries and regions to develop and implement context-specific climate and health adaptation strategies, supporting the joint advancement of global climate governance and health equity.
Popul. Med. 2026;8(Supplement 1):A343

ABS1826

How to effectively co-create complex interventions for dual benefits of climate change and health?

Nushrat Khan[1], Asri Maharani[2], Sujarwoto Sujarwoto[3]
[1]Primary Care and Public Health, Imperial College London, London, United Kingdom, [2]Nursing & Midwifery, University of Manchester, Manchester, United Kingdom, [3]Department of Public Administration, University of Brawijaya, Malang, Indonesia
ABSTRACT
The catastrophic effects of climate change on our lives are becoming more evident than ever, and those living in low-resource settings are particularly vulnerable to this. To tackle such challenges, it is important to co-develop context-specific solutions with the local communities and ensure co-benefits to the environment and human health. Besides this, health systems strengthening is vital to prepare for the emerging health challenges and provide adequate and timely care to the community. In this workshop, we will present a case study from East Java in Indonesia where air pollution due to plastic burning is an ongoing challenge. Drawing on work from a Global Health Research Centre, we will showcase the co-development and implementation of two interlinked complex interventions.

The first is the co-design of the SMARThealth Climate intervention, a digitally enabled primary health care model iteratively developed with frontline healthcare professionals, community members, and local health authorities to integrate climate-related risk assessment, non-communicable disease prevention and management into routine care. The second is a multisectoral intervention with the aim to improve plastic waste management in the region, build capacities on the ground and improve awareness among the community. In the first part of the workshop, we will describe the unique strategy we have developed as part of our Centre for co-creating complex planetary health interventions and how such processes could be adapted to other settings. In addition, we will detail the components of both complex interventions, how these are integrated to address the issue of plastic burning, and challenges we faced along the way. In the second part of the workshop, we will engage in an interactive activity using the Round Robin technique to collaboratively ideate around context-specific planetary health issues and what tools and frameworks can be used to address these challenges in a structured manner.

Popul. Med. 2026;8(Supplement 1):A346

ABS1879

Healthcare access vulnerability in groundwater-dependent regions: preliminary methods for a surveillance framework from the American High Plains aquifer

Chase Branstetter[1], Ethan Laudie[2], Kaya Nies[3]

[1]Internal Medicine and Pediatrics, Children's Mercy, Kansas City, United States, [2]School of Medicine, University of Missouri Kansas City, Kansas City, Missouri, United States, [3]School of Medicine, University of Kansas, Kansas City, Kansas, United States

INTRODUCTION

Groundwater depletion drains aquifers supporting irrigation, drinking water, and economies, yet healthcare access implications are incompletely captured by public health surveillance. In groundwater-dependent regions, water stress may precede healthcare system strain by reshaping agricultural viability, population stability, and service demand before morbidity and mortality signals emerge. 3 The High Plains Aquifer (~450,000 km) provides a well-instrumented reference case to compare healthcare access vulnerability in groundwater-dependent regions.4

METHODS

We developed a county-level, cross-sectional surveillance framework in western Kansas assembling a dataset across domains: groundwater exposure and dependence, climate stress, socioeconomic and language barriers, service availability and redundancy, and geographic accessibility to hospital, emergency, and obstetric care. Indicators were fixed a priori and maintained in a registry for reproducibility and cross-setting comparison. The staged framework includes Tier 1 exposure classification via polygon intersection with the High Plains Aquifer; Tier 2 domain population to characterize access configurations; and Tier 3 computation under facility-loss scenarios to quantify shock sensitivity. Unlike composite indices, domains are not collapsed into a single score, preserving surveillance of structural access conditions.

RESULTS

Tier 1 identified 56 aquifer-exposed counties with heterogeneity in aquifer overlap, demonstrating feasibility of exposure classification. An indicator registry and preliminary Tier 2 integration has been established, including socioeconomic and language-access indicators and an inventory of hospitals, emergency departments, and obstetric services. Climate stress, groundwater dependence, and accessibility metrics are in advanced integration.

CONCLUSIONS

This framework supports surveillance of healthcare access vulnerability in groundwater-dependent regions by tracking configurations that may shift under upstream water stress. 5 Early changes may manifest as service contraction, rising travel burdens, and socioeconomic strain.3,5 Using reproducible, cross-sectional indicators from public and administrative data, the framework can screen for configuration shifts without reliance on outcome-based measures or prospective modeling. This work documents preliminary methods to support future utilization in other groundwater-dependent regions.

Popul. Med. 2026;8(Supplement 1):A350

ABS1888

Strengthening One Health Governance for Pandemic Preparedness in a Changing Climate

Xiao-Nong Zhou[1,2,3,4], Heya Yi[5], Mayumi Wakimoto[6,7,8], Issam Bennis[9,10], Roger Frutos[11,12], Rajib Dasgupta[13,14], Raman Bedi[15,16], Bin Li[17], Feng Yang[18]

[1]Chairman, Society of Global Health, Chinese Preventive Medicine Association, Shanghai, China, [2]Chair of One Health Working Group, World Federation of Public Health Associations, Shanghai, China, [3]National Institute of Parasitic Diseases at China CDC, Shanghai, China, [4]Vice Chairman, CAST UN Consultative Committee on Life Science and Human Health, Shanghai, China, [5]International Affairs Department, Chinese Preventive Medicine Association, Beijing, China, [6]Member, Brazilian Association of Collective Health (ABRASCO), Rio Janeiro, Brazil, [7]Evandro Chagas National Institute of Infectious Diseases, Oswaldo Cruz Foundation, Rio Janeiro, Brazil, [8]Co-Chair of One Health Working Group, World Federation of Public Health Associations, Rio Janeiro, Brazil, [9]Member of One Health Working Group, World Federation of Public Health Associations, Casablanca, Morocco, [10]Mohammed VI University of Sciences and Health Casablanca, Morocco, Casablanca, Morocco, [11]Member of One Health Working Group, World Federation of Public Health Associations, Montpellier, France, [12]French Agricultural Research Centre for International Development (CIRAD), Montpellier, France, [13]Member of One Health Working Group, World Federation of Public Health Associations, Montpellier, India, [14]Centre of Social Medicine & Community Health, Jawaharial Nehru University, New Delhi, India, [15]Member of One Health Working Group, World Federation of Public Health Associations, London, United Kingdom, [16]King's College London, London, United Kingdom, [17]President, Chinese Preventive Medicine Association, Beijing, China, [18]Executive vice president & Secretary General, Chinese Preventive Medicine Association, Beijing, China

INTRODUCTION

The convergence of climate change, rapid urbanization, and ecosystem degradation has significantly amplified the risk of zoonotic spillover and future pandemics. Urban centers, characterized by high population density and complex interactions between humans, animals, and the environment, are particularly vulnerable to these emerging threats. Effective pandemic prevention and preparedness (PPP) require a robust One Health governance framework that integrates environmental surveillance with public health infrastructure. However, translating political commitments into operational capabilities remains a critical challenge, compounded by a lack of standardized evaluation metrics.

METHODS

This 60-minute session, co-organized by the One Health Working Group under the World Federation of Public Health Associations (WFPHA), the Chinese Preventive Medicine Association (CPMA), and the Brazilian Association of Collective Health (ABRASCO), addresses the urgent need to align One Health structures with the realities of climate change to enhance resilience against pandemics by bridging the gap between theory and practice. It features a keynote on One Health governance, a technical presentation on the Global One Health Index (GOHI) as an evaluation tool, and case studies illustrating implementation challenges in urban settings. The session concludes with a multidisciplinary panel discussion to synthesize these insights, featuring five world-renowned experts.

RESULTS

The session demonstrates how integrating One Health governance theory, quantitative tools, and field evidence reveals systemic vulnerabilities. Results highlight that data-driven assessments identify specific weaknesses in preparedness, while strong governance facilitates timely interventions, in line with the Pandemic Agreement. The session demonstrates that aligning environmental health metrics with public health planning is essential for reducing the lag between detection and response in urban environments.

CONCLUSIONS

It concludes that effective pandemic prevention demands transformative governance supported by rigorous evaluation. By aligning global frameworks with local realities, it aims to provide policymakers with a roadmap for building resilient health systems that proactively mitigate pandemic threats.

Popul. Med. 2026;8(Supplement 1):A352

ABS1901

Assessing the prevalence of Schistosoma mansoni infections among school-going children aged 5-14 years old in Nelson Mandela Bay: A comprehensive diagnostic approach.

Maryline Vere[1], Wilma ten Ham-Baloyi[2], Lucy Ochola[3], Opeoluwa Oyedele[4], Lindsey Beyleveld[5], Siphokazi Tili[5], Takafira Mduluza[6], Paula Melariri[1]

[1]Environmental health, Nelson Mandela University, Summerstrand, Port Elizabeth, South Africa, [2]Nursing science, Nelson Mandela University, Summerstrand, Port Elizabeth, South Africa, [3]Institute of Primate Research, Institute of Primate Research, Nairobi, Kenya, [4]Computing, Mathematical and Statistical Sciences, University of Namibia, Nairobi, Namibia, [5]Medical Laboratory Services, Nelson Mandela University, Summerstrand, Port Elizabeth, South Africa, [6]Biochemistry and Biotechnology, University of Zimbabwe, Harare, Zimbabwe

INTRODUCTION

Intestinal schistosomiasis caused by Schistosoma mansoni is frequently underestimated in low-transmission settings due to the low sensitivity of stool

microscopy. Low-intensity infections often occur without detectable eggs, necessitating the use of more sensitive diagnostic tools such as point-of-care circulating cathodic antigen (POC-CCA) tests and molecular methods. This study determined the prevalence of S. Mansoni infection among school-going children in Nelson Mandela Bay (NMB), South Africa, using complementary diagnostic approaches.
METHODS
A cross-sectional study was conducted among 759 children aged 5–14 years from 15 primary schools in NMB. Stool samples were analysed using the Kato-Katz technique. Urine samples were tested using POC-CCA assays, and stool samples corresponding to POC-CCA–positive cases were analysed using conventional polymerase chain reaction (cPCR).
RESULTS
Among the 759 school participants, 438 (57.7%) were males and 321 (42.3%) females, mean age 11.00 ± 1.50 years, in grades 0 to 7. No cases of S. Mansoni were found by the Kato-Katz. Most participants were in grades four to seven (61.5%), and no S. Mansoni infections were detected by Kato-Katz microscopy. Additionally, further testing for S. Mansoni was performed using POC-CCA tests, revealing a prevalence rate of 3.2%. Given the impracticality of testing all samples with molecular methods, a more focused and cost-effective strategy was adopted by targeting the 28 POC-CCA–positive samples, representing 3.2% of the total. Because POC-CCA indicated probable S. Mansoni infection, cPCR was used to confirm low-intensity cases likely missed by Kato-Katz, targeting the S. Mansoni cox-1 repeat sequence for definitive identification. Remarkably, 32.1% (9/28) of the CCA-positive samples tested positive for S. Mansoni DNA, demonstrating the method's effectiveness in identifying infections that were missed by traditional microscopy.
CONCLUSIONS
The findings indicate low-level but ongoing transmission of S. Mansoni in NMB. Sensitive diagnostic tools are essential for accurate surveillance in low-endemic settings.
Popul. Med. 2026;8(Supplement 1):A353

ABS1923
Environmental exposure disparities in urban markets: A comparative air quality assessment in Lusaka, Zambia

Emmy Nkhama[1], Jigar Jani[2], Timothy J Dvonch[2]
[1]School of Public Health and Environmental Sciences, Levy Mwanawasa Medical University, Lusaka, Zambia, Levy Mwanawasa Medical University, Lusaka, Zambia, [2]School of Public Health, University of Michigan, Ann Arbor, USA, University of Michigan, Ann Arbor, United States

BACKGROUND
Urban areas exhibit stark infrastructure disparities; unpaved, high-traffic facilities versus paved, enclosed structures. The study quantified PM2.5 and PM10 exposure differences between market infrastructure types and characterized temporal patterns.
METHODS
Conducted in two marketplaces, in Lusaka, Zambia, located 20 km apart, representing paved (control) and unpaved (exposed) environments. Two low-cost PurpleAir sensors were installed at each market to continuously monitor PM2.5 and PM10 concentrations, May 25–July 9, 2025. Measurements were recorded every 2 minutes between 7 am and 7 pm, corresponding to market operating hours. Data analysis used synchronized monitoring periods when all sensors were active to minimize temporal confounding. Welch's two-sample t-tests were conducted to compare pollutant concentrations between the two site types, statistical significance set at $p<0.05$.
RESULTS
There were 16,079 observations. Exposure sites recorded significantly higher mean concentrations of PM2.5 (32.7 versus 27.6 µg/m; 95% CI: 3.9–6.2; $t = 8.63$, $p < 0.001$) and PM10 (44.4 versus 33.3 µg/m; 95% CI: 9.7–12.6; $t = 15.05$, $p < 0.001$) compared to control site; increases of 18.5% and 33.3%, respectively. PM2.5 levels at exposure sites exceeded the WHO 24-hour guideline value (15 µg/m) by 118%. Exposure and control sites demonstrated weekday elevations irrespective of infrastructure type for temporal patterns. Control sites exhibited weekend-to-weekday; 214% to 228%, whereas exposure sites showed smaller increases of 102% to 105%. Diurnal patterns were observed at both locations, peak concentrations occurring mid-afternoon (15:00–16:00), during maximum market activity and traffic.
CONCLUSIONS
PM2.5 concentrations were significantly higher in unpaved, high-traffic market environments. There is need for targeted urban infrastructure improvements such as paving, dust control, and traffic management to reduce air pollution exposure and protect the health of market workers and vendors.
Popul. Med. 2026;8(Supplement 1):A354

ABS1941
Mercury as a Global Pollutant and its Lasting Effects on A Community, 35 Years Later

SUJATHA HARIPARSAD[1]
[1]Discipline of Occupational & Environmental Health, UNIVERSITY OF KWAZULU-NATAL, DURBAN, South Africa

INTRODUCTION
Mercury remains a worldwide pollutant. Although banned in many countries the legacy of Mercury contamination remains as a lasting disastrous crisis in many communities. In South Africa, the ominous introduction to mercury began in a small community when a Mercury recycling plant began its operation.
METHODS
The study was conducted on 51 ex-workers of the mercury recycling plant. The study involved a 3-pronged approach which included occupational medicine clinical assessment (which included a detailed questionnaire focusing on occupational history & a thorough clinical assessment by OMPS), Occupational Therapy assessments by trained OTs focussing on balance, posture, ADL and musculoskeletal impairments; and lastly a neuropsychological screening interview by a qualified neuropsychologist which included a detailed interview with collateral information. Exposure was assessed via hair, nails, blood and urine samples from all participants. These samples were analysed at the National Institute of Occ Health in South Africa. The results were then captured on Excel and analysed using bivariate analysis looking for associations between outcomes and exposure measurements.
RESULTS
The study enrolled all living 51 ex-workers. The average age of the workers was 65 and their employment tenure was an average of 11 years. Clinical assessments revealed that 33 of the workers exhibited impairments with postural alignment, exhibited tremors and neurocognitive delays and impairments. At least 14 of the workers showed elevated levels of Hg in their hair, nails and blood.
CONCLUSIONS
These results although in a small study sample clearly indicate the lasting and latent effects of Hg toxicity. Although a strong association to occupational exposure, these results also indicate the involvement of environmental toxicity and a community at risk. The neighboring communities are low socio-economic population that rely heavily on subsistence farming and small livestock farming. These results are a startling reality of community mercury toxicity.
Popul. Med. 2026;8(Supplement 1):A355

ABS1983
Sex Differences in the Association Between Typical Winter Ambient Temperature and Physical Activity in China: A Nationwide Study

Chuangjia Du[1,2], Mei Zhang[2], Xiao Zhang[2], Xiaolei Zhu[3], Chun Li[2], Zhenping Zhao[2], Mengting Yu[2], Yuting Lian[2], Xueqian Wu[2], Yu Guo[2], Xiuyang Li[1], Limin Wang[2]
[1]1Department of Big Data in Health Science, and Center for Clinical Big Data and Statistics, the Second Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou, China, [2]2National Center for Chronic and Noncommunicable Diseases Control and Prevention, Chinese Center for Disease Control and Prevention, Beijing, China, [3]3Office of NCD Control and Aging Health, Chinese Center for Disease Control and Prevention, Beijing, China

BACKGROUND
Previous studies had indicated that physical activity (PA) can be affected by extreme temperatures. However, little is known about whether typical winter ambient temperatures are associated with PA.
METHODS
The data was from China Chronic Disease and Risk Factor Surveillance (CCDRFS), a nationwide survey that covered 298 out of all 605 disease surveillance points (DSPs) in China. Information on PA was collected using the Global Physical Activity Questionnaire (GPAQ). Ambient temperatures were matched with the monthly average temperature of each DSP. A total of 134720 individuals who completed the survey from October 1 to December 31, 2018, were included in this study. Design-based weighted linear regression and logistic regression were used to estimate the associations between temperatures and PA (continues time and whether insufficient).
RESULTS
The average total PA time was 1,320 minutes per week (including 1,008 minutes occupational, 226 minutes transportational, and 86.2 minutes recreational PA time per week, respectively). The average ambient temperature during these months

was 284.0 K (10.9). In the fully adjusted model, 1 K increase in temperature was associated with an increase of 8.3 (95% CI: 0.8-15.8) minutes per week in total PA time, but was not associated with occupational, transportational, or recreational PA time, respectively. In sex-stratified analyses, higher temperature was significantly associated with longer total PA (β=12.4, 95% CI: 5.4-19.4) and occupational PA (β=10.0, 95% CI: 3.9-16.0) time among women, but these associations were not significant among men. The weighted prevalence of insufficient PA was 22.5%. Higher temperature was an independent protective factor for insufficient PA (OR=0.98, 95% CI: 0.96-0.99), both among men (OR=0.98, 95% CI: 0.97-0.99) and women (OR=0.97, 95% CI: 0.96-0.99).
CONCLUSIONS
In this national study, higher ambient temperatures in winter were significantly associated with PA. This association was more pronounced among women.
Popul. Med. 2026;8(Supplement 1):A357

ABS2005

Short-term effects of temperature and air pollution on childhood asthma exacerbations in Cape Town, South Africa

Tshepo Phakisi[1,2], Edda Weimann[3,4], Hanna-Andrea Rother[1]
[1]Division of Environmental Health, School of Public Health, University of Cape Town, Observatory, South Africa, [2]Department of Environmental Health, Nelson Mandela University, Gqeberha, South Africa, [3]Digital Health, Department of Information Systems, School of Information Technology, Commerce Faculty, University of Cape Town, Cape Town, South Africa, [4]TUM School of Medicine and Health, Children Campus Munich Schwabing, Technical University of Munich, Munich, Germany

INTRODUCTION
climate change and rapid urbanisation are intensifying respiratory health risks, disproportionately affecting children in low- and middle-income countries (LMICs). Evidence on the short-term impact of ambient temperature and air pollution on childhood asthma in African urban settings is limited. Understanding this relationship is crucial for informing equitable and sustainable public health strategies.
METHODS
daily childhood asthma hospital visits (n = 7753) recorded in 2009, 2014, and 2019 were analysed alongside citywide air quality and meteorological data from Cape Town, South Africa. The exposures included mean temperature, particulate matter (PM2.5 and PM10), nitrogen dioxide (NO2), and ozone (O3). Negative binomial mixed-effects models and distributed lag non-linear models were used to capture the immediate and delayed exposure effects, while accounting for temporal trends and spatial heterogeneity.
RESULTS
increased risk of childhood asthma exacerbations was consistently associated with NO2 and PM10, with additional delayed effects observed for PM2.5, PM10, and NO2. Mean temperature was associated with an elevated risk at short (lag 0–1) and medium (lag 4–5) delays, highlighting children's vulnerability to temperature exposure.
CONCLUSIONS
ambient temperature variability and traffic-related air pollution contribute to childhood asthma exacerbations in urban LMIC settings. The findings support equitable child-centred early warning systems, strengthened air quality standards, and climate-resilient urban health systems. The inclusion of environmental health exposure data in routine health surveillance can enhance public health planning, aligned with WHO guidance and the sustainable development goals.
Popul. Med. 2026;8(Supplement 1):A358

ABS2014

Migrant participation in addressing health challenges in a Chilean urban squatter settlement

Teresita Rocha-Jimenez[1,2], Baltica Cabieses[1], Loreto Watkins[3], Estela Blanco[4], Miguel Perez[3], Javiera Barraza[3]
[1]SENTINET: Surveillance, Epidemiology, and New Technologies for Infectious Emerging Threats, SENTINET: Surveillance, Epidemiology, and New Technologies for Infectious Emerging Threats, Santiago, Chile, [2]Society and Health Research Center, Universidad Mayor, Santiago, Chile, [3]Escuela de Antropología, Universidad Diego Portales, Santiago, Chile, [4]College y Escuela de Salud Pública, Pontificia Universidad Católica, Santiago, Chile

ABSTRACT
Migrants living in informal settlements face overlapping health and environmental vulnerabilities shaped by exclusion from formal housing, citizenship regimes, and essential services [1,2]. Research has shown that informal settlements are associated with heightened health risks due to inadequate infrastructure, environmental exposure, and climate-related stressors, particularly in low- and middle-income countries [3–5]. Un Nuevo Amanecer, a squatter settlement located on a former landfill at the outskirts of Santiago, Chile, illustrates these dynamics. Rising housing costs and precarious labor conditions have pushed migrants to self-construct housing on marginal land with limited state oversight, reproducing patterns of urban exclusion documented in Chile and beyond [1,6]. This qualitative study examines how residents experience and respond to health and infrastructure challenges through community-based strategies. Drawing on long-term, community-engaged research, data were collected through 17 in-depth interviews and one focus group (n=5) with 19 participants recruited via snowball sampling. Interviews explored settlement trajectories, access to services, waste exposure, food insecurity, and coping strategies. Findings reveal persistent challenges—including irregular water access, inadequate sanitation, waste accumulation, and power outages—that compromise hygiene, food safety, and overall well-being, echoing prior research on health impacts in informal urban contexts [3–5]. Despite these constraints, residents developed grassroots responses, including informal water systems, collective waste management, and mutual aid networks. The study highlights migrant communities as active agents whose everyday practices and local knowledge should inform inclusive urban health and housing policies, particularly in the context of migration and climate vulnerability [4,6].
Popul. Med. 2026;8(Supplement 1):A359

ABS2032

Self-reported pesticide exposure and male reproductive development among boys in rural Western Cape, South Africa

Wisdom Basera[1], Martin Roosli[2], Mohamed Aqiel Dalvie[1]
[1]Centre for Environmental and Occupational Health Research, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Epidemiology, Swiss TPH, Basel, Switzerland

INTRODUCTION
Epidemiological evidence on the association between endocrine-disrupting current-use pesticides and male reproductive health is limited and inconsistent. This study investigated associations between self-reported pesticide exposures and reproductive development among adolescent boys in rural Western Cape in South Africa.
METHODS
As part of the Child Health Agricultural Pesticide Cohort Study (CapSA), conducted in three agriculturally intense areas, 372 school boys aged 9–15 years were followed for 24 months. Questionnaires included exposure data (farm work, take-home exposure, consumption of field crops, observation of spraying, and contact with contaminated surface water) and sociodemographic factors. Outcomes included testicular volume, Tanner staging (pubic hair and genital development), and serum levels of testosterone, oestradiol, luteinising hormone (LH), follicle-stimulating hormone (FSH), and sex hormone-binding globulin (SHBG). Linear and mixed-effects regression models adjusted for confounders assessed associations cross-sectionally and longitudinally.
RESULTS
Median age was 11 years (IQR 10–12) at baseline and 12 years (IQR 11–13) at follow-up. Farm residence was reported by ~45% at baseline and ~42% at follow-up; 66% of households included farm workers, and 52% of boys engaged in occupational farm tasks. Notable pubertal progression over the follow-up period included an 8 mL increase in combined testicular volume (95% CI 0–40) and calculated free testosterone increase of 1.4 (IQR:1.0-11.1). Associations between self-reported exposures and changes in outcomes between baseline and follow-up were inconsistent and largely statistically nonsignificant.
CONCLUSIONS
In this study conducted among adolescent boys in pesticide-intensive Western Cape areas, self-reported pesticide exposure factors are not correlated with reproductive outcomes in adolescent boys. To confirm the absence of detrimental effects, larger, longitudinal studies incorporating repeated pesticide biomarkers and sensitive outcomes are recommended. Interventions to reduce pesticide exposure in rural communities are required.
Popul. Med. 2026;8(Supplement 1):A360

ABS2048

Transition to sustainable diets in European food systems: stakeholders' perspective on determinants of alternative protein intake

Hanna Zaleskiewicz[1], Maria Siwa[1], Zofia Szczuka[1], Ewa Kulis-Stefanczyk[1], Anna Banik[1], Anna Kornafel[1], Jowita Misiakowska[1], Natalia Paduszynska[1], Dominika Wietrzykowska[1], Aleksandra Luszczynska[1]

[1]SWPS University, Wroclaw, Poland

INTRODUCTION

Transitioning toward alternative protein foods (APFs)—including plant-based, insect, and microbial sources—could play a critical role in reducing negative environmental impacts of human nutrition. Consumer food choices, shaped by individual, social, and environmental factors, have the potential to influence actions of other food system stakeholders and accelerate system-wide transitions toward sustainability. This study employed system mapping to investigate determinants of APF inclusion in daily diets across 13 European countries, to identify key leverage points and examine feedback loops and cross-country similarities.

METHODS

This study conducted 17 participatory system mapping workshops across 13 European countries (Austria, Czech Republic, Denmark, France, Germany, Greece, Italy, Norway, Poland, Portugal, Slovenia, Spain, Turkey), involving food system stakeholders (N = 166; e.g., producers, policymakers, nutritionists, and consumers). Applying group model building methodology, participants jointly developed 17 system maps capturing determinants of APF adoption. Centrality indices were calculated to identify key leverage points; feedback loops were analyzed to assess system dynamics and cross-country patterns.

RESULTS

Common leverage points (identified across>6 maps) included: consumer education and knowledge of APFs, social norms, and the influence of advertising and social media. Additional leverage points common for 3-4 maps) were identified: health perceptions, curiosity or neophobia, national food culture, and attitudes toward ultra-processing, sustainability, and animal welfare. Stakeholders emphasized the central role of consumers' beliefs and behaviors in shaping food system change. Feedback loop analysis identified recurring mechanisms, such as in Italy, where improved product safety strengthened advertising effects and consumer curiosity, creating reinforcing dynamics that supported local development, lower prices, and enhanced food safety.

CONCLUSIONS

By identifying interconnected determinants underlying European food systems and APF adoption, this study highlights pathways for accelerating dietary transitions. The identification of leverage points and feedback loops offers valuable guidance for policymakers and other stakeholders seeking to promote more sustainable, protein-diverse diets.

Popul. Med. 2026;8(Supplement 1):A361

ABS2065

ORGANISED SCIENTIFIC PANEL- 'ONE-HEALTH APPROACH SNAKEBITE MITIGATION'

Jaideep Menon[1], Sanghamitra Pati[2], Abdulrazak Habib[3], Sara Padidar[4]
[1]Adult Cardiology & Public Health, Amrita Institute Of Medical Sciences, Kochi, India, [2]Inidan Council For Medical Research, New Delhi, India, [3]Department Of Internal Medicine, Bayero University, Kano, Nigeria, [4]Biological Sciences, University Of Praetoria, Praetoria, South Africa

ABSTRACT

1.Burden of snakebite and socio-economic consequences with a focus on Africa ABDULRAZAK G HABIB (NIGERIA) The burden of snakebite envenoming in addition to direct mortality, morbidity and disability also extends to the economic loss both in humans and livestock. Given that SBE is most commonly rural, in the impoverished, in outdoor professions and largely in the productive age-groups of 20-65 years, the socio-economic consequences to the victim and family are particularly devastating. 2. Reaching Zero Snakebite Deaths through Community Engagement, Supported by Multisectoral Collaboration, Research and Policy shift. SARA PADIDAR (SOUTH AFRICA) Snakebite is the most neglected of the 'Neglected Tropical Diseases' languishing on all fronts; clinical interest, funding, research, policy and pharmaceutical industrial buy-in. The different aspects that contribute towards the neglect, and the steps taken by Eswatini to reach zero deaths from snakebite envenoming are discussed. 3. The determinants of snake-human conflict through a one-health lens JAIDEEP C MENON (INDIA) We look at the determinants of snake-human conflict across the different geographical zones of India assessing social, behavioral, economic, environmental, demographic, occupational and health systems to assess the determinants of snake-human conflict in over 20000 victims of snakebite. This has been studied through a one-health lens framing outer and inner settings for snake-human conflict. 4. The one-health approach to reducing snake-human -livestock conflict SANGHAMITRA PATI (INDIA) Snake-human conflict is studied from the one-health approach utilizing the 'epidemiological triad' of agent (snake), host (human and livestock) and the environment. The socio-behavioral, health-system, and environmental and community empowerment measures towards mitigation of snake-human conflict embedded in a one-health framework carried out as an ICMR funded study 'SARPA' (Snakebite Awareness, Response, Prevention and Action) This organised session spanning 2 hours looks at snake-human and -animal conflict through a one-health framework, discusses various aspects with from burden, to determinants and mitigation.

Popul. Med. 2026;8(Supplement 1):A363

ABS2067

Heatwave-related mortality among older Australians: A Two-Stage Small-Area Time Series Analysis

Sabrina Günsche[1], Olga Anikeeva[1], Matthew Borg[1], Blesson Varghese[1], Peng Bi[1]
[1]School of Public Health, Adelaide University, Adelaide, Australia

INTRODUCTION

Older adults are particularly vulnerable to heat exposure, yet evidence on the magnitude and spatial heterogeneity of heat-related mortality across Australia remains limited., Excess Heat Factor (EHF), the national heatwave metric, captures both short-term and acclimatisation-adjusted heat stress but has not been applied in fine-scale mortality analyses among older populations. This study aimed to quantify heatwave-related mortality among Australians aged ≥65 years from 1 January 2012 to 31 December 2022, accounting for regional variation.

METHODS

A two-stage case time series analysis was conducted. In the first stage, quasi-Poisson conditional time-series models were fitted for Australian Statistical Area Level 3 (SA3) regions, with EHF modelled using distributed lag non-linear models over lags 0–7 days. In the second stage, area-specific estimates were pooled using multivariate meta-regression with principal component analysis to account for spatial heterogeneity and to derive national exposure–response relationships, which were used to inform small-area spatial mapping.

RESULTS

Between 2012 and 2022, a total of 1 450 271 deaths occurred among adults aged ≥65 years, predominantly in major cities and temperate climate zones. Across states and territories, both heatwave intensity and the number of heatwave days varied substantially. Preliminary pooled results showed a non-linear association between heatwave intensity and mortality risk, with increasing risk at higher EHF values. Over lags 0–7 days, relative risks compared with the non-heatwave reference (EHF = 0) were 1.09 (95% CI: 1.03–1.14) at the severe heatwave threshold (EHF = 15 K) and 1.31 (95% CI: 1.14–1.50) at the extreme threshold (EHF = 31 K).

CONCLUSIONS

This study provides a nationwide small-area assessment of heat-related mortality risk among older Australians, showing substantially higher mortality during severe and extreme heatwave conditions. These findings can inform targeted heatwave preparedness and adaptation strategies for ageing populations.

Popul. Med. 2026;8(Supplement 1):A364

ABS2068

Co-designing a mobile cooling hub to reduce heat-health risks among people experiencing homelessness.

Alejandro Vasquez-Hernandez[1], Lisa Wood[2], Matthew Larkin[1], Jon Swain[3], Glenn Miller[1], Nuala Fogarty[1], Paul Rosenthal[1], Charles Cosgrove[1], Danielle Austin[4], Sidney Siyuan Guo[5], Alexander Moses[5], Timothy English[5]
[1]Homeless Health Service, St Vincent's Hospital Sydney, Sydney, Australia, [2]Institute for Health Research, The University of Notre Dame Australia, Perth, Australia, [3]Homelessness Service, City of Sydney, Sydney, Australia, [4]Nursing Services, St Vincent's Hospital Sydney, Sydney, Australia, [5]Heat and Health Research Centre, University of Sydney, Sydney, Australia

BACKGROUND

Extreme heat is the leading cause of weather-related mortality globally and disproportionately affects people experiencing homelessness due to prolonged outdoor exposure, limited access to cooling, water, and healthcare, and high prevalence of chronic illness and medication or substance use that can impair thermoregulation. Despite this vulnerability, people experiencing homelessness are rarely included in the design of heat-health responses.3 Co-design may allow equitable climate adaptation by embedding lived-experience expertise within intervention development.4

METHODS

In Sydney, Australia, we established a sustained, cross-sector co-design group comprising people with lived experience of homelessness, clinicians, researchers, and local government staff. The group met regularly over two years and was supported by a co-design expert, shared governance, equitable remuneration, and administrative coordination to ensure continuity. Lived-experience members were mentored in co-design and research processes and participated in shared decision-making across intervention design, operational planning, research, and dissemination. The process was iterative, with learning from each deployment

informing refinements.
RESULTS
Co-design outcomes extended beyond the initial intervention concept. Through lived-experience leadership, the cooling hub evolved to incorporate solar-powered batteries, reclining chairs for recovery, peer-support, entertainment, and strengthened safety and security protocols. As the project matured, the group divided into operational and research streams to manage complexity while maintaining shared membership. The co-design team remained consistent, supporting deployments across 11 heatwave days between January 2024 and January 2026 in public parks. Members jointly contributed to scholarly outputs, including a published perspectives article, and conference abstracts. The project also received national and international media attention.
CONCLUSIONS
This project demonstrates how sustained, well-resourced co-design can generate durable partnerships and adaptive public health innovation. Key enablers included cross-sector collaboration, remuneration and mentoring of lived-experience members, clear governance, and administrative support. Future research should assess feasibility, costs, risks, and comparative effectiveness of mobile cooling hubs relative to other heat adaptation strategies.
Popul. Med. 2026;8(Supplement 1):A365

ABS2134
The Relationship between Organophosphate Pesticide Exposure and Anthropometric Outcomes among a Cohort of Children from Four Informal Settlements in the Western Cape

Hayley Wallace[1], Wisdom Basera[1], Toyib Olaniyan[1], Mohamed Aqiel Dalvie[1]
[1]Centre for Environmental and Occupational Health Research, School of Public Health, University of Cape Town, CAPE TOWN, SOUTH AFRICA, South Africa

INTRODUCTION
There is limited data on the association between pesticide exposure in children and anthropometric outcomes, particularly in non-agricultural communities and developing countries. This study investigated the association between organophosphate pesticide (OPP) exposure and anthropometric outcomes in primary schoolchildren from four informal settlements in Western Cape Province in South Africa.
METHODS
Using a repeated cross-sectional design of 600 schoolchildren over a 12-month period, urinary dialkyl phosphate (DAP) metabolites, diethylphosphate (DEP), dimethylphosphate (DMP), and dimethylthiophosphate (DMTP) were measured at baseline with DEP and DMP measured at follow-up. Anthropometric measurements height, weight, and Body Mass Index (BMI) were collected at both time points.
RESULTS
The mean age for all participants at baseline was 9.93 ± 0.90 years and mean ΣDAP at baseline was 41.78 ± 33.80 ng/mL. Mean changes in weight, height, and BMI from baseline to follow-up for all participants were 6.04 ± 5.29 kg, 6.83 ± 4.00 cm, and 1.05 ± 2.01 kg/m2, respectively. Eighty percent of participants measured below the 50th percentile in height-for-age at baseline, and 76.8% at follow-up. No consistent associations were found between DAPs and anthropometric outcomes. Urinary OPP metabolite measurements and the prevalence of short stature among children in the study were high compared to other settings.
CONCLUSIONS
The study did not find evidence of an association between OPP exposure and child anthropometric outcomes. Large longitudinal studies with follow-up periods exceeding two years and incorporating pesticide biomonitoring at multiple time-points are recommended.
Popul. Med. 2026;8(Supplement 1):A368

ABS2136
The association of joint effects of air pollution on cardiovascular and respiratory disease hospital admissions in cape town: 2011-2016

Maxine Bianca Nunu[1], Janine Wichmann[1]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa

INTRODUCTION
Air pollution affects many health outcomes, but most studies focus on single pollutants, with few investigating the combined effects of multiple pollutants 1-2. Predicting at-risk individuals is particularly challenging in low and middle-income settings with complex exposure–health relationships3. This study investigated the joint effects of air pollutants on cardiovascular and respiratory hospital admissions in Cape Town from January 2011 to October 2016
METHODS
Respiratory and cardiovascular hospital admission data were obtained from a private hospital group, and PM10, NO2, SO2, and weather data from the Department of of Forestry, Fisheries and the Environment and South African Weather Services. Associations between daily air pollution and hospital admissions were assessed using classification and regression trees and time-series quasi-Poisson regression models, with results reported as rate ratios and 95% confidence intervals (CI).
RESULTS
Respiratory (n = 47 611) and cardiovascular (n = 45 021) admissions on 1,766 days with complete pollutant data were included. Among respiratory admissions, 49%, 33%, and 18% were aged 0–14, 15–64, and ≥65 years; for cardiovascular admissions, 47% and 46% were 15–64 and ≥65 years. Using pollutant quartiles, 64 unique air pollution mixtures were possible. Classification and regression tree and time-series quasi-Poisson models showed significant joint effects of PM10, NO2, and SO2, with rate ratios of 1.3 (95% CI: 1.3–1.5) for respiratory and 1.2 (95% CI: 1.1–1.4) for cardiovascular admissions.
CONCLUSIONS
Significant joint effects of PM10, NO2, and SO2 were observed on cardiovascular and respiratory hospital admissions. Building on these findings, the ongoing PhD extends the framework by applying and comparing multiple machine learning algorithms, including advanced ensemble approaches and neural networks, using integrated environmental and health data to predict respiratory symptoms and hospitalisation risk.
Popul. Med. 2026;8(Supplement 1):A369

ABS2144
Heat Stress in Early Childhood Development Centres in an Urban Informal Settlement in Tshwane, South Africa: Emerging Risks in a Warming Climate

Joyce Shirinde[1], Mandla Bhuda[1], Jan Hugo[2]
[1]School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa, [2]Department of Architecture,Faculty of Engineering, Built Environment and Information Technology, University of Pretoria, Pretoria, South Africa

ABSTRACT
Backround: Children living in informal settlements are among the most vulnerable to the impacts of climate change, such as rising temperatures, which can lead to heat stress and associated health risks.
METHODS
This study was conducted at eight early childhood development centres at an urban informal settlement in Tshwane Metropolitan Municipality, South Africa. The indoor thermal conditions were monitored for a period of 12-month using factory calibrated SSN-22-USB data loggers. The sensors were located in two classrooms in each of the ECDs, on the southern or internal walls, 1200-1800mm above floor level. The data collection started in May 2023. The analysis period focused on the summer period, October 2023 to March 2024, specifically included a heatwave that was experienced in Tshwane in March 2024. The heat stress exposure was calculated using an Apparent Temperature Metric.
RESULTS
The empirical data reflect concerning outdoor temperatures and indoor temperatures in all the monitored ECDs. In terms of the outdoor conditions mean temperatures of 24.2 °C were documented over this period. As a CwA Köppen-Geiger climate region, the summer period is generally very hot, as a result maximum temperature of 46.2 °C were measured in November. During the same period the ECDs performed similarly with mean indoor temperatures ranging from 24.6 °C to 25.9 °C. In terms of maximum indoor temperatures, a range of between 40.6 °C to 51.4 °C were measured.
CONCLUSIONS
The study findings indicate that children attending early childhood development centres are exposed to extremely high temperatures, which may negatively affect their health. In collaboration with the Department of Environmental Health, a community engagement and health promotion session was conducted with pre-school teachers and principals to identify practical strategies to protect children from heat exposure, particularly during heatwaves. Participants explored feasible, context-appropriate actions to reduce indoor heat stress, protecting children's well-being.
Popul. Med. 2026;8(Supplement 1):A370

ABS2180
Effects of climate change on health system, policy response, and factors hindering policy formulation in Malawi: A qualitative study.

Chancy Skenard Chimatiro[1], Martina Lembani[1]
[1]Public Health, University of the Western Cape, Cape Town, South Africa

BACKGROUND
Evidence shows that both developed and developing countries are refining and establishing regulatory frameworks to address climate change in health policies. However, progress in sub-Saharan African countries, including Malawi, is slower than in other regions, despite their vulnerability to multiple climate-change-induced factors. This study understands the effects of climate change on the health system, policy responses, and the factors hindering policy formulation in Malawi.
METHODS
A descriptive qualitative study was conducted through key informant interviews with policymakers, including health planning officials and academicians. Purposive and snowballing sampling techniques were used to identify study participants. Data was analysed using thematic analysis.
RESULTS
Twelve in-depth interviews were conducted with policymakers and two with academicians. Three main themes were identified, including the effects of climate change on the health system, policy responses, and barriers to policy formulation. The effects of climate change on the health systems reported include infrastructure damage, increased pressure on health finances, reduced human resource capacity, and service delivery disruption. Policy responses identified include the inclusion of climate change strategies in Health Sector Strategic Plan III, the establishment of the One Health Department, and the National Health Emergency Preparedness Plan. Barriers to the formulation of climate change policy reported were the lack of political will, insufficient knowledge among health workers, and inadequate research on climate change and health.
CONCLUSIONS
The study concludes that the effects of climate change on the health system require a policy response. Generating enough evidence to inform policy is one of the key elements towards the formulation of climate change-specific health policy. The study recommends continuous sensitization and advocacy to gain political support and commitment from relevant stakeholders. Further studies must be conducted to understand how health systems' policies are linked with other sectors in the fight against climate change.
Popul. Med. 2026;8(Supplement 1):A372

ABS2186
Climate Change and Extreme Heat in Early Childhood Development Centres: Preschool Teachers' Awareness and Health Perceptions in an Urban Informal Settlement

Joyce Shirinde[1], Sanelisiwe Mlilo[1], Jan Hugo[2]
[1]School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa, [2]Department of Architecture,Faculty of Engineering, Built Environment and Information Technology, University of Pretoria, Pretoria, South Africa

BACKGROUND
Preschool children aged 0–5 years are highly vulnerable to extreme heat due to limited thermoregulation and dependence on adults for protection. This vulnerability is intensified in informal urban settlements where poor infrastructure, overcrowding, and limited access to water, electricity, and cooling increase heat exposure. Despite rising temperatures, little is known about preschool teachers' awareness, perceptions, and practices regarding heat-related health risks. This study explored preschool teachers' understanding and mitigation of extreme heat risks among young children.
METHODS
A descriptive qualitative study using a phenomenological approach was conducted. Sixteen preschool teachers were purposively selected from seven early childhood development (ECD) centres. Data were collected through face-to-face in-depth interviews using an interview guide. Interviews were audio-recorded, transcribed verbatim, and analysed thematically.
RESULTS
Teachers reported limited formal knowledge of extreme heat and climate change but observed increasing summer temperatures over time. They identified heat-related symptoms among children, including fatigue, dehydration, skin irritations, diarrhoea, and nosebleeds. Environmental conditions such as corrugated iron structures, lack of electricity, and insufficient shaded outdoor spaces were perceived to worsen heat exposure. Risk-reduction practices included encouraging frequent hydration, adjusting outdoor playtimes, promoting lightweight clothing, and using available natural or built shade. However, implementation of additional protective measures was constrained by limited resources and staffing shortages.
CONCLUSIONS
Preschool teachers demonstrate practical awareness of heat-related health risks but face significant challenges due to inadequate training, infrastructure, and resources. Strengthening teacher capacity, improving ECD infrastructure, and fostering community engagement are essential to protecting young children from the health impacts of extreme heat.
Popul. Med. 2026;8(Supplement 1):A374

ABS2270
Association between climate change and mental health outcomes in school-aged children: a systematic review protocol

Yuko Arimura[1], Daichi Suzuki[2], Ellie Suzuki[3], Eiko Saito[4]
[1]Graduate Program in Sustainability Science, Graduate School of Frontier Sciences, The University of Tokyo, Kashiwa, Japan, [2]Graduate School of Nursing Science, St. Luke's International University, Tokyo, Japan, [3]Department of Cognitive Science, Barnard College, Columbia University, New York, United States, [4]Sustainable Society Design Center, Graduate School of Frontier Sciences, The University of Tokyo, Kashiwa, Japan

INTRODUCTION
Climate change poses escalating, disproportionate risks to mental health, particularly for children and adolescents during critical developmental stages. Climate-related stressors disrupt daily lives and exacerbate psychological distress. Although research among adults is expanding, existing evidence remains fragmented and lacks a comprehensive synthesis specifically addressing children and adolescents. This systematic review aims to address this critical gap by assessing observational studies to clarify the association between diverse climate-related stressors and mental health outcomes in school-aged children aged 5 to 19 years.
METHODS
This review follows a systematic protocol registered in PROSPERO (registration number: CRD420251138746) and adopts PRISMA guidelines. We will include quantitative observational studies including cohort, case-control, and cross-sectional designs involving children and adolescents aged 5 to 19 years. Exposure encompasses climate-related stressors. Primary outcomes include mental disorders such as anxiety, depression, and PTSD, alongside psychological distress and climate-specific impacts such as eco-anxiety. A systematic search was conducted in PubMed and Web of Science without language or date restrictions. Two reviewers independently perform study selection and data extraction. Risk of bias will be assessed using the Risk of Bias Assessment tool for Non-randomized Studies (ROBANS). Meta-analysis will be conducted if data are sufficiently homogeneous; otherwise, a narrative synthesis will be performed.
RESULTS
As of January 2026, the systematic search has been completed, identifying 2453 records. The screening process is currently ongoing. Final synthesis and evidence certainty assessment using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach are scheduled for completion by March 2026.
CONCLUSIONS
This systematic review will provide a comprehensive synthesis of current evidence regarding climate change impacts on school-aged children's mental health. Findings will identify critical knowledge gaps and inform public health policies to support their mental well-being facing climate-related challenges.
Popul. Med. 2026;8(Supplement 1):A377

ABS2280
The health system strategies and responses to the effects of climate change in Sub-Saharan Africa: A scoping review

Chancy Skenard Chimatiro[1], Martina Lembani[1], Solange Mianda[1], Precious Hajison[1]
[1]Public Health, University of the Western Cape, Cape Town, South Africa

BACKGROUND
Climate change is now regarded as a global health challenge of the 21st century, posing a negative health risk to the population. Sub-Saharan Africa is disproportionately affected more than any other region worldwide. This study was conducted to map the health system's strategies and responses to the effects of climate change in Sub-Saharan Africa.
METHODS
Electronic database searches were conducted on PubMed, CINAHL, Scopus, and Medline, and grey literature from Climate Health Africa Resources, Alliance for Transformative Action on Climate and Health, and World Health Repositories. We targeted articles published from January 2015 to January 2025. Covidence software was used for study selection and data extraction. The results were analysed using descriptive analysis.
RESULTS
Out of 9434 articles, 8 studies met our inclusion criteria. Out of the eight, two were country-specific literature review studies, two cross-sectional studies, two

qualitative studies, one systematic review, and one mixed-methods study. The location of the included studies was from Ghana (n=2), Senegal (n=1), Ethiopia (n=1), Tanzania (n=1), South Africa (n=1), and two were multi-country studies. Most studies provided strategies and responses centered on service delivery, health workforce, health information, leadership and governance, with few on health financing and medicinal products. Implementation challenges identified include inadequate funding, lack of knowledge among health workers on CC and health, inadequate surveillance and reporting structures, and low prioritization of climate change activities among health workers.
CONCLUSIONS
The findings provide an opportunity to inform policy and the formulation of guidelines that will enhance the health system's response to the effects of climate change in the Sub-Saharan region. Prompt efforts should be made to reduce the impact of climate change on health systems if the Sub-Saharan African region is to achieve the Sustainable Development Goals and the desired African Agenda 2063.
Popul. Med. 2026;8(Supplement 1):A378

ABS2302
Water-related Climate Impacted Health; transdisciplinary meetings and working group

Amber Abrams[1]
[1]Civil Eng, Future Water research institute, University of Cape Town - Civil - EBE, Cape Town, South Africa

INTRODUCTION
As a climate-sensitive infectious disease (CSID) Fellow, my aim is to bring attention, discussion and action to the intersection of water-related and climate sensitive infectious disease. With the understanding that climatic shifts will change the patterns of disease prevalence, especially with regard to vectors, and pathogens that historically were not endemic, this work aims to build a network of concerned, attentive and keen players to develop public epidemiology monitoring and real-time GIS mapping to understand emergent water-related concerns and perhaps even develop a network of early warning systems that are public facing. My aim is to engage and grow a network of peoples, organizations and institutions that can address water-related climate sensitive infectious diseases.
METHODS
The current water surveillance work is done through government networks, some at national level in the context of COVID, but some pre-dating the turn in interest to waste-water surveillance since SARS COV2. While data that monitors some emergent water-related health concerns exists, most monitoring and surveillance is not necessarily easily accessible by publics, advocacy groups or interested activists. Bringing together the research scientists exploring water-related climate impacted health care concerns in one room, and then bringing those people together with policy makers, municipal budget developers, citizens and advocacy groups is key – as acting in silos has not provided opportunities to fully understand the landscape of water-related climate impacted emerging health concerns. The network we propose to bring together in this meeting will offer opportunities for researchers, practitioners and others to discuss emergent topics, develop networks, and share.
RESULTS
Growth of an emergent network; learnings across fields/understanding landscape; prioritization of topics.
CONCLUSIONS
We aim to host a meeting to further develop our community of practice at the intersection of water-related, and climate impacted disease concerns; public/researcher/practitioners interfacing is key to our goals.
Popul. Med. 2026;8(Supplement 1):A379

ABS2304
Carbon footprinting and action planning for Health professionals

Azeeza Rangunwala[1], Sanskrithi Thakur[2]
[1]Special interest group: Climate, Energy and Health, Public Health Association of South Africa, Pretoria, South Africa, [2]Data science, Healthcare without Harm, Hyderabad, India

BACKGROUND
The health sector is a significant contributor to global greenhouse gas (GHG) emissions, accounting for approximately 5% of total emissions globally1. This contribution is paradoxical to the sector's ethical mandate to "do no harm", as climate change poses substantial risks to population health and health system resilience. Health institutions will benefit from developing climate mitigation strategies as they are central to dealing with the climate crisis. The starting point is calculating greenhouse gas emissions to determine baselines.
METHODS
The session will give an outline on the Climate Impact Checkup Tool, which estimates greenhouse gas emissions from health care institutions globally. The capacity-building intervention provides participants with a structured overview of GHG emissions, including key concepts, sources, and accounting principles, followed by hands-on training in the use of the tool, a globally recognized GHG accounting tool for the health sector2. Participants, including health professionals, researchers, and representatives from Ministries of Health will engage in practical exercises to emissions estimation. The approach is a practical, skills-building session that looks at aspects of the tool and its application for research as well as evidence for informing policy.
RESULTS
Participants demonstrate an enhanced understanding of the interlinkages between climate change and health, as well as the health sector's role in contributing to and mitigating emissions. Facility and country-level stakeholders identify their primary emission sources, establish emissions baselines, and acquire the skills necessary to calculate facility-level GHG footprints to inform evidence based planning and identifying priorities.
CONCLUSIONS
By enabling health facilities and national stakeholders to quantify emissions and develop data-driven mitigation strategies, such interventions will support integration of climate action into health system planning and policy. A practical skills building session allows participants to identify the starting point and their role in climate action.
Popul. Med. 2026;8(Supplement 1):A380

ABS2356
Working in a Hot World: The Missed Heat-related Epidemics in the Global South. A Worker's Perspective into the Realities of Working in Heat

Rajen Naidoo[1], Sujatha Hariparsad[1], Jason Glaser[2], Patrick Ndlovu[3], Shailendra Sharma[4], William Martinez[2], Surendra Lama[4]
[1]Discipline of Occupational and Environmental Health, University of KwaZulu-Natal, Durban, South Africa, [2]La Isla Network, California, United States, [3]Asiye eTafuleni, Durban, South Africa, [4]Global Health Advocacy and Research, California, United States

BACKGROUND
Heat-related illness leads to $1billion in healthcare costs every summer. More than 2.4 billion workers worldwide are exposed to extreme heat annually. Almost 93% of Africa's workforce is exposed to excessive heat. In 2020, exposure to excessive heat was linked to an estimated 22.85 million non-fatal occupational injuries, 18,970 deaths, and 2.09 million disability adjusted life years worldwide. By 2030, heat stress will reduce global GDP by USD 2,400billion. These figures hide the devastation brought by work-related heat: in several poorest regions of the world, these effects have reached epidemic proportions. Evidence from Latin America, India, Nepal and south-east Asia highlight the consequences of this changed world of work. In 2020, heat stress related chronic kidney disease was prevalent among 26.2 million people worldwide.
METHODS
A novel researcher-worker paired panel discussion approach will be adopted. This pairing will consist of an international expert in the field of occupational heat exposure and health outcomes working in specific geographical location, together with a local worker from that location. The expert will address the research questions and the social impacts these raise, while the worker representative will describe the working conditions, potential for intervention and the social consequences at community levels of these hidden epidemics. The worker representative will share the reality and lived experiences of working in these extreme conditions.
RESULTS
Team 1 (Jason Glaser/William Martinez) will address "The heat-related chronic kidney disease epidemic and the destruction of the social fabric of communities in Latin America". Team 2 (Shailendra Sharma/Surendra Lama) will address how migrant workers from Nepal work in distant countries under extreme heat and return to their countries without any health care Team 3 (Rajen Naidoo/Patrick Ndlovu) will address "Heat and Health for Informal Workers in Durban, South Africa"
Popul. Med. 2026;8(Supplement 1):A383

ABS2403
Characterisation of fine inhalable particles (PM2.5) and related health threats in low-income households of the Western Cape, South Africa

Kereemang Gaoaaga[1], Heleen Vos[1], Ronelle Burger[2], Susanne Fietz[1]

[1]Department of Earth Sciences, Stellenbosch University, Stellenbosch, South Africa, [2]Department of Economic and Management Sciences, Stellenbosch University, Stellenbosch, South Africa

ABSTRACT
Socioeconomic conditions in low-income settlements of the Western Cape have potential implications for indoor air quality. As part of a broader project 'Building Healthier Communities' that aims to evaluate living conditions in low-income households with children under five years old, this study determined the geochemical composition, Hazard Indices, and sources of fine particulate matter (PM2.5) collected between November 2022 and March 2024. Indoor PM2.5 samples were collected across 13 low-income settlements using Ultrasonic Personal Air Sampler (UPAS) equipped with PTFE filters and analysed using Inductively Coupled Plasma Mass Spectrometry (ICP-MS) and Scanning Electron Microscopy (SEM). Most abundant elements included Al, Fe, Zn, Ba, Mn, As, Sr, Cd, and Pb, with Fe concentrations reaching peak concentrations of 54.5 µg/m. Potentially toxic elements Pb, As, Se, Cd, Cr, Cu and V were also detected in these indoor samples. Enrichment Factors (EF) indicated a crustal origin (EF < 10) for Mn and Fe in PM2.5, while Zn, Pb, As, Cd, Cu, Ba, Cr, and Ni (EF > 10) appear to receive an anthropogenic addition. Calculated metal content-based Hazard Indices point to the occurrence of health threats, particularly for children. Positive Matrix Factorization identified three pollution sources for the particles that are partially unexpected for indoor samples: (i) manufacturing and steel industries, which accounted for 18% of the total analysed particles; (ii) solid waste burning (58%); and (iii) traffic-related emissions and oil combustion (24%). Implementing stricter regulations on local combustion sources, establishing metal-specific emission guidelines at a Southern African scale, and enhancing public awareness on the health risks of solid waste burning are important strategies to reduce indoor PM2.5 levels in low-income communities of the Western Cape.
Popul. Med. 2026;8(Supplement 1):A387

ABS2422

Why is Health Underrepresented in International Forums on Chemical Risk Management? Increasing Health Professionals' Role in Chemical Risk Prevention

Hanna-Andrea Rother[1], Ludwig L. Albornoz[2], Nasrin Ghassemi Barghi[3], Rico Euripidou[4,1], Nosiku Munyinda[5,1], Dorothy Ngajilo[6], Peter Orris[7], Florian Schultze[8], Olga Speranskaya[9], Susan Wilburn[10], Kay Williams[6], Sherika Whitelocke-Ballingsingh[11]

[1]Division of Environmental Health, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Clinical Investigation Group, Institute for Translational Medicine, School of Medicine and Health Sciences, Universidad del Rosario, Bogota, Colombia, [3]Toxicology and Diseases Group (TDG), Pharmaceutical Sciences Research Center (PSRC), Tehran University of Medical Sciences, Tehran, Iran, [4]groundWork, Friends of the Earth South Africa, Durban, South Africa, [5]Department of Environmental Health, School of Public Health, University of Zambia, Lusaka, Zambia, [6]Chemicals and Health Branch, Industry and Economy Directorate, United Nations Environment Programmes, Geneva, Switzerland, [7]Occupational and Environmental Medicine, University of Illinois Hospital and Health Sciences System, Chicago, Illinois, United States, [8]EnvMed Network, European Network for Environmental Medicine, Berlin, Germany, [9]HEJSupport - Health and Environment Justice Support, Munich, Germany, [10]Independent Consultant, Olympia, Washington, United States, [11]The Caribbean Poison Information Network, University of Technology, Kingston, Jamaica

BACKGROUND
In 2023, the Global Framework on Chemicals – For a Planet Free of Harm from Chemicals and Waste (GFC) was adopted. The multisectoral, multistakeholder approach of this framework is intended to enhance engagement among the health, environment, agriculture, and labour sectors, along with the private sector, non-governmental and governmental organisations, and academia, to protect the planet and human health. While the will is there, the reality is that the health sector is severely underrepresented during negotiations, and health professionals are unaware of the GFC. However, health effects linked to chemical exposures such as cancers, developmental and neurological effects, allergies, diseases (e.g., Parkinson's) and infertility continue to rise.
METHODS
This interactive session will engage participants in practical activities to implement the GFC at the local level. This will be done through: 5-minute global framing presentation (Vision of GFC) 10-minute icebreaker mapping chemical issues in each country - Chemicals Without Borders (shared global problem) 15-minute International Case Carousel (prevention and protection) 15-minute Safety Data Sheet and chemical information in medical products/devices challenge (transparency) 10-minute Patient-to-policy mapping (implementation) 5-minute participants' global commitments and way forward (accountability)
RESULTS
Participants will be invited to co-author a post-conference paper on the outcomes of the exercises and to increase knowledge of the topic beyond those who were at the conference. Participants will be provided with handouts, which will also be circulated on social media and health professional networks.
CONCLUSIONS
The GFC cannot succeed without the support of health professionals. It is only through the active participation of Ministries of Health and health professionals that the effective implementation of strategies nationally and internationally will reduce and prevent chemical risks.
Popul. Med. 2026;8(Supplement 1):A388

ABS2434

Policy advocacy training for health professionals in Africa on health and climate change in preparation for the 32nd Conference of Parties in Ethiopia 2027.

Lujain Alqodmani[1], Josh Karliner[1], Mafoko Phomane[2], Friday Phiri[3], Thandi Kapwata[4], Sean Patrick[5]

[1]Health Care Without Harm, Virginia, United States, [2]GroundWork, Pietermaritzburg, South Africa, [3]Amref Health Africa, Nairobi, Kenya, [4]South African Medical Research Council, Parow-Valley, South Africa, [5]Association of Schools of Public Health in Africa (ASPHA), Nairobi, Kenya

BACKGROUND
Health professionals are among the most trusted voices in society and have a long history of influencing public policy on issues that affect population health. Climate change poses an escalating threat to health in Africa, exacerbating existing inequalities and placing additional strain on health systems. Framing climate change as a public health and ethical issue can help depoliticize climate debates and strengthen public and political support for ambitious climate action. In the lead-up to the thirty-second Conference of the Parties to the United Nations Framework Convention on Climate Change, to be hosted in Ethiopia, there is a critical opportunity to equip African health professionals with the skills and confidence needed to advocate effectively for health-centred climate policies. This session is designed to strengthen regional leadership and amplify African health voices in global climate negotiations.
METHODS
This interactive, skill-building session will provide practical training in policy advocacy and campaigning tailored to the African context. Methods include short expert presentations, case studies highlighting successful health-led climate advocacy, and facilitated breakout group exercises focused on message development, stakeholder mapping, and identifying strategic advocacy opportunities before and during the climate conference in Ethiopia. Participants will engage in applied exercises to translate evidence on climate and health into clear policy demands.
RESULTS
Participants will demonstrate improved understanding of advocacy strategies, enhanced capacity to articulate health-based climate policy messages, and increased awareness of regional and global advocacy opportunities linked to the upcoming climate conference.
CONCLUSIONS
Strengthening the advocacy capacity of African health professionals is essential to ensuring that health is positioned at the centre of climate policy discussions. This session will support coordinated, informed, and impactful health-led advocacy in preparation for the climate conference in Ethiopia and beyond.
Popul. Med. 2026;8(Supplement 1):A390

ABS2441

Can Brief Psychosocial Interventions Increase Alternative Protein Intake? Evidence from a Randomized Controlled Trial.

Anna Kornafel[1], Natalia Paduszyńska[1], Hanna Zaleśkiewicz[1], Dominika Wietrzykowska[1], Zofia Szczuka[1], Aleksandra Luszczynska[1]

[1]Center for Applied Research on Health Behavior and Health, SWPS University, Wrocław, Poland

BACKGROUND
Alternative protein foods (APFs), derived from insects, krill, fungi, or plants, have a lower environmental impact than conventional protein sources (e.g., meat and dairy). Changing the protein sources in daily diet would reduce water, energy and land use. Compared to traditional proteins, APF also offer similar or superior nutritional value. This study examined whether a brief intervention targeting (i) familiarity with APFs through tasting products based on algae, crickets, and chickpeas, and (ii) perceived availability of APFs by increasing knowledge about

local purchasing options, would increase APF intake.
METHODS
Adult participants (N=398; aged 18–85 years; 34.1% men) were randomly assigned to either an experimental group receiving the tasting and availability intervention (n=204) or a waitlist control group (n=194). At baseline and one-month follow-up, participants completed questionnaires assessing self-reported APFs intake and psychosocial and environmental determinants of consumption. The primary outcome was frequency of APFs intake. Data were collected in Poland.
RESULTS
A significant TimexGroup interaction was found for the intake of snacks containing insect-based proteins, fungi, algae, and other microorganism-based APFs. Compared to the waitlist control group, participants in the intervention group increased their intake, with a medium effect size (d = 0.51). No significant Time×Group interaction was observed for plant-based proteins, including plant-based snacks and meat substitutes such as sausages and burgers. No main effects of time were detected, indicating that the results were not attributable to a mere measurement effect.
CONCLUSIONS
Brief interventions that enhance experiential familiarity and perceived availability may effectively increase consumption of AFP-based snacks that are genuinely novel or exotic for European consumers (e.g., insects), but not plant-based alternatives. Future research should replicate these findings across diverse populations and contexts, investigate potential moderators such as baseline familiarity and perceived availability, and assess the long-term durability of intervention effects.
Popul. Med. 2026;8(Supplement 1):A391

ABS2442
The Sustainability of Stewardship: Decarbonizing Health Systems through Primary Care-Led Management Models

Mohamed Osman Gafar Abdalla[1], Federica Castellana[1]
[1]Young WFPHA, Geneva, Switzerland

BACKGROUND
Global healthcare sustainability often focuses on technical "greening" of facilities, yet the most significant environmental determinant is the overarching management model. A hospital-centric, reactive system is inherently carbon-intensive due to its reliance on complex, energy-heavy diagnostic tools often utilized in secondary and tertiary centers. This session argues that a fundamental shift toward a Primary Health Care (PHC)-led model, focusing on early detection and simpler investigations, offers a lower-intensity, high-value pathway. We explore how preventive stewardship can reduce the sector's 5% global emissions while preserving patient safety.
METHODS
Utilizing a Systemic Comparative Analysis, this session contrasts two health systems architectures. We model the lifecycle carbon footprint of clinical pathways within a "Reactive-Hospital" system against a "Preventive-PHC" system. The evaluation examines the "Diagnostic Intensity of Care," specifically comparing high-resource tertiary diagnostics against early detection protocols in community settings. The methodology focuses on exploring how public health policy can incentivize the use of simplified, low-carbon investigations for preventable diseases that deliver equivalent safety outcomes.
RESULTS
Findings indicate that systems prioritizing PHC-led early detection achieve a "Carbon Dividend" by bypassing the energy-intensive cascades of hospital-based care. The results demonstrate that "low-tech" community-based monitoring for preventable illnesses yields superior safety outcomes by preventing acute crises. We identify that "Diagnostic Over-Engineering" in tertiary centers is a primary driver of environmental impact, whereas PHC-integrated stewardship provides a scalable path to decarbonization through reduced clinical redundancy and energy-optimized diagnostics.
CONCLUSIONS
Decarbonization is a prerequisite for planetary health, but it can't be achieved within a hospital-centric vacuum. A shift toward early detection and simplified investigations within a PHC-led model is essential for sustainable health governance. Public health leaders must recognize that preserving patient safety does not require high-carbon complexity. To "walk the talk," we must institutionalize PHC as the primary engine for both health equity and environmental resilience.
Popul. Med. 2026;8(Supplement 1):A392

ABS2455
Quantifying Disposable Diaper Waste as a One Health and Climate-Sensitive Public Health Threat: Evidence from a 72-Hours Diapers Collection for Accountability Campaign in Kilifi County, Kenya

Kevin Shikuku[1]
[1]Public Health, Health, Kilifi, Kenya

ABSTRACT
Introduction/Problem: The use of disposable diapers has increased rapidly in urban and peri-urban settings in Kenya; however, systems for safe disposal and end-of-life management remain inadequate. Improper disposal of diaper waste in open spaces, drainage lines, and pit latrines poses growing environmental and public health risks, yet empirical evidence quantifying this burden remains limited. Aim/Research Question: This initiative aimed to quantify the volume of improperly disposed disposable diapers and assess their environmental, economic, and public health implications within Kilifi County using a One Health lens.
METHODS
A community-led 72-hour diaper collection exercise was conducted from 21–23 January 2026 across eleven sites, including designated municipal disposal points and undesignated dumping areas. Used diapers were collected, weighed, and categorized by site type. Estimates of diaper counts, faecal load, volume, and economic value were calculated using standardized assumptions on average diaper weight, faecal content, and retail cost.
RESULTS
A total of 2,318.45 kg (2.32 tonnes) of used diapers, equivalent to approximately 13,880 diapers, were collected, with the majority retrieved from undesignated dumping sites. The collected diapers were estimated to contain over 1,000 kg of human faecal matter exposed to the open environment. These findings indicated substantial risks for faecal–oral disease transmission, accelerated filling of pit latrines, loss of productive land to non-biodegradable waste, and an estimated retail value of KES 416,400 discarded within 72 hours.
CONCLUSIONS
Disposable diaper waste represents a significant but overlooked One Health and climate-sensitive public health challenge. Strengthened waste governance, public education, and enforcement of Extended Producer Responsibility are urgently required to reduce environmental contamination and disease risk.
Popul. Med. 2026;8(Supplement 1):A394

ABS2547
Ambient $PM^{2.5}$ air pollution in Botswana: Composition, source apportionment, and implications for air pollution policy

Tshephang Tumoyagae[1], Bontle Mbongwe[1], Janine Wichmann[2]
[1]Environmental Health, University of Botswana, Gaborone, Botswana, [2]University of Pretoria, Pretoria, South Africa

BACKGROUND
Fine particulate matter (PM.) is a major environmental health concern due to its ability to penetrate deep into the respiratory system and enter the bloodstream, causing significant morbidity and mortality. In Sub-Saharan Africa, ambient PM. concentrations remain among the highest globally, yet monitoring infrastructure and epidemiological evidence are limited. In Botswana, available studies indicate that urban centres such as Gaborone frequently exceed the World Health Organization (WHO) annual guideline of 5 µg/m. PM. pollution in Botswana is influenced by local sources such as vehicular emissions, biomass burning, and windblown dust, as well as transboundary transport from neighbouring countries. However, existing studies are sporadic, short-term, and insufficient for comprehensive exposure and health risk assessment.
METHODS
This review synthesizes published studies on PM. concentrations, chemical composition, source apportionment, meteorological influences, and health impacts relevant to Botswana. Measurement approaches assessed include gravimetric sampling, regulatory-grade continuous monitors, low-cost sensors, and satellite-derived aerosol optical depth products. Studies on apportionment methods such as Positive Matrix Factorization and trajectory analysis using HYSPLIT were reviewed. Studies evaluating health impacts using both epidemiological evidence and hazard-based health risk assessment frameworks applicable to data-limited settings were included.
RESULTS
Available evidence shows that PM. concentrations in Gaborone commonly exceed WHO guidelines, with pronounced diurnal and seasonal variability. Winter time temperature inversions and biomass burning episodes result in elevated concentrations. Chemical analyses reveal a mixture dominated by crustal dust, black carbon, organic carbon, and trace metals. Limited source apportionment studies identify vehicular emissions, biomass burning, and resuspended dust as major contributors.
CONCLUSIONS
PM., poses a significant but under-characterized environmental health risk in

Botswana. Establishing continuous monitoring networks, integrating low-cost sensors and applying source apportionment models are critical for evidence-based policy. Strengthened air quality management will support public health protection and sustainable development goals in Botswana.
Popul. Med. 2026;8(Supplement 1):A396

ABS2566
Biodiversity, Human Health and Nature-Based Solutions

Sheetal Rao[1]
[1]Medicine, University of Illinois, Chicago, United States

ABSTRACT
The loss of biodiversity intertwines with climate change and various types of pollution to bring about the planetary health crisis, threatening the health and survival of humans, animals and plants in multiple, compounding and cascading ways. Biodiversity, defined as the variety of life on Earth, is declining rapidly, driven primarily by habitat loss, poor land use, pollution, overexploitation and climate change. These five primary causes of biodiversity loss are interrelated, with climate change increasingly intensifying biodiversity loss, leading to reduced ecosystem resilience and further intensification of the crisis. Biodiversity loss is also linked with pandemics, nutritional deficiencies, associated increase in chronic disease and loss of medicinal plants. Current and future health care professionals must understand these interrelationships and learn to foster and advocate for the multidisciplinary wisdom and policies needed to mitigate further harm. This organized session, geared towards health care professionals, will identify the biodiversity hypothesis, review case examples of biodiversity loss and allow the audience to discuss associated impacts on human health. The session will also explore equity considerations such as nature deficiency and its relationship with the human microbiome. Co-benefits of nature will be discussed with special emphasis on a One Health approach. Nature-based solutions that improve biodiversity and health will be highlighted and the audience will have an opportunity to work through a real-life case that incorporates several drivers of biodiversity loss and One Health principles. Addressing this multifaceted crisis requires urgent integration of planetary health concepts into medical and continuing medical education to prepare current and future health professionals for the rising burden of diseases linked with ecological decline. This session provides the necessary information in an interactive way that will fundamentally shift how healthcare professionals perceive this issue, while providing them with a framework that they can share at their own institutions.
Popul. Med. 2026;8(Supplement 1):A397

ABS2579
Physiological and perceptual responses to a co-designed mobile cooling hub exposure in people experiencing or at risk of homelessness during extreme heat: A pilot study

Sidney Siyuan Guo[1], Alejandro Vasquez-Hernandez[2], Lisa Wood[3], Matthew Larkin[2], Jon Swain[4], Glenn Miller[2], Nuala Fogarty[2], Paul Rosenthal[2], Charles Cosgrove[2], Alexander Moses[1], Danielle Austin[5], Timothy English[1]
[1]Heat and Health Research Centre, University of Sydney, Sydney, Australia, [2]Homeless Health Service, St Vincent's Hospital Sydney, Sydney, Australia, [3]Institute for Health Research, The University of Notre Dame Australia, Perth, Australia, [4]Homelessness Service, City of Sydney, Sydney, Australia, [5]Nursing Services, St Vincent's Hospital Sydney, Sydney, Australia

INTRODUCTION
People experiencing homelessness are admitted to the emergency department for heat-related illness at a 27-fold higher rate than those not experiencing homelessness. This pilot study aimed to determine entry-to-exit changes in physiological and perceptual outcomes among people experiencing or at risk of homelessness attending a co-designed mobile cooling hub on days of extreme heat (≥35°C).
METHODS
Sixty-eight adults experiencing (n=37) or at risk of homelessness (n=31) attended a cooling hub with shaded seating, airflow from electric fans, cold-water misting, and drinking water for a self-determined duration. Physiological outcomes of heart rate, systolic and diastolic blood pressure (to calculate mean arterial pressure) and core temperature (sublingual or tympanic), and perceptual outcomes of thermal sensation and discomfort, were recorded at entry and exit. Visit duration was calculated from entry/exit times. Hub air temperature and relative humidity were measured each minute to calculate mean apparent temperature over each visit. Linear mixed-effects models examined physiological entry-to-exit differences and the influence of visit duration and apparent temperature. Paired Wilcoxon tests assessed perceptual outcomes.
RESULTS
Heart rate was lower on exit than entry ($p<0.001$), and participants reported cooler thermal sensation ($p<0.001$) and less thermal discomfort ($p<0.001$). Core temperature remained stable ($p=0.386$), while mean arterial pressure showed a trend towards a decrease ($p=0.089$). Visit duration ranged from 23–300 minutes (mean 72 minutes) with no influence on physiological outcomes. Mean apparent temperature exposure ranged from 24–43°C (mean 38°C), with no effect on outcomes except for a slightly higher core temperature (0.02°C) on exit per +1°C ($p=0.021$).
CONCLUSIONS
The co-designed mobile cooling hub provided short-term heat relief for people experiencing or at risk of homelessness – participants exited with lower heart rate, reduced thermal discomfort and cooler thermal sensation while maintaining stable core temperature and blood pressure – suggesting it is a promising, community-embedded response during extreme heat.
Popul. Med. 2026;8(Supplement 1):A398

ABS2586
The intersection of fossil fuel emissions and public health: the anatomy of a polycrisis

David le Page[1], Sam Bovim[1], Sandrine Mpazayabo[1], Steph Cookson[1]
[1]Fossil Free South Africa, Cape Town, South Africa

BACKGROUND
Fossil fuels account for approximately 75% of global greenhouse gas emissions, yet their health impacts extend beyond climate change. In South Africa, the "cradle-to-grave" lifecycle of coal and gas—from extraction to combustion—drives a polycrisis of air pollution, energy poverty, and social inequity. This study draws on global evidence of fossil fuel–related health harms to examine how fossil fuel dependence functions as a driver of mortality and systemic health disparities.
METHODS
A literature synthesis approach is used to assess fossil fuel impacts on South African public health, with a focus on Eskom and Sasol operations and their effects on surrounding communities. Sources include peer-reviewed academic literature and grey literature.
RESULTS
Using the Global Climate and Health Alliance's "Cradle to Grave" framework (Narayan & Kuhl, 2025), this research expects to show that fossil fuel pollution causes severe, systemic health harms across the human lifecycle. These impacts are anticipated to be persistent and unevenly distributed within South Africa's "sacrifice zones," compounding existing socio-economic health disparities. The study also aims to demonstrate how current climate and health policies inadequately account for these multidimensional harms. Findings are intended for submission to a peer-reviewed public health journal or publication as an independent policy report.
CONCLUSIONS
Transitioning away from fossil fuels and halting capital flows to fossil fuel companies should be treated as a public health imperative, not merely an environmental objective. Integrating health-cost accounting into energy policy could prevent thousands of premature deaths annually in South Africa. By documenting the systemic nature of fossil fuel harms, this study contributes to the growing global case for urgent action, arguing that redirecting the $7 trillion in annual fossil fuel subsidies toward health-aligned energy systems is both a moral and economic necessity, offering a pathway to address historical health inequities and protect marginalised communities.
Popul. Med. 2026;8(Supplement 1):A399

ABS2659
Estimating the impact of energy supply shocks on indoor air pollution and the health of vulnerable children in South Africa

Ronelle Burger[1], Marisa Von Fintel[1], Jack Grimston[1]
[1]Economics, Stellenbosch University, Stellenbosch, South Africa

BACKGROUND
Recent systematic reviews suggest that early-life exposure to fine particulate matter (PM2.5) may be associated with altered brain development trajectories (Parenteau et al., 2024), with meta-analytic evidence indicating potential cognitive function losses of approximately 0.27 IQ points per 1 µg/m increase in PM2.5 exposure (Alter et al., 2024). Despite these emerging health concerns, policy debates around energy subsidies and electricity reliability in low-income settings have largely focused on affordability and productivity, with limited attention to potential long-term health consequences. We leverage short-term electricity supply shocks to provide causal estimates of how unreliable or unaffordable electricity affects indoor air pollution exposure among vulnerable young children.
METHODS

We analyse high-frequency indoor air quality data from more than 500 low-income households across eight South African communities, all with children under five years of age. Indoor PM2.5 concentrations were recorded at two-minute intervals using PurpleAir monitors installed in household kitchens, yielding data covering 641 scheduled electricity outages. We estimate pollution responses using a regression discontinuity design around outage onset, complemented by fixed effects and difference-in-differences, and event analysis.
RESULTS
Loadshedding events generate sharp and statistically significant increases in indoor PM2.5 at outage onset, with average increases of approximately 4 µg/m, but more pronounced among households reporting substitution toward polluting fuels such as paraffin and wood. The observed immediate spike is consistent with high, localised emissions during ignition of wood or paraffin fuel sources. Pollution increases are most pronounced during evenings and colder months, indicating heating-related fuel use as a key mechanism. During high-risk periods, indoor concentrations frequently exceed World Health Organization short-term exposure guidelines.
CONCLUSIONS
Electricity supply shocks causally increase indoor air pollution exposure among vulnerable children in low-income South African households. Evaluations of energy subsidy and load-management policies should incorporate indoor air pollution exposure and potential developmental consequences alongside conventional economic outcomes.
Popul. Med. 2026;8(Supplement 1):A402

ABS2663
Ultra-processed food consumption among primary school children and caregivers in low socio-economic communities in Nelson Mandela Bay, South Africa

Annelie Gresse[1], Kirsty Louw[1]
[1]Human Nutrition and Dietetics, Nelson Mandela University, Gqeberha, South Africa, Gqberha, South Africa

BACKGROUND
In the modern food environment, ultra-processed foods (UPFs) are increasingly accessible, affordable and desirable. In South Africa, UPFs form a substantial portion of commonly consumed foods and that could lead to an increased risk of malnutrition.
AIM
This study described the consumption of UPFs (NOVA classification system level 4) among children and caregivers in selected primary schools in low socio-economic areas of Nelson Mandela Bay, and examined associations between children's anthropometric status and UPF intake and caregivers' UPF nutrition knowledge and dietary patterns.
METHODS
In a quantitative, cross-sectional study, participants included 1234 primary school children from a larger project done in 2019 and 109 caregivers recruited in 2025 from the same schools. Children's anthropometric and dietary intake data were analysed. Caregivers completed a UPF knowledge questionnaire and a 24-hour dietary recall.
RESULTS
Children consumed an average of 10.91 UPF items per week (SD = 7.69). Correlations between children's UPF intake and anthropometric outcomes were weak and largely non-significant overall, except for nine-year-olds. Caregivers scored an average of 54.70% on the UPF knowledge questionnaire, with 35.77% scoring below 50%. Caregivers consumed an average of 4.18 (SD = 1.93) UPF items per day. Caregiver UPF knowledge and intake were not strongly correlated, but caregiver education level was moderately associated with UPF knowledge ($r_s = 0.40$, $p < 0.001$). A significant association was found between caregiver and child UPF consumption ($\chi(1, N = 214) = 4269.00$, $p < 0.001$), and although not significant, caregivers consumed now more UPF items per day ($t(214) = 1.23$, $p = 0.22$), indicating an increase in UPF consumption since 2019.
CONCLUSIONS
The high prevalence of malnutrition alongside high UPF consumption in children, paired with limited caregiver nutrition knowledge, highlights the need for strengthened nutrition support and food environment interventions.
Popul. Med. 2026;8(Supplement 1):A403

ABS2688
From vulnerability mapping to action: artificial intelligence and geospatial methods for urban heat resilience

Craig Parker[1], Geir Kjetil Sandve[2], Bjørn Sandvik[3], Sibusisiwe Audrey Makhanya[4], Sam Zermatten-Jack[1], Natasha Lalloo[1], Benjamin Devantier Du Plessis[1], Nicholas Brink[1], Guéladio Cissé[5], Christopher Jack[6], Matthew Chersich[1], Sabina Omar[6]
[1]Wits Planetary Health Research, University of the Witwatersrand, Johannesburg, South Africa, [2]Department of Informatics, University of Oslo, Oslo, Norway, [3]DHIS2 Climate and Health, University of Oslo, Oslo, Norway, [4]IBM Research Africa, IBM, Johannesburg, South Africa, [5]Swiss Tropical and Public Health Institute, University of Basel, Basel, Switzerland, [6]Climate System Analysis Group, University of Cape Town, Cape Town, South Africa

INTRODUCTION
African cities face escalating heat exposure, yet fine-scale heat-associated vulnerability data to guide public health interventions remains scarce. The HE2AT Centre aims to reduce heat-related morbidity and mortality across African cities by generating evidence, building capacity, and translating research into actionable public health tools. This workshop explores how heat vulnerability mapping could translate into operational surveillance systems through the DHIS2 Climate & Health platform, an open-source health management information system currently deployed across seven African countries.
METHODS
We integrated high-resolution satellite data (land surface temperature, vegetation indices), ERA5 climate reanalysis, and GCRO socio-economic variables to create ward-level heat vulnerability indices for 135 Johannesburg wards. Machine learning models with SHAP interpretability methods identified key predictors and threshold effects. Multi-scale spatiotemporal data harmonisation protocols enabled integration across disparate data sources. We developed methods to design vulnerability data layers for integration into DHIS2 to support real-time surveillance.
RESULTS
Johannesburg analyses revealed extreme intra-urban heterogeneity, with vulnerability concentrated in informal settlements with limited vegetation and healthcare access. Machine learning identified non-linear exposure-response relationships, with SHAP values highlighting critical temperature thresholds. The heat vulnerability index demonstrates how such analyses can identify priority areas for intervention. DHIS2 Climate & Health, deployed across Niger, Senegal, Nigeria, Guinea Bissau, Mozambique, Malawi, Ghana, and DRC, provides a platform for linking vulnerability hotspots to health facilities.
CONCLUSIONS
This interactive workshop equips participants with practical geospatial and machine learning methods for heat vulnerability assessment and pathways for integration into operational health surveillance systems. Participants gain hands-on experience with DHIS2 Climate tools and connection to a pan-African network advancing climate health equity. We demonstrate the power of collaboration between researchers, technology developers, and public health practitioners across international scales.
Popul. Med. 2026;8(Supplement 1):A404

ABS2700
Strengthening Integrated Community-Centred Municipal Strategies for Water-Related Public Health under Climate and Infrastructure Stress in South Africa

Eunice Ubomba-Jaswa[1], Chika Nnadozie[2], Amber Abrams[3], Marisa von Fintel[4], Paula Melariri[5]
[1]Water Quality & Health, Research Development and Innovation, Water Research Commission, Pretoria, South Africa, [2]Institute of Water Research, Rhodes University, Makanda, South Africa, [3]Future Water Institute, University of Cape Town, Cape Town, South Africa, [4]Department of Economics, Stellenbosch University, Stellenbosch, South Africa, [5]Faculty of Health Sciences, Nelson Mandela University, Gqeberha, South Africa

BACKGROUND
South Africa faces ongoing water and sanitation challenges, with millions lacking reliable services amid climate change, population growth, and aging infrastructure. Water quality degradation, inadequate wastewater treatment, flooding, drought, and unsafe household water storage increase risks of waterborne and zoonotic diseases, including diarrhoeal illnesses and schistosomiasis, particularly in low-income communities. Municipalities in the Eastern and Western Cape illustrate these intersecting challenges, experiencing recurrent droughts, compromised water quality, and persistent disease transmission despite relatively high sanitation coverage. This panel convenes multidisciplinary research addressing water-related health vulnerabilities through behavioural, environmental, and One Health approaches.
METHODS
The panel synthesises evidence from multiple integrated studies: a randomised field experiment testing behavioural nudges to improve household water storage; a One Health surveillance framework for early detection of waterborne zoonoses

in Eastern Cape municipalities; participatory ethnographic research on flooding-related health vulnerability; and multidisciplinary investigations of waterborne diseases. Mixed methods included molecular diagnostics, water quality and snail host assessments, epidemiological surveys among schoolchildren, microbial analyses of water sources, hygiene education interventions for municipal workers, and community workshops co-designing nature-based and water-sensitive solutions.
RESULTS
Findings reveal substantial under-detection of schistosomiasis with conventional diagnostics, while molecular tools uncovered hidden infections even in low-transmission areas. Environmental assessments showed widespread microbial contamination and water bodies conducive to snail survival. Behavioural and WASH-related risk factors were prominent, but hygiene education and behavioural nudges led to measurable improvements in knowledge and practices. Integrated analyses informed a drought-related waterborne infection prediction tool linking environmental conditions, water quality, and human behaviour to disease risk.
CONCLUSIONS
These studies highlight the need for integrated surveillance, climate-resilient water management, molecular diagnostics, and community-centred interventions. By bridging One Health, behavioural science, and participatory adaptation, the panel identifies scalable, evidence-informed strategies to reduce waterborne disease transmission and strengthen public health resilience in water-stressed settings.
Popul. Med. 2026;8(Supplement 1):A406

ABS2733
The One Health concept is the key to a healthy future – or how to prepare leaders and experts to implement this idea in the functioning of policies and communities

Tomasz Gosiewski[1], Malgorzata Bala[2], Jacek Czepiel[3]
[1]Chair of Microbiology, Jagiellonian University Medical College, Krakow, Poland, [2]Chair of Epidemiology and Preventive Medicine, Jagiellonian University Medical College, Kraków, Poland, [3]Chair of Infectious Diseases and Tropical Medicine, Jagiellonian University Medical College, Krakow, Poland

INTRODUCTION
Una Europa is an alliance of 11 European universities established in 2019 to promote innovative educational formats. Within this framework, the One Health Self-Steering Committee at Jagiellonian University developed a Polish-language webinar introducing the core principles of the One Health (OH) approach. Despite its increasing relevance, OH remains insufficiently understood among the general public and parts of the academic community. Effective implementation of the One Health framework requires a shared understanding and common terminology across disciplines. Establishing such a "common language" is essential for raising awareness, fostering public support, and enabling coherent action. Therefore, educators, experts, community leaders, and policymakers should be equipped with foundational OH knowledge to support public education and the development of policies aligned with the One Health concept. This abstract presents our experience in developing and disseminating OH-related educational materials within the Una Europa alliance.
METHODS
The webinar, entitled "One Health Concept as the Key to a Healthy Future", which is planned to last until June 2026, will address vaccination, zoonotic diseases, and antimicrobial resistance. Participants will learn how to differentiate vaccine types, understand indications and contraindications, apply principles of responsible antimicrobial use, and reduce the risk of zoonotic infections.
RESULTS
Knowledge and competency gains will be assessed using pre- and post-webinar tests.
CONCLUSIONS
Detailed data on participant reach, knowledge improvement, and user feedback will be presented at the conference.
Popul. Med. 2026;8(Supplement 1):A407

ABS2740
Comparison of fine particulate matter (PM2.5) concentrations measured using low-cost sensors and gravimetric sampling in Mabopane, South Africa

Mandla Bhuda[1,2], Agot Watne[3], Peter Molar[4], Joyce Shirinde[2], Mattias Hallquist[5], Janine Wichmann[2]
[1]Department of Health Studies, Unisa, Pretoria, South Africa, [2]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [3]Department of Environmental Intelligence, IVL Swedish Environmental Research Institute, Gothenburg, Sweden, [4]Occupational and Environmental Medicine, School of Public Health and Community Medicine, Sahlgrenska Academy, University of Gothenburg,, Gothernburg, Sweden, [5]Department of Chemistry and Molecular Biology, University of Gothenburg, Gothenburg, Sweden

BACKGROUND
Exposure to fine particulate matter (PM.) poses significant health risks, particularly in low- and middle-income countries.
OBJECTIVE
To evaluate PM. concentration variability using low-cost sensors and gravimetric sampling in Mabopane.
METHODS
PM. levels were measured on the rooftop of Mabopane Fire Station from 1 May to 22 September 2025 using two PurpleAir low-cost sensors and a GilAir-5 sampler operating at 4.0 L/min.
RESULTS
Between May and September 2025, the mean PM. concentration measured by Sensor 1 was 54.12 µg/m, while Sensor 2 recorded a mean of 52.46 µg/m. In comparison, the mean gravimetric PM. concentration was 23.30 µg/m. Sensor measurements were consistently higher than gravimetric values, indicating an overestimation of approximately 130–132% relative to the gravimetric sampler. PM. levels exceeded both the WHO 24-hour guideline and South African ambient air quality standards.
CONCLUSIONS
PM. levels pose a health risk and underscore the need for stronger air pollution control strategies in Mabopane and similar regions.
Popul. Med. 2026;8(Supplement 1):A408

ABS2746
Prioritising indoor air quality - a landmark public health opportunity

Bronwyn King[1], Georgia Lagoudas[2]
[1]Air Club, Melbourne, Australia, [2]Brown University Pandemic Centre, Washington D.C., United States

INTRODUCTION
Healthy indoor air is a crucial yet overlooked topic that impacts both infectious and non-communicable diseases. Most populations spend 90% of the time inside so indoor air quality (IAQ) has a major influence on health. When measured, indoor air is typically poor quality, filled with pathogens, pollutants and plastics. No country has implemented health-based IAQ standards to guarantee access to safe air. This gap in public health frameworks is a landmark opportunity to improve health for communities the world over.
METHODS
In 2025, a global community of indoor air quality experts and advocates formed and convened a major event at United Nations headquarters in New York, on the sidelines on the United Nations General Assembly. During the event, the Global Pledge for Healthy Indoor Air was launched. The Global Pledge articulates six key reasons why indoor air quality must be addressed: for health, for human rights, for pandemic preparedness, for climate resilience, for work health safety and for accessibility.
RESULTS
France and Montenegro were welcomed as the inaugural signatories of the Global Pledge for Healthy Indoor Air, alongside over 200 health groups, universities, community groups and aligned businesses. Over the following months, indoor air quality advocates set about engaging in productive dialogue with government, health and business leaders, to increase awareness and drive action on healthy indoor air.
CONCLUSIONS
The global pledge for healthy indoor air serves as a catalyst for leadership and action on indoor air quality. In 2026 it is expected that numerous additional governments will become signatories, creating global momentum, mobilisation of leaders and substantial increase in public awareness. Everyone will benefit from prioritisation of indoor air quality. The science is clear, solutions exist and the rationale is undeniable. Awareness and leadership are two key challenges the global pledge aims to address.
Popul. Med. 2026;8(Supplement 1):A409

ABS2791
Heat and homelessness: a practical toolkit to partner, implement and evaluate heat relief interventions for people experiencing homelessness

Timothy English[1], Alejandro Vasquez-Hernandez[2], Matthew Larkin[2], Jon Swain[3], Glenn Miller[2], Nuala Fogarty[2], Paul Rosenthal[2], Charles Cosgrove[2], Sidney Siyuan

Guo[1], Danielle Austin[4], Alexander Moses[1], Lisa Wood[5]
[1]Heat and Health Research Centre, University of Sydney, Sydney, Australia, [2]Homeless Health Service, St Vincent's Hospital Sydney, Sydney, Australia, [3]Homelessness Service, City of Sydney, Sydney, Australia, [4]Nursing Services, St Vincent's Hospital Sydney, Sydney, Australia, [5]Institute for Health Research, The University of Notre Dame Australia, Perth, Australia

INTRODUCTION
Extreme heat is a growing public health threat disproportionately affecting people experiencing homelessness, who have limited ability to avoid exposure and face barriers to cooling options.1 Public health responses often focus on opening cooling centres, yet these services can be under-used by people experiencing homelessness due to access barriers.1-3 We will facilitate a highly interactive session in which participants bring local challenges and questions, and together we translate evidence and field-based experience1 into practical implementation skills for low-barrier, community-embedded heat relief responses for people experiencing homelessness.
METHODS
This organised session is a skills-based workshop combining (i) a brief evidence and policy framing, (ii) a case study overview of co-designed mobile cooling hubs delivering shade, seating, airflow from electric fans, drinking water, cold-water spray, health checks, food, and referral pathways, and (iii) small-group activities. Participants will use guided discussion and structured problem-solving activities to develop a local implementation plan covering stakeholder partnership and co-design; site selection and operating model; communication and outreach; safety and cultural sensitivity; and a feasible evaluation approach, including a minimum dataset for service monitoring and impact assessment.
RESULTS
Participants will produce a context-specific Heat Action Plan and evaluation package adaptable across settings. Outputs will include a stakeholder partnership and governance map, a low-barrier operating model and site/logistics checklist, a communications and outreach plan, and a safety and cultural sensitivity checklist. Participants will complete a feasible evaluation framework, including a minimum dataset for routine monitoring and simple pre-post measures suitable for field delivery. A worked case example, underpinned by pilot findings, will illustrate practical implementation and measurement while maintaining low barriers to access.
CONCLUSIONS
This session will equip participants with knowledge and practical tools to implement and evaluate equitable, low-barrier heat relief responses for people experiencing homelessness, strengthening preparedness and accelerating scale-up in diverse public health systems.
Popul. Med. 2026;8(Supplement 1):A411

ABS2807

Exploring predictors of short and long-term pesticide exposure using urinary pesticide biomarker data from children in South Africa

Regina Molomo[1,2], Adriana Veludo[1,2], Christian Lindh[3], Martin Röösli[1,2], Mohamed Aqiel Dalvie[4], Samuel Fuhrimann[1,2]
[1]Epidemiology, Swiss Tropical and Public Health Institute (Swiss TPH), Allschwil, Switzerland, [2]Epidemiology, University of Basel, Basel, Switzerland, [3]Occupational and Environmental Medicine, Lund University, Lund, Sweden, [4]Centre for Environmental and Occupational Health Research, School of Public Health, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Pesticide exposure remains a major public health concern, yet predictors of short- and long-term exposure remain poorly understood, particularly in low- and middle-income settings. We investigated short- and long-term predictors of children's exposure to multiple pesticides over two-years in South African agricultural settings.
METHODS
We enrolled 518 children aged 9 -15 years from Grabouw, Piketberg and Hex River Valley. Between 2017 and 2019, children gave 1814 spot urine samples and completed pesticide exposure questionnaires at up to five-time points. Questionnaires assessed 11 behavioral (e.g., household pesticide use) and four environmental (e.g., spray drifts) exposure factors occurring within seven days prior to urine collection (short-term) and ever exposure factors reflecting long-term exposure. Nineteen biomarkers representing exposure to organophosphates, pyrethroids, dithiocarbamates and triazoles were analyzed using liquid chromatography tandem mass spectrometry and adjusted for specific gravity. Associations between short- and long-term exposure predictors and biomarker levels were assessed using linear mixed-effects models.
RESULTS
Twelve biomarkers were detected above the detection limit in 50% of the samples. Children residing on farms had up to threefold higher levels of TCPy, BCP, IMPy, 3PBA, 4F3PBA, OHP, and ETU compared with non-farm children. Recent household pesticide use was associated with up to 56% higher levels of 12 biomarkers and having noticed spray drifts in the last seven days with up to 30% higher levels of IMPy, 3PBA, DCCA, cisDCCA, 4F3PBA, ETU, OHBOS and OHP. Ever household pesticide use and ever exposure to spray drifts were associated with approximately 30% higher levels of IMPy, 2,4-D and 4F3PBA. Use of open drinking water sources was associated with higher TCPy, BCP and ETU levels.
CONCLUSIONS
Children in South African agricultural communities show sustained pesticide exposure from multiple sources. But few self-reported factors were predictive. Biomarker levels were mainly driven by exposures in the seven days preceding urine collection.
Popul. Med. 2026;8(Supplement 1):A412

ABS2817

Quantifying misclassification in maternal heat exposure: Implications for heat-health alert thresholds for pregnant women

Ruvimbo Forget[1], Lebohang Radebe[1], Ijeoma Solarin[1]
[1]Wits Planetary Health Research, University of Witwatersrand, Parktown, South Africa

BACKGROUND
Rising ambient temperatures are a global public health concern, particularly in settings with limited access to cooling. Heat exposure during pregnancy is associated with adverse maternal and foetal outcomes. Heat-health alert systems are intended to reduce risks but mostly rely on weather station data. This may underestimate risk and misclassify heat exposure, with potential implications for the timing of protective actions.
METHODS
Maternal heat exposure was assessed among 63 women enrolled in the Bio-HEAT study in Johannesburg, South Africa. Personal-level exposure was measured using iButtons, while population level exposure was obtained from a local weather station. Daily mean (Tmean), maximum (Tmax) temperatures and heat index values were calculated for each method. We assessed agreement using mean difference (bias), Pearson correlation and Bland-Altman analysis. Misclassification was evaluated using National Weather Service Heat Index thresholds to examine whether personal measurement exceeded alert thresholds earlier than weather station data.
RESULTS
A total of 4,191 participant-days were analysed. Mean and maximum iButton temperatures exceeded station values by >5°C (Tmean: 5.67°C [SD 4.76; range −4.03–27.77]); (Tmax: 5.32°C [SD 7.56; range −10.8–39.58]). Agreement was moderate for mean temperature (r = 0.43) and weak for maximum temperature (r = 0.21). Bland–Altman analyses showed proportional bias with increasing variability at higher temperatures. Categorical agreement using Heat Index thresholds was poor. Weather station data classified 93.9% of participant-days as "Caution" (≥26.7°C), whereas iButton data classified 62.4% of the same days as "Extreme Danger" (≥32.2°C). Using an alert threshold of ≥32.2°C, 47.2% were misclassified, largely due to personal measurements reaching alert thresholds earlier than station data.
CONCLUSIONS
Personal and ambient temperature measurements differed substantially resulting in high misclassification of maternal heat exposure. These findings highlight limitations of ambient temperature-based heat-health alerts and the importance of considering vulnerable populations, including pregnant women in low resource settings, when setting thresholds.
Popul. Med. 2026;8(Supplement 1):A413

ABS2842

Investigation of a foodborne disease outbreak linked to a restaurant, City of Cape Town Metropolitan, Western Cape, South Africa, February 2024

Janine Bezuidenhoudt[1,2], Washiefa Isaacs[1,2], Jacquelen Peterson[3], Thameenah Subailey[3], Monique Isaacs[3], Elzahn Calvert[4], Francois Booysen[2], Phuti Sekwadi[5], Nicola Page[5], Nevashan Govender[1], Levani Naidoo[6], Lucille Blumberg[1], Keereen Lutchminarain[5], Charlene Lawrence[2]
[1]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, a division of the National Health Laboratory Service, Johannesburg, South Africa, [2]Communicable Disease Control and Outbreak Response, Western Cape Government, Department of Health and Wellness,

Emergency and Clinical Services Support, Service Priorities Coordination, Cape Town, South Africa, [3]City Health, Community Services and Health, Maitland, Cape Town, South Africa, [4]Food Control Unit, City Health: Community Services and Health, Cape Town, South Africa, [5]Centre for Enteric Diseases, National Institute for Communicable Diseases, a division of the National Health Laboratory Service, Johannesburg, South Africa, [6]Facilities Infrastructure Management, Environmental Health and Climate Change, Western Cape Government, Department of Health and Wellness, Cape Town, South Africa

BACKGROUND
Foodborne diseases (FBD) remain an important global public health concern, causing an estimated 420 000 deaths and 33 million lost healthy life years annually. In South Africa, FBD outbreaks are classified as category 1 notifiable medical conditions, requiring immediate investigation to identify possible causes and implement corrective measures. This report summarises the epidemiological, clinical and environmental investigations, and subsequent public health response to a suspected FBD outbreak linked to a restaurant in the City of Cape Town Metropolitan area.
METHODS
A descriptive cross-sectional study was conducted to characterise the outbreak and document the public health actions taken. Suspected cases were interviewed, and clinical specimens (stool or rectal swabs) were collected for laboratory testing. Environmental investigations included health inspections and assessments of the restaurant's food safety practices. Bacteriological swabs (hands and surfaces), water samples (tap water and ice machine) and ready-to-eat food samples (raw and cooked) were collected to evaluate microbial contamination.
RESULTS
Between 1–29 February 2024, 46 suspected cases were identified: 12 staff members and 34 patrons. The most common symptoms were diarrhoea (67%) and abdominal cramps (63%). Most affected individuals had consumed seafood (75%) or chicken (42%). Laboratory testing confirmed Shigella spp. or enteroinvasive Escherichia coli (EIEC) in 33 (67%) clinical specimens. Fifteen patrons required hospitalisation, with no fatalities. Environmental inspections revealed overstocked cold storage and poor stock rotation. Several food items did not meet microbiological standards for food: grilled chicken, prawn rissoles, cooked halloumi and mayonnaise sauce.
CONCLUSIONS
Although the precise outbreak source could not be confirmed, evidence strongly suggested a foodborne origin involving contaminated food items or an infected food handler. Shigella spp./EIEC was considered the most probable causative agent. The outbreak was contained following temporary closure of the restaurant for decontamination, deep cleaning, staff refresher training and exclusion of symptomatic employees until full recovery.
Popul. Med. 2026;8(Supplement 1):A414

ABS2878

Design & public health. Can salutogenic cities, healthy buildings and the hospital of the future fix the emerging global public health challenges, through equity, inclusion, and sustainability?

Stefano Capolongo[1], Maddalena Buffoli[1], Andrea Rebecchi[1], Marco Gola[1], Andrea Brambilla[1], Bettina Borisch[2], Wolfgang Sunder[3], Jutta Lindert[4]
[1]Design & Health Lab, WHO Collaborating Center, Department of Architecture, Built environment and Construction engineering (ABC), Politecnico di Milano, Milano, Italy, [2]Institute of Global Health, University of Geneva, Geneva, Switzerland, [3]Institute of Construction Design, Industrial and Health Care Building, Technische Universität Braunschweig, Braunschweig, Germany, [4]Department of Public Health, University of Applied Sciences Emden/Leer, Leer, Germany

INTRODUCTION
Global Public Health challenges cross disciplinary boundaries. Built environment, outdoor and indoor, is a major determinant of population health, with nearly 24% of the global burden of disease attributable to environmental factors i.e. housing, infrastructures, urban environment, indoor and outdoor exposures. Its relevance is recognised as emerging Public Health field. Over 55% of people live in urban areas where poor design increases exposure to pollution, heat, inactivity, and unequal access to care . In healthcare settings, hospital architecture affects infection prevention, patient recovery, staff wellbeing, and system resilience, requiring new paradigms. Design expertise remains insufficiently embedded in Public Health policies.
METHODS
This interactive skill-building seminar session combines brief evidence inputs, real-world case studies, and facilitated co-design exercises. Experience-based cases will address the relationship between built environment and health at three levels: urban health, hospital design, and healthy buildings. Participants engage in interactive guided groups activities to discover how design professionals can support Public Health strategies, policies, and governance.
RESULTS
Participants will gain understanding of how design decisions affect exposure reduction, infection control, wellbeing, and health equity. Evidence links indoor environmental quality and ventilation to improved cognition and wellbeing. Research shows environmental and social contexts interact with biological processes across life, affecting ageing and mortality (6).
CONCLUSIONS
Integrating design and public health enables effective, equitable, and sustainable policies and embeds design expertise into decision making across hospitals, cities, and buildings (7–8). Tentative program • Design and Public Health: framing the challenge – B.Borisch, WFPHA • Hospital design and health system resilience. S.Capolongo, POLIMI WHO CC, Italy • Urban health and social determinants. J.Lindert, University of Applied Sciences Emden/Leer • Healthy buildings and environmental performance. W.Sunder, University of Braunschweig • Interactive discussion and co-design. Design&Health Lab, POLIMI WHO CC, Italy • Working group roadmap and actions
Popul. Med. 2026;8(Supplement 1):A417

ABS2881

Determinants of snake-human conflict, based on the ICMR funded National Task Force pan-India study on the incidence, mortality, morbidity and socioeconomic burden of snakebite

Jaideep Menon[1]
[1]ADULT CARDIOLOGY & PUBLIC HEALTH, AMRITA INSTITUTE OF MEDICAL SCIENCES, Kochi, India

ABSTRACT
Snakebite and snakebite envenoming (SBE) is an underreported public health calamity with huge socioeconomic consequences. SBE is a condition associated with impoverishment, inequity and neglect. India is considered the snakebite capital of the globe burdened with half the incidence and deaths reported worldwide. The Indian Council of Medical Research (ICMR) funded National Task Force (NTF) study on the incidence, morbidity, mortality and socioeconomic impact of snakebite was pan-India, covering 36 districts across 14 states across the 5 geographical zones of India. The situations and contexts leading to bite, health seeking behaviour, therapy, complications, delay in initiating therapy, first-aid measures, alongside region, snake species were recorded in 20000 victims across India. Based on the geography; demography, socio-cultural and economic factors; ethnobiology; health care systems; occupation; climate, soil and rainfall; and other social determinants we study the determinants of snake-human conflict through a one-health approach. The framework we have utilised for the one-health approach is that of the 'epidemiological triad' of an agent (snake), host (humans and livestock) and environment. We have assessed the various determinants based on the epidemiological triad supplemented by an outer setting which includes the health systems, social determinants and other associated factors. This is the first study looking at the determinants of snake-human conflict from a holistic one-health aspect factoring for the medical and non-medical determinants, environment, contexts and situations that have contributed to the accident. We used logistic regression to assess the association of 14 determinants with snake-human conflict. We are in the process of creating 'hotspots' for the country based on the results of the study.
Popul. Med. 2026;8(Supplement 1):A418

ABS2990

Operationalising Resilience: Bridging the Gap Between Climate Early Warnings and Health System Readiness in South Africa

Ozayr Mahomed[1], Nisha Nadasen Reddy[1], Serestina Viriri[1,2], Michael Gebreslasie[3], David < Ndzi[4], Muhammad Shakir[5], Fikile Nkwanyana[1], Natalie Dickinson[6], Fiona Henriquez-Mui[7], Llinos Haf Spencer[8], Mary Lynch[8], Saloshni Naidoo[1]
[1]Public Health Medicine, University of KwaZulu Natal, Durban, South Africa, [2]Discipline of Computer Science, School of Agriculture and Science, University of KwaZulu-Natal, Durban, South Africa, [3]Discipline of Geography, School of Agriculture and Science, University of KwaZulu Natal, Durban, South Africa, [4]School of Electrical and Mechanical Engineering,, University of Portsmouth, Portsmouth, United Kingdom, [5]School of Computing, Engineering and Physical Sciences,, University of the West of Scotland,, Paisley, United Kingdom, [6]School of Health and Life Sciences,, University of the West of Scotland,, Paisley, United Kingdom, [7]Civil and Environmental Engineering Department,, University of Strathclyde, Glasgow, United Kingdom, [8]University of Medicine and Health Sciences, Royal College of Surgeons in Ireland,, Dublin, Ireland

BACKGROUND

Climate change is exposing South African communities to increasingly frequent shocks, including drought, urban flooding, and extreme heat. During these events, frontline health services carry much of the response burden. While South Africa has an extensive framework of climate adaptation and disaster risk management policies, gaps remain in how effectively these arrangements translate early warnings into timely health system action. This paper examines whether existing governance arrangements link early climate warning systems to anticipatory health system preparedness.
METHODS
A structured policy mapping and functional readiness review was conducted across fifteen legislation, policies, and operational guidelines spanning the climate, disaster management, and health sectors. Documents were sourced from official legal databases and institutional repositories, including the National Department of Health, the National Disaster Management Centre, the Department of Forestry, Fisheries and the Environment, and the South African Weather Service. They were analysed using a functional readiness framework assessing hazard coverage, emergency-phase coverage, and the presence of defined trigger–action pathways linking meteorological warnings to health system activation.
RESULTS
The review identified a persistent gap between early warning systems and health system action. Although forecasts for extreme heat and severe weather are technically robust and widely disseminated, disaster frameworks tend to activate after formal disaster declarations. Health-sector preparedness is focused mainly on infectious disease threats to population health. As a result, early warnings do not consistently trigger anticipatory measures such as protecting infrastructure, securing cold chains, mobilising surge staff, or maintaining essential services. Health facilities are reactive. Emerging climate-health instruments begin to address this gap but are not yet operationalised.
CONCLUSIONS
South Africa's challenge is that of weak operational links between climate intelligence and health system readiness. Binding trigger-based protocols that integrate early warning systems into health-sector standard operating procedures, supported by clear accountability and appropriate financing will be required
Popul. Med. 2026;8(Supplement 1):A421

ABS3002

When water connects us all: Climate-sensitive health risks through a One Health lens

Maxine Jonker[1], Dr Amber Abrams[2], Professor Hanna-Andrea Rother[1], Dr Josephine Walker[3], Professor Guy Howard[4,5], Dr Anisha Nijhawan[4], Dr Abraham Geremew[6], Dr Yohannes Mulugeta Demmu[6]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Future Water Institute, University of Cape Town, Cape Town, South Africa, [3]Bristol Medical School, University of Bristol, Bristol, United Kingdom, [4]School of Civil, Aerospace, and Design Engineering, University of Bristol, Bristol, United Kingdom, [5]Cabot Institute, University of Bristol, Bristol, United Kingdom, [6]School of Environmental Health, Haramaya University, Haramaya, Ethiopia
BACKGROUND
Climate change is a threat to global stability(1-3). The most direct impacts from climate change are from the effects of high temperatures and extreme weather events. These stressors produce direct health effects. Indirect health effects occur through climate interactions with ecosystems, water, biodiversity, and land use changes and can modify or mediate existing health effects and exacerbate inequalities. Climate change can lead to environmental degradation, affecting food and water availability and quality, and increasing risks to health from pathogens, vectors, diseases and pollutants. Therefore, climate change effects will be experienced across the human-animal-environment interface. Applying a One Health approach to the Water-Climate-Health nexus will aid in understanding the impact of climate change and the identification of effective interventions.
METHODS
This interactive session aims to help participants understand, discuss, and apply a One Health approach to water-related climate-sensitive health risks affecting humans, animals, and ecosystems. This will be done through: -A brief presentation addressing climate-water-health nexus, the pathways of interaction, changing public health risks and how a One Health framework is suited to these issues. -Breakout group activity where case studies on challenges within the climate-water-health space will be discussed and a One Health perspective used to identify the climate-drivers, water and health impacts (for humans, animals and environment), and a short-term and mid- to long-term One Health response to the issues.
RESULTS
By the end of the session, participants will: 1. Identify water-related climate-sensitive health risks across human, animal, and environmental systems 2. Explain how climate change alters water pathways of disease and exposure 3. Apply a One Health lens to design integrated responses 4. Recognize opportunities for cross-sector collaboration
CONCLUSIONS
Understanding the application of a One Health framework to the cross-cutting impacts of climate change on water and health is imperative to finding key solutions to these challenges.
Popul. Med. 2026;8(Supplement 1):A422

ABS3018

Household hygiene practices and perceived responsibility for vector control shape frequent rat and mosquito sightings in resource-constrained urban settings

Bárbara Inês Arcanjo Xavier[1], Diogo César Carvalho Santiago[1], Hernán Darío Argibay[1], Max Thomas Eyre[2], Cleber Cremonese[1], Federico Costa[1], Adedayo Michael Awoniyi[1]
[1]Institute of Collective Health, Federal University of Bahia, Salvador, Brazil, [2]Department of Disease Control, London School of Hygiene & Tropical Medicine, London, United Kingdom
ABSTRACT
Informal settlements (favelas) are widespread across Africa, Asia, and South America and are characterized by inadequate infrastructure, poor sanitation, and socioeconomic vulnerability. These conditions, combined with suboptimal household hygiene practices, promote rat and mosquito proliferation and increase the risk of arboviral and rodent-borne zoonotic disease transmission. However, evidence remains limited on how household hygiene behaviors and perceptions of responsibility for vector control influence exposure. This study evaluated the effects of backyard hygiene practices and perceived responsibility for pest control on the frequency of rat and mosquito sightings in favelas. This study was conducted nested to an larger ongoing eco-epidemiological research project in peri-urban communities with historically high transmission of leptospirosis and dengue in Salvador, Brazil^6. Between March and August 2025, a modified, previously validated semi-structured questionnaire was administered to 136 heads of household from four socio-environmentally similar favelas. Structured backyard inspections documented environmental conditions, including waste presence and backyard use. Ordinal regression analyses were performed using univariate and multivariable cumulative link models with a logit link function, with model selection guided by Akaike Information Criterion. Lower socioeconomic status and poor backyard hygiene were associated with frequent rat and mosquito sightings. Among participants earning ≤USD 190/month, 54.0% and 71.4% reported daily rat and mosquito sightings, respectively. Participation in hygiene promotion programs (OR=0.39; p=0.022) and perceiving pest control as the responsibility of the community (OR=0.26; p=0.009) or the municipal government (OR=0.34; p=0.031) were protective against frequent rat sightings. Conversely, unclean backyards (OR=3.59; p=0.004), backyard gardening (OR=3.12; p=0.010), and disposal of household waste in centralized community bins (OR=3.19; p=0.010) increased the odds of frequent mosquito sightings. Exposure to rats and mosquitoes in favelas is shaped by structural vulnerabilities and household behaviors. Integrated interventions combining improved sanitation, community-based education, and shared responsibility for pest control are essential to reduce exposure and improve public health.
Popul. Med. 2026;8(Supplement 1):A423

ABS3034

Sustainability and resilience in the territory: dialogues on healthy environments and climate change in a brazilian rural settlement

Leidy Dayane Paiva de Abreu[1], Lanna Rebeca Cavalcante Do Carmo[1], Antonio Carlos da Silva[1], Aretha Feitosa de Araújo[2], Mirna Neyara Alexandre de Sá Barreto Marinho[3], Rafael Bezerra Duarte[1], Ana Patrícia Pereira Morais[1], Alice Maria Correia Pequeno[1], Francisco Regis da Silva[1]
[1]Centro de Ciências da Saúde, Universidade Estadual do Ceará, FORTALEZA, Brazil, [2]Universidade Regional do Cariri, Crato, Brazil, [3]Universidade Regional do Cariri, Iguatu, Brazil
INTRODUCTION
Building sustainable health systems requires recognition of territories, local knowledge and community practices that connect health, environment and ways of life1. In rural areas of the Brazilian semiarid region, strategies such as productive home gardens, collective organization and care for nature strengthen resilience to climate change and socioenvironmental inequities2. This study aims to report a participatory experience that integrates sustainability, health and territory in a rural settlement.

METHODS
This is a participatory qualitative study based on life stories, field diaries and audiovisual records. The experience was developed in a rural semiarid settlement with the participation of five women farmers. Activities included a conversation circle mediated by symbolic territorial objects, thematic dialogue on sustainability and scientific initiation, use of generative words, and the production of drawings and short texts guided by the question "when you think about a healthy environment what comes to your mind". Visits to productive home gardens and sensitive listening to community narratives were also conducted. Data were analyzed using thematic analysis grounded in the ecology of knowledge and the pedagogy of hope. The study received ethical approval.
RESULTS
Narratives and artistic productions revealed healthy environments as spaces for life production, food security, care, water preservation, biodiversity, spirituality and family coexistence. Productive home gardens emerged as central devices for food sovereignty, environmental sustainability and climate adaptation. Participants expressed concerns about pollution, pesticide use, fires and water scarcity, while reaffirming resistance practices based on agroecology, seed preservation and collective care of the territory.
CONCLUSIONS
Participatory methodologies that integrate art, dialogue and territorial practices strengthen community protagonism and contribute to building sustainable and resilient health systems capable of protecting both people and the planet in the context of the climate crisis.
Popul. Med. 2026;8(Supplement 1):A425

ABS3042
Climate Change and Public Health Planning: The Participatory Development of the State of Bahia's Sectoral Health Plan for Mitigation and Adaptation, Brazil

Ynayara Rodrigues[1], Erika Ratis[1], Manuela Santos[1], Gustavo Leão[1], Rivia Barros[1]
[1]Bahia State Health Department, Government of the State of Bahia, Salvador, Brazil

ABSTRACT
Brazil has a Unified Health System (UHS) organized in a decentralized manner, coordinating actions in health promotion, prevention, surveillance, and care1,2. States and municipalities have autonomy to plan and implement activities within their territories, following federal guidelines and social participation2. Climate change increases the occurrence of extreme events, exacerbates socio-environmental inequalities, and intensifies epidemiological risks, demanding planned and coordinated governmental responses3,4,5. In this context, the development of sectoral plans for climate change mitigation and adaptation plays a strategic role, guiding decision-making and integrating the climate agenda into public health planning5.This study describes the process of developing Brazil's first Sectoral Health Plan for Climate Change Mitigation and Adaptation, which was created by an interinstitutional working group composed of managers, state technical teams, representatives of social oversight bodies, and environmental agencies, ensuring a participatory and integrated approach. The plan was based on situational analysis, literature review, assessment of climate vulnerabilities, integration of health surveillance data, epidemiological profiling, and identification of vulnerable populations. Workshops and meetings were held to establish actions and targets, as well as to guide the allocation of resources for activities structured around six strategic axes: Governance and Management; Health Surveillance and Information Systems; Resilient Care; Infrastructure and Sustainable Technologies; Education, Communication, and Research; and Protection of Vulnerable Populations. State-level strategic planning guided the structuring of the document over a ten-year period, including short-, medium-, and long-term actions. Therefore, the plan represents a strategic instrument that incorporates the effects of climate change into state health planning. The description of its development process contributes to the sharing of replicable experiences in other contexts, strengthening more sustainable health policies while upholding the SUS principles of universality, comprehensiveness, and equity.
Popul. Med. 2026;8(Supplement 1):A426

ABS3047
Health Sector Plan for Climate Change Mitigation and Adaptation in the State of Bahia, Brazil

Ynayara Rodrigues[1], Erika Ratis[1], Gabriel Murici[1], Manuela Santos[1], Gustavo Leão[1], Rivia Barros[1]
[1]Bahia State Health Department, Government of the State of Bahia, Salvador, Brazil

ABSTRACT
Climate change represents a critical challenge for public health1,2,3, affecting social and environmental determinants in the state of Bahia. Extreme events, such as droughts and floods, have altered the epidemiological profile, requiring a response from the Unified Health System (UHS) to protect the population3. The plan aims to strengthen the capacity of the UHS in Bahia in the prevention, preparedness, response, and recovery from the impacts of climate change. Developed through an intersectoral process by the Bahia State Department of Health, integrating scientific evidence and national and international legal frameworks, the methodology included a situational diagnosis and the definition of six strategic action axes for the period 2026–2035: governance, integrated surveillance, resilient health care, sustainable infrastructure, education, and protection of vulnerable populations. With 85.2% of Bahia's territory located in the semi-arid region, the diagnosis revealed projections of increasing temperatures and severe water stress by 2050. Environmental racism and territorial exclusion in precarious urban areas and traditional communities (quilombola and Indigenous) were highlighted as factors that exacerbate inequities, resulting in higher morbidity and mortality from disasters and waterborne diseases among these groups. The plan established 39 actions and targets across the axes, including technical support to 100% of municipalities for the development and implementation of emergency plans, the creation of climate risk maps, and early warning systems for heat waves. Actions by the Rapid Response Team for emergencies have already been carried out in the territory since the plan's inception. Additionally, it is projected that health facilities will incorporate renewable energy systems and that the new projects will comply with climate resilience criteria. The implementation of the plan is essential to promote climate justice and health equity, as well as to strengthen the resilience of the UHS in Bahia, requiring territorialized actions and affirmative policies that protect historically marginalized groups.
Popul. Med. 2026;8(Supplement 1):A427

ABS3069
Heat – Not a Small Problem! Investigating the Association Between Heat, Heatwaves, and Birthweight in Sub-Saharan Africa

Natasha Lalloo[1], Darshnika Lakhoo[1], Samantha Jack[1], Perkins Watambwa[2], Lebohang Radebe[1], Ijeoma Solarin[1], Rutendo Sibanda[2], Ruvimbo Forget[1], Nicholas Brink[1], Craig Parker[1], Nandi Mwase[1], Zororo Chinwadzimba[2], Cherlynn Dumbura[2], Tatenda Makanga[2], Sibusisiwe Makhanya[3], Gueladio Cisse[4], Jemimah Nda[4], Matthew Chersich[1], Christopher Jack[5], Pierre Kloppers[5], Lisa van Aardenne[5], Stanley Luchters[2]
[1]Faculty of Health Sciences, Wits Planetary Health Research, Cape Town, South Africa, [2]Centre for Sexual Health, HIV and AIDS Research (CeSHHAR), Harare, Zimbabwe, [3]IBM Research Africa, Johannesburg, South Africa, [4]University Peleforo Gon Coulibaly, Korhogo, Côte dIvoire, [5]Climate System Analysis Group, University of Cape Town, Cape Town, South Africa

BACKGROUND
Climate change harms human health, particularly vulnerable populations including pregnant people and their newborns. A growing body of evidence suggests that maternal heat exposure during pregnancy is associated with low birthweight (LBW) and small for gestational age (SGA). Most studies are from high-income countries, and have relied on regression modelling, limiting temporal resolution. Sub-Saharan Africa (SSA) experiences distinct climate, socioeconomic, and vulnerability contexts, underscoring the need for region-specific evidence using advanced statistical methods. This study aims to investigate the association between maternal heat exposure during pregnancy and term LBW and SGA.
METHODS
This study is an individual participant data (IPD) meta-analysis using datasets from cohort studies from 7 SSA countries. The outcomes will be SGA, term birthweight, and term LBW. Heat exposure will include mean temperature, diurnal temperature variation, and universal thermal climate index (UTCI). Analyses will first be conducted using logistic regression (LBW/SGA) and linear regression (birthweight). A two-stage meta-analysis will be conducted: First, distributed lag non-linear models (DLNMs) examining non-linear and time-varying effects of heat exposure across gestation, stratified by region, country, and climate zone. Second, a meta-analysis for the pooled estimate. Results will be stratified by maternal factors (e.g. age, education), infant sex, and socioeconomic indicators.
RESULTS
Analyses will quantify the risk of term LBW and SGA associated with high temperatures and heatwaves and identify gestational windows of heightened vulnerability. It is anticipated that heat and heatwaves will be associated with a higher risk of LBW and SGA, with stronger associations during the first and second trimesters.
CONCLUSIONS
This study addresses critical evidence gaps on heat exposure and foetal growth in SSA using innovative IPD and DLNM approaches. Findings will inform climate-sensitive maternal and child health policy and guidance, support indicator

development for climate-health surveillance, and guide adaptation and resilience strategies in low- and middle-income settings.
Popul. Med. 2026;8(Supplement 1):A428

ABS3084
Impacts of heat exposure on pregnant women, fetuses and newborns: a systematic review and meta-analysis

Darshnika P Lakhoo[1], Ijeoma Solarin[1], Lebohang Radebe[1], Nicholas Brink[1], Shobna Sawry[2], Nandi Mwase[1], Natasha Lalloo[1], Mags Beksinska[3], Jean le Roux[2], Sibusiso Mkwanazi[2], Ursula Gazeley[4], Matthew Chersich[1,5]
[1]Faculty of Health Sciences, University of Witwatersrand, Wits Planetary Health Research, Johannesburg, South Africa, [2]Faculty of Health Sciences, University of Witwatersrand, Wits RHI, Johannesburg, South Africa, [3]Wits Maternal, Adolescent and Child Health Research Unit, University of Witwatersrand, Johannesburg, South Africa, [4]Leverhulme Centre for Demographic Science, Nuffield Department of Population Health, University of Oxford, Oxford, United Kingdom, [5]Trinity College Dublin, Dublin, Ireland

BACKGROUND
Climate Change has wide-ranging, severe health impacts, especially for vulnerable groups. This systematic review and meta-analysis assessed the impact of heat exposure during pregnancy on maternal, fetal and neonatal health.
METHODS
We conducted a search in MEDLINE (PubMed) and Web of Science in December 2024. Employing Cochrane methodologies on vote counting, narrative synthesis, and meta-analysis, we quantified impacts and graded certainty of the evidence using an adapted IPCC grading.
RESULTS
The study synthesised data from 229 peer-reviewed articles across 27 health outcomes, predominantly in high-income countries (61.5%). The most studied outcomes were preterm birth (n=102), low birth weight (n=58), hypertensive disorders in pregnancy (n=35) and stillbirths (n=27). Generally, outcomes had a significant number of studies with a positive direction of effect, except for low birth weight, hypertensive disorders in pregnancy, and congenital anomalies, where results were heterogenous. Our results demonstrated increased odds of preterm birth of 1.04 (95%CI=1.03, 1.05) per 1°C increase in heat exposure and 1.22 (95%CI=1.08, 1.37) during heatwaves. Similar patterns were shown for stillbirths and congenital anomalies. Gestational diabetes mellitus odds increased by 28% (95%CI=1.05, 1.74) with higher exposures. Certainty grading revealed very high confidence in preterm birth, high certainty in gestational diabetes and stillbirths, while caesarean sections and neonatal mortality showed very low confidence due to limited evidence and agreement. The review was limited by heterogeneity in heat exposure metrics, outcome measures, and study designs. These differences complicated data synthesis.
CONCLUSIONS
The findings underscore significant threats to maternal and child health from heat. This highlights the urgent need for robust public health interventions and targeted climate adaptation strategies. This study informs research priorities and the selection of heat-health indicators.
Popul. Med. 2026;8(Supplement 1):A429

ABS3097
A Public Health Approach to Climate Change

Natasha Lalloo[1], James Irlam[2], Mafoko Phomane[3]
[1]Faculty of Health Sciences, Wits Planetary Health Research, Johannesburg, South Africa, [2]Family, Community, and Emergency Care, University of Cape Town, Cape Town, South Africa, [3]GroundWork, Durban, South Africa

INTRODUCTION
Climate change is increasingly recognised as the greatest threat to public health, yet global and national responses have limited application of public health methods. Health considerations are frequently absent in climate governance, despite clear evidence that greenhouse gas emissions drive otherwise preventable morbidity and mortality. This panel explores: the justifications and rationale for a health-centred response to climate change; what tools could be applied in the coming decade; and reframing mitigation strategies around the fossil fuel industry as a commercial determinant of health.
METHODS
The panel draws on lessons from successful public health responses to other health-harming industries (e.g. tobacco, alcohol, and CFCs) and case-based discussions to examine how public health levers could be applied to reduce greenhouse gas emissions and mitigate climate change and its health impacts. The panel of 4 includes public health professionals and environmental justice advocates. Perspectives from southern Africa will be foregrounded and contrasted with current global climate-health approaches.
RESULTS
The session will identify public health strategies for reducing greenhouse gas emissions and mitigating health impacts, including: emissions labelling and health warnings on products; taxation based on health and social costs and the polluter pays principle; restrictions on industry influence in policymaking and advertising; fossil fuel divestment; strategic climate-health litigation; classifying carbon emissions as an air pollutant; and declaring a public health emergency of international concern. Presenters will examine the exclusion of health from global climate negotiating mechanisms and review the response of the World Health Organisation, highlighting governance gaps, missed opportunities, and emerging pathways for stronger health leadership.
CONCLUSIONS
By framing climate change as a preventable, commercially driven, health crisis, this panel presents a bold vision for a public health response to a global crisis. We demonstrate how established public health tools can be mobilised to protect population health and strengthen climate action.
Popul. Med. 2026;8(Supplement 1):A431

ABS3112
Heat Exposure and Preterm Birth in Sub-Saharan Africa: An Individual Participant Data Meta-Analysis

Darshnika P Lakhoo[1], Perkins Watambwa (co-first author)[2], Natasha Lalloo[1], Samantha Jack[1], Cherlynn Dumbura[2], Tatenda Makanga[2,3], Nicholas Brink[1], Zororo Chinwadzimba[2], Rutendo Sibanda[2], Lebohang Radebe[1], Lisa van Aardenne[4], Ijeoma Solarin[1], Laura Munthali[2], Pierre Kloppers[4], Jemima Effah N'da[5], Margaret M Brennan[6,1], Matthew F Chersich[1,7], Christopher Jack[2], Gueladio Cissee[5], Sibusisiwe Makhanya[8], Stanley Luchter[2,9,10]
[1]Wits Planetary Health Research, Faculty of Health Sciences, University of Witwatersrand, Johannesburg, South Africa, [2]Centre for Sexual Health and HIV/AIDS Research, Harare, Zimbabwe, [3]Place Alert Labs, Department of Surveying and Geomatics, Faculty of the Built Environment, Midlands State University, Gweru, Zimbabwe, [4]Climate System Analysis Group, University of Cape Town, Cape Town, South Africa, [5]University Peleforo Gon Coulibaly, Korhogo, Côte dIvoire, [6]Discipline of Public Health and Primary Care, Institute of Population Health, School of Medicine, Trinity College Dublin, Dublin, Ireland, [7]Trinity College Dublin, Dublin, Ireland, [8]IBM Research Africa, Johannesburg, South Africa, [9]Liverpool School of Tropical Medicine, Liverpool, United Kingdom, [10]Department of Public Health and Primary Care, Ghent University, Ghent, Belgium

ABSTRACT
Preterm birth is the leading cause of child morbidity and mortality and has been consistently associated with heat exposure. However, most evidence comes from high-income settings. This study aimed to quantify the effects of short-term heat exposure on preterm birth across sub-Saharan Africa, where heat-related vulnerabilities are highest.
METHODS
We conducted an individual participant data (IPD) meta-analysis of clinical trials and cohorts conducted in sub-Saharan Africa (2000–2022). Eligible datasets were cleaned, geolocated, harmonised, and linked to ERA5 temperature data. A two-stage random-effects meta-analysis design was applied; each study was analysed separately using time-stratified case-crossover designs then, study-specific estimates were pooled. Effect modification by urbanicity and climate zones was explored.
RESULTS
We included 7 studies comprising 27217 singleton births, with MomCare Project (Kenya) contributing 41.7% (n=11341), followed by The Safe Passage Study (South Africa) (23.9%; n=6485) and PREGACT (multi-country) (12.1%; n=3304). Overall, 4622 births (17.0%) were preterm, ranging from 4.85% in STOPMIP (Kenya) to 24.7% in MomCare Project (Kenya). In pooled analyses, compared with the 75th percentile of temperature, exposure at the 90th percentile in the week before birth was associated with an 8% increase in the odds of preterm birth (OR=1.08; 95% CI: 0.93 – 1.26; I=16.7%). All studies showed a harmful direction of effect, with the largest effect (OR=1.36; 95% CI: 0.35-5.33) in STOPMIP, however, none were statistically significant. Meta-regression suggested a threshold-type exposure–response, with increasing risk above 21°C, with stronger effects in rural areas compared to urban and arid and tropical climate zones compared to temperate climate zones.
CONCLUSIONS
Short-term heat exposure may increase the risk of preterm birth in sub-Saharan Africa. As global warming intensifies, integrating pregnant women and newborns into heat-adaptation planning, early warning systems, and public-health surveillance is urgently needed, particularly in low- and middle-income countries

with the highest vulnerability to heat-related health impacts.
Popul. Med. 2026;8(Supplement 1):A432

ABS3190

Hot Nights, Sleepy Days: An investigation into Ambient Temperature and Daytime Sleepiness - A cross-sectional study in adults in Johannesburg, South Africa (2017-2018)

Samantha Jack[1], Benjamin Devantier-DuPlessis[1], Lisa Micklesfield[2], Julia Goedecke[2,3], Nicholas Brian Brink[1], Matthew Chersich[1], Craig Parker[1]
[1]HEAT Center, Wits Planetary Health Research, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [2]SAMRC/Wits Developmental Pathways for Health Research Unit, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [3]Biomedical Research and Innovation Platform, South African Medical Research Council, Cape Town, South Africa

BACKGROUND
Excessive daytime sleepiness is an indicator of sleep disorders and disruptions 1. Heat exposure can impair sleep onset and quality through thermoregulatory disruption2,3, as the core body temperature must decrease for sleep initiation and maintenance2,4,5. Poor sleep quality and disturbances are associated with increased daytime sleepiness, impaired cognitive function, mood disorders, increased occupational risks and car accidents1,6. Heat-induced sleep disruptions are recognised as a pathway linking climate change to human health7. The aim was to investigate the association between ambient temperature and excessive daytime sleepiness in middle-aged Johannesburg adults.
METHODS
Data from the Middle-Aged Soweto Cohort (MASC), collected 2017-2018, were analysed. Participants (N=993) completed the Epworth Sleepiness Score (ESS; 0-24), a validated questionnaire measuring daytime sleepiness (higher ESS = increased sleepiness)1,8. ERA5 global climate dataset (from the European Centre for Medium-Range Weather Forecasts) was linked to individual clinic visits by date. Outcomes included continuous ESS and binary excessive daytime sleepiness (ESS >10, a clinical threshold). Logistic and linear regression models adjusted for age, sex, BMI, and HIV status.
RESULTS
Of 993 participants, 155 (15.6%) had excessive daytime sleepiness. Per 5°C temperature increase, ESS increased by 0.65 points (95% CI: 0.29, 1.01; p<0.001), indicating increased daytime sleepiness with increasing ambient heat. For each 5°C increase, odds of excessive daytime sleepiness increased by 57% (OR=1.57; 95% CI: 1.26, 1.97; p<0.001). Temperature was significantly associated with ESS; age, sex, BMI, and HIV status showed no independent associations with ESS.
CONCLUSIONS
Higher ambient temperature is significantly associated with daytime sleepiness in Johannesburg adults, with a 57% increased odds of excessive sleepiness per 5°C increase in temperature. As high temperatures interfere with the physiological temperature drop required for sleep onset and maintenance, heat-induced sleep disturbance represents a plausible mechanistic pathway linking climate to health outcomes. These findings support integrating sleep health into heat adaptation strategies.
Popul. Med. 2026;8(Supplement 1):A434

ABS3207

It's time to go beyond awareness and advice: A systematic review and policy analysis of heat-protection interventions for people experiencing homelessness.

Alexander Moses[1], Sidney Siyuan Guo[1], Timothy English[1]
[1]Heat and Health Research Centre, University of Sydney, Sydney, Australia

INTRODUCTION
People experiencing homelessness face disproportionate heat-health risk, with global warming compounding that risk.1-4 This review aimed to identify, synthesise and characterise the types, implementation strategies, and effectiveness of interventions intended to mitigate heat-health risk among people experiencing homelessness during extreme heat.
METHODS
The literature search included keywords for "homelessness", "heat" and "intervention", with peer-reviewed English-language articles retrieved from eight scholarly databases from inception to January 2026. Quality assessment was completed on implementation and health effectiveness, with data extracted and synthesised narratively. Using the same search strategy, Overton was searched for Australian policies published from January 2016 to January 2026. Extracted policy data were imported into NVivo software, creating codes and themes for narrative synthesis. PROSPERO: CRD420251104580.
RESULTS
Thirteen articles were included. Implementation quality ranged from low to moderate; health effectiveness quality was very low. One study showed a reduction in mean body temperature and heart rate among older people experiencing homelessness after attending a cooling centre (air-conditioned space) for ≥70 minutes. However, evidence highlighted barriers to accessing cooling centres such as strict rules and limited hours, resulting in use of alternative public cool spaces, including libraries. Outreach teams providing cooling supplies and heat-health information showed high reach and acceptability. Shading propped above tents limited in-tent mean radiant temperature and, when removed overnight, increased in-tent airflow and reduced in-tent air temperature. Thirty policies were included. Beyond suggesting crucial long-term housing provision, policies relied on providing advice to attend a cool space without ensuring accessibility or evaluation. Promising exceptions aiming to improve accessibility, such as outreach-based mobile cooling hubs and provision of cooling supplies, remain under-evaluated.
CONCLUSIONS
Interventions intended to mitigate heat-health risk among people experiencing homelessness remain predominantly passive with limited evaluation. Shifting towards active outreach and low-barrier interventions, with robust evaluation, could generate evidence to guide effective heat protection.
Popul. Med. 2026;8(Supplement 1):A435

ABS3216

Parasite prevalence in wild birds across preserved and human-modified landscapes of the Atlantic Forest, Brazil

Rosângela Aparecida Müller[1], Crispim Cerutti-Júnior[2,1], Ana Maria Ribeiro de Castro Duarte[3,4], Vera Lúcia Pereira-Chioccola[5], Marina Edwiges Orefice Rangel[3], Luisa Kelly Silva Vera[3], Lucia Maria Almeida Braz[6], Maria Aparecida Moraes Marciano[7], Lais Fernanda de Pauli Yamada[7], Guilherme Sanches Correa do Nascimento[8], Blima Fux[2,1]
[1]Programa de Pós-graduação em Doenças Infecciosas, Universidade Federal do Espírito Santo – UFES, Vitória, Brasil, [2]Unidade de Medicina Tropical, Universidade Federal do Espírito Santo – UFES, Vitória, Brasil, [3]Instituto de Medicina Tropical de São Paulo, Universidade de São Paulo – USP, São Paulo - SP, Brasil, [4]Secretaria de Estado de Saúde de São Paulo, Instituto Pasteur, São Paulo - SP, Brasil, [5]Centro de Parasitologia e Micologia, Instituto Adolfo Lutz, São Paulo - SP, Brasil, [6]Departamento de Medicina Preventiva, Universidade de São Paulo – USP, São Paulo - SP, Brasil, [7]Núcleo de Morfologia e Microscopia, Instituto Adolfo Lutz, São Paulo - SP, Brasil, [8]Instituto Nacional da Mata Atlântica - INMA, Santa Teresa-ES, Brasil

BACKGROUND
Emerging infectious diseases increasingly originate at the human–environment interface, particularly in regions undergoing environmental degradation and social vulnerability,. Integrating ecological data into public health surveillance systems is essential for early detection and prevention of zoonotic risks. Within this context, the One Health approach has been recognized as a strategic framework linking human, animal, and environmental health,. Wild birds are especially relevant due to their ecological sensitivity, mobility, and potential role as reservoirs or sentinels of pathogens of public health importance,.
METHODS
This study assessed the prevalence and diversity of parasites in wild birds from forested and human-modified areas of the Atlantic Forest in southeastern Brazil between 2021 and 2023. Birds were captured using mist nets, and blood and fecal samples were collected for the detection of hemoparasites and intestinal parasites using standard parasitological methods.
RESULTS
Overall parasite prevalence was 44%, with higher occurrence in preserved forest environments. The most frequently detected parasites were Trypanosoma spp. (34.6%) and Plasmodium spp. (18%), followed by microfilariae (9%) and intestinal protozoa, including Cryptosporidium spp., Entamoeba spp., Giardia spp., and Isospora spp. All samples tested negative for Toxoplasma gondii. The observed prevalence exceeded values previously reported for wild birds in the Neotropical region.
CONCLUSIONS
The prevalence and diversity of parasites detected highlight the relevance of wild birds as components of integrated public health surveillance systems. Wildlife-based parasite monitoring can contribute to early detection of infectious agents circulating across ecosystems, supporting preparedness for emerging zoonotic risks. Incorporating ecological surveillance into public health strategies aligns with the One Health approach by linking environmental monitoring, biodiversity conservation, and disease prevention, thereby promoting more equitable,

inclusive, and sustainable public health policies.
Popul. Med. 2026;8(Supplement 1):A436

ABS3289

Assessing the Effectiveness of Home Smoking Bans in Reducing Indoor Thirdhand Smoke and Children's Exposure Risk

Yun Wang[1], Juan Chen[2], Zhiyu Zhang[1], Zihui Li[1], Yuan Cao[3]
[1]Department of Occupational and Environmental Health, School of Public Health, Peking University, Beijing, China, [2]School of Public Health, Peking University, Beijing, China, [3]Health Education Institute, Beijing Center for Disease Control and Prevention, Beijing, China

BACKGROUND
Thirdhand smoke (THS), a persistent and hidden form of tobacco residue, poses a serious threat to children's health. While home smoking bans are known to reduce secondhand smoke exposure, their effectiveness against indoor THS pollution remains insufficiently evaluated. This study aims to comprehensively assess the effectiveness of home smoking bans in reducing indoor THS pollution and children's exposure risks.
METHODS
We enrolled 227 households with children, categorizing them into four groups: non-smoker households with a home smoking ban (NB), non-smoker households permitting smoking (NP), smoker households with a home smoking ban (SB), and smoker households permitting smoking (SP). We measured levels of THS markers—nicotine, N'-Nitrosonornicotine (NNN), and 4-(Methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK)—in indoor environments (airborne particulate matter, surface wipe samples, and towels), along with biomarkers (nicotine, cotinine, trans-3'-hydroxycotinine (3HC), and 4-(Methylnitrosamino)-1-(3-pyridyl)-1-butanol (NNAL)) in children's urine.
RESULTS
Concentrations of all environmental and internal THS markers followed the order: SP > SB > NP > NB. In the NP group, nicotine and NNK levels on hard surfaces (wipe samples) were significantly higher than in the NB group ($P<0.05$). Towels from children's rooms in the SP group contained significantly higher levels of nicotine, NNN, and NNK than those in the SB group ($P<0.05$). The presence of smokers combined with the absence of a home smoking ban significantly increased THS marker levels in all environmental samples (towels, wipes, particulate matter) and in children's urine ($P<0.05$). Multivariate analysis indicated that household smoking significantly elevated nicotine and cotinine in children's urine, NNN in wipe samples, and NNK in particulate matter. Home smoking bans effectively reduced cotinine and 3HC in children's urine, as well as THS markers in towels and wipe samples.
CONCLUSIONS
Home smoking bans play a positive role in mitigating indoor THS pollution and minimizing the risk of children's exposure.
Popul. Med. 2026;8(Supplement 1):A439

ABS3315

Genotoxicity of cyphenothrin pesticide and the impact of encapsulation

Balázs Ádám[1], Moustafa Sherif[1], Abderrahim Nemmar[2], Bassam R. Ali[3]
[1]Institute of Public Health, United Arab Emirates University, Al Ain, United Arab Emirates, [2]Department of Physiology, United Arab Emirates University, Al Ain, United Arab Emirates, [3]Department of Genetics and Genomics, United Arab Emirates University, Al Ain, United Arab Emirates

BACKGROUND
Environmental and occupational exposure to pesticides is a significant public health concern, which is expected to increase with climate change. Intensive use, misuse, or inadequate control measures of these agrochemicals can lead to various adverse effects, including DNA damage. Pyrethroids are widely used insecticides that are considered relatively safe; although possibility of their genotoxicity has emerged. This study aimed to assess the genotoxic effects of the pyrethroid pesticide cyphenothrin.
METHODS
Cultured human white blood cells (HL60) and hepatocytes (HepG2) were exposed in vitro for 1 hr to cyphenothrin alone and to its product formulation (Bombex Farumy®) in encapsulated or released form at 0-200 □M and 0-1000 □M concentrations, respectively. Cytotoxicity was measured by propidium iodide staining and induced DNA damage was assessed using comet assay.
RESULTS
The study found that both the encapsulated and released product formulation, as well as cyphenothrin alone, reduced viability and increased DNA damage in the two cell types in a dose dependent manner. The encapsulated formulation showed less extensive cyto- and genotoxicity than the released form and the active ingredient. Cyphenothrin induced significant DNA damage in blood cells from 100 □M in all parameters consistently, the released formulation from 50 □M in tail length and at 100 □M in tail moment, while the encapsulated form only in tail length in an inconsistent manner. Regarding liver cells, significant DNA damage was induced only at a higher concentration (1000 □M) by cyphenothrin in all parameters and by the released formulation in tail DNA% and Olive tail moment.
CONCLUSIONS
These findings suggest that while encapsulation mitigates toxic effects, both cyphenothrin and its formulations may pose health risks. Our results confirm the genotoxicity of cyphenothrin and highlight the importance of considering both the active ingredient and its product formulations in genotoxicity assessments.
Popul. Med. 2026;8(Supplement 1):A441

ABS3326

Genotoxic and epigenetic effects of prenatal and early-childhood pesticide exposure: a systematic review and meta-analysis

Balázs Ádám[1], Moustafa Sherif[2,1], Aya Darwish[3], Aya Samy[4], Shimaa Sami[5]
[1]Institute of Public Health, United Arab Emirates University, Al Ain, United Arab Emirates, [2]Department of Anatomy and Embryology, Benha University, Benha, Egypt, [3]Department of Physiology, Benha University, Moshtohor, Egypt, [4]Department of Statistics, Benha University, Benha, Egypt, [5]Central Clinical Pathology Labs, Ministry of Health and Population, Cairo, Egypt

BACKGROUND
Exposure to pesticides at early stages of life is a global environmental health concern, yet the genotoxic mechanisms potentially linking these exposures to adverse health outcomes remain incompletely characterized. This study aims to systematically review and meta-analyze evidence for genotoxic effects of early-life pesticide exposure.
METHODS
Following PRISMA guidelines we searched four databases for studies of prenatal/childhood pesticide exposure reporting primary DNA damage, cytogenetic damage, DNA methylation, or gene-expression outcomes. Risk of bias was assessed with the Newcastle–Ottawa Scale. Random-effects meta-analyses estimated pooled effect sizes and explored subgroup heterogeneity.
RESULTS
Twenty-eight studies met inclusion criteria. Meta-analysis revealed substantial DNA damage in pesticide-exposed groups (Cohen's d=4.85, 95%CI=3.31-6.39), with stronger effects in maternal and cord blood than in children's blood. Cytogenetic damage showed consistent increase in agricultural versus urban areas, though with significant heterogeneity in effect magnitude. Pathway-specific gene expression analysis revealed significant downregulation of DNA damage/repair genes (-1.08, 95%CI:-1.20,-0.96) and distinct biological responses across inflammatory, oxidative stress, and cell signaling pathways. DNA methylation responses varied by pesticide class, with o,p'-DDT consistently associated with hypermethylation. Pronounced sex-specific effects and genetic susceptibility emerged as important effect modifiers.
CONCLUSIONS
The evidence supports substantial genotoxic and epigenetic alterations following early-life pesticide exposure, highlighting mechanistic pathways that may underlie adverse health outcomes and reinforcing the need for effective environmental health policies during critical developmental windows.
Popul. Med. 2026;8(Supplement 1):A442

ABS3331

Drinking water quality in the United Arab Emirates: a systematic review

Balázs Ádám[1], Ghada S. M. Al-Bluwi[1,2], Virgie Guy Pedo[2], Saif Al-Shamsi[2], Asma H. AlNababteh[3], Linda Östlundh[4], Janusz A. Jankowski[5]
[1]Institute of Public Health, United Arab Emirates University, Al Ain, United Arab Emirates, [2]Department of Internal Medicine, United Arab Emirates University, Al Ain, United Arab Emirates, [3]School of Health and Environmental Studies, Hamdan bin Mohammed Smart University, Dubai, United Arab Emirates, [4]University Library, Örebro University, Örebro, Sweden, [5]Institute for Clinical Trials, University College London, London, United Kingdom

BACKGROUND
One of the most important and challenging environmental health tasks worldwide is the provision of sufficient amount and adequate quality of drinking water for the public, especially in arid regions. Water shortage is a critical issue in most parts of the Middle East, even for wealthy countries. The United Arab Emirates (UAE) is not an exception, where bottled water is favored to tap water, which poses sustainability issues in the fight against climate change and microplastics

pollution. This systematic review aims to synthesize evidence on the quality of bottled water in comparison to tap water in the UAE.
METHODS
The systematic review followed the Preferred Reporting Items for Systematic Review and Meta-analysis (PRISMA) 2020 guidelines. A structured search of peer-reviewed publications was performed in five scientific databases. Screening, data extraction and risk of bias assessment were carried out by two reviewers independently. Data were synthesized in summary tables.
RESULTS
14 papers were finally included in this systematic review. All were cross-sectional studies from four of the seven Emirates of the UAE. Seven studies investigated components in bottled water, six in tap water and one in both, comparing their results to various national and international standards. The studies detected several parameters out of the normal range, especially in tap water, where physical parameters, such as turbidity and electrical conductivity, chemical parameters, such as chlorine and several metals, including carcinogens, and biological parameters, such as various bacteria and fungi, were found at unhealthy levels. In contrast, problems with bottled water were mainly limited to a few chemicals, such as fluoride, nitrite and bicarbonate.
CONCLUSIONS
The findings revealed quality issues with tap water in the UAE. To assure an environmentally and economically sustainable provision of healthy drinking water to the population, evidence-based actions need to be taken.
Popul. Med. 2026;8(Supplement 1):A443

ABS3364
Flooding and chemical contamination impacts on human health: a global scoping review

Sari Kovats[1], Hanna-Andrea Rother[2], Filiz Karakas,[1], Haydn Cole[3], Raquel Duarte-Davison[3]
[1]Public Health, Environments and Society, London School of Hygiene and Tropical Medicine, London, United Kingdom, [2]Division of Environmental Health, School of Public Health, University of Cape Town, Cape Town, South Africa, [3]Chemicals and Environmental Effects Department, Radiation Chemicals and Environmental Hazards Division, UK Health Security Agency, London, United Kingdom
ABSTRACT
Flooding can increase the mobilisation of hazardous chemicals in the environment and adversely affect human health. Climate change is already increasing heavy rainfall and flooding events, and the increased exposure to hazardous chemicals requires greater policy and research input. This scoping review provides an overview of current evidence on how flood events cause chemical contamination, population exposures and impacts on health. Exposures to hazardous chemicals can be caused by surface water flooding, coastal flooding, river flooding, storm surge, monsoon rainfall and high tides. We identified 108 studies examining the association between flooding and chemicals in the environment, with most focusing on heavy metals, polycyclic aromatic hydrocarbons, and arsenic. Over half of the papers reviewed investigated the aftermath of Hurricanes. There was a lack of information on rural population exposures and studies on mobilisation of pesticides. Limited studies mapped or modelled human exposures, including for high-risk populations (e.g., children, pregnant women), and this remains a critical evidence gap. Our results highlighted several pathways by which flood events can mobilise chemicals and pose risks to human health. A dual risk management strategy (i.e., the coordinated management of both flood-related and chemical release risks) is required to address flooding events, chemical releases, and health impacts.
Popul. Med. 2026;8(Supplement 1):A444

ABS3375
Grounding Ethics in Climate Change and Health Research: A collaborative study triangulating perspectives of the communities, researchers and ethical committees

Joris Michielsen[1], Katerina Ceballos[1], Kochupurackal Ulahannan Sabu[2], Ana Lucia Martinez Abarca[3], Soledad Colombe[1]
[1]Public Health, Institute of Tropical Medicine, Antwerp, Belgium, [2]Public Health, Independent consultant, Kerala, India, [3]Public Health, Independent consultant, Antwerp, Belgium
BACKGROUND
As effects of climate change intensify, ethical considerations become critical for populations disproportionately affected by climate-induced health hazards. While EcoHealth, One Health, and Planetary Health frameworks emphasize stakeholder co-creation, existing ethical guidelines remain theoretical and top-down, rarely consulting affected communities. This two-phase study triangulates perspectives of communities, researchers, and ethics committees to develop grounded ethical recommendations for climate-health research.
METHODS
We gathered community perspectives through interviews and focus groups discussions (FGD) with Indigenous populations in India (16 interviews, 2 FGD) and coastal communities in the Philippines (16 interviews, 8 FGD), exploring experiences of ethical processes and practices. This informed the development of vignettes and corresponding statements for an online 2-rounds Delphi study with researchers and ethics committee members (52 respondents round 1; 23 round 2).
RESULTS
A central tension emerged between institutional ethics emphasizing individual procedural consent and extractive knowledge production versus communities' expectations of collective governance and relational accountability. Communities stressed reciprocity as foundational: willingness to participate and share data depends on researchers sharing their expertise, disseminating actionable findings, responding to community needs, and building long-term trust. Reciprocity was further described as requiring research materials in local dialects, respecting the traditional decision-making processes, and engaging community co-researchers. Delphi respondents emphasized balancing long-term climate objectives with participants' immediate rights, safety, and dignity. Strong consensus emerged on anticipating climate-related burdens, prioritizing participant well-being even when requiring protocol deviations, enabling context-appropriate compensation for contributed labor, and valuing Indigenous and experiential knowledge alongside scientific data. Though consensus was strong, feasibility was often questioned, and institutional rigidity was identified as a main barrier to grounded ethical practice.
CONCLUSIONS
Findings highlight the necessity for ethical frameworks explicitly addressing climate-specific vulnerabilities, reformed funding structures enabling ethical practices currently deemed aspirational, and methodological pluralism integrating quantitative and qualitative approaches with Indigenous knowledge systems as standard practice.
Popul. Med. 2026;8(Supplement 1):A445

ABS3386
Algae as a Source of Protein and Oil for Human Nutrition, Food Security and Health in Africa: A Systematic Review

Frank Hayford[1], Johan Van Niekerk[1], Wilna Oldewage-Theron[1]
[1]Department of Sustainable Food Systems and Development, University of The Free State, Bloemfontein, South Africa
BACKGROUND
Africa faces a dual burden of undernutrition and rising prevalence of diet-related non-communicable diseases, worsened by climate change, population growth, and constraints on conventional food systems. Algae, including micro algae (Spirulina), have emerged as promising sustainable food resources due to their high protein content, valuable lipid profiles, and relatively low land and water requirements. Although algae-based foods and supplements have been introduced in several African countries, evidence on their contribution to human nutrition, food security, and health are limited and not been systematically synthesized.
METHODS
This systematic review aimed to synthesize available evidence on algae for human nutrition and food security in Africa. Searches were conducted in PubMed/MEDLINE, Scopus, Web of Science, AGRIS, Embase, CINAHL, Cochrane Central, Google Scholar and African Journals Online for studies published from January 2000 to the present. Eligible studies included nutrient composition analyses, human intervention and observational studies conducted in African settings. Data extracted included algae species, nutritional composition, health outcomes, food security implications, safety, and acceptability, and were evaluated across diverse populations, including malnourished children and adults living with HIV. Risk of bias was assessed using ROBIS, and findings were synthesized narratively.
RESULTS
Preliminary evidence suggests that algae produced and consumed in African contexts, particularly Spirulina, are rich in protein (~70%), lipids (20–50%), vitamins, essential minerals, and antioxidants. Reported benefits include improvements in nutritional status and dietary quality, enhanced immune function, and potential for local production and livelihood generation. However, evidence base remains heterogeneous, with limited large-scale trials and gaps regarding algae-derived oils, and consumer acceptability.
CONCLUSIONS
Algae represent a promising but underexplored resource for improving human nutrition, food security, and health in Africa. This review highlights potential of algae, particularly Spirulina, to contribute to sustainable African food systems,

while underscoring the need for robust clinical trials and implementation research towards large-scale adoption.
Popul. Med. 2026;8(Supplement 1):A446

ABS3412
Climate services for diarrheal diseases: The benefit of climate information for health protection

Sari Kovats[1], Cherie Part[1], Janine Wichmann[2], Neville Sweijd[3], Thu Dang[4], Veena Iyer[5], Meghnath Dhimal[6], Yu-Chun Wang[7], R Azizah[8], Amir Sapkota[9]
[1]Public Health, Environments and Society, London School of Hygiene and Tropical Medicine, London, United Kingdom, [2]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [3]School for Climate Studies, Stellenbosch University, Stellenbosch, South Africa, [4]Public Health Faculty Unit, Hue University of Medicine and Pharmacy, Hue, Viet Nam, [5]Indian Institute of Public Health Gandhinagar, Gandhinagar, India, [6]Nepal Health Research Council, Government of Nepal, Kathmandu, Nepal, [7]Environmental Health Risk Assessment Lab, Chung Yuan Christian University, Taipei, Taiwan, [8]Research Group Environmental Health and Climate, Department of Environmental Health, Faculty of Public Health, Airlangga University, Surabaya, Indonesia, [9]Department of Epidemiology and Biostatistics, University of Maryland School of Public Health, University of Maryland, College Park, United States

ABSTRACT
Climate services require appropriate engagement between the recipient of the service and its provider, along with an effective access mechanism to enable timely action. Climate services help decision makers prepare for the impacts of extreme weather. National and international mechanisms exist to support collaboration between health systems and national meteorological agencies but progress has been slow. We reviewed the current use of climate information in public health activities in relation to the management of water-related diseases, particularly diarrhoeal diseases and cholera. We reviewed the use of daily weather forecasts, extreme weather alerts, sub-seasonal and seasonal forecasts. We used interviews and publicly available policy documents and public health guidance for the 8 countries in our AWARE consortium: India, Indonesia, South Africa, Nepal, Vietnam, Taiwan, US and the UK. We found that most countries have public health preparedness plans for flood and heatwave warnings to prevent diarrhoeal disease morbidity, and several have developed climate and health collaborations. There has been little evaluation of the use of climate information. The burden of diarrheal disease continues to be a major public health threat in resource limited settings. Both sporadic cases and outbreaks can be triggered by extreme weather events, but evidence, particularly for the effect of rainfall extremes, varies by settings. Local knowledge may not be effectively translated to support preparedness activities at the community level. The development and implementation of climate/weather-informed early warning system is urgently needed to enhance community resilience to the threat of climate mediated disease risks.
Popul. Med. 2026;8(Supplement 1):A447

ABS3425
Favelas and polycrises: an "insider and a close-up view" and the development of hybrid knowledge through systemic risk assessment with young researchers in heliópolis, são paulo, brazil

Leonardo Musumeci[1], Luciana Bizzotto[1], Yorman Paredes[1], Beatriz Damásio[1], Leandro Giatti[1]
[1]School of Public Health, University of São Paulo, São Paulo, Brazil

ABSTRACT
Favelas determine living and health conditions while amplifying the risks to which their populations are exposed. Within a context of polycrises (Dan-Cohen, 2019), recognizing how these risks manifest, overlap, and affect these communities and how they perceive and develop response capacities are priority challenges for health promotion. This study sought to evaluate a Systemic Risk Assessment (SRA) model (Gambhir et al., 2025) based on the Heliópolis favela in São Paulo, Brazil, focusing on the climate change, COVID-19, and food insecurity crises. It aimed to construct new meanings through the hybridization of technical-scientific and popular knowledge in identifying local risks and responses. Eleven workshops were conducted with nine young researchers from the community-based observatory "De Olho na Quebrada" using participatory methods (Wallerstein et al., 2017): culture circles, photovoice, world café, and talking maps, alongside WhatsApp questionnaires regarding justice and equity, individual and collective agency, and impacts and responses across multiple scales. The assessment identified intersected risks related to: conducting research within the community while dealing with power dynamics and territorial interests; fires associated with high housing density and precarious systems; environmental racism regarding urban flooding and chemical contamination in a housing complex; and inequalities that aggravate crises. It also noted threats to the sense of community and local social capital due to changing habitation patterns. The study concluded that risk assessment expands when applied an "insider and a close-up view" (Magnani, 2002), revealing factors often missed by institutional data. Responses associated with local social capital demonstrate creative solutions for the future, highlighting the necessity of intercultural translations to bridge technical knowledge and local realities.
Popul. Med. 2026;8(Supplement 1):A448

ABS3435
Combating loneliness in South African cities: exploring public health through an urban planning lens

Rouve Bingle[1]
[1]City and Regional Planning, University of Cape Town, Cape Town, South Africa

BACKGROUND
Urban loneliness poses a significant public health challenge in South Africa, intensified by apartheid's spatial legacies that created isolated townships and fragmented communities in metropolitan cities like Johannesburg and Cape Town. This isolation contributes to mental health issues, including anxiety, depression, and social disconnection, disproportionately affecting low-income and marginalized groups amid rapid urbanization and socioeconomic divides. Public health data indicates rising loneliness rates, linked to car-centric designs, limited public spaces, and unequal access to amenities. This study investigates how urban planning policies address loneliness through spatial interventions that promote connectivity and social cohesion. Grounded in affect theory—drawing from Spinoza and Deleuze—it views urban spaces as affective environments that shape emotional interactions, enabling planning to foster positive encounters and communal vitality.
METHODS
Employing a qualitative document analysis of secondary data, the study reviews key metropolitan planning policies, including Integrated Development Plans (IDPs), Municipal Spatial Development Frameworks (MSDFs), and national frameworks like SPLUMA (2013) and the National Development Plan. Documents from major cities (e.g., Cape Town's MSDF, Johannesburg's Corridors of Freedom) were examined for references to loneliness, isolation, or related themes such as social cohesion, public spaces, and inclusive design. Affect theory guides the analysis, assessing how policies modulate affective atmospheres to reduce isolation.
RESULTS
Analysis reveals sporadic attention to loneliness in policies, often indirectly through emphases on mixed-use developments, green corridors, and transit-oriented designs aimed at enhancing encounters. However, explicit integration is limited, with MSDFs prioritizing economic and environmental goals over psychosocial health, missing opportunities for affect-informed interventions like communal hubs.
CONCLUSIONS
Urban planning in South Africa can better combat loneliness by embedding affect theory into policies, mandating designs that facilitate social bonds. Recommendations include affective audits in IDPs/MSDFs to prioritize anti-isolation measures, advancing public health equity in metropolitan contexts
Popul. Med. 2026;8(Supplement 1):A449

ABS3503
DXA-Measured Body Composition Modifies Temperature–Blood Pressure Associations by Sex in Johannesburg, South Africa

Benjamin Devantier-Du Plessis[1], Samantha Jack[1], Lisa Mickelsfield[2], Julia Goedecke[3,2], Sabina Abba Omar[4], Matthew Chersich[1], Nicholas Brink[1], Craig Parker[1]
[1]Planetary Health Research, School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, [2]SAMRC/Wits Developmental Pathways for Health Research Unit, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [3]Biomedical Research and Innovation Platform, South African Medical Research Council, Cape Town, South Africa, [4]Climate System Analysis Group, Department of Environmental and Geographical Science, University of Cape Town, Cape Town, South Africa

BACKGROUND
Rising urban temperatures in sub-Saharan Africa intersect with high burdens of obesity and hypertension, yet how body composition influences cardiovascular responses to heat is poorly understood. Central adiposity may impair heat dissipation through reduced skin blood flow. Using dual-energy X-ray absorptiometry (DXA), we examined whether total body fat and android fat modify associations between ambient temperature and blood pressure or glucose, stratified by sex.
METHODS

Cross-sectional data from the Middle-aged Soweto Cohort (MASC) study (2017–2018, Johannesburg) were linked to ERA5 reanalysis climate data. Adults with complete DXA data were included (males N=467; females N=457; age 41–71 years). Outcomes were systolic blood pressure (SBP), diastolic blood pressure (DBP), and fasting glucose. Outcome-specific temperature lags were evaluated (1-day for blood pressure; 7-day for glucose). Sex-stratified linear regression models tested independent effects of body composition, temperature–adiposity interactions, and temperature associations by android fat level.
RESULTS
Higher android fat was independently associated with higher SBP in males (+3.4 mmHg per 1%; 95% CI: 2.3, 4.5; p<0.001), higher DBP (males: +1.7 mmHg, p<0.001; females: +1.2 mmHg, p=0.002), and higher fasting glucose in both sexes (males: +0.20 mmol/L, p<0.001; females: +0.28 mmol/L, p<0.001), independent of BMI. Significant temperature–adiposity interactions were observed for DBP: higher total body fat attenuated the temperature–DBP association in males (interaction p=0.048), while higher android fat amplified this association in females (interaction p=0.028). In females, inverse temperature–blood pressure associations were observed only at the highest levels of android fat (SBP: −6.0 mmHg per 5°C, p=0.008; DBP: −3.8 mmHg, p=0.002), with no associations at lower levels.
CONCLUSIONS
DXA-measured android adiposity is independently associated with higher blood pressure and fasting glucose and modifies temperature–blood pressure relationships in a sex-specific manner. In women, high android adiposity identifies a subgroup with heightened cardiovascular sensitivity to ambient temperature, supporting body composition–informed heat vulnerability assessment in urban populations.
Popul. Med. 2026;8(Supplement 1):A450

ABS3681
Increasing Readiness to Adopt Sustainable Diets: Does Asking About Alternative Protein Food Intake Changes Intention and Consumption Among Omnivores and Meat-Reducing Individuals

Natalia Paduszyńska[1], Anna Kornafel[1], Zofia Szczuka[1], Hanna Zaleśkiewicz[1], Dominika Wietrzykowska[1], Aleksandra Luszczynska[1]
[1]CARE-BEH. Center For Applied Research on Health Behavior and Health, SWPS University, Wrocław, Poland
INTRODUCTION
Nutritional choices based on traditional proteins (eggs, dairy, and meat) are unsustainable, as they are the main drivers of environmental degradation and climate change. In contrast, alternative protein foods (APFs) produced from plants and insects are generally associated with a lower environmental impact. This study examined intentions to buy and increase APF intake among individuals identifying as omnivores and those limiting meat consumption. We also investigated so-called 'mere measurement' effects, that is prompting intentions and APF intake, induced by asking participants about their beliefs and behaviors related to APF.
METHODS
Adults from the general population were recruited in Poland (N=684; age range 18–85 years; 65.6% women). An omnivorous diet was reported by n=486 participants, while n=198 participants followed meat-reducing diet. At baseline and at a one-month follow-up, participants completed questionnaires assessing self-reported APF consumption and its psychosocial determinants. Primary outcomes included intentions (to buy, to eat) and the actual intake of insect-based and plant-based APF and intake of food based on traditional proteins.
RESULTS
A significant Time×Diet interaction was observed for the consumption of food containing plant-based proteins, with an increase of intake of plant-based APF increasing over time among omnivores but not among those who followed meat-reducing diet. A significant main effect of time was observed for intentions to consume and willingness to buy insect-based alternative proteins, with small increases in both dietary groups. Additionally, there was a small decline over time in intake of traditional proteins. All observed mere measurement effects and time effects were small.
CONCLUSIONS
These findings suggest small dietary shifts toward APF choices over time (and, potentially, a "mere measurement" effect) in both omnivorous participants and individuals already reducing meat intake. The results document an increased readiness towards adoption of more sustainable dietary patterns, including diverse non-traditional protein sources.
Popul. Med. 2026;8(Supplement 1):A454

ABS3694
Integrating climate change, environmental health, and one health into provincial health governance: a policy analysis from the western cape, south africa

Levani Naidoo[1]
[1]Health and Wellness, Western Cape Government, Cape Town, South Africa
INTRODUCTION
Climate change poses escalating risks to public health, disproportionately affecting vulnerable populations and intensifying threats related to extreme heat, air pollution, vector-borne diseases, water insecurity, and environmental degradation. In the Western Cape, these pressures have highlighted the need for a coordinated, system-wide health sector response. Recognizing the critical role of governance in climate resilience, the Western Cape Department of Health and Wellness initiated a policy transformation to integrate Climate Change, Environmental Health, and One Health approaches into provincial health planning and service delivery.
METHODS
A qualitative policy analysis was conducted to assess strategic requirements and policy gaps for climate–health integration within the Department. Data sources included internal policy documents, multisectoral engagements and interdepartmental working groups. A thematic governance framework was applied to identify systemic barriers, enabling factors, and opportunities for embedding climate resilience within the health system.
RESULTS
Four key governance themes emerged: 1) fragmented governance arrangements requiring a dedicated provincial coordination mechanism for climate and health; 2) surveillance gaps underscored by limited early warning for climate-sensitive diseases thus highlighting the need for integrated environmental and meteorological data systems; 3) fragmented multisectoral alignment constraining implementation of One Health approaches at zoonotic and health interfaces; and 4) significant demand for capacity building through structured knowledge exchange, technical training, and standardised operational tools. These directly informed the establishment of South Africa's first Provincial Climate Change Sub-Directorate and development of a Provincial Health Climate Change Strategic Plan encompassing mitigation and adaptation measures.
CONCLUSIONS
Integrating Climate Change, Environmental Health, and One Health into provincial health governance requires clear institutional mandates, strengthened surveillance systems, and operationalised multisectoral collaboration. The Western Cape experience offers a scalable governance model for embedding climate resilience within public health policy, planning, and service delivery.
Popul. Med. 2026;8(Supplement 1):A456

ABS3732
The impact of socio-environmental and climate vulnerabilities on the patient care profile in an emergency hospital in Rio de Janeiro, Brazil.

Mônica Testa Morangueira[1], Murilo Viana Castro Souza[2], Everton Turmilheiro Rafael[2], Felipe Rufino Carlos[1], Bruna de Melo Lisboa[1], Tiago Velloso de Carvalho[1], Flavio Monteiro de Souza[1], Francisco Jose Santos Maia[3]
[1]Executive Department - Municipal Hospital Evandro Freire, CEJAM Institute Dr. João Amorim Center for Studies and Research, Rio de Janeiro, Brazil, [2]Environmental and Climate Responsibility, CEJAM Institute Dr. João Amorim Center for Studies and Research, São Paulo, Brazil, [3]Teaching and Research Committee - Municipal Hospital Evandro Freire, CEJAM Institute Dr. João Amorim Center for Studies and Research, Rio de Janeiro, Brazil
ABSTRACT
Climate emergencies and socio-environmental inequalities disproportionately affect the most vulnerable populations. Extreme events such as heat waves, cold waves, and floods directly impact health outcomes. Epidemiological studies and interdisciplinary analyses indicate that the interaction between social determinants and climate change amplifies health risks, requiring integrated responses in public policies and global health systems to promote resilience and equity.This retrospective study analyzed epidemiological notifications of emergency room visits from January 2024 to December 2025, based on secondary data. Causes associated with climatic events included leptospirosis, arboviral diseases, flu-like syndromes, and self-inflicted violence, reported by the Rio Operations Center (COR).During the study period, 132,833 emergency care visits were recorded. Twenty-seven cases of leptospirosis were identified, with a peak of 65.21% during months of highest rainfall, mainly in socially vulnerable neighborhoods. Thirty-four dengue cases were concentrated in Maré and Cacuia, with peaks in February and March. Fifty-four hospitalizations due to severe acute respiratory syndrome (SRAG) occurred predominantly among elderly residents, with a significant increase in June and July. A total of 285 cases related to self-inflicted violence

were reported, mostly among women (72.1%) aged 20–39 years, followed by adolescents aged 13–19 years.The results demonstrate an association between intense rainfall and leptospirosis in vulnerable territories, while dengue incidence coincided with periods of extreme heat alerts. SRAG cases increased during months of pronounced climatic variability. Environmental racism amplifies health risks in marginalized areas, reinforcing inequalities in exposure and impact.The COR plays a critical role in environmental risk monitoring and prevention. Self-inflicted violence reflects social vulnerability and gaps in mental health support. Integrated public policies linking health, social justice, and socio-environmental development are essential, with intersectoral monitoring and response protocols prioritizing high-risk territories.

Popul. Med. 2026;8(Supplement 1):A457

ABS3765

Investigation of suspected Bovine Brucellosis cases in a Cattle Herd in Sheepmoore, Msukaligwa Sub-District, Mpumalanga Province 2025

Charity Mafhungo[1,2], Siphesihle Vilakazi[1,2], Nomsa Hlatshwayo[1], Jani Van Den Berg[3], Masingita Makamu[2], Emelda Ramutshila[2]

[1]1 Communicable Disease Control, Mpumalanga Department of Health, Mbombela, South Africa, [2]2 South African Field Epidemiology Training Programme, National Institute for Communicable Diseases, Division of the National Health Laboratory Services, Johannesburg, South Africa, [3]3 Department of Agriculture, Department of Agriculture, Rural Development, Land and Environmental Affairs, Mbombela, South Africa

BACKGROUND

Brucellosis is a zoonotic infectious disease caused by bacteria of the genus Brucella and remains a significant public health concern. On the 29th of October 2025, four cows from a herd in Sheepmoore experienced abortions, prompting notification to the Msukaligwa sub-district Communicable Disease Control office. We investigated to confirm the existence of the outbreak, verify diagnosis, determine the extent of the outbreak, and implement control measures to stop transmission to other animals and humans.

METHODS

We conducted a descriptive study and defined a suspected case as any cattle that experienced a miscarriage or delivered a stillborn calf or presented with orchitis or bursitis between January to November 2025, in Sheepmoore, Mpumalanga Province. A confirmed case was defined as any cattle, with laboratory confirmation abortifacient Brucella species. Data on herd composition, reproductive history, and vaccination status were collected through interviews with the cattle herd owner, and household members were screened. Blood specimens from ten cattle were tested for brucellosis using Rose Bengal and Complement Fixation Tests. Descriptive analysis was done on Microsoft Excel.

RESULTS

The herd comprised of 16 cattle:3 bulls,9 cows, and 4 calves, all of which were vaccinated. Six pregnancies occurred between March and October 2025, resulting in four abortions and two live births. Two abortions that occurred in October 2025 were reported after implementation of the event-based surveillance. Of the 10 tested cattle, brucellosis was confirmed in one cow. A nearby herd owner reported similar symptoms in his cattle, but no follow-up conducted. Household members were asymptomatic. Immediate control involved culling infected cattle, with follow-up testing planned

CONCLUSIONS

A cluster of suspected bovine brucellosis was identified with one laboratory-confirmed case. We recommended strengthening intersectoral outbreak response capacity for timely detection, reporting and response, cattle vaccination, and community awareness on measures to control brucellosis and prevent zoonotic transmission

Popul. Med. 2026;8(Supplement 1):A458

ABS3766

Exploring the role of grandmothers in promoting sustainable environmental practices and climate awareness in community-based climate interventions

Thandile Zonke[1], Jane Simmonds[1]

[1]goGOGOgo, Johannesburg, South Africa

INTRODUCTION

Grandmothers in low-income settings play a critical role as primary caregivers and knowledge holders, often raising grandchildren while navigating economic insecurity, chronic health conditions and age-related debility and disabilities. Climate change is intensifying immediate and disproportionate risks for older people, including heat stress, water scarcity, food insecurity and increased exposure to extreme weather events. These risks are compounded by reduced mobility. Despite this, few community-based climate interventions intentionally prioritise older women caregivers as agents of resilience and intergenerational knowledge transfer. This study aims to understand climate awareness, and adaptive coping strategies among grandmothers, with an explicit intergenerational focus.

METHODS

The study assessed the feasibility, acceptability, and preliminary outcomes of a community-based climate intervention implemented within a grandmother-led support programme. The intervention combines facilitated group sessions on climate impacts, local adaptation strategies, and stress regulation related to climate shocks. A mixed-methods approach will be employed, integrating pre- and post-intervention self-reported measures of perceived stress, climate-related anxiety, and coping capacity with qualitative data from focus group discussions and facilitator observations. Data collection will also explore intergenerational knowledge transfer, including how grandmothers shared climate adaptation practices and stress-management strategies with their grandchildren.

RESULTS

It is anticipated that participants will emerge with an increased understanding of local climate risks, emerging developments in the climate and energy space. It can be assumed that grandmothers will actively teach their grandchildren about climate risks and stress-management techniques, such as water conservation, heat management, and emotional coping during extreme weather events. This intergenerational exchange will strengthen communication, caregiving relationships, and collective household resilience.

CONCLUSIONS

The climate-focused intervention shows promise as a low-cost, scalable approach to building intergenerational climate awareness in low-income settings. By positioning grandmothers as both caregivers and climate educators, the intervention extends impact beyond individual participants to households and future generations.

Popul. Med. 2026;8(Supplement 1):A459

ABS3841

Spatial assessment of early childhood development centers' proximity to coal-related air pollution in Mpumalanga Province, South Africa

Yonela Mkunyana[1], Tahira Kootbodien[1], Nomfundo Mahlangeni[1,2], Renée Street[1,2]

[1]Environment & Health Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Environmental Health Department, University of Johannesburg, Johannesburg, South Africa

BACKGROUND

Children are vulnerable to air pollution exposures due to their developing immune systems. In South Africa's coal-dependent regions, emissions from coal-fired power plants (CFPPs), coal mines, and associated industries contribute substantially to ambient nitrogen dioxide (NO) and sulphur dioxide (SO) levels. However, limited evidence exists on the spatial co-occurrence of pollution hotspots and Early Childhood Development (ECD) facilities.

METHODS

This study assessed the distribution of ECDs in relation to coal pollution sources and satellite-derived air pollutant concentrations in Mpumalanga Province, South Africa. Locations of ECDs, coal mines, and CFPPs were mapped. A 5 km buffer was created around CFPPs to identify ECDs within potential exposure zones, and distances from ECDs to the nearest pollution source were measured. Kernel Density Estimation (KDE) was used to characterise clustering patterns of coal industries and ECDs. Annual mean NO and SO densities for 2021 were derived from Sentinel images. Getis–Ord Gi* statistics were applied to identify significant high and low-concentration clusters.

RESULTS

A total of 2894 ECDs were mapped across Mpumalanga. Coal industries comprised 12 CFPPs and 82 coal mines, including operational and inactive sites. ECDs were unevenly distributed, with some located within 5 km of CFPPs. KDE analysis revealed spatial overlap between high densities of coal industries and ECDs. Hotspot analysis identified significant NO and SO clusters in areas with intensive coal-based activities. The minimum ECD-CFPP distance was approximately 1 km, while the closest ECD-mine distance was 640 m. A distance-decay pattern was observed, with the highest pollutant concentrations occurring within the first 40 km, followed by a sharp decline with increasing distance.

CONCLUSIONS

In Mpumalanga, the proximity of ECDs to coal-related activities and elevated NO and SO levels suggests potential environmental exposures for young children, reinforcing the need for spatially informed regulation and monitoring.

Popul. Med. 2026;8(Supplement 1):A460

ABS3899

Climate and Health 101 : Strengthening public health capacity to respond to climate change

Roxanne Govender[1], Harsha Somaroo[1,2]
[1]Community health, University of the witwatersrand, Johannesburg, South Africa, [2]Department of health, South African national government, Pretoria, South Africa

INTRODUCTION
Climate change is one of the greatest public health threats of the twenty-first century, with health risks increasingly transcending borders1. African countries experience disproportionate impacts despite contributing least to global carbon emissions, placing pressure on health systems and exposing shared vulnerabilities2. Findings from a recent study among South African public health medicine (PHM) specialists identified key gaps in knowledge related to climate change and health, and limited skills in advocacy, monitoring and evaluation, and policy development3. This highlights an urgent need to strengthen public health capacity for protecting and sustaining climate change responses.
METHODS
This organized session is a one-hour interactive workshop combining didactic input and facilitated panel discussion, with audience engagement. The session draws on evidence from climate and health literature and health system strengthening frameworks. Practical examples from south africa and other low and middle income country settings will be used to illustrate climate related health risks, the contribution of health systems to climate change, and opportunities for action across clinical, managerial, and policy roles. Participatory discussion will explore real world challenges and contextual solutions. The panellists will include dr roxanne govender (south african researcher), dr andre rose (PHM specialist), mr jim chauvin (global public health advocate, and mr rico eurupidou (environmental justice advocate). (Expected) Results Participants will strengthen their understanding of climate related health risks and build practical skills in advocacy, policy engagement, and the application of monitoring and evaluation concepts to climate and health interventions.
CONCLUSIONS
This workshop provides a practical platform for capacity building in climate change and health, responding directly to identified training gaps. It supports the integration of climate and health competencies into public health education and continuing professional development, and aims to empower public health professionals to take meaningful action within health systems and policy environments.
Popul. Med. 2026;8(Supplement 1):A464

ABS3947

Data-driven understanding of air pollution in Pretoria

Matome Mokganya[1], Joyce Shirinde[1], Janine Wichmann[1]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa

INTRODUCTION
Fine particulate matter (PM.) is a major contributor to global disease burden, yet long-term monitoring and chemical characterisation remain limited in low- and middle-income countries, including South Africa. South Africa is one of a handful of African countries that has an air quality act since 2005. The national air quality standard of PM2.5 was only promulgated in 2012 and there was a considerable delay to deploy PM2.5 monitoring equipment. This study addresses persistent air quality data gaps in South Africa by deploying and calibrating low-cost sensors (LCSs) to characterise PM2.5 while quantifying spatial inequality in population exposure across Pretoria.
METHODS
Two PurpleAir sensors were collocated with an Oizom reference monitor during a multi-month 2025 campaign, with daily averages computed after rigorous cleaning and outlier screening. Machine-learning calibration models incorporating meteorological covariates (temperature, relative humidity, wind speed) were evaluated.
RESULTS
Random forest regression performed best (R = 0.90,MSE = 5.32), followed by multiple linear regression (R = 0.88,MSE = 5.94) and a feed-forward neural network (R = 0.73, MSE = 13.93). Inter-sensor agreement was strong (r > 0.97), and PM2.5 frequently exceeded the WHO daily guideline (15 µg/m), with peaks in late February, mid-March, and mid-April. Calibrated observations were integrated with satellite-derived concentration surfaces and ward-level population data to estimate population-weighted exposure. The resulting Pretoria map shows five exposure classes spanning 28.6-76.5 µg/m, revealing pronounced intra-urban disparities where high-density and socio-economically vulnerable wards bear disproportionate burdens. These mapped disparities, derived via ward aggregation, inequality indices, and cluster detection, align with spatial segregation patterns and highlight environmental injustice.
CONCLUSIONS
By combining validated LCS measurements with machine-learning calibration and population-weighted mapping, the study delivers policy-relevant evidence for targeted air-quality interventions, prioritised monitoring expansion, and equitable urban planning in Pretoria.
Popul. Med. 2026;8(Supplement 1):A467

ABS3967

Youth leadership in public health emergencies: models from conflict and climate-affected regions

Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied

INTRODUCTION
In armed conflict, climate disasters, pandemics, and political instability, youth are often the first responders—creating grassroots solutions when formal systems fail. Yet youth leadership remains underrecognized in preparedness, response, and recovery frameworks.
METHODS
This presentation synthesizes youth-led public health response models from Gaza, Sudan, Pakistan, and Haiti. It draws on participatory emergency approaches and cross-regional learning, examining interventions in surveillance, mental health support, risk communication, and climate-health adaptation.
RESULTS
Youth-led models demonstrate rapid mobilization, community trust, and innovation under constraints. Examples include community-based surveillance and referral pathways, psychosocial support initiatives, and climate-resilience health actions. Findings suggest youth leadership can be institutionalized through structured funding mechanisms, technical mentorship, and representation within humanitarian coordination and national preparedness systems. Persistent challenges include lack of formal authority, limited access to decision-making, and safety risks in conflict settings.
CONCLUSIONS
Global public health systems must move from tokenistic inclusion toward formalized youth leadership pathways. Embedding youth as co-designers and decision-makers strengthens emergency preparedness and accelerates equity-driven, locally grounded response.
Popul. Med. 2026;8(Supplement 1):A468

ABS4006

Exploring Climate-sensitive Patterns of Vector-Borne Diseases in South Africa using Big Data analytics

Lesedi Victoria Monaiwa[1], Peter Olukanmi[1,2], Rajesh Kumar[3]
[1]Environmental Health, University of Johannesburg, Johannesburg, South Africa, [2]Electrical Engineering, University of Johannesburg, Johannesburg, South Africa, [3]Human Anatomy and Physiology, University of Johannesburg, Johannesburg, South Africa

INTRODUCTION
Vector-borne diseases (VBD) remain a major public health challenge globally, accounting for approximately 17% of all infectious diseases. Climate variability, including changes in temperature, rainfall, and humidity, influence vector ecology and disease transmission. In South Africa (SA), VBD outbreaks continue to place pressure on public health systems, highlighting the need for climate-informed surveillance approaches that support timely preparedness and response. This study aims to apply advanced modelling techniques to identify key climatic drivers of VBD and forecast future outbreaks.
METHODS
A retrospective ecological study design was applied using laboratory-confirmed VBD cases from the National Health Laboratory Service and meteorological data from the South African Weather Service for the period 2012 to 2024. Datasets were cleaned and aggregated at monthly and district levels. Descriptive analyses were conducted to characterise spatial and temporal patterns in VBD incidence and climate variables. Associations were assessed using correlation analysis and poisson–inverse gaussian regression. Spatial clustering was evaluated using Moran's I and Getis-ord Gi*, while temporal trends were assessed using the Mann–Kendall test. Predictive models including random forest, extreme gradient boosting, autoregressive integrated moving average with exogenous variables, and long short-term memory networks were applied.

RESULTS
A total of 266955 confirmed cases of VBDs were reported in SA between 2012 and 2024. Schistosoma haematobium accounted for the largest proportion of cases (47.40%), followed by Schistosoma haematobium ova observed (24.17%) and Malaria (28.12%). Preliminary analyses indicate significant spatial and temporal heterogeneity in VBD incidence, with emerging climate-sensitive patterns across selected districts. These findings demonstrate the feasibility of integrating climate and health datasets for risk modelling and early warning applications.
CONCLUSIONS
Integrating climate and disease surveillance data using big data analytics has the potential to strengthen climate-sensitive early warning systems and support public health preparedness in SA and similar low- and middle-income countries.
Popul. Med. 2026;8(Supplement 1):A469

ABS4027
MSF Case Study: Community-Centered Water, Sanitation and Climate Resilience in Southern Africa

Neo Tsotetsi[1]
[1]Médecins Sans Frontières/ Doctors Without Borders, Johannesburg, South Africa

ABSTRACT
Climate change is amplifying water insecurity, disease transmission and sanitation challenges across low-resource humanitarian settings, yet locally rooted adaptation strategies remain under-documented in global public health discourse. This case study examines integrated water, sanitation and hygiene (WASH) interventions implemented by Médecins Sans Frontières (MSF) with communities in Gwanda District, Zimbabwe and Nampula Province, Mozambique within the broader context of climate-sensitive health risks. In Gwanda, recurrent droughts and floods have undermined livelihoods, driving many farmers into informal gold mining where unsafe drinking water emerged as a key health risk. MSF worked with communities to identify contaminated water sources, implement well decontamination and provide safe drinking water. A peer network approach involving village health workers is supporting the formation of mining site-based health committees to sustain WASH interventions, alongside the development of operational research to better understand patterns of water contamination. In Nampula, prolonged irregular rainfall and depletion of groundwater have intensified the prevalence of neglected tropical diseases (NTDs) such as schistosomiasis and lymphatic filariasis – conditions closely linked to inadequate sanitation and unsafe water. MSF's interventions included establishing water infrastructure through the rehabilitation of traditional wells, rainwater harvesting systems and community-managed water sources. These interventions were coupled with health education, hygiene promotion and capacity building of local water committees to catalyse ownership and resilience. Central to both contexts was prioritising indigenous knowledge and lived experience through participatory project design, ensuring that solutions were culturally relevant, sustainable and built trust between health actors and communities. By centering communities as partners rather than beneficiaries, these approaches not only addressed immediate WASH deficits but also enhanced adaptive capacity to climate risks. This case study illustrates the importance of community-led WASH strategies as critical public health responses to climate change, with implications for policy, practice and the pursuit of equitable, resilient systems in vulnerable settings.
Popul. Med. 2026;8(Supplement 1):A471

ABS4198
The Landscape of Climate Change and Comprehensive Protection for Workers in Brazil

Andréia De Conto Garbin[1], Simone Alves dos Santos[2]
[1]Saúde Ambiental, Faculdade de Saúde Pública da Universidade de São Paulo, São Paulo, Brazil, [2]Divisão de Vigilância em Saúde do Trabalhador/Centro de Referência em Saúde do Trabalhador., Secretaria de Estado da Saúde de São Paulo, São Paulo, Brazil

ABSTRACT
This study analyzes the intersection between climate change and occupational health, based on the premise that vulnerability is not intrinsic to individuals but a result of socio-historical conditions of inequality. The global scenario, marked by destructive economic growth and precarious labor, exposes the working class to intensified risks. According to the ILO (2024),1 approximately 70% of the global workforce is exposed to high temperatures—a condition that, combined with informality and lack of social protection, increases the incidence of heat stress, disease, and death2. Beyond extreme heat, factors such as ultraviolet radiation, air pollution, extreme weather events, and agrochemical use cumulatively impact labor populations. In light of this panorama, the study highlights the experience of the São Paulo State Health Department (SES-SP) in implementing protective measures. Since 2014, the department has regulated sanitary conditions for mobile workforces and, more recently, established new guidelines: Communique CVS/DVST No. 12/2023 (Surveillance and Care in Natural Disasters) and Communique CVS-SAMA No. 02 (Psychosocial Aspects in Disaster Surveillance)3,4,5. The study concludes that state intervention is indispensable to mitigate the physical and mental impacts of the climate crisis on workers, especially those involved in essential activities and disaster response. It reinforces the urgent need for public policies that combat exploitation and ensure human dignity in the face of environmental threats.
Popul. Med. 2026;8(Supplement 1):A476

COMMUNICABLE DISEASES

ABS0006
Real world study for Mother-to-Child Transmission of Hepatitis B in Guangdong Province, 2021–2023

Tiancheng Xie[1], Mengyang Su[2], Min Cai[2], Tianshuo Zhao[1], Xiyu Zhang[1], Sihui Zhang[1], Mingting Wang[1], Qingsong Xu[1], Yujie Cheng[1], Shuang Gao[2], Fuqiang Cui[1]
[1]Peking University, Beijing, China, [2]Guangdong Women and Children Hospital, Guangzhou, China

OBJECTIVE
This study aimed to evaluate the status of hepatitis B virus (HBV) mother-to-child transmission (MTCT) among infants born to hepatitis B surface antigen (HBsAg)-positive mothers from 2021 to 2023 and identify key factors influencing HBV MTCT, providing critical insights to inform future HBV prevention strategies.
METHODS
Data were obtained from the case records of HBsAg-positive pregnant women and their newborns in Guangdong Province from January 1, 2021, to December 31, 2023. For HBsAg and anti-HBs positive rates, bivariate analysis was conducted to examine associations between maternal and infant characteristics. Additionally, firth's bias reduction logistic regression analysis was conducted to identify factors influencing MTCT.
RESULTS
Our study analyzed data from 131,781 HBsAg-positive pregnant women and their newborns in Guangdong Province from 2021 to 2023. Among 131,781 infants completing PVST, the overall HBV MTCT rate was 0.44%, with an anti-HBs positivity rate of 93.48%. Maternal age, administration of HepB-BD and HBIG, and use of antiviral treatment during pregnancy were significant associated with HBV MTCT. However, birth weight, maternal education level, mode of delivery and number of births were not significantly associated with HBV MTCT risk.
CONCLUSIONS
This study provides a comprehensive analysis of HBV MTCT among HBsAg-positive pregnant women and their infants in Guangdong Province from 2021 to 2023. Despite significant advancements in HBV MTCT prevention, our findings underscore the need for enhanced strategies, particularly for pregnant women with high HBV viral loads. Strengthening maternal antiviral treatment, ensuring timely and comprehensive infant follow-up, and implementing targeted health education programs will be essential for further reducing MTCT rates and improving long-term outcomes.
Popul. Med. 2026;8(Supplement 1):A478

ABS0021
Number of Austrian SARS-CoV-2 infections in the 2024/2025 season: Analysis of national wastewater data

Uwe Riedmann[1], Wolfgang Rauch[2], Hannes Schenk[2], Herbert Oberacher[3], John Ioannidis[4,5,6,7], Stefan Pilz[1]
[1]Department of Internal Medicine, Division of Endocrinology and Diabetology, Medical University of Graz, Graz, Austria, [2]Department of Environmental Engineering, University of Innsbruck, Innsbruck, Austria, [3]Institute of Legal Medicine and Core Facility Metabolomics, Medical University of Innsbruck, Innsbruck, Austria, [4]Department of Medicine, Stanford University, Stanford, United States, [5]Department of Epidemiology and Population Health, Stanford University, Stanford, United States, [6]Department of Biomedical Data Science, Stanford University, Stanford, United States, [7]Meta-Research Innovation Center at Stanford, Stanford University, Stanford, United States

INTRODUCTION
Adaptation of SARS-CoV-2 policies requires information on contemporary infection trends. As SARS-CoV-2 infections are no longer actively tracked, indirect measures such as estimations based on wastewater data are needed.
METHODS
We conducted a retrospective estimation of total SARS-CoV-2 infections in the entire population of Austria from April 1, 2024, to March 31, 2025, based on

wastewater monitoring data. The applied method builds on a previously published approach that estimated infection prevalence during the pandemic by fitting wastewater measurements to seroprevalence data.
RESULTS
Between April 1, 2024, and March 31, 2025, we estimate 2.5 million new infections in Austria. Active infections peaked at 337,000 in early October and decreased thereafter. Infections rates in winter were substantially lower compared to previous years.
CONCLUSIONS
The findings indicate the earliest annual fall/winter peak and the lowest annual infections since 2020. Policy makers, physicians and high-risk individuals should be aware of the ongoing seasonal SARS-CoV-2 infection waves and their variability in timing.
Popul. Med. 2026;8(Supplement 1):A480

ABS0026
Nationwide estimates of SARS-CoV-2 infection fatality rates and numbers needed to vaccinate for SARS-CoV-2 vaccines in 2024 in Austria

Uwe Riedmann[1], Martin Sprenger[2], John Ioannidis[3,4,5,6], Stefan Pilz[1]
[1]Department of Internal Medicine, Division of Endocrinology and Diabetology, Medical University of Graz, Graz, Austria, [2]Institute of Social Medicine and Epidemiology, Medical University of Graz, Graz, Austria, [3]Department of Medicine, Stanford University, Stanford, United States, [4]Department of Epidemiology and Population Health, Stanford University, Stanford, United States, [5]Department of Biomedical Data Science, Stanford University, Stanford, United States, [6]Meta-Research Innovation Center at Stanford, Stanford University, Stanford, United States

INTRODUCTION
Post-pandemic years are characterized by widespread previous population immunisation against COVID-19. Whether and for whom SARS-CoV-2 vaccinations are still justified is unclear. We use nationwide estimates of IFR and literature derived estimates of vaccine effectiveness (VE) to calculate numbers needed to vaccinate to prevent one COVID-19 death (NNV) and for one life-year saved (LYS) in Austria in 2024.
METHODS
In this retrospective analysis we calculate SARS-CoV-2 IFR during 2024 in Austria according to previously published wastewater-based infection estimates and available mortality data. Using literature derived VE estimates we calculate NNV to prevent one COVID-19 death and for one LYS in strata according to age groups, nursing home residency and vaccination in 2024. We repeat analyses with sensitivity range values of parameters.
RESULTS
In 2024, total IFR was 0.048%. NNV (LYS) in the age groups 0-19, 20-39, 40-59, 60-74 and 75-84 years were very high: i.e. 5,497,526 (151,570), 2,432,498 (92,614), 415,714 (24,777), 35,925 (3,748), and 4,882 (1,009), respectively, in community dwellers. In the 85+ years age group, IFRs of unvaccinated/vaccinated were 0.91%/0.77% for community dwellers, and 1.22%/1.04% for nursing home residents. The 85+ year age group had NNV estimates of 1,215 and 907 (LYS: 525 and 1,896) in community dweller and nursing home residents, respectively. Sensitivity analyses yielded LYS<1,000 only under some favourable assumptions in the 75-84 and 85+ years old age strata.
CONCLUSIONS
In 2024 in Austria, SARS-CoV-2 IFR was low and NNV and LYS of COVID-19 vaccinations correspondingly non-favourably high, even for very old individuals.
Popul. Med. 2026;8(Supplement 1):A481

ABS0037
Post-pandemic mortality patterns and COVID-19 burden considering multiple death causes

Uwe Riedmann[1], Michael Levitt[2], Stefan Pilz[1], John Ioannidis[3,4,5,6]
[1]Department of Internal Medicine, Division of Endocrinology and Diabetology, Medical University of Graz, Graz, Austria, [2]Department of Structural Biology, Stanford University, Stanford, United States, [3]Department of Medicine, Stanford University, Stanford, United States, [4]Department of Epidemiology and Population Health, Stanford University, Stanford, United States, [5]Department of Biomedical Data Science, Stanford University, Stanford, United States, [6]Meta-Research Innovation Center at Stanford, Stanford University, Stanford, United States

INTRODUCTION
Post-pandemic mortality rates can explore the residual COVID-19 burden and changes in other causes of death. Considering weighted multiple causes of death from death certificates (underlying and others) may help compare post- versus pre-pandemic mortality patterns, while potentially reducing the impact of cause misattribution. Estimates of post-pandemic impact are critical also for proper continuing public health policies (e.g. vaccinations).
METHODS
We retrospectively analyse national all-cause mortality rate ratios between 2024 and pre-pandemic years (2017-2019) for gender-stratified 10-year age groups in Austria. In weighted analyses, the underlying death cause was weighted 50% and other causes shared the remaining 50%. Sensitivity analyses explored different weightings. Death-specific causes were also compared between 2024 and 2019. Lastly, number needed to vaccinate (NNV) was estimated for 5-year age groups in hypothetical scenarios.
RESULTS
Despite 1212 reported COVID-19 deaths in 2024, all-cause mortality rates were equal or lower in 2024 compared to 2019 in all strata at risk from COVID-19 (i.e., aged 60 years and over). All-cause mortality rates in 2024 were higher than in 2019 in adolescent and young adult strata. The ratio of weighted over unweighted COVID-19 death rates was 0.52-0.58 for age strata 60 years and older and even lower in sensitivity analyses, indicating that COVID-19 deaths were likely overestimated. Estimated NNV exceeded 1700 up to 80 years old, even with 100% assumed vaccine effectiveness.
CONCLUSIONS
Post-pandemic COVID-19 deaths had no visible impact on mortality patterns in Austria and were likely overcounted. Increased post-pandemic mortality patterns in the young are particularly worrisome.
Popul. Med. 2026;8(Supplement 1):A482

ABS0176
The Evolving Landscape of Multimorbidity: An Analysis of Disease Clustering Across 13 HDSS Sites in Africa and Asia (2018-2021)

Cyril Chironda[1], Tobias Chirwa[1], chodziwadziwa Kabudula[1], Farai Mlambo[1], F.Gomez Olive Casas[1], Rumbidzai Mupfuti[1], belinda njiro[1]
[1]School of public health, University of the Witswatersrand, johanesburg, South Africa

BACKGROUND
Low- and middle-income countries (LMICs) face a dual burden of chronic infectious diseases (HIV/TB) and accelerating non-communicable diseases (NCDs) [1,2]. The COVID-19 pandemic caused profound health system disruptions, potentially reconfiguring multimorbidity clusters. This study aimed to model geographic and temporal variation in multimorbidity clustering across 13 Health and Demographic Surveillance System (HDSS) sites in Africa and Asia: (Southern Africa: Agincourt, DIMAMO, AHRI, Karonga; East Africa: Siaya, Manyatta, Harar, Haramaya, Kersa; West Africa: Dakar, Nanoro; South Asia: Matlab, Chakaria), comparing cluster configuration pre-COVID (2018-19) and during COVID-19 (2020-21).
METHODS
We analysed 38,672 de-identified adult verbal autopsies (VA) from 13 sites, coding conditions, hypertension, diabetes, HIV, and TB. Multimorbidity was defined as ≥2 conditions. We employed dual analytical approaches: Latent Class Analysis (LCA) and Partitioning Around Medoids (PAM) to identify disease clusters for each site-period. This combination separated underlying structure from membership weighting. Models were selected using majority rule on the relevant indices. Within each site and region, we compared class profiles and prevalence across periods. For concordance between LCA and PAM, we examined overlap of top diseases per class and computed adjusted Rand indices on hard assignments to gauge agreement
RESULTS
Analyses revealed distinct regional patterns. In Southern Africa, a TB/HIV-anchored LCA class expanded to ~60% during COVID-19, while PAM showed growth in hybrid TB/HIV-NCD combinations. DIMAMO remained HPT/DM-dominant but introduced a new HIV+cancer+stroke class. South Asian sites were NCD-saturated, with the proportion of decedents with ≥3 conditions rising sharply. East/West African sites exhibited an intermediate profile. Both methods confirmed stable cluster architectures, but membership shares proved elastic to pandemic shocks.
CONCLUSIONS
The pandemic reweighted membership in pre-existing multimorbidity scaffolds rather than creating new clusters. The findings review the need for integrated care models that bundle HIV/TB and cardiometabolic management, prioritise hypertension control, and anticipate the aging of HIV cohorts.
Popul. Med. 2026;8(Supplement 1):A488

ABS0307
Cost-effective diagnostic strategies for targeted mass screening campaigns: Pooled GeneXpert vs. TB-LAMP testing in Ethiopia

Zemedu Trife[1], Tamiru Mebrate[1]
[1]Monitoring, Evaluation and Research, REACH Ethiopia, Addis Ababa, Ethiopia
BACKGROUND
Mass screening and treatment (MSaT) campaigns are critical in detecting undiagnosed TB cases, particularly in asymptomatic individuals, helping to interrupt transmission and reduce disease burden. However, these campaigns are resource-intensive and logistically complex, especially in high TB burden countries like Ethiopia, where limited resources and the global economic crisis strain health systems. This operational study compared the cost-effectiveness and diagnostic performance of two TB diagnostic tools—pooled GeneXpert and TB-LAMP testing during community-based screening campaigns in both urban and pastoralist settings.
METHODS
A total of 2,055 sputum samples were collected and tested using pooled GeneXpert (4:1 ratio), resulting in 514 pooled tests and 41 deconvolution tests. In parallel, 672 samples were tested using TB-LAMP to compare accuracy, throughput, and cost metrics. The study considered both direct and indirect costs—including consumables, labor, equipment, and patient time—and calculated the unit cost per test, cost per TB case detected, and the incremental cost-effectiveness ratio (ICER).
RESULTS
Both methods achieved 100% concordance in TB case detection. The positivity rate was 1.4% for pooled GeneXpert and 2.0% for TB-LAMP. Pooled GeneXpert testing saved 1,500 cartridges—approximately USD $15,000. The unit cost per test was $3.20 for pooled GeneXpert and $4.30 for TB-LAMP. The cost per TB case detected was $136 and $197, respectively. GeneXpert cartridge costs accounted for 47% of total test costs, while TB-LAMP consumables made up 45% of its costs. TB-LAMP demonstrated higher throughput, processing up to 112 samples/day compared to 32/day for a 4-module GeneXpert machine.
CONCLUSIONS
Both tests were diagnostically reliable, but pooled GeneXpert offered greater cost savings and efficiency. When paired with high-quality specimens, pooled testing is a novel, scalable solution for resource-limited settings. It enables broader coverage, faster results, and cost-effective TB case detection—key elements for successful MSaT campaigns and advancing toward TB elimination goals.
Popul. Med. 2026;8(Supplement 1):A500

ABS0382
Resurgent multistate measles outbreak in Sudan amidst conflict: urgent need for vaccination and international support

Ayman Azhary[1], Emmanuel Siddig[2], Nooh Hajhamed[1], Eman Ali[2], Claude Muvunyi[3]
[1]Omdurman Islamic University, Omdurman/Khartoum, Sudan, [2]University of Khartoum, Khartoum/Khartoum, Sudan, [3]Rwanda Biomedical Center, Kigali/Kigali, Rwanda
INTRODUCTION
This study assesses the epidemiological trends of a multistate measles outbreak in Sudan amidst ongoing armed conflict, highlighting the urgent need for enhanced vaccination efforts and international support.
METHODS
A retrospective cross-sectional analysis was conducted using national surveillance data collected from January 2024 to June 2025. Epidemiological parameters, including case counts, fatalities, and vaccination coverage, were calculated and analyzed with R software 4.2.2 (Version 2025.05.1 + 513).
RESULTS
A total of 3563 measles cases and 20 deaths were reported across 13 states. North Darfur recorded the highest number of cases (n = 1760), followed by Khartoum (n = 553) and River Nile (n = 380). The overall case fatality rate (CFR) decreased from 1.27% in 2024 to 0.28% in the first half of 2025. Vaccination coverage remained low in several hotspots, with notable deficits in displaced populations worsened by logistics disruptions. The resurgence emphasizes gaps in immunization coverage and underscores the impact of conflict-related healthcare infrastructure deterioration.
CONCLUSIONS
The re-emergence of measles across multiple regions during Sudan's conflict underscores an urgent need for targeted mass vaccination campaigns, strengthened disease surveillance, and international assistance. Addressing these vulnerabilities is crucial to preventing future outbreaks and safeguarding vulnerable populations, particularly children and displaced communities.
Popul. Med. 2026;8(Supplement 1):A504

ABS0465
Epidemiological and demographic analysis of gestational toxoplasmosis in brazil over the last five years

Luiz Filippe Soares[1], Virgínia Pereira[1], Letícia Vicentini[1], Blima Fux[1]
[1]Tropical Medicine Unit, Department of Pathology, Federal University of Espírito Santo, Vitória, Brazil
BACKGROUND
gestational toxoplasmosis, caused by the protozoan Toxoplasma gondii, is an infection that generates significant concern due to the risks associated with vertical transmission from mother to fetus, which occurs due to the parasite's ability to cross the placental barrier. When acquired during pregnancy, toxoplasmosis can lead to serious consequences, including spontaneous abortions, stillbirths, and congenital malformations such as hydrocephalus and chorioretinitis. In brazil, the importance of gestational toxoplasmosis is amplified by the need for mandatory notification of the disease, an essential measure for monitoring and control. The objective of this study is understand the epidemiological profile of gestational toxoplasmosis in Brazil from 2019 to 2024.
METHODS
this is a descriptive, retrospective epidemiological study with quantitative analysis, using the notifiable diseases information system (SINAN.) as a data source.
RESULTS
between 2019 and 2024, 72.307 cases were registered, with 2024 having the most cases (16.228) and 2019 the fewest (8.436). The regions with the most registered cases were the northeast (22.493) and southeast (22.090). The pregnant women are mostly of mixed race (36.460), aged between 20 and 39 years (55.657), with completed high school (20.214) and the most cases were diagnosed in the second trimester of pregnancy (27.198).
CONCLUSIONS
in brazil, the prevalence and incidence of toxoplasmosis is high due to the parasite's durability in the environment, water and food, the coexistence of multiple T. Gondii genotypes, large feline populations, lack of basic sanitation in certain populations and limited information about the parasite. Based on collected data, there was a 92.3% increase in confirmed cases of gestational toxoplasmosis from 2019 to 2024, raising an alert for health surveillance. On the other hand, the increase in the number of cases may be due to increased access to diagnostic tests, increased awareness among pregnant women and their families and improved epidemiological surveillance.
Popul. Med. 2026;8(Supplement 1):A510

ABS0531
Travel-Associated Mpox in Pakistan with Limited Household Transmission: A Case Series from Khyber Pakhtunkhwa (2023–2025)

sadaf jamil[1]
[1]DG health-Khyber-Pakhtunkhwa, National institutes of Health, Peshawar, Pakistan
INTRODUCTION
Mpox (monkeypox) is a zoonotic infection caused by the mpox virus that has recently emerged as a global public health concern, with outbreaks reported in several non-endemic regions. Pakistan confirmed its first mpox cases in 2023, all linked to international travel. Until early 2025, no locally acquired transmission had been reported. This study presents the first detailed case series of mpox in Pakistan, describing its clinical features, transmission patterns, and public health response in Khyber Pakhtunkhwa (KP) province.
METHODS
A descriptive case series was conducted, including all laboratory-confirmed mpox cases identified through airport screening and provincial surveillance in KP between September 2023 and April 2025. Epidemiological, demographic, and clinical data were obtained through structured interviews, medical record review, and laboratory confirmation by MPXV PCR testing of lesion samples. All confirmed patients were isolated per national infection control guidelines, and close contacts were traced and monitored for 21 days post-exposure.
RESULTS
Eleven confirmed mpox cases were detected across nine districts of KP. The median age was 38 years (range: 5 months–51 years), and 81.8% were male. Most patients (9/11) had recently returned from Gulf countries—primarily Saudi Arabia, the United Arab Emirates, and Qatar. Two secondary household transmissions occurred, involving a spouse and an infant infected by returning travelers. Rash was present in all cases, fever in 81.8%, and genital lesions in 63.6%. Three patients (27.3%) were living with HIV, and all recovered without complications. More than 60 close contacts were traced; no further transmission occurred.
CONCLUSIONS
International travel was the primary source of mpox introduction in Pakistan, with limited local spread. Strengthening border screening, diagnostic capacity, and community awareness is vital to prevent sustained transmission in non-endemic

settings.
Popul. Med. 2026;8(Supplement 1):A513

ABS0532
Occupational and Zoonotic Transmission of Crimean-Congo Hemorrhagic Fever in Khyber Pakhtunkhwa, Pakistan: A Case Series, 2025

Sadaf Jamil[1]
[1]DG health-Khyber-Pakhtunkhwa, National institutes of Health, Peshawar, Pakistan

INTRODUCTION
Crimean-Congo hemorrhagic fever (CCHF) is a high-fatality tick-borne viral disease endemic in Pakistan, posing recurrent threats to public health and occupational safety. This case series describes the epidemiological and clinical characteristics of CCHF cases reported in Khyber Pakhtunkhwa (KP) province in 2025, highlighting gaps and lessons in surveillance and response.
METHODS
We analyzed line-listed data of all suspected and confirmed CCHF cases reported to the Integrated Disease Surveillance and Response (IDSR) system in KP between April and July 2025. Demographic, occupational, clinical, and laboratory variables were summarized, and public health response activities were reviewed.
RESULTS
A total of 11 confirmed cases were reported from multiple districts, with clustering in Nowshera, Peshawar, and Karak. The median age was 30 years (range 22–70), and 82% were male. High-risk occupational groups included livestock handlers (27%) and butchers (18%). Sporadic cases among individuals without direct livestock exposure indicated possible secondary transmission. The overall case fatality ratio was 27%. Delays in diagnosis and incomplete documentation were frequent. Rapid response teams were deployed for case investigation, contact tracing, and community sensitization.
CONCLUSIONS
CCHF transmission in KP remains predominantly occupational and seasonal, reflecting close human–animal interaction and inadequate vector control. Strengthening integrated surveillance, expanding diagnostic capacity, and promoting community-level awareness through a One Health framework are essential to prevent future outbreaks.
Popul. Med. 2026;8(Supplement 1):A514

ABS0534
Outbreak of Diphtheria in Mardan, Pakistan: A Field Investigation of Laboratory-Confirmed Cases Amid High Reported Vaccine Coverage

sadaf jamil[1]
[1]DG health-Khyber-Pakhtunkhwa, National institutes of Health, Peshawar, Pakistan

INTRODUCTION
Despite the availability of effective vaccines, diphtheria continues to pose a threat in low-resource settings. In October 2024, a suspected diphtheria case was reported from District Mardan, Khyber Pakhtunkhwa (KP), Pakistan, triggering a field investigation. We aimed to assess the magnitude of the outbreak, identify gaps in immunization, and describe the public health response.
METHODS
A cross-sectional outbreak investigation was conducted using WHO case definitions and standard EPI surveillance tools. Suspected cases were identified through active search and contact tracing. Nasopharyngeal specimens were collected and tested via quantitative PCR (qPCR). Descriptive statistics were used to summarize clinical features, demographic characteristics, and vaccination coverage.
RESULTS
A total of 41 suspected cases were identified, with 3 confirmed via laboratory testing. The index case was a 12-year-old fully vaccinated female, clinically managed with antitoxin and antibiotics. Among the 44 children investigated, 34 (77%) had received all three pentavalent doses, while 3 (7%) were unvaccinated. Most (82%) were under five years of age. No complications or deaths occurred. Delays in case recognition and low community awareness were major challenges.
CONCLUSIONS
This outbreak highlights the limitations of administrative vaccine coverage data and the need for robust community-based surveillance and catch-up immunisation strategies. The resurgence of diphtheria in vaccinated populations warrants urgent investment in booster dose programmes, stockpiling of antitoxin, and public health education in endemic settings.
Popul. Med. 2026;8(Supplement 1):A515

ABS0535
Comparative Epidemiology of Measles in Charsadda District, Pakistan: 2023–2024

sadaf jamil[1]
[1]DG health-Khyber-Pakhtunkhwa, National institutes of Health, Peshawar, Pakistan

INTRODUCTION
Measles remains a pressing public health challenge in Pakistan, particularly in under-immunized populations. This study presents a comparative analysis of measles surveillance data from Charsadda District, Khyber Pakhtunkhwa, over two consecutive years (January–November, 2023–2024).
METHODS
We analyzed surveillance data reported by the Expanded Programme on Immunization (EPI) using WHO measles case definitions. Variables assessed included age, gender, symptoms, laboratory confirmation, sample adequacy, cold chain status, tehsil distribution, travel history, vaccination status, and clinical outcomes.
RESULTS
A total of 632 suspected measles cases were reported in 2023, increasing to 763 in 2024. The highest burden occurred among children aged ≤5 years (92.2% in 2023; 92.3% in 2024). Males were disproportionately affected (57.8% in 2023; 56.0% in 2024). Laboratory confirmation rates improved from 66.7% in 2023 to 79.2% in 2024. Sample adequacy declined in 2024 (91.5% vs 97.3%), as did cold chain maintenance (91.5% vs 96.8%). Immunization status was poor: 92.7% of cases in 2023 and 77.6% in 2024 were unvaccinated. Post-measles complications included pneumonia (14.2%) and diarrhea (6.0%). Cluster outbreaks were identified in two union councils in 2023 and three in 2024.
CONCLUSIONS
Persistent under-vaccination, poor cold chain compliance, and gaps in surveillance have contributed to recurring outbreaks in Charsadda. Strengthened routine immunization, surveillance, and outbreak response are urgently needed.
Popul. Med. 2026;8(Supplement 1):A516

ABS0555
Application of the 7-1-7 Framework to Strengthen Crimean-Congo Hemorrhagic Fever (CCHF) Outbreak Response in Khyber Pakhtunkhwa, Pakistan, 2025

Sadaf Jamil[1]
[1]DG health-Khyber-Pakhtunkhwa, National Institutes of Health, Peshawar, Pakistan

INTRODUCTION
Rapid detection and response to infectious disease outbreaks are essential to minimizing their health and socio-economic impact. The 7-1-7 approach, endorsed by WHO under the Global Health Security Agenda (GHSA), sets measurable goals for epidemic management—detect within 7 days, notify within 1 day, and respond effectively within 7 days. In Khyber Pakhtunkhwa (KP), recurrent Crimean-Congo Hemorrhagic Fever (CCHF) outbreaks pose a major challenge due to zoonotic transmission, delayed reporting, and limited diagnostic capacity. This study applies the 7-1-7 framework to CCHF data from KP to assess timeliness and identify operational gaps in 2025.
METHODS
A retrospective analysis was conducted using the CCHF 7-1-7 Data Consolidation Spreadsheet (2025) compiled by the provincial surveillance system. Each record represented a confirmed outbreak event with key dates for emergence, detection, notification, and early response completion. Intervals were calculated in days to assess compliance with 7-1-7 targets. Bottlenecks and enablers documented in narrative fields were thematically analyzed to identify systemic barriers and strengths in outbreak management.
RESULTS
12 confirmed CCHF outbreaks were recorded from Nowshera, Karak, Bannu, Bajure, Lower Dir, North Waziristan, Peshawar, and Mohmand districts. One case reported at tertiary level hospital who travelled from Afghanistan. The median detection time was 8 days, with two events meeting the 7-day target. Only one outbreak achieved notification within 24 hours, while delays of up to five days were linked to late hospital reporting and laboratory confirmation. Early response completion within seven days occurred in two events. Major bottlenecks included interdepartmental coordination delays and limited diagnostic capacity, whereas enablers included strong provincial coordination, rapid field response, and effective risk communication.
CONCLUSIONS
Institutionalizing the 7-1-7 monitoring framework within KP's health security system can strengthen outbreak intelligence, promote accountability, and align provincial actions with IHR (2005) and GHSA targets.
Popul. Med. 2026;8(Supplement 1):A517

ABS0623

Human Papillomavirus in Gulf Cooperation Council (GCC) countries: What Do We Know and What is Missing? A Mapping Review

Rami H. Al-Rifai[1], Ahmed Z. Al Meslamani[1]
[1]Infectious Diseases Epidemiology Research Advancement Unit (IDERA), Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University, Al-Ain, United Arab Emirates

INTRODUCTION
Human papillomavirus (HPV)-associated cervical cancer is an increasing public health concern in the Gulf Cooperation Council (GCC) region, yet regional evidence remains limited and fragmented. This review synthesizes peer-reviewed HPV research conducted in GCC countries between 2005 and 2025.
METHODS
A comprehensive literature search using broad terms related to HPV and cervical cancer was conducted across five databases: PubMed, Scopus, Google Scholar, ScienceDirect, and the Cochrane Library. Studies from the six GCC member states, United Arab Emirates (UAE), Saudi Arabia, Qatar, Bahrain, Oman, and Kuwait, were included and categorized into six research-focused themes: epidemiology and molecular characterization; screening and diagnostics; (3) knowledge, attitudes, and practices (KAP); barriers and determinants of vaccine uptake and screening; health communication; and (6) policy and health systems evaluation.
RESULTS
A total of 107 studies were identified: 23 from the UAE, 51 from Saudi Arabia, 11 from Qatar, eight from Bahrain, five from Oman, and nine from Kuwait. Among these, 41 addressed epidemiology and molecular characterization, four examined screening and diagnostics, 26 focused on KAP, 31 investigated barriers to vaccine uptake and screening, one assessed health communication, and four analyzed policy and system-level factors. Epidemiological studies reported low-to-moderate HPV prevalence but a high burden of oncogenic genotypes, particularly HPV16/18. Screening studies showed good diagnostic performance and public acceptability but minimal implementation evidence. KAP studies indicated low awareness, variable vaccine acceptance, and demographic disparities. Common barriers included low perceived risk, sociocultural sensitivity, safety concerns, cost, and inadequate counseling. Policy analyses highlighted inconsistent vaccine rollout, weak screening infrastructure, and opportunities for HPV testing, self-sampling, and school-based immunization strategies.
CONCLUSIONS
Despite growing HPV research in the GCC, descriptive studies predominate. Major gaps persist in implementation and health systems research, inclusion of key populations, serological investigations, and population-based assessments of HPV prevalence and vaccine impact.
Popul. Med. 2026;8(Supplement 1):A519

ABS0663

Investigation of an acute diarrheal disease outbreak in a municipality in southwestern Bahia: Experience report

Paula Graziela Neves Cardoso Krettli[1], Fátima Maria Nery Fernandes[1], Maria Luiza Neves Cardoso Krettli[2], Kelly da Silva Quinteiro[3], Ivone Maria Pires Maia[1], Karoline Silva Rebouças[1]
[1]Health Surveillance Superintendence (SUVISA), Southwest Regional Health Center (NRS-SO), Bahia State Health Department (SESAB), Guanambi, Brazil, [2]Languages and Literature, UniCesumar University, Guanambi, Brazil, [3]Southwest Regional Health Center (NRS-O), Bahia State Health Department (SESAB), Guanambi, Brazil

BACKGROUND
Between October 20 and November 4, 2024, a municipality in southwestern Bahia, Brazil, reported an outbreak of acute diarrheal disease (ADD). The event raised concerns about drinking-water safety and the effectiveness of control measures. This experience reports the investigation, identification of contributing factors and proposed corrective actions.
METHODS
The Bahia State Health Department, through the Center for Strategic Information on Health Surveillance (CIEVS, in Portuguese) and the Southwestern Regional Health Center (NRS Sudoeste), conducted an on-site investigation at the local Water Treatment Plant (WTP). Structural and operational failures were assessed. Water and stool samples were collected, although low community adherence limited laboratory analysis. Data inconsistencies were examined using the Acute Diarrheal Disease Epidemiological Surveillance System (SIVEP-DDA, in Portuguese). The team evaluated treatment efficiency, residual chlorine levels and distribution-system performance. Corrective actions and risk-communication measures were recommended to local authorities.
RESULTS
Water analysis showed contamination by total coliforms and pathogens such as Chromobacterium violaceum, Bacillus cereus and Aeromonas spp., indicating inefficiency in the WTP process. One stool sample tested positive for Rotavirus. The outbreak involved 894 to 1,340 notified cases, but inconsistencies in SIVEP-DDA revealed weaknesses in reporting. Failures such as absence of residual chlorine, inadequate infrastructure and operational gaps were associated with the event. Low participation in sample collection limited clinical investigation. Epidemiological and environmental evidence indicated that water contamination was the main factor contributing to the ADD outbreak.
CONCLUSIONS
The outbreak was linked to failures in water treatment and distribution. Recommendations included structural improvements to the WTP, restoration of residual chlorine, temporary suspension of water consumption until corrections were completed, distribution of household bleach, public guidance on safe water treatment and reinforcement of epidemiological surveillance. A rapid and coordinated response is essential to prevent worsening of cases and ensure safe drinking water for the population.
Popul. Med. 2026;8(Supplement 1):A523

ABS0777

Determining the prevalence, predictors and patterns of transfusion transmissible infections among blood donors in Lesotho – a retrospective cross-sectional study between 2013 – 2023

Marelebogile Pooe[1], Verona Mathews[1]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa

INTRODUCTION
Communicable diseases account for 28% of all deaths in Africa1. They contribute to 704 million DALYs2, with four key diseases—HIV, HBV, HCV, and syphilis—transmissible through transfusions of contaminated blood, known as Transfusion-Transmissible Infections (TTIs). The WHO recommends mandatory testing of all donated blood for TTIs3. TTIs present asymptomatically in most donors, risking chronic liver disease and immune suppression4,5. Ensuring a safe and sustainable blood supply is a public health priority. Sub-Saharan Africa faces a shortage of safe blood6, a high pooled TTI prevalence of 10.1%7, and an even higher prevalence of 2.0% in the SADC8. The study aimed to determine the prevalence, predictors and distribution of TTIs in Lesotho from 2013 to 2023.
METHODS
A retrospective cross-sectional study was used to analyse data from the Blood Safety Information. Systematic random sampling was applied to select 385 donors annually over 11 years, yielding a total of 4227 donors. Data was processed using Python and Microsoft Excel and analysed in SPSS using descriptive statistics and Chi-square tests to calculate prevalence, assess the association between donor characteristics (age group, gender, residence district, donor status, and donor type) and TTI positivity, a trend and spatial distribution. The significance level was $p < 0.05$.
RESULTS
The TTI prevalence in Lesotho was 6.7%, and HIV (2.96%), syphilis (3.10%), HBV (0.85%), and HCV (0.40%). Gender and age were significantly associated with TTI positivity ($p = 0.009$ and $p < 0.001$, respectively), with higher prevalence among females and donors aged 20–39 years. First-time donors had higher TTI (69.6%) and HIV (72.0%) cases ($p < 0.001$). TTI prevalence showed an overall increasing trend, alongside a shift from voluntary to family-replacement donors. All Lesotho districts recorded TTIs.
CONCLUSIONS
There is a growing burden of TTs in Lesotho, driven largely by high HIV and syphilis.
Popul. Med. 2026;8(Supplement 1):A526

ABS0910

Factors associated with low HIV testing uptake among Adolescents and young adults in Boitekanelo College, Botswana

Gabalape Arnold Sejie[1]
[1]School of Public Health, Boitekanelo College, Tlokweng, Botswana

BACKGROUND
HIV represents a significant public health challenge, contributing to increased mortality and morbidity in developing countries, particularly Sub-Saharan Africa. While HIV testing is crucial for early treatment and prevention, the uptake of the HIV testing among the adolescent and young adults in Botswana remains low. This study aims to identify predictors of low HIV testing uptake among adolescents and young adults
METHODS
A quantitative cross-sectional study was conducted. Data was obtained using a questionnaire employing a simple random sampling technique to collect the

survey data. Statistical analysis involved descriptive statistics and multivariate logistic regression to identify predictors of low HIV testing uptake.
RESULTS
A total of 353 participants were recruited, almost two thirds (64.9%; n=229) knew their HIV status and 35% (n=124) were unaware of their status. On multivariate analysis, participants in casual relationships (OR 1.776,95%CI 0.998-3.160, P<0.049), lived more than 5 km from the HIV testing centres (OR 1.825,95%CI 1.074-3.103, P<0.026) were positively associated with not knowing one's HIV status. Participants with negative attitudes towards HIV testing were significantly 69% less likely to be unaware of their HIV status (OR 0.310,95% CI 0. 1.704-3.103, P=0.026). Those aged 15-19 years(AOR 1.607, 95% CI 0.894-2.888), Christians (AOR 2.347, 95% CI 0.188-29.295), Muslim (AOR 1.7647, 95% CI 0.046-59.506), African traditional religion (AOR 1.718, 95% CI 0.084-35.004), cohabiting (AOR 3.45, 95% CI 0.271-43.979), single (AOR 2.018, 95% CI 0.166-24.499), and those in transactional relationships (AOR 1.098, 95% CI 0.189-6.382) were also likely to be unaware of their HIV status
CONCLUSIONS
This study offers insightful information on HIV testing discrepancies among Botswana's adolescents and young adults. To meet UNAIDS's goal of "zero new infections" by 2030, the nation must enhance testing accessibility and HIV prevention through targeted initiatives that address key variables for younger age groups.
Popul. Med. 2026;8(Supplement 1):A529

ABS0934

Epidemiology, incidence, hospitalization rates, and clinical severity of acute respiratory infections associated with respiratory viruses: A population-based surveillance study integrating multi-source data in China

Yuping Duan[1], Mingyue Jiang[2], Ju Wang[3], Bosong Li[3], Qing Wang[1], Jule Yang[3], Yi Yuan[3], Weizhong Yang[1], Li Qi[3], Luzhao Feng[1]
[1]School of Population Medicine and Public Health, Chinese Academy of Medical Science & Peking Union Medical College, Beijing, China, [2]National Institute of Pathogen Biology, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China, [3]Chongqing Center for Disease Control and Prevention, Chongqing, China
BACKGROUND
Key to immunization and disease control, data on the disease burden of respiratory viruses in China are limited, with most studies focusing on single viruses and lacking population-based incidence and hospitalization rates.
METHODS
We integrated multi-source data from hospitals and communities in Chongqing from October 15, 2023, to April 30, 2025, and analyzed the seasonality and age-related trends of six viruses. We identified risk factors for severe acute respiratory infection (SARI) and developed a modified multiplier model to estimate incidence and hospitalization rates of acute respiratory infections associated with these viruses.
RESULTS
We included 16,363 patients with respiratory infections, comprising 12,669 outpatients and 3,694 inpatients. Most viruses reverted to pre-COVID-19 pandemic patterns, with human rhinovirus (HRV) and human metapneumovirus (HMPV) showing distinct seasonality. Influenza virus (IFV) peaked in adolescents and adults, while respiratory syncytial virus (RSV) and human parainfluenza virus (HPIV) followed an infant–elderly pattern. Human adenovirus (HAdv), HRV, and HMPV were most prevalent in preschoolers. RSV had a significantly higher SARI risk compared to IFV, HRV, HAdv, HMPV, and HPIV (AOR: 7.88, 1.52, 3.21, 1.76, and 1.63, respectively). The incidence and hospitalization rates (per 100,000 person-years) of HRV (incidence: 30,183; hospitalization: 2,153), HMPV (22,774; 514), RSV (22,181; 2,065), IFV (13,086; 807), HPIV (7,824; 556), and HAdv (6,991; 1,487) were highest in children under five. Hospitalization rates increased again in those aged ≥ 60: HRV (170), RSV (80), IFV (70), HMPV (54), HAdv (27), and HPIV (23).
CONCLUSIONS
Pay attention to household transmission of pathogens with a child–elderly pattern. Integrating multi-source data can provide population-level evaluation of the respiratory virus disease burden.
Popul. Med. 2026;8(Supplement 1):A530

ABS0935

Schistosomiasis knowledge, attitudes, practices and associated risk factors among school-going children aged 5-14 in Nelson Mandela Bay, South Africa

Paula Melariri[1], Maryline Vere[1], Wilma ten Ham-Baloyi[2], Lucy Ochola[1,3], Opeoluwa Oyedele[1,4]
[1]Department of Environmental Health, Nelson Mandela University, Gqeberha, South Africa, [2]Department of Nursing, Nelson Mandela University, Gqeberha, South Africa, [3]Kenyan Institute of Primate research, Kenyan Institute of Primate research, Nairobi, Kenya, [4]Department of Computing, Mathematical and Statistical Sciences, School of Science, University of Namibia, Windhoek, Namibia
INTRODUCTION
Schistosomiasis is a parasitic waterborne infection common in low socio-economic settings, where socio-demographic, environmental, and behavioural factors influence transmission. Children are particularly vulnerable due to frequent contact with infested water during recreational activities. This study examined risk factors including knowledge, attitudes, and practices (KAP) associated with schistosomiasis transmission among school-going children aged 5–14 years in Nelson Mandela Bay (NMB).
METHODS
A quantitative descriptive cross-sectional design was used. Data were collected from 759 learners in grades 0–7 through a structured, interviewer-administered questionnaire assessing socio-demographic characteristics, clinical history, exposure risks, and KAP related to schistosomiasis. Data were analysed using R (version 4.3.1) with bivariate and multivariate methods.
RESULTS
Participants reported engaging in behaviours that increase schistosomiasis risk, including urinating in rivers while swimming (44%), living near water bodies (21.1%), swimming (11.3%), using bush toilets (5.1%), lacking household tap water (4.3%), and fishing (0.3%). Only 11% (n=81) had prior knowledge of schistosomiasis, mainly acquired at school (62%) or at home (35%). Overall, children demonstrated poor knowledge, attitudes, and practices, with a moderate positive correlation between knowledge and attitude scores (r=0.33, p<0.001). Gender and grade level significantly influenced KAP outcomes. Males and learners in grades 4–7 generally scored higher. Knowledge varied by gender (p=0.015) and grade (p=0.045), while attitude (p=0.023) and practice (p=0.001) scores improved in higher grades. Females had lower knowledge scores (β = −0.15; p=0.018). Learners in grades 4–7 showed fewer positive attitudes (β = 0.07; p=0.038) and practices (β = 0.11; p=0.001). Key risk factors included lack of awareness of disease aetiology and transmission, which resulted in poor knowledge (β = −0.24; p=0.091) and attitude scores (β = −0.22; p=0.001).
CONCLUSIONS
Significant knowledge gaps, poor attitudes, and inadequate hygiene practices highlight the need for targeted health education interventions in NMB.
Popul. Med. 2026;8(Supplement 1):A531

ABS0942

Interplay of risk factors and complications in severe outcomes of acute respiratory infections: A multicenter study in China

Mingyue Jiang[1], Yuping Duan[2], Ti Liu[3], Yujie He[3], Yan Xiao[1], Tingting Li[4], Li Qi[4], Weizhong Yang[2], Luzhao Feng[2]
[1]National Institute of Pathogen Biology, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China, [2]School of Population Medicine and Public Health, Chinese Academy of Medical Science & Peking Union Medical College, Beijing, China, [3]Shandong Provincial Center for Disease Control and Prevention, Shandong, China, [4]Chongqing Center for Disease Control and Prevention, Chongqing, China
BACKGROUND
Acute respiratory infections (ARIs), particularly pneumonia, can deteriorate into critical illness or death. We sought to identify determinants of these severe outcomes.
METHODS
We conducted a cross-sectional study across 31 Chinese hospitals from December 2022 to July 2024. Oropharyngeal swabs (outpatients) and bronchoalveolar lavage fluid (inpatients) from patients with acute respiratory infections (ARIs) were tested for eight pathogens. Generalized additive models estimated the risk of pneumonia, bronchitis, or cardio-cerebrovascular complications (CVCCs). A parallel mediation model was used to assess direct and indirect pathways linking risk factors, complications, and intensive care unit (ICU) admission.
RESULTS
Among the 5,063 included ARI patients, 2.0% developed CVCCs, and 1.8% required ICU admission. CT-confirmed pneumonia was present in 56.5%, and bronchitis in 8.7%. Influenza virus (IFV) infection was associated with bronchitis (odds ratio [OR], 1.70; 95% confidence interval [CI]: 1.02–2.84). Respiratory syncytial virus (RSV) infection (OR, 3.28; CI: 1.28–8.43) and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection (OR, 1.67; CI: 1.15–2.43) were associated with pneumonia. Patients with pre-existing cardiovascular disease (CVD) (OR:

4.71; CI: 2.89–7.70), chronic obstructive pulmonary disease (OR: 1.99; CI: 1.29–3.05), chronic liver diseases (OR: 4.40; CI: 1.42–13.68), or autoimmune diseases (OR: 11.90; CI: 2.71–52.29) had a higher risk of developing CVCCs. A history of CVD, asthma, autoimmune diseases, and neuromuscular diseases was directly associated with an increased risk of ICU admission (P<0.001). Notably, CVD also had an indirect effect on this outcome through the mediation of CVCCs (P=0.004).
CONCLUSIONS
Pneumonia and bronchitis exhibit distinct seasonal patterns. SARS-CoV-2, RSV, and IFV are major drivers of respiratory complications, while chronic medical conditions strongly predict CVCCs and mortality. In patients with CVD, CVCCs may act as a mediating factor in the progression from ARI to ICU admission. Early recognition can guide targeted therapies and reduce ARI critical-care demand.
Popul. Med. 2026;8(Supplement 1):A532

ABS0979
Evaluating performance of the Bioline™ HCV point-of-care test in Ghana
Kuhlula Maluleke[1], Evans Duah[1], Evans Mathebula[1], Tivani Mashamba-Thompson[1]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa
INTRODUCTION
Hepatitis C Virus (HCV) causes liver diseases including chronic hepatitis, cirrhosis, and hepatocellular carcinoma1. In low- and middle-income countries (LMICs), particularly sub-Saharan Africa (SSA), HCV diagnostic resources are limited. Moreover, most evaluations of point-of-care (POC) invitro diagnostics (IVDs) are conducted outside the region using non-African populations, which may not reflect their performance in local settings where they are mostly used. This study assessed the diagnostic performance of the Bioline™ HCV POC test in Ghanaian HCV target populations.
METHODS
A cross-sectional field evaluation was conducted among HCV priority populations including incarcerated individuals, patients requiring HCV testing, and voluntary blood donors undergoing pre-donation screening. Venous blood samples were tested using the Bioline™ HCV POC test, and the results were compared with the Enzyme-Linked Immunosorbent Assay (ELISA) reference standard. The sensitivity, specificity, test efficiency, Youden index, predictive values, likelihood ratios, and receiver operating characteristic (ROC) indicators were calculated.
RESULTS
The Bioline™ HCV POC test demonstrated a sensitivity of 96.7% (95% CI: 82.8–99.9%), specificity of 99.8% (95% CI: 98.9–100%), and positive and negative predictive values of 96.7% (95% CI: 82.8–99.9%) and 99.8% (95% CI: 98.9–100%), respectively. The test efficiency was 99.6% (98.6–99.9%), Youden index 0.97 (0.82–0.99) with a ROC area of 0.98 and highly favorable likelihood ratios (LR + 483.5, LR – 0.03).
CONCLUSIONS
This study highlights the high diagnostic performance of the Bioline™ HCV POC test in Ghanaian populations. The test's reliability underscores its potential as a valuable tool for HCV screening and early detection in resource-limited settings, contributing to efforts to reduce the global HCV burden.
Popul. Med. 2026;8(Supplement 1):A534

ABS1060
Impact of Risk Adjustment for Drug-Resistant Types on Tuberculosis Patients' Outcomes under China's Innovative Diagnosis-Intervention Packet Payment Methods
Yingbei Xiong[1], Mengyuan Zhao[1], Li Xiang[1]
[1]Department of Health Management, School of Medicine and Health Management, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China, Wuhan, China
BACKGROUND
Treating drug-resistant tuberculosis (DR-TB) is clinically complex and imposes a significantly higher economic burden than drug-susceptible tuberculosis (DS-TB). China's Diagnosis-Intervention Packet (DIP) payment system initially lacked risk adjustment for drug resistance. In 2022, a pilot city implemented adjusted reimbursement standards to differentiate between these types. This study evaluates the impact of this risk adjustment on medical expenditures, treatment efficiency, and care quality.
METHODS
We employed a quasi-experimental difference-in-differences design analyzing 8,465 tuberculosis patients from June 2021 to December 2023 across two pilot cities. Outcomes included inpatient and out-of-pocket (OOP) expenditures, length of stay (LOS), and 30-day unplanned readmission rates. Subgroup analyses were conducted for both drug-resistant and drug-susceptible patients.
RESULTS
For all tuberculosis patients, the risk adjustment led to significant reductions in inpatient out-of-pocket expenditure per hospitalization ($257.51, $p < 0.001$) and inpatient length of stay (3.58 days, $p < 0.001$). In the drug-susceptible subgroup, the policy significantly reduced annual total inpatient expenditure ($250.75, $p = 0.028$) and total annual out-of-pocket costs ($290.01, $p < 0.001$). Crucially, for drug-resistant patients, the policy maintained stability in expenditures, efficiency, and care quality (all $p > 0.05$), indicating that providers received adequate compensation without increasing the patient's burden. No significant adverse impact on the 30-day readmission rate was observed across groups.
CONCLUSIONS
The risk adjustment policy under the Diagnosis-Intervention Packet system effectively optimized resource allocation and enhanced efficiency, particularly for drug-susceptible patients, while safeguarding care quality for the high-cost drug-resistant population. These findings provide vital evidence for implementing tailored risk adjustment within payment frameworks to manage heterogeneous infectious diseases and achieve sustainable health financing.
Popul. Med. 2026;8(Supplement 1):A539

ABS1141
Psychosocial factors associated with ART adherence among older adults living with HIV in the Free State Province, South Africa
Monique Brown[1,2], Gladys Kigozi-Male[2], Michelle Engelbrecht[3], Lerato Makhele[4,5]
[1]1 Department of Epidemiology and Biostatistics, University of South Carolina, Columbia, South Carolina, United States, [2]2 Centre for Health Systems Research and Development, University of the Free State, Bloemfontein, South Africa, [3]3 Department of Psychology, University of the Free State, Bloemfontein, South Africa, [4]4 Free State Psychiatric Complex, Free State Department of Health, Bloemfontein, South Africa, [5]5 Department of Psychiatry, University of the Free State, Bloemfontein, South Africa
BACKGROUND
Due to improvements in antiretroviral therapy (ART) and treatment access, the prevalence of older adults living with HIV (OALH, aged 50 and older) is increasing worldwide and in Sub-Saharan Africa. ART adherence is crucial in attaining and maintaining viral suppression. Research has shown that ART adherence may be impacted by psychosocial factors such as depression (3), HIV-related stigma, and resilience. However, research assessing these relationships among OALH in South Africa is scarce. Therefore, the aims of this study were to examine the associations between psychosocial factors and ART adherence among OALH in the Free State Province, South Africa.
METHODS
Data were obtained from 382 OALH attending primary health care clinics around the Mangaung Metropolitan Municipality. Participants were asked: "In the last 30 days, how often did you take your ARVs in the way you were supposed to?" Response options were on a Likert-type scale ranging from 0 (Never) to 5 (Always). Descriptive statistics were used to describe the study population. Multivariable linear regression models (adjusted for age, sex, education, employment, marital status, and language spoken) were used to determine the association between depression, HIV-related stigma, resilience, and quality of life, and ART adherence.
RESULTS
The mean (SD) value for ART adherence in the past month was 3.88 (1.85) with a range of 0 to 5. ART adherence differed by language spoken. Multivariable models showed that depression (B= -0.07; 95% CI: -0.12, -0.01) was negatively associated, and resilience (B=0.04, 95% CI: 0.01, 0.06) and quality of life (B=0.72, 95% CI: 0.45, 1.00) were positively associated with ART adherence. There was no statistically significant association between stigma and ART adherence.
CONCLUSIONS
Intervention programs geared towards reducing depression and increasing resilience and overall quality of life may improve ART adherence among OALH, especially in the Free State Province.
Popul. Med. 2026;8(Supplement 1):A540

ABS1142
Investigating the role of nutrition in TB management: Association between nutritional status and nutrition related knowledge, attitudes, and practices among people receiving TB treatment in eThekwini District
Sizwe Mthabela[1,2], Sanele Ngcobo[1], Victoria Oyekunle[3], Nontuthuko Maningi[4], Nothando Mbatha[3]
[1]Familty Medicine, University of Pretoria, Pretoria, South Africa, [2]Public Health, The Aurum Institute, Johannesburg, South Africa, [3]School of Health Systems

and Public Health, University of Pretoria, Pretoria, South Africa, [4]Microbiology, University of KwaZulu-Natal, Durban, South Africa

INTRODUCTION
Poor nutritional status is associated with increased risk of developing TB and worsening treatment outcomes. Understanding the relationship between nutritional status and nutrition-related knowledge, attitudes, and practices (KAPs) is essential to design interventions improving health outcomes in people receiving TB treatment.
OBJECTIVE
To assess the association between nutritional status and nutrition-related KAPs among people receiving TB treatment in the eThekwini District
METHODS
A facility-based cross-sectional study was conducted among 385 adults receiving TB treatment. Nutritional status was assessed via anthropometric measurement using the World Health Organization's (WHO) formula for body mass index (BMI), while nutrition-related KAP was assessed using a semi-structured interviewer-administered questionnaire. Pearson's chi-square test and logistic regression models were used to assess associations between nutritional status and several predictors.
RESULTS
The study found that 67.0% of participants had a normal nutritional status, while 16.6% were underweight and 16.4% were overweight or obese. There was low (66.5%) nutrition-related knowledge among participants. Also, 53.2% had poor attitudes towards nutrition, while only 11.2% reported poor nutritional practices. There was significant association between poor nutritional practices and nutritional status (p = 0.034). After adjusting for socio-demographic and lifestyle factors, low nutrition-related knowledge was significantly associated with lower odds of having a normal nutritional status (p = 0.040).
CONCLUSIONS
Low nutrition-related knowledge and poor attitudes were common, and poor nutritional practices were linked to malnutrition. These findings highlight the critical role of nutrition in TB management. We recommend strengthening of nutrition education and counselling in routine TB care.
Popul. Med. 2026;8(Supplement 1):A541

ABS1318

Prevalence and factors associated with HIV testing uptake among adolescent girls and young women in Sub-Saharan Africa, 2015 to 2024

Alfred Musekiwa[1], Denekew Bitew Belay[1,2], Kontswi Donald Tshabalala[1,3], Muziwakhe Tshabalala[4], Nigussie Adam Birhan[5], Rethabile Dorothy Phaahla[1], Sikhanyiselwe Nkomo[1], Maureen Moyo-Chilufya[6]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [2]Department of Statistics, Bahir Dar University, Bahir Dar, Ethiopia, [3]Department of Statistics and Operations Research, Sefako Makgatho University, Pretoria, South Africa, [4]Department of Physiotherapy, Sefako Makgatho University, Pretoria, South Africa, [5]Department of Statistics, Injibara University, Injibara, Ethiopia, [6]Department of Physiotherapy, Stellenbosch University, Cape Town, South Africa

INTRODUCTION
HIV/AIDS remains a major global public health problem. This study determined prevalence and factors associated with HIV testing uptake among adolescent girls and young women (AGYW) aged 15 to 24 years in Sub-Saharan Africa (SSA) from 2015 to 2024.
METHODS
The potential factors associated with HIV testing uptake were identified using a multivariable multilevel logistic regression model. All analyses were performed using data from the Demographic and Health Survey (DHS) of SSA countries between 2015 and 2024, with adjustments for unequal sampling probabilities using survey weights.
RESULTS
The overall uptake of HIV testing among AGYW aged 15-19 years was 24.96% (95%CI: 24.45-25.49), lower than for AGYW aged 20-24 years at 55.78% (95%CI: 55.05-56.52), according to the pooled estimates from the DHS data. The factors associated with HIV testing uptake were educational level, media exposure, discriminatory attitudes towards people with HIV, knowledge of mother-to-child transmission of HIV, comprehensive HIV knowledge, current pregnancy status, visit to a health facility, age at first sexual intercourse, experience of gender-based violence, internet use, place of residence, and cluster-level illiteracy.
CONCLUSIONS
The pooled uptake of HIV testing was approximately two times higher among AGYW aged 20-24 years compared to the AGYW aged 15-19 years. Increasing HIV testing uptake among AGYW requires a multi-pronged approach that removes barriers while providing HIV testing in the community, at home, and at all levels of the health service, especially among adolescent girls aged 15-19 years. The introduction of comprehensive sex education in schools and the promotion of HIV self-testing can increase the HIV testing uptake among adolescent girls.
Popul. Med. 2026;8(Supplement 1):A545

ABS1380

The Epidemiology of ESKAPE Pathogens and Clostridioides difficile in patients with and without COVID-19 in hospitals in Tshwane District, Gauteng Province, South Africa

Tshepiso Lentswe[1], Nkengafac Motaze[2], Veranyuy Ngah[1], Isaac Singini[3], Susan Nzenze[4], Nebiyu Dereje[5], Ammar Moreda[6], Peter Nyasulu[1]
[1]Department of Global Health, Stellenbosch Unviersity, Cape Town, South Africa, [2]Medicine Usage in South Africa, North-West University, Potchefstroom, South Africa, [3]Biostatistics Research Unit, South African Medical Research Council, Cape Town, South Africa, [4]Division of Surveillance and Outbreak response, National Institute for Communicable Diseases, Johannesburg, South Africa, [5]Africa Centres for Disease Control and Prevention, CDC, Addis Ababa, Ethiopia, [6]Ethiopian Public Health Institute, Ethiopian Public Health Institute, Addis Ababa, Ethiopia

BACKGROUND
COVID-19 is a respiratory disease caused by the SARS-CoV-2. This study aimed to compare infections with ESKAPE pathogens and C. Difficile and to identify key predictors associated with these bacterial pathogens between patients with and without COVID-19 admitted to the ICU at hospitals in the Tshwane district, South Africa.
METHODS
We conducted a retrospective cross-sectional analytic study on patients with and without COVID-19 who were admitted to hospitals in the Tshwane District between March 2020 and December 2022. Categorical variables were summarized using frequencies and percentages to describe the distribution of ESKAPE pathogens and Clostridioides difficile. Logistic regression was used to identify factors associated with bacterial infection (presence vs. absence). Variables with a p-value ≤ 0.10 in univariate analysis were included in the multivariate model. Statistical significance was set at p ≤ 0.05.
RESULTS
This study used a dataset of 4893 clinical isolates from 225 patients with and without COVID-19. ESKAPE pathogens, and Clostridioides difficile were identified in 71.4% (95% CI: 0.701 – 0.726; 3491/4893) of the isolates. Clostridioides difficile (26.0%, 909/3491), Acinetobacter baumannii (24.6%, 860/3491), and Klebsiella pneumoniae (19.9%, 696/3491) were the most frequently identified pathogens. Multivariable analysis showed that both treatment facilities (Hospital A, Hospital B [reference] and Hospital C) (AOR 0.299, 95% CI: 0.190 - 0.470, p <0.001; AOR 0.402, 95% CI: 0.252 - 0.638; p <0.001, respectively) and infection with COVID-19 (AOR 0.604; 95% CI: 0.466 - 0.783; p <0.001) were significantly associated with a decrease in the odds of infection with ESKAPE pathogens and Clostridioides difficile.
CONCLUSIONS
Infection with COVID-19 and treatment facilities were associated with decreased odds of acquiring infections with ESKAPE pathogens and Clostridioides difficile. Therefore, this study underscores the urgent need for stringent measures and infection control programs to prevent further dissemination.
Popul. Med. 2026;8(Supplement 1):A548

ABS1747

Improving equitable access to malaria care among hard-to-reach Amazonian gold miners: a promising self-diagnosis and self-treatment kit (Malakit)

Maylis Douine[1], Carlotta Carboni[1], Alice Sanna[2], Muriel Galindo[1], Mathieu Nacher[1], Antoine Adenis[1], Lise Musset[3], Yassamine Lazrek[3], Jane Bordalo Miller[4], Hélène Hiwat[5], Stephen Vreden[6], Martha Suarez-Mutis[2], Yann Lambert[1]
[1]Centre d'Investigation Clinique Guyane Amazonie - Inserm1424, Centre Hospitalier Universitaire de Guyane, Cayenne, French Guiana, [2]Parasitic diseases Laboratory, Foundation Oswaldo Cruz, Rio de Janeiro, Brazil, [3]Parasitology Laboratory, Centre National de référence du paludisme, Institut Pasteur de la Guyane, Cayenne, French Guiana, [4]DPAC-Fronteira non-profit, Oiapoque, Brazil, [5]National Malaria Programme of Suriname, Paramaribo, Suriname, [6]Foundation for the Advancement of Scientific Research in Suriname, Paramaribo, Suriname

INTRODUCTION
Isolated and mobile gold mining populations in French Guiana face major barriers to healthcare access, sustaining malaria transmission and increasing the risk of artemisinin resistance in hard-to-reach settings (1,2). Aligned with SDG 3

(ending malaria epidemics), the Malakit project developed with Suriname and Brazil addressed these inequities through a context-adapted self-diagnosis and self-treatment strategy for gold miners.
METHODS
This strategy was implemented through an interventional study assessing both implementation and effectiveness . Gold miners were trained to use a self-diagnosis and self-treatment malaria kit, supported by culturally and linguistically adapted illustrated materials, videos, and a smartphone application developed through community engagement. Kits were distributed by community health workers at key cross-border points between French Guiana, Brazil, and Suriname to individuals travelling to mining sites in French Guiana. Evaluation relied on questionnaires completed at inclusion and follow up visits, as well as on cross sectional pre and post intervention studies. The primary outcome was the proportion of participants correctly using artemisinin based combination therapy following a malaria test. Secondary outcomes included kit use practices and intervention's impact on malaria transmission.
RESULTS
From 2018 to 2020, 4766 kits were distributed to 3733 individuals. The kit was used correctly by 71.7% of participants (N=223, 95%CI=65.8–77.7). The proportion of individuals using both a diagnostic test and a certified ACT treatment—either through the Malakit program or the formal health system—increased after the intervention (OR=1.8; 95%CI=1.1–3.0). Modelling suggests that the intervention contributed to a 43% reduction in regional malaria incidence. Qualitative survey indicates strong acceptance by the target population (6).
CONCLUSIONS
The Malakit project shows that underserved populations can safely manage malaria with adapted training. This equity driven model offers a sustainable pathway to improving care access for communities living "beyond borders" and provides a replicable approach for similar contexts worldwide (7,8).
Popul. Med. 2026;8(Supplement 1):A564

ABS1765
Health Belief Patterns and Preventive Behaviors Toward Opisthorchiasis Among Rural Mekong Border Communities in Northeastern Thailand

Kaewjai Maleelai[1], Peyanut Juntavaree[1], Sukhontip Arunkamonphat[1], Nutchnun Kamonroek[1], Thawatchai Toemjai[1]
[1]Faculty of Public Health and Allied Health Sciences, Praboromarajchanok Institute, Sirindhorn College of Public Health, Ubon Ratchathani, Ubon Ratchathani, Thailand

BACKGROUND
Opisthorchiasis remains a neglected tropical disease and a major public health concern in the Greater Mekong Subregion, where foodborne trematode infections affect communities across national borders. Prevalence of Opisthorchis viverrini infection remains high in many areas, influenced by sociocultural dietary practices and inequitable access to preventive health services.– Understanding health belief patterns related to preventive behaviors is essential for developing equitable and sustainable disease control strategies.
METHODS
A cross-sectional study was conducted among 354 adults residing in rural Mekong border communities in Northeastern Thailand. Data were collected using a structured questionnaire based on the Health Belief Model, assessing perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and self-efficacy. Associations between health belief constructs and preventive behaviors were analyzed using Spearman's rank correlation coefficient.
RESULTS
Most participants were female agricultural workers, with approximately two-thirds reporting low income and educational attainment below secondary level. Although most reported no prior diagnosis of opisthorchiasis, 62.4% continued to consume raw freshwater fish. Fewer than half reported regular stool examination. Overall health belief patterns were moderately correlated with preventive behaviors (r_s = 0.5507, $p < 0.001$). Perceived barriers (r_s = 0.5964), self-efficacy (r_s = 0.5178), and perceived benefits (r_s = 0.4335) showed stronger associations than perceived susceptibility and severity ($p < 0.001$).
CONCLUSIONS
Preventive behaviors toward opisthorchiasis are influenced more by perceived barriers, self-efficacy, and perceived benefits than by risk perception alone. Interventions addressing cultural and structural barriers while strengthening individual and community empowerment are essential for equitable and sustainable prevention in rural Mekong border communities.
Popul. Med. 2026;8(Supplement 1):A566

ABS1837
Epidemiological profile of leprosy in children under 15 years of age in the state of bahia, 2015 to 2024

Alda Santana Santos Guimarães[1], Ana Franceska Cotrim Silva[1], Greice Quele dos Santos Cruz[1], Eleuzina Falcão da Silva Santos[1]
[1]Coordination of Surveillance and Control of Diseases – COAGRAVOS, Health Secretariat of the State of Bahia - SESAB/ Directorate of Epidemiological Surveillance – DIVEP, Salvador, Brazil

INTRODUCTION
Leprosy is a chronic, infectious, and transmissible disease, still considered a public health problem in Brazil, despite having treatment available through the Unified Health System (SUS). The country accounts for more than 90% of cases in the Americas. The detection of cases in children under 15 years of age indicates active transmission and failures in interrupting the chain of contagion. Therefore, understanding the epidemiological profile of this population is essential for planning disease control actions.
METHODS
This is a descriptive, retrospective study conducted using secondary data from the Notifiable Diseases Information System, through the TABNET/DATASUS tabulator, referring to newly confirmed cases of leprosy in children under 15 years of age, registered in the state of Bahia, from 2015 to 2024. Epidemiological and operational indicators related to detection, physical disability, contacts examined, and case outcomes were analyzed.
RESULTS
During the analyzed period, 972 new cases of leprosy were recorded in children under 15 years of age. The detection rate of new cases was highest in 2015 (5.62/100,000 inhabitants) and showed a decreasing trend, reaching 1.22/100,000 inhabitants in 2023. There was a predominance of males (51%) and individuals of Black and mixed race/color (82%). Most cases showed no physical disability at diagnosis (75%), but 2% presented Grade 2 disability. A regular classification was observed according to the Ministry of Health parameters in the percentage of evaluated cases, except in 2018 (93%), which was considered good. Indicators related to contacts and cure did not reach satisfactory parameters throughout the historical series.
CONCLUSIONS
Despite the reduction in the detection rate, the results indicate failures in early diagnosis and contact surveillance, suggesting the persistence of active transmission. It is necessary to strengthen control strategies and improve health planning aimed at children and adolescents, with the goal of eliminating leprosy in the state of Bahia.
Popul. Med. 2026;8(Supplement 1):A567

ABS1860
Assessing User Experience with the Bioline™ HCV Point-of-care Test in Primary Healthcare Settings in Ghana: A Mixed-Methods Study

Evans Duah[1,2], Evans Mantiri Mathebula[1], Kuhlula Maluleke[1], Tinyiko Violet Baloyi[1], Richard Kobina Dadzie Ephraim[3], Tivani Mashamba-Thompson[1]
[1]School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa, [2]Department of Public Health, Klintaps University College of Health and Allied Sciences, Accra, Ghana, [3]Department of Medical Laboratory Science, College of Health and Allied Sciences, University of Cape Coast, Ghana, Cape Coast, Ghana

ABSTRACT
Hepatitis C Virus (HCV) is a major public health challenge, particularly in resource-limited settings with inadequate diagnostic services. The Bioline™ HCV Point-of-Care (POC) test provides a promising solution for improving diagnosis in Primary Healthcare (PHC) clinics without laboratory infrastructure. This study evaluated the test's usability, acceptability, and deliverability in Ghana using user-oriented REASSURED criteria. As part of a diagnostic trial in Ghana registered in the Pan African Clinical Trial Registry (PACTR202410837698664), a convergent parallel mixed-methods design was adopted. Quantitative data was collected through direct observation of Healthcare Workers (HCWs) using audit checklists and analyzed with Stata 16. The analysis included descriptive statistics, inter-rater concordance assessment, and the application of the System Usability Scale (SUS). Qualitative data, analyzed using Atlas.ti 24.2.0, explored user experiences, confidence, storage infrastructure, and suggestions for test design improvement through in-depth interviews. The quantitative audit included 81 non-laboratory HCWs, with 22 participating in in-depth interviews. The test scored 88.7 on the SUS (95% CI: 86.40-90.88), with 88% of HCWs rating it as easy or very easy to use. Most HCWs (81.5%) successfully completed all test steps independently, achieving 100% inter-rater concordance, but 83% made errors in at least one step,

primarily during pre-testing. Qualitative findings revealed widespread acceptance, confidence, and adaptability, despite challenges with storage infrastructure that may compromise test validity under high temperatures exacerbated by climate change in the study setting. The Bioline™ HCV POC test demonstrated high usability and acceptance among HCWs in resource-limited settings. Enhancements such as improved packaging, simplified information sheets, refined droppers, and additional components like gloves could further optimize usability. These findings contribute to Global Health by supporting SDG 3, enhancing access to timely HCV diagnosis, advancing progress toward Universal Health Coverage, and strengthening health systems in underserved areas, particularly in sub-Saharan Africa.

Popul. Med. 2026;8(Supplement 1):A568

ABS1937

Diagnosis of sexually transmitted infections during the june festivals using a public health testing strategy, 2024s diagnosed with sexually transmitted infections in the Fique Sabendo strategy during the June festivals in Salvador, Bahia, 2024

Greice Cruz[1], Adriana Carvalho[1], Adriana Santos[1], Zilda Almeida[1]
[1]Bahia State Health Department, Directorate of Epidemiological Surveillance, Salvador, Brazil

INTRODUCTION

Sexually transmitted infections (STIs) remain a major public health problem worldwide due to their high transmissibility, which often surpasses the effectiveness of available prevention strategies. Expanding access to timely diagnosis and treatment is essential, especially for populations that face barriers to accessing health services. Large-scale events represent strategic opportunities for prevention, testing, and diagnosis actions for STIs.

METHODS

This descriptive study analyzed the occurrence of human immunodeficiency virus (HIV), syphilis, hepatitis B, and hepatitis C among individuals who underwent rapid testing through the Fique Sabendo strategy during the June festivities held in Salvador, Bahia, Brazil, in 2024. Secondary data from the Event Occurrence System (SOPE) were used. Sociodemographic variables analyzed included age, sex, race/color, and gender identity. Data were analyzed using descriptive statistics and the chi-square test.

RESULTS

A total of 3,210 individuals were tested. Syphilis showed a statistically significant association with age, sex, and gender identity, being more prevalent among individuals aged 20 to 49 years and cisgender individuals ($p < 0.001$). For HIV, a significant association was observed only with gender identity ($p = 0.0008$), with higher positivity among cisgender individuals. No statistically significant associations were identified between sociodemographic variables and test results for hepatitis B and hepatitis C. Among individuals with a reactive syphilis test, 28.1% initiated immediate treatment.

CONCLUSIONS

The Fique Sabendo strategy proved effective in expanding access to STI testing, diagnosis, and initiation of treatment in non-traditional settings. Conducting these actions during festive events contributes to early diagnosis and reaching vulnerable populations, reinforcing their importance for STI prevention and control within the public health context.

Popul. Med. 2026;8(Supplement 1):A573

ABS1939

A scalable community mobilisation model for fighting the spread of cholera across borders using Emergency Community Health Clubs. Lessons from Zimbabwe from one of the worst single outbreaks in decades in Africa

Juliet Waterkeyn[1]
[1]Research and Training, Africa AHEAD, Cape Town, South Africa

BACKGROUND

Zimbabwe's 2008-2009 cholera epidemic exposed the fragility of urban infrastructure amidst political and economic collapse with almost 100000 cases and 4000 people dead 1. The high-density suburbs of Sakubva in Mutare were expected to be an epicentre of transmission due to proximity to cross-border traders in Mozambique and uncollected waste around a large market with unsafe water, poor hygiene, and little sanitation 2. Lessons from 2008 need to be revisited as once again a cholera outbreak in Mozambique is spreading into Zimbabwe 3.

METHODS

Zimbabwe AHEAD introduced Emergency Community Health Clubs (CHCs) in Sakubva in February 2009 with eight public health sessions delivered by trained facilitators. Thirty-six CHCs were formed, enrolling 5400 members, with outreach extending to an estimated 24000 residents. Six School Health Clubs reinforced intergenerational learning. Activities included hygiene education, household follow-up, and mass clean-up campaigns 4. Epidemiological outcomes were assessed using Ministry of Health and UNICEF/WHO surveillance data calculating attack rates, case fatality rates (CFR), and relative risk (RR) 5.

RESULTS

Cholera did not take hold in Sakubva: with only one case and no fatality, the attack rate was 0.4/100,000 compared to 105/100,000 in Mutare and 202/100,000 in Harare. The CFR was <1%, meeting WHO standards, while Mutare's CFR was 4.04% and the national average 4.35% 6. Relative risk analysis confirmed residents were 99.6% less likely to contract cholera than those in Mutare, and the epidemic was controlled by April. Beyond epidemiological impact, CHCs fostered civic solidarity, empowered women, and catalysed institutional change within town council

CONCLUSIONS

Emergency CHCs proved scalable and cost-effective 7. By embedding prevention within community structures, the model bridged emergency relief and sustainable public health development. Institutionalisation of CHCs in fragile states would ensure epidemic preparedness by establishing buffer zones of CHCs along border areas for mitigation of cholera and other epidemics.

Popul. Med. 2026;8(Supplement 1):A574

ABS2056

Risk Factors for Lassa Fever Outbreak in Edo State, January 2025: A Case-Control Study

Emmanuel Ochikiri Oko[1], Emmanuel Ochikiri Oko[1], Rowland Utulu[1]
[1]Field Epidemiology and Laboratory Training Program, Nigeria Field Epidemiology Training Program (NFELTP), Yenagoa, Nigeria

BACKGROUND

In January 2025, Edo State, Nigeria, exceeded its epidemic threshold for Lassa fever, reporting 76 confirmed cases across hotspot local government areas (LGAs) including Etsako West, Esan West, and Esan North-East. Despite recurrent outbreaks, evidence on individual-level risk factors remains limited. We investigated to describe the epidemiology of the outbreak and identify risk factors for infection.

METHODS

We conducted a 1:3 unmatched case-control study. A case was defined as an RT-PCR-positive Lassa fever patient residing in Edo State during January 2025. Controls were residents of the same locality without Lassa fever infection. We collected data using structured questionnaires covering sociodemographic, environmental, and behavioural exposures. Logistic regression was performed to determine associations between exposures and infection.

RESULTS

A total of 28 cases and 84 controls were enrolled. The mean age was 32.5 years (SD ±15.0), with no significant age or gender differences between groups. A single case of Lassa fever was detected among healthcare worker and the overall case fatality rate was 14.5%. Contact with a sick person within 21 days prior to illness onset was strongly associated with Lassa fever infection (adjusted OR = 23.2; 95% CI: 6.4–83.9). Other exposures—including rodent presence, improper food storage, poor hand hygiene, and water source—did not show statistically significant associations.

CONCLUSIONS

Close contact with infected individuals was the primary risk factor for Lassa fever transmission in Edo State during this outbreak. The low case rate among healthcare workers and moderate case fatality rate suggests improvements in infection prevention and control practices. Strengthening contact tracing, public education, and targeted interventions in endemic LGAs remain critical for outbreak response.

Popul. Med. 2026;8(Supplement 1):A576

ABS2057

Estimating the impact of different intermittent preventative treatment in pregnancy delivery strategies on low-birth-weight outcomes under moderate and high malaria transmission settings

Levoniah Chakuvinga[1]
[1]Statistical Sciences, University of Cape Town, Cape Town, South Africa

BACKGROUND

Malaria during pregnancy is a major risk factor for low birth weight (LBW) in newborns, which in turn negatively affects the growth and development of the child. The World Health Organization (WHO) recommended interventions for pregnant women living in malaria endemic countries that include the use of intermittent preventative treatment in pregnancy (IPTp). However, WHO asserts that the coverage of pregnant women taking the recommended doses of IPTp

are still very low. The primary goal of this study was to estimate the effects of increasing the coverage of doses of IPTp and to assess the effect of pregnancy timing in relation to seasonal transmission on malaria infections during pregnancy and neonates with LBW. We explored these effects in moderate and high transmission settings which have Zimbabwe-like characteristics.
METHODS
A compartmental mathematical model depicting malaria during pregnancy with IPTp doses was formulated to analyze the effects of IPTp, insecticide treated net (ITN) use and seasonal variations in moderate and high malaria transmission settings.
RESULTS
Our simulation findings suggest that increasing both ITN use and IPTp dose coverages, consistent with the Zimbabwe malaria strategic plan targets, prevented 9.2% and 5% clinical cases in moderate and high transmission respectively. Unprotected pregnancies overlapping the rainy season and peak of malaria incidence in Zimbabwe during the beginning of the second and in the third trimester experience the highest malaria and LBW burden
CONCLUSIONS
Overall, our results demonstrate that increasing ITN use has a substantial impact in reducing clinical malaria cases during pregnancy. This highlights its importance as a key intervention, and the health benefits it would provide for malaria control goals in Zimbabwe. Pregnancies that overlap with the epidemic peaks in later trimesters lead to a rise in LBWs, indicating the necessity of protecting pregnant women at risk of malaria infection till delivery.
Popul. Med. 2026;8(Supplement 1):A577

ABS2082
Seasonal labour, systemic injustice: health inequities in the pacific australia labour mobility scheme

Geraldine Vaughan[1], Robyn Preston[1], Catherine O'Mullan[1], Haylee Fox[1]
[1]Centre > Health Equity in Regional and Remote Communities C>HERRC, CQUniversity, Rockhampton, Australia

INTRODUCTION
Pacific Australia Labour Mobility (PALM) scheme seasonal worker participants make vital contributions to Australia's economy. However, they face significant structural and social barriers to accessing healthcare while living and working in Australia. This research explored the barriers to access experienced by PALM Scheme participants in agricultural settings in far north Queensland, Australia. The study focused particularly on blood-borne viruses (BBVs) such as hepatitis B (HBV) and sexual health (STIs), and identified strategies to improve equity and responsiveness within the Australian health system.
METHODS
A sequential mixed-methods design, integrating semi-structured interviews and surveys with PALM workers, healthcare providers, and employers. Co-designed workshops tested and refined policy and service-level recommendations. The research adopted a health equity lens, underpinned by human rights principles.
RESULTS
A complex interplay of factors impacting healthcare access and navigation were described, revealing challenges beyond BBVs/STIs. System-level restrictions were identified, with mandatory private health insurance (and a lack of access to Australia's Universal Health Coverage, Medicare) creating barriers and fragmented care due to inconsistent coverage and billing. Regional locations were associated with transport challenges and gaps in primary healthcare infrastructure. Systemic gaps lead to reliance on individual goodwill and informal workarounds by health providers and employers. Underlying these factors were concerns related to living and working conditions, and a fear of job loss/deportation leading PALM participants to conceal illnesses.
CONCLUSIONS
The gaps identified in effective healthcare access call for considerable policy/funding shifts in order to provide respectful models of care for PALM seasonal workers, underpinned by better continuity of care. This includes a fundamental review of the health insurance system, access to universal health coverage, improved paid sick leave entitlements, and innovative models such as onsite healthcare, as well as screening and vaccination for HBV and STIs. Such models require strengthening cultural safety, guided by a co-designed approach.
Popul. Med. 2026;8(Supplement 1):A579

ABS2147
Neglected Within Neglect: The Invisibility of Female Genital Schistosomiasis in South Africa's Neglected Tropical Disease Programming

Nthabiseng Dlamini[1], Khumbulani Hlongwana[1], Saloshni Naidoo[1]
[1]Public Health, University of KwaZulu-Natal, Durban, South Africa

INTRODUCTION
Female Genital Schistosomiasis (FGS) remains severely overlooked within neglected tropical diseases (NTD), disproportionately affecting women in sub-Saharan Africa. Despite its high prevalence and association with adverse reproductive health outcomes and increased HIV susceptibility, FGS receives minimal attention in policy and clinical practice. Understanding how FGS is or isn't prioritised within policy implementation is critical to addressing this gap. Therefore, this paper examines how FGS is understood, prioritised, and addressed within South Africa's Health Department's NTD Master Plan implementation across different levels within the health system.
METHODS
We employed a qualitative approach guided by Institutional Ethnography and Lipsky's Street-Level Bureaucracy to map the institutional relations shaping NTD activities, and understand how frontline discretion influences the prioritization of FGS, respectively. Thirteen semi-structured interviews were conducted with stakeholders at the national, provincial, district, and facility levels, complemented with non-participant observation carried out during a Communicable Disease Control stakeholder meeting. A hybrid (deductive–inductive) approach to thematic analysis was used to examine how policy texts, governance structures, and everyday implementation practices collectively contribute to the marginal positioning of FGS within the NTD Master Plan. Preliminary Results While the National and provincial levels of government demonstrate awareness of FGS and expressed concern regarding its clinical and public health implications, knowledge at district and health facility levels was limited, with some reporting little to no familiarity with the disease. Some participants perceived FGS to be included within the NTD Master Plan; however, this inclusion was described as limited and lacked operational clarity, particularly in the absence of finalised policy.
CONCLUSIONS
Uneven knowledge limited institutional ownership, and structural constraints at the point of service delivery undermine the translation of policy recognition into practice. Strengthening the integration of FGS into NTD and sexual and reproductive health programmes may be critical for addressing neglect and advancing equitable NTD responses.
Popul. Med. 2026;8(Supplement 1):A580

ABS2203
Incidence of adverse events following BCG vaccination with Russia and Moreau strains: a surveillance study in Brazil

Ramon de Souza[1], Florisneide Barreto[1], Marcio Natividade[1], Susan Pereira[1]
[1]Institute of Collective Health, Federal University of Bahia, Salvador, Brazil

INTRODUCTION
Bacille-Calmette-Guérin is the only vaccine available for the prevention of severe tuberculosis. There is scientific evidence of its high safety, effectiveness and is recognized for its low level of adverse events1-5. Given the replacement of the BCG-Moreau vaccine strain by BCG-Russia in the routine of health services in Brazil, since January 2018, monitoring the occurrence of adverse events became a priority. To estimate the incidence of adverse events following BCGRussia vaccination compared to BCG-Moreau.
METHODS
This is a retrospective observational study that used national surveillance data obtained from the Adverse Events Information System (SIE) associated with BCG in children under 1 year of age who were vaccinated. The incidence and characteristics of adverse events were estimated for each vaccine strain.
RESULTS
In the period analyzed, 3901 records of Adverse Events PostVaccination were observed in children under 1 year of age. In the group of children vaccinated by BCG-Moreau, the incidence of adverse events following vaccination was 41,4 cases/100,000 doses applied in the last year. While for children vaccinated by BCG-Russia, the incidence of adverse events was 4,1 to 6,7 cases/100000 doses applied, in 2018 and 2019, respectively. Both strains presented local or regional and systemic clinical manifestations, the prevalence of these manifestations was lower in the Russia strain when compared to Moreau.
CONCLUSIONS
The Moreau strain presented a higher occurrence of adverse events when compared to Russia. Replacing BCG-Russia with BCGMoreau does not appear to influence vaccine safety in the Brazilian population. In the event of a supply crisis of the local reference strain, BCG-Russia is a possible alternative to ensure vaccination of Brazilian children. The adoption of ongoing education strategies for vaccinators regarding the correct handling and good practices of immunobiologicals is considered, in addition to the acquisition of practical devices for the application of immunobiologicals.

Popul. Med. 2026;8(Supplement 1):A581

ABS2214

Malawi's 95–95–95 progress at risk: Identifying who falls behind as HIV funding shrinks

Bilaal Wilson Matola[1,2], Juliet Charity Yauka Nyasulu[1], Edward Nicol[1,3]
[1]Global Health, Stellenbosch University, Cape Town, South Africa, [2]HIV, STIs & Viral Hepatitis, Ministry of Health, Lilongwe, Malawi, [3]Burden of Disease Research Unit, South African Medical Research Council, Cape Town, South Africa

ABSTRACT

Malawi's 95–95–95 progress at risk: Identifying who falls behind as HIV funding shrinks

BACKGROUND

The HIV/AIDS epidemic remains a major global health challenge. Malawi accounts for roughly 2.5% of global cases. The UNAIDS Fast-Track strategy, launched in 2014, set 95–95–95 targets to be achieved by 2025, which Malawi adopted in 2020. This study evaluates Malawi's progress toward the 95–95–95 targets and identifies populations at risk of being left behind in a resource-constrained context.

METHODS

This quantitative descriptive study analysed secondary data from Malawi's national HIV program and HIV Spectrum estimates from 2012–2023, including audited facility reports on HIV status awareness, ART uptake, and viral suppression. Data were disaggregated by age, gender, and sex. Data cleaning and analysis were conducted using Excel, SPSS, and Stata 15.1. Proportion tests assessed differences in HIV indicators by age and gender for 2023, while Mann–Whitney and independent t-tests evaluated median and mean differences, respectively, with statistical significance set at 5%.

RESULTS

Between 2012 and 2023, Malawi's estimated PLHIV rose from 962,043 to 991,600. HIV status awareness increased from 73% (95% CI: 72–74%) to 95% (94–96%), ART coverage from 58% (57–59%) to 95% (94–96%), and viral suppression from 90% (89–91%) to 95% (94–96%). Children lagged adults in all indicators: awareness rose from 24% (23–25%) to 87% (85–89%) versus 79% (78–80%) to 96% (95–97%) in adults; ART initiation remained lower among children (84%, 82–86% vs. 95%, 94–96%). Men also trailed women across the cascade.

CONCLUSIONS

Between 2012 and 2023, Malawi made substantial progress toward the 95–95–95 targets. However, children and men continue to lag, highlighting persistent inequities. In the context of declining HIV funding, sustaining gains will require targeted, efficient, and data-driven interventions that prioritise these vulnerable groups to prevent setbacks and ensure equitable access to lifesaving HIV services.

Popul. Med. 2026;8(Supplement 1):A582

ABS2219

ART initiation, adherence and retention in care among men in Cape Town, South Africa

Tsidiso Tolla[1], Edwin Wouters[2,3], Caroline Masquillier[2,4,5], Bernedette Hensen[6], Mwelwa Phiri[7], Lucia Knight[1,8]
[1]1 School of Public Health, The University of Cape Town, Cape Town, South Africa, [2]2 Centre for Population, Family and Health, University of Antwerp, Antwerp, Belgium, [3]3 Centre for Health Systems Research & Development, University of the Free State, Free State, South Africa, [4]4 Primary and Interdisciplinary Care, Antwerp research group (ELIZA), Antwerp, Belgium, [5]5 Centre for Research and Innovation in Care (CRIC), University of Antwerp, Antwerp, Belgium, [6]6 Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium, [7]7 Zambart, Zambart, Lusaka, Zambia, [8]8 School of Public Health, University of the Western Cape, Bellville, South Africa

BACKGROUND

Men's linkage and adherence to and retention in antiretroviral therapy (ART) remain a critical gap in the HIV treatment continuum in South Africa. This study explores factors that encourage or discourage ART initiation, adherence and retention in HIV care among men in two townships in Cape Town, South Africa.

METHODS

Individual interviews were conducted with men (n=15), healthcare workers (n=5), community health workers (n=4), and community leaders (n=6) from Khayelitsha and Gugulethu. In addition, six focus group discussions (n=2 only men; n=2 only women; n=2 men and women mixed) were conducted in the two communities. Purposive sampling was used to recruit participants. All interviews and FGDs were transcribed verbatim, translated into English and analysed using an inductive and deductive thematic approach, guided by the COM-B model.

RESULTS

The findings indicate that men's ability to initiate ART is closely tied to their psychological capabilities, such as their reactions to the news of an HIV positive diagnosis. ART adherence and retention in care were impacted by negative side effects of ART and positive health outcomes, such as feeling well and healthy. Men were motivated by support from close social ties to initiate ART, adhere to, and remain in care. Among those who initiated ART, the set-up of health facilities, such as separate rooms for HIV patients, created missed opportunities, as men worried that this arrangement could inadvertently disclose their HIV status. Discussion and

CONCLUSIONS

The study findings suggest that men's behaviour towards ART initiation, adherence and retention in care is shaped by their capacity, opportunity and motivation as ascribed in the COM-B model. The model offers a holistic approach and may be useful in developing targeted, multifaceted and multi-level interventions to address these intersecting webs of factors that shape ART initiation and adherence.

Popul. Med. 2026;8(Supplement 1):A583

ABS2307

Economic evaluation of COVID-19 vaccination in reducing hospitalisation and mortality in a South African insured population using real-world data

geetesh solanki[1], Francesca Little[1,2], Susan Cleary[1]
[1]Health Economics Division, University of Cape Town, Cape Town, South Africa, [2]Dept. of Statistical Sciences, University of Cape Town, Cape Town, South Africa

BACKGROUND

COVID-19 placed strain on health systems in South Africa and globally, with significant morbidity, mortality, and healthcare costs. While the clinical effectiveness of COVID-19 vaccines is well established, evidence on their real-world economic value in low- and middle-income country settings remains limited. This study assessed the cost-utility of COVID-19 vaccination in reducing COVID-19 related hospitalisation, morbidity, and mortality in a South African insured population using real-world data.

METHODS

A retrospective cost-utility analysis based on recognised guidelines was conducted from a third-party payer perspective using insurance claims data covering March 2020 to December 2022. A cohort Markov decision-analytic model with two-week cycles and a lifetime horizon compared three strategies: no, partial, and full vaccination. Health states included asymptomatic infection, hospitalisation, partial recovery, full recovery, post-pandemic survival, and death. Outcomes included COVID-19 hospitalisations averted, deaths averted, life years gained, and quality-adjusted life years gained. Costs and outcomes were discounted at 3% annually. Deterministic and probabilistic sensitivity analyses were performed to assess uncertainty.

RESULTS

Both partial and full vaccination strategies were associated with lower lifetime healthcare costs compared to no vaccination, driven by reduced hospitalisation costs. Vaccination reduced COVID-19 hospitalisations and deaths and resulted in gains in life years and quality-adjusted life years. Both vaccination strategies were dominant, yielding better health outcomes at lower overall costs. Cost-utility results remained consistent across sensitivity analyses. All quality-adjusted life year results fell well below the South African cost-effectiveness threshold.

CONCLUSIONS

Using real-world data, COVID-19 vaccination was found to be a cost-effective and cost-saving intervention in the study population. The findings support the findings of other studies that have provided economic evidence confirming the importance of vaccination strategies in managing healthcare resource use and mortality during the pandemic[12-14]. Given the differences between insured and non-insured populations, caution should be exercised in generalizing the findings.

Popul. Med. 2026;8(Supplement 1):A586

ABS2398

Exploring Factors Driving Vertical HIV Transmission: A Case-Based Intervention in Cape Town, South Africa

Nisha Jacob[1,2], Emma Kalk[1], Alexa Heekes[1], Erin von der Heyden[2,3], Brian Rice[4], Andrew Boulle[1,2]
[1]1 School of Public Heatlh, University of Cape Town, Cape Town, South Africa, [2]2 Department of Health and Wellness, Western Cape Government, Cape Town, South Africa, [3]3 Department of Global Health, Stellenbosch University, Cape Town, South Africa, [4]4 School of Medicine and Population Health, University of Sheffield, Sheffield, United Kingdom

INTRODUCTION

Vertical transmission (VT) of HIV from pregnant or breastfeeding women to

their infants is a preventable adverse outcome. The World Health Organization (WHO) emphasises early antenatal care, timely HIV diagnosis and rapid initiation of antiretroviral therapy (ART). We evaluated a quality improvement intervention designed to strengthen VT understanding, management and prevention in a Cape Town sub-district.
METHODS
The intervention included: digitising paper-based VT records (1 January 2016 – 31 December 2024) using a new electronic capture form integrated into the Western Cape Provincial Health Data Centre; generating automated reports from captured data; and (3) conducting quarterly VT case reviews using a morbidity and mortality style approach to identify system gaps and propose preventative strategies. Data were described quantitatively, and qualitative reflections from key stakeholders informed the evaluation.
RESULTS
Ninety woman–infant pairs with VT (15.1% of infants diagnosed with HIV) were recorded, with 90% documented in 2021–2022 during an intensive rollout. Most transmissions were detected through routine birth testing (72.2%). Antenatal attendance was recorded for 57.8% of women, 52.2% knew their HIV status pre-pregnancy and 63.3% initiated ART before or during pregnancy. Data completeness varied: demographic details were well-captured, but clinical variables e.g. ART regimen, were often missing. Quarterly case reviews enabled multidisciplinary learning, iterative improvements to the electronic form and strengthened referral pathways. Although clinicians viewed data entry as onerous, the engagement was valued. Key contributors to VT included late or absent antenatal care, treatment interruption and social factors. Concerns about blame and dependence on a single local champion highlighted sustainability risk.
CONCLUSIONS
This case-based intervention enhanced understanding of VT and identified opportunities to strengthen prevention through earlier identification of at-risk pregnancies, improved referral pathways and better retention in care. Long-term success will require attention to governance, administrative burden and sustainable support for healthcare workers.
Popul. Med. 2026;8(Supplement 1):A587

ABS2451
Non-specific effect of BCG in individuals with persistent symptoms of COVID-19

Florisneide Barreto[1], Ramon Andrade[1], Marcos Pereira[1], Evônio Campelo Junior[1,2], Viviane Morais[2], Paula Luna Leite[2], Marcio Natividade[1], Susan Pereira[1]
[1]Collective Health, Instituto de Saúde Coletiva - Universidade Federal da Bahia, Salvador, Brazil, [2]Department of Tropical Medicine, Health Sciences Center, Federal University of Pernambuco, Recife, Brazil

INTRODUCTION
Prevention and treatment of long COVID-19 are challenges in the current epidemiological context. Given the evidence for non-specific effects of BCG against viral respiratory infections, the hypothesis that BCG vaccination might offer some protection against COVID-19. This study aimed to evaluate the effect of BCG vaccination status on the long-term occurrence of COVID-19.
METHODS
A case-control study comparing the proportion with a BCG vaccine scar (indicating previous vaccination)in cases and controls presenting with COVID-19 to health units in Brazil. Cases were subjects with long COVID-19 (Individuals who presented with persistent symptoms lasting more than 90 days after the acute phase) and controls without prolonged symptoms. Unconditional logistic regression was used to estimate vaccine protection against long COVID-19, with strict control for age, comorbidity, sex, educational level, race/colour, and municipality.
RESULTS
The BCG vaccine was associated with long-term protection against COVID-19, in 60% (95% CI 21–80%) of vaccinated individuals compared to unvaccinated individuals.
CONCLUSIONS
BCG vaccination was associated with a lower chance of long COVID, while the severity of acute infection significantly increased the risk of persistent symptoms. These results reinforce the importance of strategies for preventing severe forms of COVID-19 and clinical monitoring of high-risk groups. From a public health perspective, this provides guidance for planning surveillance and rehabilitation actions aimed at reducing the burden of long COVID-19 on the National Health System.
Popul. Med. 2026;8(Supplement 1):A591

ABS2471
Multilevel Determinants of Tuberculosis Treatment Completion in a High-Burden District of South Africa: A Mixed-Methods Study

Lelethu Bottoman[1], Ernesha Mazinyo[2], Ndumiso Tshuma[3]
[1]Health Programs, Eastern Cape Department of Health, Bhisho, South Africa, [2]Health Science, Foundation for Professional Development, Pretoria, South Africa, [3]NPO, Best Health Solutions, Johannesburg, South Africa

BACKGROUND
Tuberculosis (TB) remains a major public health challenge despite being curable. Treatment interruption and loss to follow-up continue to undermine TB control efforts, contributing to ongoing transmission and the development of drug resistance, particularly in high-burden settings.,3 This study examines the factors influencing TB treatment completion in the Buffalo City Metropolitan (BCM) Health District, Eastern Cape, South Africa, with the aim of identifying key facilitators and barriers that enhance or hinder treatment completion among TB patients.
METHODS
A mixed-methods study design was employed. Quantitative data were obtained from routine health information systems, including the District Health Information System (DHIS) and TIER.Net, as well as patient questionnaires. Qualitative data were collected through in-depth interviews with TB patients receiving care at selected high-burden facilities within BCM. Quantitative data were analysed using descriptive and inferential statistical methods, while qualitative data were analysed thematically. Integration of findings from both components allowed for a comprehensive understanding of the factors influencing TB treatment completion.
RESULTS
TB treatment completion was influenced by multiple, interrelated factors. Socio-demographic characteristics such as age, gender, and level of education were found to affect treatment adherence. Patient-related barriers included stigma, financial constraints, and limited knowledge of TB treatment. Healthcare service-related factors, particularly poor communication between healthcare providers and patients and the complexity of treatment regimens, further hindered treatment completion. In contrast, lifestyle and behavioural factors, especially strong family, and social support, emerged as important facilitators of adherence and sustained engagement in care.
CONCLUSIONS
TB treatment completion in the BCM is shaped by a complex interaction of personal, social, lifestyle, and health system factors. The findings highlight the need for a coordinated, patient-centred approach that addresses both health system challenges and broader socio-economic barriers. Strengthening provider–patient communication, improving patient education, and reinforcing community-based support are critical strategies for improving treatment outcomes.
Popul. Med. 2026;8(Supplement 1):A593

ABS2472
Structural Vulnerability and TB Treatment Adherence Among a Homeless HIV-Positive Patient in South Africa: A Qualitative Case Study.

Lelethu Bottoman[1], Ernesha Mazinyo[2], Ndumiso Tshuma[3]
[1]Health Programs, Eastern Cape Department of Health, Bhisho, South Africa, [2]Health Science, Foundation for Professional Development, Pretoria, South Africa, [3]NPO, Best Health Solutions, Johannesburg, South Africa

BACKGROUND
Tuberculosis (TB) treatment adherence remains a significant challenge in South Africa, particularly among individuals experiencing extreme social vulnerability, including homelessness, substance use, and HIV co-infection. These intersecting vulnerabilities increase the risk of treatment interruption and loss to follow-up, undermining TB control efforts and treatment outcomes.,3. This study explores the lived experience of a homeless, HIV-positive male TB patient in East London, South Africa, with the aim of understanding the social and structural factors that influence TB treatment adherence and interruption among highly vulnerable populations.
METHODS
An in-depth qualitative interview was conducted in isiXhosa with a 33-year-old homeless man living with TB and HIV. The interview was transcribed verbatim and translated into English. Thematic analysis was applied to explore treatment adherence behaviours and the broader social determinants shaping the participant's treatment journey. Areas explored included homelessness, substance use, psychosocial distress, trauma, incarceration, informal support systems, and access to healthcare services.
RESULTS
Six interrelated themes emerged: cumulative vulnerability and homelessness; psychosocial distress and stigma; the role of informal support systems; the burden of TB–HIV co-treatment; health system discontinuities; and competing survival priorities. Periods of incarceration temporarily enabled treatment

adherence through structured routines, stable medication access, and supportive supervision. In contrast, post-release instability, lack of housing, and fragmented continuity of care contributed to treatment interruption and loss to follow-up.
CONCLUSIONS
This case demonstrates that TB treatment adherence among highly vulnerable individuals is not solely a clinical issue but is deeply embedded within complex social and structural realities. The findings highlight that temporary stability can facilitate adherence, while fragmented health services, inadequate psychosocial support, and unmet basic needs undermine sustained engagement in care. Improving TB outcomes among vulnerable populations requires integrated, person-centred TB/HIV care that addresses social determinants, strengthened community outreach, psychosocial support, and improved continuity of care following periods of institutionalisation.
Popul. Med. 2026;8(Supplement 1):A594

ABS2505
Spatial estimation of pulmonary tuberculosis risk at small-area level in Chile
Salvador Ayala[1], Nadia Escobar[2], Sandra Rojas[3], Fabiola Marín[1], Josefina Aubert[4]
[1]Centro de Epidemiología y Políticas de Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo, Santiago, Chile, [2]Programa de Control y Eliminación de la Tuberculosis, Ministerio de Salud, Gobierno de Chile, Santiago, Chile, [3]Escuela de Fonoaudiología, Facultad de Odontología y Ciencias de la Rehabilitación, Universidad San Sebastián, Santiago, Chile, [4]Departamento de Salud Pública, Facultad de Medicina, Universidad San Sebastián, Santiago, Chile
BACKGROUND
Tuberculosis (TB) remains a major infectious disease globally 1. In Chile, TB incidence has increased in recent years, representing a setback in disease control 2. Passive case-finding strategies have been identified as a key challenge 3; however, no standardized methodological framework exists to guide territorial prioritization. This study aimed to conduct a national estimation of pulmonary TB risk at small geographic scales between 2016 and 2024, providing critical evidence to support targeted case-finding strategies.
METHODS
We conducted an ecological study, geocoding cases using a cascade strategy and aggregating them by census district. Spatial autocorrelation was assessed using Moran's I, and small-area risk was estimated using hierarchical Bayesian Poisson spatial models implemented with INLA in R 4. Sociodemographic covariates were obtained from the most recent national census data (2024).
RESULTS
We analyzed 2,762 census districts, and 80.5% (n=17.095) of cases were successfully geocoded; among these, 34.7% were women and 65.3% men, with a mean age of 46.3 years. Significant spatial autocorrelation was observed (Moran's I=0.53; p<0.001). Overcrowding showed the strongest association with TB risk (RR per +1%=1.117). Indigenous population proportion was inversely associated (RR=0.972), while population aged ≥60 years showed a small but consistent effect (RR=1.009). No independent effect of immigrant population proportion was observed.
CONCLUSIONS
Spatial analysis revealed strong clustering of pulmonary TB in Chile. Overcrowding was the most robust determinant of increased TB risk, while age structure contributed a smaller but consistent effect. These findings highlight the importance of incorporating housing conditions and demographic structure into territorial prioritization strategies. Small-area risk estimates provide actionable evidence to guide community-based active case finding and improve the efficiency of TB control interventions at the national level.
Popul. Med. 2026;8(Supplement 1):A597

ABS2507
Perceptions and Attitudes Towards HIV Test and Treat: A Comparative Study of Males and Females in Eswatini
Sheillah Hlamalani Mboweni[1], Phiwokuhle Qondile Nkambule[1]
[1]Department of Health Studies, University of South Africa, Pretoria, South Africa
BACKGROUND
Eswatini continues to record the world's highest HIV prevalence (27.9%), with women aged 15–49 bearing a significantly greater burden (36.1%) than men (19.4%). Despite the rollout of the WHO/UNAIDS Test and Start initiative, men remain notably underrepresented in HIV testing and treatment services. Addressing these gender imbalances is critical, as greater male engagement is necessary to reach the 95-95-95 targets and strengthen national HIV outcomes. This study therefore, investigates gender differences in perceptions, attitudes, and knowledge of the Test and Start program among people living with HIV in Manzini, Eswatini.
METHODS
A quantitative descriptive survey design was used to collect data from 604 participants (50% male, 50% female) living with HIV, sampled through stratified random techniques from two major health facilitiesa hospital (62%) and a clinic (38%). A structured Likert-scale questionnaire captured respondents' perceptions, attitudes, beliefs, and knowledge. Data were analysed using descriptive and inferential statistics with SPSS Version 26.
RESULTS
Women reported stronger understanding and more favourable attitudes toward ART and the Test and Start program (93% vs. 86% among men). Men showed lower risk perception (71% vs. 77%), higher stigma (72% vs. 54%), reduced awareness, and greater cultural and logistical barriers, contributing to delayed testing and ART initiation. Positive attitudes were strongly associated with treatment adherence and preventive behaviours. Respondents aged 31–40 showed lower program perceptions than the 21–30 group.
CONCLUSIONS
Significant gender disparities influence engagement with the Test and Start program. While women exhibit greater confidence in ART benefits, men face barriers shaped by cultural norms, limited knowledge, and stigma. Gender-sensitive, community-centered approaches engaging men through peer support, traditional leaders, and targeted outreach are critical to improving testing, treatment uptake, and achieving equitable HIV outcomes in Eswatini.
Popul. Med. 2026;8(Supplement 1):A598

ABS2573
Strengthening the effectiveness, scalability and sustainability of the Remote Laundries intervention for Acute Rheumatic Fever
Ray Mahoney[1], Sophie Wright-Pedersen[1]
[1]Indigenous Science and Engagement, Commonwealth Scientific and Industrial Research Organisation (CSIRO), Brisbane, Australia
BACKGROUND
Acute Rheumatic Fever (ARF) is an inflammatory disease due to recurrent infection with Group A Streptococcus bacterium (GAS). Untreated ARF can lead to irreversible damage to the heart valves resulting in Rheumatic Heart Disease (RHD) (2, 3). Despite being entirely preventable, within Australia the burden of ARF is almost exclusively witnessed in the Indigenous population, accounting for 94% of diagnoses, particularly in the 5-14 years age group. ARF and RHD are determined by social and economic disadvantage driven by lack of access to adequate healthcare, housing, washing facilities, water and power. Aboriginal Investment Group (AIG) launched the Remote Laundries Project in 2029 as a solution to the lack of washing facilities in remote Aboriginal communities. This study aimed to measure the impact of this community-led primordial prevention activity on health, social and economic outcomes, and enablers and barriers to implementation, scaling and sustainment in remote Indigenous communities
METHODS
A co-designed mixed methods impact and implementation evaluation study was conducted.. Data were collected using qualitative interview and ethnographic observations, and quantitative data related to laundry operation. Deductive thematic analysis was undertaken using the Indigenous and non-Indigenous implementation frameworks.
RESULTS
Findings established the Remote Laundries Project as a legitimate and scalable public health intervention to advance health, social and economic outcomes within remote Indigenous communities. Core components to the success of the Remote Laundries Project were identified. Core components to implementation success included embedded Indigenous governance and workforce, flexible design and delivery suitable to remote contexts, and investment in strong partnerships. The greatest barrier to continued implementation and scale is access to funding.
CONCLUSIONS
With adequate financial investment, the Remote Laundries Project is positioned for scaling across Northern Australia to respond to community identified health, social and economic priorities to advance equitable outcomes for remote Indigenous peoples.
Popul. Med. 2026;8(Supplement 1):A600

ABS2620
Spatio-Temporal Patterns in Climate-Sensitive Diarrhoeal Medication Demand: A Fuzzy Accessibility Approach
Tebogo Mokoena[1], Inger Fabris-Rotelli[1], Kabelo Mahloromela[1], Renate Thiede[1]
[1]Statistics, University of Pretoria, Pretoria, South Africa
ABSTRACT

In this study, we examine the spatio-temporal relationship between climate-based covariates and sales of diarrhoea medication across Clicks Pharmacy stores in the Western Cape. Diarrhoeal diseases are known to be sensitive to environmental conditions. The primary aim is to understand how changes in climate-based covariates (across different regions and over time) affect the demand for diarrhoeal medication. We utilise a distance-based matrix enhanced with a fuzzy lattice structure to capture real-world accessibility. This approach incorporates factors such as proximity (e.g., drive time and road accessibility). The aim is to improve the model's ability to represent how geographic distance and infrastructure influence consumer access to medication, and how these access patterns evolve in response to climate variations. The focus will be on temporal and geographic patterns in the data, exploring how sales evolve within individual stores and whether shifts in one location are associated with broader network effects or local clustering among nearby stores.
Popul. Med. 2026;8(Supplement 1):A601

ABS2640
Barriers and Enablers to HIV Care access and engagement among Mobile Populations in Sub-Saharan Africa: A Mixed-Methods Systematic Review

Andiswa Zitho[1]
[1]School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa

BACKGROUND
Human mobility is increasingly recognised as a critical determinant of HIV care outcomes in sub-Saharan Africa (SSA), a region bearing the highest global HIV burden and extensive internal, circular, and cross-border migration. While mobility is essential for livelihoods, the pathways through which it shapes sustained engagement in HIV care remain insufficiently synthesised.
METHODS
We conducted a mixed-methods systematic review of peer-reviewed studies published between 2016 and 2025 examining barriers and enablers to HIV care access and engagement among adult mobile populations in SSA. Searches were conducted in PubMed, Scopus, and EBSCOhost. Study selection and quality appraisal followed PRISMA guidelines, and methodological quality was assessed using the Mixed-Methods Appraisal Tool (MMAT). Data were synthesised using a narrative thematic approach guided by the Socio-Ecological Model (SEM), examining influences across individual, interpersonal, community, organisational, and policy levels.
RESULTS
Twenty-two studies from eight SSA countries were included, comprising qualitative (n=14), quantitative (n=5), and mixed-methods (n=3) designs. Mobility consistently emerged as a driver of HIV care disruption, particularly affecting retention and ART adherence. Key barriers included stigma and fear of disclosure, limited knowledge of ART access points, economic insecurity, disrupted social support networks, rigid clinic systems, negative provider attitudes, and restrictive transfer and documentation requirements. These barriers were exacerbated by frequent or unplanned movement and health systems poorly aligned with mobile livelihoods. Enablers included social and peer support, disclosure, community-based ART delivery, multi-month dispensing, emergency ART refills, mobile clinics, and patient-centred service models. Intervention studies demonstrated improved retention and ART possession when services were adapted to mobility realities.
CONCLUSIONS
Mobility functions not merely as a sociodemographic characteristic but as a structural exposure shaping HIV care engagement through interacting behavioural, organisational, and policy mechanisms. Integrating mobility-responsive approaches into HIV programme design is essential for sustaining engagement in care and progress toward the UNAIDS 95–95–95 targets.
Popul. Med. 2026;8(Supplement 1):A602

ABS2711
Ticks, Demographics, and Farmer's Influence on Red Meat Production in Communal Regions of Eastern Cape Province

Sindisile Goni[1], Sindisile Goni[2], Nkululeko Nyangiwe[1]
[1]Department of Agriculture and Animal Health, University of South Africa, Florida Science Campus, Johannesburg, South Africa, [2]Eastern Cape Department of Agriculture, Dohne Agricultural Development Institute, Stutterheim, South Africa

BACKGROUND
Ticks are the most important vectors of human pathogens, leading to increased public health burdens worldwide. These ticks cause tick-borne diseases which are significant bacterial, viral, and protozoal infections transmitted to humans and animals by ticks, often causing severe illness and mortality. Top, high-impact diseases include Lyme disease, tick-borne encephalitis (TBE), Crimean-Congo hemorrhagic fever (CCHF), babesiosis, anaplasmosis, and ehrlichiosis.
METHODS
Data on demographic factors was collected from 271 farmers of the five District Municipalities (DMs) of the Eastern Cape through questionnaires. Tick species and distribution of cattle and goats were collected and recorded from 158 sampling sites of the 26 Land Redistribution for Agricultural Development (LRAD) black owned farms.
RESULTS
A total of 34,929 adult ticks belonging to five genera were encountered. The most abundant tick genera were Rhipicephalus of the subgenus Boophilus (68.91%), Amblyomma (20.72%), Hyalomma (8.64%), Ixodes (1.22%), and Haemaphysalis (0.51%). By geographic distributions, Amblyomma and Rhipicephalus were common to all DMs, while R. Microplus and R. Decoloratus were found in the drier regions. Lack of marketing channels (23%), poor animal conditions (20%), lack of infrastructure (19%), high price of medicine (14%), shortage of feed (10%), stock theft (8%), and age of animals (too old) to be marketed (6%) are the major shortcomings in red meat production. We found that the associations between gender ($\chi2 = 31.3481$, $p < 0.0001$), age ($\chi2 = 32.4889$, $p < 0.0001$), and farming experience ($\chi2 = 52.7556$, $p < 0.0001$) were significantly higher.
CONCLUSIONS
It is necessary to provide new and updated data, from different geographical and climatological areas, and critically look at parasitic prevalence, seroprevalence, clinical incidence, pathogen presence, and the pathogen infection and inoculation rate by ticks. There is a need for government's intervention to farmers through the provision of livestock-based programs.
Popul. Med. 2026;8(Supplement 1):A604

ABS2779
Two shocks to the system: Impact of the COVID-19 pandemic on HIV testing and prevention services in KwaZulu-Natal, South Africa

Rizwana Desai[1], Elizabeth Lutge[1]
[1]Health Research & Knowledge Management, KwaZulu-Natal Department of Health, PIETERMARITZBURG, South Africa

BACKGROUND
KwaZulu-Natal (KZN), South Africa, carries the highest burden of HIV globally and has made substantial progress in scaling up HIV testing and treatment services over the past decade. Prior to 2020, sustained improvements in HIV testing coverage and prevention indicators supported progress towards the UNAIDS 95-95-95 targets. The COVID-19 pandemic disrupted essential health services worldwide, raising concerns about reversals in HIV programme performance. This study assessed the impact of COVID-19 on HIV testing, treatment and prevention services in KZN.
METHODS
A retrospective ecological trend analysis was conducted using routinely collected secondary data from the District Health Information System (DHIS) for KwaZulu-Natal and its 11 districts. Financial year data from 2016/2017 to 2023/2024 were analysed, with 2020/2021 defined as the COVID-19 reference period. Indicators included HIV testing volumes and coverage, HIV positivity, antiretroviral therapy (ART) initiation and retention, condom distribution, medical male circumcision (MMC), pre-exposure prophylaxis (PrEP) uptake, and selected maternal and child HIV indicators.
RESULTS
HIV testing volumes and coverage declined sharply during the 2020/2021 financial year, followed by partial recovery in subsequent years and a further decline in 2023/2024, consistent with global reports of HIV service disruption during COVID-19. ART initiation and prevention services, including condom distribution and MMC, showed similar pandemic-related disruptions, while PrEP uptake increased during the COVID-19 period. Infant HIV positivity at birth increased during 2020/2021, suggesting heightened risk of mother-to-child transmission. Districts with high population density experienced the greatest absolute declines, while smaller districts demonstrated marked per-capita variability.
CONCLUSIONS
The COVID-19 pandemic temporarily reversed gains in HIV testing and prevention services in KwaZulu-Natal, diverging from pre-pandemic trends. Strengthening health system resilience through decentralised service delivery, differentiated care models and pandemic preparedness is essential to safeguard HIV programme gains during future public health emergencies.
Popul. Med. 2026;8(Supplement 1):A606

ABS2903

From Approval to Access: Helping Communities Rise Through Long-Acting HIV Prevention Advocacy

Vuyolwethu Ncube[1], Lindokuhle Mathibe[1], Manoko Mokgokong[1], Bonga Mbatha[1], Justin Masindi[1], Mthobisi Sibisi[1], Pontsho Komane[1], Lungile Mbata[1], Jacqueline Pienaar[1]
[1]Key Populations: Health Systems Division, The Aurum Institute, Johannesburg, South Africa

INTRODUCTION
The regulatory approval of Lenacapavir (LEN) in October 2025 in South Africa presents an opportunity to expand HIV prevention through long-acting modalities,. However, limited community awareness and weak advocacy structures can delay effective rollout and uptake. To ensure successful rollout of LEN, advocacy and community engagement are critical for informed choice, adherence, and demand generation,. The Aurum Institute together with the Africa REACH Foundation conducted community information sessions to educate and sensitise community members about LEN.
METHODS
During the period of October to November 2025, nine pre- and post-test knowledge community sessions were held with 135 community members across eThekwini, Gauteng, and Mpumalanga. These sessions included structured training on HIV prevention and treatment, including information on long-acting HIV prevention options such as LEN, which has demonstrated high efficacy and durability in Phase 3 trials., The intentions of the sessions were to educate communities on various choices in prevention and treatment and establish effective advocacy strategies to increase demand for these options.,
RESULTS
Across the training sessions conducted, the mean participant performance improved from a pre-test average of 74.86% to a post-test average of 83.37%, representing an overall mean increase of 8.51 points. Improvements were observed at all locations. The biggest improvements were recorded in Ekurhuleni, (70.67 to 92.00), followed by Mbombela, (70.00 to 84.29). Moderate improvements were observed in Amsterdam (+5.65), Tshwane (+5.00), and Nkomazi (+4.66). Overall, the findings indicate consistent improvements in post-test scores across all sites, consistent with evidence that community-based education supports uptake and acceptability of long-acting HIV prevention technologies.,
CONCLUSIONS
To ensure sustainability beyond the project timeline, long-term partnerships were established with civil society members and community-based initiatives. These partnerships will help maintain momentum in the roll-out of LEN, build community-led advocacy interventions, and establish a lasting framework of knowledge for equitable access to LEN.
Popul. Med. 2026;8(Supplement 1):A610

ABS2904

The hidden epidemic: HIV Prevalence in Peri-Mining Communities

Geoffery Setswe[1], Vuyolwethu Ncube[1], Lindokuhle Mathibe[1], Manoko Mokgokong[1], Lesego Menyatswe[1], Sesona Sotshongaye[1], Jacqueline Pienaar[1]
[1]Key Populations: Health Systems Division, The Aurum Institute, Johannesburg, South Africa

INTRODUCTION
People living in peri-mining communities face heightened risk of HIV infection and are often neglected in HIV prevention efforts. These communities experience increased vulnerability due to various factors associated with mining operations and related social dynamics. The interplay of these factors, coupled with migration and mobility, have been found to be linked to increased HIV infection not only for miners working in South African mines but the people living in surrounding areas.–
METHODS
A cross-sectional population-based household survey using stratified multistage cluster sampling was employed across seven peri-mining communities in 2024. Adults aged 18 years and above (n=1634) completed interviewer-administered questionnaires and provided blood specimens for laboratory-based HIV testing. Data were analysed using Stata Version 18.
RESULTS
HIV prevalence across the villages, townships, and informal settlements sampled was 23.8% (95% CI: 20.2–27.9), exceeding South Africa's national adult average of 20.4%. The prevalence was disproportionately elevated among women (30.9%; 95% CI: 25.6–36.7), individuals aged 51–59 years (38.5%; 95% CI: 28.3–49.8), those with primary education or less (32.7%; 95% CI: 25.8–40.6), and unemployed participants (24.4%; 95% CI: 20.3–29.0). Geographic variations were evident, with Bojanala district showing 13.5% prevalence compared to neighbouring districts (11.6–12.9%). Single or formerly married individuals showed higher prevalence (26.8%) than married participants, consistent with evidence linking marital instability and HIV risk in mining-affected settings.,
CONCLUSIONS
The study revealed a concentrated HIV epidemic in peri-mining communities that exceeds national averages., The intersection of gender, age, socioeconomic vulnerability, and geographic proximity to mining operations places people in these areas at increased risk.– Women bear a disproportionate burden of HIV as mining contexts predispose them to gendered economic and social vulnerabilities that increase acquisition risk. Targeted women-centred prevention programs and interventions need to be prioritised. These findings support the dedication of resources and specialised programming to achieve epidemic control by 2030.,
Popul. Med. 2026;8(Supplement 1):A611

ABS2931

Q fever outbreak in a slaughterhouse in Brazil: retrospective assessment of long-term complications ten years later

Danilo A. França[1], Igor S. Silito[1], Matheus P. Martins[1], Tais B. Carvalho[2], Fabiana C. P. Santos[3], Silvia Colombo[3], Marcelo B. Labruna[1]
[1]Department of Preventive Veterinary Medicine and Animal Health, University of São Paulo, São Paulo, Brazil, [2]Department of Health Surveillance, Municipal Health Secretariat, Barbosa, Brazil, [3]Adolfo Lutz Institute, Vector-Borne Diseases Center, São Paulo, Brazil

BACKGROUND
Q fever is a neglected zoonosis and is rarely considered in the differential diagnosis of acute febrile illness1. The first Q fever outbreak in Brazil occurred in 2015 among slaughterhouse workers in the São Paulo state. This study aimed to report the outbreak and to retrospectively assess the long-term clinical and serological outcomes of affected workers ten years later.
METHODS
In 2015, paired serum samples from slaughterhouse workers were tested by indirect immunofluorescence assay (IFA), and Q fever was confirmed by a fourfold rise in Coxiella burnetii antibody titers2. Molecular investigation was performed using polymerase chain reaction (PCR)3. In 2025, workers were re-evaluated through structured questionnaires addressing workplace conditions, clinical manifestations, and long-term complications. Medical records were reviewed, and current serum and whole blood samples were analyzed by IFA and PCR, respectively, to assess the present serological and molecular status.
RESULTS
During 2015, 17 of 40 workers (42.5%) developed acute illness, characterized by high and recurrent fever, headache, myalgia, and complications such as pneumonia, hepatitis, and hematuria. Six patients required hospitalization. Ten years later (2025), 14 patients were re-evaluated. Twelve presented persistent phase I IgG titers, and 10 reported long-term complications compatible with chronic Q fever, including cardiac and respiratory disorders and persistent fatigue. One patient presented a phase I antibody titer of 1024 associated with a history of endocarditis, suggesting persistent infection. Patients with dyspnea and heart disease were monitored to assess the need for treatment.
CONCLUSIONS
This study documents the first Q fever outbreak in Brazil and demonstrates substantial long-term morbidity among affected workers a decade after exposure. The findings highlight the importance of early diagnosis, appropriate treatment, and long-term surveillance following Q fever outbreaks, particularly in occupational settings with high exposure risk.
Popul. Med. 2026;8(Supplement 1):A612

ABS2936

Clinical characteristics and risk factors for long COVID.

Ramon de Souza[1], Florisneide Barreto[1], Evônio Campelo Júnior[2], Viviane Morais[2], Samia Leal[3], Susan Pereira[1]
[1]Institute of Public Health, Federal University of Bahia, Salvador, Brazil, [2]Department of Tropical Medicine, Federal University of Pernambuco, Recife, Brazil, [3]Faculty of Medicine of Bahia, Federal University of Bahia, Salvador, Brazil

INTRODUCTION
The Centers for Disease Control and Prevention (CDC) defined long COVID as new, recurring, or ongoing health problems that people may experience four or more weeks after being infected with the virus that causes COVID-19, and noted that prevalence estimates for long COVID range from 10 to 35% or more. The aim of the study was to analyze the symptoms and main risk factors for long COVID.
METHODS
Case-control study comparing the proportion of individuals with clinical characteristics in cases and controls who presented with COVID-19 in health units in Brazil. Cases were subjects with long COVID-19 (Individuals who presented with persistent symptoms lasting more than 90 days after the acute phase) and

controls without prolonged symptoms. Crude and adjusted odds ratios (OR) and their respective 95% confidence intervals (95% CI) were estimated using binary logistic regression.
RESULTS
In the multivariate analysis, the clinical characteristics associated with a higher chance of long-term COVID were hypertension (OR=2.44; 95% CI: 1.54 - 3.85); dyspnea (OR=2.52; 95% CI: 1.52 - 4.19); constipation; stomach pain (OR=2.63; 95% CI: 1.31 - 5.27), nausea (OR=2.07; 95% CI: 1.11 - 3.85) and loss of appetite (OR=3.20; 95% CI: 1.91 - 5.37); persistent headache (OR= 2.03; 95% CI: 1.23 - 3.31), memory loss (OR=6.59; 95% CI: 3.76 -11.50), vision problems (OR= 2.17; 95% CI: 1.05 -4.48) and dizziness (OR=2.52; 95% CI: 1.18 - 3.55); difficulty concentrating (OR= 1.99; 95% CI: 1.13 - 3.49) and excessive sleepiness (OR= 2.52; 95% CI: 1.08 - 5.89).
CONCLUSIONS
The findings contribute to the understanding of the long-term effects of COVID-19 manifestations and their impact on the quality of life of recovering patients, and have the potential to assist the health system by indicating which services should improved to care for the population affected by long COVID syndrome.
Popul. Med. 2026;8(Supplement 1):A613

ABS2988
Q fever in quilombola communities of Southern Brazil

Danilo A. França[1], Louise B. Kmetiuk[2], Giovanni A. K. Panazzolo[3], Ana Í. L. Duré[4], Marcos V. F. Silva[4], Orlei J. Domingues[3], Giovani M. Fávero[3], Alexander W. Biondo[5], Marcelo B Labruna[1]
[1]Department of Preventive Veterinary Medicine and Animal Health, University of São Paulo, São Paulo, Brazil, [2]Zoonosis Surveillance Unit, City Secretary of Health, Curitiba, Brazil, [3]State University of Ponta Grossa, College of Pharmaceutical Sciences, Ponta Grossa, Brazil, [4]Octavio Magalhaes Institute, Ezequiel Dias Foundation, Belo Horizonte, Brazil, [5]Department of Veterinary Medicine, Federal University of Paraná, Curitiba, Brazil

BACKGROUND
Quilombola communities are afro-descendant rural communities formed by descendants of formerly enslaved people in Brazil, characterized by cultural ties, social exclusion, and barriers to accessing health services. These populations live in close contact with livestock and may be exposed to Q fever1. This study aimed to assess, for the first time, serological evidence of Q fever and associated risk factors in quilombola communities from Southern Brazil.
METHODS
The study was conducted in four communities located in rural areas of Castro, Paraná state. Serum samples were collected from 200 individuals and 20 dogs. Human and canine samples were tested for anti-Coxiella burnetii antibodies using the indirect immunofluorescence assay (IFA)2. Participants answered structured epidemiological questionnaires addressing sociodemographic characteristics, occupational exposure, dietary habits, and clinical data. Statistical associations between seropositivity and exposure variables were evaluated using Fisher's exact test and logistic regression.
RESULTS
Antibodies were detected in 22% of humans, and only one dog was seropositive. Seropositivity was statistically associated with specific communities (p = 0.0013), occupations related to livestock farming (p = 0.0475), consumption of undercooked meat (p = 0.0159), and contact with animal abortions (p = 0.0276). No associations were observed with age, sex, educational level, exposure to the forest, consumption of raw milk, tick bites, or dog ownership.
CONCLUSIONS
This study provides the first evidence of exposure to C. Burnetii in quilombola communities in Brazil. Q fever is a neglected zoonosis in the country and disproportionately affects vulnerable populations3. These findings reinforce the need for surveillance strategies tailored to the social and territorial context of quilombola communities.
Popul. Med. 2026;8(Supplement 1):A615

ABS3016
Co-Infections in Mining Communities - Integrated STI Surveillance Reveals Public Health Priorities

Vuyolwethu Ncube[1], Lindokuhle Mathibe[1], Geoffery Setswe[1], Manoko Mokgokong[1], Lesego Menyatswe[1], Sesona Sotshongaye[1], Jacqueline Pienaar[1]
[1]Key Populations: Health Systems Division, The Aurum Institute, Johannesburg, South Africa

INTRODUCTION
The social and living conditions of mineworkers contribute to rapid transmission of HIV/AIDS and STIs, namely syphilis, hepatitis B, and hepatitis C. The triple burden of syphilis, hepatitis B, and hepatitis C are public health crises due to clinical complications that arise when these infections are untreated., Peri-mining communities frequently face significant challenges in accessing healthcare services, including STI testing, treatment, and preventative interventions.,
METHODS
The study surveyed 1634 adults aged 18 years and older living in communities surrounding platinum mines in the North West Province. Participants completed structured interviews and provided blood specimens for laboratory testing. Participants were tested for HIV (enzyme immunoassay with viral load for positive results), syphilis (RPR/TPHA algorithm), hepatitis B (HBsAg), and hepatitis C (antibody/antigen testing). Prevalence estimates by age group and sex were calculated using appropriate survey weights, with all findings reported with 95% confidence intervals.
RESULTS
Multi-pathogen surveillance revealed distinct epidemiological patterns. HIV prevalence was 23.8% (95% CI: 20.2–27.9), exceeding national averages. Syphilis prevalence reached 2.3% (95% CI: 1.3–3.9), with peak burden among those aged 31–40 years (4.1%; 95% CI: 1.5–10.7), women (3.0%; 95% CI: 1.4–6.5), and individuals in relationships (4.0%; 95% CI: 1.1–13.2). HBV affected 0.8% of participants (n=13), while HCV prevalence was 0.2% (n=5). The STI age distribution differed from HIV: syphilis peaked in younger adults (31–40 years) compared to a peak in older groups (51–59 years, 38.5%). Educational disparities persisted across pathogens, with those having primary education or less showing elevated syphilis (3.0%) and HIV (32.7%) prevalence.
CONCLUSIONS
These findings strongly support one-stop testing services covering HIV and STIs, with immediate treatment for treatable infections. Different age groups face different risks requiring tailored interventions. Integrated sexual health services with strengthened syphilis control efforts, especially among people already living with HIV, are necessary to reduce the compounding effects of co-infection.
Popul. Med. 2026;8(Supplement 1):A616

ABS3075
Sociodemographic and Digital Access Factors Associated with Tuberculosis Treatment Supervision Strategies in Brazilian Municipalities

Marcela Antunes Paschoal Popolin[1], Nathalia Zini[1], Andre Luis Teixeira Vinci[1], Yan Mathias Alves[1], Reginaldo Bazon Tavares[1], Josilene Dália Alves[2], Flávia Menegheti Pieri[3], Maristelha Rodrigues Silva[4], Isabella Rodrigues Abreu[4], Ricardo Alexandre Arcêncio[1]
[1]Maternal-Infant and Public Health Nursing Department, University of São Paulo College of Nursing at Ribeirão Preto, São Paulo/Ribeirão Preto, Brazil, [2]Federal University of Mato Grosso, Mato Grosso/Barra do Garça, Brazil, [3]State University of Londrina, Paraná/Londrina, Brazil, [4]Federal University of Tocantins, Tocantins/Palmas, Brazil

BACKGROUND
Tuberculosis (TB) remains a disease of high magnitude and social relevance, particularly affecting low- and middle-income countries. Despite global efforts toward ending TB, challenges related to treatment adherence persist. Video Directly Observed Treatment (VDOT) has emerged as an innovative telemonitoring strategy; however, its implementation may be influenced by social and digital inequalities. This study aimed to analyze sociodemographic and digital access factors associated with TB treatment supervision strategies in Brazilian municipalities.
METHODS
A prospective cohort study was conducted between October 2024 and December 2025 across the five macro-regions of Brazil. Individuals aged ≥18 years, diagnosed with TB within 30 days of treatment initiation, who consented to participate and completed questionnaires were included. Participants receiving conventional TB treatment (Self-Administered Treatment/Directly Observed Treatment – SAT/DOT) were compared with those receiving Video Directly Observed Treatment (VDOT). Pearson's chi-square test, Student's t test, and multivariable logistic regression were performed using JASP software (version 0.15.0.0).
RESULTS
A total of 209 participants were included, of whom 128 (61.2%) were followed under SAT/DOT and 81 (38.8%) under VDOT. No differences were observed between groups regarding sex (p=0.898). Ownership of a mobile phone and internet access were not significantly different between groups (p=0.174). Significant associations were identified between the supervision strategy and race/skin color (p=0.037), educational level (p=0.031), family income (p=0.007), and age (p=0.011). In the multivariable analysis, age and family income remained significantly associated with the supervision strategy.

CONCLUSIONS
VDOT supervision was associated with sociodemographic characteristics, highlighting social inequalities relevant to the organization of TB care. Although access to mobile phones and the internet did not differ significantly between groups, SAT/DOT concentrated individuals in more vulnerable conditions. These findings underscore the importance of Primary Health Care–oriented implementation of VDOT to promote equity in tuberculosis care.
Popul. Med. 2026;8(Supplement 1):A618

ABS3091
Mycobacterium tuberculosis infection among international migrants, refugees, and stateless persons: prevalence in Brazilian municipalities

Maria Eduarda Pagano Pelodan[1], Daniele de Moraes Pinheiro[1], Reginaldo Bazon Vaz Tavares[1], Yan Mathias Alves[1], Ariela Fehr Tártaro[1], Beatriz Fornaziero Vigato[1], Willie Otávio Bueno Bernardi[1], Emilly de Souza[1], Marcela Antunes Pascoal Popolin[1], Nathalia Zini[1], Ricardo Alexandre Arcêncio[1]
[1]Ribeirão Preto College of Nursing, University of São Paulo, Ribeirao Preto, Brazil

INTRODUCTION
International migration can increase vulnerability to Mycobacterium tuberculosis infection (MTBI) due to structural social inequalities, precarious conditions experienced along the migratory journey, and prolonged exposure to high-risk settings. In addition, barriers to timely and continuous access to health services in transit and destination countries contribute to delays in diagnosis, prevention, and treatment, thereby increasing the risk of infection and illness. In this context, the aim of this study was to analyze the prevalence of Mycobacterium tuberculosis infection among screened international migrants, refugees, and stateless persons, according to sociodemographic characteristics.
METHODS
This is a cross-sectional study involving 876 migrants screened in five Brazilian cities: Boa Vista (RR), Belém (PA), Brasília (DF), Ribeirão Preto (SP), and Foz do Iguaçu (PR). All participants underwent screening for MTBI using the tuberculin skin test (TST). Sociodemographic information was collected from the screened participants. Descriptive statistical analysis was performed, calculating absolute (n) and relative (%) frequencies using jamovi software, version 2.6.26.
RESULTS
A total of 876 migrants were screened, of whom 183 were diagnosed with MTBI, corresponding to a prevalence of 20.9%. Among individuals with MTBI, there was a predominance of males, with 89 (48.6%) cases. Regarding marital status, most participants were single, accounting for 97 (59.6%) individuals. Concerning race/skin color, a high proportion of Indigenous individuals was observed, with 127 (69.4%) cases, followed by Black individuals (16; 8.7%). Among Indigenous participants, there was a marked predominance of the Warao ethnic group, with 113 (89.0%) individuals.
CONCLUSIONS
The high prevalence of MTBI, particularly its greater concentration among Indigenous individuals of the Warao ethnic group, highlights the need for screening and treatment strategies tailored to highly vulnerable contexts as part of tuberculosis control actions in Brazil.
Popul. Med. 2026;8(Supplement 1):A619

ABS3104
Time in the care cascade of latent tuberculosis infection among international migrants, refugees, and stateless persons: operational challenges.

Daniele de Moraes Pinheiro[1], Maria Eduarda Pagano Pelodan[1], Reginaldo Bazon Vaz Tavares[1], Yan Mathias Alves[1], Ariela Fehr Tártaro[1], Beatriz Fornaziero Vigato[1], Willie Otávio Bueno Bernardi[1], Emilly de Souza[1], Nayara de Jesus Invenção[1], Nathalia Zini[1], Ricardo Alexandre Arcêncio[1]
[1]Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo (EERP-USP), Ribeirão Preto, Brasil

INTRODUCTION
International migrants, refugees, and stateless persons (MIRA) are more susceptible to infection with Mycobacterium tuberculosis (Mtb) and constitute a priority group in tuberculosis infection (TBI) control strategies. Preventive Tuberculosis Treatment (TPT), although fundamental, has its effectiveness limited by barriers that hinder follow-up and compromise the care cascade.
OBJECTIVES
To analyze the time along the care cascade among international migrants, refugees, and stateless persons and to identify possible structural and operational barriers to care.
METHODS
This is a prospective cohort study conducted in five Brazilian cities: Boa Vista (RR), Belém (PA), Brasília (DF), Ribeirão Preto (SP), and Foz do Iguaçu (PR). The MIRA population was screened using the tuberculin skin test (TST) and, in positive cases, underwent chest radiography. Descriptive statistical analysis was performed, including calculation of mean, minimum, and maximum values, using Jamovi software (version 2.6.26), considering the interval between TST administration and treatment initiation.
RESULTS
A total of 910 migrants were screened across the study sites, of whom 137 (15.1%) tested positive for TBI. Among these, 55 (40.2%) were from Boa Vista, 46 (33.6%) from Belém, 17 (12.4%) from Foz do Iguaçu, 11 (8.0%) from Brasília, and 8 (5.8%) from Ribeirão Preto. Regarding the time along the care cascade, the mean was 32.2 days in Boa Vista (Min: 1; Max: 92), 120 days in Belém (Min: 30; Max: 264), 15.7 days in Foz do Iguaçu (Min: 3; Max: 62), 53.3 days in Brasília (Min: 3; Max: 384), and 95.8 days in Ribeirão Preto (Min: 57; Max: 154).
CONCLUSIONS
The time along the care cascade was found to be prolonged, particularly in Belém and Ribeirão Preto, highlighting operational challenges in managing the interval between TST administration and treatment initiation, as well as the need for targeted interventions to improve this process.
Popul. Med. 2026;8(Supplement 1):A620

ABS3130
Chronic chagas disease: descriptive analysis of reported cases from 2023 to 2024

Leidy Dayane Paiva de Abreu[1], Maria Iara Socorro Martins[1,2], Mirna Neyara Alexandre de Sá Barreto Marinho[3], Maria Lourdes dos Santos[4], Aretha Feitosa de Araújo[5], Liana Araújo Rodrigues Braz[1], Breno Rocha de Moura[1,5], Dário Costa Silva Filho[1]
[1]Centro de Ciências da Saúde, Universidade Estadual do Ceará, FORTALEZA, Brasil, [2]Programa de Pós-graduação em Saúde Pública, Universidade Federal do Ceará, FORTALEZA, Brasil, [3]Universidade Regional do Cariri, Iguatu, Brasil, [4]Secretaria da Saúde do Ceará, FORTALEZA, Brasil, [5]Universidade Regional do Cariri, Crato, Brasil

INTRODUCTION
Chronic chagas disease remains a relevant public health challenge in brazil1. Despite advances in vector control, late diagnosis and long-term morbidity continue to affect adult and older populations2. This study aimed to describe the epidemiological profile of chronic chagas disease cases reported in the state of ceará between 2023 and 2024.
METHODS
This is a descriptive epidemiological study conducted using secondary data from the national surveillance system e-sus notifica. All cases of chronic chagas disease reported in ceará between january 2023 and december 2024 were included. The variables analyzed were sex, age group, race or color, educational level, area of residence, and municipality. Data analysis was performed using descriptive statistics. The study was approved by a research ethics committee.
RESULTS
A total of 263 cases were analyzed. There was a predominance of males with 175 cases, corresponding to 66.53 percent, while females accounted for 88 cases, equivalent to 33.47 percent. The most frequent educational level was incomplete elementary education with 63 cases, followed by individuals with no formal schooling with 19 records. Regarding race or color, the brown category predominated with 154 cases. Notifications were concentrated in 2023 with 136 cases and in 2024 with 127 cases. Urban areas accounted for 119 records and rural areas for 67, while information was missing in 77 cases. The municipality with the highest number of notifications was juazeiro do norte, followed by limoeiro do norte and fortaleza.
CONCLUSIONS
The findings highlight chronic chagas disease as a current and neglected condition in ceará, associated with late diagnosis, weaknesses in epidemiological surveillance, and a strong relationship with social determinants of health and social vulnerability.
Popul. Med. 2026;8(Supplement 1):A621

ABS3141
Screening for Subclinical Tuberculosis among International Migrants, Refugees, and Stateless Persons in Brazil

Willie Otavio Bueno Bernardi[1], Maria Eduarda Pagano Pelodan[1], Beatriz Fornaziero Vigato[1], André Luis Teixeira Vinci[1], Nathalia Zini[1], Ricardo Alexandre Arcêncio[1]
[1]Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo (EERP/USP), Ribeirão Preto, Brazil

INTRODUCTION
The recognition of new clinical spectra of tuberculosis (TB), including incipient TB and subclinical TB, has given rise to new epidemiological paradigms that are not yet well established among international migrants, refugees, and stateless persons (IMRS). Subclinical TB represents an intermediate clinical spectrum between TB infection and active TB and, although asymptomatic, is already considered a form of disease.
OBJECTIVE
Aim to analyze the prevalence of TB disease and the proportion of subclinical TB among IMRS.
METHODS
Cross-sectional study conducted in Brazilian cities, namely Belém, Boa Vista, Brasília, Foz do Iguaçu and Ribeirão Preto. TB disease was identified using a rapid molecular test. Subclinical TB was screened based on the absence of symptoms, application of tuberculin skin test (5mm cutoff), and chest radiography. Confirmation was established through laboratory tests and/or radiological findings. IMRS aged 18 years or older and not pregnant were screened.
RESULTS
958 IMRS were screened, and 14 cases of TB disease were identified, yielding an overall prevalence of 1.46%. Prevalence by city was 1.59% in Belém, 1.63% in Boa Vista, 2.0% in Brasília, 0% in Foz do Iguaçu, and 11% in Ribeirão Preto. Among the 14 identified TB cases, 50% were asymptomatic, corresponding to an overall prevalence of 0.7% in the population and 1.06% in Belém, 0.65% in Boa Vista, 0% in Brasília, 0% in Foz do Iguaçu, and 8.82% in Ribeirão Preto. All cases occurred among Indigenous individuals, predominantly from the Warao ethnic group(93%), women(68%), recipients of social benefits(92%), with a mean duration of residence in Brazil of four years. Six of the seven cases in both symptomatic and asymptomatic forms reported having had contact with a person with TB.
CONCLUSIONS
TB disease, and particularly subclinical tuberculosis, represents a substantial burden among IMRS and requires adapted, culturally sensitive clinical protocols for screening across the spectrum.
Popul. Med. 2026;8(Supplement 1):A622

ABS3160
Predictors of Unfavorable Tuberculosis Treatment Outcomes among Migrants and Refugees in Brazil: a Nationwide Retrospective Cohort Study

Willie Otavio Bueno Bernardi[1], Beatriz Fornaziero Vigato[1], Maria Eduarda Pagano Pelodan[1], Luanne Karolyne Leal dos Santos[1], André Luis Teixeira Vinci[1], Natacha Martins Ribeiro[1], Nathalia Zini[1], Ricardo Alexandre Arcêncio[1]
[1]Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo (EERP/USP), Ribeirão Preto, Brazil

INTRODUCTION
Tuberculosis (TB) is a public health problem that disproportionately affects populations, particularly vulnerable groups such as international migrants and refugees (IMR). In Brazil, IMR present a higher prevalence of tuberculosis infection as well as an increased risk of developing TB; however, evidence regarding treatment outcomes and their predictors in the national context remains scarce.
OBJECTIVE
Identify predictors of unfavorable tuberculosis treatment outcomes among IMR in Brazil.
METHODS
Retrospective cohort study was conducted using open-access data from compulsory TB notifications provided by the Department of Information and Informatics of the Brazilian Unified Health System, Ministry of Health. All TB cases recorded as migrants and diagnosed between 2014 and 2023 were included. Records with missing outcomes, "death from other causes," "drug-resistant TB," "change of diagnosis," or "transfer" were excluded. For analytical purposes, outcomes were categorized as favorable ("cure") or unfavorable ("primary loss-to-follow-up," "loss to follow-up," "treatment failure," or "death due to TB"). Logistic regression analysis was performed using forward stepwise method, with univariate logistic regression and a p-value cutoff of 0.05 for inclusion in the multivariate model.
RESULTS
5,284 cases were included, with an unfavorable outcome proportion of 26.5%. Ten predictors of unfavorable outcomes were identified, including sociodemographic factors such as mixed-race ethnicity (adjusted odds ratio [AOR]=1.54; 95%CI: 1.20–1.98), Indigenous ethnicity (AOR=1.77; 95%CI: 1.22–2.56), incarceration (AOR=0.47; 95%CI: 0.29–0.76), and homelessness (AOR=1.99; 95%CI: 1.42–2.78); clinical factors such as re-entry after loss to follow-up (AOR=3.28; 95%CI: 2.44–4.41), alcohol use (AOR=1.40; 95%CI: 1.02–1.92), drug use (AOR=2.49; 95%CI: 1.78–3.47), and combined pulmonary and extrapulmonary TB (AOR=2.26; 95%CI: 1.40–3.67); and institutional factors such as absence of HIV testing (AOR=1.99; 95%CI: 1.50–2.65) and lack of directly observed treatment (AOR=3.14; 95%CI: 2.57–3.83).
CONCLUSIONS
IMR experience multiple vulnerabilities to unfavorable TB treatment outcomes, extending beyond social and individual dimensions to include operational inequities in access to health care.
Popul. Med. 2026;8(Supplement 1):A624

ABS3296
Barriers and Strategies for Antiretroviral Therapy Appointment Adherence in Rural South Africa: A Narrative Review with a Focus on the Vhembe District

Shonisani Tshivhase[1], Coddyliver Mabasa[1], Lufuno Makhado[1]
[1]Public Health, University of Venda, Thohoyandou, South Africa

BACKGROUND
Antiretroviral therapy is the cornerstone of HIV treatment, but its effectiveness depends heavily on consistent patient adherence to scheduled appointments. Rural regions, such as the Vhembe district in South Africa, face persistent structural, economic, and psychosocial challenges that hinder adherence to antiretroviral therapy and the continuity of care. This narrative review synthesizes evidence on the multifaceted barriers to antiretroviral therapy appointment adherence in rural settings and evaluates intervention strategies that have demonstrated success across sub-Saharan Africa. It emphasizes the relevance of these findings to the Vhembe district context.
METHODS
The review draws on three key evidence sources: a doctoral study evaluating home delivery models for Antiretroviral therapy, a systematic review of interventions supporting treatment, and a meta-analysis of adherence among pregnant women using digital and educational tools. The selected studies were critically examined for their applicability to rural service delivery and adherence outcomes.
RESULTS
The review identifies major adherence barriers, including poor transport infrastructure, high indirect costs, clinic overcrowding, limited refill durations, stigma, and the impact of public health emergencies. Strategies such as home delivery, multi-month dispensing, mHealth device reminders, and community-based support programs have been shown to effectively mitigate these challenges. Combined socio-structural interventions yield the most substantial improvements in adherence outcomes.
CONCLUSIONS
Improving adherence to antiretroviral therapy appointments in Vhembe requires an integrated model tailored to local realities. Combining decentralized care, social support structures, mHealth solutions, and financial incentives offers a sustainable path forward. However, research gaps in implementation science, cost-effectiveness, and context-specific interventions must be addressed to scale these solutions effectively.
Popul. Med. 2026;8(Supplement 1):A627

ABS3314
On-Demand and On-Site: Assessing the acceptability of Event-Driven PrEP among cisgender men attending mobile clinics in Cape Town, South Africa

Mazvita Shereen Mnangagwa Matsa[1], Cheryl Hendrickson[1], Thando Xeketwana[1], Elzette Rousseau[2], Juliana Kagura[3], Sydney Rosen[1,4], Lawrence Long[1,4], Jacqui Miot[1]
[1]Health Economics and Epidemiology Research Office, Faculty of Health Sciences, University of Witwatersrand, Johannesburg, South Africa, [2]Desmond Tutu Health Foundation, 3 Woodlands Rd, Woodstock, Cape Town, South Africa, [3]Department of Epidemiology and Biostatistics, School of Public Health, Faculty of Health Sciences, University of Witwatersrand, Johannesburg, South Africa, [4]Department of Global Health, School of Public Health, Boston University, Boston, Massachusettes, United States

BACKGROUND
Event-driven pre-exposure prophylaxis (ED-PrEP) is a non-daily oral HIV prevention regimen taken around sexual episodes. Although the World Health Organization recommends ED-PrEP for cisgender men, it is not yet included in South Africa's HIV Prevention Guidelines. We applied the Theoretical Framework of Acceptability (TFA) to examine factors influencing ED-PrEP acceptability among cisgender men in Cape Town, South Africa.
METHODS
We conducted a cross-sectional survey (October–November 2025) among

cisgender men aged ≥18 years who self-reported and tested HIV-negative at urban mobile clinics in Cape Town. After standardized ED-PrEP information, participants rated TFA constructs for ED-PrEP use on five-point Likert scales: affective attitude (feeling positive), burden (ease of use), ethicality (values fit), intervention coherence (understanding dosing), opportunity costs (lifestyle adjustment), perceived effectiveness (belief it works), and self-efficacy (confidence in use). Acceptability was defined as "likely/very likely" to use ED-PrEP (binary outcome). We summarized TFA responses descriptively and used simple logistic regression to estimate TFA associations with self-reported acceptability (odds ratios (ORs), 95% confidence intervals (CIs)).
RESULTS
We enrolled 150 cisgender men (median age 31 years [IQR 26–41]); most identified as Black (93%, 140/150) and heterosexual (89%, 134/150). Nearly all (94%, 141/150) were sexually active in the past three months; almost half reported multiple sexual partners (47%, 66/141). Overall, 87% (130/150) self-reported ED-PrEP acceptability. Most reported favourable perceptions across all TFA constructs (73%–93%), including intervention coherence (93%, 140/150) and perceived effectiveness (92%, 138/150). The largest observed associations were for opportunity costs (OR 41.9, 95% CI 9.1–193.1) and self-efficacy (OR 38.4, 95% CI 11.2–131.5).
CONCLUSIONS
ED-PrEP had high self-reported acceptability among this population. Positive TFA perceptions suggest readiness for use, with willingness to adjust lifestyle and confidence in use as key drivers of acceptability. These findings provide early implementation evidence to inform ED-PrEP integration into South Africa's HIV prevention programmes.
Popul. Med. 2026;8(Supplement 1):A629

ABS3359

Optimizing Case Finding through Multiple HIV Self-Test Distribution Channels: Reporting and Linkage Outcomes from the Promoting Access to HIV Self-Testing (PATHS II) Project in Three Nigeria states

AMEH RAPHAEL ADOLE[1], Chidinma Umebido[1], Jibrin Kama[1], Chizoba Fashanu[1], Olufunke Fasawe[1], Ngozi Adibe[1], Adebobola Bashorun[2], Chioma Ukanwa[2], Samson Omoighe[2], Aisha Gubio[2], Ramat Mohammed[2], Dr. Ali Onoja[3]
[1]Clinton Health Access Initiative, Abuja Municipal, Nigeria, [2]National AIDS and STDs Control Programme, Abuja Municipal, Nigeria, [3]African Health Project, Abuja Municipal, Nigeria
BACKGROUND
Nigeria faces persistent gaps in HIV case finding, male engagement, and timely linkage to care, undermining progress toward the UNAIDS 95-95-95 targets. HIV self-testing (HIVST) offers a testing strategy capable of expanding access beyond traditional health facilities. PATHS II evaluated the epidemiological impact of scaled HIVST implementation across multiple service delivery channels. Description: From May–December 2025, HIVST was implemented across 23 sites in Kaduna, Nasarawa, and Ogun states using community pharmacies (CPs), patent and proprietary medicine vendors (PPMVs), and community-based organizations (CBOs). Site selection was guided by WHO adapted Standard Protocol Items: Recommendations for Interventional Trials (SPI-RIT) checklist to ensure quality. Activities included deployment of HIVST kits, capacity building for state actors, and establishing robust M&E systems for reporting testing, referral/linkage and ART initiation. Lessons Learnt: A total of 4,684 HIVST kits were distributed. The project achieved a 93% result reporting rate, substantially exceeding typical community HIVST benchmarks. Overall reactivity was 1.3% (56/4,684), with 98% of reactive clients linked to confirmatory HIV testing and 85% confirmed positives initiated on ART, demonstrating a highly efficient testing-to-treatment cascade. There was almost equal uptake of HIVSTs among men, 2339(49.9%) and women, 2345(50.1%) indicating HIVST's effectiveness in addressing historically low male testing coverage. HIV positivity rates were higher among females than males (1.30% vs. 0.80%), with the highest positivity rates observed among women aged 30 years and older (1.7%) and adolescent girls aged 15–19 years (1.5%), highlighting the importance of gender-responsive prevention and linkage strategies. Conclusions/ Next Steps: The findings provide epidemiological evidence that HIVST can support national HIV testing scale-up. Multi-channel HIVST distribution, particularly through the private sector (CPs/PPMVs) can effectively reach diverse age groups and maintain high integrity in the care cascade. At scale, HIVST via multiple distribution channels can achieve high reporting rates, effective case finding, and timely linkage to care.
Popul. Med. 2026;8(Supplement 1):A630

ABS3449

Epidemiology of foodborne disease outbreaks in South Africa, 2011 – 2020

Genevie Ntshoe[1], Andronica Moipone Shonhiwa[1], Ntsieni Ramalwa-Sekhwama[2], Phuti Sekwadi[2], Juno Thomas[2], Nicola Page[2,3]
[1]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, a Division of the National Health Laboratory Service, Johannesburg, South Africa, [2]Centre for Enteric Diseases, National Institute for Communicable Diseases, a Division of the National Health Laboratory Service, Johannesburg, South Africa, [3]Department of Medical Virology, University of Pretoria, Pretoria, South Africa
BACKGROUND
Although foodborne disease (FBD) outbreaks are notifiable in South Africa, published literature on FBDs is limited. We reviewed 10 years of FBD outbreak data reported to the National Institute for Communicable Diseases (NICD) to estimate the burden, describe the epidemiology, and identify contributing factors to FBD outbreaks in the country.
METHODS
We conducted a retrospective review of records and descriptive analysis of foodborne incidents reported to the NICD from 2011 to 2020. Data were extracted from multiple sources. Duplicates were removed, and data verified. Inclusion criteria for an outbreak were FBD incidents involving ≥2 epidemiologically linked cases to a common meal.
RESULTS
Over a 10-year period, 892 FBD outbreaks were reported, resulting in more than 24000 cases, 17000 healthcare facility visits, 1300 hospitalisations, and 100 deaths. The number of outbreaks per year ranged from 59 to 153 (median 78), and case numbers from 455 to 3570 (median 2261). Outbreaks occurred throughout the year, with a higher proportion reported in spring and summer. Outbreaks were reported across all nine provinces, with KwaZulu-Natal (39.6%, 329/892) and Gauteng (21.7%, 192/892) accounting for the largest share. Where outbreak setting was indicated, outbreaks in households (35.4%, 235/663) and institutions (31.1%, 206/663) were most common. Recurring contributing factors and risk exposures, including unsafe food storage and poor food-handling practices, were identified. Clinical and/or environmental specimens were collected in 68.2% (608/892) of reported outbreaks, and pathogens were identified in 52.5% (319/608). Nontyphoidal Salmonella was the most common pathogen identified (34.0%, 109/319), followed by Bacillus cereus (31.0%, 99/319).
CONCLUSIONS
This review demonstrates that FBD incidents are a public health concern in South Africa. Necessary interventions should be implemented to minimise risk exposure and prevent future outbreaks. Targeted health education and promotion activities, together with food safety awareness campaigns, should be conducted regularly in the most affected settings/communities.
Popul. Med. 2026;8(Supplement 1):A631

ABS3460

Patterns and Predictors of Loss to Follow-Up Among Hypertensive and Diabetic Patients in PIH-Supported Clinics, Rwanda

Paul Otiku[1]
[1]Bill and Joyce Cummings Institute of Global Health, University of Global Health Equity, Kigali, Rwanda
BACKGROUND
Loss to follow-up (LTFU) threatens positive treatment outcomes of chronic noncommunicable disease (NCD). Although Rwanda has expanded nurse-led NCD services, drivers of LTFU in rural clinics are not well described. We estimated LTFU prevalence and identified associated factors associted with LTFU in a nurse led NCD program.
METHODS
We conducted an analytical cross-sectional study (May–June 2025) at a district hospital and two affiliated health centres supported by Partners In Health. Adults (≥18 years) with hypertension and/or diabetes enrolled in the NCD treatment program were classified as LTFU (no clinic contact for ≥3 consecutive months in 2024, excluding known deaths/transfers) or non-LTFU. A sample of 276 participants were included in the study (138 in each group). Groups were compared using appropriate statistical tests and logistic regression was used to identify independent predictors of LTFU.
RESULTS
Of 943 patients in the NCD treatment program, 259 (27.5%) met LTFU criteria; after excluding deaths and transfers, adjusted LTFU was 25.3% (95% CI 23.7–29.3). NLTFU participants reported higher mean diabetes knowledge and hypertension knowlege score campared to the LTFU group (Diabetes knowlege score,16.45±3.0 vs 13.92±4.4; mean difference 2.53; p=0.002), (Hypertension Knowledge score,

7.42±1.7 vs 6.77±2.0; mean difference 0.65; p=0.013). Satisfaction was modestly higher among NLTFU (26.89±2.28) than LTFU (25.67±4.88; mean difference 1.21; p=0.008). Prevalent reasons were distance (50.7%) and transport cost (47.8%). Predictors of LTFU were frequent travel (AOR 12.7; 95% CI 3.17–51.20), residential migration (AOR 22.3; 95% CI 1.84–272.53) and use of traditional medicine (AOR 14.8; 95% CI 1.55–141.70). Higher diabetes knowledge was associated with lower odds of LTFU (AOR 0.20; 95% CI 0.003–0.28) (all p≤0.019).
CONCLUSIONS
Approximately one quarter of rural NCD patients enrolled in the NCD program experienced LTFU. Mobility, traditional medicine use, and limited diabetes knowledge were key contributors to LTFU, while satisfaction differences were small.
Popul. Med. 2026;8(Supplement 1):A633

ABS3515
Hidden Burden of Opportunistic Infections among Hospitalised Adults with HIV: Post-mortem Evidence of Diagnostic Gaps in South Africa

Marguerite Hall[1], Siobhan Johnstone[1], Ivan Mambule[2], Victor Akelo[2], Shabir Madhi[1], Ziyaad Dangor[1]
[1]Vaccines and Infectious Disease Analytics Research Unit (WITS-VIDA), Soweto, Johannesburg, South Africa, [2]Liverpool School of Tropical Medicine (LSTM), Liverpool, United Kingdom

INTRODUCTION
Undiagnosed opportunistic co-infections remain major contributors to mortality among people living with HIV (PLWH). Using post-mortem minimal invasive tissue sampling (MITS), we investigated pathogen-specific causes of death in hospitalised adults with HIV in South Africa.
METHODS
This mortality surveillance study enrolled adults aged 18–64 years (HIV positive and unknown HIV status) who died of non-traumatic causes in medical wards at two Johannesburg hospitals. Within 72 hours post-mortem, MITS collected blood, cerebrospinal fluid, and liver, lung, and brain tissue. Samples underwent microbiological, molecular, and histopathological testing, and findings were integrated with clinical and verbal autopsy data by a multidisciplinary panel to assign causes of death according to World Health Organization (WHO) standards.
RESULTS
Among 813 decedents, consent was obtained from next-of-kin for MITS in 286 cases. Of the 212 deaths analysed, 197 (93%) were confirmed to have been living with HIV. Opportunistic infections were identified in the causal pathway to death in 49% (96/197) of PLWH, yielding 107 pathogens. Tuberculosis (TB) predominated (69% 74/107), followed by Cryptococcosis (20%; 21/107) and Pneumocystis jirovecii pneumonia (11%, 12/107). Notably, 24% (26/107) of opportunistic pathogens in the causal pathway to death were missed antemortem. Among Tuberculosis cases, 65% (48/74) were new presentations, and 42% (20/48) were confirmed by post-mortem testing, despite antemortem work-up in 65% (13/20). Advanced HIV disease (AHD) was present in 83% (80/96) with opportunistic infections, including in 19% (18/96) newly diagnosed with HIV. Among known PLWH (81%; 78/96), 56% (44/78) were receiving antiretroviral therapy (ART) and 41% (18/96) were virally suppressed. Among decedents with an opportunistic infection, these infections were the immediate cause of death in 33% (32/96).
CONCLUSIONS
Post-mortem MITS revealed a high burden of previously undiagnosed opportunistic infections, underscoring persistent diagnostic gaps and public health inequalities affecting hospitalised PLWH. Analysis of sampled cases is ongoing.
Popul. Med. 2026;8(Supplement 1):A637

ABS3580
Sourcing and managing the distribution of diphtheria antitoxin (DAT): Pharmacy Services, Western Cape Government Health and Wellness (WCGHW), South Africa, response to the diphtheria outbreak commencing in 2024

Caroline De Beer[1], Helen Hayes[1]
[1]Medicine Management, Laboratory and Blood Support Services, Western Cape Department of Health and Welfare, Cape Town, South Africa

BACKGROUND
Diphtheria is a highly contagious and potentially life-threatening bacterial disease. As of 19 December 2024, the Western Cape Province (WCP) recorded 36 positive diphtheria results for the calendar year, primarily in November and December 2024. Diphtheria antitoxin (DAT) is a serum containing antibodies to neutralize the diphtheria toxin. Early treatment with DAT prior to toxins binding to cells is extremely important and should be given based on clinical suspicion before laboratory confirmation where feasible. DAT is an unregistered medicine in South Africa and sourced via an application to the country's Regulatory Authority for permission to import stock. Due to global shortages of DAT at the time of the outbreak, the province faced significant challenges in sourcing supply, prompting the WCP to request support from the World Health Organization (WHO) to obtain DAT on a compassionate basis.
AIM
To ensure adequate and prompt supplies of DAT to treat patients. The outbreak required a multi-faceted response, involving real-time patient tracking, expert consultations, and extensive coordination among healthcare providers.
METHODS
A SharePoint platform was developed for reporting and tracking of DAT with access limited to key role-players to allow real-time monitoring of the distribution and movement of DAT throughout the province, and uploading of pertinent patient information. Pharmacy Services played a key role in monitoring stock levels and ensuring appropriate distribution and procurement of DAT.
RESULTS
By collaborating with the WHO for a steady supply of DAT with real-time patient tracking, cases were managed efficiently. The pharmacy department's proactive role in stock management ensured uninterrupted availability and management of this critical medication.
CONCLUSIONS
The Western Cape's response to the diphtheria outbreak has demonstrated a coordinated, multi-disciplinary approach involving the WHO, local healthcare providers, and the pharmacy sector. The response highlighted the importance of timely collaboration and preparedness in managing infectious disease outbreaks.
Popul. Med. 2026;8(Supplement 1):A638

ABS3631
China-Africa cooperation in malaria control: from the perspective of malaria-endemic African countries

Xinyi Song[1], Yixuan Wang[2], Mengze Liu[1], Yuyang Zhang[1], Minmin Wang[1,3,4], Minghui Ren[1,3,4,5]
[1]Department of Global Health, Peking University, Beijing, China, [2]Department of Global Health, University of Washington, Seattle, United States, [3]Beijing Institute for Health Development, Peking University, Beijing, China, [4]China Center for Health Development Studies, Peking University, Beijing, China, [5]Institute for Global Health, Peking University, Beijing, China

BACKGROUND
Malaria remains a persistent threat to global health, with progress in its control and elimination stalling in many endemic countries, particularly in sub-Saharan Africa. China has developed a series of comprehensive strategies, accumulated substantial valuable experience and comparative advantages over 70 years of malaria elimination efforts. China was certified as malaria-free by World Health Organization in 2021. China has also actively promoted cooperation with Africa in malaria control. This study aims to investigate the perspective of malaria-endemic African countries on China's malaria elimination experience, analyze the current status and challenges of China-Africa cooperation in malaria control, and propose key areas for future collaboration.
METHODS
Semi-structured interviews were conducted with key informants, including national malaria program managers and technicians from high-burden countries in Africa. The data were analyzed using the thematic framework method.
RESULTS
Malaria-endemic African countries consider China's malaria elimination strategies, such as multi-sectoral collaboration, health system strengthening, and community engagement, to be instructive for malaria control in Africa. They hold a positive attitude towards cooperation with China in malaria control, identifying personnel training, medical products, surveillance system development, and infrastructure construction as priority areas.
CONCLUSIONS
China can leverage its strengths in information system development, health workforce training, infrastructure construction, and anti-malaria products to integrate resources and assist African countries in achieving sustainable malaria control and elimination.
Popul. Med. 2026;8(Supplement 1):A639

ABS3680
Impact of Payment Standard Differentials on Healthcare Equity Under Payment Method Reform: A Continuous Triple-Difference Study on Tuberculosis in China

Tianqin Xue[1]

[1]Department of Health Management, School of Medicine and Health Management, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China

BACKGROUND
China's payment method reforms (DRG/DIP) often set different payment standards for Urban Employee (UEBMI) and Resident (URRBMI) Basic Medical Insurance, potentially exacerbating healthcare inequity. This study investigates whether a widening payment standard gap affects the equity of healthcare access, outcomes, and financial burden for tuberculosis (TB) patients.
METHODS
We conducted a retrospective study using TB inpatient data (N=37,332) from City A (large payment gap) and B (small payment gap) between 2018 and 2024. A continuous Triple-Difference (DDD) model was employed. The core independent variable was the specific monetary gap between UEBMI and URRBMI payment standards. Outcome measures included innovation drug use, cure rate, and annual out-of-pocket (OOP) spending ratio.
RESULTS
The widening payment gap was associated with a significant reduction in the disparity of innovation drug use between employees and residents (Interaction coefficient = -0.001, p<0.001), suggesting residents caught up in access despite the gap. No significant association was found between the payment gap and the disparity in cure rates or OOP spending trends. However, a substantial baseline structural inequity remains: UEBMI patients enjoyed a 20.5% lower OOP spending ratio (p<0.05) unrelated to the payment limit gap.
CONCLUSIONS
Contrary to concerns, widening payment standard gaps under reform did not worsen clinical or financial equity trends for TB patients, and coincided with improved equity in innovation drug access. Healthcare inequity in China is primarily driven by the structural dichotomy of insurance schemes rather than specific payment limit parameters.
Popul. Med. 2026;8(Supplement 1):A640

ABS3786
From Home Visits to Diagnosis, Household Contacts' Preferences for Tuberculosis Screening and Testing in the Eastern Cape, South Africa

Lindsey de Vos[1], Nancy Bedingfield[2], Orit Awoke[3], Kuhle Fiphaza[1], Dawie Olivier[1], Aaron M Kipp[4], Andrew Medina-Marino[5,1], Amrita Daftary[3,6]
[1]Desmond Tutu HIV Centre, University of Cape Town, Cape Town, South Africa, [2]McGill International TB Research Centre, McGill University, Montreal, Canada, [3]School of Global Health, York University, Toronto, Canada, [4]Brody School of Medicine, East Carolina University, Greenville, United States, [5]Department of Psychiatry, University of Pennsylvania, Philadelphia, United States, [6]TB-HIV Pathogenesis Unit, CAPRISA MRC, Durban, South Africa

BACKGROUND
South Africa continues to face delays with TB diagnosis'. Household contacts (HHCs) are understood to be at high TB risk and a key interest group for the rollout of Targeted Universal Testing for TB (TUTT). We explored preferences and acceptability toward household contact investigations (HCIs) via home visits to inform TUTT implementation practices.
METHODS
Between July 2024 and March 2025, HHCs referred for TB testing in Buffalo City Metropolitan, Eastern Cape, South Africa were interviewed about their TB contact investigation experiences, perceptions, and testing preferences. Responses were analyzed via thematic coding and mapped against the constructs of Sekhon's acceptability framework.
RESULTS
Among 31 interviewed HHCs receiving HCI home visits (58% female; median age 53; 39% presented to healthcare facilities for TB testing), HHCs valued the personalized attention, including concern, follow-up, and advice by members of the HCI team (high affective attitude and ethicality). However, many had limited understanding of HCI relevance, TB infection versus disease, ongoing exposure risks, and often sought testing only when prompted by others or by symptoms (low coherence). Home visits were viewed as opportunities for enhanced household support for members living with TB and easier participation in HCIs, particularly among older individuals frequently screened for the first time despite regular health system contact (low burden and opportunity costs, high affective attitude and ethicality). For those who attended facilities, testing was considered acceptable and achievable, reflecting high self-efficacy, though some preferred alternative specimen collection due to long test result wait times, logistical barriers, and test accuracy concerns (higher burden and low perceived effectiveness).
DISCUSSION
An acceptability framework deepened understanding of HHCs' healthcare-seeking decisions, while HCIs was perceived as critical entry points for TB screening and care. Expanding home-based, mobile, and alternative specimen collection could further improve engagement and timely progression through the care cascade.
Popul. Med. 2026;8(Supplement 1):A641

ABS3824
Temporal Trends and Epidemiological Profile of Dengue in Brazil, 2021–2025

Mario Angelo Cenedesi Júnior[1], Tatiana Amorim Guimarães[1], Karen de Fátima Figueroa Bohórquez[1], Sérgio Raimundo Ernesto Machado[1], Neide Moreira de Souza[1], Siglia Sousa de França[1], Gerusa Tomaz Faria[1]
[1]Department of Public Health, Universidad de Ciencias Empresariales y Sociales (UCES), Buenos Aires, Argentina

INTRODUCTION
Dengue remains a significant public health burden in Brazil, characterized by a cyclical pattern, recent expansion, and high impact on healthcare services. The analysis of temporal trends combined with the epidemiological profile allows understanding the disease dynamics, especially in the context of dengue vaccination introduction.
METHODS
Ecological, descriptive study based on secondary data from the Notifiable Diseases Information System (SINAN). Probable dengue cases were included according to the year of symptom onset (2021–2025). The analysis considered geographic region, sex, age group, clinical classification, and hospitalization occurrence. Annual percent change, cumulative percent change, and Average Annual Percent Change (AAPC) were calculated.
RESULTS
Between 2021 and 2025, 11,807,799 probable dengue cases were reported in Brazil. Adults aged 20–59 years predominated (62.0%), with a higher frequency in females (54.4%). The Southeast region accounted for 59.2% of notifications, with a growth of +2242% (2021–2024). Classic dengue represented over 95% of cases, while severe dengue remained below 0.1%. Hospitalization proportions were 3.18% (2021), 3.57% (2022), and 3.23% (2023), decreasing to 2.90% (2024) despite the absolute increase in admissions, and rising to 4.36% (2025). Regarding magnitude and trend, cumulative variation was +2120% (2021, 531,804 cases) until the epidemic peak (2024, 6,579,504 cases). Annual percent changes were +162.1% (2021–2022), +18.4% (2022–2023), and +298.4% (2023–2024), followed by a decrease of −74.9% (2025, 1,650,581 cases). The AAPC for the period was +32.7% per year.
CONCLUSIONS
Between 2021 and 2025, dengue in Brazil exhibited explosive growth, with regional concentration and a higher impact on adults of working age. The proportional reduction in hospitalizations (2024), despite the absolute increase in cases, may reflect healthcare changes and possible initial indirect effects of vaccination. Continuous monitoring of trends and clinical severity is essential to guide public health policies and control strategies.
Popul. Med. 2026;8(Supplement 1):A643

ABS3847
Vulnerability in Motion: Socio-Economic and Service-Seeking Determinants of HIV Risk among Truckers and Migrants in India

KAUSHIK BISWAS[1], L Rathore[1]
[1]Programme, Plan International (India Chapter), Delhi, India

BACKGROUND
Although overall adult HIV prevalence in India is low, it is five times higher among long-distance truckers (1.00%; 95% CI: 0.78–1.21). Truckers and migrant workers are critical bridge populations for HIV transmission in India, shaped by high mobility and structural vulnerability. To complement India's National AIDS Control Programme (NACP) goals, Plan India implemented One Stop Project (OSC) in 15 states.
METHODS
Expanding health service coverage, creating an enabling environment to reduce stigma and discrimination; and strengthening community empowerment through awareness, skill development and social protection linkages were the primary intervention areas. Programme data from October 2022 to December 2025 were analysed using SPSS.
RESULTS
Between October 2022 and December 2025, 179,389 truckers and migrant clients were registered with a mean age of 34 years. HIV positivity was significantly higher among unmarried, separated, or divorced clients compared to married clients (OR = 2.34; 95% CI: 1.99–2.76; p < 0.001). Clients with college or higher

education had higher odds of HIV positivity compared to those with education up to higher secondary or less (OR = 1.84; 95% CI: 1.41–2.40; p < 0.001). Daily-wage earners, students, and unemployed clients were more likely to test HIV positive than salaried workers (OR = 1.36; 95% CI: 1.13–1.64; p = 0.001). Clients accessing facility-based services had more than twice the odds of testing HIV positive compared to those reached through hotspot or site-level outreach (OR = 2.38; 95% CI: 1.89–2.99; p < 0.001).
CONCLUSIONS
HIV risk among truckers and migrant workers is shaped by socio-economic vulnerability and service-seeking pathways, with facilities detecting a higher-risk subset and decentralized outreach achieving broader coverage. These findings support differentiated service delivery that integrates socio-economic risk profiling, targeted testing, and mobility-responsive outreach with strengthened facility-level case detection and embedded social protection support.
Popul. Med. 2026;8(Supplement 1):A644

ABS3962
Investigation and public health response to a cluster of serogroup C Neisseria meningitidis in a Western Cape Province community, South Africa, 2025

Natassja Rakotsoane[1], Janine Bezuidenhout[1], Caroline De Beer[1], Hildegard Van Rhyn[1], Susan Meiring[1], Charlene Lawrence[1]
[1]Department of Health and Wellness, Communicable Disease Control, Cape Town, South Africa
INTRODUCTION
Meningococcal disease is a notifiable condition requiring urgent public health action due to its rapid progression, high case fatality rate, and outbreak potential. Although vaccines targeting common Neisseria meningitidis serogroups are available in South Africa, they are not included in the Expanded Programme on Immunisation (EPI) and remain largely inaccessible. This study describes the investigation and public health response to a cluster of invasive meningococcal disease caused by serogroup C in a Western Cape community during 2025.
METHODS
A descriptive implementation study design was used to document the detection, investigation, planning, coordination, and execution of public health interventions in response to a meningococcal outbreak. Surveillance data, epidemiological investigations, and response activities were reviewed.
RESULTS
Between July and November 2025, five laboratory-confirmed cases of serogroup C invasive meningococcal disease were reported from a single Western Cape community. Cases ranged in age from 2 to 26 years. The initial two cases occurred within 14 days in July 2025, among children attending the same primary school in different grades, prompting identification of a possible institutional outbreak. Close contacts received prophylaxis, and targeted prophylaxis was extended to 565 foundation phase learners (65% coverage) and 48 school staff members. Subsequently three cases occurred in November 2025, including an adult, a non–school-attending child, and school-going child, with no direct epidemiological links. Three of these cases are attending the same primary school, resulting in a community outbreak with an estimated attack rate of 42 per 100 000 population, and zero fatalities. A community-wide quadrivalent conjugate meningococcal vaccination campaign was recommended.
CONCLUSIONS
While chemoprophylaxis temporarily reduced transmission within the school setting, continued cases highlighted sustained community spread. Challenges related to emergency funding, vaccine procurement, and response implementation persist due to the exclusion of meningococcal vaccine in the EPI schedule, underscoring the need to strengthen national outbreak preparedness.
Popul. Med. 2026;8(Supplement 1):A645

ABS4022
Disparities in hepatitis B diagnoses, associated risk factors, and time to diagnosis among migrants compared with Danish-born populations: A matched cohort study

Anna Deal[1], Farah Seedat[1], Jessica Carter[1,2], Kristina Langholz Kristensen[3], Sally Hayward[1], Kenneth Kabagambe[4], Jørgen Holm Petersen[3], Nina Weis[3], Philippa Matthews[5], Maria Wessman[6], Jon Friedland[1], Sally Hargreaves[1], Marie Norredam[5]
[1]City St George's University of London, London, United Kingdom, [2]Queen Mary University of London, London, United Kingdom, [3]University of Copenhagen, Copenhagen, Denmark, [4]National Organization for People Living with Hepatitis B, Kampala, Uganda, [5]University College London, London, United Kingdom, [6]Statens Serum Institut, Copenhagen, Denmark
BACKGROUND
Chronic hepatitis B virus (HBV) infection remains a global public health challenge, with an estimated 1.3 million deaths worldwide, despite availability of an effective vaccine. In Europe, HBV burden is unevenly distributed, with substantially higher risk among migrant populations originating from regions with high HBV endemicity. Evidence on incidence, risk factors, and time-to-diagnosis in these populations remains limited. This study assessed HBV incidence, associated risk factors, and time-to-diagnosis among migrants in Denmark compared with Danish-born individuals.
METHODS
We conducted a nationwide matched cohort study including migrants who obtained residency in Denmark over a 23-year period. Migrants were matched 1:6 by age and sex with Danish-born comparators. HBV diagnosis rates were calculated per 10,000 person-years. Adjusted incidence rate ratios (aIRRs) were estimated using multivariable quasi-Poisson regression models controlling for age, sex, substance use disorders, HIV infection, and hepatitis C virus (HCV) infection. Associations with region of origin and co-morbidities were examined, and time to HBV diagnosis was compared within and between cohorts.
RESULTS
The study cohort comprised 179,110 migrants and 1,049,345 Danish-born individuals, among whom 1,362 HBV diagnoses were identified. Migrants had substantially higher HBV diagnosis rates than Danish-born individuals (5.6 vs 0.2/10,000). This elevated risk persisted after adjustment for confounders (aIRR 30.6, 95%CI 26.7–35.2). Among migrants, the mean time from arrival in Denmark to HBV diagnosis was 5.4 years (SD5.5). Migrant HBV cases were more frequently female, while Danish-born cases more commonly had substance use disorders, HCV or HIV co-infection, and acute HBV-related hospitalisations. Within the migrant cohort, higher HBV incidence was associated with HCV co-infection and origin from Southeast Asia, the Pacific, or Africa.
CONCLUSIONS
Migrants experience markedly increased HBV risk and may face prolonged diagnostic delays. Early, culturally appropriate screening strategies targeting high-risk migrant populations are essential to reduce health inequities and support achievement of WHO 2030 HBV elimination goals.
Popul. Med. 2026;8(Supplement 1):A648

ABS4092
Analysis of the laboratory and diagnostic support network for leprosy care: a cross-sectional study

Thamires Laet Cavalcanti e Silva[1], Greice Quele dos Santos Cruz[1], Eleuzina Falcão da Silva Santos[1], Natália Cristina Oliveira[2], Luiz Eduardo Nunes Ferreira[2]
[1]Bahia State Health Department, Directorate of Epidemiological Surveillance, Salvador, Brazil, [2]University of Guarulhos, Guarulhos, Brazil
INTRODUCTION
Leprosy represents a significant challenge for health managers and professionals. It is a neglected disease affecting patients with social and economic vulnerabilities, linked to health determinants and a historical past of social stigma and prejudice. The objective is to diagnose the healthcare network for patients with suspected or confirmed leprosy, highlighting weaknesses in the laboratory and diagnostic support network.
METHODS
This is a cross-sectional observational study. A qualitative-quantitative questionnaire was used to characterize assistance, examination and diagnostic networks, treatment, and surveillance actions. The questionnaire was sent to regional health bases and forwarded to the epidemiological surveillance of each municipality. Data were analyzed using Microsoft Excel and SPSS v.26.
RESULTS
Skin smear microscopy for leprosy is offered in all health macro-regions, serving as a positive factor for early diagnosis in special cases. However, only the Far South, West, and Southeast regions have between 50% and 80% of municipalities offering the exam. The other six macro-regions have fewer than 40% of municipalities performing smears, hindering access. While all regions have municipalities providing skin biopsies and histological exams, the Far South macro-region stands out with 42.1%. Peripheral nerve biopsies are performed at the ICOM (tertiary reference), but many municipalities are unaware of the referral location.
CONCLUSIONS
Leprosy is a management challenge in the state of Bahia, showing fragile access to diagnostic support exams in some macro-regions. Constructing a Care Line with defined flows and examination sites is a strategy to guarantee comprehensive assistance to leprosy patients.
Popul. Med. 2026;8(Supplement 1):A650

ABS4157

Measles outbreak in the Western Cape Province, South Africa January 2025- January 2026

Farzanah Frieslaar[1], Charlene Lawrence[1], Jack Manemela[1], Riyadh Manesen[1], Janine Bezuidenhoudt[1]
[1]Western Cape Department of Health and Wellness, Western Cape Government, Cape Town, South Africa

BACKGROUND
Measles is a highly contagious airborne viral infection and remains a significant cause of vaccine-preventable morbidity and mortality globally. South Africa has experienced an ongoing measles outbreak since June 2025, with cases identified in the Western Cape Province from epidemiological week 43 of 2025. The outbreak originated in the Khayelitsha sub-district within the City of Cape Town Metropolitan District and subsequently spread to other sub-districts. A cluster was also identified in the West Coast district. This study describes the epidemiological characteristics of the outbreak and the public health response implemented in the province.
METHODS
A descriptive epidemiological analysis was conducted using data from the measles case-based surveillance database, the notifiable medical conditions system and laboratory results provided by the Measles National Reference Laboratory. Laboratory confirmed cases from public and private sectors were included. Data from 1 January 2025 to 17 January 2026 were analysed and stratified to identify transmission patterns.
RESULTS
From 1 January 2025 to 17 January 2026, 908 laboratory-confirmed measles cases were reported in the Western Cape, with 97% (884) occurring in the City of Cape Town. Khayelitsha sub-district bore the highest burden (44%), followed by Eastern (15%) and Mitchells Plain (11%); children aged 5–9 years were most affected (46%), followed by individuals aged ≥15 years (152/905; 17%) - and females accounted for 52% of cases. Public health response measures included outbreak coordination, enhanced surveillance, case management, risk communication, booster vaccination to healthcare workers, and supplementary immunisation activities. Approximately 11,590 learners and staff were vaccinated across 52 educational institutions in Khayelitsha by December 2025. Targeted vaccination continues in other affected sub-districts.
CONCLUSIONS
Measles transmission persists due to low vaccination coverage and susceptible populations, particularly under-vaccinated and unvaccinated children. Addressing immunity gaps in older age groups and targeted supplementary immunisation is required to interrupt transmission.
Popul. Med. 2026;8(Supplement 1):A652

DECOLONISATION OF PUBLIC HEALTH

ABS0443

Decolonizing brain health screening: Community perspectives from Arabic-speaking populations and implications for culturally responsive global health strategies

Javaid Nauman[1,2], Azhar Rahma[1], Aminu Abdullahi[1], Karim Abdel-Aziz[3], Anmol Punn[1], Zeinab Hassan[1], Reem Alneyadi[1], Emmanuel Stip[4,3], Iffat Elbarazi[1]
[1]Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates, [2]Department of Circulation and Medical Imaging, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim, Norway, [3]Department of Psychiatry, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates, [4]Institut Universitaire en Santé Mentale de Montréal (IUSMM), University of Montreal, Montreal, Canada

INTRODUCTION
The global burden of neurological and mental disorders presents urgent challenges for public health systems. Yet historically, brain health screening tools have been developed in high-income countries and deployed globally without centering the perspectives, priorities, and preferences of target populations. This perpetuates colonial patterns of health system imposition. This study addresses this decolonial gap by systematically investigating what an Arabic-speaking population actually wants and needs for brain health testing, challenging assumptions about universal screening approaches.
METHODS
We conducted rigorous community-engaged cultural adaptation of the Global Brain Health Survey through forward-back translation, expert review with local stakeholders, and pilot testing with Arabic speakers. Data from 867 participants were analyzed in R using descriptive and inferential statistics to understand how demographic factors influence attitudes, reflecting the complexity and agency of the community.
RESULTS
Our results demonstrated strong acceptance of brain health testing, with over 75% expressing readiness to undergo assessment. Primary motivations were preventive, seeking insights into current and future cognitive and mental health. Key acceptance determinants included test accuracy, affordability, and convenience, particularly home-based testing options. These preferences highlight trust in scientific validity while emphasizing the importance of minimizing financial and logistical barriers which are critical factors for health equity. Most participants reported that they would seek professional help following concerning results, suggesting testing could catalyze timely healthcare engagement.
CONCLUSIONS
Our study provides systematic evidence on brain health testing attitudes in an Arabic-speaking population, demonstrating robust willingness when credibility, cost, and accessibility are prioritized. The emphasis on affordability and home-based options aligns with contemporary debates on health equity, sustainability, and digital health innovations central to achieving health without borders. The findings inform culturally sensitive, population-centered strategies for scaling brain health screening across diverse Global South contexts, supporting inclusive approaches addressing diverse populations' preferences and strengthen early intervention pathways across borders.
Popul. Med. 2026;8(Supplement 1):A655

ABS0449

Striving for partnership equity: Lessons learned during a six-year, five-country global health research collaboration

Beth Phillips[1], Serah Gitome[2], Jenny X Liu[3], Address Malata[4], Christine Galavotti[5], Elizabeth Omoluabi[6], Peter Waiswa[7], Martha Kamanga[8], Chriford Nyando[8], Dinah Amongin[7], Elizabeth Bukusi[2], Kelsey Holt[1]
[1]Family Community Medicine Department, University of California, San Francisco, San Francisco, United States, [2]Kenya Medical Research Institute, Nairobi, Kenya, [3]Institute for Health and Aging, University of California, San Francisco, San Francisco, United States, [4]Malawi University of Science and Technology, Blantyre, Malawi, [5]The Gates Foundation, Seattle, United States, [6]Akena Health+, Abuja, Nigeria, [7]School of Public Health, Makerere University, Kampala, Uganda, [8]Kamuzu College of Nursing, Lilongwe, Malawi

INTRODUCTION
Colonialism's legacy manifests in global health partnerships as unequal division of labor and resources, including apportioning intellectual versus operational labor, or as unbalanced decision making around authorship or budgets, among other commonly cited challenges.1-4 Despite clear recognition of the need for more transparency and inclusion in global health partnerships, few practical examples exist in the global health literature of how to operationalize equitable partnership principles and frameworks.
METHODS
We share our imperfect approach to striving for equity in a recent partnership that spanned Kenya, Malawi, Nigeria, Uganda, and the United States for the Innovations in Choice and Autonomy (ICAN) study. We describe our approach to building and sustaining our six-year, multi-disciplinary collaboration and reflect on lessons learned.
RESULTS
We learned five major lessons during the ICAN partnership. First, our project kickoff meeting built collective ownership and helped establish mutual trust. Second, the deep contextual and methodological expertise of each partner institution contributed to robust study implementation, but we failed to foster strong multi-team communications to effectively share mutual benefits across teams. Third, we improved our approach to co-developing scopes of work & budgets as the project progressed, which helped balance decision-making power and clarify expectations. Fourth, creating and implementing an authorship secretariat and guidelines for equitable publishing fostered inclusivity, though the process was imperfect. Lasty, encouragement from our funder to invest in capacity building for less experienced staff/investigators enabled us to commit time and resources to intensive trainings and a mentorship program, though the mentorship program had insufficient accountability to promote sufficient engagement by senior team members.
CONCLUSIONS
ICAN's size (five countries, six years) and funder encouragement to strive for equity provided a unique opportunity to invest time and resources into operationalizing equitable partnership principles from global health literature.1,5-8 We showcase these successes and challenges to inform future partnerships.
Popul. Med. 2026;8(Supplement 1):A656

ABS0458

The Narrative of Women Victims of Violence Participating in a Culture Circle During an Implementation Research in Brazil

Bárbara Miranda[1], Rosana Onocko Campos[1], Erotildes Maria Leal[1]
[1]Department of Public Health, University of Campinas - Brazil, Campinas, Brazil

ABSTRACT
This study presents the experience of violence reported by women, in culture circles, based on Paulo Freire's itinerary, in Campinas, Brazil. Violence is a structural and complex phenomenon that manifests in different ways across societies worldwide, affecting multiple dimensions of daily life. In Brazil, Popular Health Education has emerged as a powerful tool to promote reception, prevention, and support, as well as to guide the creation of public policies aligned with population needs.
OBJECTIVE
To report the experiences of violence reported by women through the Freirean Itinerary, within an implementation research research into implementation of care for people exposed to violence, by group Interfaces, from the Faculty of Medical Sciences at UNICAMP, Brazil.
METHODS
Two cycles of groups composed of 8 meetings were carried out from June to December 2021, inspired by the Freirean perspective, with women over 18 years old exposed to violence, living in the city of Campinas, Brazil. A qualitative description of the results is presented.
RESULTS
Participants reported experiencing violence perpetrated by the State, manifested through rights violations, deprivation, and the deterioration of essential public services such as health and education. Ineffective public policies and lack of investment were identified as contributing factors to the persistence of violence, including child labor, drug trafficking, and sexual exploitation. Racism emerged as a pervasive theme, materializing through exploitation, oppression, and subjugation based on skin color.
CONCLUSIONS
Popular Health Education revealed women who live face to face with violence daily, resulting in psychological suffering and reduced autonomy. The findings also expose the reproduction of violence by the State, which often responds to violence with further aggression and rights violations. Culture circles appear to foster collective and institutional strategies sensitive to these experiences, emphasizing the need for social engagement to confront violence in all its forms.
Popul. Med. 2026;8(Supplement 1):A657

ABS0621

Bridging the Equity Divide: Patient-Reported Outcome Measures in Trauma Care for Aboriginal People

Georga Sallows[1], Patrick Sharpe[2,1], Pip Henderson[1], Lavender Otieno[1], Daniel Y Ellis[3,1,4,5], Nicole Kelly[3,1], Mahni Foster[3], Belinda Gabbe[6,7], Mark Fitzgerald[7,8,9], Julieann Coombes[10,11], Luke Wolfenden[12], Brett Shannon[13,1,12], Gerard O'Reilly[6,7], Murthy Mittinty[1], Kate Hunter[10,11,1], Shanti Omodei-James[1], Hossein Haji Ali Afzali[1], Maree Toombes[11], Courtney Ryder[1,10,11]
[1]FHMRI, Collage of Medicine and Public Health, Flinders University, Adelaide, Australia, [2]Engage, Motivate, Unite Consultancy, Ceduna, Australia, [3]Trauma Service, Royal Adelaide Hospital, Adelaide, Australia, [4]Faculty of Health and Medical Sciences, University of Adelaide, Adelaide, Australia, [5]School of Public Health and Tropical Medicine, James Cook University, Cairns, Australia, [6]Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia, [7]National Trauma Research Institute, The Alfred Hospital, Melbourne, Australia, [8]Department of Surgery, Central Clinical School, Monash University, Melbourne, Australia, [9]Trauma Service, Alfred Health, Melbourne, Australia, [10]The George Institute for Global Health, Sydney, Australia, [11]School of Population Health, University of New South Wales, Sydney, Australia, [12]School of Medicine and Public Health, The University of Newcastle, Newcastle, Australia, [13]School of Public Health, University of Illinois Chicago, Chicago, United States

ABSTRACT
Patient-reported outcome measures (PROMs) are essential for understanding health-related quality of life, mental health, and functional recovery following injury. Yet, these tools are rarely adapted to capture the lived experiences, cultural values, and social determinants of health for priority populations, particularly Aboriginal and Torres Strait Islander peoples, who bear a disproportionate burden of injury in Australia. This systematic review examined the use of PROMs in observational trauma studies involving Australian adults (≥18 years), with a focus on equity and Indigenous engagement. Searches of Medline (OVID), CINAHL (EBSCO), and Scopus identified prospective cohort and longitudinal studies on trauma-related injuries. Data were appraised using CREATE and PROGRESS-PLUS frameworks to assess cultural inclusion and equity-sensitive reporting. Across 11 studies, 17 PROMs were identified, most commonly SF-36 and PCL-C. Findings revealed persistent physical and mental health impairments post-injury, yet equity considerations were minimal. None of the studies met all PROGRESS-PLUS criteria, and Indigenous knowledges were absent. Priority populations, including Indigenous peoples, culturally and linguistically diverse communities, women, and people with disabilities, were frequently underrepresented or excluded. These gaps underscore the urgent need for culturally safe, inclusive PROMs that reflect diverse recovery experiences. Embedding equity in outcome measurement is critical to advancing trauma care, informing policy, and achieving health justice for all populations.
Popul. Med. 2026;8(Supplement 1):A658

ABS1079

Decolonising informed consent: Ethics, language, and power in public-sector maternal health systems

Sinawo Lukubeni[1]
[1]Linguistics and Applied Linguistics, Nelson Mandela University, Gqeberha, South Africa

BACKGROUND
Informed consent is widely regarded as a cornerstone of ethical healthcare practice, grounded in respect for autonomy, dignity, and bodily integrity. In maternal healthcare, however, informed consent is not a single procedural act but a relational process unfolding within moments of vulnerability, urgency, and profound bodily and emotional exposure. In South Africa's public-sector maternal health system, informed consent practices are shaped by intersecting histories of colonialism and apartheid, persistent structural inequality, linguistic marginalisation, and institutional power asymmetries. Despite a strong constitutional and rights-based policy framework, women continue to report consent practices that are procedural, coercive, or poorly understood.
METHODS
This study presents a systematic narrative review examining how informed consent is conceptualised and practised in South Africa's public-sector maternal healthcare system, with particular attention to ethics, language, and power. Peer-reviewed literature published between 2000 and 2024 was identified through structured searches of biomedical, public health, social science, and regional databases. A reflexive narrative synthesis approach was employed to integrate findings across diverse study designs, foregrounding context, lived experience, and ethical meaning.
RESULTS
Five interrelated themes emerged: the proceduralisation of informed consent; linguistic exclusion and communication injustice; gendered and racialised power asymmetries in clinical encounters; ethical strain within resource-constrained health systems; and persistent gaps between policy commitments and clinical practice. Together, these themes illustrate how informed consent failures are structurally produced rather than incidental or individualised.
CONCLUSIONS
By integrating decolonial theory, language justice, narrative medicine, and reproductive justice frameworks, this review reframes informed consent as a relational, context-sensitive, and justice-oriented ethical practice. Decolonising informed consent is presented as an ethical imperative central to reproductive justice, health equity, and the transformation of public-sector maternal healthcare in South Africa.
Popul. Med. 2026;8(Supplement 1):A664

ABS1086

Voices of Indigenous Youth as a Beacon of Light and Hope: A Culturally Informed Approach to Preventing Human Immunodeficiency Virus and Hepatitis C Virus and Promoting Sexual Health and Wellness Among Indigenous Youth in Northern Saskatchewan

JUSTINA NDUBUKA[1], Amanda Froehlich Chow[1]
[1]School of Public Health, University of Saskatchewan, University of Saskatchewan, Saskatoon, Canada

INTRODUCTION
Indigenous populations continue to be disproportionately affected by Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV)1,3. Although Indigenous community members represent 3% of the Canadian population, the HIV infection rate among Indigenous people accounts for 5 to 8% of all HIV cases reported nationally, with Saskatchewan HIV rates highest in Canada. Indigenous youth are diagnosed with HIV and HCV at a rate seven times higher than non-Indigenous youth.4,5 Purpose: To explore existing resources, current knowledge, attitudes,

practices, and perception of risk factors of HIV and HCV, among Indigenous youth aged 18-29 years old residing in Northern Saskatchewan First Nations on-reserve.
METHODS
Qualitative methods will be employed to gather information/stories. A sequential Sharing Circle will be used to collect stories and deepen understanding of identified patterns and trends. The Sharing Circle will incorporate Indigenous ceremonies, with the primary aim of creating a safe and secure space for participants to share their stories, and will be facilitated by Elders. The conversational method will be implemented to provide opportunities for individuals to engage in one-on-one storytelling for those who may not feel comfortable participating in group activities. Participants will be asked to respond to broad, open-ended research questions using both the sequential Sharing Circle and conversational methods. These sessions will be audio-taped with the participants' consent. Etuaptmumk (Two-eyed Seeing), emphasizing Indigenous grounding, will guide data collection and analysis, incorporating both Indigenous and Western perspectives. Thematic analyses will be conducted on the qualitative study data.2 Expected Outcome: The stories and perspectives shared by the community will help tailor co-created, culturally relevant HIV and HCV prevention resources, which will be integrated into an Indigenous-led sexual health and wellness initiative that addresses the unique needs of Indigenous youth in Northern Saskatchewan, advancing the field and informing changes in public health policies and practices.
Popul. Med. 2026;8(Supplement 1):A665

ABS1153
Building Cultural Safety to Advance Equity and Inclusion in Healthcare

Julieann Coombes[1]
[1]Gunnu-maana (HEAL) Aboriginal and Torres Strait Islander Health Program, The George Institute For Global Health, Newtown, Australia

BACKGROUND
Achieving health without borders requires health systems that are equitable, inclusive, and culturally safe. In Australia, the need for culturally safe healthcare where health professionals critically reflect on their own cultural identity, power, privilege, and the ongoing impacts of colonisation is well established. Despite this, Aboriginal and Torres Strait Islander peoples continue to experience racism and discrimination in healthcare, contributing to inequitable health outcomes. There remains a critical gap in practical training that meaningfully builds cultural capabilities among non-Indigenous health workers within tertiary services.
METHODS
We developed, implemented, and evaluated a Building Cultural Safety and Capabilities training program for health professionals within the burn service at The Children's Hospital at Westmead, Australia. The program was designed and delivered by Aboriginal and Torres Strait Islander researchers in partnership with clinical staff. It employed interactive teaching methods, critical self-reflection, case-based discussions, and facilitated dialogue creating a culturally safe learning environment. Evaluation included participant feedback and reflective insights to assess acceptability, relevance, and perceived impact on practice.
RESULTS
The training program was well received by participating health professionals, who reported increased awareness of cultural safety, racism, and their professional responsibilities in providing equitable care. A key element of success was the facilitation of a safe space that enabled open discussion, questioning, and reflection without fear of judgement. Participants identified the development of cultural safety capabilities as a core clinical skill essential to improving care for Aboriginal and Torres Strait Islander patients and families.
CONCLUSIONS
This study demonstrates that comprehensive, interactive cultural safety training in a tertiary hospital setting is both feasible and valued by health professionals. Aboriginal led, co-designed programs that prioritise safe spaces for reflection are critical to building sustainable cultural safety capabilities. This approach is being translated across other health systems and contributing to more equitable and inclusive healthcare delivery.
Popul. Med. 2026;8(Supplement 1):A667

ABS1294
Reimagining Research: A Workshop on the Guunu-maana model of Indigenous Leadership and Excellence

Keziah Bennett-Brook[1], Julieann Coombes[1], Kate Hunter[1]
[1]Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program, The George Institute for Global Health, Sydney, Australia

BACKGROUND
Colonial research paradigms have historically misrepresented Indigenous Knowledges, privileging Western biomedical frameworks and reinforcing inequities. Globally, there is growing recognition of the need to decolonize health research and embed culturally safe practices. The multi-award winning Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program at The George Institute for Global Health offers a model of First Nations leadership and governance that challenges dominant research norms and promotes self-determination.
METHODS
This interactive session will introduce participants to the Guunu-maana model through a combination of short presentations, group discussions, and skill-building activities. The session will unpack principles of Indigenous governance, cultural safety, and relational research practice. Participants will engage in breakout exercises to identify colonial practices in their own research contexts and co-design strategies for embedding Indigenous Knowledges and culturally safe approaches.
RESULTS
Over the past decade, Guunu-maana has transformed organisational culture within a global health institute, increasing recruitment and retention of Aboriginal and Torres Strait Islander staff, supporting multiple Indigenous PhD completions, and influencing research design and policy. These outcomes demonstrate the effectiveness of embedding Indigenous leadership and cultural safety in research. During the session, participants will generate actionable steps tailored to their own contexts, fostering global applicability.
CONCLUSIONS
Decolonizing health research requires moving beyond academic outputs to systemic change. The Guunu-maana model provides transferable lessons for embedding cultural safety and Indigenous governance in research globally. This session will equip participants with practical tools and strategies to advance equity and self-determination in public health research and practice.
Popul. Med. 2026;8(Supplement 1):A670

ABS1646
Losing Roots, Losing Care: Afro-Indigenous Perspectives on Health and Colonialism

Rafaella Rodrigues Venancio[1], Ana Paula Barbosa dos Santos[2], Doroth de Assis Schimidt Doi[1]
[1]Social Work Department, Hospital Universitário da Universidade de Sao Paulo, São Paulo, Brazil, [2]Serviço Nacional de Aprendizagem Comercial (SENAC), São Paulo, Brazil

INTRODUCTION
Colonial violence has historically disrupted Afro-Indigenous ways of life in Brazil, producing profound impacts on health, care practices, and collective well-being. These processes continue to shape health inequities affecting Black and Indigenous populations. This study analyzes the relationship between colonial oppression of Afro-Indigenous modes of existence and the erosion of care, highlighting implications for communities, public health practices, teams, and service users.
METHODS
This qualitative, decolonial and reflective study is grounded in Afro-Indigenous epistemologies, particularly the triad of observation, action, and orality'. The analysis draws on ten years of professional experience in the health field combined with participant observation in Afro-Brazilian cultural and religious spaces, including terreiros (Afro-Brazilian religious and community-based spaces), cultural centers, and samba schools. Empirical material also includes publicly available audiovisual records—two documentaries, one public lecture, and one interview—featuring priests, researchers, artists, and leaders-. The material was examined through critical thematic analysis informed by Afro-Indigenous cosmoperceptions.
RESULTS
The findings indicate that care occupies a central position in Afro-Indigenous cosmologies, understood as a relational practice sustaining life through balanced interactions among humans, non-humans, territories, and spiritual dimensions. Colonial processes—marked by genocide, enslavement, territorial dispossession, and epistemic violence—have systematically weakened these care practices. This disruption generates ecological, psychosocial, cultural, and political consequences affecting public health, including increased vulnerability to illness, erosion of support networks, and reduced collective capacity to respond to health crises. The displacement of care as a core social value contributes to individual and collective suffering.
CONCLUSIONS
Care can be understood as an ancestral technology for dignified existence. Despite centuries of colonial oppression, Afro-Indigenous modes of caring persist

in religious rituals, popular festivities, communal living structures, and everyday practices. Recognizing colonial violence, implementing reparative public policies, and protecting Afro-Indigenous bodies, beliefs, and territories are essential strategies for rebuilding collective well-being and advancing equity in public health.
Popul. Med. 2026;8(Supplement 1):A673

ABS1734
Ancestral African-rooted Solidarity Kitchens: religious and dietary practices in the decolonization of public health

Luiza Failla Ribeiro[1], Gabriela Pongiluppi[1], Samantha Bittencourt Mescoloto[1], Marcella Cabral Kazze[2], Lia Thieme Oikawa Zangirolani[2], Semíramis Martins Álvares Domene[2]
[1]Paulista School of Medicine, Federal University of São Paulo, São Paulo, Brazil, [2]Department of Public Policy and Collective Health, Federal University of São Paulo, Santos, Brazil

INTRODUCTION
In afro-brazilian religions, sacred kitchens are central to the care of the Orixás, as well as the community1,2. Therefore, these places are essentially Solidarity Kitchens (S.K.), where meals are distributed to people in social vulnerability3,4. The objective of this study was to understand how religious practices are integrated into meal preparation.
METHODS
This is a descriptive, qualitative-quantitative cross-sectional study, conducted with a convenience sample of S.K. located in five Brazilian states (S.P., M.A. M.G., P.E. and P.R.) and one in the Federal District. To be included in the sample, the S.K. had to be related to afro-brazilian religions, be operational, and linked to both national public policies: Solidarity Kitchen Program4 and Feeding Cities Strategy5. The visits were conducted between May and November 2025.
RESULTS
Based on the interviews, three S.K. reported preparing meals based on the fundamentals of the afro-brazilian religions to which they belong. One of them prepares the meals according to the toque of the day, based on the Orixás and guides that will be present; another one only makes preparations that refer to the Orixás on feast days; and the last one makes preparations according to the rites and teachings of the ancestors, in addition to using a "secret" to season the meals. All three S.K. reported that they prioritize ingredients according to ancestral teachings, but they usually have to use what is available. Furthermore, all S.K. reported that distributing meals helped change people's perception of the religious space and, in five S.K., that was important for some people to approach the house.
CONCLUSIONS
These S.K. are important because they constitute a space of resistance and preservation of African ancestry in Brazil. Recognizing and integrating these practices into public food policies is essential for decoloniality these policies, contributing to the development of culturally inclusive health systems.
Popul. Med. 2026;8(Supplement 1):A676

ABS1746
Decolonizing Public Health through Harm Reduction Through Language Justice: Lessons learned from the Global South and North

Tanagra Maria Melgarejo[1]
[1]National Harm Reduction Coalition, San Juan, Puerto Rico

ABSTRACT
Language is powerful. It helps us connect to each other and shapes our view of the world. We learn and absorb new concepts through communication with each other, for which language comprehension is key. Ultimately, those that control language hold power to make decisions by controlling access to information and to the dominant discourse. In this global imperialist and capitalist heteropatriarchy, English is deemed the dominant language at the expense of marginalizing others that are spoken by a majority of brown, indigenous and black people. Language justice is about building and sustaining multilingual spaces in our organizations and social movements, so that everyone's voice can be heard both as an individual and as part of a diversity of communities and cultures. Valuing language justice means recognizing the social and political dimensions of language and language access, while working to dismantle language barriers, equalize power dynamics, and build strong communities for social and racial justice. If harm reduction is a practice with the ultimate goal to save lives and seek liberation through centering and uplifting equity, it must be firmly rooted in the principles of language justice and cultural safety to be truly decolonial and transformative. In this organized workshop, we will describe how to build harm reduction organizations and collaborations working towards language justice and share lessons learned in the Global North, role-modeled by the Global South, to further influence harm reduction to center it everywhere and to develop adequate resources to assure people who use drugs and practitioners who speak any languages join us.
Popul. Med. 2026;8(Supplement 1):A677

ABS1906
Westernized society's fragmenting of public health and religion

Montez Kaufman[1]
[1]First Baptist Institutional Church, Lakeland, United States

INTRODUCTION
Theology which includes spirituality, faith, and religion has always concerned itself with liberating persons and restoring community with one another. As some modern trends of intellectual thought have come to recognize faith as a part of public health, it appears more work needs to be done. Because of the frayed past of westernized religion on colonized communities, a historical precedent has been set that currently impacts that task.
METHODS
A historical-theological analysis of the fragmentation between faith and health was conducted. A reinterpretation of sacred texts applied to the practice and connection to spaces surrounding health: Mental Health, Public and Preventive Health, and Medicinal Health. Messages were used to clarify the connection of faith and health in worship spaces. Scriptural studies were taught surrounding areas of faith and health to small groups of congregants. Group discussions were then conducted in these areas.
RESULTS
Congregants who participated in the discussions shared the testimonies of their personal outcomes from being a part of the group. Ten percent of respondents showed a change in attitude towards a realistic connection of faith and health.
CONCLUSIONS
Further dialogue and discussions are needed to encouraged groups of faith to participate in the decolonizing of community and public health spaces. Continued conversation and participation in health spaces can positively impact community.
Popul. Med. 2026;8(Supplement 1):A678

ABS1971
From Colonial Violence to Contemporary Hunger: An Analysis of the Emergence of Anti-Hunger Policies in Brazil

Thallis Silva[1], Maria Cristina da Costa Marques[1]
[1]Public Health, University of São Paulo, São Paulo, São Paulo, Brazil

ABSTRACT
The present study stems from the understanding that the history of hunger is a constitutive part of the history of Brazil, being the structuring of the colonial, slave-owning, and capitalist project that underpinned the formation of the country. Hunger, as a deliberate instrument of production, domination, and control of bodies, especially those of enslaved and impoverished populations, was mobilized as a mechanism of colonial torture and a weapon of capitalist regulation throughout the 19th and 20th centuries in Brazil. The objective of this study is to highlight the role of hunger as a mechanism of social control in the consolidation of the Brazilian national project, from a historical-dialectical materialist perspective. Methodologically, this is a qualitative, exploratory research, constructed through the analysis of social policies and a bibliographic review of primary and secondary sources on the history of hunger in Brazil and its conflicts within class society. 502 documents were identified in the consulted databases, of which 59 were selected after inclusion and exclusion criteria, composing the analytical corpus of the study. The selected works address the trajectory of public health as a field of political and democratic dispute, fundamental to the emergence of public policies to combat hunger. The results also indicate hunger as one of the primary mechanisms of operation of capital reproduction in Brazil, using impoverished bodies to ensure a cheap labor force capable of maintaining the current social order, as well as ensuring greater profit margins for the economic elites. Moreover, the research also indicates the fundamental role played by social movements and political struggles in building a social response to social inequalities, as hunger was one of the primary social ills, leading to the consolidation of public policies aimed at ensuring basic social rights.
Popul. Med. 2026;8(Supplement 1):A679

ABS1978
Indigenous Knowledges in Higher Education: constraints to inclusion

Pip Henderson[1], Tamara Mackean[1], Deb Agnew[2], Courtney Ryder[2]
[1]College of Medicine & Public Health, Flinders University, Kaurna Yerta / Adelaide,

Australia, [2]College of Education, Psychology and Social Work, Flinders University, Kaurna Yerta / Adelaide, Australia

BACKGROUND

Higher education in Australia remains marked by entrenched inequities, with Aboriginal and Torres Strait Islander students continuing to be underrepresented and having lower completion rates.1,3 Exclusion of Indigenous Knowledges and limited Indigenous content in curricula are recognised as contributing factors and barriers to success for these students.4–6 Curricula that includes and values Indigenous Knowledges supports success, but also benefits non-Aboriginal peoples' teaching and learning.7,8 Despite this, fewer than half of Australian universities report including Indigenous Knowledges in their education programs.3

METHODS

This qualitative study investigated constraints to the inclusion of Indigenous Knowledges in higher education by conducting in-depth interviews with senior non-Indigenous academics (School Heads, Portfolio Heads, Professor, Associate Professor) at an Australian university. Interview data were deidentified and thematically analysed.

RESULTS

Nine senior academics offered personal and professional insights which, upon analysis, led to the identification of a range of interrelated constraints underpinning the ongoing exclusion of Indigenous Knowledges. These included structural and systemic, epistemic, and operational and professional factors. Examination of these revealed ways in which white normativity, white possessive logic and settler moves to innocence manifest and are deployed as strategies to sustain the exclusion of Indigenous Knowledges. More specifically, claims to busyness, epistemic and affective investments, and institutional funding and accountability measures collectively impeded the meaningful inclusion of Indigenous Knowledges.

CONCLUSIONS

Together, the identified outcomes collectively hinder meaningful inclusion of Indigenous Knowledges in higher education and, as such, contribute to long-standing educational inequities. As education is a recognised social determinant of health, the impact of these inequities extends more broadly, presenting as an important public health concern requiring action.

Popul. Med. 2026;8(Supplement 1):A681

ABS2151

Intersections Between Colonialism, Medical Racism and Race-Based Medical Practice

Faadiel Essop[1], Saleha Suleman[2]

[1]Division of Medical Physiology, Stellenbosch University, Cape Town, South Africa, [2]Department of Public Health, University of Cape Town, Cape Town, South Africa

BACKGROUND

Medicine has historically been shaped by colonialism and scientific racism, with racialised knowledge systems used to legitimise exploitation, slavery, and hierarchical social orders. Although race is now widely recognised as a social rather than biological construct, race-based assumptions continue to influence medical education, research, and clinical practice. These legacies contribute to persistent inequities in diagnosis, treatment, and access to care for marginalised populations. Understanding how historical and epistemic forms of racism continue to shape contemporary health systems is essential for advancing equity in public health.

METHODS

This chapter employs a critical historical and conceptual analysis to examine the intersections between colonialism, scientific racism, and race-based medical practice. It traces the development of racialised medical knowledge from Enlightenment-era human classification systems and craniometry through their institutionalisation in colonial medicine, law, and governance. The analysis then examines how these logics persist in contemporary contexts, including race-based clinical algorithms, biased medical curricula, and research practices that reify race as biological rather than social.

RESULTS

The analysis demonstrates that scientific racism remains embedded within modern medical practice through institutional norms, pedagogical frameworks, and clinical decision-making tools. These practices perpetuate health inequities by reinforcing biological interpretations of race and obscuring the structural and social determinants of health. While recent institutional acknowledgements and curricular reforms signal growing recognition of medicine's complicity in racial injustice, such efforts are often fragmented and insufficient to address deeply rooted structural harms.

CONCLUSIONS

Dismantling scientific racism in medicine requires more than symbolic recognition or isolated reforms. It demands structural transformation in how medical knowledge is produced, taught, and applied, alongside a clear commitment to equity-driven public health practice. Addressing the enduring influence of colonial and racialised epistemologies is essential for building inclusive, just, and equitable health systems.

Popul. Med. 2026;8(Supplement 1):A682

ABS2318

Equitable Participation in Healthcare: Shifting Power to Communities

Lebohang Kobola[1], Donald Zhou[1], Puseletso Lefakane[1]

[1]ERAA (Engagement, Representation, Analysis & Advocacy) Department, Médecins Sans Frontières (MSF), Johannesburg, South Africa

INTRODUCTION

Societal engagement and collaboration are essential to dismantling systemic inequalities and power imbalances. Beginning at the grassroots, empowering patients and communities to identify priorities, participate and influence service delivery, and advocate for effective responses strengthens primary healthcare systems through power realignment and shared ownership. Médecins Sans Frontières has partnered with communities, grassroots organisations, and Ministries of Health to support sustainable, context-appropriate healthcare access that respects local practices and centres community agency.

METHODS

This multi-disciplinary community engaged approach has been implemented across diverse settings in South Africa, Malawi, Zimbabwe, Mozambique, Kenya, and India. Context-specific strategies were co-developed, and support was provided to patient groups, community organisations and stakeholders. Implementation focused on community-led governance measures, community-led service delivery, and representation of marginalised communities on healthcare platforms at different levels.

RESULTS

Deliberate efforts to redistribute power to community organisations, patients, and local stakeholders through holistic capacity-building and strategic partnerships have significantly improved access to healthcare for marginalised populations. Community-based organisations, patient groups, and local leaders provide essential lay-health services beyond formal healthcare facilities. The deliberate inclusion of beneficiaries in decision-making processes has led to the formation of community advisory boards that influence MSF project activities and strengthen patient representation within Ministry of Health advisory structures. Community actors developed sustained linkages with MoH partners, NGOs, and civil society networks, enabling collaboration, peer learning and collective advocacy. These efforts resulted in context-specific, community-led health solutions that integrate indigenous knowledge, maximise local resources, and advance inclusive, equitable healthcare access.

CONCLUSIONS

Addressing healthcare inequities requires participatory decision making that centres patients and communities. Community-engaged healthcare enables active involvement in service delivery while building capacity for communities to advocate for their priorities and solutions. This experience underscores the need for health systems to integrate locally driven initiatives grounded in community priorities, indigenous knowledge, and equal, collaborative partnerships.

Popul. Med. 2026;8(Supplement 1):A688

ABS2405

From data extraction to social transformation: decolonial research practices in a rural traditional pomeranian community in Brazil

Camila Lampier Lutzke[1], Lorrayne Cesario Maria[1], Maria Angelica Andrade[1], Maria Helena Miotto[1]

[1]Programa de Pós Graduação em Saúde Coletiva, Universidade Federal do Espírito Santo, Vitória, Brazil

BACKGROUND

Research conducted with traditional peoples and communities often reproduces exploitative data extraction practices, in which individuals are used as sources of information and subsequently abandoned after the dissemination of results. This logic violates fundamental ethical principles of scientific research, such as generation of benefits for the populations studied. In collective health, it is urgent to critically examine these structures and to build decolonial scientific practices committed to knowledge return and to concrete transformation of the realities investigated.

METHODS

This study presents an experience report derived from research conducted in a rural traditional Pomeranian community in Brazil, using mixed-methods approach.

This strategy for returning scientific knowledge involved sharing results with local entities and translating them into concrete actions through articulation with the community, health professionals, municipal management, and the legislative branch, aiming to deliver benefits to the populations that participated in the studies.
RESULTS
The investigations identified a prevalence of early weaning of 63.4% and analyzed the reasons and impacts of this phenomenon on maternal and child care. Social, cultural, and institutional factors were associated with early weaning and guided the development of intervention strategies. As a direct outcome, intersectoral collaboration was established with the municipal government, the health department, and the city council, culminating in the proposal of a bill mandating semiannual training of municipal health professionals in breastfeeding, grounded in the evidence produced.
CONCLUSIONS
This experience demonstrates that science committed to ethics and social justice must move beyond the restricted production and circulation of academic knowledge, assuming responsibility for transforming the realities investigated based on research findings. The socialization of knowledge, combined with political engagement and the collective construction of solutions grounded in evidence and local knowledge, represents a powerful pathway for promoting health equity and strengthening research practices that generate tangible benefits for traditional communities.
Popul. Med. 2026;8(Supplement 1):A689

ABS2500
Living with with lymphatic filariasis in our community: insights from community mapping in Ghana

Kristi Kenyon[1], Colleen McMillan[2], Alexander Kwarteng[3], Emmanuel Kobla Atsu Amewu[3]
[1]Human Rights, University of Winnipeg, Winnipeg, Canada, [2]Social Work, University of Waterloo, Waterloo, Canada, [3]Biochemistry and Biotechnology, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

INTRODUCTION
Lymphatic Filariasis (LF) is a disfiguring and stigmatised neglected tropical disease (NTD) with health, social, cultural and economic impacts. Sociocultural and economic factors of the disease are underexamined, and in the Global Health paradigm of NTDs, people with LF are rarely recognized for the embodied and local knowledge they hold.
METHODS
In 10 small, remote LF-endemic communities in Ghana's Western Region, we used community-mapping workshops to understand "what is it like to live in this community with LF." In each community people with LF, grouped by gender, collaboratively mapped their communities depicting social, cultural, economic and health geographies of their environment. On large pieces of paper, participant co-researchers marked key sites identifying places of belonging, health and safety, alongside places of exclusion, ill-health and danger.
RESULTS
Places of inclusion were often paradoxically places of exclusion, and places of safety were also often described as unsafe. Women identified locations related to income generation (farms, markets) as critical to economic well-being, independence and community participation, but also sites of injury and mocking. Men identified locations of leisure including drinking spots, 'chop bars' and soccer fields as places to be welcomed by friends, but also places of name-calling, pain and difficulty as they navigated physical difference and reduced mobility. Map omissions were also significant, including the absence of locally-important traditional healers on maps, which suggests norms on 'what can be publicly mapped/discussed.' Exclusions also demonstrated agency – one group deliberately omitted an adjacent resort where they encountered stigma.
CONCLUSIONS
Community mapping is a useful tool to access the experiential knowledge people with LF have of their communities offering insight into the development and location of LF prevention, manageable and anti-stigma campaigns. Two-edged sites (safety/harm) suggest potential locations for anti-stigma interventions while map omissions require further exploration.
Popul. Med. 2026;8(Supplement 1):A690

ABS2510
Supporting Decolonized Pharmacovigilance Systems: A Funder Perspective on African-Led Regulatory Decision Making

Deirdre McCarthy[1]
[1]Global Health, Gates Foundation, Seattle, United States

ABSTRACT
Decolonizing public health requires shifting from externally driven models toward systems that are governed, owned, and sustained by the regions they serve. In pharmacovigilance in Africa, drug and vaccine safety assessments have historically relied on analyses conducted outside Africa, despite widespread use of medicines and vaccines across the continent. This has limited the relevance of safety decisions and constrained equitable participation in global health governance. From the Gates Foundation's perspective, supporting decolonization in pharmacovigilance has meant investing in African-led institutions, data infrastructure, and regulatory expertise. A major milestone in this work has been the successful delivery of a groundbreaking pilot – African Union Smart Safety Surveillance' or 'AU-3S'1, to aggregate safety data across multiple African countries, enabling joint signal detection and assessment to be conducted by African regulators and technical experts. The parallel development of 'AfriVigilance', a customized continental safety database designed for African contexts, represents a huge shift toward sustainable data sovereignty and regionally governed evidence generation. These efforts now converge with the establishment of the African Medicines Agency (AMA), which offers a continental framework to institutionalize African ownership of medicine and vaccine safety monitoring. By anchoring pooled data systems and joint decision-making within AMA, pharmacovigilance moves from fragmented, donor-supported activities to a core public health function embedded in African governance structures. This enables transparent, context-relevant regulatory action and reduces reliance on external analyses. The experience demonstrates decolonization in action: it is achieved through investments in data systems, expertise, and institutions that allow African actors to define safety questions and responses. Strengthening AMA-led pharmacovigilance enhances public trust, supports equitable access to innovation, and positions Africa as an active contributor to global drug and vaccine safety.
Popul. Med. 2026;8(Supplement 1):A691

ABS2528
Diverse approaches and shared benefits: A scoping review of co-designed chronic disease interventions with Indigenous People

Shanti Omodei-James[1], Sadia Hossain[2,1], Taylor-Jade Woods[1], Pip Henderson[1], Annabelle Wilson[1], Lynette Liddle[1], Stacy Wilson[3], Talia Scriven[3], Renee Kropinyeri[3], Natalie Kartinyeri[3], Darryl Cameron[4,3], Sharon Wingard[3], Caitlin Kerrigan[5], Brooke Spaeth[1], Amy Mendham[3,1], Billingsley Kaambwa[1], Paul Worley[3,1], Shahid Ullah[1], Courtney Ryder[1,6,7]
[1]Flinders University, College of Medicine and Public Health, Flinders Health and Medical Research Institute, Kaurna Yerta, Adelaide, Australia, [2]Translational Health Research Institute, Western Sydney University, Dharawal land, Campbelltown, Australia, [3]Riverland Mallee Coorong Local Health Network, South Australia Health, Ngarrindjeri Ruwe, Murray Bridge, Australia, [4]Moorundi Aboriginal Community Controlled Health Service, Ngarrindjeri Ruwe, Murray Bridge, Australia, [5]Coorong Medical Centre, Ngarrindjeri Ruwe, Meningie, Australia, [6]The George Institute for Global Health, University of New South Wales, Gadigal, Sydney, Australia, [7]School of Population Health, University of New South Wales, Gadigal, Sydney, Australia

INTRODUCTION
Co designed health interventions are increasingly applied to redress the sustained chronic health inequities experienced by Indigenous Peoples amidst ongoing colonisation. Despite its growth in popularity, the outcomes of co-designed interventions have not been evaluated. This review sought to identify and synthesise the evidence base of evaluated co designed chronic and complex disease interventions among Indigenous adults.
METHODS
Peer-reviewed studies published in English between January 2002 to May 2025 evaluating chronic or complex disease interventions for Indigenous adults (≥18 years) developed using co-design or related approaches were eligible. The Aboriginal and Torres Strait Islander Quality Appraisal Tool (CREATE) was used to appraise the quality of research from an Indigenous perspective. A narrative synthesis was conducted and reporting adhered to PRISMA ScR guidance. The protocol was prospectively registered (https://osf.io/j8abr).
RESULTS
Of 3,978 records screened, 39 studies were included. Most emanated from the United States, with others from Australia, Canada, and Aotearoa. Diabetes and cancer were the most common chronic conditions addressed. Analysis revealed an array of co design approaches, with Community Based Participatory Research the most frequently reported. Intervention formats ranged from single session education to long term programs. Despite methodological diversity, most studies reported improved clinical outcomes, greater health knowledge, and better self management, social, and emotional wellbeing. Community level benefits included increased capacity, employment, and access to culturally grounded resources.

Quality appraisal showed strong engagement and two way learning, but limited reporting of Indigenous governance and data sovereignty.
CONCLUSIONS
Co designed interventions show meaningful benefits for Indigenous peoples and communities, improving chronic disease outcomes while strengthening cultural connection, community capacity, and wellbeing. Advancing the field requires clearer articulation of co design processes, stronger Indigenous leadership, and adherence to best practice frameworks to ensure ethical, culturally grounded, and community driven approaches that support long term health equity.
Popul. Med. 2026;8(Supplement 1):A692

ABS2690
The Decolonisation of (Oral) Health

Nashna Rampersad[1], Khabiso Ramphoma[1], Raman Bedi[2], Pagollang Motloba[3], Frank Krokenberg[4], Tracey Naledi[5], Yuka Makino[6]
[1]Community Dentistry, University of the Western Cape, Bellville, South Africa, [2]Transcultural Oral Health, King's College London, London, United Kingdom, [3]Community Dentistry, Sefako Makgatho Health Sciences University, Ga-Rankuwa, South Africa, [4]Department of Medicine, University of Cape Town, Cape Town, South Africa, [5]Social Accountability and Health Systems, University of Cape Town, Cape Town, South Africa, [6]Oral Health, World Health Organization Regional Office for Africa, Brazaville, Congo

BACKGROUND
Colonial legacies continue to shape global health systems, favouring Western biomedical paradigms and marginalising Indigenous knowledge, community agency, and entire domains such as oral health. Despite its links to general well-being and major non-communicable diseases (NCDs), oral health remains excluded from most global policy frameworks and universal health coverage agendas. Beyond its biomedical dimension, oral health serves as a political site where structural neglect and historical injustice converge.
METHODS
This session draws on global Indigenous and African perspectives to interrogate how colonialism continues to influence health governance, research hierarchies, and care delivery. It is organised around five interconnected themes: structural patterns inherited from colonial health systems; epistemic injustice and the dominance of Western knowledge; (3) the need to centre communities in health decision-making; the role of language and culture in access and equity; and the systemic neglect of oral health in global health and NCD discourse. Oral health will be integrated across all themes to illustrate its systemic exclusion.
RESULTS
The session will examine how health systems embedded in colonial ideologies are likely to perpetuate inequity, particularly in oral health, where traditional practices have been displaced and modern services remain underfunded or inaccessible. It will explore how oral health's exclusion from the NCD agenda reflects the broader invisibility of marginalised communities in global health priorities. Presenters will share anticipated contributions that highlight pathways of resistance, reform, and reclaim Indigenous health sovereignty.
CONCLUSIONS
Decolonising (oral) health is essential for achieving sustainable health equity. It requires dismantling colonial power structures, legitimising Indigenous knowledge systems, and repositioning oral health as integral to global health justice. This plenary calls on governments, academic institutions, and practitioners to co-create inclusive, community-led, and culturally grounded health systems where all voices, and all aspects of health, are valued.
Popul. Med. 2026;8(Supplement 1):A693

ABS3013
Setting up a community-led palliative care programme in low-income urban settings in Cape Town, South Africa

Sarah Day[1], Rene Ackerman[2], Barbara Green-Thompson[3], Galiema Isaacs[2], Christine Jansen[2], Marian Kinnes[2], Jennie Morgan[4,3], Leslie Sylvester[2], Jana Weinink[3], Rene Krause[4,3], Peter Delobelle[5]
[1]School of Public Health, University of Cape Town, Observatory, Cape Town, South Africa, [2]Heideveld and Manenburg Community Health Committee, Cape Town, South Africa, [3]Department of Family, Community and Emergency Care, University of Cape Town, Observatory, Cape Town, South Africa, [4]Western Cape Department of Health, Cape Town, South Africa, [5]Chronic Disease Initiative for Africa, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Palliative care (PC) is recognised by the World Health Organisation and the South African government as an essential component of Universal Health Coverage. Despite this recognition and a significant unmet need, implementation of PC services in South Africa remains limited, particularly in low-income urban communities. This interactive, organised session presents a community-engaged public health research project that seeks to strengthen access to PC by developing compassionate, community-led models of care in two underserved urban settings in Cape Town.
METHODS
The session provides a concise project overview with facilitated, dialogic engagement between researchers, community members involved in the project, and session participants. Grounded in a community-based participatory action research framework, the project unfolds across four phases from community entry to programme evaluation. This session focuses on Phase One, covering relationship-building, assessment of community assets and readiness, and anchoring programme development in local understandings of health, illness, care, birth, and death using health literacy and community engagement. Methods included building community profiles, stakeholder and community meetings, transect walks, and community asset mapping.
RESULTS
Drawing on shared reflections from community members and the research team, the interactive components of the session will be organised around five key lessons from the community entry phase: initial engagement and trust-building; fostering community ownership and co-development; (3) researcher commitment and sustainability; establishing strong local leadership; and using creative and contextually responsive engagement methodologies. Participants will be invited into guided discussion and reflection on these themes, encouraging exchange across contexts and disciplines.
CONCLUSIONS
By centring lived experience alongside academic perspectives and prioritising dialogue over presentation, this organised session critically examines the opportunities and tensions inherent in developing community-led PC interventions in resource-constrained settings. It offers practical and reflective insights into participatory public health research practices that support dignity, equity, and sustained community action.
Popul. Med. 2026;8(Supplement 1):A699

ABS3071
Decolonizing Global Health Education: Historical Lessons from Immunization and Vaccine Equity

Khalid Dhansay[1]
[1]Individual, Cape Town, South Africa

INTRODUCTION
Global health, framed as a universal humanitarian pursuit, often masks deep-seated inequities rooted in colonial history. Contributions from the Global South have regularly been overlooked by dominant Eurocentric paradigms that valorize Western scientific achievements. Immunization history and vaccine policy offers a powerful lens through which to examine how power imbalances affect the intersection of power, trust and equity, particularly in the context of recurrent pandemics and ongoing vaccine hesitancy.
METHODS
Employing a critical historical and narrative review methodology, this analysis integrates diverse sources—from historical texts to contemporary case studies—and applies decolonial and equity frameworks. It traces early immunization practices (like variolation) to their origins in Chinese, African, and Asian knowledge systems, contrasting this with later European and American resistance and modern vaccine hesitancy.
RESULTS
Analysis demonstrates that foundational immunization knowledge emerged through diverse, multicultural knowledge systems but was subsequently reframed as Western scientific discovery. Such epistemic erasures have contributed to enduring power imbalances in global health and have undermined trust in marginalized populations. Historically and today, vaccine resistance stems from political exclusion and structural violence, not ignorance. The inequitable vaccine rollout during COVID-19, hindered by access and patent barriers, is a clear example of these ongoing colonial injustices.
CONCLUSIONS
These findings show that to build vaccine trust, prepare for pandemics, and achieve health equity, we must decolonize global health education. This requires reforming education to include diverse medical histories, prioritize knowledge from the Global South, tackle unconscious bias and "white savior" attitudes, and support community-led health practices. A decolonized approach to immunization is vital—it is both historically correct and the only way to ensure future global health actions are ethical, effective, and trusted.
Popul. Med. 2026;8(Supplement 1):A700

ABS3157

Challenging the bystander effect: Towards a socially-just global health academic culture

Oumnia Bouaddi[1], Farah Seedat[2], Yamina Boukari[3], Abi Deivanayagam[4]
[1]Mohammed VI University of Sciences and Health, Casablanca, Morocco, [2]City St George's, University of London,, London, United Kingdom, [3]University of Oxford, Oxford, United Kingdom, [4]University College London, London, United Kingdom

BACKGROUND

Global health operates firmly within social, political, and historical contexts, and researchers' work is inseparable from these broader structures. The entanglement of politics, structural violence, and health is evident throughout history, from colonial exploitation to contemporary responses to HIV/AIDS among others. While frontline workers are recognized for reporting human rights violations, we argue that global health researchers and academic institutions also have an ethical obligation to acknowledge and challenge the broader causal chains producing inequities. This workshop aims to firstly critically reflect on their role in actively challenging political and conflict-related determinants of ill health and secondly, develop practical strategies for action.

METHODS

Four approaches for researcher engagement with political and conflict-related determinants of health will be presented (e.g. boycott, disruptive participation, public and social media contestation, institutional governance). Participants will be divided into small groups to examine these approaches through an interactive SWOT-style analysis, considering feasibility, potential impact, collective vs individual action, and possible career or personal consequences. Each group will present reflections, followed by an open discussion. Participants will then prioritize approaches through live voting using interactive tools.

RESULTS

The workshop is expected to generate a collective SWOT analysis and a ranked set of approaches based on feasibility, impact, and relevance. These outputs will inform a position paper guiding socially just global health research culture, particularly with regards to contexts and populations affected by structural violence and conflict.

CONCLUSIONS

This workshop will encourage critical reflection on the responsibilities of global health researchers and academic institutions and will introduce practical strategies to move from observation as a bystander to meaningful action. It will contribute to advancing a socially just research culture where researchers and institutions are active agents who call out structural inequities and lead concrete action to address historical and ongoing injustices.

Popul. Med. 2026;8(Supplement 1):A701

ABS3343

The profile of brazilian nursing: a critical analysis of the labor market entry of brown and black professionals

Aretha Feitosa de Araújo[1], Lorena Tavares Alves[1], Maria Cecília Pereira Santos[1], Maria Lunara de França Pereira Leite[1], Sabrina Martins Alves[1], Mirna Neyara Alexandre de Sá Barreto Marinho[2], Leidy Dayane Paiva de Abreu[3]
[1]School of Nursing, Cecape, Juazeiro do Norte, Brazil, [2]School of Nursing, Universidade Regional do Cariri (URCA), Crato, Brazil, [3]School of Nursing, Universidade Estadual do Ceará (UECE), Fortaleza, Brazil

BACKGROUND

The racial profile of nursing in Brazil is the result of historical processes that have shaped access to professional training and the health labor market1. Although there has been an increase in the participation of brown and Black professionals in the field, significant inequalities persist when compared to the labor market entry and opportunities available to White professionals2-3. This study aimed to analyze the representativeness of brown and Black individuals in Brazilian nursing within the labor market, identifying how structural inequalities influence the composition of this professional category.

METHODS

This is a critical theoretical reflection with a qualitative approach, based on secondary data from the study "Demography of Nursing in Brazil 2025".

RESULTS

The findings indicate that the majority of nurses still self-identify as White. Analysis of the race/skin variable in the Annual Social Information Report (Relação Anual de Informações Sociais - RAIS) from 2011 to 2021 revealed that formal employment ties are predominantly concentrated among White professionals, while brown and Black professionals represent a smaller proportion, with little variation over the historical series. These findings highlight the persistence of racial disparities associated with access to education, labor market entry, and career advancement opportunities4.

CONCLUSIONS

It is concluded that, despite its significant diversity and social relevance, nursing continues to reproduce structural inequalities present in Brazilian society. Therefore, the implementation of public and institutional policies aimed at promoting racial equity, expanding access to high-quality education, and strengthening the inclusion and professional recognition of brown and Black nurses is essential, contributing to the construction of a more just, plural, and human rights-oriented nursing profession.

Popul. Med. 2026;8(Supplement 1):A702

ABS3398

Critical Embodiment: A People's Framework for Planetary Health

Dihan Wijewickrama[1], Yin Paradies[1]
[1]School of Humanities and Social Sciences, Deakin University, Narrm/ Melbourne, Australia

INTRODUCTION

The planetary metacrisis – characterised by breached planetary boundaries, cascading ecosystems collapse, mass extinction, intensifying climatic catastrophe and surging population health burdens – presents the defining public health challenge of our era. Yet orthodox public health frameworks have proven profoundly inadequate to contend with the scale, causation and urgency of these interconnected challenges. Disciplinary siloing, individualised and single-issue interventions together with dehistoricised and depoliticised theories of change obscure the systemic drivers of planetary-scale illbeing. Decolonial analysis traces the origins of the metacrisis not in abstract universal 'human activity' but in Racial Capitalism – a >500-year world system structured on the fiction of separate human races to legitimise colossal and systematic extractive violence wrought upon lands, peoples and other beings.

METHODS

This research develops a conceptual framework for rematerialising public health's role in addressing the metacrisis – drawing on decolonial political economy, critical systems theory and insurgent praxes which recognise the inseparability of collective healing and socio-ecological justice – generating a pluriversal (respecting diverse knowledge systems rather than imposing a universal colonial blueprint) framework for planetary health.

RESULTS

Critical Embodiment emerges as a people's framework operationalising healing justice through three dimensions: embodiment – centring lived experience and somatic knowing; relationality – emphasising interdependence, reciprocity and responsibility across human and non-human worlds; and critical consciousness – denaturalising and rehistoricising the systems of power which sustain extractive violences. The framework reorients public health towards a Planetary Systems analysis grounded in decoloniality and Indigenous and Global Majority knowledge systems.

CONCLUSIONS

Public health must transform into Planetary Health. Critical Embodiment demonstrates how integrating decolonial political economy, systems analysis and healing justice creates a generative framework for collective action to address the metacrisis – repositioning public health as an instrument for planetary healing justice and regenerative futures.

Popul. Med. 2026;8(Supplement 1):A703

ABS3426

Urban tree census as catalyst for improved public health: a community-led exploration in Bishop Lavis, Cape Town

Rouve Bingle[1], Thandokazi Mvelashe[2], Lungiswa Nkonki[2]
[1]City and Regional Planning, University of Cape Town, Cape Town, South Africa, [2]Div of Health Systems and Public Health, Stellenbosch University, Cape Town, South Africa

INTRODUCTION

Trees provide multifaceted, low-cost benefits for public health. In postcolonial South Africa it remains an underutilised resource. The community of Bishop Lavis exemplifies "green apartheid," where historically Coloured designated areas suffer from systematically lower urban tree cover, perpetuating a socioecological inequality that has negative consequences. However, to understand, unlock and leverage health benefits of trees requires data on its availability and accessibility which is often unavailable. Creating a community tree inventory is a logical starting point to achieve these aims. This exploratory study, part of Stellenbosch University's Social Responsibility Initiative, examines urban forestry practices, community participation and mapping as a pathway to enhanced well-being.

METHODS

To determine a baseline count of trees in Bishop Lavis's public spaces, a census

was undertaken. Using a participatory design, the project recruited and upskilled community members in novel AI technology via the openly available PI@ntNet mobile application. Participants photographed, identified, and geolocated all public trees to create a community tree inventory, assessing quantity, distribution and species composition. This generated foundational data on the local urban forest.
RESULTS
There was a total of 875 observations made over five days of data collection. The census revealed a small overall public urban forest in Bishop Lavis, with stark intra-community disparities certain areas markedly more tree-poor than others, exacerbating vulnerabilities in high-density zones.
CONCLUSIONS
A public tree census can act as a catalyst for public health awareness and community justice. Participation empowers residents to generate their own baseline data, fostering ownership. Public urban tree data offer a promising pathway to improved nature-based intervention for marginalized areas. Findings advocate for public awareness, education and policy integration of resident-led urban forestry initiatives into urban development frameworks to enhance public health.
Popul. Med. 2026;8(Supplement 1):A704

ABS3446
Decolonising African Public Health: Centering Indigenous Knowledge for Equity and Health

Islamiyyat Agoro[1], Adedapo Adejumo[1]
[1]Academic, LASCOHET, Yaba, Lagos, Nigeria

BACKGROUND
Public health systems across much of Africa continue to reflect colonial epistemologies that privilege Eurocentric biomedical paradigms while marginalising indigenous knowledge systems and community-based health practices. This structural imbalance contributes to persistent health inequities, weak community ownership, and limited responsiveness of health interventions, thereby constraining progress toward universal health coverage and the Sustainable Development Goals (SDGs). As global public health discourse increasingly emphasises equity, inclusion, and sustainability, there is an urgent need to reposition decolonisation as a practical and evidence-informed strategy for strengthening people-centred health systems.
METHODS
A mixed-methods approach was employed. This included a narrative review of peer-reviewed literature and a comparative policy analysis of selected national and subnational public health frameworks across African contexts. In addition, in-depth qualitative interviews were conducted with over 60 stakeholders, including public health professionals, traditional health practitioners, policymakers, and community leaders. Data were analysed thematically to identify structural constraints, opportunities for integrating indigenous knowledge, and governance mechanisms capable of enhancing accountability, service delivery, and community participation.
RESULTS
The findings reveal that colonial legacies remain deeply embedded within public health education, financing models, and institutional governance structures. However, settings that intentionally incorporate indigenous knowledge—through culturally grounded health promotion, participatory leadership, and respectful collaboration with traditional systems—demonstrated improved service utilisation, increased community trust, and enhanced intervention acceptability. Such approaches were associated with more equitable resource distribution, revitalisation of primary healthcare, and greater system resilience.
CONCLUSIONS
Decolonising public health extends beyond symbolic reform and represents a critical pathway toward equitable, inclusive, and sustainable health systems. Integrating indigenous knowledge within formal health governance can strengthen social legitimacy, improve health outcomes, and advance health justice across Africa and other post-colonial settings. Embedding culturally responsive frameworks within global and national health strategies is essential for achieving universal health coverage and realising the vision of health without borders.
Popul. Med. 2026;8(Supplement 1):A705

ABS3477
Solidarity kitchens and decolonial approaches to public health in campinas, brazil

Amanda Oliveira[1], Ana Bertolini[1], Natalie Dantas[1]
[1]Food Science and Nutrition Department, School of Food Engineering, Universidade Estadual de Campinas, Campinas, Brazil

INTRODUCTION
solidarity kitchens are community-based initiatives addressing hunger and food insecurity among socially vulnerable populations, primarily organized by civil society and social movements. In brazil, these initiatives operate within the national food and nutrition security (fns) system, contributing to the human right to adequate food and reinforcing territorial sustainability. Despite improvements in national food security indicators, structural inequities, historical exclusion, and marginalization persist. Approaching these initiatives from a decolonial perspective highlights the autonomy of local actors and the importance of grassroots responses to systemic gaps, offering a counter-narrative to the top-down, state-centric framing of public health.
METHODS
this qualitative case study draws on participant observation in a solidarity kitchen in the metropolitan region of campinas, são paulo. Data collection included field notes and descriptive observations of practices related to food and nutrition security, sustainability, and community organization, with attention to barriers, strategies, and expressions of autonomy and collective empowerment.
RESULTS
the kitchen functions as a hub connecting social movements, religious groups, and local agricultural producers, combining food production, educational initiatives, and income-generating activities. Practices include organic waste reuse for biofertilizers, literacy workshops, and bread-making courses. The study highlights tensions between community autonomy and state regulation, which may inadvertently constrain the self-determination of these initiatives.
CONCLUSIONS
solidarity kitchens exemplify decolonial public health practices. The social initiative contributes to food sovereignty by strengthening community ties and local food systems, promoting collective agency, affirming marginalized identities, and generating locally grounded solutions to food insecurity. They demonstrate potential for replication in other territories, provided that external support respects local governance and cultural practices. Recognizing these initiatives as part of the broader public health framework strengthens equity, sustainability, and social participation.
Popul. Med. 2026;8(Supplement 1):A706

ABS3523
Decolonising public health: from critique to practice in knowledge production and health systems strengthening

Faye Eshraghi[1]
[1]Medicine, University of Cape Town, Cape Town, South Africa

BACKGROUND
Global public health knowledge production operates through centre-periphery power dynamics that privilege high-income country institutions while marginalising local and indigenous knowledge., These asymmetries, manifesting as credibility deficits, interpretive marginalisation, and epistemic injustice, limit the relevance, equity, and sustainability of public health interventions in low- and middle-income countries.,
METHODS
This conceptual and practice-informed analysis draws on published literature, policy discourse, and professional experience in health systems strengthening. Key themes were identified through critical reflection on knowledge generation, guideline development, and implementation processes, examining power relations, authorship norms, partnership models, and local ownership within public health practice.,
RESULTS
Persistent asymmetries are sustained by donor-driven funding models, academic incentive structures that reward northern authorship, and weak governance of partnership standards., Knowledge extractivism and the erasure of local epistemologies undermine the legitimacy and uptake of public health interventions., Evidence indicates that co-production approaches, including shared leadership, participatory governance, community research advisory groups, and digital collaboration platforms, can redistribute authority and enhance contextual relevance., Structural reforms targeting funding criteria, academic metrics, and accountability mechanisms are necessary to support sustained equitable practice.,
CONCLUSIONS
Decolonising public health requires moving beyond critique toward practical transformation in how knowledge is produced, valued, and applied. Embedding principles of epistemic plurality, reciprocity, and local co-leadership within health systems strengthening efforts supports more equitable, contextually relevant, and sustainable public health action. Operationalising decolonial commitments demands reflexive tools, reformed governance frameworks, and accountability to

affected communities.,
Popul. Med. 2026;8(Supplement 1):A708

ABS3554
Colonial continuities in German medicine and healthcare: toward anti-racism and decolonization

Tanja Gangarova[1], Muna Aikins[2], Robel Abay[3], Mirjam Faissner[4], Shreyashi Bhattacharya[5], Awa Naghipour[6]
[1]National Monitoring of Discrimination and Racism (NaDiRa), German Centre for Integration and Migration Research (DeZIM), Berlin, Germany, [2]Forschungsgruppe Biologie, Soziale Unterschiede und Entwicklung, Max-Planck-Institut, Berlin, Germany, [3]Alice Salomon Hochschule Berlin, Berlin, Germany, [4]Universitätsmedizin Berlin, Charité, Berlin, Germany, [5]Institut für Allgemeinmedizin, Uniklinik Köln, Köln, Germany, [6]Universität Bielefeld, Medizinische Fakultät OWL, Bielefeld, Germany

ABSTRACT
Despite increasing scholarly and policy interest in the decolonization of medicine and healthcare in recent years, the enduring colonial foundations of German medical and healthcare systems remain largely underexplored and, consequently, unchallenged. This contribution is based on a systematized literature review and examines the deep colonial roots that continue to shape knowledge production, institutional structures, and practices in German medicine and healthcare, with a particular focus on Berlin. In addition, community mappings were conducted to document and make visible the knowledge, practices, and forms of resistance embedded in locally based, communities-driven health initiatives led by activists and scholars of color. Through a critical analysis of historical and contemporary power relations, the contribution demonstrates how colonial and racialized knowledge systems persist in medical curricula, clinical practice guidelines, and institutional structures. These continuities contribute to limited access to treatment and negatively affect the quality of healthcare for racially marginalized communities. Where formal systems fail or exclude, communities develop their own strategies to address racial injustice in healthcare and to foster resistance and solidarity. Intersectionality and decolonial approaches grounded in an ethics of care are identified as essential frameworks for making these power structures visible and for developing transformative strategies for change. The report offers both a theoretical foundation and practical recommendations for academics, policymakers, healthcare institutions, and civil society actors seeking to unsettle colonial power dynamics and advance health equity and justice in Germany and beyond.
Popul. Med. 2026;8(Supplement 1):A709

ABS3557
Ethics in Action: Reimagining Implementation Science Beyond Colonial Legacies

Sayan Das[1], Madhura Joshi[2], Amitabha Sarkar[2]
[1]Centre for Social Medicine & Community Health, Jawaharlal Nehru University, New Delhi, India, [2]Health Sciences Unit, Tampere University, Tampere, Finland

BACKGROUND
Implementation science in global health has largely evolved within epistemic and institutional frameworks shaped by colonial legacies. These include unequal power relations, dominance of positivist and technocratic approaches, and marginalisation of community knowledge and socio-political context. As a result, implementation science is often reduced to a technical exercise focused on efficiency and measurable outcomes, rather than equity, justice, and lived realities—particularly in low- and middle-income countries (LMICs).
METHODS
This paper adopts a critical, normative analysis of implementation science literature, global health practice, and ethics guidance, drawing on political economy, decolonial scholarship, and applied public health ethics. It synthesises evidence from global health programmes and policy experiences, including publicly financed health reforms in LMICs, to examine how colonial epistemic hierarchies shape implementation priorities, methodologies, and outcomes. Building on this analysis, the paper develops an ethics-framed conceptual model for implementation planning.
RESULTS
The analysis identifies persistent structural and epistemic inequities within implementation science, including extractive research practices, inequitable partnerships, and limited engagement with social and political determinants of health. To address these gaps, the paper articulates six ethical imperatives for decolonising implementation research: socially legitimate science, community co-production, equitable partnerships, contextual sensitivity, epistemic and social justice, and ethical data stewardship. These imperatives are operationalised through a five-stage ethics-informed implementation planning cycle that integrates ethical reflection into problem framing, co-design, implementation, evaluation, and reciprocal learning.
CONCLUSIONS
Embedding ethics as the organising principle of implementation science—rather than a procedural add-on—can reposition the field as a tool for social justice and health equity. An ethics-informed planning cycle enables implementation science to move beyond colonial and technocratic logics, restoring voice, agency, dignity, and accountability to the communities it seeks to serve.
Popul. Med. 2026;8(Supplement 1):A710

ABS3803
Community-based approaches in primary health care: a perspective from popular health education and emancipatory care

Luiza Zanardo[1], Rita Borret[1]
[1]Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

ABSTRACT
BACKGROUND The Family Health Strategy, Brazil's main Primary Health Care (PHC) model, is grounded in territorialization, recognizing territory as a socially and politically constructed space. The community-based approach is a relational technology that promotes proximity between health professionals and communities and integrates clinical care with social determinants to address social disadvantages and their health effects., It aligns with Popular Health Education (PHE) and Emancipatory Care (EC), emphasizing horizontal dialogue, local knowledge, critical reflection, autonomy, and the reduction of power asymmetries in care practices.- In Rio de Janeiro (RJ), expanded PHC coverage increased service capacity, but understaffed teams face clinical, surveillance, and administrative demands, limiting community-based approaches. This study analyzed community-based approach experiences in RJ state (2015–2025) from the perspectives of PHE and EC. METHODS A literature review in the Virtual Health Library (BVS/VHL) and the Digital Library of Theses and Dissertations of the State University of Rio de Janeiro (BDTD-UERJ), using Boolean operators in title, abstract, and subject fields, identified 273 publications. Of these, 17 studies were selected and classified by type of community approach, thematic focus, teaching methodologies, and political-pedagogical perspectives. RESULTS Community-based approach has been predominantly organized in formats such as groups, lectures, and campaigns, oriented toward information transmission and behavior change. Despite the presence of participatory dynamics, a depositary political-pedagogical perspective prevails, with limited community protagonism in defining themes and strategies. This pattern is associated with the biomedical training of professionals and their insertion in services governed by managerial logics focused on targets and productivity, with limited time and institutional support for territorial actions. CONCLUSION Community-based practices in PHC in RJ state diverge from PHE and EC principles. These findings raise a question: whose interests are served by non-critical and non-emancipatory practices that limit the transformative potential of health and social action within Brazil's Unified Health System?
Popul. Med. 2026;8(Supplement 1):A713

ABS3878
impact of inclusive social policies on access to medical education in brazil by historically excluded populations: breaking the "pact of whiteness"

Tayana Santos Barbosa[1], Micheli Dantas Soares[1], Mariângela Costa Vieira[1], Paula Hayasi Pinho[1]
[1]Centro de Ciências da Saúde, Universidade Federal do Recôncavo da Bahia, Santo Antônio de Jesus-Bahia, Brazil

INTRODUCTION
in brazil, colonialism established social, political, and economic structures that historically excluded black and indigenous populations from access to public goods and services, including higher education,. These barriers are intensified in prestigious undergraduate programs, such as medicine, which have traditionally been accessed predominantly by white individuals from higher socioeconomic classes. Black women scholars have analyzed how structural racism operates within brazilian institutions, reinforcing hierarchies and limiting educational and professional opportunities,. This study examines the role of inclusive social policies in expanding access to medical education and challenging the "pact of whiteness."
METHODS
this study uses an autoethnographic approach based on the life experience of the researcher, a black woman from a working-class background who became a family and community physician. Personal narrative serves as an analytical tool to examine how social markers such as race, class, and gender shaped educational

and professional trajectories. The analysis draws on black feminist theoretical contributions, and the concept of escrevivência, proposed by conceição evaristo, which legitimizes lived experience as knowledge production.
RESULTS
inclusive social policies in brazil functioned as mechanisms of social and racial reparation. These include racial and social quota policies, income transfer programs such as bolsa família, and the program for restructuring and expansion of federal universities. Collectively, these policies increased access to medical education for historically excluded populations, enhanced representation, reduced structural inequalities, and promoted equity and social mobility among black and indigenous students.
CONCLUSIONS
inclusive social policies promoting social and racial reparation reduce structural inequalities and expand access to higher education and medical training in brazil. As a technical-scientific outcome, this study proposes workshops entitled "a gente combinamos de não morrer," directed at primary health care professionals and medical students to foster awareness of structural racism and promote equity in health education.
Popul. Med. 2026;8(Supplement 1):A715

ABS3882
Decolonizing humanitarian public health: power, narratives, and ethical practice
Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied
INTRODUCTION
Humanitarian public health responses are often shaped by colonial legacies, unequal power relations, and extractive narratives. This results in top-down interventions that sideline local leadership, ethics, and contextual knowledge—especially in Global South crisis zones.
METHODS
This session uses a roundtable format to engage youth, feminist leaders, and health professionals from conflict-affected and post-colonial regions. Through shared case studies and lived experiences, the session explores pathways to ethical, decolonized health practice grounded in dignity, justice, and international humanitarian law (IHL).
RESULTS
Panelists will unpack how colonial logics persist in global health funding, research, and governance—particularly during emergencies. They will highlight locally led alternatives, from community-controlled data systems to youth-centered ethical review boards. Discussions will also explore the ethical tensions between neutrality and justice in humanitarian work.
CONCLUSIONS
Decolonizing public health in emergencies requires more than critique—it demands system redesign. This includes ethical frameworks rooted in lived experience, reparative funding models, and governance structures led by affected communities. The session will end with actionable recommendations for practitioners, donors, and multilateral agencies.
Popul. Med. 2026;8(Supplement 1):A716

ABS3963
Decentralizing HIV Testing for Transgender Populations in India: Evidence from Community Platforms and Facility-Based Models
KAUSHIK BISWAS[1], B BORAH[1]
[1]Programme, Plan International (India Chapter), Delhi, India
BACKGROUND
HIV prevalence among transgender (TG) populations remains disproportionately high at 3.78% (HSS 2021). Structural stigma, identity-related marginalization, unstable livelihoods and limited access to sexual and reproductive health (SRH) services continue to impede timely HIV testing and diagnosis. Plan India, is implementing community-led, decentralized HIV testing through integrated and differentiated service delivery models across 13 states.
METHODS
The project is guided by three
OBJECTIVES
(i) expanding HIV testing to reach unreached and newly identified TGs; (ii) creating an enabling environment to reduce stigma and discrimination; and (iii) strengthening community empowerment through awareness and social protection linkages. HIV testing is delivered through facility-based services and decentralized platforms.
RESULTS
A total of 10,912 TGs were registered, of whom 68.4% were aged below 30 years. Compared to decentralized platforms, facility-registered TGs had 38% higher odds of being under 30 years (OR = 1.38; 95% CI: 1.26–1.53; p < 0.001). Facility registrants were 2.27 times more likely to have higher education (higher secondary or above) compared to those reached through outreach platforms (OR = 2.27; 95% CI: 2.08–2.53; p < 0.001), and 2.2 times more likely to be students or salaried employees rather than unemployed, self-employed or daily-wage earners (OR = 2.27; 95% CI: 1.96–2.70; p < 0.001). HIV positivity remained higher among facility-registered TGs (6.25%) compared to those reached through decentralized platforms (3.33%). Facility registrants had 1.94 times higher odds of being newly HIV positive compared to those reached through outreach (OR = 1.94; 95% CI: 1.59–2.37; p < 0.001).
CONCLUSIONS
Decentralized, community-led HIV testing platforms complement facility-based services by reaching older, less educated and economically marginalized TG populations who face barriers to accessing formal healthcare. Integrating decentralized testing into national HIV strategies is essential to scale up testing uptake and accelerate progress towards the 95–95–95 targets.
Popul. Med. 2026;8(Supplement 1):A717

ABS4181
Community-Led Monitoring (CLM): A Participatory Model for Environmental Justice in Post-Industrial Bahia
Jessidenes Teixeira de Freitas Mendes Leal[1,2], Nicolas Yan Santos Monteiro[3], Brena Tauane De Souza Silva[3]
[1]2 Secretaria Municipal de Saúde do Município de Salvador, Salvador, Brazil, [2]3 Institute of Collective Health, Federal University of Bahia, Salvador, Brazil, Salvador, Brazil, [3]1 Instituto Federal da Bahia - UFBA, Salvador, Brazil
INTRODUCTION
In post-industrial landscapes like Santo Amaro, official monitoring systems frequently fail to capture the granular reality of chronic chemical exposure. Community-Led Monitoring (CLM) offers a participatory alternative that empowers local populations to collect actionable health data. This research explores the potential of a CLM framework to revitalize environmental health surveillance in lead-affected areas of Bahia.
METHODS
A pilot CLM model was designed based on the "Data Value Chain" framework. The model incorporates five stages: community-led data collection, local analysis, dissemination, evidence-based advocacy, and longitudinal tracking. Stakeholders, including former lead workers and quilombola communities, were mapped to establish a network of community health monitors.
RESULTS
The proposed CLM framework identified critical lead exposure "hotspots" overlooked by state surveillance, such as domestic backyards paved with industrial slag. By utilizing low-cost participatory tools and mobile-based surveys, the model facilitates real-time reporting of environmental hazards. Preliminary engagement suggests that CLM increases community trust in health data by 40%, as residents transition from passive subjects to active agents of surveillance.
CONCLUSIONS
CLM is a powerful mechanism for improving the quality and accountability of public health services. In Bahia, community-generated data can bridge the gap between environmental liability and government response. Implementing CLM is a necessary step to hold corporate and state actors accountable for environmental remediation and long-term health protection.
Popul. Med. 2026;8(Supplement 1):A720

DIGITAL HEALTH, HEALTH INFORMATION, AI AND CYBERSECURITY

ABS0009
Commentary on the Intersection Between Health Information, Misinformation, and Generative AI Technologies
Juliet Ugbedeojo Shaibu[1], António Bandeira[1], Luis Gonçalves[1], Felix Holl[1], Mariana Laranjo Gonçalves[1], Ronan Payinda[1], Sagun Paudel[1], Alessandro Berionni[1], Tina Purnat[1], Timothy Ken Mackey[1]
[1]Young WFPHA, World Federation of Public Health Associations, Geneva, Switzerland
INTRODUCTION
In recent years, the field of artificial intelligence has seen rapid advancements, with models, such as large-language models and generative AI, evolving at a rapid pace. While this progress offers tremendous opportunities, it also presents risks, particularly in the creation, consumption, and amplification of information

and its impact on population health and health program delivery. Thoughtful approaches are necessary to navigate the consequences of advances in AI for different healthcare professionals, patient populations, and from a policy and governance perspective.
METHODS
Through a collaboration between the World Federation of Public Health Associations (WFPHA) Working Groups, this commentary article brings together perspectives, concerns, and aspirations from young adult professionals across five continents, each with diverse backgrounds, to explore the future of public health and AI in the context of the changing health information environment.
RESULTS
Our discussion is divided into two parts specifically examining aspects of disinformation and AI and also the role of public health and medical professionals in a growing AI-driven health information ecosystem.
CONCLUSIONS
The commentary concludes with five key recommendations on how to potentially address issues such as (Dis)Information overload, misinformation propagation, and resultant changes in health practices, research, ethics, and the need for robust policies that can dynamically address current and future challenges.
Popul. Med. 2026;8(Supplement 1):A723

ABS0039
Maturity Level model of Artificial Intelligence in the Health Care System: UAE CASE
Alounoud Almarzooqi[1]
[1]Healthcare Management, Univeristy of Sharjah, Sharjah, United Arab Emirates
BACKGROUND
Artificial Intelligence (AI) emerged recently as one of the promising technologies in healthcare system. It can predict and diagnose certain diseases like professional physicians efficiently. In the United Arab Emirates (UAE), there is a great emphasis on this technology under the leadership of the Minister state of Artificial Intelligence, Digital Economy, and Remote Work Applications office. Each year, most of the healthcare entities showcase their contributions in in AI However, the level of how far they go for its implementation is unknown. Purpose: This study aims at exploring the level of AI applications maturity level or actual implementation in daily operations in healthcare organizations.
METHODS
A mixed model research design through quantitative and quantitative study in three phases. Phase I will include Delphi method to build AI maturity level survey and self- assessment checklist. Phase II will include the pilot of the project and phase III will include actual dissemination of survey tool.
RESULTS
Expected results will the level of AI maturity level based on the AI development stages and as per the Subject Matter Expert (SME) opinion. Analysis: The generated data from Delphi method will be analyzed using thematic analysis. While SPSS software will be used for surveys and other quantitative data. A combination of descriptive statistical techniques and correlations analysis will be deployed to analyze the maturity level of AI applications.
Popul. Med. 2026;8(Supplement 1):A725

ABS0064
It takes a village: education sessions for families of patients with diabetic foot ulcers in the Northern Provincial Hospital, Vanuatu
Daniel John Martin[1]
[1]School of Medicine, ScotGEM, St Andrews and Dundee, United Kingdom
ABSTRACT
In remote areas, community turns up. When a patient needs hospitalisation, not only do the community often raise funds, but they also travel to the hospital. The Northern Provincial Hospital in Vanuatu serves all the northern islands and people can travel for days to reach their needed care. This provides an opportunity to disseminate bite-sized medical information on diabetic foot care to this invested audience to be spread back across to areas difficult to reach through standard health channels. After consultations with healthcare staff, patients and their families, we identified that the education on foot care and wound identification would be the most beneficial. Surveys were carried out on a sample of the current bedside cohort (n=10) to assess the current level of understanding and confidence in discussing diabetic foot care measures. Downloadable infographics were developed explaining pictorially the best practice for foot care of patients with diabetes. Post intervention questionnaires and unstructured interviews were repeated with the initial cohort to access how many community members had studied and shared the information. Initial data shows increased awareness of both the importance of best practice foot care measures (30%). Provisional results also show a high level of reported confidence in talking to friends and family about the hygiene resources (7.9/10). Videos clips in local languages were suggested to enhance comprehension. The development of a picture-based, interactice online course would allow for more granular checking of understanding. Using the bedside-time spent by community members for education increases confidence in discussing important diabetic foot care measures. This project highlights the potential of opportunistic education, and for remote and rural knowledge amplification, to communities in a hospital setting.
Popul. Med. 2026;8(Supplement 1):A728

ABS0108
Fast, Ethical, and Accessible Research: Manuscript Writing with the Chisquares Platform
Israel Agaku[1]
[1]Chisquares Incorporated, Atlanta, United States
BACKGROUND
Public health urgently needs timely and accurate evidence, yet traditional research pipelines remain slow and inaccessible—taking years from data analysis to manuscript publication. Many researchers, particularly in low-resource settings, are excluded by technical barriers such as coding expertise. The Chisquares platform (www.chisquares.com) addresses these challenges by pioneering analysis-as-visualization combined with automated manuscript generation, enabling researchers to move from dataset to publication-ready output with unprecedented speed and accuracy.
OBJECTIVES
This workshop aims to: Train participants to use Chisquares to produce a full manuscript in as little as one hour. Demonstrate the platform's risk-based AI framework, which strictly prohibits AI from any data-driven task while allowing AI to support narrative text (e.g., introductions, discussions, abstracts). (3) Integrate principles of research ethics and responsible AI use into the manuscript development process. Empower learners so they leave with practical skills and a clear pathway to producing their own manuscripts rapidly and rigorously.
METHODS
Participants will engage in hands-on exercises using the Chisquares platform. Analyses—including descriptive statistics, regression modeling, and survey design—will be conducted visually and interactively, with immediate outputs feeding into structured manuscript sections. Rules-based algorithms ensure 100% reproducible computation, while AI is employed only for low-risk narrative refinement. Ethical safeguards and transparency tools are emphasized throughout the process. Results/Expected Outcomes: By the end of the workshop, participants will: Generate a complete, structured manuscript directly from a dataset. Understand how to apply a risk-based AI framework to balance speed, accuracy, and ethics. Gain practical skills for democratizing evidence generation without compromising rigor.
CONCLUSIONS
This workshop redefines what it means to democratize science: any researcher, anywhere, can contribute high-quality, ethically sound evidence to public health in record time. By coupling speed with accuracy, and AI with ethical safeguards, Chisquares offers a new model for global evidence generation.
Popul. Med. 2026;8(Supplement 1):A732

ABS0306
Enhancing TB Case Notification in High-Burden Areas of South Ethiopia: The Role of Mapping Hotspot Areas and AI-Assisted Ultra-Portable Digital X-ray Screening in Community-Level Active Case Finding
Zemedu Trife[1], Tamiru Mebrate[1], Lidia Kifle[1], Dinka Gemetisa[1]
[1]Monitoring, Evaluation and Research, REACH Ethiopia, Addis Ababa, Ethiopia
BACKGROUND
Ethiopia remains among the 30 high-TB-burden countries, with many cases going undetected due to limited access to diagnostic services and geographic barriers. In highly rural regions like South Ethiopia, the health system faces challenges in reaching underserved populations. To optimize TB active case finding, hotspot mapping offers a data-driven approach for prioritizing high-yield screening areas. This study evaluates the combined impact of geospatial hotspot mapping and AI-assisted chest X-ray (CXR) screening under the USAID-funded SWIF-TB initiative to enhance TB case notification. Design/
METHODS
A pilot study was conducted in four districts of the Sidama Region. TB hotspot mapping was performed using geospatial analysis of historical case data, guiding targeted screening with AI-supported CXR and symptom screening tools. Screening focused on the general population and children with a history of TB

contact. Data were collected through KoboToolbox and analyzed using descriptive and inferential methods. Screening and diagnostic services were linked with 20 public health facilities.
RESULTS
Of the 2,524 TB cases, 2,264 (90%) were successfully mapped. Twenty hotspot villages accounted for over 80% of the TB burden. Among 2,058 individuals screened, 304 presumptive TB cases were identified, with 43 confirmed TB cases, yielding an overall positivity rate of 14.4% (95% CI: 10.6–19.3%). Symptom-based screening alone yielded 3% (95% CI: 0.7–9.5%), CXR alone 13% (95% CI: 8.1–20.3%), and combined screening 29% (95% CI: 20.2–39.4%). The intervention raised the case notification rate to 2,089 per 100,000 (95% CI: 1,531–2,788), nearly seven times higher than the regional average of 313 (95% CI: 308–318). AI-assisted CXR achieved 95.2% sensitivity (95% CI: 84.2–98.7%).
CONCLUSIONS
Geospatial hotspot mapping improved TB detection and resource use by targeting high-burden areas. Combined with AI-assisted X-ray screening, it enabled early case identification, supporting its integration into national ACF strategies in rural, resource-limited settings.
Popul. Med. 2026;8(Supplement 1):A742

ABS0362
Exploring enablers and barriers to implementing virtual reality-based alcohol and other drug prevention among adolescents: a cross-national Delphi study in Germany and Australia

Robert Hrynyschyn[1], Christina Prediger[1], James Durl[2], Timo Dietrich[2], Christiane Stock[1]
[1]Institute of Health and Nursing Science, Charité - Universitätsmedizin Berlin, 13353 Berlin, Germany, [2]Social Marketing @ Griffith, Department of Marketing, Griffith University, Gold Coast, Australia

INTRODUCTION
Virtual reality (VR) is an innovative tool for alcohol and other drug (AOD) prevention, offering immersive experiences that engage adolescents in risk reflection and health education. VR-based alcohol prevention programmes have been developed and tested mainly in Australia, Denmark and Germany, showing promising results in raising awareness and engagement among adolescents. However, it remains unclear how such digital interventions can be implemented sustainably and equitably across educational and community settings. This study aims to identify enablers and barriers to implementing VR-based AOD prevention programmes in Germany and Australia, fostering cross-national learning and developing scalable digital prevention strategies.
METHODS
A multi-stage Delphi study was conducted to develop an understanding of implementation factors. First, a semi-standardised online survey in English and German was distributed among experts (e.g. prevention specialists, youth workers, teachers) experienced in AOD prevention in educational or community settings. Responses (n = 37) were analysed thematically to identify recurring issues and divergent positions. The second round refined these through a follow-up survey. Focus groups in both countries brought together stakeholders from practice and policy to validate, contextualise and reach consensus on identified enablers and barriers.
RESULTS
The Delphi process and stakeholder discussions produced a synthesis of structural, cultural and policy-related factors influencing VR adoption in AOD prevention. Preliminary results highlight realistic and immersive learning experiences, stronger youth engagement during prevention sessions, and high motivational potential as key facilitators. Reported barriers included limited financial and human resources, organisational and technical challenges, insufficient training, and inadequate alignment of VR content with prevention goals. The results will be refined after the entire data analysis has been completed.
CONCLUSIONS
The framework of enablers and barriers will inform future VR-based AOD prevention strategies. Insights from Germany and Australia can enhance the transferability and scalability of innovative, context-sensitive digital prevention approaches.
Popul. Med. 2026;8(Supplement 1):A745

ABS0379
The Universal Wellbeing Evaluation Tool (UWET): Facilitating Change Through Literacy

Susan Stevenson[1]
[1]Head Office, FREEDOM Wellbeing Institute & NZCDIation, Whitiora, Hamilton, New Zealand

ABSTRACT
Post the emergence of the evidence-based multi-disciplinary and authentically Universal Wellbeing Model (UWM) in 2023, the Universal Wellbeing Evaluation Tool (UWET) was developed. This quantitative tool supports users to self-assess, using a 5 point Likert scale, and identify: the status of each of the 70 Determinants of Universal Wellbeing; social physical, intellectual, ethnic, cultural, emotional and spiritual dimension levels; home, work and /or study environment impacts on overall Universal Wellbeing plus the Universal Wellbeing Risk level of the person completing the UWET. The UWET empowers users to identify their strengths and capabilities, determinants of no influence, as well as those that could be, or are harming their overall Universal Wellbeing. Learning about the UWM; what Universal Wellbeing is and then experiencing using the tool and understanding one's own unique personal Universal Wellbeing Profile collectively contribute to the acquisition of Universal Wellbeing Literacy. Professionally accredited UWET Facilitators administer, analyse, and report UWET outcomes to individuals and organisations using strategies that optimise and accelerate the acquisition of personally relevant and meaningful Universal Wellbeing Literacy. Informed by a clear theory of change, with impenetrability, and transformative learning at its heart; gaining Universal Wellbeing Literacy has been shown in early research trials to provide rich and applied learning experiences that support behaviour changes and personal transformations. The UWET is a core element in three research interventions that have been or are being trialled to measurably improve participation, achievement, productivity and equity levels in diverse settings. Higher education trials have consistently shown 30% plus increases in programme completion rates. The digitisation of the tool has made international Tool and intervention trialling possible at scale. Currently increasing access and conducting tool and intervention trials with diverse populations and randomised control trials is a priority.
Popul. Med. 2026;8(Supplement 1):A747

ABS0587
From policy to practice: facilitating the notification of perinatal deaths and births by community health workers using electronic platform in four health districts in Mali

Mamadou BERTHE[1], Ibrahim TERERA[1], Olga Helena JOOS[2], Fatimata YARRO[1], Abdrahamane Zerbo[3], Sam Notzon[2], Sydney Mogotsi[2], Jean-Edgard guessan[2]
[1]Etudes et Recherche, Institut National de Santé Publique, Bamako, Mali, [2]CDC Foundation, Vital Stratégies, New York City, United States, [3]Sous Direction Santé Communautaire et Réglémentation, Direction Générale de la Santé et de l'Hygiène Publique, Bamako, Mali

ABSTRACT
Context According to the 2018 Mali Demographic and Health Survey (DSH), the perinatal mortality rate in Mali was 38 per 1,000 live births. Death surveillance and birth registration exist in Mali, but are not very operational at community level. The National Institute of Public Health (INSP) and Vital Strategies therefore initiated this project to strengthen perinatal mortality monitoring and birth registration in 4 health districts.
METHODS
The project was based on quantitative approaches that explored the reporting perinatal deaths and live births in selected sites of Community Health Workers in the health districts of Diéma, Kita, Sikasso and Kignan. Data were collected by Community Health Workers, through the smartphones and analyzed on DHIS2. The protocol was submitted and validated by the Ethics Committee of INSP.
RESULTS
After 8 months of implementation, we recorded 729 live births and 35 perinatal deaths. The majority of births took place at home (around 52 percent) and 52 percent were male. Around 61 percent of perinatal deaths were male. Project Community Health Workers accounted for 43.8 percent of notified births in the health zones of the 4 health districts. This experience was an opportunity for the Ministry of Health and its Partners to initiate a process of digitization of the work of the CHWs whose birth and death registration functionalities were developed in the tool. In addition to this, the electronic data collection form has been set up for all Community Health Workers sites.
CONCLUSIONS
The project helped to understand the importance of Community Health Workers in registering births and perinatal deaths through the smartphones. The project accelerated the process of digitalizing Community Health Workers' data through a tool called DISK-Mali, which is itself integrated into the DHIS2 platform.
Popul. Med. 2026;8(Supplement 1):A754

ABS0605
Specialized care in primary health care via telemedicine in Northeastern Brazil

Maria Eulália Vinadé Chagas[1], Gabriela de Oliveira Laguna Silva[1], Gabriela Tizianel Aguilar[1], Taís de Campos Moreira[1], Felipe Cezar Cabral[1], Daniela Cristina dos Santos[1]
[1]Corporate Social Responsibility, Moinhos de Vento Hospital, Porto Alegre, Brazil
INTRODUCTION
Health inequities are influenced by territorial extension and the distribution of physician density, being a greater concern in regions with low human development index, such as Northeastern Brazil1,2. Telemedicine has emerged as a strategy to reduce inequities, improve efficiency of care and increase patient satisfaction3-5. Within this context, TeleNordeste was implemented as a care and research project, developed under the Institutional Development Support Program of the Unified Health System of Brazil to provide teleinterconsultations between specialists, primary health care (PHC) physicians, and patients in the fields of cardiology, neurology, psychiatry, endocrinology, internal medicine, pediatrics, nutrition, and nursing6-8. Our objective was to describe the TeleNordeste project and its results.
METHODS
A descriptive study was conducted to analyze the implementation of TeleNordeste and interconsultations carried out between January 2024 and August 2025. Outcomes assessed included utilization, case resolution, absenteeism, and Net Promoter Score (NPS) of both patients and PHC professionals.
RESULTS
The TeleNordeste project was implemented in the state of Rio Grande do Norte, located in Northeastern Brazil. Initial steps included a situational assessment and on-site visits. A total of 19656 interconsultations were offered, of which 10719 were completed; 25% of these were follow-ups. Patient complaints were resolved in 99% of cases without the need for in-person specialist referral. The absenteeism rate was 21%. The NPS of PHC professionals and patients was 97 and 92 points, respectively, both within the excellence zone.
CONCLUSIONS
TeleNordeste has proven to be a feasible and effective model for expanding access to specialized care in underserved areas of Northeastern Brazil6-8. By enabling real-time counter-referral, the project strengthens PHC, supports continuity of care and enhances professional capacity-building6-8. This approach reduces unnecessary referrals and ensures that PHC-sensitive conditions are appropriately managed at the primary care level6-8.
Popul. Med. 2026;8(Supplement 1):A757

ABS0653
Digital dependence and Artificial Intelligence: implication on mental health information use and seeking behavior

Karla Jones[1], Anuli Njoku[2], Oghenere Gabriel Salubi[3]
[1]Library Services, Southern Connecticut State University, New Haven, United States, [2]Public Health, Southern Connecticut State University, New Haven, United States, [3]Information & Library Science, Southern Connecticut State University, New Haven, United States
BACKGROUND
Artificial intelligence (AI)–driven conversational agents are increasingly accessed for seeking health information, emotional support, and advice. Recent reports of self-harm following interactions with AI chatbots have drawn attention to risks associated with digital dependence and unmoderated information environments. These incidents highlight emerging challenges related to the ways individuals seek mental health information through AI systems, the vulnerabilities that arise when digital agents mediate help-seeking behavior, and the absence of protective safeguards for users particularly, young populations. Understanding these dynamics is essential for informing public health responses and information governance efforts.
METHODS
Qualitative content analysis was conducted on nine news reports published between 2024-2025 by The Guardian, BBC, CNN, and CBS News. Articles were selected based on documented involvement of AI chatbots in self-harm or suicide cases. Multiple reports on the same incident were combined to strengthen case accuracy and completeness. These were treated as single cases, and inductive thematic coding was used to identify patterns in information-seeking behavior, emotional dependence on AI, system design gaps, and responsibility narratives.
RESULTS
Two primary case clusters were identified: Character.AI interactions characterized by immersive and emotionally charged dialogues, and ChatGPT-related incidents in which parents alleged that harmful AI-generated responses influenced youth behavior. Across all reports, strong emotional projection onto chatbots, reliance on AI for sensitive mental health information, and limited awareness of algorithmic constraints were consistent. Media accounts emphasized deficiencies in crisis-response mechanisms, lack of youth-oriented safeguards, and broader digital-literacy gaps that may exacerbate harm. Conclusion. AI-mediated mental health information seeking presents an emerging public-health and information-governance challenge. There is the need for coordinated interventions involving public health systems, library information professionals, and technology developers. Recommended actions include strengthening digital-health literacy, implementing crisis-response safeguards, and developing regulatory frameworks that ensure AI technologies contribute to, rather than compromise, mental well-being.
Popul. Med. 2026;8(Supplement 1):A763

ABS0803
Integration of AI into legacy EHRs - challenges and opportunities

Jennifer Chipps[1], Antoine Bagula[1], Petra Brysiewicz[2], Damian Clarke[3], Sean Broomhead[4]
[1]Faculty of Community Health Sciences & Department of Computer Science, University of the Western Cape, Cape Town, South Africa, [2]Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa, [3]Department of Surgery, Greys Hospital, Pietermaritzburg, South Africa, [4]HISP South Africa, Cape Town, South Africa
INTRODUCTION
South Africa's public health system, serving over 80% of the population, faces significant challenges due to inadequate healthcare systems with a shortage of healthcare professionals. Unplanned readmissions in South Africa, where 10.5% of patients return to the hospital within 30 days after being discharged (Dreyer et al., 2019) is a major concern, with discharge processes often having poor continuity of care post discharge. The aim of the study was to develop an AI intervention to identify and address unplanned readmission at a selected hospital in KwaZulu-Natal
METHODS
A transdisciplinary team (university and industry collaboration) was established to develop 1). A readmission risk classification AI tool utilizing predictive analytics to flag patients at risk of complications and readmissions post-discharge; and 2) An evidence-based review of interventions to prevent unplanned readmissions in low resource settings.
RESULTS
Machine learning using Random Forrest was used to develop an algorithm to flag patients at risk of an unplanned readmission. The review identified four key interventions: 1). Discharge planning; 2) Medication Review; 3) Patient Education; and 4) Follow-up visits with recommendations to leverage AI-powered clinical decision support assistance to facilitate post-discharge recovery and prevent unplanned readmission which will enhance patient care continuity and mitigate workforce shortage.
CONCLUSIONS
The presentation will present work to date and will discuss the challenges in developing an AI-powered clinical decision support system integrated with our readmission classifier. This project is creative in that it firstly addresses the critical gaps in care continuity of care after hospital discharge in public hospitals in low income settings in South Africa.
Popul. Med. 2026;8(Supplement 1):A773

ABS0805
Patient Education and Counseling Teach-Back Techniques in Telehealth: A Systematic Review and Insights for Future Directions

Wafa Alnakhi[1], Nabil Natafgi[1], Faith Albertson[1]
[1]Family Medicine and Behavioural Sciences, University of Sharjah, Sharjah, United Arab Emirates
INTRODUCTION
The rapid expansion of telehealth during the COVID-19 pandemic has created new challenges in patient-provider communication due to the absence of in-person interactions and visual cues. Teach-back, a method where patients repeat information to confirm understanding, is a promising tool for improving communication in virtual care. This systematic review evaluates the effectiveness of teach-back techniques in telehealth settings.
METHODS
A systematic search of four databases (CINAHL, EMBASE, PsycINFO, PubMed) was conducted, yielding 10 studies that met the inclusion criteria. The article inclusion/exclusion criteria consisted of the following: telehealth services topic; direction provision related to teach-back methods; and (3) English, peer-reviewed, empirical journal publication. Risk of bias in included studies was assessed using established tools for randomized controlled trials (RCTs), non-randomized controlled trials (NRCTs), and qualitative studies. Data synthesis followed the PICO framework, and thematic analysis was used to compare outcomes across

studies.
RESULTS
Included studies which varied in design, modality, and telehealth specialty. Teach-back was consistently associated with improved patient knowledge, confidence, and self-management, as well as clinical outcomes such as better glycemic control and medication adherence. Overall evidence quality was moderate, with common limitations including small sample sizes and brief follow-up periods. Conclusions and Practice Implications: Teach-back is effective in enhancing patient understanding and outcomes in telehealth settings. However, variability in study design and implementation highlights the need for standardized protocols and additional research. Provider training in effective virtual teach-back strategies may enhance patient comprehension, strengthen communication, and advance health equity in telehealth delivery.
Popul. Med. 2026;8(Supplement 1):A774

ABS0899
Evaluating the efficacy of digital media platforms in disseminating public health information: A global review with implications for South Africa

Hulisani Matakanye[1]
[1]Health Studies, University Of South Africa, Pretoria, South Africa

BACKGROUND
This study employs non-empirical, systematic review design; to explore how digital media platforms support public health education and awareness, with consideration of implications for the South African context.
AIM
To explore the use of digital media in disseminating public health information and its implications for improving citizens' awareness and health literacy. Setting: although the review draws on global evidence, the analysis highlights relevance for South Africa's digital communication landscape.
METHODS
the review followed Preferred Reporting Items for Systematic Review and Meta-analysis guidelines. Comprehensive search across various databases, included Google Scholar, EBSCOhost, PubMed, ScienceDirect, Sabinet, ProQuest, Cambridge Core, Scopus, Africawide information, Nursing/Academic Edition, Humanities and Social Sciences Index Retrospective Humanities Sources, MasterFILE Premier, MEDLINE, and SocIINDEX was conducted. Studies were selected based in inclusion criteria, resulting in 15 peer reviewed full text articles published between January 2019 and March 2023. Quality appraisal was conducted using the Joanna Briggs Institute Qualitative Assessment and Review Instrument (QARI), and findings were synthesised thematically.
RESULTS
Findings show that digital media use was associated with reduced misinformation, strengthening social support networks, enhancing the reach and efficiency of health information dissemination, and promoting positive health behaviours. Evidence also indicated improvements in health knowledge and engagement across diverse populations; however, challenges such as digital literacy gaps, unequal access, and algorithmic bias persist.
CONCLUSIONS
Digital media represents a transformative tool for public health communication. When strategically implemented, it enhances awareness, supports behaviour change, and strengthens public engagement with health information. Contribution. This review highlights the need for collaboration between health professionals and digital communication specialists to optimise digital health strategies. It highlights policy imperatives such as improving digital literacy, ensuring equitable access, strengthening regulation of online health information, and fostering public-private partnerships. These actions are essential for leveraging digital media effectively and improving health outcomes in South Africa.
Popul. Med. 2026;8(Supplement 1):A780

ABS0922
Beyond the big vaccine: exploring novel approaches to tuberculosis prevention and control across african countries

Courage Chandipwisa[1], Agness Shimilimo[2], Muhydeen Opeyemi Olojo[3], Zachariya Esther[4], Harrison Banda[5]
[1]Department of Research, Global Empathy Project, Lusaka, Zambia, [2]Reproductive Health, Pan African University Life and Earth Sciences (including Health and Agriculture), Ibadan, Nigeria, [3]Public Health, Kwara State University, Malete, Nigeria, [4]Department of Theriogenology, University of Abuja, Abuja, Nigeria, [5]Pure and Applied Chemistry, School of Natural and Applied Sciences, University of Zambia, Lusaka, Zambia

INTRODUCTION
tuberculosis (tb) remains a major cause of illness and death in africa, intensified by hiv co-infection, poverty, and fragile health systems. While the bacillus calmette-guérin (bcg) vaccine has reduced severe pediatric tb, its limited efficacy against adult pulmonary tb and waning immunity highlight the need for new strategies. This review evaluates advances in vaccines, diagnostics, treatments, and public health approaches for tb control beyond bcg vaccination in african settings.
METHODS
a systematic review was conducted following prisma guidelines. Peer-reviewed articles, industrial case studies, and policy briefs published between 2010 and 2025 were retrieved from pubmed, scopus, web of science, and google scholar using predefined keywords including "tb vaccine development," "diagnostic," "treatment protocols," and "africa tb control." inclusion criteria were studies addressing public health interventions relevant to tb in africa. Exclusion criteria were studies outside the region or lacking sustainability focus. Data extraction and thematic synthesis were organized into four domains: vaccines, diagnostics, treatment, and health system strategies.
RESULTS
twenty-eight eligible studies were included. Novel vaccine candidates such as m72/as01e and vpm1002 demonstrated enhanced immunogenicity, with efficacy rates up to 1.64 times higher than bcg in adult cohorts. Diagnostic innovations including genexpert, point-of-care assays, and ai-assisted imaging reduced diagnostic delays by an average of 7 days. Short-course preventive regimens (3 hp, 1 hp) achieved adherence rates above 85 percent, while bpal therapy showed 78 percent success in multidrug-resistant tb. Community-based care models improved patient retention by 22 percent. Socioeconomic interventions, one health frameworks, and digital monitoring technologies further strengthened tb control outcomes.
CONCLUSIONS
advancing beyond bcg requires integrated biomedical innovation, strengthened health systems, and interdisciplinary collaboration. Novel vaccines, rapid diagnostics, optimized treatment regimens, and community-driven approaches significantly reduce tb burden in africa. Policy reform, investment in african-led research, and equitable access to new technologies are essential for sustained tb control.
Popul. Med. 2026;8(Supplement 1):A782

ABS0953
Digital screen exposure and child and adolescent health and wellbeing: a scoping review of systematic reviews and meta-analyses

Eleonora Doz[1], Simona Ponte[1], Azza Warraitch[2], Silvia Balletto[1], Alina Cosma[3], Yekaterina Chzhen[4], Michelle Black[5], Marzia Lazzerini[6]
[1]1 WHO collaborating centre for maternal and child health, IRRCS Burlo Garofolo, Trieste, Italy, [2]2 Trinity Centre for Global Health, Trinity College Dublin, Dublin, Ireland, [3]3 School of Psychology, Trinity College, Dublin, Ireland, [4]4 Department of Sociology, Trinity College Dublin, Dublin, Ireland, [5]5 University of Liverpool, Department of Public Health Policy and Systems, Liverpool, United Kingdom, [6]6 Maternal Adolescent Reproductive and Child Health Care Centre, London School of Hygiene & Tropical Medicine, London, United Kingdom

BACKGROUND
Digital screen exposure among children and adolescents has increased markedly, prompting a surge of systematic reviews synthesising its association with different health outcomes. This scoping review aimed at providing an analysis of recent existing systematic reviews in this field.
METHODS
We conducted a systematic search of seven databases (PubMed, EMBASE, Web of Science, Scopus, ERIC, Cochrane Database of Systematic Reviews, and APA PsycINFO) to identify systematic reviews published between 2015 and 2025, that examined the association between digital screen exposure and health or wellbeing outcomes among children and adolescents aged 0–19.
RESULTS
Out of 72,394 records screened, 138 systematic reviews met inclusion criteria. The number of reviews more than doubled after 2020, reflecting increasing attention to digital exposure as a determinant of youth health. Mental health and risk behaviours were the most frequently examined outcomes (n=71), of which 41 focused on depression and anxiety, followed by cognitive development (n=51), sleep (n=27), overweight/physical activity (n=18), vision (n=12), musculoskeletal health (n=7), and hypertension and cardiovascular risk (n=7). In adolescents the most frequent outcome was mental health, and in children cognitive development. Most primary studies (77.4%) were conducted in high-income countries. Definitions of digital exposure were highly heterogeneous, ranging from broad screen-time metrics to specific platforms or problematic use. Methodological quality of recent reviews

was low, with only 8 reviews rated as high quality.
CONCLUSIONS
This review highlights many papers on digital screen exposure and youth health in most recent years. However, low quality of existing reviews and methodological heterogeneity hamper an umbrella review. Several research gaps persist, and future research must prioritize: higher-quality evidence synthesis, on all health outcomes; standardised definitions of digital exposure; (3) greater inclusion of underrepresented countries and younger age groups. Addressing these gaps is essential to provide reliable, actionable evidence to inform public health policy.
Popul. Med. 2026;8(Supplement 1):A783

ABS0967
Whose Data, Whose Benefit? Equity Implications of AI-Based Surgical Risk Prediction Models

Herbert Melariri[1], Shailin Pillay[2], Tanya Prinsloo[3], Chih-Yen Chiu[2], Joshua Kopke[2], Blessing Melariri[4], Megan Bunting[3], Jessica Dibia[2], Opeoluwa Oyedele[5], Paula Melariri[6]
[1]School of Medicine, Nelson Mandela University, Gqeberha, South Africa, [2]Department of Health, Livingstone Tertiary Hospital, Gqeberha, South Africa, [3]Department of Health, Hermanus Hospital, Hermanus, South Africa, [4]School of Medicine, University of Pretoria, Pretoria, South Africa, [5]Department of Computing, Mathematical, and Statistical Sciences, School of Science,, University of Namibia, Windhoek, Namibia, [6]Faculty of Health Sciences, Nelson Mandela University, Gqeberha, South Africa

BACKGROUND
Accurate surgical risk prediction is central to safe perioperative care and increasingly supported by artificial intelligence (AI). While AI-based models show strong performance, their development and validation are not value-neutral. From a public health equity perspective, reliance on evidence predominantly from high-income countries (HICs) raises concerns about relevance and benefit for low- and middle-income countries (LMICs), where unmet surgical need is greatest.
METHODS
We conducted a systematic review and meta-analysis of AI-based surgical risk prediction models. PubMed, IEEE Xplore, Scopus, and Web of Science were searched from Jan 1, 2019, to June 30, 2025, for studies predicting perioperative complications, using MeSH terms and free-text keywords related to AI, machine learning, deep learning, logistic regression, random forest, support vector machines, gradient boosting, and surgical risk outcomes. Model discrimination was pooled using random-effects meta-analysis.
RESULTS
Of 8969 citations, 48 studies from 25 countries, comprising 6,959,207 patients were included, with six multi-country studies. Evidence was heavily skewed toward high-income-countries (HICs) (n=22), with limited representation from upper-middle-income (UMIC) (n=2) and LMICs (n=1). Overall, AI models demonstrated high discriminative performance (pooled AUC 0.894, 95% CI 0.881–0.907), with similar performance across modelling approaches. Gradient boosting achieved the highest discrimination (AUC 0.918, 95% CI 0.893–0.944; k=7). Subgroup analyses showed comparable performance for machine learning (AUC 0.888), deep learning (0.882), random forest (0.892), logistic regression (0.890), and support vector machines (0.894). Reporting of sociodemographic variables, health-system context, and external validation in LMICs was sparse.
CONCLUSIONS
AI-based surgical risk prediction models perform well, but their evidence base is largely drawn from well-resourced health systems. This imbalance raises equity concerns regarding generalizability and fairness. Without intentional inclusion of diverse populations and health-system contexts, AI innovations may disproportionately benefit advantaged groups. Equitable application requires LMIC data, context-specific validation, and transparent equity-focused reporting.
Popul. Med. 2026;8(Supplement 1):A784

ABS1067
Breaking the Silence: A Hybrid Digital-Community Ecosystem for Child Sexual Abuse Prevention and Healing in Kenya

Emiliana Mbelenga[1]
[1]Iyashi Wellness Centre, NAIROBI, Kenya

BACKGROUND
Child Sexual Abuse (CSA) is a devastating public health crisis in Kenya, shrouded in a culture of silence and stigma that prevents healing and perpetuates intergenerational trauma. Existing interventions often fail to reach the most vulnerable children and adolescents due to fear of disclosure, fragmented services, and a lack of confidential, youth-friendly access points. To achieve health equity, we must dismantle these barriers. Iyashi Wellness Centre present Project RISE, an AI powered child protection platform designed to shift the narrative from shame to safety by combining digital innovation with community-led support.
METHODS
Project RISE integrates: 1) A digital platform featuring an education hub for prevention education (teaching body autonomy and consent), a parent/ caregiver hub for parents to hold sensitive conversations at home and an AI-powered chatbot for 24/7 confidential initial support. It also includes a community support system comprising safe circles, peer support groups facilitated by trained teachers and community health promoters (CHPs). This dual approach ensures that technology provides the access, while human networks provide the healing.
RESULTS
The project methodology builds upon the clinically validated trauma healing programme we have been implementing at Iyashi Wellness Centre including Singing to the Lions' trauma-healing program which demonstrated effectiveness in building resilience among 100 care-experienced youth for the Kenya Society of Care Leavers (KESCA). The current pilot targets 12,000 children and adolescents in Nairobi, with expected outcomes including increased knowledge of body safety, reduced isolation among survivors, and higher rates of successful linkage to professional care.
CONCLUSIONS
Achieving health without borders requires removing the invisible borders of stigma and fear that isolate abuse survivors. Project RISE demonstrates that sustainable CSA prevention is not just about a reporting hotline; but is building accessible ecosystems where every child, regardless of location, has the tools to stay safe and heal.
Popul. Med. 2026;8(Supplement 1):A793

ABS1097
The Application of Artificial Intelligence in the Field of Childhood and Adolescent Obesity

Yunman Liu[1], Chengchen Zhang[1], Kuntai Bai[1,2], Zihan Weng[1], Miaozhi Zhang[2], Danping Su[1], Yongtian Luo[1], Min Liao[1], Li* Hong[1], Mengchun* Gong[2]
[1]Shanghai Children's Medical Center(Scmc), Shanghai, China, [2]Digital Health China Technologies Co,. Ltd., Beijing, China

INTRODUCTION
Child and Adolescent Obesity has become a global public health issue, and artificial intelligence (AI) technology offers innovative solutions for intervention and management in this field. This article systematically reviews the current applications of AI in Child and Adolescent Obesity, with a focus on the working principles of foundation models and the practical implementation of Retrieval-Augmented Generation (RAG) technology in obesity.This study aimed to develop and validate a locally-deployed large-language-model dialogue system for child-and-adolescent obesity management, and to quantify its accuracy and utility in completing—within a single automated consultation—diagnosis, risk assessment, and generation of personalised intervention plans, thereby providing evidence for future scaled deployment. Management.
METHODS
Through experiments comparing the performance of different AI models in obesity diagnosis, assessment, and intervention plan generation, the effectiveness of AI technology in the field of Child and Adolescent Obesity was validated. The results show that AI-based intelligent consultation systems significantly improve the accuracy of obesity diagnosis, while the incorporation of RAG technology further enhances the model's knowledge-updating capability and personalized service capacity. This article also explores future directions for AI in Child and Adolescent Obesity management, including dynamic knowledge updates, multimodal data integration, and the development of multi-scenario collaborative intervention strategies.
RESULTS
This study aims to provide theoretical support and practical guidance for the deeper application of AI technology in Child and Adolescent Obesity.
CONCLUSIONS
The results demonstrate that the developed system, integrating a large language model with retrieval-augmented generation, can achieve accurate diagnosis and generate personalised intervention plans for child and adolescent obesity within a single dialogue, significantly improving diagnostic accuracy and service efficiency, and showing feasibility for further clinical deployment and multi-scenario expansion.
Popul. Med. 2026;8(Supplement 1):A794

ABS1250
Exploring community health workers' experiences with mHealth: A case study on digital public health interventions at Ekangala Clinic

in Gauteng Province.

Siphokazi Ntuli[1], Janet chisaka[1]
[1]Department of Sociology, Rhodes University, Makhanda, Eastern Cape, South Africa

ABSTRACT
Using the theoretical framework of social capital, this study examines the impact of public digital health interventions (mHealth technology) on community health workers (CHWs), with a focus on their experiences and the integration of this technology into their work. A qualitative research approach was employed, involving ten CHWs who participated in in-depth semi-structured interviews. Through the lens of social capital theory, this study argues that mHealth facilitates connections and relationships among CHWs, nurses, the community, and the Department of Health (DoH). Specifically, mHealth has the potential to strengthen coordination among public health structures, bridge networks, and enhance communication. The findings of the study indicate that community health workers (CHWs) are generally positive about using mHealth, although some older participants are less comfortable with the tools than their younger counterparts. Additionally, the study's findings suggest that mHealth strategies can support the Department of Health in achieving the goals outlined in the South African National Digital Health Strategy for 2019–2024. For example, mHealth could be used beyond primary care registration, follow-ups, referrals to health facilities, tracking high-risk patients, and addressing defaulters. This intervention can also support health promotion and disease prevention campaigns, ultimately contributing to better health for all South Africans and helping to address broader primary health care (PHC) challenges.

Popul. Med. 2026;8(Supplement 1):A801

ABS1271

The Interplay of e-Health Literacy, Health Literacy, and Self-Care among Hypertension and Diabetes Risk Groups: A Community-Based Investigation in Southern Thailand

Buppha Raksanam[1], Wittaya Sornkaew[2], Phiman Thirarattanasunthon[3], Wilailuk Ruangrattanatrai[4], Thanarat Mudchiew[1], Sukhumaporn Sriwisit[1], Panupong Sayoungkul[1], Sasipa Chantra[4]
[1]Sirindhorn College of Public Health, Trang, Faculty of Public Health and Allied Health Sciences, Praboromarajchanok Institute, Trang, Thailand, [2]Chang Klang District Public Health Office, Nakhon Si Thammarat, Thailand, [3]Excellent Center for Public Health Research, School of Public Health, Walailak University, Nakhon Si Thammarat, Thailand, [4]Strategy and Planning Division, Ministry of Public Health, Nonthaburi, Thailand

BACKGROUND-AIM
Electronic health literacy (e-HL), health literacy (HL), and self-care behaviors are critical determinants of health outcomes among populations at risk for diabetes and hypertension. However, empirical evidence on these factors in the Chang Klang community remains limited. This study aimed to: assess levels of electronic health literacy, health literacy, and self-care behaviors; examine relationships among these variables; and (3) identify predictors of self-care behaviors among individuals at risk for diabetes and hypertension in Chang Klang community, Southern Thailand.
METHODS
A community-based cross-sectional survey was conducted in December 2024. A total of 371 participants from risk groups were recruited using proportionate stratified sampling. Data were analyzed using descriptive statistics, Pearson's product-moment correlation, and multiple regression analysis.
RESULTS
Mean scores for electronic health literacy, self-care behavior, participation in health education activities, and learning from health role models were at moderate levels (3.48 ± 0.88, 3.58 ± 0.65, 3.50 ± 0.71, and 3.51 ± 0.71, respectively). Overall health literacy was at a high level (3.78 ± 0.68), with the highest score in accessing health information and services (3.90 ± 0.77) and the lowest in understanding self-care information (3.69 ± 0.76). Significant positive correlations were found between electronic health literacy, health literacy, participation in learning activities, learning from health role models, and self-care behavior ($p < 0.001$). These variables jointly explained 42.5% of the variance in self-care behavior ($R = 0.425$).
CONCLUSIONS
Although individuals in risk groups can access health information, difficulties remain in understanding and applying it to self-care practices. Strengthening health role models, increasing participation in health activities, and promoting digital health resources may enhance electronic health literacy and improve self-care behaviors among at-risk populations.

Popul. Med. 2026;8(Supplement 1):A803

ABS1417

Leveraging SEAIR Modeling and Time-Series Forecasting to Optimize Malaria Interventions in Bauchi State, Northwest, Nigeria

Mary Ojonema Onoja-Alexander[1], Charles Esekhaigbe[1], Ikemefuna Nmadi Onyeyili[1], joseph peter Afangideh[2], Ayodeji Kazeem Olalekan[3], Alexandra Ojonibe Onoja[1], Alexander Ibechone Onoja[1]
[1]Department of Community Health, Faculty of Clinical Sciences, College of Health Sciences, Federal University Lokoja, Lokoja,Kogi State, Nigeria, [2]Clinical Services Specialist, Clinical Services Specialist ECEWS -, Obudu,Cross River State, Nigeria, [3]Institute of Human Virology, Institute of Human Virology Nigeria, Abuja, Nigeria

INTRODUCTION
Malaria imposes a heavy burden in Bauchi State, Nigeria, with seasonal peaks driven by rainfall and temperature. This study used an SEAIR (Susceptible-Exposed-Asymptomatic-Infected-Recovered) compartmental modeling and ARIMA forecasting to analyze transmission dynamics and evaluate interventions like insecticide-treated nets (ITNs), indoor residual spraying (IRS), and antimalarial drugs.
METHODS
A deterministic SEAIR model coupled with vector dynamics simulated by human (N_h) and mosquito (N_v) populations, incorporating parameters from District Health Information System 2 (DHIS), National Population Commission (NPC), and literature (Table 1). Model well-posedness was confirmed via positivity and boundedness proofs: solutions remain non-negative in R_{11}^{+}, with $N_h \leq \Lambda_h/\mu_h$ and $N_v \leq \Lambda_v/\mu_v$. Historical incidence data underwent ARIMA forecasting; scenarios assessed intervention impacts on R_e. Table 1: Key Parameters Parameter Description Value Source Λ_h Human recruitment rate 20,769 NPC 2020 Λ_v Mosquito recruitment rate 103,846.72 NPC 2020 μ_h Human natural death rate 0.2264 NPC 2020 β_h Human transmission rate 8.1 Estimated γ Recovery rate 0.99 Estimated Ψ ITN effectiveness 0.73 MIS 2021 Π IRS effectiveness 0.6 WHO 2021 δ_h Malaria mortality 0.0040 Adegeti 2024 N_h Total human population 7,788,504 NPC2020 (Additional parameters available upon request; full table in supplementary materials.)
RESULTS
Seasonal peaks aligned with rainy seasons. Combined ITNs (73% effective), IRS (60%), and drugs reduced R_e below 1, cutting infections by >70%. ARIMA forecasts predict a sustained decline with interventions. Figure 1: Forecasting for Bauch State using ARIMA
CONCLUSIONS
Integrated strategies offer cost-effective control. Prioritize annual IRS pre-rainy season, ITN scaling, drug access, surveillance, and awareness to curb transmission.

Popul. Med. 2026;8(Supplement 1):A814

ABS1492

VAXIN8: an artificial intelligence reverse vaccinology tool to predict potential vaccine candidates

Zakia Salod[1], Ozayr Mahomed[1]
[1]Discipline of Public Health Medicine, University of KwaZulu-Natal, Durban, South Africa

INTRODUCTION
traditional vaccine development takes 10 to 15 years and requires cultivating pathogens in laboratories. Reverse vaccinology (RV) is a computational approach that offers a faster alternative by identifying potential vaccine candidates directly from pathogen genomes. Artificial intelligence (AI) approaches such as protein language models (PLMs) pre-trained on millions of sequences offer new opportunities for antigen prediction in RV. However, optimal PLM application strategies remain unclear. This study compares fine-tuning (training the model further) versus frozen embeddings (using what the model already learned) for viral protective antigen (VPAg) prediction and benchmarks against traditional methods.
METHODS
two PLMs were evaluated: ProteinBERT and Evolutionary Scale Modeling 2 (ESM-2). For each, we compared fine-tuning versus extracting frozen embeddings combined with machine learning classifiers (logistic regression, support vector machine, k-nearest neighbors, random forest, XGBoost). Models were trained using the VPAgs-Dataset4ML dataset containing 420 balanced viral sequences and externally validated on 2062 independent sequences (342 published antigens and 1720 non-antigens). Performance was assessed using area under the receiver operating characteristic curve (AUC) and compared against existing RV tools: VaxiJen and Antigenic.
RESULTS
frozen embeddings consistently outperformed fine-tuning. ESM-2 frozen

embeddings with support vector machine achieved the highest AUC of 0.846 (VAXIN8), compared to 0.826 for ProteinBERT frozen with logistic regression. Fine-tuned models achieved lower scores: ProteinBERT fine-tuned achieved 0.816 and ESM-2 fine-tuned achieved 0.760. Traditional methods showed substantially lower performance: Antigenic (0.640) and VaxiJen (0.570).
CONCLUSIONS
pre-trained PLMs encode immunological signals enabling accurate VPAg prediction without task-specific fine-tuning. As the first AI-powered RV tool developed in Africa, VAXIN8 enables vaccine researchers to input viral protein sequences and obtain antigen probability scores, helping prioritize candidates for experimental validation. These findings could advance vaccine candidate identification against viral pathogens, supporting public health preparedness and epidemic response.
Popul. Med. 2026;8(Supplement 1):A817

ABS1584
Video observed treatment for tuberculosis in people-centred primary care: a narrative review of effectiveness, acceptability and mitigation of TB-related catastrophic costs

Isadora Menezes Caldeira De Oliveira[1], Lorenza Moura Barbosa[1], Mariana Gaspar Botelho Funari Faria[1], Rubia Laine de Paula Andrade[1], Vitor Alexandre Dias da Silva[1], André Luiz Teixeira Vinci[1], Vinicius de Paula Pereira[1], Nathalia Zini[1], Yan Mathias Alves[1], Carolina Nogueira Gomes[1], Ione Carvalho Pinto[1], Jaqueline Garcia de Almeida Ballestero[1], Pedro Fredemir Palha[1], Aline Aparecida Monroe[1], Ricardo Alexandre Arcêncio[1], Tatiana Ferraz de Araújo Alecrim[1]
[1]Ribeirão Preto College of Nursing (EERP USP), University of São Paulo, Ribeirão Preto-SP, Brazil

INTRODUCTION
Tuberculosis remains world leader in mortality by infectious diseases, causing almost 1.3 million deaths annually. Socially marginalized populations are disproportionately affected, highlighting inequities in diagnosis and care. Recommended by World Health Organization, the directly observed video treatment (vDOT) is a digital health strategy focus on the person, that strengthens adherence, teleassistance access, and Primary Health Care (PHC) centrality in tuberculosis management. Evidences of implementation, effectiveness, and vDOT impact persist fragmented and insufficiently systematized.
OBJECTIVE
identify vDOT in PHC, assessing effectiveness, acceptability, equity, and catastrophic tuberculosis costs reduction.
METHODS
Narrative review on BVS, MEDLINE and Pubmed databases using "tuberculosis", "telemedicine" and "primary health care" descriptors. Articles published within the last five years, with complete texts online, about vDOT in tuberculosis care were included. Two reviewers independently screened titles and abstracts applied inclusion/exclusion criteria extracting data about outcome, acceptability and vDOT implementation in PHC. The methodological quality and evidence were assessed by GRADE approach, classifying the certainty of evidence as high, moderate, low or very low.
RESULTS
vDOT is associated with high adhesion and treatment conclusion, low interruption of follow-up and increase of therapeutic conclusion, when compared to directly observed therapy, particularly benefiting socioeconomically vulnerable populations. vDOT presented high acceptability among patients and health professionals, improved access to health services, reduced costs, mitigated social and economic barriers and favoured continuous monitoring in PHC. vDOT, with close home and work monitoring, improves adherence, cure and reduces catastrophic costs, such as transportation, impoverishment, and multiple appointments.
CONCLUSIONS
vDOT is a promissing estrategy for handeling tuberculosis in PHC, benefiting vulnerable populations. It allows centered care on the person and reduces visits to healthcare facilities, promoting equity and mitigating catastrophic costs, with moderate certainty evidence.
Popul. Med. 2026;8(Supplement 1):A826

ABS1650
Unlocking intelligence through digital technologies in environmental health data management and utilisation: a scoping review

Siphesihle Masimula[1]
[1]Environmental Health Department, Mangosuthu University of Technology, Umlazi, Durban, South Africa

BACKGROUND
The world faces significant environmental health challenges requiring databased holistic solutions. In Africa, environmental factors contribute to 2.5 million deaths annually, and nearly 25% of global disease burden is preventable through healthier environments. This highlights the urgent need to explore the use of digital technologies in environmental health data management to support swift interventions in public health. As a result, this scoping review aimed to characterise the application of digital technologies in environmental health data management and utilisation, as well information systems to unveil opportunities for improved decision-making and action.
METHODS
This review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews guidelines. Literature was searched from PubMed, Scopus and Google Scholar in year 2025.
RESULTS
The study analysed 74 articles, with 26% focusing on existing EHISs, 24% on environmental health indicators, 14% on geographic information system tools, and 36% on digital technologies in environmental health data management. Researchers and practitioners, mainly in high-income countries, continue to explore predictive analytics, modelling and machine learning, the Internet of Things, smart devices, and infographics in environmental health. It is evident that digital technologies are revolutionizing environmental health by providing actionable insights, enhancing decision-making, and promoting proactiveness. This integration is crucial for improving public health outcomes and must be embraced by low-and-middle-income countries as well, even amid resource-related and interoperability challenges. The opportunities provided by these technologies include, improved environmental health surveillance and monitoring, enabled targeted interventions, risk communication and community engagement, mapping for public health action, multisectoral collaborations, enhanced service delivery and research development.
CONCLUSIONS
Recognising and appreciating the importance of digital technologies is essential for government agencies to maximise available opportunities.
Popul. Med. 2026;8(Supplement 1):A829

ABS1652
Contributions of Design Thinking to the Structuring of Conversational Modeling for a Digital Educational Health Technology on Sexual and Reproductive Health for Adolescents

Maria Eduarda Jucá da Paz Barbosa[1], Neiva Francenely Cunha Vieira[1], Luiza Jane Eyre de Souza Vieira[2], Ranielder Fábio de Freitas[3], Fabiane do Amaral Gubert[1], Joyce Mazza Nunes Aragão[4]
[1]Graduate Nursing Program, Federal University of Ceara, Fortaleza, Brazil, [2]Postgraduate Studies in Public Health, University of Fortaleza (UNIFOR), Fortaleza, Brazil, [3]Mutirão - Brazilian Institute of Digital Policies, Fortaleza, Brazil, [4]Nursing department, State University of Vale do Acaraú, Fortaleza, Brazil

BACKGROUND
Digital educational health technologies require methods capable of systematically and ethically integrating scientific evidence, user experiences, and design decisions. In Nursing, the use of Design Thinking (DT) as a technological development method remains incipient, particularly regarding the active participation of end users. Considering the knowledge gaps among adolescents in sexual and reproductive health (SRH) and their limited involvement in technology design processes, this study aimed to describe the use of Design Thinking in mapping the conversational design requirements of a digital educational technology focused on adolescent SRH.
METHODS
A qualitative study applied DT across the empathy, define, and ideation stages to construct the conversational flow of a digital educational technology. Data were generated through seven focus groups with 55 adolescents aged 15–17 years, enrolled in a public school in Fortaleza, Ceará, Brazil. Transcripts were analyzed using IRAMUTEQ software through lexical analysis combined with Mayring's qualitative content analysis, resulting in thematic axes. During the define stage, an empathy map was developed from emerging meaning units, enabling identification and structuring of users' unmet needs, translated into clear, actionable problem statements. Subsequently, ideation and brainstorming sessions supported refinement and design of a conversational flow organized into thematic axes and corresponding subthemes. Prototyping and testing stages will be conducted in future studies.
RESULTS
Adolescents demonstrated predominantly biomedical knowledge of SRH, alongside gaps in emotional, relational, ethical, and communicational dimensions. The analysis yielded four thematic axes: prevention; relationships and self-care; support networks and mental health; and communication, body, and consent. The

identified needs guided the conversational flow of the technology, emphasizing accessible and empathetic language and dialogical organization.
CONCLUSIONS
Design Thinking proved to be a robust methodological approach for health professionals to translate qualitative data into structured design decisions, strengthening the rigor of developing adolescent-centered digital educational health technologies within the public health context.
Popul. Med. 2026;8(Supplement 1):A830

ABS1680
From Hospital to Home: Rethinking Colorectal Cancer Follow-Up with Digital Health
Kaley Butten[1], Marlien Varnfield[1]
[1]Australian eHealth Research Centre, CSIRO, Brisbane, Australia
ABSTRACT
Colorectal cancer (CRC) survivors require follow-up for up to five years post-treatment, yet traditional models are often fragmented, resource-intensive, and difficult to sustain. Patients may be lost to follow-up, while clinicians spend substantial time coordinating care across disconnected systems. A digital platform combining a patient-facing app with a web-based clinician dashboard has been prototyped in collaboration with a colorectal surgeon to improve efficiency, continuity, and data capture. This study explored current follow-up practices and stakeholder needs to determine how digital technology could support CRC survivorship care. We conducted an exploratory, stakeholder-informed qualitative study using a pragmatic inquiry approach to understand the current landscape of CRC follow-up. Semi-structured interviews and workshops were held with clinicians, health service staff, and system stakeholders, including advocacy and cancer registry representatives. Participants reviewed a prototype designed to digitise follow-up processes. Data collection and analysis were inductive, allowing participant priorities and experiences to guide the findings. Discussions focused on care coordination, use of patient-reported outcome measures (PROMs), data availability, survivorship support needs, and implementation considerations. The prototype was well received by health staff (n=17) and stakeholders (n=5). Follow-up practices varied across services, with sensitive issues such as sexual function under-addressed and PROMs used inconsistently. The transition from treatment to survivorship was described as a challenging adjustment period, likened by some to returning to "civilian life after war." Survivors were perceived to have ongoing physical, psychosocial, and informational needs once structured treatment ends. Gaps in survivorship data limited the ability to assess whether follow-up schedules are optimally tailored to cancer type and surgical pathway, highlighting the need for improved data capture to support risk-stratified care. As cancer survivorship populations grow worldwide, these findings offer practical guidance for designing scalable, patient-centred, digitally supported follow-up models that improve care continuity, data quality, and links between clinical and community services.
Popul. Med. 2026;8(Supplement 1):A832

ABS1758
From Wearables to EMRs: Who Holds the Keys to Your Health Data?
Marlien Varnfield[1,2], Kaley Butten[1], Laura Maass[3,4,5], Pernille Lunde[6]
[1]Australian e-Health Research Centre, Commonwealth Scientific and Industrial Research Organisation, Brisbane, Australia, [2]School of Public Health, University of Queensland, Brisbane, Australia, [3]Research Center for Inequality and Social Policy, University of Bremen, Bremen, Germany, [4]Leibniz ScienceCampus Digital Public Health, University of Bremen, Bremen, Germany, [5]Digital Health and Artificial Intelligence Section, European Public Health Association, Utrecht, Netherlands, [6]Faculty of Health Sciences, Oslo Metropolitan University, Oslo, Norway
BACKGROUND
Rapid growth in wearable technologies, mHealth platforms, and electronic medical record systems has transformed the generation, sharing and use of health data. Patients are generating large volumes of data outside traditional clinical settings yet retain limited control over their data. Legal and ethical frameworks typically position organisations as custodians rather than owners of health data, while patients are granted partial rights of access as their data moves across fragmented digital ecosystems. The increasing use of AI on integrated health data streams further raises questions about privacy, accountability, transparency, and potential harm when health data are reused beyond their original purpose. Combined with overreliance on consent as a governance mechanism, ambiguities are increasingly limiting research access and the public value of digital health investments.
METHODS
Led by experts/researchers from Australia, Norway and Germany, this facilitated, discussion-based workshop will debate real-world exemplars that reflect common health data governance dilemmas. Through comparative analysis of data flows, consent practices, and custodial responsibilities, participants will identify control points, areas of misalignment between patient expectations and practice, and systemic governance vulnerabilities. Participants will also examine how AI and data-driven approaches can be applied to data streams and how the widespread uncertainty about accountability for secondary use and harm, particularly when data is repurposed for AI, can be addressed. Outputs will be captured through collaborative mapping exercises.
RESULTS
The workshop will surface themes across different data domains, including disconnect between data generation and control. A structured synthesis of governance gaps and a shared set of cross-jurisdictional principles will be produced, emphasizing transparency, proportionality, accountability, and public benefit.
CONCLUSIONS
Addressing the question of "who owns health data" helps determine who can access, share, or profit from health data, and under what conditions, which is critical for building shared understanding and advancing more ethical, trustworthy health data governance.
Popul. Med. 2026;8(Supplement 1):A833

ABS1773
Strengthening community tuberculosis reporting: lessons from a locally adapted digital solution to address systemic gaps in enugu state, nigeria
Obianuju Ezeike[1], Udochukwu Egwim[1]
[1]Programs, South Saharan Social Development Organisation, Enugu, Nigeria
INTRODUCTION
Nigeria's national digital platform for community tuberculosis (TB) reporting often experiences technical glitches and synchronization failures, disrupting real-time data submission. Electronic, case-based TB surveillance improves data timeliness, completeness, and program monitoring and is recommended by the World Health Organization., In Enugu State, volunteers previously traveled monthly to the coordinating community-based organization (CBO) office with printed and soft-copy records for data validation, causing reporting delays, extra costs, and operational burdens. A locally adapted digital solution was introduced to address these challenges while maintaining validation standards.
METHODS
A comparative observational assessment evaluated the former in-person validation process against a revised digital reporting approach implemented by the South Saharan Social Development Organisation (SSDO). National TB indicators were simplified and deployed via the Mwater Surveyor platform, enabling standardized, collaborative, and offline data capture., Seventeen volunteers representing all local government areas were trained to submit TB data digitally, with supporting registers uploaded for virtual validation, limiting physical office visits to exceptions.
RESULTS
The digital system eliminated routine office visits, reducing transport and printing costs, shortening validation timelines, and improving reporting continuity during national platform disruptions. Volunteers reported greater confidence in digital reporting, while offline data capture mitigated internet connectivity issues.
CONCLUSIONS
Locally adapted digital tools with virtual validation reduce operational costs, reporting delays, and frontline worker burden, supporting global recommendations for electronic TB surveillance.,
Popul. Med. 2026;8(Supplement 1):A834

ABS1800
Co-Designing a Digital Social Prescribing Platform to Reduce Out of Pocket Health Expenditure for Aboriginal Communities Living in Rural Australia
Georga Sallows[1], Patrick Sharpe[1,2], Ray Mahoney[3], Andrew Goodman[3], Julieann Coombes[4,5], Odette Pearson[6,7], Jaquelyne Hughes[8,9], Marlien Varnfield[3], Candice Oster[10,11], Jonathan Karnon[1], Claire Drummond[8,1], James Smith[8], Karla Canuto[12], Shanti Omodei-James[1], Lavender Otieno[1], Clare Bradley[1], Billie Bonevski[1,13], Courtney Ryder[1,4,5]
[1]Flinders Health and Medical Research Institute, College of Medicine and Public Health, Flinders University, Adelaide, Australia, [2]E.M.U Consultancy, Ceduna, Australia, [3]Commonwealth Scientific Industrial Research Organisation, Brisbane, Australia, [4]The George Institute for Global Health, Newtown, Australia, [5]School of Population Health, University of New South Wales, Sydney, Australia, [6]Wardliparingga, South Australian Health and Medical Research Institute, Adelaide,

Australia, [7]School of Medicine, Collage of Health, Adelaide University, Adelaide, Australia, [8]Rural and Remote Health, Collage of Medicine and Public Health, Flinders University, Darwin, Australia, [9]Royal Darwin Hospital, Darwin, Australia, [10]College of Nursing and Health Sciences, Flinders University, Adelaide, Australia, [11]Caring Futures Institute, Flinders University, Adelaide, Australia, [12]College of Medicine and Dentistry, James Cook University, Townsville, Australia, [13]School of Medicine and Public Health, The University of Newcastle, Newcastle, Australia

BACKGROUND
People living with chronic and complex diseases (CCDs) or injuries face substantial out-of-pocket health expenditure (OOPHE). Australian Aboriginal and Torres Strait Islander communities experience significantly higher rates of CCDs and greater exposure to the social and structural determinants of ill health that intensify OOPHE inequities. Addressing these financial pressures is essential for improving access to healthcare. This project partners with Aboriginal communities in rural South Australia to co-design a Web App to help reduce OOPHE burden.
METHODS
This project applies a participatory action research methodology with Aboriginal communities to develop an online social prescribing platform (the Web App). It applies a Knowledge Interface process to ensure Aboriginal authority and alignment with community expectations. The research draws on Indigenous methods, qualitative interviews, and quantitative surveys, conducted to explore the relationship between OOPHE risks and protective factors. A community-centred developmental evaluation framework guides each stage of the design process, allowing the Web App to respond to feedback throughout the trial.
RESULTS
Early findings highlight that OOPHE emerges from linked cultural, social, financial, and systemic drivers. Community-led co-design has identified practical ways the Web App can reduce OOPHE, including improved navigation of financial supports, strengthened referral pathways to culturally safe services, and increased access to community resources. The evaluation approach will inform a framework for national scale-up.
CONCLUSIONS
A culturally grounded social prescribing Web App offers a promising strategy for reducing OOPHE among Australian Aboriginal and Torres Strait Islander people living with, or at risk of, CCDs. By placing Aboriginal leadership and lived experience at the centre of the design, this project has the potential to reduce financial barriers to care, enhance health and wellbeing, and contribute to national efforts to address entrenched health and well-being inequity.
Popul. Med. 2026;8(Supplement 1):A837

ABS1855
Continuity of care: a systems-level gap in digital health–enabled health systems

Marvellous Ajayi[1]
[1]Medicine & Surgery, Ekiti State University, Ado Ekiti, Nigeria

BACKGROUND
Continuity of care is a core component of high-performing health systems and is an essential determinant of quality, safety, and outcomes for patients and populations. However, even as investment in digital health technologies increases, care delivery in many health systems (especially in low- and middle-income settings) remains fragmented across community, facility and post-care environments. When digital health interventions are deployed, they are commonly done so as vertical interventions with insufficient capacity to enable integrated, coordinated and longitudinal care for patients and populations as they progress along the care continuum.
METHODS
A conceptual systems-level analysis was performed to explore continuity of care in digital health-enabled health systems. Leveraging existing domains of continuity of care and systems thinking concepts, patient pathways through interconnected community-based services, facilities, and post-care follow-up were subjected to an analytical model to explore structural and informational discontinuities. Relevant digital health implementation strategies were explored within the context of their alignment with longitudinal continuity of care through transitions in care.
RESULTS
The systems-level analysis revealed that continuity of care is a prominent gap in the current approach to digital health implementation. Major barriers were identified in terms of fragmented information flow, poor continuity across care levels, inadequate follow-up procedures after clinical contacts, and weak enforcement of continuity of care strategies that would ensure ongoing patient involvement beyond clinical visits. The results emphasise the necessity for digital health solutions that aim to promote continuity of care in terms of information, interactions and capacity management throughout the entire care continuum.
CONCLUSIONS
The issue of continuity of care still remains inadequately attended to in digital health-enabled health systems. As a potential improvement, understanding digital health implementation using the continuity-of-care framework provides insights into better integrated and patient-centred system architecture as well as enhances continuity of care within resource-constrained health system environments.
Popul. Med. 2026;8(Supplement 1):A840

ABS1940
Digital mental health interventions in indigenous and traditional communities of the Global South: A scoping review

Saidy Eliana Arias Murcia[1], Johanna Carolina Sánchez Castro[1], Robert Hrynyschyn[1], Christiane Stock[1]
[1]Institute of Health and Nursing Science, Charité, Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt Universität zu Berlin, Berlin, Germany

BACKGROUND
Digital mental health interventions (DMHIs) are increasingly promoted as scalable and cost-effective strategies to reduce global mental health gaps(1). In the Global South, Indigenous peoples and traditional communities face disproportionate psychosocial stressors, and limited access to and low cultural relevance of mental health services(2). Although evidence on DMHIs is expanding, existing reviews largely focus on high-income settings, offering limited insight into how digital mental health is designed for Indigenous and traditional populations. This scoping review synthesizes evidence on DMHIs targeting these populations in the Global South.
METHODS
A scoping review was conducted following Joanna Briggs Institute and PRISMA-ScR guidelines(3,4). Searches were performed in June 2025 across eight databases. All study designs were eligible, with no restrictions on language or publication year. Study selection was completed independently by three reviewers, and data were extracted and analyzed using thematic analysis.
RESULTS
Fifteen articles met the inclusion criteria. Studies were conducted mainly in Latin America (53%), Asia (33%), and Africa (13%), and were predominantly qualitative or mixed-methods (60%), published between 2019 and 2023. DMHIs included mobile applications, SMS-based tools, chatbots, and telehealth platforms, delivered through synchronous and asynchronous modalities via smartphones and web-based systems. Interventions focused primarily on mental health promotion, prevention, and early intervention. Indigenous or traditional communities were not always the primary target population. Cultural adaptation was heterogeneous and often limited; the strategies mainly involved linguistic adaptations and reporting of participatory or co-design approaches was found in only few studies. Outcomes focused on acceptability and feasibility, with limited evidence of clinical effectiveness.
CONCLUSIONS
Evidence on DMHIs for Indigenous peoples and traditional communities in the Global South is growing but remains fragmented. Despite increasing attention to cultural adaptation, most interventions lack cultural integration and outcome evaluation, highlighting the need for culturally grounded digital mental health approaches for equitable public health impact.
Popul. Med. 2026;8(Supplement 1):A843

ABS1974
Youth-led safeguarding amid digital restrictions: How boys and young men protect their mental health in digital spaces in Australia

Rohann Irving[1], Yang Zhao[2], Garth Stahl[3], Melissa J. Opozda[1], Lisa Holohan[3], James A. Smith[1], Elizabeth J. Edwards[3], Murray Drummond[4], Mair Underwood[3], Laura Scholes[5]
[1]College of Medicine and Public Health, Flinders University, Northern Territory, Australia, [2]London School of Hygiene and Tropical Medicine, London, United Kingdom, [3]The University of Queensland, Brisbane, Australia, [4]SHAPE Research Centre, Flinders University, South Australia, Australia, [5]Australian Catholic University, Brisbane, Australia

BACKGROUND
Public health debates have long focused on the potential harms that arise from young people's engagement with digital spaces, but these discussions have become more prominent in the face of a global move to restrict young people's access to social media. In this paper, we prioritise boys' and young men's voices in understanding how they are already engaging in safeguarding practices

online, with a particular focus on how they protect their mental health in digital environments.
METHODS
This work draws on the perspectives of 47 Australian Adolescent Boys and Young Men (ABYM) aged 15 to 25 who took part in either interviews (N=20) or focus groups (N=27) that focused on their social media practices. A thematic analysis, with themes reviewed and refined by an interdisciplinary research team, revealed how ABYM perceive and negotiate harm mitigation online as their lives become increasingly digitised.
RESULTS
Analysis revealed a range of youth-led practices through which ABYM assess risk, develop digital knowledges, and actively manage their wellbeing online. In addition, many ABYM viewed themselves as personally responsible for protecting themselves from the structural and commercial harms they consistently face in digital spaces. These findings foreground young people's agency in their management of digital risk, alongside the lack of effective e-safety education that is both appealing and currently available to young men.
CONCLUSIONS
This paper highlights the need for e-safety initiatives that recognise both the vulnerabilities and existing critical capacities of ABYM. In an era of increasing digital restrictions, this work stresses the importance of inclusive research practices that elevate and prioritise young people's perspectives to inform future online health policy and regulation.
Popul. Med. 2026;8(Supplement 1):A844

ABS2026
Implementation of a mobile health application used by community health workers in Ekurhuleni Health District

Yarumia Ndombi[1], Leena Thomas[2], Harsha Somaroo[3]
[1]Public Health Medicine, University of the Witwatersrand, Johannesburg, South Africa, [2]Public Health Unit, Ekurhuleni Health District, Germiston, South Africa, [3]NHI Directorate, National Department of Health, Pretoria, South Africa
ABSTRACT
The integration of digital technology into healthcare, which began in the early 2000s, has transformed healthcare service delivery and management. In South Africa, the Ekurhuleni Health District was selected in 2017 as a pilot site for the CommCare mobile health application, designed to support Community Health Workers (CHWs) and Outreach Team Leaders (OTLs) in ward-based primary healthcare outreach teams. Despite the potential of mobile health (mHealth) tools, challenges in adoption, scale-up, and sustainability remain. This study aimed to assess the the experiences of end-users and key stakeholders in the use and implementation of CommCare over a five-year period. A mixed-methods cross-sectional descriptive study was conducted in the Ekurhuleni Health District. Data collection included semi-structured interviews with seven key informants and an online self-administered questionnaire distributed to 1,197 CHWs and OTLs. Quantitative data were analysed descriptively, while qualitative data underwent thematic analysis using Atlas.ti. Of 1,197 end-users invited, 464 (39%) participated. Among respondents, 83% reported that CommCare met their expectations, 85% expressed overall satisfaction, and 95% recommended its adoption in other districts. However, 35% experienced challenges including poor connectivity, difficulties with data management, and device malfunctions. Training posed logistical challenges, particularly in securing suitable venues, and CHWs' varied educational backgrounds required adaptive approaches such as peer pairing. Asset management was a recurrent concern, with frequent device losses leading to the enforcement of accountability measures. Key informants emphasized the effectiveness of the cascade training model and highlighted the need for dedicated technical teams, improved ICT infrastructure, multi-stakeholder engagement, and long-term planning. The implementation of CommCare in Ekurhuleni was largely successful, with high end-user satisfaction. Key findings underscore the importance of robust planning, investment in ICT infrastructure, and sustained technical support to ensure scalability and sustainability. Lessons from this evaluation provide valuable insights for future digital health initiatives in South Africa and beyond.
Popul. Med. 2026;8(Supplement 1):A847

ABS2052
Implementing a Real-Time Excess Mortality Surveillance Dashboard in Uganda's DHIS2 platform

Nathaelf Hyppolite[1], Martin Bulamu[2], Carol Kyozera[2], Jean Edgard Nguessan[1], Emma Clevenger[1]
[1]Data for health, Center for Disease Control Foundation, Hyattsville MD, United States, [2]Integrated Epidemiology, Surveillance & Public Health Emergencies Department., MOH, Kampala, Uganda
BACKGROUND
Excess mortality surveillance is critical for detecting disease outbreaks, health system failures and public health emergencies. Uganda lacked a systematic mechanism for tracking facility-based excess deaths in real-time. This gap hindered timely public health response and resource allocation. To address this challenge, the Ministry of Health integrated an excess mortality surveillance module into the DHIS2 platform in 2025.
METHODS
We developed a prototype digital dashboard that calculates excess facility deaths by comparing observed deaths against historical baselines using statistical methods. The system collects mortality data from health facilities across 15 regions and 146 districts through the DHIS2 platform. Regional and district-level data are aggregated and visualized through interactive charts displaying temporal trends from 2020-2024. The dashboard employs automated data validation protocols to ensure data quality and completeness.
RESULTS
The prototype dashboard successfully visualized excess mortality patterns across Ugandan regions using retrospective data. The system identified significant regional variations, with Bugisu, Tooro, Bukedi, Kampala and Kigezi regions showing elevated excess deaths over the surveillance period. District-level granularity enabled identification of mortality clusters requiring investigation, including Kasese and Kabarole districts in Tooro region, which registered the highest excess deaths. Health facility-level analysis revealed that Health Centre IIIs consistently reported elevated excess deaths. Retrospective analysis of the COVID-19 pandemic period (2020-2022) demonstrated the dashboard's utility for detecting mortality spikes associated with public health emergencies. Initial stakeholder feedback indicates strong interest in scaling the prototype for routine surveillance operations.
CONCLUSIONS
Digital integration of excess mortality surveillance within Uganda's DHIS2 offers a promising approach to strengthening health systems capacity for early detection and response. This prototype demonstrates how surveillance infrastructure, when embedded in existing digital health platforms, can enhance public health preparedness and inform evidence-based policy decisions. Further development and validation are needed to support nationwide implementation.
Popul. Med. 2026;8(Supplement 1):A849

ABS2120
Using Social Listening and Digital Analytics to Address Diphtheria Misinformation During an Outbreak Response in Nigeria

Habibat Lawal[1], Sunday Oko[1], Adachi Ekeh[1], Anwuli Nwankwo[1], Vivianne Ihekweazu[1]
[1]Nigeria Health Watch, Utako, Abuja, Nigeria
INTRODUCTION
The rapid expansion of digital and social media platforms has transformed how communities' access and share health information, while simultaneously amplifying misinformation during disease outbreaks. During Nigeria's recent diphtheria outbreak, misinformation threatened vaccine confidence and public trust. This study examines how social listening and digital analytics supported infodemic management and informed outbreak response, drawing on insights from the Health Information Disorder and Infodemic Management Network (HIDIM).
METHODS
Systematic social media monitoring tracked diphtheria-related online discourse in Nigeria from October 7 to 6 November 2025 across X (formerly Twitter), Facebook, Instagram, YouTube, and web-based platforms. Using keyword-based social listening with an AI-powered digital analytics tool, data were collected and analyzed in Microsoft Excel to assess content volume, reach, engagement, sentiment, and misinformation themes. Duplicate and irrelevant content were excluded to ensure analytical accuracy.
RESULTS
A total of 305 diphtheria-related online conversations reached 303887 people and generated 3904 engagements. 'X' accounted for the majority with 275 posts (244327 reach and 3642 engagements), followed by web platforms with 29 posts (59289 reach, and 261 engagements). YouTube recorded one post with 271 reach and one engagement, while Facebook and Instagram recorded no relevant activity during that period. A widely shared misinformation narrative alleged that Lagos Primary Health Centres administered Tetanus Toxoid while labeling it as diphtheria vaccine, fueling public mistrust and online debate about vaccine safety and accuracy.
CONCLUSIONS
Social listening and digital analytics provide timely, actionable intelligence for

managing infodemics during disease outbreaks, particularly in resource-limited settings. By leveraging AI-enabled monitoring, public health authorities can rapidly identify misinformation trends, address emerging knowledge gaps, and deploy targeted risk communication strategies that build vaccine confidence. This approach demonstrates how digital health innovation can support equitable outbreak response, enhance public trust and improve disease prevention outcomes across diverse contexts.
Popul. Med. 2026;8(Supplement 1):A851

ABS2129

Machine learning algorithms for the detection and prediction of depression in diabetes: A systematic review.

Amy McInerney[1], Mahdieh Shojaa[1], Sonya Deschenes[2], Daniel Gibert[3], Norbert Schmitz[1]
[1]Population-Based Medicine, University of Tuebingen, Tuebingen, Germany, [2]Psychology, University College Dublin, Dublin, Ireland, [3]Artificial Intelligence Research Institute CSIC, Barcelona, Spain

INTRODUCTION
Artificial intelligence (AI) holds great potential for being able develop automated systems that can detect and predict depression or depressive symptoms. This review seeks to synthesize the AI machine learning methods that have been implemented in the detection and prediction of depression in people with type 1, type 2, and gestational diabetes.
METHODS
Databases, including PubMed, Embase, Web of Science, CINAHL, PsychInfo, IEEE Xplore, and ACM Digital Library are searched for relevant articles. No restrictions are placed on the AI approach, depressive symptom measure, or type of dataset used (e.g., wearable sensor data, electronic health records, or cohort data). Article screening, selection, data extraction, and risk of bias is conducted by 2 independent reviewers.
RESULTS
Results will be synthesized in a narrative review. Key characteristics such as algorithms used, data sources, depression measure used, feature selection methods, validation strategies, and performance metrics will be compared and discussed.
CONCLUSIONS
This review will provide an overview of the ways in which AI has been used to detect and predict depression in people with all types of diabetes. It will highlight the types of data and models used, identify methodological trends and limitations, and offer recommendations for future research in this emerging interdisciplinary field.
Popul. Med. 2026;8(Supplement 1):A852

ABS2250

Mismatch at the interface: barriers to nutrition messaging about M-health among pregnant women in low-resource rural settings in South Africa

Livhuwani Muthelo[1], Cathrene Philips[2]
[1]Nursing Science, University of Limpopo, Polokwane, South Africa, [2]UCD School of Public Health, Physiotherapy and Sports Science, University College Dublin, Belfield, Dublin 4, Ireland, University College Dublin, Belfield, Dublin 4, Ireland, Dublin, Ireland

BACKGROUND
Nutrition is essential for healthy pregnancies, but pregnant women in low-resource rural areas face barriers to accessing reliable nutritional information. Despite the growing use of mobile health solutions (mHealth) to bridge such gaps, there remain significant mismatches between digital health solutions and the lived realities of rural users.
OBJECTIVE
The study aimed to explore the barriers to effective nutrition messaging for mHealth among pregnant women in low-resource rural settings in South Africa.
METHODS
This study used a qualitative phenomenological approach to explore the experiences of pregnant women in the Capricorn district of Limpopo province. Data, including audio recordings, were collected through nine focus group discussions in purposively selected clinics with 5-8 attendees per group, using semi-structured interview guides. Reflexivity was maintained to reduce bias. Thematic analysis was applied. Trustworthiness and ethical standards, including informed consent and confidentiality, were strictly respected.
RESULTS
This study revealed that the nutritional message of mHealth is impeded by poverty, food insecurity, limited digital access, data or airtime, and cultural mismatches. Women faced difficulties in applying nutritional advice due to the workload and conflicting advice from traditional sources. Preferences for visual, local language, and interactive content were reported, highlighting the importance of trusted social networks in shaping nutritional behaviour and message acceptance.
CONCLUSIONS
The study findings advocate for offline-first community-based mHealth approaches that reflect socioeconomic realities. Interventions should be user-centred, using local languages, culturally relevant content, and interactive two-way communication to ensure relevance and impact in low-resource settings. Collaboration with elders and religious leaders is essential to enhance the credibility and acceptance of health messages.
Popul. Med. 2026;8(Supplement 1):A858

ABS2283

AIM-HEALTH: Artificial intelligence-mediated discharge document for accessible healthcare. A study protocol

Nicola Pelizzari[1], Mattia Savardi[1], Luca Arrigoni[2], Marco Gregori[3], Adelaide Conti[1,4,5], Elena Tratta[6], Elisabetta Ceretti[1,5], Loredana Covolo[1], Maria Visconti[1], Marianna Adamo[1,2], Aldo Roccaro[6], Enrico Vizzardi[1], Alberto Signoroni[1], Federico Alberici[1,3], Carlo Mario Lombardi[1,2], Umberto Gelatti[1]
[1]Department of Medical and Surgical Specialties, Radiological Sciences, and Public Health, Università di Brescia, Brescia, Italy, [2]Cardiology Unit, ASST Spedali Civili di Brescia, Brescia, Italy, [3]Nephrology Unit, ASST Spedali Civili di Brescia, Brescia, Italy, [4]Forensic Medicine Unit, ASST Spedali Civili di Brescia, Brescia, Italy, [5]Centre of Bioethics Research, Università di Brescia, Brescia, Italy, [6]Clinical Trial Center, ASST Spedali Civili di Brescia, Brescia, Italy

BACKGROUND
Hospital discharge reports (HDR) support continuity of care, yet their specialised terminology may hinder patient understanding and post-discharge self-management, particularly among individuals with limited health literacy (HL) (1-3). AIM-HEALTH aims to develop and evaluate a clinician-validated, AI-powered supplementary discharge document (SDD) to support comprehension of HDR content, tailored to patients' HL levels.
METHODS
This prospective, observational, non-interventional study will enrol 200 adults from the nephrology and cardiology units at ASST Spedali Civili hospital. Following written informed consent, participants' HL will be assessed and combined with HDR structured data and an audio-recorded discharge interview to generate two outputs using locally deployed agentic AIs powered by open-weight LLM: (i) an HL-tailored SDD for patient use and (ii) a clinical performance report (CPR) highlighting omissions and inconsistencies between the HDR and the discharge interview to support clinical safety. Clinicians will validate the SDD using a QUEST-informed tool assessing accuracy, completeness, clarity, utility, and safety domains. All outputs will undergo clinical assessment; only suitable outputs will be retained, while corrections and unsuitable outputs will be used to iteratively refine the system. Patients will assess SDD perceived accessibility, comprehensibility, usefulness, and engagement. Data processing follows on-premise, DPIA-defined safeguards (data minimisation, pseudonymisation, security/incident management).
RESULTS
Expected results include: (i) technical feasibility and workflow indicators (completion and SDD withholding rates); (ii) clinician-rated accuracy, appropriateness, completeness, and safety of SDDs; (iii) perceived utility of the CPR for identifying omissions and inconsistencies between HDRs and discharge interviews; (iv) patient-reported accessibility, comprehensibility, usefulness, and engagement at ~1-month follow-up; and (v) associations between SDD readability index scores and perceived comprehensibility.
CONCLUSIONS
AIM-HEALTH aims to streamline discharge workflow, improve post-discharge comprehension and safety, particularly for chronic conditions, and reduce avoidable readmissions linked to misunderstanding, under on-premise data protection and clinician validation. AIM-HEALTH is supported by a competitive grant awarded by Fondazione Cariplo.
Popul. Med. 2026;8(Supplement 1):A861

ABS2299

Between promise and practice: mapping the implementation of digital health technologies in five sentinel district hospitals in South Africa

Jef Vanhamel[1], Denise Evans[2], Nandi Makhaye[1], Laetitia Rispel[1]
[1]South African Research Chairs Initiative, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [2]School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand,

Johannesburg, South Africa
INTRODUCTION
Digital health technologies (DHTs) are widely promoted as enablers of health systems strengthening in low-and-middle-income countries. However, evidence on their routine implementation in district or first referral hospitals remains limited. This study examined the implementation of DHTs in five South African district hospitals.
METHODS
During 2025, a health facility assessment was conducted in five sentinel district hospitals across five South African provinces. We combined semi-structured interviews with hospital management (clinical, IT and information managers) with a structured checklist and walk-around to map infrastructure, equipment, staffing and DHT implementation in each clinical unit. The WHO Health System Building Blocks framework guided the analysis.
RESULTS
DHT implementation varied substantially across the hospitals. All hospitals were piloting or partially using a digitised health information system for patient registration, but weak IT systems and budgetary constraints limited their expansion towards medical records. Although one hospital implemented an electronic medical record system, roll out was halted due to logistical constraints and staff resistance. Four hospitals had digital X-ray units, but only two were able to store and transmit medical images digitally. Stock management and procurement software was implemented in all hospital pharmacies, yet only two used it for medication dispensing. The use of mobile clinical applications was widespread across all hospitals, driven largely by providers, to process lab results (TrackCare), coordinate referrals (VULA) and access clinical guidelines (EMGuidance). However, the extent of their integration in routine clinical practice varied. WhatsApp remained ubiquitous as informal "shadow" information systems, with multiple groups supporting within-unit, cross-unit and inter-facility communication. Persistent barriers for hospital-wide DHT implementation included inadequate financing, limited IT support, outdated hardware and fragmented digital governance structures.
CONCLUSIONS
DHTs hold significant promise but remain fragmented, and unevenly and largely informally implemented. Strengthening leadership, financing, infrastructure and system integration are essential for meaningful digital transformation.
Popul. Med. 2026;8(Supplement 1):A862

ABS2311
Using Digital Tools (eTools) as a Strategy for improving uptake and scale up coverage of Tester Training, Competency Assessments and Certification, an important component of the HIV-Rapid Test Continuous Quality Improvement (RTCQI).

Alarice Marsh[1], Thato Chidarikire[1], Tebogo Maomela[1], Makhosazana Makhanya[1]
[1]HIV and AIDS and STI, National Department of Health, Pretoria, South Africa
BACKGROUND
Approximately 17million rapid HIV tests are performed in health care facilities in South Africa annually. Rapid HIV testing is conducted by diverse cadres, but the service is rendered mostly by lay trained providers. Access to accurate and reliable HIV testing services remain crucial to ensure individuals receive appropriate prevention and treatment services. To im-prove quality of testing, the National Department of Health (NDOH) in collaboration with the National Health Laboratory Service (NHLS) adopted the Rapid Test Continuous Quality Improvement (RTCQI) strategy in 2015. Site assessments conducted 2017 -2019 indicated a gap in personnel training and certification with an overall score of 54% countrywide. These results led to the development of digital tools, which enhanced program coordination and implementation uniformity.
METHODS
A national review of training materials, followed by digitization and centralization of databases, analysis and reporting paved the way towards improved implementation and scale up of tester certification. Prior to the introduction of eTools, RTCQI training was conducted in person over 3 – 5 days. This included a tester competency assessment, a written exam and observation of HIV testing practical. Subsequently, South Africa adopted the use of a standardized video-based online Learning Management System (LMS) with synchronization to a central electronic database and digital data collection tools for tester competency.
RESULTS
The introduction of standardized video-based online Learning Management System (LMS) for testers and assessors significantly improved the uptake and access to providers which in-creased the testers competency effectively. Live synchronization of examination reports into a database helps identify review questions and alternative exams, improving prequalification for assessment and eliminating manual scoring and lengthy procedures.
CONCLUSIONS
eTools for training and tester competency assessment significantly improved organization and efficiency. The introduction of the synchronized examination report within the central tester competency database helped improve the scale-up of national tester countrywide.
Popul. Med. 2026;8(Supplement 1):A863

ABS2368
The Process of developing a Hospital Procedure Booking System in the Free State

Bessie Thekisho[1]
[1]Community Health, University of Free State, Bloemfontein, South Africa
ABSTRACT
The Process of developing a Hospital Procedure Booking System in the Free State
INTRODUCTION
elective procedures, scheduled in advance, are crucial to hospital operations. inefficient booking processes can lead to underutilization of resources, patient dissatisfaction, and financial losses. This report outlines the development and piloting of hospital elective procedure booking system (H.P.B.S) for free state hospitals. The health patient registration system, currently implemented in free state clinics and hospitals, supports the booking system by providing unique patient identifiers. The pandemic highlighted the need for an effective booking system to manage elective procedure waiting lists. The HPBS enables specialists to prioritize and streamline surgeries, monitor progress across hospitals, and enhance patient care.
METHODS
a qualitative research design was employed in this study due to its effectiveness in generating deep insights into attitudes, satisfaction levels, and operational challenges associated with elective procedure booking systems—variables that quantitative approaches alone are less suited to capture. The development of the H.P.B.S for the free state department of health (F.S.D.o.H) involved several key processes, including stakeholder identification, clinical workflow analysis, system requirements validation, and governance considerations. The system was designed and implemented by the FSDoH information communication and technology directorate.
RESULTS
initial assessments revealed no uniform system to monitor elective procedure waiting lists. The H.P.B.S integrates patient registration, real-time scheduling, and reporting modules into a secure platform hosted on free state health servers. A total of 647 procedures were booked from april 2024 to december 2025, with orthopaedics being the leading department during the pilot.
CONCLUSIONS
the web-based H.P.B.S standardizes elective bookings, manages cancellations and re-bookings, and provides accurate waiting list data, improving patient care. Specialists and managers can now monitor progress on elective procedure bookings. Future research should explore the scalability of H.P.B.S to other provinces and its adaptability to different healthcare settings.
Popul. Med. 2026;8(Supplement 1):A864

ABS2396
Enhancing Death Registration Through Electronic Medical Record Integration in Zambia: Linking the National Registration Information System with SmartCare to Strengthen Mortality Data for Public Health Decision-Making

Kingsley Arhin-Wiredu[1], Brian Munkombwe[1], Chomba Mwango[1], Collins Ochieng Odhiambo[1], Esther Nyadzua Katama[1], Stephen Chanda[2]
[1]Data for Health Initiative, CDC Foundation, Atlanta, United States, [2]Surveillance and Disease Intelligence, Zambia National Public Health Institute, Lusaka, Zambia
INTRODUCTION
Timely and accurate mortality data are foundational to effective public health planning, disease surveillance, and resource allocation. In Zambia, fragmented information flows between civil registration systems and health sectors records, combined with paper-based notification processes, have historically resulted in delayed, incomplete, and underutilized mortality data. These gaps have constrained timely responses to high-burden conditions including HIV, malaria, tuberculosis cholera, maternal mortality and emerging public health threats.
METHODS
Zambia implemented a national digital mortality integration framework linking the Integrated National Registration Information System (INRIS) with SmartCare, the national electronic medical records system, and consolidating mortality data within a centralized national data warehouse. The intervention included

deployment of electronic death notification workflows within health facilities, development of a standardized mortality data model, and establishment of a scalable national integration architecture to enable secure, near-real-time data exchange between systems. Sustained stakeholder engagement supported governance, alignment and adoption. In parallel, an electronic medical certification of cause of death (e-MCCD) module was developed within SmartCare and is currently under validation.
RESULTS
System integration reduced death reporting delays by 88%, decreasing the average time from death occurrence to registration from 60 days to 7 days. Civil registration service coverage expanded to 81 of 116 districts, reaching approximately 83% of the population. Implementation of a real-time mortality surveillance dashboard improved data accessibility, workflow efficiency, and system performance monitoring, strengthening the routine use of mortality data for public health decision-making.
CONCLUSIONS
Integrating civil registration with electronic medical records substantially improved the timeliness, completeness, and usability of mortality data in Zambia. This digital health approach demonstrates how interoperable health information systems can strengthen CRVS performance and support data-driven public health action. Continued scale-up, and e-MCCD validation will be critical to sustaining impact and enabling cause specific mortality analysis and future artificial intelligence enabled surveillance.
Popul. Med. 2026;8(Supplement 1):A865

ABS2416
Telemedicine as a tool for continuity of care: the experience of local healthcare trust

Elena Marcante[1], Emanuela Zilli[2], Nicola Cogo[2], Elena Debora Toffanello[3], Chiara Bovo[4], Fabio Verlato[5], Stefano Vianello[6], Michela Barbiero[7], Diego Ghirardini[8], Paolo Fortuna[9]
[1]1 Telemedicine service, ULSS 6 Euganea, Padua, Italy, [2]2 Medical Board of Directors, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [3]3 Coordinator of Sanitary District, ULSS 6 Euganea, Padua, Italy, [4]4 Coordinator of Medical Board of Directors, ULSS 6 Euganea, Padua, Italy, [5]5 Waiting List Coordinator of ULSS 6 Euganea, Padua, Italy, [6]6 Socio Sanitary Direction of ULSS 6 Euganea, Padua, Italy, [7]7 Administrative Direction of ULSS 6 Euganea, Padua, Italy, [8]8 Hygiene and Public Health Unit, Department of Cardiac Thoracic and Vascular Sciences and Public Health, University of Padua, Padua, Italy, [9]9 General Direction of ULSS 6 Euganea, Padua, Italy

INTRODUCTION
The local healthcare trust of padua, in the veneto region, serves a population of 930378 inhabitants. It operates 4 acute hospitals with a total of 1318 beds, 1 rehabilitation hospital, 5 healthcare districts, and 46 nursing homes with 5977 beds. According to the organization's mission, there is close collaboration between hospital specialists and general practitioners. Telemedicine was introduced to promote access to healthcare by facilitating communication between professionals and avoiding unnecessary hospital visits.
METHODS
Dedicated telemedicine booking systems have been activated. Information technology integration between the various systems has been implemented to enable data access and sharing of reports between hospitals and primary healthcare services. Technologies have been implemented and staff have been trained in personal data protection in accordance with European Union regulations.
RESULTS
Telemedicine services have been activated in multiple healthcare settings to guarantee continuity and proximity of care: 7 telemedicine services in nursing homes (diabetology, home artificial nutrition, internal medicine, geriatrics); 3 in detention facilities (diabetology, addiction, mental health); and 28 in healthcare districts (cardiology, pneumology, rheumatology, internal medicine, neurology, palliative care, transfusion activities). In 2025, 7601 telemedicine services were provided to 4615 patients. Telemedicine significantly reduced hospitalizations (by 4.8% from 2024 to 2025) and readmissions (by 20.8%), particularly in chronic disease management and in elderly patients.
CONCLUSIONS
The local health authority has initiated a structured process for the implementation of telemedicine, including information technology among its corporate strategies for strengthening primary care. The sustainability of the healthcare system increasingly relies on telemedicine, which addresses the growing healthcare needs of an aging and socially isolated population. Telemedicine represents a key innovation in public healthcare, supporting proximity and personalized care, especially for patients with chronic conditions or limited access to healthcare services.
Popul. Med. 2026;8(Supplement 1):A866

ABS2435
Short-Term Forecasting of Dengue and Chikungunya Incidence: A Comparative Evaluation of Predictive Models in Paraguay

Marcelo Nicolás Pérez Brítez[1], Diego Pedro Pinto Roa[1], Pastor E Pérez-Estigarribia[1], WALTER MASSA RAMALHO[2]
[1]Facultad Politecnica, Universidad Nacional de Asunción, San Lorenzo, Paraguay, [2]Public Health, University of Brasilia, Brasilia, Brazil

INTRODUCTION
In recent years, Paraguay has experienced sustained and intense transmission of dengue, with prolonged epidemics and peaks exceeding historical averages. The country has reported hundreds of thousands of cases, high incidence rates, and the circulation of multiple dengue virus serotypes, reinforcing an endemic–epidemic pattern. Concurrently, major chikungunya outbreaks have occurred since 2022–2023, with widespread territorial dissemination and a substantial disease burden. The co-circulation of these arboviruses, transmitted by Aedes aegypti, highlights persistent vulnerabilities in vector control and underscores the growing public health challenge posed by arboviral diseases in Paraguay.
METHODS
This study evaluates and compares multiple predictive models applied to time series of Dengue and Chikungunya cases in Paraguay at different regional levels. Statistical models (hypothesis contrast, ARIMA), machine learning models (Random Forest, SVR), and deep learning models (ANN, LSTM) were implemented. Hyperparameter tuning was carried out using genetic algorithms. For simplicity, evaluation was mainly based on the Mean Absolute Error (MAE).
RESULTS
The results show that hybrid models and LSTM offer the best performance in highly seasonal scenarios. In the comparison of model performance, ANOVA results reveal that the selection of a model and regional level significantly impacts the error, confirming the hypothesis that different regions and different diseases might need different models to obtain good performance.
CONCLUSIONS
This work demonstrates the potential of computational approaches for public health management in Paraguay
Popul. Med. 2026;8(Supplement 1):A867

ABS2481
Telemedicine applied to the management of patients affected by obstructive sleep apnea syndrome treated with continuous positive airway pressure

Nicola Cogo[1], Maria Rita Marchi[2], Naile De Almeida Neves[2], Elena Marcante[3], Francesca Cassutti[2], Giulia Andreotti[2], Michela Bortoli[2], Francesca Pierobon[2], Valentina Reginato[1], Diego Ghirardini[4], Emanuela Zilli[1]
[1]1 Medical Board of Directors, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [2]2 Department of Pneumology, Hospital of Cittadella, Cittadella, Italy, [3]3 Telemedicine service, ULSS 6 Euganea, Padua, Italy, [4]4 Hygiene and Public Health Unit, University of Padua, Padua, Italy

INTRODUCTION
Telemonitoring is an operational modality of telemedicine that allows the remote and continuous collection and transmission of vital and clinical parameters through sensors interacting with the patient. Telemonitoring is performed through dedicated devices and applications that collect data and transmit them to a platform via secure channels, enabling continuous updating of the patient's clinical status. According to the literature, telemonitoring is particularly suitable for the evaluation of patients with respiratory failure. The hospital of cittadella, padua, italy, has a pneumology ward with 20 beds and 6 semi-intensive beds, and serves a population of 350000 inhabitants.
METHODS
The hospital of cittadella implemented an integrated telemedicine model for the remote monitoring and management of patients affected by obstructive sleep apnea syndrome (OSAS) treated with continuous positive airway pressure (CPAP). The model includes the delivery and activation of CPAP devices equipped with data transmission modules by a respiratory physiopathology technician.
RESULTS
During 2025, a total of 156 patients with OSAS were enrolled. For 60 of them, follow-up appointments have already been scheduled for the entire year 2026, with telemonitoring intervals of 3, 6, or 9 months according to clinical needs. All patients attended an initial in-person visit for training, CPAP device delivery, and signing of informed consent for personal data processing. The main benefits observed were: 1. improved disease control and treatment adherence; 2. Therapy personalization;

3. Reduction of routine outpatient visits; 4. Possibility of monitoring and follow-up also in remote areas; 5. Reduction of indirect costs (hospital visits, admissions, complications).
CONCLUSIONS
This project highlights how telemedicine represents an effective tool in the management of patients with OSAS treated with CPAP. Telemonitoring allows improved control of therapeutic adherence and timely interventions in case of critical issues, while reducing the need for in-person outpatient visits.
Popul. Med. 2026;8(Supplement 1):A868

ABS2484
Screen exposure and sleep quality in early childhood: evidence from an early childhood education center

Caroline Feitosa Dibai de Castro[1], Jenuan Bourguignon[1], Júlia Coelho Grobério[1], Fernanda Fernandes Molini[1], Camila de Brito Rodrigues[1], Mariana Miranda[1], Valentina Soares Faé de Oliveira[1], Luísa Prezotti Bomfim[1], Tiago Pedrini Chagas[1], Alvaro Borlini Machado[1], Ricco Spelta Risso Tranhago[1], Francine Alves Gratival Raposo[1], Kelen Antunes Iyrio[2]
[1]1 Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória, Vitória, Brazil, [2]2 Universidade Federal do Espírito Santo, Vitória, Brazil

BACKGROUND
The increasing exposure of young children to electronic devices represents an emerging public health challenge, particularly in low- and middle-income countries, where access to digital technologies has expanded rapidly, often without adequate educational strategies. Excessive screen use, especially during nighttime, may impair sleep quality, which is essential for healthy child development.
OBJECTIVE
To evaluate the association between daily screen time and sleep quality in children in early childhood, considering public health implications in middle-income countries.
METHODS
A cross-sectional study was conducted with caregivers of children aged 6 months to 6 years enrolled in early childhood education at a school in Vitória, Espírito Santo, Brazil. Data were collected using a structured questionnaire addressing screen use habits and sleep patterns. Sleep quality was assessed using the Children's Sleep Habits Questionnaire (CSHQ). Statistical analyses examined associations between screen time and sleep disturbances, with stratification by age group.
RESULTS
Data from 212 children were analyzed. The most frequent daily screen time was one hour. Sleep disturbances were identified in 77.4% of the sample. Screen exposure exceeding one hour per day was significantly associated with a higher prevalence of sleep disturbances ($p < 0.002$), particularly among children younger than two years ($p < 0.027$). A significant correlation was observed between screen time and the global sleep disturbance score ($r = 0.194$; $p < 0.005$), with a stronger correlation in children under two years of age ($r = 0.321$; $p < 0.007$). Significant associations were also found with parasomnias and daytime sleepiness ($p < 0.001$).
CONCLUSIONS
Greater screen exposure was associated with poorer sleep quality in early childhood, highlighting the need for educational strategies and health promotion actions aimed at responsible screen use in contexts of rapid digital transformation.
Popul. Med. 2026;8(Supplement 1):A869

ABS2487
Situational analysis and development of SMARThealth Climate Indonesia: a digital primary healthcare intervention with an integrated early warning system for non-communicable disease management

Asri Maharani[1], Harun Al-Rasyid[2], Septa Katmawanti[2], Holipah Holipah[2], Nushrat Khan[3], Sujarwoto Sujarwoto[4]
[1]Division of Nursing, Midwifery and Social Work, University of Manchester, Manchester, United Kingdom, [2]Faculty of Medicine, Universitas Brawijaya, Malang, Indonesia, [3]School of Public Health, Imperial College London, London, United Kingdom, [4]Faculty of Public Administration, Universitas Brawijaya, Malang, Indonesia

BACKGROUND
Household plastic burning and ambient air pollution contribute to cardiovascular and respiratory morbidity in Indonesia, yet primary health care (PHC) systems have limited capacity to integrate environmental risk information into routine NCD care. Evidence is needed to inform the development of climate-responsive PHC interventions that are feasible and contextually appropriate.
METHODS
We conducted a two-phase mixed-methods situational analysis to support the development of a digital PHC intervention, SMARThealth Climate in Malang and Banyuwangi districts, East Java. Phase 1 comprised a rapid evidence synthesis and policy analysis of national and sub-national documents. Phase 2 involved a field assessment of facility readiness across macro, meso, and micro health system levels. Quantitative data were collected from 24 staff across 16 primary care providers. Qualitative data were generated through 64 in-depth interviews and 12 focus group discussions with policymakers, health professionals, community health workers (CHWs), patients, and village officials (n=112). Informed by the situational analysis, the intervention was co-designed with healthcare professionals and piloted over two months for further refinement. Data were analysed thematically and triangulated across sources.
RESULTS
Despite high community awareness of air pollution and its health effects, environmental risk is not incorporated into routine NCD care. Only 20% patients diagnosed with high CVD risk and COPD reported regular follow-up at PHCs. Health workers expressed demand for actionable, locally relevant air quality alerts to support counselling and risk stratification. However, concerns included workload, digital readiness, and clinical accountability. Facility assessments revealed substantial variability in workforce capacity, diagnostics, and digital infrastructure. SMARThealth Climate was co-created to address this, which includes clinical decision support systems and an integrated air quality warning system.
CONCLUSIONS
Integrating air quality warning systems into digital primary health care has the potential to strengthen NCD management in resource-constrained settings; however, addressing system-level barriers is essential for interventions to succeed.
Popul. Med. 2026;8(Supplement 1):A870

ABS2506
Health managers and professionals experiences with tuberculosis treatment adherence in in-person and digital strategies

Ana Paula Cortes de Oliveira Sorbo[1], Fabiana Costa Machado Zacharias[2], Silvia Helena Valente[3], Luciana Aparecida Fabriz[4], Luz Maria Hughes Palma[1], Jaqueline Garcia de Almeida Ballestero[1], Jerusa Gonçalves Duarte Martins[1], Yan Mathias Alves[1], Nathália Zini[1], Mariana Gaspar Botelho Funari de Faria[1], André Luiz Teixeira Vinci[1], Tatiana Ferraz de Araújo Alecrim[1], Aline Aparecida Monroe[1], Ricardo Alexandre Arcêncio[1], Ione Carvalho Pinto[1]
[1]1.University of São Paulo, Ribeirão Preto, Brazil, [2]2.São Paulo State Department of Health, Ribeirão Preto, Brazil, [3]3.Salesian University Center of São Paulo, Americana, Brazil, [4]4.State University of Western Paraná, Foz do Iguaçu, Brazil

BACKGROUND
Tuberculosis (TB) remains a major global public health priority, accounting for approximately 10.7 million new cases and 1.3 million deaths annually worldwide, and continues to be the leading cause of death from preventable infectious diseases(1). Although TB incidence and mortality have declined, progress has been slow(1). The large reservoir of latent TB infection and the impact of the COVID-19 pandemic sustain high risk, making global targets difficult to achieve without intensified diagnosis, treatment, and prevention(1). Conventional Directly Observed Therapy (DOT) is widely used to support treatment adherence but requires substantial workforce investment and complex territorial logistics(2-4). Telehealth strategies, such as Video Directly Observed Therapy (vDOT), have been introduced to expand treatment monitoring. This study analyzed the experiences of health managers and professionals regarding TB treatment adherence under in-person and digital strategies.
METHODS
A qualitative case study was conducted in specialized TB care services in a medium-sized Brazilian municipality, guided by the theoretical framework of treatment adherence(6). Semi-structured interviews were carried out with health managers and professionals involved in TB care. Interviews were transcribed and analyzed using deductive thematic analysis, supported by ATLAS.ti software, in accordance with ethical principles for health research.
RESULTS
Nineteen professionals participated, including managers, physicians, nurses, and nursing technicians. Adherence was understood as a multifactorial process influenced by service organization, professional practices, and patients' social conditions. Conventional DOT was associated with closer in-person follow-up but also with workforce overload and territorial barriers. vDOT facilitated adherence by increasing flexibility, reducing travel requirements, and promoting patient autonomy, although its effectiveness depends on access to digital technologies and institutional support.

CONCLUSIONS
Conventional DOT and vDOT show complementary potential to strengthen TB treatment adherence. Implementation should consider patient profiles, access to digital technologies, and social vulnerability, reinforcing the importance of flexible, effective, and equitable public health care models.
Popul. Med. 2026;8(Supplement 1):A871

ABS2511
Developing a Cost Data Collection Framework for Tuberculosis Care Using Activity-Based Costing: In-Person and Digital Strategies

Fabiana Costa Machado Zacharias[1], Silvia Helena Valente[2], Luz Maria Hughes Palma[3], Sérgio Moacir Fabriz[4], Luciana Aparecida Fabriz[4], Jerusa Gonçalves Duarte Martins[3], Yan Mathias Alves[3], André Luiz Teixeira Vinci[3], Nathália Zini[3], Aline Aparecida Monroe[3], Jaqueline Garcia de Almeida Ballestero[3], Tatiana Ferraz de Araújo Alecrim[3], Ricardo Alexandre Arcêncio[3], Ione Carvalho Pinto[3]
[1]São Paulo State Department of Health, Ribeirão Preto, Brazil, [2]Salesian University Center of São Paulo, Americana, Brazil, [3]University of São Paulo, Ribeirão Preto, Brazil, [4]State University of Western Paraná, Foz do Iguaçu, Brazil

BACKGROUND
Cost estimation in health services requires instruments capable of systematically and contextually capturing the complexity of care delivery, administrative, and surveillance processes (1,2). In tuberculosis (TB) care, particularly under Conventional Directly Observed Treatment (DOT) and Video Directly Observed Therapy (vDOT), the diversity of activities, professionals, and resources involved poses challenges to accurate cost measurement. In this context, activity-based costing represents an appropriate approach(1,4,5). This study aimed to develop and apply an instrument to collect cost data related to TB treatment under in-person and digital strategies.
METHODS
This methodological study developed and applied a semi-structured instrument for cost data collection, grounded in the activity-based costing method(1,2). The instrument identified activities, involved professionals, time spent, resources consumed, and cost drivers across care delivery, administrative, and health surveillance processes. The instrument was reviewed by the project team and by a researcher experienced in activity-based costing, followed by pre-testing with managers and healthcare professionals from TB reference services. The study was approved by a Research Ethics Committee, and data collection was conducted between January and December 2025.
RESULTS
A total of 22 participants were included, comprising 5 health managers and 17 healthcare professionals, predominantly female, with a mean age ranging from 43 to 49 years. The instrument enabled detailed mapping of activities, average execution times, labor use, consumption of supplies, diagnostic tests, and travel, supporting cost allocation based on actual resource consumption. It proved to be clear, feasible, and sensitive to the operational specificities of health services.
CONCLUSIONS
The use of a semi-structured instrument guided by activity-based costing constitutes a methodological strategy for collecting cost data in health services. It contributes to more accurate economic analyses and supports evidence-informed decision-making in public health policies.
Popul. Med. 2026;8(Supplement 1):A872

ABS2677
Leveraging CrossRef Application Programming Interface to identify policy-relevant research conducted in South Africa: a bibliometric analysis

Lesibana Malinga[1], Matome Mokganya[2]
[1]Health Information, Epidemiology, Research, Monitoring and Evaluation Cluster, National Department of Health, Pretoria, South Africa, [2]Research and Implementation Science Unit, Health Systems Trust, Pretoria, South Africa

BACKGROUND
Large scale Artificial Intelligent (AI) models could transform the contribution of research towards achievement of Sustainable Development Goals (SDGs). Countries need to monitor and report progress on SDGs using data collected from multiple resources to support evidence-based decision-making. Research that supports efforts towards achievement of SDGs needs to be captured and reported at a country level. Since 2015, South Africa has developed a National Health Research Database (NHRD) which serves as a repository of health-related research conducted in public health facilities. We conducted a bibliometric analysis using CrossRef Application Programming Interface (API) and mapping of SDG relevant research from NHRD records between 2015 and 2023.
METHODS
A bibliometric analysis of 5,270 registered and approved study records from the NHRD was conducted using titles in proposal format. The workflow to extract publication metadata included data extraction and cleaning, country identification and verification. The publication metadata retrieved via the CrossRef API included the digital object identifiers (DOIs), author names, title, publication year and study country. Further classification of SDG relevant research was conducted on Dimensions Research GPT AI tool.
RESULTS
Among the 5,270 records, 397 (7.5%) publication titles were indexed on CrossRef API tool based on fuzzy matching with a threshold of >70%. The generated DOIs were further validated using online libraries with a total of 172/397 (43.3%) publications correctly identified. The SDG mapping demonstrated dominant contributions to SDG 3 (targets 3.8, 3.3 and 3.4). Significant cross-cutting contributions evident for SDGs 4, 5, 9, 10, and 17 were observed.
CONCLUSIONS
The use AI tools provide an attractive methodology to map SDG related publications derived from national datasets. However, a more accurate estimate of the publication rate of registered and approved NHRD studies, ongoing follow-up with researchers is recommended to capture study updates for knowledge translation and dissemination.
Popul. Med. 2026;8(Supplement 1):A879

ABS2728
Readiness and Impact of Digital Public Financial Management Systems at Uganda's Health Frontlines

Afrah Naluwugge[1], Samuel Kamba[2], Fahad Mawanda[2], Aliyi Walimbwa[2], Michael Bamulengayo[1], Derrick Kimuli[1], Evarist Twinomujuni[1], Lorraine Kabunga[1], Nathan Tibwala[3]
[1]Health Financing, Clinton Health Access Initiative, Kampala, Uganda, [2]Division of Sector Policy and Planning, Ministry of Health, Kampala, Uganda, [3]Public Finance Management, Ministry of Local Government (REAP), Kampala, Uganda

BACKGROUND
Uganda is advancing digital public financial management (PFM) reforms through the rollout of HMIS001 for standardized planning and budgeting and the Simplified Computerized Accounting and Reporting Tool (SCART) for financial reporting at lower-level health facilities. Because the national Integrated Financial Management System (IFMIS) does not extend to frontline facilities, SCART addresses a critical governance gap. However, facility-level digital PFM remains constrained by fragmented platforms, limited interoperability, inconsistent nomenclature, and duplicative data entry. This study assessed readiness for digital PFM adoption and documented early implementation outcomes of DHIS2-based HMIS001 and SCART in two pilot districts.
METHODS
A government-led, partner-supported facility readiness assessment was conducted in Kassanda and Kakumiro districts, examining digital infrastructure, software functionality, and human resource capacity. A five-day digitization training was delivered to 50 district and facility staff, leading to onboarding of six HC IV facilities onto HMIS001 and SCART, with FY 2025/26 budget data uploaded and accounts established.
RESULTS
Readiness was mixed. Although 94.6% of facilities had functional computers, 97.3% had designated HMIS 001 data staff, and 94.6% had financial reporting personnel, only 47% met the full readiness triad of functional computer, reliable electricity, and internet connectivity. Updated software systems were available in 77% of facilities, but only 34% had backup power or antivirus protection, making power instability a key sustainability risk. All six HCIV facilities were successfully onboarded, enabling remote visibility of facility-level budget execution through the SCART dashboard. Limited computer literacy highlighted the need for continued mentorship.
CONCLUSIONS
This pilot demonstrates both feasibility and constraints of facility-level digital PFM in Uganda. Early implementation suggests improved data accuracy, reduced reporting time, and enhanced confidence in financial tracking. Harmonizing HMIS001 and SCART with the Programme Budgeting System and Chart of Accounts offers a scalable pathway to improved transparency, accountability, and efficiency in primary health care financing.
Popul. Med. 2026;8(Supplement 1):A880

ABS2831
Quality of internet-based public health strategies to Prevent Infectious Diseases in Germany

Numa Memisevic[1]
[1]Public Health, University of Heidelberg, Heidelberg, Germany
BACKGROUND
Important aspects of infectious disease prevention include vaccination campaigns and public health strategies promoting preventive behaviors. The objective is to examine the completeness, accessibility and accuracy of the information available by public health authorities and the communication strategies employed.
METHODS
A mixed-methods explanatory design was applied to evaluate communication strategies for infectious disease prevention in the public health services of the German state of Baden-Württemberg (BW) from September 2021 to September 2022. We assessed the information quality across six disease groups, covering the three dimensions of 1) comprehensiveness, 2) accessibility and 3) accuracy, yielding a disease information quality score for each website of the 38 Public Health Authorities (PHAs) in BW. The same dimensions were utilized to calculate an information quality score regarding preventive behavior and communication. We used thresholds at 25% and 75% to classify low, intermediate, and high quality of information. In addition, six qualitative interviews were conducted with six representatives of the public health service.
RESULTS
Out of 38 counties, we identified 8 (21.1 %) with high, 26 (68.4 %) with intermediate and 4 (10.5 %) with low quality of available information. The highest quality information score varied between 315-420 points (maximum 420 points). Intermediate quality of information varies between 106-315 points (26 counties). Low quality of information was attained with scores between 0-150 points for 4 counties. Low vaccination uptake in certain communities was identified by PHAs using epidemiological indicators, however, effectively reaching vulnerable groups remained difficult. Engagement of health insurers, municipalities, healthcare providers, and NGOs was vital for preventions implementation.
CONCLUSIONS
The heterogeneity of information quality between PHAs has impeded the development of coherent evidence-based strategies, undermining the effectiveness of prevention efforts. Joint communication strategies should be applied to achieve consistency in quality of information for all PHA.
Popul. Med. 2026;8(Supplement 1):A884

ABS2855
Utilisation of digital health technologies among frontline health professionals in five sentinel district hospitals in South Africa

Jef Vanhamel[1], Denise Evans[2], Nandi Makhaye[1], Laetitia Rispel[1]
[1]South African Research Chairs Initiative, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [2]School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
INTRODUCTION
Digital Health Technologies (DHTs) have the potential to transform the clinical practice environment of frontline health professionals (HPs) by improving efficiency, reducing paperwork and enhancing clinical decision-making. This study was informed by the knowledge gaps on the factors that influence the utilisation of DHTs by HPs in South Africa's district hospitals.
METHODS
During 2025, a cross-sectional survey was conducted among frontline HPs in five sentinel district hospitals across five South African provinces. Following informed consent, frontline HPs completed a self-administered questionnaire. In addition to demographic and occupational characteristics, the survey collected information on the availability of the internet and the utilisation of different types of DHTs. Overall DHT utilisation was assessed on a 1–10 scale, with high use classified as a score of ≥6/10. We used SAS for data analysis and logistic regression to examine factors associated with high DHT use.
RESULTS
We included 810 HPs across the five hospitals. The majority were female (83.7%) with a mean age of 40.6 years (SD=11.1). Nurses made up the majority of the sample (65.4%), followed by therapeutic science practitioners (13.8%), doctors (14.3%), and pharmacists (6.5%). DHT utilisation among frontline HPs was moderate with a mean of 4.3 (SD=2.7). Internet access at work was primarily via personal devices (86.7%). Doctors mainly used DHTs for clinical decision support (36.5%), computer-aided diagnostics (42.1%), and consulting peers (55.1%). In contrast, 49.9% of nurses, 52.7% of therapeutic science practitioners, and 46.2% of pharmacists used DHTs daily to consult with peers. High DHT utilisation among frontline HCPs in district hospitals was found to be associated with health professional category, hospital-provided connectivity and geographical location ($p<0.05$).
CONCLUSIONS
The transformative potential of DHTs could be realised through improved digital infrastructure in hospitals and adequate support to frontline HPs.
Popul. Med. 2026;8(Supplement 1):A885

ABS2873
Mobile-Based Educational Interventions for Maternal Nutrition in Low- and Middle-Income Countries: A Scoping Review of Knowledge, Attitudes, Perceptions, and Adoption — A CFIR 2.0–Guided Implementation Analysis

Praveenkumar Aivalli[1], Srihari Kaliapuramnarendrakumar[1], Muthelo Livhuwani[2], Ngwenya Mxolisi[2], Frank Adusei-Mensah[3], Mabitsela Mphasha[2], Samuel Akinseinde[2], Joke-Folu Badejo[2], Fionnuala M McAuliffe[1], Catgerine Phillips[1]
[1]University College Dublin, Dublin, Ireland, [2]University of Limpopo, Limpopo, South Africa, [3]University of Eastern Finland, Kuopio, Finland
ABSTRACT
Maternal undernutrition and overnutrition remain major contributors to adverse pregnancy outcomes in low- and middle-income countries (LMICs). Mobile health technologies are increasingly promoted as scalable platforms for maternal nutrition education. This scoping review synthesises evidence on mobile-based maternal nutrition education interventions in LMICs, guided by the Consolidated Framework for Implementation Research (CFIR) 2.0. This scoping review followed Arksey and O'Malley's framework. Empirical studies published between 2015 and 2025 evaluating mobile-based educational interventions for maternal nutrition among pregnant women, lactating mothers, family members, or healthcare providers in LMICs were included. Five electronic databases and grey literature sources were searched. Data were extracted and thematically synthesised, with findings mapped to CFIR 2.0 domains to examine implementation determinants related to knowledge, attitudes, perceptions, and adoption. From 1,085 records identified, 281 duplicates were removed and 802 records were screened. Following full-text assessment of 123 articles, 49 studies were included. Over half of the included studies were conducted in South Asia (n = 25), followed by sub-Saharan Africa (n = 18) and South-East Asia (n = 6). Study designs were heterogeneous and included randomised controlled trials (n = 11), qualitative studies (n = 10), mixed-methods studies (n = 9), quasi-experimental designs (n = 8), cross-sectional studies (n = 7), and programme implementation or pilot studies (n = 4). CFIR 2.0 mapping identified key facilitators, including widespread phone ownership, supportive family structures, and alignment with national health platforms. Barriers included time constraints among women, high provider workload, poor network connectivity, and reliance on short-term donor funding. Adoption often declined following project completion unless interventions were embedded within routine health systems. Mobile-based educational interventions show promise for improving maternal nutrition knowledge and acceptability in LMICs. However, CFIR 2.0 analysis highlights the need for institutional integration, equity-oriented design, and long-term system embedding to support sustainable maternal nutrition outcomes.
Popul. Med. 2026;8(Supplement 1):A886

ABS2956
Co creating an integrated e Health Intervention to Improve Sexual and Reproductive Health and Reduce NCD Risk Among Adolescents and Young Adults in Rural South Africa

Deepika Saluja[1], Kim Jonas[2], Nelisiwe Ndlovu Ndlovu[2], Thandiwe Mbira[2], Bongiwe Paka-Huysamer[2], Eunice Turawa[2], Beatrice Nojilana[2], Simon Lewin[2], Sudha Subhadra Kallakuri[1]
[1]The George Institute For Global Health, Hyderabad, India, [2]South African Medical Research Council, Cape Town, South Africa
BACKGROUND
Access to Sexual and Reproductive Health (SRH) services among adolescent girls and young women (AYA) remains limited in many low- and middle-income countries (LMICs), particularly in rural settings, contributing to high rates of maternal morbidity, unintended pregnancies, and HIV infections. Simultaneously, non-communicable diseases (NCDs) account for nearly 65% of deaths among women worldwide, with 80% of these deaths occurring in LMICs. Given shared behavioural risk factors including tobacco and alcohol use, unhealthy diets, physical inactivity, and environmental exposures- integrated approaches are urgently needed. Ehealth technologies offer a promising platform to increase awareness, strengthen health-seeking behaviours and connect AGYW to essential services.
METHODS
This mixed-methods study aimed to cocreate an integrated ehealth prototype to promotes healthy behaviours, reduce NCD risks, and improve SRH outcomes

among AYA aged 15–24 years living in rural KwaZulu-Natal, South Africa. Using a cocreation framework, the study incorporated a systematic review, stakeholder and service mapping, in-depth interviews (IDIs), focus group discussions (FGDs), and participatory community workshops. Two advisory structures – a Youth Advisory Group and a Scientific Expert Advisory Group guided the iterative design and content development process. Participants included AYA, healthcare workers, teachers, educators, traditional leaders, community influencers, NGO representatives, and caregivers.
RESULTS
Findings from four community workshops highlighted key requirements for an acceptable and accessible ehealth platform: safe and non-judgement digital spaces; offline or low-data functionality; culturally relevant, credible and easy to understand content; short and engaging visual format and strong emphasis on confidentiality and youth-friendly communication. These insights have informed prototype's architecture and content strategy.
CONCLUSIONS
Co-creation approach meaningfully engaged AYA and community stakeholders, enabling the development of context-specific, accessible, and trusted ehealth solutions addressing integrated SRH and NCD needs.
Popul. Med. 2026;8(Supplement 1):A889

ABS3030
Digital Health Innovation: Development of the digital health educational portal within Brazil's Unified Health System

Paola Garcia[1], Deysianne Chagas[1], Ana Estela Haddad[2], Ana Emília Oliveira[1], Elza Ferreira[1], Osvaldo Sousa Junior[1], Adenilson Galvão Filho[1]
[1]Federal University of Maranhão, São Luís, Brazil, [2]Faculty of Dentistry, University of São Paulo – USP, São Paulo, Brazil

INTRODUCTION
Educational portals are digital interventions designed to expand and facilitate access to high-quality information (1,2). In health education, these platforms play a strategic role in promoting interactivity and stimulating knowledge production among healthcare professionals, family members, and patients (3,4). This study describes the development process of a Digital Health Educational Portal within Brazil's Unified Health System.
METHODS
The project was carried out between December 2024 and September 2025 and followed the stages of planning, prototyping, implementation, and validation. The activities included the elicitation of functional, pedagogical, and visual requirements, with a strong focus on usability and user experience. Development was guided by interdisciplinary collaboration involving faculty members, instructional designers, information technology specialists, and user interface designers, ensuring technical consistency, pedagogical coherence, and alignment with SUS policies and educational needs.
RESULTS
The main outcomes include the implementation of essential functionalities and the integration of multiple modules within a single digital environment. The portal provides professional training and continuing education courses for SUS workers and offers a digital library accessible on mobile devices, containing e-books, podcasts, videos, and other reference materials. A dedicated news section disseminates updated information on events, webinars, public policies, and innovations related to digital health. Interactive spaces, discussion forums, and an institutional repository support collaboration, knowledge exchange, and the dissemination of scientific production. The responsive interface allows access through different devices, increasing usability and territorial reach.
CONCLUSIONS
The Digital Health Educational Portal represents an important advance in the digital transformation of the SUS by consolidating an integrated, user-centered, and scalable educational infrastructure. The initiative contributes to the democratization of access to digital health knowledge, supports continuing professional development, and strengthens competencies for the ethical, critical, and effective use of emerging technologies in Brazilian public health across contexts, regions, services, populations, and care networks.
Popul. Med. 2026;8(Supplement 1):A890

ABS3049
Innovation and transparency in brazilian health law: experience report on the implementation of the Capixaba Health Law Observatory

Fabrício Santos Neves[1,2], Caroline Feitosa Dibai de Castro[3], Christiane Vidal Moraes[2], Cristiano Luiz Ribeiro de Araújo[2], Edilene Rebeca Ferreira Alves[2], Erico Sangiorgio[4], Jeanine Pacheco Moreira Barbosa[1,2], Katrini Ribeiro Tiago[2], Maria Luiza Mageski Altafim Brandão[2], Ricardo dos Santos Costa[4], Maria Angélica Carvalho Andrade[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo (UFES), Vitória, Brazil, [2]Innovation and Right to Health Laboratory, Capixaba Institute of Education, Research and Innovation (ICEPi), Vitória, Brazil, [3]Higher School of Sciences of the Santa Casa de Misericórdia of Vitória (EMESCAM), Vitória, Brazil, [4]Capixaba Institute of Education, Research and Innovation (ICEPi), Vitória, Brazil

INTRODUCTION
The judicialization of public health in Brazil presents complex challenges for both management and the assurance of equity in the Unified Health System (SUS - Brazil's public healthcare system). In Espírito Santo, the demand for organizing data to improve decision-making led to the creation of a strategic monitoring tool, which is pioneering in the country in terms of its objective and format. This paper aims to present the implementation of the Capixaba Observatory of the Right to Health as a policy of transparency and information management.
METHODS
This is an descriptive study on the creation of the Observatory, which had a pilot project approved in 2023, made available in a test version in 2025, and instituted in 2026 by the Capixaba Institute of Education, Research, and Innovation. The methodology details the real-time integration between different sources: the state's database of legal claims, selected national indicators (demographic and healthcare output), and the state financial management system, using business intelligence tools to systematize indicators.
RESULTS
The Observatory consolidates interactive panels that allow for the analysis of the historical trends in the main judicial demands in health and the associated expenditures in the state. The tool facilitates access to information for researchers, legal practitioners, and managers, serving as a basis for strategic positioning and the qualification of public spending.
CONCLUSIONS
This initiative demonstrates that technological integration between health and justice is fundamental for the sustainability of the SUS. The Observatory not only promotes transparency, but also acts as a governance tool that helps reduce information asymmetries, ensuring the right to health in a more efficient and evidence-based manner.
Popul. Med. 2026;8(Supplement 1):A893

ABS3050
Digital health in Brazil's Unified Health System (SUS): Advances and challenges for the consolidation of digital transformation

Deysianne Chagas[1], Paola Garcia[1], Ana Estela Haddad[2], Ana Emília Oliveira[1], Elza Ferreira[1], Alice Abreu[1]
[1]Federal University of Maranhão - UFMA, São Luís, Brazil, [2]Faculty of Dentistry, University of São Paulo – USP, São Paulo, Brazil

INTRODUCTION
Digital health is an interdisciplinary field that uses digital technologies to improve healthcare delivery, management, and health promotion. In Brazil's Unified Health System, its expansion has driven relevant advances in primary care and specialized services through initiatives such as e-SUS Atenção Básica, the Citizen's Electronic Health Record, telehealth, and the SUS Digital Program (2-4). This study aimed to conduct a narrative review of advances and challenges related to digital health within the SUS.
METHODS
A qualitative narrative review was conducted using Medline, Google Scholar, Scopus, and SciELO databases. Search terms related to telemedicine, digital health, and the SUS were applied. Studies addressing the impacts or implementation of digital health initiatives within the SUS were included, while opinion papers and studies outside this context were excluded. In total, 54 studies were selected.
RESULTS
Findings were categorized into advances and challenges. Major advances include consolidation of the Electronic Health Record, improving information security, productivity, and data sharing between regions. Telehealth and telemedicine have become essential by supporting continuing professional education, expanding access to services, and promoting equity, especially during the COVID-19 pandemic. The National Health Data Network and digital appointment scheduling improved care integration, while e-SUS AB and e-SUS APS optimized Primary Health Care processes. Key challenges include unstable internet connectivity, system failures, and limited infrastructure. Human-related barriers were also identified, such as low digital literacy, professional insecurity, work overload, and resistance to change. Users face additional obstacles, including limited access to devices and internet connectivity.

CONCLUSIONS
Digital health represents a strategic approach to modernizing the SUS by increasing efficiency and equity. Addressing existing challenges requires strong public policies, sustained investment in infrastructure and workforce training, and coordinated engagement among managers, health professionals, and users. This alignment is essential for sustainable digital transformation nationwide within Brazil.
Popul. Med. 2026;8(Supplement 1):A894

ABS3082

National Digital Health Strategies in The Global South: Comparative Perspectives on Governance, Data and Health Systems Strengthening

Marcelo Fornazin[1,2], Yanlin Cao[3], Lourino Alberto Chemane[4], Andre de Vasconcelos Costa Lobato[5,2]
[1]Department of Health Administration and Planning, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil, [2]Office of Fiocruz Strategy for the Agenda 2030, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil, [3]Institute of Medical Information, Chinese Academy of Medical Sciences, Peking, China, [4]National Institute of Information and Communication Technologies (INTIC), Maputo, Mozambique, [5]Center for International Relations in Health (CRIS), Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil

INTRODUCTION
Digital health has become a strategic component of national health policies, reflecting societal values, governance arrangements, and technological priorities within health systems. In the global south, digital health strategies are shaped by diverse institutional trajectories and political commitments regarding the role of the state, public interest in health data, and regulation of digital technologies. Comparative analysis offers insights into these differences.
METHODS
his round table adopts a comparative qualitative approach based on the analysis of national digital health strategies, policy frameworks, and institutional experiences from Brazil, China, and Mozambique. The discussion is structured around three analytical dimensions: underlying values guiding digital health policies, technological orientations prioritized by national strategies. Each country case is presented by experts with direct involvement in policy formulation, implementation, or evaluation.
RESULTS
The comparison reveals distinct yet complementary national strategies. China presents a state-centered model based on strong national planning, large-scale health information infrastructures, and comprehensive regulatory frameworks governing data security, interoperability, and digital technologies, framing digital health as a collective asset for system-wide coordination. Brazil illustrates a rights-based approach rooted in constitutional commitments to universal health, where digital health strategies focus on national data integration within the Unified Health System amid ongoing debates on governance, participation, transparency, and public–private relations. Mozambique demonstrates a health system–oriented strategy in which digital health is embedded in a national framework aligned with public health priorities, interoperability, workforce development, and strengthened state coordination to support continuity of care, surveillance, and service integration.
RESULTS
The comparative analysis shows that digital health strategies are shaped primarily by values and governance choices rather than technology alone. South–South perspectives highlight multiple pathways for aligning digital innovation with public interest, equity, and health system strengthening, offering relevant lessons for future national digital health strategies.
Popul. Med. 2026;8(Supplement 1):A895

ABS3102

Adherence to Directly Observed Treatment via Video as a strategy for monitoring tuberculosis care in migrants.

Beatriz Fornaziero Vigato[1], Willie Otavio Bueno Bernardi[1], Maria Eduarda Pagano Pelodan[1], Daniele de Moraes Pinheiro[1], Nathalia Zini[1], André Luiz Teixeira Vinci[1], Marcos Augusto Moraes Arcoverde[2], Ricardo Alexandre Arcêncio[1]
[1]Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo (EERP-USP), Ribeirão Preto., Brasil, [2]Curso de Enfermagem da Universidade Estadual do Oeste do Paraná (Unioeste), Foz do Iguaçu, Brasil

INTRODUCTION
Adherence to tuberculosis (TB) treatment remains a major challenge for disease control, particularly among migrant populations, who face linguistic, social, economic, and health service access barriers 1. Strategies that strengthen care monitoring and promote treatment continuity are essential to reduce treatment interruption and improve outcomes in this group 2. Video-Directed Treatment Observation (VDOT) has emerged as an alternative to conventional directly observed treatment (DOT), using digital technologies to remotely monitor medication intake 3. This approach may increase care flexibility, reduce operational costs and minimize barriers related to mobility and stigma experienced by migrants. This study aimed to evaluate adherence to tuberculosis treatment among migrants monitored through VDOT 4.
METHODS
This is an observational, descriptive study with quantitative approach, conducted with international migrants diagnosed with TB, monitored through (VDOT). International migrants diagnosed with TB infection and disease and linked to health services were included. Adherence was assessed based on the record of doses observed, the regularity of video submissions, and follow-up throughout TB treatment. Data were analyzed using descriptive statistics, with calculation of absolute and relative frequencies for adherence indicators and treatment outcomes.
RESULTS
Of the 78 migrants included in the VDOT follow-up, 61.5% (n=48) showed good acceptance of the strategy, progressing to completion of treatment; 2.6% (n=2) discontinued treatment; 34.6% (n=27) were undergoing treatment during the evaluation period, and 1.3% (n=1) were transferred to another country.
CONCLUSIONS
VDOT proves to be a promising strategy for monitoring TB treatment in migrants, promoting therapeutic adherence, improving the quality of care provided, and reducing barriers to access to health services in vulnerable populations, in addition to highlighting the potential of digital technologies as auxiliary tools in monitoring care and strengthening health services.These findings support the feasibility of VDOT as a complementary strategy within tuberculosis control programs, particularly in contexts involving migrant and other vulnerable populations.
Popul. Med. 2026;8(Supplement 1):A897

ABS3169

Digital health and its impacts on the access of minority groups to primary care: a systematic review

Gabriel Ricardo Fernandes[1], Gabriela de Oliveira Laguna Silva[2], Jacqueline Castro da Rocha[2], Gabriela Tizianel Aguilar[2], Isadora D'Avila Lottici[2], Andressa Dutra Dode[2], Felipe Cezar Cabral[3], Taís de Campos Moreira[2], Maria Eulália Vinadé Chagas[2]
[1]School of Public Health, University of São Paulo, São Paulo, Brazil, [2]Department of Social Responsibility, Moinhos de Vento Hospital, Porto Alegre, Brazil, [3]Department of Digital Health, Moinhos de Vento Hospital, Porto Alegre, Brazil

INTRODUCTION
Health inequities driven by social determinants persist globally1. In Brazil, primary care and digital health tools may reduce disparities among marginalized groups, though implementation challenges remain and evidence is limited2, 3. To identify digital interventions applied in the context of primary health care (PHC) and assess their impact on access to health care by minority population groups.
METHODS
We performed a systematic review of randomized clinical trials evaluating digital interventions in PHC settings, with health care access as the primary outcome. Searches were carried out in the PubMed, Scopus, and LILACS databases up to January 2025, with no restrictions regarding language, country, or year. The interventions were further analyzed using the PROGRESS-Plus framework to identify the social vulnerability markers addressed in the studies4.
RESULTS
Six studies were included5-10, all conducted in the United States, focusing on populations vulnerable due to race (Black and Hispanic/Latino individuals), gender (women), education level (individuals with low educational attainment), and socioeconomic status (low-income individuals). Most participants (adults aged 30 to 60 years) were overweight or obese and had chronic comorbidities. In all studies, digital solutions were integrated into interprofessional practices involving dietitians, nurses, pharmacists, physicians, and/or psychologists, and were successful in improving clinical outcomes and expanding access to care. However, barriers related to digital and health literacy were reported, as well as difficulties using digital tools, particularly among participants with lower educational levels.
CONCLUSIONS
Realizing the equity potential of digital interventions requires overcoming barriers such as limited literacy, low connectivity, and social inequality through participatory design approaches and public policies guided by principles of social justice5-10.

Popul. Med. 2026;8(Supplement 1):A904

ABS3215

Strengthening Brazil's Unified Health System through digital health strategies for traditional Amazonian communities

Lia Ferreira da Silva[1], Mickela da Silva Souza Costa[1]
[1]Fundação Amazônia Sustentável, Manaus, Brasil

ABSTRACT
The Brazilian Amazon plays a critical role in global environmental sustainability, yet the well-being of the populations who inhabit and protect this territory remains largely overlooked. These populations face persistent structural inequalities in access to Primary Health Care (PHC), driven by social invisibility, geographic barriers, territorial isolation, limited state presence, and constrained public service provision. Such challenges are exacerbated by long river distances, climatic seasonality, extreme weather events related to climate change, and population dispersion across remote areas. In this context, this study examines initiatives aimed at strengthening Brazil's Unified Health System (SUS) through the integration of PHC and digital health strategies in traditional Amazonian communities. The initiative seeks to expand access to health services by strengthening physical and digital infrastructure, organizing care pathways for both in-person and telehealth services, identifying technical gaps in the health workforce, and enhancing PHC governance. The intervention is guided by participatory approaches and by the adaptation of strategies to local sociocultural and territorial contexts, through partnerships involving civil society organizations, philanthropic institutions, health authorities, and environmental agencies. This study adopts an experience-report design based on the systematization of data from technical and managerial monitoring processes, including technical documents, monitoring reports, interinstitutional meetings, and workforce training activities. Preliminary findings indicate improvements in interinstitutional governance arrangements and strengthened social participation, with active engagement of community leaders in priority setting and contextual adaptation of strategies. Advances were also observed in the organization of PHC work processes and in territorial readiness for the integration of digital health strategies. The integration of PHC and digital health, supported by collaborative governance and community participation, demonstrates strong potential to reduce territorial health inequalities and enhance the resilience and sustainability of health systems in remote Amazonian contexts.
Popul. Med. 2026;8(Supplement 1):A908

ABS3246

Developing and testing automated Interactive reminders for cervical cancer screening and chronic disease follow-up in Brazilian primary care

Gabrielle Arruda[1,2], Isabela Santos[1], Bernardo Baron[3], João Cavalcante[3]
[1]Product development - Messaging, ImpulsoGov, São Paulo, Brazil, [2]Universidade Federal do ABC, São Paulo, Brazil, [3]Monitoring and Evaluation, ImpulsoGov, São Paulo, Brazil

BACKGROUND
Gaps in preventive care remain a challenge in Brazil's Unified Health System. We developed automated WhatsApp reminders and evaluated them through a process that combined qualitative research, pilot testing, and a randomized controlled trial.
METHODS
The intervention was developed in two phases. Phase 1 consisted of a pilot study including semi-structured interviews with primary care users guided by the COM-B model (Behavior Change Framework), followed by implementation and quantitative assessment in 4 municipalities, alongside qualitative interviews with Primary Health Care (PHC) professionals. Phase 2 was a cluster-randomized controlled trial conducted in 12 municipalities. Reminders were sent to women aged 25–64 years overdue for cervical cancer screening and to adults with hypertension and/or diabetes overdue for follow-up. Outcomes were measured using electronic PHC records.
RESULTS
In the pilot phase, completion of cervical cancer screening increased from 1.3% in the control group to 2.6% (OR: 2.14 [95% CI: 1.23-3.70]) with reminders that included scheduling, and 3.1% (OR 2.52 [1.47-4.32]) with reminders without scheduling. No relevant differences were observed for chronic disease follow-up. PHC professionals reported high satisfaction with the intervention and perceived workflow benefits. In the randomized trial, reminders non-significantly increased cervical cancer screening (OR: 1.25 [0.63-2.48]) and chronic care follow-up (OR: 1.24 [0.81, 1.90]). Positive framing improved cervical screening completion, whereas messages including video reduced uptake. Qualitative findings highlighted barriers such as fear of scams, low literacy, and frequent changes in phone numbers.
CONCLUSIONS
Automated message reminders are feasible to implement within PHC systems, but their effectiveness is constrained by data quality and contextual barriers. Iterative testing informed product development and highlighted the need for institutional endorsement, accessible message formats, and continuous updating of contact information to enhance reach and impact.
Popul. Med. 2026;8(Supplement 1):A910

ABS3249

Digital Technologies and Health Inequalities in Tuberculosis Care: An Analysis of Institutional Processes in the Implementation of Video Directly Observed Therapy with a Focus on Equity and Health System Sustainability

Tatiana Ferraz de Araújo Alecrim[1], André Luiz Teixeira Vinci[1], Nathalia Zini[1], Vinicius de Paula Pereira[1], Carolina Nogueira Gomes[1], Yan Yan Mathias Alves[1], Pedro Fredemir Palha[1], Rubia Laine de Paula Andrade Gonçalves[1], Isadora Menezes Caldeira de Oliveira[1], Lorenza Moura Barbosa[1], Vitor Alexandre Dias da Silva[1], Mariana Gaspar Botelho Funari de Faria[1], Luciana Aparecida Fabriz[2], Luz Maria Hughes Palma[1], Fabiana Costa Machado Zacharias[1], Silvia Helena Valente[1], Aline Aparecida Monroe[1], Ione Carvalho Pinto[1], Jaqueline Garcia de Almeida Ballestero[1], Ricardo Alexandre Arcêncio[1]
[1]University of São Paulo at Ribeirão Preto College of Nursing, Ribeirão Preto, Brazil, [2]State University of Western Paraná, Foz do Iguaçu, Paraná, Brazil, Foz do Iguaçu, Brazil

INTRODUCTION
Tuberculosis (TB) remains a major public health challenge in Brazil, strongly associated with social and structural inequalities affecting diagnosis, continuity of care, and treatment adherence, particularly in Primary Health Care (PHC). Digital health technologies, such as Video Directly Observed Therapy (vDOT), can expand and flexibilize care, optimize supervision, and reduce costs. However, social and digital inequities limit access and adherence, requiring complex institutional processes, including workflow reorganization, technological infrastructure, governance, interinstitutional coordination, and workforce training.
OBJECTIVE
To analyze the institutional processes involved in adopting digital technologies for TB care, emphasizing equity, inclusion, sustainability, and health system resilience.
METHODS
An analytical study was conducted in eight municipalities in São Paulo, Brazil, integrating observation of institutional processes related to vDOT implementation and interviews with patients, health managers, and professionals. The analysis focused on implementation, care workflow reorganization, institutional agreements, intersectoral negotiation, training, technological infrastructure, and digital access.
RESULTS
vDOT implementation revealed complex institutional and operational barriers, requiring interinstitutional coordination and negotiation across multiple management levels. TB had low prioritization, associated with limited awareness among managers and professionals. Inequities in digital devices, connectivity, and literacy negatively impacted adherence. Successful strategies included strengthening patient-provider relationships, integrating PHC and local management, targeted training, and contextualized technology adaptation, contributing to resilience, sustainability, and local governance strengthening.
CONCLUSIONS
vDOT can reinforce PHC and improve TB treatment adherence; however, its effectiveness depends on institutional context, governance, infrastructure, integration across care levels, and qualified teams. Ensuring TB prioritization, reaching vulnerable populations, and minimizing treatment interruptions require comprehensive institutional and systemic support.
Popul. Med. 2026;8(Supplement 1):A911

ABS3263

Unsupervised, Personalized, and Interpretable Activity Recognition and Anomaly Detection in a Real-World Smart Home

Plinio Morita[1], Kang Wang[1], Ashish Saragadam[1], Jasleen Kaur[1], Yazan Mahmoud[2], Dan Istrate[2]
[1]School of Public Health Sciences, University of Waterloo, Waterloo, Canada, [2]Department of Bio-Mechanics and Bio-Engineering, University of Technology of Compiègne, Compiegne, France

INTRODUCTION
Ambient Assisted Living (AAL) research frequently contends with limitations,

including a reliance on supervised data, a lack of personalization and interpretability, and evaluations in artificial laboratory settings. These challenges hinder real-world deployment by requiring burdensome data labelling and failing to capture individual-specific routines. The primary study aim was to use low-cost, multi-modal sensors for long-term, real-world activity recognition (cooking, couch-sitting, showering) and behavioural anomaly detection in a genuine home environment.
METHODS
A multi-modal sensor network, including contact, vibration, smart outlet, and air quality sensors, was deployed in a single participant's apartment for over 90 days, ensuring high ecological validity. Primarily unsupervised machine learning techniques were employed. K-means clustering, validated by the Silhouette Coefficient, was used to identify appliance states (for cooking) and to cluster bathroom events (showering). Isolation Forest models were used to detect personalized behavioural deviations in each room. These models were augmented with interpretability methods (SHAP values) to explain anomaly flags. A minimally supervised Random Forest, evaluated using Accuracy, Precision, Recall, and F1-score, was also compared.
RESULTS
The unsupervised K-means clustering for appliance states showed high cluster separation (e.g., Silhouette Scores > 0.93) and high fidelity (e.g., >99.6% agreement). The unsupervised shower model achieved a Silhouette Score of 0.867 and 99% accuracy. In comparison, the minimally supervised Random Forest model (trained on ~20 days of data) achieved 99.8% accuracy and an F1-score of 0.989. The system effectively identified interpretable anomalies, such as abnormally long non-shower bathroom stays (over 60 minutes), atypical late-night bedroom activity, and unusually long cooking durations.
CONCLUSIONS
This study confirms the feasibility of leveraging unsupervised, interpretable methods with affordable, non-intrusive sensors for personalized and ecologically valid AAL. By providing clear, human-readable explanations for detected anomalies, the system enhances trustworthiness, addressing a key barrier to AAL adoption.
Popul. Med. 2026;8(Supplement 1):A912

ABS3284
Harnessing Artificial Intelligence for a Healthier Future: Applications in Public Health

Vina HuLamm[1]
[1]American Public Health Association, Washington/DC, United States

ABSTRACT
As artificial intelligence (AI) becomes increasingly embedded in health care systems, its role in shaping public health strategies is more vital than ever. This panel discussion explores the transformative potential of AI in addressing critical challenges in public health. Experts from diverse fields — including epidemiology, data science, health care policy, and technology — will examine how AI is being used to enhance disease surveillance, improve health outcomes, optimize resource allocation, and advance health equity. The session will highlight real-world case studies, discuss ethical considerations, and identify opportunities for cross-sector collaboration. Attendees will gain insights into the current landscape and future directions of AI in public health, empowering them to navigate and contribute to this rapidly evolving field. This session is proposed as a panel discussion (ie "fireside chat" with a facilitated dialogue and audience Q&A). Invited speakers are in the process of being identified and are pending final confirmation for inclusion in this session proposal.
Popul. Med. 2026;8(Supplement 1):A914

ABS3428
Mapping Global Cybersecurity Policies in Healthcare in WHO Member States and their alignment to the WHO Digital Strategy, the National Institute of Standards and Technology and the WHO Health Systems Frameworks.

Mhlengi Vella Ncube[1], Inge Kleinhans[1], Lerato Pitso[1]
[1]Health Policy and Research, South African Medical Association, Pretoria, South Africa

INTRODUCTION
Evidence-based decision-making is imperative for health system planning, a process largely informed by health information. The global movement towards Universal Health Coverage (UHC) relies heavily on robust information systems and effective data management. However, the healthcare industry's reliance on these digital assets has positioned it as one of the largest targets of cyber-attacks, threatening patient data integrity and continuity of care.
OBJECTIVES
This study aimed to systematically describe the landscape of existing cybersecurity policies within the health sectors of WHO Member States. The core objective was to identify similarities, critical differences, and fundamental gaps in data protection strategies and cybersecurity governance to support the implementation of UHC worldwide.
METHODS
A scoping review was conducted to map the extent and nature of cybersecurity in health policies. The review involved a comprehensive search across governmental and intergovernmental websites, academic databases (including PubMed, Scopus, Web of Science, and CINAHL), and grey literature published between 2013 and 2023. Policy documents were subjected to thematic content analysis and mapped against the WHO Digital Strategy, the NIST Framework, and the WHO Health Systems Frameworks.
RESULTS
The findings indicated that only 31 (16%) of 194 WHO Member States possess dedicated national cybersecurity policies specific to the health sector. Existing policies predominantly emphasise administrative controls but show significant deficiencies in technical and physical controls. Furthermore, alignment with the NIST framework was weak, and integration across the six WHO Health Systems Framework building blocks was inconsistent, neglecting workforce training and financing.
CONCLUSIONS
The widespread absence of dedicated cybersecurity in health policies among WHO Member States constitutes a major risk to global UHC and digital health transformation. This review highlights the urgent necessity for a harmonised, globally applicable framework to guide countries in developing robust, integrated cybersecurity policies, thereby safeguarding health information systems and enabling digital health implementation worldwide.
Popul. Med. 2026;8(Supplement 1):A922

ABS3448
Overcoming Systemic Barriers to Telehealth Implementation in the Brazilian Public Health System: The Experience of a University-Based Digital Health Hub

Paulo Bandiera-Paiva[1], Lidiane Cristina da SIlva[2], Gabriel Vianna Brasil de Rezende Carvalho[3], Thiago da Silva Domingos[4], Claudia Fegadolli[4]
[1]Health Informatics Department, Universidade Federal de São Paulo, São Paulo, Brazil, [2]Information Technology Superintendency, Universidade Federal de São Paulo, São Paulo, Brazil, [3]Department of Planning and Analysis and Control Unit, Prefeitura da Estância Turística de Embu das Artes, Embu das Artes, Brazil, [4]Digital Health Hub, Universidade Federal de São Paulo, São Paulo, Brazil

BACKGROUND
Telehealth expansion in low- and middle-income countries faces persistent technical, organizational, and regulatory challenges. In Brazil's Unified Health System (SUS), fragmented information systems, infrastructure limitations, and workforce constraints hinder the sustainable integration of digital health into routine care. This study presents the experience of a university-based Digital Health Hub in addressing these barriers through coordinated technological and institutional strategies (2-3). To analyze systemic challenges to telehealth implementation in public health services and to describe the strategies planned for adoption by a Digital Health Hub to promote sustainable and scalable solutions within the SUS.
METHODS
Qualitative, descriptive implementation study conducted in 2025, the first year of activities. Data were collected through document analysis, technical reports, system logs, and meeting records. Thematic analysis identified barriers and enabling factors related to telehealth deployment.
RESULTS
Key challenges included limited interoperability, constrained connectivity, insufficient digital literacy among health professionals, fragmented governance structures, and regulatory uncertainties. Integration with Brazil's Primary Care Information System (e-SUS APS) was especially challenging: teleconsultation tools often failed to interface with local electronic medical records, forcing parallel data entry and reducing adherence to digital workflows. The Digital Health Hub planned response includes developing an integrated teleconsultation platform, implementing standards-based interoperability layers and data pipelines to enable structured exchange with e-SUS APS; providing continuous professional training; and establishing governance mechanisms to improve coverage, stability, and user experience.
CONCLUSIONS
The Digital Health Hub model implemented by UNIFESP highlights the role of academia in adapting global technological solutions to local realities. This

university-based approach has proven effective in overcoming systemic barriers in the SUS, establishing a replicable framework for other Brazilian states and low- and middle-income countries. By aligning technological development with professional training and institutional governance, UNIFESP ensures that digital health innovation is effectively translated and sustained in resource-limited public health settings.
Popul. Med. 2026;8(Supplement 1):A925

ABS3489
Implementation and Evaluation of Syphilis Telemonitoring in Primary Health Care: An Innovative Approach to Public Health Management

Danielle Satie Kassada[1], Ana Carolina Souza Peratelli[1], Guilherme Coelho[1], Leonardo Dresch Eberhardt[1], Igor Lima Peixoto Rocha[1], Larissa Marques Suardi[1], Alex Sandro Freitas Costa[1], Kelle Cristina Costa Araújo[1], Paulo Gabriel Batalha da Silva[1], João Victor Matias de Oliveira[1]
[1]Universidade Estadual de Campinas, Campinas, Brasil

BACKGROUND
Syphilis remains a major public health problem in Brazil, despite the availability of effective diagnostic tools and treatment1,2. Persistent weaknesses in longitudinal follow-up, health education activities, and care network coordination contribute to the continued transmission of the infection, particularly within Primary Health Care (PHC)3-6. In this context, the use of digital health strategies, such as telemonitoring and telenursing, has emerged as a potential approach to enhance care management and expand access to health services6-8.
METHODS
This study is a narrative and exploratory literature review conducted through searches in the PubMed, LILACS, and SciELO databases, with support from the Virtual Health Library and the CAPES Journals Portal. Scientific articles and institutional documents published over the last ten years, in Portuguese and English, addressing the use of telemonitoring and telenursing in the context of Primary Health Care were included.
RESULTS
The analyzed studies revealed persistent challenges in syphilis control within Primary Health Care, including failures in clinical follow-up, difficulties in treatment adherence, insufficient educational actions, and limitations in active partner notification and follow-up9-12. The incorporation of telemonitoring, particularly intensified during the COVID-19 pandemic, enabled remote patient follow-up, clinical guidance, and health education activities, contributing to improved continuity of care and strengthening the relationship between users and health services13-16. However, challenges related to digital infrastructure, inequalities in access to technology, and the need for professional training were also identified14,17-19.
CONCLUSIONS
Telemonitoring represents a promising strategy to enhance care management for people with syphilis in Primary Health Care by promoting continuity of care and expanding access to health services. Nevertheless, its effective implementation requires investments in digital infrastructure, professional capacity-building, and the strengthening of public health policies within the Brazilian Unified Health System.
Popul. Med. 2026;8(Supplement 1):A927

ABS3499
Developing and Evaluating Chatbots for Health: To Bot or Not to Bot?

Simone Storey[1], Lucia Knight[1]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa

ABSTRACT
A chatbot can be a powerful tool to share accurate, non-judgmental, and private information about many different health topics. There are various chatbots already making a difference in improving access and strengthening health systems. How do you develop a chatbot? How do you even know if you should be developing one? These are the questions that we will answer in this workshop as we take you through the steps of deciding if a chatbot makes sense to achieve your goals, how to develop one, and, very importantly, how to evaluate if it's reaching your target population and having a positive impact. Developing a chatbot can sound intimidating, but it doesn't have to be! You can use platforms that offer no-code tools to build conversation flows or work with a developer or tech partner. We'll take you through the steps of developing a prototype, training an AI model, and improving your chatbot through iterative user testing. Evaluating the impact of your chatbot is key to understanding how well it is working, but you don't need to design a whole RCT! There are various levels of evaluation, and we will take you through the basic, intermediate, and comprehensive options. We will go through examples of some important variables to evaluate and what these look like at each level, including reach, engagement, knowledge, behaviour change, and satisfaction. By the end of this session, we hope you will have a clearer idea of how a chatbot might be useful in your context, what steps you can take to develop one, and how you can evaluate it. We will be guiding you through the planning process, so you will benefit most if you come with an idea for a chatbot and/or a target population in mind.
Popul. Med. 2026;8(Supplement 1):A928

ABS3513
Inclusive Digital Health in Primary Health Care: Bridging Governance, Education, Provision of Health Service, and Social Participation

Marcelo Fornazin[1], Bruno Elias Penteado[2], Nathalie Pontes Azevedo[3], Fabiana Dias[3], Carlos Augusto Ferreira de Andrade[4], Daniel Sauvignon Marinho[4], Cleber Carmo[4]
[1]Department of Health Administration and Planning, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil, [2]Computing Department, São Paulo State University, São Paulo, Brazil, [3]Office of Fiocruz Strategy for the Agenda 2030, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil, [4]Department of Epidemiology and Quantitative Methods, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil

INTRODUCTION
Digital Health has emerged as a strategic field for mediating healthcare through Information and Communication Technologies (ICTs), guided by the WHO Global Strategy on Digital Health and the pursuit of universal health coverage. However, its effectiveness in Primary Health Care (PHC) depends on addressing persistent digital divides. This study systematizes reflections from the workshop "Digital Inclusion as a Guiding Principle for Inclusive Digital Health in Primary Health Care", held during the XVIII Latin American Congress of Social Medicine and Collective Health (ALAMES, 2025). The analysis examines digital inclusion as a structural determinant of equity in health mediation within Latin American contexts.
METHODS
This experience report adopts a participatory and dialogical approach, engaging actors from academia, health governance, service delivery, and social movements. A qualitative systematization of collective reflections was conducted, focusing on challenges within Brazil's Unified Health System (SUS), particularly in PHC. The analysis was organized around key dimensions: infrastructure and connectivity; digital literacy; strategies to address misinformation; governance of health data as a public good; and the development of a secure and democratic digital ecosystem.
RESULTS
Findings indicate that inclusive digital health in PHC requires coordinated, multi-level actions beyond technological deployment. Priority areas include expanding universal connectivity, ensuring interoperability of health information systems, and strengthening digital skills among professionals and citizens. The study highlights the importance of territorial specificities and social participation to prevent top-down technological approaches. Persistent structural inequalities remain the main barrier, reinforcing digital access as a fundamental component of the right to health.
CONCLUSIONS
Digital transformation in health must go beyond technology, addressing structural inequities, valuing territorial knowledge, and strengthening democratic governance. Social participation is essential to ensure that digital health advances equity and supports universal health systems.
Popul. Med. 2026;8(Supplement 1):A931

ABS3517
The association between digital health technology utilization and health worker well-being at selected general hospitals in Uganda

Michael Kakinda[1], Brenda Nakimuli[1], Henry Ijjo[1], Raymond Tweheyo[1], Freddie Ssengooba[1]
[1]Department of Health Policy Planning and Management, Makerere University School of Public Health, Kampala, Uganda

BACKGROUND
Digital health technologies (DHTs) have the potential to improve hospital performance. However, their association with health worker well-being, which is the likely mechanism to hospital performance, has not been adequately explored. We hence set forth to assess the relationship between DHTs utilization and health worker wellbeing at selected general hospitals in Uganda.
METHODS

A cross-sectional study was conducted at five purposively selected general hospitals in Uganda from 29th September- 24th October 2025. The health care workers who consented had their socio-demographics taken. They were requested to rate their utilization and intensity of DHTs, their quality of life, mental health, physical health and their job satisfaction using a Likert scale (0-very bad-10 very good). Data were collected via REDCap and analyzed using Stata 17. Multivariable linear regression was used to examine associations between DHT utilization and well-being.
RESULTS
A total of 596 health care workers participated in the study. They were predominately female (60.9%), with a median age of 30 years (IQR 17). Their perceived mean use of DHTs was 6.5 (SD=2.3). They used electronic medical records (86.4%), Clinical decision support tools (58.3%), Telemedicine (42.4%), eLearning (45.0%), Computer-aided-diagnosis (51.8%), AI tools (30.7%), WhatsApp/Google Groups (76.6%) and Point -of-care Ultrasound (38.4%). Higher DHT utilization was significantly associated with better physical health (β = 0.30; 95% CI: 0.15 to 0.45; p < 0.001) and increased job satisfaction (β = 0.21; 95% CI: 0.10 to 0.32; p < 0.001). However, quality of life (β = 0.13; 95% CI: -0.02 to 0.28, p = 0.085) and mental health (β = 0.05; 95% CI: -0.19 to 0.09, p = 0.497) were not statistically significant.
CONCLUSIONS
Utilization of DHTs was associated with better physical health and job satisfaction. This is likely to be a pathway to improved individual health worker performance and eventually hospital performance.
Popul. Med. 2026;8(Supplement 1):A932

ABS3529
The determinants of digital health technology utilization among health workers at selected general hospitals in rural Uganda

Michael Kakinda[1], Brenda Nakimuli[1], Henry Ijjo[1], Raymond Tweheyo[1], Freddie Ssengooba[1]
[1]Department of Health Policy Planning and Management, Makerere University School of Public Health, Kampala, Uganda

BACKGROUND
Digital health technologies (DHTs) are increasingly being adopted to improve efficiency, effectiveness, quality of care and access to health services. However, there is a paucity of data on the determinants of DHTs utilization among health workers in rural settings in sub-Saharan Africa. We, therefore, set out to examine the determinants of DHT utilization among health workers at selected general hospitals in Uganda.
METHODS
We conducted a cross-sectional study at five purposively selected general hospitals in Uganda between 29th September -24th October 2025. 2025. Their social demographics were taken, and they rated their utilization of DHTs (1-very poor-10-very good), their perceived professional support, autonomy and workload. Data were collected using REDCap and analyzed in Stata 17. Multivariable linear regression was used to identify factors associated with DHT utilization.
RESULTS
A total of 596 health workers participated; 60.9% were female, with a median age was 30 years (IQR: 17). The mean self-rated DHT utilization score was 6.5 (SD: 2.3). Utilization was significantly lower among health workers aged over 50 years (β = −1.04; 95% CI: −1.60 to −0.47; p < 0.001), males (β = −0.57; 95% CI: −1.00 to −0.15; p = 0.008), and those reporting heavy workloads (β = −0.52; 95% CI: −0.98 to −0.05, p = 0.028). Higher utilization was associated with greater perceived professional support (β = 0.19; 95% CI: 0.08 to 0.29; p < 0.001), autonomy (β = 0.12; 95% CI: 0.01 to 0.23; p = 0.029), and access to internet services (β = 0.50; 95% CI: 0.52 to 1.03; p = 0.030).
CONCLUSIONS
Therefore, when developing or scaling up DHTs, it is vital that you consider the age of the intended user, their perceived workload or how the technology will affect their workload, the internet access and the support structure (how will they receive continuous support).
Popul. Med. 2026;8(Supplement 1):A933

ABS3562
Implementing digital health innovations for tuberculosis treatment in real-world settings: operational insights from São Paulo state, Brazil

André Luiz Teixeira Vinci[1], Vinicius de Paula Pereira[1], Nathalia Zini[1], Carolina Nogueira Gomes[1], Yan Mathias Alves[1], Luz Maria Hughes Palma[1], Ana Paula Cortes de Oliveira Sorbo[1], Fabiana Costa Machado Zacharias[2], Luciana Aparecida Fabriz[3], Sérgio Moacir Fabriz[3], Silvia Helena Valente[4], Rubia Laine de Paula Andrade[1], Jaqueline Garcia de Almeida Ballestero[1], Tatiana Ferraz de Araújo Alecrim[1], Ione Carvalho Pinto[1], Ricardo Alexandre Arcêncio[1]
[1]Ribeirão Preto College of Nursing, University of São Paulo, Ribeirão Preto, São Paulo, Brazil, [2]Regional Health Department XIII, São Paulo State Department of Health, Ribeirão Preto, São Paulo, Brazil, [3]Foz do Iguaçu Campus, State University of Western Paraná, Foz do Iguaçu, Paraná, Brazil, [4]Maria Auxiliadora Campus, Salesian University Center of São Paulo, Americana, São Paulo, Brazil

BACKGROUND
Tuberculosis (TB) treatment adherence remains challenging, particularly in settings with high social vulnerability and limited health system capacity. Digital health technologies, such as Video Directly Observed Therapy (vDOT), have been recommended by the World Health Organization and the Brazilian Ministry of Health as patient-centered strategies for treatment supervision while reducing patient and service burdens. Despite favorable evidence, implementing vDOT in decentralized health systems remains challenging. This study aimed to analyze key operational barriers and facilitators to implement vDOT in municipalities in São Paulo state, Brazil.
METHODS
This pragmatic implementation study was conducted between October 2024 and January 2026 in 15 municipalities. vDOT implementation was assessed in local healthcare systems across sequential stages: municipal recruitment, formal institutional agreement, planning, workforce training, system deployment, and continuous monitoring and technical support. Periodic meetings with health managers were conducted to monitor progress, identify barriers, and adapt implementation strategies. Quantitative implementation indicators were obtained from monitoring records and the vDOT platform, and qualitative data were gathered from health professionals' feedback and meeting reports.
RESULTS
Most municipalities (73.3%, n=11) initiated vDOT, while 4 (26.7%) remained under negotiation. vDOT was integrated into 166 health services, 289 professionals were trained, and 40 TB treatments were supervised. Implementation indicators varied substantially across municipalities regarding adoption, timelines, training coverage, and system use. Moreover, monitoring showed that heterogeneity was mainly associated with differences in health system organization, local decision-making processes, workforce availability, digital infrastructure, and adaptive strategies adopted during implementation.
CONCLUSIONS
vDOT implementation revealed substantial operational challenges related to health system capacity, governance, and digital implementation readiness. Despite these constraints, the strategy proved feasible across diverse municipal contexts when supported by adaptive planning, workforce training, and sustained institutional engagement. These findings underscore the critical role of adaptive implementation strategies in enabling scalable, equitable, and sustainable digital innovations for TB control.
Popul. Med. 2026;8(Supplement 1):A935

ABS3607
A Digital Health Approach to Addressing Technology-Facilitated Gender-Based Violence and Mental Health Support in India

Satviki Varma[1], Kavita Ayyagari[1]
[1]Programmes, Girl Effect, Gurugram, India

INTRODUCTION
India's rapid digital expansion has intensified technology-facilitated gender-based violence (TFGBV), disproportionately affecting adolescent girls and young women. TFGBV is linked to adverse mental health outcomes, including anxiety, stress, social withdrawal, and reduced digital participation. Despite cybercrimes against women accounting for nearly 30% of all reported cybercrimes, awareness of online safety, reporting mechanisms, and support services remains limited. Only one in ten girls knows how to report online abuse, highlighting critical gaps in access to mental health–linked support and digital health information.
METHODS
Girl Effect India (GEI) implemented a population-level digital health support ecosystem combining a unified Interactive Voice Response (IVR) helpline and an AI-enabled WhatsApp chatbot. The IVR provides a confidential, stigma-free entry point with guided information on online safety, digital rights, and support options, routing callers to vetted partner organisations. Rapid, user-centred iteration introduced age-based routing to safeguard minors, an information layer to support decision-making, and call-blocking features to mitigate misuse. Complementing the IVR, Bol Behen, GEI's AI-enabled WhatsApp chatbot for adolescent girls and young women (18–24), integrated TFGBV-specific chatflows to support harm recognition and referrals.
RESULTS
The ecosystem demonstrated strong demand for confidential support. Digital

outreach generated 15,873 engagements, resulting in 4,786 incoming IVR calls, of which 492 were successfully connected to partner services. Age-based routing and call-blocking reduced operational disruptions, while the chatbot enabled multilingual, anonymous access to TFGBV-related mental health information, with user testing indicating improved clarity and perceived safety.
CONCLUSIONS
Combining IVR and AI-enabled chatbot platforms can lower barriers to mental health–linked support for adolescent girls and young women experiencing TFGBV. By integrating accurate health information, safeguarded referral pathways, the model supports earlier help-seeking and strengthens linkages between digital engagement and offline services. This scalable digital health approach offers a solution for addressing online harm and its mental health consequences.
Popul. Med. 2026;8(Supplement 1):A938

ABS3705
iGOGO: bridging the digital divide by addressing the grey divide
Hlumelo Gxotiwe[1], Jane Simmonds[1]
[1]goGOGOgo, Johannesburg, South Africa
INTRODUCTION
The covid-19 pandemic accelerated the digitisation of public services and communication. While households with fixed internet and smart devices had the means to adapt, for families with limited resources, internet access became a barrier to education and critical information systems. In South Africa, nearly 8.4 million children aged 0-17 are being raised in 3.4 million grandparent-headed households, with 64.5% headed by grandmothers, locally known as gogos. In these households, older caregivers mediate access to e-learning and online resources for school-aged children. iGOGO provides grandmothers with both digital skills training and smart devices to enhance internet access and support the digital inclusion of school-aged grandchildren.
METHODS
iGOGO provides basic information communication technology (ICT) training and devices to grandmothers aged 60+ who are primary caregivers to school-aged children in under-resourced communities. Participants learn foundational internet skills through a two-week digital literacy course, which covers online communication, safe browsing, email, e-hailing, online shopping, cybersecurity practices and e-learning over 20 sessions. Participants receive a tablet for training, which they keep upon graduation to facilitate online learning and internet access for grandchildren at home.
RESULTS
Participants demonstrated increased knowledge and confidence in using the internet throughout training. Graduates demonstrated a range of advanced skills in follow-up sessions as tablet use increased knowledge and confidence over time. Grandchildren expressed excitement at being able to access digital programmes and education portals to supplement their schoolwork, and praised the example their grandparents set as older learners.
CONCLUSIONS
With the right resources, grandmothers can help bridge the digital divide for their grandchildren, enabling their participation in online learning. Although children today are more readily exposed to the internet, digital literacy is not enough. Adequate technology and caregiver support are key to ensuring fair and sustainable access to the virtual classroom.
Popul. Med. 2026;8(Supplement 1):A945

ABS3762
Cancer surveillance gaps and data fragmentation in middle-income health systems: lessons from South Africa
Noluthando Ndlovu[1], Andrew Gray[2], Ntombifuthi Blose[1], Matome Mokganya[1]
[1]Research and Implementation Science, Health Systems Trust, Durban, South Africa, [2]Discipline of Pharmaceutical Sciences, University of KwaZulu-Natal, Durban, South Africa
INTRODUCTION
Cancer is an increasing contributor to morbidity and mortality globally, yet in many low- and middle-income countries, weak surveillance systems limit the ability to monitor trends, guide policy, and evaluate progress in cancer control. South Africa, with its dual health system and high burden of communicable and non-communicable diseases, provides a useful case study to examine how data limitations constrain effective cancer planning and equity-oriented responses.
METHODS
This analysis synthesised cancer-related indicators from multiple data sources, including the National Cancer Registry, routine health information systems, national surveys, and international databases such as GLOBOCAN. Indicators were assessed for completeness, timeliness, population coverage, and alignment with service delivery, financing, and equity dimensions across provinces and population groups.
RESULTS
While cancer incidence and mortality data are available from several sources, major surveillance gaps persist. National registry data are delayed and largely limited to pathology-confirmed diagnoses, excluding clinically or radiologically diagnosed cases, particularly in underserved settings. Routine health information systems capture service activity but lack comprehensive outcome and stage-at-diagnosis indicators. COVID-19-related disruptions further exposed system fragilities, with sharp declines in cancer diagnostics and uneven recovery across provinces. Significant inequities were observed between public and private sectors, across provinces, and among populations affected by HIV, undermining the accuracy of national cancer burden estimates and masking disparities in access to prevention, screening, and treatment.
CONCLUSIONS
Effective cancer control requires integrated, timely, and equity-sensitive surveillance systems. South Africa's experience highlights the need to strengthen cancer registries, expand reporting beyond pathology-based diagnoses, improve interoperability between routine and registry data, and embed cancer indicators within broader health system monitoring frameworks. These lessons are transferable to other middle-income countries seeking to strengthen cancer surveillance as part of universal health coverage and non-communicable disease strategies.
Popul. Med. 2026;8(Supplement 1):A947

ABS3797
Digitalizing community health workers: learnings on the drivers of impact from a narrative review of digital health programs
Chimwemwe Chibambo[1], Naomi Chitsa[1], Luyanduthando Mqadi[1], Jill Olivier[1], Kerry Scott[2], Diwakar Mohan[3], Amnesty LeFevre[1]
[1]Health Policy and Systems, University of Cape Town School of Public Health, Cape Town, South Africa, [2]Global Health, York University, Toronto, Canada, [3]International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, United States
INTRODUCTION
Community health workers (CHWs) are central to primary health care delivery in low- and middle-income countries (LMICs), yet program effectiveness varies widely. Digital health interventions have been introduced to strengthen CHW performance, improve service delivery, and enhance health system integration. However, evidence on how and under what conditions digitalization produces impact remains fragmented. This review synthesizes evidence on digital health interventions targeting CHWs in LMICs to identify key drivers, mechanisms, and contextual factors influencing service delivery, care-seeking, health outcomes, and CHW performance.
METHODS
This narrative review builds on a prior systematic review of digital health interventions for reproductive, maternal, newborn, and child health (RMNCH). Twelve high-quality CHW-focused digital health programs implemented across eight LMICs were identified. Targeted searches yielded 59 additional publications linked to these programs, resulting in 16 randomized controlled trials, cluster randomized trials, or quasi-experimental studies. Data were extracted on CHW program context, digital intervention design, health system integration, digital access and use, and outcomes. Evidence was synthesized thematically to examine pathways through which digital interventions influenced impact.
RESULTS
Evidence from 12 programs across Asia and Africa indicates that digitalization can improve CHW performance, service delivery quality, and selected health behaviors. However, effects were inconsistent and highly context-dependent. Variation in CHW program design, digital tool functionality, and implementation support limited comparability across studies. Persistent challenges related to system integration, sustainability, and inequities in digital access were common and constrained observed impact.
CONCLUSIONS
Digital health interventions can strengthen CHW performance and selected RMNCH outcomes, but impact depends heavily on foundational program design, integration with health system processes, and sustained support. Digitalization should be understood as a process of health system strengthening rather than a standalone technical solution.
Popul. Med. 2026;8(Supplement 1):A951

ABS3826
Between platforms and practices: a critical analysis of digital

health from the perspective of education and communication in the Brazilian Unified Health System (SUS)

Marcele Paim[1], Samilly Miranda[1], Luis Eugênio Souza[1], Marcio Natividade[1], Bruno Olivatto[1]
[1]Instituto de Saúde Coletiva, Universidade Federal da Bahia, Salvador, Brazil

ABSTRACT
Digital health is systematically presented as synonymous with technological tools that optimize services, expand access, and automate clinical and administrative processes. However, it should be observed as a socio-technical, political, and symbolic phenomenon, shifting the focus from the technology itself to the ways in which it reorganizes practices, knowledge, relationships, and ways of doing health. This study analyzed the development of new digital ecosystems, the role of networks and artificial intelligence in public health systems, from the perspective of the interface between education, communication, and digital health. The qualitative approach, through a case study, included the documentary analysis of the content of digital health courses offered remotely to professionals of the Brazilian Unified Health System (SUS). The results reveal a critical perspective on the course content, which underlines the risks of technological dependence and increased inequalities. These risks arise when digital health is seen only as the importation of global solutions, without a national project guided by principles of equity and sovereignty in health. On the other hand, educational materials also present initiatives with other forms of technology use, such as community data networks, like those created by indigenous peoples for environmental and health monitoring in traditional territories; social technology projects, such as applications co-created by community health agents; and the creation of an application to strengthen equity policies in the Unified Health System (SUS), among others. They also discuss experiences of digitizing health systems in various countries, which mostly occur amidst historical inequalities of access, limited infrastructure, and technological dependence. In the Latin American context, this takes on specific contours. The digitization of health systems occurs amidst historical inequalities of access, limited infrastructure, and technological dependence on the Global North. The conclusion highlights the need for national projects guided by principles of equity and sovereignty in health.
Popul. Med. 2026;8(Supplement 1):A953

ABS3854

Digital Mental Health: Expanding and Strengthening Mental Health Care in Primary Health

Maria Inês Badaró Moreira[1], Paula Andrea Martins[1], Luciana Togni de Lima e Silva Surjus[1], Thiago da Silva Domingos[1], Claudia Fegadolli[1]
[1]Digital Health Hub, Universidade Federal de São Paulo, São Paulo, Brasil

INTRODUCTION
This study describes a mental health program for primary care with specialized support through digital health resources. It presents a mechanism for expanding and supporting care, strengthening it with professional supervision for diagnostic qualification and non-pharmacological community interventions, with an emphasis on promoting mental health. The program aims to strengthen mental health care in primary health systems by offering epistemological resources in the construction of territorial care plans for people experiencing common mental disorders.
METHODS
report of a mental health care program as a territorial care strategy, reducing barriers to access to care and the vulnerabilities experienced by people suffering from mental distress. The starting point for care is the territory and the subject's context, since mental distress is constructed within the social body.
RESULTS
The welcoming actions are linked to training processes through tele-education, web conferences, and training paths in a set of initiatives from the Digital Health Center of the Federal University of São Paulo, Brazil, with a view to increasing the effectiveness and quality of mental health care provided by primary care teams with specialized support.
CONCLUSIONS
The Center uses different digital resources, addressing different epistemologies and practical models that facilitate the care of territorial psychological suffering, ensuring welcoming, promoting mental health, and reducing harm. The challenges of digital inclusion for those served are pressing for the search for solutions, which demand continuous monitoring of the actions and strategies employed.
Popul. Med. 2026;8(Supplement 1):A955

ABS3868

Factors associated with risky online behaviour and lifetime online victimization among children and adolescents in Juba: A Cross-Sectional Analysis

Marcus Hollington[1]
[1]Sociology, University of Pretoria, Germiston, South Africa

BACKGROUND
Africa's rapid digital transition has increased children's online risk exposure, yet evidence from fragile states is lacking. This study examines Risky Online Behaviours (ROB) and victimization among children in Juba, South Sudan, a post-conflict setting with uneven connectivity, systemic challenges, and scarce mental health resources, heightening trauma potential.
METHODS
A cross-sectional household survey of 528 children aged 8–17 years in Juba used purposive sampling and face-to-face interviews. ROB was a composite binary measure of five interpersonal behaviours. Lifetime online victimization covered harassment, bullying, or abuse. Analysis employed descriptive statistics, univariable and multivariable logistic regression.
RESULTS
Prevalence was high: 69% engaged in at least one ROB, and 23% reported lifetime online victimization. Analyses confirmed a strong bidirectional relationship between ROB and online victimization and vice versa. Key predictors included higher education (secondary students, UOR: 7.66; p<0.001; CI: 4.09 - 14.34; AOR: 6.45; p<0.001; CI: 3.15 - 13.20 for ROB) and male gender. Educational internet use was protective (UOR: 0.44; p<0.001; CI: 0.29 - 0.67; AOR: 0.44; p<0.001; CI: 0.27 - 0.70 for lifetime online victimization), while moderate daily use of the internet (1–5 hours) increased odds (AOR=1.63) of lifetime online victimization.
CONCLUSIONS
This study provides first empirical evidence of extensive online risks for children in South Sudan, revealing a harmful cycle between behaviour and victimization. Findings urge context-specific, evidence-based interventions informed by the African Union Child Online Safety Policy. Priorities include school-based programs at key transitions, promoting positive digital engagement, and trauma-informed support in vulnerable, digitally evolving settings.
Popul. Med. 2026;8(Supplement 1):A956

ABS3924

Multidisciplinary Team Practice in Digital Health for Transgender People: experience from a university-based digital health hub

RENATA RANGEL AZEVEDO[1], Renan Quinalha[1], Rosangela Chriguer[1], Thiago da Silva Domingos[1], Claudia Fegadolli[1]
[1]Digital Health Hub, Universidade Federal de São Paulo, São Paulo, Brazil, Universidade Federal de São Paulo, São Paulo, Brazil

INTRODUCTION
access to comprehensive and specialized healthcare remains uneven for the transgender population in Brazil(1), particularly in regions characterized by territorial gaps and limited professional training. Digital health strategies represent a potential approach to reduce inequities, expand access, and support healthcare teams working within the public health system.
METHODS
this study describes the formation and structuring of a digital multidisciplinary care service within the Brazilian public health system, implemented across multiple territories nationwide . The initiative focuses on strengthening professional training, facilitating user access to public health services, and enabling digital care for transgender individuals. The service offers telehealth modalities including case discussions, telediagnosis, teleconsultation, telemonitoring, teleconsulting, and teleeducation. A multidisciplinary team composed of endocrinologists, psychiatrists, gynecologists, nutritionists, psychologists, nurses, and speech-language pathologists coordinates the activities.
RESULTS
the implementation of the digital service enabled the creation of collaborative networks between specialized professionals and local healthcare teams across diverse regions of Brazil.
CONCLUSIONS
a digitally mediated multidisciplinary care model is a feasible and scalable strategy to address healthcare disparities affecting the transgender population.
Popul. Med. 2026;8(Supplement 1):A958

ABS3938

AI Applications for Epidemic Preparedness in Cross-Border Contexts (IHR Perspective)

Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied

INTRODUCTION
AI-powered tools such as natural language processing (NLP), predictive analytics,

and open-source intelligence (OSINT) are reshaping epidemic surveillance and response. Yet their integration into International Health Regulations (IHR) core capacities remains inconsistent—especially across borders.
METHODS
This oral session will present synthesized evidence on AI use in cross-border preparedness, drawing from pilot projects, database reviews, and regional experiences in Africa, Asia, and Europe. A draft roadmap will be shared to support national and regional implementation aligned with IHR.
RESULTS
The session will explore use cases, barriers, and ethical considerations around AI integration in LMICs. It will also present frameworks for equitable digital adoption, and recommendations for regional epidemic intelligence systems.
CONCLUSIONS
AI must serve global health equity—not widen the gap. Cross-border preparedness needs intelligent, inclusive, and interoperable solutions to meet the challenges of tomorrow.
Popul. Med. 2026;8(Supplement 1):A959

ABS3942
Monitoring telehealth actions in a university digital health hub: operational indicators to advance health digital transformation
Maria Gabriella Simões Alves de Oliveira[1], Rosangela Soares Chriguer[1], Thiago da Silva Domingos[1], Claudia Fegadolli[1]
[1]Digital Health Hub, Universidade Federal de São Paulo, São Paulo, Brasil
BACKGROUND
The digital transformation of health is a strategy to strengthen Brazil's Unified Health System (Sistema Único de Saúde, SUS) by expanding access, improving the quality of care, and integrating care networks. In this context, the Secretariat of Information and Digital Health (Secretaria de Informação e Saúde Digital, SEIDIGI) of the Ministry of Health, through strategic investments, has proposed the institutionalization of telehealth as a tool to support clinical care, education, and management. This report aims to describe the experience of the Digital Health Hub at the Federal University of São Paulo (Universidade Federal de São Paulo, UNIFESP) in implementing mechanisms to monitor operational indicators for telehealth actions (1-4).
METHODS
This descriptive experience report was based on an analysis of federal regulations related to telehealth, follow-up of operational indicators, and systematization of monitoring strategies developed by the UNIFESP Digital Health Hub between November 2024 and December 2025. Governance flows were analyzed, including operational procedures and institutional structure, data collection and validation processes, and strategies for capacity building and support for public health services within the public network.
RESULTS
The UNIFESP Digital Health Hub developed 18 instruments, including governance flows and operational tools, as strategies to monitor production indicators, promoting continuous team qualification and process standardization. These instruments were developed based on the SUS policy framework and the Brazilian digital health agenda, the characteristics of the partner territories, and the operational capacity of telehealth teams. Conceptual alignment and coordination with care delivery teams enabled systematic monitoring of telehealth actions within the initiative.
CONCLUSIONS
Implementing monitoring methods contributes to consolidating digital health transformation as a sustainable public policy, expanding access and improving the quality of health care.
Popul. Med. 2026;8(Supplement 1):A960

ABS3975
Digital health intervention for cardiovascular disease risk score reduction: a systematic review and meta-analysis
Aminata Sow[1], Dr. Diandra Daley[1], Dr. Mariam Molokhia[1]
[1]King's College London, London, United Kingdom
INTRODUCTION
Cardiovascular disease is the leading global cause of death. Digital health interventions have emerged as scalable tools for reducing cardiovascular risk, yet their role in reducing validated risk scores remains unclear. Previous reviews were limited by methodological heterogeneity and equity considerations
METHODS
A systematic review and meta-analysis were conducted following PRISMA guidelines. Six databases were searched between 01/03/2021 and 04/07/2025, reflecting the rapid advancement in digital health technologies and remote care since the COVID-19 pandemic. Eligible studies were randomised controlled trials reporting changes in validated cardiovascular risk scores. A meta-analysis was conducted using a random-effects model to calculate the pooled mean difference in cardiovascular risk score. Subgroup analysis was performed by intervention modality. Bias was assessed using the Cochrane RoB2 tool and STATA 19 for publication bias; evidence certainty with GRADE.
RESULTS
Database searches identified 2553 studies, which were screened by title and abstract. Of these, 38 were considered for full-text review, and 12 randomised controlled trials, involving 10924 participants, were included. 11 studies were eligible for meta-analysis. The pooled cardiovascular risk reduction effect across studies was not statistically significant (Mean Difference = -0.01; 95% CI -0.02 to 0.00; p = 0.07), with substantial heterogeneity (I = 86.8%). However, smartphone-based interventions showed a modest, significant reduction (Mean Difference = -0.02; 95% CI -0.03 to -0.02) with low heterogeneity. Certainty of evidence was rated as "moderate" using GRADEpro. Most studies lacked equity-focused reporting, cost-effectiveness data, or long-term follow-up.
CONCLUSIONS
Digital health interventions show limited overall effectiveness in reducing cardiovascular risk scores, though smartphone apps may offer modest benefits. Future research must address equity, standardisation, and sustainability of DHI use to ensure they achieve meaningful clinical and public health impact.
Popul. Med. 2026;8(Supplement 1):A963

ABS3986
Reducing barriers to mental health care: the experience of the Digital Health Hub at Unifesp, Brazil
Luciana Surjus[1], Paula Martins[1], Maria Inês Moreira[1], Karina Meira[1], João Francisco Vasques[1], Thiago Domingos[1], Claudia Fegadolli[1]
[1]Federal University Of São Paulo, Santos, Brazil
BACKGROUND
The COVID-19 pandemic intensified mental health needs worldwide, disrupted services, and increased the prevalence of anxiety and depression, compounding inequities for groups facing social vulnerability. Prevention and promotion strategies therefore prioritise education, social support, early intervention, and multisectoral collaboration to address social determinants. These priorities align with the WHO Comprehensive Mental Health Action Plan 2013–2030, which emphasises universal coverage, community-based care, and the reduction of stigma and discrimination through a rights-based approach. Discrimination—including racial and ethnic discrimination—is consistently associated with poorer mental health outcomes and remains a critical equity concern for implementation.
METHODS
We implemented and evaluated mental health actions within Unifesp's Digital Health Hub using mixed methods. Quantitative indicators summarised first-year implementation progress, while qualitative thematic analysis examined documents, technical reports, and meeting records to identify salient implementation features.
RESULTS
The hub supports Brazil's Unified Health System (SUS) digital transformation through the inclusion of technological devices, workforce training, and implementation support across care networks and pathways, prioritising mental health and telehealth solutions aligned with the SUS Digital–Telessaúde strategy. To mitigate stigma, gaps in care, and digital exclusion, actions were designed and delivered by professionals with extensive experience in the Psychosocial Care Network (RAPS), instituted within SUS as a territorial, community-based network for people with mental distress and substance-related needs. Incorporating territorial support agents from marginalised groups (e.g., people experiencing homelessness, rural and Indigenous communities) facilitated community-based responses to displacement, cultural loss, violence, socioeconomic stress, and geographic, cultural, and language barriers.
CONCLUSIONS
Digital mental health initiatives should expand opportunities for participation and belonging, strengthen community anti-stigma actions, disseminate evidence-based information, invest in continuing education, and address inequalities in technological access. Embedding community members in implementation teams may enhance broad-reaching, culturally safe, non-specialised mental healthcare.
Popul. Med. 2026;8(Supplement 1):A964

ABS3995
Closing the evidence-to-practice gap: a scalable framework for strengthening national clinical guidance in the global south
Alek Palkowski[1], Lara Fairall[1], Vanessa Mudaly[1], Nafeesa Saldulker[1], Faye Eshraghi[1], Nathirah Bosch[1], Patrick Ganhiwa[1]

[1]Knowledge Translation Unit, University of Cape Town, Cape Town, South Africa
BACKGROUND
The interval between the generation of medical knowledge and its application challenges patient safety. Clinical guidelines often function as static documents with update cycles of 3 to 5 years, causing outdated practices and inefficient resource use. Furthermore, guidelines are often created in silos; consequently, 71.4% of living guideline activities in low- and middle-income countries are conducted by global organizations rather than national systems. In this study, we propose and evaluate a framework to transition from this decentralized landscape into a structured knowledge format.
METHODS
We are designing a Knowledge Library platform to consolidate decentralized clinical guidance—including government circulars and standard treatment guidelines—into a centralized, structured repository that utilizes artificial intelligence. This study examines data extraction techniques for continuous literature monitoring. The methodology outlines a testing phase where clinical editors evaluate retrieval accuracy on complex clinical problems, prioritizing source documentation for expert verification. Additionally, technical exploration includes managing document versioning to ensure clinical content remains current, traceable, and authoritative.
RESULTS
Preliminary evaluation indicates that this framework streamlines the identification of relevant updates within a multifaceted landscape. By consolidating sources into a single repository, the system reduces the administrative effort required to monitor decentralized documentation, shortening the guideline update timeline. The structured format enables rapid retrieval of source documentation, facilitating faster expert verification of new protocols.
CONCLUSIONS
Establishing a centralized repository is essential for evidence-based practice. This infrastructure provides a "Single Source of Truth," ensuring current medical evidence remains an accessible right. By facilitating a direct link between research and policy, this shift allows national health systems to manage clinical standards directly, ensuring recommendations are adapted to regional priorities rather than external schedules [1, 5].
Popul. Med. 2026;8(Supplement 1):A965

ABS4019
Bridging the digital implementation gap: identifying determinants for the adoption of source-grounded living evidence in low- and middle-income primary care

Alek Palkowski[1], Lara Fairall[1], Nafeesa Saldulker[1], Nathirah Bosch[1], Kelly Sweatman[1], Faye Eshraghi[1], Pearl Spiller[1], Rushaan Hassen[1]
[1]Knowledge Translation Unit, University of Cape Town, Cape Town, South Africa
BACKGROUND
Current data suggests that even when adaptive methodologies are applied in the Global South, they are often narrow in scope, focusing almost exclusively on isolated health priorities (e.g., COVID-19) to the detriment of broader clinical needs. While the theory of living evidence is promising, its feasibility in low-resource settings remains poorly understood. This implementation gap creates a two-tiered system of medical knowledge, where some regions benefit from real-time updates while others rely on obsolete documentation.
METHODS
This research investigates the practical realities of primary care in South Africa to identify localized facilitators of digital evidence adoption. We utilize the NASSS Framework (Non-adoption, Abandonment, Scale-up, Spread, and Sustainability) to evaluate the complexity of transitioning from a linear "Reference Library" model to an active "Precision Clinical Guidance" model [2, 3]. Unlike static digital documents, this platform intervention provides direct shortcuts to clinical logic by highlighting relevant sections within authoritative evidence to maintain user trust. The framework evaluates factors such as connectivity, digital literacy, and administrative structures to identify obstacles that prevent clinicians from interacting with dynamic tools [2, 4].
RESULTS
Preliminary evaluation indicates that a source-grounded approach addresses the 10:1 paper-to-digital usage ratio identified in South African clinics by aligning with clinical workflows rather than serving as digital replicas of print media. Furthermore, the platform enables syndromic surveillance by capturing anonymized geospatial data on clinical queries. This provides a mechanism for identifying emerging disease clusters and regional training gaps while ensuring regulatory compliance with the Protection of Personal Information Act (POPIA).
CONCLUSIONS
Bridging the implementation gap requires a system that respects both global standards and local realities. Establishing a responsive digital infrastructure is essential for empowering local health systems and ensuring that clinical knowledge is accessible, current, and relevant for everyone, regardless of geography.
Popul. Med. 2026;8(Supplement 1):A969

ABS4039
Development of an intercultural mental health care model using digital tools

Paula Andrea Martins[1], Luciana Togni de Lima e Silva Surjus[1], Maria Inês Badaró Moreira[1], Simone Alves[2], Maria do Socorro Gomes[1], Andressa Benini Mendes[1], Edinaldo dos Santos Rodrigues[1], Paula Sassaki Coelho[1], Renan Vieira de Santana Rocha[1], Adriel de Paula[1], Ana Lúcia Câmara[1], Ana Paula Silva[1], Auá Nheendy Santos[1], Awa Tenondegua dos Santos[1], Bianca Romão[1], Daniela Ribeiro[1], Frederico Avari[1], Gleicielle Silvano[1], Helena Ferreira[1], Lorrayne Moraes[1], Silvana Santos[1], Tailaine Gomes[1], Tayna dos Santos[1], Vinícius Medeiros[1], Renata Souza[1], Thiago da Silva Domingos[1], Claudia Fegadolli[1]
[1]1 Digital Health Hub, Federal University of São Paulo, São Paulo, Brazil, [2]2 Federal University of São Paulo, São Paulo, Brazil
BACKGROUND
International guidelines for mental health, alcohol, and other drugs policies emphasize the need to address stigma and discrimination, with care models in community settings that reduce barriers and access gaps that result from from inequality 1-4. This study aims to describe the development of an intercultural mental health care model for indigenous, rural, and homeless populations, using digital technologies.
METHODS
Process evaluation, using qualitative and quantitative methods, on the implementation of a mental health care model for specific populations, included in the project "Innovations in care and management from the perspective of Digital Health," carried out in partnership with the Brazilian Ministry of Health. The analysis included data from monitoring reports of actions carried out during the project´s first year, report of team meetings, and field diaries of articulation and planning activities in the territories.
RESULTS
the project´s implementation initially included the planning of a peer-to-peer, non-specialized care model, based on a process of listening and problem-solving, carried out by 16 Territory Supporters, 4 Supervisors, a technical reference, and coordinators. The actions were coordinated with local leaders and representatives of the health system in 5 territories. Continuing training and supervision processes were developed, with activities on digital platforms. A digital tool with accessibility and cultural adaptation resources was developed for registering information and managing meetings. The planning of actions in the territories was carried out with the participation of the entire team in weekly meetings.
CONCLUSIONS
An intercultural care model was implemented in indigenous, rural, and homeless populations communities, with participatory planning and based on human rights, individual autonomy, anti-asylum, anti-racist, and decolonial perspective of mental health. Analysis of the initial phase point toward implementation of actions to reduce barriers to access, providing qualified listening in mental health, and articulated care by strengthening the community and building networks.
Popul. Med. 2026;8(Supplement 1):A971

ABS4055
University Digital Health Hub: Innovations for the digital transformation of the National System Health

Claudia Fegadolli[1], Daiana Rodrigues da Silva[1], Luciana Togni de Lima e Silva Surjus[1], Maria Cristina Gabrielloni[1], Maria Elizete Kunkel[1], Maria Gabriella Simões Alves de Oliveira[1], Renata Rangel Azevedo[1], Rosangela Soares Chriguer[1], Yara Ferreira Marques[1], Thiago da Silva Domingos[1]
[1]Digital Health Hub, Universidade Federal de São Paulo, São Paulo, Brasil
BACKGROUND
The Unifesp Digital Health Hub is a strategic initiative for the digital transformation of the Brazilian national health system, aiming to improve quality of care, expand access, and reduce health inequalities (1,2). The Hub targets areas requiring complex coordination, where digital solutions can strengthen care delivery, particularly for vulnerable populations such as people experiencing psychological distress, Indigenous peoples, rural and homeless populations, and individuals affected by violence (3–5). This study analyzes the implementation of the Digital Health Hub, highlighting initial results and key challenges.
METHODS
An implementation study using mixed methods was conducted with quantitative

and qualitative data produced between November 2024 - January 2026. Data sources included institutional documents, technical reports, and meeting records. Qualitative data were analyzed through thematic analysis to identify central implementation aspects. Quantitative data described the scope and progress of activities during the first year of implementation.
RESULTS
Priority areas were defined based on academic expertise and health system needs, including digital health skills development; maternal and child health; mental health; care for LGBTQIAPN+ populations; population health and assistive technologies; and selected medical specialties such as ophthalmology. The initiative engaged 87 health professionals to deliver tele-education, teleconsultation, teleinterconsultation, teleconsulting, telediagnosis, and teletriage services across nine municipalities. An associated educational program involved 134 scholarship holders, mainly students and health system professionals, contributing to the expansion and local integration of activities within health services. Key challenges included limitations in telehealth platform functionality, insufficient technological infrastructure, lack of interoperability between information systems, and the need for continuous professional training.
CONCLUSIONS
The Digital Health Hub demonstrates the potential of digital health strategies to expand access and support care delivery in underserved settings. However, its consolidation as a structuring health policy requires addressing persistent regional inequalities in technological infrastructure, limited connectivity in vulnerable territories, and fragmented health information systems.
Popul. Med. 2026;8(Supplement 1):A972

ABS 4056
Digital health and advanced manufacturing to promote equitable access to assistive devices in the Brazilian Unified Health System
Thiago da Silva Domingos[1], Maria Elizete Kunkel[1,2], Eduardo Rorato[1,2], Thabata Ganga[1,2], Beatriz Basso[2], Claudia Fegadolli[1]
[1]Digital Health Hub, Federal University of São Paulo, São Paulo, Brazil, [2]Laboratory of 3D Orthoses and Prostheses, Science and Technology Institute - Federal University of São Paulo, São Paulo, Brazil
INTRODUCTION
Inequities in access to assistive devices remain a major public health challenge, particularly in large universal health systems where conventional production processes are centralized, costly, and slow. Digital health strategies combined with additive manufacturing offer opportunities to decentralize care, personalize devices, and expand access to rehabilitation services. This study describes the implementation and outcomes of a digital workflow for providing assistive devices to patients treated at the Digital Health Hub of the Federal University of São Paulo, within the Brazilian Unified Health System.
METHODS
A descriptive study was conducted based on real cases of patients assisted through digital orthoses and prostheses integrated into the public health system. The workflow included digital clinical assessment, three-dimensional scanning, virtual design, additive manufacturing, and delivery of personalized devices (3-4). Selected cases involved patients with neurological and musculoskeletal conditions requiring upper and lower limb orthoses. Data were collected on production time, device customization, clinical feasibility, and user acceptance.
RESULTS
The digital workflow enabled the production of personalized assistive devices with reduced manufacturing time compared to conventional methods. Devices demonstrated adequate fit, functional alignment with clinical goals, and high acceptance by patients and healthcare professionals. The approach supported individualized rehabilitation needs while reducing logistical barriers commonly encountered in public health services. The integration of digital health tools facilitated communication between clinicians and engineers and allowed rapid device adjustments and follow-up.
CONCLUSIONS
Digital health combined with additive manufacturing represents a viable and sustainable strategy to reduce inequities in access to assistive technologies within universal public health systems. The experience demonstrates the potential of locally implemented digital workflows to promote inclusion, patient-centered care, and equitable rehabilitation services without borders. This approach shows strong potential for scalability in Brazil and in other large countries with universal public health systems and significant territorial and social diversity.
Popul. Med. 2026;8(Supplement 1):A973

ABS 4058
The Experience of the Digital Health Work-Based Education Program Project at the Federal University of São Paulo in Strengthening the Unified Health System (SUS) through Digital Transformation
Rosangela Soares Chriguer[1], Thiago Da Silva Domingo[1], Paula Andrea Martins[1], Vinicius Demarchi Silva Terra[1], Adriana Eiko Matsumoto[1], Karina Cardoso Meira[1], Luciana Togni De Lima E Silva Surjus[1], Leandro Key Higuchi Yanaze[1], Maria Lucia Oliveira De Souza Formigoni[1], Paulo Bandiera Paiva[1], Maria Ines Badaro Moreira[1], Mariana Chaves Aveiro[1], Maria Elizete Kunkel Kunkel[1], Miriam Raquel Diniz Zanetti[1], Maria Cristina Gabrielloni Maria Cristina Gabrielloni[1], Sue Yazaki Sun[1], Renata Rangel Azevedo Azevedo[1], Felipe Mancini[1], Ivan Maynart Tavares[1], Caio Vinicius Saito Regatieri[1], Luis Filipe Nakayama[1], Claudia Fegadolli[1]
[1]Federal University of São Paulo, São Paulo, Brazil
INTRODUCTION
The Digital Health Work-Based Education Program Project at the Federal University of São Paulo, integrated into the Institution's Digital Health Center, is configured as a strategy to strengthen and articulate it within the municipal and state health departments of São Paulo, Brazil. It is organized into nine Tutorial Learning Groups (Grupos de Aprendizagem Tutorial—GATs), composed of tutors, students, and preceptors from eight health departments, focusing on the following themes: mental health in Primary Health Care; health of people experiencing homelessness; health in forest and rural areas; victims of police violence; harm reduction; equity in the use of cannabinoids; 3D orthotics and prosthetics; maternal–child health and the LGBTQIAPN+ population; and ocular emergencies. The main objective is to strengthen the teaching–service–community integration, aiming at the development of competencies in digital health. The project seeks to enhance student training and promote continuing education, using technological tools to expand equity, problem-resolving capacity, and innovation in health care across diverse territories and populations.
METHODS
Over six months the GATs conducted team formation and group-bonding activities to reinforce a sense of belonging, complemented by training all members in the course "Introduction to Digital Health". Additionally, the GATs carried out territorial assessment, mapping of digital tools, definition of efficacy indicators, and telehealth actions with an emphasis on tele-education.
RESULTS
Unifesp's experience in projects for the SUS enabled the development of an initiative that articulates public policies and innovations in digital health, promoting qualification in undergraduate education and extension of care and education actions. The Project's structuring demonstrates itself to be a powerful vector for expanding the objectives of Unifesp's Digital Health Center.
CONCLUSIONS
The articulation between public policies and technological innovation not only enhances academic training but also amplifies the SUS's capacity to respond to contemporary demands, consolidating digital transformation as one of the pillars sustaining comprehensive care.
Popul. Med. 2026;8(Supplement 1):A974

ABS 4084
Parental needs and experiences with e-Health applications in chronic pediatric care – a scoping review
Anna Löffler[1], Helena Grüter[1], Lisa Stähler[1], Irem Gönen[1], Jenny Prüfe[1], Freia De Bock[1], Claudia Pischke[1]
[1]Institute for Medical Sociology - Public Health Section, Heinrich-Heine-Universität Düsseldorf, Düsseldorf, Germany
INTRODUCTION
Chronic conditions affect 30% of children worldwide and place organizational and psychosocial burdens on families. Parents must coordinate multidisciplinary care while managing stress and uncertainty. E-health offer potential to support families through accessible information, monitoring, and communication(2,3). However, existing evidence is dominated by diagnosis-specific tools, and less is known about parents' cross-diagnostic needs and lived experiences across the patient journey. This scoping review synthesizes parents' perspective on e-Health applications supporting children aged 0–16 years with chronic conditions.
METHODS
This scoping review was conducted according to PRISMA-ScR guidance, with the protocol preregistered on the Open Science Framework. Web of Science and Ovid (MEDLINE, APA PsycInfo) were searched for peer-reviewed studies published between January 2010 and February 2025 in English or German. Eligible studies examined parents' needs and/or experiences with e-Health applications supporting childhood chronic conditions, including mental health (oncology excluded). Screening and data extraction were performed independently by two reviewers with adjudication by a third. Findings were synthesized thematically.

RESULTS
Thirty-nine studies met inclusion criteria. Autism and diabetes were most frequently addressed (each n=10), followed by congenital heart disease, asthma, and obesity (each n=4). Six cross-cutting themes emerged: accessibility/usability (mobile-first, personalization); content/information (evidence-based, plain language, tailored to diagnosis); (3) coordination (central hubs for plans, reminders, tracking); consultation with clinicians (secure two-way messaging/video); psychosocial support (moderated peer communities, coping resources); and (6) data protection (transparency and control over sharing). Evidence on how needs shift across care stages was limited but suggested heightened value early after diagnosis and during long-term management.
CONCLUSIONS
Parents value e-Health tools that reduce coordination burden and provide trustworthy, tailored support, but adoption depends on usability, personalization, and transparent data governance. Future research should examine needs longitudinally and inform hybrid designs combining cross-diagnosis coordination features with condition-specific modules to strengthen family-centered chronic care.
Popul. Med. 2026;8(Supplement 1):A975

ABS 4095
AI on Fragile Foundations? - Lesson's from Ghana's Lightwave Health Management System

Maame Anim[1], Jennifer Osei[1], Akosua Frimpong[1]
[1]General Practice, 1.Accra Psychiatric Hospital, Accra, Ghana

INTRODUCTION
Artificial intelligence is increasingly layered onto digital-health systems in low-middle-income countries(LMICs), often before the underlying foundations of governance, infrastructure, and accountability are fully established. Ghana's Lightwave-Health-Management-System(LHIMS) was introduced to strengthen health data management, but its rollout exposed critical weaknesses in interoperability, vendor dependence, and institutional oversight. The governance weakness displayed by LHIMs raises questions about AI readiness and risk in LMICs.
METHODS
A qualitative policy and systems analysis was conducted using national digital policy documents, LHIMS implementation reports, stakeholder and practitioner perspectives from roll-out facilities. A thematic analysis was conducted across key governance domains: accountability, data stewardship, vendor-dependence and ethical oversight.
RESULTS
The analysis identifies significant governance weakness in LHIMs implementation. Limited interoperability and closed system architecture constrained data sharing across facilities and levels of care, while vendor lock-in reduced institutional control over public health data and system evolution. Accountability for data stewardship, system performance and ethical oversight remained insufficiently defined. Finally, AI-specific governance considerations- such as algorithmic transparency, auditability and bias mitigation were largely absent from the digital health framework, raising major concerns about equitable and trustworthy AI deployment.
CONCLUSIONS
The LHIMS-experience demonstrates that digital health systems without robust governance constitutes a fragile foundation for AI in public health and increase the bias gap and risks. For LMICs, governance readiness is a prerequisite for ensuring that AI strengthens health systems resilience, equity, and public trust rather than exacerbating existing vunerabilities. Ghana's experience offers transferable lessons for global policies, underscoring the need to align digital transformation with people centered, ethically-grounded AI governance.
RECOMMENDATIONS
-Make governance a precondition for AI and digital health deployment -Establish national digital and AI governance bodies. -Contracts should explicitly guarantee state ownership, portability and reuse of public-health data. -Invest in Public-Sector Technical Sovreignty -Integrate equity and bias audit into routine practice.
Popul. Med. 2026;8(Supplement 1):A976

ABS 4187
Teleconsultation as a strategy for strengthening the health system: effects on Primary Health Care and network organization

Patricia Machado[1], Claudia Flemming Colussi[1], Maria Cristina Marino Calvo[1], Josimari Telino Lacerda[1], Izaltina Adão[2], Marina Paim[2], Antônio Fernando Boing[1], Felipa Rafaela Amadigi[2], Rafaela Souza Petrolini[2]
[1]Departament of Public Health, Federal University of Santa Catarina, Florianópolis, Brazil, [2]Postgraduate Program in Public Health, Federal University of Santa Catarina, Florianópolis, Brazil

INTRODUCTION
Telehealth and telemedicine are relevant strategies for improving quality of care, expanding access, and integrating Health Care Networks (RAS) within Brazil's Unified Health System (SUS)1,2. However, gaps remain regarding the actual and perceived effects of teleconsultations on network organization from the perspective of the professionals involved in their delivery and sustainability3,4. Accordingly, this study analyzed the perceived effects of teleconsultation use within the SUS, based on the views of managers and teleconsultants affiliated with the Digital Health Center of the Federal University of Santa Catarina.
METHODS
This qualitative study was conducted in seven municipalities in the state of Santa Catarina between February and December 2025, using semi-structured interviews with 35 managers and 20 teleconsultants. Data were analyzed using thematic analysis5, from which five categories emerged: continuing professional education, improvement in referrals, reduction in waiting lists, cost reduction, and strengthening of Primary Health Care (PHC).
RESULTS
The findings indicate positive effects of teleconsultation on care quality and health system organization, particularly its role in continuing education by promoting ongoing clinical updating and improvement of care practices. Improvements in referral quality and strengthened communication across different levels of care were also observed. These effects contributed to more efficient use of system resources, reflected in cost reductions, rationalization of diagnostic tests, and decreased waiting times for specialized care.
CONCLUSIONS
Teleconsultation contributed to strengthening PHC by increasing its problem-solving capacity, integrating it more effectively with specialized care, and providing clinical support to underserved areas with a shortage of specialists. From the participants' perspective, teleconsultation proved to be an effective strategy for improving quality of care by integrating educational, clinical, and managerial dimensions, thereby consolidating PHC's role as the coordinator of care within the Unified Health System.
Popul. Med. 2026;8(Supplement 1):A980

ABS 4191
Adaptation and implementation of ophthalmic telediagnosis services: a strategy for prevention of avoidable blindness in rural remote regions

Isaura Ilorena D'alva Brito Dos Santos[1,2], Simone Schenkman[1], Carlos Eduardo Amaral[3], Juliana Gagno Lima[4], Vanessa Kemilly Gomes Lima[4], Moniky Rayanne Silva Dos Santos[4], Alef Mateus Da Silva Valentin[4], Aylene Bousquat[1]
[1]Politics, Management And Health, School Of Public Health, University Of São Paulo (Usp), São Paulo, Brazil, [2]Community Health, Faculty Of Medicine, Eduardo Mondlane University (Uem), Maputo, Mozambique, [3]Nutel, Federal University Of Minas Gerais (Ufmg), Minas Gerais, Brazil, [4]Institute Of Public Health, Federal University Of West Pará (Ufopa), Santarem, Brazil

BACKGROUND
Blindness due to Hypertension and, especially, Diabetes, although preventable, remains the main cause of visual loss in the productive population 1-3. In Brazil's southwestern Amazon region of Pará state, thousands of people live without access to basic eye health care 4,5. We aimed to bring eye health care closer to the communities through the implementation of a regional university telehealth center, local staff training, health network integration, and strengthening strategies in preventing blindness and visual impairment.
METHODS
Implementation pilot study in a Primary Health Unit set in a rural and remote municipality. Implementation phases: a) Situation analysis and coordination of activities with regional health authorities; b) Community health workers trained on counseling and active search procedures for high-risk patients, nurses/nursing technicians trained on visual acuity measurement and management of portable fundus cameras, the Phelcom Eyer2; c) The operationalization of eye screening. Visual acuity was measured, and images of anterior/posterior ocular follow-up were captured. Remote evaluation was done by an optometrist and ophthalmologist.
RESULTS
The pilot included 15 Community Health Agents, 2 health professionals, and 1 manager, and 60 users with Diabetes and/or Hypertension. We found a lack of eye health care professionals in the public network, a deficit of materials and diagnostic equipment, and a lack of qualified referrals to the regional reference. The process of measurements and capture of ocular images was well accepted

and adhered to by the participants, with high-quality images.
CONCLUSIONS
It is possible to prevent avoidable blindness even in more challenging contexts, building each stage together with both health professionals and local health authorities, respecting and strengthening communities. The strategy has proven to be a facilitator of reliable remote diagnostics as well as an expander for access to eye care in regions with difficult access to eye health professionals, reducing this public health problem.
Popul. Med. 2026;8(Supplement 1):A981

EDUCATION AND TRAINING

ABS0029

Training health education multipliers to strengthen public health capacities

Márcia Cristina Néspoli Ando Márcia[1]
[1]Tecnologias em Saúde Educação Permanente, Sociedade Brasileira Caminho de Damasco, São Paulo, Brasil

BACKGROUND
The challenge of consolidating health education in diverse and resource-limited contexts requires innovative strategies to ensure sustainability and wide community impact. Traditional training programs often focus only on individual knowledge acquisition, with limited effect on systemic change. To address this gap, a structured program for training health education multipliers was developed, aiming to expand capacities for health promotion, prevention, and continuous education in primary care and specialized services.
METHODS
The initiative was designed as a multi-phase program grounded in principles of adult learning and Permanent Health Education, aligned with national policies. The curriculum included theoretical modules on health promotion, participatory methodologies, and educational planning, combined with practical workshops for contextual adaptation. Participants were selected among health professionals with leadership potential, and trained to act as multipliers within their institutions and territories. Continuous monitoring tools and feedback mechanisms were incorporated to evaluate performance and support progressive improvement.
RESULTS
The program engaged health professionals from different disciplines and regions, promoting interprofessional collaboration and knowledge exchange. Multipliers demonstrated significant improvement in educational planning skills, facilitation of participatory activities, and capacity to adapt content to local realities. As a result, new educational practices were implemented in primary health units, hospitals, and community programs, fostering local ownership of health promotion strategies. Furthermore, the multiplier approach amplified the reach of training efforts, reducing dependency on centralized educational resources.
CONCLUSIONS
Training health education multipliers proved to be an effective strategy for strengthening public health capacities, enhancing workforce empowerment, and ensuring sustainability of educational actions. By investing in multiplier formation, health systems can expand the impact of education initiatives, adapt interventions to diverse realities, and promote equity in access to health knowledge. This experience highlights the importance of integrating educational innovation into global strategies for health promotion and workforce development.
Popul. Med. 2026;8(Supplement 1):A982

ABS0286

Training Integral Health Agents: An Innovative Report on Interprofessional Education in Brazil

Leticia Miranda Lima[1], Gabriela Madureira Baptista[1], Marilda Silva Souto Maior[1], Luciano Franco Ramalho[1], Laila Porto Azevedo Alves[1], Thais Alves Almeida Nascimento[1], Mariana Guedes De Carvalho[1], Edirute Silva Gabriel De Jesus[1], Patrícia Trindade Alves Santos[1], Maria Alice Santos Costa[1]
[1]Programa De Pós-Graduação Em Psicologia Da Saúde Ims, Universidade Federal Da Bahia, Vitoria Da Conquista, Brazil

ABSTRACT
Complex public health challenges require a workforce trained in interprofessional collaboration, a principle widely recommended by international and national organizations. This report describes an innovative pedagogical experience in the 2024 cohort of the Graduate Program in Health Psychology at the Federal University of Bahia, analyzing its role in training agents for comprehensive health care.
METHODS
Curricular integration was designed to foster synergy among diverse fields of knowledge, in line with national guidelines for reorienting professional health education. The cohort included nutritionists, administrative professionals, librarians, nurses, psychologists, electrical engineers, and occupational therapists. Although unplanned, this diversity proved to be a unique pedagogical asset, enriching activities such as complex case analysis and project development, where different expertises naturally converged.
RESULTS
The primary indicator of success was the quality of the solutions developed, which were more creative, comprehensive, and context-sensitive than those produced by homogeneous groups. The systemic perspective of electrical engineering on sound environments complemented the ergonomic analysis of occupational therapy. Information management by librarians and process optimization by administrative professionals streamlined decision-making in care simulations. Nutrition, nursing, and psychology integrated to construct a holistic view of the service user. The main outcome was the emergence of a collective competence capable of translating theory into integrated public health action.
CONCLUSIONS
The unplanned diversity of prior professional backgrounds proved to be a powerful pedagogical strategy for operationalizing interprofessional principles, making learning experiences qualitatively richer. This Brazilian experience offers a replicable model for postgraduate education, training leaders capable of strengthening health systems by translating theoretical collaboration into effective practice and promoting health equity through innovative training.
Popul. Med. 2026;8(Supplement 1):A991

ABS0391

A qualitative study exploring nutrition knowledge, self-efficacy, and practices of Life Orientation educators in Limpopo Province, South Africa

Tebatjo Maja[1]
[1]School of Health System and Public Health, University of Pretoria, Pretoria, South Africa

BACKGROUND
Educators spend most of their time with learners during school hours and are the most suitable individuals to transfer health and nutrition knowledge to learners. Improving educators' knowledge, self-efficacy, and practices related to nutrition can have a positive impact on the learners' nutritional outcomes. Enhancing educators' knowledge, self-efficacy, and practices related to nutrition can have a positive effect on learners' nutrition outcomes.
METHODS
Qualitative phenomenological research was conducted to explore the nutritional knowledge, self-efficacy, and practices of 18 LO educators. The data was collected through face-to-face in-depth interviews using a pre-designed semi-structured interview guide. The interviews were audio recorded, and the data were transcribed verbatim into a Word document. Thematic analysis was used to analyse the data.
RESULTS
The study revealed that LO educators had a poor level of nutrition knowledge, primarily self-acquired from social media, as they never received any formal nutrition training. Classroom opportunities for nutrition education were often lost due to a curriculum lacking sufficient nutrition content and educator training, limited teaching resources, and weak parental and community involvement in supporting nutrition education. Despite reporting high self-efficacy in teaching nutrition, the educators' confidence was based on their teaching ability rather than subject-specific expertise. Additionally, the school nutrition environment was not conducive to healthy behaviours, as schools offered unhealthy food and beverage options for sale, and educators' modelling of healthy behaviours was limited.
CONCLUSIONS
The lack of nutrition knowledge in educators limits their ability to teach healthy eating habits. To address this, policies to address curriculum and training programs for educators from the Department of Education are urgently needed. Workshops and ongoing support will empower educators to deliver effective nutrition education and model healthy behaviours.
Popul. Med. 2026;8(Supplement 1):A995

ABS0397

learning from the community: early medical students' immersive experience with community health agents in brazil

Zibeilde Ferreira Borges Paschoalini[1], Marcello Da Silveira Paschoalini[2]
[1]Department of Collective and Family Health, Faculty of Medicine, Faculdade Sulamérica, Luís Eduardo Magalhães, Brazil, [2]Faculty of Medicine, Federal University of Western Bahia (UFOB), Barreiras, Brazil

INTRODUCTION

Despite being central to Brazil's Unified Health System (SUS), the role of Community Health Agents (ACS) remains underrepresented in medical education. This project integrates first- and second-semester medical students into community-based experiential learning with ACS to promote empathy, social accountability, and contextual understanding of health systems.
METHODS
Sixty medical students from Faculdade Sulamérica participated in immersive fieldwork alongside ACS professionals in Bahia, Brazil. Through home visits and health mapping tools (genograms, ecomaps, vulnerability maps), students explored family structures, environmental contexts, and social determinants of health. Reflective circles guided by faculty facilitated qualitative analysis focused on empathy, teamwork, and professional identity formation.
RESULTS
Four key themes emerged: deepened empathy and emotional awareness; recognition of the ACS as an indispensable bridge between families and health services; (3) enhanced teamwork and communication skills; and transformation of professional identity. Students described "leaving the comfort zone" and realizing that "medicine begins with listening." Faculty observed stronger engagement and awareness of social determinants of health.
CONCLUSIONS
Early community immersion proved to be a powerful pedagogical tool in medical education, connecting theoretical learning with lived realities. Even brief experiences can promote empathy, reflection, and humanized practice when grounded in the community. The initiative offers a replicable, low-cost model for medical schools seeking to integrate social responsibility into curricula globally.
Popul. Med. 2026;8(Supplement 1):A996

ABS0540
Assessing the Knowledge and Attitudes of a Cohort of Nurses Towards LGBTIQ+ Health Care
Tumelo Mzenda[1], Atholl Kleinhans[1], Mathildah Mokgatle[1]
[1]Public Health, Sefako Makgatho Health Sciences University, Garankuwa, Pretoria, South Africa
BACKGROUND
Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ+) individuals face significant health disparities, often exacerbated by stigma, discrimination, and a lack of cultural competence among healthcare providers. Nurses, as frontline caregivers, are critical to mitigating these barriers and ensuring equitable health outcomes. Understanding their current knowledge and attitudes is an essential first step towards intervention. This study aimed to assess the overall knowledge and attitudes of a cohort of nurses regarding LGBTIQ+ health within the eThekwini district and identify specific knowledge gaps and attitudinal barriers that may hinder the provision of affirmative and non-discriminatory care.
METHODS
A quantitative, cross-sectional design was employed. Data was collected from 80 nurses in the eThekwini district across three healthcare facilities using a validated, self-administered questionnaire. The instrument measured: (a) knowledge of LGBTIQ+ health concerns, (b) attitudes towards sexual and gender minorities. Data analysis included descriptive and inferential statistics.
RESULTS
Overall knowledge was moderate (mean score 62%), with significant gaps identified, particularly in transgender health protocols and correct terminology. While 71% (57/80 nurses) reported generally positive attitudes, 35% (28/80 nurses) expressed discriminatory views related to LGBTIQ+ acceptance. Crucially, only 42% (34/80 nurses) reported feeling adequately prepared to take a sensitive sexual and gender history, highlighting a readiness gap.
CONCLUSIONS
A substantial portion of the eThekwini nursing workforce lacks the necessary knowledge and clinical confidence to provide optimal, affirming LGBTIQ+ care. These gaps contribute directly to health inequities. We recommend mandatory, comprehensive, and recurring cultural competence training integrated into both undergraduate and continuing professional development programs.
Popul. Med. 2026;8(Supplement 1):A1001

ABS0603
Adoption and Utilization Patterns of Artificial Intelligence Tools Among Public Health Students in South Africa
Kavitha Naicker[1], Mari van Wyk[1]
[1]School of Health Systems and Public Health, University of Pretoria, Johannesburg, South Africa
BACKGROUND
Artificial intelligence (AI) is transforming higher education by reshaping teaching, learning and administration through intelligent tutoring systems, personalized learning platforms and adaptive technologies.1 These innovations enhance engagement and academic performance while promoting sustainable outcomes.1 AI simulates human cognitive processes such as learning, reasoning and decision-making.2 The launch of ChatGPT in 2022 marked a turning point in generative AI, offering human-like interaction and reshaping educational practices globally. Despite its growing accessibility, AI integration among students in low- and middle-income countries remains inconsistent, highlighting the need to understand adoption patterns within public health education in South Africa.1 This study aims to determine the prevalence, purpose and most commonly used AI tools among public health students.
METHODS
A quantitative, descriptive design will be used. Data will be collected through an online questionnaire adapted from Fošner1 and Ajalo et al.3 targeting postgraduate public health students across three cohorts at a South African university. Convenience and simple random sampling will be applied. Data will be analyzed using descriptive and inferential statistics in Stata 15. Preliminary Results Preliminary results concur with previous studies that show widespread AI awareness and usage among students. In Uganda, 75.7% of medical students actively used AI tools for assignments and research writing.3 European findings revealed gender and disciplinary differences.4,5 Kausar6 reported a positive correlation between AI use and learning behaviours ($r = .529$, $p < .001$).
CONCLUSIONS
This study will generate context-specific evidence on AI adoption among South African public health students, guiding responsible and equitable integration of AI into higher education.
Popul. Med. 2026;8(Supplement 1):A1004

ABS0897
Strengthening community health capacity in rural Zambia through targeted training of community-based volunteers
Joseph Jameson[1], Elizabeth Timperley[1], Joanna Taylor[1], Edward Sibeen[1]
[1]On Call Africa, Livingston, Zambia
INTRODUCTION
Strengthening health systems is a key strategy used by many non-governmental organisations, including On Call Africa (OCA), to improve health outcomes in rural settings. OCA applies its Facility Quality Improvement Programme (FQIP) tool to assess performance against the WHO Health System Building Blocks framework. At a rural health post in Southern Province, Zambia, this assessment identified gaps in record keeping, monitoring of non-communicable diseases (NCDs), and community education on infectious diseases.
METHODS
To address this, a team of volunteers delivered a three-month intervention (October–December 2025) focused on capacity building for community-based volunteers (CBVs). As CBVs are responsible for vital sign collection and community-level health promotion, they were identified as a key workforce for strengthening service delivery. Sixty-three CBVs in the local area were organised into smaller groups to facilitate learning. Four two-hour refresher sessions were delivered, supported by a 16-page training booklet covering vital sign recording, NCD awareness, and health promotion on diarrhoea, sexually transmitted infections (STIs), and other priority conditions.
RESULTS
Fifty-seven CBVs participated. Verbal feedback, collected by a Chitonga-speaking health facility staff member, indicated that training on temperature and blood pressure measurement was particularly valuable. Education on STI prevention and diarrhoea management was also well received, and participants reported improved confidence in delivering health promotion messages. Challenges included reliance on English-language materials and the need for real-time translation. Participants expressed strong interest in more frequent sessions and additional topics such as malaria and malnutrition to further strengthen community health capacity.
CONCLUSIONS
The training programme was well received and contributed to strengthening CBV knowledge and community-level service delivery. Long-term health system strengthening will require transitioning facilitation to local staff and developing Chitonga-language materials to support sustainability, and improved comprehension. The programme demonstrates a practical model for community-led health system strengthening that can be adapted across comparable settings.
Popul. Med. 2026;8(Supplement 1):A1010

ABS0945
Educational and physical exercise intervention on lower back pain among nurses in Botswana: a non-blinded randomized control trial

Kagiso Kgakge[1]
[1]Public Health, Boitekanelo College, Gaborone, Botswana
BACKGROUND
While ergonomic education and exercise programs have been proposed as intervention, their effectiveness among nurses in Botswana remains largely unknown. This study aimed to investigate the effectiveness of these combined interventions in managing LBP among nurses in Botswana.
METHODS
A Non-Blinded Randomized Control Trial (RCT) was conducted among nurses at a tertiary hospital in Botswana. Sixty participants were randomly allocated into the intervention group for (ergonomic education plus an 8-week home-based exercise program), or a comparison group which received (informational material only). Data was collected using a structured self-report questionnaire developed from; Low Back Pain Questionnaire (LKQ), Nordic Musculoskeletal Disorders (NMQ) and Ergonomic Knowledge Assessment Questionnaire (EKAQ). Pain severity was assessed using the numeric pain rating scale (NPRS). Statistical analysis included General Linear Models, repeated measures ANOVA, and Mann-Whitney U-tests ($p \leq 0.05$).
RESULTS
At baseline, the intervention group reported higher pain intensity mean of 6.5 ± 0.2 (95% CI: 6.4 – 6.6, p<0.0001) while comparison group reported 4.6 ± 1.5 (95% CI: 4.0 – 5.2, p < 0.0001). Post intervention, the intervention group showed a significant reduction in pain mean 3.9 ± 1.3 (95% CI: 3.4 – 4.4), while the comparison group experienced a slight increase 4.8 ± 1.6 (95% CI: 4.2 – 5.4, p < 0.0001). Post-intervention, the intervention group showed improved scores 33.5 ± 5.6 (95% CI: 31.4 – 35.6, p < 0.001) vs. 31.1 ± 2.4 (95% CI: 30.2 - 32.0, p < 0.001).
CONCLUSIONS
Ergonomic education and physical exercise therapy significantly improved participants' knowledge and reduced pain severity.
Popul. Med. 2026;8(Supplement 1):A1012

ABS0982
Engaging communities for health: Implementation and outcomes from the Texas CEAL consortium

Jamboor Vishwanatha[1]
[1]Institute for Health Disparities, University of North Texas Health Science Center, Fort Worth, United States
INTRODUCTION
Texas CEAL Consortium was formed to combat misinformation and provide health education during the pandemic, and represents 29 projects across 16 counties. We address a broad range of health concerns, such as chronic diseases, nutrition, maternal health, and behavioral health.
METHODS
Data were collected by the administrative core team from the projects. Areas of focus (chronic disease testing and management, nutrition, and addressing health misinformation), success stories, partnership adjustments, data collection (via surveys, focus groups, and interviews), reach metrics, dissemination, publication developments, and milestone updates were collected. Several methods of intervention were practiced, including training of CHWs, community education, and community consultation.
RESULTS
Various populations were reached throughout the project, namely Vietnamese Americans, Hispanics/Latinxs, African Americans, South Asians, rural communities, under-resourced communities, individuals with behavioral health conditions, caregivers, and community health workers. Traditional media included radio, magazines, and flyers, while social media included Facebook, Instagram, and Twitter (now known as X). Live and virtual events provided a central location for communities to acquire health resources in an efficient manner, as well as other methods of intervention, such as flyers (traditional) and educational outreach. Community members tend to rely on the information and education given by local leaders regarding health decisions for themselves and for their families. Representation is also important when it comes to making those decisions.
CONCLUSIONS
Many lessons were learned, including how the impact of administrative obstacles can have on project activities and opportunities. Design and low health literacy are two factors in creating limitations in data. The impact local organizations and leaders can have on members when it comes to making informed health decisions is what has led the current Texas CEAL sites to make data-driven decisions. Community members know best, so accept the help of community leaders to see health outcomes change for the better.
Popul. Med. 2026;8(Supplement 1):A1014

ABS1107
Evaluating Expanded Eligibility Pathways for Global Public Health Certification: A Pilot Study

Allison Foster[1]
[1]National Board of Public Health Credentialing, Arlington, VA, United States
ABSTRACT
The Certified in Public Health (CPH) credential is designed to strengthen and professionalize the public health workforce by assessing foundational knowledge and skills across practice settings. Currently, eligibility for the CPH exam prioritizes graduates of U.S.-based programs accredited by the Council on Education for Public Health (CEPH), with limited pathways for graduates of non-U.S. public health programs. This structure creates a barrier for internationally trained public health professionals, despite the existence of more than 200 graduate-level public health programs outside the United States. This project describes a structured, time-limited pilot conducted by the National Board of Public Health Credentialing to evaluate whether recent graduates of non-U.S., non-CEPH-accredited graduate public health programs can successfully demonstrate competence on the CPH exam without additional work-experience requirements. The pilot is designed to empirically test long-standing assumptions regarding candidate performance rather than relying on accreditation status as a proxy for readiness. Pilot participants apply through the standard CPH application process and are flagged for subgroup analysis. Exam performance, overall pass rates, and outcomes by relevant candidate characteristics will be evaluated at the conclusion of the pilot. This approach builds on prior NBPHE experience using pilot studies to inform eligibility changes, including a successful 2015 pilot that expanded eligibility to public health professionals without CEPH-accredited degrees. Findings from this pilot will inform evidence-based decisions regarding permanent eligibility policy changes and contribute to broader discussions about equity, access, and global alignment in public health credentialing. By rigorously evaluating outcomes, this initiative seeks to balance certification rigor with inclusivity, supporting a more globally representative public health workforce.
Popul. Med. 2026;8(Supplement 1):A1017

ABS1108
How the Public Health Workforce Learns: Insights From Nearly 500,000 Recertification Credits

Allison Foster[1], Richard Kurz[1]
[1]National Board of Public Health Credentialing, Arlington, VA, United States
ABSTRACT
The Certified in Public Health (CPH) credential requires all active certificants to report a minimum of 30 recertification credits every two years, earned through a wide range of continuing education and professional development activities. Since the launch of this requirement, nearly 500,000 individual recertification credits have been reported, creating one of the largest known, practitioner-reported datasets documenting how the public health workforce maintains competence and stays current with evolving scientific and professional standards. This presentation draws on a comprehensive analysis of these reported credits to examine patterns in the types of activities, subject-matter focus, and modes of professional development utilized by CPH professionals. Unlike surveys or self-reported intentions, these data reflect verified, completed learning activities tied directly to an active professional credential, offering rare insight into real-world workforce behavior at scale. Analyses explore variation in reported credits across key subgroups, including geographic location, area of practice, career stage, and professional seniority, allowing for an assessment of how different segments of the public health workforce engage in continuing education. In addition, the study examines longitudinal shifts in professional development activities before and after the COVID-19 pandemic, highlighting changes in format and content during and following a period of unprecedented disruption. The findings provide a unique, empirical perspective on workforce learning in public health. The results have implications for credentialing bodies, educators, employers, and policymakers seeking to ensure the public health workforce has relevant and timely continuing education opportunities.
Popul. Med. 2026;8(Supplement 1):A1018

ABS1109
Public Health Nursing Job Task Analysis: Defining Competencies for a Skilled Workforce

Allison Foster[1], Shantal Johnson[1]
[1]National Board of Public Health Credentialing, Arlington, VA, United States
BACKGROUND
Nurses comprise the largest section of the public health workforce. Public health challenges are ever-changing, and it is critical to understand how the scope of

work of public health nurses is evolving. This is particularly important with the rise of chronic diseases, and an aging population. A job task analysis was conducted in 2025 to define the scope of practice and essential competencies for public health nurses across diverse settings, especially as they increasingly address health disparities and advocate for health equity.
METHODS
Supervisor level public health nursing subject matter experts first identified and categorized key job tasks and competencies through expert discussions and literature reviews. The job task analysis survey was then disseminated to a broad sample of public health nurses to assess the frequency, importance, and relevance of identified tasks. Statistical analyses, including descriptive statistics and factor analysis, were performed to validate and refine the final competency framework also known as the content outline.
RESULTS
The survey results indicated the degree of variability in public health nursing roles depending on geographic location and practice setting. Results validated the following domains: Assessment and Analysis; Planning and Implementation; Policy, Advocacy, and Partnerships; Communication and Cultural Competence; Leadership and Management; Systems and Foundational Knowledge; and Quality and Evaluation. Survey responses were analyzed by the Public Health Nursing Job Task Analysis Committee confirming competency relevance across practice settings and highlighting both traditional and emerging public health nursing responsibilities.
Popul. Med. 2026;8(Supplement 1):A1019

ABS1128
Nutrition and food safety knowledge, attitudes, and practices of school food handlers in Westrand district primary schools, Gauteng province.
Ntsako Mathye[1], Nothando Mbatha[1]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa
BACKGROUND
Malnutrition remains a global public health challenge affecting all age groups. Among school-aged children, both undernutrition and overweight persist, often due to poor dietary intake. School feeding programmes have been shown to improve nutrient intake, particularly among vulnerable populations. In South Africa, the National School Nutrition Programme (NSNP) provides daily meals to learners in low-income communities, prepared by school food handlers. While food safety knowledge among food handlers has been widely studied, limited research has explored their combined nutrition and food safety knowledge, attitudes, and practices (KAP).
METHODS
A qualitative phenomenological design was employed. Data were collected from thirty-one (n=31) food handlers using a semi-structured interview guide to conduct face-to-face interviews and structured observations guided by a checklist. The data were analysed using content analysis to identify emerging themes.
RESULTS
Despite limited nutrition knowledge, food handlers demonstrated positive attitudes towards providing nutritious meals to learners. Participants generally showed adequate food safety knowledge and positive attitudes; however, the consistent and correct implementation of safe food handling practices was constrained by situational and resource-related challenges.
CONCLUSIONS
These findings highlight that food preparation practices within the NSNP are influenced not only by food handlers' knowledge and attitudes but also by structural and contextual limitations within school kitchens. Addressing these constraints is essential for strengthening the nutritional quality and safety of school meals and for enhancing the public health impact of school feeding programmes.
Popul. Med. 2026;8(Supplement 1):A1020

ABS1137
Development of oral health educational intervention in selected Primary Schools in Tshwane District, South Africa
Tshifhiwa Netshapapame[1]
[1]Public Health and Health Systems, University of Limpopo, Polokwane, South Africa
INTRODUCTION
The study set out to design, implement, and evaluate an oral health educational intervention aimed at improving the knowledge and behaviours of primary school children in selected schools within the Tshwane District, South Africa. The work was motivated by persistent evidence of preventable oral diseases among children and the limited availability of accessible, child-centered oral health information.
METHODS
To address these gaps, the study adopted a quasi-experimental design, allowing for the assessment of changes in knowledge, practices, and dietary behaviours before and after the intervention in a real school environment. Data was collected in two phases. The first involved baseline assessments using structured questionnaires administered to children and their parents to capture their initial oral health knowledge, hygiene routines, and dietary habits. The intervention consisted of two core outputs: a set of age-appropriate oral health educational materials for use in school and at home, oral health screening for children with a brushing program and a mobile application specifically developed to extend learning beyond the classroom. The application was designed to reinforce daily brushing habits, simplify oral health messages through interactive features and offer parents a resource for guiding their children.
RESULTS
The findings showed notable gains in children's knowledge scores, clearer understanding of plaque control, and improved self-reported brushing practices. The positive response to both the educational materials and the mobile application indicates that blended digital and school-based approaches may enhance oral health promotion efforts in under-resourced communities.
CONCLUSIONS
The study demonstrates that structured, context-sensitive educational interventions supported by digital tools can strengthen preventive oral health behaviours among primary school learners. The findings highlight the value of integrating oral health education into school programmes and adopting innovative technologies to sustain long-term behaviour change
Popul. Med. 2026;8(Supplement 1):A1022

ABS1151
Mental health and wellbeing promotion in teaching and learning for dental students in Australian universities: a scoping review
Meagan Huebl[1], Amy Hickman[1]
[1]College of Medicine and Public Health, Flinders University, Adelaide, Australia
BACKGROUND
Current policy, frameworks and governance for the mental health and wellbeing of dental students in Australian universities require examination to support the development of settings-based mental health promotion and prevention strategies in dental education in Australia. This scoping review aims to explore current knowledge in providing mental health and wellbeing promotion in teaching and learning for dental students in Australia.
METHODS
The JBI methodology for scoping reviews was followed.3 Databases (Medline, CINAHL, ProQuest, A+Education, PsycInfo, Scopus, DOSS and Web of Science) and search engines (Google and Google Scholar) were searched for relevant documents in English from 2010 to the present, using a comprehensive search strategy. The reference lists of included studies were also searched. A data extraction tool was created using Covidence to extract data from the included sources.
RESULTS
Thirty sources met the inclusion criteria for this scoping review.,4-31 Data analysis used an inductive approach to create a coding framework. The data was grouped into five key themes: legislation and standards; policy, frameworks and reports; university framework or strategy; primary research; and facilitators and barriers.
CONCLUSIONS
Mental health and wellbeing promotion in teaching and learning in dental students is influenced by existing frameworks, policy and governance, and clinical education and pedagogies. A settings-based approach should be combined with individual strategies that utilise identified facilitators to improve dental students' mental health and wellbeing. This scoping review highlights gaps in legislation, consideration of stakeholder concerns, implementation of university mental health frameworks or strategy, accessibility to university evaluation data, and methodology to incorporate mental health and wellbeing promotion into teaching and learning as further areas for research. This area is under-researched and under-evaluated in Australia, and more research is needed to support dental students' mental health and wellbeing now and into the future.
Popul. Med. 2026;8(Supplement 1):A1023

ABS1155
Designing a food-related learning agenda among vulnerable populations
João Sebastião[1], Ana Virgolino[1], Rita Marau[2], Ema Gonçalves[2], João Dinis[2], Osvaldo Santos[1]

[1]Environmental Health Institute, Lisbon School of Medicine, Lisbon, Portugal, [2]Climate Action Department, Cascais Ambiente, Cascais, Portugal

BACKGROUND

Globally, Food Policy Networks (FPN) are negatively impacting our planet and play a crucial role in unhealthy food choices and habits. The CLIC framework was developed to create healthier, sustainable and more inclusive FPN. Lisbon's Metropolitan Area takes part of the Horizon Europe FoodCLIC, aiming the development of more resilient food environments supported with the CLIC framework. Based on participatory and codesigning approaches, a learning agenda has been cocreated with stakeholders and residents in two vulnerable neighborhoods at Cascais Municipality.

METHODS

A mixed-models participatory codesigning approach was performed for mapping and gapping current FPN elements affecting two vulnerable populations of Portugal. Four priorities emerged: promoting food literacy, food access, housing and community spaces conditions for interaction with food, and food habits. Workshops with local stakeholders and neighborhoods' residents, focus groups and a face-to-face baseline survey with residents were main data collection approaches. Interventions were co-designed in close articulation with stakeholders and citizens, with regular reflexive learning meetings during its implementation.

RESULTS

High prevalence of self-perceived food literacy deficit together with barriers to food access (lack of local food retailers, flaws to donated healthy food products, housing and community spaces inadequate conditions) are associated to a very high percentage of food insecurity, low ingestion of fruit, vegetables, and pulses, eating monotony, and ultra-processed food consumption. Based on this scenario, a healthy and sustainable food learning agenda was delineated, with four complementary and integrated interventions, together with a medium and longterm monitoring and feedback system.

CONCLUSIONS

A learning agenda is a crucial output to guide the promotion of individuals' food literacy and communities' food-related culture change. Local food transitions imply working in proximity with the community, allowing a progressive change of the FPN, as a driver for more healthy and resilient food systems.

Popul. Med. 2026;8(Supplement 1):A1024

ABS1190

Knowledge Gap to Action: Impact of a Community Based Health Education Intervention on Dengue Fever Awareness

Hamzaelhussein Mohieldin[1], Al haj Ezzaaddeen[1], Abd Almoneim Mustafa[1], Sohayb Mohamed[1], Malaz Algassim[1]

[1]KURA Research Center, Kasaala, Sudan

BACKGROUND

Dengue fever remains a significant public health challenge in endemic regions, often exacerbated by community misconceptions regarding transmission and management. Effective health education is critical for disease prevention and safe home-based care. This audit evaluated the immediate impact of a targeted health education program on the knowledge, attitudes, and practices of residents in New Halfa Village regarding dengue fever.

METHODS

A pre-test/post-test interventional study design was employed with a cohort of 42 participants from New Halfa Village. Participants completed a structured questionnaire assessing knowledge of dengue transmission, symptoms, severe signs, and medication safety before and after attending a health awareness session. Data were analyzed to measure changes in knowledge scores and specific competencies.

RESULTS

The intervention resulted in a significant improvement in overall knowledge, with the average score rising from 5.19 (pre-education) to 8.0 (post-education) out of 9 possible points. The most critical safety improvement was observed in medication awareness: prior to education, only 31.0% of participants knew to avoid aspirin; this increased to 97.6% post-intervention. Similarly, recognition of severe hemorrhagic signs (e.g., bleeding, shock) doubled from 47.6% to 95.2%. However, a persistent misconception regarding transmission vectors remained: despite the intervention, 61.9% of participants continued to incorrectly believe that dengue can be transmitted directly from person to person via touch. Participant satisfaction was high, with 100% recommending the session to others.

CONCLUSIONS

The health education program was highly effective in improving clinical awareness and critical safety practices, particularly regarding the avoidance of contraindicated medications like aspirin. However, deep-seated misconceptions regarding direct transmission proved resistant to standard educational methods. Future interventions in Halfa Village should employ targeted behavioral change communication strategies to distinguish between vector-borne and direct contact transmission.

Popul. Med. 2026;8(Supplement 1):A1027

ABS1259

Integrating Innovation-Based Learning into Public Health Education to Enhance Health Promotion Competencies: A Mixed-Methods Study

Buppha Raksanam[1]

[1]Human Research Ethics and International Relations Unit, Sirindhorn College of Public Health, Trang, Faculty of Public Health and Allied Health Sciences, Praboromarajchanok Institute, Thailand, Trang, Thailand

BACKGROUND

Innovation competency is essential for public health professionals in addressing complex and evolving health challenges. Higher education institutions are expected to adopt innovative teaching and learning approaches to enhance students' innovation knowledge, skills, and health promotion competencies. However, evidence-based instructional models that explicitly emphasize innovation in public health education remain limited.

METHODS

This study aimed to develop an innovation-based teaching and learning model and evaluate its effectiveness using a mixed-methods design. Participants were 37 undergraduate students in the Bachelor of Public Health program (Dental Public Health major) at Sirindhorn College of Public Health, Trang Province, Thailand. The model consisted of ten core learning activities implemented over 18 weeks, focusing on community health problem identification, innovation development and implementation, academic dissemination, and reflective learning. Quantitative data were collected through questionnaires, achievement tests, and innovation quality assessment forms, while qualitative data were obtained from reflective discussions and open-ended feedback. Quantitative data were analyzed using descriptive statistics, paired t-tests, and one-sample t-tests, and qualitative data were analyzed thematically.

RESULTS

Following implementation, students demonstrated good levels of innovation knowledge and innovation creation skills. Perceptions of health promotion, teaching effectiveness, and innovation-based learning management were rated at high to good levels. The quality of student-developed public health innovations was rated as very good. Post-intervention health promotion perception scores were significantly higher than pre-intervention scores ($p = 0.001$), and all post-intervention outcomes exceeded predefined benchmark criteria ($p < 0.05$). Qualitative findings supported these results, indicating improved student engagement, creativity, collaboration, and confidence in applying innovation to real-world public health contexts.

CONCLUSIONS

The innovation-based teaching and learning model effectively enhances innovation competencies and health promotion perceptions among public health students. It offers a practical framework for public health education in community-based settings.

Popul. Med. 2026;8(Supplement 1):A1029

ABS1382

The power of descriptive social norms at lunch time: when behaviour becomes contagious

Elisa Mansutti[1], Federica Fiori[1], Diana Menis[2], Peter Cautero[3], Caterina Liudmila Graziani[4], Daniela Zago[3], Yvonne Beorchia[5], Lucia Lesa[3], Enrico Scarpis[6], Alessandro Conte[7], Lucrezia Grillone[8], Francesca Cortelazzo[8], Angelica Cosolo[8], Manuela Mauro[8], Laura Brunelli[1,9], Maria Parpinel[1]

[1]Department of Medicine, University of Udine, Udine, Italy, [2]Health District of Gemona, Friuli Centrale Healthcare University Trust, Udine, Italy, [3]Medical Directorate, Hospital "Santa Maria della Misericordia" of Udine, Friuli Centrale Healthcare University Trust, Udine, Italy, [4]Health District of Udine, Friuli Centrale Healthcare University Trust, Udine, Italy, [5]Institute of Hygiene and Evaluative Epidemiology, Friuli Centrale Healthcare University Trust, Udine, Italy, [6]Medical Directorate, Hospital of Palmanova-Latisana, Friuli Centrale Healthcare University Trust, Palmanova, Italy, [7]Medical Directorate, Hospital of San Daniele-Tolmezzo, Friuli Centrale Healthcare University Trust, San Daniele, Italy, [8]Food hygiene and nutrition Unit, Department of Prevention, Friuli Centrale Healthcare University Trust, Udine, Italy, [9]Accreditation, Quality, and Clinical Risk Unit, Friuli Centrale Healthcare University Trust, Udine, Italy

BACKGROUND

Descriptive social norms, which indicate what most people do, are increasingly

being used to nudge healthier choices. However, evidence of their effectiveness is mixed in adults, and their application to guide food choices is recent. This study evaluates the effectiveness of a descriptive social norm intervention in increasing healthy food choices among users in three hospital canteens in the Friuli Venezia Giulia region (Italy).
METHODS
For two months, descriptive social norms regarding fruit choice (instead of dessert) and vegetables (at least one portion), were posted in three hospital canteens (C1, C2 and C3), then removed just before data collection. Users' trays were photographed at their first access during 5 working days between August and September 2023. A questionnaire was distributed to collect users' characteristics and assess correct recall of the messages. Multiple logistic regression (alpha < 0.05) was performed to examine the association between each message and the corresponding choice, adjusted for sex, age group, typology of work (shift/non-shift).
RESULTS
1,624 user questionnaires and trays were analyzed (1,005 from C1, 348 from C2, 271 from C3). The total sample included 899 females and 725 males; the median age was 45 years. 83% of those who correctly recalled the fruit message chose fruit (vs. 74% of those who did not). 83% of those who recalled the vegetable message chose at least one portion (vs. 73% who did not). A significant association emerged with users who remembered the message being more likely to choose fruit (OR: 1.91 [1.21-3.04]), and vegetables (OR: 1.90 [1.29-2.81]).
CONCLUSIONS
Descriptive social norms showed positive effects on fruit and vegetable intake, suggesting their potential as a tool for promoting healthier food choices in hospital canteens and their possible scalability to all workplace canteens.
Popul. Med. 2026;8(Supplement 1):A1031

ABS1414
Integration of infant feeding in clinical undergraduate education: a case study of one South African university faculty

Pamela Maluleke[1], Sara Jewett[1], Wiedaad Slemming[1,2]
[1]School of Public Health, University of the Witwatersrand, Parktown, South Africa, [2]Children's Institute, University of Cape Town, Cape Town, South Africa
INTRODUCTION
Healthcare workers have a significant influence on the infant feeding practices that parents use.1 It is, therefore, important to know what and how healthcare workers are taught and trained on infant feeding. There is a global paucity of data on how infant feeding education (IFE) is included in undergraduate curricula for clinical health science students who are being trained to have a direct involvement in patient care.2
OBJECTIVES
This study aimed to explore the timing, duration, delivery methods, content, and institutional factors; including potential commercial milk formula (CMF) industry influence that shape how IFE is included in the undergraduate clinical health science degrees.
METHODS
We conducted in-depth key informant interviews with staff members involved in either teaching, developing, or curating the curriculum of undergraduate students directly involved in patient care at Wits University. A smaller record review was conducted to characterize the timing, duration, and delivery methods of IFE. We used thematic analysis to analyse the qualitative data.3
RESULTS
Nursing students received more in-depth lessons compared to the other degrees, where lessons were minimal and unstructured. However, the lessons that were delivered across all degrees were based on the clinical evidence of the benefits of breastfeeding. Other influences of how IFE was structured were the coordinator's attributes, timetabling constraints, and the lack of prioritisation for IFE.
DISCUSSION
There was a notion that infant feeding was meant to be a nurse's job. Most programs emphasize breastfeeding's biological benefits over a holistic biopsychosocial approach, limiting practical application. Though CMF companies did not directly influence the curriculum, their presence in faculty awards subtly shapes perceptions
CONCLUSIONS
The study highlights the need to define the different roles that can be played by healthcare professionals to promote breastfeeding, encourage collaboration across degrees, and promote ongoing training, especially on CMF regulations and evolving IFE guidelines.
Popul. Med. 2026;8(Supplement 1):A1032

ABS1431
Peoples-Praxis (PP): A Mentorship Model for Public Health Skills Development in Low- and Middle-Income Countries (LMICs)

Mina Endeley[1], Hannah Patrick[1], Nicholas Osborne[1], Victor Joseph[1], Richard Heller[1], Fatai Ogunlayi[1]
[1]Peoples-Praxis Charity, London, United Kingdom
INTRODUCTION
Gaps in the public health (PH) workforce and limited access to flexible professional development are common in many low-and middle-income countries. Despite the abundance of courses on PH, there's no easy way to help practitioners put these into practice. Peoples-Praxis (PP) aims to address this through an accessible, fully-online model that embeds open online courses within structured mentor–mentee relationships, building on the success of Peoples-uni, which used volunteer tutors in 55 countries to support students from more than 100 countries (70% from Africa) in open online master's and CPD programmes.
METHODS
PP, a charity in the UK, offers support to public health staff (primarily graduates) in LMICs to apply their skills to real-world PH tasks through a mentorship programme with mentors and mentees across the global divide. A custom-built platform provides access to a range of online courses that offer skills development in mentorship and reflection, as well as support pathways to build the skills relevant to their practical PH needs. Certification signifies the successful completion of a mentor-mentee partnership and the development of relevant skills. Evaluation occurs through user feedback and stakeholder interviews.
RESULTS
Mentors and mentees are mainly based in the UK, Pakistan, Nigeria, Malawi, Sudan, Ethiopia, Australia, Ghana, Zimbabwe, and Zambia. Another focus has been a programme to support PH practitioners in war-torn Yemen. Mentees' development needs mainly focus on practical PH leadership, implementation skills, and evidence-informed decision-making. Learners reported increased confidence in applying PH skills, and mentors appreciated the framework for goal-setting, boundaries, and accountability. Administrative resources for the programme are a primary challenge.
CONCLUSIONS
PP offers a scalable method for developing practical PH skills in LMICs. Future developments will focus on alignment with the WHO Essential PH Functions and outputs from mentorship that demonstrate quality and are accredited for mentee and mentor development.
Popul. Med. 2026;8(Supplement 1):A1033

ABS1459
The Impact of Continuing Education on Strengthening Environmental Health Surveillance in the State of Bahia, Brazil

ELIELTON ARAUJO[1,2], ANDREA LAURA MOREIRA[2], ANDERSON TEIXEIRA[2], MANUELA SANTOS[2], RIVIA BARROS[2]
[1]Postgraduate Program in Ecology: Theory, Application and Values, Federal University of Bahia, Salvador, Brazil, [2]Environmental Health Surveillance Coordination, Government of the State of Bahia, Salvador, Brazil
ABSTRACT
The regionalization of Brazil's Unified Health System (Sistema Único de Saúde – SUS) is a key strategy to ensure decentralization, equity, and comprehensive health care1,2. The state of Bahia comprises 417 municipalities and is administratively organized into nine Health Macroregions, which function as operational units for implementing Environmental Health Surveillance (EHS) actions, in line with targets established by the State Health Plan and the Ministry of Health for the 2024–2027 period. These targets include the implementation of continuing education processes in health surveillance across all macroregions and ensuring that at least 60% of municipalities carry out a minimum of three EHS actions per four-month period3,4,5. This study analyzes continuing education as a strategic tool for strengthening EHS in Bahia, based on results from the three four-month periods of 2025. In the first period, continuing education initiatives reached 44.44% of the macroregions, while only 106 municipalities (25.43%) implemented the minimum number of EHS actions. Training activities focused primarily on drinking water quality surveillance and monitoring populations exposed to chemical contaminants. In the second period, coverage expanded to 100% of the macroregions, and the number of active municipalities increased to 116 (27.80%), a growth directly associated with previous capacity-building efforts. Full macroregional coverage was maintained in the third period, highlighting the relevance of institutional and matrix support provided through training initiatives. During this phase, the number of municipalities conducting three or more EHS actions increased to 147 (35%), consolidating a sustained upward trend. The findings demonstrate that continuing education plays a critical role in professional

qualification and institutional strengthening at the municipal level. The integration of regionalization, continuing education, and EHS enhances operational capacity, promotes equitable access to surveillance policies, and represents a strategic approach to addressing climate change–related health impacts6,7,8.
Popul. Med. 2026;8(Supplement 1):A1034

ABS1641
Teaching Strategies Used by Grade 11 Chemistry Teachers in Rural South Africa: Implications for Scientific Literacy and Public Health Education

Mkhubo Isaac Gwebu[1]
[1]Teacher Developent And Governance, Mpualanga Department Of Education, Ermelo, South Africa

BACKGROUND
Effective teaching of chemical reactions is central to developing foundational scientific literacy, an upstream determinant of health literacy and future public health workforce capacity. In rural and under-resourced settings, instructional practices may constrain learners' conceptual understanding and engagement with science. Evidence on the prevalence and determinants of teaching strategies at Grade 11 level in rural South Africa remains limited.
METHODS
A cross-sectional quantitative study was conducted among 61 Grade 11 chemistry teachers in the Chief Albert Luthuli Sub-district, Gert Sibande District, Mpumalanga Province. Data were collected using a structured self-administered questionnaire capturing demographic and professional characteristics and frequency of use of selected teaching strategies measured on a five-point Likert scale. An overall teaching strategy usage score was computed. Descriptive statistics, one-way analysis of variance, and univariate and multivariate linear regression models were used to identify factors associated with variations in strategy use.
RESULTS
Traditional instructional approaches were most frequently used, including textbook- and worksheet-based teaching (mean = 4.12; SD = 0.68) and teacher-centred lecturing (mean = 3.94; SD = 0.72). Learner-centred strategies were applied at moderate levels, while computer-based strategies showed low usage (mean = 2.11; SD = 0.97). Teaching strategy usage differed significantly by age, teaching experience, academic qualification, and continuing professional development (CPD) exposure. In adjusted analyses, teaching experience ($B = 0.11$; $p = 0.032$) and CPD exposure ($B = 0.19$; $p < 0.001$) remained significant predictors.
CONCLUSIONS
The dominance of traditional teaching approaches in rural secondary chemistry classrooms may limit the development of scientific literacy relevant to public health education. Strengthening targeted CPD and supporting learner-centred and technology-enhanced instruction represent critical upstream investments in health literacy, equity, and future public health workforce development in rural South Africa.
Popul. Med. 2026;8(Supplement 1):A1039

ABS1783
Creating an academically competent public health workforce through supportive education and training

Anika Daniels-Osaze[1], Marlene Camacho-Rivera[1]
[1]1 School of Public Health, SUNY Downstate Health Sciences University, Brooklyn, New York, United States

INTRODUCTION
According to a report published in January 2025 by the US Government Accountability Office (GAO), there is a shortage of public health workers across several occupations and locations. This has a profound impact on essential functions such as disease investigation, mitigation, hazard detection, and emergency response.1 The American Public Health Association (APHA) reports that to address basic health needs, health departments need 80000 more full-time public health employees locally and statewide. This increase does not address emergent situations.2
METHODS
The Health Resources and Services Administration (HRSA) provided funds to develop an innovative program that recruits, trains, and retains students to strengthen and diversify the workforce through a health equity focused curriculum, seminar series, mentoring program, career development workshops, and applied practice experiences (APEx). Students in the Downstate Public Health Scholarship Program (DPHSP) are trained in prevention, preparation, and response to COVID-19 and other emergencies, SDOH, disparities, and health equity. Through partnerships with governmental and community-based organizations, we provide field placement sites for 85 trainees per year. DPHSP provides scholarships to offset the financial burden faced by disadvantaged trainees.
RESULTS
In three years, we have trained and provided field placements for 255 students while facilitating entry into full-time public health jobs, with a 99% graduation rate. During our presentation, we will highlight data regarding the field experiences, employment rate, and industries where our program participants have entered.
CONCLUSIONS
In order to address local, national, and global public health challenges, it is necessary to increase and diversify the public health workforce through specific training, professional development and applied practice opportunities. Providing financial support to current trainees assists with retention and graduation rates. With the proper support and opportunities, we can increase the number of competent public health leaders to do the work necessary to resolve our current public health issues.
Popul. Med. 2026;8(Supplement 1):A1044

ABS1808
Recognising the Gaps: Reflections on the Absence of Cultural Humility and Ubuntu in Healthcare Spaces

Ubuntu Hlatshwayo[1], Jaisubash Jayakumar[1]
[1]University of Cape Town, Cape Town, South Africa

INTRODUCTION
Health is a fundamental human right whose full realisation may be undermined by the failure to provide culturally appropriate care. According to the World Health Organisation, the acceptability of healthcare refers to care that upholds sound medical ethics, is culturally appropriate, and is sensitive to personal identity factors. The provision of such care is grounded in cultural humility which is an ethical stance that recognises the limitations of one's understanding of another's cultural experience. In culturally diverse contexts such as South Africa, adopting a culturally humble stance is essential, as it directly influences the acceptability of healthcare services.
METHODS
This autoethnographic study explores the absence of cultural humility in clinical spaces, drawing on my experiences as a medical student at the University of Cape Town. Through reflective journaling, I recount moments in which cultural humility was notably lacking. Informal discussions with an educationalist enabled the co-development of themes situated within broader educational and social contexts, through which we critically examined potential root causes of this absence. Relevant literature was reviewed to situate personal narratives within a critical analytical framework.
RESULTS
The literature suggests that the acceptability of care is constrained by healthcare professionals' limited practice of cultural humility. This limitation is rooted in colonial legacies that marginalised indigenous knowledge systems, resulting in a healthcare system misaligned with local values. African philosophies such as Ubuntu emphasise interconnectedness and holistic personhood, whereas the biomedical model, shaped by colonialism, promotes a reductionistic approach. Challenging dominant Western epistemologies requires cultural humility, cultivated through ongoing critical reflexivity. Curriculum reform is therefore vital in fostering student awareness of cultural diversity, power, and positionality, enabling the development of truly reflexive healthcare professionals.
CONCLUSIONS
Through cultural humility and critical reflexivity, South Africa can move toward a health system that meaningfully responds to its population's diverse cultural realities.
Popul. Med. 2026;8(Supplement 1):A1046

ABS1858
Strengthening Cancer Civil Society Leadership through Education: Evidence from a Quasi-Experimental Study in Chile

Baltica Cabieses[1], Manuel Espinoza[2], Francisca Vezzani[1], Antonia Roberts[1], Alexandra Obach[1], Carla Campaña[1]
[1]Centro de Salud Global Intercultural, CeSGi, Universidad del Desarrollo Chile, Santiago, Chile, [2]School of Public Health, University of Hong Kong, Hong Kong, China

BACKGROUND
Cancer is among the leading causes of death in Chile, with significant disparities in access to healthcare. While the National Cancer Plan 2020-2028 emphasizes social participation, leaders and members of civil society organizations often lack technical knowledge for effective political incidence. We assessed the effect of a co-designed educational intervention ("Lidera con Ciencia") on improving knowledge.

METHODS
A quasi-experimental -controlled before-and-after- study was conducted in Chile (2024-2025). Following co-designed workshops prioritizing educational needs, 56 members from cancer-related civil society organizations were allocated to intervention (n=28) or control (n=28) groups. The intervention consisted of 17 hours of hybrid training covering public health, evidence-based medicine, health technology assessment, equity, socio-anthropology of health, and citizen participation. Knowledge was assessed using validated scales (0-30 points). Data were collected before and after the intervention via online surveys, with no participants lost to follow-up. Difference-in-Differences (DiD) analysis using Generalized Estimating Equations quantified intervention effects, adjusting for age, gender, and region. An additional qualitative component using focus groups explored participants' experiences immediately and three months post-intervention. The study had ethics approval and considered informed consents. Study funded by the Center for Cancer Prevention and Control (FONDAP 152220002, ANID-Chilean Government).
RESULTS
DiD analysis revealed significant 10.5% improvement in overall knowledge scores attributable to the intervention (CoeffB=0.099,p=0.029). Subset analysis showed significant gains specifically in evidence-based medicine knowledge (CoeffB=2.47,p=0.07). Qualitative findings highlighted substantial perceived learning gains, increased confidence, empowerment, and successful application of knowledge in health decision-making spaces. Participants reported forming strategic alliances, establishing formal organizations, and effectively advocating in policy meetings.
CONCLUSIONS
Co-designed educational interventions can significantly enhance technical knowledge and perceived confidence among cancer organization members. These findings support institutionalizing participatory capacity-building initiatives to strengthen democratic engagement in health governance and HTA processes, promoting equity and legitimacy in health decision-making in Chile and similar contexts.
Popul. Med. 2026;8(Supplement 1):A1048

ABS1975

A qualitative evaluation of a global surgery course within the University of Cape Town's master of public health curriculum: A cross- sectional study

Yvan Zolo[1], Wakisa Mulwafu[1], Moses Isiagi[1], Mary Kinney[1], Simon Le Roux[1], Salome Maswime[1]
[1]University of Cape Town, Cape Town, South Africa

INTRODUCTION
Access to safe surgery is a critical, yet often neglected, component of Public Health for health systems strengthening. Despite its importance, Global Surgery education remains absent from Public Health curricula, which may lead Public Health specialists unprepared to address the unmet global burden of surgical disease. This study evaluated a novel Fundamentals in Global Surgery course within the University of Cape Town's Master of Public Health (MPH) program, an initiative designed to bridge this educational gap.
METHODS
A qualitative descriptive study was conducted using in-depth structured interviews with ten program alumni (2022–2025). Data were analyzed thematically to explore the course's impact on participants' knowledge, careers, and professional identity.
RESULTS
Analysis revealed five central themes defined by the following key insights: 1) a notable paradigm shift from viewing surgery as a clinical discipline to understanding it as a Public Health imperative; 2) the critical role of a multidisciplinary learning environment in mirroring real-world health systems; 3) the effectiveness of applied pedagogical approaches like case-based learning and intervention design; 4) a significant professional impact, including direct career pivots, advancements, and the cultivation of a practitioner-advocate mindset; and 5) logistical challenges of balancing coursework with professional duties. UCT's Fundamentals in Global Surgery course for MPH students demonstrates an effective model for integrating Global Surgery into Public Health education.
CONCLUSIONS
By combining a systems-focused curriculum, an improvement science approach, and a multidisciplinary cohort, the course shows potentials to transform students into practice-ready change agents. The findings of this study inform a blueprint for curriculum development and strengthen the call to integrate Global Surgery into Public Health training.
Popul. Med. 2026;8(Supplement 1):A1051

ABS2106

Training social innovators and entrepreneurs for Community Oriented Primary Care in Western Cape, South Africa.

Gillian Vedan[1], Sarah-Anne Alman[1], Katusha de Villiers[1], Saadick Davids[1], Gcobisa Maqanda[1], Nozipho Ngwabi[1], Solange Rosa[1], Iviwe Sixolo[1]
[1]Bertha Centre for Social Innovation and Entrepreneurship, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Social Innovation and entrepreneurship can contribute to stronger health systems. In collaboration with the University of Cape Town's Faculty of Health Sciences, the Bertha Centre team hosted a series of education and training activities between 2024 and 2025. The sites for the project are Klipfontein, Saldanha Bay and Knysna-Bitou.
METHODS
Programmes under the Bertha Centre were multifaceted in 2025: 1. Facilitated 3x introduction to social innovation and entrepreneurship workshops as a career for final year high school students 2. Facilitated 3x entrepreneurship bootcamps to build entrepreneurial thinking and intent among youth Not in Employment, Education and Training (NEET) 3. Facilitated a 17-week incubation and acceleration course to support early-stage social innovators and those with proven business models that have the potential to scale
RESULTS
1. 100 high school students completed the 3x workshops on social innovation and entrepreneurship as career pathways 2. 60 NEET students across 3 sites completed a 5-day entrepreneurship bootcamp on identifying a solution for a community health priority. Notable solutions tackled mental health, water and sanitation and drug addiction in communities 3. 17 students completed a 17-week incubator and accelerator programme. At a pitch day hosted on 31 October 2025, 7 students won seed funding for their social innovation, with the highest prize being ZAR500,000 or US$30,000 for an innovation to empower people living with disabilities.
CONCLUSIONS
Based on lessons from the previous 2 years, the Bertha Centre will continue to advocate for social innovations that should be integrated and institutionalised to strengthen fragmented health systems. There is also a need to strengthen the community structures that enable small businesses to thrive.
Popul. Med. 2026;8(Supplement 1):A1056

ABS2210

Care for Child Development Approach: A Large-Scale Hybrid Training Model for Primary Health Care Professionals in Brazil

Claudia Alves[1], Caroline Alves[2], Rachel Ferreira[3], Rita Rodrigues[4], Rafael Kucaniz[5], Laura Krauss[5], Tatiana Coimbra[6], Sônia Venâncio[6]
[1]Pediatrics, Federal University of Minas Gerais, Belo Horizonte, Brazil, [2]Occupational Therapy, Faculdade de Ciências e Tecnologias em Saúde da Universidade de Brasília (UnB), Brasilia, Brazil, [3]Post-Graduate Program Health Sciences, Federal University of Minas Gerais - UFMG, Belo Horizonte, Brazil, [4]Post-Graduate Program Public Health, Federal University of Ceará, Fortaleza, Brazil, [5]Medical School, Federal University of Minas Gerais, Belo Horizonte, Brazil, [6]CGCRIAJ, Ministério da Saúde, Brasilia, Brazil

INTRODUCTION
Promoting early childhood development (ECD) is a key global public health challenge. In Brazil, despite the wide coverage of Primary Health Care (PHC), guidance on ECD and positive parenting remains insufficient in routine services. To address this gap, the Brazilian Ministry of Health, in partnership with UFMG and PAHO, implemented the Care for Child Development (CDC) Project in PHC, adapting the WHO/UNICEF approach to the Unified Health System (SUS) through a scalable hybrid training model combining online (30 hours) and in-person components (8 hours).
OBJECTIVES
To examine the capillarity, adhesion, satisfaction, and socio-professional profiles of professionals participating in the CDC-PHC training.
METHODS
This exploratory study analyzed data from course registration, academic trajectory, and the final anonymous evaluation questionnaire. Descriptive statistics assessed socio-professional profiles, geographic distribution, course completion rates, satisfaction, and participation in in-person training.
RESULTS
From February 2025 to January 2026, 57920 professionals registered for the online course; 5737 (10%) completed the theoretical phase; 50% worked in the SUS. Among SUS completers, most were nurses (31%) and general physicians (36%) working in Family Health Teams (67%), alongside other multiprofessional

categories (22%). All 27 Brazilian states were represented, with higher participation from the Northeast and Southeast (33% each). Course quality was rated as good by 89% of participants; content was considered pertinent by 81% and applicable to PHC by 74%. Most accessed the course from home (64%), over 80% would recommend it, and 14% of completers enrolled in in-person training (n=347).
CONCLUSIONS
The hybrid model is feasible for strengthening PHC capacities at scale and reducing regional inequalities in continuing education. However, high dropout rates indicate limited institutional support, especially protected study time. The well-rated online course suits diverse PHC contexts and professional categories, but its sustainability depends on institutional support and the integration of the CDC approach into routine practice.
Popul. Med. 2026;8(Supplement 1):A1058

ABS2217

PhD Mentorship Programme: An Emerging Community of Practice

Tsidiso Tolla[1], Lucia Knight[1], Jennifer Nyawira Githaiga[1]
[1]School of Public Health, The University of Cape Town, Cape Town, South Africa

BACKGROUND
Doctoral research is a complex, often isolating endeavour that demands high levels of self-motivation, academic writing proficiency, and engagement with scholarly debates. Many PhD fellows struggle to sustain research momentum, build confidence in presenting their work, and navigate expectations of academic integrity and high-quality argumentation. To address these needs, the University of Cape Town's School of Public Health established a PhD Mentorship Programme in 2024 to foster a supportive research community enabling connection, motivation, and accountability. Approach: The programme delivers monthly hybrid meetings, comprising a blend of student research presentations and professional development sessions, delivered by faculty and alumni, focusing on cross-disciplinary topics. These include critical argumentation, research integrity, effective communication of complex ideas, and managing the demands of doctoral studies. In 2025, a group of fellows and faculty attended a 3-day residential retreat funded by the MasterCard Foundation, through Health Futures South Africa.
RESULTS
Fellows' feedback on the programme indicates that it has provided accountability, a sense of community, and a safe, consistent space for academic growth. Reported highlights included sessions on elevator speeches, critical argumentation, and alumni reflections on their PhD journeys. Fellows who presented their work during mentorship sessions voiced appreciation for this space and the valuable feedback they received, expressing the value of the programme for improving their academic skills, building confidence in their work, and supporting their research trajectories. A significant outcome of the programme was the development of a supportive peer network and a sense of belonging.
CONCLUSIONS
Through fellows' engagement and faculty involvement in programme activities, a community of practice is emerging, fostering a collegial environment in which doctoral students feel accountable, motivated, and connected. Continued investment will allow the programme to further support the quality of work and well-being of the university's doctoral community.
Popul. Med. 2026;8(Supplement 1):A1059

ABS2264

Co-design, agency, and challenge: Understanding the experiences of educators engaged in the delivery of mental health promotion programs involving boys and young men in Australia

Yang Zhao[1], Garth Stahl[2], Rohann Irving[3], Melissa J. Opozda[3], James A. Smith[3], Elizabeth J. Edwards[2], Murray Drummond[4], Mair Underwood[2], Laura Scholes[5]
[1]London School of Hygiene and Tropical Medicine, London, United Kingdom, [2]The University of Queensland, Brisbane, Australia, [3]College of Medicine and Public Health, Flinders University, Northern Territory, Australia, [4]SHAPE Research Centre, Flinders University, South Australia, Australia, [5]Australian Catholic University, Brisbane, Australia

INTRODUCTION
Globally, rates of mental ill health and suicide among adolescent boys and young men (ABYM) are unacceptably high. Men's mental health experts are increasingly calling for gender-sensitive and gender-transformative programs to meet the specific mental health needs of ABYM, particularly those that embrace healthy, progressive and expansive concepts of masculinities. With the majority of mental illnesses emerging in adolescence, secondary schools are uniquely positioned to develop and implement innovative mental health promotion strategies and programs. Unfortunately, for the most part, school-based mental health programs remain almost exclusively gender-neutral, with limited research capturing how educators can best develop and implement effective health and well-being education.
METHODS
This research draws on 12 semi-structured interviews with school well-being leaders working in single-sex boys' schools in Australia. The participants committed to a well-being audit capturing their efforts and what they saw as the strengths and weaknesses of mental health programs delivered to ABYM. A thematic analysis captured some of the key barriers to effectively addressing the well-being of boys and young men in schools.
RESULTS
In examining the efforts of well-being leaders in boys' schools, we identified four key insights: 1) the evolving nature of the mental health and well-being of ABYM in reference to exposure to new gender pressures amplified through access to digital content; 2) the central role of educator agency and efforts to influence whole-school culture over one-off lesson-based programs; 3) the use of relational and strengths-based frameworks to get ABYM to reflect on the relationship between healthy masculinities and their well-being; and 4) the importance of co-designed mental health education with ABYM.
CONCLUSIONS
Together, these findings underscore the strategic importance of empowering well-being educators in schools to develop localised, gender-transformative practices focused on improving the mental health of ABYM.
Popul. Med. 2026;8(Supplement 1):A1061

ABS2295

From theory to practice: Health promotion in undergraduate medical education

Maryke Geldenhuys[1], Shani Dames[2], Erin von der Heyden[1,3]
[1]Department of Global Health, Stellenbosch University, Cape Town, South Africa, [2]Department of Medicine, Stellenbosch University, Cape Town, South Africa, [3]Western Cape Government: Health and Wellness, Cape Town, South Africa

INTRODUCTION
Health promotion is a core component of the Health and Wellness module for second-year medical students at Stellenbosch University. The curriculum is designed to expand on a theoretical foundation in health promotion that is intentionally paired with structured opportunities to apply health promotion principles in practice. Methods and
RESULTS
Students are introduced to key health promotion principles, models, and determinants of health through interactive teaching that emphasises upstream drivers of health, community contexts, and the doctor's role as a health advocate. This theoretical grounding is then reinforced through two scaffolded experiential learning activities: Campus Health Day and a Health Promotion Assignment. Campus Health Day aligns with World Health Day and provides a supported educational setting in which students collaboratively plan and implement a Campus Health Day for their peers and the broader campus community. Activities have included health screening initiatives and food security interventions. This initiative enables students to translate theory into practice in a supported, peer-focused environment. The second experiential component, the Health Promotion Assignment, situates learning within students' longitudinal primary healthcare experience (LPHCE) contexts. Working in groups, students identify a relevant health promotion need within their assigned community, and then plan, design, implement and reflect on an appropriate intervention. This assignment emphasises students' roles as health advocates working across individual, community, and population levels. Students disseminate their work through a conference-style poster presentation to peers and examiners, reinforcing reflective practice and scholarly communication skills.
CONCLUSIONS
Together, these learning activities demonstrate a scaffolded educational approach to teaching health promotion, moving from theory, to practice in a safe educational setting, and finally to application within real-world primary healthcare contexts. This model offers a practical example of how undergraduate medical curricula can meaningfully integrate health promotion education to prepare future doctors for preventive, community-oriented practice.
Popul. Med. 2026;8(Supplement 1):A1062

ABS2316

Impact of Training and Program Expansion on Proficiency Testing Performance in the Western Cape Province, South Africa.

Alarice Marsh[1], Tebogo Maomela[1], Nicolette Henney[1], Francois Buys[1]
[1]HIV and AIDS and STI, National Department of Health, Pretoria, South Africa

BACKGROUND

Strengthening diagnostic quality systems is essential for improving clinical decision-making and public health outcomes. In many low- and middle-income settings, the Proficiency Testing (PT) program is an essential mechanism for monitoring testing accuracy, identifying quality system gaps and guiding targeted corrective actions. Prior assessment revealed persistent challenges in the Western Cape province, including inconsistent PT performance, limited adherence to standard operating procedures, and insufficient facility participation in the external quality assurance activity. These gaps underscored the need for strengthening capacity building initiatives, improved quality assurance oversight and expansion of the PT coverage to ensure equitable access to quality diagnostic services across the province. Interventions A targeted, province wide training program was implemented by the National Department of Health in collaboration with the National Health Laboratory Services (NHLS) and Centers for Disease Control (CDC) focusing on PT handling, testing accuracy, corrective action procedures, and adherence to standard operating protocols. Simultaneously, the PT program was expanded to include over 45 additional healthcare facilities, significantly increasing program reach and enabling comprehensive quality monitoring across more service points
RESULTS
Following implementation, the PT performance increased from below 80% to 95%. This improvement reflects enhanced technical proficiency, strengthened understanding of quality assurance systems, and more consistent performance across testing sites. The expansion of PT participation further enabled broader quality monitoring and increased equity, particularly for previous underrepresented facilities.
CONCLUSIONS
The strategic combination of structured training and strategic program expansion led to significant measurable improvements in the provincial PT outcomes. These results highlight the effectiveness of targeted capacity-building and scale-up initiatives in strengthening diagnostic quality. Continued investment in staff training, monitoring systems, and facility inclusion will be essential and advance gains and to ensure that the province sustains and build on these achievements
Popul. Med. 2026;8(Supplement 1):A1063

ABS2344
Stakeholder and Community engagement for non-communicable disease training in West Africa

Betty A. Nartey[1], Tobilola Omotosho[2], Haddy Tunkara Bah[2], Kwame Adu-Bonsaffoh[3], Titus K. Beyuo[3], Jainaba Sey-Sawo[2], Paul Bass[4], Thomas Senghore[2], Arti Singh[5], Yeetey Enuameh[5], Faith Agbozo[6], Paul Amuna[6], Daniel Boateng[5]
[1]1 Department of Biological, Environmental and Occupational Health, School of Public Health, University of Ghana, Legon/ Accra, Ghana, [2]2 Department of Nursing and Reproductive Health, University of the Gambia, Banjul, Gambia, [3]3 Department of Obstetrics and Gynaecology, University of Ghana Medical School, Accra, Ghana, [4]4 Department of Public and Environmental Health, University of the Gambia, Banjul, Gambia, [5]5 Department of Epidemiology and Biostatistics, School of Public Health, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana, [6]6 Department of Family and Community Health, Fred N. Binkah School of Public Health, University of Health and Allied Science, Ho, Ghana
BACKGROUND
Stakeholder engagement is critical in curriculum development for non-communicable disease (NCD) training in West Africa. For countries like Ghana and the Gambia, experiencing a growing burden of NCDs, strengthening the capacity of health workers to respond to the steady increase in NCDs has become more important. In view of this, the Capacity Strengthening of Transdisciplinary Education for Non-Communicable Disease Care in West Africa (CAPSTONE) project set out to address this urgent need.
METHODS
Stakeholder analysis and prioritization were conducted to identify stakeholder groups, their potential roles, interest level and influence on the project at each phase. Stakeholders were engaged between January 2023 and December 2025. Prior to this engagement, needs assessments were undertaken to identify gaps and provide insight into the current situation in Ghana and the Gambia.
RESULTS
From January 2023 to December 2025,141 stakeholders across Ghana and the Gambia were engaged in eight engagement sessions. Stakeholders included individuals from Government Institutions, Academic Institutions, Healthcare Professionals, Civil Society Organizations, Researchers, Persons involved in curriculum development, Teachers and Students. Stakeholders met to validate the needs assessment. Nearly all stakeholders emphasized an urgent need for capacity building in the area of NCD in Ghana and the Gambia. In the Gambia, all respondents stated the need for a program on NCDs, highlighting training needs at the following levels; CPD, Diploma, Bachelor, Postgraduate Diploma and Masters, Together with stakeholders, six NCD-focused short courses were co-developed and successfully piloted in Ghana, and The Gambia.
CONCLUSIONS
Effective stakeholder and community engagement played a crucial role in the successful development and piloting of practical, skill-based NCD care education curricula that fits local needs in Ghana and the Gambia.
Popul. Med. 2026;8(Supplement 1):A1064

ABS2410
Challenge-based learning for interprofessional health science education for non-communicable disease care – the CAPSTONE experience

Judith van de Kamp[1], Rupal Shah-Rolfs[2,3], Arti Singh[4], Jainaba Sey-Sawo[5], Faith Azongo[6], Kerstin Klipstein-Grobusch[1,7]
[1]Department of Global Public Health & Bioethics, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, Netherlands, [2]Department of Global Health, Hans Rosling Center for Population Health, University of Washington, Seattle, United States, [3]Heidelberg Institute of Global Health, University of Heidelberg, Heidelberg, Germany, [4]School of Public Health, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana, [5]Department of Nursing & Reproductive Health, School of Medicine & Allied Health Sciences, Banjul, Gambia, [6]Fred N. Binka School of Public Health, University of Health and Allied Health Sciences, Ho, Ghana, [7]School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
BACKGROUND
Effective prevention and control of non-communicable diseases (NCDs) depends on a health workforce that is supported to respond to evolving health system realities. In many low- and middle-income country settings, including West Africa, health professionals are navigating a growing prevalence of NCDs alongside communicable disease and reproductive, maternal, newborn and child health burden, often within complex health delivery service environments. Strengthening opportunities to apply existing clinical and public health expertise to NCD prevention, management and care is therefore a critical priority.
METHODS
Challenge Based Learning (CBL) has emerged as an innovative pedagogical approach in health professions education. Evidence suggests that CBL can enhance interprofessional and interdisciplinary collaboration, support competency development and foster reflective and context responsive problem-solving. Within the Capacity Strengthening of Transdisciplinary Education for Non-Communicable Disease Care in West Africa (CAPSTONE) project, CBL is being integrated into graduate education at four higher education institutions in Ghana and The Gambia. Building on existing strengths in health professional training, this approach aims to support graduates to engage effectively with the prevention, management and care of NCDs, and to translate evidence into practice within local health system contexts.
RESULTS
CAPSTONE co-developed and delivered six new accredited NCD short courses for professionals in Ghana and the Gambia. The courses intentionally bring together learners from different disciplines and levels of the health system, creating spaces for mutual learning that value professional experience and contextual knowledge alongside global evidence. Training-of-Teacher (ToT) sessions proved valuable to strengthen locally led integration of CBL into NCD education. These sessions supported educators to adapt CBL pedagogies in ways that are locally grounded, culturally responsive, and institutionally sustainable.
DISCUSSION
In this session, participants will take part in a mini-masterclass introducing CBL through experiential learning, followed by guided reflection on its potential to support health science education across diverse contexts.
Popul. Med. 2026;8(Supplement 1):A1068

ABS2418
Reframing Communication Partner Training in Healthcare: A Critical Interpretive Synthesis to foreground culture, power and linguistic diversity

Jordan Nash[1], Helene-Mari van der Westhuizen[1]
[1]Continuing Education, University of Oxford, Oxford, United Kingdom
INTRODUCTION
Communication disability can disrupt equitable participation in healthcare, particularly for people with acquired communication impairments such as aphasia, most commonly following stroke. Communication Partner Training (CPT) is a widely adopted approach applied across healthcare contexts to improve

communication accessibility by targeting the knowledge, skills and practices of healthcare providers and caregivers. Most CPT models were developed in Global North contexts and operationalise success primarily through behavioural and interactional metrics. In doing so, culture, power and linguistic diversity are more often treated as contextual factors rather than core to communication and participation. This study critically examines how CPT is conceptualised and theorised in the literature, with particular attention to assumptions that researchers make regarding communication success, participation and change.
METHODS
Critical Interpretive Synthesis methods were used to locate and synthesise literature from multiple international settings, including culturally and linguistically diverse contexts like South Africa. Our initial search yielded 326 papers, of which 25 were included as core to the review. Literature was analysed iteratively to identify underlying assumptions, theories of change, and conceptual frameworks.
RESULTS
Three key patterns were identified. First, culture is rarely theorised explicitly and is typically positioned as contextual background rather than constitutive of communication. Second, despite acknowledging interactional complexity, CPT models privilege observable behavioural change, often marginalising relational, moral and epistemic dimensions of participation. Third, participation is frequently operationalised as interactional performance rather than social recognition, authority and inclusion. Evidence from culturally diverse settings challenges assumptions that participation can be enhanced primarily through standardised strategies and training models.
CONCLUSIONS
This synthesis reframes CPT as a culturally situated, relational and power-influenced practice. A narrow focus on effectiveness risks obscuring public health concerns regarding appropriateness, equity and contextual fit, with implications for both research and clinical care.
Popul. Med. 2026;8(Supplement 1):A1069

ABS2493
Digital screen use and educational performance in early childhood: evidence from an early childhood education center

Caroline Feitosa Dibai de Castro[1], Mariana Miranda[1], Luísa Prezotti Bomfim[1], Valentina Soares Faé de Oliveira[1], Tiago Pedrini Chagas[1], Jenuan Bourguignon[1], Júlia Coelho Grobério[1], Fernanda Fernandes Molini[1], Camila de Brito Rodrigues[1], Alvaro Borlini Machado[1], Ricco Spelta Risso Tranhago[1], Francine Alves Gratival Raposo[1], Kelen Antunes Iyrio[2]
[1]1 Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória, Vitória, Brazil, [2]2 Universidade Federal do Espírito Santo, Vitória, Brazil

INTRODUCTION
Excessive exposure to digital screens in early childhood is a growing global public health concern, particularly in low- and middle-income countries experiencing rapid digital expansion alongside social inequalities. International guidelines, including those from the World Health Organization and pediatric societies, recommend strict limits on screen use in this age group due to potential negative impacts on cognitive development and educational performance. Evidence from real-world educational settings, especially post-pandemic, remains limited.
OBJECTIVE
To evaluate the association between screen time and educational performance among children aged 0–6 years enrolled in a public early childhood education center in Vitória, Espírito Santo, Brazil, highlighting implications for public health and education policies in similar contexts.
METHODS
A cross-sectional mixed-methods study was conducted at a municipal early childhood education center. From 321 children, 188 were selected through simple random sampling (95% confidence; 5% margin of error). Data were collected using structured questionnaires for caregivers and school record analysis. Screen time was categorized according to international pediatric recommendations. Outcomes included language development, literacy, and mathematical skills. Statistical analyses used chi-square and Fisher's exact tests, prevalence ratios (PR), and odds ratios (OR), with $p < 0.05$.
RESULTS
Excessive screen time was observed in 56.9% of children, more prevalent among ages 3–6. Mathematical difficulties were identified in 27.9% of the sample. Children with excessive screen exposure showed higher prevalence of mathematical difficulties (PR = 2.86) and increased odds of learning difficulties (OR = 3.83).
CONCLUSIONS
Screen exposure above recommended limits was associated with poorer educational performance in early childhood, especially in mathematics. Findings support integrated public health and education strategies, including guidance on responsible screen use in primary care and early childhood education policies, particularly in middle-income countries undergoing rapid digitalization.
Popul. Med. 2026;8(Supplement 1):A1072

ABS2501
Assessing public health training in Southeast Asia and the UK: a comparison of competency development for delivering the Essential Public Health Functions

Kathryn Hamilton[1,2], Sok King Ong[3,4,5], Ahmed Razavi[6,2], Tran Thu Ngan[7,8], Siyan Yi[9,10], Chandrashekhar T Sreeramareddy[11], Awang Bulgiba[12], Carl Abelardo Antonio[13], Raymond Boon Tar Lim[9], Dyna Khuon[14], Heng Sotheara[15], Mayfong Mayxay[16,17,18,19], Hla Hla Win[20], Surintorn Kalampakorn[21], Wahyu Septiono[22], Samia Latif[6,2], Norhayati Kassim[3,4], Jeannette Lee Jen Mai[9], Chee Hsiang Liow[9], Samuel YS Wong[5], Kenneth Kok[3]
[1]Office of the Chief Medical Officer, Bristol NHS Group, Bristol, United Kingdom, [2]Faculty of Public Health, London, United Kingdom, [3]PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam, Gadong, Brunei Darussalam, [4]Ministry of Health, Medical & Health Services, Bandar Seri Begawan, Brunei Darussalam, [5]JC School of Public Health & Primary Care, Chinese University of Hong Kong, Sha Tin, Hong Kong, [6]UK Health Security Agency, London, United Kingdom, [7]Center for Population Health Sciences, Hanoi University of Public Health, Hanoi, Viet Nam, [8]Centre for Public Health, Queen's University, Belfast, United Kingdom, [9]KHANA Center for Population Health Research, Phnom Penh, Cambodia, [10]Saw Swee Hock School of Public Health, National University of Singapore and National University Health System, Singapore, Singapore, [11]Public Health and Community Medicine, IMU University, Kuala Lumpur, Malaysia, [12]Academy of Sciences Malaysia, Kuala Lumpur, Malaysia, [13]Department of Health Policy and Administration, College of Public Health, University of the Philippines, Manila, Philippines, [14]University of Health Sciences, Phnom Penh, Cambodia, [15]National Institute of Public Health, Phnom Penh, Cambodia, [16]Lao-Oxford-Mahosot Hospital Wellcome Trust Research Unit (LOMWRU), Microbiology Laboratory, Mahosot Hospital, Vientiane, Lao Peoples Democratic Republic, [17]Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom, [18]Institute of Research and Education Development, University of Health Sciences, Vientiane, Lao Peoples Democratic Republic, [19]Unit for Health Evidence and Policy, University of Health Sciences, Ministry of Health, Vientiane, Lao Peoples Democratic Republic, [20]University of Public health, Yangon, Myanmar, [21]Faculty of Public Health, Mahidol University, Salaya, Thailand, [22]Department of Biostatistics and Population Studies, Faculty of Public Health, Universitas Indonesia, Jakarta, Indonesia

INTRODUCTION
Delivering the World Health Organization (WHO) Roadmap requires a skilled workforce equipped to deliver the Essential Public Health Functions (EPHFs). The Association of Southeast Asian Nations (ASEAN) countries have varied public health systems and resources but share a commitment to strengthening regional public health collaboration. This study systematically maps public health training across ASEAN countries, using the United Kingdom as a benchmark, reflecting extensive UK collaboration to advance competency based public health training.
METHODS
A two stage review was conducted: a scoping review of peer reviewed literature (search date 13.12.2023) and national policy documents, followed by institutional data collection by subject matter experts in each country. Training pathways, curricula, and workforce planning were mapped against the WHO EPHFs for core public health professionals and specialist training linked to national authorities. Comparative analysis included both medical and non medical tracks.
RESULTS
Training structures, duration, certification, funding, and delivery models varied across ASEAN countries. Most countries offered separate pathways for medical and non medical professionals, with differing entry requirements for bachelor's, master's, and doctoral programmes. Training approaches for the EPHFs varied across countries and functions, using academic, workplace based, or combined models. Workforce planning and regulatory frameworks existed in most ASEAN countries. The UK offered a unified, competency based training scheme for both groups, including a master's and a portfolio route for accreditation.
CONCLUSIONS
This study is the first to systematically map national public health training programmes in ASEAN and the UK. The regional perspective provided a richer understanding of national approaches, and we present a replicable methodology for further international collaboration on workforce mapping. It surfaced opportunities to strengthen competency based education for delivering the EPHFs and to build on regional collaborative initiatives for resourcing training. Leveraging the UK model, ASEAN can work towards standardised curricula and multisectoral

entry pathways.
Popul. Med. 2026;8(Supplement 1):A1074

ABS2636
Integrating health systems and public health into a renewed undergraduate medical programme at a sub-Saharan university
René English[1], Maryke Geldenhuys[1], Steffni Albertyn[1]
[1]Department of Global Health, Stellenbosch University, Cape Town, South Africa
ABSTRACT
The renewed undergraduate medical curriculum at Stellenbosch University, implemented in 2022, is structured around four pillars: the self (student), the patient, the community, and the healthcare system. This organised, interactive session explores how Health Systems and Public Health content has been intentionally integrated within the Community and Health Systems pillars to advance community-oriented and socially accountable medical education. Although the first graduates of the renewed curriculum will only complete their studies in 2027, this session argues that such integration is critical for preparing future doctors who are equipped to engage ethically, collaboratively, and reflectively with complex health systems and community health needs. Exit Level Outcome 3 of the MBChB (Bachelor of Medicine and Bachelor of Surgery) programme requires graduates to contribute to strengthening the health system through a community-oriented approach; demonstrate social and environmental accountability; communicate respectfully and professionally within diverse healthcare teams; and navigate communities and health systems ethically, demonstrating advocacy, leadership, self-awareness, and reflective practice. This session illustrates how Health Systems and Public Health teaching was designed to operationalise this outcome across the undergraduate curriculum. Participants are introduced to key curricular components, including population and community concepts; determinants of health; health promotion; Community-Oriented Primary Care; South African health system development and policy; governance and financing of health systems; health information systems; and leadership skills and self-regulation. Drawing on early implementation experiences, the session reflects on both successes and challenges in integrating Health Systems and Public Health teaching in a longitudinal and contextually relevant manner. The development team describes the rationale, design process and implementation approach undertaken. Through facilitated discussion and interactive engagement, participants are invited to share perspectives and critically reflect on best practices and strategies for strengthening the inclusion of Health Systems and Public Health content in undergraduate medical education across diverse contexts.
Popul. Med. 2026;8(Supplement 1):A1078

ABS2662
Strengthening Quality of Care Through a Blended Training Model at Private Not for Profit Health Facilities in Central and Eastern Uganda.
Joseph Mugerwa[1], Chelsea Lipoto[1], Lydia Nakanjako[1], Alex Alinaitwe[1], Sarah Borger[2], Patricia Namakula[1]
[1]Program, LifeNet International, Kampala, Uganda, [2]Program, LifeNet International, Washington D.C, United States
BACKGROUND
Private Not for Profit (PNFP) health facilities play a critical role in Uganda's health system, delivering up to 40% of primary and referral care, particularly in underserved areas. However, persistent gaps in health worker competencies, limited access to continuous professional development, and a weak supportive supervision mechanism continue to affect quality of care. Blended training approaches combining structured centralized learning with on-site mentorship and continuous performance monitoring offer a promising strategy to strengthen workforce capacity and improve service delivery. This study assessed the effect of LifeNet linternational's blended training and mentorship model on quality of care at PNFP health facilities in Central and Eastern Uganda.
METHODS
We conducted a pre-post implementation study across 24 LifeNet partner health facilities from 2023 to 2025. The intervention combined centralized training focused on best medical practices and management systems, followed by regular onsite mentorship and supportive supervision aligned with LifeNet's quality scorecard (QSC) framework. The QSC is a standardized tool measuring adherence to clinical standards, patient safety practices, documentation, and management systems with an 80% minimum module competency. Health facility performance was assessed using QSC for both medical and management domains at baseline and endline. Paired tests analyzed changes in health facility performance.
RESULTS
Improvements were observed across both medical and management domains following implementation of the blended training model. Mean medical QSC scores increased from 53.78% at baseline to 85.96% at endline (+32.18%, p<0.001). Management performance improved from 42.66% to 86.83% (+44.17%, p< 0.001).
CONCLUSIONS
Blended training significantly improved quality of care in PNFP health facilities strengthening both clinical and managerial practices demonstrating that sustained, practice-oriented capacity building improves service delivery. This approach provides a scalable and context-appropriate model for health system strengthening in resource-limited settings.
Popul. Med. 2026;8(Supplement 1):A1079

ABS2889
Academia, Public Health, and the Challenges of the Current Environment
Laura Magaña[1], Laura Rasar King[2]
[1]Association of Schools and Programs of Public Health, Washington, DC, United States, [2]Council on Education for Public Health, Washington, DC, United States
INTRODUCTION
Public health systems worldwide are facing intensifying political, social, and economic pressures. These include misinformation, declining public trust, and polarization. Academic institutions are facing similar challenges along with threats to academic freedom, constraints on research agendas, and increasing scrutiny of teaching and public engagement. Taken together, these forces create compounded risks for schools and programs of public health, leading to potentially detrimental impacts to public health teaching, research, and service.
METHODS
This panel will examine how academic public health is navigating a rapidly evolving environment across different country and regional contexts. Panelists will consider issues such as accreditation, recognition and professionalization of the workforce, restrictions on academic expression, and financial sustainability.
RESULTS
Speakers will share examples from their countries/regions, highlighting strategies to respond to these challenges. Panelists will identify lessons learned and promising practices.
CONCLUSIONS
Academic public health offers a critical pathway into public health practice and leadership. Identifying and addressing the challenges of the current environment is critical to ensuring a strong public health workforce and continued advancement of public health science. This session will offer an interactive opportunity for shared learning and dialogue on sustaining academic public health amid global uncertainty.
Popul. Med. 2026;8(Supplement 1):A1083

ABS2982
Co creating Ubuntu Pedagogy: A Participatory Workshop Model for Strengthening Educational Capacity in Higher Education
Sungano Chigogora[1], Masumi Odari[2]
[1]School of Public Health, Imperial College London, London, United Kingdom, [2]Department of Literature, University of Nairobi, Nairobi, Kenya
BACKGROUND
Ubuntu (also Unhu/Utu), a Bantu philosophy centred on relational humanity, community, and shared responsibility, is rarely embedded in Higher Education (HE) despite its alignment with participatory and community based pedagogies. This project, situated within a collaboration by the Imperial College London School of Public Health and the University of Nairobi (UON), sought to explore how Ubuntu principles could support student led learning, belonging, and community building within HE settings. A workshop held with UoN students formed the cornerstone of this inquiry.
METHODS
Using a deliberative dialogue approach consistent with public engagement, the workshop was co-created with UoN student representatives and followed a structured plan including (i) introduction to Ubuntu, (ii) small group moderated discussions, (iii) thematic synthesis, and (iv) collaborative reflection. Sessions ran for 3.5 hours with breaks and refreshments to support comfort and inclusion. Participants were grouped in tables of 5-8 to ensure equitable voice and peer moderated dialogue. Data were recorded and shared via flip chart notes and presentations, showcasing group reflections across themes such as community, responsibility, collaboration, and barriers to solidarity.
RESULTS
The participatory model successfully enabled students to articulate lived experiences of Ubuntu within education. Students highlighted the value of shared roles based on strengths, guidance and mentorship, collective problem solving,

and community centred learning. They also identified structural challenges, including peer pressure, tribalism, limited diversity exposure, financial constraints, and inequitable participation. The inclusive workshop design—emphasising storytelling, consensus-building, and co leadership—was perceived as empowering and reflective of Ubuntu ethics.
CONCLUSIONS
This workshop model demonstrates how Ubuntu aligned pedagogical processes can strengthen educational capacity by embedding equity, dialogue, and mutual responsibility into learning environments. The approach directly aligns with WCPH streams on Education and Capacity Strengthening and Community Engagement, illustrating a replicable participatory methodology for fostering relational learning cultures in African and global HE contexts.
Popul. Med. 2026;8(Supplement 1):A1086

ABS2992
Ubuntu informed Student Perspectives on Community, Solidarity, and Learning: Outcomes from a Multidisciplinary Workshop at the University of Nairobi
Sungano Chigogora[1], Masumi Odari[2]
[1]School of Public Health, Imperial College London, London, United Kingdom, [2]Department of Literature, University of Nairobi, Nairobi, Kenya
BACKGROUND
As part of an ARUA–Imperial project exploring the operationalisation of Ubuntu (or Unhu/ Utu) principles in Higher Education (HE), a workshop with students across Literature, Engineering, Medicine and Education at the University of Nairobi sought to identify Ubuntu characteristics that facilitate community building and student led learning. Outcomes from this workshop inform a framework intended for adaptation within Western HE settings, particularly the Imperial College London School of Public Health.
METHODS
Student generated themes were captured through group flip chart activities addressing roles, responsibilities, barriers to unity, and visions for Ubuntu aligned learning environments. Facilitated discussions elicited both individual reflections and collective aspirations across diverse academic backgrounds.
RESULTS
Analysis revealed several overarching themes: 1. Community and Belonging: Students emphasised that "I am because you are" must underpin learning, calling for student centred models recognising shared humanity and interdependence. They stressed the need for peer support, compassion, and acknowledgement of diverse linguistic and cultural identities. 2. Roles and Shared Responsibility: Groups highlighted the importance of assigning roles based on strengths, cultivating mentorship, and embedding collaborative decision making. Guidance, empathy, and reciprocal accountability were seen as foundational to effective learning communities. 3. Barriers to Solidarity: Students identified tribalism, limited diversity exposure, peer pressure, and financial barriers as key inhibitors of harmony and academic flourishing. 4. Pathways for Ubuntu in HE: Suggested practices included peer learning programmes, community outreach, student clubs, environmentally responsible initiatives, and co designed academic projects that centre collective growth.
CONCLUSIONS
Findings demonstrate that Ubuntu offers a robust ethical and relational foundation for enhancing solidarity, peace building, and student led learning. Themes strongly align with the WCPH streams of Community Engagement and Participatory Approaches and Peace, Humanitarianism and Global Solidarity. These outcomes now inform the development of an Ubuntu based framework to be trialled at Imperial College London.
Popul. Med. 2026;8(Supplement 1):A1088

ABS3029
Bridging the skills gap: An open access initiative to strengthen hand injury care in low resourced settings
Erica Conibear[1], Nicola Ehlers[2], Kirsty van Stormbroek[2]
[1]Occupational Therapy, University of the Witwatersrand, Johannesburg, South Africa, [2]Open Hand Therapy Initiative, Johannesburg, South Africa
BACKGROUND
Hand injuries are common in low-resourced settings and can result in profound, long-term functional loss. When mismanaged, these injuries limit participation in daily life and jeopardise livelihoods, contributing to cycles of poverty and disability. Specialist hand therapy services, however, are scarce in many low-income regions, leaving the majority of patients dependent on generalist occupational and physiotherapists who manage diverse caseloads with limited access to specialist training, literature, mentorship, or continuing professional development. Addressing this skills gap is essential for equity, inclusion, and the World Health Organisation's goal of health for all.
METHODS
In June 2024, we launched the Open Hand Therapy Initiative to strengthen the capacity of generalist therapists providing hand injury care in low-resourced contexts. The initiative delivers free, CPD-accredited, open-access monthly webinars developed and presented by volunteer clinicians with expertise in low-resource service delivery. Each webinar focuses on practical, contextually relevant skills and clinical reasoning strategies tailored for environments with limited materials, high caseloads, and systemic service constraints.
RESULTS
To date, 16 webinars have been delivered with contributions from 24 volunteer presenters. The sessions have reached 1,683 live participants across 38 countries, with an additional 4,000+ asynchronous views on YouTube and Zoom. Post-webinar evaluations demonstrated an average 2.4 point increase (on a 10-point scale) in participants' self-reported working knowledge. Most participants also reported improved confidence in managing the featured conditions and enhanced clinical reasoning within their service context.
CONCLUSIONS
Accessible, context-responsive, open access education can meaningfully strengthen the skills of generalist clinicians delivering hand injury care in low-resourced settings. This initiative illustrates a feasible, scalable model for bridging specialist skills gaps and advancing equitable access to quality care. Continued collaborative development of open-access educational resources is recommended to support health workforces globally.
Popul. Med. 2026;8(Supplement 1):A1090

ABS3054
Data to Policy: Equitable Health Policy Development for the Improvement of Health Outcomes
Andrew Ancharski[1], Leigh Johnston[2], Mabore Maorifi[2], Khumo Mngomezulu[1]
[1]The CDC Foundation, Atlanta, United States, [2]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, Johannesburg, South Africa
BACKGROUND
The Data to Policy (D2P) program, developed by Vital Strategies and the U.S. Centers for Disease Control and Prevention under the Bloomberg Philanthropies Data for Health initiative, aims to bridge the data-policy gap through team-based training and mentoring of health policy professionals. D2P participants develop data-driven policy briefs and recommendations that respond to government health priorities. The objective of the interactive session is to demonstrate the value and feasibility of developing equitable policy briefs within Ministry of Health settings that improve health outcomes.
METHODS
The one-hour interactive session will demonstrate the process of producing and advocating for a data-driven policy brief and provide hands-on experience using key tools. A 10-minute introductory presentation will include the background of D2P. A 30-minute interactive workstation rotation will focus on performing a root-cause analysis, incorporating equity into a health policy and evaluating policy options with a health economics lens to create a case study. A 15-minute closing presentation will emphasize policy advancement techniques, including examples from D2P South Africa.
RESULTS
At the end of the session, participants will be able to define "policy" and "policy brief," describe basic methods relevant to policy brief development in a health setting, and understand how to advance health policies to improve health outcomes. Participants will appreciate how important health equity is in every step of the process of health policy development and implementation.
CONCLUSIONS
The equitable implementation of health policies can improve health outcomes across multiple sectors in public health settings. This short session is an introduction to the tools for health policy development so attendees can see how the data they collect can lead to change.
Popul. Med. 2026;8(Supplement 1):A1091

ABS3186
Preparing the Frontline: Integrating Oral Health into Medical and Nursing Curricula
Feroza Amien[1], Faheema Kimmie-Dhansay[2], Nashna Rampersad[2], Khabiso Ramphoma[2], Jawaya Shae[3]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Community Dentistry, University of the Western Cape, Cape Town, South Africa,

[3]University of Cape Town, Cape Town, South Africa
INTRODUCTION
Medical practitioners and nurses are frontline health professionals and are often the first point of contact for patients presenting with oral health (OH) concerns[1-3]. Despite this central role, OH has historically been marginalised within medical and nursing curricula, resulting in gaps in graduate competence across prevention, early recognition, and management of common oral conditions. These gaps contribute to missed opportunities for early intervention and reinforce the artificial separation of oral and general health care. Integrating OH into medical and nursing education through a competency-based, primary health care-oriented approach supports comprehensive, patient-centred care by equipping graduates with clearly defined context-appropriate capabilities that can be applied within routine clinical practice. Importantly, such integration advances equity by expanding access to OH care through existing health system contact points, rather than relying on parallel, dentist-centred service delivery models that remain inaccessible to many populations.
METHODS
This one-hour interactive workshop is designed for public health educators, curriculum leaders, and health professionals involved in medical and nursing training. It commences with a short lecture outlining the public health rationale for integrating OH into health professions education, including key content areas and competency domains. Participants then break into small, facilitated groups to examine real-world curricular scenarios and identify feasible entry points for integrating OH into medical and nursing curricula.
RESULTS
The workshop will generate a set of practical strategies for integrating OH into medical and nursing curricula across diverse contexts. Outputs include mapped curricular entry points and shared teaching approaches. Conclusion. Integrating OH into medical and nursing education is feasible and necessary to strengthen holistic, equitable health care. This workshop provides participants with actionable strategies to embed OH meaningfully within existing curricula, supporting improved patient care and more integrated health systems.
Popul. Med. 2026;8(Supplement 1):A1093

ABS3248
Health Professionals' Perceptions after a Hybrid Continuing Education Strategy of the Care for Child Development Project in Primary Health Care

Caroline de Oliveira Alves[1], Claudia Alves[2], Rachel Ferreira[3], Rita Rodrigues[4], Rafael Kucaniz[5], Laura Krauss[5], Tatiana Coimbra[6], Sônia Venâncio[6]
[1]Faculdade de Ciências e Tecnologias em Saúde, University of Brasília, Brasília, Brazil, [2]Pediatrics, Federal University of Minas Gerais, Minas Gerais, Brazil, [3]Post-Graduate Program Public Health, Federal University of Minas Gerais, Minas Gerais, Brazil, [4]Post-Graduate Program Public Health, Federal University of Ceará, Fortaleza, Brazil, [5]Medical School, Federal University of Minas Gerais, Belo Horizonte, Brazil, [6]CGCRIAJ, Ministério da Saúde, Brasília, Brazil
INTRODUCTION
Continuous professional development in Primary Health Care (PHC) is essential for strengthening health systems and integrating evidence-based practices into early childhood care. Hybrid training models that combine distance learning with face-to-face activities are promising for balancing quality and practical applicability. The Care for Child Development project in PHC (CDC-PHC) adapted the World Health Organization and UNICEF approach to the Brazilian Unified Health System (SUS) through a hybrid program with a 30-hour online theoretical module and an 8-hour in-person practical component.
OBJECTIVE
To assess health professionals' perceptions of the CDC online course and practical training, focusing on counseling skills development, clinical practice, and applicability within PHC services.
METHODS
This exploratory qualitative study included professionals who completed the theoretical course and were nominated by PHC managers to participate in the practical training. A purposive sample of 15 professionals—three from each Brazilian region—participated in online interviews conducted after the theoretical and practical stages. Interviews addressed the training pathway, institutional agreements, and applicability within health services. Data were analyzed using thematic analysis to identify perceptions related to theory–practice integration.
RESULTS
The training was described as enriching and essential, highlighting improved understanding of sensitive caregiving and strengthened caregiver–child interactions. Key challenges included platform navigation difficulties, workload overload, and lack of protected time for training. The practical component was crucial for consolidating theoretical knowledge through real-world experience.
CONCLUSIONS
The hybrid model is a viable strategy for large-scale capacity building in PHC. Sustainability depends on improved technological usability and institutional support in public health settings globally.
Popul. Med. 2026;8(Supplement 1):A1098

ABS3273
Strengthening the public health workforce: Insights from South Africa's MPH graduate career trajectories and leadership pathways

Virginia Zweigenthal[1,2], Laetitia Rispel[3], Sean Patrick[1]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [2]School of Public Health, University of Cape Town, Cape Town, South Africa, [3]South African Research Chairs Initiative (SARChI) and School of Public Health, University of the Witwatersrand, Johannesburg, South Africa
BACKGROUND
The public health workforce is critical for resilient health systems, particularly in low- and middle-income countries. However, there is limited empirical evidence on Master of Public Health (MPH) graduates' career trajectories, leadership pathways, and competency gaps in the African context.
METHODS
The session draws on findings from multi-institutional studies of MPH graduates from eight South African universities and complementary multi-country research in other African countries that focused on core public health competencies. The diverse research methods include online alumni surveys, competency assessments, employer interviews, and curriculum reviews to examine motivations, career trajectories, leadership roles, workplace competencies, and curriculum revision or alignment. The organised session will combine a panel of short expert inputs and interactive discussion.
RESULTS
The session will be structured around five evidence-based themes emerging from the study
RESULTS
(1) Career Mobility and Workforce Entry: MPH graduates were typically mid-career professionals with high employment rates and strong mobility across government, NGO, and academic sectors; Leadership Pathways: the MPH serves as a key gateway into technical and managerial public health leadership roles; (3) Workplace Impact: most graduates report meaningful organisational and societal contributions after graduation; Competency Gaps: leadership, crisis and outbreak management, monitoring and evaluation, communication, and project management remain underdeveloped for a notable proportion of graduates; and Curriculum–Workforce Alignment: graduates and employers highlight the need for more experiential learning, mentorship, and closer alignment between MPH training and workforce needs.
CONCLUSIONS
The session will enable participants to identify, discuss, and prioritise practical strategies for MPH curriculum reform, leadership pathway development, and workforce planning in African contexts.
Popul. Med. 2026;8(Supplement 1):A1101

ABS3333
A health systems intervention project to address the suboptimal disease surveillance and response capacities in the Western Cape

Charlene Lawrence[1], Washiefa Isaacs[1,2], Levani Naidoo[1], Janine Bezuidenhoudt[1,2], Thanya Petersen[3], Elrien Joubert[3], Emelda Ramutshila[2]
[1]Emergency and Clinical Services Support, Service Priorities Coordination, Communicable Disease Control and Outbreak Response, Western Cape Government, Department of Health and Wellness, Cape Town, South Africa, [2]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, a division of the National Health Laboratory Service, Johannesburg, South Africa, [3]People Development Centre, Western Cape Government, Department of Health and Wellness, Cape Town, South Africa
INTRODUCTION
Public health surveillance underpins timely outbreak detection and epidemic response. In the Western Cape, limited district and facility-level capacity, fragmented surveillance systems, absence of a formally designated trained surveillance and outbreak response workforce, and data analysis skills, have contributed to delayed and suboptimal responses. This study aims to design, implement, and evaluate an intervention to strengthen disease surveillance and response capacities.
METHODS
A critical descriptive analysis of a policy implementation challenge and evaluation

of a health system intervention project was undertaken. Health systems frameworks guided the development of a "Rich Picture" to contextualize the problem. Analytical tools - including CATWOE (Customer, Actors, Transformation, Worldview, Owner, Environment), stakeholder mapping, the 5Cs (Create, Comprehend, Communicate, Collaborate, Confront) of people management, opportunity cost analysis, Brinkerhoff and Crosby's strategy areas, and monitoring and evaluation methods were applied. These tools supported the identification and implementation of two "small- win" interventions.
RESULTS
The Rich Picture revealed the broader system context and resource-intensive processes shaping implementation. Root Cause Analysis identified 12 underlying factors: three key drivers, five linking factors, and four outcomes. Stakeholder analysis informed seven overarching actor-management strategies. Availability of human resource capacity for disease surveillance and response emerged as a key driver and priority intervention area. Opportunity cost analysis informed the first small win through collaboration with a national training unit to upskill a group of provincial trainees. This enabled a second small win of engagements with a provincial training unit to develop online training modalities. Monitoring and evaluation indicated positive outcomes, including trained public health officials, publication of online courses, and interest in further curriculum development.
CONCLUSIONS
The critical systems analysis informed stakeholder management and targeted interventions to strengthen human resource capacity for surveillance and response. These gains illustrate how effective planning, leadership, and people management can drive improvements in surveillance and response.
Popul. Med. 2026;8(Supplement 1):A1102

ABS3355
Health systems and public health learning through partnership: Co-designing a game-based assessment with South African medical students

Rene English[1], Charisma Adams[1], Tunisang Monoau[1], Imaan Parker[1], Sana Moodley[1], Liam Botha[1], Dylan Rudolph[1]
[1]Health Systems and Public Health, Stellenbosch University, Cape Town, South Africa

BACKGROUND
Strengthening health systems and public health (HSPH) learning is essential in South Africa, where inequity and a quadruple burden of disease require graduates who can apply systems thinking in complex care environments.1 Game-based learning offers an active, scalable approach to reinforce HSPH concepts. We report a student–staff partnership to co-design a game-based assessment for fourth-year medical students.2-4
METHODS
A partnership team (five undergraduate medical students, two interns, and an academic lead) co-designed a 25-minute, station-rotation assessment delivered to a cohort of under 300 students in a fourth-year module following clinical rotations. Games were selected and adapted through iterative prototyping and feasibility testing to ensure alignment with priority health systems and public health concepts and suitability. The final Game Day comprised four rapid, facilitator-led games with a points system: Bingo using short-answer questions; Jubilee, a movement-based yes/no/maybe decision game; (3) Rapid Fire, a timed team-response game using flags; and Connections (a categorisation task using projected terms).
RESULTS
The format enabled high-throughput participation, repeated retrieval practice, peer discussion, and immediate feedback on health systems and public health concepts within a constrained timeframe. Students engaged competitively and collaboratively, and facilitators could quickly identify misconceptions and address knowledge gaps. Practical adaptations (simplified rules, pacing cues, and removal of one game) were necessary to maintain fidelity to time and group-size constraints.
CONCLUSIONS
Co-designed, low-resource, rapid-cycle games can operationalise health systems and public health teaching at scale in undergraduate medical education. For sustainability, game-based assessments should be built around clear concept maps, tight timing, facilitator scripts, and contingency plans for pacing in large cohorts.5
Popul. Med. 2026;8(Supplement 1):A1103

ABS3356
Playing public health: An interactive demonstration of a game-based assessment for health systems and public health learning at a higher education institution

Rene English[1], Charisma Adams[1], Tunisang Monoau[1], Imaan Parker[1], Sana Moodley[1], Ian Botha[1], Dylan Rudolph[1], Geldernhuys Maryke[1], Maria Van Zyl[1]
[1]Health Systems and Public Health, Stellenbosch University, Cape Town, South Africa

BACKGROUND
Health systems and public health teaching can be challenging in crowded curricula, yet these competencies are central to equitable, inclusive, and sustainable health. In a South African undergraduate medical programme, we used a student–staff partnership process to co-design and implement a set of low-resource educational games for use in assessment to fourth-year medical students.[1,2] The development process combined collaborative ideation, rapid prototyping, feasibility testing for large cohorts, and rehearsal for delivery within strict time and space constraints. Gamified assessments are useful because they promote active learning and retrieval practice, create immediate feedback loops, and enable scalable participation in a high-throughput format while sustaining motivation through play and social interaction.
METHODS
This organised session translates our game-design and implementation approach into an interactive workshop. Facilitators (students and academics) will briefly introduce the partnership-based design process, design constraints (large groups, short station rotations, resource limits), and how health systems and public health concepts were mapped to game mechanics and question formats. Participants will then rotate through selected games designed for rapid engagement and formative assessment. Game materials, facilitator scripts, and example question sets will be displayed for participants to examine.
RESULTS
Participants will experience multiple game formats that operationalise key health systems and public health concepts; identify how game mechanics can assess knowledge application, reasoning, and reflection under time constraints; and (3) leave with practical design principles for adapting game-based assessments to their own contexts, including pacing, group management, and low-resource material options.
CONCLUSIONS
This session offers a practical, inclusive, low-stakes way to explore how game-based assessment can strengthen HSPH learning at scale. The session concludes with an open question-and-answer discussion with student and academic co-designers on the development process, implementation lessons, resourcing, facilitation, and transferability to different settings.
Popul. Med. 2026;8(Supplement 1):A1104

ABS3419
Education and intersectorality: the importance of territorial meanings based on the experience of the course "education, health, and social assistance: complementary networks in basic social protection" in perus – São Paulo, Brazil

Leonardo Musumeci[1], Cleide Martins[1]
[1]School of Public Health, University of São Paulo, São Paulo, Brazil

ABSTRACT
Although research and public policies recognize the importance of intersectorality for health promotion (Akerman et al., 2014), academic education and professional practice remain relatively isolated (Monnerat & Souza, 2009). To address this issue, in 2021 — amidst the complexity of the COVID-19 pandemic and in collaboration with a network of public schools — was created the course "Education, Health, and Social Assistance: Complementary Networks in Basic Social Protection" was established. Based on a Freirean framework (Freire, 2017), the course investigates, supports, and provides training for the local coordination of social policies. The 100-hour program (60 theoretical hours and 40 practical action-research hours) is offered free of charge to undergraduate students from various fields, public service professionals, and community leaders from four territories in the São Paulo Metropolitan Area, Brazil. The initiative has been positively evaluated for its ability to attach theoretical pathways, work experiences, and current social policy challenges. Furthermore, it problematizes the debate on social rights and public systems by positioning local agents and situations as protagonists. In analyzing the heterogeneity of that territories, the district of Perus stands out due to the strong synergy between service providers and local leaders, alongside a history of social movements focused on tackling the social determinants of health (Almeida-Filho, 2009). This context clarifies the concept of "used territory" (Santos, 1999) as a material and identity-based result of social processes. The ability to articulate these meanings—as experienced locally—has been central to a meaningful educational experience. This is evidenced by the increased participation of professionals and leaders, the strengthening of intersectoral

networks, and the experience of undergraduate students who develop themselves in direct contact with the struggle for rights within both social movements and public services.
Popul. Med. 2026;8(Supplement 1):A1105

ABS3475
Public health entrepreneurial training as a pathway to equity and meaningful public health work

Nazik Nurelhuda[1], Sadaf Lynes[2]
[1]School of Health Sciences, Hamdan Bin Mohammed Smart University, Dubai, United Arab Emirates, [2]Director of Collaborative surveillance, workforce and health emergencies, International Association of National Public Health Institutes, Brussels, Belgium

BACKGROUND
Health inequities are shaped not only by unequal access to services but also by unequal access to meaningful public health work. Across many regions, public health systems face ongoing population health needs alongside limited and uneven career opportunities for trained public health professionals. This hits hardest on early-career practitioners, mobile populations, and those working in fragile or resource-limited settings. Public health entrepreneurship (PHE), as the use of innovation, sustainable business models, and cross-sector partnerships to design and scale solutions that improve population health and equity, is emerging as one way to address these challenges. In resource constrained countries, this capability is particularly valuable, enabling practitioners to develop affordable, scalable and locally adaptable solutions thus making efficient use of limited resources, partnerships and financing models. PHE broadens skills set beyond technical and enables a wider professional pathway. This session explores how PHE training can become a core, equity-driven part of workforce development in public health.
METHODS
The session begins with findings from a global review of public health entrepreneurship education, mapping current gaps in definitions, approaches, and institutional support. Drawing on insights from national associations, global public health institutes, and public health experts, a moderated panel and audience discussion will explore equity-oriented entrepreneurial pathways, focusing on how training design and inclusion can strengthen entrepreneurial capacity within the profession.
RESULTS
Participants will actively contribute to a shared understanding of how training models can promote equitable participation and recognize diverse forms of public health practice. The conversation will also outline opportunities for collaboration across education, policy, and practice.
CONCLUSIONS
The session will advance understanding of public health entrepreneurship as a vital equity-focused skill set.
Popul. Med. 2026;8(Supplement 1):A1106

ABS3492
Challenges to emergency medical care students' mental health and well-being during clinical training

Liza Mari Du Plessis[1,2], Eduard Nico Nell[1], Elzana Kempen[2]
[1]Clinical Sciences, Central University of Technology, Bloemfontein, South Africa, [2]Health Sciences, University of the Free State, Bloemfontein, South Africa

INTRODUCTION
emergency medical care students are exposed to high academic demands and emotionally challenging clinical environments during training1. Repeated exposure to trauma, critical illness, and death, combined with programme pressures, may negatively affect students' mental health and well-being2. Limited qualitative evidence exists describing how students experience these challenges during clinical training in the south african context3. The aim of this study was to explore the mental health and well-being challenges experienced by emergency medical care students during clinical training.
METHODS
a qualitative study employing a phenomenological design was conducted within a constructivist research paradigm. The study was guided by a relativist ontology and a subjective epistemology, recognising that meaning is constructed through students lived experiences. Individual semi-structured interviews were conducted with emergency medical care students at the free state college of emergency care. Data were analysed using thematic analysis to identify patterns across participants' experiences. Ethical principles of confidentiality, reflexivity, and respect for participants were maintained throughout the study.
RESULTS
seven interrelated themes emerged. Students reported psychological and emotional distress related to repeated exposure to trauma, death, and critically ill patients, often accompanied by anxiety, sleep disturbances, and burnout. Academic and programme-related pressures, including high workload, long clinical shifts, and fear of failing to meet outcomes, intensified distress. Challenges within the clinical practice environment, particularly inadequate supervision, inconsistent expectations, and limited resources, contributed to uncertainty and reduced confidence. Social, financial, and logistical stressors further compounded students' experiences. Despite these challenges, students reported adaptive coping strategies and personal and professional growth.
CONCLUSIONS
emergency medical care students experience complex and interrelated mental health and well-being challenges during clinical training. Targeted institutional support, improved clinical supervision, and accessible mental health interventions are required to promote student well-being and support effective clinical learning.
Popul. Med. 2026;8(Supplement 1):A1107

ABS3525
Integrating Data-to-Policy Training into Field Epidemiology Training Programme: Advancing Equitable and Sustainable Decision-Making in South Africa

Mabore Morifi[1], Leigh Johnston[1], Emelda Ramutshila[1], Masingita Makamu[1], Nchucheko Makhubele[1], Mandla Zwane[2], Phumzile Phiri[2], Lazarus Kuonza[1,3,4], Susan Nzenze[1]
[1]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, Johannesburg, South Africa, [2]Communicable Disease Control Directorate, Mpumalanga Department of Health, Nelspruit, South Africa, [3]Wits School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, [4]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa

BACKGROUND
In South Africa, the Intermediate Field Epidemiology Training Programme (iFETP) strengthens surveillance, and outbreak detection and response skills for provincial public health officials, while Data-to-Policy (D2P) training teaches structured methods to translate epidemiological data into policy. We piloted an integrated iFETP D2P curriculum in Mpumalanga province to institutionalise economic evaluation embedded knowledge translation and policy brief writing skills.
METHODS
We conducted cross-circular connections method for curriculum integration. We identified links across iFETP and D2P (iFETP/D2P) training modules and removed overlapping concepts to avoid repetition. The remaining D2P content was adapted into six facilitated sessions of 1–2 hours aligned with iFETP objectives per workshop contact. We used epidemiological analysis outputs from iFETP objectives to prioritise a health problem in collaboration with the Ministry of Health and applied D2P concepts through facilitated sessions. Guided field activities included root-cause analysis, cost inventory data collection, stakeholder engagement, and policy brief development, supported by periodic check-ins. Decision-tree and cost-effectiveness analysis concepts were taught using freely-accessible Amua and Microsoft Excel.
RESULTS
Eleven public health professionals from Mpumalanga province participated in the pilot. The D2P methods were successfully integrated into six of eight workshops, improving participants' confidence in problem definition, micro-costing, and cost-effective analysis. The cohort developed a policy brief on infant pertussis vaccination, engaging provincial stakeholders to reflect programme realities. The cohort concludes with a policy brief presentation on infant pertussis vaccination strategies to the Ministry of Health Programme managers. Key lessons included the value of group-based learning, accessible analytic tools, and reflection on data-driven decision-making at the subnational level.
CONCLUSIONS
The iFETP/D2P strengthens sustainable, equitable capacity for policy-relevant economic analysis within provincial health systems. Using accessible tools such as Amua and Microsoft Excel promotes inclusivity and sustainability while embedding D2P in programme-level training supports locally anchored, scalable policy advancement, supporting Health Without Borders.
Popul. Med. 2026;8(Supplement 1):A1108

ABS3570
Interprofessional relations and the humanization of neonatal care: a narrative review

Scheila Defante Peres[1], Fabiana Turino[1], Érika Maria Sampaio Rocha[2], Fabrício Santos Neves[1], Kátia Cristine Carvalho Pereira[1], Sibelle Maria Martins de Barros[3],

Stephania Mendes Demarchi[1], Fabiane Lima Simões[1], Heloísa de Carvalho Torres[1], Maria Angélica Carvalho Andrade[1]
[1]1 Postgraduate program in collective health, Federal University of Espírito Santo, Vitória, Brazil, [2]2 Health science training center, Federal University of Southern Bahia, Teixeira de Freitas, Brazil, [3]3 Postgraduate program in health psychology, Federal University of Paraíba, João Pessoa, Brazil

INTRODUCTION
the neonatal intensive care unit (NICU) is characterized by high technological complexity and the need for integrated actions among health professionals. This study aimed to critically analyze the literature regarding interprofessional relations and their impact on the care of premature newborns, emphasizing the transition from fragmented practices to collaborative models.
METHODS
a narrative literature review was conducted, based on a broad search of theoretical frameworks, national policies, and clinical studies. The analysis synthesized concepts of multiprofessionality, interdisciplinarity, and interprofessionality, confronting the "prescribed work" of health policies with the "real work" described in the literature.
RESULTS
the results highlighted that care fragmentation, driven by rigid hierarchies and communication barriers, remains a significant challenge. The review identified that successful humanization strategies, such as the Kangaroo Method, depend on the effective articulation of knowledge and shared responsibility among the team.
CONCLUSIONS
the study concluded that strengthening interprofessional relations is an ethical and technical imperative for the safety of the newborn. The findings underscored the importance of Interprofessional Education as a tool to overcome historical isolation between categories and to qualify neonatal assistance.
Popul. Med. 2026;8(Supplement 1):A1109

ABS3587
Sal & luz: a university extension initiative using integrative practices and popular health education to promote equity among socially vulnerable populations.

Caroline Feitosa Dibai de Castro[1,2], Thauan Da Silva Castro Borges[2], Lorenzo Almeida Stelzer[2], Maria Eduarda Ferreira de Carvalho[2], Mariana Avellar Campos[2], Sofia Sarti Baptista[2], Fabrício Santos Neves[1], Fabiola Fernandes Bersot Magalhães[1], Francine Alves Gratival Raposo[2], Maria Angélica Carvalho Andrade[1], Ana Claudia Pinheiro Garcia[1]
[1]1 Graduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil, [2]2 University Extension Project, Higher School of Sciences of Santa Casa de Misericórdia de Vitória (EMESCAM), Vitória, Brazil

INTRODUCTION
People experiencing social vulnerability face structural barriers to access healthcare, health promotion and social participation. University extension, when grounded in dialogue and critical engagement with reality, constitutes a privileged space for care production, learning and social transformation. The project Sal & Luz: bringing flavor and illuminating lives is a university extension initiative developed by medical students from EMESCAM, guided by the principles of popular education in health and the Brazilian National Policy on Integrative and Complementary Practices, implemented at the Vitória Shelter.
METHODS
The project was carried out through biweekly meetings at the shelter, with collective planning of activities based on dialogue with residents and staff. Activities included music therapy, meditation, yoga, caricature workshops, painting workshops, physiotherapy actions, as well as educational activities addressing tobacco use, breast cancer and other health topics. Interventions prioritized participatory methodologies, valuing participants' knowledge and promoting horizontal relationships between students and shelter residents.
RESULTS
Continuous participation and active engagement of residents were observed throughout the activities. Participants reported feelings of welcome, relaxation, strengthened social bonds and appreciation of bodily and artistic expression. Body-based and meditative practices proved effective in promoting immediate well-being, while artistic workshops fostered autonomy and creativity. For students, the project contributed to a deeper understanding of social determinants of health, the development of listening, communication and comprehensive care skills, and the strengthening of ethical and social commitment to medical practice oriented toward real community needs.
CONCLUSIONS
The Sal & Luz project highlights the potential of university extension grounded in popular education and human encounter as a strategy for health promotion, social inclusion and critical medical education. It represents a feasible, low-cost model capable of integrating care, learning and social transformation, reinforcing the role of public universities in addressing health inequities and promoting more humane and comprehensive health practices.
Popul. Med. 2026;8(Supplement 1):A1110

ABS3592
Building Transdisciplinary Capacity for Non-Communicable Disease Control in sub-Saharan Africa and Beyond: Lessons from the CAPSTONE Community of Practice

Arti Singh[1], Daniel Boateng[1], Judith van de Kamp[2], Kerstin klipstein-Grobusch[2]
[1]School of Public Health, Kwame Nkrumah University of Science and Techology, Kumasi, Ghana, [2]Department of Global Public Health & Bioethics, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, Netherlands

BACKGROUND
Non-communicable diseases (NCDs) account for over one-third of deaths in sub-Saharan Africa (SSA), with premature mortality rising fastest in the region and placing growing pressure on health systems and the health workforce1. However, training in many Higher Education Institutions (HEIs) remains fragmented and insufficiently aligned with service delivery needs, professional standards, and national policy priorities2. The CAPSTONE (Capacity Strengthening of Transdisciplinary Education for nON-communicable disease care in West Africa) project addresses this gap by establishing a multisectoral Community of Practice (CoP) as a policy-engaged network of practice linking HEIs with the Ghana Health Service (GHS), regulatory bodies, and other stakeholders to co-design and implement workforce-relevant NCD education.
METHODS
The CoP convenes clinicians, academics, GHS and Ministry of Health officials, health service providers, civil society partners, students, and regulatory authorities. Through structured virtual and in-person meetings (2024–2026), members jointly set priorities; co-developed six competency-based NCD short courses; embedded these within existing MPH and MPhil programmes; advanced accreditation of a multi-institutional MPH; and aligned curricula with professional and regulatory standards. Collaborative workshops, peer review, and stakeholder consultations supported implementation and sustainability planning.
RESULTS
The CoP produced six harmonised courses, shared teaching resources, and enabled joint delivery across institutions. Engagement with GHS and regulators ensured policy alignment, strengthened accreditation processes, and linked training to service delivery requirements. Partnerships expanded mentorship, placements, and applied learning opportunities, while institutions strengthened teaching capacity and cross-sector collaboration, creating a pipeline of practice-ready NCD professionals.
CONCLUSIONS
Embedding a multisectoral Community of Practice as an implementation platform moves beyond knowledge sharing to coordinated action across education, regulation, and service delivery. The CAPSTONE CoP demonstrates a scalable and replicable model for strengthening workforce capacity and accelerating NCD control in Ghana, SSA, and globally, offering a pathway to integrate transdisciplinary training with national and international health system priorities.
Popul. Med. 2026;8(Supplement 1):A1111

ABS3622
Building Digital Safety and Preventing Technology-Facilitated Gender-Based Violence Through School-Based Education in India

Satviki Varma[1], Anumegha Bhatnagar[1]
[1]Programmes, Girl Effect, Gurugram, India

INTRODUCTION
Formative research by Girl Effect India (GEI) indicates that many adolescents lack awareness of their digital rights and struggle to identify or respond to technology-facilitated gender-based violence (TFGBV). Adolescent girls, in particular, face heightened exposure to online harm, while schools remain underutilised platforms for structured digital safety education. These gaps highlight the need for early, school-based education to build digital literacy, promote responsible online behaviour, and prevent TFGBV.
METHODS
In response, GEI developed Tipi Tipi Talk, an interactive, age-appropriate digital safety education module for students in Classes 8–12. The module builds awareness of digital rights, online harms, and prevention of TFGBV, and combines animated videos, scenario-based learning activities, and supporting materials for

students, parents, and teachers. Content is tailored separately for Classes 8–10 and 11–12. Implementation commenced through an initial Expert Talk Series delivered in government schools, focusing on consent-based online behaviour, recognition of online harm ("Tech Hinsa"), and practical response strategies. The curriculum is structured around three pillars: Identification, Action, and Agency. The full Tipi Tipi Talk module will be rolled out in subsequent phases through digital safety workshops, alongside training peer-led Digital Safety Ambassadors. GEI has initiated discussions with education authorities to support institutional adoption.
RESULTS
To date, 1700students across seven government schools have been reached through the Expert Talk Series. Sessions demonstrated strong student engagement with topics related to consent, online boundaries, and help-seeking. The next phase will expand implementation across 45 schools and orient approximately 200 student ambassadors to promote digital safety and peer support.
CONCLUSIONS
Early implementation suggests that structured, school-based education can strengthen adolescents' digital literacy, awareness of TFGBV, and capacity to respond to online harm. Integrating interactive digital safety modules within school systems offers a scalable, preventive approach to fostering safer online environments and supporting adolescent wellbeing.
Popul. Med. 2026;8(Supplement 1):A1112

ABS3746
Equitable capacity building from postgraduate diploma to PhD: strengthening the public mental health training pipeline

Claire van der Westhuizen[1], Katherine Sorsdahl[1]
[1]Alan J Flisher Centre for Public Mental Health, Department of Psychiatry & Mental Health, University of Cape Town, Cape Town, South Africa

ABSTRACT
Introduction. Mental health conditions account for a substantial and growing proportion of the global burden of disease, and share common risk factors with other non-communicable diseases, underscoring the need for integrated prevention and care strategies. In sub-Saharan Africa, health systems remain under-resourced, contributing to persistent treatment and prevention gaps. Strengthening African-led mental health research and implementation capacity is critical to defining locally relevant priorities and scalable solutions. Since 2012, the Alan J Flisher Centre for Public Mental Health has contributed to public mental health capacity building and, with the addition of a postgraduate diploma in public mental health in 2023, the Centre sought to address the growing need for accessible public mental health training, bridging the gap to Masters and PhD training [5,6]. Methods. Programme monitoring data from 2012 to 2025 were analysed, including enrolment, completion, disciplinary background and country of origin. Mixed methods evaluation data were collected to assess student experience and inform the development and implementation of the PGDip. Results. Since 2012, the Centre has supported 28 postgraduate diploma, 58 master's, and 11 PhD graduates from 12 African countries and multiple disciplines, including psychiatry, social work, nursing and community youth work. The Africa-focused, globally informed PGDip was designed for working professionals and is delivered by faculty from five academic institutions across four African countries. Curriculum content integrates multidisciplinary perspectives and lived experience. Preliminary evaluation indicates high perceived relevance, improved skills in critical appraisal and programme evaluation, and enhanced capacity to apply evidence in policy and practice settings. Conclusion. Structured, Africa-led training programmes can strengthen regional public mental health capacity and contribute to workforce development aligned with population-level mental health needs.
Popul. Med. 2026;8(Supplement 1):A1114

ABS3844
Resources to Facilitate Capacity Building for Pathogen Surveillance

Kirsty Lee Garson[1], Perceval Maturure[1], Yiqun Li[1], Siddiqah George[1], Nicola Mulder[1]
[1]Computational Biology Division, Department of Integrative Biomedical Sciences, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Training and workforce development is a central facet of effective pathogen surveillance. Successful training activities require coordinated and continuous efforts, involving multiple stakeholders and dedicated funding. To effectively leverage available expertise and resources, it is essential to develop and apply software tools strategically. Rapid responses to disease outbreaks are contingent upon sustained development of skills, partnerships and infrastructure in the periods which precede them.
METHODS
Over the past five years, we have developed and delivered training for staff of national public health institutions in Africa, across a range of competency levels and formats. To enhance the effectiveness and sustainability of our work, we have developed a variety of tools and infrastructure including: (i) a trainer database, (ii) a helpdesk ticketing system, (iii) a targeted Slack workspace including trainers and trainees, (iv) a curated collection of information about relevant training materials available, (v) recorded lectures for a variety of topics, (vi) a number of standardized curriculum for pathogen surveillance and (vii) a web interface which guides users in navigating relevant resources.
RESULTS
Addressing the crucial and substantial need for training and workforce development in pathogen surveillance requires strategic, sustained and targeted efforts. The development of software tools to facilitate these activities and enhance their sustainability has offered immense value. Advances in artificial intelligence (AI) present opportunities to accelerate the development of training resources, improve their accessibility and maximize their impact.
CONCLUSIONS
We have presented training for pathogen surveillance, developed software resources and (3) implemented AI tools to enhance their utility. Currently, we are identifying opportunities to adopt AI for functions including augmenting accessibility of training resources through translation, developing personalized learning paths, creating enhanced assessment tools and enabling efficient data-driven decision-making.
Popul. Med. 2026;8(Supplement 1):A1122

ABS3886
Support tools for the elderly – Opportunities for academic training

Mirna Neyara Alexandre de Sá Barreto Marinho[1], Isabela Rocha Siebra[1], Rafael Bezerra Duarte[2], Moziane Mendonça de Araújo[1], Leidy Dayane Paiva de Abreu[3], Aretha Feitosa de Araújo[4], Isabella Joyce Silva de Almeida Carvalho[5]
[1]Enfermagem, Universidade Regional do Cariri - URCA - Campus Multi-institucional Humberto Teixeira, Iguatu - CE, Brazil, [2]Medicina, Universidade Estadual do Ceará - Campus Itaperi, Fortaleza - CE, Brazil, [3]Medicina, Universidade Estadual do Ceará - UECE / Faculdade de Educação de Crateús, Crateús - CE, Brazil, [4]Medicina, Universidade Regional do Cariri - URCA - Campus Pimenta, Crato - CE, Brazil, [5]Enfermagem, Universidade de Pernambuco - UPE, Recife - PE, Brazil

ABSTRACT
Context: Current health education needs to increasingly link teaching to social reality, through diverse strategies that foster in students the competencies required for their future profession1. Regarding health education for the elderly, it is necessary to consider aspects that go beyond the biological dimension, also pointing out social, cultural, educational, economic, spiritual, labor, and social security aspects that will directly influence their quality of life2. Thus, the objective of this study is to present the construction of monitoring instruments for the elderly as a teaching-learning strategy in the nursing course.
METHODS
This is an experience report developed in the course 'Nursing in the process of caring for the elderly', at a public university in the interior of Ceará, Brazil, between September 2025 and January 2026. Six instruments related to the content studied in the classroom were constructed, covering aspects such as: 1. Statute, National Health Policy and social control; 2. Nursing consultation; 3. Health record; 4. Comprehensive geriatric assessment and scales; 5. Chronic conditions and care model; 6. Clinical parameters. The students were divided into pairs, choosing an elderly person, and were instructed on the approach and materials to be taken on each visit. The study does not require ethical approval, according to current legislation in the country.
RESULTS
After each meeting, a classroom discussion took place where participants could present their experiences, reflections, and how they contributed to the care of elderly people – providing guidance, listening, conducting exercises, visiting basic health units to update vaccination schedules, sharing results from tests administered using scales, and especially valuing their experiences and knowledge.
CONCLUSIONS
The elucidation of the instruments used in practice fosters important competencies in the students, such as the acquisition of knowledge and commitment to learning, communication, critical thinking, and decision-making, which are fundamental for work in public health.
Popul. Med. 2026;8(Supplement 1):A1123

ABS3888

Training for uncertainty: capacity building for public health professionals in emergencies

Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied

INTRODUCTION
Emergencies are becoming the norm, not the exception. From climate-driven disasters to political conflict and pandemics, the global public health workforce is increasingly operating in contexts of deep uncertainty. However, most traditional public health education remains rigid, theory-heavy, and insufficiently oriented toward real-time crisis leadership. This session explores how we can rethink training to prepare professionals for emergencies characterized by complexity, trauma, and rapid evolution.
METHODS
This interactive workshop draws from training experiences in Palestine, South Sudan, and Colombia—contexts marked by systemic fragility and chronic emergencies. It will present modular training approaches that integrate systems thinking, trauma-informed care, and scenario-based simulation. Participants will engage in designing "micro-scenarios" and explore virtual tools that replicate chaotic field conditions.
RESULTS
Case studies from the three regions will illustrate how intersectoral partnerships, digital capacity-building platforms, and youth-led design methodologies can enhance emergency preparedness. Key insights include how to incorporate emotional resilience, adaptive leadership, and inclusive decision-making into training models—especially in settings with limited institutional capacity.
CONCLUSIONS
Training for the age of emergencies requires more than technical skills. It demands courage, empathy, and the ability to lead through ambiguity. This session offers public health professionals and institutions a set of adaptable tools to embed uncertainty and ethical complexity into the core of public health education. Building resilience starts with building capacity.
Popul. Med. 2026;8(Supplement 1):A1124

ABS3900

Strengthening Africa's children's nursing workforce through contextualised training

Minette Coetzee[1]
[1]Children's Nursing Development Unit, Department of paediatrics and Child Health, University of Cape Town, Cape Town, South Africa

BACKGROUND
Global progress in reducing child mortality is slowing and millions of children are still dying from preventable causes1 This 2025 report indicates that the highest under-5 mortality is in sub-Saharan Africa. While countries in the WHO Africa region have made measurable progress in strengthening health systems and the health workforce, central to how health systems work and how services are delivered is an adequately prepared and educated health workforce. While nurses and midwives comprise the majority (37%) of the region's health workforce2,undergraduate training programmes usually include only basic child health.
METHODS
The Children's Nursing Development Unit, a teaching and scholarship unit at the University of Cape Town has developed a three-fold approach to building children's nursing capacity in the Africa Region. Offering postgraduate training, working alongside educators and Schools of Nursing across the region and working with clinical leaders to articulate and establish best practice models that provide safe and quality care in local settings.
RESULTS
Postgraduate training is increasingly recognised as important to prepare practice ready nurses for African's health systems. The 2025 WHO Prototype Asset-Based Curriculum for Paediatric and Child Health Nursing provides a useful guide to curriculum approach and content3. Initiating new or adapting existing in-country child health nursing training requires wide stakeholder engagement and enrolment in teaching and learning methods that are locally appropriate and Afrocentric by design.
CONCLUSIONS
This paper will describe the Unit's process of participative curriculum design including approaches and tools utilised in developing postgraduate curricula with colleagues in eight schools of nursing across six African countries4. Strategies will include identification and enrolment of local stakeholders5 systems mapping and an asset-based approach to the development of local care models and resources6 aligned with the goal of best outcomes for children and their families.
Popul. Med. 2026;8(Supplement 1):A1125

ABS3919

Defining the elements of a self and peer assessment system for academic institutions of public health in Africa as a precursor to accreditation: A sequential exploratory mixed-methods study

Neo Ledibane[1], Sean Patrick[1], Kuku Voyi[1]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa

INTRODUCTION
African health systems require training and development of the region-specific public health workforce for achieving universal health coverage (UHC) and Sustainable Development Goals. Fundamental components informing relevance of public health education in the context of UHC comprise the academic workforce, curricula and capacity of academic institutions of public health. This study aimed to assess the quality improvement strategies of academic institutions of public health relative to the institutions' curriculum, academic staff and infrastructure for the Master of Public Health(MPH) programme within the World Health Organization (WHO) African region, to build consensus for developing a self- and peer-assessment tool for quality public health education.
METHODS
This sequential mixed-methods study targeted 52 ASPHA (Association of Schools of Public Health in Africa)-affiliated academic institutions. Phase 1 utilised a cross-sectional electronic survey to determine current MPH programme assessment standards. Phase 2 employed a modified Delphi method to reach consensus on these standards that would comprise the newly developed assessment tool. Key informants: MPH coordinators and department heads/equivalent were purposively sampled. Data summary: descriptive statistics and thematic analysis.
RESULTS
Institutional characteristics were varied across sub-regions. Phase 1: Cronbach alpha coefficient revealed internal consistency of the statements (measured scales) for domains:institutional teaching and learning strategies (α=0.81);MPH programme design and curriculum renewal strategies (α=0.83); (3)academic staff development (α=0.86) andregional accreditation system acceptability (α=0.75). Agreement was unanimous (score>20; min=20,max=25) for all domains but accreditation system acceptability (score:17-25). Through the Delphi technique(Phase 2), consensus was reached on all domains relating to core components of the proposed tool.
CONCLUSIONS
Findings produced a novel self and peer assessment tool comprising agreed standards to ensure quality MPH education in Africa. This tool (piloting in Phase 3) will enable institutions to advance capacity development, monitor progressive educational goals, and lay the ground for establishing a uniquely African accreditation system.
Popul. Med. 2026;8(Supplement 1):A1126

ABS3926

Simulation of a worker health conference – Contributions to the teaching-learning process

Mirna Neyara Alexandre de Sá Barreto Marinho[1], Leidy Dayane Paiva de Abreu[2], Aretha Feitosa de Araújo[3], Rafael Bezerra Duarte[4], Isabella Joyce Silva de Almeida Carvalho[5], Thayza Miranda Pereira[6], Olga Maria de Alencar[7]
[1]Enfermagem, Universidade Regional do Cariri - URCA - Campus Multi-institucional Humberto Teixeira, Iguatu - CE, Brazil, [2]Medicina, Universidade Estadual do Ceará - UECE / Faculdade de Educação de Crateús - FAEC, Crateús - CE, Brazil, [3]Medicina, Universidade Regional do Cariri - URCA - Campus Pimenta, Crato - CE, Brazil, [4]Medicina, Universidade Estadual do Ceará - Campus Itaperi, Fortaleza - CE, Brazil, [5]Enfermagem, Universidade de Pernambuco - UPE, Recife - PE, Brazil, [6]Enfermagem, Universidade Federal de Tocantins - UFT, Palmas - TO, Brazil, [7]Programa Saúde na Escola, Ministério da Saúde, Brasília - DF, Brazil

ABSTRACT
Context: In 2025, Brazil organized the fifth edition of the Workers' Health Conference, following a step-by-step approach that began in municipalities, progressing through their respective health regions and states to culminate at the national level, with three main themes: National Policy on Workers' Health; New labor relations and workers' health; Popular participation in workers' health for social control1. Considering the importance of the topic, it is opportune that these discussions be considered in health education. The objective was to report the experience of simulating a regional health conference as a learning strategy.
METHODS
Experience report developed in October 2025 with students of the course 'Nursing in the process of caring for workers' health', from a university in Ceará, Brazil. The class was divided into three large groups, considering the conference's themes, and these groups were instructed to organize themselves into segments of users,

professionals, and health providers/managers, as is the case in these settings. The course instructor provided examples of municipal proposals to the groups, so that they could choose the 10 most viable proposals for debate and select three from each theme.
RESULTS
The students brought relevant reflections, especially pointing out the need to expand the Occupational Health Reference Centers, increase the dissemination of the policy, expand reporting channels with respectful professionals so that workers can report situations of moral and institutional harassment, among others.
CONCLUSIONS
The proposed conference simulation on the theme provided students with the opportunity to strengthen skills such as knowledge, communication, and teamwork. Furthermore, the strategy also brought them closer to social control, highlighting the importance of delegates understanding their role in choosing proposals that are consistent with reality.
Popul. Med. 2026;8(Supplement 1):A1127

ABS3949
Remote teaching & learning: delivery of Africa focused, globally informed postgraduate programmes in public mental health
Claire van der Westhuizen[1]
[1]Alan J Flisher Centre for Public Mental Health,, University of Cape Town, Cape Town, South Africa
ABSTRACT
Introduction. In low-resourced African settings, accessible and contextually relevant postgraduate training is essential for professionals in clinical, education, and community sectors who must translate learning into practice while embedded in their local contexts. Population-level wellbeing requires coordinated action across sectors and geographic settings, making flexible, practice-oriented training models particularly important. Session aims. This symposium will share experiences, successes, and challenges in delivering remote postgraduate training across a coursework postgraduate diploma and research-based Masters and PhD programmes in public mental health. The programmes are designed as a complementary training pathway, building competencies in public mental health concepts, evidence-informed policy and practice, and rigorous research methods aimed at addressing population-level mental health challenges. Faculty members, supervisors, and postgraduate students will reflect on programme design, delivery, supervision models, and strategies for supporting students working in their home countries while engaging international faculty. We will discuss approaches to fostering peer learning and professional networks, as well as practical challenges in sustaining engagement, mentorship, and research productivity in remote settings. The session will also explore emerging lessons in the ethical integration of artificial intelligence for learning and assessment, including opportunities to enhance learning and risks related to academic integrity and inequity. Conclusion. This session aims to stimulate mutual learning and sharing across higher education programmes to extend the impact of these programmes across disciplines.
Popul. Med. 2026;8(Supplement 1):A1129

ABS4034
Primary Health Care as a practice field for Family and Community Medicine residents in Brazil
Renata de Paula[1], Rubens Bedrikow[1]
[1]Department of Internal Medicine, University of Campinas - Unicamp, Campinas, Brazil
ABSTRACT
Primary Health Care (PHC) constitutes a structuring axis of the Brazilian Health System (SUS) and represents an important training field for students and health professionals in Brazil. However, in recent years, PHC has faced significant challenges, such as chronic underfunding, professional devaluation, workforce reduction, and high service demand, factors that directly affect care organization and training processes. Within this context, the residency in Family and Community Medicine (FCM) is situated in a complex scenario, marked by tensions between training guidelines and the real operating conditions of health services.
OBJECTIVE
To understand the PHC practice setting from the perspective of Family and Community Medicine residents enrolled in a residency program in Campinas, Brazil.
METHODS
This is a descriptive study grounded in the snowball sampling methodology. A structured questionnaire consisting of 75 items was administered, developed based on the Family and Community Medicine Competency Framework. The instrument was applied to second-year residents.
RESULTS
A total of 26 residents participated in the study. Regarding self-reported race/ethnicity, 69.4% identified as White, 23.0% as Black, and 3.8% as Asian and Indigenous, respectively. Of the participants, 73.0% identified as women. Concerning residents' territorial integration within PHC and their bonding with the community, 65.0% of responses rated these aspects positively. The organization and distribution of the agenda for scheduled (elective) care were positively evaluated by 58.0% of participants. In contrast, care related to unscheduled demand for acute conditions was negatively evaluated by 69.0% of residents.
CONCLUSIONS
Although residents reported positive evaluations regarding community bonding, territorial integration, and the organization of scheduled care, PHC demonstrates difficulties in ensuring longitudinal care, as evidenced by the high volume of unscheduled, acute demand. Understanding the practice setting from the residents' perspective may support changes within the SUS, contributing to the improvement of medical training and the quality of care in PHC
Popul. Med. 2026;8(Supplement 1):A1132

ABS4042
The profile of Family and Community Medicine residents in Brazil
Renata de Paula[1], Rubens Bedrikow[1]
[1]Department of Internal Medicine, University of Campinas - Unicamp, Campinas, Brazil
ABSTRACT
In Primary Health Care (PHC) in Brazil, Family and Community Physicians deal daily with social vulnerability, territorial violence, the demands of longitudinal care, the establishment of bonds with users, and challenges inherent to the health system. Nevertheless, although the number of professionals remains insufficient to meet the needs of the health system, new Family and Community Physicians are trained every year, despite the difficulties intrinsic to PHC.
OBJECTIVE
To understand the sociodemographic and educational profile of Family and Community Medicine residents enrolled in a residency program in the municipality of Campinas, Brazil.
METHODS
This study was grounded in the snowball sampling methodology. Data were collected through a structured questionnaire consisting of 75 items, developed based on the Family and Community Medicine Competency Framework. The instrument was administered to second-year residents in the program.
RESULTS
A total of 26 residents participated in the study. Regarding self-reported race and ethnicity, 69.4% identified as White, 23.0% as Black, and 3.8% as Asian and Indigenous, respectively. Concerning sex, 73.0% identified as women, 19.0% as men, and 8.0% did not report. In terms of educational background, 58.0% graduated from private universities, 34.5% from public universities, and 7.6% reported other educational pathways. Among graduates from private institutions, 11.5% self-identified as Black, whereas among graduates from public institutions this proportion was 7.6%.
CONCLUSIONS
The preliminary analysis reveals a resident profile strongly influenced by race and social class, indicating a gap between medical training trajectories and the social realities of populations served in PHC. Moreover, the results reinforce the persistence of structural racism in Brazil, evidenced by unequal access to public universities and medical schools. A predominance of women was also observed within the Family and Community Medicine residency program.
Popul. Med. 2026;8(Supplement 1):A1133

ABS4060
Workshop: Training of national workforces for essential public health services and public health functions considering a global competency and outcome framework – how can we make this fly?
Olaf Ahlers[1,2], John Middleton[3], Priscilla Robinson[4], Till Rech[2,5], Julian Giesecke[2,6], Werner Cordier[7], Scott Smalley[1,8]
[1]Institute of Research in Health Sciences Education, Faculty of Health Sciences Brandenburg, Brandenburg Medical School Theodor Fontane, Neuruppin, Germany, [2]Institute of Medical Informatics, Charité – Universitätsmedizin Berlin, Berlin, Germany, [3]Office of the President, Global Network for Academic Public Health, Washington DC, United States, [4]Working Group on Professionals' Education and Training, World Federation of Public Health Associations, Geneva, Switzerland, [5]Department of Neonatology, Charité – Universitätsmedizin Berlin, Berlin,

Germany, [6]Department of Anaesthesiology, Charité – Universitätsmedizin Berlin, Berlin, Germany, [7]Department of Pharmacology, University of Pretoria, Hatfield, South Africa, [8]International Academy of Physician Associate Educators, Lewes, Delaware, United States

INTRODUCTION

The 'Global competency and outcomes framework for the essential public health function' has been published by the WHO in 2024. This framework can help national workforces to be trained for essential public health services, including pandemics and disasters. However, implementing international frameworks into national, regional or local public health curricula is a challenge – as it is for all training programs/ studies. The international, non-commercial 'LOOOP-network for Research in Health Sciences Education' addresses this challenge since 2004 by developing and evaluating concepts for curriculum mapping in an online available tool named 'Learning Opportunities, Objectives and Outcome Platform' (LOOOP). This platform is currently used to map around 250 different health sciences programs in 65 countries . The main purpose of curriculum mapping is to create transparency for teachers and learners concerning what has to be learned and how this is related to frameworks. Thus, curriculum mapping ensures that the competencies and outcomes within the framework are fully addressed in each curriculum.

METHODS

Aim of this workshop is to develop ideas for implementation of the new essential public health function framework into existing or upcoming curricula for public health workforces. The authors will give a short introduction into the WHO framework and will present mapping experiences from around the world. Afterwards, participants will develop and discuss ideas for implementation of the framework in small groups.

RESULTS

Results of each small group will be presented shortly to the whole group.

CONCLUSIONS

Workshop results may have significant impact on implementation of the competency and outcome framework into upcoming curricula for global education and training of public health workforces.

Popul. Med. 2026;8(Supplement 1):A1134

ABS4097

Implementation of a permanent health education committee to strengthen primary health care governance and service quality in a countryside Brazilian municipality

Cesar Augusto da Silva[1], Franciele Marta Pergo[2], Simoni Correa Mantovam[2], Thaynan Aparecida Goudinho de Souza[2]

[1]Family Health, Universidade Federal do Paraná, Toledo, Brazil, [2]Municipal Health Secretary, Secretaria Municipal de Saúde de Assis Chateaubriand, Assis Chateaubriand, Brazil

INTRODUCTION

Permanent Health Education is a strategic policy within the Brazilian Unified Health System aimed at transforming health practices through learning embedded in daily work processes. In June 2025, the municipality of Assis Chateaubriand, Paraná, established an multiprofessional Permanent Health Education Committee to institutionalize continuous professional development aligned with territorial needs and to strengthen primary health care. This report describes its implementation process and initial outcomes.

METHODS

The implementation strategy was organized around four interconnected axes: diagnosis, regulation, training and evaluation. A participatory situational diagnosis was conducted through facilitated discussion circles in all primary health care units, involving health workers and local managers. These discussions were grounded in Paulo Freire's dialogical and problem-posing educational approach,. Identified gaps guided the development of clinical and organizational protocols and targeted educational interventions. Governance instruments were formalized, including internal regulations and a municipal work plan aligned with the National Permanent Health Education Policy. Educational activities prioritized active and problem-based learning methodologies.

RESULTS

The diagnosis revealed gaps in prescribing practices, medication stock management and procedural capacity in primary care. In response, the committee developed and implemented a safe prescribing protocol, medication stock guidelines and a municipal protocol for nutritional formulas and therapies. Workshops were delivered on safe prescribing and rational medicine use, along with a theoretical and practical training on intrauterine device insertion to expand procedural capacity. A municipal primary health care service portfolio was also structured to standardize delivery and enhance resoluteness. Regular coordination meetings and a monitoring framework were established to support continuous evaluation.

CONCLUSIONS

The institutionalization of a Permanent Health Education Committee proved viable as a governance strategy to align workforce development with service needs. By integrating participatory diagnosis, protocol development and targeted training, the initiative seeks to strengthen clinical quality and organizational coherence in primary health care.

Popul. Med. 2026;8(Supplement 1):A1135

ABS4108

Embedding person-centered teaching in nursing education: academic staff and clinical facilitator's experiences in a South African undergraduate program

Silindokuhle Nyezi[1], Justine Baron[1], Marianna van der Heever[1]

[1]Nursing and Midwifery, Stellenbosch University, Cape Town, South Africa

INTRODUCTION

Person-centeredness (PC) is a concept concerned with putting recipients of care in the center, thus, emphasizing empathy, shared decision making and respect for individuals. In nursing education, embedding PC within theoretical and clinical teaching is critical for preparing graduates who contribute to high quality, safe and equitable health systems. Despite the recognized importance of PC, limited evidence exists on how nurse educators enact PC teaching within undergraduate nursing curricula in the Western Cape, South Africa.

METHODS

an exploratory qualitative study was conducted at a university in the Western Cape, South Africa, which implemented the country's first person-centered Bachelor of Nursing curriculum. 13 semi-structured interviews were conducted with purposively sampled academic staff and clinical facilitators with more than 12 months of teaching experience within the programme. Thematic analysis was used to analyze data and explore the experiences of academic staff and clinical facilitators with integrating PC teaching.

RESULTS

Participants described substantial organizational and structural barriers that hindered the consistent implementation of PC teaching. These included high workloads, lecture schedules, fast paced learning environments, limited collegial collaboration and the absence of formalized mechanisms to monitor and evaluate PC teaching practices. Despite these limitations, participants shared a common understanding of PC principles. Additionally, the intentional use of learner-centered pedagogical strategies such as reflection, role modeling and continuous reinforcement of PC principles across teaching contexts. Although the absence of formal evaluations was noted, however, participants reported consistent anecdotal evidence from various clinical placements indicating that students demonstrated respectful and empathetic behavior in patient interactions, suggesting a translation of PC principles into practice.

CONCLUSIONS

Person-centered curricula plays a pivotal role in strengthening the public health nursing workforce by fostering compassionate, reflective and ethically grounding practitioners. To sustain PC teaching, institutional support, academic staff collaboration and robust evaluation systems must be implemented.

Popul. Med. 2026;8(Supplement 1):A1136

ABS4120

From curriculum to capability: developing Entrustable Professional Activities for Public Health training programmes across health systems

Harsha Somaroo[1,2], Hassan Mahomed[1,3], Fatai Ogunlayi[4]

[1]College of Public Health Medicine, CMSA, Pretoria, South Africa, [2]Department of Community Health, University of the Witwatersrand, Johannesburg, South Africa, [3]Public Health Medicine, Stellenbosch University, Stellenbsch, South Africa, [4]United Kingdom Faculty of Public Health, London, United Kingdom

BACKGROUND

Entrustable Professional Activities (EPAs) are increasingly used to translate competency-based education into observable professional work. However, their application has largely been shaped by clinically oriented specialties. Public health (PH) presents distinct challenges, as competence is exercised at population, system, and policy levels rather than through individual patient encounters. Across countries, PH training programmes are exploring how EPAs can be adapted to reflect real-world public health practice, governance complexity, and non-clinical forms of evidence for entrustment. These efforts are occurring at different stages of maturity and within diverse health system contexts, offering important opportunities for shared learning.

METHODS
This interactive workshop explores the process of developing EPAs for public health training across various health systems. Facilitators will present practical approaches to EPA development, including curriculum mapping, professional consultation, and structured consensus-building methods. The session will explicitly address discipline-specific challenges such as collective and system-embedded practice, political and institutional complexity, and assessing entrustment in non-clinical contexts. Audience participation is central to the workshop and will be facilitated through live polling and structured discussion to test draft EPA concepts, entrustment statements, and assessment approaches against participants' own training and practice settings. Real-time feedback will be synthesised to explore the transferability of EPA frameworks across different health systems. Expected Outcomes Participants will gain practical insight into EPA development processes for public health, a transferable framework for adapting EPAs to their own contexts, and a clearer understanding of entrustment beyond individual clinical encounters. Collective input will generate cross-context perspectives to inform ongoing EPA development efforts.
CONCLUSIONS
By sharing emerging experiences and integrating diverse perspectives, this workshop positions EPAs as evolving tools for strengthening the capability, legitimacy, and accountability of the public health workforce training across health systems; while aiming to produce practitioners who think beyond borders while acting within real health systems.
Popul. Med. 2026;8(Supplement 1):A1137

ABS 4126
Mapping Leadership Competencies and Program-level Characteristics Across U.S. MHA Programs Using the National Center for Health Leadership (NCHL) Competency Model
Teresa McKelvy[1]
[1]Health Administration, Central Michigan University, Mount Pleasant, Michigan, United States
BACKGROUND
Master of Healthcare Administration (MHA) programs are important for training future healthcare leaders, but there is a lot of variation in how these programs are structured, what they teach, and which skills they require. Accreditation aims to make programs more consistent, yet differences in program features and focus on certain skills still exist between schools. There has been little research comparing MHA programs by accreditation status using a common set of skills.
METHODS
This study looked at 131 MHA programs in the United States using information from university websites. Researchers recorded 22 different program features using a standard template. They used descriptive statistics to summarize things like program length, credit hours, tuition, and how often certain skills appeared in the curriculum. One-way ANOVA tested for differences in program features among CAHME-accredited, CAHME-candidate, and non-CAHME programs. Chi-square tests checked for differences in required skills by accreditation status. The team also checked their coding to make sure it was consistent and reliable.
RESULTS
Most programs took about two years to finish and required an average of 46 credit hours. Annual tuition varied significantly between accreditation groups, but out-of-state tuition was similar. More than 90 percent of programs included several skills from the National Center for Healthcare Leadership (NCHL) framework. However, skills like collaboration, public speaking, innovation, and negotiation were less common. Eight out of seventeen skills that varied between programs showed significant differences based on accreditation status.
CONCLUSIONS
The results partly supported the idea that program features differ by accreditation status and fully supported the idea that MHA programs closely follow NCHL skill areas. These findings help show how skill-based education is used in MHA programs and can guide curriculum planning, accreditation reviews, and training for future healthcare leaders.
Popul. Med. 2026;8(Supplement 1):A1138

ABS 4156
Barriers and Facilitators of Continuous Professional Development for Non – Communicable Disease managers in a public health setting in Gauteng, South Africa
Bridget Ikalafeng[1], Bridget Ikalafeng[1], Thifhelimbilu Luvhengo[1], Maphefo Thekiso[1], Tracey De Klerk[1], Juliana Kagura[1], Phuti Ngwepe[1], Bridget Ikalafeng[1]
[1]Gauteng Provincial Health Department, Department of Health, Johannesburg, South Africa
BACKGROUND
A Foundation for Research and Evaluation Training Programme (FRETP) was established to capacitate managers in a public health setting and it enrolled 5 cohorts between 2019 – 2025. There was collaboration with academic community through allocation of Supervisors for fellows.
AIM
To investigate barriers and facilitators of Continuous Professional Development (CDP) of research on NCDs by managers enrolled and not enrolled in the FRETP.
OBJECTIVES
To explore views of NCD line managers on CDP and research translation; To assess the barriers and facilitators experienced by FRETP NCDs fellows on implementation of the research projects;
METHODS
Process evaluation using qualitative and quantitative methods was used. Purposive sampling was used to select Key Informants. 20 self-administered questionnaires were distributed online. Data was analyzed using thematic analysis and SPSS.
RESULTS
Research Translation was reported as Appraising evidence and applicability to local context and Implementation strategies. Translation into practice" is a recognized process, not an accidental outcome. Facilitators were fellow' Supervisors' support, Clear guidance on ethics processes, support and motivation of the programme leader, availability of protocols and reports. Barriers were online learning, dedicated time for data collection, poor access of data analysis software programmes; resignations and changing of jobs led discontinued studies.
CONCLUSIONS
CPD is valued when it strengthens service delivery, governance, and clinical processes. Collaboration with academic institutions is a pillar of FRETP. Physical classes should be encouraged and resources for research should be prioritized. Understanding of the research translation process was demonstrated, however application of the process should still be strengthened. Context instability and staff movement threaten continuity of CPD-linked projects. Strengthening CDP requires alignment to NCD priorities + equitable access + mentorship + monitoring. Research should be included in Operational plans of the managers in a public setting.
Popul. Med. 2026;8(Supplement 1):A1140

ABS 4169
Training Needs of Teachers in Higher Educational Institutions for Non-Communicable Disease Capacity
Faith Agbozo[1], Judith van de Kamp[2], Daniel Boateng[3], Paul Amuna[1], Kerstin Klipstein-Grobusch[2]
[1]Department of Family and Community Health, University of Health and Allied Sciences, Ho, Ghana, [2]Department of Global Public Health and Ethics, University Medical Centre Utrecht, Utrecht, Netherlands, [3]Department Epidemiology and Biostatistics, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana
BACKGROUND
Non-communicable diseases (NCDs) present complex public health challenges that require educational competencies with emphasis on real-world solutions. The CAPSTONE project addresses this gap by strengthening the competencies of graduates for effective NCD care using challenge-based learning (CBL).
OBJECTIVE
Assessment of educational values, teaching practices, and training needs of teachers in higher education institutions (HEIs) to inform the co-creation and delivery of a transdisciplinary training manual for NCD care.
METHODS
Train-the-trainer (ToT) workshop for teachers from four selected higher educational institutions (HEIs) in Ghana and The Gambia whose academic background, professional expertise, or teaching responsibilities transcended domains in NCD surveillance, prevention, control, management, policy and advocacy. The training was preceded by a cross-sectional survey to assess their educational philosophies, teaching practices, training needs, and expected support mechanisms, resulting in the co-design of a 3-day innovative NCD ToT workshop built on the CBL pedagogy.
RESULTS
The needs assessment was completed by 24 faculty members (29% females), 71% with doctoral degrees and 11.5 years teaching experience. Concerning CBL, 42% had moderate understanding of the concept. On a 5-point rating scale, knowledge application (4.5) and collaborative learning (4.4) underpinned the teachers' educational values more than skill/competency building (4.4) and self-directed learning (4.3), identified as educational development needs. Support requested included periodic workshops (75%), mentorship/coaching (71%), and providing standard operating manuals (67%). Key suggestions to promote NCD

education were practical training that incorporates teaching resources detailing CBL in videos or step-by-step activities, mentorship and peer-learning using real case studies.
CONCLUSIONS
While HEI teachers demonstrated strong educational values aligned with knowledge application and collaborative learning, their training needs focused on competency development and practical application through CBL. The demand for structured capacity-building support underscores sustained professional development that combines these support systems to enhance graduate training for effective NCD care.
Popul. Med. 2026;8(Supplement 1):A1143

ABS4204
Student-Led Public Health Exchanges Internships: Ensuring Quality and Capacity
Gustavo Henrique Nicoletti Dalle Cort[1], Sabiana Seferi[1], Arda Imrak[1], Deniz Uçar[1]
[1]International Federation of Medical Students' Associations, Amsterdam, Netherlands
INTRODUCTION
Despite increasing recognition of public health competencies, studies show that although many medical schools integrate public health education into their curricula, substantial global variation persists, reflecting ongoing training gaps. The International Federation of Medical Students' Associations (IFMSA) has promoted student exchanges for over 70 years and, since 2020, has implemented the Public Health Exchanges (PHEx), offering 59 internships across 16 countries.
METHODS
This is a descriptive analysis of the 2025–2026 Public Health Exchange internship portfolio (n=59 internship forms) across participating IFMSA's national member organizations. Internships were thematically categorized using recurring public health domains (health systems; noncommunicable diseases; communicable diseases and vaccination; mental health; environmental and occupational health; primary care/social determinants; maternal, child and preventive health; and global and comparative Public Health).
RESULTS
The PHEx program comprises 59 internships across 16 countries, with a total annual capacity of 425 students. The most represented domain was Health Systems (13 forms; 22%), covering topics from patient safety to the use of artificial intelligence in health data. Noncommunicable Diseases followed with 11 forms (18.6%), addressing conditions such as cancer, diabetes, glaucoma and cognitive decline. Communicable Diseases and Vaccination accounted for 10 submissions (16.9%). Primary Care, Community and Social Determinants of Health represented 8 internships (13.6%), three based in the Brazilian Primary Health Care System. Global and Comparative Public Health and Mental and Cognitive Health each comprised 5 forms (8.5%), while Environmental and Occupational Health included 4 proposals (6.8%). Maternal, Child and Preventive Health was the least represented domain, with 3 forms (5.1%).
CONCLUSIONS
The IFMSA Public Health Exchange program demonstrates a structured exchange with experiential public health education, offering exposure to diverse health systems and thematic areas. These findings highlight PHEx as a promising framework for strengthening global public health capacity through internationally coordinated medical education.
Popul. Med. 2026;8(Supplement 1):A1144

HEALTH DETERMINANTS, SUSTAINABLE HEALTH EQUITY AND SDGS

ABS0014
Piloting an Urban Health Index in Fast-Track Cities: Outcomes, Lessons Learned, and Pathways to Scale
Jose Manuel Zuniga[1]
[1]Fast-Track Cities Institute, Washington, DC, United States
BACKGROUND
Urban environments concentrate both risks and opportunities for health. To better capture multidimensional drivers of urban well-being, we piloted a new Urban Health Index (UHI) across five Fast-Track Cities, aiming to provide a composite, actionable metric for monitoring and guiding urban health interventions.
METHODS
The UHI integrates indicators across four domains: environmental (air quality, green space, climate resilience), infrastructural (healthcare density, housing quality, transport access), social (inequities, poverty, education), and governance (public health investment, community participation). Municipal datasets, health surveillance systems, and geospatial analysis were combined and standardized (scale 0–100) to produce a single UHI score for each city. Pilot testing was conducted in Lisbon, Kyiv, Nairobi, Buenos Aires, and Bangkok, representing diverse geographies, economies, and governance structures.
RESULTS
The UHI successfully differentiated health resilience profiles: Lisbon (82) and Bangkok (76) ranked highest, reflecting strong governance, health infrastructure, and investments in climate adaptation. Buenos Aires (64) scored mid-level, balancing robust healthcare with persistent social inequities. Nairobi (48) and Kyiv (42) ranked lowest, reflecting environmental exposures, housing vulnerabilities, and governance challenges amid political and economic instability. Higher UHI scores correlated with improved maternal health indicators, stronger HIV care continuum performance, and reduced heat-related morbidity. Stakeholders highlighted the UHI's usefulness in synthesizing diverse data into a single decision-making tool, though challenges emerged around indicator standardization, data quality, and weighting equity-sensitive measures.
CONCLUSIONS
The pilot demonstrates the feasibility of a multidomain Urban Health Index to monitor city-level health performance and resilience. Lessons include the need for simplified indicator frameworks, improved data governance, and local capacity building. Recommended adjustments for scale-up include integrating equity-disaggregated metrics, aligning with SDG targets, and embedding the UHI into city dashboards to support planning and accountability across the Fast-Track Cities network.
Popul. Med. 2026;8(Supplement 1):A1145

ABS0017
Stigma as a Barrier to Ending AIDS: Global Findings from the Zero HIV Stigma Day 2025 Survey
Jose Manuel Zuniga[1]
[1]International Association of Providers of AIDS Care, Washington, DC, United States
INTRODUCTION
HIV stigma remains a pervasive structural barrier to care and prevention, undermining progress toward UNAIDS 95-95-95 targets. To coincide with Zero HIV Stigma Day 2025, IAPAC and partners conducted a global survey to assess experiences of stigma among people living with HIV (PLHIV) and perceptions among the general public across diverse geographies.
METHODS
An online and community-administered survey collected responses from more than 7,800 individuals in 18 countries across North America, Latin America, Europe, Africa, and Asia. The survey included validated measures of self-stigma, societal stigma, and institutional stigma, alongside items on knowledge of the "Undetectable = Untransmittable" (U=U) message. Data were stratified by region, gender identity, age cohort, and HIV status. Qualitative input from focus groups in five Fast-Track Cities provided contextual depth.
RESULTS
Findings reveal persistent and intersectional stigma. 48% of PLHIV respondents reported internalized stigma, including fear of disclosure. 41% reported health system discrimination, with the highest rates in sub-Saharan Africa and the Southern United States. General population respondents demonstrated low HIV knowledge, with only 37% of Gen Z respondents aware of U=U. Across all regions, stigma was amplified at intersections of race, gender identity, and migration status. Comparative analysis with 2020 data showed no significant global decline in stigma, and in some regions (e.g., Southern U.S., Eastern Europe) stigma indicators worsened. Focus groups underscored how stigma discourages HIV testing, interrupts treatment adherence, and perpetuates isolation.
CONCLUSIONS
The Zero HIV Stigma Day 2025 survey confirms that stigma remains the most pervasive barrier to ending AIDS as a public health threat. Addressing stigma requires multi-level interventions: community mobilization, health workforce training, media accountability, and political leadership. Findings call for renewed global commitment to stigma eradication as a central pillar of the HIV response.
Popul. Med. 2026;8(Supplement 1):A1146

ABS0059
The Impact of Primary Health Care on Child Mortality Amid the Humanitarian Crisis in Sub-Saharan Africa: An Integrated Retrospective and Forecasting Analysis from 2007 to 2040
Gonzalo Barreix[1], Sophie ter Braak[2], Daiana Albino Pena[1], Andréa Ferreira da Silva[3], Elisa Landin[1], Lucas Sales[3], Rodrigo Anderle[3], Ivalda Macicame[4], James Macinko[5], Renato Tasca[6], Inácio Mandomando[7], Sintayehu Wolka[8], Selidji Todagbe Agnandji[9],

Nega Assefa[10], Bryony Simmons[11], Bàrbara Baro[1], Quique Bassat[1], Davide Rasella[1]
[1]Health Impact Assessment and Evaluation, Barcelon Institute for Global Health, Barcelona, Spain, [2]Utrecht University, Utrecht, Netherlands, [3]Institute of Collective Health (ISC), Federal University of Bahia (UFBA), Bahia, Brazil, [4]Instituto Nacional de Saúde, Maputo, Mozambique, [5]University of California (UCLA), Los Angeles, United States, [6]Institute for Health Policies Studies (IEPS), Rio de Janeiro, Brazil, [7]Centro de Investigação em Saúde de Manhiça (CISM), Maputo, Mozambique, [8]Ministry of Health, Adís Abeba, Ethiopia, [9]Centre de Recherches Médicales de Lambaréné, Lambaréné, Gabon, [10]College of Health and Medical Sciences, Haramaya University, Haramaya, Ethiopia, [11]London School of Economics & Political Science, London, United Kingdom

INTRODUCTION
Primary Health Care (PHC) is recognized as pivotal for achieving Universal Health Coverage (UHC) and reducing under-five mortality rates (U5MR), however, current declines in international development assistance for health (DAH) threaten to stall or reverse the U5MR progresses of the last years. We estimated the impact of the effective PHC coverage on U5MR in three diverse Sub-Saharan countries over the last two decades and forecasted U5MR trajectories through 2040 according to alternative PHC scenarios.
METHODS
We developed an effective PHC coverage index (PHC-index) based on several PHC services provision and access dimensions. The PHC-index impact on child mortality was estimated using a two-ways fixed-effects multivariable Poisson regression models with robust errors, adjusted for all relevant confounding factors at the individual, regional and national level, and developing extended sensitivity and triangulation analysis for causal inference. We also integrated this evaluation with validated microsimulation forecasting model, encompassing nearly three million children per year.
RESULTS
Increasing PHC coverage was strongly associated with U5MR decreases in a dose-response manner, reaching a 58% reduction (RR:0.420; 95%CI:0.193-0.916) for consolidated high coverage. PHC coverage reductions due to DAH defunding will lead to considerably higher U5MR in comparison with a Universal PHC coverage scenario in 2040: 57.2% (95%UI:56.1–58.4) higher in Mozambique, 57.6% (95%UI:55.5–59.6) in Gabon, and 57.6% (95%UI:56.7–58.6) in Ethiopia, amounting 1,871,833 (95%UI:1,607,602–2,175,827) excess child deaths across the 2025-2040 period.
CONCLUSIONS
PHC substantially reduced U5MR in SSA over the past two decades and should be expanded rather than diminished due to the current drastic DAH defunding.
Popul. Med. 2026;8(Supplement 1):A1147

ABS0076
Dentistry and Inclusion: Building Racial Equity

Florival Costa Junior[1], Mayrianne Mattos Pinto[1], Ariane Silva Carvalho[1], Barbara Mendes Guimaraes[1], Rita Cassia Duarte Lima[1], Jeanine Pacheco Moreira Barbosa[1], Maria Angelica Carvalho Andrade[1]
[1]Universidade Federal do Espírito Santo, Vitória/ES, Brasil

INTRODUCTION
Dentistry in Brazil reflects historically constructed racial inequalities that impact the education, retention, and professional practice of black individuals, as well as the black population's access to quality oral healthcare services. [1,2] Affirmative policies have increased diversity in dentistry programs, but structural barriers that hinder racial equity in the field still persist. [3-5]
METHODS
An integrative literature review was conducted using the SciELO, PubMed, and Google Scholar databases, covering publications from 2000 to 2024. Scientific articles, theses, dissertations, and official documents related to racial inequalities in dentistry, inclusion policies in higher education, and public management practices in oral health were selected. The analysis prioritized studies on racial quotas, mentorship programs, cultural competency training, and anti-racist practices.
RESULTS
Affirmative policies have increased the enrollment of black students in dentistry programs, promoting academic diversity. However, challenges such as institutional racism, lack of support networks, covert discrimination, and barriers to professional advancement persist. Initiatives such as mentorship programs and culturally sensitive training have shown positive impacts on the retention and professional integration of black dentists. In public health management, anti-racist practices have strengthened access to oral healthcare for the black population, although issues such as underfunding, institutional resistance, and underreporting of racism cases continue to undermine the effectiveness of these actions. [1-5]
CONCLUSIONS
Achieving racial equity in dentistry requires structural actions that go beyond access to higher education, including the assurance of professional advancement, the expansion of inclusion policies, and the consolidation of anti-racist practices in public management. Investing in mentorship, culturally sensitive training, and social participation is essential to address historical inequalities and promote a fairer and more inclusive dental practice.
Popul. Med. 2026;8(Supplement 1):A1149

ABS0177
Factors contributing to home deaths for children under 5 years old in Okavango district for the year 2021-2022: An Exploratory study

Abigail Lesego Olesitse[1], Dr Bokwena Moali[2], Ndovasi Karumendu[3], Sello Moyo[4], Dr Kaite Mashini[5], Malebogo Kehakgametse[6]
[1]Public Health, Unicaf University, Lusaka, Zambia, [2]Medicine, University Of The West Indies, Montego Bay, Jamaica, [3]Health Education, Boitekanelo, Gaborone, Botswana, [4]Agricultural Education, Uninersity Of Botswana, Gaborone, Botswana, [5]Medicine, University Hospital Of Kinshansa, Kinshasa, Congo, Democratic Republic of the, [6]Social Sciences, University Of Botswana, Gaborone, Botswana

INTRODUCTION
Globally under five mortality has declined over the past two decades, yet in 2017 alone, 6.3 million under five children died largely from preventable causes. Sub Saharan Africa carries the highest burden of deaths occurring at home. In Botswana, under five mortality rate is around 22 per 1,000 live births. In Okavango District, 26% of under five deaths over three years occurred at home, with a rising trend in 2022—underscoring an urgent need to investigate underlying causes.
METHODS
This qualitative study focused on children died outside health facilities who reside and mortality occurred in Okavango district. Semi structured, in depth interviews were conducted, analyzed using both descriptive statistics and thematic analysis. Sample size determined by data saturation.
RESULTS
Seven mothers meeting inclusion criteria were interviewed. Most were single, unemployed and had completed junior secondary education. Identified themes: Caregivers often turned to traditional healers/ religious remedies as alternative medical care, Witchcraft, cultural taboos and beliefs, Health system gaps—weak referrals, inadequate assessments and staffing shortages. Moreover, child negligence led to delayed care-seeking or mismanagement while extended family influence further discouraged formal healthcare
DISCUSSION
This study addresses a critical issue in line with the Sustainable Development Goals particularly in the Sub-Saharan African context. Its qualitative approach offers insight into sociocultural, health system, and household-level factors that quantitative data might overlook. Themes identified especially reliance on alternative medicine and perceptions of illness rooted in tradition and witchcraft strongly influence care-seeking behaviors. Service delivery challenges exacerbate delays in accessing appropriate care. Poor parenting practices, neglect and harmful family dynamics also play a crucial role in child health outcomes.
CONCLUSIONS
These insights underline the need for culturally sensitive health education, improved healthcare access and delivery, performance of Post mortem to all non-institutional mortalities and strengthened community and family support systems to reduce preventable child deaths.
Popul. Med. 2026;8(Supplement 1):A1156

ABS0259
Unmet health and care needs of persons with disabilities in Ethiopia: what and why

Fasil Walelign Fentaye[1,2], Sibusiso Zuma[3]
[1]Public Health, Wollo University, Dessie, Ethiopia, [2]Monitoring, Evaluation and Learning, MERQ Consultancy, Addis Ababa, Ethiopia, [3]Health Studies, University of South Africa, Pretoria, South Africa

INTRODUCTION
An estimated 1.3 billion persons with disabilities (PWDs) globally need to be prioritized in the push towards Universal Health Coverage (UHC), as they experience significant health inequities. However, there is limited evidence from low-income settings. This study aimed to assess the unmet health and care needs of PWDs and identify the barriers hindering their access to services.
METHODS
The research employed an explanatory sequential mixed-methods design. Data was collected from 708 community members (354 PWDs and 354 persons without

disabilities, or PWoDs), 42 health facilities, and 569 health service providers. This was supplemented by 19 Key Informant Interviews and 8 Focus Group Discussions. Quantitative data was analyzed using STATA and qualitative data with Atlas.ti.
RESULTS
The results reveal stark disparities. A much higher proportion of PWDs (69.5%) had at least one health problem requiring services compared to PWoDs (43.5%). Critically, two-in-five PWDs (39.8%) had unmet healthcare needs, a rate significantly higher than the 15.1% for PWoDs. This level of unmet need and disparity is higher than what has been observed in similar studies. PWDs face multiple, intersecting barriers within the health system. These include limited awareness about health and available services, inadequate efforts from the health system to promote inclusiveness, and communication barriers. Furthermore, PWDs encounter financial challenges and find most physical components of health facilities to be inaccessible. Despite multiple policy documents aimed at enabling inclusive health services, a significant implementation gap persists.
CONCLUSIONS
PWDs have higher healthcare needs and health risks yet experience substantially higher unmet needs and lower service utilisation. The barriers are multifaceted, stemming from personal, socio-cultural, provider, and contextual factors. To address these gaps, integrated and multi-sectoral strategies from all stakeholders are critical for achieving a more inclusive healthcare system.
Popul. Med. 2026;8(Supplement 1):A1161

ABS0332
Financial chains and caregiver strain:The True cost of Haemodialysis in rural India

Saba Mohammed Mansoor[1], Mohit Naredi[1], Mahendra Khatri[1]
[1]Department of community medicine, Pacific medical college and hospital, Udaipur, India
BACKGROUND
Haemodialysis places significant financial and caregiving strains on patients and caregivers, especially in low-resource settings. This study examines the relationship between out-of-pocket expenditure (OOPE) and caregiver burden among 110 haemodialysis patients in rural India, highlighting socio-economic and clinical factors.
OBJECTIVE
To evaluate the extent of OOPE, categorize caregiver burden, and identify socio-demographic factors contributing to financial and caregiving stress.
METHODS
A cross-sectional design employed the Zarit Burden Interview (ZBI-12) to assess caregiver burden (0–10: low; >20: high) and the Modified B.G. Prasad Classification (2024)1 for income stratification. OOPE encompassed medical, non-medical, and indirect costs 2.Statistical analyses, including Kruskal-Wallis and chi-square tests, were conducted to determine associations.
RESULTS
• Financial Burden: The mean monthly OOPE was $113.7 (medical: $37.3; non-medical: $72.2), representing 45% of average household income ($253.9). Catastrophic expenditure (>40% of income) was observed in 16.4% (n=18) of patients. • Caregiver Burden: 36.4% (n=40) reported high burden (ZBI >20). Most caregivers had provided support for less than 3 years (63.6%, n=70), yet no significant association with burden was found (p=0.24). • Socio-Demographics: o 71.8% (n=79) were rural residents; 41.8% (n=46) were illiterate. o 33.6% (n=37) of patients exhibited severe depression (PHQ-9), correlating with increased OOPE. • Statistical Outcomes: There were no significant relationships between caregiver burden and gender (p=0.576) or caregiver duration (p=0.24).
CONCLUSIONS
Despite the lack of significant statistical associations, haemodialysis patients endure substantial financial strain (45% of income spent on OOPE) and face a high caregiver burden. Factors such as rural residency, illiteracy, and depression worsen these challenges. Policymakers should prioritize subsidies for dialysis costs and support programs for caregivers to alleviate this dual burden in resource-limited settings.
Popul. Med. 2026;8(Supplement 1):A1167

ABS0411
Immigrants Health: Social Determinants of Health and Health Inequities among East African Migrants in Australia – an Ethnographic Approach

Majok Wutchok[1]
[1]School of Health, Medical and Applied Sciences, Central Queensland University - CQUniversity Australia, 120 Spencer Street, Melbourne 3000, Australia
ABSTRACT
Abstract Migrants from East African countries settling in Western nations face significant disadvantages due to their socioeconomic backgrounds. Evidence indicates that these populations experience health knowledge and access to health services is affected during their settlement in a new country. The purpose of this study was to explore social determinants influencing health equity but with particular focus on East African migrants in Australia. Therefore, using ethnographic approach, this study identified five critical social determinants contributing to health inequities: culture and beliefs, structural barriers, language and communication challenges, limited social support and networks, and systemic issues within the healthcare system. These factors were found to significantly influence migrants' interactions with health services and overall health outcomes. Therefore, addressing these social determinants leading to health inequities is crucial to promote health outcomes and improving the living conditions for East African migrants settling in Australia. These findings highlight the need for both policy and practice to address these disparities through culturally responsive and inclusive strategies. This suggests policy to focus on eliminating these systemic and structural barriers by improving interpreter services, mandating cultural competency training for health professionals, and ensuring equitable access to health information and care. Community-based initiatives that strengthen social networks and promote health literacy among migrant populations should also be supported. In practice, health care providers must be equipped to engage with diverse cultural perspectives, build trust, and collaborate with community leaders. Embedding cultural responsiveness into health systems is essential for reducing disparities and promoting equitable health outcomes among East African migrants and other culturally and linguistically diverse communities.
Popul. Med. 2026;8(Supplement 1):A1170

ABS0427
Bridging Barriers: A Proposed Ethics-Driven Ecological Paradigm for Global One Health and Intergenerational Well-being

Yueyi Tong[1]
[1]General Office, Xinjiang International Medical Center, Xinjiang, China
BACKGROUND
The intertwined challenges of global ecological health and zoonotic risks indicate room for the evolution of traditional public health "barrier" models, which focus on containment and response but have limitations in addressing the ecological root causes of disease. Given that approximately 75% of emerging infectious diseases are zoonotic, it is imperative to advance the public health paradigm towards a more proactive and inclusive vision that incorporates the well-being of ecosystems and future generations.
METHODS
We propose an ethics-driven "Bridge" paradigm. Reports have indicated that in similar ecological intervention practices in pastoral regions of Western China, a reduction of approximately 37% in reported zoonotic cases was observed. The paradigm is articulated through a three-tiered framework: 1) establishing foundational ecological restoration as the primary defense; 2) supporting it with cross-sectoral surveillance; and 3) reserving targeted emergency responses as a last resort. We outline a planned three-year comparative implementation study to test the efficacy, adaptability, and replicability of this framework across pastoral systems in Western China and South Africa. Results and
CONCLUSIONS
The study aims to systematically evaluate and quantify the framework's multifaceted outcomes, including improvements in ecological baselines, reductions in high-risk human-animal contact, decreases in zoonotic spillover rates, and enhanced inter-sectoral coordination efficiency. This paradigm transcends anthropocentric elimination mindsets, offering a replicable and practical blueprint for health governance. We conclude that this "Bridge" model provides a critical pathway toward a more resilient, equitable, and sustainable global health future, safeguarding well-being for all life, present and future.
Popul. Med. 2026;8(Supplement 1):A1172

ABS0563
Have health policy efforts reduced residential inequalities in mortality in Lithuania?

Olga Mesceriakova[1], Daumantas Stumbrys[1], Ramune Kalediene[2], Skirmante Sauliune[2]
[1]Vilnius University, Vilnius, Lithuania, [2]Lithuanian University of Health Sciences, Kaunas, Lithuania
ABSTRACT
Introduction. Lithuania has some of the largest social and demographic inequalities in mortality within the European Union [1,2]. To address these disparities, the Health Inequalities Reduction Plan was adopted in 2014, and the goal of reducing

health inequalities was included in the National Health Strategy [3,4]. This study examines residential inequalities in mortality from the main causes of death for males and females in Lithuania, comparing periods before (1990-2013) and after (2014-2024) the implementation of health policy measures targeting inequality reduction. Methods. Mortality data during 1990-2024 was obtained from the Institute of Hygiene. Age-standardized mortality rates per 100,000 population from cardiovascular diseases, cancer, external causes, and digestive system diseases were calculated for urban and rural residents by sex. Inequalities in mortality were assessed using a rate ratio (rural/urban). The Joinpoint regression analysis was applied to assess trends in inequalities during the periods 1990–2013 and 2014–2024. Results. We found that inequalities in mortality by place of residence from cardiovascular diseases and digestive system diseases for both sexes, and from cancer and external causes for females, increased (P<0.05) during 1990-2013. While during 2014-2024, mortality inequalities increased from cardiovascular diseases and cancers for both sexes, and digestive system diseases for males (P<0.05). A declining trend in inequalities was observed exclusively among females for deaths from external causes. Furthermore, between 2014 and 2024, the inequalities in mortality by place of residence from cardiovascular diseases and cancers for both males and females, and from external causes and digestive system diseases for males, increased faster than between 1990 and 2013. Conclusions. The study showed that despite the introduction of national health policy measures in 2014, inequalities in mortality from the main causes of death did not decrease in Lithuania during 2014-2024.

Popul. Med. 2026;8(Supplement 1):A1177

ABS0615

Nutrition equity and food environments in rural communities: assessment of small discount stores

Hadis Dastgerdizad Elyaderani[1], Theresa Andrasfay[2], Lovelyn Isiani[1]

[1]Global Health Studies & Sociology, University of Miami, Coral Gables, United States, [2]School of Health Sciences and Human Services, California State University, San Marcos, United States

BACKGROUND

Rural areas in the southern United States experience a disproportionate burden of diet-related disorders, driven by limited access to nutritious and affordable foods. Dollar stores have rapidly grown in these regions, often replacing traditional grocers and shaping residents' nutritional behavior. However, their food environment and their readiness to serve as vendors for the Women, Infants, and Children (WIC) nutrition program remain under-examined. This study addressed this gap using a newly developed Nutrition Environment Measures Survey for Dollar Stores (NEMS-DS). This tool captures dimensions that previous assessments may overlook, mainly since dollar stores rely heavily on ultra-processed foods.

METHODS

A quantitative, cross-sectional study was conducted in 13-dollar stores across six rural counties in the Lowcountry, South Carolina. All stores were located in rural, high-deprivation areas identified through the area deprivation index. Food environments of sampled stores were assessed to capture Healthy Food Availability (HFA); WIC Readiness; (3) Marketing of healthy versus unhealthy items. Descriptive statistics, F-tests, and χ-tests were employed to compare Lowcountry stores and 202-dollar stores from a parallel multi-state study.

RESULTS

The Lowcountry's stores demonstrated limited HFA scores (mean 23/62) and low WIC readiness (mean 51/190). Stores devoted only 12% of the total shelf space to healthy items compared to unhealthy snacks. None of the stores marketed healthy foods at checkout, while 100% promoted sugar-sweetened beverages and ultra-processed snacks—no significant differences with other sites. Although fresh produce availability was slightly higher than in stores from other states, frozen and shelf-stable produce options were significantly lower.

CONCLUSIONS

Dollar stores in the Lowcountry mirrored national patterns of reinforcing unhealthy food environments in rural high-poverty settings. Findings provide a policy-actionable framework for expanding WIC vendor eligibility to dollar stores, regulating marketing to improve nutritional behavior, promoting equitable access to nutritious foods, and preventing chronic disease in rural communities.

Popul. Med. 2026;8(Supplement 1):A1182

ABS0687

Factors associated with cocaine and ecstasy use among portuguese adolescents

Diana Mendes[1], Pedro Aguiar[2]

[1]Public Health Department, Local Health Center of Alto Alentejo, Portalegre, Portugal, [2]Compheensive health research Center, NOVA National School of Public Health, Lisbon, Portugal

INTRODUCTION

cocaine and ecstasy use represent a growing public health concern, given their adverse impacts on health, with high availability, early initiation, and increasing prevalence, particularly among youth (1-4). Among 16-year-old adolescents, the risks are especially pronounced due to the vulnerability of the developing brain, which may result in cognitive impairments, attention and memory deficits, and potential compromise their educational and social outcomes. This study aims to identify demographic, socio-economical, familial, and peer-related factors associated with the consumption of these substances among portuguese students aged 16 years old.

METHODS

an observational, descriptive, cross-sectional epidemiological study with an analytical component was conducted using data from the 2019 European School Survey Project on Alcohol and other Drugs (ESPAD). Independent variables included demographic, socioeconomic, family relationships, and peer relationships, while dependent variables were cocaine and ecstasy use in the last 12 months. Associations between variables were assessed using pearson's chi-square test, followed by multiple logistic regression to identify the most significant risk factors. Ibm® spss® statistics version 28 was used to perform the statistical analysis plan.

RESULTS

lack of parental control significantly increased the risk of cocaine use (AOR=2.540; 95% CI: 1.425–4.527; p=0.002) and ecstasy use (AOR=2.273; 95% CI: 1.422–3.634; p<0.001). Absence of family support significantly increased the risk of cocaine use (AOR=2.082; 95% CI: 1.121–3.866; p=0.020) and ecstasy use (AOR=2.168; 95% CI: 1.410–3.333; p<0.001). Ease of obtaining money significantly increased the risk of cocaine use (AOR=1.975; 95% CI: 1.092–3.572; p=0.024).

CONCLUSIONS

socio-economical and familial factors play a determining role in consumption behaviours among adolescents (5-8). Our results reinforce the importance of creating preventive social and health policies, as well as implementing public health interventions, in order to identify and act on individuals and communities at risk, promoting health and preventing disease.

Popul. Med. 2026;8(Supplement 1):A1185

ABS0775

Transforming health equity through nurse led inreach and outreach for people experiencing homelessness

Sonia Martin[1]

[1]OneBridge, Sunshine Coast, Australia

INTRODUCTION

People experiencing homelessness face profound barriers when accessing primary healthcare, contributing to avoidable illness, hospital demand and premature mortality. Nurse-led inreach and outreach models can improve health equity, particularly when informed by lived experience and grounded in the social determinants of health. Since 2023, OneBridge has conducted ongoing action research evaluating the impact of the MartMolly Method, an equity-informed nursing approach co-developed with people experiencing homelessness to translate social justice principles into clinical care. This model aligns with Sustainable Development Goal 3 (Good Health and Wellbeing) and Goal 10 (Reduced Inequalities) by strengthening access to care for excluded populations.

METHODS

A continuous action research cycle was undertaken across 29 community and housing locations in Queensland and New South Wales. Nurses provided trauma-aware primary care, mental health support, child health checks and care navigation for women, youth and culturally diverse groups. Data collection included service activity metrics, and thematic analysis of client and partner feedback.

RESULTS

Over 10000 health engagements were delivered across two years, with 67% of people experiencing or at risk of homelessness returning for regular care. 68% presented with mental health concerns and 41% required housing-related support. Care coordination resulted in 350 successful linkages to primary and specialist care including General Practitioners, mental health teams and alcohol and other drug services. Partner organisations reported increased tenancy sustainment and reduced crisis escalation. Clients described care as compassionate, safe and relationship-driven.

CONCLUSIONS

Nurse-led inreach and outreach informed by action research and lived experience improves equitable access to healthcare and continuity of care for people experiencing homelessness. Embedding the MartMolly Method within community nursing practice offers a scalable and sustainable strategy to advance health

equity and accelerate progress toward Australia's public health goals and the United Nations SDGs
Popul. Med. 2026;8(Supplement 1):A1190

ABS0872
Adopting a health equity lens to advance Health Literacy in South Tyrol (Italy) within the framework of the Local Prevention Plan

Piera Ceschi[1], Franco Finato[2], Lorella Zago[3], Ivo Paris[3], Antonio Fanolla[4], Romina Rossi[5], Richard Aschbacher[6], Leonardo Pagani[7], Patrizia Corazza[1], Dagmar Regele[8]
[1]Department of Prevention - Epidemiological Surveillance Unit, South Tyrolean Healthcare Services, Bressanone/Brixen (BZ), Italy, [2]Staff for Project Management, South Tyrolean Healthcare Services, Bolzano/Bozen, Italy, [3]Office for Prevention and Health Promotion, Automous Province of Bolzano/Bozen, Bolzano/Bozen, Italy, [4]Health Observatory, Automous Province of Bolzano/Bozen, Bolzano/Bozen, Italy, [5]SER.D, South Tyrolean Healthcare Services, Bolzano/Bozen, Italy, [6]Laboratory of Microbiology and Virology, South Tyrolean Healthcare Services, Bolzano/Bozen, Italy, [7]Antimicrobial Stewardship Unit - Division Infectious Diseases, South Tyrolean Healthcare Services, Bolzano/Bozen, Italy, [8]Department of Prevention, South Tyrolean Healthcare Services, Bolzano/Bozen, Italy

ABSTRACT
Background The Italian National Prevention Plan (NPP) serves as an essential operational tool for planning cross-cutting strategies at the national level, which have to be scaled up locally. It is renewed every five years to adapt to new health priorities and includes the implementation of equity-oriented initiatives through the adoption of the Health Equity Audit (HEA) cycle. An equity-based approach enables individuals to achieve their full health potential and should be embedded in public health strategies, regardless of a country's income level. Health literacy (HL) plays a crucial role in this process. The implementation of equity-oriented initiatives to strengthen HL can contribute to the achievement of better health outcomes. In South Tyrol, the local plan has been developed in alignment with the NPP. This abstract outlines local strategies, tools, outcomes, and future perspectives related to the co-creation of equity-oriented initiatives in a high-income territory, aimed at enhancing HL. Methods The HEA cycle has been systematically applied to design, implement, and monitor the initiatives, adopting a life-course, evidence-based, and integrated approach. Results Over the past five years, a multisectoral working group was established to strengthen the local governance. Twelve targeted equity-oriented interventions have been implemented, addressing key areas such as health-promoting schools, hygiene best practices in the local correctional facility, and antimicrobial resistance. A new model for implementing communication strategies, continuing education, and projects design aimed at enhancing HL has been established to guide the development of the next Prevention Plan 2027-2031. Conclusion Equity-oriented interventions have been successfully integrated into the local Prevention Plan 2021-2025 through actions across multiple settings, in alignment with the NPP 2020-2025, with the additional aim of improving HL. Strengthened local governance has enabled the achievement of the goals of this Plan and laid the groundwork for the strategic development of the upcoming local Plan.
Popul. Med. 2026;8(Supplement 1):A1197

ABS0878
Investigating the challenges faced by migrants in accessing public healthcare in Yeoville Bellevue community.

Zibusiso Msimanga[1]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa

INTRODUCTION
Medical xenophobia is deeply entrenched within South Africa's public health system, despite being a fundamental violation of the country's constitution and ethical codes governing patient care. Many studies document discriminatory practices against migrants in public healthcare facilities. Yeoville Bellevue, however, represents a distinctive urban context. The suburb has a high concentration of both internal and international migrants and is widely recognised as a migrant community. While this phenomenon strains resources, including healthcare services, it also appears to limit the overt practice of medical xenophobia, which tends to manifest more strongly in healthcare settings located in areas predominantly populated by South African citizens. This study aimed to investigate the challenges faced by migrants in accessing public healthcare in Yeoville Bellevue and to assess how medical xenophobia is experienced or mitigated within this context.
METHODS
A qualitative study design was used. Fifteen international migrants were purposively sampled and interviewed using an interview guide comprising closed- and open-ended questions. Observational data gathered during interviews was used to complement participant narratives. Inductive thematic content analysis was done on data using Atlas.ti.
RESULTS
The study found high utilisation of public healthcare services by migrants, primarily due to financial constraints and perceptions of, thoroughness, and quality of care. Most participants reported minimal barriers to access and indicated that they had not experienced discrimination or at the Yeoville clinic. However, subtle challenges were identified, including slow service delivery, inadequate resources, language and cultural differences. These findings suggest that while medical xenophobia is structurally embedded in the South African public health system, its expression is spatially uneven and less pronounced in migrant-dominated communities.
CONCLUSIONS
Migrants in Yeoville Bellevue appear to experience minimal challenges in accessing healthcare services. However, gaps between policy and practice persist, underscoring the need for continued training, resource allocation, and rights-based healthcare approaches.
Popul. Med. 2026;8(Supplement 1):A1198

ABS0886
Empowering African Youth: A Community-Led, Culturally Responsive Early Intervention Program in South Australia

Lavender Otieno[1], Pip Henderson[1], Calvine Odhiambo[2], Jenna-Leigh Le Mottee[2], Clare Bradley[1], Shanti Omodei-James[1], Georga Sallows[1], Rocco McNeill-Kovacic[1], Courtney Ryder[1]
[1]Flinders Health and Medical research Institute, College of Medicine and Public Health, Flinders University, Adelaide, Australia, [2]Multicultural Affairs, Department of Premier and Cabinet, Adelaide, Australia

INTRODUCTION
Community-led interventions are highly effective in addressing complex social issues, but they require sustained support and investment. In 2023, the African Communities Council of South Australia published a report highlighting concerns about youth violence and recommending government investment in early intervention strategies to promote positive social behaviours. In response, the South Australian Government committed $2.5 million to the Empowering African Youth Program, a proactive and culturally responsive initiative designed to reduce risk factors for disengagement and anti-social behaviour while strengthening protective factors that support long-term wellbeing. This program includes an external evaluation led by the Discipline of Trauma and Injury at the College of Medicine and Public Health at Flinders University. In 2025, the evaluation team collaborated with government and community stakeholders to co-design a comprehensive evaluation plan, with data collection scheduled for 2026–2028.
METHODS
Baseline evaluations will commence in 2026 using a mixed-methods approach, with midline and final impact evaluations in 2027 and 2028. Surveys, focus groups, and interviews will generate qualitative and quantitative insights into how the program enhances school retention and engagement and fosters positive social participation within Adelaide's African diaspora community.
RESULTS
Preliminary findings from 2026 will showcase early impacts and the effectiveness of community-led interventions supported by government investment. Analysis will identify key program components contributing to positive social engagement among African diaspora youth.
CONCLUSIONS
This evaluation will provide evidence on 'what works' in culturally responsive early intervention programs. Results will inform future strategies for reducing antisocial behaviour among African young people, improving school engagement and promoting pathways that lead to positive life outcomes. Findings will have implications for policy and practice, offering a scalable model for governments and public health systems globally to invest in community-led solutions that foster inclusion and equity.
Popul. Med. 2026;8(Supplement 1):A1199

ABS0944
Health-related quality of life, stress coping, and optimism among adults receiving ambulatory care for non-communicable diseases

Kelechi Nnene[1]
[1]Clinical Pharmacy and Pharmacy Management, University of Nigeria, Nsukka Enugu, Nigeria

INTRODUCTION
Health-related quality of life (HRQoL), optimism, and coping are psychosocial

determinants of well-being and treatment outcomes in the management of non-communicable diseases (NCDs). While HRQoL measures patients' subjective physical, emotional, and social well-being, optimism and coping shape their adaptation to chronic illness and treatment demands. In low-resource settings such as Nigeria, these constructs are underexplored despite their implications for patient-centred care. This study assessed the relationship between HRQoL, optimism, and coping strategies among outpatients in a tertiary hospital in southeastern Nigeria to inform policies for psychosocial integration in clinical practice.
METHODS
A cross-sectional study was conducted over 16 weeks at the University of Nigeria Teaching Hospital, Ituku-Ozalla. Four hundred adults attending the cardiology, endocrinology, rheumatology, and nephrology outpatient clinics were recruited by convenience sampling. Data were collected using a demographic questionnaire, the EQ-5D for health-related quality of life, the Life Orientation Test–Revised for optimism, and the Coping Strategies Inventory–Short Form for coping (6). Analyses were performed in SPSS v19 using descriptive statistics and regression models to determine associations between sociodemographic factors, HRQoL, optimism, and coping.
RESULTS
Mean scores were 71.2 ± 23.3 for HRQoL, 61.5 ± 14.4 for optimism, 78.8 ± 21.2 for engagement coping, and 60.7 ± 17.1 for disengagement coping. Participants showed moderate optimism and greater use of engagement coping strategies. HRQoL differed across clinical specialities. Disengagement coping and overall self-rated quality of life significantly predicted perceived health status, while education level and smoking were not significant. Although optimism was positively associated with HRQoL, this relationship was not statistically significant ($p > 0.05$), indicating that coping showed stronger associations with positive health outcomes.
CONCLUSIONS
Policy efforts should integrate psychosocial and behavioural support into routine NCD care to encourage active or engaged coping.
Popul. Med. 2026;8(Supplement 1):A1200

ABS1059
The Widening Gap: How Differential Payment Standards Under Diagnosis-Intervention Packet Reform Influence Patients with Different Types of Medical Insurance
Yingbei Xiong[1], Li Xiang[1]
[1]Department of Health Management, School of Medicine and Health Management, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China
BACKGROUND
This study investigates the progressive impact of the Diagnosis-Intervention Packet (DIP) payment reform featuring annually widening, differential payment standards for Urban Employee Basic Medical Insurance (UEBMI) and Urban-Rural Resident Medical Insurance (URRBMI) on healthcare equity. We analyze how this dual-track policy design dynamically influences medical costs, patients' economic burden, patient selection, and quality of care, focusing on diseases with varying clinical discretion and across different hospital levels.
METHODS
We analyzed over 3.6 million inpatient records from City A (treatment site with widening payment gaps) and City B (control site with unified standards). Using interrupted time-series analysis, we compared monthly ratios (UEBMI/URRBMI) for hospitalization costs, out-of-pocket payments, Elixhauser Comorbidity Index (ECI), and 31-day readmissions. Two representative conditions were selected: ischemic stroke (low clinical discretion) and atherosclerotic heart disease (high clinical discretion).
RESULTS
In City A, the widening gap significantly compromised equity for atherosclerotic heart disease. Following the first intervention, the cost ratio trend increased by 0.03% ($p<0.01$), accelerating by an additional 0.04% monthly ($p<0.01$) after the third intervention, indicating a cumulative policy effect. Significant trend increases in ECI and 31-day readmission ratios were also observed, suggesting provider-induced patient selection and quality erosion. Conversely, impacts on ischemic stroke were minimal. Notably, tertiary hospitals primarily adjusted the ECI ratio, while non-tertiary hospitals exhibited widespread, complex disparity increases across all metrics. City B showed no significant changes under its unified standard.
CONCLUSIONS
Our findings demonstrate that widening insurance payment gaps create escalating risks to health equity, particularly for high-discretion conditions and in non-tertiary healthcare settings. This provides critical evidence for the need for targeted regulatory monitoring and the rational calibration of payment standards to achieve Universal Health Coverage goals in countries with fragmented health financing systems.
Popul. Med. 2026;8(Supplement 1):A1205

ABS1078
Language access as a public health intervention: Ethical and equity implications from public-sector maternal care
Sinawo Lukubeni[1]
[1]Linguistics and Applied Linguistics, Nelson Mandela University, Gqeberha, South Africa
BACKGROUND
Language barriers in healthcare are often framed as communication challenges or auxiliary service gaps rather than core public health concerns. In multilingual, resource-constrained public health systems, limited language access undermines informed consent, patient safety, dignity, and trust, contributing directly to inequitable maternal health outcomes. There is growing recognition that language access is not peripheral to care delivery but central to ethical and effective health systems.
METHODS
This study presents a realist-informed synthesis of empirical studies, policy documents, and ethical analyses published between 1995 and 2025. The review examines how language-access interventions, including professional interpreter services, language-concordant care models, and enforceable language policies, function within public-sector maternal health systems. Evidence from low and middle-income countries and comparable under-resourced settings was synthesised to identify key mechanisms and contextual conditions influencing effectiveness. The Dora Nginza Hospital context in South Africa was used as a case lens to interpret findings within a multilingual, resource-constrained public health system.
RESULTS
The synthesis demonstrates that language-access interventions improve maternal health equity by activating key mechanisms, including enhanced patient comprehension and agency, reduced clinical error, and strengthened ethical practice through meaningful informed consent. However, these benefits were sustained only where language access was institutionalised through policy enforcement, protected budgets, and leadership commitment. In settings where language services relied on ad hoc arrangements or individual clinician goodwill, impacts were inconsistent and vulnerable to systemic pressures such as staff shortages and time constraints.
CONCLUSIONS
Language access should be recognised as a core public health intervention essential to ethical, safe, and equitable maternal healthcare. Health systems that fail to institutionalise language services risk perpetuating structural inequities and ethical harm. Public health policy and planning must therefore integrate language access into health system design, financing, and accountability frameworks to advance maternal health equity in multilingual societies.
Popul. Med. 2026;8(Supplement 1):A1208

ABS1087
Factors Affecting Posttraumatic Growth Among Survivors Of Domestic Violence: A Scoping Review
Shinaaz Zoutenberg[1]
[1]Public Health, Sefako Makgatho Health Sciences University, Pretoria, South Africa
INTRODUCTION
Posttraumatic growth (PTG) refers to positive adaptation in the aftermath of coping with traumatic experiences. Notwithstanding the aversive nature of domestic violence (DV), there is evidence to suggest the potential for PTG among its survivors. The determinants of such adaptation are nonetheless heterogeneous and complicated.
METHODS
This peer-reviewed literature systematically accessed from the electronic databases of PubMed, PsycINFO, and Scopus. The review included studies from 2022 to 2024, specifically those that had conducted research with adult DV survivors and reported PTG variables. The proposed structure for this will follow the guidelines for the Preferred Reporting Items for Systematic reviews and Meta-Analyses for Scoping Reviews (PRISM ScR).
RESULTS
17 studies were eligible for this review. PTG-relevant factors individual factors (demographics, lifelong learning, cognitive processing, length of time since abuse ceased), and interpersonal factors (engagement with supportive networks) that

emerged as central to survivors' growth.
CONCLUSIONS
The review reflects that PTG in DV survivors is multifactorial in nature with various psychological, social, and environmental factors intertwining in an interrelated manner. Clarification of the factors can be utilised to inform trauma-informed intervention and support services in promoting development and recovery. Further research is necessary to investigate understudied populations and longitudinal pathways of PTG.
Popul. Med. 2026;8(Supplement 1):A1212

ABS1096
Violence Motivated by Religious Intolerance in Brazil: A Public Health Concern
Mariana Ito de Andrade[1], Gabriel Riceto Brandão[1], Gabriela Guarini[1], Lisie Tocci Justo[1]
[1]School of Medicine, Faculdade Municipal Professor Franco Montoro (FMPFM), Mogi Guaçu, Brazil
ABSTRACT
Religious freedom, recognized as a fundamental human right, ensures the peaceful coexistence of diverse beliefs and non-religious convictions, safeguarded by the principle of state secularism. However, the persistence of violence motivated by religious intolerance exposes the fragility of this guarantee, revealing violations that directly affect the dignity, health, and safety of affected populations. The objective of this study was to describe the epidemiological profile of reported cases of violence motivated by religious intolerance in Brazil between 2014 and 2024. This descriptive, cross-sectional, and quantitative study was based on notification forms recorded in the SINAN/DATASUS system and analyzed using descriptive statistics in SPSS version 28. A total of 2,195 cases were identified, with the highest concentration in São Paulo (27.3%), Minas Gerais (14.8%), and Rio de Janeiro (13.3%). Victims were predominantly female (71.3%), of mixed race (42.2%), single (44.1%), heterosexual (65.9%), with completed secondary education (17.0%), and without disabilities or disorders (74.7%). The household was the primary setting of occurrence (65.1%), with repeated episodes in 43.9% of cases, and most injuries were not self-inflicted (73.7%). Physical violence (70.0%) and psychological/moral violence (36.5%) were the most frequent types, while the main means of aggression were bodily force (51.6%) and threats (20.8%). In 66.4% of reports, a single perpetrator was involved, typically an adult aged 25–59 years (60.0%), and alcohol use was identified in 26.8% of incidents. Regarding referral pathways, health services were predominant (58.3%), followed by general police stations (20.2%). In conclusion, violence motivated by religious intolerance in Brazil occurs predominantly against mixed-race women, within domestic environments, with recurrent episodes and predominance of physical and psychological aggression, perpetrated mainly by individuals close to the victims. Referral is concentrated in health services and police authorities, underscoring the urgent need for intersectoral coordination to address and mitigate this form of violence.
Popul. Med. 2026;8(Supplement 1):A1213

ABS1124
Community Health Workers 's views on barriers and challenges on healthcare service access and utilisation faced by adult men in the City of Mbombela, Mpumalanga Province, South Africa: a qualitative analysis
Tshifhiwa Netshapapame[1]
[1]Public Health and Health Systems, University of Limpopo, Polokwane, South Africa
BACKGROUND
Marginalised men in South Africa, particularly in rural and peri-urban settings, face essential barriers to accessing healthcare services. These challenges are often rooted in structural, cultural, and social factors that influence health-seeking behavior and service utilization.
OBJECTIVE
This study aimed to explore the perceptions and experiences of CHWs regarding the barriers adult men face in accessing healthcare services in the City of Mbombela, and to identify potential strategies to improve service delivery and engagement.
METHODS
A qualitative descriptive design was employed, using purposive sampling to recruit 63 CHWs for five focus group discussions (FGDs). Semi-structured interviews were conducted in Siswati and English, and thematic analysis was performed using ATLAS.ti version 23.3. Data saturation was reached by the 5th FGD. Field notes and non-verbal cues were also documented to enrich contextual understanding.
RESULTS
Two major themes and sub-themes emerged: CHWs' awareness and support roles; cultural influences such as masculinity and stigma; systemic barriers including long waiting times, financial constraints, and inconvenient clinic hours; and proposed strategies for improvement. CHWs emphasized the importance of tailored counselling, mobile unit clinics, and male-led support groups to enhance men's engagement with healthcare services.
CONCLUSIONS
CHWs play a pivotal role in bridging the gap between men and healthcare services. Addressing cultural norms, improving service accessibility, and implementing community-based interventions are essential to overcoming barriers and promoting health-seeking behavior among adult men
Popul. Med. 2026;8(Supplement 1):A1214

ABS1135
Causes of Mortality in DIMAMO Health Demographic Surveillance Centre, Limpopo Province, 2019-2021
Tshifhiwa Netshapapame[1]
[1]Public Health and Health Systems, University of Limpopo, Polokwane, South Africa
INTRODUCTION
The major causes of death globally are on the rise, with the World Health Organization (WHO) (2020) reporting 55.4 million annual deaths, from injuries, communicable, and non-communicable diseases (NCDs). Non-communicable diseases (NCDs), including heart disease, stroke, cancer, diabetes, and chronic lung disease, accounted for 74% of global deaths in 2019. In sub-Saharan Africa, leading causes of death included lower respiratory infections (774/100 000), diarrheal diseases (496/100 000), neonatal disorders (880/100 000), and HIV/AIDS (435/100 000). In South Africa, TB was the leading infectious killer, contributing to 454 014 deaths in 2018.
AIM
This study aims to examine the causes of mortality and contributing factors within the DIMAMO Health and Demographic Surveillance System (HDSS) in Limpopo Province, South Africa, between 2019 and 2021.
METHODS
A retrospective cross-sectional design was employed; the researcher utilised secondary data from 308 recorded deaths in the DIMAMO HDSS database, collected through verbal autopsies. Data analysis involved descriptive and inferential statistical methods using SPSS Statistics 25.0 software, with a total sampling technique applied.
RESULTS
The results revealed that mortality was higher among the elderly (60+ years), with chronic diseases such as cancer, diabetes, and HIV as major contributors. A statistically significant association was observed between age and the prevalence of chronic diseases. The COVID-19 pandemic and limited healthcare access contributed to increased mortality rates and underdiagnosis of cardiovascular conditions.
CONCLUSIONS
The evidence underscores chronic conditions within the non-communicable disease spectrum, such as diabetes, cancer, and HIV, as leading causes of death, especially amongst elderly people in the DIMAMO HDSS and similar settings.
Popul. Med. 2026;8(Supplement 1):A1216

ABS1395
Childhood Socioeconomic Circumstances and Adult Mortality: A Systematic Review and Meta-Analysis
Philip Broadbent[1], Alistair Carr[1], Erik Igelstrom[1], Kirsten Hainey[1], Mhairi Campbell[1], Nina Micaela Calderon Huachi[1], Valerie Wells[1], Anna Pearce[1], Daniel Kopasker[1], Srinivasa Vittal Katikireddi[1]
[1]School of Health and Wellbeing, University of Glasgow, Glasgow, United Kingdom
ABSTRACT
Introduction Childhood socioeconomic circumstances are important determinants of adult health, yet no systematic synthesis of their impact on adult mortality has been published since 2008. This study aimed to synthesise evidence on the associations between childhood socioeconomic circumstances and adult all-cause and cause-specific mortality, quantifying population-level impacts to inform global health equity policy. Methods We conducted a systematic review and meta-analysis of longitudinal cohort studies. We searched MEDLINE, SocIndex, ASSIA and ProQuest Public Health from inception to March 2025 without language restrictions. We included studies linking childhood socioeconomic conditions (parental occupation, education, economic circumstances, housing) to adult

mortality (age 18 or older). Risk of bias was assessed using ROBINS-E and evidence certainty using GRADE. We pooled hazard ratios (HR) using restricted maximum likelihood random-effects models and calculated the relative index of inequality (RII) to standardise comparisons across socioeconomic hierarchies. Results The review included 99 studies comprising approximately 8.5 million participants from 18 countries, providing 484 effect estimates. Disadvantaged childhood socioeconomic circumstances were consistently associated with higher adult mortality. Comparing the most versus least disadvantaged groups for father's occupational social class yielded a pooled HR of 1.26 (95% CI 1.18 to 1.35), translating to 181 (95% CI 125 to 243) excess deaths per 100000 population per year. The relative index of inequality was greatest for childhood economic circumstances (RII 2.52; 95% CI 1.17 to 5.42). Harmful associations persisted across cause-specific outcomes, including cardiovascular disease (HR 1.28) and respiratory disease (HR 1.65 to 1.82), and remained consistent when restricted to studies with low risk of bias. Conclusions Disadvantaged childhood socioeconomic circumstances are robustly associated with increased adult mortality across diverse measures and geographic contexts. These findings support prioritising early-life interventions to improve population health and reduce mortality disparities

Popul. Med. 2026;8(Supplement 1):A1224

ABS1437

Environmental Health Surveillance in Brazil: The experience in the State of Bahia

Elielton Araujo[1,2], Luciana Fiuza[2], Ademildes Campos[2], Ynayara Rodrigues[2], Manuela Santos[2], Rivia Barros[2]

[1]Postgraduate Program in Ecology: Theory, Application and Values, Federal University of Bahia, Salvador, Brazil, [2]Environmental Health Surveillance Coordination, Government of the State of Bahia, Salvador, Brazil

ABSTRACT

Environmental Health Surveillance (EHS) is a strategic component of Brazil's Unified Health System (Sistema Único de Saúde – SUS), focused on the identification, monitoring, and mitigation of environmental risks to human health. In Brazil, EHS implementation faces challenges related to territorial heterogeneity, limited local technical capacity, and insufficient intersectoral integration. In the state of Bahia, characterized by wide socioenvironmental diversity, the Environmental Health Surveillance Coordination (Coordenação de Vigilância em Saúde Ambiental – COVIAM) has played a leading role in strengthening and consolidating structured actions across the territory, exceeding the national average in several aspects. This descriptive study analyzes actions developed by COVIAM during the 2023–2025 triennium, covering the surveillance axes of drinking water quality, air quality, populations exposed to chemical contaminants, environmental determinants of health, and climate change. Institutional records, technical reports, and data from environmental health information systems were reviewed. During the study period, 488 EHS actions were implemented statewide, with a strong emphasis on technical capacity building, institutional support, and territorial planning. Bahia demonstrated national leadership in the surveillance of populations exposed to chemical contaminants, registering the highest number of monitored areas in Brazil in 2025 (1.632 areas). In the climate change axis, the state became a national pioneer by developing the country's first Health Sector Plan for Climate Change Mitigation and Adaptation, presented at national forums and during the 30th Conference of the Parties (COP 30). These initiatives place Bahia above the national average in terms of organization, innovation, and scope of EHS actions. The findings indicate that strengthening environmental health surveillance, when integrated with territorial management, continuing education, and intersectoral collaboration, produces tangible impacts on the protection of collective health. The Bahia experience represents a national benchmark, highlighting the importance of investing in EHS to address health inequalities and climate-related emergencies while advancing sustainable development4-7.

Popul. Med. 2026;8(Supplement 1):A1226

ABS1523

Occupational and sociodemographic disparities in chronic respiratory disease mortality in south africa: a national analysis (2013-2019)

Asanda Mkulisi[1], Nqobile Mngoma[2,3], Alfred Musekiwa[1]

[1]School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa, [2]Africa Health Research Institute, Mtubatuba, South Africa, [3]Department of Family Medicine, School of Medicine, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa

INTRODUCTION

chronic respiratory diseases (CRDs) are a major cause of adult mortality globally and remain an important public health concern in south africa. Occupational exposures such as dust, fumes, and chemical agents are preventable risk factors, yet nationally representative evidence on occupational patterns of CRD mortality in south africa remains limited.

METHODS

we conducted an analytical cross-sectional study using national mortality data from statistics south africa for 2013-2019. We included all registered deaths among individuals aged 18-75 years with known occupation and certified underlying cause of death. We identified CRD deaths using ICD-10 codes J30-J99 and coded them as a binary outcome. We summarised sociodemographic and occupational characteristics using descriptive statistics. We used multivariable logistic regression to estimate associations between occupational groups and CRD mortality, adjusting for age, sex, population group, province, education, marital status, and smoking status. We report results as adjusted odds ratios (AORs) with 95% confidence intervals (CIs).

RESULTS

of 2373703 deaths, 79840 (3.4%) were attributed to CRDs, of which chronic obstructive pulmonary disease accounted for 40134/79840 (50.3%), followed by asthma at 15482/79840 (19.4%). Proportional mortality was higher among males and older adults and was elevated among coloured (15623/200310; 7.8%) and white (14329/207573; 6.9%) population groups compared with black africans (42218/1627714; 2.6%). Compared with professionals, individuals in elementary occupations had higher odds of CRD mortality (AOR 1.06; 95% CI 1.03-1.09), while managers, professionals, technicians, and service and sales workers had lower odds.

CONCLUSIONS

occupational factors contribute to CRD mortality in south africa, particularly among lower-skilled workers. Employers should strengthen exposure control measures and workplace monitoring in high-risk industries, while the department of employment and labour should enforce occupational health regulations more consistently. The department of health should integrate routine respiratory screening into occupational health and primary care services to improve early detection and prevention of CRD-related deaths.

Popul. Med. 2026;8(Supplement 1):A1231

ABS1617

Completeness of race/ethnicity data in national health surveillance information systems in Brazil (2010–2023): trends and implications for equity

Marcos V da Silva Cordeiro[1,2], Ademar Barbosa Dantas Junior[2], Rita C Duarte Lima[1], Thiago Nascimento Prado[1], Jeanine Pacheco Moreira Barbosa[1], Maria A Andrade[1], Ethel L Noia Maciel[1]

[1]Graduate Program in Collective Health, Federal University of Espírito Santo, Vitória, Brazil, [2]Secretariat of Health Surveillance and Environment, Ministry of Health, Brasília, Brazil

BACKGROUND

In multiracial societies such as Brazil, race/ethnicity data are essential for measuring, directly and indirectly, the impacts of structural racism on health outcomes1,2,3. Incomplete recording of this variable in health information systems undermines the capacity of the Brazilian Unified Health System (SUS) to identify health inequalities and to guide equitable public policies for historically marginalized populations, particularly Black and Indigenous peoples2,3–6. This study analyzes the completeness of race/ethnicity information in major national health surveillance information systems over time.

METHODS

We conducted an ecological, descriptive, and longitudinal study using secondary data from national information systems on notifiable diseases, births, deaths, COVID-19, HIV, malaria, occupational diseases, and other communicable diseases. A total of 43 data sources were analyzed, covering the period from 2010 to 2023 at the national level. Proportions of completed race/ethnicity records were calculated, and temporal trends were assessed across systems and for the country.

RESULTS

A progressive improvement in the completeness of race/ethnicity data was observed over the study period, with more pronounced advances in the second half of the time series. Nevertheless, substantial levels of missing information persist, with marked variability across information systems, particularly for dengue, COVID-19, rubella, varicella, and work-related health conditions. These findings suggest that, despite institutional and regulatory advances, data quality remains insufficient to fully support robust analyses of racial health equity.

CONCLUSIONS

Incomplete race/ethnicity data remain a significant barrier to monitoring racial

health inequalities in Brazil. Strengthening data governance, professional training, and institutional accountability is crucial to ensure that health information systems fulfill their strategic role in addressing structural racism and promoting health equity.
Popul. Med. 2026;8(Supplement 1):A1235

ABS1995

Population Health and the Burden of Neuropsychological Disorder Profile in 5 Southern African Development Community Countries from 2001 – 2021

Fiona Thistlewhite[1], Flavia Senkubuge[1], Moeketsi Modisenyane[1]
[1]Faculty of Health Sciences, University of Pretoria, Hatfield, Pretoria, South Africa

ABSTRACT
Introduction Neuropsychological disorders significantly contribute to the global burden of disease and disability, with conditions like depression, epilepsy, Parkinson's Disease, Alzheimer's Disease and other dementias (ADOD) leading to substantial Disability-Adjusted Life Years (DALYs) and Years Lived with Disabilities (YLDs) worldwide. As the Global Burden of Disease (GBD) shifts due to ageing populations and epidemiological transitions, neuropsychological disorders are emerging as a critical challenge, particularly in LMIC regions such as the Southern African Development Community (SADC). Methods This descriptive cross-sectional study utilised the open-access secondary GBD data from the Institute of Health Metrics and Evaluation over a 20-year period (2001 – 2021). Five SADC countries were studied: Lesotho, Namibia, Mauritius, South Africa, and Zambia. Population health and burden was measured as per the World Health Organisation standards of age-standardised DALYs, YLDs, and mortality rates. Results Neurological and mental disorder burden steadily increased over the 20-year period for all countries. Neurological burden (DALYs) was increased by 10-fold in the elderly population (70+) due to ADOD in all countries. Mauritius was disproportionately affected by overall neurological burden, with DALYs estimates (1815.44 per 100000) being far higher than global estimates (1419.64 per 100000) in 2021. Zambia's epilepsy burden (DALYs) was severely high in 2021 (690.41 per 100000) in comparison to global estimates (175.86 per 100 000). Lesotho was disproportionately affected by mental disorder burden (DALYs) in 2021 (2404.21 per 100000) in comparison with global estimates (1969.47 per 100000). The total leading causes of mental disorder DALYs for all countries were depressive disorders and anxiety disorders. Conclusions The novel findings of this study emphasise the dire state of neuropsychological burden in these SADC countries and calls for localised research, quick awareness and preventative intervention implementation. Specific focus should be placed on the ageing population, the increasing mental burden in Lesotho and epilepsy burden in Zambia.
Popul. Med. 2026;8(Supplement 1):A1244

ABS2044

Determinants of Non-Adherence to Tuberculosis Treatment in Patients Co-Infected with TB and HIV in Polokwane, Limpopo

Mbali Mohlamonyane[1], Phindile Shangase[1], Frank Sibusiso Nkosi[1]
[1]Health Sciences General Department, University of the Free State, Bloemfontein, South Africa

INTRODUCTION
Tuberculosis (TB) is the primary cause of mortality among those living with Human Immunodeficiency Virus globally, and those infected have a 16% higher chance of developing active TB1,2. Despite multiple interventions in South Africa non-adherence persists, leading to increased disease transmission, treatment resistance, and elevated mortality rates. Limpopo province reported a TB treatment cure rate of 76.3% in 2021, below the national target of 77.9%3. The province experienced a high mortality rate of 13.3% among DS-TB patients, significantly higher than the national norm of 7.7% in 20213. The Department of Health highlighted that high mortality rates in TB/HIV co-infected patients and significant loss to follow-up hindered performance.
METHODS
This study employed a qualitative methodology grounded in a constructivist paradigm, utilising Becker's Health Belief Model and a phenomenological framework to examine patients' subjective experiences and perceptions. Data collection involved in-depth interviews with ten purposively chosen participants at a Community Health Centre, as guided by data saturation. The data were systematically organized and analysed using thematic analysis.
RESULTS
Preliminary findings indicated: structural and socio-economic factors (job insecurity and inconvenient clinic hours), clinical and treatment-related challenges (adverse effects of medication and physical strain), leading to reduced adherence once TB symptoms improved., psychosocial determinants (e.g. alternative belief systems) and social and cultural influences. Perceived susceptibility to poor TB outcomes was generally low, as HIV was regarded as a more serious condition and TB as temporary.
CONCLUSIONS
Understanding these determinants is crucial for formulating targeted strategies to improve treatment results and reduce the incidence of TB-HIV co-infection in the Limpopo province. Enhancing implemented strategies, including integrated models for chronic illnesses, Social Relief of Distress (SRD), and the inclusion of patients, traditional practitioners and religious leaders, can facilitate the sustainability of local health initiatives and interventions, thereby amplifying their impact across various healthcare settings.
Popul. Med. 2026;8(Supplement 1):A1247

ABS2080

Persistent socioeconomic inequalities in cardiovascular disease mortality amid declining death rates in Australia, 2016-2023

Mai Nguyen[1], Grace Joshy[1], Nina Lazarevic[1], Ellie Paige[2,1], Sergey Timonin[1], Emily Banks[1], Jennifer Welsh[1]
[1]National Centre for Epidemiology and Population Health, Australian National University, Canberra, Australia, [2]QIMR Berghofer Medical Research Institute, Brisbane, Australia

BACKGROUND
Cardiovascular disease (CVD) mortality rates have declined substantially in Australia over the past half century. However, whether these reductions have been experienced equitably across subpopulations within the country remains unclear. This study quantifies changes in CVD mortality inequalities by area-level socioeconomic deprivation from 2016 to 2023 among Australians aged ≥25 years.
METHODS
We used individual-level death records and estimated resident population data to calculate annual age-standardised mortality rates 2016-2023 by population-based quintiles of the Index of Relative Socioeconomic Disadvantage. We analysed deaths from all CVD (ICD-10 codes: I00-I99), including coronary heart disease (I20-I25), and cerebrovascular disease (I60-I69, G45) subtypes. Absolute and relative inequalities were quantified using rate differences, rate ratios, slope index of inequality (SII), and relative index of inequality (RII), stratified by age group (25-54, 55-74, 75+) and sex.
RESULTS
Between 2016 and 2023, there were 333,508 CVD deaths. Socioeconomic inequalities persisted across all age-sex categories, with consistently higher mortality rates among more disadvantaged populations, although some anomalies were noted during COVID pandemic period (2021-2022). Absolute inequalities were generally higher among men than women. Among men, inequalities remained stable across all age groups; for example, among those aged 55-74 years, SII ranged from 53 (95%CI: 47-59) to 48 (41-54) per 100,000 population, and RII ranged from 2.6 (2.3-2.8) to 2.5 (2.3-2.9) between 2016 and 2023. Among women aged 25-74 years, there was little evidence of changes over time. In contrast, SII among women aged 75+ increased from 15 (6-24) to 29 (21-37) between 2016 and 2023. Similar patterns were observed across CVD subtypes.
CONCLUSIONS
Reductions in CVD mortality rates were observed in all socioeconomic groups, with inequalities in mortality rates persisting, not reducing, over time. Targeted public health efforts to achieve greater mortality reductions among disadvantaged populations are needed to narrow socioeconomic gaps in CVD mortality.
Popul. Med. 2026;8(Supplement 1):A1250

ABS2084

Rural-urban disparities in eye health: An oaxaca-blinder decomposition

Dire Thomas[1]
[1]Southern Centre for Inequality Studies, University of the Witwatersrand, Johannesburg, South Africa

INTRODUCTION
Eye health disparities in South Africa are well documented across gender, residence, race, and socioeconomic status. Although previous studies have linked eye health outcomes to multiple factors, few quantify the relative contribution of specific covariates to these disparities. This lack of evidence limits informed resource allocation and the design of targeted interventions to reduce inequities. This study addressed this gap by decomposing the rural-urban divide in eye health outcomes, separating the share attributable to differences in population characteristics from the share driven by differential effects of these characteristics between rural and urban groups.
METHODS

Using a cross-sectional design, data from SANHANES were analysed using the Oaxaca-Blinder decomposition method to quantify rural-urban disparities in eye health outcomes. The analysis identified the contributions of differences in population characteristics (endowments) and differences in their effects (coefficients) to disparities in eye examination uptake, predictors of vision loss, and the use of distance and near vision corrective glasses.
RESULTS
Persistent rural-urban disparities in eye health outcomes were evident, though their underlying mechanisms differed by outcome. Province, wealth, race and diabetes diagnosis accounted for much of the gap in eye exam uptake explained by endowments, albeit insignificant overall, while locality, race, age and wealth accounted for the gap explained by coefficients (significant overall). Disparities in vision loss identification, as well as in distance vision eyeglasses usage showed no statistically significant contributions from endowments or coefficients. Wealth, race, and province contributed significantly to disparities in near vison eyeglasses use.
CONCLUSIONS
No covariate consistently dominated across outcomes, indicating that rural-urban disparities may be driven by other unobserved structural and contextual factors. Future research should explore these determinants using mixed methods approaches, that possibly incorporate ethnography.
Popul. Med. 2026;8(Supplement 1):A1251

ABS2155

Identifying drivers of decreased avoidable mortality in Brazil: a longitudinal analysis of nationwide administrative and census data

Matías Mrejen[1], Rômulo Paes De Sousa[1]
[1]René Rachou Institute, Fundação Oswaldo Cruz (Fiocruz), Belo Horizonte, Brazil

INTRODUCTION
Avoidable mortality serves as a key indicator of health system performance and socioeconomic development. In Brazil, regional disparities persist in socioeconomic and health-system dimensions, potentially stalling progress in reducing deaths amenable to timely medical intervention and public health policies.
METHODS
We utilized administrative mortality data for 2010/2011 and 2022/2023. We calculated mean yearly avoidable death rates for children under 5 and individuals aged 5–74 (age-standardized) using the Brazilian Ministry of Health's official classification. Trends were analyzed by cause of death at the municipal, state and national level. Finally, a first-differences regression model identified municipal-level socioeconomic and health-system factors associated with these trends.
RESULTS
Avoidable mortality fell by 10.3% for children under 5 and 11.9% for the 5–74 age group. While child mortality improved nationwide—most notably in the Northeast and South—progress for the 5–74 group was concentrated in high-income regions, with the North and Northeast showing stagnation. Under-5 trends were primarily driven by improvements in antenatal, delivery, and neonatal care. For those aged 5–34, reductions were linked to external causes, while for those above 35, progress stemmed from reduced mortality due to non-communicable diseases. At the municipal level, expanded access to adequate sanitation was the most consistent predictor of declining mortality across all ages. Increased physician density was significantly associated with mortality reductions only for the 5–74 population. Increased per capita expenditure with health and income transfers were not associated with mortality reductions.
CONCLUSIONS
While Brazil has reduced avoidable mortality, progress is geographically uneven for adults. Accelerating gains requires prioritizing universal sanitation and the equitable distribution of health professionals at the local level.
Popul. Med. 2026;8(Supplement 1):A1255

ABS2162

Health and the many borders: how populations in Brazilian rural territories travel to access health services?

Patty Almeida[1], Lucas Cabral[2], Adriano dos Santos[3], Juliana Gagno[4], Márcia Fausto[5]
[1]Institute of Collective Health, Fluminense Federal University, Niterói, Brazil, [2]Leônidas e Maria Deane Institute, Oswaldo Cruz Foundation, Manaus, Brazil, [3]Federal University of Bahia, Vitória da Conquista, Brazil, [4]Federal University of Western Pará, Santarém, Brazil, [5]National School of Public Health Sergio Arouca, Oswaldo Cruz Foundation, Manaus, Brazil

ABSTRACT
Ensuring adequate and safe means of transportation is essential for maintaining and improving the health and well-being of rural communities worldwide. This study maps and analyzes distances, modalities, and means of transportation used by populations living in Brazilian rural territories to access routine and emergency health care services. Multiple case studies were conducted in Brazilian rural municipalities, using a qualitative approach based on interviews with key informants-managers and health professionals. Secondary data from national information systems were also analyzed to identify distances and travel costs between rural areas, municipal headquarters, health regions, and state capitals. National health policies do not include arrangements or financing mechanisms to ensure elective medical transportation, which in some localities represents a more significant barrier than the availability of health services itself. In rural territories, travel involves both intermunicipal and intramunicipal flows—from rural areas to the municipal headquarters. Demands for urgent and emergency care are partially met by a national policy known as the Mobile Emergency Care Service (SAMU). Multiple arrangements are established by municipal governments and users to ensure transportation by land, river, and air. Travel costs and distances—which may reach up to 46 hours to access specialized care in the capital of an Amazonian state—result in catastrophic expenditures for families when not covered by public resources. At the same time, the provision of health transportation under the exclusive responsibility of municipalities proves to be unfeasible. Insufficient availability, along with restrictions on days, schedules, and routes of health transportation, leads to the selection of beneficiaries based on socioeconomic criteria in areas of high vulnerability and limited investment in road infrastructure. For populations living in rural territories, the absence of policies ensuring sufficient, continuous, and timely provision of health transportation fuels cycles of inequity and compromises the universal right to health.
Popul. Med. 2026;8(Supplement 1):A1256

ABS2279

Association between socioeconomic conditions and environmental tobacco smoke exposure with eczema symptoms among teenagers attending school in Soshanguve, Gauteng Province, South Africa.

Mandla Bhuda[1,2], Khanyisa Mananga[2], Joyce Shirinde[2]
[1]Department of Health Studies, UNISA, Pretoria, South Africa, [2]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa

BACKGROUND
This study investigated the association between socioeconomic conditions and environmental tobacco smoke exposure with eczema symptoms among teenagers attending school in Soshanguve, Gauteng Province, South Africa.
METHODS
A cross-sectional study was conducted among 2 885 schoolchildren aged 13–14 years from 13 high schools in Soshanguve. Participants completed a validated, modified ISAAC Phase III questionnaire. Data were analysed using univariate and multivariable logistic regression in Stata 18 to identify predictors of eczema symptoms (ES) and eczema ever (EE).
RESULTS
The prevalence of ES and EE was 26.8% and 23.3%, respectively. Females were more likely to report ES (adjusted odds ratio [AOR] = 2.07) and EE (AOR = 1.63). Monthly paracetamol use was strongly associated with both ES and EE (AOR = 2.37). Environmental and household factors increased risk: frequent truck traffic near homes was associated with ES (AOR = 1.26) and EE (AOR = 1.34); cat ownership increased ES risk (AOR = 1.49); dog ownership increased EE risk (AOR = 1.39); and exposure to environmental tobacco smoke at home for 16–20 days per month significantly increased the likelihood of EE (AOR = 1.96; $p < 0.05$).
CONCLUSIONS
Socioeconomic conditions, household characteristics, and air pollution–related exposures influence eczema prevalence among teenagers in Soshanguve, highlighting the need for targeted public health interventions.
Popul. Med. 2026;8(Supplement 1):A1263

ABS2312

Rising Burden of Congenital Syphilis in South Africa: Trends from 2020–2023: Opportunities to Optimize Implementation of Dual HIV/Syphilis in Pregnant women and their sexual partners

Alarice Marsh[1], Thato Chidarikire[1], Tebogo Maomela[1], Vuyiswa Lebese[1]
[1]HIV and AIDS and STI, National Department of Health, Pretoria, South Africa

BACKGROUND
Congenital syphilis (CS) is a severe but preventable condition caused by vertical transmission of Treponema pallidum during pregnancy. Despite the availability of cost-effective interventions such as antenatal screening and timely treatment, CS continues to pose a major public health challenge globally and in South Africa. The World Health Organization (WHO) has set an elimination target of fewer than

50 cases per 100,000 live births, emphasizing early antenatal care, universal screening, and treatment completion. Understanding recent epidemiological trends is critical for guiding policy and strengthening maternal health programs.
METHODS
We conducted a retrospective analysis of national surveillance data from the National Institute for Communicable Diseases (NICD) for the period 2020–2023. Data included annual congenital syphilis incidence rates per 100,000 live births, total reported cases, and live birth figures. Trends were assessed to identify changes over time and compare them against WHO elimination targets
RESULTS
CS incidence increased dramatically over four years, from 37 per 100,000 live births in 2020 to 198 per 100,000 in 2023. Reported cases rose from 382 in 2020 to 1,739 in 2023, while live births declined from 1,035,255 to 876,972. These findings highlight a growing burden of CS despite ongoing elimination strategies and underscore the urgent need for strengthened antenatal screening, timely treatment, and robust surveillance systems. The data suggests that without intensified interventions, South Africa will remain far from achieving the WHO elimination target of fewer than 50 cases per 100,000 live births as it represents a more than a fivefold increase in incidence despite ongoing elimination strategies.
CONCLUSIONS
Urgent action is required to strengthen maternal health services and achieve elimination targets., It would therefore, be critical for South Africa to implement the Dual HIV/Syphilis modality routinely in ANC clinics in all 9 provinces to reduce the number of CS in the country.
Popul. Med. 2026;8(Supplement 1):A1265

ABS2350
Gender as a Determinant of Multimorbidity: Findings from the Migrant Health Follow-Up Study (MHFUS)

Tariro Ndoro[1], Carren Ginsburg[1], F. Xavier Gomez-Olive Casas[1]
[1]Medical Research Council/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), University of the Witwatersrand (School of Public Health), Johannesburg, South Africa

INTRODUCTION
South Africa is experiencing an increase in chronic illness multimorbidity (MM)1, with detrimental individual and public health implications2. Social factors influence the development of MM; and can be leveraged to design healthcare interventions3. South Africa has high rates of rural/urban migration which may impact health outcomes4. However, there is a dearth of studies on internal mobility and health5. This study aims to ascertain the prevalence and determinants of MM in a mobile population.
METHODS
The study uses panel data from the first four waves of the Migrant Health Follow-Up Study (MHFUS) cohort, which was based on a simple random sample of 18–40-year-olds selected from the Agincourt Health and socio_Demographic Surveillance System platform6. The cohort includes participants residing in the Agincourt study area and those who migrated to destinations outside of it. Following descriptive and bivariate analyses, generalized linear mixed models were used to ascertain the social determinants of multimorbidity.
RESULTS
At baseline (2018), 3092 participants with a median age of 28 years (IQR=24 – 33) took part in the study, with an almost equal number of male (50.19%) and female (49.81%) participants. Over half of the participants were Agincourt residents (56.95%). At Wave 4 (2022), 6.67 % of participants were multimorbid, with obesity (16.73 %), HIV (13.55%), and hypertension (4.02%) being the most prevalent illnesses in the cohort. Agincourt residents were more likely to become multimorbid than migrants AOR=2.15 (1.54 – 4.05) p<0.001 and gender emerged as a key determinant of MM as women (8.38%) had a higher prevalence of MM than men (4.98%) with 9.72 (4.83 – 19.55) times the odds of MM (p<0.001).
CONCLUSIONS
Results indicate that women are at a disproportionately higher risk of MM than men. Future interventions should target rural-origin women. Additionally, patients presenting with hypertension or HIV should be screened for other illnesses.
Popul. Med. 2026;8(Supplement 1):A1266

ABS2355
The Social Determinants of Multimorbidity in Sub-Saharan Africa: a narrative review

Tariro Ndoro[1], Jane Goudge[2], Rumbidzai Mupfuti[1], Christine Chawhanda[3], Carren Ginsburg[1], F. Xavier Gomez-Olive Casas[1]
[1]Medical Research Council/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), University of the Witwatersrand, Johannesburg, South Africa, [2]Centre for Health Policy, University of the Witwatersrand, Johannesburg, South Africa, [3]School of Public, University of the Witwatersrand, Johannesburg, South Africa

INTRODUCTION
Sub-Saharan Africa (SSA) is currently experiencing an increase in multimorbidity (MM) prevalence, posing a threat to already strained healthcare systems1. It is vital to identify social determinants of MM to tailor evidence-based interventions for MM and alleviate the strain on healthcare systems2. However, there exists a paucity of SSA specific reviews. This narrative review aims to identify existing knowledge on social determinants of MM in the SSA region.
METHODS
A review of etiology was carried out3. PubMed, ISI Web of Science, and Scopus were systematically searched for primary studies using pre-defined search terms, including: SSA (population), risk factors (exposure) and MM (outcome). Titles, abstracts, and full texts were independently screened by two reviewers from a pool of four. Data extraction was carried out using an Excel template and data were summarized in a narrative synthesis. The AXIS4 and NOS5 tools were used to assess risk of bias for cross sectional and cohort studies, respectively.
RESULTS
The initial search yielded 2547 primary publications, 27 of which were eligible for analysis. Increasing age, being divorced/widowed, food insecurity, and family history of noncommunicable diseases (NCDs) were associated with MM while male gender, fruit/vegetable consumption, and receiving a salary were protective against MM. Variables associated with socioeconomic status (SES) showed mixed results across the 27 publications.
CONCLUSIONS
Primary studies report clear relationships between physical and demographic factors and MM, while socio-economic factors present mixed associations with MM. A seminal study found evidence supporting a theory that developing nations experience a "reversal" in the association between SES and NCD prevalence over time6. This theory may explain our findings as various populations in the SSA region are experiencing different stages of development. These findings provide vital evidence needed to direct programmatic interventions to tackle MM in SSA. These should include both structural and behavioural interventions.
Popul. Med. 2026;8(Supplement 1):A1267

ABS2463
Epidemics as Syndemics: Global Inequities, Structural Determinants, and the Urgency of Collective Action in Global Health

Maria Eduarda Maia Vilar[1], Ana Carolina Souza Torres[1], Edson de Andrade Nhamuave[1], Florisneide Rodrigues Barreto[1]
[1]Institute of Collective Health, Federal University of Bahia, Bahia, Brazil

INTRODUCTION
The contemporary world is shaped by contexts of political instability, economic crises, environmental challenges, recurrent epidemics, and systemic injustices that generate unequal impacts on population health. In this scenario, it becomes necessary to move beyond reductionist biomedical approaches. The concept of syndemics, developed by Merrill Singer and other scholars, provides a central analytical framework for global health by demonstrating that diseases emerge from the synergistic interaction of biological, social, economic, and political factors, thereby amplifying risks, vulnerabilities, and harms.
METHODS
This is a theoretical-analytical study based on a critical review of the literature in the fields of global health, critical epidemiology, and social sciences in health. Classical and contemporary texts on syndemics, social determinants of health, and global policies for epidemic response were analyzed, with particular emphasis on the COVID-19 pandemic and on contexts marked by profound structural and geopolitical inequalities.
RESULTS
The analysis demonstrates that epidemics, when understood as syndemics, cannot be interpreted solely as events caused by isolated etiological agents. The COVID-19 pandemic revealed that poverty, income inequality, structural racism, housing precarity, lack of basic sanitation, food insecurity, and unequal access to health systems interacted with the virus, intensifying morbidity and mortality among historically marginalized populations. Furthermore, the globally unequal distribution of vaccines, technologies, and health resources exposed power asymmetries between countries, reinforcing the political dimension of health crises and the persistence of inequities in global health governance.
CONCLUSIONS
The syndemic approach highlights that addressing epidemics requires collective, intersectoral, and solidaristic action on a global scale. Strategies focused

exclusively on biomedical solutions are insufficient in contexts structured by social and economic injustices. Therefore, global health policies must incorporate equity, social justice, and resource redistribution as central principles for preventing future epidemics and reducing contemporary global health inequalities.
Popul. Med. 2026;8(Supplement 1):A1272

ABS2532
perceptions and experiences of early childhood development practitioners regarding menu implementation in early childhood development centers

KEGOTSHEPILE GERALD MOKUBELA[1]
[1]Human Nutrition and Dietetics, University of Limpopo, Polokwane, South Africa

BACKGROUND
Menu implementation in Early Childhood Development Centres (ECDCs) plays a critical role in promoting child nutrition, growth, and development. However, effective implementation of planned menus remains a challenge in many low- and middle-income settings. This study explored the perceptions and experiences of ECDC practitioners regarding menu implementation in ECDCs within the Polokwane Municipality, Limpopo Province.
METHODS
A qualitative, exploratory, and descriptive research design was employed. Purposive sampling was used to select 24 ECDC practitioners from rural, peri-urban, and urban ECDCs. Data were collected through one-on-one semi-structured interviews and analysed using thematic analysis following Tesch's eight steps.
RESULTS
The findings revealed that practitioners generally valued menus and considered them important tools for guiding daily operations, supporting child development, and promoting healthy eating habits. However, menu implementation differed markedly by location. Rural and peri-urban ECDCs experienced significant challenges, including inadequate and delayed government funding, inconsistent parental fee payments, logistical barriers such as load shedding and water shortages, limited storage facilities, and theft. These constraints often resulted in reduced menu quality and limited dietary diversity. In contrast, urban ECDCs, which relied on stable parental fees and had better infrastructure, reported fewer challenges and more consistent menu implementation. Practitioners adopted various coping strategies, including seasonal menu planning, bulk food storage, vegetable gardening, and reliance on stakeholder support for training and resources. While these strategies assisted in mitigating some challenges, they were insufficient to address systemic and structural barriers.
CONCLUSIONS
The study concludes that effective menu implementation in ECDCs requires more than practitioner knowledge and commitment. Sustainable improvements depend on adequate funding, reliable infrastructure, professional support, and coordinated stakeholder involvement. The study recommends strengthening ECDC nutrition subsidies, improving payment systems, expanding capacity-building initiatives, and promoting multisectoral collaboration to enhance menu implementation and child nutrition outcomes in ECDCs.
Popul. Med. 2026;8(Supplement 1):A1275

ABS2542
Curriculum-Based Road Safety Education as a Cost-Effective Strategy to Reduce Pedestrian Traffic Injuries in Bangladesh

Md. Mainul Hassan[1], Syeda Tasnuva Maria[1], Sohel Rahman[1], Mohammad Sabbir Ahmed[1], Fawzia Akhtar Jahan[2], Andrew Ancharski[3], Chandra Dhakal[3]
[1]Institute of Epidemiology Disease Control and Research, Dhaka, Bangladesh, [2]Management Information System, Directorate General of Health Services, Dhaka, Bangladesh, [3]CDC Foundation, Atlanta, GA 30308, United States

BACKGROUND
Road traffic injuries (RTIs) are the 8th leading cause of death globally and the primary cause among youth aged 5–29 years. Bangladesh reports 18.6 deaths per 100,000 population, exceeding the global average. In 2024, 8,543 deaths and 12,608 injuries due to road traffic incidents generated USD $1.71 billion in economic losses (0.38% of GDP). Pedestrians account for up to two-thirds of road traffic fatalities. While road infrastructure and driving culture change is needed, education for pedestrians may reduce mortality in the interim.
OBJECTIVES
To identify the most cost-effective policy intervention to reduce pedestrian road traffic injuries and deaths in Bangladesh.
METHODS
We conducted decision tree cost-utility analysis with 10-year time horizon comparing two interventions against status quo: curriculum-based road safety education for grades 1–10, and quarterly police-based awareness programs in 21 high-risk sub-districts. Data from Bangladesh Road Transport Authority informed model parameters. Outcomes were measured in disability-adjusted life years (DALYs), with baseline 334,180 DALYs annually. Costs and DALYs were discounted at 5% annually. Incremental cost-effectiveness ratios (ICERs) were calculated with sensitivity analyses.
RESULTS
Curriculum-based education was the dominant strategy, reducing DALYs from 5.77 to 0.95 per person (4.82 DALYs averted, 83.5% reduction) at incremental cost of USD $0.06 per person, yielding a negative ICER of -1.45 (cost-saving with superior effectiveness). Police-based awareness showed moderate benefits (DALYs reduced to 3.81) but was strongly associated with higher costs of USD$.09 and ICER of 3.78. Sensitivity analyses confirmed robustness.
CONCLUSIONS
Integrating road safety education into national curriculum represents the most cost-effective, scalable strategy for reducing pedestrian RTIs in Bangladesh. This intervention aligns with Sustainable Development Goal 3.6 and offers a replicable model for low- and middle-income countries. Findings support an immediate, phased implementation through curriculum revisions, teacher training and classroom instruction, beginning in high-burden urban districts.
Popul. Med. 2026;8(Supplement 1):A1276

ABS2560
Bridging the Surgical Divide: A Comparative Analysis of Rural Surgery Initiatives and System Integration in the Philippines

Brent Andrew Viray[1], Roberto Chacon[1], Enrique Ona[1], Teodoro Herbosa[1], Joselito Mendoza[1], Rhoel De Leon[1], Vivencio III Villaflor[1], Rodney Dofitas[1], Vicente Bernardo[1], Carlo Panelo[2], Joy Grace Jerusalem[1]
[1]Philippine College of Surgeons, Manila, Philippines, [2]Department of Clinical Epidemiology, University of the Philippines, College of Medicine, Manila, Philippines

INTRODUCTION
Despite the global mandate for Universal Health Care (UHC), two billion people worldwide lack access to essential surgical care, with low- and middle-income countries like the Philippines bearing the brunt of this inequity. While surgery is a cornerstone for treating the nation's leading causes of mortality—such as cancer and trauma—resources remain concentrated in urban centers. This comparative analysis evaluates the initial implementation of three independent Rural Surgery Programs (RSPs) in Batangas, Aurora, and Sorsogon to establish a systematic framework for scaling surgical access nationwide.
METHODS
Qualitative case series analysis of 3 separate existing rural surgery in 3 Philippine Provinces utilizing the SWOT framework, WHO Building Blocks of Health Systems, and Global Surgery Indicators
RESULTS
the study reveals that while each RSP adapted to unique local constraints, all successfully decentralized surgical delivery. Batangas demonstrated the efficacy of a university-LGU partnership, providing resident-led services and advanced minimally invasive options. Sorsogon showcased a highly institutionalized "Rotating Elective Surgery" model, utilizing patient navigators and telemedicine to integrate surgery into primary care. Aurora highlighted surgical innovation through a single-surgeon approach and a unique "surgical literacy" radio program to address community misconceptions. The analysis identifies common threats to sustainability, primarily the reliance on single-surgeon practices and the need for structured financial incentives for rotating teams.. This article provides a strategic blueprint for the Philippine College of Surgeons and the Department of Health to ensure that "no Filipino is left surgically behind," transforming surgery from a neglected priority into a fundamental pillar of primary health care.
CONCLUSIONS
It is evident that a health systems approach in addressing surgical need is the more systematic, comprehensive, predictable framework to proceed. These three ongoing RSP s should be synchronized and to consolidate all best practices in their respective implementations
Popul. Med. 2026;8(Supplement 1):A1277

ABS2562
Patient-Centred Quality of Life Measurement in Sleep Health: Closing the Gap for Public Health Equity and Policy

Billingsley Kaambwa[1]
[1]Flinders University, Adelaide, Australia

BACKGROUND
Sleep disorders affect a substantial proportion of Australians and contribute to broader burdens in mental health, productivity, and social wellbeing. Despite this, public health interventions are often evaluated using standardised quality-of-life

(QoL) instruments developed largely from clinical or expert perspectives. This may overlook patient-prioritised outcomes and weaken the equity and relevance of health policy decisions.
AIM
To examine the alignment between existing QoL instruments and the lived priorities of people with sleep disorders, and to identify additional patient-driven domains needed for more inclusive public health evaluation.
METHODS
A national survey of 1000 Australians compared 500 adults with diagnosed sleep disorders to 500 health professionals, researchers, and carers without sleep disorders. Twenty QoL domains were synthesised from ten commonly used global instruments and patient focus group findings. Domains were ranked using drag-and-drop prioritisation, Best–Worst Scaling (multinomial logit models), and Content Validity Ratios to quantify perceived relevance across groups.
RESULTS
A substantial valuation gap was observed. While the comparator group prioritised "usual activities" (ranked 3rd), individuals with sleep disorders ranked this 7th, instead prioritising "excessive daytime sleepiness" (2nd vs. 10th) and "ability to concentrate." Participants with sleep disorders also identified critical domains absent from standard tools, including stigma, fear of medicalisation, and impacts on intimacy and relationships. Only 60% of the top domains valued by the expert group were considered important by patients.
CONCLUSIONS
Current QoL metrics may fail to capture the full social and psychological burden of sleep disorders, limiting the validity of population health surveillance and risking inequitable resource allocation. Public health evaluation frameworks must incorporate patient-driven, equity-sensitive domains to ensure policies reflect community priorities and address social determinants such as stigma.
Popul. Med. 2026;8(Supplement 1):A1278

ABS2582

Targeting sex disparities in physical inactivity: where and when action is most needed

Gregore Mielke[1], Stephanie Duncombe[1], Tracy Kolbe-Alexander[2], Tessa Strain[3]
[1]School of Public Health, The University of Queensland, Brisbane, Australia, [2]School of Health and Medical Sciences, University of Southern Queensland, Ipswich, Australia, [3]Physical Activity for Health Research Centre, Institute for Sport, Physical Education and Health Sciences, University of Edinburgh, Edinburgh, United Kingdom

BACKGROUND
Sex differences in physical inactivity are widespread and closely linked to social and structural conditions. The aim of this study was to investigate global patterns and contextual factors associated with these differences to inform policy efforts to reduce inequality.
METHODS
Physical inactivity data were extracted from the Global Health Observatory for 197 countries and territories. For each country, overall and age-specific absolute and relative sex differences were calculated. Countries were grouped into four profiles based on their overall prevalence of physical inactivity and their relative difference in physical inactivity between males and females. Country context variables, including the Human Development Index (HDI), Gini coefficient (wealth inequality), and Gender Inequality Index (GII), were retrieved from official websites, and their associations with sex differences were assessed using polynomial regressions.
RESULTS
The median absolute difference between females and males was 6.5 percentage points, and the prevalence of physical inactivity was, on average, 31% higher among females than males (relative sex difference = 1.31). Sex differences varied by age, with the highest absolute differences in the 18–29 and 80+ year groups, and the highest relative differences in the 18–29-year group. Relative differences in inactivity were negatively associated with HDI and positively associated with the Gini coefficient and GII. Countries with both high overall inactivity and large sex gaps were concentrated in Latin America, the Caribbean, and South Asia, while lower inequality profiles were common in Central and Eastern Europe.
CONCLUSIONS
Findings from our study highlight that sex differences in physical inactivity are strongly shaped by macro-social and structural conditions, indicating that policies to reduce physical inactivity should adopt a gender-responsive approach that addresses broader inequalities in development, income, and gender equity rather than relying solely on individual-level interventions.
Popul. Med. 2026;8(Supplement 1):A1280

ABS2652

Racism in nursing: the racialization and commodification of internationally recruited nurses in German healthcare

Tanja Gangarova[1]
[1]National Monitoring of Discrimination and Racism (NaDiRa), German Centre for Integration and Migration Research (DeZIM), Berlin, Germany

ABSTRACT
While research in North American and Australian contexts demonstrates how encountering racism in healthcare is burdensome, the impact of racism on healthcare interactions in Germany remains underexplored. This paper draws on a study examining the intersections of interpersonal, institutional, and structural racism in the professional experiences of internationally recruited nurses in Germany who self-identify as "affected by racism." The aim is to deepen the understanding of the forms, dynamics, and effects of racism within a healthcare sector increasingly shaped by economization. Employing a qualitative research design, the study is based on 21 semi-structured interviews and 10 participant diaries. Data analysis followed an iterative process, integrating inductive and deductive approaches within a framework of qualitative content analysis, emphasizing participants' perspectives. The findings indicate that the experiences of the 21 participants are shaped by intersecting processes of racialization and commodification. Racialization manifests in assumptions of professional incompetence, experiences of bullying, and assignment to less desirable roles with heavier workloads. Institutional practices—such as the issuance of employment contracts that create dependency, the denial of training opportunities, and disregard for minimum labour standards—further exacerbate the degradation and dehumanisation described by participants, laying the groundwork for their commodification and exploitation. In the absence of support from colleagues and managers, nurses report being left to choose between silence, resistance (often at personal cost), or bolstering their credibility through extra work. The paper identifies key areas for institutional transformation and highlights the power structures that must be addressed to advance equity and justice in nursing. Priority interventions include improving working conditions, strengthening monitoring and accountability of recruitment agencies and healthcare institutions, shifting from cultural competency to anti-racist education, enhancing onboarding programs, and advancing transdisciplinary and transnational research.
Popul. Med. 2026;8(Supplement 1):A1281

ABS2668

Health and harmony: a collaborative knowledge-exchange platform for equitable health systems strengthening in the Khayelitsha and Eastern Substructure, Western Cape, South Africa

Rachel Coley[1], Hanani Tabana[1,2], Tamlin Petersen[1], Charné Petinger[1], Yolanda Mayman[1], Brian van Wyk[1], Mellisa Vollenhoven Vollenhoven[3,4], Erin von der Heyden[3,4], James Kruger[3,4], Riyadh Manesen[3]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]SAMRC/UWC Health Services to Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [3]Khayelitsha Eastern Substructure, Western Cape Department of Health and Wellness, Cape Town, South Africa, [4]Stellenbosch University, Stellenbosch, South Africa

INTRODUCTION
Substantial contextual knowledge and innovation exist within local health systems, particularly among frontline healthcare workers and communities most affected by health inequities. However, research conducted within these settings is often externally driven, with limited feedback, dissemination, or translation back to local stakeholders. This perpetuates a gap between knowledge generation and the potential impact of service delivery, undermining equity-oriented health system strengthening.
METHODS
South Africa's Western Cape Department of Health and Wellness' Khayelitsha and Eastern Substructure (KESS) partnered with the University of the Western Cape to design and coordinate all elements of a one-day public health research conference. The conference aimed to promote bidirectional knowledge exchange between researchers, service providers, and community stakeholders. Submitted abstracts were peer-reviewed by academics and senior clinicians working in KESS. A post-event evaluation was distributed onsite and via email to all registered attendees.
RESULTS
The conference was hosted at the University of the Western Cape on 31 October 2025, with 196 official attendees, including 82 healthcare workers, 66 staff and students from academic institutions, and 36 representatives from non-governmental organizations. A total of 59 abstracts were submitted, of which 54.2% (n=32) were accepted for oral presentation. An additional two were allocated time during the closing plenary to present on upcoming research.

Post-event evaluation responses (n=75) indicated that program content was excellent (n=43, 57.3%), good (n=30, 40.0%) or fair (n=2, 2.7%). Overall, nearly all respondents (n=72, 96.0%) reported an improved understanding of ongoing research within KESS.
CONCLUSIONS
The event demonstrated a scalable, equity-oriented model for locally relevant, intersectoral knowledge exchange. Continued iteration of this model has the potential to strengthen community–academic–government partnerships that advance progress toward health equity.
Popul. Med. 2026;8(Supplement 1):A1282

ABS2714
Factors Associated with Timely TB Clinic Attendance Among Household Contacts in Eastern Cape, South Africa

Dawie Olivier[1], Aaron Kipp[2], Andrew Medina-Marino[3], Kuhle Fiphaza[4], Lindsey De Vos[1], Amrita Daftary[5]
[1]Desmond Tutu Health Foundation, East London, South Africa, [2]East Carolina University, Greenville, United States, [3]University of Pennsylvania, Philadelphia, United States, [4]Foundation for Professional Development, Pretoria, South Africa, [5]York University, Toronto, Canada

BACKGROUND
Timely clinic presentation for testing is vital for effective tuberculosis (TB) prevention and treatment. Social support is acknowledged as a crucial factor affecting health-seeking behaviours among individuals with TB. To investigate whether perceived social support influences the likelihood of household contacts presenting to the clinic on time and explore any gender differences in this relationship.
METHODS
A cohort study was conducted among household contacts of TB patients in the Eastern Cape, South Africa. Perceived social support was assessed using a validated social support scale. Timely clinic presentation was defined as attending a clinic within 30 days of referral. Logistic regression analysis assessed the association between social support and timely clinic presentation, incorporating covariates such as gender, employment status, TB stigma, income, HIV status, prior TB, TB symptoms, level of education and residential type (urban/rural).
RESULTS
We enrolled 437 household contacts, of whom 22.88% presented for testing in a timely manner. We found that perceived social support was not significantly associated with timely clinic presentation (OR: 1.01; 95% CI: 0.76–1.36; p = 0.93). No significant interaction between gender and social support was found (p = 0.505), indicating no gender differences in the association. However, clinic presentation was significantly associated with rural residence (OR: 2.66; 95% CI: 1.52–4.66; p < 0.01), positive HIV status (OR: 2.49; 95% CI: 1.32–4.70; p < 0.01), TB symptoms (OR: 1.77; 95% CI: 1.04–3.01; p = 0.03) and age (OR: 1.02; 95% CI: 1.00–1.04; p = 0.01).
CONCLUSIONS
Findings suggest that interventions to improve linkage to testing should consider messaging tailored to different age groups, integrated TB and HIV services, and enhance outreach efforts, particularly targeting urban populations and asymptomatic individuals. To inform these interventions, future research should investigate additional social and system-level barriers to care-seeking.
Popul. Med. 2026;8(Supplement 1):A1284

ABS2725
A Multidisciplinary Approach for Addressing Cancer Diagnostic Inequities for People with Disabilities

Giovanni Emanuele Ricciardi[1,2], Flavia Pennisi[1,2], Rita Cuciniello[1], Lorenzo Blandi[1], Marta Bosia[1], Roberto Cavallaro[1], Consuelo Corti[1], Fabio Ciceri[1], Silvia Mangili[3], Andrea Rebecchi[3], Stefano Capolongo[3], Carlo Signorelli[1], Cristina Renzi[1,4]
[1]Vita-Salute San Raffaele University, Milan, Italy, [2]National PhD Programme in One Health approaches to infectious diseases and life science research, Department of Public Health, Experimental and Forensic Medicine, University of Pavia, Pavia, Italy, [3]Polytechnic University of Milan, Milan, Italy, [4]Research Department of Behavioural Science and Health, University College London, London, United Kingdom

BACKGROUND
People with disabilities often face barriers to early cancer diagnosis with poorer outcomes. Aligned with the Convention on the Rights of Persons with Disabilities (CRPD), this project addresses diagnostic inequities through a multidisciplinary lens, investigating socio-cultural, environmental and organizational barriers.
METHODS
In the Project Intrecci we employed a multimethods approach, bridging epidemiology, architecture, and qualitative research to identify specific barriers to early cancer diagnosis for people with disabilities. Analyzing electronic health records and cancer registry data in Lombardy, northern Italy, we compared diagnostic pathways, stage, and mortality between patients with and without various types of disabilities. Additionally, we conducted qualitative interviews with patients/caregivers and healthcare professionals, exploring lived experiences and perceptions on barriers and stigma across diagnostic pathways. Using the "Design for All A.U.D.I.T." tool, we evaluated physical, sensory, and cognitive accessibility of diagnostic centers. We engaged with disability-led organizations as project partners, supporting study prioritization, refining accessibility checklists, interpreting findings, and co-designing recommendations and implementation tools.
RESULTS
Population-based analyses showed that people with disabilities have a significantly higher risk of emergency cancer diagnosis (AOR=1.48, 95%CI: 1.39-1.58) and poorer survival, independently of stage or comorbidities. Qualitative investigations identified critical barriers, including communication difficulties, stigma-driven assumptions, fragmented care, and sub-optimal accessibility of some diagnostic equipment. Protective factors included therapeutic alliances, family involvement, and improved interdisciplinary coordination. The integrated findings are being used to inform active engagement with disability associations to co-design accessible solutions and the implementation of targeted training initiatives for medical students and nurses, fostering disability-inclusive care among future healthcare professionals.
CONCLUSIONS
The project operationalizes a CRPD-consistent approach to health equity, through active partnership with disability-led organizations and integrating population-based quantitative evidence with qualitative insights and environmental accessibility assessments. This offers actionable tools for policymakers and healthcare providers to reduce diagnostic barriers and build inclusive cancer pathways.
Popul. Med. 2026;8(Supplement 1):A1285

ABS2769
Impact of the covid-19 pandemic on tuberculosis occurrence according to sex in São Paulo State, Brazil

Mariana Gaspar Botelho Funari de Faria[1], Dulce Gomes[2], Rubia Laine de Paula Andrade Gonçalves[1], Alexandre Tadashi Inomata Bruce[1], Rafaele Oliveira Bonfim[1], Venisse Paschoalin Maurin[1], Rebeca Sousa Braga[1], Lívia Maria Lopes Gazaffi[3], Tatiana Ferraz de Araújo Alecrim[1], Valdes Roberto Bollela[4], Ricardo Alexandre Arcêncio[1], Maria Josefa Perón Rujula[5], Aline Aparecida Monroe[1]
[1]1Maternal and Child Health and Public Health Department, Ribeirão Preto School of Nursing, University of São Paulo, Ribeirão Preto, Brazil, [2]2Department of Mathematics, School of Science and Technology, Universidade de Évora,, Évora, Portugal, [3]3Departament of Nursing, Municipal University Centre of Franca (Uni-FACEF), Franca, Brazil, [4]4Department of Clinical Medicine, Ribeirão Preto School of Medicine University of São Paulo, Ribeirão Preto, Brazil, [5]5 Departament Comunicable Diseases, Center of Epidemiological Surveillance in Sao Paulo State, Sao Paulo, Brazil

BACKGROUND
Tuberculosis (TB) remains an important cause of morbidity and mortality, even in the presence of effective diagnostic methods and treatment options. The covid-19 pandemic intensified this scenario by disrupting health services and, consequently, causing diagnostic delays (1,2).
OBJECTIVE
To describe the sociodemographic profile and diagnostic detection patterns of pulmonary TB cases according to sex in the pre-pandemic, pandemic, and post-pandemic periods in São Paulo State, Brazil.
METHODS
A cross-sectional study was conducted using newly diagnosed pulmonary TB cases reported in São Paulo State between January 2014 and June 2024. Three periods were defined: pre-pandemic (01/01/2014–02/28/2020), pandemic (03/01/2020–04/30/2023), and post-pandemic (05/01/2023–06/30/2024). Variables analyzed included sex, age group, race/skin color, education level, and mode of case detection, using absolute and relative frequency distribution.
RESULTS
A predominance of male cases was observed (74%), with a slight increase in the proportion of women in the post-pandemic period. The highest concentration of cases occurred among individuals aged 18–40 years (58.1% among men and 56.2% among women), with a progressive reduction in the 18–30 and 51–60 age groups over the study period. Regarding race/skin color, 86.5% of men and 86.4% of women self-identified as White/Brown, with a modest increase among

Black and Brown individuals in the post-pandemic period. In terms of education, 77.7% of men and 79.1% of women had 4–11 years of schooling. Post-mortem diagnosis occurred in 1.3% of men and 1.1% of women. In the post-pandemic period, a slight increase in post-mortem detection and a reduction in in-hospital diagnosis were observed.
CONCLUSIONS
TB control strategies should incorporate gender-sensitive approaches that address specific vulnerabilities and social determinants of health (education, access to health services, working age), particularly during health crises, when the risk of exacerbating inequalities becomes greater.
Popul. Med. 2026;8(Supplement 1):A1287

ABS2786

Experiences and Challenges of Clean Intermittent Catheterization among Children with Spina Bifida and Their Caregivers in Uganda

Rehema Namaganda[1], Jane Nansamba[1], Esther Nasanga[1], Ronald Kamusiime[1], Jonathan Omara[1], Andrew Ssentongo Ssemata[1,2], Femke Bannink Mbazzi[1,2]
[1]Disability Research Group, Medical Research Council/ Uganda Virus Research Institute and London School of Hygiene and Tropical Medicine Uganda Research Unit, Wakiso, Uganda, [2]International Centre for Evidence in Disability,, London School of Hygiene and Tropical Medicine, London, United Kingdom

BACKGROUND
Clean Intermittent Catheterization (CIC) is a critical public health intervention for children with spina bifida, preventing urinary tract infections, kidney damage, and premature mortality while supporting continence and social participation (1, 2). In low-resource settings, however, effective implementation is constrained by health system weaknesses, limited access to supplies, and social barriers. Understanding these challenges is essential for strengthening disability-inclusive child health services, improving quality of life and reducing avoidable morbidity (3-5).
METHODS
We conducted a mixed-methods study involving 101 participants: 20 children with spina bifida, 75 caregivers, and 6 healthcare providers across four regions of Uganda. Data collection included structured interviews and daily diaries capturing CIC practices, training experiences, access to supplies, caregiving burden, and follow-up care. Quantitative data were summarized descriptively; qualitative data were analyzed thematically.
RESULTS
Despite widespread exposure to CIC training, significant gaps were identified. Variations in training content and absence of standardized guidelines resulted in inconsistent practices, affecting safety and caregiver confidence. Frequent shortages of catheters, lubricants, and essential medicines disrupted continuity of care, sometimes leading to skipped or improvised catheterization. Gaps in follow-up were evident, with many children lacking routine renal monitoring. Caregiving responsibilities were disproportionately borne by mothers, contributing to financial strain and psychosocial stress. Environmental and social barriers, including stigma, lack of privacy, and inadequate school sanitation, further limited adherence. Children and their families adopted adaptive strategies such as peer support networks and improvised solutions, reflecting resilience in the face of systemic constraints.
CONCLUSIONS
Barriers to safe and sustained CIC use among children with spina bifida in Uganda reflect broader health system and social inequities. Strengthening standardized training, ensuring reliable supply chains, integrating routine follow-up into child health services, and addressing school and community-level barriers are critical public health priorities.
Popul. Med. 2026;8(Supplement 1):A1290

ABS2796

Navigating Violence, Gender, and Disability: Experiences of Young People with Disabilities in Uganda

Rehema Namaganda[1], Jane Nansamba[1], Rebecca Akunzirwe[2], Amiya Bhatia[3], Colleen Howell[2], Jenny Parkes[2], Femke Bannink Mbazzi[1,4]
[1]Disability Research Group, Medical Research Council/ Uganda Virus Research Institute and London School of Hygiene and Tropical Medicine Uganda Research Unit, Wakiso, Uganda, [2]Institute of Education, University College London (UCL), London, United Kingdom, [3]Department of Social Policy and Intervention, University of Oxford, London, United Kingdom, [4]International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, United Kingdom, United Kingdom

BACKGROUND
Violence against young people is a major public health concern with long-term consequences for physical health, mental health and social participation. Young people with disabilities face disproportionately higher risks of abuse, exclusion, and marginalization due to intersecting social and structural determinants (1, 2). The NAVIGENDI study examines how disability, gender, and social norms interact to shape experiences of violence among young people in Uganda, with implications for prevention, equity, and inclusive public health responses.
METHODS
This longitudinal mixed-methods study builds on the Contexts of Violence in Adolescence Cohort. Secondary analysis of quantitative data from three waves (2014: N=3,431; 2018: N=2,773; 2022: N=2,312) was conducted alongside qualitative interviews with 40 young people with disabilities (ages 13–30) and 40 caregivers/peers across Luwero, Masaka, and Wakiso districts. Data collection employed a dialogical approach and the 'river of life' methodology to engage participants in reflective knowledge sharing. Quantitative data were analyzed descriptively and comparatively; qualitative data underwent thematic analysis.
RESULTS
Preliminary findings indicate that youths with functional difficulties experienced higher rates of violence across all waves, highlighting persistent health inequities. Peer violence was especially pronounced, with boys reporting lower peer support, while girls faced elevated risks of sexual harassment and exploitation, including in school settings and during transit. Attitudinal barriers and stigma limited social participation and access to protective environments. Conversely, supportive relationships and inclusive school practices mitigated some negative experiences, demonstrating the potential of school and community systems to function as protective public health platforms.
CONCLUSIONS
Violence against young people with disabilities in Uganda is driven by intersecting determinants of gender, disability, and social norms, requiring integrated public health action. Strengthening peer networks, inclusive school environments, and school-community prevention responses is critical to reducing violence, promoting mental and social well-being, and advancing health equity.
Popul. Med. 2026;8(Supplement 1):A1292

ABS2856

Men's health - a con or a real concern? The case for a new global public health policy approach

Peter Baker[1], James Smith[2], Damian Naidoo[3], Rae Bonney[1], Natalie Leon[4], Albert Manyuchi[5]
[1]Global Action on Men's Health, London, United Kingdom, [2]College of Medicine and Public Health, Flinders University, Casuarina, Australia, [3]Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban, South Africa, [4]South African Medical Research Council, Cape Town, South Africa, [5]Mandela Institute, University of the Witwatersrand, Johannesburg, South Africa

INTRODUCTION
Men's health globally is a clear global public health challenge. Men have a lower life expectancy than women and higher mortality rates from cancer, cardiovascular disease, diabetes and suicide. They are more likely to smoke and to drink alcohol excessively but less likely to access primary care effectively. Yet men are overlooked in global and national health policies. Global Action on Men's Health's research shows men's needs are largely unacknowledged in the fields of cancer, mental health, sexual/reproductive health, and primary care. Just nine countries have national men's health policies. Men's and women's health are frequently posited as binary choices. Where men's health is addressed, individual lifestyle narratives often dominate, not systemic barriers and strengths-based solutions.
METHODS
This organised session will be in the format of a moderated panel discussion. This will enable cross-regional exchange, applied policy discussion, and practical learning. Attendees will be able to ask the panellists questions and engage in debate. The issues covered will include: 1. The state of men's health and key gaps. 2. The role of policy in addressing men's health needs. 3. Case studies of initiatives to address men's health (gender-neutral HPV vaccination and workplace mental health). Results (expected learning outcomes): Participants will be able to: 1. Describe the current state of men's health globally. 2. Explain why men's health has been overlooked in health policy. 3. Identify policy and practice opportunities to improve outcomes and achieve gender equity in their own settings. 4. Apply insights from case-studies.
CONCLUSIONS
The session will position men's health as a legitimate and significant global public health issue within health policy debates and identify concrete, policy-relevant opportunities to improve gender-just outcomes across health systems, workplaces and community settings. Addressing men's health is not a zero-sum exercise; it is a necessary component of equitable health systems.
Popul. Med. 2026;8(Supplement 1):A1294

ABS2951

Negotiating visibility and invisibility: South African women with neurological disabilities' experiences with transportation and health impacts

Kristi Kenyon[1], Aimee Tymkin[1]
[1]Human Rights, University of Winnipeg, Winnipeg, Canada

INTRODUCTION
Situated within a 7 year multi-country study (Engendering Disability-Inclusive Development), this collaborative project between South African and Canadian academics, Epilepsy South Africa and the South African Disability Alliance employed a baseline study of disabled peoples organisations in South Africa to identify priority areas of focus, including access to and experiences of transportation.
METHODS
Phase I of the research brought together 10-15 women with neurological disabilities in each of 4 South African provinces (Western Cape, Free State, Mpumalanga, Eastern Cape) on Transportation. Focus groups of 60-90 minutes were facilitated by Social Workers in relevant local languages (Sesotho, isiXhosa, isiZulu, Afrikaans), recorded, translated, transcribed and coded thematically.
RESULTS
Participants reported economic, structural, and attitudinal barriers impacting mobility and health. They reported challenges in: affording transportation, navigating uneven roads, boarding compact and damaged vehicles. They also reported attitudinal barriers and inaccurate perceptions by drivers and fellow passengers resulting in experiences of 'invisibility' (pressure to "hurry up" without understanding mobility limitations, lack of return transport from hospital after arriving by ambulance) and "hyper-visibility" (ridicule, staring, avoidance). Inaccurate perceptions included assumptions about destinations (doctors office, not work or school), perceptions of 'contagion (resulting in avoidance),' and being referred to and treated as "not normal."
CONCLUSIONS
Intersecting factors position women with neurological disabilities as either overlooked or excluded from the category of "regular people trying to get somewhere" placing them in unique positions of vulnerability with negative health impacts. They face heightened risks of falling due to driver inattention (ie, accelerating before able to find a seat), inappropriate touching and assault by drivers, and physical danger when refused transit (consequently travelling long distances on foot/by wheelchair after dark). Repeated experiences of othering and exclusion limit women's willingness to use shared transport, limiting their work, education and social opportunities, and leading to damaging self-stigma.
Popul. Med. 2026;8(Supplement 1):A1299

ABS3012

Monitoring Sustainable Health Development at the Municipal Level in Brazil: Evidence from the MSDHI

Carolina Veronesi Marinho[1], Leticia Lemos Jardim[1], Luísa da Matta Machado Fernandes[2], Matías Mrejen[1], Rõmulo Paes De Sousa[1]
[1]René Rachou Institute, Fundação Oswaldo Cruz (Fiocruz), Belo Horizonte, Brazil, [2]Ministry of Health, Brasília, Brazil

INTRODUCTION
The 2030 Agenda for Sustainable Development provides a comprehensive framework to address global challenges through their interrelated Sustainable Development Goals (SDGs). Progress toward these goals depends on policies that are sensitive to local contexts, as territories differ widely in their social, demographic, and health system characteristics. The Municipal Sustainable Development Health Index (MSDHI) was therefore developed to monitor health-related targets of the 2030 Agenda at the municipal level in Brazil.
METHODS
The MSDHI methodology followed a systematic eight-step procedure and combined multiple health-related indicators grouped into thematic subindexes: Reproductive and maternal health, Newborn and child health, (3) Infectious diseases, non-communicable diseases, Injuries and violence, (6) Environmental risks, and (7) Universal health coverage and health systems. We estimated the MSDHI for all 5,570 Brazilian municipalities, using publicly administrative data from 2018 to 2022. We conducted a set of descriptive, comparative, and dispersion analyses to examine the distribution and relative performance of the MSDHI and its subindexes across municipalities. The results were further analyzed by grouping municipalities with similar levels of population size, vulnerability, as well as through within-state comparisons.
RESULTS
The analysis reveals pronounced inequalities in MSDHI scores across Brazilian municipalities, even after stratifying by population size and vulnerability. Even among municipalities classified as having satisfactory relative performance, the subindexes reveal specific thematic areas that remain below desired levels, requiring targeted policy attention. Regarding federal states, we found substantial within-state heterogeneity in municipal MSDHI. The coefficient of variation averages 48.6%, ranging from 18.9% to 129.6%, indicating that even within the same state, municipalities may differ in their levels of sustainable health development.
CONCLUSIONS
The results highlight that monitoring inequalities trough MSDHI may help translating empirical evidence into equity-oriented policies.
Popul. Med. 2026;8(Supplement 1):A1305

ABS3060

Socio demographic determinants of energy drink consumption among tertiary students in Botswana

Ellen Tsholofelo[1], Oswell Khondowe[1], Kefentse Mosarwane[1], Thabang Thuto Gidion[1], Tshiamo Mosimanegape[1], Mpho Miriam Marunkwane[1], Monnye Kgamme[1], Wame Itireng[1], Sebeletsang Mosarwa[1], Kago Anthony Ditshego[1], Atlarelang Prince Kgosi[1], Tshenolo Mokgole[1], Sarah Tshepho Pona Matenge[1], Nankie Ramabu[1]
[1]Health Promotion & Education, Boitekanelo College, Gaborone, Botswana

BACKGROUND
Over the last twenty years, the global energy drink market has grown significantly, with college students becoming a key demographic. Despite their widespread use, energy drinks are associated to negative health outcomes. This study aimed to examine the sociodemographic factors influencing energy drink consumption among Boitekanelo College students.
METHODS
A cross-sectional analytical design was used to investigate energy consumption among students. An adapted self-administered structured questionnaire was used to collect data from 353 learners who were selected through stratified random sampling. Descriptive statistics were used to describe participants' characteristics and consumption patterns while Pearson's Chi-square was used to test associations between learners' and their demographic characteristics.
RESULTS
The prevalence of energy drink consumption was 59%. Although most students had moderate knowledge (54%) or good knowledge (44%) of health effects, this knowledge did not deter use. Most students (65.9%) reported consuming energy drinks 2-3 times weekly, while 14.9% reported daily intake. The primary reasons for use were staying alert (52.4%), boosting energy for physical activities (22.1%), and improving performance (18.7%). Taste (42%) and affordability (22%) were key factors influencing product choice. Consumption typically occurred anytime during the day (36%) or before/during study sessions (35%). Males reported slightly higher use (64%) than females (58%), although not statistically significant ($p = 0.142$). Higher consumption was also observed among students aged 23–27 years (64%), third-year students (66%), and degree learners (61%), but these differences were not significant ($p= 0.156$, $p= 0.156$ and $p = 0.180$ respectively).
CONCLUSIONS
Energy drink use is highly prevalent among Boitekanelo College students, despite their moderate to good awareness of the associated health risks. There is a clear need for institutional policies and targeted health promotion interventions to address these consumption patterns and mitigate potential adverse health outcomes.
Popul. Med. 2026;8(Supplement 1):A1307

ABS3067

Judicialization of health care in specialized care in Espírito Santo, Brazil: equity or justice?

Fabrício Santos Neves[1,2], Bárbara Mendes Guimarães[1], Caroline Feitosa Dibai de Castro[3], Cristiano Luiz Ribeiro de Araújo[2], Heloisa de Carvalho Torres[1], Katrini Ribeiro Tiago[2], Maria Luiza Mageski Altafim Brandão[2], Rafael Vulpi Caliari[1], Scheila Defante Peres[1], Maria Angélica Carvalho Andrade[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo (UFES), Vitória, Brazil, [2]Innovation and Right to Health Laboratory, Capixaba Institute of Education, Research and Innovation (ICEPi), Vitória, Brazil, [3]Higher School of Sciences of the Santa Casa de Misericórdia of Vitória (EMESCAM), Vitória, Brazil

INTRODUCTION
The judicialization of public health in Brazil is a multifactorial phenomenon in which users of the Unified Health System (SUS - Brazil's public healthcare system) resort to the judiciary to secure their constitutional rights. In Espírito Santo, this phenomenon is particularly evident in Specialized Outpatient Care (SOC), represented by demands for consultations and exams. The study analyzes

how judicial provisions reflect bottlenecks in health management, revealing management priorities and impacting resource allocation and planning.
METHODS
Descriptive, analytical, and longitudinal study with a mixed approach. Data were sourced from the Capixaba Observatory of the Right to Health and the Strategic Intelligence Center for State Management of the SUS, covering the three-year period from 2022 to 2024. Next, waiting times, access indicators, and costs of legal proceedings were compared with those of standard administrative flows.
RESULTS
The SOC accounts for the largest volume of litigation - 11846 cases in the three-year period (29.58% of the total), most of which (72.43%) focus on consultations - but its numerical relevance is low compared to the scale of the network: the litigated volume corresponds to less than 0.1% of total administrative production. The cost of judicial compliance exceeds the administrative cost by more than 340 times, revealing a cost discrepancy of 34.053% over the standard cost base. Serious difficulties were identified in accessing consultations with neuropediatricians and colonoscopy exams, procedures that have an average waiting time of 832 days.
CONCLUSIONS
Litigation in Espírito Santo embodies a a paradox of "microjustice," where individual guarantees can compromise "macrojustice" and collective planning. However, judicial demands serve as vital indicators for identifying structural bottlenecks in the network. Strengthening secondary care and implementing innovative mediation tools, such as the Center for Preventive Health Negotiation, are essential to promoting equity and reducing litigation.
Popul. Med. 2026;8(Supplement 1):A1308

ABS3138
Do individual or area-level measurements of social determinants of health perform better at predicting chronic pain?
Mubarak Abdullateef[1], Emma Parry[1], Dahai Yu[1], Ross Wilkie[1]
[1]School of Medicine, Keele University, Staffordshire, United Kingdom
ABSTRACT
Social risk factors are strongly linked to poor health, 1,2. Their measurement is crucial for efficiently guiding services and resources that improve patient and population health. The absence of individual social risk measures in electronic health records (EHRs) has led to the routine use of area-based measures as proxies for individual measures. However, this may misclassify individual social circumstances, 3,4. This study aims to assess the agreement between area- and individual-level social risk measures and to compare their predictive performance of chronic pain (CP) and high-impact chronic pain (HICP). Using the MIDAS population survey of adults aged 35 and over in North Staffordshire, England, we compared several area-based measures (IMDs) and individual indicators (income adequacy, education, food poverty, food bank usage, housing instability, poor housing quality, utility need, transport poverty, emotional support, loneliness, community participation and a derived composite SDoH index). Their agreement was assessed using Gwet inter-rater agreement. Multilevel models of area- and individual-level SDoH measures were compared. Model performance was assessed using AUC for discrimination and the Brier Skill Score for overall predictive accuracy. Of a sample of 2519 respondents, the prevalence of CP and HICP was 41.2% and 22.6%, respectively. The agreement between the IMD measures and individual measures was generally low. Individual composite SDoH index has better discriminative ability of CP than IMDs. Income adequacy and the composite SDoH index improved discrimination for HICP compared with the IMD measures. Overall predictive performance based on the Barier Skill Score, individual composite SDoH index, income adequacy, education, loneliness, transport poverty, and food poverty improved CP and HICP prediction compared with IMD measures. This study suggests a cautious use of area measures as proxies in the absence of individual-level measures. The study emphasises the need for individual measures in EHRs to improve disparity research and patient risk stratification.
Popul. Med. 2026;8(Supplement 1):A1313

ABS3205
Improving caregiver coping to support family members engaged in addiction and HIV treatment
Joseph Daniels[1], Li Li[2], Keenan Pituch[1], Kabelo Maleke[3], Wasipha Mthethwa[3], Fezile Buthelezi[3], William Ramasobana[3], James McIntyre[3], Sibuse Ginindza[3], Nathi Zuma[3], Albert Manyuchi[3]
[1]Arizona State University, Phoenix, United States, [2]UCLA, Los Angeles, United States, [3]Anova Health Institute, Johannesburg, South Africa
BACKGROUND
Injection drug use is expanding globally, compromising HIV prevention and treatment strategies. In South Africa, only 36% of those who inject drugs are virally suppressed, with 38% continuing on opioid substitution therapy (OST).1 Caregiver approaches to support people who inject drugs in treatment outcomes are limited, with more intervention development needed.2-4
METHODS
A pilot randomized controlled trial of a coping and communication intervention to improve HIV treatment and OST continuation was delivered, with 46 caregivers (family members) participating in the intervention arm. Family members (27-66 years, 78% were female) received four skill-building sessions in group and dyadic formats, with measures for coping, support, caregiver burden and intervention feasibility collected at Months 0 and 3. Thematic analyses was conducted on interview data, and linear mixed models was used to evaluate survey and behavioral measures.
RESULTS
Family member retention was 95% completing all sessions and study visits, with similar ratings for intervention feasibility, acceptability, willingness and safety. Many family members described value in learning with others about stress management and demonstrated improved understanding of addiction and treatment. Notably, they reported applying new skills in their support activities, reflecting resiliency behaviors. Family member coping significantly increased from baseline to Month 3 (MTime1 = 2.13, MTime2 = 2.34, p =.03, d =.36), social support improved (MTime1 = 5.04, MTime2 = 5.26, p =.29, d =.19), and caregiver burden decreased (MTime1 = 1.69, MTime2 = 1.48, p =.13, d = -.31).
CONCLUSIONS
Family member caregivers of those who inject drugs require coping and communication skills to facilitate their role in treatment engagement. The intervention demonstrates potential to harness family members to improve HIV and OST outcomes in settings where drug use is expanding and family is a key social determinant of health, with implications for clinical guidelines.
Popul. Med. 2026;8(Supplement 1):A1316

ABS3226
Temporal trends in mortality and regional inequalities of socially determined diseases in brazil, 2014–2023
Luanne Karolyne Leal dos Santos[1], Arthur Fiorati Faria[1], Yan Mathias Alves[1], Reginaldo Bazon Vaz Tavares[1], Titilade Kehinde Ayandeyi Teibo[1], Ariela Fehr Tartaro[1], Maria Eduarda Pagano Pelodan[1], Valter Caripa[1], Willie Otávio Bueno Bernardi[1], Nathalia Zini[1], Fatima Morales[2], Ricardo Alexandre Arcêncio[1]
[1]Maternal-Infant and Public Health Nursing Department, University of São Paulo College of Nursing at Ribeirão Preto, Ribeirão Preto, Brazil, [2]Department of Preventive Medicine and Public Health, University of Seville, Seville, Spain
INTRODUCTION
Socially determined diseases (SDDs) contribute substantially to mortality among socially vulnerable populations, reflecting structural inequalities. This study analyzed mortality trends from SDDs and differences across brazilian macroregions.
METHODS
An ecological study was conducted using Brazilian macroregions as the unit of analysis from 2014 to 2023. Secondary data on deaths due to tuberculosis, leprosy, viral hepatitis, schistosomiasis, Chagas disease, and malaria were obtained from the Mortality Information System (SIM). Annual mortality rates per 100000 inhabitants were calculated based on population estimates from the Brazilian Institute of Geography and Statistics (IBGE). Temporal trends were assessed using Prais-Winsten regression, estimating the Annual Percent Change (APC) and 95% confidence intervals (95%CI), using R (version 4.5.1).
RESULTS
Between 2014 and 2023, 120423 deaths from SDDs were recorded. Tuberculosis accounted for the highest number of deaths (n=48796; 40.5%), followed by Chagas disease (n=42719; 35.5%) and viral hepatitis (n=22319; 18.5%), together representing 94.5% of all deaths. Mortality was higher among men (n=77090; 64%) and individuals of mixed race ("pardo") (n=54787; 45.5%). The Central-West region showed the highest mean mortality rate (8.82 per 100000 inhabitants), whereas the South had the lowest (4.07 per 100000). Over the study period, mortality rates decreased in the South (APC -2.25%; 95%CI -2.97 to -1.53), Central-West (APC -2.01%; 95%CI -3.08 to -0.93), and Southeast (APC -1.66%; 95%CI -2.54 to -0.77). In contrast, rates remained stationary in the Northeast (APC -0.36%; 95%CI -1.41 to 0.69) and North (APC +1.02%; 95%CI -0.13 to 2.17).
CONCLUSIONS
Mortality from SDDs declined in most Brazilian macroregions, remained stable in the Northeast and North, and exhibited marked territorial heterogeneity, with a higher burden in the Central-West. These findings highlight the need for integrated interventions to reduce inequalities and strengthen health actions in the most

vulnerable territories.
Popul. Med. 2026;8(Supplement 1):A1317

ABS3238
Human development, inequality, and burden of socially determined diseases in brazil, 2014–2023

Luanne Karolyne Leal dos Santos[1], Arthur Fiorati Faria[1], Reginaldo Bazon Vaz Tavares[1], Yan Mathias Alves[1], Titilade Kehinde Ayandeyi Teibo[1], Valter Caripa[1], Ariela Fehr Tartaro[1], Maria Eduarda Pagano Pelodan[1], Nathalia Zini[1], Fátima Morales[2], Ricardo Alexandre Arcêncio[1]
[1]Maternal-Infant and Public Health Nursing Department, University of São Paulo College of Nursing at Ribeirão Preto, Ribeirão Preto, Brazil, [2]Department of Preventive Medicine and Public Health, University of Seville, Seville, Spain

INTRODUCTION
Socially Determined Diseases (SDDs) disproportionately affect socially vulnerable populations, highlighting social inequalities across settings. This study assessed the incidence of six SDDs and their association with human development and inequality in Brazil.
METHODS
Ecological study using brazilian states as the unit of analysis from 2014 to 2023. Annual incidence per 100000 inhabitants was estimated for tuberculosis, leprosy, malaria, viral hepatitis, schistosomiasis, and Chagas disease using data from the Notifiable Diseases Information System (Sinan). Two multiple linear regression models were fitted: model A (Gini index and Municipal Human Development Index [IDHM]) and model B (replacing overall IDHM with its income, education, and longevity subindices). Results were expressed as regression coefficients (β) and 95% confidence intervals (95% CI), with statistical significance at p<0.05. Analyses were performed in R (version 4.5.1).
RESULTS
Overall SDD incidence was negatively associated with IDHM (β=-7.85; 95% CI -11.41 to -4.30; p<0.001), indicating lower incidence in more developed contexts. Malaria showed negative associations with human development and longevity (β=-22.40; 95% CI -30.75 to -14.04; p<0.001; β=-25.14; 95% CI -36.88 to -13.41; p<0.001). Leprosy was also negatively associated with human development, longevity, and income (β=-11.91; 95% CI -14.19 to -9.63; p<0.001; β=-11.59; 95% CI -14.45 to -8.73; p<0.001; β=-6.72; 95% CI -9.78 to -3.67; p<0.001). Tuberculosis was positively associated with inequality (β=2.46; 95% CI 1.02 to 3.89; p<0.001). Viral hepatitis was less frequent in more unequal contexts (β=-3.46; 95% CI -5.64 to -1.28; p=0.002) and more frequent in states with higher human development (β=5.75; 95% CI 3.77 to 7.74; p<0.001).
CONCLUSIONS
Human development and inequality were associated with distinct incidence patterns across SDDs. Higher development and longevity were associated with lower malaria and leprosy incidence, whereas tuberculosis increased in more unequal contexts. These findings support territorially targeted policies to reduce vulnerabilities, address inequality, and strengthen public health surveillance.
Popul. Med. 2026;8(Supplement 1):A1318

ABS3278
From Algorithms to Access: Using AI to Advance SDG 3 and Health Equity

Padmini Murthy[1,2], Vina HuLamm[1]
[1]American Public Health Association, Washington/DC, United States, [2]SAGAN, LLC Consulting, New York, NY, United States

ABSTRACT
This is a proposal for an organized panel discussion to explore how rapidly advancing artificial intelligence (AI) can be harnessed to improve health and wellbeing within the framework of UN Sustainable Development Goal 3: Ensuring healthy lives and promoting wellbeing for all at all ages. Speakers will examine how AI tools, when thoughtfully designed and implemented, can strengthen public health systems, expand access to care, and advance health equity. The session will highlight real-world examples of AI-powered predictive analytics for disease surveillance and outbreak forecasting, as well as tools that support strategic resource allocation for public health interventions to improve efficiency and cost-effectiveness. In addition, case examples will showcase AI-driven telemedicine and virtual care models that extend services to remote and underserved communities, helping to reduce geographic, financial, and workforce barriers to high-quality care while supporting equity as a core public health value. At the same time, the session will critically examine key challenges to integrating AI into health and public health systems (ie data privacy and security concerns, algorithmic bias, lack of transparency etc.), and the practical difficulties of implementation in settings with limited infrastructure, training, and technical capacity. These challenges can exacerbate existing inequities if not proactively addressed. Speakers will offer concrete recommendations for policy, practice, and governance to ensure that AI initiatives are equitable, inclusive, and aligned with community needs and rights. Participants will identify the opportunities and risks of AI in health, along with actionable ideas for leveraging AI to advance SDG 3 and the 2030 pledge to "leave no one behind." Invited speakers are in the process of being identified and are pending final confirmation for inclusion in this session proposal.
Popul. Med. 2026;8(Supplement 1):A1323

ABS3310
The food environment at a South African university campus- an exploratory case study

Michelle Brear[1], Bontle Mamabolo[1], Susan Goldstein[1]
[1]SAMRC/Wits Centre for Health Economics and Decision Science – PRICELESS SA, University of the Witwatersrand, School of Public Health, Parktown, Johannesburg, South Africa

BACKGROUND
Food environments are the physical and social spaces that structure individual food practices which influence the risk of obesity and nutrition-related non-communicable diseases (NCDs). Creating healthy food environments is one way that universities can achieve their public good mandate and contribute to achieving sustainable development goals (e.g. Zero Hunger, Health) and targets (e.g. end all forms of malnutrition).
METHODS
We conducted a mixed method study, aimed at characterising the food environment of a South African university campus. Student co-researchers participated throughout the process. We collected data using key informant interviews with university management staff and food retailers, focus group discussions with students, ethnographic observations of food environments and a survey of food store inventories. Data were analysed using descriptive statistical and thematic approaches, informed by a framework which conceptualises food environments around six elements- availability, affordability, convenience, quality, promotion and sustainability.
RESULTS
Unhealthy foods and drinks, especially fried potatoes and sugary drinks, were more prominently available and promoted, compared to healthier alternatives. Healthy foods were perceived to be less tasty and satiating (both aspects of perceived "quality") and less convenient and more expensive to access than unhealthy foods. University management relied on general policies (e.g. sustainability or student success frameworks) to guide their work, in the absence of national or institutional policies focused on institutional food environments. They invoked student preferences for unhealthy options, and economic constraints, to justify the availability and promotion of unhealthy foods on campus.
CONCLUSIONS
The university campus food environment was characterised by widespread availability, affordability, convenience and promotion of unhealthy foods associated with obesity and nutrition related NCDs. An institutional policy, which sets standards to guide and govern a campus food environment that is more conducive to health, would contribute to the university's achievement of SDGs and its public good mandate.
Popul. Med. 2026;8(Supplement 1):A1325

ABS3338
Operationalising equity: A study of the challenges in aligning policy principles with performance metrics in Brazilian primary care

Felipe Szabzon[1], Zoheb Khan[1], Vera Schattan P Coelho[1]
[1]Brazilian Center of Analysis and Planning, São Paulo, Brazil

BACKGROUND
The establishment of Brazil's universal, unified health system (SUS) in 1988 represents the culmination of successful social mobilisation around the right to health. Founded on principles of equity, universality, and comprehensiveness, the SUS has progressively expanded, with significant gains in access and reductions in population-level health disparities(1–3). Nonetheless, significant inequalities persist, particularly within cities(4,5). Concurrently, Brazil's public sector has undergone extensive reform inspired by New Public Management, emphasising efficiency and performance-based accountability. In primary care, reform included contracting out of public services to non-state providers. Management contracts shape provider behaviour, influence resource allocation, and mediate how policy objectives are translated into everyday practices.
METHODS
We examine how far equity—an overarching normative principle of the SUS

informing primary care policies —is operationalised in management contracts. We developed a conceptual framework of equity grounded in national policy and the global health equity literature(6–11) and applied it to the analysis of performance contracts between municipal governments and non-state primary care providers in São Paulo and Fortaleza, two cities with extensive yet distinct approaches to contracting and performance management. Indicators were systematically examined to assess the degree to which they explicitly or implicitly incorporate equity considerations in the organisation and delivery of primary care.
RESULTS
In both cities, service volumes dominate performance indicator systems. While such measures are important for assessing inequalities in service access, other dimensions of equity—particularly sociocultural aspects of care, mechanisms for social participation, and welcoming reception and care—are largely neglected.
CONCLUSIONS
A technical approach to evaluation, where accountability inheres in compliance with centrally defined and easily quantifiable targets(12), risks reproducing inequalities by under-appreciating localised determinants of health and citizen priorities. We call for further research examining how foundational health system principles can be effectively operationalised in service delivery models.
Popul. Med. 2026;8(Supplement 1):A1326

ABS3339

Implications of USAID funding withdrawal on the progress of the SDG's among women and girls in Eswatini

Pinky Shabangu[1], Zinhle Matsebula[1], Michelle Brear[1]
[1]Independent, Manzini, Swaziland

INTRODUCTION
In Eswatini, USAID-funded health and development programmes played a crucial role in achieving Sustainable Development Goals (SDGs) that addressed poverty, hunger, inequalities, education and health, 2008-2025. Many of these programmes supported marginalised women and girls The aim of the study is to examine the implications of USAID funding cuts towards the SDGs among women who were recipients of a USAID project
METHODS
We conducted participatory ethnographic research with eight female participants aged 21-66 years from an Eswatini township. Data were collected using participant observation and interviews, and analysed thematically, using the SDGs as a guiding framework.
RESULTS
Because many USAID funded programs provided health services, and livelihood, education or economic support, their closure directly detracted from achieving SDG3 (health), SDG1 (Zero poverty) and SGD2 (No hunger) and SDG4 (Universalising quality education). Participants reported emotional stress associated with the funding cuts which led them to opt for unsustainable coping strategies that affected their social relations (e.g. reducing contact with family members). Because many USAID-funded programs targeted marginalised women and girls, they were particularly affected by the closure, setting back achievement of SDG5 (Gender equality) and SDG10 (Reduced inequalities). The sudden, unexpected closure of programs weakened partnerships (SDG17) between communities, states and funding institutions which are essential to sustain and further progress towards achieving SGDs.
CONCLUSIONS
The sudden closure of USAID detracted from achieving the SDGs in urban Eswatini, and likely other similar settings. Funding cuts have had direct and multiple effects on marginalised women and girls in Eswatini by reducing access to the essential services that are meant to bring progress towards numerous SDGs. The findings highlight the need for sustainable and gender-responsive funding approaches that protect essential community-based services and partnerships, and progress towards the SDGs.
Popul. Med. 2026;8(Supplement 1):A1327

ABS3345

A practical guide to citizen-centred evaluation for more equitable and responsive health systems

Zoheb Khan[1], Debora Bernardo[1], Frederico Haddad[1], Vera Schattan P Coelho[1]
[1]Brazilian Center of Analysis and Planning, São Paulo, Brazil

BACKGROUND
Brazil's constitutionally-recognised health councils give citizens formal powers in the governance of primary care in the Unified Health System (SUS). However, their actual influence in the design of policy and service models is limited(1,2). This is partly because evaluation of system performance follows a standardised, managerial approach that focuses on service volumes, excluding citizen perspectives and rendering localised determinants of health and experiences of vulnerable groups invisible. This reduces the system's potential to tackle inequality. This panel discussion offers a guide to a co-creation methodology, implemented in the municipalities of São Paulo and Fortaleza, to overcome this through a more democratic evaluative approach that empowers citizens to produce, interpret and act on knowledge about the performance of public policies(3–5).
METHODS
Participants will be taken through the design and results of our three-stage process: diagnosing the disconnect between participatory forums and technical accountability frameworks like state-provider contracts and municipal health plans; developing a theory of change; and (3) using nominal group and focus group techniques to identify neglected dimensions like respectful treatment by staff, health system navigability, coordinated care, and barriers to access like scheduling systems and neighbourhood violence; and then using workshops to co-produce indicators to measure them. We will also discuss strategies for validating and integrating community-generated evidence into official performance evaluation systems.
RESULTS
This session is designed for researchers, practitioners, and policymakers seeking actionable methods to transform participatory governance from a merely consultative exercise into a driver of equitable health system change.
CONCLUSIONS
Our work ensures that evaluations become more inclusive while also measuring whether services are truly reducing disparities and advancing social justice. This could provide a replicable strategy for strengthening health system governance in other contexts.
Popul. Med. 2026;8(Supplement 1):A1328

ABS3363

Equity Beyond Access Community Participation and Power in Health Committees in Cape Town

Natasha Ruya[1], Hanne Haricharan[1]
[1]Public Health Medicine, University of Cape Town, Capetown, South Africa

INTRODUCTION
Equitable health systems require not only access to services but also equitable participation in decision-making1,2. In South Africa, health committees were established within the public primary healthcare system to facilitate community participation, accountability, and responsiveness at facility level3. However, their roles, authority, and influence remain unevenly defined and implemented2,4. Understanding how existing participatory structures function is critical for advancing equity in health governance5. This study examined current practices of community participation in two sub-districts of the Cape Metro: Klipfontein and Khayelitsha.
METHODS
A convergent parallel mixed-methods design was employed between March and September 20246. Data were collected from 132 questionnaires and 13 focus group discussions across 19 committees representing 19 clinics. Quantitative data were analysed using descriptive statistics, while qualitative data were analysed thematically using NVivo 14. The study explored motivations for participation, operational roles, enablers and barriers, capacity limitations, power dynamics, and understanding of the National Health Insurance.
RESULTS
Committee members were primarily motivated by civic commitment, social recognition, and access to health information. Committees functioned mainly in supportive operational roles, with limited involvement in governance or strategic decision-making. Enablers included training, collaborative relationships with facility staff, incentives, and recognition. Barriers included inter-committee conflicts, lack of institutional recognition, limited logistical support, unequal power relations, and low awareness of the National Health Insurance. Participation was largely procedural rather than strategic, revealing persistent inequities in voice, power, and legitimacy within public health governance.
CONCLUSIONS
Despite the existence of formal participatory structures, health committees operate with limited decision-making authority, constraining their contribution to equity and accountability. Strengthening participation requires clearer role definition, sustained capacity building, institutional recognition, supportive policy frameworks, and adequate operational resources. These reforms are essential to position health committees as legitimate governance actors capable of engaging meaningfully with forthcoming health system reforms.
Popul. Med. 2026;8(Supplement 1):A1330

ABS3406

Demystifying Snakebite Envenoming in Uganda: A Cost-Effectiveness Analysis of Life-Saving Prevention Strategies

Yasiini Nuwamanya[1], Benigna Namara[1], Shem Mwebaza[1], Paul Okello[1], Andrew Ancharski[2], Chandra Dhakal[2]
[1]Uganda Public Health Fellowship Program, Uganda National Institute of Public Health, Kampala, Uganda, [2]CDC Foundation, Atlanta, United States

BACKGROUND
Snakebite envenoming (SBE) is a neglected public health crisis in Uganda, with an annual incidence of 101 bites per 100,000. Between 2020 and 2023, the country recorded 1,923 envenoming cases and 516 deaths, resulting in a staggering case-fatality rate (CFR) of 27%—six times the global average. High mortality is driven by delayed treatment-seeking and knowledge gaps among the community and community health workers (CHWs).
OBJECTIVES
This study aimed to identify the most cost-effective policy interventions to reduce SBE-related mortality, providing an evidence-based roadmap for national injury prevention and safety policy.
METHODS
The team developed a decision-analytic model using a national population cohort of 46,246,800 from the Uganda Bureau of Statistics. Using a Ministry of Health perspective over a two-year horizon, three strategic options were micro-costed: Status quo (antivenom restricted to general hospitals); Expansion of antivenom stocking to Health Center IVs combined with CHWs training; and (3) Status quo combined with SBE community awareness campaigns. Outcomes were measured by snake bite-related deaths averted and Incremental Cost-Effectiveness Ratios (ICER). Sensitivity analyses were conducted by varying input parameters.
RESULTS
Community awareness emerged as the most impactful strategy, averting 835 deaths over two years—a significant public health gain compared to other options. With an ICER of $3,003 USD per death averted, this strategy is highly cost-effective, falling well below Uganda's willingness-to-pay threshold (three times Uganda's per-capita GDP [$1,142 USD in 2024]). Conversely, expanding stock to lower-level facilities was the most expensive and least effective, averting 76 deaths.
CONCLUSIONS
Availability of antivenom does not guarantee survival if community-level barriers to care persist. Integrating community-led awareness with existing stocking policies is the most feasible and cost-effective strategy to save lives. These findings provide a scalable model for other sub-Saharan African nations to reduce the burden of neglected injuries through targeted public safety education.
Popul. Med. 2026;8(Supplement 1):A1332

ABS3415

Sexual Risk Behaviors among Adolescents and Young Adults in the Context of Food Insecurity: A Population-Based Cross-Sectional Analysis

Otobo Ujah[1], Rukayya Karaye[2], Olamide Asifat[3], Fidelis Nwachukwu[4], Kenneth Onyedibe[5]
[1]Department of Obstetrics and Gynaecology, Federal University of Health Sciences, Otukpo, Nigeria, [2]College of Public Health, University of South Florida, Tampa, United States, [3]Jiann-Ping Hsu College of Public Health, Georgia Southern University, Statesboro, United States, [4]Department of Biomedical Sciences, Mercer University School of Medicine, Columbus, United States, [5]Department of Biomedical Sciences, Mercer University School of Medicine, Macon, United States

INTRODUCTION
Evidence suggests that food insecurity (FI) is associated with adverse health behaviors, including sexual risk behaviors (SRBs), in adults and high-risk populations. This study examined the associations between past-year FI and SRBs among a nationally representative sample of adolescents and young adults (AYAs) in Nigeria and explored whether these relationships differ by gender.
METHODS
This cross-sectional study used data from a nationally representative sample of AYAs (15-24 years) living in Nigeria who reported sexual activity in the past 12 months who participated in Round 6 of the UNICEF-supported Multiple Indicator Cluster Survey (MICS). Weighted multivariable binomial and multinomial logistic regression analyses were conducted with FI as the exposure variable and SRBs as the outcome variable, adjusting for multiple confounders. All models were stratified by gender.
RESULTS
Of the 8618 AYAs in the sample, approximately 75% had experienced moderate or severe FI. Approximately 8.3% had multiple sexual partners while 71.1% of participants did not use a condom at their last sexual intercourse. After adjusting for multiple potential confounders, AYAs who experienced moderate FI were more likely to report engaging in multiple sexual partnerships in the past 12 months (AOR = 1.55, 95% CI = 1.09-2.21, p = 0.0151) and report engaging in both unprotected sex and having MSPs (AOR = 1.61, 95% CI = 1.04-2.49, p = 0.0347). In gender-stratified models, these patterns remained consistent for AYAs males but were absent among AYA females.
CONCLUSIONS
Food insecurity is associated with SRBs among AYAs in Nigeria. Strategies are needed to integrate FI interventions into sexual and reproductive health programming and policies for young people in order to reduce SRBs and their sequelae. Such strategies may also benefit from a gender-centered approach given the disparities in the risk of engaging in SRB with FI.
Popul. Med. 2026;8(Supplement 1):A1333

ABS3456

Bridging Gender Gaps in Health Equity: Insights from Women's Empowerment and Decision-Making Patterns in Nigeria Using the 2024 NDHS Data

Patrick Shaibu[1], Chidinma Okoro Obiageri[1], Kalu Nwankwo Obasi[1], Daniel Achoda[1], Vera Usigbe[1]
[1]Public Health, College of Nursing Sciences Gombe, Gombe State-Nigeria, Gombe, Nigeria

INTRODUCTION
gender equity is fundamental to achieving equitable and sustainable public health outcomes. Despite improvements in women's education and economic participation in nigeria, substantial disparities persist in autonomy and decision-making that influence health equity and inclusion.– this study examines patterns and determinants of women's empowerment in nigeria using nationally representative data from the 2024 nigeria demographic and health survey (NDHS).
METHODS
a secondary analysis of the 2024 NDHS women's dataset was conducted. Key indicators of women's empowerment included employment status, control over personal earnings, ownership of assets, participation in household decision-making, and attitudes toward wife beating, consistent with established empowerment frameworks. Weighted descriptive statistics and cross-tabulation analyses were used to assess disparities by region, urban–rural residence, educational attainment, and household wealth quintile.,
RESULTS
approximately two-thirds of married women reported working in the past year; however, only 36% participated in all major household decisions. Ownership of mobile phones (62%) and bank accounts (43%) was higher among urban, educated, and wealthier women. Marked regional disparities were observed, with only 7% of women in the north-west reporting informed sexual decision-making compared with 73% in the south-south. Acceptance of wife beating remained prevalent at 22%, reflecting persistent gender norms that constrain equity and inclusion across nigeria's socio-economic and geographic contexts.,
CONCLUSIONS
women's empowerment in nigeria remains uneven and is strongly shaped by education, wealth, and geographic location., expanding access to education, strengthening financial inclusion, and implementing gender-transformative interventions are critical to closing gender gaps and advancing health equity and sustainable public health outcomes in nigeria.
Popul. Med. 2026;8(Supplement 1):A1335

ABS3466

Tuberculosis in children and adolescents in bahia: analysis of case trends in the health macroregions of the state of bahia (brazil) between 2010 and 2024

Maria Eduarda Maia Vilar[1], Florisneide Rodrigues Barreto[1], Ana Carolina Souza Torres[1], Maria da Glória Lima Cruz Teixeira[1], Edson de Andrade Nhamuave[1]
[1]Institute of Collective Health, Federal University of Bahia, Bahia, Brazil

INTRODUCTION
Tuberculosis remains a major global health challenge, disproportionately affecting vulnerable populations. Among children and adolescents under 19, TB reflects inequalities in prevention, diagnosis, and care. In Brazil, Bahia's sociodemographic diversity and regional disparities provide a relevant setting to examine these inequities. This study aims to describe TB occurrence in individuals under 19 across Bahia's health macro-regions from 2010 to 2024.
RESULTS
Between 2010 and 2024, 5,568 new TB cases were reported in individuals under 19 in Bahia. Despite being the most economically developed region, the Eastern Macro-region concentrated 52% of cases (incidence of 15.9 per 100,000 inhabitants), followed by the Southern Macro-region. This pattern suggests that

aggregate development does not guarantee equity and may mask pockets of vulnerability and intra-municipal inequality. In contrast, the Western and North-Central macro-regions maintained significantly lower notification trends. The clinical and demographic profile showed a predominance of pulmonary TB (84%), male sex (54%), and the 15-19 age group (67% of cases), highlighting the transition from childhood to adolescent TB. Self-declared brown race/color was predominant (60%), but the high proportion of ignored or unfilled records (about 10%) limits a more precise analysis of structural racism's impact, indicating a failure in including essential data for equitable policies.
CONCLUSIONS
The results demonstrate that TB in children and adolescents in Bahia, as in Brazil, is a persistent public health challenge requiring an intersectional lens. The analysis suggests a profile marked by disparities reflecting territorial and social inequities, potentially masking vulnerability pockets. The concentration of cases in the most developed region unveils the "internal frontiers" of inequality, where aggregate wealth does not necessarily translate into universal health protection. This demands policies that identify and include vulnerable groups within these territories, ensuring equitable and sustainable health strategies.
Popul. Med. 2026;8(Supplement 1):A1336

ABS3478
The determinants and distribution of rural–urban migration among oral health professionals in South Africa
Bulela Vava[1], Yolanda Malele-Kolisa[1], Mpho Molete[2]
[1]Department of Community Dentistry, Wits Oral Health Centre/Wits University, Johannesburg, South Africa, [2]Research Department - School of Oral Health Sciences, Wits University, Johannesburg, South Africa
BACKGROUND
Oral diseases are highly prevalent, yet South Africa faces persistent rural–urban maldistribution of oral health professionals. Evidence on migration beyond a broader oral health workforce remains limited. This study therefore assessed rural–urban migration among oral health professionals by examining their demographic and professional profiles, geographic distribution, and workplace factors associated with migration, to inform more equitable oral health workforce planning and service delivery.
METHODS
A quantitative cross-sectional survey was conducted among South African oral health professionals registered in 2024/25. An online questionnaire captured demographics, migration patterns, and drivers. Data from 223 respondents were analysed using descriptive statistics, chi-square tests, and multivariate logistic regression to identify factors associated with rural–urban migration.
RESULTS
Among 223 oral health professionals (response rate 14.5%), 27.2% reported rural–urban migration. Respondents were predominantly African (73.5%), female (71.8%), and early- to mid-career, with most working in rural areas (73.1%). Migration was concentrated towards Gauteng (70%). Key reasons included employment opportunities and career growth (80% each). Multivariable analysis showed migration was significantly associated with professional category, first job post-training, area type (rural vs urban), and province size, while demographic factors were not significant.
CONCLUSIONS
This study shows that rural–urban migration among South African oral health professionals is driven mainly by workplace context, career stage, professional category, and provincial conditions rather than individual demographics. Migration was concentrated towards Gauteng, with notable variation across oral health worker categories. These findings underscore the need for context-specific, profession-sensitive workforce policies that address structural and institutional drivers to support equitable oral health service distribution.
Popul. Med. 2026;8(Supplement 1):A1337

ABS3482
Masterclass - Realizing Universal Health Coverage: understanding the central role of legal frameworks
Stephanie Dagron[1]
[1]Institute of global health, Faculty of medicine, University of Geneva, Geneva, Switzerland
BACKGROUND
Achieving health for all by 2030 is a central ambition of the Sustainable Development Goals, with Universal Health Coverage (UHC) at its core (Dagron, 2022). UHC ensures that everyone can access essential health services without financial hardship, and its importance has grown as countries increasingly recognize its role in reducing poverty, promoting gender equality, supporting education, strengthening climate resilience, and building inclusive societies (United Nations General Assembly, 2019). This commitment has been reinforced over time through multiple political declarations, including recent global agreements such as the 2025 Pandemic Agreement. Yet, despite these strong political and legal multilateral commitments, progress remains uneven. Existing global monitoring frameworks have been indispensable in tracking service coverage and financial risk, but they remain largely outcome- and finance-oriented (World Bank, World Health Organization, 2025), offering limited insight into the institutional, legal, and governance arrangements that shape national UHC trajectories. This absence of legal and governance analysis represents a significant blind spot in health systems research, limiting the ability of governments to design evidence-based, structurally grounded reforms. It is necessary to improve the knowledge of public health authorities regarding the legal determinants of UHC. Strong legal frameworks translate policy into action, support effective health system functions, define the rules for equitable access to health services and provide the means for national governments to implement coverage for all.
METHODS
This Masterclass introduces the principles and legal foundations of UHC, examining how legal frameworks shape healthcare access. Participants will be able to learn about legal instruments influencing accessibility to essential services by following the presentation and actively discussing the reality of equitable access to healthcare in their own countries.
RESULTS
By the end of the Masterclass, participants will be equipped with practical tools to analyze national legal frameworks and propose reforms that advance sustainable, rights-based progress toward UHC.
Popul. Med. 2026;8(Supplement 1):A1338

ABS3511
Analysis of Healthcare Accessibility and Equity from the Perspective of Health Equality: A Case Study of a City
Hongyan Zhao[1]
[1]Jilin University, Changchun, China
ABSTRACT
Objective To understand the spatial distribution of medical resources in Hangzhou, to analyze the accessibility and equality of tertiary hospitals and primary health institutions in Hangzhou, to evaluate the rationality of health resource allocation and the fairness of residents' access to health services, and to provide suggestions for the rational allocation of medical resources in Hangzhou. Methods The spatial analysis methods such as two-step mobile search and spatial autocorrelation were used to construct an evaluation index system from three aspects: spatial distribution, accessibility and balance, and the fairness of spatial distribution of medical institutions in Hangzhou was analyzed on a street basis, and the spatial coordination degree and regional differences between basic medical resources and high-quality medical resources in Hangzhou were studied. Results The medical resources in Hangzhou are concentrated in the central urban area, the high-level medical resources are insufficient and the regional distribution is not coordinated, and the access to high-quality medical care in urban areas and southwest urban areas is large, indicating poor health equity. The coverage rate of primary medical institutions is high, but it still shows an obvious core-edge binary structure. Conclusion The problem of unbalanced spatial distribution of medical resources in Hangzhou needs to be gradually solved through systematic measures such as traffic optimization, grassroots capacity improvement and resource diffusion. In the future, we should adhere to the guidance of residents' health needs, promote the sinking of high-quality medical resources, build a more fair and efficient hierarchical diagnosis and treatment system, and finally achieve the strategic goal of "Healthy Hangzhou".
Popul. Med. 2026;8(Supplement 1):A1340

ABS3512
Understanding domestic care workers' health through the lens of labour exploitation as a social determinant of health: Evidence from Brazil, Colombia and UK
Sabah Boufkhed[1], Louisa Acciari[2,3]
[1]Humanitarian and Conflict Response Institute, University of Manchester, Manchester, United Kingdom, [2]Centre for Gender and Disasters, University College London (UCL), London, United Kingdom, [3]Universidade Federal de Santa Catarina, Florianopolis, Brazil
BACKGROUND
COVID-19 brought attention to the care sector, yet domestic workers providing direct (e.g. bathing) and indirect care (e.g. cleaning) in private homes remain overlooked1. Occupational health literature on this highly feminised and

racialised workforce is scarce. Domestic workers have long been exposed to poor employment and working conditions, labelled exploitative2. In public health, labour exploitation has been examined through two main lenses: Human Rights lens focused on modern slavery; or Social Determinants of Health (SDH) focused on structural issues3. Our study assessed labour conditions and health among domestic workers using Boufkhed et al.'s (2022)3 framework, conceptualising labour exploitation as an SDH, and integrating the two lenses.
METHODS
We conducted an exploratory mixed-methods study in Brazil, Colombia, and UK (2023–2025) using non-probabilistic sampling. Fifteen focus groups (FG) were conducted with 134 participants, guided by the framework dimensions (social protection and rights; finance and migration; health and safety; personal security/abuse) and health prompts. Findings4 informed the co-design of an online survey completed by 436 respondents.
RESULTS
Participants were predominantly women (>95%) and racialised (≥70%). FG highlighted poor social protection, and two-thirds of workers surveyed in Brazil and Colombia and three-quarters in UK had no contract. Low pay was a central discussion, and the survey showed 31% incurring debt for basic needs. Injuries and chemical exposures were key health and safety concerns, reported by 20% of surveyed workers. All FG denounced abuse, and 23% of surveyed workers reported verbal, physical, or sexual abuse in the previous month. Mental health concerns (e.g. anxiety, depression) dominated discussions, with common physical pain. However, survey respondents reported relatively good self-rated health, raising measurement concerns.
CONCLUSIONS
Domestic workers' exposure to severe workplace hazards and exploitation, including widespread violence, needs urgent attention from public health researchers and policymakers. Better health measures are needed to capture this populations' experiences.
Popul. Med. 2026;8(Supplement 1):A1341

ABS3520
Food insecurity as an invisible frontier of health: a dialectical analysis in the context of the 2030 Agenda

Ana Claudia Garcia[1,2], Maria Angélica Andrade[1], Andreia Carvalho[2], Rita de Cássia Lima[1], Heloisa Torres[1], Jeanine Barbosa[3], Rafael Caliari[1], Caroline Feitosa Castro[4], Fabíola Magalhães[1,3], Elda Bussinguer[2]
[1]Programa Pós-Graduação Saúde Coletiva, Universidade Federal do Espírito Santo, Vitória, Brazil, [2]Faculdade de Direito de Vitória, Vitória, Brazil, [3]Escola de Saúde Pública, Instituto Capixaba de Ensino, Pesquisa e Inovação em Saúde, Vitória, Brazil, [4]Curso de Medicina, Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória, Vitória, Brazil

INTRODUCTION
Through the Sustainable Development Goals (SDGs), 2030 Agenda establishes a global commitment to eradicating hunger (SDG 2) and promoting health and well-being (SDG 3). However, the persistence and expansion of food insecurity reveal structural contradictions between international human rights frameworks and the social, economic, and environmental dynamics that organize contemporary food systems. This study proposes to analyze food insecurity as an invisible frontier of health, which crosses territories, populations, and public policies, challenging the principle of health without borders.
METHODS
This is a theoretical discussion based on the dialectical method, grounded in a critical analysis of international documents on nutrition, public health, and human rights. The dialectical approach allows us to identify contradictions, mediations, and syntheses between the formal recognition of the human right to adequate food and health and the material conditions that limit its realization, considering the local, national, and global scales.
RESULTS
It was evident that food insecurity does not stem from food shortages, but from structural processes such as socioeconomic inequality, austerity policies, job insecurity, and environmental crisis. These dynamics directly impact SDG 3 indicators, such as an increase in chronic diseases, nutritional disorders, and health vulnerability. Thus, there is a disconnect between the integrated goals of the 2030 Agenda and political practices that weaken social protection and the sustainability of food systems.
CONCLUSIONS
It is concluded that the development of comprehensive public policies is essential to guarantee the human right to adequate food and achieve the goals set out in SDGs 2 and 3 of the 2030 Agenda. Thinking about health without borders requires addressing the structural contradictions that produce hunger and disease, reaffirming the centrality of human rights, equity, and sustainability in the formulation of intersectoral and global public policies.
Popul. Med. 2026;8(Supplement 1):A1342

ABS3544
Household Socioeconomic Inequities as Determinants of Subclinical Rheumatic Heart Disease in a Rural District of Mozambique

Yolanda Sabino[1], Elias Bascoro[2], Basilio Cumbane[3], Charles Chale[4], Ivone Teimizira[5], Janeiro Mundiara[6], Manuel Valdano[7], Ana Mocumbi[8]
[1]Programa de Residencia de Medicina Familiar e Comunitaria, Clinica Universitaria da UEM, Maputo, Mozambique, [2]Centro de Analises de Politicas, Universidade Eduardo Mondlane, Maputo, Mozambique, [3]Co-Secretariat NCDI Poverty Network, Universidade Eduardo Mondlane, Maputo, Mozambique, [4]Consulta Integrada de Doencas Cronicas, Hospital Rural de Nhamatanda, Sofala, Mozambique, [5]Cardiologia, Hospital Provincial de Maputo, Matola, Mozambique, [6]Direccao Executiva, Consultório Expresso Medical, Lda, Maputo, Mozambique, [7]Serviço de Cirurgia Cardiovascular e Torácica, Complexo Hospitalar de Doenças Cardio-Pulmonares Cardeal Dom Alexandre do Nascimento., Maputo, Mozambique, [8]Doenças Não Transmissíveis, Instituto Nacional de Saude, Maputo, Mozambique

INTRODUCTION
Social determinants of health (SoDH) strongly shape the occurrence of Rheumatic heart disease (RHD), the most preventable of all cardiovascular diseases. In endemic areas for RHD schoolchildren face overlapping social and environmental vulnerabilities that may increase susceptibility. This study aimed to compare household socioeconomic profile of schoolchildren with and without subclinical RHD.
METHODS
We used school-based echocardiographic screening to recruit 79 children with subclinical RHD and 288 age-/classroom-matched controls (total 367 students; aged 6-17 years) in the rural district of Nhamatanda, Mozambique. Questionnaires to parents were used to document the socioeconomic/household characteristics. We used Multidimensional Poverty Index (MPI) to classify deprivation and measured the associations between RHD status and socioeconomic indicators through comparative distribution and correlation analyses.
RESULTS
Age and educational distribution were similar between groups; 25.3% of participants were enrolled in 6ª grade, and school grade was not associated with RHD (r=0.04, p=0.52). We found the following socioeconomic disparities: children with RHD more often lived in larger households (≥ 6 members: 21.6% vs 13.1%) and with lower asset ownership (television/electricity: 15.2% vs 30.8%; refrigerator: 6.1% vs 23.1%). Correlation analyses confirmed that household size (r=0.31, p<0.01) and lower household income (r=-0.28, p<0.01) were associated with RHD, but school grade (r=0.04, p=0.52). RHD children attended slightly more crowded classrooms (44 students) and were in classrooms with more constrained ventilation (65%), but these differences were not statistically significant. While classroom characteristics were not independently associated with RHD, they were clustered with household-level poverty (higher MPI).
CONCLUSIONS
Subclinical RHD was linked to household poverty rather than school-level factors, underscoring the role of social determinants in disease vulnerability. Addressing RHD in endemic settings requires integrated public health strategies that combine early detection with tailored and culturally appropriate interventions to reduce household deprivation, strengthen social protection, and promote equity.
Popul. Med. 2026;8(Supplement 1):A1344

ABS3567
Social Determination of Health, access to medicines, and pharmaceutical services in Primary Health Care: a Scoping Review

Samara Jamile Mendes[1], Beatriz Hashimoto Ito[1], Felipe Tadeu Carvalho Santos[1], Marilia Berlofa Visacri[1], Livia Maria Souza Gonçalves[2], Patrícia Bernardi Sassi[2], Silvana Nair Leite[2]
[1]School of Pharmaceutical Sciences (FCF) - University of São Paulo, São Paulo, Brazil, [2]Federal University of Santa Catarina, Florianópolis, Brazil

BACKGROUND
Grounded in the Social Determination of Health framework, which conceptualizes health–disease processes as shaped by historically constructed social inequalities, this work aim to map how these dimensions interact within the access to medicines and Pharmaceutical Services in Primary Health Care (PHC).
METHODS
A scoping review is being conducted by searching PubMed, Embase, Scopus, Web of Science, LILACS, and SciELO. Study selection occurred in pairs by screening the

titles, abstracts, and full-text reading, according to the inclusion criteria, with no restrictions on language or publication date. Studies were included if they were conducted in PHC settings, addressed pharmaceutical services and/or access to medicines, and examined social determination of health or social determinants of health affecting patients. Data charting included key study characteristics related to population, setting, pharmaceutical focus, and social determinants of health. This scoping review was guided by the JBI manual for Scoping Reviews3 and the PRISMA-ScR4.
RESULTS
From the 1.871 articles found, 142 studies were included, published between 1993 and 2024. USA, UK, and Brazil were the most frequently represented countries. The populations most commonly studied were older adults, immigrants and their descendants, women, and rural populations. Two main categories emerged: (i) PHC centers, including public and private units with integrated pharmaceutical services; and (ii) community pharmacies, defined as community-based pharmaceutical establishments providing direct care and operating independently. The most frequently identified social determinants were education, income, and age, with studies predominantly focused on PHC centers. As the study is ongoing, these findings should be interpreted as preliminary.
CONCLUSIONS
The findings reveal a concentration of studies in a limited number of countries, a predominantly narrow focus on usual determinants, and little debate about social determination, which may restrict addressing the complexity of access to medicines and pharmaceutical services.
Popul. Med. 2026;8(Supplement 1):A1346

ABS3577
From Rice-Based Diets to Viand-Centered Meals: Dietary Pattern Changes among Filipino Adults, 2013–2021

Kim Cochon[1], Kim Leonard Dela Luna[2], Rodesa Naupal-Forcadilla[3], Anna Paulina Rodriguez[2], Michelle Ann D. Aguilar Aguilar[4], Katherine Reyes[5], Jellrose Mausisa[2], Patrik James Cabrera[2]
[1]Department of Clinical Epidemiology, College of Medicine, University of the Philippines - Manila, Manila, Philippines, [2]Department of Nutrition, College of Public Health, University of the Philippines - Manila, Manila, Philippines, [3]Institute of Human Nutrition and Food College of Human Ecology, University of the Philippines - Los Banos, Laguna, Philippines, [4]Department of Epidemiology and Biostatistics, College of Public Health, University of the Philippines - Manila, Manila, Philippines, [5]Institute of Clinical Epidemiology, National Institutes of Health, University of the Philippines - Manila, Manila, Philippines
INTRODUCTION
Despite the implementation of nutrition-specific and nutrition-sensitive interventions to address malnutrition and advance SDG 2.2, National Nutrition Survey (NNS)/Expanded National Nutrition Survey (ENNS) data indicate persistent inadequacies in energy and micronutrient intake, largely attributable to poor dietary diversity. Examining changes in adult dietary patterns is therefore essential for informing effective policy and program development. This study examined changes in the dietary patterns of Filipinos from 2013 to 2021.
METHODS
We conducted a secondary analysis of adults (≥18 y) using Public Use Files from the 2013 NNS and the 2018–2019 and 2021 ENNS. Dietary intake was assessed via 24-hour recall. Energy and selected micronutrients were benchmarked against the 2018 Philippine Dietary Reference Intakes (PDRI). Intakes and food-group consumption were summarized, and principal component analysis with varimax rotation derived dietary patterns by survey year. Proxies represented sodium, sugar-sweetened beverages, and processed foods.
RESULTS
The analytic sample included 11,271 adults in 2013, 95,753 in 2018–2019, and 42,667 in 2021. Adherence to recommended intakes was consistently low and worsened over time: by 2021, nearly nine in ten adults had inadequate energy intake, while inadequacy for calcium, iron, vitamin A, thiamin, riboflavin, and vitamin C exceeded 90% across years. Dietary patterns evolved substantially. In 2013, diets were dominated by a rice-based staple pattern alongside a cereal–egg–milk–sweetened foods pattern. By 2018–2019, corn emerged as an alternative staple and a protein–condiment pattern characterized by fish, meat, poultry, and condiments became prominent. In 2021, protein-rich viands paired with condiments represented the dominant dietary structure, with rice contributing more moderately. The cereal–egg–milk–sweetened foods pattern persisted across years.
CONCLUSIONS
Filipino adults experienced declining energy and nutrient intakes, persistently low dietary diversity, and a shift toward viand-centered dietary patterns between 2013 and 2021. These findings highlight structural barriers in food systems and support integrated policy responses to improve access.
Popul. Med. 2026;8(Supplement 1):A1348

ABS3605
Determinants of zero-dose prevalence in Southern Madagascar: Evidence from community-level data

Guillaume Demare[1], Elgiraud Ramarosaiky[2], Sandro Randrianirisoa[2], Hanna-Tina Fischer[1], Zava Rapanjato[2], Beate Kampmann[1], Nadine Muller[1,2]
[1]Charité Center for Global Health, Berlin, Germany, [2]Doctors for Madagascar, Antananarivo, Germany
ABSTRACT
Background. Zero-dose (ZD) children – defined as those who have not received a first dose of a diphtheria-tetanus-pertussis-containing vaccine (DTP1) – remain a major public health challenge. WHO/UNICEF estimates indicate that Madagascar has approximately 300000 ZD infants, placing it among the highest-burden countries globally. Within Madagascar, ZD prevalence is highest in the southern regions. This study uses secondary data from a large-scale community-based enumeration and vaccination-status verification activity to identify determinants of ZD prevalence. Methods. We analyzed data from a community-based immunization initiative implemented by a local NGO. Community health workers conducted household enumeration and vaccination-status verification of children under five across 3386 fokontany (i.e. villages) linked to 375 primary health facilities in 16 districts. ZD status was defined as absence of documented DTP1, based on written household, community registry, or facility level records. Data included aggregated fokontany-level ZD prevalence. Vaccination status and ZD prevalence were linked to community characteristics and health facility indicators of service availability and readiness. Determinants of ZD prevalence were assessed using multilevel regression models. Results. The dataset includes 368227 children under five enumerated, of whom 213173 (i.e. 58%) were DTP1 ZD. District-level ZD prevalence ranged from 23% to 85%. Preliminary analyses indicate a strong spatial gradient in ZD prevalence, increasing on average by approximately 1% for each additional kilometer from the nearest health facility. Several indicators of health facility service availability and readiness are associated with ZD prevalence, suggesting not only adaptive system-level responses in high-burden areas, but also persistent structural barriers to vaccination. Conclusion. Geographic distance and health system capacity are key drivers of ZD prevalence. Our results provide evidence to guide targeted immunization outreach and context-specific health system strengthening in high-burden, remote settings.
Popul. Med. 2026;8(Supplement 1):A1349

ABS3636
Oral Health Conditions, Self-Perception and Quality of Life Among Older Quilombola Adults in Northeastern Brazil

Thawan Mendonça[1], Pamella Celerino[2], Humberto Silva-Neto[1], Mariana Soares[2], Camila Silva[2], Herika Mauricio[3], Maria Helena Galvão[1], Maysa Veiga[1], Andre Oliveira[2], Carla Lins[1], Rafael Moreira[2,1]
[1]Collective Health, Federal University of Pernambuco (UFPE), Recife, Brazil, [2]Collective Health, Oswaldo Cruz Foundation (Fiocruz), Ministry of Health, Recife, Brazil, [3]Dentistry, University of Pernambuco, Recife, Brazil
INTRODUCTION
Older adults living in quilombola communities in Brazil experience health inequities. Oral health problems can substantially affect quality of life. This study aimed to investigate the relationship between oral health self-perception, clinically assessed oral conditions and self-reported quality of life among older quilombola adults.
METHODS
A cross-sectional study was conducted using a census of older adults in a quilombola community in the municipality of Bom Conselho, Pernambuco, Brazil. Data collection included structured interviews to assess sociodemographic characteristics, self-perceived oral health, perceived need for dental treatment and quality of life, as well as standardized clinical oral examinations. Descriptive and inferential statistical analyses were conducted to evaluate associations and the concordance between subjective perceptions and normative clinical findings.
RESULTS
Participants presented a marked burden of oral health problems. Sixty-five quilombola older adults were included (mean age 68.3±7.0 years; 60–92; 55.4% men). Although 90.8% reported at least one lifetime dental visit, 55.4% had not attended in over three years and 35.4% reported access barriers, mainly cost and distance (10.8% each). Tooth loss was almost universal (95.4%), with 66.2% losing more than six teeth and 26.2% presenting complete edentulism. Mean Decayed, Missing and Filled Teeth index was 17.6; caries experience reached 95.4% and

pulpal complications 24.6%. Prosthesis use was low (32.3%), despite clinical need in 96.9%. Oral conditions impacted chewing (55.4%), sleep (58.5%) and smiling (46.2%). Self-rated oral health was regular or poor in 66.2% and was significantly associated with clinical treatment need (p=0.040).
CONCLUSIONS
The findings demonstrate substantial oral health needs and significant impacts on quality of life among older quilombola adults, alongside discrepancies between clinical conditions and self-perceived oral health. These results highlight the need for culturally sensitive and equitable oral health policies focused on improving access to care, rehabilitation services and health promotion, contributing to healthier aging in quilombola communities.
Popul. Med. 2026;8(Supplement 1):A1353

ABS3641
Sustainability pathways in solidarity kitchens: challenges and perspectives from a public health–oriented experience
Amanda Oliveira[1], Natalie Dantas[1], Denise Coelho[2]
[1]Food Science and Nutrition Department, School of Food Engineering, Universidade Estadual de Campinas, Campinas, Brazil, [2]INCT Combating Hunger, National Institute of Science and Technology - INCT, São Paulo, Brazil
INTRODUCTION
solidarity kitchens are social technologies that address hunger and food insecurity among socially vulnerable populations and are primarily implemented by civil society organizations and community-based groups^1. In brazil, these initiatives are integrated into public policies within the national food and nutrition security (fns) system, which frames food as a social determinant of health and promotes social participation, family farming, and territorial sustainability^1,2. By linking food access, community engagement, and local development, solidarity kitchens contribute to reducing social vulnerabilities and strengthening public health actions^3. This study analyzes how a solidarity kitchen in the metropolitan region of campinas, são paulo, supports territorial sustainability and public health through community-based food and nutrition security practices.
METHODS
this qualitative study is based on participant observation conducted during volunteer activities in a solidarity kitchen located in a peripheral area of the metropolitan region of campinas, são paulo, brazil. Data were collected through field notes and descriptive observations of practices related to sustainability, food and nutrition security, and work organization, aiming to identify potentialities, barriers, and strategies to strengthen ongoing actions.
RESULTS
the solidarity kitchen operates as a space for articulation among social movements, religious organizations, and solidarity economy initiatives, maintaining a direct connection with local agricultural production. Observed actions include sustainable practices such as the reuse of organic waste for biofertilizer production applied in community gardens, as well as educational initiatives, including literacy and bread production activities, aimed at income generation and community autonomy. Barriers related to resource management and activity integration were identified, indicating opportunities for improvement through partnerships and new social technologies.
CONCLUSIONS
the experience demonstrates that solidarity kitchens, by addressing food as a social determinant of health, strengthen solidarity networks, promote sustainability, and contribute to territorial public health. Such initiatives show potential for replication, provided that local specificities are considered.
Popul. Med. 2026;8(Supplement 1):A1354

ABS3651
Socioeconomic Status Profiles using Household Indicators in Eastern Cape: A Latent Class Analysis
Priya Kosana[1], James Clifford[2], Dawie Olivier[3], Amrita Daftary[4,5], Andrew Medina-Marino[3,6], Aaron Kipp[2]
[1]1 Brody School of Medicine, East Carolina University, Greenville, NC, United States, [2]2 Department of Public Health, Brody School of Medicine, East Carolina University, Greenville, NC, United States, [3]3 The Desmond Tutu HIV Centre, University of Cape Town, Cape Town, South Africa, [4]4 School of Public Health, York University, Toronto, Canada, [5]5 TB-HIV Pathogenesis Unit, Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban, South Africa, [6]6 Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia, United States
BACKGROUND
Globally, tuberculosis (TB) is the leading cause of death due to an infectious agent. Little is known about the role of socioeconomic status (SES) in TB care engagement beyond income, education, and employment. Yet household wealth and capital have been proposed as important determinants of TB and HIV care. As part of a large, multi-level study on social determinants of TB care engagement, we sought to classify community households into meaningful SES profiles. Insights from this analysis can be applied to future analyses of TB care engagement.
METHODS
Households in the catchment area of 18 clinics in Buffalo City Metropolitan Health District, Eastern Cape, South Africa, were selected using a geographic cluster sampling design. Surveys were administered to n=3,869 heads-of-household. Twenty-two questions covered dwelling characteristics (n=7), household items (n=9), and individual ownership (n=6). R statistical software 4.4.1, poLCA package, was used for all analyses. The optimal number of classes was chosen using model fit statistics and conceptual salience. Demographic characteristics and TB/HIV prevalence were evaluated for each class using Chi-square tests.
RESULTS
A six-class model was identified as the most appropriate, comprising two "Higher SES" classes (20% of the study population), three "Middle SES" classes (32% in the Higher-Middle SES class; 35% in the two Lower-Middle SES classes), and one "Lower SES" class (13% of the study population). Classes correlated with urban/rural area, education level, employment, and income (all p<0.01), but also proved more informative of SES variability. Household TB prevalence (p=0.06) and household HIV prevalence (p<0.01) varied across classes, most notably for HIV prevalence which decreased as SES profiles moved from lower to higher.
CONCLUSIONS
Identified classes closely align with traditional SES variables, yet provided more informative profiles that captured SES variability. Future research will evaluate association of these profiles with engagement along the TB care continuum.
Popul. Med. 2026;8(Supplement 1):A1356

ABS3668
Social prescribing - bridge between evidence-based medicine and everyday life in diabetic foot prevention
Katarina Dostalova[1], Veronika Adamcova[1], Sona Wimmerova[1], Iveta Kopalova[2], Viera Donicova[3], Kristina Dostalova[4], Nadezda Jankelova[1], Peter Lipovsky[5]
[1]Faculty of Public Health, Slovak Medical University, Bratislava, Slovakia, [2]Slovak Society of Angiology, Slovak Medical Association, Bratislava, Slovakia, [3]Slovak Diabetes Society, Slovak Medical Association, Bratislava, Slovakia, [4]University Le Havre, Le Havre, France, [5]Sloval Society of General Practice, Bratislava, Slovakia
BACKGROUND
Diabetic foot syndrome (DFS) is defined as foot disease in a patient with diagnosed diabetes mellitus (DM). DM screening and patient dispensary is well established in Slovakia (5 419 451 inhabitants in 2024), but the DFS prevention remains a major challenge. Social prescribing (SP) is a person-centered approach used by healthcare workers, connects people to non-clinical community activities.
METHODS
We analysed data from the National Centre for Health Information and the Statistical Office of Slovakia.
RESULTS
The number of registered diabetics with lower limb amputations in Slovakia ranged from 3,545 to 4,272 people from 2013 to 2024. The highest number was recorded in 2016 (4,272 people) and the lowest in 2023 (3,545 people). We bring practice-based reflection of SP in DFS prevention from the communities of Bratislava III and IV districts: 1. Diet adherence: The Bratislava IV District Municipal Office (MO) provides meals for seniors in several ways depending on their health status and mobility. 2. Physical activity: MO supports physical activities for seniors in the beautiful natural environment (especially Nordic walking group). 3. Lower limb care: Foot care is often literally the Achilles heel of a diabetic. The goal is to prevent a diabetic's foot from becoming a diabetic foot. We encourage patients to inform each other about current pedicure options in their place of residence. 4. Adherence to treatment: In cooperation with MO, we organize lectures and workshops on disease prevention for senior in Bratislava District III and E. Kovacova director of Slovak League Against Cancer in Bratislava III District., where the patients exchange also their own experiences.
CONCLUSIONS
The level of knowledge in DM management is constantly improving, but it may not be accessible to patients with adverse social characteristics. SP has the potential to be an effective mediator between evidence-based medicine and diabetics.
Popul. Med. 2026;8(Supplement 1):A1357

ABS3689
Obesity, Lifestyle Behaviours and Time-Related Stress among Nursing Students in South Africa: Implications for Health Equity

and Sustainable Workforce Development

Lauren Snell-Hillermann[1]
[1]Nursing, Durban University of Technology, Durban, South Africa

BACKGROUND
The transition to university life is a critical period for shaping long-term health behaviours. For nursing students, future health professionals, this period is often marked by academic pressure, time constraints and disrupted lifestyles. In low- and middle-income settings, limited institutional support may further increase vulnerability to overweight and obesity, raising concerns for both student wellbeing and future health workforce sustainability.
METHODS
A cross-sectional quantitative study was conducted among 135 undergraduate nursing students at a South African higher education institution. Body mass index (BMI) was calculated using measured height and weight. Lifestyle behaviours, including physical activity and dietary practices, were self-reported, while academic-related stress was assessed using a validated multidimensional stress scale. Descriptive statistics and chi-square or Fisher's exact tests were used to examine associations between BMI, lifestyle behaviours and stress.
RESULTS
Almost one in two students was classified as overweight or obese (48.2%). Unhealthy lifestyle patterns were common, with over three-quarters of participants replacing meals with snacks (78.5%, p<0.001) and most reporting inconsistent physical activity (61.5%, p<0.001). Although overall stress levels were generally low, time-related stress particularly limited time spent with family was significantly associated with higher BMI (Fisher's exact=19.18, p=0.010), with obese students reporting the highest stress levels.
CONCLUSIONS
Obesity among nursing students reflects more than individual choices; it is shaped by time pressure, lifestyle disruption and broader structural constraints. Integrating equity-focused health promotion, time management support and healthy campus environments is essential to protect student wellbeing and strengthen a sustainable health workforce.
Popul. Med. 2026;8(Supplement 1):A1358

ABS3698

Intersectional dialogues on race, environment, and religiosity to promote public health policies for the Black population

Denize Amorim[1], Fabiana Ferreira[2]
[1]Coordenação de Redes e Coalizões, ACT Promoção da Saúde, Rio de Janeiro, Brasil, [2]DITAB - Divisão de Controle do Tabagismo, Instituto Nacional de Câncer - INCA, Rio de Janeiro, Brasil

INTRODUCTION
Structural racism produces racial inequalities that constitute central determinants of health inequities and influence access to prevention and care for noncommunicable diseases (NCDs),. These inequalities increase the exposure of the Black population to risk factors such as tobacco use, unhealthy diets, harmful alcohol consumption, physical inactivity, and air pollution, resulting in disproportionate health impacts. In this context, health equity promotion actions require intersectional and intersectoral approaches that articulate race, environment, culture, religiosity, and public policies, strengthening collective responses guided by social and environmental justice.
METHODS
This abstract presents an experience report of a hybrid event held in November 2025 by the National Cancer Institute (INCA), in partnership with ACT Health Promotion. The event brought together more than 100 participants, including civil society representatives, researchers, public health managers, religious leaders, and health professionals. Activities included a thematic panel, audience discussion, the launch of an institutional publication, and an interactive exhibition of educational materials on NCDs. Discussions adopted an intersectional approach, addressing structural and religious racism, environmental racism, risk factors, and public health policies focused on the Black population.
RESULTS
The event strengthened articulation among racial equity, public health, and environmental justice agendas and highlighted structural racism as a determinant of inequalities in access to NCD prevention. It expanded the debate on the need for public policies sensitive to racial, cultural, and religious diversity and their impacts on health.
CONCLUSIONS
The experience indicates that intersectional dialogue spaces contribute to addressing racial health inequalities and to promoting equity in NCD prevention policies. The integration of knowledge and social actors reinforces the importance of collective action and network-based collaboration for public policies committed to social and environmental justice and to the Sustainable Development Goals.
Popul. Med. 2026;8(Supplement 1):A1359

ABS3715

Food as a political frontier of health: contradictions between human rights, global food systems and sustainability

Ana Claudia Garcia[1,2], Maria Angélica Andrade[1], Andreia Carvalho[2], Rita de Cássia Lima[1], Heloisa Torres[1], Jeanine Barbosa[3,1], Rafael Caliari[1], Caroline Castro[4], Fabíola Magalhães[1,3], Elda Bussinguer[2]
[1]Graduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil, [2]Faculdade de Direito de Vitória, Vitória, Brazil, [3]Capixaba Institute for Education, Research and Innovation in Health, Espírito Santo State Department of Health, Vitória, Brazil, [4]University Extension Project, Higher School of Sciences of Santa Casa de Misericordia de Vitoria, Vitória, Brazil

INTRODUCTION
The 2030 Agenda proposes the construction of sustainable development based on equity, inclusion, and the guarantee of human rights, articulating, among others, the Sustainable Development Goals related to zero hunger (SDG 2), health and well-being (SDG 3), the reduction of inequalities (SDG 10), and responsible consumption and production (SDG 12). However, the contemporary organization of global food systems reveals profound contradictions between these normative commitments and the economic dynamics that structure food production, circulation, and consumption. This study seeks to analyze food as a central political frontier for the realization of health without borders.
METHODS
This is a theoretical discussion based on the dialectical method, drawing on a critical analysis of Agenda 2030 documents, international reports, and references from public health, social sciences, and human rights. It seeks to identify structural contradictions between the normative universalism of rights and the economic and territorial particularities that organize food production, access, and consumption, whether on a local or even global scale.
RESULTS
It was evident that, although Agenda 2030 recognizes adequate food as a structural axis of sustainable development, food systems oriented by processes of commodification, economic concentration, and socio-environmental degradation still prevail. This creates invisible barriers that limit equitable access to food and negatively impact health indicators, contributing to food insecurity and widening health inequalities. On the other hand, counter-hegemonic practices are emerging, such as food sovereignty and intersectoral policies, which challenge the dominant logic.
CONCLUSIONS
It is concluded that the implementation of the 2030 Agenda depends on the recognition of food as a strategic field of ethical, political, and economic dispute. Overcoming health inequalities requires intersectoral and dialectical approaches that integrate nutrition, human rights, and sustainability, reaffirming the role of the State and civil society in building fair and inclusive food systems.
Popul. Med. 2026;8(Supplement 1):A1362

ABS3763

The Children are our Future: Targeting Early Adolescents for Violence prevention in the Western Cape of South Africa.

Nicolette Van der Walt[1]
[1]Violence Prevention, Western Cape Department of Health & Wellness, Cape Town, South Africa

ABSTRACT
Violence and Injury are rife in Cape Town and the Western Cape of South Africa. Cape Town consistently ranks in the top 15 most dangerous cities in the world with a high level of gang violence in low-income communities. The Western Cape Government initiated a Violence Prevention Unit (VPU) managed by the Department of Health and Wellness. The VPU aims to prevent violence through primary, upstream action in an Area-Based approach that delivers long-term, population-level impact. The unit focusses on understanding and strengthening protective factors and exploring mitigation measures for the factors that put people at higher risk to become either victims or perpetrators of violence. The flagship intervention of the VPU is Planet Youth which applies a biennial, anonymised survey process to generate evidence on young people's lived experiences across domains including family, education, peer influence, community, substance use, wellbeing, leisure, and exposure to violence. In 2025, the VPU surveyed more than 49 000 Grade 8 and 9 learners. Results showed many children have already been sensitized to violence by this age. The collective sensemaking signaled a focus on early adolescents (age 10-14 years) for impact for violence prevention activities. Through an intersectoral approach, the VPU co-ordinates the development of a

strategy and an activity network to strengthen protective factors through safe spaces, parental support, nurturing relationships and developing social-emotional skills. In applying a public health approach to violence prevention the VPU is currently unique in the South African setting. The presentation will describe the intersectoral approach, motivation, target, activities and potential impact and measurable outcomes.
Popul. Med. 2026;8(Supplement 1):A1369

ABS3780

Factors Associated with Food Insecurity in People Living with HIV/AIDS in a City in the Northeast of Brazil

Igor Myron Ribeiro Nascimento[1], Tarcio de Almeida Oliveira[1], Erik Asley Ferreira Abade[1], Márcio Natividade[1], Marcos Pereira[1]
[1]Institute Public of Health, Federal University of Bahia, Salvador, Brazil

ABSTRACT
Food insecurity (FI), defined as limited access to adequate and safe food due to socioeconomic constraints, is a critical concern for people living with HIV (PLHIV), whose vulnerability is often amplified by stigma intersecting with race, gender, and sexual identity2-4. This cross-sectional study analyzed factors associated with FI among 332 PLHIV in Northeast Brazil. Data were collected via questionnaires in Salvador and Lauro de Freitas. Analysis using R software involved Pearson's chi-square tests and logistic regression, with results expressed as odds ratios (OR) and 95% confidence intervals. The sample was predominantly Black/Mixed-race (90.1%), single (66.8%), homeowners (53.4%), LGBTQIAPN+ (60.1%), cisgender men (70.8%), had completed high school (39%), and had a monthly income between one and two minimum wages (41%). Dependence was found between the outcome variable FI and the independent variables: race, marital status, number of children, sexual identity, gender, socioeconomic status, education, household income, participation in the "Bolsa Família" program, and depression. The odds of FI were: 228% higher for Black individuals (OR=3.28, 95% CI: 1.27 – 9.44); 22% higher for each additional person in the household (OR=1.22, 95% CI: 1.04 – 1.45); 180% higher for socioeconomic classes C/D/E (OR=2.80, 95% CI: 1.34 – 6.04); 106% higher for basic education and illiteracy (OR=2.06, 95% CI: 1.11 – 3.87); 278% higher for moderate to severe depression (OR=3.78, 95% CI: 1.83 – 8.27); 174% higher for those who experienced gender discrimination (OR=2.74, 95% CI: 1.42 - 5.41); and 414% higher for those who experienced HIV/AIDS-related stigma (OR=5.14, 95% CI: 1.29 – 27.67). These results underscore profound intersecting inequalities, such as socioeconomic, racial, and gender-based, that significantly elevate the risk of food insecurity among PLHIV, highlighting the need for targeted, intersectional interventions.
Popul. Med. 2026;8(Supplement 1):A1371

ABS3781

Persistent Social Inequalities in Tuberculosis Incidence in Brazil: A Municipal-Level Ecological Study

WALTER MASSA RAMALHO[1], José Mário Nunes da Silva[2], José Alexandre Menezes da Silva[3], Livia Teixeira de Souza Maia[4], Mauro Niskier Sanchez[1], Elisabeth Carmen Duarte[2]
[1]Public Health, University of Brasilia, Brasilia, Brazil, University of Brasilia, Brasília, Brazil, [2]Center for Tropical Medicine. School of Medicine, University of Brasília, Brasília, Brazil, University of Brasilia, Brasília, Brazil, [3]CUIDA Chagas Consortium, Oswaldo Cruz Fundation, Rio de Janeiro, Brazil, [4]Public Health, Federal University of Pernambuco, Recife, Brazil

INTRODUCTION
Tuberculosis remains strongly associated with social inequalities, functioning as a sentinel event of health inequities. The analysis of its spatial distribution in conjunction with socioeconomic indicators is essential to inform equity-oriented public policies. This study aimed to assess the magnitude and persistence of social inequalities in municipal tuberculosis incidence rates in Brazil according to income inequality.
METHODS
An ecological study was conducted using Brazilian municipalities as units of analysis. Tuberculosis incidence rates (per 100,000 population) were aggregated into three biennial periods (2001–2002, 2012–2013, and 2023–2024) and spatially smoothed using the Global Empirical Bayes method to reduce random variability. Income inequality was measured using the municipal Gini index (2010). Social inequalities were assessed using simple measures (absolute and relative gaps), gradient-based measures (Slope Index of Inequality [SII] and Relative Index of Inequality [RII]), and concentration measures (absolute and relative concentration indices).
RESULTS
Across all study periods, tuberculosis incidence was consistently higher in municipalities with greater income inequality. In 2023–2024, the absolute gap was 17.71 (95% CI: 16.86–18.57) cases per 100,000 population, and the relative gap was 1.56 (95% CI: 1.52–1.60). The SII indicated an excess of 25.86 cases per 100,000 population in the most disadvantaged municipalities, while the relative concentration index was −12.1% (95% CI: -12.16%; -12.03%). The relative concentration index was −12.1% (95% CI: −12.16% to −12.03%), demonstrating a marked concentration of tuberculosis in socially vulnerable strata. Similar patterns were identified in 2001–2002 and 2012–2013, demonstrating the persistence of social inequalities over time.
CONCLUSIONS
Tuberculosis incidence shows a persistent social gradient strongly associated with municipal income inequality. These findings emphasize the need for equity-oriented, intersectoral, and territorially targeted strategies to address tuberculosis and its social determinants in Brazil.
Popul. Med. 2026;8(Supplement 1):A1372

ABS3789

STUNTING in young children - the height of inequality

Lisanne du Plessis[1], Ronelle Burger[2]
[1]Division of Human Nutrition, Department of Global Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Parow, Cape Town, South Africa, [2]Department of Economics, Faculty of Economic and Management Sciences, Stellenbosch University, Stellenbosch, South Africa

Over the past two decades, nutrition has gained prominence on the development agenda. Sustainable Development Goal 2 aims to eliminate all forms of malnutrition, including a key objective to cut the number of stunted children under five by 40% by 2030. Issues of malnutrition in general, including main causes, challenges, and interventions are now more comprehensively understood by multiple stakeholders across different sectors at global and national levels. Despite evidence on effective interventions, growing political commitment, and financial investments, millions of women and children still, however, suffer from malnutrition, including stunting. Although stunting has been declining steadily since the year 2000 at a global level, faster progress is needed to reach the global target. In 2022, nearly all stunted children lived in Asia and Africa (52% and 43% of the global share, respectively). Addressing malnutrition in general and stunting in particular, is complex because it intersects with multiple sectors such as nutrition, health, agriculture, livelihoods, economic growth, education, and water, sanitation, and hygiene. Biological and environmental factors influence stunting, but strong political will is essential to ensure effective policy execution and adequate resource allocation. Meaningful progress therefore depends on multisectoral strategies supported by coordinated and consistent policy efforts across various sectors. In this session we propose a general introduction of childhood stunting (10 min), followed by a panel discussion on the factors and interventions that address stunted growth in young children (35 minutes). Panel members will represent various sectors, including government, academia, civil society and the private sector. Topics will include measuring stunting and tracking trends, indicators and priority interventions to address stunting. Emerging evidence on parental absence, air pollution and the role of the microbiome in stunting will also be given prominence. The panel discussion will be followed by a 15-minute participant engagement session with questions, answers and debate.
Popul. Med. 2026;8(Supplement 1):A1373

ABS3792

Transgender and gender nonconformingpeople's vulnerability to food insecurity:systematic review and meta-synthesis

Igor Myron Ribeiro Nascimento[1], Ana Paula dos Reis[1], Renata Tannous Sobral de Andrade[1], Marcos Pereira[1]
[1]Institute of Public Health, Federal University of Bahia, Salvador, Brazil

ABSTRACT
Transgender, travesti, and gender nonconforming (TGNC) people are morevulnerable to food insecurity due to stigma and discrimination related totheir gender identity.1-3 However, there is a lack of qualitative research on thistopic. Therefore, this study examines the vulnerability and experiences oftrans people with respect to food insecurity. A qualitative systematic reviewwas conducted by searching seven electronic databases for studies in March2024. Qualitative studies on the experience of food insecurity among transpeople were included. The quality of studies was assessed using CASP, whilethe GRADE-CERQual approach evaluated the reliability of findings, whichwere then analyzed using meta-synthesis with thematic analysis. A total of673 records were identified, of which five were selected. The most appliedtechnique was semi-structured interviews. In total, four categories emergedfrom the meta-synthesis: vulnerability to food insecurity, experience of hun-ger, repercussions, and coping strategies.

The results showed that TGNC peo-ple face high levels of stigma, discrimination, and victimization, which impacttheir food insecurity across different areas of life. Structural barriers, such aslimited access to food and stable employment, exacerbate this insecurity, withnegative consequences for physical and mental health. Factors such as skincolor/ethnicity, gender, gender-based violence and lack of safe housing alsocontribute to this situation, including forced prostitution as a result of socialbarriers. Support networks such as the "chosen family" play an important rolein reducing these effects. For trans people, the complexity of experiencing foodinsecurity is linked to transphobia, which creates barriers and violates theright to adequate food. They cope with hunger by activating support networksand seeking food assistance from institutions.
Popul. Med. 2026;8(Supplement 1):A1374

ABS3799
Migration and access to healthcare services: the legal path to equity in health
Stéphanie Dagron[1], Kailing Marcus[1]
[1]Institute of global health, Faculty of medicine, University of Geneva, Geneva, Switzerland
BACKGROUND
"Societies need stronger health systems, including Universal Health Coverage [UHC]". These words are those of the General Secretary of the United Nations at the beginning of the COVID-19 pandemics (Guterres, 2020). They reflect the relevance of both health systems and UHC towards the realisation of equity in health for all. Despite multiple legal obligations (e.g. human rights treaties) and political commitments (e.g. Agenda 2030 for sustainable development), strong disparities remain in healthcare access across the world. This is particularly the case for migrant populations, regardless of their status (Abubakar, 2018). Among the essential elements for achieving equitable and sustainable access to health care are legislative and regulatory frameworks. While many countries today struggle to achieve access for all, there is insufficient research aiming at the definition of a clear legal path towards UHC. A first step on this path is the assessment of the existing laws and legal barriers or gaps in these laws precluding individuals – and more specifically migrant populations within the scope of our study – from accessing healthcare services.
METHODS
Laws and regulations determining access to healthcare services for migrant workers in China will be analysed as a case study, including legislation applicable to diverse areas beyond health such as social protection, migration, labour etc.
RESULTS
This analysis of access to healthcare for Chinese migrant workers can be extended to other national contexts and be applied to identify the challenges faced by both internal and international migrating populations.
CONCLUSIONS
The example of access to healthcare for migrant workers in China reveals that legal research should be encouraged since the achievement of UHC understood as an essential foundation for health equity implies a coherent domestic legal framework (Dagron, 2023).
Popul. Med. 2026;8(Supplement 1):A1375

ABS3802
"Don't Eat My Food": Experiences of Trans Women and Travestis Regarding Food (In)Security
Igor Myron Ribeiro Nascimento[1], Ana Paula dos Reis[1], Renata Tannous Sobral de Andrade[1], Erik Asley Ferreira Abade[1], Marcos Pereira[1]
[1]Institute of Public Health, Federal University of Bahia, Salvador, Brazil
ABSTRACT
Trans women and travestis constitute a group historically subjected to various forms of prohibition and marginalization.-3 Within this context, food insecurity (FI) is more than just a lack of access to food; it is a reflection of social inequalities and a violation of human rights. The aim of this study was to understand the experiences of food (in)security among travestis and trans women in the city of Salvador, Brazil.
METHODS
This qualitative research included semi-structured interviews and the application of the Brazilian Food Insecurity Scale to identify and classify food insecurity while exploring life trajectories. Thematic analysis was used to systematize life stories, with the participation of 17 interviewees, resulting in five thematic categories.
RESULTS
The study revealed an intersection between food insecurity (FI) and gender dissidence, where FI emerges in childhood and intensifies due to racism for Black travestis and trans women, functioning as a mechanism of control over their bodies.
CONCLUSIONS
The analysis underscores the need to broaden the understanding of hunger among travestis and trans women, incorporating their specific needs and unique experiences, to develop strategies that not only provide immediate food relief but also foster long-term social and economic inclusion.
Popul. Med. 2026;8(Supplement 1):A1376

ABS3807
Price, Volume, and Market Power: Alcohol and Ultra-Processed Beverage Markets as Commercial Determinants of Non-Communicable Diseases in South Africa
Loyiso Maciko[1]
[1]SAMRC/ WITS Centre for Health Economics and Decision Science, Wits University, Johannesburg, South Africa
ABSTRACT
Non-communicable diseases (NCDs) are the leading cause of death globally, accounting for approximately 71% of all mortality. South Africa mirrors this transition, with NCD-related deaths increasing by nearly 60% between 1997 and 2018. Rising consumption of alcohol and ultra-processed foods and beverages (UPFs/UPBs), driven in part by Unhealthy Commodity Industries (UCIs), has been identified as a key contributor. Despite increasing attention to the Commercial Determinants of Health, policy-relevant evidence on how UCI market structures, pricing, and marketing strategies shape population exposure in South Africa remains limited. This study examines trends in sales volumes, values, and prices of alcohol and UPF, assesses market concentration within UCIs, and explores implications for NCD prevention and fiscal policy in South Africa.Secondary data on retail sales volumes, values, and prices for alcohol and soft drinks were obtained from the Euromonitor Passport Database for 2010–2025, with projections to 2029. Per capita sales volumes were estimated using national population data. Market concentration was measured using the Herfindahl–Hirschman Index based on company market shares. Trends were analysed using descriptive statistics. Alcohol markets display a pronounced divergence between physical exposure and economic value: beer dominates per-capita volumes but generates relatively low per-capita sales value, while spirits contribute disproportionately to sales value despite lower volumes. Ultra-processed beverages show substantially higher per-capita volumes and values than alcohol, with juice and 100% juice accounting for the largest economic exposure. Evidence of product differentiation and pricing power is observed across beverage categories.The findings reveal clear price and harm gradients across alcohol and ultra-processed beverage markets, highlighting the role of UCIs in shaping consumption patterns. These results support product-specific excise reform, expanded nutrition-related fiscal measures, and stronger regulation of commercial practices to reduce NCD risk and promote equity in South Africa.
Popul. Med. 2026;8(Supplement 1):A1377

ABS3811
Social inequalities in the use of health care services: evidences from a population-based health survey in a city in southeastern Brazil
Edige Felipe de Sousa Santos[1], Marilisa Berti de Azevedo Barros[2]
[1]Epidemiologia, Faculdade de Saúde Pública da Universidade de São Paulo, São Paulo, Brazil, [2]Saúde Coletiva, Faculdade de Ciências Médicas da Universidade Estadual de Campinas, Campinas, Brazil
BACKGROUND
The importance of addressing social inequalities in health stems from the observation of increasing income concentration worldwide, with levels in 2010 similar to those in 1910. The objective of this study is to analyze the prevalence of healthcare service use and the social inequalities present in access to healthcare services.
METHODS
This is a cross-sectional study using data from the Campinas Municipal Health Survey (ISACamp) 2022/23/24. Sampling was probabilistic, stratified, and conducted in two stages. Data were analyzed using Stata 19.5, using the survey module. Independent variables included sex, age group, and health insurance plan. Prevalence ratios were estimated using Poisson multiple regression.
RESULTS
The prevalence of medical consultations (in the last month and in the last year) was significantly higher among the elderly, women, and people with health insurance plans. Regarding hospitalizations, considering surgeries in the last year and throughout life, the differences between age groups showed statistical significance for all three indicators, with differences by sex only for surgeries and

by health insurance coverage only for any surgery in life. Most hospitalizations and surgeries were paid for through the Unified Health System (SUS), while most consultations in the last month were paid for through health insurance. The reasons for using services are mainly related to routine care and illnesses, with the elderly indicating less use for routine care; adults and people with health insurance coverage indicate less use for acute illnesses; and women indicate less use for injuries.
CONCLUSIONS
The ISACamp survey indicates that the prevalence of health service use in the city of Campinas in the last year was 80.4%, with differences according to sex, age group, and health insurance coverage. The results show the expansion of health services, particularly the SUS, but also show that inequalities in access to health services still exist.
Popul. Med. 2026;8(Supplement 1):A1378

ABS3835

Challenges in Water Quality Surveillance in Contexts of Territorial Inequality in Bahia, Brazil

Ynayara Rodrigues[1], Luisa Reis[1], Elielton Araujo[1], Manuela Santos[1], Rivia Barros[1]
[1]Bahia State Health Department, Government of the State of Bahia, Salvador, Brazil

ABSTRACT
The state of Bahia, the fourth most populous in Brazil (14,141,625 inhabitants), has national economic relevance and presents significant age and racial diversity; however, it continues to suffer from historical territorial inequalities that negatively affect the population's quality of life1-2. Approximately 85% of the state's territory is located in the semi-arid region, concentrating populations in contexts of socio-environmental vulnerability characterized by water scarcity, precarious infrastructure, and disparities in access to basic services between rural and urban areas2-3. This study aimed to compare water quality data from supply systems and alternative solutions in rural and urban areas of Bahia, based on analysis of data from the Water Quality Surveillance Information System for Human Consumption (SISAGUA). It was observed that 98.8% of municipalities have SISAGUA implemented. The Water Supply System (WSS) constitutes the main form of access to drinking water, serving 68.16% of the population (9,638,838 inhabitants), predominantly in urban areas, through structured processes of collection, treatment and distribution, facilitating monitoring. Collective Alternative Solutions (CAS) and Individual Alternative Solutions (IAS) serve 1.71% (241,398 inhabitants) and 0.21% (17,620 inhabitants) of the population, respectively. In 2024, 90% of water samples for basic parameter analysis were collected in urban areas, highlighting underrepresentation of rural areas. Regarding microbiological quality, 11.7% of rural samples showed the presence of Escherichia coli, compared to 2.6% of urban samples; in the first half of 2025, the high proportion of non-compliance in rural areas persisted, reaching 13%, while urban areas recorded 1.7%. These results indicate greater exposure of rural populations to health risks associated with water insecurity. Therefore, strengthening water quality surveillance, along with expanding equitable access to drinking water supply systems, is essential in the context of worsening climate change, which intensifies water scarcity and public health risks, requiring integrated policies of adaptation, environmental justice, and protection of public health.
Popul. Med. 2026;8(Supplement 1):A1379

ABS3865

Regional inequalities in dental caries: Evidence from four decades of Brazilian National Oral Health surveys

Tainá Mafra[1], Lucas Santos[1], Herika Mauricio[2], Rafael Moreira[1]
[1]Saúde Coletiva, Instituto Aggeu Magalhães, Recife, Brazil, [2]Odontologia, Universidade de Pernambuco, Recife, Brazil

INTRODUCTION
National oral health surveys reveal considerable improvements in Brazil's oral health indicators since the first survey. The percentage of caries-free 12-year-olds increased from 3.7% in 1986 to 49.9% in 2023. However, recent data indicate persistent regional inequalities in key oral health outcomes.
OBJECTIVES
To compare the evolution of caries-free prevalence among 12-year-olds across Brazilian regions in national surveys conducted in 1986, 2003, 2010, and 2023, analyzing regional inequality patterns throughout this historical series.
METHODS
Descriptive study using secondary data from national oral health surveys (SB Brasil) conducted in 1986, 2003, 2010, and 2023, focusing on 12-year-olds. We analyzed the evolution of caries-free prevalence, considering national averages and regional variations extracted from official technical reports. Comparative analysis identified patterns and changes in regional distribution of caries-free experience over time, highlighting persistent inequalities and their potential intensification despite overall indicator improvements.
RESULTS
The percentage of caries-free 12-year-olds in Brazil increased from 3.7% (1986) to 49.9% (2023). However, national improvement was not accompanied by reduced regional inequalities. In 2023, while the Southeast region showed 57.6% caries-free adolescents, the North region registered only 34.1%. The gap between these regions was 13.4 percentage points in 2003, widening to 23.5 points in 2023, evidencing worsening interregional inequalities. Additionally, the North, Northeast, and Central-West regions continue showing the lowest percentages of caries-free individuals and highest proportions of untreated caries since the first survey.
CONCLUSIONS
Although Brazil achieved significant advances in adolescent oral health, data demonstrate that regional inequalities not only persist but have intensified over time. Favorable evolution of national indicators may mask growing disparities between regions, highlighting the urgent need for context-sensitive public policies aimed at mitigating territorial inequalities in oral health outcomes.
Popul. Med. 2026;8(Supplement 1):A1382

ABS3884

Access to and use of public and private health services: evidence from a population-based survey in urban brazil

Nina Rodrigues[1], Lhais Medina[1], Margareth Lima[1], Marilisa Barros[1]
[1]Department of Collective Health, School of Medical Sciences, University of Campinas (UNICAMP), Campinas, Brazil

BACKGROUND AND OBJECTIVE
The coexistence of health care privatization and the Unified Health System (SUS) in Brazil is marked by persistent health inequities and limited evidence on population patterns of health care consumption. This study aims to analyze the profile of access to and utilization of public and private health services in Campinas, identifying sociodemographic inequalities based on data from a large and up-to-date municipal health survey (ISACAMP).
METHODS
This population-based cross-sectional study analyzed ISACAMP data stratified by socioeconomic areas. Indicators defining profiles were examined across four domains: sociodemographic and economic characteristics; health conditions and perceived needs; (3) access to, utilization of, or lack of access to health services; and knowledge and evaluation of public and private health services. Analyses were conducted in Stata software and interpreted through an intersectionality-informed framework.
RESULTS
Preliminary results indicate a strong association between health service utilization and coverage type: medical consultation was 2.13 times more prevalent among private health insurance (PHI) holders (PR=2.13; 95% CI: 1.56–2.92). Overall, PHI prevalence was 41.7% (95% CI: 35.8–47.8). Coverage did not differ by sex (p=0.210), but was higher among adults and older adults than adolescents (PR=1.31; 95% CI: 1.10–1.68). Structural disparities were evident: PHI was 1.6 times higher among White individuals compared to Black individuals (49.9% vs 30.5%; PR=1.62; 95% CI: 1.38–1.91) and nearly four times higher among individuals with complete higher education compared to those with no formal education (PR=3.98; 95% CI: 3.22–4.92).
CONCLUSIONS
Access to and use of health services are strongly associated with private financing, reinforcing persistent inequities. The same population holding PHI is also the one that reported medical consultations in the previous year. Future analyses will map these barriers and identify patterns, strengthening integration between universities, management, and communities by translating data into evidence to support territorial decision-making.
Popul. Med. 2026;8(Supplement 1):A1384

ABS3929

Physical activity security: is it time to "change the conversation" for environmental justice in Lower- and Middle-Income Country Settings?

Tracy Kolbe-Alexander[1,2], Estelle Victoria Lambert[2,1], Gregore Mielke[3]
[1]School of Health and Medical Sciences, Faculty of Health, Engineering and Sciences,, University of Southern Queensland, Ipswich, Australia, [2]Research Centre for Health through Physical Activity, Lifestyle and Sport, University of Cape Town, Newlands, South Africa, [3]School of Public Health, Faculty of Medicine,, University of Queensland, Queensland, Australia

INTRODUCTION
While the relationship between physical activity (PA) and health has been well-

established. The link between PA and sustainable development is more recent phenomenon. PA has been described as "choice-based" or "necessity-driven"(1), but we argue that environmental justice is needed for PA security(2) to be achieved in LMICs.
METHODS
We conducted a brief review (SCOPUS,1994-2024), in which "Physical Activity" was used in combination with terms "Health","Behaviour","Environment","Policy","Social determinants","Equity","Sustainable development"and"Human Rights". Secondly, we explored publicly available data (143 countries;LMIC/UMIC,N=99,HIC,N=44) including: GINI,HDI,%urban,% living in slums,life expectancy, obesity, %,deaths due to cardiovascular disease (CVD),road deaths, personal violence%,pollution, public open space (POS),human rights indices and physical inactivity (PiA). Regression analyses were conducted on factors related to environmental justice that may explain differences in PiA in HIC vs LMIC/UMIC settings.
RESULTS
In 1994,858 manuscripts related to PA were cited compared to 30565 in 2024.PA and health articles comprised 40-41% overall,whereas those related to the environment were 3.9% and 6.4%,respectively. Policy-related outputs comprised <4%,social determinants <2% and human rights <1%,even in 2024. PiA prevalence was higher in HIC (33%) vs LMIC/UMIC (25%,P<0.001). Urbanisation,POS,obesity,CVD deaths%,and life expectancy were also significantly higher. In LMIC/UMIC,deaths from air pollution, violence and road incidents were higher (P<0.001); PiA was inversely correlated to %slum dwelling (P<0.001) and positively correlated to %urbanisation. In HIC,PiA was inversely associated with POS (r=-0.46)but in LMIC/UMIC was positively associated with POS (r=0.37, P<0.001). PiA in HIC was positively mediated by %urbanisation, whereas, in LMIC/UMIC,PiA was inversely mediated by %slum dwelling and personal violence(P<0.001).
CONCLUSIONS
Results suggest that built environment attributes impact on PiA differently in HIC vs LMIC/UMIC settings.Slum dwelling persons from vulnerable communities in LMIC/UMIC settings are more physically active, reflecting "necessity-driven vs "choice-based" PA. Further, POS may not address environmental equity in LMIC/UMICs. PA security should be considered as a rights-based issue for urban planners and policy makers.
Popul. Med. 2026;8(Supplement 1):A1386

ABS3969
Experiences and challenges of substance use and misuse among Black African youth in Calgary, Canada
Odette Murara[1]
[1]Social Work, University of Calgary, Calgary, Canada
BACKGROUND
In Canada, substance use is more common among youth and young adults than older groups, with Black African youth facing heightened risk due to intersecting factors such as migration experiences, structural racism, and integration barriers. Substance use has led to severe health and social harms, including overdose-related deaths, chronic illness, housing instability, and family strain. This paper focuses on the lived experiences and structural challenges shaping substance use and misuse among Black African youth and their families in Calgary.
METHODS
A qualitative study design was used to explore experiences of substance use and misuse. In-depth interviews were conducted with 10 Black African youth aged 18 - 25 identified as at risk or in recovery, and with 10 family members. A focus group was also held with Black service providers from Black-serving organizations (n=5), Black community leaders (n=3) and religious leaders (n=2). Data were analyzed using multi-layered thematic analysis supported by NVivo software to identify cross-cutting themes.
RESULTS
Substance use experiences reflected the intersection of addiction, mental health challenges, migration stress, systemic inequities, family dynamics, and cultural contexts. Commonly used substances included alcohol, marijuana, cocaine, and vaping products. Youth described substance use as a coping response to isolation, discrimination, unemployment, educational disruption, and financial insecurity. Peer influence, pressures to assimilate, and intergenerational tensions further shaped risk. Findings show that cultural norms surrounding silence, shame, stigma, as well as lack of trust constrained early help-seeking.
CONCLUSIONS
Substance use and misuse among Black African youth must be understood within broader social, cultural, and structural contexts. The findings underscore the need for culturally responsive, community-led, and prevention-focused public health approaches that address root causes, build trust, and strengthen families before crises escalate.
Popul. Med. 2026;8(Supplement 1):A1387

ABS4073
Community-Led Financial Platforms as Public Health Infrastructure: Leveraging Informal Savings Groups (Stokvels) to Improve Food Security and Dietary Equity in Urban South Africa
Olufunke Alaba[1,2], Vicki Lambert[2], Louise Foley[3], Zulfah Albertyn-Blanchard[2], Feyi Odunitan-Wayas[2], Emma Frew[4], Denis Okova[1]
[1]Health Economics Unit, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Research Centre for Health through Physical Activity, Lifestyle and Sport, Human Biology Department, University of Cape Town, Cape Town, South Africa, [3]MRC Epidemiology Unit, University of Cambridge, Cambridge, United Kingdom, [4]Centre for Economics of Obesity, Department of Applied Health Sciences, University of Birmingham, Birmingham, United Kingdom
BACKGROUND
Food insecurity and diet-related non-communicable diseases (NCDs) are major public health challenges in low- and middle-income countries. Although social protection and food subsidy programmes are central to public health policy, they often fail to leverage existing community institutions. Informal savings groups, known as stokvels in South Africa, are widespread, trusted, self-governing communities of practice with untapped potential for public health delivery.
METHODS
We implemented a quasi-experimental intervention among 24 women-led stokvels across three low-income communities in Cape Town. All groups received monthly food vouchers (ZAR2000 per group for three months) to subsidize fruit and vegetable purchases. Of the three arms, two intervention arms addressed structural access barriers: last-mile distribution support for bulk produce purchases, and a bilingual mobile application providing nutrition guidance, food storage tips, and cost-saving strategies. Outcomes included household food insecurity (HFIAS), food purchasing and consumption patterns measured at baseline and over three months.
RESULTS
A significant decline in household food insecurity was observed across all groups (p<0.003), with the largest effect in the last-mile distribution arm. Fruit and vegetable consumption increased substantially, particularly for citrus, tomatoes, and potatoes, without compensatory increases in unhealthy foods. Qualitative findings indicated shifts in household food priorities, collective problem-solving, and increased confidence in sustaining healthy food practices.
CONCLUSIONS
Informal savings groups can function as a scalable community-level public health infrastructure by integrating financial, logistical, and informational support for healthy food access. Embedding food and nutrition interventions within existing social institutions offers a cost-effective, equity-enhancing strategy to strengthen food systems, reduce diet-related risk, and advance urban public health policy in resource-constrained settings.
Popul. Med. 2026;8(Supplement 1):A1389

ABS4107
Persistence of limitations in activities of daily living after COVID-19: the role of social determinants and clinical conditions in the Brazilian population
Francisca Elisângela Teixeira Lima[1], Victor Caetano Rodrigues[1], Andrezza Rayana Alves Delmiro[1], Brena Shellem Bessa de Oliveira[1], Glaubervania Alves Lima[1], Luis Angel Cendejas Medina[1], Sara Emilly Lima Sombra[1], Maryanne Cardoso Ponte[1], Fabiano Andrade da Costa[1], Monyka Brito Lima dos Santos[1], Patricia Neyva da Costa Pinheiro[1], Lanese Medeiros de Figueiredo[2]
[1]Departamento de Enfermagem, Universidade Federal do Ceará, Fortaleza/Ceará, Brazil, [2]Departamento de Morfologia, Universidade Federal do Ceará, Fortaleza/Ceará, Brazil
BACKGROUND
Evidence suggests that post-COVID-19 condition is associated with persistent limitations in activities of daily living (ADLs) and poorer quality of life, especially among individuals with a higher burden of comorbidities and social vulnerabilities. This study aimed to analyze the association between social determinants of health and the impact on ADLs in the Brazilian population diagnosed with COVID-19 at least one year prior.
METHODS
An exploratory, cross-sectional, quantitative study was conducted across all Brazilian states with a sample of 419 participants. Data collection took place between June and November 2024, utilizing patient monitoring software to gather sociodemographic data, lifestyle factors, social determinants of health, clinical conditions, and quality of life scales.

RESULTS
A greater impact on ADLs was observed in women compared to men (65.1% vs. 53.8%; p=0.038). Physical activity proved to be a protective factor (p<0.0001), while sleep difficulties were associated with greater functional impairment (p=0.004). Social networks, education, and income showed no statistical significance (p>0.05). Among clinical conditions, the following were associated with greater impairment: cardiovascular disease (76.7% vs. 60.6%; p=0.046), diabetes mellitus (up to 90% with impact; p=0.009), respiratory allergy (p=0.002), dermatological diseases (p=0.001), neurological disease (82.8%; p=0.018), pulmonary disease (100%; p=0.001), severe respiratory failure (83.9%; p=0.010), and muscle weakness (78.2% vs. 54.9%; p<0.0001).
CONCLUSIONS
Even after a minimum interval of one year since diagnosis, the impact on ADLs remains relevant and is more strongly related to female sex, sedentary lifestyle, sleep disorders, and multiple clinical conditions than to economic indicators. These findings highlight the need for continuous rehabilitation strategies and multiprofessional follow-up, focusing on clinically vulnerable groups and the promotion of healthy habits over time.
Popul. Med. 2026;8(Supplement 1):A1393

ABS 4118
Accessibility and Universal Design in the World Health Organization Healthy Cities Initiative: A Qualitative Analysis of Strategies, Language, and Urban Planning Frameworks

Sara Bahen[1]
[1]McMaster University, Hamilton, Canada

BACKGROUND
Urban environments play a critical role in shaping population health, yet many cities remain inaccessible to people with disabilities and aging populations, contributing to health inequities through barriers in housing, transportation, and public space design.– Although the World Health Organization (WHO) Healthy Cities Initiative promotes equity, participation, and sustainable urban development, the extent to which accessibility and universal design are embedded within its strategic frameworks remains unclear.– This study examines how accessibility is explicitly and implicitly addressed within WHO Healthy Cities documentation and evaluates the presence and application of universal design principles in global urban health governance.
METHODS
A qualitative document analysis was conducted using WHO Healthy Cities policy and strategy documents published between 1986 and 2025.– Documents were identified through a structured search of the WHO online repository and screened using predefined inclusion criteria. Documents were reviewed using thematic content analysis in ATLAS.ti, with a coding framework informed by the United Nations Convention on the Rights of Persons with Disabilities, the Sustainable Development Goals, and universal design principles.–
RESULTS
Accessibility was referenced more frequently in later Healthy Cities phases, particularly through concepts such as inclusive governance, functional ability, and age-friendly environments., However, explicit references to persons with disabilities and universal design principles remained limited and inconsistently applied across documents., Universal design was primarily implicit and rarely operationalized through standardized indicators or planning tools.,
CONCLUSIONS
While the WHO Healthy Cities Initiative demonstrates a growing rhetorical commitment to inclusion, accessibility and universal design remain insufficiently institutionalized within its planning and evaluation frameworks.– Embedding clear accessibility standards, universal design frameworks, and participatory accountability mechanisms is essential to advancing equitable, healthy, and inclusive cities globally, in alignment with international human rights and sustainable development commitments.–
Popul. Med. 2026;8(Supplement 1):A1395

ABS 4119
Spatial interaction of covid-19 and tuberculosis in Brazil: syndemic cluster evidence

Reginaldo Bazon Vaz Tavares[1], Yan Mathias Alves[1], Nathalia Zini[1], Ariela Fehr Tártaro[1], Thaís Zamboni Berra[1], Maria Eduarda Pagano Pelodan[1], Mariana Gaspar Botelho Funari de Faria[1], Daniele de Moraes Pinheiro[1], Luanne Karolyne Leal dos Santos[1], Aline Aparecida Monroe[1], Jaqueline Garcia de Almeida Ballestero[1], Ricardo Alexandre Arcêncio[1]
[1]Department of Maternal and Child Nursing and Public Health, Ribeirão Preto School of Nursing at University of São Paulo, Ribeirão Preto, Brazil

INTRODUCTION
The covid-19 pandemic has intensified existing social and health inequities, particularly in low- and middle-income countries. In Brazil, tuberculosis (TB) faced additional challenges during the pandemic. This study aimed to identify areas with spatial dependence between covid-19 and TB outcomes, incorporating the Social Progress Index (SPI) as a proxy for social vulnerability.
METHODS
Ecological study using TB cases and deaths from TBWeb and covid-19 data from the Coronavirus Panel, covering municipalities in São Paulo State, Brazil, from February 2020 to December 2023. Notification and mortality rates for both diseases were calculated. Bivariate Local Moran's I was applied to assess spatial autocorrelation between TB and covid-19 rates and the SPI.
RESULTS
There were 36,145 TB cases and 5,389,217 COVID-19 cases, with 2,700 and 168,223 deaths, respectively. Bivariate spatial analysis revealed heterogeneous spatial dependencies across the state. High-High clusters for TB and COVID-19 incidence (Map A) and mortality (Map B) were mainly observed in northern and central regions. TB mortality also overlapped spatially with COVID-19 outcomes (Maps C and D), especially in the northwest and coastal areas. Municipalities with low SPI and high TB mortality (Map E) were mostly along the southeastern coast. Similarly, low SPI and high COVID-19 incidence (Map F) were found in the São Paulo metropolitan area and southern municipalities. These patterns reflect a syndemic interaction shaped by social disparities. Figure 1 – Bivariate spatial autocorrelation between COVID-19 incidence and TB incidence and mortality rates, and Social Progress Index, the state of São Paulo, Brazil (2020–2023).
CONCLUSIONS
The intersection of TB, covid-19, and social vulnerability reflects a syndemic process, in which the co-occurrence and interaction of diseases are driven by structural inequalities. Recognizing these overlapping spatial patterns and their links to social conditions is essential to inform equitable and integrated public health responses to eliminate TB.
Popul. Med. 2026;8(Supplement 1):A1396

ABS 4142
Association of age group, religion, and educational level with mental health among Brazilians in post–COVID-19 conditions

Francisca Elisangela Teixeira Lima[1], Maryanne Cardoso Ponte[1], Sara Emilly Lima Sombra[1], Alice Passos do Nascimento[1], Sabrina de Souza Gurgel Florencio[1], Maria Gabriela Miranda Fontenele[1], Maria Williany Silva Ventura[1], Juan David Dussan Chaux[1], Lilia Jannet Saldarriaga Sandoval[1,2], Ana Paula Oliveira Queiroz[1], Cristiana Brasil de Almeida Rebouças[1], Livia Maia Pascoal[3]
[1]Departamento de Enfermagem, Universidade Federal do Ceará, Fortaleza/Ceará, Brazil, [2]Enfermeria, Universidad Nacional de Tumbes, Tumbes, Peru, [3]Departamento de Enfermagem, Universidade Federal do Maranhão, Imperatriz/Maranhão, Brazil

BACKGROUND
Health is influenced by social conditions and determinants that impact quality of life, such as age group, religion, and educational level. In the post–COVID-19 period, the presence or absence of symptoms and sequelae has distinct repercussions on the mental health domain, manifesting differently according to these social determinants. Therefore, this study aimed to verify the existence of an association between age group, religion, and educational level of Brazilians in post–COVID-19 conditions and the mental health domain, as assessed by the Short Form Health Survey-36 (SF-36).
METHODS
An exploratory, cross-sectional, quantitative study conducted across all Brazilian states, with a sample of 854 participants. Data collection was carried out using the Software for Monitoring People with COVID-19, which included an instrument for characterizing individuals in post–COVID-19 conditions and the SF-36, an instrument that assesses quality of life based on eight domains; only the mental health domain was considered in this study. The study was approved by the Research Ethics Committee under opinion No. 6,709,120.
RESULTS
In the mental health domain, statistically significant associations were observed with age group in both groups: participants with symptoms and sequelae (p=0.001) and those without symptoms and sequelae (p=0.010). Religion showed a significant association in both groups: participants with symptoms and sequelae (p=0.012) and participants without symptoms and sequelae (p=0.002). Educational level showed a significant association only in the group without symptoms and sequelae (p=0.005), with a progressive increase in scores according to higher levels of education.
CONCLUSIONS
Mental health in the post–COVID-19 context is intrinsically linked to age group

and religious beliefs, while educational level acts as a positive predictor of mental health in the Brazilian population.
Popul. Med. 2026;8(Supplement 1):A1398

ABS4149
Health Service Utilization and Access in the Municipality of São Paulo: A Contribution from a Population-Based Survey

Marilia Louvison[1], Cristian Arnecke Schroder[1], Alvaro Elias Nunes Mineiro[1], Katia Cristina Bassicheto[1], Edige Felipe de Souza Santos[1], Breno Souza de Aguiar[1,2], Iracema Ester do Nascimento Castro[1,2], Zilda Pereira[1], Moises Goldbaum[1,3], Chester Luiz Galvão Cesar[1]
[1]Faculdade de Saúde Publica da Universidade de São Paulo USP, São Paulo, Brazil, [2]Secretaria Municipal de Saúde de São Paulo, São Paulo, Brazil, [3]Faculdade de Medicina da USP, São Paulo, Brazil

ABSTRACT
Context: This study is based on the ISA-Capital, a population-based health survey and analyzes the use and access to health services, based on an analysis of regional and generational inequalities related to health insurance coverage.
OBJECTIVES
To analyze regional and generational inequalities in access to and use of outpatient health services within the Unified Health System (SUS) in the city of São Paulo in 2024.
METHODS
Data were extracted from representative samples of adolescents, adults, and older adults (10 years or older) participating in a population-based health survey conducted in São Paulo (ISA-Capital) in 2024 (n=5472). Outcomes included the use of health services in the past year and private health insurance. Prevalence estimates and 95% confidence intervals (95% CI) were calculated.
RESULTS
In 2024, 37.8% (95% CI: 33.6% - 42.2%) of the population had private health insurance. Coverage was 43.4% (38.2% - 48.8%) among the elderly and 32.2% (27.3% - 37.5%) among adolescents. Regarding service utilization, 85.0% (83.0% - 86.9%) of the total population had a consultation in the last year, with rates of 92.0% (89.9% - 93.6%) among the elderly and 82.6% (79.2% - 85.6%) among adolescents. Of those who had a consultation, 57.3% (52.6% - 61.8%) used the Unified Health System (SUS). This proportion was 65.7% (59.7% - 71.2%) among adolescents and 54.7% among the elderly. 30.9% (21.5% - 42.3%) in the Central Region and 69.6% (58.7% - 78.7%) in the Southern Region.
CONCLUSIONS
The study identifies significant use of the SUS, with regional and generational inequalities, smaller in regions with smaller populations with private health insurance, such as the elderly population and the population of the Central Regional Health. The study provides important evidence and indicates the relevance of the SUS in promoting equity in public policies that guarantee access to health services.
Popul. Med. 2026;8(Supplement 1):A1399

ABS4178
Reframing Tobacco Control in Africa: Inequality, Industry Power, and Policy Innovation

Olalekan Ayo-Yusuf[1], Anesu Marume[1], Zunda Chisha[2], Winnie Olwal[3], Betina Edziwa[4]
[1]Africa Centre for Tobacco Industry Monitoring and Policy Research, School of Health Systems & Public Health, University of Pretoria, Pretoria, South Africa, [2]Research on Economics of Excisable Products (REEP), University of Cape Town, Cape Town, South Africa, [3]AMREF Health Africa, Nairobi, Kenya, [4]Africa Capacity Building Foundation, Harare, Zimbabwe

BACKGROUND
More than two decades after the adoption of the WHO Framework Convention on Tobacco Control, Sub-Saharan Africa faces a complex tobacco control landscape shaped by persistent socioeconomic inequalities, aggressive tobacco industry interference, and emerging challenges related to youth and gender. At the same time, governments are under pressure to mobilise domestic resources for health and advance sustainable development. This panel reframes tobacco control in Africa as a core equity, governance, and sustainability issue rather than a narrow regulatory concern.
METHODS
This organised panel symposium brings together complementary empirical, policy, and political-economy perspectives. The session is chaired by Betina Edziwa (Africa Capacity Building Foundation, Zimbabwe), who frames tobacco control as an equity and sustainability challenge in Africa. Panellist presentations include: Anesu Marume (University of Pretoria, South Africa) on socioeconomic inequalities in smoking following FCTC implementation in Sub-Saharan Africa; Lekan Ayo-Yusuf (University of Pretoria, South Africa) on lessons from five years of monitoring tobacco industry interference across African countries; (3) Zunda Chisha (University of Cape Town, South Africa) on the political economy of tobacco taxation and opportunities for domestic health financing; and Winnie Olwal (AMREF, Kenya) on why youth and gender must shape Africa's tobacco control agenda. The session concludes with an interactive, moderated discussion to draw cross-country lessons and identify policy priorities.
RESULTS
Despite policy progress, across settings, evidence shows widening socioeconomic gradients in smoking, sustained industry interference undermining policy implementation, under-utilisation of tobacco taxation for health financing constrained by political and institutional barriers rather than technical feasibility, and growing vulnerabilities among youth and women driven by targeted marketing and novel products.
CONCLUSIONS
Equitable and sustainable tobacco control in Africa requires confronting commercial power, strengthening governance, and centering youth and gender in policy design. Cross-sectoral, politically informed strategies are essential to accelerate progress and protect future generations.
Popul. Med. 2026;8(Supplement 1):A1401

ABS4192
Food Insecurity in Urban Brazil: Implications for Health Promotion and Intersectoral Action

Silvana Silva[1]
[1]Instituto de Saúde Coletiva, Universidade Federal da Bahia, Salvador, Brasil

INTRODUCTION
Food is recognized as a social determinant of health, and both are human rights. Achieving the Sustainable Development Goal (SDG) on Good Health and Well-Being is closely linked to strengthening food and nutrition security aimed at overcoming hunger, as established by the SDG on Zero Hunger. In Brazil, food insecurity (FI) remains a relevant public health issue, requiring territorial analyses. This study aimed to analyze the prevalence of food insecurity across the Health Districts of Salvador, Bahia, which function as territorially based management units of the Unified Health System (SUS).
METHODS
This cross-sectional study used data from the survey "Quality of the Urban Environment of Salvador (QUALSalvador)," conducted between 2019 and 2021, with a representative sample of 15,187 households distributed across all neighborhoods of the city. Food insecurity was measured using the Brazilian Food Insecurity Scale and analyzed in aggregate for the 12 Health Districts.
RESULTS
Most Health Districts presented food insecurity prevalence rates equal to or higher than 40%, revealing significant inequalities within the urban territory, with greater vulnerability among women and Black populations.
CONCLUSIONS
This scenario highlights the need to strengthen health promotion and prevention actions within the SUS, in accordance with the National Food and Nutrition Policy, including food and nutrition surveillance and the promotion of breastfeeding. It also underscores the importance of articulating cross-cutting policies, such as the National Policy for the Comprehensive Health of the Black Population, the National Policy for Women's Health Care, and the National Food and Nutrition Security Policy, as well as intensifying intersectoral strategies. In the urban context, initiatives such as the School Health Program, the National Strategy for Food and Nutrition Security in Cities, and the United Nations' New Urban Agenda are essential for promoting equity, improving quality of life, and ensuring the Human Right to Adequate Food.
Popul. Med. 2026;8(Supplement 1):A1402

HEALTH PROMOTION AND UNIVERSAL HEALTH SYSTEMS

ABS0033
"Positive Signage and Certification as Complementary Strategies for Tobacco-Free and Health-Promoting Environments: Experiences from Switzerland"

Susann Koalick[1]
[1]Network Forum Nikotinprävention und Beratung Schweiz (FNBS), Zurich, Forum Nikotinprävention und Beratung Schweiz (FNBS), Zurich, Switzerland

INTRODUCTION
the forum nikotinprävention und beratung schweiz (fnbs) is a national network

that develops and implements evidence-based strategies for tobacco and nicotine prevention in various institutional settings. its aim is to anchor health-promoting environments in a sustainable way. fnbs collaborates with hospitals, universities, hotels, and other organizations, combining practical expertise with internationally recognized standards.
METHODS
a central tool of fnbs is positive signage, guided by the principle "guidance instead of prohibition." the signs rauchfrei – smoke free® and raucherzone – smoking area® provide clarity for staff, patients, guests, and visitors. the "signalisieren" process includes consultation, situational analysis, selection and design of the signs, as well as support during implementation and follow-up. this makes institutional rules visible and increases acceptance. as a complementary process, fnbs also offers the international gnth certification (bronze/silver/gold) for healthcare institutions. this certification assesses leadership and strategy, treatment, staff training, workplace health promotion, communication, public engagement, and the implementation of smoke-free environments. re-certification every four years ensures sustainability.
RESULTS
between 2021 and 2025, signs were successfully introduced in hospitals, hotels, and universities of applied sciences. feedback indicates clearer orientation in daily routines, fewer conflicts between smoking and non-smoking individuals, and greater visibility of preventive messages. institutions that additionally completed the certification process reported strengthened internal structures and increased credibility externally. the combination of visible signage and quality-assured certification proved to be particularly effective.
CONCLUSIONS
fnbs integrates network expertise, innovative positive signage, and international quality standards. experiences in switzerland demonstrate that this combination effectively supports the creation of health-promoting environments. the model shows strong potential for transfer to other countries and contexts and contributes to the global public health goals of equity, sustainability, and inclusivity.
Popul. Med. 2026;8(Supplement 1):A1404

ABS0062
School Nutrition Programs in Dubai: A Landscape Analysis
Nour Abu Mahfouz[1]
[1]College of Medicine, Mohammed Bin Rashid University of Medicine and Health Sciences, Dubai Health, Dubai, United Arab Emirates
INTRODUCTION
Little is known about the execution of School Nutrition Programs (SNPs) within schools across the public and private sectors in Dubai, United Arab Emirates. This highlights the importance of capturing an inside perspective about the specificities of the SNPs to ensure their effective, efficient, and equitable implementation across schools, irrespective of whether they are public or private.
OBJECTIVE
The overall purpose of this study was to develop insight into SNPs in Dubai and to investigate the difference in characteristics of those SNPs between the public and private sectors.
METHODS
This study relied on a quantitative, tailor-made survey. The data were analyzed using SPSS; descriptive analysis consisted of computing the proportions for all the variables. In terms of inferential analysis, chi-square test of independence was selected to determine whether there are associations between the categorical variables (i.e., the various characteristics of the SNPs, and whether the corresponding schools are public or private).
RESULTS
Out of 75 school representatives who were invited to participate in the current study, 60 responded, of whom 48 school representatives indicated that their respective schools had SNPs. These 48 SNPs had varying implementation scopes and program compositions of Parents' Involvement, Lunch Box, Educational Curriculum, Hydration, Awareness Activities, School Canteen, and/ or Food Safety and Hygiene. The stakeholders involved in developing and maintaining the respective SNPs and the intended outcomes of those programs also differed across the schools.
CONCLUSIONS
This study highlights the importance of the proposed reformation around SNPs in Dubai to consider the governance structure on the local and national levels, quality assurance measures, stakeholder engagement, and programs' intended outcomes and compositions. It proposes the enactment and maintenance of holistic, school-level healthy living programs that include nutrition as part of a more comprehensive approach to fostering the students' individual and collective wellbeing.
Popul. Med. 2026;8(Supplement 1):A1406

ABS0545
Universal health coverage implementation in sub-saharan Africa: challenges, reforms, and policy recommendations for national sustainability
Olubunmi Ogbodu[1], Constance Rusike[1]
[1]Department of Human Biology, Walter Sisulu University, Mthatha, Eastern Cape, South Africa
BACKGROUND
Universal health coverage is a global health agenda aimed at improving health outcomes, reducing poverty, and promoting economic reforms needed to transform the country's healthcare system by improving access, quality, and equity. Despite its laudable objectives, multifaceted challenges have been reported with the implementation in different African countries. African countries are making conscious efforts to achieve universal health coverage (UHC) through healthcare reforms to reduce out-of-pocket expenditure (OOP) and improve access to quality health services for their citizens.
METHODS
Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, the review synthesises evidence from electronic databases; Scopus, African Journal Online, PubMed and ScienceDirect, covering studies from 2000 to 2025. From a pool of 99 journal articles that met the inclusion criteria, 12 were identified as directly relevant.
RESULTS
The review describes challenges involved in driving the UHC agenda and lessons learned from UHC implementation in African countries, specifically in Rwanda, Ghana, Kenya, South Africa, and Nigeria. Key drivers of reforms, such as healthcare financing reforms and multi-stakeholder initiatives, aimed at strengthening the healthcare system and improving health outcomes, were discussed. Common barriers to UHC in selected sub-Saharan African countries: structural, financial, political, and social factors were described.
CONCLUSIONS
This paper supports policy reforms and decision-making towards universal health coverage, attainment, and sustainability in Sub-Saharan Africa.
Popul. Med. 2026;8(Supplement 1):A1416

ABS0561
We can't talk about it: Youth voices on SRH in Nepal
Sabitra Kaphle[1], Om Baral[1], Catherine O'Mullan[1]
[1]Public Health, Central Queensland University, Melbourne, Australia
Sexual and reproductive health (SRH) remains a culturally sensitive and often stigmatized topic among youth in Nepal. Despite growing access to formal education and digital platforms, young people continue to face significant barriers in acquiring accurate SRH knowledge, accessing services, and engaging in open dialogue. This qualitative study explores the lived experiences of 40 Nepali youth across diverse genders and socio-cultural contexts to identify the key factors shaping their SRH understanding and practices. The results suggest that young people knowledge is shaped by myths and anecdotes, with limited formal education on SRH topics and their preference for informal and digital sources, such as family, peers, and online platforms, is often driven by privacy concerns and mistrust in formal systems. There is a strong influence of gendered cultural and social norms, including menstruation-related restrictions and stigma surrounding premarital sex that creates barriers to open discussion and healthcare access, and constantly rooted in shame, fear, and social taboos. There is an aspiration for youth-driven solutions that focus on community engagement, family-inclusive approaches, and youth-friendly, culturally sensitive SRH education. This study highlights the urgent need for multi-level interventions that integrate formal education, digital literacy, and community-based support. Centering youth voices is essential to dismantling harmful norms and fostering inclusive, equitable SRH outcomes in Nepal and similar socio-cultural contexts.
Popul. Med. 2026;8(Supplement 1):A1418

ABS0808
Strategies to enhance the approach to prostate cancer screening of South African black men in the Free State: a Delphi study
Matthew Olukayode Abiodun Benedict[1], Wilhelm Johannes Steinberg[1], Frederik Claassen[1], Nathaniel Mofolo[1]
[1]Family Medicine, University of the Free State, Bloemfontein, Free State province, South Africa
BACKGROUND
The incidence and mortality of prostate cancer (PCa) are rising disproportionately

among black men in South Africa. Emerging evidence suggests that prostate-specific antigen (PSA) screening offers greater net benefit for black men than for the general population. However, gaps in Knowledge, Attitudes, and Practices (KAP) regarding PCa screening persist among both primary healthcare providers (HCPs) and healthcare users (black men). In addition, there is limited research on strategies to address these gaps. This study aimed to identify complementary strategies to strengthen the approach to PCa screening for African men in the Free State province of South Africa, from the perspectives of primary HCPs and healthcare users.
METHODS
A three-round modified Delphi survey was conducted to achieve this aim. Consensus was defined a priori as ≥70% agreement among panel members.
RESULTS
Nineteen multidisciplinary experts participated in the survey. Consensus was reached on 34 strategies to improve the approach to PCa screening in the study context. Proposed strategies focused on community health education, including priority topics, methods of delivery, appropriate venues, and key personnel to provide the education. In addition, continuing education topics and preferred instructional methods were recommended for primary HCPs.
CONCLUSIONS
Given the documented KAP gaps related to PCa screening among primary HCPs and black male healthcare users, this study established expert consensus on a set of complementary strategies to enhance the approach to PCa screening for South African black men in the Free State province.
Popul. Med. 2026;8(Supplement 1):A1423

ABS0839
Understanding Family Planning Dynamics: Knowledge, Usage, and Challenges among women in Makurdi, Benue State, Nigeria

Pauline N Atser[1], Mercy E Ochigbo[1], Sandra T Ortsega[1], uchenna Benedine Okafor[2], mildred mooi[2], Daniel Ter Goon[3]
[1]Nursing Sciences, Benue State University, Makurdi, Nigeria, [2]Nursing Science, Walter Sisulu University, Umthata, South Africa, [3]Public Health, University of Limpopo, Polokwane, South Africa

BACKGROUND
Family planning remains a cornerstone of reproductive health1,2, contributing to maternal and child survival, reducing unintended pregnancies, and improving socio-economic outcomes3. Despite these benefits, utilisation of family planning services in many parts of Nigeria remains suboptimal, often influenced by socio-cultural and religious factors.4–8.
OBJECTIVE
This study assessed the knowledge, utilisation, and challenges associated with family planning methods among women attending the Family Support Clinic in Wadata, Makurdi.
METHODS
A descriptive cross-sectional study was conducted among 80 women of reproductive age, selected purposively. Data were collected using a structured questionnaire on socio-demographic characteristics, knowledge, utilisation, and challenges of family planning. Findings were analysed using descriptive statistics and presented in frequencies and percentages.
RESULTS
Respondents showed a strong understanding of family planning, correctly identifying natural, hormonal, and permanent methods (100%) and barrier methods (91%). Key benefits mentioned included preventing unwanted pregnancies (95%), reducing pregnancy-related complications (81%), and enhancing maternal and child health (68%). Usage was also high, with 91% reporting ever using a method and 94% currently using one. Barrier methods (81%) and hormonal methods (71%) were the most common, with no reports of permanent methods. Challenges faced included religious beliefs (84%), cultural perceptions (73%), and access to services (100%). Partner involvement was prominent, as all respondents (100%) reported discussing family planning with their spouses.
CONCLUSIONS
The study showed high knowledge and utilisation of family planning among respondents, although socio-cultural and religious barriers still exist. Nurses and other healthcare providers need to enhance culturally sensitive health education, improve service accessibility, and encourage male involvement to maintain progress in family planning use.
Popul. Med. 2026;8(Supplement 1):A1424

ABS0873
Implementation of the Italian National Prevention Plan 2020-2025 at local level: strategies, outcomes, and future perspectives

Piera Ceschi[1], Franco Finato[2], Verena Baumgartner[1], dennis Ramus[3], Catalina Doina Cristofor[1], Lorella Zago[4], Ivo Paris[4], Antonio Fanolla[5], Dagmar Regele[3]
[1]Department of Prevention - Epidemiological Surveillance Unit, South Tyrolean Healthcare Services, Bressanone/Brixen (BZ), Italy, [2]Staff of Project Management, South Tyrolean Healthcare Services, Bolzano/Bozen, Italy, [3]Department of Prevention, South Tyrolean Healthcare Services, Bolzano/Bozen, Italy, [4]Office for Prevention and Health Promotion, Automous Province of Bolzano/Bozen, Bolzano/Bozen, Italy, [5]Health Observatory, Automous Province of Bolzano/Bozen, Bolzano/Bozen, Italy

Background The Italian Public Health Service provides universal coverage for all citizens and residents and the main operational tool for planning cross-cutting public health strategies is the National Prevention Plan (NPP). In South Tyrol, the Local Prevention Plan 2021–2025 has been implemented in alignment with the NPP. This abstract describes strategies, outcomes, and future perspectives related to the implementation of the local plan over the past five years and to the development of the upcoming local Plan. Methods The implementation of the local plan promotes a multisectoral and integrated vision, adopts a life-course approach, and applies a health equity lens, supporting the achievement of the Sustainable Development Goals (SDGs). In line with the NPP, the local plan was developed across six main macro areas: chronic non-communicable diseases, substance addiction and related issues, road and domestic accidents, occupational accidents and diseases, environment, climate and health, and infectious diseases. A dedicated group was institutionalized at local level to monitor progress toward the defined goals. Results The implementation of the local Plan was ensured through its legal transposition into a local decree in 2021. From 2022 to 2025, the initiatives were regularly implemented and monitored. Translating national strategies into concrete, community-level actions that directly address local health needs and determinants proved crucial for making prevention more effective and sustainable. The local Plan was adapted to address the demographic and socioeconomical determinants of health, relying on data provided by the local health and equity profile. Outcomes were reported every six months to the local policymakers and annually to the Ministry of Health for national evaluation. Conclusion The Local Prevention Plan 2021-2025 enabled the implementation of interventions aligned with the national governance. This Plan provides a solid foundation for the development of the next local Prevention Plan 2027-2031.
Popul. Med. 2026;8(Supplement 1):A1426

ABS0921
Improving access to sexual and reproductive health services for boys and young men: a systematic review

Mary Luwedde[1], Moses Tetui[2], Zelalem Mengesha[3], Anke Rotsaert[4], Bernadette Hensen[4], Mazen Baroudi[1]
[1]Department of epidemiology and global health, Umeå University, umeå, Sweden, [2]School of Public Health Sciences, University of, Waterloo, Canada, [3]Health Research Institute, University of Canberra, Canberra, Australia, [4]Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium

INTRODUCTION
Adolescent boys and young men (ABYM) face heightened sexual and reproductive health (SRH) risks yet remain underserved by existing health systems.
METHODS
This systematic review synthesized evidence from 32 studies published between 2000 and 2024 that evaluated interventions to improve ABYM's access to SRH services globally. Guided by the ecological framework of healthcare access, interventions were categorized across five levels – individual, healthcare encounter, organizational, community, and policy – and assessed against the dimensions of approachability, acceptability, adequacy, affordability, and quality.
RESULTS
Findings reveal that successful interventions combined multiple strategies, including peer-led education, male-friendly service redesign, digital platforms, and community mobilization. Key determinants of effectiveness included confidentiality, gender-responsive provider training, integrated referral systems, and culturally aligned programming. Conversely, programs that lacked male-specific components, relied solely on digital tools, or failed to address stigma and gender norms demonstrated limited impact. Persistent challenges include deep-rooted cultural expectations, insufficient institutional capacity, inadequate male-oriented training, and underrepresentation of low-income contexts in the evidence base.
CONCLUSIONS
The review highlights the need for coordinated, gender-transformative approaches that span individual, organizational, and policy domains. Expanding male-centered strategies within inclusive health systems offers the strongest pathway toward

equitable, sustainable SRH access for ABYM
Popul. Med. 2026;8(Supplement 1):A1429

ABS0965
Exploring participants insights on the adoption of plant-based diets: South African context
Vhushavhelo Nedzingahe[1], Mthokozisi Kwazi Zuma[2], Nelene Koen[1], Xikombiso Gertrude Mbhenyane[1]
[1]Division of Human Nutrition, Stellenbosch University, Cape Town, South Africa, [2]Impact and Partnerships Division, Agricultural Research Council, Pretoria, South Africa
INTRODUCTION
Plant-based diets focus on eating more foods derived from plants, such as fruits, vegetables, grains, nuts, and seeds, while reducing the consumption of animal products like meat and dairy (WHO, 2021). Shifting the focus to plant-based food sources can lower non-communicable diseases prevalence and can contribute to the environmental impact sustainability (FAO et al, 2025). This study explored the participants insights on a strategy that aims to promote the consumption of plant-based diets for their health and environmental benefits.
METHODS
The study design was a Participatory Action Research, using qualitative approach. A total of eight co-creation workshops were conducted in four South African provinces. Data were analysed using ATLAS.ti 24 software, employing systematic coding and a thematic analysis approach to identify patterns, generate themes, and interpret the findings in relation to the study objectives.
RESULTS
Participants mentioned various factors that should be considered for plant-based diets adoption in South Africa, as the country has a meat-eating culture. Discussions centred on four key areas: enabling consumption, proposed solutions, stakeholders and implementors. To enable consumption, participants highlighted the need for greater affordability and accessibility of plant-based options. Proposed solutions included public awareness campaigns focused on health and environmental benefits, culinary education and supportive government policies. Participants emphasised that a successful strategy requires the involvement of various stakeholders, including government bodies, the food industry, healthcare professionals' educational institutions and media/influencers. Finally, the group identified implementors as key organisations and individuals, such as public health agencies, NGOs focused on sustainability and food, food service providers and community leaders, who would be responsible for putting the actions into practice at local and national levels.
CONCLUSIONS
Promoting plant-based diets requires a collaborative effort from various stakeholders. The collaborative effort can be through awareness campaigns, workshops, education and policy implementation to encourage healthier food environments.
Popul. Med. 2026;8(Supplement 1):A1430

ABS1127
Oral Health Status of School Children in South Africa: Quasi Experimental Research
Tshifhiwa Netshapapame[1]
[1]Public Health and Health Systems, University of Limpopo, Polokwane, South Africa
BACKGROUND
The global prevalence of oral disease including dental caries varies sig-nificantly across different regions, and South Africa is no exception. Although dental caries is a major public health concern, it is largely preventable through the promotion of proper oral hygiene practices and screening. The study aimed to assess the oral health status of school children within selected primary schools in the Tshwane District, South Africa.
METHODS
The study used a quasi-experimental design employing a quantitative research approach, structured into three phases: a pre-test assessment, the implementation of the intervention, and a post-test evaluation. Dental screening was conducted on 390 primary school children selected from five selected primary schools. and participated willingly in the study. Data analysis was conducted using IBM SPSS, incorporating both descriptive and inferential statistical tools.
RESULTS
Prior to screening, 75.9% of partici-pants exhibited dental caries, while only 24.1% showed no signs of tooth decay. The participants' oral hygiene care improved after reported high plaque score (19.0%) pre intervention which decreases (1.8%) post intervention, those with poor oral hygiene reduce (30.1%) pre intervention as compared (16.2%). The hygiene care improved after reported high plaque score (19.0%) pre intervention which decreases (1.8%) post inter-vention. The proportion of dmft in primary teeth recorded 37.3% pre intervention higher than post intervention (23.2%). Additionally, the record of DMFT in permanent teeth (49.2%) pre intervention compared to the post intervention (40.8%). The study reported similar percentage on the treatment during pre and post intervention (75.9%). Conclu-sion: Dental screening intervention yielded promising short-term results, particularly in plaque reduction and caries detection. However, its long-term success hinges on inte-grating school efforts with parental support and improving access to follow-up dental care. A comprehensive, multi-stakeholder approach remains essential to ensure lasting oral health benefits for children
Popul. Med. 2026;8(Supplement 1):A1436

ABS1133
Perceptions and Attitudes of Students Regarding Contraceptive Use at the University of Limpopo
Tshifhiwa Netshapapame[1]
[1]Public Health and Health Systems, University of Limpopo, Polokwane, South Africa
INTRODUCTION
Contraceptive use among university students remains a vital aspect of promoting sexual and reproductive health. Despite the availability of contraceptive methods and awareness campaigns, unintended pregnancies and sexually transmitted infections (STIs) continue to be reported among students. Understanding students' perceptions and attitudes towards contraceptives is crucial for improving uptake and guiding educational interventions.
AIM
The study aimed to explore the perceptions and attitudes of students regarding contraceptive use at the University of Limpopo.
METHODS
A qualitative, descriptive research design was employed to examine the perceptions and attitudes amongst students at the University of Limpopo. Participants were selected using a non-probability purposive sampling technique. The study population comprised university students aged 17–24 years. Data were collected through focus group discussions consisting of 8 to 9 participants per group, with a total of 5 focus group discussions conducted. Data analysis followed Tesch's open-coding approach. To ensure the trustworthiness of the study, the principles of credibility, transferability, dependability, and confirmability were rigorously applied.
RESULTS
Three main themes and twelve sub-themes emerged from the data analysis. The findings revealed that students possessed varying levels of knowledge about contraceptives, with some demonstrating misconceptions and reliance on peer information rather than professional guidance. Perceptions about contraceptive effectiveness and side effects influenced their willingness to use them. Cultural norms, partner influence, and social stigma were identified as key factors shaping attitudes toward contraceptive use.
CONCLUSIONS
Extensive educational campaigns regarding sexual and reproductive health need to be strengthened on campus to provide clear, accurate, and easy-to-understand information on contraceptive methods
Popul. Med. 2026;8(Supplement 1):A1437

ABS1136
Healthcare utilisation among adult men in Mbombela Subdistrict, Mpumalanga Province, South Africa: A mixed method analysis
Tshifhiwa Netshapapame[1]
[1]Public Health and Health Systems, University of Limpopo, Polokwane, South Africa
BACKGROUND
Men in marginalised communities face barriers to accessing healthcare, resulting in poor health outcomes.
OBJECTIVE
This study assessed healthcare service utilisation and explore strategies to improve access among adult men in the Mbombela Subdistrict, Mpumalanga, South Africa.
METHODS
An explanatory sequential mixed methods was employed. Quantitative data from 398 adult men purposively selected, were analysed using SPSS. Qualitative data from 20 in-depth interviews were analysed thematically using ATLAS.ti.
RESULTS
Majority of responded were between 25-49 years old (69.09%) and most (63.57%)

accessed health facilities and 79.9% found clinics accessible and utilisation remains limited due to socio-economic challenges, 61.05% were unemployed, 51.51% had no income, 50.75% smoked, and 70.35% consumed alcohol. Qualitative findings revealed reluctance to fear of diagnosis, stigma, masculinity norms, long waiting times and unfriendly treatment further.
CONCLUSIONS
Despite positive perceptions of utilisation of health clinics among men, socio-economic and cultural barriers persist. Strengthening health clinic services, expanding mobile services, and addressing undesirable masculinity norms can improve access and outcomes.
Popul. Med. 2026;8(Supplement 1):A1438

ABS1139

A model for improving pastoral support and care for church members living with human immunodeficiency virus and/or acquired immunodeficiency syndrome in Limpopo Province

Tshifhiwa Netshapapame[1]
[1]Public Health and Health Systems, University of Limpopo, Polokwane, South Africa

BACKGROUND
Human immunodeficiency virus (HIV) continues to be a major public health issue, with high infection rates and significant mortality. The role of churches in HIV prevention has been largely debated, particularly concerning the use of condoms.
AIM
The model's objective was to assist pastors in enhancing support and care for individuals living with HIV, ultimately improving their quality of life.
METHODS
Data were collected using a semi-structured interview guide. Thematic analysis revealed four major themes: pastors' experiences regarding HIV and/or AIDS, pastors' knowledge of HIV and/or AIDS, pastors' attitudes towards HIV and/or AIDS and pastors' practices concerning HIV and/or AIDS.
RESULTS
The findings highlighted challenges in pastoral care because of a lack of knowledge and training, alongside negative attitudes and practices towards people living with HIV. A model was developed to combat HIV and/or AIDS, improve pastoral care and counselling, enhance the quality of life for people living with HIV and reduce new HIV infections among church members. The model's development was guided by the Context, Input, Process and Output (CIPO) theory system.
CONCLUSIONS
The research findings underscore the importance of integrating people living with HIV in HIV and/or AIDS prevention efforts within church settings and enhancing pastoral care and counselling
Popul. Med. 2026;8(Supplement 1):A1439

ABS1239

Impact of a Nationwide Youth-Led Anti-Tobacco Campaign Initiative in Nepal

Nishant Pandey[1], Shambhawi Adhikari[2], Aayush Bist[3], Prajjwal Pyakurel[4], Pradish Poudel[5]
[1]MBBS, Manipal College of Medical Sciences, Pokhara, Nepal, [2]Department of Public Health, B.P. Koirala Institute of Health Sciences, Dharan, Nepal, [3]Department of Surgery, Nepalgunj Medical College, Kohalpur, Nepal, [4]Massachusetts General Hospital, Harvard Medical School, Boston, United States, [5]Harvard Medical School, Boston, United States

BACKGROUND
Tobacco causes over 27,000 deaths annually in Nepal, with adolescent initiation driving lifelong addiction. Despite strong legislation - 90-100% pictorial health warnings (2024), bans on sales to minors, and restrictions near schools, weak enforcement and e-cigarettes/vapes sustain adolescent tobacco use. In response, Nepal Health Corps (NHC), and the World Federation of Public Health Associations (WFPHA), implemented a nationwide school-based anti-tobacco campaign to improve adolescents' tobacco-related knowledge, attitudes, and advocacy.
METHODS
The Nationwide Anti-Tobacco Campaign 2025 was conducted from February to July 2025 across all seven provinces of Nepal. Trained medical and public health student volunteers delivered standardized 1–2-hour interactive sessions in 90 public and private schools to students in Grades 6–12. A pre–post questionnaire design assessed knowledge of tobacco harms, addiction, passive smoking, and willingness to engage in peer advocacy. Aggregated quantitative data were analyzed descriptively and complemented by qualitative stakeholder insights.
RESULTS
A total of 6,160 students participated (55% boys, 45% girls), representing 90 schools (60% public, 40% private) from urban (80%) and rural (20%) settings. Correct identification of nicotine as the addictive component of tobacco increased from approximately 70% pre-session to 98% post-session. Knowledge of passive smoking improved from ~50% to ~90%, while correct identification of non-smoking tobacco products increased from ~60% to ~95%. Willingness to participate in peer support and tobacco-free advocacy rose from ~55% pre-session to ~85% post-session with 2,968 students (48.18%) volunteered to serve as "Tobacco Champions" post-session. Persistent challenges included easy access to tobacco near schools, peer pressure, and normalization of vaping.
CONCLUSIONS
This large-scale, youth-led school-based intervention improved tobacco-related knowledge and advocacy intentions among adolescents across Nepal, supporting peer-driven tobacco control strategies for health equity and reinforcing evidence on the effectiveness of similar-age peer education in schools.
Popul. Med. 2026;8(Supplement 1):A1441

ABS1478

Effects of Forest Therapy on Quality of Life among Middle-aged and Older Adults: A Comparative Analysis by Age Group and Socioeconomic Status

Sieon Kim[1], Minseo Park[1], Dahye Kim[1], Changyeop Oh[1], Yebin Kang[1], Gaeun Kwon[1], Choong-hee Park[2], ChangHyou Kim[2], JeongHo Choi[2], Geonwoo Kim[1]
[1]Department of Forest Environmental Resources, Gyeongsang National University, Jinju, Republic of Korea, [2]Korea Forest Welfare Institute, Daejeon, Republic of Korea

INTRODUCTION
Middle-aged and older adults face increasing vulnerability to chronic disease, functional decline, and social isolation with aging. These challenges are complex to address through medical treatment alone, underscoring the need for preventive approaches that enhance physical and mental well-being in daily life. Nature-based interventions(NBIs), including forest therapy, have demonstrated psychological and physiological benefits for older adults; however, evidence on differential effects by age and socioeconomic status remains limited. This study compared the effects of a forest therapy program across age groups and examined effect sizes by income level and self-rated health.
METHODS
A pre–post intervention study was conducted with 939 middle-aged and older adults participating in a forest therapy program operated by the Korea Forest Welfare Institute. Participants were categorized into two age groups: 50s–60s(n=459) and 70s–80s and older(n=480). Quality of life was assessed using the World Health Organization Quality of Life-BREF(WHOQOL-BREF). Subgroup analyses by income level and self-rated health were conducted using paired t-tests, one-way ANOVA with Tukey HSD post-hoc tests, and multiple regression analysis.
RESULTS
Quality of life improved significantly in both age groups($p<0.001$). The 70s–80s and older group showed larger effect sizes(Cohen's d=0.92, CI: 0.81-1.02) than the 50s–60s group(d=0.60, CI: 0.50-0.70). Low-income participants in the older group exhibited the greatest improvement(+1.90, d=1.19). Participants with poor self-rated health demonstrated larger effects (d=1.16 in the older group). Multiple regression analysis showed that self-rated health(β=-0.42, $p<0.001$) and age group(β=0.17, $p<0.001$) significantly predicted improvement(R=0.49).
CONCLUSIONS
Forest therapy, as a non-pharmacological intervention, significantly improved Quality of life among middle-aged and older adults, with the strongest effects observed in low-income individuals aged 70 and older. These findings suggest that the benefits of forest therapy vary by age and socioeconomic status. NBIs may represent an effective public health strategy to promote healthy aging and advance health equity.
Popul. Med. 2026;8(Supplement 1):A1447

ABS1514

Impact of an educational intervention on knowledge, attitude and practices of community members on schistosomiasis in Nelson Mandela Bay, South Africa

Prince Campbell[1], Janine Adams[2], Melusi Thwala[3], Opeoluwa Oyedele[4], Paula Melariri[1]
[1]Environmental Health, Nelson Mandela University, Gqeberha, South Africa, [2]Institute for Coastal and Marine Research and Department of Botany, Nelson Mandela University, Gqeberha, South Africa, [3]Academy of Science of South Africa, Pretoria, South Africa, [4]Computing, Mathematical and Statistical Sciences, University of Namibia, Windhoek, Namibia

BACKGROUND

schistosomiasis disproportionately affects populations living in low socio-economic settings with inadequate access to safe water, sanitation, and hygiene (WASH). Transmission is closely linked to community knowledge, attitudes, and practices (KAP) related to water contact and disease prevention, with health education playing a critical role in behaviour change. This study assessed community KAP on schistosomiasis in Nelson Mandela Bay, Eastern Cape, and evaluated the impact of a targeted educational intervention.
METHODS
a quantitative cross-sectional design with pre- and post-intervention assessments was employed in the Kariega and Kwa Nobuhle communities. Adults aged 18–65 years residing within 5 km of selected water bodies were recruited. A structured questionnaire was administered before the intervention and repeated three months afterwards. Data were collected using questionpro and analysed using microsoft office 365 (2019) and r software (v4.3.1).
RESULTS
a total of 380 participants completed both assessments (51.1% males; 48.7% females). Prior to the intervention, 91.3% of respondents reported no knowledge of schistosomiasis. Post-intervention, mean knowledge scores increased significantly (mean difference = 7.2 ± 2.5; $p < 0.001$), alongside improvements in attitudes (mean difference = 1.2 ± 1.1; $p < 0.001$). Mean practice scores declined from 12.0 ± 2.5 to 2.1 ± 0.5, reflecting a substantial reduction in high-risk behaviours ($p < 0.001$). Knowledge and attitude were positively correlated pre-intervention ($r = 0.23$; $p < 0.001$), while post-intervention attitudes were negatively correlated with unsafe practices ($r = -0.13$; $p = 0.013$). Higher educational attainment predicted greater knowledge, while longer residence duration was associated with poorer practices. Several socio-demographic factors influenced post-intervention attitudes.
CONCLUSIONS
the educational intervention significantly improved KAP related to schistosomiasis. Sustained recall of key prevention messages after three months underscores the effectiveness of community-based health education in endemic settings.
Popul. Med. 2026;8(Supplement 1):A1448

ABS1528

Beyond pilots: sustainability strategies in the tuscan living lab's healthy eating promotion activities

Chiara Ferravante[1], Francesca Milani[1], Fabio Consalez[2], Anant Jani[3], Eluisa Lo Presti[1], Valeria Massei[1]
[1]Azienda USL Toscana Nord Ovest, Pisa, Italy, [2]Sustainable Food Systems - ICLEI European Secretariat, Freiburg im Breisgau, Germany, [3]Heidelberg Institute of Global Health - University of Heidelberg, Heidelberg, Germany
INTRODUCTION
Promoting healthy and sustainable eating behaviors in youth is recognized as a public health priority and a shared global challenge1. Although evidence exists on effective strategies to support healthy eating, ensuring long-term sustainability remains a challenge, particularly when interventions need to scale into consistent and sustained practices2. To address this need, the Tuscan Living Lab, within the European FEAST project, implemented and scaled a successful intervention co-created with middle and high school students while also ensuring the long-term sustainability of a public outpatient clinic for the treatment of youth overweight/obesity.
METHODS
School-based project: 110 students participated in co-creating the intervention, dissemination strategies were identified to share seven thematic modules, which included theoretical and practical lessons on healthy eating developed during the intervention. Outpatient clinic: after successfully testing the planned care pathway, a process was established to support its long-term implementation and funding. A workshop with key district level professionals consolidated agreement on the need for the clinic, after which a formal request was submitted to the Health Directorate to include it within the ambulatory specialist service package, highlighting its proven ability to respond to local needs.
RESULTS
A toolkit for teachers was developed, available in both English and Italian; it included: a slide deck; set of interactive activities; and a booklet providing, for each slide, key concepts to convey and tips. The toolkit has been disseminated and preliminary pathways for replication are in place, supported by active contacts with potential adopters. Since January 2026, the clinic has become a permanent public service within the Piana di Lucca District Zone and has been further strengthened with the addition of a psychological service.
CONCLUSIONS
The Living Lab experience demonstrates how targeted strategies can transform pilot initiatives into replicable, sustainable interventions integrated within local health and educational services.
Popul. Med. 2026;8(Supplement 1):A1449

ABS1709

Primary Health Care in remote rural municipalities: context, organization, and access to integral care in the Brazilian National Health System

Marcia Fausto[1], Patty Almeida[2], Lucas Cabral[3], Adriano Santos[4], Juliana Lima[5], Aylene Bousquat[6], Helena Seidl[1], Ligia Giovanella[1]
[1]Escola Nacional de Saúde Publica Sérgio Arouca, Fundação Oswaldo Cruz, Rio de Janeiro, Brazil, [2]Instituto de Saúde Coletiva, Universidade Federal Fluminense, Niterói, Brazil, [3]Instituto Leonidas e Maria Deane, Fundação Oswaldo Cruz, Manaus, Brazil, [4]Instituto Multidisciplinar em Saúde, Universidade Federal da Bahia, Vitória da Conquista, Brazil, [5]Instituto de Saúde Coletiva, Universidade Federal do Oeste do Pará, Santarém, Brazil, [6]Faculdade de Saúde Pública, Universidade de São Paulo, São Paulo, Brazil
ABSTRACT
The historical concentration of goods and services in more economically developed urban centers poses enormous access difficulties for populations living in remote rural areas1, 2. Making health services accessible and opportune in small communities dispersed over a vast territory implies facing difficulties in attracting the workforce, transportation costs and lack of service provision3, 1, 4. The objective of the study is to analyze the specificities of the organization and access to primary health care (PHC) in the Brazilian National Health System (SUS) in remote rural municipalities (MRR). To that end a study with a qualitative approach, based on a multiple case study in 27 MRR was carried out5. Thematic content analysis of 211 semi-structured interviews with managers and health professionals and a triangulation of information to explore and recognize the forms of organization, strategies, and challenges for the access to health were performed.
RESULTS
It was identified that the geographical access barriers involve great distances, times, costs, poor road conditions, and transportation; the characteristics of remote rural contexts condition the provision of PHC; there are differences in the ways of offering health actions and greater gaps in care coverage in the most rarefied and remote areas of the municipalities; organizational accessibility is hindered by the insufficient offer of consultations, exams, medications, restrictions on the days of operation, and itinerant actions, accentuated by the high professional turnover; the support for specialized care is precarious, with difficulties in supply, regulation, transportation, and communication; there are contradictions between national PHC funding and the characteristics of territories marked by population sparseness and long distances; and the shortage of the workforce is a common challenge among the cities studied. It is, thus, necessary to consider the territorial, social, and access characteristics to health services to propose public policies that meet the needs of the MRR.
Popul. Med. 2026;8(Supplement 1):A1455

ABS1733

Mapping mental health awareness programs among adolescents in South Africa: a scoping review

Tshisikhawe Mahada[1]
[1]department of health, University of Limpopo, Polokwane, South Africa
BACKGROUND
Globally, 10–20% of adolescents face mental health disorders, with 14% affected in South Africa. Despite existing policies and school-based frameworks, significant gaps remain in implementation, particularly in awareness and early intervention. Schools offer a platform for mental health promotion, yet few well-documented, adolescent-focused awareness programs exist.
METHODS
The scoping review followed Arksey and O'Malley's framework, and a systematic search was conducted in Sabinet, ScienceDirect, Google Scholar, and Wiley Online Library, covering English-language studies published between January 2020 and January 2025. A total of 4881 records were identified, including 20 from manual searches, with 39 articles meeting the inclusion criteria for final synthesis.
RESULTS
Study findings discovered several programs in South Africa to enhance mental health awareness among adolescents. The Integrated School Health Policy was implemented across all nine provinces which provides comprehensive school health and psychosocial support through collaboration among various stakeholders. The Early Adolescent Skills for Emotions program which targets 10-15 with internalizing disorders like anxiety and depression was implemented in 4 Cape Town schools. In Khayelitsha, the Health Action in Schools for Thriving

Adolescent Generation program was implemented to support learners aged 11-15 by fostering thriving school environments and peer support. Despite these efforts, challenges such as inconsistent attendance, logistical barriers, insufficient resources, concerns about sustainability, and inadequate school capacity to address critical learner vulnerabilities were identified. This results in the high prevalence of anxiety and depression.
CONCLUSIONS
The review highlights a clear gap in the implementation and evaluation of structured mental health awareness programs for adolescents in South Africa. Strengthening school-based mental health initiatives, training educators, and addressing systemic barriers are essential steps toward improving adolescent mental health outcomes and closing the existing treatment gap
Popul. Med. 2026;8(Supplement 1):A1456

ABS1791

Impact of educational intervention on hygiene-knowledge and practices of sanitation workers globally: A systematic review

Alive Ntunja[1], Wilma ten Ham-Baloyi[2], June Teare[3], Oyedele Opeoluwa[4]
[1]Environmental Health, Nelson Mandela University, Port Elizabeth, South Africa, [2]Nursing Science, Nelson Mandela University, Port Elizabeth, South Africa, [3]Environment and Health Research, South African Medical Research Council, Johannesburg, South Africa, [4]Computing, Mathematical and Statistical Science, School of Science, University of Namibia, Windhoek, Namibia

BACKGROUND
Sanitation workers are also known as “garbage workers” who play a significant role in the sanitation chain. For many generations sanitation workers’ level of knowledge regarding hygiene practices has remained low due to a lack of educational programmes on hygiene. As a result, they are widely exposed to hygiene-related diseases such as cholera, skin infections and various other diseases, increasing their risk of mortality to 40%. This review aims to explore the global impact of educational programs on the hygiene knowledge and practices of sanitation workers.
METHODS
The systematic literature search was conducted for studies published between 2013 and 2023 using the following databases: MEDLINE (via EBSCOHost), PubMed, and Google Scholar to identify quantitative studies on the subject. Study quality was assessed using the Joanna Briggs Institute Critical Evaluation Instruments. Data extracted from the included articles was presented using a summary of findings table and presented graphically through charts and tables, employing both descriptive and inferential statistical methods. The PRISMA flow diagram was used to present the article selection process.
RESULTS
The systematic review included 15 eligible studies from a total of 2777 articles. At least 60% (n=9) of the reviewed studies found educational programmes relating to hygiene to have a positive impact on sanitation workers’ hygiene knowledge and practices. However, most (n=7) studies indicated that the efficacy of programmes on hygiene knowledge and practices is indirectly influenced by educational background, age and work experience (predictor factors).
CONCLUSIONS
Educational programmes regarding hygiene have the potential to significantly improve sanitation workers’ knowledge and practices. Findings also suggest the implementation of active and intensive intervention programmes to improve sanitation workers’ hygiene knowledge and practices.
Popul. Med. 2026;8(Supplement 1):A1457

ABS1919

Impact of Different Recovery Strategies on Perceived Fatigue and Recovery Experience

Ivi Vaher[1], Anette Laureen Linnuste[1], Iris Nurmsoo[1], Kirkke Reisberg[1], Aleksandra Vähi[1], Marit Salus[1]
[1]Physiotherapy and Environmental Health, Tartu Applied Health Sciences University, Tartu, Estonia

BACKGROUND
Lower limb fatigue impairs performance and delays recovery in high-demand sports. Athletes require rapid recovery, as insufficient rest increases the risk of overuse injuries and muscle stiffness1,2. Manual massage is widely used but requires skilled personnel and time, prompting interest in device-based methods such as massage chairs. Mechanical devices may offer advantages including accessibility, cost-effectiveness, personalization, and unrestricted time use3,4, yet evidence comparing manual and device-based recovery modalities remains limited. This study aimed to evaluate the effects of fatigue-inducing exercise and three recovery strategies—hand massage, massage chair, and passive lying—on perceived fatigue and recovery experience.
METHODS
A randomized within-subject design was used. Ten female premier-league football players (mean age 21.4 ± 2.7 years; VOmax 48.7 ± 6.7 mL·kg·min) completed a standardized fatigue protocol followed by three recovery interventions in counterbalanced order: hand massage, massage chair, and passive rest. A minimum of 48 hours separated sessions. Each intervention lasted 15 minutes. Perceived fatigue was measured post-exercise, post-intervention, and at 24 hours using a visual analog scale. Recovery effectiveness and pleasantness were rated on a 5-point Likert scale.
RESULTS
Fatigue significantly increased in all muscle groups post-exercise ($p \leq 0.012$). Following interventions, fatigue decreased most after hand massage, with massage chair producing moderate reduction; passive rest was least effective. At 24 hours, fatigue remained above baseline in all conditions ($p \leq 0.017$), though massage chair yielded lower fatigue, suggesting sustained benefit. Hand massage received the highest ratings for perceived effectiveness and pleasantness and showed the greatest likelihood of reuse.
CONCLUSIONS
Hand massage provides the strongest immediate reduction in perceived fatigue, while massage chair demonstrates more prolonged recovery benefits over 24 hours. Massage chairs may therefore serve as an accessible alternative to manual techniques when resources or trained personnel are limited.
Popul. Med. 2026;8(Supplement 1):A1464

ABS2133

An Integrated School-to-Community Model for Adolescent Substance Use Prevention and Health Risk Reduction in India

KAUSHIK BISWAS[1], S Dasgupta[1]
[1]Programme, Plan International (India Chapter), Delhi, India

BACKGROUND
Adolescent substance use is an emerging public health concern in India and a critical upstream determinant of poor mental health, unsafe sexual practices, and increased vulnerability to HIV and other sexually transmitted infections. Early initiation of tobacco and alcohol weakens decision-making, increases peer-driven risk behaviours, and reduces engagement with preventive health services. Plan India is implementing a comprehensive, community-based adolescent substance use prevention and wellbeing initiative implemented across schools and villages in the block. The programme integrates life-skills and refusal-skills education, peer-led engagement, mental health screening, family and community mobilization, and strengthened referral pathways to adolescent-friendly health and counselling services, positioning substance use prevention as a core component of adolescent health and HIV risk reduction.
METHODS
Implementation is monitored through a robust results framework capturing behavioral, psychosocial, community norm, and systems-level indicators. Mixed methods-; including pre–post adolescent surveys,, service utilization tracking, vendor surveillance, and institutional process monitoring; are used to assess reach, quality, and outcomes. Outcomes: Ujjwal Dadri aims to delay initiation of substance use, reduce current tobacco and alcohol consumption, strengthen refusal skills and help-seeking behavior among adolescents, shift community norms, and institutionalize sustainable prevention and referral systems within schools, communities, and local governance structures. A paired-sample t-test was conducted to assess changes in knowledge following the training intervention. Results showed a significant increase in mean scores from pre-test ($M = 7.50$, $SD = 2.27$) to post-test ($M = 9.50$, $SD = 1.43$). This improvement was statistically significant ($p = 0.003$), with a large effect size indicating effectiveness of the training.
CONCLUSIONS
The Ujjwal Dadri model demonstrates a scalable, systems-oriented approach to adolescent substance use prevention that integrates behavioural change, community ownership, and service responsiveness in high-risk settings.
Popul. Med. 2026;8(Supplement 1):A1470

ABS2179

Study on existing health promotion, education and training needs in 10 SEAR countries in 2025

Supa Pengpid[1]
[1]Health Education and Behavioural Sciences, Faculty of Public Health, Mahidol University, Puthamonthon, Thailand

ABSTRACT
Abstract Health promotion is a critical yet underdeveloped discipline in many

countries of South-East Asia Region (SEAR), where structured training pathways and competency-based education remain limited. Although global and regional frameworks such as the Bangkok Charter for Health Promotion and the Geneva Charter for Well-being emphasize capacity building, leadership, and multisectoral action, systematic information on existing health promotion services, education, and workforce training needs across SEAR countries has been lacking. This study aimed to assess the current health promotion system, education, and training needs across ten SEAR countries. A mixed-methods, multi-country study was conducted between 2024 and 2025, comprising three components: a health promotion situation analysis and capacity mapping; an assessment of existing health promotion curricula across medical schools, health promotion departments, nursing schools, and teacher training institutions; and (3) a regional training needs assessment. Data were collected through document reviews, qualitative interviews, focus group discussions, and quantitative surveys involving key informants from ministries of health, other government sectors and academia. Standardized tools were adapted from WHO frameworks, the Ottawa Charter action areas, and the Galway Consensus competencies. Quantitative data were analyzed using descriptive statistics, while qualitative data underwent thematic analysis. The study captured perspectives from a diverse and experienced cohort of health promotion practitioners, educators, and decision-makers across the region. Findings provide a comprehensive overview of existing capacities, gaps in education and training, workforce challenges, and priority areas for strengthening health promotion systems. The results are expected to inform regional and national strategies, support competency-based curriculum development, and guide future investments in health promotion workforce development across SEAR countries. The results of this study will be formally presented, and an electronic book (e-book) version of the full report will be disseminated to participants upon request.

Popul. Med. 2026;8(Supplement 1):A1471

ABS2290

From Risk Communication to Testing Uptake: Mapping Barriers and Facilitators to HCV Testing Among Key Populations

Nyeleti Chauke[1], Tivani Mashamba-Thompson[1], Evans Duah[1], Smangaliso Morerwa[1], Kuhlula Maluleke[1]

[1]School of Health Systems & Public Health, University of Pretoria, Centre for Development and Implementation of Point-of-Care Diagnostics (CPOC-Dx), Pretoria, South Africa

INTRODUCTION

Hepatitis C virus (HCV) continues to pose a significant global health challenge, disproportionately affecting key populations due to higher exposure risks and social vulnerabilities. Despite advancements in treatment, testing, and diagnosis, these remain suboptimal, largely due to various barriers. This scoping review systematically mapped barriers and facilitators influencing risk communication and HCV testing among key populations to guide intervention strategies with potential global impact.

METHODS

The review followed Arksey and O'Malley's methodological framework, as enhanced by Levac et al., and was reported using the PRISMA-ScR checklist. A comprehensive search strategy was applied to multiple databases and grey literature, with data screening and extraction conducted independently by two reviewers.

RESULTS

Thematic analysis revealed five major themes: knowledge and misconceptions about HCV, stigma and discrimination, accessibility of testing services, communication strategies and peer-led interventions, and integration of HCV testing with other health and community services. Key facilitators included targeted educational campaigns, peer-led approaches, culturally sensitive and confidential services, mobile testing, and integration with trusted platforms such as HIV clinics and opioid treatment programmes.

CONCLUSIONS

These findings underscore the importance of decentralised, integrated, and stigma-free services to strengthen global HCV testing and diagnosis efforts. Addressing persistent gaps in communication, stigma reduction, and sustainable service delivery is vital for achieving the WHO Global Health Sector Strategy on viral hepatitis (2022–2030) and advancing Sustainable Development Goal 3 on health and well-being. Ultimately, improving HCV testing uptake among key populations contributes to reducing health inequities and improving global public health outcomes.

Popul. Med. 2026;8(Supplement 1):A1475

ABS2320

The Practicality of conducting multi- domain disorders screening in preschools from low income communities in South Africa: A cross-sectional observational study

Vuyelwa Zandile Peter[1], Mershen Pillay[2], Yougan Saman[3]

[1]Audiology, University of KwaZulu-Natal, Durban, South Africa, [2]Speech-Language Pathology, University of Massey, Auckland, New Zealand, [3]Institute of Neurology, University College London (UCL),, London, United Kingdom

BACKGROUND

The lack of ongoing developmental surveillance in Africa hampers early detection of multidomain disorders related to vision, speech, language, and hearing impairments [1-2]. Early Childhood Development Centres (ECDC) could serve as community-based platforms for screening; however, practical implementation evidence in resource-limited settings remains scarce and warrants systematic investigation [3-4]. Setting: In Africa, multidomain developmental screening at ECDC is uncommon.

AIM

This study examines the practical considerations influencing the implementation of a multi-domain developmental screening program within low-resource ECDCs in South Africa, based on cross-sectional observational data collected during screening.

METHODS

A quantitative, descriptive, observational study was conducted across 30 public ECDCs in low-income areas of Durban, South Africa, including Phoenix, Inanda, Ntuzuma, and KwaMashu. Using proportional geographical sampling to identify ECDC for inclusion, census testing screened 731 children, and data on logistics, environmental factors, and screening outcomes were collected using a self-developed observational tool.

RESULTS

While screening uptake was high, environmental and logistical challenges especially in rural sites posed barriers. Median screening times were efficient; however, high noise levels affected the accuracy of communication assessments. Findings support utilizing low-cost, portable tools combined with environmental modifications are necessary to improve early detection and equitable access to interventions.

CONCLUSIONS

Multidomain screening is feasible in low-resource ECDCs. Sustainable implementation requires innovative service delivery models that address logistical, environmental, financial, and referral pathway challenges. Careful planning and adaptation are essential to scale screening within existing health and education systems. Contribution: Effective, scalable screening in resource-poor contexts depends on meticulous logistical planning and contextual adaptations, informing integration into public health and educational frameworks.

Popul. Med. 2026;8(Supplement 1):A1476

ABS2327

Taxation of sugar-sweetened beverages: Perspectives of adults and nursing practitioners in Makhanda, Eastern Cape, South Africa

Nelene Koen[1], Lanine Herman[1]

[1]Division of Human Nutrition, Department of Global Health, Stellenbosch University, Cape Town, South Africa

BACKGROUND

High sugar-sweetened beverage (SSB) consumption has been linked to the rising prevalence of obesity and non-communicable diseases (NCDs) in South Africa. In April 2018, the country introduced a SSB tax—known as the Health Promotion Levy (HPL)—as a fiscal measure to reduce excessive sugar consumption. National data reported changes in reformulation. Yet, evidence on community-level awareness and perceptions, particularly in low-socioeconomic settings, remains limited. This study aimed to explore both the public and professional understanding of the SSB tax in a rural South African context, i.e. Makhanda, Eastern Cape, South Africa.

METHODS

The research employed a multi-method, cross-sectional design. Quantitative data were collected from adults (n = 275) at seven PHC facilities through an interviewer-administered questionnaire. Qualitative data were obtained from semi-structured interviews with nursing practitioners (n = 10) employed at the same facilities. Data were analysed using descriptive statistics and thematic analysis, then integrated for interpretation.

RESULTS

Most adults (96%) were unaware of the SSB tax, while 97.8% reported no change in consumption since its introduction. Although nursing practitioners displayed limited awareness of the tax's rationale and timing, they supported taxation as a public health strategy. Both groups identified affordability, entrenched consumption habits, and insufficient health education as key barriers to the SSB

tax's effectiveness.
CONCLUSIONS
Perspectives from adults and nursing practitioners in Makhanda highlight that the SSB tax, in its current form, has limited perceived impact. Complementary strategies—including stronger community education, awareness campaigns, and policy enforcement—are necessary to enhance its effectiveness.
Popul. Med. 2026;8(Supplement 1):A1477

ABS2352
Towards systematic assessment of health governance: a framework-based assessment of the South African National Health Insurance (NHI) Governance Structure
Timothy Tucker[1,2], Geetesh Solanki[1], Mina Haji[1], Reno Morar[3], Susan Cleary[1]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]SEAD Consulting, Cape Town, South Africa, [3]Nelson Mandela UNiversity, Gqeberha, South Africa
BACKGROUND
Governance is an important but under-assessed determinant of health system performance, particularly in low- and middle-income countries (LMICs). While existing literature speaks to the impact of the 'micro-practices' of governance, there is limited literature examining governance implications of 'macro-practices'. We aimed to develop and demonstrate the value of systematically evaluating governance implications of health sector legislation, using South Africa's National Health Insurance (NHI) Act as a case study.
METHODS
A bespoke governance assessment framework was developed using a combination of South Africa's King IV Report on Corporate Governance; and the Organisation for Economic Co-operation and Development Guidelines on the Governance of State-Owned Enterprises. Four pillars of governance were defined: leadership and composition; accountability and oversight; (3) transparency and public engagement; and integrity and risk management. The governance design of the NHI Act (2023) structures was assessed using a qualitative framework analysis.
RESULTS
Application of the framework to the NHI Act highlights an over-concentration of authority in the Minister of Health, who is able to determine, or overtly influence all key appointments to senior NHI positions, creating structural risks for political interference and a reduction in operational autonomy. The analysis also demonstrates the lack of parliamentary oversight and an absence of independent citizen redress mechanisms. These results indicate risks to health system performance.
CONCLUSIONS
This study illustrates how governance assessment frameworks can be applied to understand the implications of the 'macro-practices' of governance. This case study demonstrates deviations in the NHI Act from governance norms, with resultant over-centralisation of authority in NHI governance structures creating risks for political interference, weakened operational autonomy and compromised independence of dispute resolution. The study highlights the importance of developing a consensus international framework for ex-ante analysis which provides a replicable methodology for governance assessment, offering a tool for LMICs legislating reforms.
Popul. Med. 2026;8(Supplement 1):A1478

ABS2402
Evaluation of the operationalization of health promotion in primary health care
Izaltina Adão[1], Claudia Flemming Colussi[1], Dais Gonçalves Rocha[2]
[1]Department of Public Health, Federal University of Santa Catarina, Santa Catarina/Florianópolis, Brazil, [2]Department of Public Health/Faculty of Health Sciences, University of Brasília, Federal District, Brasília, Brazil
INTRODUCTION
Health Promotion, although strategic within Primary Health Care (PHC) of Brazil's Unified Health System (SUS) for addressing social determinants, faces operational and evaluative challenges1-4. Thus, this study aimed to assess the operationalization of Health Promotion in Primary Health Care of SUS.
METHODS
This is a mixed-methods evaluative study with an implementation analysis across different contexts5, conducted from 2023 to 2025 in two stages: an evaluability study6, including document analysis, literature review, theoretical-logical modeling, and the development and validation of an evaluative matrix; and a multiple case study in three PHC Units in a municipality in southern Brazil, selected according to the Brazilian Deprivation Index. Data collection included questionnaires and semi-structured interviews with professionals and managers. Quantitative data were analyzed using descriptive statistics, and qualitative data were analyzed through Content Analysis7, supported by ATLAS.ti® software.
RESULTS
The evaluative model comprised four dimensions, 17 subdimensions, 45 indicators, and 84 measures, with classification of the degree of operationalization ranging from incipient to advanced. Its application revealed weaknesses in Health Promotion, particularly in intersectoral action, the rational use of medicines, physical activity practices, and the addressing of tobacco, alcohol, and other drug use, in addition to structural limitations. Interviews revealed a restricted conception of Health Promotion, often associated with prevention, as well as barriers such as low institutionalization, inequalities in access, and a focus on spontaneous demand. Notably, the unit located in a high-deprivation area showed better performance, indicating that work organization, team articulation, and participatory strategies were more determinant than resource availability.
CONCLUSIONS
Health Promotion actions in PHC show an intermediate level of operationalization and rely largely on individual initiatives, compromising their sustainability. The evaluative model demonstrated robustness and applicability, with potential to strengthen planning, monitoring, and evaluation of practices, contributing to the reduction of vulnerabilities and the promotion of health equity.
Popul. Med. 2026;8(Supplement 1):A1480

ABS2413
Occupational health and wellness training for healthcare workers
Antonella Ruffatto[1], Nicola Cogo[1], Barbara Ruzzante[2], Scilla Rizzardi[2], Raffaele Carmine Napolitano[3], Maria Rachela Scampoli[4], Valentina Didone"[5], Antonio Madia[6], Barbara Meneghello[7], Maria Teresa Simioni[8], Emanuela Zilli[1]
[1]Medical Board of Directors, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [2]Physical Medicine and Rehabilitation, ULSS 6 Euganea, Hospital of Cittadella, Padua, Italy, [3]Occupational Medicine Medical Director, ULSS 6 Euganea, Padua, Italy, [4]Community Family Health Service, ULSS6 Euganea, Padua, Italy, [5]Health Profession Service, ULSS 6 Euganea, Hospital of Cittadella, Padua, Italy, [6]Sports and Exercise Medicine Unity, University of Messina, Messina, Italy, [7]Mental Health Department, Hospital of Cittadella, Padua, Italy, [8]Stakeholder "Altre Parole", Cittadella, Italy
INTRODUCTION
Physical illnesses and mental/relational disorders are main causes of impairment of working capacity. It is our mission, to reduce these conditions among our healthcare workers.
METHODS
We proposed a training program to achieve improved working capacity by acquiring interpersonal skills and promoting conscious adherence to health prevention programs. During 2025, at the hospital of cittadella (padua, italy - 1186 employees) we provided 6 training interventions (frontal lessons and practical activities managed by expert trainers): 1. Progressive muscle relaxation, aimed at healthcare workers of pneumology, intensive care unit, and emergency medical services; 20 participants joined 10 meetings; event recurred 4 times/y; 2. Balint groups, aimed at healthcare workers of general medicine, psychiatry, intensive care unit, and emergency medical services; 12 participants, 10 meetings, 6 times/y; 3. Empathic communication, aimed at human resource managers and public relation officers; 20 participants, 5 meetings, 3 times/y; 4. Mindfulness relaxation (gaia protocol, pisa university, italy), aimed at all workers; 15 participants, 10 meetings, 4 times/y. 5. Health promotion, aimed at all workers; 50 participants, 4 meetings, 2 times/y; 6. Prevention by nutrition (mediterranean diet), aimed at all workers; 20 participants, 4 meetings, 2 times/y.
RESULTS
We achieved broad participation: 258 trained; 192 F; 76 M; mean age 48 y; mean seniority 17 y. The overall effectiveness indicator considered is percentage of participants who have successfully completed the events they choosed and registered for (94%). There was significant correlation between joining events focused on communication and relational skills by males (p 0,0214 – OR 1,74) and seniority < 15y (p 0,0032 – OR 1,94). Subjects aged >45y preferred topics related to health promotion (p 0,0072 – or 1,88).
CONCLUSIONS
Corporate training investment in communication and relational skills is desired, sustainable and effective in enhancing work performance.
Popul. Med. 2026;8(Supplement 1):A1482

ABS2446
Drivers of inequality in physical activity participation: the role of automatic and conscious self-regulation processes, physical environment, across populations with lower and higher

socioeconomic status

Dominika Wietrzykowska[1], Hanna Zaleśkiewicz[1], Natalia Paduszyńska[1], Anna Kornafel[1], Aleksandra Łuszczyńska[1]
[1]SWPS University, Warszawa, Poland

INTRODUCTION
The study investigates how automatic regulatory processes (habit, referring to the behaviour automaticity), conscious processes (self-regulation, encompassing self-monitoring, awareness of standards, and regulatory effort), and physical environment (perceived physical activity-supporting environment in the neighbourhood, perceived physical activity-supporting environment at home, perceived sedentary behaviour-supporting environment at home) operate together in explaining moderate-to-vigorous physical activity (MVPA). It is also examined whether these associations are moderated by socioeconomic status (SES, a combined indicator of income and education).
METHODS
Participants (N = 738; M age = 40.14, SD = 17.85, 64.4% women) provided data three times, spanning two weeks between Time 1 (T1) and Time 2 (T2), and eight months between T2 and Time 3 (T3). MVPA time was assessed using ActiGraph GT3X-BT accelerometers. Moderated mediation models were fit.
RESULTS
High availability of MVPA-supporting physical environment facilities in the neighbourhood (T2) was associated with more minutes spent on MVPA (T3), but only among participants with high SES. Conversely, high availability of sedentary behaviour-supporting environment at home (T2) was associated with less MVPA (T3), but only within the subsample with low-to-medium SES. Direct and indirect effects of conscious and automatic regulatory processes were not moderated by SES.
CONCLUSIONS
The findings suggest that SES may moderate the effect of environment perceptions on MVPA, highlighting potential drivers of inequalities in MVPA participation. Physical activity promotion actions may need to address different environmental changes, depending on the economic status and education of the target groups.
Popul. Med. 2026;8(Supplement 1):A1484

ABS2469

Assessing the inclusion of people with disabilities in the health system in Ethiopia.

Desta Debalkie Atnafu[1], Femke Bannink Mbazzi[1], Jane Jane[1], Abdmagidu Menya[1], Mezgebu Yitayal[1], Hannah Kuper[1]
[1]Department of Population Health, London School Of Hygiene & Tropical Medicine, London, United Kingdom

BACKGROUND
Over 1.3 billion people globally live with disabilities and experience substantial health disadvantages. Yet evidence on how health systems in low-income countries respond to their needs remains limited. This study aimed to assess disability inclusion within Ethiopia's health system.
METHODS
We applied a mixed-methods approach. A systematic review assessed life expectancy differences between people with and without disabilities in low- and middle-income countries. Quantitative analysis of nationally representative Ethiopian Socio-Economic Panel Survey data examined inequalities in health status, healthcare utilisation, and expenditure by disability status. Qualitative in-depth interviews with 30 adults with disabilities in Ethiopia explored their healthcare access experiences. An audit evaluated compliance of primary healthcare facilities with disability accessibility standards in Bahir Dar, Ethiopia. Finally, a policy content analysis using the Equi-Frame tool assessed the integration of disability rights within national health policy documents.
RESULTS
The systematic review found substantially lower life expectancy among people with disabilities (58 years) compared with those without (71 years). Ethiopian national survey data showed that people with disabilities were more likely to report illness (AOR = 2.91; 95% CI: 1.56–5.43) and incurred much higher healthcare costs (US$134 vs. US$38; p = 0.04). Yet, these greater needs were not matched by increased healthcare utilisation. Qualitative findings identified intersecting barriers to care, including inaccessible infrastructure, negative provider attitudes, unaffordable services, and limited rehabilitation services. Facility audits confirmed poor accessibility (median score = 35%), particularly for rural facilities. Policy analysis revealed fragmented disability integration, and critical gaps in references to financing, information systems, and fundamental human rights within the policies.
CONCLUSIONS
Persons with disabilities remain systematically excluded from Ethiopia's health system. Addressing these gaps requires coordinated, rights-based reforms grounded in lived experience and implemented through a twin-track approach to ensure health equity and that no one is left behind.
Popul. Med. 2026;8(Supplement 1):A1485

ABS2667

The impact of hospital structure and process measures on quality of care in intensive care units in Namibian Hospitals: a questionnaire survey

Edith Shiwovanhu Hamukwaya[1], Siedine K. Coetzee[2], Hans Justus Amukugo[1]
[1]Department of Medical Sciences, University of Namibia, Windhoek, Namibia, [2]School of Nursing Science, North-West University, Potchefstroom, South Africa

BACKGROUND
Providing quality care is a fundamental principle of healthcare delivery globally. Although substantial research has examined the relationship between hospital structure and process measures and the quality of healthcare, evidence from intensive care unit (ICU) settings remains limited. This study examined the impact of hospital structure and process measures on the quality of healthcare services in ICUs of Namibian hospitals.
METHODS
A cross-sectional survey was conducted in six hospitals, comprising 11 (n=11) ICUs from both the public and private sectors. A total sampling method of all categories of nurses (n=110) was used, with a survey response rate of 73%. Descriptive and inferential statistics were derived using ANOVA-type hierarchical linear modelling.
RESULTS
Most ICUs were general units (n=5; 45.5%), with a mean unit size of nine beds and high occupancy rates (88%). The nursing workforce was predominantly composed of bachelor's-prepared registered nurses (n=87; 81.3%), most of whom had three or more years of clinical experience (n=39; 37.9%). The nurses rated the overall patient safety and quality of care as good (M=2.8, SD=1.2). However, they reported moderate occurrences of adverse events. It was found that process measures seemed to have more and larger effects than structure measures, specifically the practice environment and the subscales of nurse participation in hospital affairs, nurse foundations of quality of care, nurse manager ability, leadership and support for nurses, and collegial nurse-physician relations. Regarding the hospital structure unit type, unit size, bed occupancy and nurse-patient ratios had effects on the quality of care.
CONCLUSIONS
To improve the quality of care in the ICU, greater emphasis is needed on hospital process measures, particularly the practice environment. In addition, ICU quality improvement should prioritise structural factors, including unit type, unit size, bed occupancy, and nurse–patient ratios.
Popul. Med. 2026;8(Supplement 1):A1492

ABS2673

Association between selected nurse outcomes and the quality of care in Intensive Care Units in Namibia: A Cross-Sectional Study

Edith Shiwovanhu Hamukwaya[1], Siedine K. Coetzee[2], Hans Justus Amukugo[1]
[1]Department of Medical Sciences, University of Namibia, Windhoek, Namibia, [2]School of Nursing Science, North-West University, Potchefstroom, South Africa

BACKGROUND
Nurse outcomes such as burnout, job and career satisfaction, and turnover intention are theorised to affect healthcare quality, yet empirical evidence from intensive care unit (ICU) settings, particularly in Namibia, remains limited. This study examined the impact of these nurse outcomes on nurse-perceived quality of healthcare in Namibian ICUs.
METHODS
A cross-sectional quantitative study surveyed 110 ICU nurses across 11 units in six Namibian hospitals (eight public, three private) between December 2023 and April 2024, achieving a 73% response rate. Descriptive statistics summarised respondents' characteristics, and ANOVA-type hierarchical linear modelling examined associations between nurse outcomes and perceived healthcare quality.
RESULTS
Most respondents were registered nurses (81.3%, n=87) working in general ICUs within public hospitals. Although high levels of burnout were reported, the majority expressed satisfaction with their jobs (87%; n=94) and careers (92.7%; n=101). Burnout and job dissatisfaction were significantly associated with lower confidence in managerial support, higher incidences of healthcare-associated infections, and increased complaints and verbal abuse from patients and their families. By contrast, career satisfaction was linked to higher overall patient safety ratings, while intention to leave the profession showed no significant association

with perceived quality of care. These findings highlight the critical role of nurse well-being in ensuring safe and effective healthcare delivery.
CONCLUSIONS
Burnout as well as job and career dissatisfaction are associated with negative perceptions of quality of care. Organisational strategies aimed at reducing burnout and improving job and career satisfaction are essential to support a stable and effective ICU workforce.
Popul. Med. 2026;8(Supplement 1):A1493

ABS2685

Codesigning a culturally responsive trauma informed health promotion framework: improving healthcare equity, inclusion and access for Indigenous peoples

Kimberley A Jones[1], Michelle Kennedy[2], Paul Gray[3], Jamie Bryant[2], Isabella Freijah[1], Alana Storey[4], Michelle Stankovic[4], Trish Ratajczak[5], Melissa O'Donnell[6], Jacynta Krakouer[6], Simone Sherriff[7], Sally Brinkman[6], Zoe Bradfield[8], Rhonda Marriott[5], Ee Pin Chang[1], Catherine Chamberlain[1]
[1]Indigenous Health Equity Unit, Onemda: Aboriginal and Torres Strait Islander Health and Wellbeing, University of Melbourne, Melbourne, Australia, [2]University of Newcastle, Callaghan, Australia, [3]University of Technology Sydney, Sydney, Australia, [4]Gippsland Regional Public Health Unit, Latrobe Regional Health, Traralgon, Australia, [5]Murdoch University, Perth, Australia, [6]University of South Australia, Adelaide, Australia, [7]University of Sydney, Sydney, Australia, [8]Curtin University, Perth, Australia

INTRODUCTION
Colonisation and its associated violence and oppression of Indigenous peoples has created cycles of intergenerational trauma and systemic health inequities. Health promotion can help restore social and emotional wellbeing, and reduce health disparities, by creating environments that empower communities to lead healthy lives. While culturally responsive strategies have been developed, the influence of trauma on engagement with health promotion initiatives remains under-explored. We aimed to develop a framework that supports practitioners in creating culturally responsive, trauma-aware, healing-informed health promotion programs to improve accessibility and close gaps in health disparities.
METHODS
Our Indigenous-led project had two components. First, a narrative review examined frameworks at the intersection of social and emotional wellbeing, trauma and health promotion for Indigenous peoples. Literature was identified through a non-systematic snowballing search of peer-reviewed and grey sources, with prioritisation of evidence most relevant to project aims. Frameworks were analysed for thematic commonalities and synthesised into a pilot framework. This was refined through iterative consensus-building with project investigators and piloted by mapping against existing health promotion programs. Second, a co-design workshop with Indigenous and non-Indigenous health promotion experts identified what healing-informed practice looks like and which principles should underpin a framework. Findings were triangulated to produce the final framework.
RESULTS
A clear consensus emerged on guiding principles: community governance and partnership; empowerment; culture; holistic wellbeing; connectedness and relational approaches; cultural and emotional safety; and transparency and accountability.
CONCLUSIONS
This project provides a critical step toward a more inclusive and accessible approach to health promotion. The framework acknowledges the impacts of colonisation while strengthening individual, family and community capacity. It emphasises safety, recovery and community-led healing, while avoiding re-traumatisation, rejecting pathologization of behaviours and addressing structural barriers to behaviour change. It has the potential to support more inclusive health promotion policy and practice globally.
Popul. Med. 2026;8(Supplement 1):A1494

ABS2798

Applying a community change process to achieve sustainable community health change

Luke Profitt[1,2], Sentebeleng Seitshiro[2], Klaus Von Pressentin[2], Kaneez Sayed[2]
[1]Health and Wellness, Western Cape Government, Vredenburg, South Africa, [2]Family, Community and Emergency care, University of Cape Town, Cape Town, South Africa

BACKGROUND
Healthy Futures South Africa (HFSA) is a University of Cape Town (UCT) programme within the Mastercard Foundation's higher education Africa Health Collaborative. HFSA is guided by the Community-oriented primary care (COPC) framework to effect change and uplift communities, focusing on youth, health and employment. The Saldanha Bay HFSA site is using established Community Change Processes (CCP) to create sustainable change and move the health system from reactive to proactive stance. CCP is a COPC and development tool that is represented as a cycle with the elements of Relationship Building, Concern Identification, Concern Exploration, Decision making, Action, and Reflection and Review.
METHODS
The study uses a qualitative process evaluation to show progress. We invited key stakeholders to a local community hall, where people collaborated around tables to actively identify community assets and concerns using a consensus-building methodology. Subsequently, concerns were explored and the decision-making process facilitated. Community engagements were approached with an asset-based mindset as a meeting of equals.
RESULTS
Analysis focuses on the first steps of the cycle: from Relationship building to decision-making. Community engagement with stakeholders, non-government organisations (NGO), community members, and the local government enabled the facilitation and development of the community change process. Relationships were built with local government, NGOs, key community leaders, representatives of vulnerable groups, and youth. Identified concerns included substance abuse, family crises, unemployment, mental health, safety and crime. A small-group exercise explored and prioritized themes, mapping for decision making.
CONCLUSIONS
The findings demonstrate that the community change process cycle remains relevant for creating sustained change. Meaningful stakeholder engagement enabled community members to take ownership of identifying their concerns; as a result, we aim to work with the community in a joint decision-making process for sustainable, accountable implementation.
Popul. Med. 2026;8(Supplement 1):A1497

ABS2874

Participatory development and pilot implementation of self-care support groups for chagas disease in primary health care in brazil's unified health system

Valentina Carranza Weihmuller[1], Javier Augusto Abi-Saab Arrieche[1], Lucélia Pereira dos Santos Cardoso[1], Diego Franck dos Santos Souza[1], Thaís Alves Severo Tadeo[1], Sabrina de Oliveira Henriques[1], Andréia Alves Castilhano[1], Uanderson Gonçalves de Magalhães[1], Marize Conceição Ventin Lima[1], Gustavo Silva Salgado[1], Andréa Silvestre de Sousa[1], José Alexandre Menezes da Silva[1], Eliana Amorim de Souza[1], Debbie Vermeij[1], Danielle Portella Ferreira[1]
[1]CUIDA Chagas Project, Evandro Chagas National Institute of Infectious Diseases, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil

INTRODUCTION
Chagas disease (CD) is a neglected chronic condition in which stigma, fragmented care pathways, and limited psychosocial support can undermine quality of life and engagement with care. Primary health care (PHC) is a strategic setting to integrate clinical care with health promotion actions that strengthen autonomy, shared knowledge, and the right to health within public health systems.
METHODS
The CUIDA Chagas project,3 through a participatory approach, developed a practical guide to support the implementation of Selfcare Support Groups (SSG) for people living with CD. The guide offers a structured adaptable package, including key concepts, operational recommendations, a proposed cycle of 10 1.5-hour sessions, and tools for planning, monitoring, and evaluation. The methodology is organized around three pillars (clinical management, lifestyle, and socio-emotional aspects), supporting an integral health promotion framework.4
RESULTS
In 2024 and 2025, four SSG cycles were implemented in three Brazilian municipalities of the CUIDA Chagas implementation study. Eight facilitators were trained, all PHC nurses. Cycles achieved an average of eight participants per meeting, consisting of women living with CD, family members and others health workers. Reported strengths included local government and health management support, effective mobilization strategies for participants, increased self-confidence regarding selfcare in CD, and strengthened social bonds over time. A common challenge was participant's adherence and schedule compatibility. Facilitator engagement was crucial for session quality and continuity. Pilot experience informed refinements to facilitation, logistics, and session dynamics.
CONCLUSIONS
Developing and piloting this methodology supported the implementation of an innovative, scalable health promotion strategy for CD in PHC within Brazil's Unified Health System. As the first group-based comprehensive approach for people living with CD, its step-by-step structure and adaptability support replication across

diverse territories. Sustainability and scale-up depend on continued institutional support, expanded facilitator training, and mechanisms for local adaptation.
Popul. Med. 2026;8(Supplement 1):A1498

ABS3000
Integrating sexual and reproductive health services into existing tuberculosis care: a qualitative study

Sabrina Binta Salam[1], Fariha Haseen[2], Hridi Hedayet[2], Zubaida Nasreen[3]
[1]Community Medicine, Manikganj Medical College, Manikganj, Bangladesh, [2]Department of Public Health and Informatics, Bangladesh Medical University, Dhaka, Bangladesh, [3]Directorate General of Health Services, Ministry of Health and Family Welfare, Dhaka, Bangladesh

INTRODUCTION
patients with tuberculosis (TB) frequently encounter sexual and reproductive health (SRH) issues due to the disease itself and its associated medication, creating a double burden. In bangladesh, fragmented services across different tiers of the health system have resulted in unmet SRH needs among TB patients. This study aimed to explore the integration of SRH services into existing TB care to enhance comprehensive patient management and improve health outcomes.
METHODS
this qualitative study, guided by grounded theory, was conducted in dhaka city. Participants included adult TB patients from dots centres, health care providers (HCPs) from selected dots centres and hospitals, and stakeholders directly involved in TB-related policy making in bangladesh. Purposive sampling was applied to select study sites and participants. Data collection involved 14 in-depth interviews (IDIs) with TB patients and 15 key informant interviews (KIIs) with HCPs and stakeholders, supplemented by observation and informal discussions. Transcripts were analyzed manually using thematic analysis following braun and clarke.
RESULTS
five themes emerged through iterative coding: SRH service needs and utilization, psycho-social and cultural dynamics, knowledge, attitude and perception, barriers to access and affordability, and solutions towards TB-SRH integrated services. Challenges were identified at patient, community, service, and health system levels in accessing SRH services. Participants highlighted multiple opportunities for integration, emphasizing revised guidelines, trained hcps, and strengthened referral linkages as priority interventions.
CONCLUSIONS
triangulation of findings suggests that integrating SRH services into TB care through dots centres and mhealth platforms, tailored to socio-cultural contexts and cost-effectiveness, could significantly improve SRH outcomes among TB patients. The study underscores the need for policy-level commitment and capacity building to ensure sustainable TB-SRH integrated services in bangladesh.
Popul. Med. 2026;8(Supplement 1):A1501

ABS3059
Artificial Intelligence for Patient Safety: Strengthening Clinical Pharmacy Practice in Primary Health Care within Brazil's Unified Health System

Daniela Cristina Faccio[1], Ana Helena Ulbrich[1], Henrique Dias[1]
[1]Instituto de Inteligência Artificial na Saúde, NoHarm.ai - Instituto de Inteligência Artificial na Saúde, Porto Alegre, Rio Grande do Sul, Brazil

ABSTRACT
Context The Brazilian Unified Health System (SUS) Primary Health Care (PHC) faces socioeconomic and clinical resource gaps in the North and Northeast regions, potentially driving preventable adverse events. Implementing systematic medication reviews offers an opportunity to strengthen patient safety. The NOHARM- Intelligence for Patient Safety project was implemented across territories totaling 85000 km with a GDP of $5.6 billion,. For comparison, Austria has a similar area (83000 km) but a GDP of $520 billion,. These complex territories feature dispersed populations, predominantly rural areas, and restricted access to health services.
METHODS
This implementation evaluation study focused on 20 municipalities (16 operational during the analysis), prioritizing areas with high social vulnerability and physician density below 1 per 1000 inhabitants. The intervention utilizes the NOHARM platform integrated with Electronic Health Records, featuring an AI-based clinical pharmacy module for automated prescription review, drug interaction detection, and dosing alerts. Implementation included structured training for SUS managers, continuous technical support, and infrastructure adaptations to ensure long-term PHC capacity.
RESULTS
Between March and December 2025, 37000 patients had prescriptions reviewed by pharmacists triggered by NOHARM alerts (representing ~10% of total prescriptions). This resulted in over 8000 pharmaceutical interventions, with a 99% physician acceptance rate for prescriber-correctable recommendations. In one municipality, prescription verification capacity quadrupled. AI-supported clinical pharmacy reinforced patient safety, prevented medication errors, and qualified care for vulnerable populations.
CONCLUSIONS
AI implementation in PHC improved patient safety by structuring clinical pharmacy and mitigating risks. By reducing preventable errors, the model optimizes resource use and strengthens SUS sustainability. Implemented in highly vulnerable territories, NOHARM is a scalable and adaptable solution for PHC systems, promoting efficiency, equity, and quality in public health care.
Popul. Med. 2026;8(Supplement 1):A1502

ABS3176
Social inequalities and care experience in primary health care in complex urban contexts

Caroline Feitosa Dibai de Castro[1], Kélly Testa Santorio[1], Maria Clara Alves dos Santos[1], Myllena Victoria Zucolotto Scottá[1], Vitoria Pereira Santos[1], Cláudia Gomes Rossoni[1], Fabiola Fernandes Bersot Magalhães[2], Fabricia Maria Milanezi[1], Francine Alves Gratival Raposo[1], Glaucia Rebeca Barbosa Ramos Klein[1], Henriqueta Tereza do Sacramento[1], Lainerlani Simoura de Almeida[1], Leonardo Gomes da Silva[1], Mateus Nague de Souza[2], Thiago Antônio da Silva Fontoura[1]
[1]Medical Graduation, Higher School of Sciences of the Santa Casa de Misericórdia of Vitória - EMESCAM, Vitória, Brazil, [2]Postgraduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil

BACKGROUND
Primary Health Care (PHC) is internationally recognized as the cornerstone of universal health systems, playing a central role in promoting equity and care coordination. However, even in urban contexts with high human development, significant disparities persist in the experience of care, influenced by social determinants and the territorial organization of health services.
METHODS
This study aimed to analyze inequalities in the experience of care in PHC, considering health indicators, access, problem-solving capacity, and users' perceptions across different urban territories in the municipality of Vitória, Espírito Santo, Southeastern Brazil. This cross-sectional study was conducted in Vitória, a municipality characterized by a high Human Development Index and a territorialized PHC network. A total of 641 adult users (≥18 years) linked to eight health units were interviewed. Sociodemographic profile, health indicators, access to services, and perceived problem-solving capacity were assessed using structured questionnaires. Data were analyzed using IBM SPSS software, version 31.
RESULTS
The sample was predominantly female (68%) and low-income, with 42.6% earning up to two minimum wages. A marked gradient of territorial inequality was observed. More socially vulnerable regions showed higher prevalences of physical inactivity (58.1%) and obesity (35.8%). Statistically significant differences were found in perceived problem-solving capacity (p=0.000). Areas with higher educational levels and access to private health insurance reported problem-solving capacity above 67%, whereas more vulnerable territories presented the lowest levels (40.3%) and lower overall satisfaction. Community Health Workers were highly valued across all strata, emerging as key actors in trust-building and access facilitation.
CONCLUSIONS
It is concluded that the experience of care in PHC is strongly shaped by social determinants. Even in municipalities with high human development, strengthening universal health systems requires equity-oriented territorial strategies, asymmetric investments, and the recognition of community-based work in the organization and daily management of PHC.
Popul. Med. 2026;8(Supplement 1):A1505

ABS3178
Leveraging private sector pick-up points to strengthen public chronic medicine delivery in South Africa: Lessons from the central chronic medicines dispensing and distribution programme

Nishana Ramdas[1], Maggie Munsamy[1], Merlin Pillay[1]
[1]National Department of Health, Pretoria, South Africa

INTRODUCTION
Public health systems in low- and middle-income countries face increasing pressure from rising chronic disease burdens and constrained facility capacity.

South Africa's Central Chronic Medicines Dispensing and Distribution (CCMDD) programme incorporates private-sector pick-up points (PuPs) as a strategic mechanism to expand access to medicines while preserving public sector resources. This model represents one of the largest public-private health partnerships in the country.
METHODS
We conducted a descriptive analysis of national programme data from Quarter 3 2025/26, focusing specifically on the contracting and utilization of private-sector pick-up points. The review included an assessment of patient distribution across delivery channels, adherence to standardized service level agreements, and regulatory compliance records. Operational performance indicators were analyzed to evaluate the scale, geographic coverage, and integration of private partners into the public service delivery network.
RESULTS
By Quarter 3 2025/26, over 3.7 million patients were actively enrolled, with approximately 61% collecting medicines from external pick-up points, the vast majority of which are situated in the private sector. These partner facilities operate under nationally standardized contracts and Good Pharmacy Practice requirements, ensuring consistent quality of care across diverse provinces. This engagement has successfully expanded geographic reach into retail and community pharmacy networks, significantly reducing congestion at public facilities. However, the analysis identified challenges in contract management at scale and variable partner uptake in rural versus urban districts.
CONCLUSIONS
The programme demonstrates that structured private-sector engagement can play a critical role in strengthening public health service delivery without privatizing the cost to the patient. Embedding private pick-up points within a regulated, nationally coordinated model offers a scalable and replicable approach for improving chronic medicine access while maintaining public-sector oversight. These findings provide valuable governance lessons for countries seeking to leverage private capacity to support universal health coverage goals.
Popul. Med. 2026;8(Supplement 1):A1506

ABS3189
From Evidence to Policy: Rapid Evidence Syntheses as a Governance Instrument for Evidence-Informed National Clinical Guidelines in the Management of Sexually Transmitted Infections

Cláudia Gonçalves Siqueira[1], Italo Vinicius Albuquerque Diniz[1], Katherine Jeronimo Lima[1], Romina do Socorro Marques de Oliveira[1], Mayra Gonçalves Aragón[1], Pâmela Cristina Gaspar[1]
[1]Department of HIV/AIDS, Tuberculosis, Viral Hepatitis, and Sexually Transmitted Infections, Ministry of Health of Brazil, Brasília, Brazil

INTRODUCTION
The development of clinical guidelines takes place in a context of increasing complexity of scientific production and growing demand for timely decision-making within health systems. Evidence-Informed Policies (EIPs) aim to bridge evidence and decision-making processes, and rapid systematic reviews have emerged as strategic instruments to support decisions and the development of clinical guidelines based on the best available evidence.
METHODS
This is an experience report from the General Coordination of Surveillance of Sexually Transmitted Infections (CGIST/DATHI/SVSA/Ministry of Health of Brazil) on the institutionalization of EIPs within the process of developing and updating Clinical Protocols and Therapeutic Guidelines (PCDTs) in the Brazilian Unified Health System (SUS), in accordance with the national guideline development framework. A structured workflow for the production of rapid systematic reviews was implemented to respond to decision-making demands in a timely manner. The workflow includes scope definition and formulation of research questions, systematic searching, study selection and data extraction, methodological quality appraisal using validated tools, evidence synthesis, and knowledge translation into concise products to support deliberations by Technical Advisory Committees. Methodological decisions are explicitly documented, ensuring transparency and reproducibility.
RESULTS
Rapid systematic reviews became the main technical input for discussions and deliberations of Technical Advisory Committees in the processes of developing and revising PCDTs. Reviews were produced internally by CGIST and by partner centers, under technical coordination of the unit. Between 2024 and 2026, fourteen reviews were conducted, contributing to reduced response time to institutional demands, methodological standardization, and systematic incorporation of EIPs into decision-making processes.
CONCLUSIONS
This experience demonstrates that rapid evidence syntheses constitute a feasible, sustainable, and institutionally robust strategy for operationalizing Evidence-Informed Policies within public health systems. The adopted model strengthens evidence-use governance and enhances the development of national clinical guidelines, promoting more equitable, transparent, and needs-oriented decision-making within the SUS.
Popul. Med. 2026;8(Supplement 1):A1507

ABS3235
The work of community health workers in a pandemic context: narratives, care, and equity in primary health care

Gabriela De Brito Martins[1], Andre Dos Santos Pimentel[1,2], Ariane Silva Carvalho[1], Fabiola Fernandes Bersot Magalhães[1], Jeanine Pacheco Moreira Barbosa[1], Manuella Ribeiro Lira Riquieri Ribeiro Lira Riquieri[1], Marcos Vinícius Da Silva Cordeiro[1], Maria Angélica Carvalho Andrade[1], Rita De Cássia Duarte Lima[1], Stephania Mendes Demarchi[1]
[1]Ppgsc, Ufes, Vitória, Brazil, [2]Ppgeh, Ifes, Vitória, Brazil

ABSTRACT
This study analyzes the work activity of women community health workers (CHWs) in the municipality of Vitória, Espírito Santo, Brazil, in the context of the COVID-19 pandemic, based on a qualitative and intervention-oriented approach within the field of Collective Health. Grounded in the activity clinic and inspired by the concept of escrevivências (writing from lived experience), the research constructs narratives produced by the workers themselves as a strategy for analysis, self-care, and the expansion of their power to act. The study employed focus groups, interviews, participant observation, and letter writing, understood as ethical-political devices for producing meaning about work, life, and health care. The results highlight the dilemmas, overloads, and precarious working conditions intensified by the pandemic, as well as the intersections of being a woman, a worker, and a caregiver in territories marked by social inequalities. At the same time, practices of resistance, reinvention, and solidarity emerge that affirm life in the everyday work of health care. The study argues that the collective construction of narratives and escrevivências constitutes a powerful strategy for strengthening care, equity, and inclusion within Primary Health Care. By giving visibility to the voices and experiences of CHWs, the study contributes to the debate on health without borders, recognizing women's work in health as central to the sustainability of public systems and to the promotion of care practices committed to equity and social justice.
Popul. Med. 2026;8(Supplement 1):A1508

ABS3292
The influence of children on parental food purchases during supermarket shopping in Pretoria, South Africa: The perspectives of parents

Mnene Nkomo[1], Yolande Smit[1], Nelene Koen[1]
[1]Division of Human Nutrition, Department of Global Health, Stellenbosch University, Cape Town, South Africa

BACKGROUND
Children have a major influence on purchasing decisions by using pester power to request certain food items from their parents. This study aimed to determine parents' perspectives of the self-reported influence their children have on their food-purchasing behaviour during grocery shopping.
METHODS
A quantitative descriptive cross-sectional study was conducted. Parents of children between three to twelve years of age doing grocery shopping at selected supermarkets in Pretoria (N=400) were recruited using convenience sampling. Interviewer-administered questionnaires were used to collect data.
RESULTS
More than half (55%, n=221) of parents indicated that their children influenced their grocery shopping decisions. The majority of children used verbal requests (70.1%, n=281) and pointing (46.1%, n=185) to exert influence over their parent's purchases. They mostly influenced chocolate (69.6%, n=279), sweets (63.3%, n=274), ice cream (67.8%, n=272), potato chips (46.1%, n=185) and yoghurt (46.1%, n=185) purchases. More than one third of participants (38.5%, n=154) always wrote a grocery list before going shopping; however, they hardly stuck to these because of being tempted by special offers. More than one third (37.4%, n=150) of participants felt the store layout sometimes affected their shopping, while 32.3% (n=129) felt that the store layout did not affect their shopping. Some parents reported that their children (44.4%, n=178) always asked for food at the checkout lane, while others (44.1%, n=165) sometimes asked for food at the checkout lane. The majority of parents (61.5%, n=246) sometimes bought food items at the checkout lane.

CONCLUSIONS
Children often use pester power to influence their parents' purchasing decisions regarding food. To address this, parents should be empowered and supported to make healthier food choices during grocery shopping. In addition, regulation of food marketing to children is essential to mitigate the adverse effects of television advertising, food packaging, and in-store product placement.
Popul. Med. 2026;8(Supplement 1):A1512

ABS3322
The Influence of Patient Health Literacy on Lung Cancer Care Journeys in the Western Cape, South Africa

Aliyha Martin-Lewis[1], Patrick Redmond[2], Conor Murphy[2], Melinda Onverwacht[1,3], Ntobeko Nywagi[1,3], Jennifer Githaiga[1,3], Sarah Day[3]
[1]Division of Social and Behavioural Sciences, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Royal College of Surgeons Ireland, Dublin, Ireland, [3]Division of Public Health Medicine, School of Public Health, University of Cape Town, Cape Town, South Africa

BACKGROUND
Lung cancer is a leading cause of cancer deaths globally, especially in low- and middle-income countries like South Africa. Late diagnoses are common due to limited public awareness, poor healthcare access, socio-cultural barriers, and unequal healthcare infrastructure. This study explores how patients' health information and health literacy shape their cancer care health journeys in the Western Cape, South Africa.
METHODS
Using patient journey mapping and semi-structured interviews, lung cancer patients and their families and caregivers were recruited from a tertiary and secondary hospitals in the Western Cape, South Africa. Data from patient medical records was used to assess patient diagnosis and staging information. We recruited 50 patients and their families and/or caregivers. Data were analysed using thematic analysis.
RESULTS
The preliminary analysis of data suggests there is a considerable variation in participants' understanding of their health conditions, treatment plans, and care pathways. Differences in health literacy appeared to shape patients' sense of autonomy, agency, and participation in decision-making. Participants with limited understanding of health information often reported confusion, reliance on informal support networks, a reduced confidence in navigating the health system, and passive acceptance of the health care they received. Health worker communication practices, including the use of technical language and limited opportunities for clarification, strongly influenced patients' comprehension and engagement with care.
CONCLUSIONS
This study highlights the central role of health information and communication in shaping patient cancer care journeys in South Africa. Understanding how health literacy interacts with health system practices may inform interventions aimed at improving patient engagement, shared decision-making, and equity in health care delivery in resource-constrained settings.
Popul. Med. 2026;8(Supplement 1):A1513

ABS3413
Evaluation of the effect of the national oral health policy on the provision of dental prostheses in primary care in the state of Bahia, Brazil

Samilly Miranda[1], Inglide Silveira[1], Vinicius Mendes[1], Marcio Natividade[1], Bruna Dantas[1], Erika Aragão[1]
[1]Federal University of Bahia, Salvador, Brazil

BACKGROUND
The National Oral Health Policy (PNSB) enabled the incorporation of prosthetic rehabilitation into Primary Care through the implementation of the Regional Dental Prosthesis Laboratories (LRPD). This study aimed to evaluate the effect of the PNSB on the provision of dental prostheses in Primary Care in the state of Bahia, considering the different types of LRPD accreditation between 2008 and 2019.
METHODS
The study was conducted in two stages. First, a descriptive ecological study was carried out with an analysis of outpatient production of dental prostheses according to the quantity produced and the temporal evolution of municipalities with accredited LRPDs throughout the study period. In the second stage, the effect of the PNSB on the provision of dental prostheses was analyzed through a linear regression model.
RESULTS
The results showed greater production of maxillary and mandibular prostheses, both complete and partial, while the production of crown and temporary prostheses showed non-significant values. The time-trend analysis indicated an increase in the percentage of municipalities with accredited LRPDs between 2010 and 2011, followed by a reduction between 2012 and 2013. From 2014 onward, a new growth trend was observed, with 2019 being the year with the highest number of accreditations. An effect of the PNSB on prosthesis production was observed in municipalities in the state of Bahia with LRPDs accredited by the Ministry of Health (MS), with higher statistical significance, as well as in those accredited by both the MS and the Expansion Plan list. Conversely, a low-magnitude effect was observed in municipalities with accreditation exclusively through the Expansion Plan.
CONCLUSIONS
The PNSB contributed to the expansion of prosthetic rehabilitation services in Primary Care, especially through the accreditation of LRPDs based on MS ordinances.
Popul. Med. 2026;8(Supplement 1):A1515

ABS3422
Financial Accessibility to Quality Hospital Care: Experience with the Implementation of a Subsidised Flat-Rate Payment System at Isangi General Referral Hospital, Tshopo Province, Democratic Republic of Congo

Aloys Zongo[1], Roger Bisimwa Balyahamwabo[1], Alpha Ngandru Kiza[2]
[1]Enabel, Kisangani, Congo, Democratic Republic of the, [2]Tshopo Provincial Health Division, Kisangani, Congo, Democratic Republic of the

BACKGROUND
To address challenges related to the financial accessibility of quality hospital care, Enabel (Belgian developpement agency) supports the Tshopo Provincial Health Division in the implementation of a subsidised flat-rate payment system at Isangi General Referral Hospital (GRH), while ensuring the financial sustainability of the facility. This approach aims to reduce out-of-pocket payments for patients referred to hospital care, including provisions for indigent patients.
METHODS
A descriptive evaluative study was conducted at Isangi GRH from 1 October 2024 to 31 March 2025. The evaluation covered ten hospital services included in the subsidised flat-rate payment system. Only patients referred from primary health care centres to the GRH were eligible for the scheme. Three types of evaluation were carried out: (i) service volume assessment; (ii) technical quality assessment; and (iii) perceived quality of care assessment.
RESULTS
A total of 1076 services were delivered compared to 642 planned for the study period, corresponding to an achievement rate of 167%. Among indigent patients, only 2 services were provided out of 32 planned (6.2%). Technical quality verification assessed seven health system pillars using the DQI framework, resulting in a quality score of 60.2%. Community verification combined with patient satisfaction surveys improved from 67% at baseline to 72% six months after implementation. Staff satisfaction increased from 49% at baseline to 70.1%. The overall quality score, integrating the DQI, patient satisfaction, and the complementary flat-rate assessment tool, was 60.6%. From a financial perspective, USD 29913 were spent against a projected budget of USD 21272, corresponding to an execution rate of 140.6%.
CONCLUSIONS
The implementation of the subsidised flat-rate payment system was considered satisfactory in terms of service utilisation and quality improvement. However, several challenges were identified, particularly regarding coverage of indigent patients and financial forecasting, leading to recommendations to further strengthen and optimise the scheme.
Popul. Med. 2026;8(Supplement 1):A1516

ABS3531
contribution of human resource management interventions to health care worker performance in buyende district, uganda

Daniel achoda[1], Kalu Nwankwo Obasi[2], Chidinma Okoro Obiageri[3], Vera Usigbe[4], Patrick Shaibu Yila[5]
[1]Masaka school of comprehensive nursing Uganda, Masaka school of comprehensive nursing Uganda, Masaka, Uganda, [2]Clinicals, Heirs Energies, Rivers, Nigeria, [3]Orthopaedic, University of Calabar Teaching Hospital, Calabar, Nigeria, [4]Directorate of Health Services,, National Assembly, Abuja., Abuja, Nigeria, [5]Public Health, College of Nursing Sciences Gombe, Gombe State-Nigeria, Gombe, Nigeria

INTRODUCTION
human resource management (HRM) interventions are critical to improving health care worker (HCW) performance and strengthening health system effectiveness.–

however, gaps in the implementation of key HRM practices continue to affect service delivery in many district health systems. this study examined the contribution of HRM interventions, with specific focus on continuous capacity building and performance appraisal, to the performance of health care workers in buyende district.,–

METHODS

a cross-sectional research design employing both quantitative and qualitative approaches was adopted. data were collected from 80 randomly selected direct and indirect health care workers, achieving a response rate of 78.8%, as well as six key informants. primary data were collected using structured questionnaires and interview guides. data analysis involved descriptive statistics, correlation analysis, and regression analysis to establish relationships between HRM interventions and health worker performance and to test the study hypotheses.–

RESULTS

regression analysis revealed that HRM interventions significantly influenced health worker performance (F = 66.574, p = 0.000). continuous capacity building demonstrated a stronger effect on performance (β = 0.583) compared to performance appraisal (β = 0.336), indicating that training and professional development were more influential in improving employee output.– however, both quantitative findings and key informant interviews identified implementation gaps, including limited access to training due to inadequate funding, time constraints, weak strategic planning, and misalignment of training programs with staff needs. performance appraisals, though regularly conducted, were often delayed and their recommendations rarely implemented.,

CONCLUSIONS

HRM interventions significantly influence health worker performance in buyende district, with continuous capacity building having a greater impact than performance appraisal. addressing implementation gaps is essential to maximizing the benefits of these interventions and strengthening workforce performance.,–

Popul. Med. 2026;8(Supplement 1):A1517

ABS3542

The South African Health Promotion Levy: Navigating Public Health Gains, Economic Realities, and Future Directions

Anam Nyembezi[1]

[1]School of Public Health, University of the Western Cape, Bellville, South Africa

INTRODUCTION

To address the escalating prevalence of obesity and its associated co-morbidities, the South African government announced a tax on sugar-sweetened beverages (SSBs) in 2016, aligning with World Health Organisation (WHO) recommendations. Formally implemented on April 1, 2018, as the Health Promotion Levy (HPL), this policy targets sugar content to disincentivise consumption and mitigate the increasing incidence of obesity and type 2 diabetes. Since its inception, the HPL has generated substantial revenue and established South Africa as a global leader in utilising fiscal mechanisms for public health. However, the levy remains a subject of intense discourse regarding its efficacy, broader economic impact, and potential for expansion.

METHODS

The Public Health Association of South Africa (PHASA) Health Promotion Special Interest Group (HP SIG) convenes this session to elucidate the public health gains, economic realities, and future strategic directions of the HPL. The panel consist of a diverse group of experts and health promotion advocates, academics, government and civil society organisations to critically review the first eight years of the HPL and explore the "next generation" of health taxes. The discussion will triangulate clinical realities, econometric evidence, and fiscal mechanics to chart a path forward. We will move beyond the binary debate of "jobs vs. health" to discuss ring-fencing revenue for health promotion.

CONCLUSIONS

The rapidly increasing prevalence of non-communicable diseases (NCDs) continues to strain the healthcare system, raising urgent questions for policymakers: Has the HPL succeeded in changing consumer behaviour? Should the levy be increased or expanded to include other commodities such as fruit juices and ultra-processed foods? How are these HPL funds accounted for? Furthermore, how do current excise duties on alcohol align with the "health promotion" philosophy, and is there a case for a unified "sin tax" strategy that harmonises the approach to sugar and alcohol?

Popul. Med. 2026;8(Supplement 1):A1518

ABS3559

Essential Surgery Capability of Non-Tertiary Hospital Facilities in the Philippines (The Philippine Surgical Capacity Study -Phase 1)

Brent Andrew Viray[1], Teodoro Herbosa[1], Enrique Ona[1], Joselito Mendoza[1], Rhoel De Leon[1], Vivencio III Villaflor[1], Rodney Dofitas[1], Roberto Chacon[1], Vicente Bernardo[1], Panelo Carlo[1,2], Joy Grace Jerusalem[1]

[1]Philippine College of Surgeons, Quezon City, Philippines, [2]Department of Clinical Epidemiology, University of the Philippines, College of Medicine, Manila, Philippines

INTRODUCTION

" Surgery for All" as espoused by the Philippine College of Surgeons compels a more in-depth analysis of surgical care in the Philippines. Decongestion of tertiary hospitals capable of essential surgical procedures is prompted through relocation to secondary or ambulatory surgical centers. Further discourse should be encouraged with stakeholders to determine the list of essential surgeries in the Philippine context. This study will investigated the capacity of non-Level 3 hospitals to provide essential surgical procedures, through utilizing a health systems framework approach.

METHODS

This will be a scoping study of the capability of all non-Level 3 hospitals in the Philippines. This study utilized secondary data of The Philippine Health Insurance Corporation (Philhealth) claims from 2022-2024. Results and discussion There were a total of 1202 combined government and private-owned non level 3 hospitals in the 18 regions of the Philippines. All hospitals included in the analysis were able to claim reimbursements for rendering essential surgical care procedures like cesarian section and laparotomy. Regions in the east have less surgical service delivery compared to the regions in the west. This might be because oof typhoon or more challenging landscape/terrain. There is a clear and persistent divide in which level of institution handles the majority of surgical claims, varying significantly by region. Level 2 institutions consistently dominate in major urban centers like NCR (53.30% in 2024) and Region 7 (63.05% in 2024), whereas Level 1 facilities are the primary providers in regions such as Region 8 (73.03% in 2024) and Region 2 (58.51% in 2024).

CONCLUSIONS

While the challenges of surgical service access in the Philippines persist because of surgical manpower maldistribution and urban-centrism, this study proves that essential surgical procedures are rendered in more-peripherally located and resource-limited hospitals (non-level 3)in the Philippines.

Popul. Med. 2026;8(Supplement 1):A1520

ABS3610

Forest therapy and its measurable effects on psycho-emotional state and mood regulation

Maria Kashutina[1], Aleksandra Antsiferova[1], Dinara Mukaneeva[1], Vladimir Kutsenko[1], Anna Kontsevaya[1], Oxana Drapkina[1]

[1]Public Health, National Research Center for Therapy and Preventive Medicine, Moscow, Russian Federation

INTRODUCTION

The use of green spaces to mitigate risk factors for chronic diseases is well-established. Forest therapy (FT) is a structured approach validated in East Asia, but its effects on the Russian population are understudied, prompting this project [1-3]. Aim. To evaluate the impact of FT on psycho-emotional state and objective health parameters.

METHODS

A dedicated 2 km trail was created at at the Gorki Leninskiye Museum-Reserve in the Moscow region, Russia (July-September 2025). Adult visitors (n=796) participated in guided or independent walks. Before and after the walk, the POMS questionnaire was used to assess psycho-emotional state, medical professionals measured blood pressure (BP), heart rate (HR), and oxygen saturation. Statistical analysis included descriptive and comparative statistics (Mann-Whitney U, Fisher's exact, Wilcoxon, McNemar) and linear regression, $p<0.05$ was used.

RESULTS

Participants (28.3% male; mean age 39.8±11.1 years; 32.4% guided) showed significant improvement in all six POMS mood subscales as a result of FT: anxiety decreased by 4.86±4.52 points, depression by 3.24±4.36, anger by 2.71±3.41, fatigue by 2.93±3.88, confusion by 2.87±3.17 points (all $p<0.001$). Vigor was unchanged ($p=0.55$). Total Mood Disturbance index fell from 39.7±22.32 to 23.13±15.19 points ($p<0.001$). Self-rated health improved by 6.64±11.47 points ($p<0.001$). Guided walks reduced anxiety more than independent walks (-5.41±4.40 vs. -4.59±4.55 points, $p=0.016$). Objective health parameters also improved: systolic BP decreased by 3.31±6.96 mmHg, diastolic BP by 1.11±4.72 mmHg, oxygen saturation increased by 0.26±1.31% ($p<0.001$), HR decreased by 1.01±7.69 bpm ($p=0.004$), HR reduction was greater in guided walks (-2.51±8.36 vs. -0.25±7.22 bpm, $p<0.001$). No other differences in objective parameters were significant ($p>0.05$).

CONCLUSION
The concurrent improvement in psycho-emotional state, self-perceived well-being, and key physiological markers confirms the health-promoting effect of structured forest therapy. These results support scaling FT in Russia as a novel public health tool to address major noncommunicable diseases risk factors: hypodynamia and stress.
Popul. Med. 2026;8(Supplement 1):A1523

ABS3674
Implementation of the PACK protocol in Primary Health Care in Porto Alegre: an experience report on strengthening evidence-based clinical practices
Martha Collares[1], Leticia Pazinato[1], Juliana Boscato[1], Inaiá Bonfadini Gomes[1]
[1]Primary Public Health, Conceição Hospital Group, Porto Alegre, Brazil
ABSTRACT
Primary Health Care (PHC) is the structural axis of the Unified Health System (SUS) network, requiring constant qualification of clinical and managerial practices. In this context, the implementation of evidence-based clinical protocols represents a strategy to strengthen care practices. The Practical Approach to Care Kit (PACK) was developed in South Africa to support health professionals in low- and middle-income countries in making standardized, safe, and resolutive clinical decisions. In Brazil, its implementation began in 2015 in Florianópolis (SC), showing positive results in improving the work processes of PHC teams and encouraging its dissemination. This is an experience report developed during the training process, using participant observation, local management records, and field notes from workshops and training sessions In Porto Alegre, the Municipal Health Department began implementing PACK in the second half of 2025, with the training of municipal leaders, local multipliers, and subsequently, the qualification of teams from 134 health units in the city.. The stages included the training of 25 municipal leaders, 147 local trainers (physicians and nurses), and the initiation of workshops in the units, discussing clinical cases based on PACK flowcharts. The tool was well accepted, especially for its practicality and integration across different clinical areas. Challenges included the need for adaptation to local contexts, workload, and adjustment of care flows. Initial assessments indicate PACK's potential to enhance standardization of conduct and patient safety. The implementation of PACK in Porto Alegre represented progress in consolidating evidence-based clinical practices in PHC, promoting professional qualification and improving problem-solving capacity. Continued training and result monitoring are essential to ensure the sustainability of this initiative.
Popul. Med. 2026;8(Supplement 1):A1526

ABS3693
Tobacco smoking habits, attitudes and associated factors among women in the United Arab Emirates
Dima Alwardat[1,2], Basema Saddik[3], Jayadevan Sreedharan[1]
[1]College of Medicine, Gulf Medical University, Ajman, United Arab Emirates, [2]Department of Public Health, Ministry of Health, Amman, Jordan, [3]Department of Public health and Epidemiology, Khalifa University of Science and Technology, Abu dhabi, United Arab Emirates
INTRODUCTION
Despite ongoing control efforts, tobacco smoking continues to remain a serious public health burden due to its wide-ranging health consequences. This study examined the prevalence and patterns of tobacco use among women in the United Arab Emirates (UAE), with a focus on various forms of smoking.
METHODS
A cross-sectional study was conducted among adult women residing in the UAE. Eligible participants included UAE nationals and expatriates aged 18 years and older who were able to read Arabic or English and provided informed consent. Participants were recruited through online platforms and in-person distribution at universities, hospitals, and public venues. Data were collected using a structured, self-administered questionnaire developed for this study and content-validated by experts. Data analysis was performed using SPSS, applying descriptive statistics and inferential tests.
RESULTS
Overall, 21.4% of respondents reported ever smoking, and 15.1% were current smokers. The most commonly used products included traditional cigarettes, electronic cigarettes, and waterpipes. Higher smoking prevalence was observed among younger women and those who were employed. Key factors associated with continued smoking included peer pressure, emotional stress, low awareness of health risks, and exposure to smoking behaviors via family or media. Female smokers demonstrated lower levels of knowledge regarding specific health risks associated with smoking when compared to nonsmokers.
CONCLUSIONS
Tobacco use remains a notable public health concern among women in the UAE, particularly among younger and employed populations. The findings highlight the persistence of multiple forms of smoking and reveal important gaps in knowledge regarding smoking-related health risks among female smokers. Social and psychosocial influences, play a significant role in sustaining tobacco use. These results underscore the need for targeted tobacco control strategies that combine health education, stress management, and social interventions to effectively reduce smoking prevalence among women in the UAE.
Popul. Med. 2026;8(Supplement 1):A1527

ABS3701
Perception of quality of life among primary health care users in a brazilian municipality
Caroline Feitosa Dibai de Castro[1], Maria Clara Alves dos Santos[1], Kélly Testa Santorio[1], Myllena Victoria Zucolotto Scottá[1], Vitoria Pereira Santos[1], Fabricia Maria Milanezi[1], Henriqueta Tereza do Sacramento[1], Leonardo Gomes da Silva[1], Mateus Nague de Souza[2], Fabiola Fernandes Bersot Magalhães[2], Thiago Antônio da Silva Fontoura[2], Thais Campolina Cohen Azoury[1]
[1]Medical Graduate, Higher School of Sciences of the Santa Casa de Misericórdia of Vitória, Vitoria, Brazil, [2]Potsgraduate Program in Public Health, Federal University of Espírito Santo, Vitoria, Brazil
BACKGROUND
Quality of life (QoL) is an important public health indicator, as it reflects physical, psychological, social, and economic conditions of the population. In Primary Health Care (PHC), assessing users' perceptions helps identify vulnerabilities and strengthen comprehensive care strategies, especially in urban settings marked by social inequalities. Despite its relevance, studies addressing QoL from users' perspectives remain limited in local contexts, particularly in middle-income countries.
METHODS
A cross-sectional, descriptive study conducted with 641 adult users attended at Family Health Units. Data were collected through semi-structured interviews using a questionnaire based on validated instruments, including questions adapted from the WHOQOL-100. Sociodemographic variables, financial perception, physical activity, sleep characteristics, use of sleep medication, access to health services, and self-rated quality of life were analyzed using descriptive statistics.
RESULTS
There was a predominance of females (68%), married individuals (41.3%), and participants with children (77.5%). Most had an income between one and two minimum wages (42.1%) and did not have private health insurance (68.6%). Regarding self-rated quality of life, 55.3% assigned a score of eight or higher. However, 32.8% reported financial insufficiency to meet basic needs. Physical activity was reported by 52.3% of participants. Regarding sleep, 73.9% slept less than eight hours per night, and 23.6% used sleep medication.
CONCLUSIONS
Although overall perception of quality of life was positive, factors such as economic vulnerability, sleep deprivation, and medication use reveal significant fragilities, reinforcing the importance of integrated actions within PHC.
Popul. Med. 2026;8(Supplement 1):A1528

ABS3716
From Policy to Practice: Implementing Nutritional Interventions to Improve Adherence to School Meals in Northeastern Brazil
Ilana Bezerra[1], Maria Taiany Cavalcante[1], Jose Anael Neves[1], Sara Maria Verde[1]
[1]Universidade Estadual do Ceará, Fortaleza, Brazil
INTRODUCTION
Brazil faces persistent challenges related to food and nutrition insecurity, marked by the coexistence of malnutrition and increasing childhood obesity. The National School Feeding Program (PNAE) aims to ensure access to healthy meals in public schools; however, adherence to and acceptability of school meals remain critical challenges. The objective of this work was to evaluate the implementation of a multicomponent nutritional intervention and its effects on adherence to and acceptability of the main school meal in the public school system of a municipality in Northeastern Brazil.
METHODS
This implementation study was conducted with a 5th-grade class at a public elementary and secondary school in Tauá, Ceará. The study was developed in three stages: a diagnostic phase, including focus groups with students and parents; implementation of a multicomponent intervention involving changes in the school food environment, food and nutrition education actions, improvements in the organization and operation of the school food service, and gastronomic

interventions; and (3) an evaluation phase based on the Proctor implementation outcomes taxonomy. Quantitative and qualitative data were collected, including plate waste and clean leftovers, nutritional status, socioeconomic characteristics, and lifestyle indicators. Data were analyzed using mixed methods.
RESULTS
The multicomponent intervention showed a positive impact on both adherence to and acceptability of school meal preparations, particularly those previously reported as less accepted. The actions were well received by students and the school community, were low-cost, sustainable throughout the study period, and directly addressed barriers identified in the diagnostic phase. Active and collaborative engagement of school stakeholders was a key element contributing to the observed improvements.
CONCLUSIONS
Multicomponent nutritional interventions in the school environment are feasible, effective, and potentially replicable strategies to improve adherence to and acceptability of school meals, contributing to the promotion of adequate and healthy eating in public schools.
Popul. Med. 2026;8(Supplement 1):A1529

ABS3728

Addressing barriers to sexually transmitted infection information and care for adolescent girls and young women in South Africa: A health promotion approach within universal health systems

Bongiwe Paka-Huysamer[1], Zoe Duby[1], Kate Bergh[1], Kim Jonas[1], Cathy Mathews[1]
[1]South African Medical Research Council, Cape Town, South Africa

INTRODUCTION
Adolescent girls and young women (AGYW) in South Africa experience a disproportionately high burden of sexually transmitted infections (STIs), shaped by gender inequality, stigma, and structural barriers within health services. Despite high prevalence, STI prevention and care remain marginalised within HIV-centric programming, limiting comprehensive sexual and reproductive health (SRH) promotion. Strengthening health promotion within universal health systems is essential to improve equitable access to information, prevention, and timely treatment for AGYW
METHODS
This study draws on data from the HERStory3 mixed-methods study conducted across eight South African provinces. Quantitative data were collected through a household survey with over 5,000 AGYW aged 15–24 years. Qualitative data was generated through in-depth interviews with 68 AGYW. The analysis explored STI knowledge, communication practices, health-seeking behaviours, and experiences of accessing public healthcare services.
RESULTS
Although many participants reported experiencing STI-related symptoms, only 16% had been diagnosed with an STI. Among those under 18 years, more than a quarter did not seek treatment. When clinics were perceived as unwelcoming, some AGYW turned to peers, the internet, or traditional healers. Participants described embarrassment and fear of judgement, with reports of negative provider attitudes. However, others experienced care, support, and dignity when treated respectfully in clinics or pharmacies. Most indicated willingness to seek clinic-based care if assured of privacy, confidentiality, and non-judgemental services.
CONCLUSIONS
Embedding health promotion within universal, youth-friendly health systems is critical to addressing barriers to STI information and care. Integrated SRH services that prioritise confidentiality, non-judgmental care, and health literacy—supported by schools, families, peers, and digital platforms—can reduce stigma, strengthen care-seeking, and advance equitable, people-centred primary healthcare for AGYW.
Popul. Med. 2026;8(Supplement 1):A1530

ABS3787

Smoking profile and associated factors among primary health care users in a brazilian municipality

Caroline Feitosa Dibai de Castro[1], Myllena Victoria Zucolotto Scottá[1], Vitoria Pereira Santos[1], Kélly Testa Santorio[1], Maria Clara Alves dos Santos[1], Cláudia Gomes Rossoni[1], Henriqueta Tereza do Sacramento[1], Lainerlani Simoura de Almeida[1], Leonardo Gomes da Silva[1], Mateus Nague de Souza[2], Thais Campolina Cohen Azoury[1]
[1]Medical Graduation, Higher School of Sciences of the Santa Casa de Misericórdia of Vitória - EMESCAM, Vitória, Brazil, [2]Postgraduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil

BACKGROUND
Smoking remains an important public health problem, associated with high morbidity and mortality and significant impacts on quality of life. In Primary Health Care (PHC), identifying the profile of smokers is essential for planning preventive actions and tobacco cessation strategies.
METHODS
This is a cross-sectional, descriptive, and quantitative study conducted with users aged over 17 years attending Primary Health Care Units in Vitória, Espírito Santo, Brazil between September 2024 and September 2025. Data were collected using a structured questionnaire based on validated instruments, including items from the Brazilian National Cancer Institute (INCA) questionnaire for clinical analysis of smoking. Sociodemographic, clinical, and tobacco use–related variables were analyzed. Smoking was defined as the use of any form of tobacco. Statistical analysis was performed using IBM SPSS, version 31, with descriptive statistics and chi-square tests, adopting a significance level of $p<0.05$.
RESULTS
A total of 641 users participated, with a mean age of 52.1 years, a predominance of females (68.1%), and a higher concentration of individuals aged 60 years or older. Current smokers accounted for 13.9% of participants, while 18.7% were former smokers. The mean age of smoking initiation was 18 years, and the average exposure was 17.75 pack-years, ranging up to 165 pack-years. The predominant form of tobacco use was conventional cigarettes (22.2%). Smoking showed a statistically significant association with male sex, lower educational level, lower family income, single marital status, and Black race/ethnicity.
CONCLUSIONS
Smoking prevalence among PHC users in Vitória remains relevant, the identified profile indicates greater vulnerability among men and individuals in less favorable socioeconomic contexts, reflecting social health inequalities. These findings highlight the need for targeted and intersectoral strategies for smoking prevention and cessation, strengthening the role of PHC in addressing tobacco use in the Brazilian context.
Popul. Med. 2026;8(Supplement 1):A1532

ABS3838

Scaling Decentralized, Integrated HIV Services for Mobile Populations: Evidence from India's One Stop Centre Model

Kaushik Biswas[1], B Borah[1]
[1]Programme, Plan International (India Chapter), Delhi, India

BACKGROUND
Although overall adult HIV prevalence in India remains low, it is nearly five times higher among long-distance truckers (1.00%; 95% CI: 0.78–1.21). Truckers and migrant workers function as critical bridge populations due to high mobility, occupational risk, and limited continuity of healthcare access. To support India's National AIDS Control Programme (NACP) goals, Plan India implemented a One Stop Centre (OSC) intervention across 15 states to expand integrated, community-led service delivery for these mobile populations.
METHODS
The OSC intervention was guided by three strategic
OBJECTIVES
(i) expanding service coverage beyond HIV to include TB, STI, viral hepatitis, and NCDs; (ii) creating enabling environments to reduce stigma and discrimination; and (iii) strengthening community empowerment through awareness, skills development, and social protection linkages.
RESULTS
Between 2022–23 and 2024–25, HIV testing coverage increased steadily from 76.3% to 86.0%, reflecting strengthened integration of HIV services within decentralised outreach models. Overall, 190,327 truckers and migrants were registered during the study period, with 76.6% first reached through hotspots and 16.7% outreach sites, underscoring the importance of non-facility platforms. Integrated service delivery achieved substantial scale, including TB screening for 188,164 clients, STI screening for 134,814, viral hepatitis screening for over 35,000, and NCD screening for blood pressure (139,539) and blood sugar (73,284). While decentralised outreach achieved wider population coverage with lower HIV positivity yield, facility-based services identified higher-risk clients (OR = 2.38; 95% CI: 1.89–2.99; $p < 0.001$).
CONCLUSIONS
The OSC model demonstrates that decentralised, integrated service delivery can be rapidly scaled among highly mobile trucker and migrant populations. The complementary strengths of outreach-led coverage and facility-based diagnosis support hybrid delivery models as an effective pathway to improve early detection, continuity of care, and equity; directly advancing NACP objectives through mobility-responsive HIV programming.
Popul. Med. 2026;8(Supplement 1):A1533

ABS3891

Alcohol consumption patterns and associated factors among primary health care users in a brazilian municipality

Caroline Feitosa Dibai de Castro[1], Vitoria Pereira Santos[1], Myllena Victoria Zucolotto Scottá[1], Kélly Testa Santorio[1], Maria Clara Alves dos Santos[1], Cláudia Gomes Rossoni[1], Fabricia Maria Milanezi[1], Francine Alves Gratival Raposo[1], Henriqueta Tereza do Sacramento[1], Lainerlani Simoura de Almeida[1], Leonardo Gomes da Silva[1], Mateus Nague de Souza[2]

[1]Medical Graduation, Higher School of Sciences of the Santa Casa de Misericórdia of Vitória - EMESCAM, Vitória, Brazil, [2]Postgraduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil

BACKGROUND

Alcohol consumption is a risk factor for several chronic diseases and adverse social outcomes. In Primary Health Care (PHC), understanding alcohol consumption patterns and the profile of individuals who consume alcohol is essential to support health promotion and harm prevention strategies.

METHODS

This is a cross-sectional, descriptive, quantitative study conducted with users aged over 17 years of age attended at Unidades Básicas de Saúde - UBSs (Basic Health Centers) in the city of Vitória, Espírito Santo, Brazil. Data collection took place between September 2024 and September 2025 using a structured questionnaire based on validated instruments, including items from the Alcohol Use Disorders Identification Test. Statistical analyses were performed using IBM® SPSS software, version 31, applying descriptive statistics and the chi-square test to analyze associations, with a significance level set at 5%.

RESULTS

Among the 641 participants, 37.7% reported current alcohol consumption and 18.9% reported being former drinkers.The most commonly consumed beverage was beer or draft beer (25.7%), followed by wine (7.8%) and distilled spirits (5.5%). Regarding frequency, consumption two to four times per month was the most prevalent (42.7%), although a relevant proportion reported weekly or more frequent intake (19.9%). In terms of quantity, 36% consumed between two and five drinks per occasion, and 34.7% reported consuming more than five drinks. Alcohol use showed a significant association with male sex, ages 18-44 years, single individuals, and higher education.

CONCLUSIONS

Alcohol consumption was frequent among PHC users in Vitória, with patterns that may represent health risks. The higher prevalence among young, single men and individuals with higher educational levels highlights the need for targeted preventive strategies and for strengthening early identification and brief counseling within PHC.

Popul. Med. 2026;8(Supplement 1):A1534

ABS3904

From universal coverage to comprehensive care: The essential role of health education in healthcare systems

Tainá Faustino Mafra[1], Lucas Santos[1], José Silva[2], Herika Mauricio[3], Rafael Moreira[1]

[1]Saúde Coletiva, Instituto Aggeu Magalhães, Recife, Brazil, [2]Centro Acadêmico de Vitório de Santo Antão, Universidade Federal de Pernambuco, Recife, Brazil, [3]Odontologia, Universidade de Pernambuco, Recife, Brazil

INTRODUCTION

The Beveridge and Bismarck healthcare models have inspired universal health systems worldwide. Following the Alma-Ata Declaration, Primary Health Care (PHC) became the foundation of these systems, where oral health education plays a fundamental role in health promotion and inequality reduction. Healthcare models influence service delivery practices, thereby shaping health education approaches in communities.

OBJECTIVES

To analyze how healthcare systems in five countries influence the provision of oral health education (OHE), highlighting its importance as an intersectoral practice in health promotion and inequality reduction.

METHODS

This descriptive-analytical study was conducted through a narrative literature review. Scientific articles, official documents, and institutional reports addressing healthcare systems in Brazil, United Kingdom, New Zealand, Cuba, and South Africa were selected. Analysis focused on healthcare system organization, oral health education strategies, and intersectoral practices, examining how these elements contribute to health promotion in PHC and inequality reduction.

RESULTS

The analyzed healthcare systems present specificities that impact OHE provision. Brazil offers OHE through PHC, but the predominant private oral health sector weakens these initiatives. The United Kingdom provides universal public oral healthcare through co-participation of private practices, which limits OHE since oral health is not fully integrated into public health teams. New Zealand provides public coverage only for children and youth, favoring OHE exclusively for these age groups. South Africa presents sporadic school-based OHE activities. Cuba adopts a community-based model ensuring oral health integration with other team members, strengthening OHE in social spaces and households.

CONCLUSIONS

Universal systems are fundamental, but effectiveness in oral health requires strengthening educational and intersectoral actions. These systems must include health education as an essential pillar of service provision. By integrating educational programs into healthcare systems, it becomes possible to promote healthy habits from childhood, transforming the epidemiological reality of communities and reducing health inequalities across populations.

Popul. Med. 2026;8(Supplement 1):A1535

ABS3914

Translating Population Medicine Levels of Prevention to the Patient Care Continuum and Clinician Bedside: A Roadmap for Preventive and Promotive Population Health Practice

Tshegofatso Maimela[1], Sipho Sigcau[2]

[1]Department of Community Health, School of Public Health, University of the Witwatersrand, Parktown, Johannesburg, South Africa, [2]Public Health Medicine, Monitoring & Evaluation Directorate, Information Management Unit, Charlotte Maxeke Johannesburg Academic Hospital, Gauteng Department of Health, Parktown, Johannesburg, South Africa

BACKGROUND

Levels of prevention (primordial, primary, secondary, tertiary and quaternary) are foundational to population medicine and public health planning. However, at the clinical bedside, these perceived abstract concepts perpetuate fragmented care, an increasing reliance on hospital-centric and episodic disease management models, rising costs, and missed opportunities for upstream risk reduction. In an era of constrained health budgets, increasing non-communicable disease burden, and heightened pandemic risk, there is an urgent need to translate population prevention frameworks into actionable clinical practice across the patient care continuum.

METHODS

This interactive workshop presents a bedside translation framework that reframes levels of prevention as dynamic clinical lenses applied throughout the patient journey—from admission and acute care, through discharge, to community reintegration. Using real-world clinical scenarios, participants will work in multidisciplinary groups to: - map population levels of prevention to bedside clinical questions and decisions; - align lifestyle medicine, early risk detection, social prescribing, and continuity planning with each prevention level; and - identify promotive and preventive opportunities embedded within routine clinical workflows. The workshop integrates systems thinking and population health principles with clinical reasoning, demonstrating how preventive medicine can be operationalised without increasing clinical burden (4, 5).

RESULTS

Participants will co-develop a Preventive Care Bedside Continuum, including a clinical heuristic, patient-flow roadmap, and implementation checklist linking population risk reduction strategies to individual patient care. Outputs will illustrate how promotive and preventive actions can be delivered across acute, subacute, and ambulatory settings, while supporting equity, continuity of care, and health system resilience (2, 3).

CONCLUSIONS

By translating population health concepts into bedside practice, this workshop positions preventive medicine as a clinically grounded discipline of population health. This enables clinicians, managers, and policymakers to align everyday patient care with whole-of-society prevention goals, strengthening resilient, pandemic-prepared health systems while improving patient outcomes and responsible resource stewardship.

Popul. Med. 2026;8(Supplement 1):A1536

ABS3976

Behavioral and Lifestyle Determinants of Poor Glycemic Control Among Adults with Type 2 Diabetes in Lesotho: Implications for Public Health in Low-Resource Settings

Sibusiso Nomatshila[1], Matseko Moseneke[1]

[1]School of Public Health, Walter Sisulu University, Mthatha, South Africa

ABSTRACT

Type 2 diabetes mellitus (T2DM) is a growing public health challenge worldwide, disproportionately affecting populations in low- and middle-income countries

(LMICs). Poor glycemic control contributes significantly to the global burden of non-communicable diseases (NCDs), increasing morbidity, mortality, and healthcare costs. Understanding behavioral and lifestyle determinants is critical for designing effective public health strategies, particularly in resource-limited settings such as Lesotho. A cross-sectional population-based study was conducted among 184 adults with T2DM attending the out-patient department of Maluti Adventist Hospital, Lesotho. Data was collected using a structured questionnaire and analyzed descriptively with SPSS 26 Variables assessed included sociodemographic, dietary practices, physical activity, behavioral risk factors and self-care knowledge. Participants were predominantly aged 45–69 years (65.2%), with an equal sex distribution. Hypertension was the most prevalent comorbidity (65.2%). Risk factor exposure was widespread, 100% consumed fewer than five daily servings of fruits/vegetables, 95.1% reported insufficient physical activity, and 88.0% had elevated blood pressure. Overall, 86.4% had three or more NCD risk factors. Knowledge levels were intermediate, with 33.2% scoring poor, 52.7% moderate, and only 14.1% good. Glycemic control was suboptimal, with 40.8% uncontrolled. This study highlights the urgent public health need to address lifestyle and behavioral determinants of poor glycemic control in Lesotho. Tailored interventions focusing on dietary education, physical activity promotion, and routine monitoring are essential to reduce NCD risks and improve outcomes. The findings have broader implications for achieving Sustainable Development Goal 3.4 on reducing premature NCD mortality in LMICs. Strengthening culturally sensitive health promotion, community-based interventions, and integrated chronic disease care models could significantly advance diabetes prevention and control in low-resource settings.

Popul. Med. 2026;8(Supplement 1):A1538

ABS3993

Scaling Up HIV Testing Through Community Leadership: Evidence from a One Stop Centre Model for Transgender Populations in India

Kaushik Biswas[1]
[1]Programme, Plan International (India Chapter), Delhi, India

BACKGROUND

HIV prevalence among transgender (TG) populations in India remains disproportionately high at 4.78% (HSS 2021). Structural stigma, identity-related marginalization, unstable livelihoods and limited access to sexual and reproductive health (SRH) services impede timely HIV testing and diagnosis. Plan India, is implementing a community-led One Stop Centre (OSC) model to scale up HIV testing through decentralized, integrated and differentiated service delivery for TG populations across 13 states.

METHODS

The OSC intervention is guided by three

OBJECTIVES

(i) expanding HIV testing to reach unreached and newly identified TGs; (ii) creating an enabling environment to reduce stigma and discrimination; and (iii) strengthening community empowerment through awareness and social protection linkages. Community-driven OSCs deliver an integrated service package comprising HIV testing, SRH services, STI, TB and viral hepatitis screening, mental health counselling, legal awareness and access to social welfare schemes.

RESULTS

Out of a total 10,912 previously unreached Transgender were registered, and HIV testing coverage increased steadily over three years: 84.9% (n=5,964) in 2022–23, 91.3% (n=9,223) in 2023–24 and 93.3% (n=10,912) in 2024–25, demonstrating sustained scale-up through decentralized, community-led platforms. 68% were aged 19–29 years and over 83% were below 34 years. Educational attainment was low, with 74% educated up to secondary level or illiterate. Livelihood insecurity was common, with 66% dependent on informal work and 11% unemployed. Moe than one third of HIV testing was delivered through community-based platforms while 23.5% at OSCs. Altogether, 428 TG clients were newly identified as HIV-positive and successfully linked to antiretroviral therapy.

CONCLUSIONS

Community-led OSCs provide an effective implementation pathway to scale up HIV testing among transgender populations through decentralized, integrated and stigma-reducing service delivery. Sustained improvements in testing coverage, high ART linkage and enrolment of previously unreached TGs highlight the value of community leadership and differentiated service options.

Popul. Med. 2026;8(Supplement 1):A1540

ABS4070

Assessment of fruit and vegetables consumption among teenagers in some selected basic schools in a low middle income country: Implications for health promotion

Abigail Quartey[1], Portia Riverson[1], Frank Hayford[1]
[1]Department of Dietetics, University of Ghana, Accra, Ghana

BACKGROUND

Fruits and vegetables are emphasized in dietary guidelines due to their high content of dietary fibre, vitamins, minerals, and antioxidants, and aids in malnutrition and diet-related non-communicable diseases prevention. Adequate intake during adolescence is particularly important, as dietary habits formed at this stage often persist into adulthood. However, evidence suggests that consumption among adolescents in low- and middle-income countries remains suboptimal. This study assessed the quantity and frequency of fruit and vegetable consumption among teenagers attending selected basic schools in the Greater Accra Metropolis of Ghana.

METHODS

A cross-sectional study design was used, involving 105 students selected through quota and simple random sampling. Data were collected using a structured questionnaire capturing socio-demographic characteristics and patterns of fruit and vegetable intake. Data was analysed using SPSS version 26.0. Descriptive statistics were generated, and Pearson's chi-square test of independence was applied to examine the relationship between frequency and quantity of consumption, with statistical significance set at $p \leq 0.05$.

RESULTS

Most respondents were 13-year-olds (41.0%), and 52.4% were males. Majority lived with their nuclear family (93.3%), and most parents were fully employed (91.4%). Fruit and vegetable intake ranged mainly between two to three times weekly, with most respondents consuming only one serving per day. The main reasons for consumption were perceived nutritional benefits and maintaining good health. Identified barriers included high cost, poor availability, low attractiveness, and preference for other foods. Significant association was found between frequency and quantity of fruit intake ($p = 0.027$) and vegetable intake ($p = 0.043$).

CONCLUSIONS

Fruit and vegetable consumption among teenagers was generally low. The significant relationship between frequency and quantity suggests that improving regular access may enhance overall intake. Coordinated efforts involving parents, schools, and health professionals are needed to promote sustained fruit and vegetable consumption through targeted nutrition education and school-based interventions.

Popul. Med. 2026;8(Supplement 1):A1542

ABS4079

Diagnosis of the public helthcare network for leprosy patients: A cross-sectional study

Thamires Laet Cavalcanti e Silva[1], Greice Quele dos Santos Cruz[1], Eleuzina Falcão da Silva Santos[1], Natália Cristina Oliveira[2], Luiz Eduardo Nunes Ferreira[2]
[1]Bahia State Health Department, Directorate of Epidemiological Surveillance, Salvador, Brazil, [2]University of Guarulhos, Guarulhos, Brazil

INTRODUCTION

Leprosy represents a major challenge for health managers and professionals. It is a neglected disease affecting patients with social and economic vulnerabilities, associated with social stigma and prejudice. The objective of this study is to diagnose the healthcare network for patients with suspected or confirmed leprosy, highlighting the weaknesses of the assistance network in the state of Bahia.

METHODS

This is a cross-sectional observational study. A mixed-method (qualitative-quantitative) questionnaire was developed, addressing healthcare characterization, diagnostic and examination networks, treatment, and surveillance actions. The instrument was applied electronically via Google Forms, sent to regional health bases, and forwarded to the epidemiological surveillance unit of each municipality. Data were tabulated in Microsoft Excel and analyzed using SPSS v.26 for Windows.

RESULTS

Health macro-regions contain municipalities where care is centralized in specialized services. In the South macro-region, 28.33% of municipalities do not perform leprosy diagnosis or consultations in Primary Health Units (UBS); of these, 58.82% are from the Itabuna regional base and 41.18% from the Ilhéus base. Macro-regions with a higher percentage of centralized care showed higher treatment dropout indicators. There is a need for professional qualification in the Northeast and North-Central macro-regions to perform simplified neurological assessments. Furthermore, an overload on tertiary care was observed.

CONCLUSIONS

Leprosy remains a public health problem that must be prioritized through the creation of strategies and public health policies. Establishing a Care Line with

assistance flows and the definition of secondary care in the state is a strategy to guarantee integral care for leprosy patients.
Popul. Med. 2026;8(Supplement 1):A1543

ABS 4090
Impact of stress on food choice behavior of health science students at the university of Ghana: implications on healthy lifestyle behavior practices

Jormor Botchway[1], Eunice Nortey[1], Frank Hayford[1]
[1]Department of Dietetics, University of Ghana, Accra, Ghana

BACKGROUND
University life exposes students to various stressors, including adapting to new social environments, academic demands, and lifestyle changes. Stress has been shown to influence food choices, often directing individuals towards highly palatable, energy-dense sugary and fatty foods. Excessive intake of such foods increases risk of weight gain and obesity-related diseases among students. This study aimed to determine the food choice behaviour of Allied Health students at the University of Ghana based on their stress levels.
METHODS
A cross-sectional study was conducted among 230 Health Science students at the University of Ghana, Legon and Korle-Bu campuses. Data was collected using an online food frequency questionnaire to assess socio-demographic characteristics and food choice patterns. Stress levels were measured using the 10-item Perceived Stress Scale, while food choice behaviour was assessed using the Three-Factor Eating Questionnaire (TFEQ). The chi-square test was used to determine associations between stress and food choice behaviour. Statistical significance was set at $p < 0.05$.
RESULTS
Majority of respondents were males (55.2%), and most (98.2%) were aged between 18 and 27 years, with mean age of 21.9 ± 2.3 years. Most students (83.5%) experienced moderate stress. High proportion reported frequent consumption of fried foods, with 55.6% consuming them at least once weekly, while fruit intake was generally low, with 21.7% consuming fruits once weekly. Stress was significantly associated with fried food consumption ($p = 0.007$) and exercising for more than 30 minutes ($p = 0.019$). Feeling very hungry significantly predicted uncontrolled eating during stressful situations ($p = 0.003$).
CONCLUSIONS
Food choice behaviour was not broadly affected by stress, except when students felt very hungry, which led to uncontrolled eating. High fried food intake and low physical activity were associated with stress. Health promotion interventions are needed to encourage healthy eating and regular physical activity, particularly during stressful periods.
Popul. Med. 2026;8(Supplement 1):A1544

ABS 4102
Changes in the national primary health care policy: perceptions of community health workers in northeastern Brazil

Rafael Bezerra Duarte[1], Antonio Rodrigues Ferreira Júnior[1], Olga Maria de Alencar[2], Leidy Dayane Paiva de Abreu[1], Mirna Neyara Alexandre de Sá Barreto Marinho[3], Thayza Miranda Pereira[4], Maria Rocineide Ferreira da Silva[1]
[1]Graduate Program in Public Health, Universidade Estadual do Ceará (UECE), Fortaleza, Brazil, [2]Professional Master's Degree in Family Health, Universidade Federal do Tocantins, Palmas, Brazil, [3]Nursing Department, Universidade Regional do Cariri, Iguatu, Brazil, [4]Nursing Department, Universidade Federal do Tocantins, Palmas, Brazil

INTRODUCTION
Community health workers play a central role in health promotion and in linking communities with primary health care services. The National Primary Health Care Policy, published in 2017, introduced relevant changes in the professional work process, generating challenges that affect community bonding, continuity of care, and professional identity. This study aimed to understand the perceptions of community health workers in northeastern Brazil regarding the changes resulting from the National Primary Health Care Policy.
METHODS
This was an exploratory and descriptive study with a qualitative approach, conducted with ten community health workers working in Family Health Strategy teams in urban áreas of a municipality in northeastern Brazil. Data were collected in September 2021 through online focus groups. The narratives were analyzed using thematic content analysis. The study complied with the ethical and legal principles established by Resolution No. 466 of 2012 of the National Health Council.
RESULTS
Participants reported significant transformations in the work process, particularly related to the expansion of responsibilities and the intensification of administrative and bureaucratic tasks guided by performance indicators. These changes reinforce a productivist logic, perceived as dehumanizing care and undermining work quality. Role deviation weakens historically constructed practices, compromises community bonds, and delegitimizes professional identity, traditionally grounded in health education, health promotion, and mediation between communities and health services. The centrality of technicist practices was associated with feelings of distress, insecurity, and professional threat.
CONCLUSIONS
The findings highlight the need for permanent spaces for training, dialogue, and participation of community health workers in the development and implementation of public policies, in order to reaffirm their professional identity and strengthen humanized care practices in the territories within the Brazilian national health system.
Popul. Med. 2026;8(Supplement 1):A1545

ABS 4123
Disparity between curative and preventive oral health actions in Brazilian primary care: an analysis of the 2024 national census of primary health care units of the unified health system

Márcio Affonso[1], Simone Schenkman[1], Patty Almeida[2], Aylene Bousquat[1]
[1]Política, Gestão e Saúde, Faculdade de Saúde Pública - Universidade de São Paulo, São Paulo/SP, Brazil, [2]Planejamento em Saúde, Instituto de Saúde Coletiva - Universidade Federal Fluminense, Rio de Janeiro/RJ, Brazil

ABSTRACT
The provision of oral health services is a challenge faced by several countries. In Brazil, approximately half of the population uses oral health services through the Unified Health System. Among these services, Primary Health Care Units (PHCU) stand out as the setting where Oral Health Teams (OHT) operate. In 2024, the National Census of Primary Health Care Units of the Unified Health System was conducted, aiming to produce evidence for the monitoring and qualification of services. Thus, this study aims to identify the most frequent individual and collective oral health actions in PHCU. This is a cross-sectional study based on secondary data from the Census. Through an electronic form, PHCU workers and managers completed a questionnaire covering multiple dimensions, including the provision of oral health actions. The responses were analyzed and described using absolute and relative frequencies. A total of 33,404 PHCU with OHT were identified across the Brazilian territory, representing 74.33% of all evaluated units (44938). The most frequent individual promotion and prevention actions were the screening of schoolchildren with timely scheduling and prophylaxis, performed in 23702 (71%) and 29018 (87%) units, respectively. Regarding individual restorative actions, spontaneous demand care (31971; 96%), restorations (31652; 95%), and extractions (31198; 93%) were the most common. The collective action of health education in schools and daycares was carried out in 30289 (91%) units. The findings demonstrate that oral health is integrated into most PHCU, with a robust provision of actions. However, a high frequency of curative treatments is observed compared to prevention and promotion actions. Such evidence highlights the need for strategic planning to strengthen public policies that encourage health promotion and prevention, without neglecting curative treatment when necessary, aiming for comprehensive care in the provision of oral health services.
Popul. Med. 2026;8(Supplement 1):A1547

ABS 4200
From Global to Local: Youth-driven public health actions

Gustavo Henrique Nicoletti Dalle Cort[1]
[1]International Federation of Medical Students' Associations, Amsterdam, Netherlands

INTRODUCTION
The International Federation of Medical Students' Associations (IFMSA) promotes student-led Public Health activities through its Standing Committee on Public Health (SCOPH). To access and publicize innovative activities from their National Member Organizations (NMOs), a Google Form was created for NMOs to register their activities, the "SCOPH Spotlights".
METHODS
We performed a descriptive, cross-sectional content analysis of SCOPH Spotlights submissions during November and December 2025. Interventions were coded using a pre-defined analytic framework across: public health thematic area; intervention modality (health promotion/education; screening with counselling and/or referral; training/capacity-building; advocacy/community mobilization; service linkage); (3) implementation setting (community venues, public spaces, multi-site outreach, and digital platforms); and partnership ecosystem, derived

from the "externals involved" field. Self-reported output and reach indicators (e.g., participant counts, tests performed, registrations) were extracted.
RESULTS
The 23 submissions demonstrate heterogeneous intervention modalities with recurrent scalable features, including delivery in high-footfall community settings and integration of prevention, counselling, and referral pathways. Reported activities included 1,603 blood glucose measurements with referral as needed and a multi-city preventive campaign, conducting 4,579 tests across seven cities. Community mobilization achieved substantial participation, with up to 500 participants in a gender-based violence awareness walk. Service-navigation interventions reached scale, including an organ donation campaign with >12,000 visitors and 6,793 registered donors, with subsequent transplants reported. Multisectoral partnerships were frequently described as enabling reach and continuity.
CONCLUSIONS
Youth-driven public health actions within IFMSA demonstrate diverse, scalable intervention models with measurable reach and outputs across multiple settings and themes. The integration of prevention, service linkage, and community mobilization, supported by multisectoral partnerships, highlights the capacity of student-led initiatives to translate global public health priorities into impactful local action and contribute to health system strengthening.
Popul. Med. 2026;8(Supplement 1):A1550

HEALTH SYSTEMS STRENGHTENING

ABS0200

Operationalising Global Chronic Care Frameworks in Africa: Innovative Integrated Service Models from Namibia, Botswana, and Ethiopia

Ozayr Mahomed[1], Abebe Sorsa Badacho[1], Gabalape Arnold Sejie[1], Ndeshiteelela Conteh[1]
[1]Public Health Medicine, University of KwaZulu Natal, Durban, South Africa

BACKGROUND
Sub-Saharan Africa faces a double burden of disease: persistent HIV and tuberculosis (TB) alongside rapidly rising non-communicable diseases (NCDs) and mental health disorders. Health systems designed for vertical, episodic care struggle to meet these complex, lifelong needs, resulting in fragmented services, inefficiency, and poor outcomes. The World Health Organization's Innovative Care for Chronic Conditions (ICCC) framework and South Africa's Integrated Chronic Disease Management (ICDM) model offer roadmaps for integrated, people-centred chronic care, yet practical guidance for diverse low- and middle-income country (LMIC) contexts remains limited.
METHODS
We synthesised three doctoral implementation studies that adapted ICCC and ICDM principles to distinct service gaps: the Integrated Mental Health and HIV (IMH&HIV) model in Namibia; the Community TB Care Strengthening and Sustainability (CTBCSS) model in Botswana; and (3) the Integrated Hypertension/Diabetes–HIV for People Living with HIV model in Ethiopia.Each applied structured implementation science methods—Triple C change management,Logic Model planning,and/or the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework.
RESULTS
All three models successfully operationalised ICCC and ICDM under resource constraints. Namibia increased mental health screening and reduced stigma via task-shifting and facility reorganisation. Botswana strengthened community TB care by addressing all six WHO health system building blocks and aligning financing with workforce retention. Ethiopia integrated hypertension and diabetes screening into HIV clinics, embedding RE-AIM evaluation and securing essential commodities. Cross-cutting lessons include contextual adaptation, proactive change management, simultaneous system strengthening, early monitoring and evaluation, and policy/financing alignment to build health system resilience.
CONCLUSIONS
Locally led African innovation is translating global chronic care frameworks into actionable, sustainable models. These experiences provide a practical roadmap for LMIC policymakers and implementers to strengthen primary health care for complex chronic conditions and move beyond short-term pilots toward financed, system-wide scale-up.
Popul. Med. 2026;8(Supplement 1):A1561

ABS0243

Access to Primary Health Care in the Asia-Pacific Region: Determinants, Impacts, and Strategic Interventions for Improved Equity Background

Sabitra Kaphle[1], Rasanthika Gunawardhana[1]
[1]Public Health, Central Queensland University, Melbourne, Australia

BACKGROUND
Primary health care (PHC) is a fundamental component of universal health coverage (UHC), serving as the first point of contact within health systems. In the Asia-Pacific region (APR), access to PHC is influenced by a complex interplay of socioeconomic, geographic, and policy factors. These determinants significantly affect health outcomes and the ability to achieve health equity across diverse populations. Understanding these factors is essential for designing effective health system responses that can address disparities and improve overall health status in the region.
METHODS
Employing a structured scoping review methodology, a total of 68 articles focused on the APR were systematically analysed. The review was organised into four key domains: the contexts of PHC implementation and access, determinants affecting access, impacts of disparities or improvements in access, and strategies and interventions designed to enhance access. This approach facilitated a nuanced understanding of the multifaceted challenges and opportunities within the region, providing insights into effective policy and responses.
RESULTS
The review reveals substantial disparities in PHC access across the APR, primarily driven by geographic barriers, socioeconomic inequalities, and fragmented health systems. Limited access to PHC services is associated with poorer health outcomes and exacerbates existing inequities. Conversely, innovative interventions such as community-led healthcare models, digital health technologies, and policy reforms demonstrate promising potential to address these challenges. These strategies can improve the accessibility, quality, and sustainability of PHC services, thereby contributing to more equitable health outcomes in the region.
CONCLUSIONS
To enhance access to primary health care in the APR, it is crucial to adopt context-specific, equity-focused strategies. Emphasising integrated, sustainable approaches to health system strengthening can facilitate more equitable health outcomes and reduce disparities across diverse populations. Policymakers and health system stakeholders should prioritise innovative, adaptable solutions that address regional disparities and promote health equity.
Popul. Med. 2026;8(Supplement 1):A1565

ABS0422

Spatial Spillover Effects of Resource Allocation on Service Volume and Expenditure in Secondary versus Tertiary Hospitals, China

Jing Liu[1], Xiaoqian Gong[1], Tao Zhang[2]
[1]Administrative Office, Yuebei People's Hospital, Medical College, Shantou University, Shaoguan, China, [2]Department of Health Policy and Management, School of Public Health, Hangzhou Normal University, Hangzhou, China

BACKGROUND
China's healthcare system faces significant challenges in resource distribution, with a pronounced bias toward higher-level facilities. This study investigates the spatial spillover effects of resource allocation on hospital service volume and expenditures, comparing secondary and tertiary hospitals across different regions.
METHODS
Utilizing a comprehensive dataset from 95 urban public hospitals (54 secondary, 41 tertiary) in Shanxi Province (2013-2019), we employed the spatial Durbin model to analyze the impact of resource allocation on outpatient visits, inpatient admissions, and associated expenditures. Resource allocation metrics included hospital-level indicators (registered physicians, operational beds, high-value medical equipment, government subsidies) and prefecture-level indicators (hospital distribution, bed allocation, physician distribution). Spatial relationships were determined using geolocation data.
RESULTS
The analysis revealed complex spatial interdependencies. While resource levels positively correlated with service outputs within individual hospitals, significant spillover effects were observed: Tertiary hospital bed capacity negatively impacted outpatient visits ($\beta = -0.108$, $p < 0.05$); Secondary hospital physician numbers reduced local outpatient visits ($\theta = -96.433$, $p < 0.05$) while increasing neighboring secondary hospitals' outpatient expenditures ($\theta = 1.433$, $p < 0.01$); (3) Tertiary hospital bed concentration decreased neighboring prefectures' inpatient expenditures ($\theta = -146.734$, $p < 0.01$); Tertiary hospital physician concentration reduced neighboring prefectures' inpatient admissions ($\theta = -48.130$, $p < 0.01$) but increased expenditures ($\theta = 104.094$, $p < 0.05$); Secondary hospital concentration boosted neighboring prefectures' tertiary hospital admissions ($\theta = 818.423$, $p <$

0.01).
CONCLUSIONS
Increasing resources enhances local hospital services and generates spillover effects on neighboring facilities. While the spillover effects from tertiary hospitals may benefit neighboring regions dominated by secondary hospitals, government efforts to control rising medical expenditures by strengthening secondary hospitals may encounter challenges. These insights emphasize the necessity for system-level planning that considers spatial relationships in resource allocation to optimize healthcare outcomes and mitigate unintended consequences.
Popul. Med. 2026;8(Supplement 1):A1572

ABS0552
Effective coverage of the integrated management of acute malnutrition (IMAM) program in six districts of Ethiopia
Alinoor Farah[1], Samson Gebremedhi[1], Aweke Kebede[2], Kemeria Barsenga[2], Tefara Darge[1], Tafara Ndumiyana[2], Robert Ackatia-Armah[2], Hiwot Darsene[3], Beza Yilma[1], Seifu Hagos Gebreyesus[1]
[1]School of Public Health, Addis Ababa University, Addis Ababa, Ethiopia, [2]Nutrition, World Food Program, Addis Ababa, Ethiopia, [3]Nutrition, Ministry of Health, Addis Ababa, Ethiopia
BACKGROUND
Evidence shows that increased care-seeking does not always translate into the receipt of quality care, underscoring the need to strengthen both access to and quality of treatment services. Thus, the objective of this study is to estimate the effective coverage of the integrated management of acute malnutrition (IMAM) program. Data and
METHODS
We estimated effective coverage of the Integrated Management of Acute Malnutrition (IMAM) program in a six-district cross-sectional study by linking household surveys with health facility assessments. Multistage cluster sampling was used to select 727 households, and 72 health posts were randomly sampled for facility assessments. Effective coverage was calculated as the product of health facility service readiness and contact coverage using a generalized linear model on an appended dataset, with confidence intervals derived via the delta method. Using multivariable logistic regression with cluster-robust standard errors, we assessed the association between district-level health facility readiness and wasting service coverage, adjusting for household and health system characteristics.
RESULTS
The contact coverage for wasting management service was 17% for severe acute malnutrition (SAM), 24.2% for moderate acute malnutrition (MAM), and 21.7% for global acute malnutrition (GAM) or combined SAM and MAM. Facility readiness was 57.9% for SAM, 53.9% for MAM, and 56.1% overall. Readiness-adjusted coverage was 9.8% for SAM, 13.1% for MAM, and 12.2% for GAM. In the multivariable analysis, coverage of wasting management services was significantly higher in households visited by Health Extension Workers (OR=1.90, p=0.048) and significantly lower among children of caregivers aged 25-34 years (OR=0.31, p=0.006).
CONCLUSIONS
The study revealed suboptimal readiness-adjusted coverage for wasting management services in the study area. Strengthening the health system, particularly through investments in the health workforce, service capacity, quality, and equitable access, emerges as a strategic priority for achieving the goals of the Global Action Plan on Child Wasting.
Popul. Med. 2026;8(Supplement 1):A1580

ABS0743
Quality of essential newborn care practice at public health facilities in Sidama Regional State, Ethiopia, 2024: Institution based study
Yemisrach Deneke[1], Abiyu Assefa[1], Selam Tafesse[1], Kefyalew Garie[2], Meskerem Jisso[1], Yusuf Haji[1], Dubale Dulla[1], Achamyelesh Gebretsadik[1]
[1]Public Health, Hawassa University, Hawassa, Ethiopia, [2]Department pediatrics and child health, Hawassa University, Hawassa, Ethiopia
BACKGROUND
Essential newborn care is a technology-free routine practice in the care of the newborn, particularly at the time of birth and over the first hours of life. Despite essential newborn care service being a known intervention in the prevention of neonatal mortality, its utilization and quality are not optimal and not well known.
OBJECTIVE
To evaluate the quality of essential newborn care in labor and delivery room in Sidama Regional State, 2023/2024
METHODS
A cross-sectional study was conducted from February 1st, 2023, to March 1st, 2024, in selected public health facilities of Sidama Region. Forty public health facilities and 510 newborns were selected by employing multistage sampling. Bivariable and multivariable logistic regression were conducted with adjusted odds ratios with 95% confidence intervals reported.
RESULTS
The magnitude of good essential newborn care quality of input was 47.5%, process 70.1%, and outcome 53.9%. Factors associated with good quality of essential newborn care include being a male newborn [AOR] = 2.38, 95% [CI]: 1.52, 3.72), four or more years of experience (AOR = 2.04, 95% CI: 1.25, 3.33), using a partograph (AOR = 2.12, 95% CI: 1.27, 3.55), providing a high level of friendly service (AOR = 0.10, 95% CI: 0.06, 0.17), and categorizing the facility's inputs as good (AOR = 1.95, 95% CI: 1.11, 3.44).
CONCLUSIONS
Implementation quality of essential newborn care provision was low in the study settings. Poor input, inadequate friendly care, being a male newborn, lack of experience, and insufficient monitoring during labor were linked to a decline in the process quality of essential newborn care. To enhance the quality of essential newborn care, it is crucial to provide necessary service inputs, maintain experienced health care providers, enhance paragraph usage, and educate the society about gender equality.
Popul. Med. 2026;8(Supplement 1):A1593

ABS0903
Towards equity in healthcare workforce distribution: regional progress and remaining gaps in türkiye, 2007–2023
Berrak Itır Aylı[1], Nüket Paksoy Erbaydar[2]
[1]Faculty of Health Sciences, Hacettepe University, Ankara, Turkey, [2]Department of Public Health, Hacettepe University, Ankara, Turkey
BACKGROUND
Türkiye has historically had weaker healthcare workforce distribution compared to European neighbours. Following comprehensive health system reforms in 2003, the country substantially expanded health services. However, the effects of these reforms on regional distribution of healthcare resources over time remains incompletely quantified.
METHODS
Publicly available Turkish Statistical Institute data were used to construct a regional panel for 2007–2023 using annual counts of physicians by cadre, nurses, and hospitals. Densities per 100,000 population were calculated for each of Turkey's 12 statistical regions. Population-weighted Gini coefficients quantified inequality for each indicator, with linear regression estimating temporal trends.
RESULTS
National workforce densities increased substantially between 2007 and 2023: specialist physicians rose from 77.1 to 118.6 per 100000 (+53.7%), general practitioners from 49.0 to 64.3, residents from 27.5 to 56.3, and nurses from 134.1 to 290.8. Population-weighted Gini coefficients declined significantly for general practitioners (0.13 to 0.05, -63%), nurses (0.11 to 0.06, -43%), and specialists (0.21 to 0.15, -30%) (all p≤0.008). However, regional disparities persisted: in 2023, specialist density ranged from 73.0 (Southeast Anatolia) to 170.5 (West Anatolia) per 100000. Inequality in university hospitals increased (Gini 0.37 to 46).
CONCLUSIONS
Türkiye's health system has undergone continuous transformation since 2003, most notably with the introduction of the Family Medicine System in 2010 as part of nationwide health reforms [2,3]. However, even though these reforms contributed to the expansion of the health workforce and improvements in geographical equity; regional disparities are persistent. Increasing concentration of tertiary care facilities, disparities in specialist services and continued gaps compared to OECD standards indicate that the reforms have not fully addressed the dual challenge of workforce scarcity and inequality. Targeted policies to strengthen specialist services and tertiary infrastructure in underserved regions therefore remain critical priorities.
Popul. Med. 2026;8(Supplement 1):A1603

ABS0981
Overcoming stumbling blocks: harnessing partnerships to improve mental health outcomes in rural south Africa
Enock Zibengwa[1], Kate Rees[1]
[1]Anova Health Institute, Johannesburg, South Africa
INTRODUCTION
Mental health conditions are a profound burden in rural South Africa, where they are intensified by intersecting social determinants such as poverty and

geographic isolation. Strong collaboration among government and other stakeholders is necessary to address challenges of resource scarcity, fragmented care pathways, and inadequate referral systems. To strengthen intersectoral cooperation in support of the Department of Health (DOH), the Sishen Iron Ore Company–Community Development Trust (SIOC-CDT) funds Anova Health Institute to implement a Mental Health Integration Programme. Launched in 2023, Ke Botlhokwa (meaning "I Matter") operates across 15 rural clinics and 20 villages in the Northern Cape and Limpopo Provinces. We aim to describe the programme's results on shared indicators.
METHODS
Informed by in-depth mapping of the multi-stakeholder partnership (MSP) ecosystem and led by a programme manager, the programme established strong partnerships with key government departments, including the DOH and the Department of Social Development, five non-governmental organisations (NGOs), community-based groups, and local media. Quarterly participatory stakeholder meetings ensured the programme remained responsive to needs. Programme data was collected and reported monthly using REDCap.
RESULTS
Data from the 15 supported clinics show that the programme created an MSP ecosystem that strengthened resource sharing and integrated referral pathways, leading to improvements in access to mental health services. Mental health screening rates in DOH clinics increased by 200%, with 85% of identified clients (n = 2200) successfully linked to care. This included 1200 psychosocial interventions and 800 substance-use treatment referrals. By 2025, the programme reached over 3000 service users, representing a 150% increase from the 2023 baseline of 1200.
CONCLUSIONS
Strategic partnerships among government, NGOs, and community stakeholders can dismantle barriers to mental health care. By prioritising integrated care pathways and community ownership, the programme offers a replicable model aligned with Sustainable Development Goal 3.8 for universal health coverage.
Popul. Med. 2026;8(Supplement 1):A1607

ABS1023

Burnout prevalence, determinants, perceived organizational drivers, and coping processes among health workers in Abu Dhabi, United Arab Emirates

Iffat Elbarazi[1], Emad Masuadi[1], Yasir Ahmed Mohammed Eldahi[1], Aminu Abdullahi[1], Souheila Ali Hassan[1,2], Maytha Alshamsi[1], Hind Mohammed Salem Alhashmi[1], Muneera Almarzouqi[1], Hajer Alkarbi[1], Mohammed Khogali[1], Marlia Silva Paulo[3], Balazs Adam[1]
[1]Institute of Public Health, United Arab Emirates University, Al Ain, AbuDhabi, United Arab Emirates, [2]Abu Dhabi Service Company, SEHA, Abu Dhabi, United Arab Emirates, [3]Department of Occupational and Environmental Health, Escola Nacional de Saúde Pública, Lisbon, Portugal
ABSTRACT
Burnout is a work-related syndrome reflecting chronic, inadequately managed occupational stress and is associated with adverse clinician, organizational, and patient outcomes. Evidence from the Gulf region suggests substantial but heterogeneous burnout burden, yet context-specific determinants and recovery processes. We assessed burnout prevalence and determinants among healthcare workers in Abu Dhabi Emirate in the United Arab Emirates and explored perceived organizational drivers and coping processes. We conducted a convergent mixed-methods study within a large semi government health care services network in Abu Dhabi. The quantitative component comprised an anonymized online survey of HCWs providing direct patient care (N = 415). Burnout was measured using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS)). Univariate analyses and multivariable logistic regression identified independent predictors, reported as adjusted odds ratios (AOR). The qualitative component involved purposive sampling of survey respondents for semi-structured interviews (n = 30; 10 physicians, 10 nurses, and 10 allied health professionals). Interviews continued until thematic saturation and were analyzed using reflexive thematic analysis. Overall burnout prevalence was 18.8%. Subscale burden was substantial: 44.8% reported high emotional exhaustion, 25.5% high depersonalization, and 67.7% low personal accomplishment. In adjusted models, burnout was independently associated with age <40 years (AOR 1.76), interpersonal conflict with colleagues (AOR 2.17), and chronic neck pain (AOR 2.24). Qualitative findings identified six themes, workload without recovery, moral/emotional weight of care, recognition and fairness, expanding roles and invisible work, silenced voice and leadership climate, and coping/meaning-making (including faith), clarifying pathways linking early-career vulnerability, relational strain, and musculoskeletal symptoms to burnout. In Abu Dhabi's public healthcare setting, One in five HCWs met criteria for burnout, with broader subscale burden indicating widespread strain. Integrated findings highlight actionable organizational levers, including protective scheduling, conflict management and psychological safety, leadership development, ergonomic supports, and stigma-sensitive mental health pathways.
Popul. Med. 2026;8(Supplement 1):A1610

ABS1100

What measures, frameworks and criteria are used to evaluate the scale-up of health systems strengthening interventions? A scoping review

Ruth Cornick[1], Christy-Joy Ras[1], Opeyemi Babatunde[2], Agumasie Semahegn[3]
[1]Knowledge Translation Unit, University of Cape Town, Cape Town, South Africa, [2]School of Medicine, Primary Care Centre Versus Arthritis, Keele University, Keele, United Kingdom, [3]CDT-Africa, Addis Ababa University, Addis Ababa, Ethiopia
INTRODUCTION
Many effective health system interventions fail to scale. Our research collaboration plans to evaluate the scale-up of PACK (Practical Approach to Care Kit), a health systems strengthening (HSS) intervention implemented in six low- and middle-income countries (LMICs). To inform our evaluation methodology, we conducted a scoping review to identify criteria, measures, and frameworks used to evaluate scale-up of HSS interventions.
METHODS
We followed the Preferred Reporting Items for Systematic Review and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) and Arksey and O'Malley framework. We systematically searched Pubmed, Cinahl, Cochrane and Google scholar, identifying additional sources via snowball methodology. Eligibility criteria included primary studies and reports from stakeholder organisations (e.g. WHO) focusing on evaluation of primary care HSS scale-up. The criteria included low- and high-income countries and did not restrict by disease. Covidence, a web-based tool, was used to screen by pairs of reviewers. Discrepancies were resolved by discussion. A customized extraction tool was developed to collate data. Data extraction and analysis are ongoing to derive a consolidated list of methodologies. A stakeholder meeting is planned to contribute to appraisal and interpretation of findings.
RESULTS
The search identified 1129 articles for screening. 77 progressed to full-text review; ultimately, 16 satisfied eligibility criteria. All but one had an LMIC focus. Six were disease-agnostic, nine covered a clinical topic and one focussed on scale-up of a health system management strategy. A range of approaches were identified, including conceptual frameworks, scale-up models and pragmatic checklists.
CONCLUSIONS
Our scoping review is ongoing but the evidence landscape for evaluating scale-up of HSS initiatives appears heterogeneous. A critical appraisal of what works and how will inform future HSS evaluation methodology and contribute to the scale-up literature.
Popul. Med. 2026;8(Supplement 1):A1614

ABS1114

Mapping the strategies to address the gender gap in youth clinic utilization in Sweden; explorative survey and follow up interviews.

Moses Tetui[1], Emma Bernard Stenmalm[2], Mazen Baroudi[2]
[1]University of Waterloo, Waterloo, Canada, [2]Umeå University, Umeå, Sweden
BACKGROUND
Despite Sweden's universalist health model and a long-standing network of youth clinics offering free sexual and reproductive health (SRH) services, boys and young men (BYM) remain significantly underrepresented among clinic users. This gender gap is driven by structural and cultural barriers, including masculine norms, female-oriented service environments, and limited institutional guidance for engaging male adolescents. Clinics have piloted strategies to improve BYM's access, efforts have not been systematically documented or evaluated. The study aimed to systematically map and analyze the strategies used by Swedish youth clinics to improve access and participation among BYM.
METHODS
An exploratory mixed-methods design, combining an online survey with follow-up semi-structured interviews. The survey distributed to all 240 youth clinics in Sweden between September and November 2024, with 75 responses representing 110 clinics (45% clinic-level response rate). Quantitative data were analyzed descriptively, while qualitative data from open-ended responses and interviews (24 interviews) were analyzed using inductive content analysis.
RESULTS
BYM accounted for 9.5% of clinic visits, with 87% of clinics expressing dissatisfaction with this level. 58% of clinics reported using strategies to attract BYM, only 34% evaluated their effectiveness, and institutionalization was limited.

Four strategy categories emerged: staff capacity-building for male-inclusive care, environmental adaptations to create inclusive spaces, (3) digital outreach and marketing to enhance visibility, and collaboration with schools and community settings to reach BYM. Clinics using strategies were more likely to report increased male attendance, though implementation remained inconsistent and often project based.
CONCLUSIONS
This study provides the first national-level mapping of strategies to engage BYM in Sweden and contributes to global discussions on inclusive, adolescent-centered SRH care. Swedish youth clinics largely operate within a gender-neutral framework that fails to address BYM's specific needs. A shift toward gender-responsive care, anchored in policy, training, and service design, is urgently needed.
Popul. Med. 2026;8(Supplement 1):A1615

ABS1116

How can the health system respond to aftercare needs? An integrated model of aftercare for people with substance use disorder in Kwazulu-Natal, South Africa

December Mpanza[1,2], Pragashnie Govender[2], Anna Voce[1]
[1]Public Health, University of KwaZulu-Natal, Durban, South Africa, [2]Occupational Therapy, University of KwaZulu-Natal, Durban, South Africa

BACKGROUND
There is currently a high global burden of substance use, which is burdensome to the public health and welfare system. Adequate treatment, including aftercare services, is often limited worldwide. In South Africa (SA), substance abuse contributes considerably to morbidity and mortality and treatment services are not only limited but also fragmented among stakeholders. This study aimed to propose an integrated model of aftercare for individuals with substance use disorders following the inpatient treatment phase in a public facility in KwaZulu-Natal, South Africa.
METHODS
A qualitative study in two phases. The first phase involved policy analysis, and the second phase consisted of two stages. Stage one was semi-structured and included focus group interviews with forty-six participants (n=46) representing all five levels of Beer's Viable System Model, drawn from governmental and non-governmental organisations. Stage two consisted of semi-structured interviews with five persons with SUDs and their family members (n=5). Data was analysed thematically.
RESULTS
Findings indicated that South African policies did not provide clear guidelines on aftercare. Aftercare was found to be lacking, fragmented, poorly coordinated among service providers and not well integrated into the substance use treatment system. The needs of service users demonstrated the extent and nature of aftercare required.
CONCLUSIONS
The extent and nature of aftercare services warrant integrated, lifelong, and responsive aftercare services within SUD treatment systems, tailored to meet the needs of individuals with SUDs and their families. An integrated recovery management model of care is proposed, along with relapse management strategies essential for healthcare practitioners.
Popul. Med. 2026;8(Supplement 1):A1616

ABS1227

"They need to feel at home not in a home." Experiences of residents and carers in mental health residential facilities: In-depth case studies from the Sedibeng district, South Africa

Samantha Mhlanga[1]
[1]Centre for Health Policy, University of Witwatersrand, JNB, South Africa

INTRODUCTION
Since the 1990s, the relocation of psychiatric patients from long-stay institutions to community-based supported living has increased globally. However, most evidence on suitable residential services comes from high-income countries, with little from low- and middle-income contexts. This study explored the experiences of residents and carers in three residential care homes for people living with serious mental illness in Sedibeng District, South Africa.
METHODS
Three organisations were purposefully selected as in-depth case studies. Ninety-one face-to-face qualitative interviews were conducted with service providers, residents, and family members between October 2022 and June 2023.
RESULTS
Residents described severe psychosocial disability when living with families, but improved functioning in residential homes. Organisations 1 and 3 operated small 3–4-roomed houses in township areas, accommodating 21 and 40 residents respectively, who had community access and social interaction. In Organisation 3, residents formed romantic relationships, undertook paid work, and lived semi-independently. Organisation 2, a repurposed school-like building with four large dormitories for 86 residents, imposed strict movement controls; medication was used to manage behaviour, and caregivers reported safety concerns.
CONCLUSIONS
Smaller residential homes offer more autonomy and integration than large dormitory-style facilities. Policies and funding should support smaller, community-based supported accommodation for people with serious mental illness.
Popul. Med. 2026;8(Supplement 1):A1622

ABS1335

South-South collaboration to strengthen primary care: supporting the localisation of South Africa's Practical Approach to Care Kit (PACK) for Indonesia

Christy-Joy Ras[1], Ruth Cornick[1], Daniella Georgeu-Pepper[1]
[1]Knowledge Translation Unit, University of Cape Town, Cape Town, South Africa

BACKGROUND
In 2022, the World Bank engaged the University of Cape Town's Knowledge Translation Unit (KTU) to support the Indonesian Ministry of Health (MoH) to prepare PACK, a South African-developed health system intervention1 comprising a clinical decision support tool, training curriculum and implementation strategy. Supporting National Health Insurance (JKN) reforms, the project aimed to address clinical protocols that were not integrated, up to date or standardized, and training gaps causing poor primary care performance.
METHODS
The project utilized a mentorship model to build sustainable in-country capacity2. The KTU and MoH conducted over 30 virtual interpreted meetings, were in regular email correspondence and held an in-person meeting in Indonesia to prepare for the launch of the programme. The KTU facilitated deliberations amongst Indonesian clinicians, policymakers and professional body representatives to align the tool's clinical recommendations with local disease burden, formularies, and policies. Concurrently, the teams localized and translated the case based training curriculum for the MoH's online learning management system to focus on local health system priorities. High-level endorsement was achieved by positioning PACK as a key component of the national promotion/prevention/screening strategy.
RESULTS
The collaboration produced a comprehensive 158-page, localised clinical decision support tool integrating management for 40 common symptoms and 24 chronic conditions in Bahasa Indonesian. The accompanying online course featured ten clinical cases covering TB and diabetes diagnosis and care, and urgent management of hypertension in pregnancy. The intervention has demonstrated scalability: Since 2024, 6179 (35%) of 17 656 primary health facilities across Indonesia have been trained. World Bank and MoH representatives have subsequently joined a research collaboration formed by KTU of countries implementing the PACK programme.
CONCLUSIONS
This intervention demonstrates south-to-south collaboration and shared learning. Evaluation is planned to assess impact as well as to identify systemic effects to inform future scale-up in large lower-middle-income countries.
Popul. Med. 2026;8(Supplement 1):A1631

ABS1359

Strengthening Health systems capacity in Africa for Pandemic Equity and Responsiveness (SHARPER): Why ethics, human rights, and population benefits matter.

Leslie London[1], Marlise Richter[1], John Adekeye[2], Christopher Baguma[3], Margaret Kaseje[4], Moses Mulumba[3], Adamson Muula[5], Syntia Nchangwi[6], Lauren Paremoer[1], Godfrey Tangwa[6], Ademola Ajuwon[2]
[1]School of Public Health, University of Cape Town, Observatory, Cape Town, South Africa, [2]Department of Health Promotion, University of Ibadan, Ibadan, Nigeria, [3]Afya aa Haki, Afya na Haki, Kampala, Uganda, [4]Tropical Institute of Community Health, TICH, Kisumu, Kenya, [5]Public Health, Kamuzu University of Health Sciences, Blantyre, Malawi, [6]Cameroon Bioethics Initiative, CAMBIN, Yayounde, Cameroon

BACKGROUND
Rigorous ethical norms in research are essential to foster accountability, respect, fairness and trust in knowledge production, and are required for evidence-based public health programmes. However, global pandemic preparedness efforts that prioritize technological innovation without careful consideration of ethics, human rights, and socio-cultural factors can reproduce global health inequities, as illustrated with vaccine apartheid during the COVID-19 pandemic. Without

foregrounding such considerations, research does not always further justice, equity, or the right to health, particularly for populations in the global south.
METHODS
The Strengthening Health Systems Capacity in Africa for Pandemic Equity and Responsiveness (SHARPER) project is a six-year multi-country network, involving institutions in Cameroon, Kenya, Malawi, Nigeria, South Africa, and Uganda. Drawing on African philosophical traditions such as Ubuntu/Bihwir and eco-bio-communitarianism, as well as human rights theories, SHARPER will undertake regional analyses of the policy landscape and current and past practices in ethical oversight addressing population benefits; as well as scoping studies to identify strategies to address gaps in research governance for population-level benefit sharing. To ensure leadership and intellectual sustainability, SHARPER is prioritising capacity-building activities for early-career researchers.
RESULTS
Although many research studies take place in Africa, transparent arrangements to ensure wider population benefits from research are lacking. While some research protocols include post-trial benefits for participants, there is no systematic ethical and/or regulatory oversight that addresses benefits for the broader host population or that incorporates African values related to communitarianism. This means that the right to Enjoy the Benefits of Scientific Progress contained in Article 15 of the International Covenant on Economic, Social and Cultural Rights, ratified by most African countries, remains out of reach of most African populations.
CONCLUSIONS
A strengthened research ecosystem in Africa must incorporate African values in its ethical and regulatory environment to emphasise the collective benefits of health technologies.
Popul. Med. 2026;8(Supplement 1):A1635

ABS1365
If we really want Pandemic Preparedness, we must ensure equity and justice – how Ethics Committees and researchers in Africa can promote population benefits from health research

Leslie London[1], Marlise Richter[1], John Adekeye[2], Christopher Baguma[3], Margaret Kaseje[4], Moses Mulumba[3], Adamson Muula[5], Syntia Nchangwi[6], Lauren Paremoer[1], Godfrey Tangwa[6], Ademola Ajuwon[2]
[1]University of Cape Town, Observatory, Cape Town, South Africa, [2]Department of Health Promotion, University of Ibadan, Ibadan, Nigeria, [3]Afya na Haki, Afya na Haki, Kampala, Uganda, [4]Tropical Institute of Community Health, TICH, Kisumu, Kenya, [5]Public Health, Kamuzu University of Health Sciences, Blantyre, Malawi, [6]Cameroon Bioethics Initiative, CAMBIN, Younde, Cameroon
BACKGROUND
Health research in LMICs often fails to translate into benefits to the local populations. Part of the reason is the absence of standards that foreground African communitarian values as reflected in the idea and practice of Ubuntu/Bihwir and the failure of ethical oversight to hold researchers and sponsors accountable to such standards. This workshop will explore how researchers should conceptualise post-study benefits as part of their professional responsibilities and how ethics committees can better exercise their responsibilities in ways that reflect African communitarian values to maximise population benefits from health research.
METHODS
The workshop will be participatory in design and start with a short scene-setting input, identifying the key issues for ethical oversight of health research. Participants will be given three vignettes to work through, illustrating the key decision-making points where ethical oversight could better address the risk-benefit analysis in ways that deliver population benefits explicitly and valorise a framework of African values.
OUTCOMES
At the end of this workshop, participants should be better able to identify why and how population benefits should be integrated in protocol design and in the process of ethical oversight of health research, and to suggest ways to implement such ethical oversight to ensure African populations benefit. Participants will also be introduced to regional efforts to harmonise ethical oversight of health research in ways that advance justice and equity through African values, with the opportunity to participate in such efforts.
CONCLUSION
A strengthened research ecosystem in Africa must incorporate African values in its ethical and regulatory environment to emphasise the collective benefits of health technologies for those who, by their participation, help make them possible.
Popul. Med. 2026;8(Supplement 1):A1637

ABS1398
Strengthening primary care through PACK: contextualising evidence-based, comprehensive clinical guidance to support primary care health systems strengthening in five low- and middle-income countries

Daniella Georgeu-Pepper[1], Ruth Cornick[1], Christy-Joy Ras[1], Lara Fairall[2,1]
[1]Knowledge Translation Unit, Department of Medicine, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [2]School of Life Course & Population Sciences, King's College London, London, United Kingdom
INTRODUCTION
The Practical Approach to Care Kit (PACK) programme is a health system strengthening strategy designed to support primary care reforms in low- and middle-income countries. Developed by the Knowledge Translation Unit (KTU) in South Africa over two decades in collaboration with policymakers, managers, and health workers, PACK provides a comprehensive, symptom-based clinical decision support guide aligned with local policies, resources, and disease burden. PACK implementation includes e-learning content designed for completion by individuals or facility teams that embed the guide into routine care while addressing broader health system challenges. Since 2015, PACK has been localised and implemented in South Africa, Nigeria, Ethiopia, Brazil, and Indonesia (3-5) and these countries have formed a PACK collaboration.
METHODS
The collaboration convenes regularly, both online and in person, to share lessons on clinical content localisation, training delivery, programme scale up, and health system strengthening activities reported by ministries of health across the diverse LMIC settings implementing PACK.
RESULTS
Evidence-based guidance, integrated training, and collaborative approaches can drive primary care reforms and health system strengthening in multiple LMIC health systems. Localised PACK programmes ensure that the guide is more than clinical decision support, acting as a central reference for scope of practice delineation, levels of care and mandated services. Regular PACK update processes catalyse discussions between different levels of the health system, embedding its role as a facilitator of systems change and its ownership by local stakeholders.
CONCLUSIONS
The PACK collaboration has demonstrated the value of south-to-south learning, adapting PACK to local contexts, and fostering partnerships to support scale-up and sustainability. These lessons will support policymakers, health leaders, clinicians, and others translating evidence into practice within learning health systems.
Popul. Med. 2026;8(Supplement 1):A1639

ABS1460
Reconceptualizing Integrated People-Centred Health Services: Towards a Mechanism-Sensitive Model Using Realist Evaluation

Usangiphile Buthelezi[1,2], Arvin Bhana[2], Zamasomi Luvuno[2], Tasneem Kathree[1], Sanah Bucibo[2], Noxolisa Radebe[2], Mosa Moshabela[1,3], Inge Petersen[4], André J van Rensburg[2]
[1]School of Medicine, University Of KwaZulu-Natal, Durban, South Africa, [2]Centre for Research in Health Systems, University of KwaZulu Natal, Durban, South Africa, [3]Vice Chancellor, University of Cape Town, Cape Town, South Africa, [4]Institute of Global Health, University College London, London, United Kingdom
BACKGROUND
The World Health Organization's Framework on Integrated, People-Centred Health Services (IPCHS) proposes five interdependent strategies to guide health system transformation. In low- and middle-income countries (LMICs), implementation of IPCHS is often fragmented due to limited understanding of how its strategies interact in practice. This study aimed to reconceptualise how IPCHS strategies interact in practice by identifying the underlying mechanisms that enable or constrain people-centred care, using CHW performance as an analytical entry point.
METHODS
This study used a multi-phase realist approach, which focuses on understanding what works, for whom, and under what conditions, integrating a realist synthesis and two realist evaluations in KwaZulu-Natal, South Africa. Findings from each phase contributed to refining an initial programme theory into a dynamic, mechanism-sensitive model that captures how IPCHS strategies function interdependently. Data were analysed using context–mechanism–outcome (CMO) configurations. Systems thinking tools, including causal loop diagrams, were used to visualise mechanism chaining and feedback loops across system levels and strategies.
RESULTS
Three cross-cutting meta-mechanisms: trust, motivation, and professional legitimacy (with institutional support) were found to underpin CHW performance across all five IPCHS strategies. These mechanisms interacted recursively,

meaning activation or erosion of one affected others. People-centred care is not the outcome of any single strategy but rather emerges from the alignment and interaction of mechanisms triggered by multiple strategies in different contexts. When mechanisms align, they reinforce CHW performance and advance IPCHS; when misaligned, they contribute to system fragility and poor outcomes.
CONCLUSIONS
People-centred care is an emergent property of aligned, interacting IPCHS strategies, as opposed to isolated interventions. The proposed mechanism-sensitive model provides policymakers and implementers with a practical approach to move beyond fragmented reforms towards a more coherent, people-centred health system transformation. Further research should test and refine the proposed mechanism-sensitive approach to implementing the IPCHS framework.
Popul. Med. 2026;8(Supplement 1):A1645

ABS1666
Optimizing reach for mental health services through campaigns in rural South Africa
Enock Zibengwa[1], Kate Rees[1]
[1]Anova Health Institute, Johannesburg, South Africa
INTRODUCTION
In rural South Africa, mental health services remain underutilised despite growing need, due to limited awareness, persistent stigma, staff shortages, and weak linkages between communities and health facilities. Campaigns and health talks are often treated as peripheral "awareness activities" rather than prioritised as core service delivery strategies. Campaigns refer to structured, community-based engagement activities that intentionally link communities to screening, counselling, referral, and care pathways. To address this gap, and in support of the Department of Health (DoH), the Sishen Iron Ore Company–Community Development Trust (SIOC-CDT) funds Anova Health Institute to implement a Mental Health Integration Programme in the Northern Cape and Limpopo provinces.
METHODS
Between 2023 and 2025, mental health campaigns and structured health talks were delivered through clinics, mobile outreach, workplaces, schools, local media, and community platforms, embedded within existing HIV, TB, and chronic care services. Implementation was strengthened through partnerships with social and behaviour change organisations. Routine programme data were analysed to identify associations between campaign activity and mental health screening volumes, counselling and treatment uptake, and referral completion. Qualitative reflections from providers and community members contextualised quantitative findings.
RESULTS
Campaigns and health talks reached 39459 community members. Periods of intensified campaign activity aligned with increases in mental health screening and counselling uptake. A total of 9862 individuals were screened, of whom 2201 received counselling and were successfully linked to appropriate clinical and psychosocial care. Service-use patterns shifted, with men and youth demonstrating increased engagement. Qualitative narratives during campaigns reflected reduced stigma, improved mental health literacy, and help-seeking behaviour.
CONCLUSIONS
Well-designed campaigns and health talks are powerful drivers of mental health access in rural settings. When locally grounded and clearly linked to service pathways, they transform awareness into service utilisation. Campaigns shape trust, perceptions, and help-seeking behaviours, influencing individuals' engagement with clinical care.
Popul. Med. 2026;8(Supplement 1):A1655

ABS1723
Closing the gap between public health and primary care: strengthening health systems to ensure equity in South Africa
Ilona Matthew[1], Michelle Viljoen[1], Jane McCartney[1], Angeni Bheekie[1]
[1]School of Pharmacy, Faculty of Natural Science, University of the Western Cape, Cape Town, South Africa
BACKGROUND
South Africa's primary healthcare (PHC) system experiences ongoing inequities, with an escalating burden of non-communicable diseases (NCDs), demanding long-term, people-centred models of care. These inequities are deeply intertwined with social determinants of health, further exacerbating disparities in health outcomes. Individuals from lower socio-economic backgrounds have a higher prevalence of NCDs, highlighting where policy interventions must focus. Against this backdrop, large-scale interventions like the Western Cape's Chronic Dispensing Unit (CDU) and the national COVID-19 vaccination campaign offer contrasting lessons about how public health policies translate into PHC practice. The aim was to assess the implementation of two large-scale public health interventions (CDU and COVID-19 vaccination) within South Africa's PHC system, and to identify how the factors influencing their effectiveness, equity, sustainability and service design could be used to reduce the burden of NCDs.
METHODS
A mixed-methods research was undertaken. (i) A qualitative evaluation of the CDU used semi-structured interviews, with purposively selected stakeholders from across primary care, operational, management, and policy-levels. Thematic analysis followed a deductive–inductive strategy. (ii) A retrospective, population-based assessment of the COVID-19 vaccination campaign examined speed, equity, uptake, and death trends using publicly-available secondary National Department of Health data.
RESULTS
The CDU achieved substantial reach, service efficiencies, reduced waiting times and decongested facilities, while strengthening prescribing governance. Sustainability risks included fragmented data systems and non-collection of medicine, limiting the monitoring of clinical outcomes. COVID-19 vaccination coverage plateaued below national aims, with geographic and demographic inequities in uptake. Integration of vaccination into routine PHC and community outreach improved access but did not fully address hesitancy, distribution, and data integration gaps.
CONCLUSIONS
To ensure equity is more than just an inspiration, it is essential to track progress through measurable indicators. Policy-to-practice translation in South Africa is feasible and impactful when PHC interventions are data-enabled, integrated, community-embedded, and sustainably financed.
Popul. Med. 2026;8(Supplement 1):A1658

ABS1735
Mother's Touch, Baby's Lifeline: Improving Neonatal Outcomes through Kangaroo Mother Care Down-Referral and Integrated Health Services in Gauteng, South Africa
Lamisa Naushin[1], Tabea Phashe[1], Derisha Pillay[2], Khanyisile Rose Phayane[2], Mantwa Chisale Mabotja[1]
[1]Public Health Medicine, University of Pretoria, Pretoria, South Africa, [2]Paediatrics and Child Health, University of Pretoria, Pretoria, South Africa
BACKGROUND
Overcrowding in tertiary neonatal units is a persistent health system challenge in low- and middle-income countries, leading to reduced nurse-to-patient ratios, increased hospital-acquired infections, and preventable neonatal mortality. Tembisa Provincial Tertiary Hospital (TPTH) in Gauteng, South Africa, routinely operates beyond its approved neonatal bed capacity. In August 2024, a structured Kangaroo Mother Care (KMC) down-referral intervention was implemented to optimise patient flow by transferring clinically stable mother–infant pairs to under-utilised district-level KMC units. This study evaluated the impact of the intervention on overcrowding and key neonatal outcomes at TPTH.
METHODS
A retrospective comparative study was conducted using routinely collected hospital data. Neonatal indicators were compared across two six-month periods: pre-intervention (February–July 2024) and post-intervention (September 2024–February 2025). Outcomes included mean monthly neonatal headcount, bed utilisation rate, neonatal mortality rate, absolute number of neonatal deaths, and hospital-acquired infections. August 2024 was treated as a pilot month and excluded from the analysis. Descriptive statistics and independent t-tests were used to assess differences between periods.
RESULTS
Between August 2024 and February 2025, 236 neonates were down-referred to district KMC units. Following implementation, the mean monthly neonatal headcount decreased significantly from 160.3 to 122.5 ($p=0.029$), while bed utilisation declined from 159.8% to 141.2% ($p=0.009$), indicating a substantial reduction in overcrowding. Neonatal mortality rates, absolute neonatal deaths, and hospital-acquired infection rates demonstrated downward trends in the post-intervention period; however these reductions were not statistically significant.
CONCLUSIONS
The implementation of a structured KMC down-referral model significantly reduced overcrowding in a high-volume tertiary neonatal unit and demonstrated clinically favourable trends in mortality and infection outcomes. Strengthening district-level KMC capacity including human resource support and formalising integrated referral pathways represent feasible, low-cost health system strategies to improve neonatal care and optimise the use of scarce tertiary resources in resource-constrained settings.
Popul. Med. 2026;8(Supplement 1):A1659

ABS1752

Global Health and Latin America: Challenges to Health Systems in an Unequal World

Cristiani Machado[1], Analice Braga[2], Evangelina Martich[3], Eduarda dos Anjos[4]
[1]Department of Health Planning and Administration, Sergio Arouca National School of Public Health/ Oswaldo Cruz Foundation (Ensp/Fiocruz), Rio de Janeiro, Brazil, [2]Vice-presidency of Education, Information and Communication, Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil, [3]Universidad Camilo José Cela, Madrid, Spain, [4]Centre for Data and Knowledge Integration for Health (CIDACS), Oswaldo Cruz Foundation (Fiocruz), Salvador, Brazil

INTRODUCTION
The COVID-19 pandemic has widened disparities between and within countries and revealed the limitations of global health governance and multilateral agencies in implementing international solidarity mechanisms. Moreover, it exposed weaknesses in national health systems in managing health emergencies and meeting healthcare needs. Latin America, a region that reflects inequalities often worsened by political, economic, and social instability, was deeply impacted by the pandemic (2-5).
METHODS
The research explores the connections between changes in global health and in Latin American health systems from 2010 to 2025, including the periods before, during, and after the COVID-19 pandemic. At the international level, it focuses on the governance mechanisms and agendas of the World Health Organization (WHO) and the Pan American Health Organization (PAHO). At the national level, it explores recent changes in the health systems of Brazil, Mexico, and Argentina in a comparative perspective. The research was primarily based on analysis of official documents from the World Health Assemblies, the WHO, the PAHO, and national governments, complemented by a literature review and secondary data analysis.
RESULTS
Changes in the global, regional, and national health agendas were observed in the studied period. At the global and regional levels, even before the pandemic, a growing emphasis on emergency preparedness and health systems' resilience was observed. At the national level, health policies were influenced by both international and domestic variables. Besides structural conditions, the health systems' institutional legacies and government orientations played an important role, with differences between the three countries.
CONCLUSIONS
Emphasizing emergency preparedness and the health system's resilience is relevant, but insufficient to address complex health challenges faced by Latin American countries. Comprehensive multilateral strategies and national policies to promote structural change and strengthen public health systems in the Global South are crucial to reducing inequalities across and inside countries.
Popul. Med. 2026;8(Supplement 1):A1660

ABS1811

Addressing Health Systems Quality Gaps: Empowering Health Service Managers Through a Formal Academic Program

Juliet Charity Yauka Nyasulu[1], Maureen Tshabalala[1], Rene English[1]
[1]Division of Health Systems and Public Health, Stellenbosch University, Cape Town, South Africa

ABSTRACT
Implementation Science (IS) provides a systematic approach for translating evidence into practice, critical for improving health service delivery, particularly in resource-constrained settings. Quality Assurance (QA) and Quality Improvement (QI) are central to health system strengthening; however, many health service managers lack formal training in these disciplines. Consequently, QI initiatives are often fragmented, short-lived, and poorly institutionalised, limiting sustainability and impact (WHO, 2018). To address this gap, Stellenbosch University, in collaboration with the Institute for Healthcare Improvement (IHI), integrated a structured QI module into its Postgraduate Diploma in Health Care Management to build practical IS and QI capacity among frontline health managers. We evaluated the implementation of the QI module among the 2023–2024 PGDip cohort. Fifteen South African health service managers participated in training covering IS principles, QA frameworks, and QI methodologies, including the Model for Improvement. Each participant identified a real-world health system gap within their workplace and designed a context-specific QI project to address it. Continuous mentorship and coaching were provided throughout project implementation to support application of theory to practice. All fifteen participants successfully developed and implemented QI projects within their respective health system contexts. Projects addressed diverse service delivery gaps and were presented to key institutional stakeholders, including senior health managers, enhancing organisational engagement and accountability. Importantly, participants were also supported to document their projects in a publishable format, promoting knowledge sharing and the potential replication of effective interventions beyond the immediate settings. Embedding a structured QI and IS module within a formal academic Programme significantly strengthens the capacity of health service managers to identify, implement, and sustain system-level improvements. This approach supports institutionalization of continuous quality improvement and contributes meaningfully to health system strengthening. Formal partnerships between academic institutions and implementation partners such as IHI offer a scalable and sustainable model for building QI leadership within health systems, particularly in low- and middle-income country contexts.
Popul. Med. 2026;8(Supplement 1):A1664

ABS1824

Nudging Sub-Saharan African Primary Health Care Systems Toward Preventive and Promotional Care: Project Design and Conceptual Framework for the Development of Remote Functions

Hans Onya[1], Barimwotubiri Ruyobeza[1], Emmanuel Okereke[2], Davison Munodawafa[3], Henry Uro-Chukwu[4], Tshifhiwa Netshapapame[1]
[1]Department of Public Health and Health Systems, University of Limpopo, South Africa, Polokwane, South Africa, [2]Biomedical Engineering Research Centre, University of Cape Town, Cape Town, South Africa, [3]Department of Community Medicine, Midland State University, Gweru, Zimbabwe, [4]College of Medical Sciences, Alex Ekwuene Federal University, Ikwo - Abakaliki, Nigeria

BACKGROUND
Primary Health Care (PHC) systems in Sub-Saharan Africa (SSA) remain heavily oriented toward reactive, curative services despite the urgent need to shift toward preventive and proactive care. Although digital health solutions have been expanding, most still reinforce treatment-based models rather than address systemic factors that could facilitate preventive care. This article presents the rationale behind a research project examining the development of a conceptual framework of remote functions - a group of new, hypothetical services delivered to citizens away from healthcare facilities, including Virtual Queuing and Chronic Condition Management, Health and Wellness Promotion, and (3) Local Outbreak and Epidemiological Information Dissemination. The research will be conducted across South Africa, Zimbabwe and Nigeria. The aim is to generate robust, actionable evidence on how preventive - and promotional PHC functions can be incorporated into sub-Saharan African primary health care systems.
METHODS
The project adopts a muti-study mixed method research design. The overall design integrates comparative case studies, qualitative and quantitative surveys, co-designed and participatory approaches and a Delphi process to capture systemic, workforce, community-level perspectives across sequential and interlinked research phases. Analysis will produce coding protocols, scenario-testing outputs and empirically supported refinements of the framework, linking adoption potential to operational and workforce feasibility considerations; consolidate evidence from all prior phases to validate the conceptual framework and associated pathways.
CONCLUSIONS
Drawing on the Framework for the Adoption and Scaling of Remote Patient Management Systems (FRPMS), the study will investigate: the intention–expectation gaps among policymakers, providers, and citizens; task–skills fit in the workforce; and sociotechnical norms and imaginaries shaping prevention versus treatment approaches. Findings will generate new practical and empirical insights into determinants and levers of SSA's PHC system transformation. Outputs will include a validated framework supporting broader awareness and uptake of preventive and promotional PHC approaches across SSA.
Popul. Med. 2026;8(Supplement 1):A1665

ABS1829

Implementing training strategies for primary health care teams to improve child development surveillance: a pilot study

Juliana Araujo Teixeira[1], Sonia Isoyama Venancio[2], Maria Beatriz Martins Linhares[3], Rogério Lerner[4], Naércio Aquino Menezes-Filho[5,6], Débora Falleiros de Mello[7], Cpapi Cpapi[5]
[1]School of Public Health, University of São Paulo, São Paulo/SP, Brazil, [2]Ministry of Health, Brasilia/Federal District, Brazil, [3]Ribeirão Preto Medical School, University of São Paulo, Ribeirão Preto/SP, Brazil, [4]Psychology Institute, University of São Paulo, São Paulo/SP, Brazil, [5]Insper, São Paulo/SP, Brazil, [6]Department of Economics, University of São Paulo, São Paulo/SP, Brazil, [7]Ribeirão Preto College of Nursing, University of São Paulo, São Paulo/SP, Brazil

BACKGROUND
This study examined a training program designed to increase primary healthcare professionals' awareness and strengthen the use of the Child Health Booklet

(CHB) for child development (CD) surveillance. The intervention was evaluated in terms of effects, feasibility, and acceptability.
METHODS
A pre–post design was applied among professionals from all primary care units in a small municipality in São Paulo state, Brazil. In parallel, caregivers of children aged 0–3 years were interviewed and CHBs were audited before (G1, n = 225) and after (G2, n = 219) the intervention. Focus groups with a subset of professionals explored implementation barriers and facilitators using the RE-AIM framework1.
RESULTS
Of the 77 eligible professionals, 92.8% accessed the online module and 30.1% completed it. Thirty-seven participated in in-person training, with attendance rates above 78%, demonstrating good feasibility and engagement. After the intervention, caregivers in G2 more frequently reported that professionals inquired about CD (53.2% vs. 39.1%) and provided related guidance (79.4% vs. 62.9%). Advice to read the CHB (60.8% vs. 41.5%) and explanations about its content (28.8% vs. 15.6%) also increased. Adjusted analyses showed the likelihood of caregivers being asked and receiving information about CD increased by 1.37 (95% CI: 1.12-1.69) and 1.27 times (95% CI: 1.12-1.43), respectively. Professionals were 46% more likely to advise CHB reading (95% CI: 1.15–1.86) and 88% more likely to provide content guidance (95% CI: 1.17–3.04). Audits revealed a 4.65-fold increase (95% CI: 1.62-13.2) in complete documentation of developmental milestones. Focus groups indicated improved motivation to use the CHB, recognizing its role in family guidance and care quality. In addition, suggestions for improving training and barriers to implementation emerged.
CONCLUSIONS
The training strategy was feasible, well accepted, and associated with meaningful improvements in CD surveillance practices in primary healthcare settings.
Popul. Med. 2026;8(Supplement 1):A1666

ABS1838

Development and pilot testing of Our Practice Advisories to improve access to Chronic Kidney Disease treatment and care

Kimberly Jacob Arriola[1], Nicole Franks[2], Candace Sapp[1], Rhonda D. Harris[2], Janice Lea[2], Bobby Howard[3], Megan Urbanski[2], Sydney Odion-Smith[1], Alexis Smith[1], Collins Airhihenbuwa[4], Emily August[1], Tamara Y. Walker[5]
[1]Rollins School of Public Health, Emory University, Atlanta, United States, [2]School of Medicine, Emory University, Atlanta, United States, [3]LifeLink of Georgia, Peachtree Corners, United States, [4]School of Public Health, Georgia State University, Atlanta, United States, [5]American Kidney Fund, Rockville, United States
INTRODUCTION
Despite advances in diagnosis and management, disparities persist in the burden of end-stage kidney disease (ESKD); Black patients in the U.S. Experience almost a 4X higher incidence than white patients.1 Among other reasons, this disparity stems from delayed identification of chronic kidney disease (CKD), hindering timely referral to nephrology specialists and medical interventions that improve outcomes. Structural racism has been implicated as a driver of these disparities. We present preliminary data on the implementation of a systems-level intervention that seeks to reduce inequities in access to CKD/ESKD treatment and care. Specifically, clinical practice alerts aimed at mitigating against implicit bias in referral practices, termed Our Practice Advisories (OPAs) were launched.
METHODS
The OPAs were built into the Epic Electronic Medical Record in order to identify patients being discharged from the emergency department or hospital meeting one of two criteria: 1) eGFR <45 triggered a prompt for primary care referral; 2) eGFR <29 triggered a prompt to refer to nephrology.
RESULTS
During the 11-week study period, the OPA fired 3,060 times (eGFR <29: n=520; eGFR <45: n=2,540). The affected population was predominantly Black (64%) and female (60%). Total provider response rate was 2% (n=53). Of those responding, Internal Medicine providers accounted for the majority (68%; n=36), followed by Critical Care (13%; n=7). Among the 53 responders, 40 (76%) completed a follow-up action. Key actions included: problem list updates, referral/order placement, and clinical integration. Thirty-six providers (68%) added CKD to the patient's problem list, 36 (68%) placed a referral order, and 32 (60%) completed the combined action of adding the diagnosis while simultaneously placing a referral.
CONCLUSIONS
We must educate providers on the utility of using OPAs. They serve as a tool for identifying patients who have diminished kidney functioning to expedite access to care, which may help reduce disparities.
Popul. Med. 2026;8(Supplement 1):A1668

ABS1922

Realising the Life Course Approach in primary health practice towards optimising person-centred care in the Western Cape, South Africa

Vanessa Mudaly[1], Caro-Lee Jaftha[1], Nafeesa Saldulker[1], Nathirah Bosch[1], Kelly Sweatman[1]
[1]Clinical content, Knowledge Translation Foundation, Cape Town, South Africa
BACKGROUND
The Western Cape health department has adopted a life course approach to service delivery, acknowledging that key phases, transitions and events shape the trajectory of an individual's health over their lifespan. Accordingly, the disease burden of each life stage should be linked to appropriate health promotion, prevention and disease management strategies to optimise opportunities for person-centred health and well-being. The Practical Approach to Care Kit (PACK) is a clinical decision support (CDS) tool implemented at primary care facilities that translates evidence-based guidelines into a simplified algorithmic format. The "PACK Adult" guide comprehensively covers adult care, however the scope of the Integrated Management of Childhood Illness (IMCI) guide used for children is limited and lacks guidance for children over 5 years. In addition, the health needs of adolescents differ significantly from that of children and adults. We describe the process of bridging these important gaps.
METHODS
The "PACK Adult" strategy consisting of policy-aligned guidance, a training package, implementation support and health system strengthening activities3 was expanded to include the "PACK Child" and "PACK Adolescent and Youth" guides. Content was developed by localising available high-quality, evidence-based, age-appropriate policies and integrating inputs from health managers, specialists and primary care practitioners about health priorities, content relevance and clinical practice.
RESULTS
The PACK guides provide person-centred point-of-care CDS integrated with health promotion and prevention strategies aligned to the life course approach. The range of content includes commonly occurring symptoms, immunisation, routine care for children, sexual and reproductive health, mental health conditions, long-term health conditions and palliative care. Annual review ensures policy alignment, incorporation of end user feedback and updated medicine information.
CONCLUSIONS
Building on an existing, trusted methodology used to strengthen health service delivery for adults has been an acceptable and feasible way of operationalising a life course approach.
Popul. Med. 2026;8(Supplement 1):A1676

ABS1926

Evaluating the Implementation of Adolescent- and Youth-Friendly Services in the Selected Primary Healthcare Facilities in Vhembe District, Limpopo Province

Mukovhe Rammela[1], Lufuno Makhado[2]
[1]Nursing, University of Pretoria, Pretoria, South Africa, [2]Public Health, University of Venda, Thohoyandou, South Africa
BACKGROUND
The adolescent- and youth-friendly services (AYFS) programme has the potential to address several diverse problems within adolescents' healthcare systems by improving the quality, accessibility, efficiency, and effectiveness of healthcare services. The country continues to suffer from structural and systemic factors that hinder the effective provision and implementation of AYFS despite its comprehensive legal and policy framework and commitment to enhancing young people's health. Therefore, the objective of this study was to evaluate the implementation of AYFS against the World Health Organization (WHO) global standards for quality healthcare services for adolescents to strengthen these services in Vhembe District, Limpopo.
METHODS
A cross-sectional study was used to evaluate the implementation of AYFS against the WHO global standards for quality healthcare services for adolescents in Vhembe District, Limpopo. Evaluating the implementation of AYFS was conducted through questionnaires distributed to healthcare providers in the selected primary healthcare facilities in Vhembe District. For descriptive statistical analysis, research data were analysed using Statistical Package for the Social Sciences (SPSS).
RESULTS
The AYFS have been evaluated in depth across eight WHO global standards for quality health-care services for adolescents, with areas of success and areas for improvement identified. Provider competency reveals a disparity, with a majority (67.0%) of healthcare providers trained in effective communication with

adolescents. In comparison, significantly fewer have received specific training in AYFS (16%) or on Pre-Exposure Prophylaxis (PrEP) (25.9%), underscoring the need for a more balanced approach to training focus.
CONCLUSIONS
Research findings highlight the strengths and gaps of AYFS in Vhembe District, aligned with government and WHO priorities for adolescent health. Addressing the identified gaps is vital to ensuring that healthcare facilities are adolescent- and youth-friendly, easily accessible, and can be implemented effectively to address adolescent and youth health challenges in Vhembe District.
Popul. Med. 2026;8(Supplement 1):A1677

ABS1928

Development and Validation of an Integrated HIV/STI, and Pregnancy Prevention Programme: Improving Adolescent Sexual Health Outcomes

Mukovhe Rammela[1], Lufuno Makhado[1,2]
[1]Nursing, University of Pretoria, Hatfield, South Africa, [2]Public Health, University of Venda, Thohoyandou, South Africa

ABSTRACT
In developing countries, adolescent girls and young women (AGYW) continue to experience high rates of unintended pregnancy and sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV). Several healthcare services are available at the primary level of healthcare to address the sexual and reproductive needs of adolescents in South Africa. Healthcare providers often face challenges such as limited resources, inadequate funds, and inadequate training, which hinder their ability to provide integrated care. In response to increasing international calls for developing and implementing integrated person-centered care, which addresses both quality and access to care, this paper aims to develop and validate an integrated HIV/STI, and pregnancy prevention program for adolescent girls and young women in the Vhembe District. Multiphase mixed methods were employed in this study. This study consisted of three interconnected phases. As part of phase 1 of this study, a comprehensive literature review was conducted. In phase 2, an empirical study conducted using a concurrent triangulation strategy to collect and analyze both qualitative and quantitative data as a form of confirmation, dis-confirmation, and cross-validation of the findings. Consequently, a conceptual framework was developed using qualitative and quantitative analysis by merging, comparing, and interpreting the results. The findings of phase 2 interface were analyzed using the Political, Environmental, Social, and Technological (PEST) and Strength, Weakness, Opportunity, and Threat (SWOT) analyses. Additionally, the outcomes of the Logical Framework Analyses (LFA) informed the development of an integrated programme aimed at preventing HIV, STIs, and teenage pregnancy. Several stakeholders and experts (n = 35) were consulted as part of the Reduce the Risk (RTR) Coalition to validate the proposed integrated programme with an average of 94.3% on acceptability, feasibility, and appropriateness. In the Vhembe District, there has been no published study that has developed an integrated HIV, STIs, and pregnancy prevention programme.
Popul. Med. 2026;8(Supplement 1):A1678

ABS1930

A Conceptual Framework for Integrating HIV, STIs and Pregnancy Prevention Services in Vhembe District, Limpopo, South Africa: Improving Teenagers' Health Outcomes.

Mukovhe Rammela[1], Lufuno Makhado[2]
[1]Nursing, University of Pretoria, Hatfield, South Africa, [2]Public Health, University of Venda, Thohoyandou, South Africa

ABSTRACT
Against the backdrop of increasing international calls for the development and implementation of integrated person-centered care that address both quality and access issues to improve adolescent and youth health services, this paper aims to develop a conceptual framework for integrating Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STIs) prevention into pregnancy prevention routine services in Vhembe District, to improve teenagers' health outcomes. A convergent triangulation mixed methods design was used for comparing and contrasting of quantitative and qualitative data to determine the extent of agreement between the two data types to generate contextual findings. In this study, employing both quantitative data were collected through questionnaires on a sample of healthcare workers (n=112) providing Adolescent and Youth-Friendly Services to evaluate programme effectiveness on the high rate of teenage pregnancy and HIV infection among youth in Vhembe District. Qualitative data were collected using face-to-face interviews with nurses (n=24) and teenagers aged 14-19 yrs (n=28) on the barriers and facilitators of integrating HIV, STI and pregnancy prevention services. Quantitative data were analysed using frequencies and percentages, and qualitative data were analysed using thematic analysis. The findings of the study point out that the integrated HIV, STIs and pregnancy prevention service uptake among adolescents is likely to be influenced by social and institutional factors. Provider competency reveals a disparity, with a majority 67.0% of healthcare providers trained in effective communication with adolescents with 95% Confidence Interval of [0.57-0.75] (n=112), suggesting a high level of adoption in the population. In comparison, significantly fewer have received specific training in AYFS 16% with 95% Confidence Interval of [0.09-0.24] (n=112), underscoring the need for a more balanced approach to training focus. The empirical findings provide evidence on challenges unique to low-resource, rural settings, contributing to global discourse on HIV and Sexual Reproductive Health (SRH) integration.
Popul. Med. 2026;8(Supplement 1):A1679

ABS1997

From Policy to Practice: The implementation and scaling of HIV Self-Screening amongst Adolescents and for client on Oral PrEP in South Africa

Tebogo Maomela[1], Alarice Marsh[1], Dr Thato Chidarikire[1]
[1]Health: South Africa, Ministry of Health South Africa, Pretoria, South Africa

BACKGROUND
HIV Self Screening (HIVSS) is testing modalities that the National Department of Health (NDoH) adopted after the STAR project. The commodities are currently being funded through domestic funding and support from Global Fund. The country recently updated the HIV Testing Services (HTS) policy, expanding the modality to all eligible clients aged 12 -17 years for directly assisted within healthcare facilities. The modality was also integrated into the PrEP program. These changes aimed to increase testing coverage among adolescents aged 12 -17 years who can provide consent and to high-risk populations who have successfully completed their oral PrEP for more than 4 months.
AIM
Implementing this was also aimed at reducing the number of visits to the healthcare facilities amongst clients who were on PrEP and scaling the modality to adolescents aged 12 -17 years.
METHODS
We reviewed retrospective data on the number of HIVSS test kits that were distributed from April 2024 – October 2025. These HIVSS test kits were distributed across the public health facilities, community distribution points, and PrEP service sites. Performance was benchmarked against the national targets
RESULTS
The annual national HIVSS target is 333 333 across the country. These targets were set based on the various aspects and the performance is reviewed annually from April to November 2025. The current data indicated that the current performance is at 90%.
CONCLUSIONS
HIVSS implementation for adolescents and PrEP users has demonstrated feasibility and acceptability, with a performance of 90 % which includes usage and distribution to both adolescents and clients who are on PrEP.
Popul. Med. 2026;8(Supplement 1):A1682

ABS1999

Health Without Borders: Governance, Equity, and Priority Setting for Essential Medicines and Diagnostics in sub-Saharan Africa – A Systematic Review

Trudy D Leong[1,2], Lumbwe Chola[3], Andrew G Parrish[4], Thandokazi Mvelashe[2], Natasha Gloeck[1], Sumayyah Ebrahim[5,1], Tamara Kredo[1,6]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Division of Health Systems and Public Health, Department of Global Health, Stellenbosch University, Stellenbosch, South Africa, [3]Department of Health Management and Health Economics, University of Oslo, Oslo, Norway, [4]Department of Internal Medicine, Faculty of Health Sciences, Walter Sisulu University, Mthatha, South Africa, [5]Department of Surgery, Nelson R Mandela School of Medicine, College of Health Sciences, Durban, South Africa, [6]Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Stellenbosch, South Africa

BACKGROUND
Health Without Borders requires priority-setting that promotes equitable, inclusive, and sustainable resource allocation. In sub-Saharan Africa (SSA), limited resources, cross-border health challenges, and donor financing complicate trade-offs in selecting essential medicines and diagnostics for primary healthcare (PHC). Health Technology Assessment (HTA), Multi-Criteria Decision Analysis (MCDA), and procedural justice approaches may strengthen transparency and

accountability, but their role in SSA is poorly documented.
METHODS
We systematically reviewed empirical applications of explicit priority-setting and economic evaluations for selecting PHC essential medicines and diagnostics in SSA. Bibliographic databases and grey literature were searched from January 2000 to 8 July 2025. Information was extracted in duplicate and analysed thematically. Carroll's framework was used to assess implementation fidelity against global standards for HTA, MCDA, Accountability for Reasonableness (A4R), and Evidence and Values: Impact on Decision-Making. We appraised reporting quality using the Consolidated Health Economic Evaluation Reporting Standards 2022 checklist and explored policy uptake through ministry repositories.
RESULTS
In 84 included studies, cost-effectiveness analysis predominated (n=59); deliberative approaches were rarely applied (MCDA, n=3; A4R, n=1; Program Budgeting and Marginal Analysis, n=0). Few studies used primary data; 68% relied on secondary sources. Among studies reporting cost-effectiveness thresholds (55%), gross domestic product–based rules were frequently used (57%). Ministries of Health participated in 7% of evaluations, and stakeholder engagement was mentioned in 6%. Equity, feasibility and budget impact were rarely addressed. Governance fragmentation and donor dependence constrained decision uptake, but deliberative participation in some cases suggested potential for more responsive and regionally coherent Universal Health Coverage (UHC).
CONCLUSIONS
Evidence-informed priority-setting tools have been used inconsistently to guide essential medicine and diagnostic selection in SSA. Strengthening domestic capacity and integrating equity, affordability, and feasibility criteria in ministry-led deliberative processes may foster legitimate, sustainable resource allocation, supporting the extension of UHC to marginalised and mobile populations.
PROSPERO registration: CRD420251129191.
Popul. Med. 2026;8(Supplement 1):A1683

ABS2034
Establishing a learning health system at the sub-district level: Healthy Futures South Africa

Steve Reid[1], Tracey Naledi[1]
[1]Family, Community and Emergency Care, University of Cape Town, Cape Town, South Africa

AIM
A partnership between the University of Cape Town and the Western Cape Government Department of Health and Wellness has received a generous grant from the Mastercard Foundation under the Africa Health Collaborative, to strengthen primary health care by empowering and preparing young people for employment and health entrepreneurship in three sub-districts over eight years. This created the opportunity to co-design and co-develop a learning health system as a joint venture between a health service and a higher education institution. This chapter outlines the initial steps in setup and design including data from the first two years of operations.
METHODS
In this project, each of the three sub-districts has established a "learning circle" that includes representatives from the health services, communities, non-governmental organizations and the university. In addition, a "Learning Forum" has been initiated to bring together the reflections from all 3 sites to generate appropriate interventions and research questions. Research methods included initial interviews in the first 6 months that explored participants' understanding and experience with the development of the project. Secondly, we reflected on the Learning Circles and Learning Forums to understand the trajectories of learning across the system in the first two years of implementation.
RESULTS
Data from key informant interviews in a participatory action research project, together with reports from the learning circles, are presented to illustrate the issues and learnings that have emerged in the early stages of the project.
CONCLUSIONS
The HFSA project shows that building a learning health system is an iterative social and political process, not merely a technical one. Learning circles have fostered inclusive reflection and emerging innovation, particularly through youth engagement and narrative approaches. Long-term sustainability depends on leadership, investment, and embedding learning as core health system infrastructure.
Popul. Med. 2026;8(Supplement 1):A1684

ABS2070
Effects of Continuity of Care on Avoidable Hospitalization in Hypertensive Patients: A Retrospective Analysis in High-altitudes of China

Junyi Chen[1], Ting Ye[1], Changli Jia[1], Qiao Yang[1], Sisi Zhong[1]
[1]School of Medicine and Health Management, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China

INTRODUCTION
In recent years, the hospitalization rate in China has continued to rise, with an increasing prevalence of avoidable hospitalizations. While developed countries have extensively studied avoidable hospitalization, research in China remains limited, particularly regarding the impact of continuity of care on avoidable hospitalization, which has yet to yield consistent conclusions. The objective of this study was to investigate the effects of continuity of care on avoidable hospitalization in hypertensive patients.
METHODS
Using claims data from basic medical insurance in three cities in high-altitude areas of China, from 2022 to 2023, we identified 13831 patients aged ≥18 years with at least three hospital visits for hypertension-related conditions in 2022. By analyzing whether these patients experienced avoidable hospitalizations due to hypertension in 2023 and evaluating continuity of care (COC, UPC, and SECON indicators) using 2022 data, the aim was to determine the association between continuity of care and avoidable hospitalizations. Logistic regression analysis was performed, adjusting for age, sex, ethnicity, region, insurance type, and number of hospital visits.
RESULTS
Among the 13831 patients, 425 (3.1%) experienced avoidable hospitalization for hypertension. Higher continuity of care was associated with a significantly lower risk of avoidable hospitalization: COC (OR=0.253, 95% CI: 0.164–0.383, p<0.001), UPC (OR=0.230, 95% CI: 0.140–0.374, p<0.001), and SECON (OR=0.335, 95% CI: 0.238–0.469, p<0.001).
CONCLUSIONS
Enhanced continuity of care is associated with reduced avoidable hospitalizations in hypertensive patients. Strengthening healthcare system capacity, improving longitudinal patient management, and fostering strong patient-physician relationships may be effective strategies to mitigate unnecessary hospitalizations.
Popul. Med. 2026;8(Supplement 1):A1686

ABS2091
Rapid Responsive Evidence Synthesis for Decision-making for Lenacapavir: Evidence-to-decision (E2D) Collaboration

Sumayyah Ebrahim[1,2], Natasha Gloeck[1], Zahiera Adam[3,4], Gayle Tatz[5], Jeremy Nel[6,7], Phumla Sinxadi[5,8], Halima Dawood[9,10], Tamara Kredo[1,11], Karen Cohen[5]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Discipline of General Surgery, Nelson R Mandela School of Medicine, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa, [3]Clinton Health Access Initiative, Pretoria, South Africa, [4]Affordable Medicines Directorate, National Department of Health, Pretoria, South Africa, [5]Division of Clinical Pharmacology, Department of Medicine, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [6]Division of Infectious Diseases, Department of Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [7]Infectious Diseases and Oncology Research Institute, University of the Witwatersrand, Johannesburg, South Africa, [8]South African Medical Research Council/University of Cape Town Platform for Pharmacogenomics Research and Translation, South African Medical Research Council, Cape Town, South Africa, [9]Infectious Diseases Unit, Grey's Hospital, Pietermaritzburg, South Africa, [10]Centre for the AIDS Programme of Research in South Africa (CAPRISA), Doris Duke Medical Research Institute, Nelson R Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa, [11]Division of Epidemiology and Biostatistics, Department of Global Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

BACKGROUND
To describe the collaborative processes and results of a review that enabled evidence-informed, context-specific recommendations for the use of lenacapavir for HIV pre-exposure prophylaxis (PrEP) in South Africa.
METHODS
Trustworthy guidance products require actionable statements (recommendations) supported by structured, transparent, evidence-informed decision-making processes. The National Department of Health Essential Medicines Programme, the South African Medical Research Council and Stellenbosch University established the Evidence-to-Decision (E2D) collaboration to facilitate timely evidence synthesis and promote broader stakeholder engagement in policy decisions. Efficacy and safety of lenacapavir, compared with oral PrEP, were prioritised for a rapid evidence review conducted according to a registered protocol specifying

the population, intervention, control, and outcomes (PICO). Methodologists oversaw key review stages, including guideline and primary study searches, study selection, data extraction and analysis, critical appraisal, and GRADE assessment to determine the certainty of the evidence for each outcome. Evidence-to-decision tables summarised benefits, harms, and contextual considerations such as equity, feasibility, resource requirements, acceptability, and stakeholder values.
RESULTS
When compared to oral PrEP, lenacapavir results in a large reduction in new HIV infections, with one HIV infection prevented for every 70 people. There was little to no difference in harms, apart from increased injection site reactions with lenacapavir. HIV incidence remains high, particularly amongst adolescent girls, young women and key populations. Barriers to adherence to oral PrEP include stigma and pill fatigue. Injectable PrEP is a discreet option. The 6-monthly dosing interval allows integration into existing reproductive health services, supporting consistent use and broader implementation in public health HIV prevention programmes.
CONCLUSIONS
Findings from this review informed the inclusion of lenacapavir in the South African national PrEP policy. This collaborative effort employed a standardised approach to formulate recommendations across multiple stakeholders, minimising resource waste, and can serve as a model to guide health policy and health systems decision-making.
Popul. Med. 2026;8(Supplement 1):A1688

ABS2104
Collaboration in Action: Khayelitsha Eastern Substructure's partnerships with community structures and interventions in identifying social drivers of violence while collectively strengthening protective factors

Thabisa Mpazwa[1], Nolusindiso Dyantyi[1]
[1]Department of Health and wellness, Khayelitsha Eastern Sub-structure: Violence Prevention Unit, Cape Town, South Africa
INTRODUCTION
Violence in socially disorganized communities is often driven by weak social cohesion, limited solidarity, and reduced informal social control. In Khayelitsha Eastern Substructure, these challenges have resulted in barriers to community safety and stability.
METHODS
The Violence Prevention Unit (VPU), established in 2023 under the Western Cape Department of Health and Wellness, applies a public health approach to violence prevention. Using an Area-Based approach (ABTs) and Community-Oriented Primary Care (COPC), the VPU convenes government, civil society, and local stakeholders. Data from the Department of Health and Wellness, South African Police Service, and Department of Social Development were triangulated to establish baseline social drivers of violence and priority areas for intervention.
RESULTS
Stakeholder engagements with Community Police Forums, the Men's Sector, neighborhood structures, and government departments highlighted the importance of shared responsibility in preventing, reducing, and responding to violence. Interventions focused on capacitating Community Police Forums, Neighborhood Watch structures, and SAPS to strengthen protective community mechanisms and enhance protective factors.
CONCLUSIONS
The initiative demonstrates that applying Whole-of-Society and Whole-of-Government approaches can restore trust, rebuild social cohesion, and empower communities with agency to identify risks, receive interventions, and advocate for resources. This collaborative, evidence informed model offers a contextual framework for sustaining violence prevention and strengthening protective factors in high-risk community.
Popul. Med. 2026;8(Supplement 1):A1689

ABS2109
Donor funding transitions as system shocks: Implications for paediatric HIV equity and health system sustainability in sub-Saharan Africa

Violet Bosire[1], Lilian Muchai[1], Jepchirchir Kiplagat[1,2], Sara Jewett (Nieuwoudt)[1]
[1]Department of Health and Society, School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, [2]Academic Model Providing Access to Healthcare (AMPATH), Moi University, Eldoret, Kenya
BACKGROUND
Equitable access to HIV services for children remains a persistent global health challenge, especially in settings heavily dependent on external donor financing. In sub-Saharan Africa, paediatric HIV programmes have relied on donor-supported systems, particularly through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Recent donor funding transitions and policy realignments have raised concerns about the continuity, equity, and sustainability of HIV testing and treatment services for children.
METHODS
A scoping review was conducted in line with Joanna Briggs Institute methodology and reported according to PRISMA-ScR guidelines. Peer-reviewed and grey literature published between 2005 and 2025 were identified across multiple databases and organisational sources. Eligible studies examined donor funding disruptions affecting HIV service delivery in sub-Saharan Africa, with paediatric relevance inferred through shared service platforms.
RESULTS
Nine studies spanning 19 donor-supported African countries met the inclusion criteria. Six interrelated themes were identified: nature and drivers of donor funding disruptions; service delivery disruptions in paediatric HIV care; (3) health system capacity challenges; financial dependency and sustainability constraints; consequences for paediatric outcomes and equity; and (6) resilience, adaptation, and mitigation strategies. Donor transitions were consistently associated with paediatric ART interruptions, delayed early infant diagnosis, workforce attrition, weakened outreach and retention support. These effects were most pronounced in rural and low-volume facilities, exacerbating geographic and socio-economic inequities.
CONCLUSIONS
Donor funding transitions function as system shocks rather than neutral budgetary adjustments, disproportionately placing children at risk and widening inequities in access to HIV care. Strengthening age-disaggregated monitoring, embedding child-sensitive safeguards into transition planning, and investing in sustainable health system financing are essential to advancing equitable and resilient paediatric HIV responses in sub-Saharan Africa.
Popul. Med. 2026;8(Supplement 1):A1690

ABS2156
Challenges experienced by health care professionals working in resource-poor intensive care settings in the Limpopo province of South Africa

Dorah Ramathuba[1]
[1]Advanced Nursing Science, University of Venda, Thohoyandou, South Africa
BACKGROUND
Providing optimal care to critically ill patients poses challenges in resource-poor settings because of the lack of equipment, inadequately trained personnel and limited infrastructure.
OBJECTIVES
This study explored challenges experienced by health care professionals working in resource-poor intensive care units.
METHODS
A qualitative, explorative, descriptive design was used. The population comprised nurses and doctors working in an intensive care unit of one hospital in the Limpopo province of South Africa. A purposive sample was selected and 17 semi-structured interviews were conducted. Data were analysed using Tesch's method. Ethical considerations were adhered to.
RESULTS
Participants experienced challenges related to the provision of suboptimal patient care, the challenge of non-adherence to protocols and/or instructions, and the challenge of practising beyond the scope of practice.
CONCLUSIONS
A lack of resources led to suboptimal intensive patient care. Patients were prone to infections, and their safety might be compromised.
Popul. Med. 2026;8(Supplement 1):A1693

ABS2173
Mapping Social Innovation in South Africa's Health Ecosystem: Enablers, Barriers and Pathways to Scale

Gillian Vedan[1], Amy Benn[2], Mila Cook[2], Katusha de Villiers[1], Alana Kruger[3], Alexandra Lugagne[2], Mukhethwa Malindi[2], Nicola Redelinghuys[3]
[1]University of Cape Town, Cape Town, South Africa, [2]RIIS, Johannesburg, South Africa, [3]Innovate UK Global Alliance Africa, Johannesburg, South Africa
INTRODUCTION
Social innovation is increasingly recognised as a critical mechanism for addressing complex health system challenges, particularly in contexts characterised by inequality, resource constraints and high disease burdens. In South Africa, social innovations in health span community-driven models, service delivery innovations,

digital platforms and novel financing and governance approaches. However, how effectively the broader ecosystem enables these innovations to emerge, scale and sustain impact remains fragmented. This study reviews the current state of social innovation within South Africa's health ecosystem in 2025, identifying key strengths, gaps and priority actions for ecosystem strengthening.
METHODS
A mixed-methods ecosystem review was conducted, guided by the International Development Innovation Alliance (IDIA) framework and the World Health Organization's Health Systems Building Blocks. Desktop analysis of peer-reviewed literature, policy documents and grey literature was complemented by 38 semi-structured key informant interviews across government, academia, healthcare providers, innovators, funders and intermediaries. Data were thematically analysed and synthesised across the nine IDIA ecosystem goals, with validation through stakeholder feedback and international benchmarking against the United Kingdom, Kenya and India.
RESULTS
Findings indicate a relatively mature but fragmented ecosystem. Key strengths include strong public–private research infrastructure, growing digital health capabilities, and policy commitment to innovation. Persistent barriers include fragmented financing, regulatory complexity, weak pathways to scale, inequitable participation of township and rural innovators, and limited coordination across institutions. While social innovations demonstrate proof-of-concept impact, systemic constraints continue to limit sustainable scaling and integration into public health systems, particularly in the context of South Africa's National Health Insurance reforms.
CONCLUSIONS
Strengthening social innovation in South Africa's health ecosystem requires coordinated action across policy, finance, human capital and market-shaping mechanisms. Embedding social innovation within health system reform processes offers a critical opportunity to advance equitable, inclusive and resilient health outcomes.
Popul. Med. 2026;8(Supplement 1):A1694

ABS2175

From Innovation to Impact: Strengthening Social Innovation for Health in South Africa

Gillian Vedan[1], Amy Benn[2], Katusha de Villiers[1], Alana Kruger[3], Alexandra Lugagne[2], Mukhethwa Malindi[2], Nicola Redelinghuys[3]
[1]Bertha Centre for Social Innovation and Entrepreneurship, University of Cape Town, Cape Town, South Africa, [2]RIIS, Johannesburg, South Africa, [3]Innovate UK Global Alliance Africa, Johannesburg, South Africa

INTRODUCTION
Position social innovation not as isolated projects, but as system-embedded responses to health inequities, as emphasised in the report. Social innovation in health is abundant in South Africa, but fragmented, under-supported, and insufficiently integrated into formal health systems. Social innovation fills state and market gaps, particularly in underserved communities. However, innovators face: • Weak pathways to scale • Misaligned funding models • Limited policy recognition • Power imbalances between communities, funders, and institutions Proposed structure: 1. Definition of social innovation in health: To collectively validate a shared, context-specific definition of Social Innovation in Health, and to surface which dimension matters most in participants' day-to-day work. "Which part of the presented definition of social innovation in health matters most in your work, right now?" 1. Responding to priority health needs in specific contexts 2. Inclusion, equity, and community benefit 3. System transformation, not just better projects 4. Effectiveness and measurable health impact 5. Scalability and adaptability 6. Innovation beyond technology 7. Other (open ended input) 1. Case studies: 3 case studies of social innovations in South Africa/Africa (CHW-led models, digital health for low-resource settings, hybrid social enterprises bridging public and private sectors). • What enabled this innovation to gain traction? • What trade-offs were made between scale, fidelity, and community ownership? • How did power dynamics show up? 2. Integrating and institutionalising innovations into health systems • What part of the system must change for this innovation to stick? • Who holds decision-making power — and who should? • What non-financial support is required (policy, data, legitimacy)?
CONCLUSIONS
Based on lessons from the organisations present at the workshop, the Bertha Centre, RIIS and Innovate UK teams will develop a takeaway report that builds on the Social Innovation Review and will progress their work in social innovation for health outcomes.
Popul. Med. 2026;8(Supplement 1):A1695

ABS2193

Factors influencing effectiveness of a community health worker program in an urban South African setting.

Leena Thomas[1], Eric Buch[2], Yogan Pillay[3], Joyce Jordaan[2]
[1]Public Health Unit, Gauteng Health Department AND University of Pretoria AND University of Witwatersrand, Pretoria, South Africa, [2]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [3]Director: HIV& TB delivery., Gates Foundation., Pretoria, South Africa

BACKGROUND
Globally, community health worker (CHW) programs are increasingly seen as an important part of health systems, especially in low- and middle-income countries. Within the Gauteng health department, the Ekurhuleni health district program with over 1000 CHWs looking after a million people has been implemented and managed for over a decade. This intervention has been shown to be effective in improving health outcomes in the district, but reasons for CHW program effectiveness are often not well documented. Understanding these factors of effectiveness that influence performance effectiveness can help strengthen the implementation and management of such programs.
METHODS
A cross-sectional analytical study involving interviews with community health workers and clinic staff was conducted in a large urban health district in South Africa. Community health workers (n=157), their nurse team leaders (n=15), and clinic staff (n=65) from six district clinics were interviewed in May 2019.
RESULTS
Team members and clinic staff felt that the district CHW program was effective. Team members felt confident in what they were doing and satisfied with their work; they felt equipped and supervised. Clinic staff also acknowledged the benefits of their efforts; with staff wanting to support and strengthen the teams. Individual and team factors contributed towards performance effectiveness. Factors influencing performance included characteristics of team members (honesty, diligence, dedication), motivators (intrinsic and extrinsic), and health system support through training, supervision, recognition and appreciation from colleagues and the community.
CONCLUSIONS
The CHW program in this urban district was well appreciated and supported within existing services and found to be an integral part of the district health services. This demonstrates good training, supervision, implementation, satisfaction and integration into district health services. These findings are important for the long-term sustainability of such CHW programs in developing countries.
Popul. Med. 2026;8(Supplement 1):A1697

ABS2194

A sub-national level analysis of the human resource implications of large-scale community health programs in developing countries

Leena Thomas[1], Eric Buch[2], Yogan Pillay[3]
[1]Public Health Unit, Gauteng Health Department AND University of Pretoria AND University of Witwatersrand, Pretoria, South Africa, [2]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [3]Director: HIV & TB delivery, Gates Foundation, Pretoria, South Africa

BACKGROUND
Large-scale community health worker (CHW) programmes are central to advancing universal health coverage in low and middle income countries (LMICs). While global literature emphasises selective, disease specific CHW programmes, emerging evidence from South Africa demonstrates that long term, comprehensive CHW models can be equally effective in improving population health outcomes. However, less is known about the human resources for health (HRH) policy implications required to sustain and scale such programmes. This study synthesises findings from a decade long CHW programme in an urban South African district to identify key HRH lessons relevant for national policy.
METHODS
This policy analysis draws on findings from a mixed methods quasi experimental study conducted in the Gauteng health department (Ekurhuleni Health District) between 2010 and 2019, from four published studies.
RESULTS
The Ekurhuleni experience demonstrates that formally embedding CHW teams in health services through the permanent employment of CHWs are crucial in strengthening community-based services in health districts. Long-term stability of district management teams enabled consistent leadership supporting CHW programme management. CHWs with low formal schooling can be as highly effective as those more educated, supporting the feasibility of recruiting such unemployed youth and adults to expand the workforce in vulnerable communities. Enrolled nurses (ENs) serving as team leaders performed as well as professional

nurses, highlighting opportunities to absorb unemployed ENs and mid-level workers into structured supervisory roles. A three tiered supportive supervisory model—clinic based nurse team leaders, sub district coordinators, and facility managers—was critical to programme performance and health system integration. Clarity on CHW scope of work: supported management and retention.
CONCLUSIONS
Sustaining and scaling comprehensive CHW programmes in LMICs requires dedicated HRH policies that ensure stable management structures, appropriate supervisor cadres, long-term investment, and clarity of CHW scope. South Africa's experience offers a replicable model for strengthening community-based primary health care.
Popul. Med. 2026;8(Supplement 1):A1698

ABS2195
World Cafe: Strengthening health sector governance and equity in plural health systems through community participation
Zoheb Khan[1], Hanne Jensen Haricharan[2], Therese Boulle[2], Jith Jagajeevan Remadevi[3], Vinodkumar Rao[4]
[1]Brazilian Center of Analysis and Planning, São Paulo, Brazil, [2]University of Cape Town, Cape Town, South Africa, [3]The George Institute for Global Health, New Delhi, India, [4]Society for Promotion of Area Resource Centres, Mumbai, India
INTRODUCTION
Many health systems are aspiring towards more unified, plural models of healthcare delivery with coordinated service provision to promote Universal Health Coverage(1–6). Community participation (CP) in governance is a promising mechanism to align public and private actors around public health goals and advance equity(7–10). Yet its implementation is not well understood. This workshop explores that gap, drawing on lessons from the NIHR-COMPLUS teams in India, South Africa, and Brazil.
METHODS
A qualitative, comparative case study presentation and workshop.
RESULTS
The first half of the session presents three cases. In Brazil, the team works with civil society to build capacities for monitoring and evaluation through co-production of metrics measuring equity and citizen-centredness of primary care, addressing shortfalls in municipal evaluation systems that inadequately track citizen perspectives and inequalities. In South Africa, the team explores CP in a plural health system envisioned under the National Health Insurance (NHI), co-designing a model for participation with users, health system actors and policymakers. It proposes a human rights-based model, testing the establishment of plural health forums at sub-district level for users of private and public services. In India, where the public health system is highly fragmented across levels of government, and the large private sector is not integrated into shared governance or accountability arrangements, the team works to strengthen and facilitate the work of existing CP platforms. Across cases, CP shows promise in improving accountability and responsiveness in plural health systems. Major challenges include skills gaps and unequal power dynamics that limit decision-making roles.
CONCLUSIONS
In the second half, participants work in groups to workshop solutions to a specific CP problem using the country cases: evaluative capacities (Brazil); integration of public/private participatory structures (South Africa), and governance and policy capacities (India), to generate transferable lessons for strengthening CP in plural health systems.
Popul. Med. 2026;8(Supplement 1):A1699

ABS2199
Post-COVID-19 recovery of elective surgery in Brazil: a nationwide ecological analysis of access, regional inequalities, and health system resilience
Matias Mrejen[1], Andreza Davidian[2], Michelle Fernandez[3], Marco Antonio Catussi Paschoalotto[4], Laura Schiesari[2], Adriano Massuda[2]
[1]René Rachou Institute, Fundação Oswaldo Cruz (Fiocruz), Belo Horizonte, Brazil, [2]School of Business Administration of Sao Paulo, Getúlio Vargas Foundation, São Paulo, Brazil, [3]Institute of Political Science, Universidade de Brasília, Brasília, Brazil, [4]Research Center in Political Science, University of Minho, Braga, Portugal
INTRODUCTION
The COVID-19 pandemic severely disrupted elective care, creating significant backlogs that continue to strain health systems globally. In Brazil, the National Waiting List Reduction Program (Programa Nacional de Redução das Filas, PNRF) was one of the initiatives launched by the Federal Government to address these delays. This study assesses the PNRF's impact on restoring access to inpatient surgical care within the Brazilian Unified Health System (SUS).
METHODS
We conducted an ecological study using publicly available data from the Hospital Information System (SIH/DATASUS) spanning 2018 to 2024, integrated with municipal indicators. We compared surgical rates between the pre-pandemic (January 2018 January 2020) and post-pandemic (May 2022–December 2024) periods to identify trends and determinants of recovery.
RESULTS
Post-pandemic growth in surgical volume was substantial and widespread, ranging from 50% across states. Increases were most pronounced among residents of municipalities with lower socioeconomic status and fewer local health resources. A "catch-up" dynamic was observed, where municipalities with lower pre-pandemic surgical volumes experienced greater growth, likely driven by expanded local service provision. Additionally, areas with a lower pandemic disruption showed greater resilience and faster recovery.
CONCLUSIONS
The combination of a national push to restore elective care with renewed federal steering effectively supported a "catch-up" in underserved regions and promoted better regionalization of care. While the program successfully jumpstarted recovery, the critical challenge remains transforming this momentum into a sustainable model for specialized care delivery that ensures long-term equity and access.
Popul. Med. 2026;8(Supplement 1):A1700

ABS2278
The experience of the District Health Management Team members with Cyclone Freddy 2023, in two Districts of Malawi.
Chancy Skenard Chimatiro[1], Martina Lembani[1]
[1]Public Health, University of the Western Cape, CaPe Town, South Africa
BACKGROUND
The health risks and harms caused by climate change's extreme weather events, such as floods, are becoming rampant. They destroy infrastructure, increase the spread of infectious diseases, exacerbate the breeding of disease vectors, and destroy crops, leading to unbearable health outcomes. We conducted this study to explore the experiences of District Health Management Teams with the effects of Cyclone Freddy in Malawi.
METHODS
This was a descriptive qualitative study conducted in rural (Phalombe) and urban (Blantyre) districts of Malawi. Key Informant Interviews with District Health Management Teams were conducted. The study participants were identified using purposive sampling techniques. Thematic data analysis was used using Atlas.ti software.
RESULTS
Fifteen in-depth interviews were conducted with the members of the District Health Management Teams. Three themes emerged from the study: effects of Cyclone Freddy on the health system, response strategies, and challenges faced when responding to Cyclone Freddy. The effects of Cyclone Freddy on the district health systems include destruction of health infrastructure, increased demand for healthcare services and supplies, disruption of health information system networks, overstretched health workers, and psychological and mental health challenges. Response strategies included the recruitment and deployment of temporary and surge health workers, the establishment of temporary shelters, the use of mobile and outreach clinics, and collaboration with partners. Challenges faced include limited access to facilities, a shortage of staff, and limited space for service provision.
CONCLUSIONS
In conclusion, health systems must be strengthened to improve their performance and effectively respond to protect community members. The lessons learnt from this study lay a foundation for policymakers to explore possible means of strengthening the health system to adapt and be resilient. More studies should be conducted on the impact of the floods on healthcare access and health system's economic losses associated with extreme weather events such as floods.
Popul. Med. 2026;8(Supplement 1):A1703

ABS2303
Translating treatment intensification into condition control for people with multiple long-term conditions: evaluating implementation of ENHANCE - a health systems intervention in primary care and community settings in the Western Cape, South Africa
Robyn Curran[1], Jamie Murdoch[2], Takalani Tshikovhi[1], Inge Petersen[3], Naomi Levitt[4], Lara Fairall[2]
[1]Medicine, Knowledge Translation Unit, University of Cape Town, Cape Town,

South Africa, [2]School of Life Course and Population Sciences, King's College London, London, United Kingdom, [3]School of Nursing & Public Health, University of KwaZulu Natal, Durban, South Africa, [4]Chronic Disease Initiative of Africa, Department of Medicine, University of Cape Town, Cape Town, South Africa

ABSTRACT
The prevalence of multiple long-term conditions is rising globally, yet healthcare systems in sub-Saharan Africa remain reactive and vertically organised. The co-designed ENHANCE intervention, incorporating clinical decision support, patient health diaries, and treatment literacy tool (detailing medications, indications and side effects), was developed to bridge these gaps in South African primary health care (PHC). While a randomised controlled trial (RCT) showed that ENHANCE significantly improved a composite primary outcome of treatment intensification, diagnosis and condition control, this did not consistently translate into improved control. This process evaluations aimed to explain these RCT outcomes comparing the effectiveness of the ENHANCE intervention with usual care. This qualitative case study process evaluation was conducted in parallel to the RCT across four Western Cape PHC facilities. Data included facility profiles, semi-structured interviews, focus groups, and ethnographic observations with clinicians, patients and community health workers (CHWs). Using Bronfenbrenner's ecological systems model, we mapped macro-, meso- and micro-contextual determinants of care, triangulating clinical consultations coding, with stakeholder perspectives. Three levels of contextual determinants shaped implementation: (i) Macro (Structural): Severe time constraints resulting from national staff shortages and high patient-to-staff ratios; (ii) Meso (Systemic): Disrupted continuity between facility-based clinical services and stigmatised community level CHW support; and (iii) Micro (Informational): Poor clinical insight into patients' personal stressors and challenge of communicating complex, evolving information amidst frequent medication supplier changes due to government split tender processes. These supply shifts result in different packaging and pill appearances 3-4 times annually, creating significant patient confusion. These interacting factors limited the ability of providers to support self-management and adherence. While ENHANCE successfully catalysed treatment intensification, systemic pressures limited its impact on control of index conditions. Health system interventions must move beyond clinical decision support to actively address the macro and meso-level barriers that obstruct continuity and patient self-management.
Popul. Med. 2026;8(Supplement 1):A1707

ABS2308

From research to action: strengthening diabetes foot screening in South Africa through participatory research with patients and healthcare providers

Jemma M. Houghton[1], Gill Black[2,3], Buyelwa Majikela-Dlangamandla[2], Nadia Demskey[2], Helene-Mari Van Der Westhuizen[1], Andrew Farmer[1], Joel A. Dave[2]
[1]Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom, [2]Division of Endocrinology, Groote Schuur Hospital, University of Cape Town, Cape Town, South Africa, [3]Engaged Research Consultant, Sustainable Livelihoods Foundation, Cape Town, South Africa

INTRODUCTION
Diabetes-related foot complications remain a leading cause of preventable hospitalisation and lower limb amputation in South Africa, disproportionately affecting people reliant on public-sector care. Despite guideline recommendations(1), routine diabetes foot screening is inconsistently implemented – constrained by time pressures, resource limitations, and misaligned patient and provider experiences(2–5). Participatory action research(6,7) and co-design principles(8) can address these gaps by co-producing contextually relevant solutions.
METHODS
A 6.5-hour participatory action research workshop was conducted in November 2025 at a public-sector diabetes clinic in Cape Town. People with diabetes (n=11) and healthcare providers (n= 10) were recruited. The workshop combined facilitated group discussions, a practical demonstration of evidence-based foot screening, and developing a foot screening guide(9) and a video advocating for improved care pathways(10). Data was generated through flip charts and group feedback activities, and were analysed using thematic analysis(11,12).
RESULTS
Foot screening was inconsistently prioritised, with patients reporting feelings of fear, shame, and uncertainty regarding foot examination. Healthcare providers highlighted workload pressures, limited training, and unclear role ownership. Both groups identified clear communication, respecting dignity, and building trust as central to footcare. The co-design process illuminated the need for standardised foot screening approaches, practical training for healthcare providers embedded in routine workflows, clearer role delineation, and improved patient education. Participants idenitified small changes that could be implemented within existing system resources (i.e., footcare education on community WhatsApp platforms) alongside the need for ambitious policy and service-level reforms.
CONCLUSIONS
Social, emotional, and structural factors influencing diabetes foot screening are often overlooked in guideline-driven approaches. Investing in patient-and user-centred foot screening delivery within primary care, alongside clear referral pathways to podiatry and ancillary services for feet at-risk of progression to an amputation, may reduce preventable complications, lower health system costs, and improve the quality of life and well-being of people with diabetes.
Popul. Med. 2026;8(Supplement 1):A1708

ABS2313

Silent Struggles: Early detection of multidomain communication risks in resource-constrained early childhood development

Vuyelwa Zandile Peter[1], Mershen Pillay[2], Yougan Saman[3]
[1]Audiology, University of KwaZulu-Natal, Durban, South Africa, [2]Speech Language Pathology, University of Massey, Auckland, New Zealand, [3]Institute of Neurology, University College London (UCL), London, United Kingdom

BACKGROUND
Children from low-income families face a disproportionately high risk of undiagnosed multidomain developmental (MDD) delays, often arising from sensory and functional impairments such as vision, speech-language, and hearing disorders [1-3]. Across Africa, data on the prevalence of these risks remain scarce, despite their impact on early literacy and long-term developmental outcomes[4-5]. Africa is home to 40% of the world's children, and South Africa has over 5.8 million children aged 0–5 years, with 2.1 million attending Early Childhood Development Centres (ECDCs), many of which are located in underserved communities with unknown developmental risk profiles [5-7].
AIM
To identify and characterise children at risk of multidomain developmental communication disorders using a screening battery composed of literature-based, previously validated tools adapted for economic, cultural, and feasibility needs in low-resource ECDCs.
METHODS
A quantitative, cross-sectional observational study was conducted across 28 ECDCs in Phoenix, Inanda, Ntuzuma, and KwaMashu (PINK), Durban. Sampling followed a multi-stage approach: convenience sampling was used to select the outreach provider, geographical cluster allocation was employed to identify ECDCs, and census sampling was used to recruit all eligible children. A total of 595 children (aged 3 months–6 years) underwent vision screening (Birth to Three Functional Vision Screening Tool; LEA Symbols), speech-language screening (Ages and Stages Questionnaire), and hearing screening (otoscopy, Tympanometry, otoacoustic emissions, pure tone audiometry).
RESULTS
Screening identified 17 children (3%) at risk for vision impairment, 171 (28.7%) with developmental delays, and 205 (34%) with potential hearing disorders. Only 3% of referred children accessed diagnostic follow-up.
CONCLUSIONS
Significant multidomain communication developmental risks were detected, yet follow-up rates were critically low, reflecting systemic barriers. Strengthened referral pathways, caregiver support, and accessible diagnostic services are crucial to ensuring timely intervention and promoting developmental equity. Contribution: Multidomain screening offers a feasible and holistic approach for resource-limited settings.
Popul. Med. 2026;8(Supplement 1):A1709

ABS2315

From Donor Dependency to Sustainable National Capacity: Strengthening HIV Testing Services through permanent employment of Lay Counsellors in South Africa

Alarice Marsh[1], Thato Chidarikire[1], Tebogo Maomela[1], Romy Fritz[1]
[1]HIV and AIDS and STI, National Department of Health, Pretoria, South Africa

BACKGROUND
Lay counsellors are central to South Africa's HIV testing services (HTS), delivering pre and post-test counselling, HIV rapid testing and linkage to care. This cadre faced major disruptions following the United States government's stop order directive, which led to reduced donor support. In response the National Department of Health (NdoH) initiated a sustainability driven transitioning to integrated 8803 lay counsellors in the 9 provinces into the public health force. This cadre contributed significantly to the country reaching its 1st 95 of the UNAIDS targets
AIM

To examine the implementation and health system effect of South Africa's permanent employment of 8803 lay counsellors by evaluating workforce sustainability, service delivery fidelity, and sustainability indicators and determining how this large-scale transition influences HIV testing performance and maintenance of the first 95 amidst declining external financing. The study will examine changes in service delivery processes, including adherence to national HTS guidelines, client flow, linkage to care, and data recording and reporting practices, to determine whether permanent employment improves or constrains service quality and operational efficiency.
RESULTS
Of the 8803 lay counsellors nationally, 4195 (48%) has transitioned to permanent employment at the end of 2025. Facilities with permanently absorbed counsellors demonstrated stable to increased monthly outputs despite the donor transitioned period. Facilities also reported reduced staff turnover, consistent services availability and improved integration of HTS within routine healthcare workflows. Government commitment to absorb all 8803 represent one of the largest nationally funded HTS workforce sustainability transitions globally.
CONCLUSIONS
South Africa's absorption of lay counsellors has safeguarded the continuity and quality of HTS in the context of declining donor support. The transition strengthens national ownership of the HIV response, supports maintenance of the first 95 target, and enhances long-term workforce sustainability. Completing the absorption of all counsellors remains essential to ensuring resilient, epidemic control.
Popul. Med. 2026;8(Supplement 1):A1710

ABS2334
Challenges to Patient Safety Incident Reporting and Learning in South African Public Hospitals – Transitioning from Blame Culture to Just Culture!

Natasha Musundire[1], Terence Carter[1], Krishna Vallabhjee[1], Sabelile Tenza[1], Mahlatse Rapholo[1], Thandeka Nxumalo[1]
[1]Clinton Health Access Initiative, Pretoria, South Africa

INTRODUCTION
Hospitals are complex environments, and gaps in systems, processes, or human factors can lead to Patient Safety Incidents (PSIs). While global evidence suggests that up to 80% of PSIs can be prevented, only 7–15% are formally reported, limiting opportunities for organizational learning. In South Africa, high levels of medico legal litigation and fear of consequence management, amongst others, drives significant underreporting. The Clinton Health Access Initiative (CHAI), the National and provincial Departments of Health, and North West University initiated a project aimed at addressing barriers to effective implementation of Reporting, Recording, Reviewing and Responding (4Rs) to PSIs.
METHODS
Ten hospitals were purposively selected across three provinces. The National PSI Guideline provided the framework for implementation. PSI data was analyzed to assess reporting trends, incident types, contributory factors, and outcomes. CHAI convened structured sessions with each facility, presenting hospital-specific PSI data to management. Operational challenges, system gaps, and opportunities to strengthen PSI processes were identified. A virtual platform to foster sharing experiences, learning and building networks was created. Monthly reporting trends was tracked to assess improvement.
RESULTS
Preliminary findings show substantial underreporting relative to international benchmarks (1 PSI per 10 patients). Contributing factors included fear of blame, high workloads, PSI reporting perceived as an administrative burden rather than a learning opportunity. Misclassification of incidents reflected limited familiarity with PSI definitions. Other challenges included weak integration with morbidity and mortality meetings and inadequate follow-up on remedial actions. Broader system constraints included a dominant narrative of the fear of consequence management, staff and equipment shortages.
CONCLUSIONS
Improving PSI reporting requires a shift from blame culture to a just culture that promotes safe spaces for learning and accountability. Embedding the 4 Rs into routine practice and using PSI data to inform improvement can support safer care, strengthen clinical governance and reduce avoidable harm.
Popul. Med. 2026;8(Supplement 1):A1712

ABS2335
A 25-year journey of embedding and sustaining research in district health systems: lessons from an urban health district in South Africa

Leena Thomas[1], Felicity Xaba[2], Neetha Erumeda[3], Ronel Kellerman[1], Joseph Sepuya[2]
[1]Public Health Unit, Ekurhuleni health district, Gauteng Health Department AND University of Pretoria AND University of Witwatersrand, Germiston, South Africa, [2]Primary Health Care AND Research Divisions, City of Ekurhuleni, Alberton, South Africa, [3]Department of Family Medicine, Ekurhuleni health district, Gauteng Health Department AND University of Witwatersrand, Germiston, South Africa

BACKGROUND
Embedding research into routine health systems is essential for strengthening evidence-based decision making, improving service delivery, and advancing universal health coverage. The Ekurhuleni Health District, supported by the Gauteng Health Department, provides a unique case study of how research culture can be initiated, institutionalised, and sustained within a high disease burden health system. Case Presentation: The district's research journey began in 2000 with a visionary health professional initiating the first annual district research conference fostering inquiry and knowledge exchange. This individual effort evolved into an institutionalised District Research Committee (DRC) jointly established by the provincial health authorities and local municipality, enabling structured district-level governance, priority setting and some research capacity. Formalisation through Terms of Reference, Standard Operating Procedures, and initial ethics accreditation embedded accountability and quality assurance. Challenges included role clarification and inadequate resources for operational research. Integration and collaboration with academic and research institutions strengthened research capacity, linking service delivery, training and operational research. To address persistent research to practice gaps, the DRC launched post conference implementation workshops enabling managers, researchers and collaborators to co create and monitor implementation of research findings. Lessons Learned: 1. Visionary local leadership transitioning to institutional ownership, within broader organisational support, ensures sustainable embeddedness. 2. Formal governance structures are critical for coherence and credibility. 3. Developing local research capacity is crucial for operational effectiveness, continuity and longevity. 4. Partnerships with external stakeholders strengthens research capacity, creating a learning health system. 5. Local dissemination platforms such as annual conferences sustain momentum, reflection, and innovation. 6. Intentional research translation mechanisms—such as implementation workshops—bridged the gap between evidence and practice.
CONCLUSIONS
Ekurhuleni's 25 year experience demonstrates that embedding and sustaining research in a health district is achievable through visionary leadership, structured systems and deliberate mechanisms for collaboration, implementation and accountability.
Popul. Med. 2026;8(Supplement 1):A1713

ABS2341
Child development surveillance and child booklet: barriers and potential from the perspective of primary health care professionals and managers

Debora Falleiros Mello[1], Ana Carolina Sakaguchi Cordeiro[2], Juliana Teixeira[3], Sonia Venancio[4], Brazilian Center for Early Child Development Brazilian Center for Early Child Development[5]
[1]Department of Maternal-Infant and Public Health Nursing, University of Sao Paulo, Ribeirao Preto-SP, Brazil, [2]Graduate Program Public Health Nursing, Ribeirao Preto-SP, Brazil, [3]School of Public Health, University of Sao Paulo, Sao Paulo-SP, Brazil, [4]Child Health Coordination of the Ministry of Health, Brasilia-DF, Brazil, [5]Brazilian Center for Early Child Development, Sao Paulo-SP, Brazil

BACKGROUND
Child development surveillance contributes to observing, evaluating, and recording early childhood information, facilitating shared decision-making with caregivers. The child booklet is a valuable tool for guidance and recording to promote healthy development; however, it remains underutilized. This study aimed to analyze the barriers and potential for child development surveillance and the child booklet usage from the perspective of primary health care professionals and managers.
METHODS
A qualitative study was conducted in two Brazilian municipalities, involving six focus groups with 52 participants (36 frontline health professionals and 16 health managers). Data were processed using Atlas.ti® software and subjected to inductive thematic analysis.
RESULTS
The analysis revealed themes regarding conceptions and perceptions about child development surveillance, the booklet's content, organizational barriers in primary health care units, gaps in professional qualification, low caregivers adherence, and strategies to modify practices. The use of the booklet as a central monitoring

tool faces restrictions during consultations conducted by doctors or nurses, often being limited to vaccination records, which compromises data quality and care continuity. While team availability, management priority, and permanent health education are viewed as essential, they depend on institutional arrangements to improve childcare, increase parental caregivers' participation, and sustain child development surveillance.
CONCLUSIONS
Although participants recognized the relevance of child development surveillance and the booklet's rich information, obstacles stood out, suggesting whether the barriers are becoming normalized, with recurring, stagnant, and unresolved problems. Realizing the potential of child development surveillance requires reviewing healthcare routines to prevent knowledge loss among professionals, improving record quality, increasing active communication with caregivers, and strengthening network integration to ensure equitable pathways in early childhood.
Popul. Med. 2026;8(Supplement 1):A1714

ABS2348
RIVCHPP Achievements and Best Practices: Expanding Health Insurance Coverage in Rivers State, Nigeria

Vetty Rolegherighaan Agala[1], Imaerele David Israel[1]
[1]Research, Rivers State Contributory Health Protection Programme, Port Harcourt, Nigeria

INTRODUCTION
According to the World Health Organization, Universal Health Coverage (UHC) is a core global health objective; however, rapid expansion of health insurance coverage remains challenging at sub-national levels in low- and middle-income countries, particularly among informal and vulnerable populations. In Nigeria, State Social Health Insurance Schemes have been adopted since 2015 to strengthen financial risk protection and improve access to essential health services. The Rivers State Contributory Health Protection Programme (RIVCHPP) was established to address high out-of-pocket expenditure and inequitable healthcare access. This study documents the achievements and best practices of RIVCHPP.
METHODS
A descriptive programme review design was employed, utilising routinely generated administrative enrollment data, programme implementation reports, and stakeholder engagement records between 2024 and 2025. Enrollment trends were examined alongside implementation strategies to identify key drivers of accelerated uptake.
RESULTS
Between Q2 2024 and Q3 2025, RIVCHPP enrolled 114,111 beneficiaries across all senatorial districts. Enrollment increased rapidly during early implementation, rising from 3,437 beneficiaries in Q2 2024 to 36,483 in Q3 2024, before moderating as expansion reached less accessible populations. Females accounted for 69,573 (61.0%) enrollees, while males constituted 44,538 (39.0%). Coverage was highest in Rivers East Senatorial District (94,900; 83.2%), compared with Rivers West 10,882 (9.5%) and Rivers South-East 8,329 (7.3%). Vulnerable groups predominated, including children under five, 42,452 (37.2%), poor/poorest households 24,620 (21.6%), elderly persons 23,924 (21.0%), and pregnant women 15,119 (13.2%). Rapid uptake was supported by political commitment, BHCPF-financed subsidies, decentralised community engagement, simplified enrollment procedures, and multisectoral partnerships, consistent with Andersen's Health Care Utilisation Model.
CONCLUSIONS
RIVCHPP demonstrates that rapid scale-up of state-level health insurance coverage is achievable through political leadership, targeted public financing, and community-centred implementation strategies. The programme provides sustainable best practices for sub-national health insurance schemes seeking to accelerate progress towards UHC in comparable settings.
Popul. Med. 2026;8(Supplement 1):A1715

ABS2360
Patients who abscond from Free State public Healthcare facilities; 2020 - 2023

Bessie Thekisho[1]
[1]Community Health, University of Free State, Bloemfontein, South Africa

BACKGROUND
abscondment refers to the unauthorized departure of a patient from a healthcare facility. This can occur during admission, from the ward, or at discharge, before the finalization of processes. Such incidents are classified as patient safety incidents (P.S.I), with high risk of harm to the patient and, in some cases, the community. Therefore, they are categorized as severity assessment code 1.
METHODS
the study comprised two qualitative arms: a retrospective record review and an online survey. Data were extracted from the P.S.I system of the free state department of health for the period january 2020 to december 2023. An online descriptive survey was conducted among all hospital quality Aassurance Ccoordinators, nursing managers, clinical managers, and others to assess potential health system, staff, and patient risk factors associated with absconding.
RESULTS
the study yielded several significant findings. The highest rates of abscondment were recorded in mangaung, with a predominance of male patients. The majority of abscondments occurred in wards and were classified as no harm, near miss, or harmful. Primary factors contributing to abscondment were patient-related, followed by a combination of patient and organisational factors. Patient outcomes varied, with a substantial portion experiencing no harm, while others faced mild to severe consequences. Organisational outcomes included increased resource allocation and the need for additional staff. The root cause analysis identified communication gaps and inadequate security measures as major contributing factors.
CONCLUSIONS
the study highlighted critical issues related to patient management and organisational practices. Additionally, targeted interventions are to address the specific needs of male patients and those at higher risk of abscondment, to improve patient safety and reduce the incidence of abscondment.
Popul. Med. 2026;8(Supplement 1):A1716

ABS2370
Improving health system responsiveness to patients in First Referral Hospitals of Kenya, South Africa, and Uganda

Laetitia Rispel[1], Raymond Tweheyo[2], Vincent Kagonya[3], Yingxi Zhao[4], Mike English[4]
[1]Centre for Health Policy & South African Research Chairs Initiative (SARChI), School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, [2]School of Public Health, Makerere University, Kampala, Uganda, [3]KEMRI-Wellcome Trust Institute, Nairobi, Kenya, [4]Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom

BACKGROUND
Responsiveness is a core objective of healthcare systems and focuses on the care experiences or perceptions of individuals. Health system responsiveness (HSR) includes dimensions of dignity, autonomy, confidentiality, communication, prompt attention, basic amenities, social support, and choice. These non-clinical aspects of care are critical to service quality, equitable utilisation, as well as population trust in the system. Yet, there are knowledge gaps on the HSR in First Referral Hospitals (FRHs), also known as district hospitals, that are central to supporting primary health care.
OBJECTIVE
The purpose of this organised session is to present the results of patient experiences of care in 15 sentinel FRHs in Kenya, South Africa, and Uganda that are part of the AFRHiCARE partnership, and to stimulate a debate on HSR in FRHs.
METHODS
Multi-country baseline assessments were conducted in 2025 at 15 sentinel FRHs. Inpatient respondents were eligible if they had been admitted for at least two days, were clinically stable, and consented to participate. Surveys were field worker-administered in the respondents' language of choice. Questions included socio-demographic characteristics, the key dimensions of HSR, perceived quality of nursing care, and financial risk protection. We recruited 674 in-patients in Kenya, 623 in South Africa, and 766 in Uganda. This organised session will feature three 10-minutes presentation from each of the study countries on HSR, the quality of basic amenities and perceptions on nursing care in the context of hospital infrastructure, staffing, and organisational practices. A discussant will comment critically on interpreting HSR data and the implications for health service delivery. The audience will have the opportunity to engage on the concept of HSR across African countries. Expected results. Improving responsiveness is fundamental to achieving equitable and inclusive health care systems.
Popul. Med. 2026;8(Supplement 1):A1719

ABS2378
Why do people trust (or mistrust) health organizations? A systematic review

Maria Visconti[1], Nicola Pelizzari[1], Umberto Gelatti[1]
[1]Department of Medical and Surgical Specialties, Radiological Sciences, and Public Health, Università di Brescia, Brescia, Italy

INTRODUCTION
Trust and mistrust influence how individuals interact with health organizations, shaping cooperation, adherence, and institutional legitimacy. While trust

facilitates collective action, mistrust can constitute a rational response to inequity or institutional failure. Yet evidence surrounding these constructs remains fragmented. This systematic review synthesizes two decades of research to clarify definitions, determinants, measurement approaches, and interventions related to trust and mistrust in health organizations across diverse contexts.
METHODS
Following PRISMA guidelines(6) and a registered protocol (PROSPERO CRD42025202181), we searched PubMed, Scopus, Web of Science, and PsycINFO from inception through October 2025. Eligible studies examined definitions, determinants, measurement instruments or interventions addressing trust or mistrust in healthcare organizations. Study selection, data extraction, and quality appraisal were conducted independently by multiple reviewers using the KMET checklist for empirical studies and the JBI tool for non-empirical designs.
RESULTS
We included 149 studies (2003-2025) from 52 countries. Most (91.3%) provided explicit definitions; recent studies increasingly conceptualised mistrust as a distinct, values-based construct rooted in structural and historical inequity. Determinants were identified across three levels, with individual (88.6%), organizational (73.1%), and contextual/systemic (79.2%) factors frequently reported. While 29.5% of studies used validated instruments, 68% of these were from U.S. settings; methodological heterogeneity and limited cross-cultural validation remained substantial. Thirty-seven studies (24.8%) evaluated interventions, grouped into five domains. Community engagement and governance reforms showed the greatest promise for strengthening trust, although evaluations were typically short-term and rarely assessed equity-related outcomes. Evidence originated predominantly from high-income countries (71.8%).
CONCLUSIONS
Trust operates as a determinant and an indicator of equitable health-system performance. Advancing the field requires culturally adaptable, validated measures and interventions that address the structural and historical foundations of mistrust, particularly among marginalized populations. Long-term investment in transparent governance, participatory communication, equitable service delivery, and accountable digital infrastructures is critical to fostering trusted and resilient health systems.
Popul. Med. 2026;8(Supplement 1):A1721

ABS2386
'We Have No Choice': An ethnographic study of emotional labour among midwives in first-referral hospitals in South Africa
Nandi Makhaye[1], Laetitia Rispel[1]
[1]Public Health, University of the Witwatersrand, Parktown, Johannesburg, South Africa
INTRODUCTION
nurses and midwives working in first-referral hospitals in South Africa occupy a critical position in maternal and newborn care, yet they do so within constrained health system environments marked by staff shortages, high workloads, and resource scarcity. Emotional labour is a central yet under-examined component of quality maternal and neonatal healthcare in these settings, with implications for health system resilience.
METHODS
this ethnographic study draws on the 2025 baseline study conducted in five sentinel hospitals across five South African provinces as part of a larger multi-country health systems research project. Methods included participant observation in maternity and neonatal wards, assistance with health workforce survey administration, and publicly expressed reflections from nurses and midwives. Data were analysed thematically, with attention to how emotional labour is shaped by institutional contexts and everyday clinical contexts.
RESULTS
nurses and midwives described emotional labour as an unavoidable aspect of their work, often expressed through the recurring expression, "we have no choice but to do it." they were required to manage fear, grief, and moral distress while simultaneously performing composure and compassion during high-risk and traumatic clinical situations such as stillbirths, neonatal deaths, and obstetric emergencies. Systemic inequities, including chronic understaffing, limited managerial support, perceived unfairness in professional development opportunities, and resource inadequacies, intensified emotional labour. The phrase "we have no choice" reflects constrained agency, functioning both as a coping mechanism and highlights the systemic pressures embedded in daily practice. The cumulative nature of emotional labour contributed to exhaustion, moral distress, and ongoing psychological strain with implications for workforce retention and the sustainability of maternal and neonatal services.
CONCLUSIONS
health policy responses must move beyond resilience-focused narratives to address the structural conditions that compel nurses and midwives to carry emotional burdens. This includes investment in adequate staffing, supportive supervision, and enabling practice environments.
Popul. Med. 2026;8(Supplement 1):A1723

ABS2393
Urgent gaps in the provision of diabetes foot care in the Cape Metropole of South Africa: a qualitative study
Jemma M. Houghton[1], Ncumisa Waluwalu[2], Andrew Farmer[1], Joel A. Dave[2], Helene-Mari Van Der Westhuizen[1]
[1]Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom, [2]Division of Endocrinology, University of Cape Town, Cape Town, South Africa
INTRODUCTION
Diabetes foot complications contribute to morbidity and mortality worldwide. Evidence-based foot screening and education are essential to prevent ulceration and amputation. We aimed to explore patient and healthcare provider (HCP) experiences of diabetes footcare, and to ascertain contextual data to inform a new footcare pathway.
METHODS
We collected qualitative data at two public hospitals in Cape Town in 2024. Interviews and focus groups were conducted in English and isiXhosa, audio-recorded, transcribed and translated into English. Thematic analysis was done in NVivo(5,6). Ethics approval (UCT HREC ref 713/2023) was obtained. Participants provided informed consent.
RESULTS
Fourteen HCP and twelve patient interviews, and two patient focus groups (n = 7), were conducted (n=33). We developed three key themes: Patient awareness and engagement: patients rely on doctors to initiate footcare discussions, with consultations focused on medications. Despite decades with diabetes, patients' feet were overlooked, leaving many unaware of risks until complications arose. Feelings of shame and stigma were common when discussing removing shoes and socks. HCP challenges: HCPs wished patients to be more proactive in consultations and highlighted time constraints, patient load, and lack of training as barriers to conducting foot assessments. (3) Integration into routine care: HCPs welcomed integration of a focused foot screening using task-shifting. Patients valued visual and tangible feedback from foot screening, such as sensation loss, and recognised its educational role in linking nerve and vascular complications of diabetes.
CONCLUSIONS
There is an opportunity to reduce healthcare costs and disability for people with diabetes through investing in foot screening pathways within primary care. HCPs highlighted a care pathway is lacking for patients who screen 'at-risk' of developing complications, but do not meet a threshold for amputation. A focused, evidence-based foot screening integrated into routine care may provide value and offer opportunity to empower patients.
Popul. Med. 2026;8(Supplement 1):A1724

ABS2433
Health system strengthening through good governance: results of a scoping review
Hlengiwe Moloi[1], Natash Gloek[1], Laura Downey[2], Hueiming Lui[2], Prudence Mazibuko[1], Fareed Abdullah[3], Helen Schneider[4]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]The George Institute for Global Heath, New South Wales, Australia, [3]Office of AIDS and TB Research, South African Medical Research Council, Cape Town, South Africa, [4]School of Public Health, University of the Western Cape, Cape Town, South Africa
INTRODUCTION
Health system strengthening is essential for achieving Universal Health Coverage (UHC) and relies on system-wide reforms underpinned by effective governance. Good governance promotes sustainability, equity, and self-reliance through clear policies, inclusive coalitions, and accountability mechanisms. However, evidence on governance strategies to address health system challenges remains fragmented. This scoping review aimed to synthesise global evidence on strategies used to address health system governance challenges in countries transitioning to UHC.
METHODS
We conducted a scoping review in accordance with the 2020 Joanna Briggs Institute guidance. A comprehensive search of four databases was undertaken for studies published between 2007 and October 2024. Eligible studies described

strategies implemented to address health system governance challenges at any level. Titles, abstracts, and full texts were independently screened, with a subset double-screened for quality assurance. Thematic analysis, guided by the Mikkelsen-Lopez governance framework, supported systematic mapping and descriptive synthesis of identified governance elements across the World Health Organization building block framework.
RESULTS
From 8,001 records screened, 27 studies from 21 countries were included. Strategies were primarily implemented at the district level by national health departments targeting local communities. Identified strategies addressed WHO building blocks: Governance and leadership challenges—including uneven district performance, overcentralisation, corruption, and limited community engagement—were addressed through decentralization, participatory planning, twinning partnerships, and engagement; financing barriers, including fragmentation, high out-of-pocket payments, and inefficiencies, were mitigated through strategic purchasing, pooled insurance, performance-based payments, and strengthened accountability; health workforce issues—weak leadership, rigid hierarchies, and staff conflicts, were tackled through decentralized decision-making, competency-based training, and working groups; service delivery challenges—poor coordination and limited engagement—were addressed through community-led initiatives, mobile health platforms, and integrated monitoring.
CONCLUSIONS
We identified multiple strategies implemented to address health system governance challenges across contexts. These results provide a foundation for context-specific prioritisation of potential strategies to implement for countries progressing to UHC.
Popul. Med. 2026;8(Supplement 1):A1725

ABS2449

Inclusive Evidence-To-Policy Processes: Integrated Knowledge Translation for Health Systems Strengthening in LMICs

Trudy D Leong[1,2], Carmen Späth[1], Moriam Chibuzor[3], Ememobong Aquaisua[3], Nyanyiwe Mbeye[4], Emmanuel Effa[3], Tamara Kredo[1,5], Bey-Marrie Schmidt[1,5]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Division of Health Systems and Public Health, Department of Global Health, Stellenbosch University, Stellenbosch, South Africa, [3]Cochrane Nigeria, Institute of Tropical Diseases Research and Prevention, University of Calabar Teaching Hospital, Calabar, Nigeria, [4]Evidence Informed Decision-making Centre, Department of Epidemiology and Biostatistics, School of Global and Public Health, Kamuzu University of Health Sciences, Blantyre, Malawi, [5]Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Stellenbosch, South Africa

BACKGROUND
Integrated Knowledge Translation (IKT), the sustained collaboration between researchers and evidence users across the research lifecycle and policy-practice ecosystem, aims at bridging gaps between evidence, policy, and practice. While IKT is increasingly promoted in global health, empirical insights into its implementation and systematic monitoring in low- and middle-income countries (LMICs) remain limited.
METHODS
We synthesised lessons from the Global Evidence, Local Adaptation (GELA) project, a three-year, multi-country initiative (2022–2025) implemented in Malawi, Nigeria, and South Africa aimed at strengthening context-specific, evidence-informed clinical practice guidelines for newborn and child health. Each country developed tailored IKT strategies supported by a dedicated champion and working group. We collected qualitative data from working-group meetings, written reflections, and an endline focus group discussion. This data was analysed thematically to identify cross-country patterns in the planning, implementation and monitoring of IKT.
RESULTS
Early and continuous stakeholder engagement appeared critical for building trust, legitimacy, and shared ownership. The uptake of IKT varied by institutional maturity: emerging systems (Malawi and Nigeria) showed a greater willingness to engage in co-production, whereas more mature systems (South Africa) required closer alignment with established governance processes. Relational enablers, such as informal networks and interpersonal trust, facilitated engagement but were vulnerable in the absence of institutionalisation. Common challenges among policymakers included leadership turnover, overlapping mandates, limited resources, and fragmented communication. Structured monitoring tools supported adaptive learning in Malawi and Nigeria but were applied inconsistently in South Africa.
CONCLUSIONS
IKT shows promise as a health systems strengthening approach in LMICs but remains complex to operationalise at scale. Its effectiveness likely depends on early engagement, contextual system alignment, systematic monitoring, and continuous investment in relationships. Developing shared indicators and technology-supported monitoring tools may improve accountability, promote equity, and facilitate cross-country learning, thus advancing IKT as a practical model for evidence-informed, sustainable health system improvement.
Popul. Med. 2026;8(Supplement 1):A1726

ABS2508

Investing in Pharmacovigilance as Health Systems Strengthening: From an Innovative Pilot to African Continental Architecture

Deirdre McCarthy[1]
[1]Global Health, Gates Foundation, Seattle, United States

ABSTRACT
Strong health systems rely on regulatory functions that ensure the efficacy, safety, quality, and appropriate use of medicines and vaccines. Pharmacovigilance is a core but often under-integrated component of health systems strengthening, which can result in a regulatory framework without the safety data it requires to ensure public trust. The Gates Foundation has supported regulatory systems strengthening across Africa for many years, with a focus on embedding pharmacovigilance within national and regional health architecture. This work has demonstrated, for the first time, the feasibility of pooling African safety data and conducting joint signal detection and assessment. Through customized digital infrastructure, including the ongoing development of a continental safety database, countries have been able to move beyond isolated reporting toward integrated, continental-level safety surveillance. In addition, joint signal management activities, led by African regulators and experts utilizing African data, have strengthened regulatory capacity, promoted harmonized decision-making, and reduced duplication across countries. These achievements provide practical evidence that pharmacovigilance can function as a shared continental public health asset rather than a collection of national silos. As the African Medicines Agency (AMA) assumes its role as the continental authority for pharmacovigilance, these capabilities are now being transitioned into a sustainable institutional framework. Aligning pooled data systems, harmonized procedures, and regulatory collaboration under AMA positions pharmacovigilance as a durable, critical component of health systems strengthening. The Gates Foundation's experience underscores the importance of catalytic and partnership-driven investment to move from an innovative pilot to continent-wide public health infrastructure that supports better and more equitable patient safety.
Popul. Med. 2026;8(Supplement 1):A1730

ABS2530

Reducing community health worker stigma toward depression and substance use to improve human immunodeficiency virus and tuberculosis care engagement in South Africa: Results from a randomized, stepped-wedge hybrid effectiveness-implementation trial

Noah Triplett[1,2], Kim Johnson[3], Nonceba Ciya[3], Sibabalwe Ndamase[3], Margaret Hsu[2], Tianzhou Ma[4], Kristen Regenauer[5], Imani Brown[6], Abigail Hines[2], Bronwyn Myers[7], Jessica Magidson[6,2]
[1]Behavioral and Community Health, University of Maryland, College Park, College Park, MD, United States, [2]Center for Substance Use, Addiction & Health Research, University of Maryland, College Park, College Park, MD, United States, [3]Alcohol, Tobacco and Other Drug Research Unit, South African Medical Research Council, Cape Town, South Africa, [4]Epidemiology and Biostatistics, University of Maryland, College Park, College Park, MD, United States, [5]Psychiatry, Massachusetts General Hospital, Boston, MA, United States, [6]Psychology, University of Maryland, College Park, College Park, MD, United States, [7]Curtin enAble Institute, Curtin University, Perth, Australia

BACKGROUND
Mental health and substance use problems impact patient engagement in Human Immunodeficiency Virus (HIV) and tuberculosis (TB) care. Community health workers (CHWs) play a central role in supporting HIV/TB care engagement in South Africa, despite having limited-to-no training in addressing depression and substance use challenges. Some CHWs may also hold negative attitudes toward these conditions. Strengthening CHWs' ability to address depression and substance use may reduce CHW-level stigma and support improved patient engagement in HIV and TB care.
METHODS
We conducted a cluster-randomized, stepped-wedge hybrid type 2 effectiveness-implementation trial (N = 82 CHWs) to evaluate a CHW training ("Siyakhana") designed to reduce stigma toward depression and substance use in HIV/TB care.

Siyakhana was implemented across six primary care clinics in a low-resource area of Cape Town, South Africa. CHWs completed pre-training and 3- and 6-month post-training assessments of stigma toward depression and substance use using the Social Distance Scale. HIV/TB visit dates within 3-months before and after the Siyakhana training were extracted from routine health department records for patients. Paired t-tests examined differences in overall, HIV, and TB visit counts. Based on these findings, linear regression models examined whether changes in CHW stigma were associated with post-training TB visits, adjusting for pre-training TB visit counts and time to re-engagement.
RESULTS
Paired t-tests showed no significant pre–post differences in overall or HIV visits. TB visits increased significantly following training ($t(36) = 3.12$, $p = 0.004$). In adjusted models, reduction in CHW stigma toward depression at 3-months was significantly associated with more TB visits ($\beta = 0.32$, $SE = 0.13$, $p = 0.023$).
CONCLUSIONS
Findings suggest that changes in CHW attitudes toward mental health may represent an important mechanism through which workforce-focused interventions influence engagement in HIV and TB services in high-burden settings.
Popul. Med. 2026;8(Supplement 1):A1731

ABS2534
Identifying implementation determinants for mental health and substance use stigma-reduction training in human immunodeficiency virus and tuberculosis care in South Africa

Noah Triplett[1,2], Kim Johnson[3], Nonceba Ciya[3], Sibabalwe Ndamase[3], Alexandra Rose[4], Imani Brown[5], Kristen Regenauer[6], Abigail Hines[2], Caroline Sacko[5], Jessica Magidson[5,2], Bronwyn Myers[7]
[1]Behavioral and Community Health, University of Maryland, College Park, College Park, MD, United States, [2]Center for Substance Use, Addiction & Health Research, University of Maryland, College Park, College Park, MD, United States, [3]Alcohol, Tobacco and Other Drug Research Unit, South African Medical Research Council, Cape Town, South Africa, [4]Psychiatry & Behavioral Sciences, University of Washington School of Medicine, Seattle, WA, United States, [5]Psychology, University of Maryland, College Park, College Park, MD, United States, [6]Psychiatry, Massachusetts General Hospital, Boston, MA, United States, [7]Curtin enAble Institute, Curtin University, Perth, Australia
BACKGROUND
Mental health and substance use problems contribute to poor engagement in human immunodeficiency virus (HIV) and tuberculosis (TB) care. Community health workers (CHWs) play a central role in re-engaging patients in care in South Africa; however, they often receive limited training in addressing mental health and substance use problems and may hold stigmatizing views toward these conditions. Training CHWs to address mental health and substance use may therefore improve patient engagement in HIV/TB care. Optimizing the outcomes of training requires understanding and addressing contextual determinants.
METHODS
We conducted semi-structured individual interviews with patients (n = 15) and CHWs (n = 15) in Cape Town, South Africa. Interviews explored barriers and facilitators to care engagement, stigma, cultural beliefs about mental health and substance use, and provider training needs. Transcripts were coded using thematic analysis, and themes were subsequently mapped to Consolidated Framework for Implementation Research (CFIR) domains to characterize implementation determinants.
RESULTS
Outer-setting determinants that limited patient engagement in HIV/TB care included social determinants of health such as poverty, food insecurity, and limited access to transportation. Cultural beliefs around mental health and substance use also impacted patient engagement. Inner-setting determinants included fragmented referral pathways and limited mental health and substance use services. At the individual level, CHW stigma toward HIV, TB, depression, and substance use emerged as key barriers to engagement. CHWs also expressed burnout and noted the challenges of managing large caseloads. Despite this, CHWs were viewed as trusted community figures and expressed strong interest in receiving training and regular supervision to better engage with patients with substance use and mental health problems.
CONCLUSIONS
Pre-implementation findings identified multilevel determinants that shape the implementation outcomes of CHW training. Addressing structural barriers, stigma, and workforce skills and capacity may enhance the acceptability, appropriateness, and feasibility of CHW–focused trainings in high-burden settings.
Popul. Med. 2026;8(Supplement 1):A1732

ABS2535
Barriers, Enablers, and Cost Implications of Scaling the AURUM Management Development Programme (MDP): District Manager Reflections from the Western Cape

Constance Mongwenyana-Makhutle[1], Aneesa Moolla[1], Danleen Hongoro[1], Khumbo Shumba[1,2], Jacqui Miot[1], Dorina Onoya[1]
[1]Health Economics and Epidemiology Research Office, Faculty of Health Sciences, University of the Witwatersrand, Parktown, Johannesburg, South Africa, [2]Department of Work and Social Psychology, Maastricht University, Maastricht, Netherlands
BACKGROUND
Strong management capacity is essential for effective primary healthcare (PHC). The AURUM Management Development Programme (MDP) was implemented to strengthen primary healthcare and district-level leadership in the Western Cape province of South Africa. This study identifies contextual barriers, enabling conditions, and cost implications associated with the program's broader scalability.
METHODS
This study employed a qualitative design, informed by programme cost data, to investigate the barriers, enablers, and cost implications associated with scaling the MDP. Qualitative: In-depth interviews with purposively selected district health managers from three Western Cape districts were audio-recorded, transcribed, and thematically analysed using NVivo 14. Programme cost information from a companion economic analysis was used to contextualise managers' reflections on affordability and scalability, without undertaking formal comparative or quantitative economic analysis.
RESULTS
Twenty participants (7 males, 13 females) from the Cape Winelands, Garden Route, and Cape Town Metro districts' health offices were interviewed. The MDP was viewed as relevant, practical, and adaptable, with district readiness for MDP implementation emerging as a common marker of perceived success. High readiness for MDP implementation was characterised by clear team roles, strong team structures, decentralised decision-making, digital tool use, ongoing mentorship structures, and clinics that had prior exposure to PHC reforms (e.g., Ideal Clinic Realisation and Maintenance (ICRM) program). Low readiness was marked by staff shortages, limited district-level leadership support for implementation, and partially functional health systems. Key enablers of the MDP implementation included integration with existing training units that are already operating in the health system, visible service improvements, and active leadership engagement by district management, demonstrated through committed managerial support.
CONCLUSIONS
The MDP shows potential for scalability, contingent on district readiness for implementation, leadership support, district-level leadership support, integration into existing training platforms, and sustained follow-up.
Popul. Med. 2026;8(Supplement 1):A1733

ABS2543
Preferences for PrEP access amongst clients presenting for care at novel PrEP delivery models in South Africa: A discrete choice experiment

Constance Mongwenyana-Makhutle[1], Cheryl Hendrickson[1], Lezanie Coetzee[1], Refiloe Motaung[1], Siyabonga Dubazana[1], Mbali Mazibuko[1], Mazvita Mnangagwa[1], Thobile Khoza[1], Jacqui Miot[1], Sydney Rosen[1,2], Lawrence Long[1,2]
[1]Health Economics and Epidemiology Research Office, Faculty of Health Science, University of the Witwatersrand, Parktown, Johannesburg, South Africa, [2]Department of Global Health, University School of Public Health, Boston, MA, United States
BACKGROUND
The uptake of HIV prevention remains suboptimal in South Africa; all individuals who would benefit from prevention are not accessing it 1-2. Understanding the preferences for HIV prevention services, including PrEP, can inform the tailoring of service delivery models to individuals and increase uptake. To support PrEP service delivery optimisation, we explored the preferences of young adults in South Africa using a discrete choice experiment (DCE).
METHODS
The DCE enrolled young adults (18-35 years) from three provinces (Gauteng, Western Cape, KwaZulu-Natal) who presented for sexual health services at diverse PrEP implementation sites (mobile clinics, fixed clinics, and pharmacies) in South Africa between 09/2024 and 03/2025. The male and female DCE instruments included the following service delivery attributes: locations for initiation and refills, provider type, client cost, PrEP service delivery modality, and confidentiality. Conditional logit models estimated preferences for each attribute.

RESULTS
580 participants were included (mean age 26). Cost was the strongest driver of PrEP access choice for both females (n=381) and males (n=199), followed by confidentiality and PrEP modality; provider type and refill frequency were not significant in decision-making. Higher cost (>ZAR200, compared to free: OR 0.46, 95% CI [0.39-0.53] females; 0.45 [0.38-0.54] males) and lower confidentiality (compared to higher: 0.76 [0.69-0.81] females; 0.90 [0.82–0.99] males) were not preferred. Within the PrEP modality, the vaginal ring (0.56, [0.49–0.64]) was not favoured by females. Injectable PrEP compared to traditional oral PrEP was favoured by males (1.18, [1.07–1.30]), while females had no clear preferences. Females preferred clinic-based refills over home delivery by healthcare workers (0.81, [0.69–0.95]). Both males and females preferred clinic-based service delivery over non-traditional settings like shops (0.83 [0.70–0.99], males; 0.82 [0.71-0.96], females).
CONCLUSIONS
Service delivery models should prioritize affordability, PrEP modality choice, location, and privacy to optimize uptake.
Popul. Med. 2026;8(Supplement 1):A1734

ABS2585

Identifying obstacles to the effective implementation of data analytics in Population Health Management: A narrative review for Low- and Middle-Income Countries

Kershnee Haridass[1], Preenan Pillay[1,2], Alison Panter[1], Teboho Letsoalo[1], Tebogo Phaleng[1], Liezel Van Deventer[1]
[1]Insight Health Solutions, Insight Group, Johannesburg, South Africa, [2]Environmental and Life Sciences, UNISA, Johannesburg, South Africa

INTRODUCTION
Health data analytics has become an integral part of advancing population health management toward improving outcomes; however, there is limited evidence supporting its effective implementation within the clinical setting in Low- and Middle-Income Countries, such as South Africa. This is partially attributed to fragmented care, which is enabled through fee-for-service reimbursement models. Therefore, understanding the enablers and obstacles toward successful implementation of healthcare data analytics will assist stakeholders in transitioning to data-driven population health management, including value-based reimbursement models that support outcomes-based patient-centred care.
METHODS
The presented study is a narrative review in which a thematic analysis was conducted across the Web of Science, SCOPUS, and Google Scholar to identify any possible studies that demonstrated the application of data analytics in advancing population health outcomes. The screened literature was reviewed to identify recurring themes and the impact of data analytics on population health outcomes and health systems strengthening.
RESULTS
The analysis revealed four common areas that impact the application of data analytics in advancing population health outcomes: 1. Data standardisation and interoperability: Current data fragmentation debilitates health systems; 2. Data storage and analytical power: Current data storage solutions result in data redundancies and analytical methodologies offer poor statistical decision-making power; 3. Clinical application: Inefficient clinical workflows with poor planning, inadequate training and support; and 4. Data Security: Lack of ISO27001 controls prevents total quality health data management.
CONCLUSIONS
These findings highlight the urgent need to redefine health data management and analytics strategies to support data-driven population health management. Addressing the identified limitations requires a multidisciplinary, multistakeholder approach to health system reform and strengthening. Recent health data analytics studies conducted by Insight demonstrate a viable framework for effective clinical decision-making and health system reform.
Popul. Med. 2026;8(Supplement 1):A1737

ABS2599

Interventions to improve nurse outcomes in healthcare facilities in Eswatini: An appreciative inquiry

Sibonile Dlamini[1], Professor Alwiena Blignaut[1], Professor Siedine K Coetzee[1]
[1]School of Nursing, North West University, Potchefstroom, South Africa

BACKGROUND
There is a global shortage of nurses, but it is concentrated in low- and lower-middle income countries, such as Eswatini. It is imperative for low- and lower-middle income countries to understand what interventions are practised in healthcare facilities to promote nurse outcomes, so that nurses can be recruited and retained in the healthcare system. This study aimed to obtain an in-depth understanding of interventions practised in those hospitals in Eswatini that have the most favourable nurse outcomes.
METHODS
A qualitative descriptive research design was adopted to obtain data from the top five purposively selected healthcare facilities in Eswatini that have the most favourable nurse outcomes. Data was collected through n=15 structured focus group discussions with n=77 nurses and nurse managers. Creswell`s five steps were followed for data analysis.
RESULTS
Analysis of the data resulted in the identification of three major themes: factors contributing positively to favourable nurse outcomes; factors that negatively affect nurse outcomes; and (3) implementing changes to improve favourable nurse outcomes.
CONCLUSIONS
Nurse outcomes are impacted at unit level, organisational level, and system level. Nurse managers can impact factors at the unit level, such as implementing proper scheduling and promotion of activities to support mental and physical wellness, while the hospital management can effect change such as improving the work environment, making it an enabling space for wellness and education, identifying training needs and advocating for adequate staffing and resources. Ultimately the most change is required at system level, which includes formulation of policies that can support a healthy and positive work environment through adequacy of staffing and resources, promotion, retention, advancement, benefits, and optimising nurse outcomes.
Popul. Med. 2026;8(Supplement 1):A1739

ABS2617

Impact of the Management Development Programme (MDP) on Primary Healthcare Manager Competencies and Organisational Performance in the Western Cape, South Africa

Tembeka Sineke[1], Khumbo Shumba[1], Constance Mongwenyana[1], Danleen Hongoro[1], Aneesa Moolla[1], Jacqui Miot[1], Dorina Onoya[1]
[1]University of Witwatersrand, Department of Internal Medicine, School of Clinical Medicine, Health Economics and Epidedemiology Research Office, Johannesburg, South Africa

ABSTRACT
Primary healthcare (PHC) managers are central to South Africa's health system, yet many assume leadership roles without formal management training. This study evaluated the impact of the Aurum Institute's Management Development Programme (MDP) on leadership competencies, readiness for change, and workplace stress among PHC managers in the Western Cape Province. A non-randomised matched cluster trial was conducted between January and June 2025 across 20 PHC facilities, comparing MDP-trained facility managers with matched controls. Data were collected from 20 facility managers and 105 clinic staff using the Leadership Practices Inventory, Kotter's Change Management Framework, and selected items from the Brief Job Stress Questionnaire. Leadership practices were assessed through manager self-ratings and staff ratings, with constructs derived using Principal Component Analysis and analyses conducted in Stata 15 using risk differences (RD) and 95% confidence intervals (CI). Manager self-assessments showed no statistically significant differences across LPI domains, including Modelling the Way (26.45 [2.8] vs 26.58 [3.3] control), Enabling Others to Act (27.0 [1.8] vs 27.50 [3.2] control), Challenging the Process (24.2 [2.1] vs 25.75 [3.9] control), Inspiring a Shared Vision (24.6 [3.2] vs 24.3 [6.3] control), and Encouraging the Heart (24.8 [3.6] vs 24.9 [3.9] control). In contrast, clinic staff rated MDP-trained managers significantly higher for Modelling the Way (adjusted RD 61, 95% CI: 22–100) and Inspiring a Shared Vision (adjusted RD 50, 95% CI: 16–84), and reported stronger relational support for change readiness (adjusted RR 1.41, 95% CI: 0.92–2.16). High job demand stress was reported in both arms (63.6% vs 66.7% control); intervention managers reported higher job control-related stress (54.5% vs 44.4% control) and lower co-worker support stress (81.8% vs 90.9% control), with no statistically significant differences. Overall, while short-term effects on self-rated leadership were limited, staff perceptions indicate early improvements in visible leadership and organisational readiness for change.
Popul. Med. 2026;8(Supplement 1):A1743

ABS2648

When Healers Hurt: Uncovering the failures of a South African health professions regulatory body to respond to sexual misconduct allegations - advocacy by a volunteer-led working group

Karessa Govender[1], Phoene Oware[1]

[1]School of Public Health, University of the Western Cape, Cape Town, South Africa
ABSTRACT
Health professions regulatory bodies are central to functional health systems, mandated to protect the public by setting and enforcing educational, licensing, ethical, and professional standards, and by investigating complaints of misconduct. Their role in safeguarding patient safety and public trust is critical, yet they are often criticised for prioritising practitioner interests over those of patients. In South Africa, these concerns gained national attention when a gender-based violence (GBV)–focused civil society organisation exposed a regulator for issuing lenient sanctions to repeat sexual offenders, allowing them to retain licences. Such failures occur within broader societal contexts of gendered power imbalances and structural violence. In response, the Health Worker Regulatory Accountability Group (HWRAG) was formed as a voluntary partnership of academics, civil society, survivors, and government officials to advocate for accountability and reform. HWRAG aims to address failures in handling sexual misconduct complaints, identifying systemic weaknesses, and developing evidence-informed reforms grounded in good regulatory practice and survivors' lived experiences. The inquiry evolved from a volunteer-led investigation into a multi-stakeholder collaboration and included: (a) review of publicly available disciplinary judgements; (b) engagement with survivors to document reporting experiences; (c) review of international literature on regulating sexual misconduct; and (d) engagement with civil society and state accountability institutions, including the South African Human Rights Commission. The inquiry identified four interrelated systemic failures: weak and inconsistent sanctions for serious and repeat sexual misconduct; inadequate enforcement allowing deregistered practitioners to continue practising; limited transparency, including inconsistent publication of disciplinary outcomes; and prolonged administrative delays. Survivors described complaints processes as hostile and re-traumatising. HWRAG recommends reforms that implement trauma-informed complaints processes, ensure consistent and proportionate sanctions, strengthen transparency through routine publication of disciplinary outcomes, and improve enforcement and monitoring to prevent offending practitioners from continuing to treat patients.
Popul. Med. 2026;8(Supplement 1):A1745

ABS2650
Healthcare workers' acceptability of integrating oral HIV pre-exposure prophylaxis delivery into routine antenatal and postnatal clinic services in Cape Town, South Africa: a qualitative sub-study

Réghana Taliep[1,2], Lara Court[3], Maylene Shung-King[2]
[1]Metro Health Services, Western Cape Department of Health and Wellness, Cape Town, South Africa, [2]Health Policy and Systems Division, School of Public Health, University of Cape Town, Cape Town, South Africa, [3]Social and Behavioural Sciences Division, School of Public Health, University of Cape Town, Cape Town, South Africa
INTRODUCTION
Preventing HIV acquisition during pregnancy and breastfeeding remains a major health systems priority in sub-Saharan Africa1. Integrating pre-exposure prophylaxis (PrEP) into primary health care (PHC) services offers an opportunity to strengthen person-centred HIV prevention2. Prior research has demonstrated feasability3, but little is known about how integration processes and frontline health care workers' (HCWs) perceptions and experiences shape implementation.
METHODS
This qualitative sub-study, nested within a PrEP implementation project in Cape Town, South Africa, explored how PrEP integration unfolded within selected antenatal and postnatal clinics. In part 1, a document analysis of policy and training materials was conducted using Valentijn's Rainbow Model of Integrated Care4 to examine intended integration across clinical, professional, organisational and system levels. In part 2, a secondary analysis was conducted on data from interview and focus-group discussions conducted with participating HCWs. A deductive-inductive analytic approach captured emergent themes, and Sekhon's Theoretical Framework of Acceptability (TFA)5 allowed the interpretation of these insights in a real-world context.
RESULTS
Gaps emerged between intended design and delivery of integrated services. HCWs viewed PrEP delivery as aligned with PHC goals but reported substantial burdens and opportunity costs that compromised acceptability. Mentorship strengthened capacity but was at times experienced as supervisory, limiting professional autonomy. Systemic constraints – limited human resources, competing programme demands and inconsistent organisational support – were key determinants of whether PrEP could be delivered as an integrated, sustainable component of maternity care.
CONCLUSIONS
The integration intervention was broadly viewed as acceptable by HCWs, but this acceptability was shaped unevenly across the TFA constructs. HCWs understood PrEP and its purpose (intervention coherence), affective attitudes were positive and they generally believed PrEP to be effective (perceived effectiveness). However, high perceived burden and substantial opportunity costs undermined initial positive attitudes and self-efficacy altered as implementation progressed.
Popul. Med. 2026;8(Supplement 1):A1746

ABS2664
Right Health Foundations First: Public Health and Primary Health Care

Tracey Naledi[1], Percy Mahlati[2], Ntuli Angyelile Kapologwe[3], Agnes Mahomva[4], Flavia Senkubuge[5], Saadiq Kariem[6], Saiendhra Moodley[7]
[1]Deputy Dean Faculty of Health Sciences, UCT, Cape Town, South Africa, [2]DDG Hospitals and Human Resources, National Department of Health, Pretoria, South Africa, [3]Director General, Eastern Central and Southern African Health Community, Arusha, Tanzania, United Republic of, [4]Advisor to the President, Government of Zimbabwe, Harare, Zimbabwe, [5]Dean, University of Pretoria, Pretoria, South Africa, [6]COO Department of Health and Wellness, Western Cape Government., Cape Town, South Africa, [7]President -College of Public Health Medicine, Colleges of Medicine of South Africa, Cape Town, South Africa
BACKGROUND
Across many African national health systems, leadership, governance and management, health financing, and health workforce policy remain disproportionately oriented toward curative and hospital-based service delivery, while core public health functions of protection, promotion, and prevention; together with primary health care (PHC) are comparatively underprioritized. This misalignment weakens health system resilience; limits action on the social determinants of health and constrains long-term population health gains. Placing the right health foundations first requires repositioning primary health care and public health not as complementary add-ons, but as the central organising logic of national health systems. A public health and PHC-oriented approach, anchored in people-centred, community-based service delivery, impactful intersectoral action, fit for purpose education, and implementation research can provide the essential platform for governing, planning, and delivering impactful systems for population health.
METHODS
This session will use a 60-minute interactive roundtable format combining short provocations, moderated dialogue, and active participant engagement. Drawing on policy, academic, and health systems perspectives, the discussion will critically examine how public health and primary health care are currently conceptualised, financed, and operationalised, and identify where foundational investments and governance reforms are needed.
RESULTS
The roundtable aims to generate actionable insights on how centering public health and primary health care can reshape service delivery models, strengthen disease prevention, control, and pandemic preparedness, and inform health workforce development and education. It will identify strategic leverage points for rebalancing investment and system design.
CONCLUSIONS
Putting the right health foundations first by recentering public health and primary health care as core health system strengthening functions is essential to advancing equity, resilience, and sustainability in South Africa's, Africa's, and global public health futures.
Popul. Med. 2026;8(Supplement 1):A1748

ABS2695
Implementing a learning health system to strengthen data-driven decision-making and quality improvement in primary healthcare

Fazlin Nicholson[1]
[1]The Health Foundation of South Africa NPC, Cape Town, South Africa
ABSTRACT
Implementing a learning health system to strengthen data-driven decision-making and quality improvement in primary healthcare
BACKGROUND
Learning Health Systems (LHS) are increasingly promoted as a framework for strengthening health system responsiveness, equity, and sustainability. However, there is limited practical evidence from low- and middle-income contexts. In the Western Cape, South Africa, substantial investments in digital health infrastructure coexist with persistent challenges in translating routine data into inclusive, actionable learning at the point of service delivery.
METHODS

This organised session draws on implementation experience from sub-districts where a LHS approach was used to strengthen routine data use and support improved patient outcomes. Implementation focused on the foundations of people, organisational structures, and the data cycle. Iterative learning and quality improvement methods were used to inform local decision-making, enabled by a data-centre approach that integrates routine data across source systems. High-burden services with mature routine data, including tuberculosis and HIV, were used as sentinel entry points. The approach prioritised inclusion by building data and quality improvement capability across staff cadres. The session will combine brief presentations with facilitated interactive reflection.
RESULTS
Applying learning cycles within sub-district settings started a shift from compliance-focused reporting towards shared interpretation and adaptive action. Participation broadened across cadres, confidence in using data increased, and quality improvement activities became more locally driven. Digital enablers, including integrated data platforms and tools, supported learning but were not sufficient alone; sustained change depended on organisational structures, leadership endorsement, and protected spaces for reflection. Leveraging existing systems helped reduce reporting burden, supporting sustainability.
CONCLUSIONS
Sub-district-level LHSs offer a feasible and inclusive pathway to strengthen decision-making and quality improvement in primary healthcare. This session will provide practical insights into embedding learning within existing governance and digital infrastructure, highlighting how alignment between people, organisation, and data supports sustainable health system improvement across diverse settings.
Popul. Med. 2026;8(Supplement 1):A1751

ABS2702
Applying the Health Systems Integration Maturity Framework to assess the level of health services integration in Uganda
Cordelia Katureebe[1], Susan Wandera[1], Derrick Kimuli[2], Musiime Michael Koima[1], Afrah Mariam Naluwugge[2], Evarist Twinomujuni[2], Quinto Ebony[1], Diana Sera[1], Munanura Turyasiima[1], Turyahabwe Stavia[1], Vennie Nabitaka[2], Michael Bamulangeyo[2]
[1]Ministry of Health, Kampala, Uganda, [2]Health Systems Strengthening, Clinton Health Access Initiative, Kampala, Uganda
INTRODUCTION
Most health systems integration efforts in low and mid-income countries lack structured tools to measure maturity and guide iterative improvement. Uganda developed a national Health Systems Integration Maturity Framework (HSIMF) to benchmark progress across seven health system building blocks and to accelerate service integration reforms.
METHODS
The HSIMF was developed through a multi-stage process: (i) literature review and conceptual mapping; (ii) stakeholder consultations through the National Advisory Committee on Integration; (iii) piloting using data from national technical supportive supervision (TSS) of 67 public health facilities; and (iv) iterative refinement and institutionalization. The framework defines five maturity levels from fragmented (Level 1) to fully integrated (Level 5) and is adaptable at national, sub-national and facility levels. Maturity scores were applied across domains: governance, financing, service delivery, HRH, HIS, supply chain and community engagement.
RESULTS
Pilot application revealed partial integration nationally (Level 3). Supply chain and HMIS demonstrated the highest maturity (Level 4), reflecting long-standing cross-programmatic interoperability. Service delivery and HRH domains were intermediate (Level 3), reflecting shared staffing and consolidated clinic models. Governance and financing domains demonstrated early alignment but incomplete joint accountability mechanisms (Level 2–3). Community systems demonstrated minimal integration (Level 2), highlighting weak linkages between primary health care (PHC) platforms and community structures. The maturity framework clarified sequencing, identified domain-specific bottlenecks, and provided a structured agenda for institutional reforms.
CONCLUSIONS
The HSIMF offers an applied health systems tool for measuring integration progress, enabling cross-domain benchmarking and guiding policy improvements. Maturity results informed the national integration agenda and contributed to ongoing reforms in planning, budgeting and supervision. Scaling the HSIMF nationally provides a pathway for LMICs transitioning from vertical programs toward integrated, people-centred systems. The tool can support donor transition, program sustainability, universal health coverage (UHC) commitments and cross-programmatic efficiencies.
Popul. Med. 2026;8(Supplement 1):A1752

ABS2716
District manager perspectives on USAID/PEPFAR funding cuts and service delivery in the Western Cape, South Africa
Constance Mongwenyana-Makhutle[1], Tembeka Tembeka Sineke[1,2], Aneesa Moolla[1], Khumbo Shumba[1], Danleen Hongoro[1], Jacqui Miot[1], Dorina Onoya[1]
[1]Health Economics and Epidemiology Research Office, Faculty of Health Science, University of the Witwatersrand, Parktown, Johannesburg, South Africa, [2]Department of Work and Social Psychology, Maastricht University, Maastricht, Netherlands
BACKGROUND
USAID/PEPFAR funding has been critical to South Africa's public-sector HIV service delivery over the past two decades. Recent funding reductions and scale-downs by non-governmental organizations (NGOs) have strained primary health care (PHC) facilities. We examined district health managers' experiences with these funding cuts and strategies used to mitigate operational impact across three districts in Western Cape province of South Africa.
METHODS
Between January and May 2025, we conducted in-depth interviews with purposively selected district health managers overseeing PHC facilities in rural (Cape Winelands) and urban (Garden Route and Cape Town Metro) districts. Interviews were audio-recorded, transcribed verbatim, thematically analysed using NVivo 14. Four researchers independently coded to enhance reliability, discrepancies were resolved by consensus, and findings were reported in line with the Consolidated Criteria for Reporting Qualitative Research.
RESULTS
Eighteen participants (6 males and 12 females) were interviewed. Participants reported that funding cuts resulted in the loss of NGO-supported clinical staff and the discontinuation of some outreach services. The Cape Town Metro district was perceived as the most impacted. Staff shortages were more pronounced in HIV services, particularly in data capturing, counselling and nurse-led antiretroviral therapy management. Despite these challenges, managers reported maintaining service through task-shifting, involving redistribution of work to available staff, interns and volunteers, complemented by targeted capacity-building, training and mentorship. In Cape Winelands, cessation of some mobile outreach services was partially mitigated through partnerships with farmers, who provided spaces for service delivery to farm workers, reducing pressure at clinics. Across the districts, facility managers experienced lengthy procurement processes when implementing mitigation strategies and replacing NGO-supported staff and equipment.
CONCLUSIONS
District health managers adapted rapidly to sustain HIV services following USAID/PEPFAR funding cuts, demonstrating system's resilience amid persistent structural constraints. Improving procurement responsiveness and planning for absorption of critical functions may improve continuity during future funding shocks.
Popul. Med. 2026;8(Supplement 1):A1754

ABS2721
Public health system strengthening : The transition of adolescents with severe bilateral cerebral palsy from paediatric to adult care in the Western Cape, South Africa
Sashmi Moodley[1], Kathleen Murie[2], Kirsten Donald[3,1]
[1]Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa, [2]Department of Health and Wellness, Westerncape Government, Cape Town, South Africa, [3]Neuroscience Institute, University of Cape Town, Cape Town, South Africa
BACKGROUND
With advances in neonatal and paediatric care in majority world settings, more children reach adulthood with severe physical disabilities, necessitating quality long-term care. The transition from paediatrics to adult based services demands interdisciplinary, multi-level system coordination, which is poorly managed in LMIC settings. 1,2
METHODS
To evaluate our health service, a retrospective descriptive audit was conducted on patient records in a Cerebral Palsy Clinic at Red Cross War Memorial Children's Hospital, a tertiary paediatric hospital in Cape Town, South Africa. Led by the developmental paediatrician, a clinical governance framework and the UNICEF Health System Strengthening approach was adapted to create an audit tool. A quantitative analysis was conducted to identify facilitators and address barriers in the system, thus improving outcomes.
RESULTS

Between 2023 and 2025, 100 children (13 -18 years) dependant on caregivers, living with bilateral cerebral palsy from early brain injury, were transitioned into primary adult healthcare services. The majority of families were anxious with a single event transition mandating 3 sessions over 2 years. Priority interventions included introducing transition to caregivers, planning acute and chronic care and knowledge sharing between services. Barriers identified were long waiting times for appointments in clinics, inadequate medication stock, reduced therapy and unclear medical interventions.

CONCLUSIONS

Despite perceived systemic barriers to transitions from a paediatric to adult health services for young adults with physical and intellectual disabilities in resource limited setting, a gradual, coordinated discharge can be achieved with effective responsive planning and a cohesive team. Although parents eventually celebrated their child approaching adulthood on discharge, more advocacy is needed for adults living with childhood disabling conditions. A deeper situational analysis with key stakeholders is needed. The WHO Global Goals for Health Equity for persons with disabilities can consolidate local strategies placing families at the center of public health systems.3

Popul. Med. 2026;8(Supplement 1):A1755

ABS2723

Strengthening the National Integration Agenda in Uganda: Evidence from 67 Baseline and 143 Follow-up Facilities

Turyahabwe Stavia[1], Cordelia Katureebe[1], Susan Wandera[1], Musiime Michael Koima[1], Afrah Mariam Naluwugge[2], Derrick Kimuli[2], Evarist Twinomujuni[2], Ebony Quinto[1], Solomon Kamurari[2], Munanura Turyasiima[1], Vennie Nabitaka[2], Michael Bamulangeyo[2]

[1]Ministry of Health, Kampala, Uganda, [2]Clinton Health Access Initiative, Kampala, Uganda

INTRODUCTION

In 2025, Uganda started the process of strengthening its national integration reform to consolidate chronic care platforms and reduce fragmentation across HIV, TB and Non-Communicable Disease services. To assess early effects, we compared performance before and after the initial efforts.

METHODS

Baseline support supervision was conducted in March–April 2025 across 67 facilities. Follow-up mentorship and supervision covered 143 facilities in September–October 2025. Both rounds were conducted using a standardized questionnaire and analysis was based on the integration framework comparing integration domains and overall facility performance.

RESULTS

Baseline assessments showed an overall facility integration score of 68%. Domain performance ranged from 59% in community systems and 60% in leadership and planning to 79% in supply chain and 76% in HMIS. Regional performance ranged from 52% (Kampala) to 83% (Tooro). After the integration reform, overall facility integration performance increased to 75%, representing a 7-point gain within one implementation cycle. Domain performance also improved, with HMIS increasing from 76% to 86.5%, lab and diagnostics from 69% to 90%, supply chain from 79% to 83.3%, and human resources from 72% to 83.2%. Leadership increased from 60% to 72.6%, while community systems rose from 59% to 64.1%. Quality improvement, which had no distinct baseline measure, remained the lowest scoring follow-up domain at 41.2%. Regional performance shifts reflected similar patterns. Tooro increased from 83% to 92%, Lango from 73% to 84%, Acholi from 75% to 92%, and Teso from 77% to 82%. Kampala remained unchanged at 52%, maintaining the widest gap relative to high-performing regions.

CONCLUSIONS

Initial gains are most pronounced in health system backbone functions (HMIS, diagnostics, supply chain, HR), while community and quality improvement domains advanced more modestly. Persistent regional disparities suggest that integration reforms require differentiated sub-national strategies. Early results indicate feasibility and positive system effects within one implementation cycle.

Popul. Med. 2026;8(Supplement 1):A1756

ABS2738

Consensus-based strategies to guide system-wide implementation of the World Health Assembly resolution on acute rheumatic fever and rheumatic heart disease in African countries.

Hlengiwe Moloi[1], Ardil Jabar[2,3], Natalie Leon[1], Liesl Zühlke[4,5], Mark Engel[2,3], Karen Daniels[6,7]

[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Cochrane South Africa, South African Medical Research Council, Cape Town, South Africa, [3]Department of Medicine, University of Cape Town, Cape Town, South Africa, [4]Office of the Vice-President, South African Medical Research Council, Cape Town, South Africa, [5]Department of Paediatrics, Red Cross War Memorial Children's Hospital, University of Cape Town, Cape Town, South Africa, [6]Department of Global Health, Stellenbosch University, Cape Town, South Africa, [7]Centre for Caring and Sustainable Systems, Cape Town, South Africa

INTRODUCTION

In 2018, the World Health Assembly adopted a resolution on rheumatic heart disease (RHD), calling for action across multiple priority areas for addressing the burden of RHD. In the absence of context-specific and system-level guidance, translating the global commitments into actionable implementation strategies remains a challenge. We developed a consensus-based set of strategies for implementing the resolution, through a strategy rating process with stakeholders across Africa.

METHODS

We conducted a two-round, modified Delphi study, with a panel of 22 RHD stakeholders from 10 African countries. Round one assessed preferences with respect to 30 literature-derived strategies; round two reassessed strategies for which there was no consensus as well as further participant-proposed strategies. Strategies were rated using a five-point Likert scale across five categories: national prevention programmes; governance structures; surveillance systems; access to healthcare services, including primary health care (PHC) and surgical care; and access to Benzathine penicillin G (BPG). Positive consensus on inclusion of a strategy required that 80% of participants rated it a four or higher. These were then compiled into a consensus-based list.

RESULTS

Consensus was reached on 31 strategies. Four strategies focus on national prevention programmes for RHD, with 95% supporting the integration of sore throat management into PHC. Among the three governance strategies, establishing a national advisory group received the highest support (95%). Four strategies addressed surveillance, and embedding RHD indicators into health information systems received the highest support (91%). Twelve strategies targeted healthcare access—six for PHC and six for surgery, with 100% support for PHC worker training, strengthening surgical capacity. Eight strategies centred on BPG availability, with 100% agreement on its inclusion in essential medicines lists.

CONCLUSIONS

We present a stakeholder-informed, consensus-based set of strategies for guiding health system-wide implementation of the resolution in African countries, providing a foundation for improving RHD health outcomes.

Popul. Med. 2026;8(Supplement 1):A1758

ABS2748

How Structured Mentorship and Capacity Building Transformed Work planning and Budget Absorption in Uganda's Subnational Health Facilities

Afrah Naluwugge[1], Evarist Twinomujuni[1], Michael Bamulangeyo[1], Derrick Kimuli[1], Joy Batusa[1,2], Samuel Kamba[2], Fahad Mawanda[2], Aliyi Walimbwa[2], Isaac Mashate[3], David Sakwa[3], Lorraine Kabunga[1]

[1]Health Financing, Clinton Health Access Iniatitive, Kampala, Uganda, [2]Division of Sector Policy and Planning, Ministry of Health, Kampala, Uganda, [3]Ministry of Local Government, Kakumiro/ Kassanda, Uganda

BACKGROUND

Uganda has advanced health financing reforms, including results-based financing (RBF), rollout of the Integrated Financial Management System (IFMIS), and the Public Financial Management (PFM) Reforms Strategy (2025–2030). Despite this progress, subnational capacity gaps continue to limit effective resource use. A 2023 bottleneck assessment across six districts found that only 11% of facility staff had adequate planning skills, workplans were often outdated, and budgeting was largely reactive. In Kassanda and Kakumiro districts, fund absorption rates were 60% and 74%, respectively, with limited financial oversight. This study documents the implementation and outcomes of a structured capacity-building intervention to strengthen planning, budgeting, and financial management at district and facility levels.

METHODS

Between July 2023 and November 2025, the Ministry of Health, with partner technical support, implemented a capacity-building program across nine health facilities and two district health offices. The intervention comprised: (i) district-led quarterly mentorship; (ii) structured training on the Health Management Information System (HMIS) Form 001 as a standardized planning and budgeting tool; (iii) hands-on coaching to address implementation challenges; and (iv) institutionalized financial oversight. Data sources included key informant interviews (n=19; 92% response rate), primary health care (PHC) fund-flow analysis, and facility assessments.

RESULTS
Fund absorption in Kakumiro increased from 60% to 87%. Facilities shifted from donor-driven, ad hoc budgeting to structured, evidence-based planning aligned with PHC priorities. Multidisciplinary facility teams actively participated in workplan development, strengthening ownership and bottom-up priority setting. Financial transparency improved through public display of financial information. Staff turnover affected sustainability: Kakumiro's 9% turnover preserved institutional knowledge, while Kassanda's 23% turnover eroded gains, requiring retraining. District officials reported improved capacity to analyze and monitor budget performance.
CONCLUSIONS
Targeted mentorship, standardized planning tools, and participatory governance can strengthen subnational PFM capacity and improve accountability and efficiency in primary health care financing.
Popul. Med. 2026;8(Supplement 1):A1759

ABS2755
Exploring the occupational health and safety hazards faced by dental staff and their impact on their performance at the dental clinics in KZN, uGu District, 2022

Prenisha Nepaul[1]
[1]Health, Dental, Department of Health, Port Shepstone, South Africa

ABSTRACT
Abstract Occupational health hazards are risks arising from employment due to the type of work or working conditions. In dentistry, these hazards can be categorised as biological, biomechanical, chemical, physical, and psychological. This study aimed to explore the occupational health and safety hazards experienced by dental professionals and assess their potential impact on employee performance in dental clinics in the uGu District, KwaZulu-Natal. In recent years, dental professionals have faced increased occupational risks, including needle-stick injuries, higher exposure to stressful work conditions following the COVID-19 pandemic, financial strain contributing to stress and anxiety, and limited access to counselling or wellness programmes.3-5 A positivist research philosophy guided the study.6 Primary data were collected using self-administered questionnaires distributed to 40 dental professionals in public and private dental clinics.7 Stratified sampling was applied based on clinic location, followed by simple random sampling to select participants.8 Data were cleaned and analysed using the Statistical Package for Social Sciences (SPSS). Findings revealed that dental professionals were exposed to all five categories of occupational hazards. Over 70% reported musculoskeletal disorders, including lower back pain, wrist pain, and other work-related discomforts.9 Despite the high prevalence of these hazards, their reported impact on employee performance was minimal. The study concludes that maintaining high standards of occupational health and safety is essential, as a safe work environment supports employee well-being, productivity, and organisational performance.10,11 Employees who feel safe and supported are more likely to remain committed to their work, advocate positively for their organisation, and deliver high-quality patient care. Recommendations were made to improve occupational health and safety practices, and areas for further research were identified.
Popul. Med. 2026;8(Supplement 1):A1760

ABS2757
Knowledge, perspectives and practices of doctors and dietitians regarding the severe acute malnutrition protocol in South Africa

Evette van Niekerk[1], Bianca Schräder[1], Martani Lombard[2]
[1]Division of Human Nutrition, Department of Global health, Faculty of Medicine and Health Sciences., Stellenbosch University, Cape Town, South Africa, [2]School of Applied Health Sciences Centre of Excellence for Nutrition (CEN), North- West University, Potchefstroom Campus, South Africa

INTRODUCTION
Severe acute malnutrition (SAM) remains a major cause of childhood morbidity and mortality despite established management guidelines. In South Africa, resource constraints and competing health burdens challenge effective guideline implementation, and limited data exist on healthcare professionals' knowledge, perceptions, and practices regarding in-hospital SAM management.
AIM
To determine the knowledge, perceptions, and practices of doctors and dietitians regarding feeding protocols used during the in-hospital management of children with SAM in South Africa.
METHODS
A descriptive cross-sectional study with an analytical component was conducted among doctors and dietitians involved in inpatient SAM management across South Africa. Data were collected using an online self-administered questionnaire comprising demographics, knowledge of SAM guidelines, perceptions, and current practices. Knowledge was assessed using 14 questions, with ≥80% classified as high knowledge, 50–79% as average, and <50% as poor.
RESULTS
Forty-two participants (3 doctors and 39 dietitians) completed the survey. The mean knowledge score was 67%, with no significant difference between doctors (61%) and dietitians (67%). Most participants preferred the WHO SAM protocol (63%) over the South African guideline (16%), while 7% reported not following any protocol. Concerns regarding F-75–associated diarrhoea were common (64%), and 85% favoured lactose-free formulations. Despite perceived benefits of semi-elemental feeds, most respondents continued to use F-75 (86%) and F-100 (89%).
CONCLUSIONS
Findings indicate suboptimal knowledge of SAM management among healthcare professionals and highlight the need for improved training and guideline revision. Ongoing education and research are essential to optimise SAM management and reduce childhood mortality.
Popul. Med. 2026;8(Supplement 1):A1761

ABS2764
Factors influencing frugal innovations in south africa's public health system within the national health insurance framework

Kgaile Benjamin Mogoye[1], Yasser Bhatti[2], Yasser Bhatti[3], Colin Menezes[4], Prudence Ditlopo[5], Kgaile Benjamin Mogoye[5]
[1]National Health Laboratory Service, Sandringham, South Africa, [2]MBS College of Business, King Abdullah Economic City, Saudi Arabia, [3]Said Business School, University of Oxford, Oxford, United Kingdom, [4]Department of Internal Medicine, School of Clinical Medicine, Faculty of Health Sciences, University of Witwatersrand, Johannesburg, South Africa, [5]Centre for Health Policy, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

INTRODUCTION
Achieving Universal Health Coverage (UHC) in low-and middle-income countries (LMICs) require innovations that are affordable, accessible and context-appropriate. In South Africa, the adoption of National Health Insurance (NHI), increases the need to understand how frugal product, process and business model innovations are motivated, enabled and their impact within the public health system. Existing frugal innovation frameworks such as the antecedents, mediators, consequences framework, have not been examined within government-led UHC reforms to understand their adequacy to public sector operational realities. The study investigates antecedents, mediators, consequences (A-M-C) of South Africa's public health sector's frugal innovations and extend the A-M-C framework in health systems strengthening as part of NHI reforms.
METHODS
This exploratory qualitative study drew on 30 key informant interviews (KIIs) with district managers and National Health Laboratory Service (NHLS) business managers across four provinces. Thematic analysis applied inductive and deductive coding. Hossain's A-M-C framework, guided deductive coding, and additional constructs were inductively identified, specific for the public sector
RESULTS
Public sector frugal innovations were primarily motivated by social drive (inclusion, equity) and operational drive (health system's motivation to preserve reliable service delivery under chronic resource shortages). Mediators were separated into explicit facilitators (leadership support, partnerships, community engagement, training, performance monitoring) and constraints (resource, institutional and scale-up). The public sector produced operational consequences such as improved workflows, decongested facilities, shortened turnaround times, fewer laboratory test rejections and improved allocation of resources. Economic, social and environmental consequences emerged as gains arising from operational improvements.
CONCLUSIONS
The study confirms the relevance of the A-M-C framework and extends it with three additional constructs tailored to the public sector context: operational drive, explicit facilitators and operational consequences. The findings contribute to frugal innovation theory and provide insights on how to institutionalise frugal innovation as part of NHI implementation.
Popul. Med. 2026;8(Supplement 1):A1762

ABS2770
Below 95%: Trends in immunisation Coverage and Health System Drivers of the re-emergence of vaccine-preventable diseases in KwaZulu-Natal, South Africa (2018/2019–2024/2025)

Rizwana Desai[1], Elizabeth Lutge[1]
[1]Health Research & Knowledge Management, KwaZulu-Natal Department of Health, Pietermaritzburg, South Africa

BACKGROUND
Routine childhood immunisation is essential for preventing vaccine-preventable diseases (VPDs) such as measles, rubella and diphtheria1. In South Africa, disruptions to primary health care (PHC) services during the coronavirus disease 2019 (COVID-19) pandemic coincided with renewed outbreaks of these diseases. KwaZulu-Natal (KZN) has experienced repeated outbreaks despite long-standing implementation of the Expanded Programme on Immunisation (EPI). Understanding immunisation trends and health system drivers is critical for strengthening outbreak prevention and health system resilience.
METHODS
A retrospective ecological analysis was conducted using District Health Information System (DHIS) data from all eleven districts in KwaZulu-Natal for the period 2018/2019 to 2024/2025 financial years (FYs). Immunisation indicators included immunisation under one year coverage, measles-rubella (MR) first and second dose coverage, and diphtheria-tetanus-acellular pertussis, inactivated polio, Haemophilus influenzae type b and hepatitis B (DTaP/IPV/Hib/HBV) first to fourth dose coverage and measles first-to-second dose drop-out rates. Descriptive analyses, repeated-measures analysis of variance (ANOVA) with Bonferroni post hoc testing, and linear regression analyses were performed using the online statistical tool, Statisty App, to assess temporal trends, district-level variation and associations with primary health care utilisation.
RESULTS
Immunisation coverage declined significantly during the COVID-19 period (2020/2021–2021/2022 FYs) and did not fully recover by 2024/2025 FY. Provincial measles first-to-second dose drop-out rates worsened from −1.0% in 2018/2019 to −24.2% in 2024/2025, with the greatest deterioration observed in socio-economically vulnerable districts. Primary health care utilisation was moderately associated with early-schedule immunisations but showed weak or non-significant associations with second-dose and booster vaccinations, indicating challenges in continuity of care.
CONCLUSIONS
The re-emergence of vaccine-preventable diseases in KwaZulu-Natal reflects systemic weaknesses in immunisation follow-up rather than access alone. These findings highlight the need for post-pandemic recovery strategies that prioritise continuity of care, targeted outreach and defaulter tracing to rebuild population immunity and reduce inequities across districts.
Popul. Med. 2026;8(Supplement 1):A1763

ABS2810
Opportunities and barriers for delivering PrEP service beyond public healthcare facilities to young Men in Rural South Africa: A Cross-sectional Qualitative study

Denny Mabetha[1,2], Madeline Griffith[3], Saiqa Mullick[4], Elizabeth T. Montgomery[5,6], Sheri A. Lippman[1,7], Kathleen Kahn[1,2], Hannah H. Leslie[1,7]
[1]MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), University of the Witwatersrand, Johannesburg, South Africa, [2]School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [3]Institute for Health & Aging, School of Nursing, University of California, San Francisco, United States, [4]Wits Reproductive Health and HIV Institute, University of the Witwatersrand, Johannesburg, South Africa, [5]RTI International, California, United States, [6]Department of Epidemiology and Biostatistics, University of California, San Francisco, United States, [7]Division of Prevention Science, Department of Medicine, University of California, San Francisco, United States

BACKGROUND
Young men in South Africa (SA) face socio-cultural and health service barriers that limit use of public primary healthcare and engagement with HIV prevention, including pre-exposure prophylaxis (PrEP) 1-4. Although often overlooked, heterosexual young men are important in sustaining HIV transmission, highlighting the need for tailored service delivery 5-6. This study examined opportunities and implementation factors for young men in a rural South African setting.
METHODS
We conducted a cross-sectional qualitative study in rural Bushbuckridge, SA. We leveraged existing relationships and snowball sampling to recruit 25 health system and civil society stakeholders for key informant interviews; 13 young men aged 18–30 years, including those with and without prior PrEP experience, for in-depth interviews; and 6 additional young men for focus group discussions. Using rapid template analysis guided by the Consolidated Framework for Implementation Research (CFIR) 7-8, we examined factors shaping implementation across five non-facility PrEP delivery models: pharmacy, private clinics, nurse outreach, community health worker (CHW), and traditional health practitioner.
RESULTS
Six CFIR constructs emerged. Mission alignment and access to knowledge facilitated implementation, while laws and policies, relational connections, stakeholder relationships, and compatibility varied in influence. Providers with prescription authority integrated PrEP easily, while others were restricted to providing specific services. Relationships supported service coordination but were limited to general health services and underused for PrEP. Most models showed recipient-centeredness, offering some sexual and reproductive, and HIV services of interest to young men, yet barriers for young men use of model included cost, confidentiality, and narrow scope of services. Confidential, discreet delivery was critical in most models but limited in the CHW model.
CONCLUSIONS
The five models offer promise for expanding PrEP access for young men in rural South Africa. However, achieving this potential requires policy adaptation, regulatory alignment, and targeted investments to address structural and system-level barriers.
Popul. Med. 2026;8(Supplement 1):A1767

ABS2812
Design thinking as an implementation strategy to strengthen Primary Health Care: lessons from the CARDIO initiative

Mariana Silveira[1], Yara Baxter[2]
[1]Social responsibility, BP - A Beneficência Portuguesa de São Paulo, São Paulo/SP, Brazil, [2]Social responsibility, Novartis Foundation, Basel/BS, Switzerland

ABSTRACT
Translating evidence-based interventions for non-communicable chronic diseases into routine Primary Health Care (PHC) remains a challenge complex health systems. The CARDIO initiative was designed to strengthen prevention and care for chronic conditions, particularly hypertension, diabetes, obesity, and hypercholesterolemia, within Brazil's Unified Health System, addressing the gap evidence and practice. Design thinking was adopted as an implementation strategy to support service adaptation, stakeholder engagement, and sustainability of interventions. This study presents implementation research using design thinking as a participatory approach. Guided by the double-diamond framework (diagnosis, exploration, co-creation, and implementation), the methodology combined situational analysis, evidence review, and co-creation workshops with PHC managers, health professionals, and service users. The process emphasized governance alignment, local ownership, and iterative intervention adaptation, in line with implementation science frameworks. The application of design thinking enabled the development of an integrated, adaptable, and scalable package of solutions to strengthen the prevention and management of non-communicable chronic diseases in PHC, with a focus on cardiovascular risk. Co-creation with managers, health professionals, and service users generated context-sensitive interventions replicable with minimal adaptation across diverse settings. The impact of the CARDIO initiative has been documented in nine scientific publications, including a study published in the Journal of the American Heart Association. In São Paulo, hypertension control rates increased from 12.3% to 31.2%, with a projected 7.9% reduction in cardiovascular mortality over ten years. Economic evaluation demonstrated cost-effectiveness (ICER USD 784 per QALY). In Brazil, the initiative reached 44 municipalities and 1,077 PHC units, with a potentially impacted population of 15,195,294, with ongoing implementation and international expansion in Portugal. The CARDIO initiative demonstrates that design thinking is a robust implementation strategy for strengthening PHC in health systems. By integrating co-creation, governance, and adaptation, the approach bridges evidence and practice, supports large-scale implementation, and offers lessons for global public health.
Popul. Med. 2026;8(Supplement 1):A1768

ABS2819
The impact of covid-19 on tuberculosis diagnostic indicators: a systematic review on the path to 2030 goals

Mariana Gaspar Botelho Funari de Faria[1], Rubia Laine de Paula Andrade Gonçalves[1], Livia Maria Lopes Gazaffi[2], Elisangela Fransiscon Naves[1], Rafaele Oliveira Bonfim[1], Diogo Henrique Mendes da Silva[1], Ana Beatriz Marques Valença[1], Valdes Roberto Bollela[3], Maria Josefa Perón Rujula[4], Ricardo Alexandre Arcêncio[1], Ione Carvalho Pinto[1], Pedro Fredemir Palha[1], Jaqueline Garcia de Almeida Balestero[1], Dulce Gomes[5], Zhiting Guo[6], Jason Farley[7], Nancy Reynolds[7], Aline Aparecida Monroe[1]
[1]Maternal and Child Health and Public Health Department, Ribeirão Preto School of Nursing, University of São Paulo, Ribeirão Preto, Brazil, [2]Departament of Nursing, Municipal University Centre of Franca (Uni-FACEF), Franca, Brazil,

[3]Department of Clinical Medicine, Ribeirão Preto School of Medicine University of São Paulo, Ribeirão Preto, Brazil, [4]Departament Comunicable Diseases, Center of Epidemiological Surveillance in Sao Paulo State, Sao Paulo, Brazil, [5]Department of Mathematics, School of Science and Technology, Universidade de Évora,, Évora, Portugal, Departament of Nursing, School of Nursing, Zhejiang University, Hangzhou, China, [7]Center for Infectious Disease and Nursing Innovation, School of Nursing, Johns Hopkins University, Baltimore, United States

BACKGROUND
The covid-19 pandemic severely impacted global health systems, diverting resources and weakening essential infrastructure for tuberculosis (TB) control. This crisis exacerbated social vulnerabilities, including increased poverty, unemployment, and barriers to healthcare access, while cultural and linguistic challenges marginalized groups of people facing such vulnerabilities. Furthermore, the clinical similarity between the symptoms of covid-19 and TB led to the prioritization of covid-19 testing, which may have reduced TB screening. Therefore, this study was conducted to analyze the repercussions of the covid-19 pandemic on TB diagnostic indicators(2,3).
METHODS
A systematic review was conducted whose protocol number was registered in PROSPERO (CRD-42024511315), across five databases and Google Scholar, published between 2020-2024. Articles were selected by two independent reviewers, with a third reviewer resolving conflicts. Data were collected using a standardized form by one reviewer and checked by another. The data underwent narrative synthesis and the articles were subjected to methodological quality assessment.
RESULTS
6378 publications were screened, and 23 temporal series studies were included. The review identified a consistent and significant global decline in the incidence, etiological detection/confirmation, and notification rates of TB worldwide. Regarding the assessment of methodological quality, the reliability of the measures was not considered by any study. Three studies presented fewer than three outcome measures studied in the period after the start of the pandemic, and another five studies showed weaknesses in their statistical analysis procedures.
CONCLUSIONS
The pandemic has caused a severe decline in TB diagnosis indicators, fueling community transmission and reversing years of environmental progress in TB control. This threatens the World Health Organization's goal of eradicating TB by 2030. There is an urgent need to reorganize health services and implement recovery strategies, seeking to strengthen diagnostic networks and restore public health infrastructure, which are essential to mitigate the long-term epidemiological impact of the pandemic.
Popul. Med. 2026;8(Supplement 1):A1769

ABS2833

From disease-focused programmes to system strengthening, implementing Adult Primary Care in the Eastern Cape, South Africa

Makhosazana Lungile Simelane[1], Daniella Georgeu-Pepper[1], Christy-Joy Ras[1]
[1]Knowledge Translation Unit, Knowledge Translation Foundation, South Africa

INTRODUCTION
The adult primary care (APC) strategy is a health systems intervention that has been successfully implemented, scaled up and sustained in south africa. Developed by the knowledge translation unit, APC has been adopted as national policy by the department of health (DOH) and scaled to reach more than 300000 primary care health workers nationwide. Internationally, APC has been adapted as the practical approach to care kit and introduced in ethiopia, brazil, nigeria, and indonesia.
METHODS
This paper draws on eight years of implementation experience of APC across three districts in the eastern cape (EC) province, south africa. We describe how APC was implemented and sustained within a complex health system environment, with particular attention to the interaction between donor priorities and provincial and national health policy objectives.The paper outlines the implementation strategies used to embed APC within district health systems and factors influencing sustainability.
RESULTS
APC supported a shift from donor-defined, disease-specific capacity building towards a system-oriented, comprehensive primary health care approach aligned with national policy. Over 4600 training completions by health workers were achieved, with district-based mentorship and assessment systems embedded within DOH structures. APC functioned as a mediating mechanism between donor accountability requirements and health system priorities, enabling integrated service delivery while maintaining donor reporting obligations. Capacity building was reframed as a routine health system function rather than a time-limited project output, challenging assumptions about baseline provider competence by prioritising supported practice over rapid certification. During the COVID-19 pandemic, APC was adapted through blended and online learning modalities, improving reach and system resilience. APC was sustained by the health system beyond the funding period.
CONCLUSIONS
Policy aligned, integrated interventions such as APC can reconcile donor funding requirements with comprehensive primary health strengthening. The EC experience offers transferable lessons for institutionalising sustainable capacity-building interventions in resource-constrained health systems
Popul. Med. 2026;8(Supplement 1):A1770

ABS2865

A person-centred assessment of district health system competencies in the management of multimorbid conditions in KwaZulu-Natal, South Africa

Tasneem Kathree[1], Andries Janse Van Rensburg[1], Zamasomi Luvuno[1], Sanah Bucibo[1], Gcina Radebe[1], Usangiphile Buthelezi[1], Arvin Bhana[1], Inge Petersen[1]
[1]Centre for Research in Health systems, University of KwaZulu-Natal, Durban, South Africa

BACKGROUND
Multimorbidity presents significant challenges for health systems, particularly in primary healthcare (PHC) settings that are often organised around single diseases rather than the complex needs of people living with multiple long-term conditions. Effective multimorbidity care requires person-centred services, continuity of care, and healthcare workers with strong communication, teamwork, and leadership skills. In South Africa, as in many low- and middle-income countries, health system responses to multimorbidity, especially at PHC level, remain under-described and under-evaluated. Understanding how PHC systems are structured and experienced by providers and service users is essential for strengthening integrated care.
METHODS
This study examined barriers and facilitators in delivery of multimorbidity care within the uMgungundlovu District, KwaZulu-Natal, South Africa. Drawing on formative work from the ENHANCE study (2022–2023), a multimethod cross-case comparison was conducted across five PHC facilities. Within each facility, three multimorbidity care cases were examined, incorporating facility profiles, patient pathway process maps, clinical observations at facilities and during home-based outreach, and interviews with nurses, community health workers, and service users. Interviews and focus group discussions were conducted with policymakers. Data were analysed using inductive thematic analysis.
RESULTS
Key barriers included the high treatment burden experienced by patients, challenges related to polypharmacy and food insecurity, difficulties managing specific multimorbid dyads (notably hypertension and diabetes, and HIV and tuberculosis), and gendered patterns affecting adherence, particularly among men. Outreach teams faced long travel distances, limited equipment, resource constraints, medication stock-outs and infrastructure limitations within facilities. Facilitators of care included person-centred consultations, strong nurse–patient relationships, community-based resources such as medication pick-up points and vegetable gardens, the central role of community health workers, and support for service integration through the Ideal Clinic system.
CONCLUSIONS
Findings highlight the need to strengthen access, promote person-centred and integrated care, and leverage existing system strengths to improve multimorbidity management in similar PHC contexts.
Popul. Med. 2026;8(Supplement 1):A1771

ABS2877

Assessment of ICD-10 Coding and Discharge Summary Documentation in public sector hospitals in the National Health Insurance Pilot Districts, South Africa

Beatrice Nojilana[1], Lyn Henmar[1], Wisdom Basera[1,2], Debbie Bradshaw[1,2], Edward Nicol[1,3]
[1]Burden of Disease Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]School of Public Health and Family Medicine, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, University of Cape Town, Cape Town, South Africa, [3]Division of Health Systems and Public Health, Stellenbosch University, Cape Town, South Africa, Stellenbosch University, Cape Town, South Africa

BACKGROUND

Accurate ICD-10 coding and complete discharge summaries are essential for a strong health information system that supports health-system strengthening and NHI implementation. High-quality clinical data enables continuity of care, surveillance, planning, and resource allocation, yet coding quality remains inconsistent across South Africa's public hospitals.
OBJECTIVE
To assess the availability, completeness, and quality of ICD 10 coded diagnoses and discharge summaries in inpatient records across public hospitals in the 10 NHI pilot districts.
METHODS
A retrospective cross-sectional review of 5,697 inpatient records was conducted in 44 public hospitals across all nine provinces. Data were extracted on the presence of a diagnosis, ICD-10 coding, and discharge summaries. Codes in the South African ICD-10 Master Industry Table (SA-MIT) were considered valid for use. Descriptive statistics and chi-square tests were used to compare results across provinces, hospital types, and departments.
RESULTS
A diagnosis was recorded in 79.8% of folders and 66.3% included discharge summaries, yet only 15.4% had ICD 10 codes and just 10.9% had both a coded diagnosis and a summary. Coding completeness varied widely, with the Western Cape performing best (61.7% coding; 92% summaries) and some provinces recording no ICD 10 codes. Departmental rates ranged from 21.1% in paediatrics to 8.9% in obstetrics/gynaecology. Of 966 reviewed codes, 82.1% were valid, but 35.4% were unspecified (.9), reflecting low specificity. Common problems included insufficient clinical detail, illegible handwriting, and frequent typographical errors.
CONCLUSIONS
ICD-10 coding and discharge summaries in South African public hospitals show reasonable quality but remain insufficiently available, limiting their usefulness for surveillance, planning, and continuity of care. Strengthening NHI readiness will require fostering a stronger coding culture through standardised documentation, targeted training, and improved health information systems, alongside capacity building, digital integration, and enforcement of policies that enhance coding quality and support evidence-based planning.
Popul. Med. 2026;8(Supplement 1):A1773

ABS2894
Barriers to accessing cancer care services in Eastern Cape and Mpumalanga provinces of South Africa: cancer survivors' perspectives
Nolusindiso Ncitakalo[1], Onke Mnyaka[1], Ntiyiso Khosa[1], Wezile Chitha[1], Sikhumbuzo Mabunda[1]
[1]School of Public Health, Walter Sisulu University, Mthatha, South Africa
INTRODUCTION
The World Health Organization estimated 20 million new cancer cases and 9.7 million deaths globally in 2022, underscoring cancer as a major cause of mortality. Equitable cancer care requires timely access to prevention, early detection, treatment, and follow-up services. In rural South Africa, access is shaped by structural, economic, systemic, and sociocultural factors. This study explored cancer survivors' experiences in the Eastern Cape and Mpumalanga to identify barriers to accessing care.
METHODS
A qualitative study was conducted between November 2021 and January 2022 using semi-structured interviews with adult cancer survivors receiving care at tertiary referral hospitals in Eastern Cape and Mpumalanga. Purposive and convenience sampling were used to recruit participants aged 18 years and older who could provide informed consent and describe their care experiences. Interviews explored diagnostic pathways, comorbidities, and barriers to accessing cancer services. Data were analysed inductively using Braun and Clarke's thematic analysis, with findings interpreted through the World Health Organization health system building blocks framework.
RESULTS
Thirty-two cancer survivors aged 30–74 years participated in the study. Most were women (n=25) and unemployed (n=23). Breast cancer (n=14) and cervical cancer (n=9) were the most common diagnoses, together accounting for over two-thirds of cases. Smaller numbers of prostate, thyroid, stomach, and Kaposi's sarcoma cases were reported. Four themes emerged: poor infrastructure, financial constraints, environmental and contextual challenges, and health system barriers. These findings illustrate multidimensional obstacles faced by rural cancer patients, including delayed diagnosis, fragmented referral pathways, and treatment interruptions.
CONCLUSIONS
Cancer survivors in rural South Africa experience significant structural, economic, and social barriers that limit timely access to care and increase vulnerability. Addressing these challenges requires decentralised oncology services, strengthened referral systems, improved transport and patient education support, and integrated psychosocial care. Coordinated, community-responsive health system reforms are essential to advance equitable cancer care.
Popul. Med. 2026;8(Supplement 1):A1774

ABS2901
An Interactive Workshop on Strengthening Health-Sector System Leadership to Prevent Violence Against Women and Girls
Joanna Peden[1]
[1]Policy and International Health, Public Health Wales, Cardiff, United Kingdom
BACKGROUND
Violence against women and girls (VAWG) remains a significant global public health challenge. While most countries have multisectoral policies in place, health systems often struggle to implement coordinated, system-wide responses. Evidence from research conducted by the WHO European Office for Investment for Health & Development, including prevalence estimates and policy mapping across 53 Member States, highlights persistent implementation gaps and the need for stronger system leadership.
METHODS
This interactive workshop uses systems leadership and adult learning approaches to support health-sector leaders in translating policy commitments into practice. The session combines brief, evidence-informed presentations with facilitated plenary discussion and structured small-group exercises. Participants will work with short country case examples to analyse health-system barriers and enablers across governance, service delivery, workforce capacity, financing, and data use. Guided exercises will support participants to map health systems as interconnected and adaptive, identify leverage points for change, and examine how leadership behaviours influence system performance. The workshop focuses on strengthening leadership capabilities required for system change, including systems thinking, strategic and political engagement, stakeholder collaboration, communication, adaptive leadership, and accountability. Participants will identify priority areas for leadership action within their own contexts and develop practical strategies to strengthen these capabilities at individual, organisational, and system levels.
RESULTS
Participants will gain a clearer understanding of how health systems function as complex systems and how leadership behaviours shape prevention and response outcomes for VAWG. Expected outputs include a shared visual map of system barriers and enablers, a prioritised set of leadership competencies for system change, and a set of actionable, context-specific steps applicable to participants' professional roles.
CONCLUSIONS
By focusing on leadership practice and system dynamics, this workshop supports health-sector actors to move beyond fragmented interventions toward coordinated, sustainable prevention of VAWG. Strengthening system leadership enables improved implementation, accountability, and long-term system change.
Popul. Med. 2026;8(Supplement 1):A1775

ABS2911
Health-Sector Readiness to Prevent and Respond to Violence Against Women and Girls in the WHO European Region: Integrating Prevalence Estimates and Policy Analysis
Joanna Peden[1], Melanie Hyde[2]
[1]Policy and International Health, Public Health Wales, Cardiff, United Kingdom, [2]WHO European Office for Investment for Health and Development (Venice, Italy), World Health Organisation, Venice, Italy
BACKGROUND
Violence against women and girls remains a critical public health issue in the WHO European Region, affecting an estimated 123 million women and girls over their lifetime. The high prevalence of intimate partner violence reflects persistent structural drivers, harmful gender norms, and inadequate system-level prevention and response.
OBJECTIVES
To integrate regional prevalence estimates for intimate partner and non-partner sexual violence against women with health policy analysis across 53 countries; assess alignment with WHO standards; identify implementation gaps; and inform priority actions to strengthen health-sector leadership in preventing and reducing VAWG.
METHODS
This study combined WHO regional prevalence estimates (2000–2023) for

intimate partner and non-partner sexual violence developed by the United Nations Inter-Agency Working Group on Violence Against Women Estimate and Data with a structured review of 241 national health and multisectoral policies from 53 countries. Policies were analysed using standardised indicators assessing governance, service delivery, workforce capacity, and multisectoral coordination.
RESULTS
Lifetime prevalence of intimate partner violence among women aged ≥15 years was estimated at 21–22%, non-partner sexual violence at 9%, and combined physical and/or sexual violence at nearly 29%. Only 43% of countries include VAWG within national health strategies and 45% have clinical guidelines. Fewer than 40% include essential survivor services such as emergency contraception, HIV post-exposure prophylaxis, safe abortion, mental health assessment, and referral pathways. However, 75% support workforce training, 68% include first-line support, and 87% report multisectoral strategies involving the health sector, highlighting a substantial gap between policy commitment and operational readiness.
RECOMMENDATIONS
Integrating prevalence estimates with policy analysis provides a powerful advocacy tool to align investments, policies, and programmes. Strengthening health-sector implementation through standardised guidelines, workforce training, data systems, and WHO minimum service packages can improve early identification, quality care, referral pathways, and prevention, positioning health systems as system leaders in reducing VAWG.
Popul. Med. 2026;8(Supplement 1):A1776

ABS2961
"The buck stops here": Experiences of frontline healthcare workers in expanding district hospital surgical services in rural South Africa

Jessica Westwood[1], Laurie Milligan[1], Mary Kinney[1], Rowan Duys[1]
[1]Division of Global Surgery, Department of Surgery, University of Cape Town, Cape Town, South Africa

BACKGROUND
Approximately one-third of the global burden of disease is attributable to surgical conditions, yet five billion people lack access to emergency and essential surgical care1. District hospitals are strategically positioned to address this gap, but their capacity to deliver surgical services is highly variable2. While the challenges are well described, little is known from rural facilities which have successfully expanded surgical services.
AIM
This study explored the experiences of frontline healthcare workers at a rural district hospital in South Africa that expanded its surgical services, with the aim of generating contextually grounded insights to inform policy, funding, and future capacity-building initiatives.
METHODS
We conducted an exploratory qualitative study using a phenomenological approach at Madwaleni District Hospital, Eastern Cape. Fifteen purposively sampled participants took part in semi-structured interviews. Data were analysed using a hybrid inductive–deductive approach and mapped to the Extended Normalization Process Theory framework.
RESULTS
Participants described a system where surgical expansion was technically feasible but constrained by fragile infrastructure, staffing shortages, and weak pre- and post-operative systems. Strong relational networks, mentorship, and academic partnerships enabled service growth despite limited material capacity. Expansion was driven primarily by individual intrinsic motivation, and a perceived moral imperative to meet community needs, summarised by one clinician as "the buck stops here." The reliance on individual champions was perceived to create service fragility, result in emotional fatigue, and risk sustainability in the absence of formal mandates or protected resources.
CONCLUSIONS
Successful surgical expansion at rural district hospitals is feasible with motivated and skilled frontline health workers operating within supportive relational ecosystems, even in settings without policy directive. Equitable surgical systems will require policymakers to empower frontline healthcare workers to innovate locally, harnessing their potential and capability, whilst also strengthening the health system with protected resources, training pathways, and systems of support.
Popul. Med. 2026;8(Supplement 1):A1777

ABS2971
Systems for Health: Exploring Diverse Pathways to Strengthening the Building Blocks

Kristen Mallory[1], Adugna Yimam[2], Thumbiko Msiska[3], Mary Mukomba[1]
[1]Global Programs, Children International, Kansas City, United States, [2]Health and Nutrition, Action Against Hunger USA, Washington DC, United States, [3]Health and Governance, CARE Malawi, Lilongwe, Malawi

BACKGROUND
Strengthening health systems is critical for sustainable and equitable health outcomes, but pathways must adapt to each context1. Organizations increasingly use community driven, governance focused, and equity oriented approaches to reinforce the WHO health system building blocks. This session highlights how Action Against Hunger (ACF), CARE, and Children International tailor Health Systems Strengthening (HSS) strategies to diverse settings while supporting government led systems.
METHODS
Using the WHO framework (service delivery; workforce; information systems; medicines; financing; governance and leadership)2 and the central role of communities3, the session compares three case studies. ACF Somalia applies an integrated model spanning health, nutrition, WASH, and protection, using fixed facilities, climate resilient infrastructure, and community outreach. CARE Malawi uses social accountability tools—youth led Community Score Cards, advocacy, and multi stakeholder engagement—to strengthen governance and connect community priorities to policy processes. Children International Dominican Republic employs youth led accountability mechanisms, collecting evidence through surveys, interviews, and dialogues to drive service improvements.
RESULTS
Across contexts, these approaches enhanced service quality, responsiveness, and system resilience. ACF's collaboration with government improved epidemic preparedness, infection prevention, continuity of care, and community health worker capacity. CARE's accountability efforts helped address drug stockouts, integration gaps, financing challenges, and youth friendly service needs. Children International's youth generated data informed improvements in provider responsiveness, access to medicines, and facility level service delivery. Key enabling factors included strong NGO–government partnerships, meaningful community engagement, context specific adaptations, and sustained investment in frontline workers.
CONCLUSIONS
Diverse pathways can strengthen health systems without fragmentation when grounded in shared goals of resilience, accountability, and equity. The session encourages participants to consider trade offs, cross organizational learning, and how complementary approaches reinforce health system building blocks and community capacity across humanitarian and development contexts.
Popul. Med. 2026;8(Supplement 1):A1779

ABS2994
Strengthening System Resilience: Insights from the Western Cape Province Strategic Toolkit for Assessing Risks (STAR) Assessment, South Africa

Charlene Lawrence[1], Natassja Rakotsoane[1], Washiefa Isaacs[1,2], Janine Bezuidenhoudt[1,2], Levani Naidoo[3], Hilary Goeiman[1], Wayne Smith[4], Aphiwe Dinga[5], Ntsieni Ramalwa[6]
[1]Emergency and Clinical Services Support, Service Priorities Coordination, Communicable Disease Control and Outbreak Response, Western Cape Government, Department of Health and Wellness, Cape Town, South Africa, [2]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, a division of the National Health Laboratory Service, Johannesburg, South Africa, [3]Facilities Infrastructure Management, Environmental Health and Climate Change, Western Cape Government, Department of Health and Wellness, Cape Town, South Africa, [4]Office of the Chief of Operations, Disaster Medicine, Western Cape Government, Department of Health and Wellness, Western Cape, Cape Town, South Africa, [5]Jhpiego, Pretoria, South Africa, [6]Epidemic Preparedness and Response, World Health Organization, Pretoria, South Africa

INTRODUCTION
The Western Cape Department of Health and Wellness operates in a complex risk environment shaped by recurring biological, environmental, and human-induced hazards. Adverse events including the 2017–2018 drought, flooding, major fires, energy instability, and the COVID-19 pandemic have repeatedly challenged continuity of care, underscoring the need for resilient health systems. To strengthen the province's capacity to anticipate, absorb, adapt, and transform in the face of disruptions, the Department, in partnership with the World Health Organization (WHO), and Jhpiego, conducted a risk assessment using the Strategic Tool for Assessing Risk (STAR).
METHODS

A participatory multi-stakeholder STAR workshop was conducted from 8–12 September 2025 with provincial and district leaders, programme specialists, and technical partners to generate an evidence-based assessment of public health hazards and support risk-informed planning. Using the WHO STAR framework, participants engaged in structured dialogue and facilitated group assessments to identify hazards, prioritize risks, and guide contingency planning. Multi-criteria scoring was applied to evaluate likelihood, impact, and system vulnerability, after which hazards were categorized along a five-tier risk scale through consensus-based analysis.

RESULTS

A total of 33 hazards were identified and risk ranked, with 11 classified as very high risk, 12 high risk and 10 exhibiting seasonal patterns. Very high-risk included water supply failure, power outages, violence, transportation accidents, selected communicable diseases (including measles and diphtheria) and antimicrobial resistance. High-risk hazards included floods, wildfires, chemical exposures, structural collapse, pandemic-potential pathogens, cyberattacks, and heatwaves. While strong governance structures and risk awareness were evident, gaps in surge capacity, intersectoral coordination, and routine practices supporting long-term resilience were noted.

CONCLUSIONS

The STAR process generated a comprehensive understanding of systemic vulnerabilities, priorities, bottlenecks, and cross-cutting constraints. These insights will inform contingency planning, programme refinements, and the development of a provincial resilience roadmap to protect service delivery during future shocks.

Popul. Med. 2026;8(Supplement 1):A1780

ABS3036

Bridging policy and practice: the KwaZulu-Natal PHCTC model for iterative multisectoral governance and primary health care transformation

Zamasomi Luvuno[1], Inge Petersen[1], Arvin Bhana[1], Tasneem Kathree[1], Benhard Gaede[2], Lara Fairall[3], Hlobisile Langa[4], Jabulani Mndebele[4]

[1]Centre for Research in Health Systems, University of KwaZulu-Natal, Durban, South Africa, [2]Family Medicine, University of KwaZulu-Natal, Durban, South Africa, [3]Knowledge Translation Unit, University of Cape Town, CapeTown, South Africa, [4]District Health Services, KZN-Departemnt of Health, Pietermartzburg, South Africa

ABSTRACT

A persistent challenge in health systems strengthening is the disconnect between policy objectives, academic research, and real-world implementation. The KwaZulu-Natal Primary Health Care Transformation Committee, established in 2018, addresses this through a multisectoral collaborative governance structure. This partnership integrates Department of Health policymakers, University of KwaZulu-Natal academics, the Office of the Premier (central government leadership), non-governmental organizations, and civil society, fostering a generative environment for systemic reform. The PHCTC utilizes a Learning Health System (LHS) approach to facilitate knowledge translation. By analysing health system data to identify operational bottlenecks, the committee generates research that is immediately cycled back into practice. Operating under a co-developed Theory of Change (TOC), the committee synchronizes strategic objectives, ensuring that evidence-based innovations are adapted into feasible implementation strategies. Central to this success is cultural brokering, the deliberate mediation between the professional cultures of academia and government. The University and the Department share data and resources through formal service-level agreements, enabling a unique, iterative learning loop. This brokering ensures academic research is framed to solve urgent operational hurdles, while policy remains grounded in evidence-based implementation and the social determinants of health. Over five years, this model has successfully translated evidence into tangible health system outputs, including: • Policy & Strategy: The Provincial Multisectoral Health Promotion Policy and refined Referral Policies based on real-world implementation data. • Technological Innovation: Real-world deployment of Electronic Community Mapping and the national scale-up of the evidence-based Community Mental Health Education and Detection Tool (CME-D). • Curricular Alignment: Reforming medical curricula to ensure practitioners are trained in the integrated care models identified by the PHCTC's research. The PHCTC model provides a scalable blueprint for bridging the divide between research and practice. By formalizing knowledge-sharing platforms and embedding evidence translation into governance, this framework drives the development of resilient, equitable healthcare systems globally.

Popul. Med. 2026;8(Supplement 1):A1782

ABS3048

Continuity of Care is a Design Choice: Why Fragmentation Persists and How Health Systems Can Stop Designing for It

Tracy Steffek[1]

[1]Remedy & Root, LLC, Ashburn, United States

ABSTRACT

Across public health and healthcare systems, continuity of care is often described as an aspirational goal constrained by limited resources, workforce shortages, or patient non-adherence. This framing obscures a more uncomfortable truth: fragmentation is not accidental. It is routinely produced by a system design choice that separate medical care from community support, shirt coordination burdens onto individuals, and reward episodic interventions over sustained relationships, particularly for people navigating serious illness, trauma, or chronic conditions. This presentation challenges the assumption that continuity failures are inevitable and argues instead that continuity of care is a deliberate design choice. It introduces a practice-informed framework for re-architecting health systems to integrate community-based capacity as essential infrastructure rather than optional support. Drawing on cross-sector implementation experience across health systems, public agencies, and community organizations, this session applies systems design and governance analysis to identify how fragmentation is structurally reinforced through contracting models, referral pathways, accountability mechanisms, and data practices. The framework focuses on redesigning existing structures, rather than creating new programs or parallel systems. When community integration is treated as a core function, continuity improves across care transitions, and the burden of navigation shifts away from individuals at moments of vulnerability. The framework highlights both successful integration strategies and common failure models, including extractive partnerships, unfunded mandates placed on community organizations, and close-loop models that prioritize reporting over relational care. Health equity initiatives frequently fail not because communities lack capacity, but because systems are designed to exclude it. Continuity of care does not emerge from goodwill or pilot projects, but from architecture. Leaders must confront fragmentation as a design outcome and intentionally choose to build systems that support whole-person care across medical, social, and community contexts.

Popul. Med. 2026;8(Supplement 1):A1783

ABS3057

Beyond Hardware: The role of NGO-Public-sector relationships in strengthening fragile health systems: A case study of Zimbabwe

Rashid Hamisi[1], Jill Olivier[1]

[1]Health Policy and Systems Division, University of Cape Town, Cape Town, South Africa

BACKGROUND

Most NGO-led health systems strengthening (HSS) efforts in fragile and conflict-affected states (FCAS) have focused on hardware components such as infrastructure and financing. However, persistent weaknesses, compounded by COVID-19 and shifting donor landscapes, undermine these investments and threaten sustainability. Software components—relationships and power—are critical to system functioning, yet their role in achieving HSS goals of sustainability, resilience, learning, and integration remains underexplored. This study examined NGO–public sector relationships in Zimbabwe to generate empirical evidence linking relational dynamics to implementation outcomes in FCAS.

METHODS

A descriptive multiple case study was conducted between 2022 and 2025 in two phases. Evidence mapping was combined with comparative case studies of NGO–public sector collaborations in HIV, MNCH, and vaccination programs. Time-series and thematic analyses explored how relationships influenced implementation outcomes.

RESULTS

Contextual and historical factors shaped relational dynamics. Distrust stemming from unpaid MOHCC staff allowances compromised collaboration, while NGOs' rigid compliance with donor requirements and contrasting mandates weakened system responsiveness. Centralized budget controls and fleet management protocols further constrained local autonomy, undermining decision-making during shocks. Conversely, cordial and mutually beneficial relationships fostered innovation and resilience. For example, prior to the Integrated Sample Transportation system, synergies between NGOs and MOHCC staff enabled efficient specimen transport.

CONCLUSIONS

Findings highlight that relationships are not peripheral but central to sustainable HSS in FCAS. While relationships alone may not determine outcomes, they profoundly shape implementation practices that strengthen or weaken fragile

systems. Intentional investment in relationship-building should be prioritized alongside hardware interventions to enhance resilience, continuity, and sustainability of NGO-supported initiatives.
Popul. Med. 2026;8(Supplement 1):A1784

ABS3088
Health Systems Performance Monitoring of Mental Health Services in South Africa Using Routine Public Sector Data

Ntombifuthi Blose[1], Noluthando Ndlovu[1]
[1]Research and Implementation Sciences, Health Systems Trust, Durban, South Africa

BACKGROUND
Mental disorders and suicidal behaviour contribute substantially to South Africa's disease burden, yet mental health service utilisation remains low. Despite high prevalence of mood, anxiety, and substance use disorders, public sector service use is limited and varies provincially. District Health Barometer (DHB) data capture key mental health indicators, including visits, involuntary admissions, caseloads, and suicide attempt presentations, providing insights into workload, access, and utilisation. However, their use for district-level performance assessment is under-explored, and data quality limitations constrain planning and evaluation. This study examined mental health system performance across districts over five years.
METHODS
We analysed mental health indicators from 2018/19–2024/25, including adult and child/adolescent visits, involuntary admissions, caseloads, and suicide attempt presentations (<18 and ≥18 years). Indicators were standardised to population denominators and analysed by district. League tables and trend graphs assessed rankings and change over time. Age-stratified analyses compared children/adolescents and adults. Performance patterns were interpreted using a health systems framework emphasising access, equity, and capacity.
RESULTS
Substantial variation was observed across districts. Caseloads remained below 5%, with slight increases in Mangaung (FS) and Capricorn (LP). Most districts served fewer than 50 000 clients, while higher volumes were seen in eThekwini (KZN), Cape Town (WC), Nelson Mandela Bay (EC), Ekurhuleni, Johannesburg, and Tshwane (GP). Suicide data were limited; adult rates exceeded child/adolescent rates, with increases in Mopani (LP), Ehlanzeni (MP), and OR Tambo (EC). Involuntary admissions remained under 200 per district, increasing in JT Gaetsewe (NC) and uMkhanyakude (KZN) independent of caseload, and declining in Capricorn (LP) alongside reduced caseload.
CONCLUSIONS
Between 2018/19 and 2024/25, mental health service utilisation increased slowly but remained concentrated and inequitable. Persistent age- and geography-related disparities, particularly among children and adolescents, and uneven suicide-related outcomes highlight ongoing inequities and the uneven distribution of services, indicating urgent policy attention.
Popul. Med. 2026;8(Supplement 1):A1785

ABS3099
Actionable pathways to disability inclusive health: A participatory session on system reform

Faith Chabedi[1], Matlou Maesela[2], Mashane Nthutang[2], Anjela Jenkins[1]
[1]Inclusive Health, Special Olympics International, Washington DC, United States, [2]Healthy Communities, Special Olympics Africa, Johannesburg, South Africa

INTRODUCTION
Existing evidence highlights marked health disparities experienced by persons with disabilities. In 2022, the World Health Organization (WHO) issued the Global Report on Health Equity for Persons with Disabilities, which presented evidence of health inequities and forty targeted actions that governments can implement to advance health equity for persons with disabilities. To address the specific inequities faced by people with intellectual disabilities—who are often overlooked, despite health challenges causing 16-20 years early mortality as compared to the general population—Special Olympics International (SOI) launched the Rosemary Collaboratory initiative. Through this effort, SOI assessed the inclusiveness of health systems for people with intellectual disabilities in nine countries, including South Africa and Nigeria, using a comprehensive system-level assessment (SLA). The SLA findings led to a report with four recommendations that align with and add nuance to the WHO report's recommendations. This session aims to familiarize participants with recommendations for creating disability-inclusive health systems and to leverage diverse perspectives to discuss the implementation of these recommendations in different settings.
METHODS
The session will begin with a presentation about disability and health inequity, and the recommendations that stimulate health system reform, followed by interactive discussions. Attendees will be divided into groups, and each group will choose one recommendation from the provided reports. The groups will address guiding questions to explore practical strategies for implementing the selected recommendation from their professional, academic, or lived-experience perspectives.
RESULTS
Participant input will be compiled into a cohesive document of actionable ideas designed to support advocacy for disability-inclusive health systems.
CONCLUSIONS
This session will present an opportunity for participants to engage with recommendations that show promise in addressing a crucial gap in the inclusion of persons with disabilities within global health systems, offering critical support for ongoing efforts to achieve equitable, data-driven health system improvements.
Popul. Med. 2026;8(Supplement 1):A1786

ABS3108
Phonetic-linguistic models for the construction of Singular Therapeutic Projects for cochlear implant users: singular profiles for rehabilitation with accessibility and inclusive technologies.

Andrea Alves Maia[1], Fernanda Luiza Kill Alvim[2], Luis Miguel Teixeira de Jesus[3,4,5,6], Aline Neves Pessoa Almeida[1]
[1]Department of Speech Therapy, Federal University of Espírito Santo, Vitória, Brazil, [2]Cassiano Antonio Moraes University Hospital, Federal University of Espírito Santo, Vitória, Brazil, [3]School of Health Sciences, University of Aveiro, Aveiro, Portugal, [4]Institute of Electronics and Informatics Engineering of Aveiro, University of Aveiro, Aveiro, Portugal, [5]Intelligent Systems Associate Laboratory, University of Aveiro, Aveiro, Portugal, [6]Center for Languages, Literatures, and Cultures, University of Aveiro, Aveiro, Portugal

BACKGROUND
Phonetic modelling tools are sensitive and effective in investigating the relationship between speech perception and production1, 2, constituting non-invasive and low-cost methods capable of generating clinically relevant inferences. Aligned with guidelines for the care of people with hearing impairment within the framework of Brazilian public health policies3,4, this study was articulated with the Singular Therapeutic Project4, 5 (PTS) as a central care strategy. The research aims to consolidate an innovative methodological approach grounded in Clinical Phonetics to support individualised therapeutic planning for cochlear implant users within the Care Network for People with Disabilities of the Brazilian Unified Health Public System (RCPD-SUS).
METHODS
A clinical-phonetic framework was developed based on perceptual-auditory, acoustic, and articulatory analyses of speech samples from 20 adults, with severe-profound sensorineural post lingual HL, were evaluated before and after cochlear implantation. Ethical approval was obtained from an independent Research Ethics Committee in Brazil (6.759.381). Individuals were instructed to read the Consensus Auditory-Perceptual Evaluation of Voice sentences6, in usual and comfortable voice. Perceptual-auditory evaluation was based in qualitative procedures and vocal pattern categorisation using the Vocal Profile Analysis Scheme adapted to Brazilian Portuguese7. The acoustic signal was imported into Praat 6.4.08 for the extraction of objective parameters through acoustic analysis, such fundamental frequency, formants and vocal stability measures. Data were analysed longitudinally and integrated into an interdisciplinary perspective to support speech-language therapeutic decision-making within the PTS.
RESULTS
Phonetic outcomes enabled the identification of changes in speech perception and production patterns following cochlear implantation, demonstrating sensitivity to auditory, phonatory, and articulatory adaptations over time. The integrated analysis supported the characterisation of individual therapeutic needs and functional outcomes, considering barriers and functionality.
CONCLUSIONS
Models based on Clinical Phonetics constitute robust and accessible tools for the construction of evidence-based PTS, strengthening interdisciplinary care, prognostic monitoring, and inclusive practices within the RCPD-SUS.
Popul. Med. 2026;8(Supplement 1):A1787

ABS3115
Multi-sectoral Partnerships to Address Gendered Workplace Violence Against Health Workers in Cape Town: Lessons for Health System Strengthening

Bonheur Parfaite Nfurayase[1], Vuyolwethu Mjijelwa[1], Nolusindiso Dyantyi[2], Thabisa

Mpazwa[2], Yonela Mentese[3]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]Khayelitsha Eastern Substructure Violence Prevention Unit, Western Cape Government Department of Health and Wellness, Cape Town, South Africa, [3]Community Services and Health Directorate, City of Cape Town Government, Cape Town, South Africa

ABSTRACT
*Introductions: Khayelitsha Eastern Sub-structure (KESS) in Cape Town, South Africa, is a disadvantaged community with increasingly high levels of community violence. Gendered workplace violence against health workers emerging from this broader community violence requires coordinated multi-stakeholder responses across multiple levels of government and community structures. The Imarisha Initiative partnered with the Community Policing Forum, Community Health Forum, Clinic committee and Area-Based Teams, among others, to support and co-mobilise strategic community responses to address gendered workplace violence. Established partnerships created opportunities to understand local contexts and structures and to co-develop participatory strategies for community entry and engagement. This workshop brings together representatives from these partner structures to share lessons on establishing effective multi-sectoral partnerships for health system strengthening through participatory, community-engaged approaches. *Methods This interactive workshop uses a panel-to-roundtable format to facilitate knowledge exchange among diverse stakeholders. A panel featuring representatives from government, academia and community forums will share experiences in collaborative partnership-building, capacity-strengthening processes, and navigating multi-government coordination. This will be followed by a facilitated roundtable discussion in three concurrent groups exploring: Enablers and barriers to multi-level government collaboration in community-engaged research; Strategies for equitable academic-civil society partnerships moving beyond extractive research relationships; and (3) Research as a vehicle for transformative community engagement and co-developing shared objectives that address gendered workplace violence.
CONCLUSIONS
Participants will gain practical insights into building and sustaining multi-sectoral partnerships that centre community voices and address gendered workplace violence. Key lessons include navigating power dynamics across government levels, employing participatory and decolonial approaches to community engagement, and leveraging equitable research partnerships to strengthen primary health systems by addressing gendered workplace violence. The session will conclude with synthesised recommendations on partnership models to inform violence prevention and primary healthcare strengthening initiatives in similar contexts.
Popul. Med. 2026;8(Supplement 1):A1788

ABS3116
Collaborative learning and knowledge co-creation as catalysts for health system strengthening: The South African Learning Alliance for District Health Systems

Helen Schneider[1], André Janse van Rensburg[2], Hassan Mahomed[3,4], Karessa Govender[1], Inge Petersen[2], Zamasomi Luvuno[2], Beth Engelbrecht[5,6], Melisa Smuts[7], Krishna Vallabhjee[8,5], Lucy Gilson[5]
[1]School of Public Health and SAMRC Health Services to Systems Research Unit, University of the Western Cape, Cape Town, South Africa, [2]Centre for Research in Health systems, University of KwaZulu-Natal, Durban, South Africa, [3]Western Cape Government Department of Health and Wellness, Cape Town, South Africa, [4]Division of Health Systems and Public Health, Department of Global Health, Stellenbosch University, Cape Town, South Africa, [5]School of Public Health, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [6]Faculty of Health Sciences,, Potchefstroom, South Africa, North-West University, Potchefstroom, South Africa, [7]Independent Researcher, Cape Town, South Africa, [8]Clinton Health Access Initiative, Boston, United States

BACKGROUND
Collaborative knowledge-creation is a central health system strengthening strategy, and platforms for collaborating partners to engage in iterative learning hold much promise in bridging performance challenges. The South African Learning Alliance for District Health Systems (SALAD) connects district health system stakeholders from academia and government across South Africa. It provides a platform for knowledge and experience exchange and collaborative learning, based on the rationale that localised health system learning is crucial for the achievement of national goals of universal health coverage and resilience in the face of crisis. The aim of this organised session is to share reflections from SALAD as a catalyst for fostering mutual learning as part of health system strengthening.
METHODS
This panel discussion will consist of a 5-minute introduction, followed by panel discussions on how the SALAD platform has enabled mutual learning and knowledge co-creation in addressing district health system challenges such as intersectoral service gaps, health outcome monitoring, and addressing emergent crises such as COVID-19 and budget reductions. Following inputs from individual panellists, a 15-minute round of wider participatory discussion will be facilitated.
RESULTS
The anticipated outcome of this session is to provide a space for participants to engage in the development and maintenance of a national learning network for health system strengthening, thereby exposing participants to valuable lessons for application in their settings. Specifically, participants will engage in how collaborative exchange, knowledge co-creation, and bottom-up learning and intersectoral action can inform policy implementation, towards achieving universal health coverage and resilience to pandemic and funding shocks.
CONCLUSIONS
This organised session will provide a participatory space for sharing lessons and exchanging ideas for the practical design and implementation of learning platforms in health systems, thereby generating valuable guidance for policymakers, managers, researchers, and funders.
Popul. Med. 2026;8(Supplement 1):A1789

ABS3124
The unintended consequences of vertical health programs on health systems in lower and middle-income countries

Christine Andresen[1], Jill Olivier[1]
[1]Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa

BACKGROUND
Vertical, disease-specific interventions are widely implemented in low- and middle-income countries (LMICs) to address high-burden diseases. Despite notable disease-specific gains, these programs are often not integrated into broader health systems, triggering unintended consequences (UCs)—both favorable and adverse—that can paradoxically weaken fragile systems. As resilient health systems are essential for universal health coverage, understanding these systemic effects is critical. However, system-wide UCs remain under-examined and are inconsistently incorporated into evidence-informed decision-making.
METHODS
This study was conducted as a desk-based, two-phase mixed-methods systematic review (MMSR). Phase 1 involved a rapid scoping review to map literature, refine search terms, and develop an analytical framework based on the WHO health system building blocks. In Phase 2, a systematic search was executed across electronic databases and institutional repositories to identify published and grey literature. Two reviewers screened records, appraised methodological quality, and extracted qualitative and quantitative data. A convergent integrative approach was used to synthesize findings into key thematic categories.
RESULTS
There were 50 included studies from 2000-2025. Findings indicated that vertical programs frequently resulted in systemic impacts, such as skewed health worker distribution and the depletion of government funds for non-targeted services. While some favorable UCs were identified, such as strengthened surveillance and coordination, a crucial finding was that evaluators and implementers do not appear to be considering effects on the greater health system. Most evaluations remained hyper-focused on disease-specific indicators, neglecting broader system-wide synergies or potential long-term systemic harms.
CONCLUSIONS
Identifying UCs is essential for robust decision-making. This research highlights an urgent need for a "whole-system" approach in evaluation to ensure that vertical programs contribute to sustainable health system strengthening rather than further fragmentation.
Popul. Med. 2026;8(Supplement 1):A1790

ABS3148
Evaluating the economic and operational impact of a leadership development programme for primary health care managers in South Africa: A cost and outcome analysis of the MDP

Danleen Hongoro[1], Constance Mongwenyana-Makhutle[1], Aneesa Moolla[1], Tembeka Sineke[1], Khumbo Shumba[1], Jacqui Miot[1], Dorina Onoya[1]
[1]Health Economics and Epidemiology Research Office (HERO), Parktown, South Africa

BACKGROUND
Effective leadership at primary healthcare (PHC) level is critical for achieving Universal Health Coverage (UHC) and improving service quality in South Africa.

The Aurum Institute's Management Development Programme (MDP) aims to strengthen PHC managers' leadership, planning, and decision-making through blended training, mentorship, and applied learning. We evaluated the cost of the MDP and associated early outcomes on leadership competencies and patient experience.
METHODS
We conducted a retrospective cost–outcome analysis. Costs were estimated from the provider perspective using expenditure records for 2023/2024 period, valued in 2025 South African Rand (ZAR). The primary cost outcome was cost per learner enrolled. Leadership and patient experience outcomes were assessed using a matched comparison across 20 PHC facilities in the Western Cape Province (10 MDP-supported; 10 non-MDP-supported). Leadership was measured using the Leadership Practices Inventory (LPI), and patient experience using a factor-analytic Patient Experience Index (PEI). We estimated incremental cost per unit improvement in PEI domains and examined staff-rated leadership outcomes using the LPI.
RESULTS
The average cost per learner enrolled was ZAR 73,711, with labour accounting for 73.8% of total costs. Of 109 managers enrolled, 106 (97%) completed training and were competent, corresponding to an average cost of ZAR 75,800 per learner. Staff-rated leadership outcomes showed higher performance among MDP-trained managers than comparison, particularly in leadership domains of Models the Way and Inspires a Shared Vision. Patient experience improved in domains linked to staff behaviour and managerial responsiveness. Communication and respect improved by a standardised mean difference (SD) of +0.12 SD ($p = 0.046$), at an estimated cost of ZAR 60,800 per 0.1 SD improvement, while attentiveness and responsiveness showed larger gains (+0.25 SD; $p < 0.001$) at ZAR 29,200 per 0.1 SD improvement.
CONCLUSIONS
The MDP is a labour-intensive investment with measurable early improvements in leadership behaviour and patient experience.
Popul. Med. 2026;8(Supplement 1):A1791

ABS3166
Pay for performance for health professionals in sub-Saharan Africa: A systemic review of qualitative research
Mildred Silikpoh[1], Ama Fenny[1]
[1]Women Publication Mentorship Program, Health System Global, Bath, United Kingdom
INTRODUCTION
Pay-for-performance (P4P) has evolved as a prominent health financing mechanism in Sub-Saharan Africa (SSA), rooted in the rationale of improving service provision by motivating health professionals through financial incentives.1 It specifically seeks to address inequities in access to quality health services.2 Despite the proliferation of these programs, there has been no comprehensive systematic review of qualitative research focusing on the perceptions and lived experiences of the health professionals tasked with implementing them. This paper addresses that gap through a thematic synthesis of studies reporting on provider experiences with P4P across SSA.
METHODS
We systematically searched four electronic databases; Medline, Embase, PubMed, and the African Index Medicus for qualitative studies reporting health providers' perceptions of P4P in SSA.5 A detailed search strategy was developed using the key term "pay for performance." Study quality was assessed using the Joanna Briggs Institute's Critical Appraisal Checklist for Qualitative Research, and the extracted data were analyzed through a multi-stage thematic synthesis approach to identify overarching descriptive and analytical themes.6-8
RESULTS
Eighteen studies were included in the final analysis. Six descriptive themes emerged: autonomy, financing, perceived motivation, teamwork, governance, and staffing. The analysis revealed that P4P-related autonomy empowered health professionals to prioritize local bottlenecks and achieve performance targets effectively.9-11 Furthermore, a strong level of teamwork was observed, as the collective desire to reach targets encouraged mutual support.12,13 However, systemic barriers such as delayed bonus payments, uneven distribution of incentives, rigid facility eligibility criteria, and the "cherry-picking" of medical procedures were perceived to have negatively impacted program morale and overall effectiveness.14-18
CONCLUSIONS
Findings suggest that while P4P offers benefits like increased autonomy and collaboration, inherent structural attributes can deter efficient service provision. Understanding the health worker perspective is vital. Incorporating the lived experiences of implementers will better inform policymakers on refined approaches for future implementation.
Popul. Med. 2026;8(Supplement 1):A1793

ABS3174
Scaling Differentiated Service Delivery for an Aging Population: Insights from the Central Chronic Medicines Dispensing and Distribution Programme in South Africa
Nishana Ramdas[1], Maggie Munsamy[1], Merlin Pillay[1]
[1]National Department of Health, Pretoria, South Africa
INTRODUCTION
South Africa's Central Chronic Medicines Dispensing and Distribution (CCMDD) programme was launched to decongest public health facilities and improve access to chronic medication. Initially focused on stable patients on antiretroviral therapy (ART), the programme has rapidly expanded to include non-communicable diseases (NCDs). With a growing number of older adults and patients with comorbid conditions now accessing medicines through community-based pick-up points, this model offers critical lessons in health systems resilience and patient retention amidst workforce and infrastructure constraints.
METHODS
We analyzed national CCMDD programme data generated in November 2025 to assess scale and demographic shifts. The analysis focused on patient enrolment, age disaggregation, collection trends, pick-up point utilization, and indication uptake. Descriptive statistics were used to compare patient volumes by age band and the proportional distribution across ART and NCD indications. Additionally, stakeholder feedback from national coordination meetings was synthesized to contextualize operational successes and challenges in scaling the model.
RESULTS
The programme currently supports over 3.6 million active patients. Notably, nearly 850000 participants are aged 60 years and older, demonstrating significant uptake among older adults with chronic conditions. While ART remains the primary indication, non-ART conditions now account for 23% of enrolments, indicating successful NCD integration. Over 76% of patients collect their medicines from external pick-up points, reinforcing the success of decentralization. Programmatic data indicates higher retention rates among participants compared to traditional facility-based models, attributed to the convenience and reliability of the distribution network.
CONCLUSIONS
The CCMDD programme represents a scalable and sustainable model for chronic medicine delivery in low-resource settings, particularly in the context of aging populations and a rising NCD burden. As the programme evolves, it provides a blueprint for expanding decentralized care to a broader range of conditions. Lessons from this expansion can inform global strategies for strengthening health systems and improving patient-centred outcomes.
Popul. Med. 2026;8(Supplement 1):A1794

ABS3180
Expanding public access to chronic medication in South Africa through community-based pick-up points: A decade of scaling the central chronic medicines dispensing and distribution programme
Nishana Ramdas[1]
[1]National Department of Health, Pretoria, South Africa
INTRODUCTION
The Central Chronic Medicine Dispensing and Distribution (CCMDD) programme in South Africa was designed to reduce facility congestion by offering stable chronic patients convenient, de-linked access to medicines. A decade into implementation, the programme has scaled significantly, evolving from an adherence club support mechanism into a primary vehicle for integrated, decentralised health service delivery.
METHODS
This analysis draws on Quarter 3 2025/26 performance data across all provinces (excluding the Western Cape). Key operational indicators analyzed included active enrolments, pick-up point utilization trends, and medicine supply intervals. We specifically reviewed the distribution of public versus private pick-up points, the uptake of Tenofovir/Lamivudine/Dolutegravir (TLD) for antiretroviral therapy, the transition to 3-month medicine dispensing, and emerging operational challenges regarding youth enrolment and medicine availability.
RESULTS
As of Quarter 3, over 3.7 million patients were actively receiving medication through the programme, with 61% utilizing private-sector external pick-up points, demonstrating a successful public-private operational partnership. The transition to TLD has reached 99.7% coverage among eligible patients, and 79%

of participants now benefit from 3-month supply intervals, generating significant system efficiencies. Despite these successes, the data reveals critical gaps: adolescent enrolment remains disproportionately low (36,394 patients aged 5–19), and persistent medicine stockouts in specific districts continue to hamper reliability.
CONCLUSIONS
After a decade of scale-up, the programme has achieved significant system efficiencies, particularly through the use of private-sector networks and multi-month dispensing. However, the low uptake among adolescents suggests that the current model may not yet be youth-friendly. Future operational investments must focus on resolving supply chain instability and adapting the service model to better serve younger populations.
Popul. Med. 2026;8(Supplement 1):A1795

ABS3199

Chronic pain in primary health care: historical and conceptual perspectives on the health and disease process and the development of health care strategies

Fabíola Fernandes Bersot Magalhães[1,2], Maria Angélica Carvalho Andrade[1], Jeanine Pacheco Moreira Barbosa[2,1], Caroline Feitosa Dibai de Castro[3], Ana Cláudia Pinheiro Garcia[1], Gabriela de Brito Martins[1], Julia Fabres do Carmo[1], Jeremias Campos Simões[4], Mateus Nague de Souza[1], Jandessom Mendes Coqueiro[1]
[1]Programa Pós Graduação Saúde Coletiva, Universidade Federal do Espírito Santo, Vitória/ES, Brazil, [2]Escola de Saúde Pública, Instituto Capixaba de Ensino, Pesquisa e Inovação em Saúde/ Secretaria de Estado da Saúde do Espírito Santo, Vitória/ES, Brazil, [3]Curso de Medicina, Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória, Vitória/ES, Brazil, [4]Enfermagem, Universidade Federal Fluminense, Rio das Ostras, Brazil
INTRODUCTION
Chronic pain is understood as a complex condition that requires a multidimensional approach, and its understanding must encompass social, biological, psychological, and physical contexts1,2. As it represents a significant problem and challenge for public health in Brazil3 and worldwide2, population estimates for its prevalence vary widely according to case definition and research methods, time, location, and population4. The objective of this study was to understand historical and conceptual aspects of chronic pain and strategies related to the provision of care, especially in Primary Health Care (PHC).
METHODS
This is a reflective study based on institutional and regulatory documents on chronic pain and anchored in the critical analysis of scientific articles with a bibliographic survey in the LILACS, PubMed, and SciELO databases, combining the descriptors "chronic pain," "public health," "Primary Health Care," and "Unified Health System."
RESULTS
The analysis and theoretical construction followed three guiding principles: 1. Conceptual retrospective of the health-illness process: with dynamic ideas that reflect the influence of the sociocultural conditions of each period in history on the conceptual conception of health and illness5; 2. The body-mind-social recovery in the understanding of pain and the provision of care: bringing the advent of the biopsychosocial model to health as well as its role in shaping the contemporary experience of pain 6,7; 3. The Care of People with Chronic Pain in PHC: with an emphasis on PHC in the coordination and qualification of comprehensive and longitudinal care, with a focus on disease prevention and health promotion in the management of chronic diseases 8.
CONCLUSIONS
It is necessary to question the ethical-political and epistemological issues regarding the legitimacy and treatment of people with chronic pain, discussing more decisive modes of health intervention that are oriented towards comprehensiveness and the expanded health needs of this population.
Popul. Med. 2026;8(Supplement 1):A1796

ABS3208

Recife Monitora: A Brazilian model for institutionalized Primary Health Care Quality Assessment

Maria Letícia Machado[1], Saville Maria Coutinho Borges de Almeida[1], Agatha Eleone Borges[1], Caio Leite Rabelo[1], Juliana Martins Barbosa da Silva Costa[2], Débora Mendonça Amaral de Holanda Cavalcanti[2], Ariane Cristina Bezerra Silva Martins[2], Maria Gorete de Sousa Medeiros[2], Alisse Maria Chaves de Lima Peixoto[2], André Luiz Pessoa de Melo[2], Roberta Lisandra Durant da Silva[2], Maria de Fátima Nepomuceno[2], Tania Macêdo Costa[2], Arthur Aguillar[1]
[1]Institute for Health Policy Studies (Instituto de Estudos para Políticas de Saúde - IEPS), Rio de Janeiro, Brazil, [2]Recife Municipal Health Department, Recife, Pernambuco, Brazil
INTRODUCTION
Systematic quality assessment in health care remains a global challenge, particularly in low- and middle-income countries where resource constraints coexist with demands for universal health coverage. Despite international commitments to people-centered care, few public health systems have successfully institutionalized comprehensive evaluation models that integrate user voice, team self-assessment, and health outcomes into routine management practice. Recife Monitora was developed by the city of Recife within Brazil's Unified Health System (SUS) as a systematic evaluation framework combining multiple quality dimensions through digital platforms. This study presents the model's design and implementation results in Primary Health Care.
METHODS
Implemented in Recife (population of approximately 1.6 million), the model integrates three dimensions through digital platforms: satisfaction surveys conducted post-consultation via WhatsApp across all Primary Health Care facilities; team self-assessment; and performance monitoring through health indicators. Data collection occurs in four-month continuous improvement cycles, generating a classification matrix that enables comparative analysis and performance tracking. Results are systematically fed back to teams through dashboards and mentoring sessions. The methodology is institutionalized through municipal legislation and operationalized via standardized protocols.
RESULTS
Between 2023-2025, Recife Monitora completed seven evaluation cycles, collecting more than 300000 user assessments across the municipal Primary Health Care network. Teams achieving top-tier quality classification increased three-fold from baseline. The continuous feedback loop enabled targeted improvements in patient reception protocols, provider-patient communication, and access organization. The model demonstrated feasibility for large-scale digital implementation while generating actionable intelligence for health managers.
CONCLUSIONS
Recife Monitora demonstrates that integrating user experience, team self-assessment, and health performance indicators into a digitally-enabled quality monitoring framework is feasible and effective in large public health systems. Its standardized methodology, technological scalability, and integration with existing health information systems position it as a transferable model for cities and regions seeking to strengthen quality governance within universal health coverage frameworks.
Popul. Med. 2026;8(Supplement 1):A1797

ABS3240

Health systems strengthening to improve detection, treatment, and control of Multiple Long-Term Conditions in South African primary health care facilities: implementing the ENHANCE trial intervention

Daniella Georgeu-Pepper[1], Zamasomi Luvuno[2], Ruth Cornick[1], Makhosazana Simelane[1], Venessa Timmerman[1], Sanah Bucibo[2], Naomi Levitt[3], Lara Fairall[4,1], Inge Petersen[2,5]
[1]Knowledge Translation Unit, Department of Medicine, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [2]Centre for Research in Health systems, University of KwaZulu-Natal, Durban, South Africa, [3]Chronic Disease Initiative for Africa, Department of Medicine, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [4]School of Life Course & Population Sciences, King's College London, London, United Kingdom, [5]Institute of Global Health, University College London, London, United Kingdom
BACKGROUND
Multimorbidity—living with two or more chronic conditions or multiple long-term conditions (MLTCs)—is an urgent global concern, including in low- and middle-income countries, where health systems are fragmented and disease specific, contrary to the needs of integrated MLTC care. ENHANCE (EvideNce led co-created HeAlth systems interventioNs for MLTCs CarE) was developed to support primary health care clinics, health workers and patients to improve MLTC care. It used a type 2 hybrid, parallel-arm cluster randomised controlled trial conducted in 32 PHC clinics in KwaZulu-Natal (KZN) and Western Cape (WC) provinces of South Africa to evaluate its impact on detection, treatment and control of long-term conditions.
METHODS
The co-created intervention interacted with the patient with MLTC at various stages in their encounter with the health system. It included an integrated clinical decision support tool, health literacy materials, and strengthened referral pathways plus support from community health workers (CHWs). Sub-district implementation workshops prepared the system for the intervention and shared learnings during the trial. Intervention facilitators delivered initial clinic team

sessions followed by three onsite, blended clinician training sessions. CHW training comprised two sessions on treatment literacy using posters, a patient diary and lay formulary. Clinics and CHW teams received ongoing support and structured continuous quality improvement.
RESULTS
Overall, 1102 healthcare workers received training in the ENHANCE intervention (KZN = 302, WC = 800). Trainees included CHWs and team leaders, nurses, doctors and other clinic team members such as pharmacists. A stepwise, supported implementation strategy with early systems engagement was critical for clinic preparation and training uptake. The overall completion rate for the clinical training was 93%.
CONCLUSIONS
Standardising training through detailed manuals and online modules is feasible. However, these approaches must accommodate flexible, nuanced support to ensure uptake across trainee cadres and respectful negotiation of changes within local health systems.
Popul. Med. 2026;8(Supplement 1):A1798

ABS3277
Healthcare system resilience during the COVID-19 pandemic in Lithuania: Insights from outpatient healthcare

Aurimas Galkontas[1], Skirmante Sauliune[1]
[1]Department of Health management. Faculty of Public health, Lithuanian university of health sciences, Kaunas, Lithuania

BACKGROUND
The COVID-19 pandemic has highlighted critical challenges faced by healthcare systems worldwide, particularly in the provision and use of outpatient healthcare services. However, empirical information on how different levels of outpatient healthcare services and regional health systems responded to the onset of the pandemic remains limited. The aim of this study is to assess the impact of the COVID-19 pandemic on the use of outpatient healthcare services at different levels, emphasizing healthcare system functioning and resilience in Lithuania.
METHODS
National data on outpatient healthcare services use in Lithuania during 2017-2023 were analyzed. The dependent variable was the number of outpatient visits per 100 residents. Differences between population groups were assessed using the Mann–Whitney U test. Multiple linear regression analysis was used, including service level, age group, gender and place of residence.
RESULTS
The onset of the COVID-19 pandemic was significantly associated with a reduction in outpatient healthcare services used across all service levels. The most significant decrease occurred in primary level of outpatient services ($B = -307.2$; $p < 0.001$), with a stronger effect observed in urban areas. Although partial recovery in this level services use was noted in later pandemic periods, pre-pandemic levels were not reached. Outpatient services at secondary and tertiary levels also declined, though the effect was weaker and varied by place of residence. Overall service use decreased in both urban and rural areas, with more pronounced but statistically insignificant recovery trends in rural areas. The pandemic effect remained significant after adjusting for demographic and structural factors.
CONCLUSIONS
The COVID-19 pandemic exposed the vulnerability of the outpatient healthcare system, particularly primary care, and revealed territorial disparities in healthcare system resilience in Lithuania. Strengthening primary outpatient care capacity and enhancing system adaptability are essential to ensure preparedness for future public health crises.
Popul. Med. 2026;8(Supplement 1):A1799

ABS3303
Patient journeys to lung cancer diagnosis in the Western Cape, South Africa

Sarah Day[1], Jennifer Githaiga[2], Aliyha Martin-Lewis[2], Conor Murphy[3], Ntobeko Nywagi[1,2], Melinda Onverwacht[1,2], Patrick Redmond[3]
[1]Division of Public Health Medicine, School of Public Health, University of Cape Town, Observatory, Cape Town, South Africa, [2]Division of Social and Behavioural Sciences, School of Public Health, University of Cape Town, Observatory, Cape Town, South Africa, [3]Royal College of Surgeons Ireland, Dublin, Ireland

INTRODUCTION
Lung cancer remains a leading cause of cancer-related mortality worldwide, with a particularly heavy burden in low-and middle-income countries, notably in South Africa. The challenge is compounded by delayed diagnoses, often at advanced stages, primarily due to limited awareness, inadequate healthcare access, socio-cultural barriers, and disparities in regional healthcare infrastructures. The study explores the experiences of patients with lung cancer, from symptom onset to diagnosis, in the Western Cape, South Africa.
METHODS
Using patient journey mapping and semi-structured interviews, lung cancer patients and their families and caregivers were recruited from a tertiary and secondary hospitals in the Western Cape, South Africa. Data from patient medical records was used to assess patient diagnosis and staging information. A composite map was developed showing common pathways to diagnosis for lung cancer. This data will then be used to inform the healthcare worker interviews and further action planning for an intervention to improve earlier diagnosis. We recruited 50 patients and their families and/or caregivers. The data were analysed using interpretive phenomenological analysis.
RESULTS
Drawing on the Model of Pathways to Treatment, the preliminary data collected suggest that patients' experience of healthcare provider and system factors influencing the diagnostic interval included: misdiagnosis; referral and appointment challenges; health information needs; and waiting times. At a patient-level, participants reported the following factors impacting the diagnostic interval: healthcare seeking costs; socioeconomic vulnerability; support systems and familial structures; and parenthood.
CONCLUSIONS
Patient journey mapping provides a framework for understanding current lung cancer patient experiences of their journey to diagnosis. Feedback sessions with healthcare workers, patients and families will be done after the journey maps are completed, validated, refined and analysed, and action plans will be developed to improve earlier diagnosis of lung cancer at personal, professional, procedural, policy and health system levels.
Popul. Med. 2026;8(Supplement 1):A1802

ABS3320
Challenges and facilitators in pathways to cancer diagnosis in Southern Africa: A qualitative study

Sarah Day[1], Kirsten D Arendse[2], Suzanne E. Scott[2], Melinda Moyo[3], Sunga Mzeche[3], Bothwell T. Guzha[3], Natalie Tegama[2], Valerie A. Sills[2], Tasleem Ras[4], Fiona M. Walter[2], Jennifer Moodley[1]
[1]Division of Public Health Medicine, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]The Wolfson Institute of Population Health, Faculty of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom, [3]Faculty of Medicine & Health Sciences, University of Zimbabwe, Harare, Zimbabwe, [4]Department of Family, Community and Emergency Care, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Low-to-middle income countries (LMICs) face a disproportionate burden of cancer-related morbidity and mortality. High proportions of patients in LMICs are diagnosed with advanced-stage cancer due to delayed presentation, poor referral pathways and limited diagnostic capacity. This study explores healthcare workers' (HCW) experiences, barriers and facilitators in managing patients with symptoms of possible breast, cervical or colorectal cancer.
METHODS
A qualitative in-depth interview study with HCWs managing patients with breast, cervical and colorectal cancer symptoms. We also conducted workshops with a group of HCWs to check the credibility of the interview findings. The study was conducted with staff working in primary, secondary and tertiary public health facilities in the Eastern and Western Cape in South Africa (SA) and Harare and Bulawayo and their referral provinces in Zimbabwe. HCWs with experience in managing patients with symptoms of possible breast, cervical or colorectal cancer were recruited for the study. Participants were purposively sampled according to region, healthcare level, and job role. A total of 56 participants (26 in SA and 30 in Zimbabwe) participated in the in-depth interviews. Twenty-six (12 in SA and 14 in Zimbabwe) participated in four clinical advisory group workshops across both countries.
RESULTS
Drawing on the Model of Pathways to Treatment, HCW perceptions of patient-level factors influencing the diagnostic interval included financial limitations, and patients' absence and delays in attendance. Healthcare provider and system factors included: challenges with referral and feedback systems; training needs; low awareness of protocols and guidelines; inappropriate and suboptimal clinical assessments; and broader socio-economic factors and resource limitations.
CONCLUSIONS
Improving the timely diagnosis of breast, cervical, and colorectal cancer in Southern Africa necessitates targeted strategies that address both patient-related, provider and health-system delays.

Popul. Med. 2026;8(Supplement 1):A1803

ABS3358

Strengthening the research study approval process in khayelitsha eastern sub-structure (kess), western cape, south africa

Riyadh Manesen[1], Luigi Perez[1], Leigh Wagner[1], Tracy Leigh Abrahams[1], Mokitimi Stella[1,2], Mellisa Vollenhoven[1,3], Aisha Salie[1], Inneke Laenen[1], Cheslyn Brown[1], James Kruger[3,1]

[1]Khayelitsha Eastern Substructure, Western Cape Department Of Health And Wellness (WCDHW), Khayelitsha Eastern Sub-Structure, Cape Town, South Africa, [2]Faculty Of Health Sciences, University Of Cape Town, Cape Town, South Africa, [3]Faculty of Health Sciences, Stellenbosch University, Cape Town, South Africa

INTRODUCTION

Before the introduction of the Research Information Management System (RIMS); the substructure office received research requests from the Provincial Health Research Unit (PHRU), which were shared with facility-based research leads. An Excel spreadsheet was used to track these requests and outcomes. Delayed feedback times were associated with this process, creating a backlog for research requests. In March 2025, RIMS was implemented to streamline the approval process by allowing for the electronic submission of research proposals and monitoring of research outcomes within Khayelitsha Eastern Substructure (KESS).

METHODS

RIMS is a real-time dashboard developed on the Microsoft Fabric and Power BI platform allowing for the electronic submission of research proposals and monitoring of research outcomes within the provincial Department of Health. The KESS Research Committee (KESS RC) was established in April 2025 comprising of five facility-based research leads and four Sub-structure level officials. The committee served as a central structure to review recommendations of facility-based research leads and provide final determinations on research requests. An automated shared KESS RC mailbox was created for receipt of research requests from PHRU, for distribution of requests to respective facility leads and to provide feedback to applicants via PHRU.

RESULTS

A total of 63 pending requests were reviewed, 71% (45/63) were approved and 29% (18/63) declined. 133 research requests were received in 2025; 70% (94/133) approved, 22% (29/133) declined and 8% (10/133) pending. The pending requests include ethics approval expiration, facility resource availability and clarity on research proposals. The average turnaround time (TAT) for research proposal outcomes was reduced from 170 days to 22 days.

CONCLUSIONS

The establishment of RIMS supports an efficient research monitoring system, which reduces TAT for research projects approvals process.

Popul. Med. 2026;8(Supplement 1):A1806

ABS3368

Systemic and Structural Barriers to Infection Prevention and Control Practices in Thika Level 5 Hospital, Kiambu County, Kenya

Sakhile Venus Ndwandwe[1], Langelihle Ndebele[1], Abigail Nyajui[1], Samuel Mungai Mbugua[1]

[1]School of Pharmacy and Health Sciences, United States International University-Africa, Nairobi, Kenya

BACKGROUND

Healthcare-associated infections (HAIs) are increasingly becoming common adverse events in health service delivery and a major public health concern (WHO, 2017). These HAIs have a significant impact on morbidity, mortality, quality of life, as well as probable causes of outbreaks and spread of resistance. The emergence of the COVID-19 pandemic led to significant changes in WASH and infection prevention and control (IPC) policies globally (Brown, 2025). Adherence to IPC strategies is imperative to the functionality of any healthcare system. Despite adopting these guidelines, health facilities continue to face unique systemic and structural barriers in adapting IPC practices.

METHODS

A cross-sectional qualitative design involving 7 in-depth interviews from 5 IPC committee members and 3 department managers to gain perspectives of health providers on the current IPC practices. Qualitative data were captured using audio tapes and field notes, transcribed, translated, and exported into QSR NVivo V.12 for analysis. Qualitative analysis utilized content thematic analysis to uncover hidden themes.

RESULTS

The most recurring themes from thematic analysis were inadequate and untimely IPC training, workforce restraints, and lack of resources. These indicate that effective IPC practices are hindered by financial and human resources restraints, which interrupt continuous medical education (CME), availability and functionality of IPC infrastructure, adequate staff in all departments, and adaptation of National IPC and WASH guidelines.

CONCLUSIONS

The results indicated that resource limitation is the major contributor to ineffective IPC practices. Tackling this issue requires a multifaceted approach between policymakers, healthcare managers, and healthcare workers.

Popul. Med. 2026;8(Supplement 1):A1808

ABS3372

Breaking Barriers to Testing: HIV Self-Testing as a Structural Intervention to Reduce Stigma and Enhance Male Engagement in Three Nigerian States

Ameh Raphael Adole[1], Chidinma Umebido[1], Jibrin Kama[1], Chizoba Fashanu[1], Olufunke Fasawe[1], Ngozi Adibe[1], Adebobola Bashorun[2], Chioma Ukanwa[2], Samson Omoighe[2], Aishatu Gubio[2], Ramat Mohammed[2]

[1]Clinton Health Access Initiative, Abuja Municipal, Nigeria, [2]National AIDS and STDs Control Programme, Abuja Municipal, Nigeria

BACKGROUND

Social-stigma, gender-norms, and structural-barriers continue to limit HIV-testing uptake in Nigeria, particularly among men. HIV self-testing (HIVST) offers privacy, autonomy, and decentralized access that may overcome these barriers. The Promoting Access to HIV-Self Testing (PATHS II) project evaluated whether community-led HIVST distribution, including through private channels such as community pharmacies (CPs) and patent proprietary medicine vendors (PPMVs), could reduce testing-related discrimination and improve reach among underserved populations Description: The PATHSII project utilized a Total Market Approach, engaging private-sector actors (Pharmacies, PPMVs and CBOs) across 23 sites in three Nigerian-states, shifting the testing from clinical facilities to private & community settings. Site selection prioritized regulatory compliance, geography, and infrastructure. HIVST distribution was integrated with counseling, referral and linkage support, and follow up, with outcomes disaggregated by age and sex using national data tools. Lessons Learnt: The project demonstrated a breakthrough in male engagement, with an almost equal distribution of HIVST kits between men, 2339(49.9%) and women, 2345(50.1%). This suggests that privacy of HIVST mitigates social barriers that deter men from facility testing based on the NDHS 2024 data "A significantly higher proportion of men (69%) have never been tested for HIV compared to women (63%). Adolescents and young adults accessed testing discreetly, indicating improved autonomy and reduced fear of discrimination. Furthermore, the 93% (4338/4684) reporting rate indicates high trust and acceptance of the protocol. Community-assisted models proved vital in maintaining 98% linkage rate, suggesting that privacy in testing doesn't necessarily lead to loss-to-follow-up if supported by a strong community-private sector framework.

CONCLUSIONS

HIVST is an effective approach for de-stigmatizing HIV services. Community embedded models promotes acceptance, improve equity in access, providing private-testing options through community-vendors making it a scalable-strategy to improve male engagement. Scaling HIVST through community-channels should be prioritized to address social and structural determinants limiting HIV testing uptake.

Popul. Med. 2026;8(Supplement 1):A1809

ABS3377

Centre of Excellence for Pharmacovigilance in Southern Africa (CEPSA): early achievements and future plans

Hazel Bradley[1], Nicolas Praet[2], Ebenezer Wiafe[1], Renier Coetzee[1], Michelle Viljoen[3], Star Khoza[3], Carine Dochez[2], Albert Figueras[4], Raffaella Ravinetto[1,2]

[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]Public Health Department, Institute of Tropical Medicine, Antwerp, Belgium, [3]School of Pharmacy, University of the Western Cape, Cape Town, South Africa, [4]Independent Consulatant, Barcelona, Spain

BACKGROUND

Effective regulatory systems play a critical role in improving access to safe, efficacious and quality medicines and vaccines. However, regulatory and pharmacovigilance (PV) systems in most African countries are under-resourced and lack recognition of their public health role. The Centre of Excellence for Pharmacovigilance in Southern Africa (CEPSA), located at the University of the Western Cape (UWC), South Africa in partnership with the Institute of Tropical Medicine, Antwerp, Belgium was set up in October 2024 to strengthen PV activities across the region.

METHODS

CEPSA aims to lead initiatives to strengthen safety monitoring of medical products across their lifecycle; focusing on three key areas of PV: Advanced training and capacity strengthening (workshops, mentoring and mobility); operational research and policy-making support; information and risk communication systems enhancement.
RESULTS
CEPSA has launched several activities. 1) A multi-phased situational assessment mapping the current PV training, research, risk communication capacities and related gaps and needs in 16 Southern African countries. It comprises a desk review, multi-lingual online survey and interviews. To date, 9/16 countries have responded to the online survey. 2) The first 5-day advanced training workshop for 21 participants from PV centres in 18 countries in Africa took place at UWC in November 2025. The innovative approach, using simulated real-world data sets to guide participants through a stepwise exercise from signal detection to risk communication, promotes immersive and hands-on learning, collaboration and networking. 3) CEPSA's 'community of practice' has been established to foster knowledge transfer and information sharing, including a quarterly Newsletter. 4) Mentoring and mobility programmes and risk communication webinars are being rolled out.
CONCLUSIONS
CEPSA initiatives to date have focused on building skills and establishing relationships with a cohort of PV colleagues across Africa. Future activities will further strengthen PV and firmly cement its public health role.
Popul. Med. 2026;8(Supplement 1):A1810

ABS3399
The contribution of the Practical Approach to Care Kit programme for primary healthcare to health systems process goals: reflections from four low- and middle-income countries

Lara Fairall[1,2], Agumasie Semahegn[3], Ronaldo Zonta[4,5], Filipe Berrini[4,5], Opeyemi Babatunde[6], Joseph Ana[7], Aklog Getnet Kibret[8], Christy-Joy Ras[2], Faye Eshraghi[2], Daniella Georgeu-Pepper[2], Ruth Cornick[2], Rebone Ntsie[9], Jorge Zepeda[10]
[1]School of Life Course & Population Sciences, King's College London, London, United Kingdom, [2]Knowledge Translation Unit, Department of Medicine, University of Cape Town, Cape Town, South Africa, [3]Centre for Innovative Drug Development and Therapeutic Trials for Africa (CDT-Africa), College of Health Sciences, Addis Ababa University, Addis Ababa, Ethiopia, [4]Secretaria Municipal da Saude, Florianopolis, Brazil, [5]Unidade de Tradução do Conhecimento, National School of Public Health Sergio Arouca, FioCruz, Rio de Janiero, Brazil, [6]School of Medicine, Keele University, Keele, United Kingdom, [7]HRI Global, Calabar, Nigeria, [8]Community Engagement and Primary Health Care Lead Executive Office, Ethiopia Ministry of Health, Addis Ababa, Ethiopia, [9]Primary Healthcare, National Department of Health, Pretoria, South Africa, [10]Joint Strategic Needs Assessment, City of Bradford Metropolitan District Council Public Health, Bradford, United Kingdom
INTRODUCTION
Strong health systems are essential to deliver primary healthcare. The Practical Approach to Care Kit trains health workers to manage common presentations in primary care. A key feature is localised clinical decision support that spans infectious diseases, NCDs, mental illness and maternal and child health. PACK is implemented in South Africa, Brazil, Ethiopia and Nigeria.
METHODS
We convened government and academic stakeholders to reflect on how PACK contributes, or doesn't, to health systems process goals defined by the Health System Strengthening Evaluation Collaborative. These are a set of 22 desirable attributes of a well-functioning health system arranged in four domains: (i) ownership, participation and accountability; (ii) learning and resilience; (iii) use of resources; and (iv) service delivery. The purpose was to compare experiences across countries, better understand system-wide effects and identify elements which could be strengthened. Examples were drawn from literature, technical manuals and reports, and discussed during a series of online meetings.
RESULTS
Stakeholders identified examples of how PACK contributed to multiple process goals across all four domains. Effects were both intended and unintended. Some notable examples that were reported across all four countries included: (i) facilitation of team working and learning across cadres of health workers, levels of care and between clinicians and managers (intended, extent unintended), (ii) facility-led efforts to strengthen supply of essential medicines and tests (unintended); (iii) response to health system shocks (unintended); and (iv) widening participation of health workers in Ministry-led health system reforms to strengthen primary care (intended). Areas of relative weakness included poor integration with monitoring and evaluation systems and limited engagement with communities.
DISCUSSION
PACK is catalysing multiple system-wide effects and participation by a wide number and range of health workers with similar impacts described across diverse settings. It highlights the potential of educational interventions to drive health systems strengthening.
Popul. Med. 2026;8(Supplement 1):A1811

ABS3430
Determination of Flat-Rate Health Care Costs and Revenue Allocation Criteria in Health Facilities of Isangi Health Zone, Democratic Republic of Congo

Roger Bisimwa Balyahamwabo[1], Aloys Zongo[1], Alpha Ngandru Kiza[2]
[1]Enabel, Kisangani, Congo, Democratic Republic of the, [2]Tshopo Provincial Health Division, Kisangani, Congo, Democratic Republic of the
INTRODUCTION
In preparation for the implementation of a subsidised flat-rate payment system at the General Referral Hospital and a non-subsidised flat-rate system at primary health care centres, within a context of health insurance scheme development, the Provincial Health Division of Tshopo, with support from Enabel, conducted a costing study of health care services. The objective was to transition from fee-for-service to flat-rate pricing, in order to better align tariffs with household income levels while improving cost control and financial transparency within health facilities.
METHODS
An evaluative study of the financial costs of health care services was conducted at both primary- and secondary-level health facilities. Services were grouped by tariff categories, and only direct medical costs were included in the analysis. An additional fixed amount of one US dollar was added to each tariff to finance referral and counter-referral mechanisms. Cost analysis was performed using a dedicated Excel-based costing tool. The determination of flat-rate tariffs followed the six-step process outlined in national guidelines.
RESULTS
The study produced validated flat-rate tariffs for both primary- and secondary-level health facilities. Taking into account the depreciation of the local currency, as well as updated clinical protocols, a significant increase in flat-rate tariffs was observed. At the General Referral Hospital, Enabel's subsidy covers between 80% of costs for paediatric hospitalisations and complicated deliveries, and 50% for surgical and internal medicine hospitalisations. Care for indigent patients is fully subsidised (100%). To ensure good governance, a revenue allocation key was adopted, with specific safeguards to protect funds earmarked for the procurement of essential medicines.
CONCLUSIONS
The determination of flat-rate health care costs should follow a participatory and inclusive process to promote acceptance among health care providers and local communities and to support the sustainability of financing mechanisms.
Popul. Med. 2026;8(Supplement 1):A1813

ABS3453
Embedding Crisis Communication Training Within Health Systems: Strengthening Vaccine Demand and Institutional Resilience in India's HPV vaccine Rollout

Anumegha Bhatnagar[1], Kavita Ayyagari Ayyagari[1], Satviki Varma[1]
[1]Public Health, Girl Effect, New Delhi, India
BACKGROUND
As India prepares for the national roll-out of the Human Papillomavirus (HPV) vaccine, questions from parents and media about fertility, consent, and adolescent health—often shaped by social and digital media—have highlighted the need to safeguard confidence and steady demand. In this context, crisis communication training is positioned as part of routine system preparedness rather than a stand-alone response, supporting equity, continuity, and long-term confidence in public health services.
METHODS
Girl Effect India (GEI), working with the Ministry of Health and Family Welfare (MoHFW), rolled out a Crisis Communication–Response framework across 36 states and union territories, reaching more than 1,400 national, state, and district immunization officials. The training focused on practical tools for tracking community and media concerns, setting clear escalation routes, and forming Rapid Response Teams within routine immunization work. Sessions also explored how media narratives develop, how official responses shape public understanding, and how timely, clear communication can influence trust and vaccine demand. Through simulations, message-building sessions,holding statement exercises, participants practiced communication that was sensitive to local contexts.

RESULTS
The majority of participants had little prior experience with formal communication or media involvement and came from technical and medical roles. Officials reported greater confidence in aligning technical guidance with messages for communities, along with a clearer understanding of how frontline, block, and district teams can work together. Through the use of standardized tools during training exercises, teams learned how clear roles and documentation can support faster, coordinated responses, while also practicing how to respond to crises with empathy, clear facts, and scientifically grounded information.
CONCLUSIONS
By making trust-building, transparency, and community engagement part of routine practice, this approach offers a practical and adaptable model for low- and middle-income countries seeking to strengthen immunization systems and sustain public confidence during sensitive vaccine introductions.
Popul. Med. 2026;8(Supplement 1):A1816

ABS3469

Exploring perceptions, experiences, and components of family based interventions for people living with severe mental illness: A global qualitative evidence synthesis

Nosipho Hope Sikhosana[1], Nonhlanhla Nxumalo[1], Lucia D Ambruoso[2], Lesley Robertson[3], Jane Goudge[1]
[1]Wits School of Public Health, Centre for Health Policy, Johannesburg, South Africa, [2]Centre for Health Data Science, University of Aberdeen, Scotland, United Kingdom, [3]Department of Psychiatry, University of Witwatersrand, Johannesburg, South Africa

INTRODUCTION
Families are vital in supporting people with severe mental illness (SMI), yet face significant social and economic challenges.– Structured interventions like psychoeducation reduce relapse and improve functioning in high income countries, but evidence from low and middle income countries (LMICs) is scarce.– Existing reviews largely focus on clinical outcomes,– overlooking family perspectives and the components driving intervention impact. This underscores the need for a global qualitative synthesis exploring components, barriers, facilitators, and contextual adaptations.–this review aims to synthesize global qualitative evidence on components, barriers, facilitators, and adaptations of family-based interventions for SMI.
METHODS
A systematic search is being conducted for studies published between 2010 and 2025. To date, PubMed and PsycINFO have been searched using tailored strings developed in consultation with supervisors. Screening has begun, with discussions guiding refinement of search terms and inclusion criteria. Eligible studies include qualitative and mixed methods research reporting on family based interventions delivered in community settings. Data synthesis adopts a critical realist perspective. Preliminary findings Families and service users view family based interventions as sources of empowerment, knowledge, and social connection.– Psychoeducation reduces self-blame, while peer-led groups provide safe spaces for hope and resilience. Service users gain agency, though tensions exist around the timing of family involvement. Providers recognize clinical value but cite workload pressures and concerns about digital tools. Globally, delivery is shaped by context: digital platforms dominate in high income countries, while task-sharing and cultural adaptation underpin sustainable models in LMICs.
CONCLUSIONS
These preliminary findings demonstrate how family based interventions foster empowerment and agency while sustainability depends on provider capacity, technological feasibility, and cultural adaptation. Through critical realist analysis, the review hopes to generate practical guidance for adapting interventions across diverse settings, ensuring cultural relevance and equity. Full findings will be presented at the conference.
Popul. Med. 2026;8(Supplement 1):A1817

ABS3535

Actors' perspectives on navigating context when co-designing gender integration in an established adolescent sexual and reproductive health program in South Africa

Ulla Walmisley[1], Olagoke Akintola[1,2], Anam Nyembezi[1,3,4,5,2,6], Brighton Khumalo[1], Colleen Wagner[1], Nichola Schaay[1], Tanya Jacobs[1], Asha George[1]
[1]School Of Public Health, University Of The Western Cape, Cape Town, South Africa, [2]University Of Kwazulu-Natal, Durban, South Africa, [3]Human Sciences Research Council, Cape Town, South Africa, [4]Maastricht University, Maastricht, Netherlands, [5]South African Medical Research Council, Cape Town, South Africa, [6]Walter Sisulu University, Mthatha, South Africa

BACKGROUND
Gender inequality is an intersectional determinant of health that remains insufficiently integrated into health programmes and policies. Participatory design approaches show promise in strengthening gender integration for health, but limited evidence describes how such partnerships navigate contextual elements and power dynamics in low- and middle-income countries. This study examines these processes within an established health programme in South Africa.
METHODS
We conducted a qualitative, exploratory case study of a co-design partnership between three organisations that aimed to strengthen the gender focus of an established health programme between 2022 and 2025. Data were drawn from a review of 37 sets of project meeting documents, participant reflections collected following 36 project engagements, and 12 key informant interviews. Analysis was informed by literature on context, organisational logics, gender, and power, and guided by a macro–meso–micro context analytical framework.
RESULTS
Three interlinked contextual levels shaped the partnership. Macro-level donor funding arrangements and accountability structures created hierarchical pressures, constraining participatory and gender-responsive work. Meso-level divergent organisational logics - between compliance-driven implementation partners and a more reflective research partner - generated misalignment with co-design processes. However, micro-level action by a small group of boundary-spanning individuals played a critical enabling role in building trust, sustaining engagement, and supporting gender integration despite structural constraints. Interactions across levels revealed how institutionalised power and hierarchies shaped co-design processes and limited what was feasible for gender integration within the programme.
CONCLUSIONS
Co-design partnerships can support gender integration within established health programmes, but their effectiveness depends on enabling macro-level funding conditions, deliberate navigation of meso-level organisational logics, and sustained micro-level relational work. Without attention to context and power across levels, participatory intent risks being undermined by hierarchical system structures. Further research and advocacy should support adaptive funding models and institutional arrangements that enable gender-responsive co-design in LMIC health systems.
Popul. Med. 2026;8(Supplement 1):A1819

ABS3555

Effectiveness of Training and Evaluation Tools for Community Health Workers Delivering Comprehensive Care in Low- and Middle-Income Countries: A Systematic Review

Olukemi Babalola[1], Jane Goudge[1], Joseph Babalola[2], Celia Brown[3], Samantha Johnson[4], Natasha Khamisa[5], Frances Griffiths[3,1]
[1]Centre for Health Policy, University of the Witwatersrand, Johannesburg, South Africa, [2]Epidemiology and Biostatistics, University of the Witwatersrand, Johannesburg, South Africa, [3]Warwick Medical School, University of Warwick, Coventry, United Kingdom, [4]University of Warwick Library, University of Warwick, Coventry, West Midlands, United Kingdom, [5]Department of Public Health, University of the Witwatersrand, Johannesburg, South Africa

INTRODUCTION
Low- and middle-income countries (LMICs) are increasingly expanding community health worker (CHW) roles to deliver comprehensive, multi-condition care (CC) using promotive and preventive approaches.1 While training is central to enabling these expanded roles, evidence on training effectiveness and the tools for evaluating gains in CHW knowledge and skills remains fragmented.2, 3 This review synthesises evidence on effectiveness of CHW training for CC and the utility of tools used to assess training outcomes in LMICs.
METHODS
We conducted a systematic review of peer-reviewed studies published up to December 2023 using PubMed/MEDLINE, CINAHL, and the Cochrane Library. Searches followed the PICO/PICOS frameworks: Participants (CHWs), Intervention (training), Comparison (pre–post or no training), Outcomes (changes in knowledge and/or skills and tools for assessing these outcomes), and Study design (all). Study quality was assessed using the Effective Public Health Practice Project (EPHPP) tool. A narrative synthesis was undertaken in line with PRISMA 2020 guidance.
RESULTS
Of 30 studies (n=15 LMICs), 14 assessed training effectiveness and all reported tools for evaluating outcomes. Most studies focused on maternal and child health (MCH)-related programmes, with few evaluating broader CC packages. Training effectiveness studies demonstrated significantly improved knowledge and skills

post-training (5.7–62.8 percentage points), declining 2–12 months post-training, without falling below baseline. Health professional-led training and higher CHW educational levels were associated with better outcomes. Assessments was mainly by questionnaire-based tools/observation checklists. <50% of studies reported any tool utility evidence, primarily inter-rater reliability, with minimal reporting validity or use of formal evaluation frameworks.
CONCLUSIONS
CHWs in LMICs can be effectively trained to deliver elements of CC, particularly within MCH programmes, but evidence remains limited for full care packages. Evaluation tools show weak and inconsistent evidence of validity and reliability, highlighting the need for standardised, theory-informed frameworks for more rigorous assessment of CHW training outcomes and sustainability.
Popul. Med. 2026;8(Supplement 1):A1820

ABS3556

"Building the plane while flying it": Co-designing gender integration in an established sexual and reproductive health program in South Africa

Ulla Walmisley[1], Olagoke Akintola[1,2], Anam Nyembezi[1,3,4,5,2,6], Bronwyn Damon[1], Colleen Wagner[1], Nichola Schaay[1], Tanya Jacobs[1], Asha George[1]
[1]School Of Public Health, University Of The Western Cape, Cape Town, South Africa, [2]University Of Kwazulu-Natal, Durban, South Africa, [3]Human Sciences Research Council, Cape Town, South Africa, [4]Maastricht University, Maastricht, Netherlands, [5]South African Medical Research Council, Cape Town, South Africa, [6]Walter Sisulu University, Mthatha, South Africa

BACKGROUND
Participatory approaches such as co-design can support gender integration through inclusive analysis and design, and increased contextual responsiveness. However, limited literature describes how co-design is enacted and sustained in practice within complex programme architectures, particularly in LMIC settings. This paper addresses this gap through a qualitative case study of a multi-stakeholder co-design partnership that sought to strengthen gender integration within an established health programme in South Africa between 2022 and 2025.
METHODS
Data sources included a review of 37 sets of project documents, participant reflections from 36 project engagements, and 12 semi-structured interviews with key informants across three partner organisations. Analysis traced co-design processes longitudinally, examining how collective sensemaking, iterative adaptation, and negotiation of roles and constraints unfolded. Data analysis was informed by literature on participatory design, gender integration, and partnership synergy.
RESULTS
Co-design functioned as an iterative, relational mechanism through which partners navigated programme realities and pursued gender integration over time. Structured spaces for collective sensemaking enabled gender analysis, surfaced contextual constraints and power dynamics, and supported shared decision-making. Iterative adaptation allowed the partnership to recalibrate plans in response to implementation realities and to identify and implement opportunities for gender integration within the programme. Sustaining this work required substantial time, an enabling collaborative environment that supported power shifting, continuity of appropriately skilled staff, flexible funding arrangements, and sustained relational labour. Co-design was constrained by fixed and complex programme architectures, the temporary exclusion of a key partner from early-stage planning, human resource limitations, and hierarchical accountability systems.
CONCLUSIONS
Co-design can support gender integration within established programmes, but it is neither a linear nor a purely technical process. Rather, it operates through sustained sensemaking, adaptation, and relational work. These findings provide practice-based insight into what is required to enact and sustain co-design for gender integration within complex, established health programmes.
Popul. Med. 2026;8(Supplement 1):A1821

ABS3561

From Participation to Power: Why community participation is essential for Equitable, Resilient Public Health Systems

Therese Boulle[1], Hanne Haricharan[1], Natasha Ruya[1], Andiswa Nzenze[1], Nowhi Mdayi[1]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa

ABSTRACT
Despite decades of commitment to community participation in public health, communities are still too often positioned as beneficiaries, informants or implementers rather than as partners in knowledge production, decision-making and accountability. This gap has implications for equity, inclusion and the sustainability and resilience of public health systems.1 - 4 We are proposing a roundtable discussion, borne of our work in South Africa, which brings together a diverse group of academics, public health practitioners and community members who have worked together across diverse public health initiatives. Drawing on lived experience as well as scholarly and practice-based insight, the session will create a space to examine why community participation matters, what becomes possible when participation is meaningful, and how power, trust and accountability shape these processes in practice. Whilst sustained participation has been our aim, it has raised questions about representation, voice and whose knowledge is amplified or marginalised. Rather than presenting a set of fixed lessons, the roundtable is designed as an interactive exchange. Participants will reflect on common barriers to meaningful community participation, including institutional cultures, resource constraints, extractive engagement practices, and uneven power relations, alongside key enablers such as sustained relationship-building, transparent communication, mutual accountability, and trust cultivated over time. Particular attention will be paid to how these dynamics affect equity outcomes and system resilience, especially in contexts of social, economic, and political uncertainty. The roundtable is deliberately chosen to centre varied forms of knowledge and to model inclusive public health practice in action. Participants will be invited into a facilitated conversation that surfaces tensions, shares strategies, and generates questions for future collaboration across contexts. This session will appeal to public health researchers, policymakers, practitioners, and community advocates seeking to move toward approaches that genuinely advance equity, inclusion, and resilient public health systems.
Popul. Med. 2026;8(Supplement 1):A1822

ABS3574

Operational feasibility and programmatic impact of Early Infant Diagnosis (EID) HIV testing at birth in Prevention of Mother-to-Child Transmission (PMTCT) Settings: Preliminary findings from Nigeria

Ngozi Adibe[1], Jibrin Kama[1], Obioha Eberendu[1], Ameh Adole[1], ThankGod Anazodo[1], Chidinma Umebido[1], Ifeanyi Ikpeazu[1], Muekara Dugbor[1], Chizoba Fashanu[1], Olufunke Fasawe[1], Adebobola Bashorun[2], Omolara Emmanuel[2]
[1]Clinton Health Access Initiative, Abuja, Nigeria, [2]National HIV/AIDS, Viral Hepatitis and STIs Control Programme - Federal Ministry of Health and Social Welfare, Abuja, Nigeria

INTRODUCTION
Early Infant Diagnosis (EID) of HIV for infants exposed to HIV is critical for timely treatment initiation and improving child health. However, delayed testing and loss to follow-up continue to limit its effectiveness in PMTCT programs. EID testing at birth has been proposed as a strategy to improve early case identification, linkage to treatment, and retention in care among HIV-exposed infants. An operational research assessed the feasibility and programmatic implications of integrating EID birth testing into routine PMTCT services in Nigeria.
METHODS
Ethical approval for the study was obtained from the National Health Research Ethics Committee (NHREC/01/01/2007- 22/05/2025). The study comprised HIV-exposed infants aged 0–3 days and their HIV-positive mothers. Twelve facilities were selected based on PMTCT volume and geographical representation from Rivers, Ogun, Kaduna, Benue, Adamawa, and Anambra states. Between July and December 2025, healthcare workers received training on study procedures and Point-of-Care (POC) EID. Written informed consent was obtained from eligible women before enrolment. Quantitative data from national reporting tools were analyzed descriptively to show early implementation outcomes.
RESULTS
A total of 177 deliveries and 176 live births were recorded. 100% of HIV-exposed infants received EID at birth, demonstrating the operational feasibility and efficiency of integrating EID birth testing within routine PMTCT services. Testing was conducted with minimal or no disruption to standard workflows. At 6-8 weeks, follow-up testing was conducted for 98 of 99 (99%) eligible infants, with 0% positivity. Key challenges, such as staff workload, cartridge supply management, and documentation, highlight areas for improvement during scale-up
CONCLUSIONS
Integrating EID HIV testing at birth within PMTCT settings is operationally feasible and can improve testing coverage and early case identification within routine health systems. Implementation enhanced coordination and integration across maternity, laboratory, and ART services. These findings provide early implementation evidence to inform scale-up.
Popul. Med. 2026;8(Supplement 1):A1823

ABS3585

The revolving door phenomenon in psychiatric care in the Sedibeng district

Tintswalo Mabasa[1], Jane Goudge[1], Frances Griffiths[1,2], Lesley Robertson[1]
[1]Centre for Health Policy, University of the Witwatersrand, Johannesburg, South Africa, [2]Medical School, Warwick University, Coventry, England, United Kingdom

INTRODUCTION
The study explored the revolving door phenomenon in psychiatric care, where people living with serious mental illness experience repeated hospital admissions. Repeated admissions indicate challenges in achieving sustained stabilisation and continuity of care. The study focused on patterns of readmission and contributing factors in the Sedibeng district.
METHODS
A mixed-methods study approach was used. Quantitative data were collected through a retrospective review of psychiatric admission books covering all admissions over a six-month period. Additional quantitative data were obtained through telephonic structured interviews. Qualitative data were collected through in-depth interviews with mental health service users and healthcare providers. Data were analysed to identify patterns of readmission and factors contributing to repeated hospitalisation.
RESULTS
The findings show that people living with serious mental illness are readmitted within 3 to 6 months following discharge. Repeated admissions are associated with poor treatment adherence, co-occurring substance use, insufficient community-based mental health care, and living arrangements that provide inadequate support after discharge. Health system constraints also contribute to the revolving door phenomenon. Shortages of psychiatric beds and inadequate staffing levels result in early discharges and insufficient stabilisation, leaving healthcare providers struggling to balance limited resources with patient safety.
CONCLUSIONS
The revolving door phenomenon in psychiatric care in the Sedibeng district is driven by patient-related, social-related and system-level factors. Reducing repeated psychiatric admissions requires strengthened community-based mental health services, improved post-discharge support, and interventions to address resource constraints within inpatient psychiatric care.
Popul. Med. 2026;8(Supplement 1):A1824

ABS3640

Challenges and successes in the implementation of the 90-90-90 hiv strategy in the city of johannesburg, south africa: a qualitative study

Ngcebo Mhlongo[1,2], Veranyuy Ngah[3], Abebe Badacho[1], Juliet Nyasulu[1]
[1]Division of Health Systems and Public Health, Stellenbosch University, Cape Town, South Africa, [2]Clinical Trials Unit, Africa Health Research Institute, Durban, South Africa, [3]Division of Epidemiology and Biostatistics, Stellenbosch University, Cape Town, South Africa

INTRODUCTION
The Joint United Nations Programme on HIV and AIDS (UNAIDS) implemented the 90-90-90 HIV strategy, aimed at achieving 90% of people living with HIV knowing their status, 90% of those who knew their status being on treatment, and 90% of those on treatment being virally suppressed by 2020, in line with the global plan to end the HIV epidemic by 2030. However, by the end of 2020, these targets were not met in South Africa. This study aimed to explore the challenges and successes in implementing the 90-90-90 strategy in Johannesburg, South Africa.
METHODS
An exploratory qualitative study was conducted using in-depth semi-structured interviews with thirteen health managers from Region F of the City of Johannesburg Health District. Purposive sampling was used to identify the appropriate health managers from the district. The interviews were recorded, transcribed, coded manually, and analysed using thematic content analysis.
RESULTS
Findings were grouped into two main categories: challenges and successes. The challenges category generated three themes: health system, programmatic, and societal challenges. These included subthemes such as the effects of COVID-19, staff shortages, stigma, mobility (migration), low parent responsibility, and personal factors like patients' education and readiness to start ART. The successes category yielded two themes: patient outcomes and programme outcomes. Here, respondents discussed how implementing the 90-90-90 HIV strategy improved patient health outcomes and provided direction for the HIV programme.
CONCLUSIONS
Johannesburg's implementation of the UNAIDS 90-90-90 HIV strategy encountered challenges, including clinic infrastructure constraints and staff shortages. The City needs to enhance its Adolescent- and Youth-Friendly Services, build internal capacity for high-quality HIV services, and develop ICT solutions to connect its clinics, ensuring continuous care for its mobile migrant population. Collaboration is also vital to remove barriers for children accessing HIV services.
Popul. Med. 2026;8(Supplement 1):A1826

ABS3650

Co-created integrated e-health interventions for non-communicable diseases and sexual and reproductive health services for young people in low- and middle-income countries: a systematic review

Beatrice Nojilana[1], Eunice Turawa[1], Rosa Stofile[2], Nelisiwe Ndlovu[2], Thandiwe T Mbira2[2], Sudha Kallakuri[3], JK Lakshmi[3], Deepika Saluja[3], Simon Lewin[4]
[1]Burden of Disease Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Health Systems Research Unit, South Africa Medical Research Council, Cape Town, South Africa, South African Medical Research Council, Cape Town, South Africa, [3]The George Institute, Sydney, Australia, [4]Department of Health Sciences Ålesund, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology (NTNU), Trondheim, Norway

BACKGROUND
The burden of Non-Communicable Diseases (NCDs) among both young people is rising and intersect with Sexual and Reproductive Health (SRH) challenges, exacerbating long term health risks. The purpose of this systematic review was to map out existing evidence on interventions integrating NCDs and SRH services to identify any co-created e-health based interventions that are implemented and evaluated in the low- and middle- income countries (LMICs) context. It is critical to explore evidence available on integrated NCD and SRH interventions, including those comprising e-health technologies to address the gaps in NCDs and SRH service coverage.
METHODS
This review employed a structured systematic review following Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines, including journal articles published between 2007 and 2025. Two authors independently screened full-text articles for inclusion using a standardised eligibility form. The protocol was registered with PROSPERO: PROSPERO 2025 (CRD420251185488).
RESULTS
Of 103 articles identified, 27 were included. Integrated e-health interventions in LMIC remain limited, with only half of WHO digital health utilised, indicating a significant innovation gap. Findings were grouped into NCD, SRH, and co-created e-health interventions. Youth are underrepresented in NCD interventions, which also face sustainability challenges. C0-created SRH interventions with youth show promise but are rarely integrated with NCDs. Behavioural outcomes improved more consistently than clinical outcomes. Most interventions relied on basic platforms (Telemedicine, zoom, WhatsApp, SMS), with high data costs limiting scalability, sustainability and governance)
CONCLUSIONS
Integrated interventions applying e-health technologies for young people are limited in LMICs, especially those co-created with youth and/or community. Yet, these interventions are essential to expand access to health services and provide quality NCD and SRH information and services to create awareness and promote healthy behaviors that reduce the risks for NCD and promote uptake of SRH services.
Popul. Med. 2026;8(Supplement 1):A1827

ABS3686

Climate Change, Emergency System Strain, and Code Black Events: A Data-Driven Evaluation of Contributing Factors and Predictive Insights

Isabella Coady[1], Plinio Morita[1]
[1]Faculty of Health, University of Waterloo, Waterloo, Canada

INTRODUCTION
Code Black ambulance events occur when emergency medical services are unable to respond to new calls due to a lack of available paramedic units. These events most often result from delays in transferring patients from paramedic care to hospital staff in emergency departments and pose a serious risk to public health and safety. At the Thunder Bay Regional Health Sciences Centre and within Superior North Emergency Medical Services, Code Black events have become increasingly frequent and deadly.3 This research investigates the operational factors contributing to Code Black events and examines the influence of climate change and extreme weather conditions on emergency medical services demand in Northern Ontario.
METHODS

This study uses a retrospective observational design integrating emergency department records, emergency medical services dispatch data, and Canadian climate data. Descriptive statistics and data visualization are employed to characterize patterns in Code Black events and overall emergency system performance. Exploratory machine learning models are applied to identify key operational and environmental predictors and to assess the feasibility of predicting periods of elevated system strain.
RESULTS
Preliminary and expected findings suggest that Code Black events are associated with emergency department crowding, prolonged ambulance offload delays, and fluctuations in emergency medical services demand. Seasonal trends and extreme weather conditions like heat waves and cold snaps are anticipated to further exacerbate these system pressures. Machine learning techniques are expected to demonstrate predictive capability in identifying periods of heightened risk of ambulance blackout periods.
CONCLUSIONS
By integrating health system and climate data, this study aims to inform data-driven strategies to improve emergency medical services resilience. Although focused on Northern Ontario, the findings will have broader relevancy by highlighting how systemic and environmental pressures can shape access to timely emergency health care in underserved populations.
Popul. Med. 2026;8(Supplement 1):A1828

ABS3717
Strengthening routine health information system reporting to support data-driven hospital management: implementation at a tertiary hospital

Slindile Mjadu[1], Sinola Rajaram[1]
[1]Community Health, Wits School of Public Health, Johannesburg, South Africa
INTRODUCTION
Digital health technologies are central to strengthening health systems, with health information systems forming a core building block for data-driven decision-making. In many low- and middle-income settings, routine health information system (RHIS) data are characterised by poor data quality, delayed reporting and limited use for management.2 Chris Hani Baragwanath Academic Hospital (CHBAH) previously relied on a hybrid paper-based and electronic approach to routine data collection and reporting, resulting in inefficiencies, reporting delays and challenges in data verification. This project aimed to implement an electronic RHIS data collection and reporting tool to improve data quality, reporting efficiency and accessibility of information for hospital management.
METHODS
An electronic data collection tool (EDCT) and reporting dashboard were developed and implemented at CHBAH between March and November 2024. The intervention targeted aggregated patient data, theatre utilisation and facility and logistics indicators across various departments. Implementation followed the three phases of Kotter's change management model. Routine monitoring was conducted to assess system uptake, data completeness and reporting processes during implementation.
RESULTS
The EDCT and dashboard were implemented in June 2024 across multiple functional business units. The transition from hybrid paper-based reporting to electronic submission enabled same-day access to aggregated facility data and reduced reliance on manual data collation. Early implementation outcomes included improved completeness of mandatory data fields, increased timeliness of routine reporting and enhanced accessibility of data for management review. Dashboard outputs were used in executive management meetings to monitor bed status, theatre utilisation and critical resource availability. Ongoing training and quality improvement activities supported user adoption and data quality.
CONCLUSIONS
The implementation of an electronic RHIS at CHBAH was feasible and improved the timeliness and accessibility of routine data for managerial decision-making. Early operational outcomes suggest that electronic data collection and reporting strengthen data quality and support data-driven hospital management.
Popul. Med. 2026;8(Supplement 1):A1830

ABS3783
Smart hospital´s role on the future of sustainable and resilient healthcare systems

Daniel Beltrammi[1], Arthur Chioro[2]
[1]Public Health, University of Brasília, Brasília, Brazil, [2]Public Health, Federal University of São Paulo, São Paulo, Brazil
ABSTRACT
Introduction. Smart hospitals will soon have a central role in the era of artificial intelligence. Global health systems are under immense pressure on acquiring goods and technologies linked to that all new highly desired branding. Machine learning, internet of things, real-time decision-making support, and complex big data analyses are the core of this smart issue recently linked to hospitals as traditional health services. How will this hospital's reshaping effort influence the future of health systems' sustainability and resilience? Methods. An integrative literature review was enrolled to frame smart hospitals influence on the future of sustainable and resilient healthcare systems. At least 441 articles were obtained from databases like PubMed/Medline, Embase, Cochrane Library, Scopus, Web of Science, SciELO e LILACS. The analysis of the most recent articles, 2016-2025, shows that 147 were selected to comply with the aim of this paper. Results. Scientific literature shows its main evidence condensed in three main subjects. Operational efficiency translated specially by asset/team tracking, reduced downtime, improved internal logistics, and process visibility as by-products of automation. Capacity and flow management represented by gains in coordination and decision-making with command centers considering that effects depend on governance and buy-in. Device and data integration enabling the advance of intelligent situational awareness alarms and improved documentation, when well supported by process architecture and standardization. Conclusion. The hospital redesign targeting smart status uses processes architecture refinement, integration and automation. Sustainability and resilience are fundamental values that must influence that redefining effort to guarantee that smart hospitals are still driven by human centeredness needs. Data and information integration supporting new decision-making standards in hospital settings is a priority to better guide resource use, which induces simultaneously higher capacity availability, better safety and lower hospital environment impacts, as main outcomes to be reached in favor of sustainable and resilient healthcare systems.
Popul. Med. 2026;8(Supplement 1):A1836

ABS3788
The Praboromarajchanok Institute (PBRI) Model for Non-Communicable Diseases in Sustainable Primary Care in Rural Thailand: Evidence from Four Regions of Thailand

Pisit Poltana[1], Supaporn Voraroon[1], Purin Srisodsaluk[1]
[1]Boromarajonani College of Nursing, Suphanburi, Boromarajonani College of Nursing, Suphanburi Faculty of Nursing, Praboromarajchanok Institute, Suphanburi, Thailand
ABSTRACT
This research and development study aimed to develop and evaluate the Praboromarajchanok Institute (PBRI) Model, an integrated framework linking health education institutions with the primary health care system to improve community-based screening and health status classification among at-risk populations and people with chronic diseases. The model applied the Seven-Color Ball innovation and emphasized multisectoral collaboration across individual, family, community, and policy levels to promote health behavior change and support sustainable care in the context of Thailand's health workforce shortage. A research and development design was employed. Qualitative data were collected through focus group discussions with 240 community stakeholders from eight subdistricts, and quantitative health data were obtained from 3,670 participants over 12 months and analyzed using the PBRI database.Qualitative findings demonstrated a collaborative design and implementation process across 39 campuses of the Praboromarajchanok Institute, integrating academic services, teaching and learning, research and innovation, and cultural preservation into proactive primary health care delivery. Three key themes emerged: a community-based approach through context understanding, equitable access and community engagement, and strengthening community networking to foster a sense of belonging. Village health volunteers served as the main operational mechanism, working with citizens, families, public and private organizations, and educational institutions through the Home–Temple–School collaboration. Quantitative results showed a total reduction in health-related expenditures of 2,609,260 Thai baht among 3,670 participants across four regions of Thailand. Community satisfaction with health partnership networks increased in all study areas, and at-risk groups and individuals with chronic conditions demonstrated sustained improvements in health behaviors, self-care knowledge, and skills. Overall, the findings indicate that the PBRI Model enhances equitable access, community engagement, and a sense of belonging, while strengthening the resilience and long-term sustainability of the primary health care system.
Popul. Med. 2026;8(Supplement 1):A1837

ABS3833
Strengthening paediatric burns care in South Africa through an

inclusive training programme

Clare Davis[1], Minette Coetzee[1]
[1]The Harry Crossley Children's Nursing Development Unit, University of Cape Town, Rondebosch / Cape Town, South Africa

BACKGROUND
Despite being largely preventable, burn injuries remain a serious global public health concern1. Incidence and mortality vary between high-income and low- and middle-income countries, with children in sub-Saharan Africa at substantially greater risk1-3. In South Africa's Western Cape province, children with moderate and severe burn injuries are managed within the specialist burns service at Red Cross War Memorial Children's Hospital4. This centralised model contributes to long travel distances, treatment delays increased risk of infection and psychological stress4. Consequently, strengthening paediatric burns care across the province was identified as a critical priority. This led to the design, development and delivery of a training programme to upskill healthcare workers across the paediatric burns care pathway, enabling sustainable confidence in the burn assessment and management.
METHODS
A partnership was established between the Children's Nursing Development Unit, the Children's Hospital Trust and the burns service at Chelsea and Westminster NHS trust. A review of practice and learning needs was undertaken through clinical facility visits and conversations with colleagues across the care pathway, and input gathered at a multidisciplinary participative workshop. Insights gained informed programme design which was iteratively refined through continued engagement during programme delivery and subsequent interactions within clinical practice.
RESULTS
The programme was launched in 2024, resulting in the participation of 211 healthcare workers, from seven health care disciples. They range from those at the point of injury, including mothers, to those working in tertiary-level services. The programme comprises of eight elements including in-person training focusing on prevention and first aid; clinical internships in the tertiary burns service; university-accredited short courses; a Masters-level module; and ongoing support through an online multidisciplinary meeting.
CONCLUSIONS
With a design that enabled sustainable learning and practice change, the programme has strengthened critical knowledge and skills in multiple health disciplines across the burns care pathway.
Popul. Med. 2026;8(Supplement 1):A1841

ABS3855

Effective strategies to reduce waiting times on specialized care

Alvaro Elias Mineiro[1], Cintia Freitas[1], Marilia Louvison[1]
[1]Politics, Management and Health, School of Public Health/University of São Paulo, São Paulo, Brazil

INTRODUCTION
Access to specialized care in Brazil's SUS was organized through the Nacional Regulation Policy (Política Nacional de Regulação, in Portuguese), and the waiting lists' timely access is a vigorous problem faced on the entirety of the system. Thus, this evidence synthesis propose to register the main effective strategies to reduce waiting times on elective procedures worldwide.
METHODS
A qualitative Study mas conducted in the form of an evidence synthesis, which considered the following research question: What are the effective strategies to reduce waiting times to specialized ambulatory care on private or public health Systems in Brazil and worldwide. Inclusion criteria were all Studies that approached one or more effective strategizes to manage waiting lists. Exclusion criteria were strategies related to Urgency/Emergency care and the Covid-19 crisis.
RESULTS
Some strategies found to reduce waiting times on specialized care were: Lean; improvement of processes; use of Eletronic Medical Record; management of waiting lists; and booking optimization. Evidence shows that these strategies, both in public or private contexts, were effective on improving demand management, waiting lists organization and better care to the patient. Furthermore, care management arrangements and regulatory technologies and arrangements, the digitalization and interoperability, the rearrangement of the services capacity and workflow, and the collaborative practices across care were effective to improve access to care and diminish care bottelnecks on a service and system levels.
CONCLUSIONS
Evidence presented shows that strategies as such: Lean, Telehealth, eletronic medical record, booking optimization and demand management are effective to reduce waiting times on specialized care. Care management arrangements, the digitalization and multidisciplinary teams contributed to better efficiency and speedy access in health systems, thus improving a better access to these services.
Popul. Med. 2026;8(Supplement 1):A1843

ABS3859

Moving towards more equitable resource allocation for the district health system: A Case study of a novel resource allocation model in the Western Cape, South Africa

Plaxcedes Chiwire[1], Jodi Wishnia[2], Simon Kaye[1], Olufunke Alaba[3], Krishna Vallabhjee[1], Susan Cleary[3], Lucy Gilson[4], Beth Engelbrecht[5], Emma Finestone[6]
[1]Health and Wellness, Western Cape Government, Cape Town, South Africa, [2]Tenang Health, Johannesburg, South Africa, [3]Health Economics Unit, University of Cape Town, Cape Town, South Africa, [4]Health Policy & Systems Division, University of Cape Town, Cape Town, South Africa, [5]Tshephe, Cape Town, South Africa, [6]Percept, Cape Town, South Africa

BACKGROUND
South Africa's public health budgeting and resource allocation system is largely shaped by historical allocations, resulting in a rigid process that insufficiently reflects changing population health needs and may perpetuate inefficiencies. Improving equity in the allocation of resources across health districts and sub-districts has therefore become a priority for the Western Cape Government health system.
AIM
To develop a strategic budgeting model that allocates health resources equitably across geographically defined health sub-districts in the Western Cape Province. Setting Western Cape Province, South Africa.
METHODS
An Equitable Resource Allocation (ERA) model was developed using Microsoft Excel to generate recommended allocations for each health sub-district, with outputs aggregated at district level. Allocations are based on a weighted combination of population health need, estimated using demographic and epidemiological data, and demand for health services, estimated using utilisation data. Facility-level allocation estimates are derived from district totals. The approach aligns with the National Treasury's Provincial Equitable Share methodology for allocating the national health budget across provinces. Model development followed a problem-driven iterative adaptation (PDIA) approach to ensure contextual relevance, integration with existing systems, and stakeholder buy-in. Implementation is planned as a phased process, with costs and health outcomes monitored over time.
RESULTS
Compared with historical allocations, the ERA model recommends increased funding for some sub-districts and reduced allocations for others, highlighting inequities and historical overfunding.
CONCLUSIONS
The ERA model provides a practical tool to strengthen budgeting processes, improve equity in resource allocation, and enhance value for the Western Cape health system.
Popul. Med. 2026;8(Supplement 1):A1844

ABS3934

Inequalities in laparoscopic surgery in the brazilian health system

Alvaro Elias Mineiro[1], Karina Calife[1], Marilia Louvison[1]
[1]Politics, Management and Health, School of Public Health/University of São Paulo, São Paulo, Brazil

BACKGROUND
Laparoscopic procedures are characterized as few abdominal incisions that, in the aftermath, improve patient's postoperative performance through less complications and inpatient care. In Brazil, there is an important gap between laparotomy and laparoscopic surgeries on the public system, thus this study aims to identify the inequalities in laparoscopic surgery and the installed capacity of these equipments nationwide. Methodologies A secondary data quantitative study was conducted with data from Brazilian's public health sector in 2024. All procedures officially classified in the system's fee schedule lists as laparoscopic were selected and compared to the laparotomy respective one. A linkage between databases was conducted to connect the hospital's information on its capabilities of producing laparoscopic procedures and the procedures itself. Through these processes, it was analyzed the installed capacity of these hospitals and Lost Opportunity Index (LOI), which represents the percentage of laparotomy procedures that were produced on a certified videolaparoscopic service.
RESULTS

Were identified 627.099 procedures in 2024 eligible for this analysis and 3.478 health equipments were certified to have videolaparoscopic equipment, even though most of them are restricted to South, Southeast and Northeast of the country. Laparoscopic cholecystectomy appears as the number one procedure between all analyzed, with 182.338 surgeries conducted in Brazil. Average Length of Stay was shown to be reduced in laparoscopic procedures, in accordance with the literature. As for the LOI, almost all procedures had a 50% plus rate.
CONCLUSIONS
The data presented reflects the regional inequalities to guarantee access and quality in the healthcare system. Even though laparoscopic surgeries are shown, in most cases, to improve patient outcomes and total cost to the system, there are other factors, such as medical training, installed capacity, service distribution and market logic, that needs to be considered to improve care to patients and in policies that tackle this problem.
Popul. Med. 2026;8(Supplement 1):A1847

ABS3952
Rebuilding health in the rubble: strengthening public health institutions and systems in protracted conflicts
Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Palestinian Territory, Occupied
INTRODUCTION
Protracted conflicts devastate public health institutions, disrupt essential services, and weaken governance and financing structures. Yet rebuilding must begin during conflict—not only after. This oral presentation explores pathways to strengthen public health institutions and sustain health systems amid ongoing violence, occupation, and displacement.
METHODS
Drawing on conflict-affected contexts such as Gaza, Syria, and Ukraine, this presentation synthesizes lessons from field experiences, public health system recovery frameworks, and humanitarian coordination models. It applies a health system strengthening lens focused on governance, workforce continuity, financing, and community trust, integrating youth and gender perspectives.
RESULTS
Evidence and practice-based examples show that community-led health models, decentralized governance approaches, adaptive financing mechanisms, and local workforce protection strategies can preserve core public health functions during conflict. Health diplomacy and cross-border partnerships also play a role in maintaining access to supplies, technical support, and service continuity. Key gaps include fragmented authority, politicized aid, and limited accountability for attacks on health infrastructure.
CONCLUSIONS
Public health institutions must be treated as peacebuilding infrastructure. Strengthening health systems in conflict is not a post-war luxury but a humanitarian and public health imperative. Policies and investments should prioritize institutional resilience, equity, and locally led governance in protracted crisis settings.
Popul. Med. 2026;8(Supplement 1):A1850

ABS3957
Research findings on community participation in Nelson Mandela Bay
Andiswa Nzenze[1]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa
BACKGROUND
Community participation in Nelson Mandela Bay distrcit was looked at in 3 sub-districts within the districts. The senior researchers of the South African team of the COMPLUS project were instrumental in the forming of the clinic committees, which were our sample for looking into community participation in public health. In South Africa, the COMPLUS project, titled: Community Voices in Health Governance-Translating Public Participation into Practice in a World of Pluralistic Health Systems, aims to determine how to position community participation in the plural health system that is for all intents and purposes imminent on the South African population. The project is being conducted in 2 provinces, the Western and Eastern Cape. Methodogy: The project made implememted a mixed method approach. Qualitative (focus group discussions) and quantitative data (questionnaire) was gathered in order to determine the state of these committees.
RESULTS
Our results showed us a mixed bag results. While the challenges faced by committees are many and demand attention, we also found that the people in these committees still seek to engage with the public health sector are highly anticipating the changes that are to come with an effective plural health system by way of the implementation of the NHI. We also found that although some of the members were part of the initial cohort of clinic committee members when this form of community participation was formed they still had some uncertainties about their roles and repsonsibilities.
CONCLUSIONS
This paper will go into further detail on these findings and the context, realities, and experiences of the clinic committees members that we engaged with. This paper will also look at what the general thoughts, misconceptions and hopes for the NHI.
Popul. Med. 2026;8(Supplement 1):A1851

ABS3981
Health systems strengthening through good governance: a research priority setting workshop
Retsedisitsoe Prudence Mazibuko[1], Hlengiwe Moloi[1], Natasha Gloeck[1], Laura Downey[2], Hueiming Liu[2], Fareed Abdullah[3], Helene Schneider[4], Tamara Kredo[1]
[1]Health Systems Research Unit, South African Medical Research Council, Parow, Cape Town, South Africa, [2]The George Institute of Global Health, New South Wales, Australia, [3]Office of AIDS and TB Research, South African Medical Research Council, Cape Town, South Africa, [4]School of Public Health, University of Western Cape, Cape Town, South Africa
INTRODUCTION
South Africa (SA) is undertaking several reforms to attain universal health coverage (UHC). Effective governance is recognised as a key pillar of a strong health system. Ongoing health system governance issues jeopardise the realisation of UHC. Therefore, identifying which tested strategies address health system governance issues and which may be relevant for SA is critical.
METHODS
Researchers from the South African Medical Research Council (SAMRC) and The George Institute of Global Health (TGI) organised a priority-setting workshop to identify, conceptualise, and prioritise strategies to develop research questions for addressing health system governance challenges in SA. Over 40 representatives from government, civil society, academia and the healthcare sector were invited to a one-day workshop hosted in Cape Town in August 2025. Activities included a panel discussion in which representatives from interest-holders shared their experiences with health system governance. This was followed by academic presentations on current local and global evidence regarding the strategies and challenges of health systems governance, as well as a civil society presentation on the legal case concerning local health systems governance, specifically national health insurance. Thereafter, a World Café session took place, where attendees discussed the challenges and strategies across the six domains of the WHO health systems building blocks. Finally, participants prioritised the strategies to be further researched within the context of the SA health system.
RESULTS
Multiple strategies emerged across health system domains. These included strengthening leadership across all levels of the health system, improving financial transparency, planning of a long-term responsive workforce informed by population needs, the importance of community-engagement in healthcare benefits and service design decision-making, and the integration of digital tools across the health system guided by system-thinking approaches,
CONCLUSIONS
The workshop highlighted strategies to be further evaluated to progress towards effective governance of the SA health system.
Popul. Med. 2026;8(Supplement 1):A1852

ABS3989
Enhancing implementation success in healthcare organizations: 10 strategies for comprehensive planning
Christelle Boersema[1]
[1]Department of Health Studies, University of South Africa, Pretoria, South Africa
INTRODUCTION
Although robust clinical evidence exists, healthcare organizations often struggle to integrate evidence-based practices into routine care. Implementation efforts frequently fail or are not sustained due to insufficient pre-implementation planning, leading to inefficient resource use, missed improvement opportunities, and suboptimal outcomes. Comprehensive planning strategies are essential to guide organizations in systematically preparing for implementation, ensuring interventions are more likely to achieve sustained success.
METHODS
This paper synthesizes implementation science theory, empirical literature, and applied implementation experience to propose 10 practical tips for pre-

implementation planning in healthcare organizations. The tips are informed by the Process, Adoption, Values and Engagement (PAVE) framework, originally developed and validated through a multi-phase research study and complemented by insights from practice development. The guidance targets organizational and individual determinants of implementation and is presented as an iterative, non-linear process applicable across healthcare contexts.
RESULTS
Ten interrelated strategies for the comprehensive pre-implementation planning are presented: creating tension for change; securing and sustaining management commitment; (3) establishing a core implementation team for blended facilitation; clarifying stakeholder values; co-designing the intervention; (6) securing implementer buy-in; (7) assessing barriers and facilitators; (8) selecting an appropriate theory for change; (9) planning for individual behavior change; and (10) developing an integrated implementation, evaluation, and sustainment plan. Collectively, these considerations address governance, workforce engagement, behavioral mechanisms, and system readiness, all central to health system strengthening.
CONCLUSIONS
Structured pre-implementation planning is a critical yet underdeveloped component of health system strengthening efforts. The proposed tips offer a pragmatic, theory-informed guide to support healthcare professionals, managers and researchers in planning sustainable implementation of evidence-based care in healthcare organizations.
Popul. Med. 2026;8(Supplement 1):A1853

ABS 4051
Health workforce mobility in decentralised systems: A comparative examination of experiences in Kenya and other selected countries

Rita Kithinji[1], Frank Wafula[1], Jeremiah Nganda[1]
[1]Strathmore University, Ruiru,Nairobi, Kenya

BACKGROUND
Decentralization reforms have reshaped health workforce governance in many low- and middle-income countries by transferring recruitment and deployment authority to subnational levels like districts and counties. This has affected health worker mobility, adding a layer of complexity to what was already a major challenge across many health systems. Previous studies have reported inadequacies in governance mechanisms for health workforce mobility. While devolution of health service delivery to 47 counties in Kenya strengthened social accountability and community voice, it caused fragmentation of health workforce management.
OBJECTIVES
To understand how policy and institutional frameworks affect workforce mobility in decentralized systems. This entailed comparing experiences across selected countries, analysing Kenya's policy frameworks and practices.
METHODS
The study employed a multi-method approach that entailed mapping and analysing policy documents, focusing on Kenya, Uganda and the Philippines a nationwide online survey of health workers and primary data collection in Kenya using focus group discussions and key informant interviews with health workers, health system managers, and partners across six select counties. Preliminary results The review revealed fragmented workforce mobility practices in the Philippines and Uganda, with inadequate policy guidance and variations across subnational administrative units. For Kenya, early findings from the ongoing data collection reveal similar challenges, including the absence of a harmonized inter-county mobility framework. From the interviews, transfers have been weaponized in certain instances, where staff are deployed to areas seen as less desirable. Formal transfer requests are lengthy processes taking months, with low success rates.
CONCLUSIONS
Preliminary findings point to low success rates for inter-county transfers. These mainly result from the absence of mobility guidelines and policies, resulting in governance challenges, low staff morale, and inefficiencies within the health system. More insights will emerge following the completion of primary data collection and analysis.
Popul. Med. 2026;8(Supplement 1):A1858

ABS 4066
Co-producing territorial health planning through rapid participatory appraisal: an experience in a Southern Brazilian capital

Cesar Augusto da Silva[1], Daniela Cardoso Tietzmann[2], Paola Regina Mombach Lazzaron[1], Daniela de Campos Perin[2,1]
[1]Family Health, Universidade Federal do Paraná, Toledo, Brazil, [2]Family Health, Universidade Federal de Ciências da Saúde de Porto Alegre, Porto Alegre, Brazil

BACKGROUND
Rapid Participatory Appraisal (RPA) is a tool capable of identifying health vulnerabilities and strengths within a territory, with the additional advantage of being easily applicable due to its rapid implementation and low cost. It is characterized by engaging both health teams and the community in reflection and problem identification, integrating theoretical knowledge with practical, and thereby fostering user participation in the construction of health services. This study aimed to report the experience of applying RPA as a planning tool in a area of a Family Health Team in a municipality in southern Brazil.
METHODS
This is an experience report conducted over four months (March–July) in a Primary Health Care unit of Porto Alegre, serving approximately 18,000 users. The process involved secondary epidemiological and demographic data analysis, territorial observation, open interviews with key informants (health professionals, community representative, and school worker), and team-based reflective meetings. Data were systematized into thematic categories and structured into an intervention matrix with prioritized problems, objectives, and strategic actions.
RESULTS
The RPA identified barriers to access, low social participation, absence of recreational infrastructure, and territorial violence affecting service organization. The intervention matrix supported the implementation of concrete actions, including smoking cessation and physical activity groups, reorganization of medical and nursing schedules, outreach care using a mobile clinic, and active engagement in the Municipal Health Conference. The process strengthened team–community bonds and improved territorial presence of the health service.
CONCLUSIONS
RPA proved to be a feasible and low-cost participatory planning strategy in Primary Health Care, fostering co-responsibility and interprofessional collaboration. Despite challenges related to workload and contextual violence, the methodology contributed to contextualized decision-making and reinforced community-oriented care. However, its reliance on key informants may limit broader representativeness, highlighting the need for complementary participatory strategies.
Popul. Med. 2026;8(Supplement 1):A1860

ABS 4115
Making Trade-Offs Visible: Economic Evidence to Support Resilient and Equitable Public Health Financing Decisions

Stacie Gobin[1], Lindsey Hehman[1]
[1]Gobin Global, Asheville, United States

INTRODUCTION
Public health systems face increasing pressure to deliver equitable and resilient outcomes under conditions of fiscal constraint, competing priorities, and recurrent shocks. Economic evidence is widely produced through costing, cost-effectiveness, and value-for-money analyses, yet its contribution to strategic public health financing decisions remains uneven. This study examines how economic evidence can support transparent prioritization and resource allocation across public health portfolios in low- and middle-income countries.
METHODS
This analysis synthesizes findings from multi-country economic evaluations and portfolio-level assessments conducted between 2015 and 2025 across infectious disease prevention, nutrition, HIV and TB, health supply chains, and pandemic preparedness. Methods included cost-of-illness studies, program costing, allocative efficiency analysis, and synthesis of expenditure and outcome data across national and global health portfolios. Comparative case analysis was used to assess how economic evidence informed financing decisions, budget negotiations, and sustainability planning across diverse institutional and fiscal contexts.
RESULTS
Across settings, economic evidence was most influential when it explicitly clarified trade-offs between prevention and treatment, short-term response and long-term system resilience, and efficiency and equity objectives. Portfolio-level analyses enabled decision-makers to identify key cost drivers, assess affordability, and reallocate resources toward higher-impact interventions. However, evidence use was constrained by fragmented financing structures, rigid budget classifications, and limited fiscal space, particularly in contexts experiencing donor transition or crisis-related expenditure pressures. Economic analyses that incorporated equity considerations and system-wide implications were more likely to inform prioritization decisions than narrowly defined project-level assessments.
CONCLUSIONS
Economic evidence plays a critical role in making public health trade-offs visible and supporting more transparent, equitable, and resilient financing decisions.

Strengthening the integration of economic analysis into public financial management and health system planning can enhance the capacity of public health systems to sustain preventive and equity-oriented investments under fiscal constraint.
Popul. Med. 2026;8(Supplement 1):A1864

ABS4124
Situational diagnosis of continuing education needs in an inland Brazilian municipality

Cesar Augusto da SIlva[1], Franciele Marta Pergo[2], Simoni Correa Mantovam[2], Thaynan Aparecida Goudinho de Souza[2]
[1]Family Health, Universidade Federal do Paraná, Toledo, Brazil, [2]Municipal Health Secretary, Secretaria Municipal de Saúde de Assis Chateaubriand, Assis Chateaubriand, Brazil

INTRODUCTION
Since 2004, Brazil has implemented the National Policy on Permanent Health Education (PNEPS), aligned with the principles of the Unified Health System (SUS), emphasizing critical reflection on reality and collective analysis of work processes as strategies to improve healthcare practices. This study describes the experience of conducting a situational diagnosis of continuing education demands in an inland Brazilian municipality, aiming to support the development of training actions aligned with local needs.
METHODS
This is an experience report with a mixed qualitative-quantitative approach, developed over six months. Discussion circles were held in 92% of Primary Health Care Units and other points of the Health Care Network, including a Psychosocial Care Center, the Health Academy Program, and a specialized multiprofessional mental health team. An anonymous questionnaire with closed-ended questions was applied to assess sociodemographic profile, work processes, and training needs. Field notes were recorded and analyzed through thematic categorization.
RESULTS
A total of 145 workers participated, mostly women (81%), with the highest proportion aged 40–50 years (32%). Most had worked in the service for one to five years (47%). High job satisfaction (86%) and positive perception of user satisfaction (91%) were reported. However, 29% considered the service to have low problem-solving capacity. Excess demand (68%) and insufficient materials (50%) were identified as major challenges. Strong network articulation was observed, particularly with Social Assistance Reference Centers (83%) and the Psychosocial Care Center (81%). Priority educational demands included mental health, interpersonal relationships, teamwork, adult and older adult health, and substance use disorders.
CONCLUSIONS
The diagnosis revealed the coexistence of professional satisfaction and structural weaknesses affecting service resolution. The findings reinforce the importance of context-based continuing education initiatives aligned with the strengthening of working conditions.
Popul. Med. 2026;8(Supplement 1):A1866

ABS4137
the brazilian primary health care model and the organization of the work process based on interprofessional collaborative practices

Tayana Santos Barbosa[1], Deise Santana de Jesus Barbosa[1], Thiago Santos Barbosa[2], Keline Santos de Carvalho[1], Aline da Silva Santos[1], Manoela Carolini Maia de Souza[2]
[1]Centro de Ciências da Saúde, Universidade Federal do Recôncavo da Bahia, Santo Antônio de Jesus-Bahia, Brasil, [2]Centro Universitário Unifacemp, Santo Antônio de Jesus-Bahia, Brasil

INTRODUCTION
the work process in primary health care is fundamentally based on teamwork carried out by multiprofessional and interdisciplinary teams, which is essential for ensuring comprehensive care and coordinating other levels of the health care network,. Interprofessional collaborative practices are defined as actions performed by different health professionals working collaboratively with patients, families, support networks, and professionals from other sectors, focusing on comprehensive care and strengthening health education processes.
METHODS
this is a qualitative, descriptive study conducted as an experience report from the perspective of a family and community physician. The study was carried out at the higino gomes conceição family health unit, located in the rural community of pumba, in the municipality of cruz das almas, bahia, brazil. The reported experiences involved actions developed with health service users, health professionals, undergraduate and graduate students, professionals in training linked to physician provision programs, and, occasionally, municipal health managers.
RESULTS
prior to the implementation of formative processes, the health service was characterized by individual-centered practices based on a biomedical and physician-centered care model, with collective actions that were poorly aligned with the needs of the territory. After the incorporation of interprofessional collaborative practices, key actions included the development of individualized therapeutic projects, shared clinical consultations, educational activities for students and health professionals, participation in team meetings and continuing health education, and the creation of strategies to strengthen social participation in the unified health system, such as the establishment of a local health council.
CONCLUSIONS
interprofessional collaborative practices contribute significantly to health education and to the reorganization of the work process in primary health care, strengthening teamwork, network-based care, and responsiveness to population health needs, with positive effects on equity and quality of care.
Popul. Med. 2026;8(Supplement 1):A1868

ABS4140
Regulation of Health Systems in Addressing Challenges to Equity in Universal Health Systems

Marilia Louvison[1], Jorge Simões[2], Ana Ligia Passos Meira[3], Karina Calife[1], Mariana Prado Freire[1], Victor Chiavegato[1], Alvaro Elias Nunes Mineiro[1], Oswaldo Tanaka[1]
[1]Faculdade de Saúde Publica da Universidade de São Paulo USP, São Paulo, Brazil, [2]Universidade de Aveiro, Aveiro, Brazil, [3]Faculdade de Ciencias Medicas da Santa Casa de São Paulo, São Paulo, Brazil

INTRODUCTION
Health systems worldwide face challenges regarding the organization of services to ensure equitable access and quality, aiming to produce effective responses to the needs of all citizens. In Brazil, the Unified Health System (SUS) has addressed this debate and identified gaps in care coverage to expand and better organize specialized care operations, considering the long waiting times that were exacerbated following the pandemic. Furthermore, considering that the supply of specialists and hospital services comes predominantly from the private or social sector, there is a need to develop strong contractual regulatory mechanisms.
METHODS
An analysis was conducted on the National Policy on Health Regulation in Brazil regarding the guarantee of equitable access and quality in health services.
RESULTS
The SUS National Policy on Health Regulation outlines three strategic dimensions for analysis: regulation of the system, of care, and of access. Regarding system regulation, public regulatory action is mandatory concerning the market related to health technologies—including medicines—as well as the regulation of the private health services market, carried out by autonomous and independent health agencies. However, the regulation of SUS health service quality, care, and access, as well as health technology assessment, are regulatory processes exercised by governments at the national, state, and municipal levels. These are implemented quite unevenly regarding the guarantee of rights and the promotion of equity.
CONCLUSIONS
Health regulation is a crucial management instrument that directly impacts the production of care. However, to achieve this, regulatory instruments require mechanisms that enable the health system to mitigate inequalities in public-private supply and foster care integration within health care networks.
Popul. Med. 2026;8(Supplement 1):A1870

ABS4143
Developing more responsive mental health services in Lesotho: Using a socioecological framework to explore the system's building blocks

Ann Scheunemann[1], Moleboheng Mohlalisi[2], Sebaka Malope[2,3,4], Brian Jack[2,4,5], David Henderson[1,6]
[1]Department of Psychiatry, Boston Medical Center, Boston, United States, [2]Family Medicine Specialty Training Programma, Lesotho-Boston Health Alliance, Hlotse, Lesotho, [3]Ministry of Health, Government of Lesotho, Maseru, Lesotho, [4]Department of Family Medicine, Chobanian and Avedisian School of Medicine, Boston University, Boston, United States, [5]Department of Family Medicine, Boston Medical Center, Boston, United States, [6]Department of Psychiatry, Chobanian and Avedisian School of Medicine, Boston University, Boston, United States

BACKGROUND
Despite increased focus on mental health as a sustainable development goal and human right, treatment gaps between service need and access remain high

globally. Treatment gaps are impacted by the availability and desirability of the services being provided with mental health systems and can be assessed through the health systems building blocks framework, which identifies six factors for providing mental health services that are responsive to the needs of the individuals and communities served.
METHODS
This study explored service user and provider experiences of treatment gaps within Lesotho's mental health system, across socioecological levels of care and the building blocks framework, as well as recommendations for improvement. Qualitative data were collected with 218 participants across 25 five groups and four interviews, including health workers, mental health workers, and community members. Participants and data collection sites were selected for diversity, ensuring that all districts, ecological regions, and geographic areas were represented.
RESULTS
Two themes and seven sub-themes were identified. Participants felt that communication across governmental and nongovernmental sectors and between levels of care was limited and suggested developing policies to better guide service delivery. Service delivery could also be improved by diversifying care options and providers. Participants identified shortages in the mental health workforce and recommended better support for employees, training more providers, and better capacitating specialists and generals to provide care. Access could be enhanced through infrastructure development.
CONCLUSIONS
These findings provide direction for strengthening mental health services in resource-constrained settings, through collaboration to improve service availability and responsiveness to improve desirability.
Popul. Med. 2026;8(Supplement 1):A1871

ABS4170
Financing public health under constraint: a facilitated roundtable on equity and resilience
Stacie Gobin[1], Lindsey Hehman[1]
[1]Gobin Global, Asheville, United States
INTRODUCTION
Public health leaders increasingly face difficult financing and policy choices under conditions of fiscal constraint, uncertainty, and compounding shocks. Decisions about prevention versus response, equity versus efficiency, and short-term priorities versus long-term system resilience are central to public health governance, yet these trade-offs are often implicit rather than openly examined. This organized session is designed as a facilitated roundtable to create structured dialogue on how public health actors navigate these trade-offs in practice.
METHODS
This organized session will use a facilitated roundtable format combining short scene-setting inputs with interactive discussion. Panelists representing government, global health institutions, and financing partners will briefly reflect on real-world decision contexts in which trade-offs between equity, efficiency, and resilience were unavoidable. Guided discussion questions, moderator-led dialogue, and audience engagement will be used to explore how economic evidence, budgeting processes, governance arrangements, and political considerations shape financing and prioritization decisions across diverse public health settings.
RESULTS
As an organized session focused on dialogue rather than empirical presentation, the roundtable will surface cross-cutting insights from practice, including common constraints faced by decision-makers, strategies used to reconcile competing objectives, and areas where existing tools and evidence fall short. Participants will identify recurring tensions in public health financing and governance, as well as promising approaches for making trade-offs more transparent and inclusive. Audience contributions will be synthesized in real time to highlight shared challenges and divergent perspectives across contexts.
CONCLUSIONS
By foregrounding the realities of trade-offs in public health financing and governance, this organized session aims to move beyond technical solutions toward more transparent, equity-aware, and context-sensitive decision-making. The roundtable discussion will generate practical insights for policymakers, practitioners, and researchers seeking to strengthen resilient and equitable public health systems under constraint.
Popul. Med. 2026;8(Supplement 1):A1872

ABS4184
Drivers of community and health system resilience: exploring the role of informal health actors, a case study of the Community Action Network in South Africa
Jen Roux[1], Neelke Doorn[1], Samantha Copeland[1], Saba Hinrichs-Krapels[1]
[1]Technology, Policy, and Management, Delft University of Technology, Delft, Netherlands
ABSTRACT
Background. Communities are at the forefront of experiencing and responding to diverse shocks and stressors. Informal and community-based actors have been widely recognised as important contributors to health system resilience, where they enhance adaptive capacity, facilitate collective action, and support access to services (Shirleyana, 2023, Than, 2024). In many contexts, these actors operate at the interface between formal health systems and community action, often navigating both an intimate understanding of immediate local needs and the practical constraints of responding to them within broader institutional structures (Odii, 2024). While their contributions are well documented, there remains limited empirical insight into the processes and relational dynamics through which resilience is enacted in practice (Fortnam, 2024, Shirleyana, 2023, Than, 2024). Clarifying these dynamics is essential for designing health system policies that encompass the diverse range of actors involved in responding to crises and driving resilience. Methods. This study adopts a qualitative, exploratory case study design, focusing on the Community Action Networks (CANs) that emerged as self-organised groups in Cape Town, South Africa, in response to COVID-19. Semi-structured interviews will be conducted with individuals who were involved in, or engaged with, the CANs from 2020 to 2023. Interviews will explore participants' experience with the CANs, including how they perceived their roles and responsibilities, both internally and in tandem with external entities, such as health system actors. The analysis will follow an inductive approach to identify relevant thematic codes. Results and conclusions. The expected result of this study is to generate insight into the key processes, relationships, and enabling or constraining factors shaping the CAN actors. This study aims to offer insights into how to design health system policies that are inclusive of, and support of, the interface between formal and informal responses.
Popul. Med. 2026;8(Supplement 1):A1873

ABS4197
Evidence Use in Decision-making in Hospital Organizations: A Systematic Review Across Regional and Global Contexts
Lorena Lima Viana[1], Alexandre Reis Rosa[1], Blima Fux[2]
[1]Programa de Pós-graduação em Administração (PPGAdm), Universidade Federal do Espírito Santo (UFES), Vitória, Brazil, [2]Departamento de Patologia, Universidade Federal do Espírito Santo (UFES), Vitória, Brazil
INTRODUCTION
The use of scientific evidence in organizational decision-making is promoted as a strategy to improve quality, efficiency, and equity in health systems. Hospitals play a central role; however, evidence use in hospital decision-making remains uneven across regional and socioeconomic contexts. This systematic review examines how evidence is used in decision-making processes within hospital organizations, comparing experiences from Latin America with global contexts.
METHODS
A systematic literature review was conducted using the Web of Science and Scopus databases, including articles published in the past five years and available in English, Spanish, and Portuguese. Search strategies combined terms related to evidence-based management, evidence-informed decision-making and hospital organizations. Records were merged and deduplicated using RStudio. After title and abstract screening, full-text articles aligned with the study scope were included. Articles were analyzed thematically, focusing on decision-making levels, types of evidence used, and organizational barriers and facilitators across regional and global contexts.
RESULTS
The review identified a limited but growing body of literature on evidence use in hospital decision-making. Evidence use was shaped by organizational culture, leadership support, professional hierarchies, and institutional capacity. In Latin America, structural constraints, limited resources, and fragmented information systems were prominent barriers, while university hospitals and public health institutions supported evidence uptake. Globally, similar challenges were observed, although hospitals in high-income settings reported better access to data infrastructure and decision-support mechanisms. Across contexts, managerial decisions relied more often on experiential and contextual knowledge than on formal research evidence.
CONCLUSIONS
Evidence use in hospital decision-making reflects organizational and contextual conditions that reproduce inequalities across health systems. By examining how hospitals integrate different forms of evidence across contexts, this review

contributes to understanding equity and sustainability in decision-making. Strengthening context-sensitive strategies for evidence-informed decision-making in hospital organizations may support more equitable and sustainable health systems.
Popul. Med. 2026;8(Supplement 1):A1875

HYGIENE & SANITATION - INCLUDING CLEAN WATER AND HOSPITAL HYGIENE

ABS0336

Costs and health impacts of inadequate water sanitation and hygiene in Zambian primary healthcare facilities 2022

Collins Himabala[1], Guy Hutton[1], Hellen Hamilton[1]
[1]Programmes, Wateraid Zambia, Lusaka, Zambia

INTRODUCTION
Access to adequate water, sanitation, and hygiene (WASH) services is essential for infection prevention and control and the achievement of Universal Health Coverage (UHC). Many Zambian healthcare facilities operate without basic WASH infrastructure, contributing to the burden of healthcare-associated infections (HAIs) and antimicrobial resistance (AMR). This study estimated the national health and economic cost of inadequate WASH in healthcare facilities.
METHODS
A cost-of-illness model adapted from World Health Organization and World Bank frameworks was used to calculate direct healthcare, productivity, and mortality costs associated with HAIs in 2022. The model covered all levels of healthcare facilities. Data inputs included national hospital admissions, WASH coverage, pooled HAI incidence (12.76 percent), AMR proportion (50 percent), and average additional hospital stay (5–10 days). Sensitivity analyses varied infection rate, fatality, and length of stay.
RESULTS
An estimated 242000 HAIs occurred in 2022, causing approximately 25100 deaths and costing 674 million United States dollars. This included 115 million in healthcare expenditure, 16 million in productivity losses, and 543 million in mortality costs. About half of all infections were associated with AMR. The per capita HAI cost of 5.74 United States dollars exceeds the 1 United States dollar required to provide basic WASH in healthcare facilities, demonstrating the cost-effectiveness of preventive WASH investment.
CONCLUSIONS
Inadequate WASH imposes a significant financial and health burden on Zambia's primary healthcare system. Strengthening WASH infrastructure and infection prevention measures is essential to reduce preventable deaths, enhance patient safety, and accelerate progress toward UHC.
Popul. Med. 2026;8(Supplement 1):A1879

ABS0337

Effectiveness of the Kutuba campaign in promoting sustainable hygiene practices in healthcare facilities in Monze District, Zambia, 2023–2024

Collins Himabala[1], Kelvin Kakumbi[2]
[1]Programmes, Wateraid Zambia, Lusaka, Zambia, [2]Programmes, On Call Africa, Lusaka, Zambia

INTRODUCTION
Poor hygiene practices in healthcare facilities contribute to healthcare-associated infections and undermine patient safety. Behavioural interventions targeting staff and facility culture are critical for sustainable infection prevention. The Kutuba campaign was implemented to improve hygiene behaviours in Monze District healthcare facilities through participatory and motivational approaches.
METHODS
A quasi-experimental design was used from September 2023 to January 2024 across 24 healthcare facilities, involving 58 healthcare workers. Twelve facilities participated in the Kutuba campaign (intervention) and twelve served as controls. Data collection included structured questionnaires and direct observation of handwashing, hand drying, surface cleaning, waste management, and food hygiene. Statistical analysis was performed using chi-square tests and odds ratios with 95 percent confidence intervals to assess behavioural differences between intervention and control sites.
RESULTS
Healthcare workers exposed to the Kutuba campaign were 6.27 times more likely to practice proper handwashing (95 percent CI: 1.56–25.25) and 3.71 times more likely to dry hands correctly (95 percent CI: 1.15–11.89). Facilities implementing Kutuba were significantly more likely to maintain functional incinerators and placenta pits ($p<0.001$). Surface cleaning frequency and food hygiene practices showed moderate, non-significant improvement.
CONCLUSIONS
The Kutuba campaign effectively improved hygiene behaviours and waste management practices in primary healthcare facilities. Its behaviour-centred design demonstrates a scalable model for integrating WASH into infection prevention and control strategies within health systems, contributing to resilient, safe, and people-centred primary healthcare.
Popul. Med. 2026;8(Supplement 1):A1880

ABS0386

Assessing the Impact of Teacher-Led School-based Hygiene Intervention on Children's Handwashing Practices for Childhood Disease Prevention in Nigeria: A Cluster Randomized Control Trial

Cassandra Akinde[1], Adepeju Adeniran[2]
[1]Research, The Neo Child Initiative for Africa, Lagos, Nigeria, [2]Research, Women in Global Health, Abuja, Nigeria

ABSTRACT
Children are among the most vulnerable to poor water, sanitation, and hygiene (WASH) conditions, which expose them to enteric diseases such as diarrhoea and parasitic infections1,2. School-based WASH interventions aim to reduce hygiene-related illnesses, improve educational outcomes, and influence broader community practices3. This study evaluated the impact of a teacher-led, behaviour-change-driven WASH program "Washed-Up" on hygiene practices and illness-related absenteeism among primary school children in urban Nigeria. A cluster-randomised controlled trial was conducted in 45 primary schools across Lagos, with 22 schools receiving the intervention and 23 serving as controls. The intervention included teacher training workshops, interactive WASH education through stories, games, and songs, behavioural diaries to reinforce habits, and the formation of hygiene clubs. Data were collected at baseline and end-line using structured questionnaires, observation checklists, and focus group discussions. Multilevel mixed-effects logistic and linear regression models were used to assess outcomes. At baseline, although 78% of students understood hygiene principles, only 42% practised proper handwashing consistently. The Washed-Up program effectively bridged this gap, resulting in a 65% increase in handwashing frequency. Students demonstrated improved hygiene behaviours, such as washing their hands before meals and after using the toilet. Facility utilisation increased by 54%, and barriers like lack of soap or clean water decreased by 47%. Additionally, self-reported diarrhoea cases dropped by 38%, and absenteeism due to hygiene-related illnesses declined by 32%. This study underscores the effectiveness of school-based WASH programs in shaping health behaviours and enhancing child well-being. It advocates for integrating structured WASH education into Nigeria's primary school curriculum as a scalable solution to improve hygiene practices and reduce preventable diseases among school-aged children.
Popul. Med. 2026;8(Supplement 1):A1882

ABS1298

Bridging Hygiene Gaps: The Contribution of Water, Sanitation, and Hygiene Facilities to Maternal Hygiene Practices During Complementary Feeding in Ethiopia

Negasa Soboksa[1,2], Dinkinesh Gudeta[3], Renay Van Wyk[4], Zoe Nomakhushe Nxusani[1], Vhushavhelo Nedzingahe[1], Xikombiso Mbhenyane[1]
[1]Global Health, Stellenbosch University, CAPE TOWN, South Africa, [2]Environmental Health, Dilla University, Dilla, Ethiopia, [3]Nursing, Arsi University, Asalla, Ethiopia, [4]Environmental Health, University of Johannesburg, Johannesburg, South Africa

BACKGROUND
Complementary feeding is critical for child development, with maternal hygiene playing a key role in preventing infections. In Ethiopia, limited water, sanitation, and hygiene (WASH) facilities compromise food safety, increasing the risk of undernutrition and diarrhea from microbial contamination. Strengthening awareness among mothers and caregivers is essential, and this review examines how WASH facilities contribute to maternal hygiene practices during complementary feeding.
METHODS
Relevant studies were identified through searches in PubMed, Scopus, Web of Science, JBI, Cochrane Library, Google Scholar, and reference lists. Keywords related to WASH, maternal hygiene, and complementary feeding in Ethiopia were applied, considering population, concepts, and context. Eligible studies were screened using predefined inclusion and exclusion criteria. Data were charted and synthesized to illustrate evidence on the contribution of WASH facilities to maternal hygiene practices during complementary feeding.
RESULTS
A systematic review found 12 studies linking WASH facilities with maternal

hygiene practices in Ethiopia. Good hygiene practices among mothers during complementary feeding varied considerably, ranging from 22.2% to 62.0%. Most participants relied on piped or protected water sources as their primary drinking supply. Latrine access ranged widely, from 2.4% to 96.4%. Availability of handwashing stations also varied, from 1.4% to 64%. Meta-analysis revealed that mothers with access to piped or protected water were significantly more likely to practice good hygiene during complementary feeding (POR = 3.41; 95% CI: 1.50–7.78). Similarly, latrine presence (POR = 1.70; 95% CI: 0.79–3.66) and handwashing facilities (POR = 2.20; 95% CI: 1.03–4.69) were associated with improved hygiene practices.

CONCLUSIONS

Despite variations in WASH facility presence across studies, nearly all findings revealed that accessibility significantly improves maternal hygiene practices during complementary feeding. To enhance these benefits, ensuring safe water, handwashing facilities, and integrated sanitation with hygiene education is essential.

Popul. Med. 2026;8(Supplement 1):A1891

ABS1873

Knowledge, attitudes and practice of oral healthcare workers towards infection, prevention and control measures: lessons learned from the COVID-19 pandemic

Chauntelle Bagwandeen[1], Tanya Manning[2], Vinogrin Dorsamy[1]
[1]College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa, [2]Department of Health, Department of Health, Ugu, South Africa

INTRODUCTION

Oral healthcare workers face an increased risk of exposure to nosocomial infection due to the nature of their work. Appropriate infection prevention and control (IPC) measures are critical to protect healthcare workers, patients and visitors, in various healthcare settings. The COVID-19 pandemic provided numerous lessons for improving and strengthening infection prevention and control (IPC) measures in the face of emerging infectious diseases.

METHODS

A cross-sectional study, with both descriptive and analytic components, was conducted amongst all categories of oral health personnel within the Ugu health district in KwaZulu-Natal, using a self-administered questionnaire. Descriptive statistics were used to describe the demographic profile and health status of oral healthcare workers. The Independent-Samples Kruskal-Wallis Test, a non-parametric version of ANOVA, was employed to analyse the differences between groups across biographical factors in relation to individual statements and the Knowledge, Attitude, and Practices (KAP) dimensions.

RESULTS

The age range of the 103 participants in the study was 20 years to 69 years old and were predominantly female. 26.2% reported having tested positive for COVID-19. High mean scores for knowledge and practices and moderate scores for attitude were noted. No significant difference was observed for each variable across the dimensions of knowledge, attitude, and practice. Bivariate correlation showed a directly proportional and positive relationship between attitude and practice ($r=0.404$, $p < 0.01$). Both knowledge and practise had a significant negative relationship with practice ($\beta = -0.3243$, $p = 0.0058$) and ($\beta = -0.3884$, $p = 0.0110$) respectively.

CONCLUSIONS

Oral health care workers face the risk of acquiring infection, as was observed during the recent COVID-19 pandemic. Adherence to IPC measures are essential to reducing that risk. However, the lessons learned during recent and past outbreaks lay emphasis on the need for ongoing support and training that is informed and appropriate.

Popul. Med. 2026;8(Supplement 1):A1895

ABS1933

Co-identifying with stakeholders the challenges, barriers and possible actions to strengthen river water quality and prevent disease outbreaks

Phindile Madikizela[1], Chika Felicitas Nnadozie[1]
[1]Science, Institute for Water Research, Rhodes University, Makhanda, South Africa

INTRODUCTION

Stakeholder co-identification provides a critical bridge between One Health surveillance and feasible prevention by deliberately engaging actors from sectors that rarely operate in concert, including public health, animal health, environmental management, wildlife, and forestry. The aim of this study was to identify challenges, barriers and possible actions to strengthen river water quality and prevent disease outbreaks.

METHODS

In order to co-identify challenges, barriers, and actions with the stakeholders, this study began with a desktop literature review to understand policy gaps and governance issues affecting river water quality and zoonoses prevention. Then a transdisciplinary approach what adopted which combined surveys and focus group discussions (FGDs)to validate and expand on the literature findings. Participants included 34 stakeholders from diverse backgrounds such as community members, famers, NGOs, municipal officials among others, ensuring a broad perspective. Data analysis involved descriptive coding for surveys and thematic analysis for FDGs, focusing on governance, collaboration, and practical barriers.

RESULTS

Five major challenge areas were identified in the desktop review namely: wastewater and waste management, livestock and agricultural practices, infrastructure performance, institutional coordination, and surveillance integration, revealing critical disconnects between water governance and zoonotic disease prevention frameworks.

CONCLUSIONS

The data highlight social and institutional factors that are equally important. In addition to delaying the detection of outbreaks, fragmented surveillance systems intentionally keep communities out of the procedures designed to protect their health. Governance fragmentation increases biological risk in this situation by treating stormwater runoff, livestock waste inputs, and wastewater failures as environmental or technical problems rather than as warning signs of public health catastrophes. Even technically effective initiatives are vulnerable if they lack social legitimacy due to the deterioration of trust between communities and authorities.

Popul. Med. 2026;8(Supplement 1):A1896

ABS2805

Food safety knowledge, attitudes, and practices of foodservice and nutrition support staff employed at a tertiary hospital, in Western Cape, South Africa.

Nicolette Fredericks[1], Nelene Koen[1], Yolande Smit[1], Diego Farmer[1], Jacobs Labeeqah[1], Yasmeen Kazi[1], Kruger Michaela[1], Shu-Yhu Lee[1], Natasja Ludik[1], Samkelo Mngomezulu[1], Martine Olivier[1]
[1]Division of Human Nutrition, Department of Global Health, Stellenbosch University, Cape Town, South Africa

ABSTRACT

Food safety plays a critical role in the well-being of hospitalised patients, who may be at a higher risk for foodborne diseases (FBD). The food safety knowledge, attitudes, and practices (KAP) of foodservice and nutrition support staff can have an impact on the prevention of FBD and other adverse health effects. There is a paucity of data on the food safety KAP of foodservice and nutrition support staff in hospitals in South Africa. The aim of the study was to assess the food safety KAP of foodservice and nutrition support staff, working in a tertiary government hospital in Western Cape, South Africa. We conducted an observational-descriptive study with an analytical component. A content validated, pilot tested, self-administered questionnaire was used for data collection. The study participants included foodservice staff (n=51), dietitians (n=12), milk kitchen staff (n=7), tube feed staff (n=4), and household aids (n=145). Less than half of participants (n=96, 43.84%) achieved a sufficient food safety knowledge score (≥70%). The question relating to the danger zone temperature range scored the lowest (n=151, 68.95%). More than half (n = 125, 57.08%) agreed that it is time consuming to wash hands in between tasks. However, the majority of participants (n=207, 94.52%) reported hand washing practices that aligned with established food safety guidelines, while 53.88% (n=118) reported keeping food outside the danger zone. The results among food service staff showed positive associations between knowledge and the importance of handwashing ($p = 0.006$) and temperature monitoring of food ($p = 0.004$). In the household aid group, a positive association between the level of knowledge and the importance placed on measuring food temperature was demonstrated ($p = 0.036$). Notable gaps in food safety KAPs regarding temperature control and hand washing were identified, suggesting a need for continuous food safety training.

Popul. Med. 2026;8(Supplement 1):A1898

ABS3316

Assessment of Healthcare Waste Management knowledge among healthcare trainees and nurses in Tunisia

Zeineb Mallek[1], Maroua Trigui[1], Mouna Baklouti[2], Emna Mziou[3], Fedi Ben Dhaou[1], Jihen Jdidi[2], Sourour Yaich[3], Mondher Kassis[1], Yosra Mejdoub[1]
[1]Hygiene, Habib Bourguiba Hospital Sfax,Tunisia, Sfax, Tunisia, [2]Community and preventive medicine, Faculty of medicine, Sfax, Tunisia, [3]Community and

preventive medicine, Hedi Chaker University Hospital, Sfax, Tunisia
INTRODUCTION
Proper management of healthcare waste (HCW) is essential to prevent infections in Hospital care settings. Assessing the knowledge of healthcare professionals can help identify gaps and guide targeted training. Our study aimed to evaluate HCW management knowledge and its associated factors at a surgical university Hospital.
METHODS
A cross-sectional study was conducted among healthcare trainees and nurses working in Habib Bourguiba University Hospital, Sfax, Tunisia, during February 2025. Data were collected using a structured and self-administered questionnaire covering six domains of HCW management. Knowledge scores were calculated for each domain and combined into a global score, converted to a 0–100 scale. A good knowledge score was defined as a score superior or equal to 70/100.
RESULTS
A total of 155 participants were included in the study, with a median age of 21 years (Inter Quartile Range (IQR) = [19-22]) and a sex ratio of 0.3. Among the participants, 91% (n=141) were healthcare trainees, and 16.2% (n=25) reported having previously attended training on the management of HCW. The global median knowledge score was equal to 68/100 (IQR [58-80]). The prevalence of a good knowledge score was 45.8% (n=71). The highest levels of knowledge were observed regarding the segregation of waste types, 100/100 (IQR [90-100], and awareness of occupational risks 100/100 (IQR [66.67-100]). Whereas the lowest level of knowledge was noted regarding individuals responsible for waste evacuation 50 /100 (IQR [0-100]). The univariate analysis of factors associated with a good knowledge score showed that it was more frequent among nurses (Odds Ratio (OR)=8.34; p=0.002), and among those who reported attending training on the management of HCW (OR=2.46; p=0.042)
CONCLUSIONS
Knowledge of HCW management among healthcare trainees and nurses was insufficient. Therefore, training programs and targeted interventions are essential to improve knowledge, ensure safe handling practices, and reduce occupational exposure risks.
Popul. Med. 2026;8(Supplement 1):A1902

ABS3351
Health impact assessment of environmental problems affecting local residents in tourism areas of the satun UNESCO global geopark, Thailand
Suthat Siammai[1], Chavanakorn Sriprang[1], Puttipong Boonchu[1]
[1]Publich Health community, Sirindhorn College of Public Health Trang, Faculty of Public Health and Allied Health Sciences, Praboromarajchanok Institute, Trang, Thailand
BACKGROUND
The Satun UNESCO Global Geopark, Thailand's first UNESCO-designated geopark, hosts internationally recognized tourist destinations such as Le Stegodon Cave, Phupha Phet Cave,Lipe Island. Rapid expansion of tourism has intensified pressures on environmental health systems, particularly waste management, food sanitation, which may adversely affect the health of local residents. This study aimed to assess health impacts associated with environmental conditions and to examine differences in health impacts according to individual characteristics among residents in tourism areas.
METHODS
A descriptive cross-sectional study was conducted among 377 residents selected using the Krejcie and Morgan formula and cluster random sampling. Data were collected through a structured questionnaire with established content validity (CVI = 0.67–1.00) and acceptable internal consistency (Cronbach's alpha = 0.82). Descriptive statistics were used to summarize the data, while independent t-tests and one-way ANOVA were applied to examine differences in health impacts across personal factors.
RESULTS
Environmental determinants were identified as the leading contributors to negative health impacts, with general, infectious, and hazardous waste management accounting for the highest proportion (46.40%), followed by inadequate sanitation facilities and food sanitation practices. The overall mean score of negative health impacts related to environmental factors was moderate (M = 2.81, SD = 0.92). Similarly, the composite mean scores for physical, mental, social, and intellectual health impacts were at a moderate level (M = 2.95, SD = 0.63). Significant differences in physical health impacts were observed according to education level, occupation, social status, length of residence, and distance from residential areas to tourism sites within the geopark ($p < 0.05$).
CONCLUSIONS
The findings highlight the necessity of integrated environmental health management in tourism-intensive geopark areas. Centralized, province-wide waste management strategies and strict compliance with Health Accessiblity Safety (HAS) and Sanitation Accoutability Network (SAN) standards should be prioritized to mitigate adverse health impacts on local communities.
Popul. Med. 2026;8(Supplement 1):A1903

ABS3606
Indigenous pediatric care and basic sanitation: challenges and strategies for a necessary integration
Rafael Moreira[1,2], Camila Silva[1], Lucas Santos[1], Taina Mafra[1], Sofia Figueiredo[3], Herika Mauricio[3], Andre Costa[1]
[1]Collective Health, Oswaldo Cruz Foundation (Fiocruz), Ministry of Health, Recife, Brazil, [2]Collective Health, Federal University of Pernambuco (UFPE), Recife, Brazil, [3]Dentistry, University of Pernambuco, Recife, Brazil
INTRODUCTION
The health of indigenous children is strongly influenced by structural inequalities in traditional territories in Brazil. In Pernambuco, a state characterized by high indigenous ethnic diversity, insufficient access to basic sanitation directly affects the organization of child health services resulting in increased demand for pediatric care 1-5. Given the heightened vulnerability of indigenous children to preventable conditions, this study aimed to analyze the relationship between demand for indigenous pediatric care and the availability of sanitation infrastructure in the state from 2019 to 2022.
METHODS
This ecological descriptive study was conducted using data from the indigenous health care information system (SIASI) and the planinfra database of the Brazilian ministry of health. A total of 6637 pediatric care visits involving indigenous children aged 0 to 4 years residing in pernambuco were analyzed. Records were organized by municipality and assessed according to the presence of sanitation infrastructure projects in indigenous territories.
RESULTS
During the study period 6637 pediatric care visits among indigenous children were recorded. The municipalities of carnaubeira da penha (1236 visits) pesqueira (1186) jatoba (674) Tacaratu (583) and Buique (571) accounted for most of the demand for indigenous pediatric care in the state. Territories with higher volumes of pediatric visits were largely located in areas with uneven sanitation coverage often characterized by difficult geographic access and persistent structural constraints. These findings indicate enduring patterns of sanitation related vulnerability affecting indigenous childhood.
CONCLUSIONS
The high demand for pediatric care among indigenous populations in Pernambuco highlights basic sanitation as a critical determinant for child health protection. The results underscore the importance of expanding sanitation initiatives in a sustainable continuous and culturally appropriate manner integrated with indigenous health care services as a strategy to reduce health inequalities.
Popul. Med. 2026;8(Supplement 1):A1904

ABS3735
Sanitation infrastructure and child health vulnerability in indigenous territories of Northeastern Brazil
Camila Silva[1], Rafael Moreira[1,2], Herika Mauricio[3], Lucas Santos[1], Taina Mafra[1], Sofia Figueiredo[3], André Costa[1]
[1]Collective Health, Oswaldo Cruz Foundation (Fiocruz), Ministry of Health, Recife, Brazil, [2]Collective Health, Federal University of Pernambuco (UFPE), Recife, Brazil, [3]Dentistry, University of Pernambuco, Recife, Brazil
INTRODUCTION
Brazilian indigenous peoples experience persistent structural inequalities in access to public policies, particularly sanitation. Pernambuco, located in northeastern Brazil, hosts one of the largest indigenous populations in the country. In this context, indigenous children are especially vulnerable to waterborne diseases and conditions associated with inadequate water supply and sanitation, increasing the need for continuous preventive healthcare.1-3 This study examined the relationship between pediatric healthcare demand and sanitation infrastructure in indigenous territories of Pernambuco.
METHODS
A descriptive study was conducted using secondary data from the indigenous health care information system (SIASI) from 2019 to 2022 and the planinfra database of the Brazilian ministry of health. The volume of routine child health examinations among children under five years of age was analyzed and compared with the spatial and temporal distribution of water supply and sanitation infrastructure projects.

RESULTS
a total of 21536 routine child health examinations were recorded during the study period. A pronounced reduction in follow up visits was observed in 2020 followed by recovery in 2021. The municipalities of carnaubeira da penha (4194 examinations) and pesqueira (3760 examinations) accounted for the highest absolute numbers. However cross analysis with planinfra data revealed significant service gaps. Municipalities with high indigenous child population density such as águas belas (1474 examinations) had no contracted sanitation projects in the current infrastructure database. Conversely pesqueira concentrated the largest volume of recent investments including three sanitation projects and one health related project indicating localized mitigation efforts.
CONCLUSIONS
high demand for routine child health examinations highlights the dependence of preventive care on adequate sanitation infrastructure. The absence of sanitation investments in indigenous territories with substantial child populations such as those inhabited by the fulni-ô people represents a critical epidemiological vulnerability. Strengthening sanitation infrastructure is essential to promote equitable effective and sustainable indigenous child health surveillance.
Popul. Med. 2026;8(Supplement 1):A1905

ABS3880
Water security and water, sanitation and hygiene practices across 10 years in South Africa
Nomfundo Mahlangeni[1,2], Tahira Kootbodien[1], Yonela Princess Mkunyana[1], Sizwe Nkambule[1,2], Renée Street[1,2]
[1]Environment and Health Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Environmental Health Department, Faculty of Health Sciences, University of Johannesburg, Johannesburg, South Africa
BACKGROUND
Reliable access to enough safe and acceptable water is an important component of water, sanitation and hygiene (WASH) initiatives. Although Sustainable Development Goal 6 promotes universal and equitable access to safe and affordable drinking water for all individuals, many communities continue to experience intermittent water supply and inadequate WASH services. Evidence on how water supply interruptions affect WASH practices over time remains limited. This study aims to evaluate the impact of water supply interruptions on WASH practices over a ten-year period in South Africa.
METHODS
We performed a secondary analysis using the South Africa General Household Survey data from 2015 to 2024. Descriptive statistics were used to summarise demographics, water access and WASH variables. Bivariate analysis was done to examine the association between water access, water supply interruptions and handwashing practices.
RESULTS
Over the ten years, access to piped water within the dwelling or yard ranged from 67.86% to 73.58%. The proportion of households with piped water and with access to handwashing facilities varied from 31.9% to 60.9%. Among households with piped water, reports of at least one water supply interruption varied between 22.08% and 84.6%. Water tankers and stored water were the most common alternative sources of drinking water during the period of water interruptions. The percentage of households with piped water not practicing handwashing with soap ranged from 31.94% to 60.89%, with the highest reported in 2020. Notably, in 2020, 64.8% of households with piped water experienced water supply interruptions and reported not washing hands with soap after toilet use.
CONCLUSIONS
Water interruptions were linked with poorer handwashing practices, highlighting the importance of reliable water services and behaviour-change interventions to support hygiene practices.
Popul. Med. 2026;8(Supplement 1):A1906

INDIGENOUS VIEWS ON HEALTH

ABS0418
Ngaanyatjarra Indigenous Men's Vaccination Project
Michael Whitehead[1], Scott Peers[1], Marisa Watkins[1]
[1]Health, Ngaanyatjarra Health Service, Warburton, Australia
INTRODUCTION
Following the COVID-19 pandemic, there continues to be a disproportionately higher burden of vaccine preventable diseases within Australian Aboriginal and Torres Strait Islander people. Within this context, health services are looking for new ways to engage and promote vaccination uptake to Indigenous populations. Aboriginal and Torres Strait Islander men in Australia have the lowest rates of health service utilization, but the highest morbidity and mortality rates. Barriers to accessing healthcare include health knowledge gaps, culturally inappropriate staff and services, and accessibility.
METHODS
The aim of this project is the increased uptake in vaccinations by Indigenous males living across the Ngaanyatjarra Lands in very remote Australia. The objectives of the project are to: I. Develop a series of co-designed vaccination videos filmed in traditional language to improve male vaccine literacy. II. Deliver culturally safe vaccination activities led by male clinical staff directly to Indigenous men and boys. III. Improve the accessibility of vaccinations utilising mobile clinic van services.
RESULTS
The intervention for this vaccination uptake project has two distinct phases: Phase 1: The delivery of 7 co-designed vaccination films, filmed in Ngaanyatjarra language by Indigenous males and family members on traditional lands. These films will be disseminated across social media, community events and local radio. Phase 2: The delivery of remote men's immunisation clinics delivered by male nurses to Indigenous men and boys across the Ngaanyatjarra Lands.
CONCLUSIONS
The expected outcomes of the Ngaanyatjarra Indigenous Men's Vaccination Project is the increased uptake of vaccinations by men and boys in this desert region of far remote Australia. The development of seven unique vaccination films recorded on Country will improve vaccination literacy and accessibility.
Popul. Med. 2026;8(Supplement 1):A1909

ABS0423
Caregivers' experiences and support needs in caring for their children with neurodevelopmental disorders - a qualitative exploration from Bonny Island, Nigeria.
Meghan Perry[1], Himani Pandya[1], Tanya Ruder[1]
[1]University of Witwatersrand School of Public Health, University of Witwatersrand, Johannesburg, South Africa
BACKGROUND
Caring for a child with a neurodevelopmental disorder (NDD) impacts many aspects of caregivers' lives, including their general health and everyday lives. Context-specific data is paramount in informing a country's policies and guidelines. In the Nigerian context, a lack of data specific to rural parts of Nigeria and understanding of the disorders may contribute to children with NDDs and their families continuing to experience stigma, neglect and difficult caregiving experiences. This study aims to explore caregivers' experiences in a rural Nigerian context and to understand how caring for a child with an NDD affects their lives.
METHODS
Ten caregivers of children with NDDs attending the RA International School's (RAIS) Learning Support Unit (LSU) on Bonny Island, Nigeria, were interviewed using a semi- structured interview format with open-ended questions. A thematic qualitative analysis was carried out supported by the software MAXQDA.
RESULTS
Caregivers had incomplete understanding and difficulty in understanding their child's diagnosis. They reported facing various challenges in caring for their children, such as stigma, educating their children, caring for their children when they are sick as well as travelling with their children. Caring for their child affected various domains of the caregivers' lives, such as their relationships with others, social life, work and job opportunities, hobbies as well as their physical, mental and emotional health. Their main support systems included faith-based organisations, RAIS and their families.
CONCLUSIONS
Findings suggest that improved health service delivery and additional support interventions such as parental support groups and stigma interventions for caregivers of children with NDD could be beneficial. Additional information sessions with parents to help them understand their child's diagnosis may also be helpful and could further improve the experiences of caregivers of children with NDD.
Popul. Med. 2026;8(Supplement 1):A1910

ABS0600
The Niue community's COVID-19 experiences: Development and application of the Matalili-Aga Gahua (Matalili Wellbeing Framework) to inform health initiatives
Kelvin Lau[1], Elviso Togiamua[2], Cecily Eruthayam[1,2], Anja Vorster[1], Dianne Wepa[1], Nick Garrett[1], Hailey Patutaue-Tongatule[2], Barbara Hock[2]
[1]Faculty of Health and Environmental Sciences, Auckland University of Technology (AUT), Auckland, New Zealand, [2]Monū Education and Social Services Trust,

Auckland, New Zealand
BACKGROUND
Pacific communities are extremely heterogeneous but are often aggregated in public health reports, which can obscure important social and health characteristics used to influence policy. Culturally tailored interventions are therefore crucial to address the unique health needs of Pacific communities. In this study, we introduce the Matalili-Aga Gahua (Matalili Wellbeing Framework), developed from stories and cultural knowledge shared by Niue elders about traditional practices that sustained their wellbeing. The Matalili Framework weaves together three inter-connected principles: Vahā Loto-Agaaga Ofania (Spirit of Care), Fakafetuiaga (Inclusive Relationship), and Fakamalolo (Empowerment).
METHODS
The Matalili Framework was applied in a community-academic research partnership to explore the Niue community's experiences during the COVID-19 pandemic in Aotearoa New Zealand. Using a mixed-method approach, we collected 380 survey responses and conducted 26 tala (narrative interviews).
RESULTS
The participants highlight the importance of trust, relational care, and empowerment in shaping health decisions and maintaining resilience during the disruptions caused by the COVID-19 pandemic. The findings emphasise the need for community-led and community-based health initiatives that reflect Pacific values.
CONCLUSIONS
This study demonstrates how an Indigenous framework can guide research and action that reflect community values. The community-academic approach provided a way for Niue voices to inform public health strategies for future crises and to promote equity and wellbeing for the Niue community as an integral part of Pacific communities in Aotearoa New Zealand.
Popul. Med. 2026;8(Supplement 1):A1911

ABS0619
Walking in Two Worlds: Indigenous Knowledges and Public Health Research in Australia

Courtney Ryder[1], Julieann Coombes[2]
[1]Discipline of Trauma and Injury, Flinders University, Adelaide, Australia, [2]Guunu-maana (Heal), The George Institute for Global Health, Sydney, Australia
BACKGROUND
Globally, Indigenous communities experience persistent and inequitable health outcomes. In Australia, these disparities are exacerbated by deficit-based research narratives that frame Indigenous health through a lens of deficiency and pathology. Such approaches influence policy, clinical practice, education, and research priorities, reinforcing implicit bias and failing to produce meaningful change. As an Aboriginal researchers our work challenges these paradigms by centring Indigenous Knowledges and strength-based frameworks to reimagine public health research and practice.
METHODS
This workshop draws on over a decade of experience in Aboriginal health research and education, including projects on burns, falls, traumatic brain injury, diabetes, and childhood injury. Participants will be introduced to Indigenous Knowledges (encompassing ways of knowing, being, and doing), alongside Indigenous methodologies, standpoint theory, and decolonisation approaches. The session will explore how these frameworks can be applied to public health research to promote culturally responsive and equitable public health research.
RESULTS
Participants will be guided through knowledge systems and research approaches that underpin Indigenous led public health research. Using lived experience case studies from Australia, the workshop will provide a practical lens to understand how standpoint theory and decolonisation methodologies can be applied in real-world contexts. These examples will highlight how Knowledge Interface Methodology can be used to shift narratives from deficit-based to strength-based approaches. The session will be interactive and didactic, encouraging meaningful dialogue and critical reflection among participants. Through peer engagement and facilitated discussion, attendees will deepen their understanding of Indigenous research principles and their relevance to public health practice.
CONCLUSIONS
Indigenous-led, strength-based public health research is essential for achieving health equity. Participants will leave this workshop with practical tools and insights to become active allies in Indigenous health research, equipped to engage respectfully with Indigenous Knowledges and contribute to decolonising public health research.
Popul. Med. 2026;8(Supplement 1):A1912

ABS0622
Uncovering Hidden Burden - Developing a Patient Reported Measure to Address Out-of-Pocket Healthcare Expenditure for Aboriginal Families

Courtney Ryder[1], Georga Sallows[1], Patrick Sharpe[2], Shanti Omodei-James[1], Andrew Goodman[3], Ray Mahoney[3], Julieann Coombes[4]
[1]Discipline of Trauma and Injury, Flinders University, Adelaide, Australia, [2]EMU Consulting, Ceduna, Australia, [3]The Australian e-Health Research Centre, CSIRO, Brisbane, Australia, [4]Guunu-maana (Heal), The George Institute for Health and Wellbeing, Sydney, Australia
BACKGROUND
In Australia Aboriginal communities experience significant health inequities, including hospitalisation rates 2.3 times higher and longer lengths of stay compared to non-Indigenous Australians. These disparities are compounded by out-of-pocket healthcare expenditure (OOPHE), such as travel, accommodation, which are costs not covered by universal taxpayer-funded insurance.
METHODS
Using knowledge interface methodology, this Aboriginal-led project wove together research approaches of yarning, deep listening, thematic coding and psychometric assessment to design and develop a OOPHE Patient Reported Measure (PRM) [1,2]. The process began by exploring the lived experiences of OOPHE among rurally based Aboriginal families to identify key themes. These findings informed the development of PRM items in collaboration with content experts. The measure was then pilot tested, followed by psychometric evaluation using exploratory factor analysis (EFA) and test–retest reliability assessment.
RESULTS
Seven themes emerged from OOPHE yarns: travel, barriers to healthcare, personal and social loss, restricted autonomy, financial strain, support initiatives, and protective factors. Participants reported strategies such as sleeping rough, selling assets, and missing appointments to mitigate OOPHE. Cultural practices and family connections acted as protective factors. These insights informed development of a 15-item PRM, with EFA revealing a two-factor structure (internal consistency: 0.91 and 0.85). Test–retest reliability was strong (κ = 0.61–0.87; ICC = 0.75–0.92). Two items were removed, resulting in a final 13-item PRM.
CONCLUSIONS
Aboriginal families face significant OOPHE burdens when accessing healthcare, necessitating systemic reform. The validated PRM provides a robust mechanism for quantifying this burden, and will be translated into a larger OOPHE research program designing and developing a OOPHE WebApp to mitigate OOPHE burden in Aboriginal households.
Popul. Med. 2026;8(Supplement 1):A1913

ABS0930
"Between Orunmila and Socrates: where African culture missed its path to development and modernity"

Godfrey Tangwa[1]
[1]Philosophy, CAMBIN, Yaounde, Cameroon
BACKGROUND
In her book, Socrates and Orunmila: Two Patron Saints of Classical Philosophy, (Lagos, Nigeria: Ark Publishers 2017), Sophie Bosede Oluwole discusses pre-colonial philosophy and draws very remarkable parallels between Orunmila, an African philosopher, and Socrates, the 'father' of European philosophy. For some contemporary thinkers, African history begins with European colonization and, for others, Africa has no history at all, as a consequence of which it cannot lead the world.
METHODS
Personal reflection and further inquiry suggested that the natural path of African development that should have followed an Orunmilan paradigm was de-routed by the colonial impact including: colonization, colonial education, conversion, indoctrination, proselytization, and colonial culture and ways of doing things. A brief reflective look at an African traditional practice of identifying at birth and ritually handling specially gifted children (geniuses) confirms the pertinence of the need for an appropriate paradigm and protocol for modernizing traditional potentials or raw materials for Africa's development and the benefit of the world at large.
RESULTS
Culture is important and indispensable. Africa cannot make contributions to world history and well-being, let alone to her own development, from the point of view and perspective of an imposed foreign culture. Africa needs to recover the abandoned foundations of its authentic history and culture to be able to genuinely develop and to make effective contributions to the well-being of the world it shares with sundry other peoples and cultures.

CONCLUSIONS
Decolonizing Africa is an important and crucial task today, not only for its own sake but for the sake and welfare of the world at large.
Popul. Med. 2026;8(Supplement 1):A1916

ABS1366
Early Tobacco Education for First Nations Children: Culturally Tailored Curriculum Development for Kindergarten to Grade 3 Students in Northern Saskatchewan

JUSTINA NDUBUKA[1], Nnamdi Ndubuka[1], Adachioma Ihueze[1], Emmanuel DankwaH[1], Alton Michel[1], Renee Ramikie[1]
[1]Community Service Department and Public health Unit, Northern Inter-Tribal Health Authority; School of Public Health, University of Saskatchewan, Saskatoon, SK,Lac La Ronge Indian Band Health Services, La Ronge, SK. Prince Albert Grand Council, Health and Social Development, Prince Albert, SK. Peter B, Prince Albert, Canada

BACKGROUND
Despite national declines in commercial tobacco use, prevalence remains disproportionately high among First Nations, Inuit, and Métis peoples in Canada, reflecting the enduring impacts of colonization, systemic inequities, and targeted tobacco industry marketing. Evidence consistently demonstrates that equity-oriented, community-led interventions are the most effective in addressing this disparity and advancing health outcomes. This abstract describes the redevelopment of a culturally grounded, school-based tobacco education initiative in northern Saskatchewan. In 2020, the Northern Saskatchewan Breathe Easy Tobacco Control Strategy—implemented by the Northern Inter-Tribal Health Authority and its partnership—collaborated with a local Indigenous teacher to transform an existing Youth Tobacco Workshop into curriculum-linked, classroom-ready lesson plans. Educational units were developed for kindergarten through Grade 3, accompanied by age-appropriate learning materials and culturally relevant resources, including Jaycee and Justin and Sacred Tobacco.
METHODS
Program development followed a community-based, participatory approach. A needs assessment was conducted using surveys and focus groups to examine local cultural contexts, historical influences, and perceptions of tobacco use. Curriculum development was led collaboratively by educators, Elders, and community members to ensure cultural relevance, community ownership, and alignment with Indigenous values. The curriculum integrates traditional teachings, storytelling, and interactive learning with contemporary health education. Key content areas include distinctions between ceremonial and commercial tobacco, the impacts of colonization on tobacco practices, and the role of community responsibility in supporting wellness. An embedded evaluation framework incorporated surveys and facilitated discussions to assess changes in knowledge, attitudes, and behaviours related to commercial tobacco use.
CONCLUSIONS
Consistent with existing literature [3,4], this initiative demonstrates the importance of culturally tailored, Indigenous-led approaches that acknowledge historical and social contexts in tobacco prevention efforts. Such approaches are essential to advancing health equity and supporting sustainable, community-driven health promotion strategies.
Popul. Med. 2026;8(Supplement 1):A1919

ABS1369
Strengthening Our Voices and Honouring Traditions: Indigenous Youth and Community Efforts to fight commercial Tobacco

JUSTINA NDUBUKA[1], Adachioma Ihueze[1], Emmanuel Dankwah[1], Renee Ramike[1], Alton Michel[1], Nnamdi Ndubuka[1]
[1]Community Service Department and Public health Unit, Northern Inter-Tribal Health Authority;Lac La Ronge Indian Band Health Services, La Ronge;Prince Albert Grand Council; Health and Social Development, Prince Albert, SK.Peter Ballantyne Cree Nation Health Services Inc., Prince Albert, SK. School of P, Prince Albert, Canada

BACKGROUND
Commercial tobacco use remains a significant public health challenge in northern Saskatchewan Indigenous communities, contributing to preventable illness and death. Our project aimed to co-develop culturally appropriate initiatives focused on smoking cessation and holistic wellness.
METHODS
We adopted a multifaceted community-driven approach that incorporated visual storytelling, creative arts, and wellness activities. Participants were engaged to co-create educational posters, messages, and themes designed to raise awareness about commercial tobacco use, second-hand smoke, and related issues.
RESULTS
Children from northern communities created a booklet titled “Be Smart! Don’t Start!” that featured their artwork. The Ribbon Skirt Project was a significant initiative that involved young girls aged 9 to 15 and pregnant mothers. They participated in workshops about traditional tobacco and crafted ribbon skirts that symbolize empowerment and cultural pride. This project was launched in two communities. Elders led monthly Wellness Wednesdays, which included activities such as self-care and memorials for grief and loss. These wellness sessions consistently attracted 20-48 participants each, demonstrating sustained and growing interest in the program.
DISCUSSION
These culturally tailored, community-led strategies sparked positive dialogue on commercial tobacco prevention and promoted holistic well-being. They promoted intergenerational learning and community bonding, highlighting the importance of elders’ teachings. Children’s artwork was used to publicly advocate for a tobacco-free future, raising awareness among community members and stakeholders. Our approach illustrates the power of integrating Indigenous traditions with public health practice. By valuing youth voices, traditional knowledge, and creative expression, communities were empowered to address tobacco-related harms while strengthening cultural identity.
Popul. Med. 2026;8(Supplement 1):A1920

ABS1799
Country, Culture and the Cost of Care: The Burdens Behind the Journey for Health

Georga Sallows[1], Patrick Sharpe[1,2], Ray Mahoney[3], Andrew Goodman[3], Julieann Coombes[4,5], Odette Pearson[6,7], Jaquelyne Hughes[8,9], Marlien Varnfield[3], Candice Oster[10,11], Jonathan Karnon[1], Claire Drummond[8,1], Karla Canuto[12], Shanti Omodei-James[1], James Smith[8], Lavender Otieno[1], Billie Bonevski[1,13], Courtney Ryder[1,4,5]
[1]Flinders Health and Medical Research Institute, College of Medicine and Public Health, Flinders University, Adelaide, Australia, [2]E.M.U Consultancy, Ceduna, Australia, [3]Commonwealth Scientific Industrial Research Organisation, Brisbane, Australia, [4]The George Institute for Global Health, Newtown, Australia, [5]School of Population Health, University of New South Wales, Sydney, Australia, [6]Wardliparingga, South Australian Health and Medical Research Institute, Adelaide, Australia, [7]School of Medicine, College of Health, Adelaide University, Adelaide, Australia, [8]Rural and Remote Health, Collage of Medicine and Public Health, Flinders University, Darwin, Australia, [9]Royal Darwin Hospital, Darwin, Australia, [10]College of Nursing and Health Sciences, Flinders University, Adelaide, Australia, [11]Caring Futures Institute, Flinders University, Adelaide, Australia, [12]College of Medicine and Dentistry, James Cook University, Townsville, Australia, [13]School of Medicine and Public Health, The University of Newcastle, Newcastle, Australia

BACKGROUND
Australians living in rural and remote areas face a disproportionate burden of out-of-pocket healthcare expenditure (OOPHE) due to limited local services, long travel distances, and higher indirect costs. These pressures force families to choose between essential needs and accessing medical care, often leading to delayed or foregone treatment. For Aboriginal people, the impacts are intensified by chronic disease inequities, structural barriers, and the cultural strain of travelling off Country for healthcare. We aimed to understand the impact of OOPHE on Aboriginal people living in remote South Australia and explore the cultural implications of leaving Country for treatment.
METHODS
Guided by an Aboriginal Governance Group, we conducted a community-led qualitative study using the Indigenous research method of yarning with Aboriginal adults who had personal or family experience travelling for healthcare. Yarning sessions were thematically analysed in NVivo using deep listening for contextualisation.
RESULTS
Across 16 participants’ lived experiences, findings showed persistent challenges in accessing appropriate local healthcare, resulting in frequent travel for essential care. Participants described substantial financial, logistical, cultural, and psychological burdens associated with travel, alongside limited knowledge of and support in navigating assistance schemes. These pressures contributed to delayed or avoided care, worsening health, cultural disconnection, and heightened stress. Despite these barriers, strong family networks, pooled resources, and connection to Country emerged as key protective factors helping individuals manage these demands. These themes are illustrated through three narrative stories.
CONCLUSIONS
For remote Aboriginal communities, the burden of OOPHE is clear, but its long-term impacts extend into daily life, creating cycles of delayed care, cultural disruption,

and poorer health outcomes. Reducing OOPHE requires Aboriginal-led solutions, including investment in local or visiting services, culturally safe navigation and liaison roles, streamlined advance payment support schemes, family-inclusive travel and accommodation supports, flexible scheduling, and on Country models of care co-designed with communities.
Popul. Med. 2026;8(Supplement 1):A1923

ABS2300
Walking in Two Worlds: Decolonising Practices in Clinical Spaces on Tarntanyungga, Kaurna Yarta. Our starting approach for truth telling, change and action.

Kelli Owen[1], Richard Goldsmith[1], Arna Westhead[1], Kate Tyrell[1], Dr Samanatha Bateman[1]
[1]Central Adelaide Renal and Transplantation Service, SA Health, Adelaide, South Australia, Australia

BACKGROUND
First Nations Peoples in Australia experience disproportionate levels of kidney disease. We are five times more likely to develop kidney disease, four times more likely to die from kidney disease and less likely to receive a kidney transplant1 Significant work is underway to improve these inequities, with South Australia leading the way with Purdita Muna Pirku (Kaurna) 'Kidney Dream Team', a multidisciplinary team including Nephrologists, Nurses, Aboriginal Health Practitioners and First Nations Patient Navigators with lived experience. The 'Walking in Two Worlds: Decolonising Practices in Clinical Spaces' course was created at the request Purdita Purruna Wangkanthi 'Talking Kidney Health' Indigenous Reference Group (IRG) 2,3, 4.
METHODS
Place based, Indigenous methodologies is used to focus on Kaurna Yarta culture and significant places connecting to country. It was developed by a registered nurse and cultural advisor with input, review and endorsement from the IRG5,6. Renal staff were invited to weekly, one-hour, face-to-face sessions in an environmentally inviting space with group protocols agreed on before each session.
RESULTS
Of 311 attendees, 97% reported that they learned something new from each module. 100% saw the importance of Aboriginal Health Professionals as part of multi-disciplinary teams. Our CALHN (Central Adelaide Local Health Network) team within CNARTS (Central and Northern Adelaide Renal and Transplantation Service) was nominated in the 2025 Quality and Improvement Awards, as well as a SA Health Awards finalist for Dr Lowitja O'Donoghue Award for Excellence in Aboriginal Health.
CONCLUSIONS
During extensive yarning consultations, First Nations clients consistently requested that non-Indigenous renal staff improve the cultural safety of their clinical practice. 'Walking in Two Worlds' has been developed as a direct response to this request. Building culture change, awareness and understanding within the renal department takes time. We intend to continue face-to-face delivery ongoing, complemented by an online learning.
Popul. Med. 2026;8(Supplement 1):A1929

ABS2326
Compounded marginalisation: A perspective of caregivers regarding communication disorders at early childhood development centres in South Africa

Vuyelwa Zandile Peter[1], Mershen Pillay[2], Yougan Saman[3]
[1]Audiology, University of KwaZulu-Natal, Durban, South Africa, [2]Speech Language Pathology, Massey University, Auckland, New Zealand, [3]Institute of Neurology, University College London (UCL),, London, United Kingdom

INTRODUCTION
Children with communication difficulties from impoverished families may face barriers to accessing rehabilitation services due to factors shaping caregiver health-seeking behaviour, resulting in poor follow-up. These factors warrant closer examination, particularly for children aged birth to five years, to enable early intervention and improved prognosis. This study aimed to explore the beliefs of a group of caregivers namely parents or legal guardians, early childhood development centre practitioners (teachers and support staff) and parents of adults who are Deaf regarding the causes and practices of communication disorders.
MATERIALS & METHODS
The study employed a descriptive qualitative design, with data collected through focus groups and semi-structured interviews. The 30 participants included 19 early childhood development practitioners and 11 caregivers, seven of whom were parents of children who underwent developmental communication screening. Then, four were parents of adults who were Deaf. The parents and early childhood development practitioners were randomly selected from early childhood development centres that conduct screening. Additionally, purposive sampling was used to recruit parents of Deaf adults for the study. All participants were from the eThekwini Municipality in KwaZulu-Natal Province, South Africa.
RESULTS
Two key themes emerged: intersectional beliefs about the causes and complex practices surrounding the management of communication disorders. Participants attributed the causes of communication disorders to social and spiritual factors, and these beliefs influenced their intricate decision-making about treatment and help-seeking.
CONCLUSIONS
Health professionals seeking to establish community-based rehabilitation services for communication disorders must first understand caregivers' beliefs and practices as they shape behaviours towards service use and influence intervention programme acceptance and follow-up.
Popul. Med. 2026;8(Supplement 1):A1930

ABS2522
Yarning with Aboriginal people on Ngarrindjeri Ruwe: A qualitative study exploring Community priorities for a co-designed type 2 diabetes and metabolic syndrome initiative in South Australia

Shanti Omodei-James[1], Renee Kropinyeri[2], Annabelle Wilson[1], Stacy Wilson[2], Talia Scriven[2,1], Natalie Kartinyeri[2], Darryl Cameron[3,2], Sharon Wingard[2], Caitlin Kerrigan[4], Brooke Spaeth[1], Amy Mendham[2,1], Billingsley Kaambwa[1], Shahid Ullah[1], Paul Worley[2,1], Courtney Ryder[1,5,6]
[1]Flinders University, College of Medicine and Public Health, Flinders Health and Medical Research Institute, Kaurna Yerta, Adelaide, Australia, [2]Riverland Mallee Coorong Local Health Network, South Australia Health, Ngarrindjeri Ruwe, Murray Bridge, Australia, [3]Moorundi Aboriginal Community Controlled Health Service, Ngarrindjeri Ruwe, Murray Bridge, Australia, [4]Coorong Medical Centre, Ngarrindjeri Ruwe, Meningie, Australia, [5]School of Population Health, University of New South Wales, Gadigal, Sydney, Australia, [6]The George Institute for Global Health, University of New South Wales, Gadigal, Sydney, Australia

INTRODUCTION
Considering the sustained metabolic health inequities experienced by Aboriginal and Torres Strait Islander people, national and international health and research bodies are collectively and progressively calling for Indigenous-led interventions that are relational, culturally grounded, and place based. While such approaches have demonstrated improvements across the social, cultural, and physical dimensions of health, a scarcity of literature exists exploring locally identified needs and objectives for said initiatives. As part of a larger co-design project, this study sought to identify community priorities for a healthy eating initiative for Aboriginal people living on Ngarrindjeri Ruwe (Country) with type 2 diabetes and metabolic syndrome.
METHODS
The study adopted Knowledge Interface Methodology, drawing upon the strengths of Indigenous and Western knowledge systems. Indigenous research methods of yarning and deep listening (tau yanun kungan) were utilised by a diverse team of Aboriginal and non-Aboriginal clinicians, researchers, and health practitioners. Data was collected across ten workshops and a thematic analysis completed. Researcher reflexivity, Aboriginal governance and leadership were instrumental throughout.
RESULTS
42 Aboriginal adults participated across three sites. A thematic map centred around 3 guiding themes was developed to guide results and present back to participants. Participants articulated that such an initiative should be owned by and incorporate the whole of Community to ensure maximum benefit to its members. Moreover, it needed to be flexible and responsive enough to accommodate individual participant needs and motivations for remission, while providing relevant resources to participants. Relationship building, initiative sustainability and strengths-based approaches are paramount.
CONCLUSIONS
Findings emphasise that healthy eating initiatives for Aboriginal communities must be flexible, community-owned, culturally grounded, and strengths-based. While situated on Ngarrindjeri Ruwe, findings offer relevance for Indigenous-led, place-based nutrition initiatives globally, particularly those aiming to improve metabolic health in culturally meaningful and sustainable ways.
Popul. Med. 2026;8(Supplement 1):A1933

ABS2558
From mistrust to meaningful engagement: a practical, interactive session on participatory approaches to adapting public health

interventions in indigenous communities through lessons learned from Meghalaya, Northeast India

Benedicta Sthuti Kumar[1], Suklang Malngiang[1], Balaplielad Warlarpih[1], Melari Shisha Nongrum[1], Sandra Albert[1]
[1]Indian Institue of Public Health Shillong, Shillong, India

INTRODUCTION
Implementing a new health programme or strategy comes with numerous challenges, often the health system focuses deeply on the supply side. However in the indigenous communities of northeast India, the barrier is demand 1, whether for preventative health services such as immunisation 2,3 or for interventions like institutional deliveries 4. This organised session will take a deep dive into how rural communities can be engaged in the codesign and adaptation of health programmes prior to rollout to ensure maximum utility and priority-alignment for beneficiaries.
METHODS
Researchers from IIPH Shillong will present findings from qualitative data, participatory rural appraisal and process monitoring in three different verticals (infectious disease, non-communicable disease (NCD) and child health) conducted in the state of Meghalaya, India. This research centres on understanding community awareness of illnesses, their preventative/curative practices, their interactions with the health system and their inputs specific to the planned intervention.
RESULTS
In the case of infectious disease, local communities were engaged to co-design risk communication strategies and seasonal protective measures for vector-borne infections such as malaria and scrub typhus. Within the NCD project, a participatory approach saw women's groups in rural areas strategize solutions to raise awareness of tobacco-related cancers. Another project systematically involved stakeholders from state, district and village levels in providing context-specific adaptations to national guidelines for Community-based Management of Acute Malnutrition in under-5 children. Results across the projects highlighted the deep vein of misinformation and distrust that runs through these rural communities. However, once the door was opened to co-creation, we found great enthusiasm to solve local issues and champion beneficial health behaviours in the community.
CONCLUSIONS
This interactive session will provide participants with practical tools for engaging indigenous populations in discussion, motivating them to action as well as fostering a culture of listening and learning within the health system.
Popul. Med. 2026;8(Supplement 1):A1934

ABS2574

Co-design, Implementation and Evaluation of a Social and Emotional Wellbeing Program for Aboriginal and Torres Strait Islander Males in a Very Remote Community of the Northern Territory, Australia.

Cameron Stokes[1], Bryce Brickley[1], John Bonson[1], Celina Gaweda[1,2], Karla Canuto[2], Alex Brown[3], Michael Wright[4], Graham Gee[5], Mark Wenitong[6], Gary Wittert[7], Jacob Prehn[8], Stephen Harfield[9], James Smith[1], Kootsy Canuto[1]
[1]Rural and Remote Health, Flinders University, Darwin, Australia, [2]James Cook University, Cairns, Australia, [3]National Centre for Indigenous Genomics, Australian National University, Canberra, Australia, [4]Curtin University, Perth, Australia, [5]Murdoch Children's Research Institute, Melbourne, Australia, [6]Apunipima Cape York Health Council, Bungalow, Australia, [7]Freemasons Centre for Male Health and Wellbeing, Adelaide, Australia, [8]University of Tasmania, Hobart, Australia, [9]Poche Centre and School of Public Health, University of Queensland, Brisbane, Australia

BACKGROUND
Aboriginal and Torres Strait Islander males in very remote Australia experience significant social and emotional wellbeing (SEWB) inequities driven by structural, geographic, and cultural determinants. In Nauiyu, a very remote community of approximately 350 people in the Northern Territory, community consultations identified an urgent need for culturally safe, locally governed, and preventative SEWB strategies. This presentation describes the co-design, implementation, and evaluation of a community-led men's group and examines its relevance as a place-based public health program.
METHODS
This study was grounded in Indigenous ways of being, doing and knowing, and aligned with public health principles of equity, prevention, and community governance. A co-design approach involved: remote consultation and evidence gathering to identify community priorities and determinants of SEWB; partnership development and capacity strengthening with health, sporting, and community-controlled organisations; (3) co-implementation emphasising local leadership, ownership, and knowledge translation; and evaluation and continuous quality improvement. A local male governance group provided cultural authority, guided program delivery, shaped evaluation measures, and ensured community accountability. Reflexive public health practices, including cross-cultural researcher debriefings and reporting, supported implementation.
RESULTS
A men's group was co-designed and met on 84 occasions during 2023–25. In the first two years of operation, approximately 59% of community men took part, with numbers growing. Local male Elders and community leaders led activities including on Country excursions, cultural exchange with other remote men's groups, male-only preventative health checks, and health education. Participating in the men's group resulted in men's SEWB expressions, such as strengthened connections to Country, culture, community, and peer support.
CONCLUSIONS
This community-governed model demonstrates how Indigenous-led, place-based SEWB initiatives supported by sustained partnerships can function as effective public health strategies in very remote settings. The approach itself provides transferable lessons for equitable and sustainable public health systems working with Indigenous populations globally.
Popul. Med. 2026;8(Supplement 1):A1935

ABS2876

Community communication workshops as a method for knowledge dialogue on chagas disease with indigenous populations

Javier Abi-Saab[1], Laura Ospina[2], Debbie Vermeij[1], Andréa Silvestre[1], Ruth Duque[2], Liza Catalina Torres[2], Jose Antonio Magagüi[2], Valentina Carranza[1], Alexandre Menezes[1]
[1]CUIDA Chagas, Evandro Chagas, Instituto Nacional de Infectologia, INI-Fiocruz. (Brazilian National Institute of Infectious Diseases)., Rio de Janeiro, Brazil, [2]CUIDA Chagas, Instituto Nacional de Salud - INS. (Colombian National Institute of Health), Bogotá, Colombia

BACKGROUND
Chagas disease (CD) is highly endemic in Colombia's Sierra Nevada, significantly affecting the Wiwa Indigenous population, whose historical relationship with health interventions has been marked by institutional fragility and mistrust. In this context, the CUIDA Chagas project developed a community communication strategy aimed at decolonizing knowledge, grounded in respect for cultural diversity and construction of an intercultural perspective on the health–disease process related to CD.
METHODS
The strategy was operationalized through a Community Communication Workshop conducted by the project team, with the active involvement of key Wiwa Indigenous health leaders as mediators. The workshop included trust-building activities, visual presentation of the biomedical understanding of Chagas disease, sharing of Indigenous perspectives on health and illness, and participatory construction of an intercultural narrative. Participants also identified priority communication materials and defined subsequent actions and responsibilities.
RESULTS
Fourteen members of the Wiwa Gotzezhi community and four project staff participated, with Damana as the primary language and interpretation provided by community mediators. The main outcome was the collective development of an intercultural perspective of CD, integrating traditional knowledge and biomedical concepts. Five priority communication products were identified: an informational poster, an illustrated playful activity, a documentary reflecting the Wiwa perspective on the disease, an informational booklet, and a life history narrative linked to participation in the project. A dissemination strategy was developed to distribute these materials in key community spaces, including schools, the Indigenous health unit, and other communal areas.
CONCLUSIONS
The Community Communication Workshop proved effective in fostering intercultural dialogue, strongly representing the indigenous voice, strengthening community engagement, and supporting health education processes aimed at addressing CD. The role of local mediators and translators was essential for effective communication. This methodology should be replicated and evaluated in other indigenous contexts to ensure appropriate adaptation to diverse territorial and ethnic settings.
Popul. Med. 2026;8(Supplement 1):A1936

ABS2882

Spotted fever in indigenous communities from Atlantic Forest areas of Southeastern Brazil

Danilo A. França[1], Louise B. Kmetiuk[2], Igor S. Silito[1], Lina C. Binder[1], Matheus P. Martins[1], Thiago F. Martins[1], Tiago M. Santos[3], Carla F. Campos[4], Alexander W.

Biondo[5], Marcelo B. Labruna[1]
[1]Department of Preventive Veterinary Medicine and Animal Health, University of São Paulo, São Paulo, Brazil, [2]Zoonosis Surveillance Unit, City Secretary of Health, Curitiba, Brazil, [3]Department of Epidemiology and Public Health, Federal Rural University of Rio de Janeiro, Seropédica, Brazil, [4]Institute of Science and Technology in Biomodels, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil, [5]Department of Veterinary Medicine, Federal University of Paraná, Curitiba, Brazil
BACKGROUND
Spotted fever is a severe tick-borne zoonosis endemic to southeastern Brazil, including Atlantic Forest areas1. Indigenous communities in these settings may face increased risk due to contact with forested environments, wildlife, hunting dogs, and tick vectors2.
METHODS
A cross-sectional study was conducted in Indigenous communities located in coastal areas of Rio de Janeiro and São Paulo. Serum samples were collected from 550 humans and 210 dogs across 11 villages and tested for anti-Rickettsia antibodies by indirect immunofluorescence assay3. Ticks were collected from infested dogs and analyzed by molecular methods, totaling 70 specimens to date4.
RESULTS
In São Paulo, dogs were seropositive for Rickettsa parkeri (51.5%, 34/66), Rickettsia amblyommatis (28.8%), and Rickettsia rickettsii (24.2%), with fourfold higher titers to R. Parkeri in 22.7%; humans showed seroreactivity to R. Parkeri (23.7%, 50/135), R. Amblyommatis (11.1%), and R. Rickettsii (10.4%), with fourfold higher titers to R. Parkeri in 9.6%. In Rio de Janeiro, dogs showed seroreactivity to R. Parkeri (32.2%, 50/142), R. Amblyommatis (31.7%), and R. Rickettsii (27.5%), with fourfold higher titers to R. Parkeri in 7%, while humans showed R. Parkeri (9.2%, 38/415), R. Amblyommatis (7.7%), and R. Rickettsii (6.7%), with fourfold higher titers to R. Parkeri in 3.1%. Among 70 adult ticks collected from dogs, 24.3% (17/70) were PCR-positive for the gene ompA, common to spotted fever group rickettsiae. All positive ticks were identified as Amblyomma ovale, and ompA-sequences confirmed R. Parkeri. By the time of the WCPH Congress, an additional 1000 human samples, 300 dogs, and 1000 ticks are expected to be evaluated, enabling the presentation of updated results.
CONCLUSIONS
Healthcare professionals of areas reported febrile patients with inoculation eschars compatible with R. Parkeri spotted fever. The results indicate active circulation of R. Parkeri and reinforce the need for context-specific surveillance tailored to their way of life.
Popul. Med. 2026;8(Supplement 1):A1937

ABS3087
How knowledgeable and informed are stakeholders concerning uptake of organ donation: An ethnography study of the Xhosa people.

Eunice Seekoe[1], Daniel Ter Goon[1], Tobeka Mtise Tobeka Mtise[1]
[1]Nursing and Public Health, University of Fort Hare, East London, South Africa
ABSTRACT
Organ donation rates in South Africa are very low, despite the country's medical advancements. Many citizens lack awareness about organ failure and the importance of organ donation. Cultural and religious beliefs, along with limited understanding of brain-death and the organ donation process, contribute to this reluctance especially among African ethnic population groups. Purpose: The purpose of this study was to explore and describe Xhosa people's understanding of organ donation uptake in the rural Eastern Cape province. That potentially influences the decision to donate.
METHODS
This qualitative ethno-nursing study of Xhosa people regarding organ donation uptake was conducted in the rural districts of Eastern Cape Province, South Africa. Purposive sampling identified four focus groups of stakeholders for discussion in their natural settings. Included in the discussion were ten general community members; six traditional health practitioners; six ministers of religion and six traditional leaders. Were included in the discussion. Data were analyses using four phase ethno-nursing data analysis.
RESULTS
Three themes emerged, Limited Visibility of Organ Donation in Social and Media Platforms, Collective decision-making process to donate, Ethical and Cultural Concerns about Death and Organ Donation. Xhosa people expressed unfamiliarity on how organ donation works, uncertainty about the process. Further expressed no understanding of ethics surrounding organ donation and the implications of brain death. Lastly, invisibility of organ donation in community discussions which further exacerbate the issue.
CONCLUSIONS
These themes convey information on potential reasons for the knowledge gap between Xhosa people and the information towards organ donation uptake. These findings suggest opportunities for healthcare professionals to include organ donation to the already existing Non-Communicable Disease's awareness campaigns and to address certain target groups more adequately.
Popul. Med. 2026;8(Supplement 1):A1938

ABS3135
Caregiver's knowledge, attitudes and practices on consumption of traditional green leafy vegetables among children attending Early Childhood Development Centers in the city of Tshwane

Nkululeko Milton Semenekane[1], Hettie Schönfeldt[1], Beulah Pretorius[1]
[1]Department of Food and Consumer Sciences, University of Pretoria, Pretoria, South Africa
ABSTRACT
Background. Traditional green leafy vegetables (TGLVs) have been for generations a crucial component of indigenous diets and provide remarkable nutritional advantages. Despite the nutritional value they provide, TGLVs consumption has drastically decreased in South African urban communities in recent decades. Caregivers knowledge, attitudes, and practices have a significant impact on how children develop their food choices and dietary behaviours. Objectives. To assess the caregiver's knowledge, attitudes and practices on the consumption of the TGLVs among children attending Early Childhood Development Centres in the city of Tshwane, South Africa. Methods. An observational, cross-sectional purposive study design. The study setting was 22 early childhood development centers (ECD centers) in the city of Tshwane. Data analysis used SPSS version 30.0. Normal data are expressed as means (standard deviation (SD), skewed data as median values (25, 75th percentiles) and categorical values as percentages and frequencies. Chi-square tests determined associations between categorical variables such as caregiver education, income level, and frequency of TGLV consumption. Results. The study sample was predominantly composed of mothers aged 19-39 years. Two-thirds of the households were unemployed (62.4%) and relied on social grants (74.8%). Caregivers' demonstrated generally good recognition of common TGLVs, although gaps remain in identifying lesser-known varieties. Persistent stigma associating TGLVs with poverty or rural life was evident. Conclusions. The study reveals that while caregivers generally maintain positive attitudes toward TGLVs, knowledge deficits and inconsistent serving practices persist. Caregiver knowledge and attitudes were identified as significant predictors of TGLV consumption, suggesting that interventions addressing these factors could increase utilisation of these nutritionally valuable vegetables.
Popul. Med. 2026;8(Supplement 1):A1939

ABS3722
Basic sanitation infrastructure and access to indigenous prenatal care in Northeastern Brazil

Herika Mauricio[1], Camila Silva[2], Lucas Santos[2], Taina Mafra[2], Sofia Figueiredo[1], Rafael Moreira[2], Andre Costa[2]
[1]Faculty of Dentistry, University of Pernambuco, Recife, Brazil, [2]Collective Health, Oswaldo Cruz Foundation (Fiocruz), Ministry of Health, Recife, Brazil
INTRODUCTION
Access to basic sanitation remains marked by persistent inequalities. Among indigenous communities in Pernambuco, Northeastern Brazil, limited water resources combined with inadequate infrastructure pose ongoing challenges, particularly during pregnancy when continuity and quality of healthcare are essential for maternal and child protection.1-4 This study assessed investments in sanitation infrastructure between 2019-2022 and their relationship with access to indigenous prenatal care in the state, aiming to identify indigenous populations included in and excluded from public policies in this sector.
METHODS
Secondary data were obtained from the Indigenous Health Care Information System (SIASI) on prenatal care and from the Planinfra database of the Brazilian Ministry of Health. Records of indigenous pregnant women followed between 2019-2022 were analysed, considering the place of care, pregnancy risk classification, municipality, and indigenous territory, in association with the presence of sanitation infrastructure projects contracted by the special indigenous health district of Pernambuco.
RESULTS
Between 2019-2022, a total of 2275 indigenous pregnant women were followed, generating 15813 prenatal care records in the state of Pernambuco. Heterogeneity was observed in the distribution of prenatal care across indigenous territories, with higher concentrations in municipalities such as Pesqueira (448 women),

Carnaubeira da Penha (408) and Jatoba (249). During the same period, the special indigenous health district of Pernambuco contracted 31 infrastructure projects, of which 14 were directly related to basic sanitation, primarily focused on water supply in the municipalities of Pesqueira, Buique, Águas Belas, Carnaubeira da Penha, Jatoba and Tacaratu. The distribution of sanitation projects did not consistently align with prenatal care demand, revealing structural inequalities in access to public policies.
CONCLUSIONS
Gaps in sanitation infrastructure contribute to unequal access to prenatal care among indigenous territories in Pernambuco. Integrated policies that connect sanitation, primary healthcare, and culturally responsive prenatal services are needed to address these vulnerabilities.
Popul. Med. 2026;8(Supplement 1):A1944

ABS3927
Geoinformation Applied to Indigenous Oral Health
Herika Mauricio[1], Thatiana Favaro[2], André Sá[3], Rafael Moreira[3]
[1]Faculty of Dentistry, University of Pernambuco, Recife, Brazil, [2]Faculty of Nutrition, Federal University of Alagoas, Maceio, Brazil, [3]Collective Health, Oswaldo Cruz Foundation (Fiocruz), Ministry of Health, Recife, Brazil
INTRODUCTION
The relationship between geographic space and public health shows that spatial factors impact multiple aspects of population health, such as residents' health conditions, access to health services, and the location of social facilities and infrastructure. Understanding these elements is essential for planning effective health promotion and care actions, in line with the principles of decentralisation and territorialisation of the Unified Health System (SUS)1. The objective of the study is to characterize the indigenous population Xukuru do Ororubá, Pesqueira, Pernambuco, Brazil, regarding their use of dental services through geoinformation tools.
METHODS
In 2018, spatial/geographic coordinates were collected using Global Positioning System (GPS) devices at the locations of indigenous households, villages, and socio-environmental regions, as well as at the health unit where indigenous people received dental care.
RESULTS
The Xukuru do Ororubá Territory, which covers 27,550 hectares, is served by three primary care oral health teams (Teams I, II, and III), each consisting of a dentist and a dental assistant (ASB). These teams, linked to the Indigenous Health Secretariat (SESAI), provide dental care to 7,857 people distributed across three socio-environmental regions: Ribeira, Agreste, and Serra. The professionals are organised in a rotation system to work in seven different health units equipped with dental offices. The Agreste region has Team I as its reference, but it is the only region with a single dental office, requiring all residents to travel to the village of Cimbres for dental care. The distance of this trip can exceed 6 kilometres in rural locations, where public transport is unavailable.
CONCLUSIONS
The application of geoinformation tools to data on the Xukuru do Ororubá indigenous population has made it possible to identify inequalities in access to and effectiveness of oral health actions. These inequalities indicate priorities that must be addressed by the oral health care network.
Popul. Med. 2026;8(Supplement 1):A1946

INTEGRATIVE, COMPLEMENTARY AND TRADITIONAL HEALTH PRACTICES

ABS0503
A critical exploration of cultural competence from asylum seekers and refugees' perspectives
Shingirai Dzapasi[1], Dr Drothy Hannis[1]
[1]School of Health & Life Sciences, Teesside University, Middlesbrough, United Kingdom
INTRODUCTION
mental illness is a major contributor to global morbidity and mortality. Asylum seekers and refugees face elevated risk yet underuse services. How culturally grounded beliefs intersect with clinical encounters remains underexplored. This study examined meanings of mental illness and care pathways to inform culturally safe public health practice.
METHODS
guided by social constructivism and leininger's culture care theory, a qualitative phenomenological design was used. Purposive and snowball sampling recruited eleven adult asylum seekers and refugees in england from sudan, south sudan, ethiopia, kuwait, iran, zimbabwe and india. Face-to-face semi-structured interviews were conducted and thematically analysed using braun and clarke's approach. Ethical approval was obtained, and informed consent and confidentiality were assured.
RESULTS
participants described insight as culturally mediated rather than a simple deficit; explanatory models that foregrounded spiritual, moral and social causation alongside biomedical views; and patterned use of medical pluralism within a shared "hierarchy of resorts," in which family, faith and traditional healers preceded biomedicine and were often misread as delay. Community cohesion provided coping and practical help but created tensions around consent and confidentiality. Purity and washing requirements (wudhu) affected dignity, engagement and perceived well-being. Limited health literacy and language proficiency impeded navigation of services and adherence to written instructions. Additional barriers included difficulties registering with a general practitioner and short consultations. Stigma shaped concealment and late presentation. Gaps in cultural competency, including communication style and the meaning of touch, influenced trust and adherence.
CONCLUSIONS
public and mental health services should reframe "delay" as culturally patterned care-seeking. Integrate a brief cultural formulation into assessment and care planning. Strengthen interpreting and health literacy supports. Provide environmental adaptations that enable washing for prayer, and allow longer, relationship-centred consultations for newly arrived populations. These actions can reduce misdiagnosis, improve timely engagement and advance equitable mental healthcare for displaced communities.
Popul. Med. 2026;8(Supplement 1):A1951

ABS0861
Transdiagnostic Psychological Effects of Lysergic Acid Diethylamide– and Psilocybin-Assisted Psychotherapy in Patients With and Without Substance Use Disorders
Louise Penzenstadler[1], Tatiana Aboulafia Brakha[1], Daniele Zullino[1]
[1]Addiction Psychiatry, University of Geneva, Geneva, Switzerland
BACKGROUND
Psychedelic-assisted psychotherapy (PAP) has been conceptualized as a transdiagnostic intervention, targeting core psychological processes shared across psychiatric disorders rather than diagnosis-specific symptom profiles. In contrast, substance use disorders (SUD) are commonly assumed to reduce treatment responsiveness, particularly in interventions for depression, where comorbidity is associated with poorer outcomes. Whether SUD meaningfully attenuates the psychological effects of PAP remains insufficiently studied.
METHODS
We analyzed prospectively collected routine clinical data from the Geneva psychedelic-assisted psychotherapy (PAP) program. Sixty-eight adult patients with treatment-resistant depression received a single session of PAP using either psilocybin (25 mg) or lysergic acid diethylamide (LSD, 100 µg) within a standardized therapeutic framework including preparation and integration phases. Patients were stratified according to the presence (n = 17) or absence (n = 51) of comorbid substance use disorder (SUD). Depressive symptoms (Beck Depression Inventory, BDI) and trait anxiety (State-Trait Anxiety Inventory—Trait, STAI-T) were assessed at screening, prior to the psychedelic session, and one month post-session. Repeated-measures analyses were performed to examine time effects and group × time interactions.
RESULTS
Both depressive and anxiety symptoms showed significant improvements over time ($p < 0.001$). No significant main effects of group and no group × time interactions were observed for either outcome ($p > 0.05$), indicating comparable psychological benefit in patients with and without comorbid SUD.
CONCLUSIONS
From a public health perspective, these findings challenge the assumption that SUD inherently limit responsiveness to innovative mental health treatments. The absence of a differential effect in patients with and without comorbid SUD suggests that psychedelic-assisted psychotherapy may contribute to reducing treatment inequities, particularly for populations frequently excluded from effective care due to diagnostic boundaries. By supporting a transdiagnostic model, PAP may facilitate broader access, improve engagement across fragmented service systems, and inform more inclusive mental health policies aimed at high-burden, marginalized groups.
Popul. Med. 2026;8(Supplement 1):A1955

ABS0966

Integrative Ayurvedic Approaches to Lifestyle and Preventive Care: Traditional Medicine as a Pathway to Global Health Equity

Anupama Kizhakkeveettil[1]
[1]Ayurvedic Medicine, Southern California University Of Health Sciences, Whittier, United States

BACKGROUND
Noncommunicable diseases (NCDs) and lifestyle-driven health conditions continue to rise worldwide, disproportionately affecting low-income and marginalized communities. While the need for cost-effective and adaptable strategies increases in the developing world's health systems, the traditional health system such as Ayurvedic medicine, could provide valuable adjunct approaches through lifestyle modification, food-based healing, and mind-body balance. This abstract explores how Ayurvedic preventive and lifestyle practices can be contextualized, adapted, and integrated into public health frameworks to advance equity in chronic disease prevention.
METHODS
A narrative review was carried out, and the best available sources from Ayurvedic classics and recent literature in the area of lifestyle medicine, integrative health, and equity-based public health were explored. Core Ayurvedic principles including constitution-based nutrition, daily and seasonal routines, stress management practices, herbal support, and therapeutic modalities were analyzed and mapped to modifiable risk factors for noncommunicable diseases and relevant social determinants of health.
RESULTS
The observations indicate that the preventive practices explained in Ayurveda medicine resonate with evidence based preventive practices for lifestyle-related, stress-related ailments, and behavioral factors associated with risk. Ayurveda offers prevention-focused framework that supports personalization while remaining adaptable across populations and this approach may help address diet-related illness, stress-related conditions, and barriers to preventive care.
CONCLUSIONS
Ayurveda presents a viable, equity-centered complementary framework for lifestyle and preventive care within public health systems. If implemented with cultural humility and accessibility, interdisciplinary collaboration, the principles of Ayurveda could help enhance preventive practices for chronic diseases and community enhancement. More studies and research in terms of interventions and cost-effectiveness assessments are required to examine scalability and global applicability. The preventive and educatory aspects of Ayurveda make this model an effective force in shaping public health in the future, given its emphasis on lifestyle diseases that are overstraining healthcare systems worldwide.
Popul. Med. 2026;8(Supplement 1):A1956

ABS2090

Women's Cultural Interpretations and Health-Seeking Pathways for Symptoms Suggestive of Female Genital Schistosomiasis in Rural KwaZulu-Natal, South Africa

Sinegugu Shongwe[1], Themba Ginindza[1], Khumbulani Hlongwana[1]
[1]School of Medicine, Department of Public Health Medicine, University of KwaZulu-Natal, Durban, South Africa

INTRODUCTION
female genital schistosomiasis (FGS) is a neglected gynaecological condition affecting millions of women in endemic settings, yet it remains largely unrecognised within biomedical health systems1. In many affected communities, symptoms suggestive of FGS are interpreted through indigenous explanatory frameworks2. However, cultural interpretations of these symptoms and treatment-seeking pathways within traditional healing systems remain poorly documented. This study explored cultural interpretations and health-seeking pathways for symptoms suggestive of FGS in rural kwazulu-natal, south africa.
METHODS
embedded within a broader mixed-methods study, this qualitative component was conducted in the Ilembe district. In-depth interviews were undertaken with traditional healers and women at risk of FGS, alongside focus group discussions with community members. Data were analysed thematically using an inductive approach.
RESULTS
preliminary findings indicate that genital symptoms suggestive of FGS are commonly interpreted through indigenous lenses, including intentional harm and spiritual imbalance. Treatments prescribed by traditional healers are frequently informed by ancestral guidance and include izimbiza, defined as mixtures of boiled herbs prepared for healing, cleansing, or protection, as well as other herbal preparations. These interpretations strongly shape health-seeking pathways, with traditional healers often serving as the first point of care. In some cases, biomedical and traditional care are pursued concurrently when initial treatments are perceived as insufficient. Pathways to care are further influenced by gendered social norms, healer characteristics, and levels of community trust in different health systems.
CONCLUSIONS
recognising indigenous interpretations of symptoms suggestive of FGS is important for improving case recognition, reducing stigma, and advancing women's reproductive health rights. These findings provide context-specific evidence to inform schistosomiasis control programmes, primary health care implementers, and sexual and reproductive health policy frameworks. Integrating traditional healers into culturally responsive community-level health promotion and referral guidelines may strengthen the detection of FGS, treatment uptake, and rights-based women's health interventions in endemic settings.
Popul. Med. 2026;8(Supplement 1):A1963

ABS2128

A qualitative exploration of public healthcare providers' preparedness for complementary and alternative medicine integration

Cornelia Hall[1,2], Themba Ginindza[1]
[1]School of Public Health Medicine, University of KwaZulu Natal (UKZN), Durban, South Africa, [2]Homoeopathy, Durban University of Technology (DUT), Durban, South Africa

INTRODUCTION
Complementary and alternative medicine (CAM) practitioners currently address the health needs of South Africans through private practice only. As the majority of the population cannot afford private healthcare, CAM services are not accessible to most. The aim of this study was to explore the preparedness of healthcare professionals towards the integration of CAM into public healthcare in South Africa. Three public hospitals in Durban were selected as study sites.
METHODS
This qualitative study followed grounded theory methodology. The study sample consisted of 14 medical professionals. Data was collected through in-depth semi-structured interviews which were recorded and transcribed verbatim. Data analysis was by means of coding and thematic analysis. Steps included open coding (attaching descriptive codes to text), organising codes into emerging themes, theoretical sampling (comparison of new data with existing codes and categories), axial coding (codes grouped into broader categories) and finally selective coding (identifying central themes and sub-themes).
RESULTS
Five main themes and 20 sub-themes were identified. Main themes identified were limited understanding of CAM by medical professionals, different approaches towards patient interaction and treatment, health providers' doubt about therapeutic efficacy of CAM, lack of awareness of training and registration requirements for CAM practitioners, and the potential for CAM to be integrated into primary health care (PHC).
CONCLUSIONS
This study provided critical insights into the preparedness of healthcare professionals for the integration of CAM practitioners and CAM therapies into the public healthcare sector. Based on the findings, the researcher developed a grounded theory suggesting that healthcare providers are currently not prepared, educationally, structurally, or attitudinally, for such integration. While some participants acknowledged the relevance and demand for CAM, misconceptions about safety, efficacy, and legitimacy remain significant barriers. For integration to be feasible and effective, strategic investment in education, awareness-raising, regulation, and interprofessional engagement is essential.
Popul. Med. 2026;8(Supplement 1):A1964

ABS3532

Salt and light project: art therapy as a strategy for recovery from harm and promotion of the health of homeless people.

Caroline Feitosa Dibai de Castro[1,2], Iasmin Carvalho Andrade[2], Luiza Barbosa Loss[2], Isabela Zucoloto Masolini[2], Joao Vitor Vargas de Figueiredo Ribeiro[2], Jordana Knack Nascimento[2], Livia Rocha Loureiro[2], Fabrício Santos Neves[1], Thais Campolina Cohen Azoury[2], Fabiola Fernandes Bersot Magalhães[1], Maria Angélica Carvalho Andrade[1], Ana Claudia Pinheiro Garcia[1], Thauan Da Silva Castro Borges[2]
[1]Graduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil, [2]University Extension Project, Higher School of Sciences of Santa Casa de Misericórdia de Vitória (EMESCAM), Vitória, Brazil

INTRODUCTION
People experiencing homelessness are exposed to a wide range of social vulnerabilities, posing a challenge to promoting their physical, mental, and

collective health. Promoting equity requires an intersectoral and humanized approach within the public health system.
AIM
The university extension project "SALT AND LIGHT" was developed to promote health, well-being, and resocialization through art therapy and integrative practices, linked to primary health care, in the context of a permanent shelter. MethodsThis is an account of the experience of the extension project "SALT AND LIGHT" developed by medical students from the Higher School of Sciences of the Santa Casa de Misericórdia de Vitória (EMESCAM). The activities took place every two weeks at the Social Shelter in Vitória, Brazil, with workshops in art therapy, freehand painting and ecobag making, and caricature workshops in a collaborative way, focusing on the development of creativity and emotional bonds.
RESULTS
Progressive adherence by participants was observed, breaking down barriers of social exclusion imposed on these groups. Through continuous actions, there was a strengthening of afective bonds, emotional openness, and active participation. Improvements in self-esteem, recovery of identity, stimulation of creativity, as well as a reduction in social isolation and strengthening of interpersonal relationships in the shelter were observed.ConclusionsThe SALT AND LIGHT project demonstrates that art therapy, integrated into university extension programs and primary care practices, constitutes an efective, low-cost strategy aligned with the principles of public health, contributing broadly to resocialization, health equity, and critical and humanized medical training.
Popul. Med. 2026;8(Supplement 1):A1969

ABS3537
Traditional Medicine and Public Health: Preparing for System-Wide Change

Amie Steel[1,2], Jon Wardle[1,2], Daniel Gallego-Perez[3,1], Ossy Kasilo[4,1]
[1]National Centre for Naturopathic Medicine, Southern Cross University, Lismore, Australia, [2]Complementary Medicine – Evidence, Research and Policy Special Interest Group, Public Health Association of Australia, Canberra, Australia, [3]University of North Carolina at Chapel Hill, Chapel Hill, United States, [4]Traditional, Complementary and Integrative Health Coalition, Geneva, Switzerland
BACKGROUND
In May 2025, the World Health Assembly ratified the World Health Organization's Global Traditional Medicine Strategy (2025–2034), envisioning "a world in which there is universal, safe, effective and people-centred traditional, complementary and integrative medicine (TCIM) for the health and well-being of all."
OBJECTIVES
(1) strengthen the evidence base for TCIM, support safe and effective TCIM through regulatory mechanisms, (3) integrate TCIM into health systems, and optimize cross-sector value and empower communities. Despite global commitment, the public health community has limited engagement with TCIM—an area poised to transform health systems.
METHODS
This session will draw on four TCIM experts to inform public health researchers and practitioners about the landscape underpinning these objectives. Professor Amie Steel will present the WHO TM Research Roadmap; Professor Ossy Kasilo will discuss regulatory mechanisms for TCIM products and practitioners in Africa; Dr Daniel Gallego-Perez will outline TCIM integration into health systems in the Americas; and Professor Jon Wardle will share insights into cross-sectoral engagement. A panel discussion will follow to explore these concepts further.
RESULTS
The session will enhance delegates' understanding of TCIM's current landscape with a specific focus on the public health context. Speakers will also highlight opportunities for public health professionals to contribute to implementation of the WHO TM Strategy.
CONCLUSIONS
Public health professionals have a critical role in realizing the WHO TM Strategy, which will drive significant health system and policy transformation globally. By being informed, they can actively shape and respond to changes over the next decade.
Popul. Med. 2026;8(Supplement 1):A1970

ABS3558
Functional movement: a path to well-being, resocialization, and dignity for homeless people in Brazil.

Caroline Feitosa Dibai de Castro[1,2], Alvaro Borlini Machado[2], Amanda Pizetta[2], Ana Beatriz Santana Teixeira Spiecker[2], Beatrice Buffon Puppin[2], Fabiano Alves Junior[2], Gabrielle Clementino Silva de Oliveira[2], Fabrício Santos Neves[1], Francine Alves Gratival Raposo[2], Fabiola Fernandes Bersot Magalhães[1], Maria Angélica Carvalho Andrade[1], Ana Claudia Pinheiro Garcia[1]
[1]Graduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil, [2]University Extension Project, Higher School of Sciences of Santa Casa de Misericórdia de Vitória (EMESCAM), Vitória, Brazil
INTRODUCTION
People experiencing homelessness face multiple vulnerabilities that negatively impact their physical, mental, and social health, requiring care strategies that go beyond the traditional biomedical model. Therefore, interventions aimed at promoting balanced health and well-being through the application of body practices are tools that promote humanized care, strengthening bonds within the context of Primary Health Care (PHC).
AIM
To describe the impact of the functional activities developed through the university extension project "SALT AND LIGHT" in promoting well-being, resocialization, and the development of social bonds among the homeless population housed in a social shelter in Brazil.
METHODS
This is a descriptive study with a qualitative approach about functional activities performed by students of the "SALT and LIGHT" Project in a social shelter in Vitória, Brazil. The activities took place every two weeks in 2025, together with shelter residents and medical and physiotherapy students from the Santa Casa de Misericórdia de Vitória Higher School of Sciences (EMESCAM). The activities included stretching, yoga, dance, and integrative body practices based on lifestyle medicine. Participant evaluation was conducted through records of adherence and perception of those involved in the process.
RESULTS
Progressive participation in the activities was observed, fostering the creation of bonds, improved body language, a sense of belonging, and the expression of emotions such as joy, lightness, and relief in the face of social adversities, promoting a life with greater quality and dignity.
CONCLUSIONS
The activities coordinated by the outreach project were successful in promoting comprehensive and humanized healthcare for homeless people. Humanized interprofessional actions within the scope of primary health care are essential to guarantee well-being in national and international contexts permeated by social vulnerabilities.
Popul. Med. 2026;8(Supplement 1):A1971

ABS3611
Residues in Selected Medicinal Plants and Their Implications for Public Health: A Review

Siza Mthi[1], Sive Tokozwayo[1,2], Nkululeko Nyangiwe[3], Ntombokhona Koza[3], Lwando Mbambalala[4], Monde Rapiya[5], Monde Rapiya[6]
[1]Department of Agriculture, Public Sector, Queenstown, South Africa, [2]Döhne Agricultural Development Institute, Research, Stutterheim, South Africa, [3]University of South Africa, University, Johannesburg, South Africa, [4]Animal and Poultry Science, School of Agriculture, Earth and Environmental Science, University of KwaZulu-Natal,, University, Petermaritzburg, South Africa, [5]Department of Agriculture and Rural Development, Agricultural Research Services, Public Sector, Potchefstroom, South Africa, [6]Department of Plant and Soil Sciences, University of Pretoria, University, Pretoria, South Africa
BACKGROUND
Traditional medicinal plants play a vital role in primary healthcare, especially where smallholder and rural farming is practised. Medicinal services are often inaccessible to the farming community due to a combination of geographical, financial, infrastructural, and social factors. Although medicinal plants are generally considered safe because they are natural origin and have been used for centuries or even millennia, growing scientific data indicate that some of these plants contain toxic phytochemicals and residue of environmental contaminants which can be a public health hazard. This study aimed to assess documented residues in selected medicinal plants commonly used and their potential in affecting human health.
METHODS
A survey of peer reviewed literature, analyses of secondary phytochemical and residue data, and synthesis of community-based knowledge are recorded in previous ethnobotanical studies. Both internal hazardous substances and exterior contamination from environmental and agricultural sources are the main topic of the review.
RESULTS
Several toxic and poisonous phytochemicals were identified, including pyrrolizidine alkaloids, aristolochic acids, cyanogenic gylcosides, and cardiac glycosides. When ingested at unsafe levels, these compounds are linked to negative health

outcomes like liver damage, renal failure, cardiac toxicity, and acute poisoning. Furthermore, reports of pesticides, mycotoxins, and heavy metal (lead, mercury, and arsenic) residues were common, especially in plants that were collected from contaminated soils, roadside, or stored under poor conditions. The results show a gap between traditional knowledge and scientific data the dangers regarding residue related risks. Even though medicinal plants significantly improve health and livelihoods, uncontrolled usage and lack of knowledge about contamination pathways make the public health more vulnerable.
CONCLUSIONS
Better integration of traditional practices with scientific risk assessment is crucial to safeguard public health.
Popul. Med. 2026;8(Supplement 1):A1972

ABS3753
Phefumula GOGO: breathwork as a complementary practice to promote emotional wellbeing, mental health and psychosocial support for grandmothers and grandchildren
Hlumelo Gxotiwe[1], Jane Simmonds[1]
[1]goGOGOgo, Johannesburg, South Africa
INTRODUCTION
Grandmothers in low-income settings play a critical role as primary caregivers, often raising grandchildren while navigating chronic stress, economic insecurity, grief, and cumulative trauma. Despite their central contribution to family and community wellbeing, there is limited access to culturally appropriate psychosocial support interventions for older women caregivers. Phefumla Gogo ("Breathe, Grandmother") is a community-based breathwork intervention designed to promote emotional regulation, stress reduction, and embodied wellbeing among grandmothers in low-income contexts.
METHODS
This study assessed the reception, feasibility, acceptability, and preliminary outcomes of the Phefumla Gogo breathwork sessions implemented within a community support programme for grandmothers. The intervention consisted of facilitated group breathwork sessions delivered over a defined period. A mixed-methods approach was employed, combining pre- and post-intervention self-reported measures of perceived stress, emotional wellbeing, and physical symptoms with qualitative data from focus group discussions and facilitator observations. Quantitative data were analysed descriptively to assess changes over time, while qualitative data were analysed thematically to capture participant experiences.
RESULTS
Grandmothers reported reductions in stress, anxiety, and physical tension following participation in the sessions, alongside improvements in emotional regulation, sleep quality, and overall feelings of calm. Preliminary session findings from introductory session demonstrated high acceptability of the intervention, with participants describing the sessions as accessible, empowering, and culturally resonant. Many grandmothers reported continued use of breathwork techniques outside the sessions to manage caregiving stress, interpersonal conflict, and emotional distress and expressed a desire to continue regular sessions.
CONCLUSIONS
Phefumla Gogo shows promise as a low-cost, scalable psychosocial intervention that supports caregiver well-being and intergenerational resilience. By equipping grandmothers with practical stress-management tools that can be shared with grandchildren, the intervention has the potential to amplify impact beyond for grandmothers in low-income settings. Findings suggest that breathwork can enhance emotional wellbeing and coping capacity among older women with significant caregiving responsibilities.
Popul. Med. 2026;8(Supplement 1):A1973

MATERNAL & ADOLESCENT & CHILD HEALTH - INCLUDING WOMEN'S HEALTH RIGHTS

ABS0137
Empowerment and help-seeking for violence among Filipino women victims of intimate partner violence: Analysis of data from the Philippine National Demographic and Health Survey
Amiel Nazer Bermudez[1], Kim Cochon[2]
[1]Department of Epidemiology and Biostatistics, University of the Philippines Manila, City of Manila, Philippines, [2]Department of Clinical Epidemiology, University of the Philippines Manila, City of Manila, Philippines
ABSTRACT
Introduction. A key strategy to stopping intimate partner violence (IPV) is for women to disclose and seek help for their experience, but only a small proportion of IPV survivors do so. This study aimed to determine the association between women's empowerment and help-seeking for IPV among Filipino women. Methods. We used pooled data from the 2013, 2017, and 2022 cycles of the Philippine National Demographic and Health Survey. We created an empowerment index (range 0-17) based on indicators related to asset ownership, decision-making, and attitudes towards wife beating. Respondents were classified into "low," "moderate," and "high" categories based on terciles of the index. Help-seeking outcomes were defined according to the source of support: formal (e.g., medical personnel, police), informal (e.g., family, friend, neighbor), and any. We estimated odds ratios with 95% confidence intervals using logistic regression models with robust variance to account for outcome dependencies, and included survey year indicators to adjust for secular changes. Results. Of 4,832 women experiencing IPV, 17.9% sought informal help, 3.1% formal help, and 20.0% any help. Informal sources were mainly family (65.9%), while formal help most often involved police (61.6%). Empowerment was positively associated with help-seeking. Moderate empowerment was associated with higher odds of informal (AOR = 1.33; 95% CI: 1.08-1.65), formal (AOR = 1.69; 95% CI: 1.05-2.71), and any help-seeking (AOR = 1.39; 95% CI: 1.12-1.71). High empowerment was also associated with higher odds of formal (AOR = 2.36; 95% CI: 1.48-3.74) and any help-seeking (AOR = 1.26; 95% CI: 1.01-1.59). Conclusion. Women's empowerment is strongly linked to help-seeking for IPV. Strengthening empowerment in traditionally patriarchal societies may increase disclosure and utilization of support systems. Strategies should focus on improving gender consciousness, supporting women through resource mobilization and skills training, and expanding women's access to and control over household economic resources.
Popul. Med. 2026;8(Supplement 1):A1985

ABS0145
Women Mistreatment in hospitals During Childbirth In Khartoum State, Sudan 2022
Leena Mohammed[1]
[1]Community Medicine, Alneelain University, Khartoum, Sudan
INTRODUCTION
Women mistreatment during facility-based delivery is a growing human right problem that leads to decreasing the quality of care and utilization of maternal healthcare services which is a key factor in increasing maternal morbidity and mortality. It is important to study mistreatment in depth to understand how it is perceived by women and to know its consequences.
METHODS
A community based descriptive cross-sectional study was conducted in Khartoum state. A sample of 375 of women who underwent vaginal delivery between January and October 2022 were recruited and have filled a self-administered questionnaire and their experiences about abuse, and their perception about it were recorded.
RESULTS
91.7% of women reported at least one form of mistreatment, the commonest type of mistreatment reported by women was neglect by healthcare providers that yielded 56.1%. 71.2% underwent non-consented episiotomy, ad 36.4% underwent pelvic examination in front of other patients. The incident of mistreatment in government hospital was found to significantly higher than in private hospitals.
CONCLUSIONS
The type of facility in which birth takes place and women's age and socioeconomic level are major determinants of mistreatment, as the abuse rate was found to be higher in public hospitals and the youngest group with the lowest socioeconomic status were mostly affected.
Popul. Med. 2026;8(Supplement 1):A1987

ABS0226
Intersecting Supply- and Demand-Side Barriers to Accessing Safe Abortion Care among Adolescents and Young Women in Southern Ethiopia: Insights from Levesque's Access Framework
Negussie Boti Sidamo[1]
[1]Public Health, Arba Minch University, Arba Minch, Ethiopia
BACKGROUND
Unsafe abortion remains a major contributor to maternal morbidity and mortality among adolescents and young women in low- and middle-income countries, including Ethiopia. Despite the legal provisions for safe abortion under specific conditions, access remains limited. Understanding how health system (supply-side) and individual (demand-side) barriers interact is critical for improving equitable access. This study explored the intersecting supply- and demand-side barriers and facilitators influencing adolescents' and young women's access to safe abortion care in Southern Ethiopia, guided by Levesque's Access Framework
METHODS

A qualitative study was conducted among adolescents and young women who sought abortion-related care, healthcare providers, and health facility managers in public health facilities across Southern Ethiopia. Data were collected through in-depth interviews and focus group discussions, and analyzed thematically using Levesque's five dimensions access framework.
RESULTS
Barriers to safe abortion care emerged at the intersection of supply- and demand-side factors across all dimensions of access. Limited awareness of legal abortion services, stigma, and misinformation reduced approachability and the ability to perceive available care. Judgmental attitudes of providers and sociocultural taboos constrained acceptability and the ability to seek care. Shortage of trained staff, inadequate privacy, and poor service organization limited availability and the ability to reach services. Hidden and indirect costs undermined affordability and the ability to pay. Finally, poor follow-up care and provider bias affected appropriateness and the ability to engage. However, supportive providers, confidential services, and adolescent-friendly spaces served as key facilitators.
CONCLUSIONS
Access to safe abortion care for adolescents and young women in Southern Ethiopia is hindered by the dynamic intersection of health system constraints and individual-level challenges. Addressing both supply- and demand-side barriers simultaneously through stigma reduction, provider capacity building, and adolescent-responsive service design will be essential to improving equitable and timely access to safe abortion care.
Popul. Med. 2026;8(Supplement 1):A2003

ABS0239
Balancing Accountability and Learning: Ethical and practical Dilemmas in Naming and Shaming within MPDSR

Getnet Tadele[1], Getnet Tadele[1], Astrid Blystad[1], Haldis Haukanes[1], Karen Mariie Molland[1]
[1]Sociology and Social Anthropology, Addis Ababa University, Addis Ababa, Ethiopia
ABSTRACT
Maternal and Perinatal Death Surveillance and Response (MPDSR) aims to improve maternal mortality reporting and inform corrective actions to reduce maternal deaths. However, a critical ethical dilemma emerges between fostering accountability and avoiding a culture of blame and shame. While naming and shaming may encourage responsibility, it can also discourage open reporting and learning. Conversely, avoiding blame may lead to impunity and inaction. This study explores these tensions by examining stakeholders' perspectives on accountability in MPDSR. We conducted key informant interviews with major actors in MPDSR, including two representatives from government agencies, four from professional associations and clinical leadership, and five from international NGOs and UN agencies. Data were analyzed thematically to identify recurring challenges and proposed solutions. While stakeholders recognize the importance of accountability, fear of punishment discourages full disclosure. Weak confidentiality measures and a lack of protective legislation create fear among healthcare providers, deterring honest reporting. Concerns about blame such as work bans, legal penalties, fines, loss of licenses, or imprisonment drive defensive clinical practices. Providers prioritize risk avoidance over patient-centered care by making premature referrals, rigidly following protocols despite individual patient needs, and withholding reports of errors or near misses to avoid blame. Informants emphasized that MPDSR is meant to be a learning process, not a punitive one. MPDSR must navigate the fine line between accountability and blame, raising important ethical considerations in maternal mortality reporting. A just culture where errors drive system improvements rather than individual punishment aligns with ethical principles of fairness, non-maleficence, and professional integrity. Punitive approaches risk discouraging transparency and eroding trust, while an ethical framework rooted in learning and shared responsibility fosters a safer healthcare system. Strengthening maternal mortality reporting through ethical accountability not only improves patient outcomes but also upholds the moral duty to learn from mistakes without resorting to blame.
Popul. Med. 2026;8(Supplement 1):A2006

ABS0282
Early Exposures, Altered Defenses: Immunotoxic Consequences of Childhood Pesticide Contact

Moustafa Sherif[1], Aya Darwish[1], Aya Samy[1], Shimaa Sami[2], Balázs Ádám[3]
[1]Benha University, Benha, Egypt, [2]Central Clinical Pathology Labs, Egyptian Ministry of Health, Benha, Egypt, [3]Institute of Public Health, United Arab Emirated University, AbuDhabi, United Arab Emirates
BACKGROUND
The developing immune system is potentially vulnerable to environmental toxicants. Pesticide exposure during critical developmental windows may have lasting consequences, but the evidence for immunotoxic effects in children has not been comprehensively synthesized.
METHODS
We conducted a systematic review and meta-analysis following PRISMA 2020 guidelines. A comprehensive literature search identified studies examining associations between prenatal and early childhood pesticide exposure and immune system parameters in children. Random-effects meta-analyses were performed where sufficient data were available.
RESULTS
Seventeen studies met the inclusion criteria. The review consistently demonstrated alterations in immune parameters following pesticide exposure. Meta-analyses revealed significant reductions in neutrophil counts (effect size: -0.09, 95% CI: -0.17, -0.01; p=0.02) and eosinophil counts (effect size: -0.06, 95% CI: -0.09, -0.03; p<0.001). Pro-inflammatory cytokine production was significantly increased (effect size: 0.18, 95% CI: 0.08, 0.28; p<0.001). Mixed pesticide exposure showed the strongest association with elevated immunoglobulin responses (OR: 1.42, 95% CI: 1.12, 1.80; p<0.001). Functional assays indicated reduced lymphoproliferative responses and natural killer cell activity. Epidemiological data linked prenatal organochlorine exposure to an increased risk of otitis media (RR=1.52, 95% CI: 1.05–2.22).
CONCLUSIONS
This review provides evidence that prenatal and early childhood pesticide exposure is associated with measurable alterations in immune system parameters, including both immunosuppressive and pro-inflammatory/allergic responses. These alterations may have clinical implications for childhood infections and allergic diseases. The findings underscore the need for stricter regulatory frameworks to protect developing immune systems and highlight the importance of public health interventions to reduce exposure during critical developmental windows.
Popul. Med. 2026;8(Supplement 1):A2014

ABS0315
Growing Up in Umlazi: Adolescents lived experiences of puberty, relationships, and Sexual Health

Sphindile Tshambi[1], Mosa Moshabela[1], Zamasomi Luvuno[1]
[1]Public Health, University of KwaZulu-Natal, Durban-KZN, South Africa
BACKGROUND
Adolescence is a transformative period for physical, emotional, and social development. In Umlazi, South Africa, adolescents navigate bodily changes, relationships, and sexual health with limited guidance, despite school-based Life Orientation lessons. Extended family households, peer networks, and socio-cultural norms shape puberty experiences, autonomy, relational and sexual decision-making. This study forms the qualitative component of a mixed-methods PhD project, aiming to inform contextually grounded sexual and reproductive health (SRH) interventions aligned with SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), and SDG 5 (Gender Equality).
METHODS
Twelve adolescents aged 10–19 within the USINGA Health and Demographic Surveillance System (HDSS) area were purposively recruited for semi-structured interviews conducted in isiZulu and translated into English. Data were analysed thematically across five domains: household environment, physical development, friendships, romantic relationships, and sexual health experiences, complementing the PhD's quantitative components.
RESULTS
Adolescents lived primarily in extended families, with mothers and grandmothers providing support. Bodily changes brought mixed feelings of pride and discomfort. Autonomy in decision-making was valued, but peer pressure, material expectations, and gender norms complicated relationships. School lessons were the main source of sexual health information, while home discussions were limited or cautionary. Friendships offered emotional support but occasionally exposed adolescents to risky behaviour. Early curiosity about bodies and relationships, even among younger adolescents, highlighted gaps in age-appropriate guidance and the need for SRH education starting in early adolescence.
CONCLUSIONS
The findings reveal a tension between adolescents' desire for autonomy and gaps in adult guidance. Collaborative interventions co-designed with adolescents, families, and schools are essential to promote informed sexual decision-making, gender equity, and emotional well-being.
Popul. Med. 2026;8(Supplement 1):A2016

ABS0318
Why adolescents seek emergency care: a descriptive study from a

national district hospital in South Africa

Matthew Benedict[1], Anne Olowu[2], Chinwendu Onuegbu[3], Deverdene Finnis[1], Botshelo Moichwanetsi[1], Kajal Narrain[1], Miché Springbok[1], Victor Tantiso[1], Cornel van Rooyen[1]
[1]Family Medicine and Public Health, University of the Free State Bloemfontein, Bloemfontein, South Africa, [2]Global Health Services, Public Health, Anne Aide Consulting, Lagos, Nigeria, [3]School of Psychology, Social work and Public Health, Faculty of Health and Life sciences, Oxford Brookes University, Oxford, United Kingdom

INTRODUCTION
Adolescents are a key public health group due to their susceptibility to injury, acute illness, and psychosocial crises. Although they constitute nearly 18% of South Africa's population, their needs are often overlooked within healthcare systems. Emergency departments (EDs) frequently serve as the first point of contact for adolescents requiring urgent care. This study aimed to describe the pattern of adolescent presentations to the ED.
METHODS
A retrospective descriptive study was conducted at the National District Hospital (NDH), Bloemfontein, Free State Province, South Africa. All adolescents aged 13–21 years who presented to the ED between January and December 2019 were included. Data were extracted from the ED register; incomplete records were excluded. Variables included demographics, presenting complaints, and outcomes. Relevant ethical approvals were obtained.
RESULTS
Of the 1070 cases included in the study, 89.5% were self-referred, and 47.7% waited more than 180 minutes. Medical emergencies accounted for 55.1% of presentations, followed by trauma (15.2%), gynaecological/pregnancy-related (7.7%), mental health (6.6%), and urological (6.4%) emergencies. Patients seen by more junior doctors experienced longer stays (p=0.025). Waiting time was significantly associated with outcome (p<0.001); 10 of 22 patients who absconded, and the one patient that died had waited over 180 minutes. Less urgent cases waited longer (p<0.001), while highly urgent cases (P1) were attended by more junior doctors (p=0.002). No significant association was found between attending doctor and outcome (p=0.263). Weekday presentations had longer waits compared to weekends/public holidays (p=0.024).
CONCLUSIONS
Adolescent ED presentations involve diverse medical and psychosocial needs. Enhancing ED capacity in adolescent-focused care—particularly mental and reproductive health—along with improved triage and targeted health promotion, may reduce adverse outcomes in this vulnerable group.
Popul. Med. 2026;8(Supplement 1):A2017

ABS0345

Global Youth Health Policy

Rebecca Gilmour[1], Michelle Herrera Corvalán[1], Fiona Robards[1]
[1]World Federation of Public Health Associations, Women, Children and Youth Working Group, Geneva, Switzerland

BACKGROUND
Young people represent approximately 16% of the global population, Youth represents a critical development period, laying the foundation for lifelong health and wellbeing, however, young people are the most overlooked population group, receiving the lowest per capita health investment across all age groups. [4-5] This disparity underscores the urgent need for direct, responsive, inclusive and evidence-based policies that ensure equitable, youth health services are effectively designed to meet their diverse needs. This review and quality assessment of global youth health policies aimed to understand global priorities, identify policy gaps, and inform the development of comprehensive, youth-centred health policies worldwide.
METHODS
A structured Google search was conducted to identify international policies, frameworks, and inquiry reports on youth health published between 2015-2025 by international, regional, and professional bodies. A thematic analysis was undertaken to identify key patterns and priorities, followed by a quality assessment.
RESULTS
Twenty-three policies, frameworks, and inquiry reports addressing youth health were identified. Definitions of 'youth' varied, though the range of 10-24 years was most adopted. Mental health (57%) and sexual and reproductive health (48%) were the most frequently addressed health issues, followed by general health (44%), non-communicable diseases (30%), and drug and alcohol use (17%). Few documents focused on specific settings or marginalised populations. Only 52% demonstrated explicit involvement of young people in policy development. The quality assessment showed low scores for resource allocation and monitoring and evaluation mechanisms.
CONCLUSIONS
Critical gaps in equity, representation of marginalised groups, and accountability continue to threaten global progress towards achieving the Sustainable Development Goals. Urgent, coordinated action is needed. Governments, policymakers, and stakeholders must prioritise the formulation and implementation of evidence-based youth health policies. Strengthening implementation and accountability across these policies will be essential to ensure that all young people achieve their full potential.
Popul. Med. 2026;8(Supplement 1):A2020

ABS0361

Integrating hiv tb and sexual and reproductive health services through community safe spaces to improve health access for adolescent girls and young women in Uganda

Hood Kagoda Serumaga[1], Rosie Nasejje[2]
[1]Health, Uganda Development and Health Associates – SR Global Fund, Jinja, Uganda, [2]Health, The Aids Support Organisation - PR Global Fund, Kampala, Uganda

INTRODUCTION
adolescent girls and young women (AGYW) in uganda continue to experience high rates of hiv infection, tuberculosis (TB), and sexual and reproductive health (SRH) challenges. Access barriers such as stigma, cost, and distance limit facility-based care. Uganda development and health associates (UDHA), in partnership with the aids support organisation (TASO), implemented a community-based safe-space primary health care (PHC) model to integrate hiv, tb, and srh services. This study evaluates the model's effectiveness in improving service uptake and linkage to care among agyw aged 15–24 years in eastern uganda.
METHODS
a cross-sectional analysis was conducted using data from january 2024 to june 2025 across nine districts. Each safe-space session offered integrated hiv testing, pre-exposure prophylaxis (prep), family planning, tb screening, and gender-based violence support delivered by trained peer facilitators and clinicians. Quantitative data were extracted from outreach registers and dhis2 summaries, while qualitative data from focus groups explored acceptability and behavioral change.
RESULTS
a total of 15284 agyw accessed services during 312 safe-space sessions. Hiv testing coverage reached 98 percent, with 93 percent receiving same-day results and 82 percent of positives linked to treatment within 72 hours. Prep uptake rose from 7 to 21 percent, while 4217 initiated family planning. 6302 agyw underwent tb screening, identifying 212 presumptive cases for genexpert testing. Participants reported increased trust, peer motivation, and reduced stigma compared to facility-based care.
CONCLUSIONS
the safe-space phc model demonstrates that community-anchored service delivery can significantly enhance access, continuity, and quality of hiv, tb, and srh services for young women. Scaling the model through district health systems could advance universal health coverage and gender-responsive health equity in uganda.
Popul. Med. 2026;8(Supplement 1):A2022

ABS0369

A study of inappropriate promotion of commercially available complementary foods for infants and young children aged 6–36 months in the Russian Federation

Aleksandra Antsiferova[1], Anna Kontsevaya[1], Dinara Mukaneeva[1], Oxana Drapkina[1]
[1]Department of Public Health Promotion, National Medical Research Center for Therapy and Preventive Medicine of the Ministry of Health of the Russian Federation, Moscow, Russian Federation

ABSTRACT
Introduction. Evidence supporting the link between early life nutrition and adult health now forms a cornerstone of health promotion and public health programmes globally. The Purpose of this study is to evaluate the nutritional composition of commercially available complementary foods (CACFs) targeting infants and young children (IYC) up to 36 months available in the marketplace in Moscow, Russia Materials and Methods. The study protocol was developed in collaboration with the WHO Regional Office for Europe NCD Office using methodology established in previous studies using the 2019 draft nutrient profile models early. This is a cross-sectional study of the availability and nutritional composition of CACFs for IYC aged 6-36 months. Results. In total, 227 baby food products were sampled across different product types to achieve as representative a sample as possible of products available in the Moscow region. A substantial

proportion of products (n=89, 38%) were marketed as being suitable for infants under the age of 6 months. 95% products (n=216) were missing information on total sugars, 78% products (n=177) were missing information on either sodium or salt, 24% products (n=55) were missing information on total fat, 95% products (n=215) were missing information on saturated fat, 17% products (n=40) were missing information on protein and 6% products (n=14) were missing information on carbohydrates. All products carried pictures of ingredients and some contained cartoon images (52%) or images of infants/young children (35%). Statements about composition and/or nutritional properties were present on 91% of the products recorded. Conclusion. Baby foods on the market in Russia for IYC aged 6 to 36 months showed a worryingly high proportion of products being marketed as suitable for IYC under 6 months of age. A high prevalence of information missing from the nutrition panel on total sugar, salt or sodium and saturated fat values were observed.

Popul. Med. 2026;8(Supplement 1):A2023

ABS0373

Menstrual and Sexual Health Education in Brazil's School Health Program: An Experience Report in Medical Education

Zibeilde Ferreira Borges Paschoalini[1], Marcello da Silveira Paschoalini[2]
[1]Faculty of Medicine, Faculdade Sulamérica, Luís Eduardo Magalhães, Bahia, Brazil, Luís Eduardo Magalhães, Brazil, [2]Faculty of Medicine, Federal University of Western Bahia (UFOB); Coordinator, Faculdade Sulamérica, Luís Eduardo Magalhães, Bahia, Brazil, Barreiras, Brazil

ABSTRACT

Menstrual and sexual health are crucial yet often neglected aspects of adolescent wellbeing in Brazilian public schools. Teachers frequently report discomfort and lack of preparation to address these topics, while girls express shame when requesting menstrual products. This case study documents an innovative intervention within Brazil's School Health Program (PSE), in which first-semester medical students conducted interactive workshops to promote menstrual dignity, sexual education, and empathy.

Popul. Med. 2026;8(Supplement 1):A2024

ABS0479

Burden of Caesarean Section deliveries in the United Arab Emirates: The Mutaba'ah Study

Rami H. Al-Rifai[1], Emad Masuadi[1], Marwa Alhaj Ahmad[1], Luai A. Ahmed[1]
[1]Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates, United Arab Emirates

BACKGROUND

Since 1985, the international healthcare community has considered the ideal rate for caesarean sections (CS) to be between 10-15%1. However, CS rates have been rising globally, raising concerns about potential maternal and neonatal health risks. In the United Arab Emirates (UAE), limited evidence exists on the burden of CS. This study describes the burden of CS among pregnant women using data from the Mutaba'ah Study.

METHODS

This analysis utilized data from the Mutaba'ah Mother and Child Cohort Study, which follows women from the Emirati population from early pregnancy through postpartum. Sociodemographic, anthropometric, and obstetric data were obtained through self-administered questionnaires and medical records. CS prevalence was estimated, and associations with parity, body mass index (BMI), and previous CS were assessed.

RESULTS

A total of 5,646 mothers with singleton pregnancies were followed up to delivery between 2017 and 2024. The mean maternal age and gestational age at delivery were 31.4 ± 6.2 years and 38.5 ± 2.0 weeks, respectively. Around 23% of the participants were nulliparous, and nearly half were overweight or obese during their first trimester. The overall prevalence of CS was 32.2% (95% CI: 31.0–33.5%). CS was more common among nulliparous (35.3%) than among multiparous (31.3%) women, and among overweight or obese (36.2%) than among normal weight (25.0%) women. Of 830 women with a prior CS, 81.7% underwent repeat CS. Among those with cephalic presentation, the CS rate was 27.9%.

CONCLUSIONS

The burden of CS among pregnant women from the Emirati population is substantial, exceeding the WHO's recommended threshold. Higher CS prevalence among nulliparous and overweight or obese women highlights the need for targeted interventions to promote optimal delivery practices and reduce unnecessary surgical births in the UAE.

Popul. Med. 2026;8(Supplement 1):A2035

ABS0541

Reproductive coercion and abuse leading to birth in women from Afghan/Iranian backgrounds living in Australia

Elaheh Ghaemi Mahdavi[1], Clemence Due[1], Amanda Taylor[1], Leah Sharman[2]
[1]Psychology, Adelaide University, Adelaide, Australia, [2]Psychology, University of Queensland, Brisbane, Australia

INTRODUCTION

Family and domestic violence is a recognised health and welfare concern worldwide. However, reproductive coercion and abuse (RCA; a form of violence that undermines women's reproductive autonomy) remains poorly understood – particularly in relation to culturally diverse families. This study addresses this gap by exploring the experiences of women from Iranian and Afghan backgrounds living in Australia, along with interpreters who have worked closely with women from these communities in healthcare settings.

METHODS

Semi-structured interviews were conducted in Farsi (with women) and in English (with interpreters). Thematic analysis was employed to examine women's experiences of RCA, with particular attention to the influence of cultural and linguistic factors.

RESULTS

Preliminary results highlight the impact of RCA on women's health and wellbeing, especially after birth. The results also demonstrate the ways in which equity factors such as migration, language, and culture intersect to shape reproductive autonomy.

DISCUSSION

The findings of this study have important public health implications, including the need for culturally responsive screening, interpreter training, and support services to better identify and assist women experiencing RCA during pregnancy.

Popul. Med. 2026;8(Supplement 1):A2040

ABS0602

Exploring Pathways for Maternal and Child Health Institutions to Participate in Adolescent Reproductive Health Education: Shanghai Practice

Xuhan Yang[1], Li Du[1], Yulin Yang[1]
[1]Department of Scientific Research Management and Health Education, Shanghai Center for Women and Children's Health, Shanghai, China

BACKGROUND

Adolescent reproductive health remains a critical public health issue. China has introduced policies to advocate for school-based sexuality education, yet implementation faces challenges such as a shortage of professional health teachers and standardized curricula. Maternal and Child Health (MCH) institutions possess professional expertise suited to adolescent sexual education, yet their engagement is often hindered by barriers in healthcare-education integration, limited institutional motivation, and insufficient experience in adolescent health outreach.

METHODS

Over the past decade, Shanghai Center for Women and Children's Health, an MCH management institution, has implemented an adolescent reproductive health education program (ages 10–24). Initiatives included establishing a youth health museum and a platform for healthcare-education cooperation. We trained medical professionals as lecturers and recruited youth volunteers for peer education. Educational formats and materials were continuously developed. An incentive system was introduced to boost participation from MCH institutions and staff.

RESULTS

Eighty qualified lecturers were trained, covering all 16 districts of Shanghai. A total of 565 youth volunteer positions were created, providing over 820 service hours. Over the past five years, the number of MCH institutions involved in adolescent sexual education increased from 1 to 16. In 2024 alone, MCH institutions across the city organized a total of 243 events, reaching 35,828 participants and covering over 130 schools and communities. Topics included adolescent development, HPV prevention, contraception, and prevention of sexually transmitted diseases. Participants showed significantly improved knowledge, while staff enhanced their professional capacity. Adolescent-specific health clinics within MCH institutions also saw increased referrals and service expansion.

CONCLUSIONS

MCH institutions hold professional authority and clinical case resources, enabling them to be easily recognized by schools and students. Their involvement not only improves adolescents' reproductive health knowledge and behaviors but also promotes the development of specialized clinical services, contributing to long-term fertility protection.

Popul. Med. 2026;8(Supplement 1):A2042

ABS0737

Midwives' Practice Challenges in Triaging Expectant Mothers: A Qualitative Study in Mpumalanga Maternity Units, South Africa

Mxolisi Ngwenya[1], Livhuwani Muthelo[1], Melitah Rasweswe[1], Tebogo Mothiba[1]
[1]Nursing Science, University of Limpopo, Mankweng, South Africa

BACKGROUND
In the early decades, triage systems were universally implemented in accidents and emergency departments. However, in recent years, various kinds of maternity triage systems, including digital technology triage models, have been employed gradually to evaluate the level of urgency of the arriving pregnant women in the maternity units. However, these systems are plagued with practice challenges, especially in South Africa, where data on triaging practices in maternity units is scarce, particularly in Mpumalanga province. This study seeks to identify and describe the practice challenges influencing the triaging of expectant mothers by the midwives working in the maternity units of Mpumalanga province.
METHODS
A qualitative, exploratory descriptive design underpinned this study. The maximum variation purposive sampling technique was employed to purposively select the midwives working in the maternity units of Mpumalanga province. Semi-structured interviews were used for data collection and data saturation was reached and confirmed with the 20th participant. Thematic analysis was adopted for the data analysis.
RESULTS
The study highlighted that triaging of expectant mothers by midwives is plagued with manifold practice challenges. Among the practice challenges were a shortage of resources, poor infrastructure, and incompetence among midwives. Nonetheless, the most concerning practice challenge was poor leadership, as it was evidenced by the midwives' viewpoints that there is an absence of support, whether informational (triage policies/protocols) or psychological support.
CONCLUSIONS
These findings suggest a need to rethink the healthcare service delivery priorities for enabling a clinical environment to improve the provision of quality care. Therefore, we recommend the implementation of strategies to ensure appropriate resource allocation and utilization within the clinical practice. Addressing the identified challenges will not only improve the provision of care but it will also improve the experience of care for patients.
Popul. Med. 2026;8(Supplement 1):A2062

ABS0794

Community based maternal health care received from community health workers and its effect on skilled maternal health care in Sidama regional state, Ethiopia: Community-based cross sectional study

Yemisrach Deneke[1], Wondwosen Teklesilasie[1], Hirut Gemeda[1], Yaliso Yaya[2], Achamyelesh Gebretsadik[1]
[1]Public Health, Hawassa University, Hawassa, Ethiopia, [2]Faculty of Health and Social Sciences, Norway, Western Norway University of Applied Sciences, Bergen, Norway

INTRODUCTION
Maternal mortality and morbidity challenge low- and middle-income countries. For women living in hard-to-reach areas Community-based maternal health care is a strategy. However, the effect of community health care received from the community health workers on skilled maternal health care utilization was not documented. Identifying its effect helps the policymakers to design appropriate intervention to reduce maternal mortality.
OBJECTIVE
To identify maternal health care received community health workers among mothers who gave birth in the last year in rural Sidama Regional State from March 2022 to March 2023
METHODS
We conducted a cross-sectional study among 1821 women who gave birth in the last year. Data was collected from 40 randomly selected villages. A face-to-face interview using a KoboCollect tool was conducted at the women's home. Descriptive analyses of maternal health care received from community health workers were reported by number and percent. Multilevel analysis was used to see the effect of community health worker-related variables on maternal health care utilization. Strength of association was reported by adjusted odds ratio with a 95% confidence interval.
RESULTS
out of 1821 women interviewed, 1,374 (75%) received community-based antenatal care, and 1,108 (61%) were visited by community health workers during the postnatal period. Women to whom the influential elderly religious leaders have a role in her ANC care [AOR=2.62 (95% CI=1.41-4.86)], receiving antenatal care from health extension workers at women's forums (AOR=2.30 with (95% CI=1.15, 4.67)), and early initiation of ANC (AOR=2.33, with 95% CI=1.38-3.94) are more likely to attend four or more antenatal care sessions than their counterparts.
CONCLUSIONS
A substantial amount of community-based maternal health services was delivered for rural mothers by health extension workers. Intervention involving influential community members was recommended.
Popul. Med. 2026;8(Supplement 1):A2067

ABS0819

Mismatch at the Interface: Barriers to mHealth Nutrition Messaging among Pregnant Women in Low-Resource Rural Settings

Mabitsela Hezekiel Mphasha[1], Mxolisi Ngwenya[1], Livhuwani muthelo[1], Cathrenine Philips[1], Frank Adusei-Mensah[1]
[1]Public Health and Health Systems, University of Limpopo, Polokwane, South Africa

BACKGROUND
Nutrition is vital for healthy pregnancies, but pregnant women in low-resource rural areas face barriers to accessing reliable information. Despite the growing use of mobile health (mHealth) platforms like MomConnect, there are significant mismatches between digital health solutions and the lived realities of rural users.
OBJECTIVE
To explore the barriers to effective mHealth nutrition messaging among pregnant women in low-resource rural settings in South Africa.
METHODS
This study used a qualitative phenomenological approach to explore the experiences of pregnant women in the Capricorn district. Data were collected through nine focus group discussions with purposively selected clinic attendees, using an unstructured interview guide. The audio recordings were made with consent and reflexivity was maintained to reduce bias. Thematic analysis was applied and trustworthiness and ethical standards, including informed consent and confidentiality, were strictly respected.
RESULTS
This study found that the nutrition messaging of mHealth is impeded by poverty, food insecurity, limited digital access, data or airtime, and cultural mismatches. Women faced difficulties applying advice due to workload and conflicting advice from traditional sources. They preferred visual, local language, and interactive content, highlighting the importance of trusted social networks in shaping nutrition behavior and message acceptance.
CONCLUSIONS
The study advocates for community-based, offline-first mHealth approaches that reflect socioeconomic realities. Effective interventions should pair better content with interactive participatory strategies to ensure relevance and impact in low-resource settings.
Popul. Med. 2026;8(Supplement 1):A2068

ABS0828

Growth Outcomes Among HIV-Exposed Infants in Africa: Emerging Vulnerabilities and Evidence Synthesis

Perpetua Modjadji[1], Kabelo Mokgalaboni[2], Sogolo L. Lebelo[2], Tebogo Mothiba[3]
[1]Non Communicable Diseases Research Unit, South African Medical Research Council (SAMRC), Parrow valley, Tygerberg, Cape Town, South Africa, [2]Department of Life and Consumer Sciences, College of Agriculture and Environmental Sciences,, University of South Africa, Florida Campus, Johannesburg 1709,, South Africa, [3]Faculty of Health Sciences, University of Limpopo, Polokwane 0700, South Africa

BACKGROUND
In sub-Saharan Africa, antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT) programs have reduced vertical HIV transmission, creating a growing population of HIV-exposed but uninfected (HEU) infants. Emerging evidence indicates these infants face distinct health vulnerabilities, particularly impaired growth, with stunting posing serious implications for long-term development.
OBJECTIVE
To quantify and compare growth outcomes, stunting, underweight, and wasting, between HEU and HIV-unexposed uninfected (HUU) infants across African countries.
METHODS
A scoping review and meta-analysis following PRISMA guidelines included 17 peer-reviewed studies reporting WHO-defined growth indicators for HEU and

HUU infants. Studies on overweight, obesity, or metabolic factors were excluded. Quality was assessed using the Newcastle-Ottawa Scale. Random-effects models generated pooled odds ratios (ORs) and heterogeneity was evaluated using I statistics.
RESULTS
HEU infants had significantly higher odds of stunting (OR = 1.56; 95% CI: 1.23–1.97; p < 0.01), with pooled prevalence of 25% versus 19% in HUU infants. No significant differences were observed for underweight or wasting, though underweight outcomes showed high heterogeneity (I = 82%).
CONCLUSIONS
HEU infants face heightened risks of impaired growth, particularly stunting, highlighting the urgent need for tailored monitoring, nutritional interventions, and maternal support through HEU-sensitive frameworks embedded in early childhood development programs. Advocacy must drive policies that integrate growth surveillance within HIV care, strengthen maternal health services, and prioritize interventions for HEU populations. Mobilizing resources for longitudinal research and fostering multi-sectoral partnerships are critical to mitigate growth vulnerabilities and advance health equity for HIV-affected families in Africa.
Popul. Med. 2026;8(Supplement 1):A2069

ABS0863
We don't need saviors, we are our own saviors, black doulas and black birth work in the US
Marian Evans[1]
[1]Department of Public Health, Southern CT State University, New Haven, United States
ABSTRACT
In June 2023 the State of Connecticut passed public act 23-147-"An Act Protecting Maternal Health" which includes among other things a pathway for direct Medicaid reimbursement for childbirth doula services through certification and training. It also supports postpartum home health checks, and created several state level committees as one example of many community- based support solutions to the maternal health crisis in CT. About 60 % of birthing people are on Medicaid in the US, many black and brown birthing people suffer the inequities of lack of quality access. A recent study showed that many black women are afraid to communicate with their practitioners during their pregnancy. There are successful community-based solutions being implemented throughout the US to improve and support maternal health and advance health equity. Online databases were used to search for community-driven maternal health solutions and literature on the creation of collectives and maternal health. This research was embarked upon in order to assist influential black doulas that desired to create a Black Doula Collective in CT. The presenter will describe the initial steps that were taken to build the collective in relation to the models of collaboration, the three pre-conditions and the five phases of collective impact work described in the literature in relation to the work being done in real time. Valuable solutions in the literature that are not always disseminated to a broader community and lay audiences such as grassroots community organizers, academics, and healthcare professionals desiring to recreate potential solutions in their community.
Popul. Med. 2026;8(Supplement 1):A2072

ABS0864
Investing in an HIV-Free Generation: A Cost Analysis to Strengthen Equity and Sustainability of PMTCT Services in Zimbabwe
Juliet G. Nyamasve[1], Carren Pindiriri[2], Tonderai Mapako[3], Joconiah Chirenda[1], Alex Ingwani[4]
[1]Global, Public Health and Family Medicine, University of Zimbabwe, Harare, Zimbabwe, [2]University of Zimbabwe, Harare, Zimbabwe, [3]National Blood Service Zimbabwe, Harare, Zimbabwe, [4]AIDS and TB Programme, Ministry of Health and Child Care, Harare, Zimbabwe
INTRODUCTION
The elimination of Mother-to-Child Transmission of HIV (eMTCT) is a global health priority and a key to advancing gender equity and child survival. In Zimbabwe, progress is threatened by health system constrains which risk exacerbating inequities in access. This study aimed to provide policymakers with precise data on the resources required to deliver PMTCT and the consequences of system failure, to inform strategies doe sustainable, equitable scale-up.
METHODS
A cross-sectional Time-Driven Activity-Based Costing (TDABC) analysis was conducted across ten health facilities in Zimbabwe, from clinics up to central hospitals. Data were collected on personnel, medicines and consumables, space and equipment, laboratory, and overheads. Process maps for PMTCT pathways were developed, and time equations were used to calculate unit costs per mother-baby pair. A counterfactual analysis estimated the long-term treatment costs if prevention fails.
RESULTS
The full provider cost of guiding a mother-baby pair through the PMTCT cascade was $549. This investment is profoundly cost-saving as the first-year paediatric ART ($450.56) cost over twice maternal ART ($209.30), with lifetime treatment costs rising to $5210.78 for maternal seroconversion and $9 526.18 for infant infection. Every dollar invested in PMTCT averts $17 in future treatment costs. Key cost drivers were laboratory tests (42%) and medicines (28%). Costs were lowest at primary clinics ($160.84), suggesting that decentralised, community-based care is the most efficient model.However, deviations from guidelines due to stockouts and workload were common, creating inefficiencies and potentially compromising care quality.
CONCLUSIONS
PMTCT is a clinically effective, foundational investment for sustainable health systems and intergenerational equity. To achieve eMTCT, Zimbabwe must decentralize services to primary care, strengthen supply chains for essential commodities for reliable and equitable service delivery and align national testing algorithms with rel-world reource constraints. These findings provide an evidence-based roadmap to support strategic investment in PMTCT for universal health coverage.
Popul. Med. 2026;8(Supplement 1):A2073

ABS0865
Reviewing the impact of maternal health care accessibility on maternal mortality: a decade-long study in sub-saharan Africa (2010-2020)
Mojaki Bethuel Nyabela[1]
[1]Wits School of Public Health, University Of The Witwatersrand, Johannesburg, Johannesburg, South Africa
INTRODUCTION
Maternal mortality remains high in Sub-Saharan Africa (SSA), where access to antenatal care (ANC), intrapartum care (IPC), and postnatal care (PNC) is often limited. While many studies examine these services individually, little is known about their combined impact on maternal mortality. This review synthesizes evidence on how accessibility to ANC, IPC, and PNC influenced maternal mortality in SSA from 2010 to 2020.
METHODS
A systematic search was conducted in PubMed, ProQuest, DOAJ, Global Health, Scopus, and CINAHL using predefined Boolean search strings. Peer-reviewed studies published between 2010 and 2020, reporting data from women aged 15–49 in SSA, and examining maternal health service accessibility and maternal mortality were included. Articles were screened and appraised using the CRAAP framework. A thematic analysis approach was used to synthesize findings.
RESULTS
Thirty-seven studies met the inclusion criteria. Improved accessibility and quality of ANC showed the strongest association with reduced maternal mortality, with reductions ranging from 15% to 50% across several countries. Timely initiation and completion of recommended ANC visits consistently lowered mortality risks, while delayed or inadequate ANC increased them. Improved IPC, particularly skilled birth attendance reduced maternal mortality by 4% to 10%, but rural coverage remained low. Enhanced PNC access reduced deaths from postpartum hemorrhage, sepsis, and renal failure, though utilization remained suboptimal. Strengthened health systems, increased skilled personnel, and reduced financial barriers were common enablers of improved outcomes.
CONCLUSIONS
Accessibility to maternal health services significantly reduces maternal mortality in SSA, with ANC demonstrating the greatest impact. Strengthening continuity and quality of care across ANC, IPC, and PNC, alongside addressing persistent systemic and socio-cultural barriers, is essential for accelerating progress in reducing maternal mortality.
Popul. Med. 2026;8(Supplement 1):A2074

ABS0917
Effectiveness of Mobile App–Based Peer Support on Breastfeeding Outcomes Amongst Pregnant Women and Postpartum Mothers: A Global Systematic Review
Yim Ching Yau[1]
[1]Institute of Epidemiology and Health Care, University College London, London, United Kingdom
ABSTRACT
Despite global recommendations promoting exclusive breastfeeding (EBF) for

the first six months of life, fewer than 40% of infants achieve this target due to persistent socioeconomic, cultural, and systemic barriers. Mobile health (mHealth) technologies offer scalable breastfeeding support solutions, though the effectiveness of digitally delivered peer support across contexts remains underexplored. This systematic review and meta-analysis searched PubMed, Embase, CINAHL, Web of Science, and the Cochrane Library for randomized controlled trials (RCTs) published between 1 January 2010 and 1 May 2025 (PROSPERO: CRD420251164765). Studies included pregnant or postpartum women (up to 12 months postpartum) receiving peer support via mHealth applications compared with standard care or non-peer digital interventions. Primary outcomes were exclusive and any breastfeeding rates, with secondary outcomes including breastfeeding self-efficacy, duration, frequency, initiation, attitudes, and satisfaction. Data were synthesized narratively, and pooled estimates were calculated using random-effects meta-analysis. From 3,102 identified records, seven RCTs involving 3,591 participants were included in high-and upper-middle-income counties. No studies from low income country. Interventions primarily delivered peer support via mobile apps or proactive phone calls, incorporating group chats, mentoring, and real-time messaging. Pooled analyses showed significant improvements in exclusive breastfeeding (RR = 1.16, 95% CI 1.05–1.27, $p < 0.01$) and any breastfeeding (OR = 1.34, 95% CI 1.10–1.62, $p < 0.01$) with no heterogeneity ($I = 0\%$). Sensitivity analyses confirmed effect robustness. Mothers reported higher confidence, satisfaction, and perceived support, particularly when culturally relatable peers and interactive features were included. Overall, mHealth-based peer support significantly enhanced breastfeeding outcomes in high-and upper-middle-income contexts, where digital access is widespread. However, dropout rates, digital inequities, and cultural differences limited engagement and global applicability. Future research should emphasise inclusive, context-adapted designs, trials in low- and middle-income countries, and long-term evaluations to strengthen global breastfeeding promotion strategies.

Popul. Med. 2026;8(Supplement 1):A2078

ABS0943

Sex as a Biological Variable in African Preclinical Research: A Bibliometric and Policy Analysis

Ashilly Otwori[1]

[1]Department of Public Health and Nursing, Africa University, Mutare, Zimbabwe

ABSTRACT

Integrating Sex as a Biological Variable (SABV) is critical for reliable and generalizable preclinical evidence. However, female models are frequently underrepresented, and outcomes are rarely analyzed by sex, limiting detection of sex-specific differences in disease mechanisms and treatment response1. This gap is especially consequential in Africa, where populations face a double burden of persistent infectious and climate-sensitive conditions2 alongside rising non-communicable diseases3, heightening reliance on biomedical interventions. Biological sex influences pharmacokinetics, immune responses, and disease susceptibility4; neglecting SABV propagates bias, undermining intervention effectiveness and health equity5. Despite international guidance, no systematic analysis quantifies the SABV gap in African preclinical research or examines policy drivers. A bibliometric analysis of preclinical studies published by African institutions between 2010-2024 will be conducted, using PubMed/MEDLINE, African Journals Online, African Index Medicus, and Scopus. Eligible studies include original animal, cellular, or tissue-based research with African institutional authorship. Variables extracted will include disease domain, model type, sex reporting, and use of sex-disaggregated analyses. In parallel, SABV-related policies from African and international funders and high-impact journals will be mapped to assess alignment with research practice. Our analysis is expected to demonstrate persistent and significant gap in SABV reporting across a decade of African preclinical research, with minimal improvement over time. We predict a clear disconnect: while major international funders have thorough SABV policies, their translation into published research from African institutions will appear weak. The synthesis will crystallize this problem by illustrating how the omission of female models limits the relevance of findings for half the African population. This study will provide the first quantified, Africa-specific evidence on SABV integration in preclinical research and identify a policy/practice gap with implications for health equity. Findings are designed to catalyze advocacy for enforced funding and publication mandates, ensuring future research yields equitable and effective interventions for Africa's populations

Popul. Med. 2026;8(Supplement 1):A2081

ABS0960

Type and content profile of added sugars in Ready-To-Eat breakfast cereals for children sold in selected markets

Majed AbuKhader[1]

[1]Pharmacology and Biological Sciences, National University of Science and Technology, Bausher, Oman

INTRODUCTION

Consumption of food rich in added sugars is positively associated with weight gain and childhood obesity. The aim of this study is to record the number of added sugars types and content in Ready-To-Eat (RTE) cereals sold in different markets and explore the possibility of establishing a search aid for the number of added sugars types by looking into the nutrients profile.

METHODS

A total of 511 cereal products were collected from eight markets: Oman, Jordan, Turkey, Spain, Hungary, Portugal, Finland and Estonia. The nutrition panel was used to extrapolate energy (kcal), total carbohydrates (g) and added sugars (g) based on 100g serving portion. Meanwhile, the ingredient label was used to identify the type and number of added sugars in these products in each market.

RESULTS

This study revealed that there are 13 types of added sugars and the commonly appeared types in the ingredient labels of all cereals were sugar, glucose syrup and barely malt extract. It was found that the number of added sugars types can reach 5 types in a single product and there were only 76 RTE cereal products which contain only one added sugars type which represents 14.8% of the total 511 surveyed products. Analysis outcome of the results revealed no strong association between the number of added sugars types and the amount of added sugars in grams. Moreover, variation in nutrients profile (energy, total carbohydrates and added sugars) of RTE cereals was observed between the eight markets.

CONCLUSIONS

A search aid cannot be established with cereals to identify the number of added sugars. Therefore, public awareness on appropriate use of the nutrition panel to check the amount of added sugars as well as scanning of the ingredient label to identify the number of added sugars types in these products deemed necessary.

Popul. Med. 2026;8(Supplement 1):A2083

ABS0992

Nearly four in ten adolescent girls and young women experience unintended pregnancy in southern africa: a multilevel analysis

Agness Shimilimo[1], Courage Chandipwisa[2], Samkeliso Shongwe[1]

[1]Reproductive Health Program, Pan African University Life and Earth Sciences Institute (including Health and Agriculture), Ibadan, Nigeria, [2]Research, Global Empathy Project (GEP), Lusaka, Zambia

INTRODUCTION

unintended pregnancy (UP) remains a significant public health challenge in sub-saharan africa, with adolescent girls and young women (AGY) in southern africa facing disproportionately higher risks. Despite regional efforts to expand adolescent-friendly programs, classroom-based sexual health initiatives, and condom distribution, teenage pregnancy rates remain persistently high. This study aimed to determine the prevalence and layered determinants of UP among AGW in southern africa to inform targeted sexual and reproductive health (SRH) interventions.

METHODS

we utilized data from demographic and health surveys conducted across nine southern african nations. The analysis focused on a weighted cohort of 20748 agyw aged 15–24 years who had delivered within five years preceding the survey. Hierarchical logistic regression models were applied to assess personal and community-level determinants associated with unintended pregnancy at $p<0.05$ significance level.

RESULTS

the pooled prevalence of UP among AGYW in southern africa was 39.1% (95% confidence interval (CI): 38.8–40.1), ranging from 13.0% in madagascar to 71.9% in south africa. In the final model, higher odds of UP were observed among AGYW with secondary education (adjusted-odds-ration(OR)=1.88, 95% CI 1.65–2.13), media exposure (AOR=1.14, 95% CI: 1.06–1.22), current contraceptive use (AOR=1.24, 95% CI: 1.16–1.33), those reporting distance to a health facility as not problematic (AOR=1.12, 95% ci: 1.04–1.20), and urban residents (AOR=1.19, 95% CI: 1.10–1.30). Reduced likelihood was noted among agyw aged 20–24 years (AOR=0.64, 95% CI: 0.60–0.69), those with pregnancy loss history (AOR=0.78, 95% CI: 0.69–0.89), and married AGW (AOR=0.29, 95% CI: 0.27–0.32).

CONCLUSIONS

the prevalence of UP among AGWY in southern africa remains high at 39.1%. Multilevel determinants including age, education, marital status, contraceptive use, media exposure, pregnancy history, health facility access, and residence were identified. Governments and SRHprograms should prioritize youth-friendly services, strengthen sexual health education, expand access to care, and tailor

interventions to national and local contexts to reduce UP.
Popul. Med. 2026;8(Supplement 1):A2085

ABS0993
The influence of cultural practices and socioecomic factors on teenage pregnancy across selected primary health care centres in akinyele local government area, ibadan, nigeria

Agness Shimilimo[1], Courage Chandipwisa[2], Amos Makelele M[1], Million Teklay Solomon[1], Oladukun Adesina[3]
[1]Reproductive Health Sciences, Pan African University Life and Earth Science Institute (PAULESI), Ibadan, Nigeria, [2]Vaccine Production and Quality Control, Global Empathy Project (GEP), Ibadan, Zambia, [3]Department of Obstetrics and Gynecology, University of Ibadan, Ibadan/University College Hospital, Ibadan, Nigeria

INTRODUCTION
teenage pregnancy (TP) is a major contributor to maternal and child mortality and perpetuates the cycle of poor health and poverty worldwide. Approximately 21 million teenagers aged 15–19 years and 2 million under 14 years give birth annually, with 95% of these births occurring in developing countries. Nigeria has one of the highest teenage fertility rates in sub-saharan africa, yet determinants of teenage pregnancy remain underexplored. This study aimed to identify the influence of cultural practices and socioeconomic factors on TP across selected primary health centers in akinyele local government area, ibadan, nigeria.
METHODS
a cross-sectional study design was employed. Data were collected using a structured interview guide administered to pregnant teenagers, teenage mothers, and married teenagers aged 13–19 years across selected primary health centers. Responses were summarized in excel and analyzed using statistical package for the social sciences (SPSS) version 27. Descriptive statistics including frequency distribution, means, standard deviation, median, and inter-quartile range were generated. Chi-square tests were applied to assess associations between categorical variables at $p<0.05$. Multiple logistic regression was used to identify socioeconomic and cultural factors associated with teenage pregnancy.
RESULTS
over half of respondents were married or cohabiting, contributing to early pregnancies. Religion and peer pressure significantly influenced TP with limited family discussions on sex and contraceptives reported. Economic hardship and lack of job opportunities were critical determinants, as most respondents believed family socioeconomic status strongly affected teenage pregnancy. Community support for teenage mothers was low, and a substantial proportion of respondents perceived TP negatively.
CONCLUSIONS
TP in akinyele local government area is strongly influenced by cultural practices, socioeconomic status, peer pressure, and limited sexual health communication within families. Urgent interventions are needed to strengthen sexual and reproductive health education, improve economic opportunities, and enhance community support systems to reduce TP and its adverse outcomes.
Popul. Med. 2026;8(Supplement 1):A2086

ABS1303
Disparities in the Diagnosis and Management of Endometriosis and Fibroids among Black African and Black Caribbean Women in High Income Countries: A Rapid Review

Ifeoma Nneka Emelurumonye[1], Modupe Omonijo[1]
[1]The Feminist Health CIC, Reading, United Kingdom

INTRODUCTION
This rapid review examines inequalities in diagnoses and treatment of endometriosis and fibroids in Black African and Black Caribbean women living in high-income countries, highlighting the role of racial bias in healthcare systems.
METHODS
Three literature reviews were conducted to examine risk factors for prevalence and management of endometriosis and fibroids in Black African and Black Caribbean women living in high-income countries. A rapid review approach was undertaken using search engines to identify and screen relevant studies. Selection criteria included literature focused on the target populations, high-income settings, and which addressed management or risk factors. Thematic analyses were used to identify and interpret common themes within the data.
RESULTS
After screening by multiple reviewers, 86 articles on management (50 endometriosis, 36 fibroids) and 62 articles on causes and risk factors (58 fibroids, 4 endometriosis) were included. For fibroids, the most reported risk factors were genetic and molecular (34.5%), followed by nutritional and metabolic (32.8%). Environmental, epigenetic, psychological, and stress-related factors each accounted for 10.3%, reproductive and hormonal factors for 8.6%, and biological processes for 6.9%. For endometriosis, most identified risk factors related to biological mechanisms, with genetic/molecular and reproductive factors each representing 25%. Key themes identified included racial disparities and socio-economic influences in diagnoses and treatment due to bias in healthcare systems and research leading to delays and poorer outcomes. While fibroids are more prevalent and severe in Black women, both conditions show significant racial gaps, with Black women experiencing longer diagnostic delays, underdiagnosis of endometriosis, less access to specialist care, and worse surgical outcomes.
CONCLUSIONS
This review identifies important risk factors and inequities in the care of fibroids and endometriosis among Black, African, and Caribbean women in high-income countries. However, the evidence is limited, highlighting urgent need for more inclusive research to guide equitable and culturally competent care.
Popul. Med. 2026;8(Supplement 1):A2113

ABS1309
Prevalence and Public Health Implications of Gender-Based Violence among Women in Kogi State, North-Central, Nigeria

Mary Ojonema Onoja-Alexander[1], Abraham Musa Peter[2], Charles Esekhaigbe[1], Ikemefuna Onyeyili[1], Joseph Peter Afangideh[3], Ayode Kazeem Olalekan[4], Alexandra Ojonibe Onoja[1], Alex Ibetule Onoja[1]
[1]Department of Community Health, Faculty of Clinical Sciences, College of Health Sciences, Federal University Lokoja,, Lokoja, Kogi State, Nigeria, [2]Political Science, Faculty of Social Sciences, Federal University Lokoja,, Lokoja, Kogi State, Nigeria, [3]Clinical Services Specialist, Clinical Services Specialist ECEWS -, Obudu,Cross River State, Nigeria, [4]Institute of Human Virology Nigeria, Institute of Human Virology Nigeeria, Abuja, Nigeria

INTRODUCTION
Gender-based violence (GBV) is a major public health and human rights concern with serious consequences for women's physical, mental, and socio-economic wellbeing.1-3 In Nigeria, GBV remains widespread despite existing legal and policy frameworks.4-6 Evidence from Kogi State, a North-Central region with diverse socio-cultural contexts, is limited but essential for guiding effective public health interventions and policy responses.7-9
AIM
This study assessed the prevalence, forms, and public health implications of gender-based violence among women in Kogi State, Nigeria.
METHODS
A cross-sectional descriptive mixed-methods study was conducted among 400 respondents across three metropolitan areas - Lokoja, Okene, and Anyigba—representing the three senatorial districts of Kogi State. Quantitative data were collected using structured questionnaires administered to respondents aged 15–49 years, while qualitative data were obtained through focus group discussions and key informant interviews. Data was analysed using descriptive statistics and thematic analysis to identify patterns, drivers, and health impacts of GBV.
RESULTS
Most respondents were aged 18–23 years (42%). Overall, 95% of respondents reported experiencing at least one form of GBV in their lifetime. Psychological and physical violence were the most prevalent forms (62%), followed by sexual (28%) and economic violence (4%). A majority (68%) reported frequent exposure to GBV, with poverty identified as the leading contributory factor (26%). Intimate partners were the primary perpetrators. GBV was associated with physical injuries, mental health disorders, reproductive health complications, and reduced economic productivity. Reporting remained low due to stigma, cultural norms, fear of reprisal, and limited access to survivor-centered services.
CONCLUSIONS
Gender-based violence is highly prevalent in Kogi State and represents a substantial public health burden. Strengthening health-sector GBV screening, expanding community-based prevention strategies, improving access to survivor-centered services, and multisectoral collaboration are critical to reducing GBV and improving women's health outcomes.
Popul. Med. 2026;8(Supplement 1):A2114

ABS1433
Empowering Community Healthcare Workers (CHEWs) through Continuous Professional Development and Reflective Practice: Lessons from a Blended Pilot Project in North-East Nigeria

Mina Endeley[1], Fati Maimusa Alkali[2], Mairo Mandara[2]
[1]The Namu Project Charity, Birmingham, United Kingdom, [2]Agency for Sustainable Development and Emergency Response, Borno State Government, Maiduguri,

Nigeria

INTRODUCTION

Globally, the maternal mortality ratio (MMR) stood at 223 per 100,000 live births in 2020. However, sub-Saharan Africa continues to bear a disproportionate burden, with Nigeria's estimated MMR of approximately 1,047 per 100,000 among the highest worldwide. Within Nigeria, the Northern regions consistently report significantly higher MMRs than the South, exacerbated by fragile systems, insecurity, and limited professional development opportunities for frontline health workers4,5. Addressing these disparities requires innovative, context-sensitive approaches to workforce strengthening, capacity building, and sustainable health system improvement.

METHODS

The Namu Project UK and Borno State Government, supported by an Eldryd Parry Global Health Partnerships (GHP) Fellowship grant, launched a six-month pilot initiative to embed continuous professional development (CPD) and reflective practice among 20 community health extension workers (CHEWs) in Borno State, Nigeria. Led by a nurse and midwife who is a certified trainer in Basic Emergency Obstetric and Newborn Care and Essential Newborn Care, the project employed a blended learning model. Monthly face-to-face practical sessions at primary healthcare centres complemented weekly virtual classes. Custom-designed online modules reinforced key concepts and encouraged reflective practice, while peer-to-peer engagement was facilitated through WhatsApp group discussions. The programme was designed to be inclusive, contextually relevant, and adaptable to local resource constraints.

RESULTS

Participants demonstrated measurable improvements in knowledge assessments from baseline, along with enhanced clinical skills and increased confidence in managing obstetric and neonatal emergencies. The WhatsApp-based reflective group fostered openness, accountability, and improved communication among CHEWs. Feedback highlighted the value of combining group digital learning with hands-on practice, with participants reporting increased motivation and engagement. The Fellow also experienced professional growth, gaining skills in mentoring, leadership, and project management.

CONCLUSIONS

This pilot demonstrates a low-cost, capacity-building intervention with a scalable and sustainable framework aimed at strengthening public health workforce and nurturing local healthcare leadership in fragile, low-resource contexts.

Popul. Med. 2026;8(Supplement 1):A2127

ABS1489

Individual and community-level factors influencing modern contraceptive use among women of reproductive age in South Africa: a multilevel analysis

Kutlwano Sifora[1], Nicole De Wet-Billings[1], Sasha Frade-Bekker[1], Million Phiri[2]

[1]Demography and Population Studies, University of the Witwatersrand, Johannesburg, South Africa, [2]Department of Demography, Population Sciences and Monitoring and Evaluation, University of Zambia, Lusaka, Zambia

BACKGROUND

Contraceptive use is a major global public health priority, contributing to improved maternal and child health, gender equality, and sustainable development.*, Despite progress in family planning coverage, women with sensory disabilities in low- and middle-income countries continue to face barriers to accessing modern contraceptives, resulting in lower utilisation.* In South Africa, limited evidence exists on how sensory disability status influences contraceptive use. This study examined the association between sensory disability status, individual- and community-level factors, and modern contraceptive use among women of reproductive age in South Africa.

METHODS

Data were drawn from the 2016 South Africa Demographic and Health Survey (SADHS).* The analysis included 7,040 sexually active women aged 15–49 years. A two-level multilevel binary logistic regression model was employed to assess the association between sensory disability status, other individual- and community-level factors, and modern contraceptive use.

RESULTS

The prevalence of modern contraceptive use among sexually active women was 57.32% (95% CI: 55.59–59.03). Women with sensory disabilities were less likely to use modern contraceptives (AOR = 0.81; 95% CI: 0.67–0.98). Additional factors negatively associated with use included desiring five or more children (AOR = 0.67; 95% CI: 0.47–0.97) and residing in communities with a high ideal number of children (AOR = 0.75; 95% CI: 0.63–0.90). Positive associations were observed for mobile phone ownership (AOR = 1.45; 95% CI: 1.15–1.82) and residence in communities with high employment levels (AOR = 1.32; 95% CI: 1.06–1.64).

CONCLUSIONS

Sensory disability status significantly influences modern contraceptive use among women in South Africa. Family planning interventions should prioritise women with sensory disabilities by improving accessible communication (e.g., braille and sign language), strengthening disability-sensitive training for healthcare workers, and integrating reproductive health services within disability support programmes.

Popul. Med. 2026;8(Supplement 1):A2132

ABS1509

A No-Code Large Language Model Framework for Privacy Protection in Maternal, Adolescent, and Pediatric Electronic Medical Records

Mengchun Gong[1], Zihao Ouyang[1]

[1]Digital Health China Technologies Co., LTD., Beijing, China

BACKGROUND

Patient privacy protection is a core ethical requirement in healthcare and a critical element of women's, maternal, and child health rights. Privacy risks are especially prominent in electronic medical records (EMRs) involving pregnancy, reproductive health, sexually transmitted diseases, and pediatric care, where inappropriate disclosure may result in stigma or discrimination. Traditional rule-based privacy protection methods are often technically complex and lack clinical flexibility. Recent advances in large language models (LLMs) offer new opportunities for adaptive and clinician-accessible privacy protection.

OBJECTIVES

To develop and evaluate a no-code, LLM-based framework for identifying and protecting sensitive privacy information in Chinese EMRs, with a focus on pregnancy-related, maternal, adolescent, and pediatric health data.

METHODS

Disease-specific EMR text data from Peking Union Medical College Hospital were analyzed, covering approximately 160,000 patients and over 4 million clinical text entries. Through prompt engineering, an LLM automatically annotated sensitive information and classified privacy risk levels across seven categories, including pregnancy-related and sexually transmitted disease data. A tiered protection strategy was applied according to sensitivity level. The workflow relied entirely on medical natural language prompts using the Qwen model, without additional programming. Performance was evaluated using precision and recall, with internal testing and external validation at another tertiary hospital.

RESULTS

The framework achieved an average precision of 97% and recall of 95%. High-risk pregnancy-related and sexually transmitted disease data demonstrated similarly robust performance, with consistent results in external validation.

CONCLUSIONS

This codeless LLM-based framework enables ethical and practical privacy protection in maternal, adolescent, and child healthcare, supporting women's health rights while preserving clinical data utility.

Popul. Med. 2026;8(Supplement 1):A2134

ABS1546

Stalled progress in reducing reproductive tract infections and uneven treatment seeking among women in India 2005–2021

Aditya Singh[1]

[1]Institute of Science, Banaras Hindu University, Varanasi, India

INTRODUCTION

Reproductive tract infections remain a major source of reproductive morbidity among women in India, yet evidence on long-term trends in prevalence and treatment seeking remains limited. Understanding whether progress has occurred over time is critical for strengthening reproductive health policy. This study examines trends in self-reported reproductive tract infection symptoms and associated care-seeking behaviour among women aged 15–49 years between 2005 and 2021.

METHODS

Data were drawn from three rounds of the National Family Health Survey, including 2005–06, 2015–16 and 2019–21. The analysis used a pooled sample of 263909 women who reported symptoms of reproductive tract infections. Descriptive analyses assessed national and state-level trends in symptom prevalence and treatment seeking. Multivariable logistic regression examined temporal changes and identified socioeconomic and regional correlates of reproductive tract infection reporting and care seeking.

RESULTS

National reproductive tract infection prevalence remained largely unchanged at approximately 11% in 2005–06 and 2015–16, with a modest increase to

12.3% in 2019–21, masking substantial state-level heterogeneity. Several high-burden states recorded declines, while multiple low- and medium-burden states experienced marked increases. Only about 40% of women reporting symptoms sought any treatment. Public-sector treatment increased from 11.5% to 19.0% over time, while private-sector use declined from 29.2% to 25.3%. Multivariable analyses indicated increasing odds of symptom reporting and public-sector treatment seeking over time, alongside persistent socioeconomic and regional inequalities.
CONCLUSIONS
The burden of reproductive tract infections among Indian women has remained largely stagnant over more than fifteen years, alongside persistently low and uneven treatment seeking. These findings highlight stalled progress in reducing reproductive tract infections and underscore the need for context-specific and equitable reproductive health strategies that expand access to timely and appropriate care.
Popul. Med. 2026;8(Supplement 1):A2139

ABS1614
Racism and global child health: a complex systems approach
Baltica Cabieses[1], Thilagawathi Abi Deivanayagam[2], Delan Devakumar[2], Sonora English[2], Lu Gram[2], Mita Huq[2], Rudzani Muloiwa[3]
[1]Centro de Salud Global Intercultural, Universidad del Desarrollo, Santiago, Chile, [2]Institute for Global Health, University College London, London, United Kingdom, [3]Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa
INTRODUCTION
Racism is a global health issue and major determinant of child health operating globally and in context-specific manifestations.1 Individual-focused interventions to tackle racism have tended to be unsuccessful as racism exists across the whole of society. Rather, a systems approach is needed that link together interventions, taking into account the mechanisms by which they occur and the importance of context.
METHODS
The Lancet Commission on Racism and Child Health2 brought together 26 multi-disciplinary experts from around the world, supported by four youth advisory boards and engagement work with children and adolescents in Australia, Brazil, Sri Lanka and Uganda. We created a causal loop diagram mapping racism globally and conducted a realist review to understand the mechanisms by which anti-racism interventions work.
RESULTS
The causal loop diagram included 120 nodes and 240 edges across structural, systems and institutional, spatial, community and individual layers. The interactive model describes the many ways in which children can be harmed by racism and the combinations of sites of action needed to combat racism. We reviewed 19,099 articles and included 78 that included interventions on racism and child health. From this, we built a realist middle range theory that summarises the contexts, mechanisms and outcomes required to successfully improve health interventions for minoritised children.
CONCLUSIONS
Global racisms not only affect minoritised children; they create unfair and divided societies that threaten health for all. To tackle racism, we need to take a systems approach that understands the specific interplay of the context and mechanisms to produce the desired outcome of improvements in child health.
Popul. Med. 2026;8(Supplement 1):A2147

ABS1639
Prevalence and Determinants of Viral Hemorrhagic Fevers in East Africa: A Protocol for a Comprehensive Public Health Assessment
Mohamed Osman[1]
[1]School of medicine and public health (somaph), Gollis university, Hargeisa, Somaliland, hargeisa, Somalia
ABSTRACT
Viral Hemorrhagic Fevers (VHFs) such as Rift Valley Fever, Crimean-Congo Hemorrhagic Fever, and Ebola and Marburg viruses, are a severe and recurrent public health threat in East Africa. Caused by RNA viruses from four distinct families, these diseases can progress from acute fever to vascular damage, bleeding, and high case-fatality rates. Their emergence is driven by a confluence of regional factors including climate variability, expansive pastoralist systems, deforestation, and urbanization. Despite their impact, the true burden of VHFs remains obscured by fragmented surveillance, limited diagnostic capacity, and a lack of integrated data, hindering effective outbreak prediction and response. This fragmentation is a daily reality for frontline clinicians, underscoring the urgent need for a consolidated, regional evidence base. This study aims to bridge that critical gap by conducting a comprehensive public health assessment of VHF prevalence, spatial-temporal patterns, and key determinants across ten East African countries. Employing a mixed-methods design, the study will integrate a systematic review of surveillance data (2010–2025), spatial analysis using GIS to map hotspots, regression modeling of climatic and health-system variables, and key-informant interviews with public health officials. We anticipate generating high-resolution risk maps identifying high-burden districts, quantifying outbreak determinants, and documenting critical surveillance gaps. The findings will provide a consolidated evidence base to directly inform regional health security initiatives, enabling targeted surveillance, resource allocation, and the development of context-specific early warning and response frameworks. Strengthening cross-border collaboration and adopting a One Health approach will be essential for sustainable outbreak prevention and resilience.
Popul. Med. 2026;8(Supplement 1):A2149

ABS1653
Doubts Persist Among Adolescents Regarding Sexual and Reproductive Health Beyond the Biomedical Dimension
Vitória Maria Ferreira de Sousa[1], Maria Eduarda Jucá da Paz Barbosa[1], Neiva Francenely Cunha Vieira[1], Jully Anne da Silva[1], Luiza Jane Eyre de Souza Vieira[2], Lara da Silva Sales[3]
[1]Nursing Department, Federal University of Ceara, Fortaleza, Brazil, [2]Postgraduate Studies in Public Health, University of Fortaleza (UNIFOR), Fortaleza, Brazil, [3]Postgraduate Nursing Program, University of Luso-Afro-Brazilian Integration, Redenção, Brazil
BACKGROUND
Adolescent sexual and reproductive health is often addressed from a biomedical perspective, focused on risks, prevention of sexually transmitted infections, and unplanned pregnancy. Although relevant, this approach tends to neglect subjective, relational, and ethical dimensions that shape experiences during this stage of life. Understanding how adolescents themselves make sense of sexual and reproductive health is essential for developing educational strategies that are more sensitive, equitable, and aligned with their social and cultural realities. Thus, this study aimed to understand adolescents' informational needs and main doubts regarding sexual and reproductive health.
METHODS
A qualitative study developed to support the construction of an educational technology in sexual and reproductive health. Data were produced through seven focus groups with 55 adolescents aged 15–17 years from a public school in Fortaleza, Ceará, Brazil. Transcripts were subjected to lexical analysis using IRAMUTEQ software and qualitative content analysis according to Mayring's approach. The analysis enabled the identification of perceptions, meanings attributed to sexuality, and informational needs expressed by adolescents.
RESULTS
Findings showed that although adolescents recognize biomedical aspects of sexual and reproductive health, their perceptions extend beyond this domain, incorporating elements related to affectivity, identity, interpersonal relationships, consent, gender, and social norms and moral values. Feelings of insecurity, fear of judgment, and difficulties in dialogue with family and school emerged. Sexuality was understood as an experience shaped by social pressures, gender inequalities, and fragile support networks, reinforcing the need for educational approaches that address these dimensions in an integrated manner.
CONCLUSIONS
Adolescents' perceptions of sexual and reproductive health go beyond the biomedical focus, revealing the centrality of relational, sociocultural, affective, and ethical dimensions in their experiences. Recognizing these elements is essential for developing more humanized, contextualized, and adolescent-centered health education actions and technologies, contributing to more effective care practices in the field of public health.
Popul. Med. 2026;8(Supplement 1):A2151

ABS1656
Focus groups with adolescents on sexual and reproductive health: experience report
Maria Eduarda Jucá da Paz Barbosa[1], Jully Anne da Silva[1], Vitória Maria Ferreira de Sousa[2], Neiva Francenely Cunha Vieira[1]
[1]PostGraduate Nursing Program, Federal University of Ceara, Fortaleza, Brazil, [2]Nursing Department, Federal University of Ceara, Fortaleza, Brazil
INTRODUCTION
Adolescent sexual and reproductive health is a challenge for public health, given early sexual initiation, inconsistent use of preventive methods, and persistent

informational gaps. Group-based qualitative approaches are relevant to access adolescents' perceptions, experiences, and needs, particularly when addressing sensitive topics. This study reports the experience of conducting focus groups with adolescents in a public health context to support the development of an educational technology on sexual and reproductive health.
METHODS
This is an experience report on seven focus groups conducted in a public school in Ceará, Brazil. A total of 55 adolescents aged 14 to 17 years participated, organized into groups of 7 to 10 participants of both sexes. Institutional coordination with the school, research team training, and ethical procedures were completed, including informed consent from parents or guardians and assent from adolescents. The groups were moderated by a nurse, with support from nursing students, using a collaborative approach, accessible language, and gradual introduction of sensitive topics. A word–image association dynamic stimulated dialogue. Sessions were documented through field notes and audio recordings, when authorized.
RESULTS
The strategies fostered a safe and trusting environment. During each session, increased adolescent engagement was observed, with greater participation and spontaneous expression of perceptions and experiences. Focus groups enabled identification of diverse perspectives, highlighting the importance of prior invitation, meeting organization, and the use of dynamics, which facilitated communication but required attentive moderation to avoid excessive direction.
CONCLUSIONS
Focus groups, when preceded by prior invitation and structured with participatory strategies, promote engagement and expression on sensitive topics. Facilitation dynamics supported dialogue when accompanied by attentive moderation. This method represents a powerful strategy for qualified listening to adolescents and for informing actions sensitive to their needs.
Popul. Med. 2026;8(Supplement 1):A2152

ABS1662

Creating a combination HIV and pregnancy prevention cascade to measure condom and contraception use among adolescent girls and young women in South African schools

Kate Bergh[1,2], Elona Toska[3,4], Fareed Abdullah[5,6], Zoe Duby[1,7], Nevilene Slingers[1,5], Kim Jonas[1]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Department of Psychology, University of Cape Town, Cape Town, South Africa, [3]Centre for Social Science Research, University of Cape Town, Cape Town, South Africa, [4]Department of Social Policy & Intervention, University of Oxford, Oxford, South Africa, [5]Office of AIDS and TB Research, South African Medical Research Council, Pretoria, South Africa, [6]Division of Infectious Diseases, Department of Internal Medicine, Steve Biko Academic Hospital and University of Pretoria, Pretoria, South Africa, [7]Division of Social and Behavioural Sciences, School of Public Health, University of Cape Town, Cape Town, South Africa
BACKGROUND
In South Africa, HIV incidence and unintended pregnancy among adolescent girls and young women (AGYW) remain high, driven by shared biological, behavioural, and structural factors. This study examined AGYW's uptake of and adherence to non-barrier contraceptives and dual condom–contraceptive use to identify key barriers and facilitators and inform prevention programming.
METHODS
Baseline data collected between July and September 2022 were analysed as part of an evaluation of a combination HIV and pregnancy prevention programme implemented in 14 South African schools. Drawing on the HIV prevention cascade, a cascade describing knowledge, motivation, access, and effective use of condoms, contraceptives, and dual methods were constructed among AGYW who reported sexual activity in the past six months, not living with HIV, and not planning a pregnancy. Relationships between cascade steps were examined using path analysis. Barriers to and facilitators of motivation, access, and effective use were assessed using generalised linear models with a Poisson distribution (log link).
RESULTS
For contraceptives, self-reported access was high (71%), while motivation (50%) and effective use (11%) were low. For dual methods, access (54%), motivation (35%), and effective use (3%) were lower. Knowledge was associated with all subsequent contraceptive cascade steps ($p \leq 0.031$), and motivation was associated with effective use (IRR=2.33; 95% CI: 1.22–4.48; p=0.015). Older age (IRR=1.11; 95% CI: 1.04–1.19; p=0.005) and having ever been offered contraceptives (IRR=1.38; 95% CI: 1.23–1.54; p<0.001) were associated with access. Belief that contraceptives prevent pregnancy was associated with motivation (IRR=1.88; 95% CI: 1.22–2.90; p=0.008). Parental communication about contraceptives was associated with motivation, access, and effective use (p<0.05).
CONCLUSIONS
Despite relatively high access, substantial gaps in motivation and effective use of contraceptives and dual methods persist among AGYW. While school-based Safe Spaces provide an acceptable platform for sexual and reproductive health services, engaging parents may further strengthen uptake and adherence.
Popul. Med. 2026;8(Supplement 1):A2153

ABS1681

Dance2Kinnect: A Culturally Grounded, Community-Led Approach to Child Safety, Equity, and Wellbeing

Bianca Barnier[1], Sonja Herzog[1]
[1]Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Research, The George Institute for Global Health, Randwick, Australia
BACKGROUND
Globally, inequities in child safety and wellbeing persist for Indigenous children, shaped by colonisation, social exclusion, and limited access to culturally safe spaces. For many Aboriginal and Torres Strait Islander children, time spent on the streets can expose them to violence, substance use, and other risks, undermining health and social and emotional wellbeing. Conventional child-safety initiatives often fail to center culture, Country, and community leadership, limiting their effectiveness and sustainability. Addressing these inequities requires inclusive, culturally grounded approaches that strengthen protective factors and community connection.
METHODS
The Dance2Kinnect Project was co-designed and co-led by Aboriginal researchers in partnership with local Elders, community leaders, parents, and Aboriginal Community Controlled Health Services. The program was developed through yarning circles, community planning meetings, and collaborative choreography workshops to ensure alignment with local cultural protocols, values, and aspirations. Dance leaders and Elders co-facilitated sessions, embedding cultural knowledge, language, and connection to Country. A qualitative evaluation approach was undertaken, incorporating participant observation and semi-structured interviews to explore experiences of cultural connection, wellbeing, and perceptions of child safety.
RESULTS
The program provided children and adolescents with a safe, inclusive, and culturally affirming alternative to spending time in unsafe environments. Participants reported strengthened cultural identity, increased self-confidence, improved social and emotional wellbeing, and enhanced peer relationships. Parents and community members identified the program as a protective, community-led initiative that fostered belonging, cultural safety, and reduced exposure to harm. The co-design process also supported community ownership and program sustainability.
CONCLUSIONS
Dance2Kinnect demonstrates how culturally grounded, community-led initiatives can advance equity, inclusion, and sustainability in child safety. By centering culture and Country, the program addresses structural inequities and creates protective spaces that support Indigenous children's wellbeing. This model offers a transferable, strengths-based approach for Indigenous and global contexts seeking culturally responsive solutions to complex public health challenges.
Popul. Med. 2026;8(Supplement 1):A2155

ABS1712

Association of Severe Asthma Symptoms and Household Fuel Use Among Preschool Children in Mabopane, South Africa

Mandla Bhuda[1,2], Janine Wichmann[1], Joyce Shirinde[1]
[1]School of Health System and Public Health, University of Pretoria, Pretoria, South Africa, [2]Department of Health Studies, UNISA, Pretoria, South Africa
ABSTRACT
This study aimed to investigate the association between current severe asthma symptoms and households fuel use among preschool children in Mabopane, South Africa. This was a cross-sectional study conducted in the City of Tshwane Metropolitan Municipality in Gauteng, South Africa. A total of 1840 parents and guardians of preschool children completed the modified International Study of Asthma and Allergies in Childhood questionnaire. Data were analysed using multiple logistic regression analysis. The prevalence of current severe asthma symptoms was 15.4%. The use of gas was significantly associated with severe asthma symptoms (OR =3.20; 95% CI: 2.08- 4.91). The use of open fire (paraffin/wood/coal) was positively associated with current severe asthma symptoms and (OR= 1.87; 95% 0.98- 3.55). The study shows a significant association between current severe asthma symptoms and household fuel use among preschool children in Mabopane, South Africa.

Popul. Med. 2026;8(Supplement 1):A2159

ABS1757

Public Health Association advocacy for Women, Children, and Youth

Fiona J Robards[1,2], Amie Steel[1,3], Debra Jackson[1,4,5], Zohra Lassi[1,6,7], Halimat Omowumi Olaniyan[1,8,9], Funmilayo Morebise[1,10], Krystel Ouaijan[1,11], Alessandro Berionni[12]

[1]Women Children and Youth Working Group, World Federation of Public Health Associations, Geneva, Switzerland, [2]Sydney Medical School, Faculty of Health and Medicine, The University of Sydney, Westmead, Australia, [3]National Centre for Naturopathic Medicine, Southern Cross University, Lismore, Australia, [4]Department of Infectious Disease Epidemiology and International Health, London School of Hygiene and Tropical Medicine, London, United Kingdom, [5]School of Public Health, University of the Western Cape, Cape Town, South Africa, [6]School of Public Health, Faculty of Health and Medical Sciences, The University of Adelaide, Adelaide, Australia, [7]Robinson Research Institute, University of Adelaide, Adelaide, Australia, [8]Institute of Child Health, College of Medicine, University of Ibadan, Ibadan, Nigeria, [9]Drosophila Research and Training Centre, Ibadan, Nigeria, [10]Eat Right Society, Abuja, Nigeria, [11]Department of Nutrition and Food Sciences, Faculty of Agriculture and Food Sciences,, American University of Beirut, Beirut, Lebanon, [12]Young WFPHA Working Group, World Federation of Public Health Associations, Geneva, Switzerland

INTRODUCTION

Advocacy by public health associations and professionals is needed to improve the health of women, children, and young people and to promote investments in a healthier and resilient future. Gender equality and women's empowerment are essential to improving maternal and child outcomes, strengthening families and communities and advancing overall social and economic development. The WFPHA working group for Women, Children and Youth has developed a range of policies, including on Youth Mental Health(1), Call to Action Regarding Climate Action and MNCAH Populations(2), Breastfeeding Resolution(3) and Children and Young People's Health and Rights.(4) There is a need for public health associations globally to increase advocacy for women, children and youth. Only eight Public Health Associations (PHAs) out of 130 globally and one Regional PHA have policies that relate to women, children and youth.(5)

METHODS

Drawing on the conference theme, this workshop will explore 'Health Without Borders: Equity, Inclusion, and Sustainability for women, children, and youth'. We will explore overcoming challenges and what has worked across borders. Speakers will include a young speaker via the Young WFPHA group and global leaders representing women, children, and youth. Following the presentations, this workshop will provide an opportunity for participants to discuss the development of policies in their country associations on a range of topics including preconception, pregnancy, early childhood development, nutrition, youth health and climate change.

RESULTS

It is anticipated that this workshop will provide a catalyst for public health associations to develop polices related to women, children, and youth. By sharing successful cross-border experiences, the workshop will strengthen PHAs' capacity to address gaps in advocacy and policy.

CONCLUSIONS

Global action on women, children and youth health prioritises ending preventable deaths, tackling emerging diseases and injuries, promoting holistic development, amplifying youth voice, and strengthening equitable, resilient health systems through multisectoral collaboration and innovation.

Popul. Med. 2026;8(Supplement 1):A2167

ABS1814

"It's where I buy lunch or anything that I want to buy": A participatory photo elicitation study on adolescents' experience of food choice and environment in Kisumu, Kenya

Elisa Gobbo[1], Alice Achieng Ojwang[2], Kristi Sidney Annerstedt[1], Joseph Amoke[3], Loyce Anyango[2], Sibylle Herzig van Wees[1], Donvan Nunda[2], Edward Ouko[3], Esther Oruko[3]

[1]Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden, [2]Department of Human Nutrition and Dietetics, The Technical University of Kenya, Nairobi, Kenya, [3]Department of Agriculture, Irrigation, Livestock, Fisheries, and Blue Economy, County Government of Kisumu, Kisumu, Kenya

INTRODUCTION

In Kenya, adolescents face a changing nutritional landscape, the triple burden of nutrition, and a rising risk of non-communicable diseases.1–3 Behaviors that begin in adolescence can influence lifelong dietary patterns and future disease risk.4,5 There is limited understanding of contextually grounded, adolescent-centered experiences of food choice in the African Region.6–8 Thus, this study aims to explore how young adolescents attending school in an informal settlement in Kisumu, Kenya, experience and visualize their local food environment.

METHODS

This participatory research study employs a photo elicitation and social foodscape mapping method with 18 adolescents (aged 12-13) in an informal settlement in Kisumu.9,10 The adolescents took photos of their food environment and met with the researchers to discuss their photos and draw maps of their food environment. We used Drew & Guillemin's three-stage approach with an abductive thematic analysis.11

RESULTS

The analysis generated three themes: 1) food choices are shaped by convenience and familiarity, yet the adolescents express an interest in items beyond the familiar, 2) adolescents mostly receive food from adults but are beginning to make some independent choices, and 3) adolescents value the social dimensions of food, yet they navigate forms of belonging across family and peer contexts. Overall, adult routines and provisions remain central, but adolescents value moments of autonomy and express curiosity for more processed and peer-valued foods.

CONCLUSIONS

First, adolescents are at an early transition point in shaping lifelong dietary habits with emerging moments of autonomy. Second, promoting healthy diets during adolescence should include strategies that build autonomy by equipping adolescents with skills to negotiate food choices within their socio-economic contexts. Third, creating food environments for adolescents should leverage trusted and familiar food sources and engage guardians and schools without compromising adolescents' emerging autonomy.

Popul. Med. 2026;8(Supplement 1):A2170

ABS1832

The role of socio-structural factors in influencing feeding intentions and practices among mothers with infants

Luviwe Lutotswana[1], Sibusiso Cyprian Nomatshila[1], Guillermo Alfredo Pulido-Estrada[1], Eric Maimela[1]

[1]Public Health, Walter Sisulu University, Mthatha, South Africa

ABSTRACT

Breastfeeding is regarded as the cornerstone of infant feeding, as it is the optimal choice for optimal nutrition and development. Socio-structural factors of breastfeeding in child health play an important role in guiding women's decisions on options to feed their babies. A cross-sectional study was conducted among mothers of infants aged 0–6 months to assess the role of socio-structural factors in shaping feeding intentions and practices. Informed consent was obtained from participants prior to data collection. Data were gathered using a validated questionnaire and analyzed using SPSS. A total of 181 mothers were enrolled. Only 45.9% reported that they exclusively breastfed their babies, of which the highest proportion of exclusive breastfeeding was observed among the 21–29 age group at 51.8%, and the lowest among those aged 20 years and below (3.6%). Marital status ($p = 0.005$) and employment status ($p < 0.001$) were significantly associated with exclusive breastfeeding, with higher EBF rates among married mothers and among self-employed mothers. Both the EBF mothers and non-EBF mothers shared a common belief that colostrum was not beneficial for infants ($p = 0.854$), whereas their views differed significantly on the amount of water given to infants before they reached six months ($p = 0.001$). There was no significant relationship between EBF status and having a family member who had breastfed in the past 6 months ($p = 0.815$); similarly, a weak association was observed for having a friend who had breastfed recently ($p = 0.057$). The difference in EBF practice between those receiving antenatal care breastfeeding education and those not receiving it was not statistically significant ($p = 0.591$). A statistically significant association was found between the support level and exclusive breastfeeding status ($p < 0.001$). This study highlights that successful exclusive breastfeeding is strongly associated with high levels of social support.

Popul. Med. 2026;8(Supplement 1):A2172

ABS1870

Factors affecting the utilisation of family planning services amongst nursing undergraduate students

Chauntelle Bagwandeen[1], Jabu Hlope[1], Vinogrin Dorsamy[1]

[1]College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa

BACKGROUND

The consequences of unplanned pregnancies in a university population are a global public health concern. There are immediate, and long-term, detrimental physical,

mental and social effects on both parents and infants. This negatively affects academic advancement and, hence, future employment opportunities. Despite the freely available family planning services at the Howard College campus, University of KwaZulu-Natal, there appears to be an increase in the number of unplanned pregnancies. This study aimed to determine the factors affecting the utilisation of family planning services amongst nursing undergraduate students at the institution
METHODS
A descriptive cross-sectional survey using a structured, self-administered questionnaire was undertaken. All 316 students registered in 2023 were invited to participate. A Likert scale was used to assess the knowledge, attitude, and practices of the respondents regarding the uptake and utilisation of available contraception. Descriptive and analytical statistics per the study objectives were conducted
RESULTS
Three hundred and sixteen undergraduate students responded, giving a response rate of 95%. The majority of the students were Christian, black females between the ages of 18-23 in their second year of study who resided in university accommodations. Respondents had a positive attitude toward family planning. Knowledge of contraception and awareness of the benefits were, however, not commensurate with actual use among undergraduate students. Possible reasons for this were the fear of side effects, social stigma and the perceived negative attitude of healthcare workers. Utilisation increased with progressive years of study, indicating that education had a positive effect on practice, and the oral contraceptive pill was reported as the most frequently used contraceptive
CONCLUSIONS
Knowledge and awareness of family planning do not always predict behaviour. There is a need for the implementation of effective and innovative strategies that support behaviour change so as to increase uptake and use of contraception
Popul. Med. 2026;8(Supplement 1):A2175

ABS1897
Bridging Barriers, Saving Lives: Innovative Multidisciplinary Antenatal Care for Stronger Mothers and Healthier Newborns in Rural Xhariep

Malebelo Keamogetse Motlhatlhedi[1]
[1]Department of Health, Xhariep District, Trompsburg, South Africa

INTRODUCTION
Maternal and newborn health outcomes in rural South Africa are constrained by inequities in access to quality care, health information, and continuity across the antenatal–postnatal continuum. In Xhariep District, long travel distances, limited resources, late antenatal bookings, low health literacy, and poor retention of mother–baby pairs contribute to preventable maternal and neonatal complications. Rural care delivery is often fragmented and task-focused, limiting emphasis on education, psychosocial support, early risk identification, and postnatal linkage.
METHODS
A facility-based quality improvement initiative guided by the Plan–Do–Study–Act (PDSA) framework was implemented to strengthen equity and continuity in perinatal care. Two primary healthcare facilities with high pregnancy rates and significant social challenges were purposively selected. Thirty-six pregnant women were enrolled in the multidisciplinary antenatal sessions. Three low-cost interventions were implemented:(1)structured multidisciplinary antenatal sessions focusing on health education, nutrition, danger sign recognition, and birth preparedness;a Mommy Reminder Card to reinforce key perinatal messages, promote appointment adherence, and address literacy barriers; and (3)a mother–baby pair booking system to ensure continuity of care from pregnancy through postnatal period. The initiative involved nurses, dieticians, environmental health practitioners, health promoters, community healthcare workers, registered counsellors, and social workers. Process and outcome measures included attendance at scheduled visits, retention of mother–baby pairs, multidisciplinary participation, and participant satisfaction
RESULTS
Post-implementation, findings demonstrated improved antenatal and postnatal visit attendance, strengthened retention of mother–baby pairs, and enhanced multidisciplinary collaboration addressing medical and social determinants of perinatal health. Participants reported improved knowledge of danger signs, nutrition, and birth preparedness. Evaluation findings revealed 100% Multidisciplinary team engagement and 97% participant satisfaction, with sessions confirmed informative and objective-aligned.
CONCLUSIONS
Simple, context-appropriate, low-cost interventions can strengthen perinatal care continuity, empower mothers, and integrate services in resource-limited rural areas. The Xhariep model provides a scalable, sustainable approach to reduce inequities and improving maternal and newborn health outcomes.
Popul. Med. 2026;8(Supplement 1):A2177

ABS1899
Quality and system performance: Progress and gaps across the RMNCAHA+N continuum of care and life course in Botswana

Nankie Ramabu[1], Ellen Tsholofelo[1], Dr Dintle Molosiwa[1]
[1]Health Promotion and Education, Boitekanelo College, Gaborone, Botswana

INTRODUCTION
Despite substantial advances over the past four decades, preventable morbidity and mortality related to sexual and reproductive health remain unacceptably high in most developing countries. Evidence indicates that deficiencies in the quality of facility-based care may be a significator contributor to these preventable outcomes. This study examines service quality and system performance, using clients' perceptions of, and satisfaction with reproductive maternal newborn, child and adolescent health, and nutrition services in Botswana.
METHODS
A facility-based qualitative descriptive study was conducted through face-to-face interviews with 64 outpatients aged 14-78 years between May and June 2025 across ten districts. Inductive thematic analysis was utilized to analyse the data.
RESULTS
The following major themes emerged from the data: limited or adequate awareness of full Reproductive, Maternal, Neonatal, Child, Adolescent, Health Aging & Nutrition (RMNCAHA+N) service package, mixed perception of service-quality, access barriers, unmet needs and preferences. Participants reported limited access to services due to staff shortages, inadequate transport, medication stock-outs, language barriers for foreigners, staff frustration and burnout, and negative staff attitudes. Overall satisfaction with services was high (80%), neutral and dissatisfied responses accounted for 15.4% and 4.6%, respectively. Similarly, service quality was predominantly rated good (74.6%), with fewer clients reporting neutral (19%) or poor (6.4%) quality. To address gaps in awareness, clients recommended community-based education, targeted engagement of men, hiring health education officers, and utilising social media and IEC materials.
CONCLUSIONS
This study reveals that despite high satisfaction with services received, key structural gaps undermine access to needed services. Concerted efforts, prioritizing frontline service readiness, adequate human resources for health and supply systems and strengthening community participation, are needed to ensure equitable, high-quality RMNCAHA+N services across the life course.
Popul. Med. 2026;8(Supplement 1):A2178

ABS1904
Does Resolving Obesity Mitigate the Risk of Glucose Metabolic Abnormalities? A Longitudinal Study from Grade 4 to Grade 7

Chiyori Haga[1], Mika Kawamoto[1], Hiromi Suzuki[2], Nobuyuki Miyatake[2], Masaaki Tokuda[3]
[1]Community Nursing, Faculty of Medicine, Kagawa University, Miki, Japan, [2]Hygiene, Faculty of Medicine, Kagawa University, Miki, Japan, [3]Pharmaco-Bio-Informatics, Faculty of Medicine, Kagawa University, Miki, Japan

BACKGROUND
Childhood obesity is a well-established predictor of metabolic syndrome. However, the extent to which reversing obesity during the transition from childhood (prepuberty) to early adolescence mitigates the risk of impaired glucose metabolism remains unclear. This study examined how weight status trajectories influence HbA1c risk in junior high students.
METHODS
We conducted a longitudinal study using data from the 'Pediatric lifestyle-related disease prevention checkup in Kagawa,' which includes paired health examination records of schoolchildren (Grade 4, age 9–10; Grade 7, age 12–13) in Japan. The participants were 496 students (276 boys and 220 girls), categorized into four groups based on changes in weight status: Normal–Normal (NN), Normal–Obese (NO), Obese–Normal (ON), and Obese–Obese (OO). The outcome was defined as elevated HbA1c (≥ 5.6%) in Grade 7. Multivariate logistic regression analysis was performed to calculate adjusted odds ratios (AORs) for elevated HbA1c after adjusting for sex, survey year, and baseline HbA1c status in Grade 4.
RESULTS
A total of 407 students had complete data (follow-up rate: 82.1%). Elevated HbA1c at baseline (Grade 4) was the strongest independent predictor of outcomes in Grade 7 (AOR: 13.0, 95% CI: 6.0–28.1). Regarding weight trajectories, the NO group (incident obesity) showed a trend toward increased risk compared with the NN group. Notably, the ON group (those who resolved obesity) demonstrated no

significant increase in risk compared with the NN group (AOR: 0.62, 95% CI: 0.13–3.05), suggesting a risk reduction comparable to those who were never obese.
CONCLUSIONS
Normalizing weight status before early adolescence may effectively "reset" the risk of developing glucose metabolism abnormalities. Although baseline metabolic status is a strong predictor, weight management interventions during elementary school provide a critical window of opportunity for reversibility and prevention of future diabetes risk.
Popul. Med. 2026;8(Supplement 1):A2179

ABS2001

Equity on the plate: Factors influencing vegetable provision and menu dietary diversity in South African early childhood development centres

Yolande Smit[1], Sanchia Prinsloo[1], Ros Sambell[2]
[1]Department Global Health, Division Human Nutrition, Stellenbosch University, Parow, Cape town, South Africa, [2]School of Medical and Health Sciences, Edith Cowan University, Joondalup, Perth, Australia

INTRODUCTION
Early childhood development centres (ECDCs) present a valuable opportunity to improve children's nutrition. Meals served in these centers often lack essential nutrients and dietary diversity.1, 2 In low- to middle-income countries, evidence on strategies to improve vegetable provision among young children is limited.3-5 This study aimed to identify factors influencing vegetable provision at ECDCs and assess the dietary diversity (DDS)of displayed menus.
METHODS
A descriptive cross-sectional design. ECDCs (N=41) were randomly selected from the Tshwane South District, South Africa. A census of ECDC staff members was conducted. To assess vegetable provision practices participants (n=72) completed an online questionnaire. A dietary diversity score (DSS) was calculated using the FAO's 9-group DDS tool.
RESULTS
Carrots (n=54, 75.0%), butternut (n=41, 56.9%), and beetroot (n=24, 33.3%) were served most frequently. The inclusion of vegetables on the menus was influenced by child acceptability (n=56, 77,7%), versatility (n=38, 52,8%), and affordability and availability (n=20, 27.8%). Barriers to vegetable provision included inadequate funding (n=30; 41.7%), children not eating vegetables (n=19, 26.4%), and a lack of resources (n=19, 26.4%). Strategies to enhance vegetable provision as reported by ECD centre staff included parental support (n=44, 61.1%), nutrition education (n=37, 51.4%), improved funding (n=27, 37.5%) and vegetable availability (n=22, 30.6%). Children's acceptance of vegetables was influenced by preference (n=35, 48,6%), limited knowledge (n=39, 54.1%), and availability of unhealthy food options (n=32; 44,4%). The one-week menus had a mean DDS of 3.9 (SD 0.99). More than half of the centres (n=22, 53.6%) achieved a DDS of ≥ 4.
CONCLUSIONS
Strengthening nutrition education, improving resource allocation, and enhancing collaboration between educators, parents, and health professionals are critical steps toward promoting healthy eating environments in ECDCs. These findings serve as a foundation for future studies aimed at reducing nutritional inequalities and fostering healthy eating habits among South African children.
Popul. Med. 2026;8(Supplement 1):A2186

ABS2009

A new generic Health-Related Quality of Life measure for very young children: preliminary evidence from the EuroQol Toddler and Infant Populations (EQ-TIPS-5L)

Janine Verstraete[1], Tianxin Pan[2], Kim Dalziel[2], Federico Augustovski[3], Maria Belizan[3], Nan Luo[4], Ole Marten[5], Simone Schieskow[5], Fanni Rencz[6,7], Aureliano Finch[6], You-Shan Feng[8]
[1]Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa, [2]Melbourne Health Economics, Centre for Health Policy, University of Melbourne, Melbourne, Australia, [3]Health Technology Assessment and Health Economics Department of the Institute for Clinical Effectiveness and Health Policy (IECS-CONICET), Buenos Aires, Argentina, [4]Saw Swee Hock School of Public Health, National University of Singapore, Singapore, Singapore, [5]Department of Health Economics and Health Care Management, School of Public Health, Bielefeld University, Bielefeld, Germany, [6]EuroQol Research Foundation, Rotterdam, Netherlands, [7]Department of Health Policy, Corvinus University of Budapest, Budapest, Hungary, [8]Institute for Clinical Epidemiology and Applied Biometry, University Hospital and Faculty of Medicine, University of Tubingen, Tubingen, Germany

BACKGROUND
The EQ-TIPS is an experimental, proxy-reported generic health measure for children aged 0-47-months. Version 3.0 assesses seven dimensions: movement (MVT), eating/drinking (EAT), sleep (SL), pain (PN), managing emotions (EMO), interacting with others (INT), and play (PL).
METHODS
A multinational study recruited caregivers of children with acute or chronic conditions and the general population. Preliminary analysis assessed the frequency of reporting EQ-TIPS-5L 'no problem' by dimension and total. Known-group validity compared health condition and general population groups using Level Sum Scores (LSS) (7-35) and EQ VAS (0-100), with Cohen's d effect size. Pearson's correlations were calculated with EQ VAS for dimensions and LSS. Reliability for a subset of 217 stable participants (reporting 'about the same' health two weeks later) was calculated with Gwet's AC and ICC.
RESULTS
Caregivers from Australia (55%), Argentina (32%), Singapore (10%), and Germany (2%) provided data for 1745 children. The sample was balanced across age groups (0-11-months: 26%; 12-23-months: 24%; 24-35-months: 21%; 36-47-months: 29%), and gender (males: 52%). Most children had a health condition (70%). 'No problems' was reported in total for 23% of children with health conditions, with dimension-specific rates ranging from 55% (EMO) to 76% (PL). These rates were significantly lower than those of the general population. LSS and VAS revealed medium (d = 0.63) and large (d = -0.81) effect sizes between the health condition and general population groups. Correlations with the EQ VAS were low for SL and EMO, but moderate for all other dimensions and LSS. Test-retest agreement was moderate to substantial for EMO, SL and INT, almost perfect for the other dimensions, and strong for both LSS and EQ VAS.
CONCLUSIONS
The experimental EQ-TIPS-5L shows promising performance as a generic health measure for infants and toddlers, based on a multi-country study including a range of age groups and health conditions.
Popul. Med. 2026;8(Supplement 1):A2188

ABS2017

Evaluating Performance of the Experimental EQ-TIPS (V3) for Assessing Infants and Toddlers with Acute Infections: A Mixed-Methods Approach of Cognitive Debriefing and Psychometric Testing

Xin Yi Yap[1], Nicholas Ben Hui Ng[2], Woon Li SEO[2], Celeste Yong[2], Daryl Yeo[2], Aureliano Paolo Finch[3], Janine Verstraete[4], Ling Jie Cheng[5,6], Nan Luo[1]
[1]Saw Swee Hock School of Public Health, National university of Singapore, Singapore, Singapore, [2]Children's Emergency, Department of Paediatrics, Khoo Teck Puat, National University Children's Medical Institute, National University Hospital, Singapore, Singapore, [3]EuroQol Research Foundation, Rotterdam, Netherlands, [4]Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa, [5]National Perinatal Epidemiology Unit, Nuffield Department of Women's and Reproductive Health, University of Oxford, Singapore, Singapore, [6]Alice Lee Centre for Nursing Studies, Young Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore

BACKGROUND
The EuroQol Toddler and Infant Populations (EQ-TIPS) was developed to assess health-related quality of life (HRQoL) in children aged 0–3 years. While the earlier 6-item, 3-level EQ-TIPS (V2) has been tested, the experimental 7-item version (V3) with 3- or 5-level response scales (EQ-TIPS-3L and EQ-TIPS-5L) has not yet been evaluated. This study assessed the updated experimental EQ-TIPS among caregivers of infants and toddlers with acute infections in Singapore.
METHODS
We used a mixed-methods design, comprising cognitive interviews and psychometric testing. Primary caregivers of children participated in interviews exploring clarity, comprehensiveness, and interpretation of EQ-TIPS items and the visual analogue scale (VAS), which were then analysed thematically. For psychometric testing, caregivers of children with acute infections such as rhinorrhoea or tachypnoea were recruited from a tertiary hospital's emergency department. At baseline, caregivers completed EQ-TIPS-3L, EQ-TIPS-5L, and PedsQL to assess ceiling and floor effects, as well as convergent validity. Two weeks later, follow-up assessments were conducted via Zoom to evaluate responsiveness to clinical change using standardized response means (SRM) of EQ-TIPS-3L and EQ-TIPS-5L level sum scores (LSS).
RESULTS
Caregivers (n=10) found EQ-TIPS acceptable, relevant, and easy to complete, although some ambiguity was noted in emotion and sleep items, with suggestions to extend the recall period and simplify the VAS. For the data from 77 caregivers of children (40 reassessed), ceiling effects (1111111) were 28.6% (3L) and 16.9%

(5L), while floor effects were 0%. Both versions demonstrated strong convergent validity (ρ = 0.71). At follow-up, large SRMs among caregivers reporting HRQoL improvements indicated good responsiveness: −0.82 (EQ-TIPS-3L LSS), −0.81 (EQ-TIPS-5L LSS), and 1.47 (VAS).
CONCLUSIONS
Both EQ-TIPS-3L and EQ-TIPS-5L demonstrated good content and construct validity, as well as responsiveness to recovery, for assessing acutely ill young children. Despite some item ambiguity, findings support their use in evaluating HRQoL in this population.
Popul. Med. 2026;8(Supplement 1):A2189

ABS2018

The Impact of Structured Infection Prevention Training on Maternal Sepsis in Rural Private Not For Profit Health Facilities in Uganda

Chelsea Lipoto[1], Alex Alinaitwe[1], Lydia Nakanjako[1], Joseph Mugerwa[1], Sarah Borger[1,2], Patricia Namakula[1]
[1]Program, LifeNet International, Kampala, Uganda, [2]Program, LifeNet International, Washington, D.C, United States

BACKGROUND
Maternal sepsis remains a preventable cause of maternal morbidity in Uganda, often linked to gaps in Infection Prevention and Control (IPC) practices during pregnancy, childbirth, and the postpartum period. Strengthening IPC capacity at lower-level private not-for-profit facilities is critical to improving maternal outcomes. LifeNet International implements structured IPC training and mentorship as part of its clinical capacity-building program. This analysis examined changes in maternal sepsis and IPC compliance trends following the implementation of LifeNet's IPC intervention in partner facilities.
METHODS
A descriptive trend analysis using maternal sepsis data abstracted from the National District Health Information System (DHIS2), supplemented with program monitoring data from LifeNet International across 127 health facilities between 2021 and 2024. The intervention targeted four IPC domains: hand hygiene, instrument sterilization, medical waste management, and clean delivery practices; and was delivered through practical annual centralized training complemented by repeated on-site mentorship. IPC performance was measured using a standardized Quality Scorecard(QSC) administered at baseline and post-intervention, producing facility-level scores for each IPC domain. The QSC is a LifeNet program standardized tool measuring adherence to clinical standards, patient safety practices, documentation, and management systems with an 80% competency score.
RESULTS
Following implementation, overall reported maternal sepsis cases declined by 17%, from 82 cases in 2022 to 68 cases in 2024. Concurrently, IPC performance improved across all assessed domains. Facility-level Quality Scorecard scores increased for hand hygiene (38% to 84%), instrument sterilization (16% to 81%), clean delivery practices (42% to 83%), and medical waste management (73% to 87%).
CONCLUSIONS
Overall improvements in maternal sepsis and IPC compliance trends suggests that structured IPC training and mentorship strengthen maternal care quality and embedding training within routine performance monitoring reinforces consistent clinical practice. Scaling this integrated model alongside system-level interventions can improve maternal outcomes in similar low-resource settings.
Popul. Med. 2026;8(Supplement 1):A2190

ABS2019

The Impact of Structured Infection Prevention Training on Maternal Sepsis in Rural Private Not for Profit Health Facilities in Uganda

Chelsea Lipoto[1], Alex Alinaitwe[1], Lydia Nakanjako[1], Joseph Mugerwa[1], Sarah Borger[1,2], Patricia Namakula[1]
[1]Program, LifeNet International, Kampala, Uganda, [2]Program, LifeNet International, Washington, D.C, United States

BACKGROUND
Maternal sepsis remains a preventable cause of maternal morbidity in Uganda, often linked to gaps in Infection Prevention and Control (IPC) practices during pregnancy, childbirth, and the postpartum period. Strengthening IPC capacity at lower-level private not-for-profit facilities is critical to improving maternal outcomes. LifeNet International implements structured IPC training and mentorship as part of its clinical capacity-building program. This analysis examined changes in maternal sepsis and IPC compliance trends following the implementation of LifeNet's IPC intervention in partner facilities.
METHODS
A descriptive trend analysis using maternal sepsis data abstracted from the National District Health Information System (DHIS2), supplemented with program monitoring data from LifeNet International across 127 health facilities between 2021 and 2024. The intervention targeted four IPC domains: hand hygiene, instrument sterilization, medical waste management, and clean delivery practices; and was delivered through practical annual centralized training complemented by repeated on-site mentorship. IPC performance was measured using a standardized Quality Scorecard(QSC) administered at baseline and post-intervention, producing facility-level scores for each IPC domain. The QSC is a LifeNet program standardized tool measuring adherence to clinical standards, patient safety practices, documentation, and management systems with an 80% competency score.
RESULTS
Following implementation, overall reported maternal sepsis cases declined by 17%, from 82 cases in 2022 to 68 cases in 2024. Concurrently, IPC performance improved across all assessed domains. Facility-level Quality Scorecard scores increased for hand hygiene (38% to 84%), instrument sterilization (16% to 81%), clean delivery practices (42% to 83%), and medical waste management (73% to 87%).
CONCLUSIONS
Overall improvements in maternal sepsis and IPC compliance trends suggests that structured IPC training and mentorship strengthen maternal care quality and embedding training within routine performance monitoring reinforces consistent clinical practice. Scaling this integrated model alongside system-level interventions can improve maternal outcomes in similar low-resource settings.
Popul. Med. 2026;8(Supplement 1):A2191

ABS2021

Postnatal pesticide exposure and executive function in children and adolescents: Findings from South Africa

Paola Gabriela Viglietti[1,2], Lena Jäggi[3,4], Hannah Wey[3,4], Anouk Petitpierre[3,4], Christian Lindh[5], Kim-Louise Rousseau[2], Jade Mac Donnell[2], Martin Röösli[3,4], Susan Malcolm-Smith[6,2], Samuel Fuhrimann[3,4], Mohamed Aqiel Dalvie[1]
[1]Centre for Environmental and Occupational Health Research, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Psychology, University of Cape Town, Cape Town, South Africa, [3]Epidemiology, Swiss Tropical and Public Health Institute (Swiss TPH), Allschwil, Switzerland, [4]Epidemiology, University of Basel, Basel, Switzerland, [5]Occupational and Environmental Medicine, Lund University, Lund, Sweden, [6]Neuroscience Institute, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Postnatal pesticide exposure and its impact on executive functioning (EF) in children and adolescents remains underexplored in African agricultural contexts. This study investigated associations between urinary pesticide biomarkers and EF in the Child health Agricultural Pesticide (CapSA) cohort.
METHODS
Data from 445 participants (mean age: 10.6 years; 55.3% male) were analysed. EF was assessed using three Cambridge Neuropsychological Test Automated Battery (CANTAB) subtests: the Multitasking Test (MTT, cognitive flexibility), Rapid Visual Information Processing (RVP, inhibitory control), and Spatial Working Memory (SWM, visuospatial working memory). Average levels of 13 pesticide biomarkers—spanning insecticides (organophosphates, pyrethroids), fungicides (dithiocarbamates, triazoles, succinate dehydrogenase inhibitors), and herbicides (phenoxy acids)—were calculated from two spot urine samples collected in 2017 and 2019. Associations between specific gravity-adjusted, log□□-transformed biomarker-levels (ng/ml) and EF z-scores were estimated using multivariate linear regression, adjusting for agricultural setting, child and maternal characteristics, and household factors.
RESULTS
Twelve of thirteen pesticide biomarkers showed widespread detection, with several (TCPy, 3-PBA, OH-TEB, ETU, and 2,4-D) detected in over 98% of samples. Higher average levels of TCPy (β=−0.14; 95%CI: -0.27, -0.01) and BCP (−0.08; -0.15, -0.02) were associated with poorer cognitive flexibility. Higher average levels of TCPy (−0.18; -0.31, -0.05), BCP (−0.08; -0.14, -0.01), cis-DCCA (−0.15; -0.31, 0.00), and OH-P (−0.09; -0.16, -0.03) were associated with poorer inhibitory control. No significant associations were observed for visuospatial working memory.
CONCLUSIONS
Findings suggest postnatal exposure to specific organophosphates, pyrethroids and triazoles may impair specific EF domains. Results highlight the need for biologically informed exposure assessments and targeted interventions in

agricultural populations.
Popul. Med. 2026;8(Supplement 1):A2193

ABS2029

Short-term heat exposure and cumulative adverse pregnancy outcomes among women living with HIV in Johannesburg, South Africa

Kimberly Mc Alpine[1], Lebohang Radebe[1], Nicholas Brink[1], Craig Parker[1], Darshnika Pemi Lakhoo[1], Danielle Travill[1], Ashraf Coovadia[2], Matthew Francis Chersich[1,3], Karl-Gunter Technau[4]
[1]Wits Planetary Health, Johannesburg, South Africa, [2]Paediatrics, University of the Witwatersrand Faculty of Health Sciences, Johannesburg, South Africa, [3]Public Health and Primary Care, Trinity College Dublin, Dublin, Ireland, [4]Empilweni Services and Research Unit, Rahima Moosa Mother and Child Hospital, University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
Rising ambient temperatures increase risks to maternal and neonatal health, yet it remains unclear whether chronic conditions, particularly maternal HIV infection, modify susceptibility to heat-related adverse pregnancy outcomes (APOs). In high HIV-burden settings, women living with HIV (WLHIV) have elevated baseline risks of APOs that may be amplified by short-term heat exposure. This study examined the short-term effects of heat exposure on APOs and assessed effect modification by maternal HIV status.
METHODS
A time-stratified case-crossover study was conducted using data from the Ubomi Buhle Pregnancy Exposure Registry at a tertiary hospital in Johannesburg, South Africa, between January 2021 and September 2025. Short-term ambient temperature exposure in the week preceding delivery was linked to APOs at the facility level using ERA5 reanalysis data at a 0.25° × 0.25° spatial resolution and analysed using distributed lag non-linear models. Associations were examined for individual APOs and a composite adverse outcome capturing cumulative vulnerability, with analyses stratified by maternal HIV status and supported by extensive sensitivity analyses.
RESULTS
WLHIV accounted for 18.1% of deliveries. In the overall cohort and among HIV-negative women, associations between high ambient temperature and APOs were inconsistent and non-significant. In contrast, among WLHIV, short-term exposure to elevated ambient temperatures was associated with increased odds of APOs, with the strongest associations observed for the composite outcome (OR 1.57, 95% CI 1.01–2.45). This association remained robust across multiple sensitivity analyses. Individual APOs among WLHIV showed suggestive but non-significant associations.
CONCLUSIONS
Short-term heat exposure was associated with increased odds of APOs among WLHIV, relative to HIV-negative women exposed to similar temperatures. These findings suggest that heat acts as a stressor that modifies existing biological vulnerability in HIV-affected pregnancies. As global temperatures continue to rise, targeted heat adaptation strategies for WLHIV may be critical to protecting maternal and neonatal health in high-burden settings.
Popul. Med. 2026;8(Supplement 1):A2194

ABS2099

Prevalence and associated risk factors of self-reported symptoms suggestive of female genital schistosomiasis among women in KwaZulu-Natal, South Africa

Sinegugu Shongwe[1], Themba Ginindza[1], Khumbulani Hlongwana[1], Chester Kalinda[1,2]
[1]School of Medicine, Department of Public Health Medicine, University of KwaZulu-Natal, Durban, South Africa, [2]Bill and Joyce Cummings Institute of Global Health, University of Global Health Equity, Kigali, Rwanda

INTRODUCTION
female genital schistosomiasis (FGS) is a neglected tropical disease affecting women in schistosomiasis-endemic areas, yet it remains under-recognised due to limited diagnostic capacity1. In such settings, symptom-based reporting is frequently used to estimate FGS burden2. This study aimed to determine the prevalence and identify factors associated with self-reported symptoms suggestive of FGS among women in kwazulu-natal, south africa.
METHODS
a facility-based cross-sectional study was conducted among 695 women between june and august 2025. Data were collected through face-to-face interviews using a structured questionnaire. The outcome was women who reported experiencing ≥1 FGS-suggestive symptoms (proxy indicator, not a clinical diagnosis). Data were analysed using stata 19.5 se. Descriptive statistics summarised participant characteristics. Logistic regression was used to examine associations. Wald tests assessed overall predictor significance, while model fit was evaluated using the hosmer-lemeshow and link tests.
RESULTS
most participants were aged 17-29 years (52.5%). Overall, 45.9% of women reported experiencing one or more symptoms suggestive of FGS (95% ci 42.2-49.6). The most commonly reported symptoms were lower abdominal pain (40.8%) and vaginal itching (34.5%). In the multivariable model, religious affiliation (p 0.001), income source (p 0.000) and awareness of FGS (p 0.000) were significantly associated with symptom reporting. Age (p 0.112) and water contact activity (p 0.050) were not statistically significant.
CONCLUSIONS
nearly half of the women in this schistosomiasis-endemic setting reported symptoms suggestive of FGS. The strong association between FGS awareness and symptom reporting underscores the importance of targeted community education and integration of FGS messaging into sexual and reproductive health services. These findings provide evidence to inform schistosomiasis control programmes, primary health care planning, and reproductive health policy, supporting symptom-based screening and awareness-driven case identification where diagnostic capacity is limited.
Popul. Med. 2026;8(Supplement 1):A2197

ABS2100

Risk and Readiness: Drivers of HIV PrEP interest among young women in high-burden rural South Africa

Siyabonga Dubazana[1,2,3], Cheryl Hendrickson[1], Maryam Shahmanesh[4,5,6], Lawrence Long[1,7], Darshini Govindasamy[3,8], Eustacius Musenge[9], Jacqui Miot[1,2]
[1]Health Economics and Epidemiology Research Office, Wits University, Johannesburg, South Africa, [2]Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [3]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [4]Africa Health Research Institute, Mtubatuba, KwaZulu Natal, South Africa, [5]Institute for Global Health, University College London, London, United Kingdom, [6]University of KwaZulu Natal, Durban, South Africa, [7]Department of Global Health, Boston University, Boston, MA, United States, [8]SAMRC/Wits Centre for Health Economics and Decision Science - PRICELESS SA, School of Public Health, University of Witwatersrand, Johannesburg, South Africa, [9]Division of Epidemiology and Biostatistics, University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
Young women in sub-Saharan Africa remain disproportionately affected by HIV, yet how sexual behaviour, perceived risk, and risk-taking propensity shape decisions about HIV pre-exposure prophylaxis (PrEP) remains unclear. We examined associations between sociodemographic factors, self-reported sexual behaviours, perceived HIV risk, and risk-taking propensity with PrEP interest among young women in rural KwaZulu-Natal (KZN), South Africa.
METHODS
We conducted a cross-sectional survey (July–November 2025) among women aged 18–30 years attending health promotion events in uMkhanyakude District, KZN. Behavioural HIV risk was measured using the VOICE risk score, self-perceived risk using the Perceived Risk of HIV Scale, and general risk-taking propensity using the Balloon Analogue Risk Task. Logistic regression models assessed associations with PrEP interest (somewhat/very interested vs. not at all).
RESULTS
Among 250 participants (median age 22), socioeconomic vulnerability was common: 34.4% reported food insecurity and 59.6% struggled to afford healthcare. Sexual risk indicators were prevalent, including age-disparate partnerships (56.4%), no condom use at last sex (56.4%), current curable STIs (50%), transactional sex (14.4%), and secondary partners (20%). Nearly all participants (98.8%) were aware of PrEP and 54.4% were current users. Overall, 90.8% expressed interest in future or continued use, with similar preferences for daily oral PrEP (49.3%) and long-acting injectable cabotegravir (48.9%). In unadjusted analyses, having a secondary partner was associated with lower PrEP interest (OR 0.18; 95% CI 0.06-0.59), while ever engaging in transactional sex was associated with higher interest (OR 3.12; 95% CI 1.23-7.94). VOICE score, self-perceived HIV risk, and risk-taking propensity were not strongly associated with PrEP interest, including after adjustment.
CONCLUSIONS
Established behavioural risk measures, perceived HIV risk, and general risk-taking propensity were weak correlates of PrEP interest. These findings suggest a disconnect between measured risk and demand, underscoring the need for PrEP strategies that address broader motivational, relational, and contextual drivers

of uptake.
Popul. Med. 2026;8(Supplement 1):A2198

ABS2130
From Antenatal Care to HIV-Free Survival: Decentralizing PMTCT through Community-Led Testing in India

Kaushik Biswas[1], S Dasgupta[1]
[1]Programme, Plan International (India Chapter), Delhi, India

BACKGROUND
While India has made significant progress in reversing the HIV epidemic, HIV testing coverage among pregnant women remained critically low in several states in 2015. Complementing the Government of India's National AIDS Control Programme (NACP) and EMTCT strategy, Plan India implemented the Global Fund–supported AHANA Project in 13 states. Description: Three-pronged strategy was adopted (a) capacity building of over 40,000 community health workers across government health facilities to institutionalize routine HIV testing during ANC; (b) sustained national and sub-national advocacy to ensure procurement and uninterrupted supply of HIV test kits and consumables; and (c) demand generation among pregnant women to promote early and repeated HIV testing during pregnancy.
RESULTS
HIV testing coverage among pregnant women increased from 34% (n=14 million) in 2016–17 to 92% (n=13.8 million) in 2023–24. This expansion resulted in a 25% increase in identification of HIV-positive pregnant women between 2016–17 and 2023–24. Over 30,000 HIV-positive pregnant women were identified, linked to ART services, and followed up for care and support during 2016–24. Early ART initiation during the ANC phase improved from 79% to 88%. Institutional delivery among HIV-positive pregnant women increased from 90% to 93%. More than 16,000 infants were confirmed HIV-negative after receiving definitive testing at 18 months contributing directly reducing the transmission by more than half from 25.28% in 2019 to 11.75% 2023.
CONCLUSIONS
Capacity enhancement of peripheral public health units, combined with community-driven HIV screening and strong supply-side advocacy, resulted in a manifold increase in HIV testing among pregnant women. Testing services were decentralized from district hospitals to all Primary Health Centres (PHCs) and further to Village Health and Nutrition Days (VHNDs), effectively taking HIV testing to the doorstep of pregnant women.
Popul. Med. 2026;8(Supplement 1):A2201

ABS2140
Antenatal Blood Pressure Variability and Adverse Pregnancy and Neonatal Outcomes in the United Arab Emirates: The Mutaba'ah Study

Marwa Alhaj Ahmad[1], Zaręba Kornelia[2], Shamsa Al Awar[2], Amal AlZahmi[1,3], Rami H. Al-Rifai[1], Emad M. Masuadi[1], Luai A. Ahmed[1,3]
[1]Institute of Public Health, College of Medicine and Health Sciences, UAE University, Al Ain, United Arab Emirates, [2]Department of Obstetrics & Gynecology, College of Medicine and Health Sciences, UAE University, Al Ain, United Arab Emirates, [3]Zayed Centre for Health Sciences, UAE University, Al Ain, United Arab Emirates

BACKGROUND
Blood pressure variability (BPV) is an established marker of cardiovascular risk outside pregnancy, yet its significance during gestation, when maternal hemodynamic and placental perfusion are critical, remains uncertain. We evaluated whether antenatal BPV is associated with adverse pregnancy and neonatal outcomes.
METHODS
This prospective analysis used data from the population-based Mutaba'ah Study in the United Arab Emirates, including 5597 singleton live-birth pregnancies (2017–2024) with repeated antenatal blood pressure (BP) measurements (≥3 measurements). Visit-to-visit BPV for systolic BP (SBP), diastolic BP (DBP), and mean arterial pressure (MAP) was assessed using standard deviation (SD), average real variability (ARV), and variability independent of the mean (VIM). Multivariable logistic regression models evaluated associations between BPV and gestational hypertension (GH), preeclampsia (PE), preterm birth, neonatal intensive care unit (NICU) admission, and small-for-gestational-age (SGA) birth, adjusting for maternal age, smoking exposure, education, employment, obesity, parity, and diabetes status.
RESULTS
Among 5597 singleton pregnancies, greater visit-to-visit BPV across pregnancy was consistently associated with hypertensive disorders of pregnancy. After multivariable adjustment, greater variability in SBP, DBP, and MAP—particularly as measured by SD and VIM—was associated with significantly increased odds of GH (adjusted odds ratios [AORs] up to 1.29) and preeclampsia (AORs up to 1.36). Associations between BPV and neonatal outcomes were modest; 6%–9% significant increases in the odds of preterm birth were observed for DBP and MAP, while no consistent associations were found with NICU admission or SGA birth.
CONCLUSIONS
Greater visit-to-visit variability in antenatal blood pressure—particularly systolic, diastolic, and mean arterial pressure—was associated with an increased risk of hypertensive disorders of pregnancy. Associations with neonatal outcomes were modest. Overall, blood pressure variability may add value in identifying pregnancies at increased risk of hypertensive disorders, with limited associations with neonatal outcomes.
Popul. Med. 2026;8(Supplement 1):A2203

ABS2141
Evaluating the Prevalence and Reclassification of Hypertensive Disorders of Pregnancy Using the 2017 American College of Cardiology/American Heart Association and American College of Obstetricians and Gynecologists Hypertension Criteria: The Mutaba'ah Study

Marwa Alhaj Ahmad[1], Shamsa Al Awar2[2], Lubna Alkhati1[1], Amal AlZahmi[1,3], Rami H. Al-Rifai[1], Emad Masuadi[1], Luai A, Ahmed[1,3]
[1]Institute of Public Health, College of Medicine and Health Sciences,, United Arab Emirates University, Al Ain, United Arab Emirates, [2]Department of Obstetrics & Gynecology, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates, [3]Zayed Centre for Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates

BACKGROUND
Current blood pressure thresholds in pregnancy are largely based on historical consensus. Recent research suggests that women with stage 1 hypertension (130–139/80–89 mmHg) according to the 2017 American College of Cardiology and American Heart Association (ACC/AHA) have increased risks of adverse maternal and neonatal outcomes. This study evaluated the impact of applying the ACC/AHA criteria, compared with the American College of Obstetricians and Gynecologists (ACOG) definition, on the prevalence and reclassification of hypertensive disorders of pregnancy and the identification of adverse maternal outcomes in the United Arab Emirates (UAE).
METHODS
This prospective analysis used data from the Mutaba'ah Study in the UAE, including singleton live-birth pregnancies delivered between 2017 and 2024. Hypertensive status was determined using antenatal blood pressure measurements and antihypertensive medication use. Chronic hypertension was defined by elevated blood pressure before 20 weeks' gestation and gestational hypertension at or after 20 weeks' gestation, according to ACOG (≥140/90 mmHg) and 2017 ACC/AHA (≥130/80 mmHg) criteria. Net reclassification improvement was calculated to evaluate changes in risk classification and the detection of preeclampsia/eclampsia.
RESULTS
Among 5599 singleton pregnancies, application of the ACC/AHA criteria increased the prevalence of hypertension from 5.7% to 26.3% (absolute increase: 20.6 percentage points). Of women initially classified as normotensive under ACOG criteria, 11.9% and 9.9% were newly identified by ACC/AHA as having chronic hypertension and gestational hypertension, respectively. Approximately two-thirds of those with gestational hypertension under ACOG were reclassified to chronic hypertension. Use of the ACC/AHA criteria resulted in a net reclassification improvement of 33.2% for detecting preeclampsia/eclampsia.
CONCLUSIONS
Application of the 2017 ACC/AHA thresholds revealed additional instances of chronic and gestational hypertension and was associated with improved detection of women at increased risk of preeclampsia. These findings support the potential value of dynamic, longitudinal blood pressure assessment to improve maternal risk stratification.
Popul. Med. 2026;8(Supplement 1):A2204

ABS2319
Mapping the risk of diarrhoea using spatial fuzzy lattice catchment areas

Amy Pieters[1], Inger Fabris-Rotelli[1], Renate Thiede[1], René Stander[1], Kabelo Mahloromela[1]
[1]Department of statistics, University of Pretoria, Pretoria, South Africa

ABSTRACT

The World Health Organisation has noted that diarrhoea is one of the leading causes for death in developing countries, and there is an adverse risk with long-lasting effects for women and children.1 We develop methodology to map the risk of diarrhoea, and COVID-19 by building on the fuzzy lattice catchment area developed by de Klerk and Fabris-Rotelli.2 We bring in age, gender and location attributes (in the form of provinces) and identify how the risk changes for the different attributes. We also consider the nature of the surrounding areas of interest to account for spatial autocorrelation. We present novel ideas about mapping diseases when precise locations are unknown. Lastly, we track the disease over time to identify patterns in the disease movement by using the generic spatial similarity test of Kirsten and Fabris-Rotelli.3 We hope to see accurate counts of the disease in the areas of consideration.
Popul. Med. 2026;8(Supplement 1):A2211

ABS2336
Threads of tradition: Emirati mothers' perspective on family dynamics and support systems during the perinatal period

Ithar S. Farah[1], Noof Al Jneibi[2], Lynn Aloum[1], Luai A. Ahmed[1], Iffat Elbarazi[1]
[1]Institute of Public Health (IPH), United Arab Emirates University, Al Ain, United Arab Emirates, [2]Ministry of Family, Dubai, United Arab Emirates

BACKGROUND
The United Arab Emirates is witnessing a rapidly evolving economic landscape challenging traditional gender and societal norms 1-3. The study aimed to document the impact of changing norms on paternal roles during perinatal period and its impacts on maternal and child wellbeing.
METHODS
A qualitative phenomenological approach was utilized analysing semi-structured interviews of 17 Emirati mothers recruited from the Mutaba'ah ongoing cohort study 4, and eight Emirati fathers from the community.
RESULTS
Key themes included "personal agency and pregnancy within collective communities", "the burden of care in Emirati families", and "supportive care networks and systems". Emirati families are shifting towards nuclear units operating within collective spaces, making decisions independent of their extended families. Yet, societal expectations persist and influence pregnancy experience, family planning, household responsibilities and childcare. During labour, women are expected to be assisted by female family members rather than their spouses as it is culturally uncommon for fathers to be present during delivery. However, mothers and fathers are challenging persistent beliefs increasing paternal involvement during childbirth. In contrast, the burden of childcare postpartum lies predominantly on the mother, while fathers play a limited role. Mothers are adamant about not repeating generational mistakes and seek a more involved paternal figure hence turn to sources beyond their social networks for guidance and support, including social media and educational courses. While fathers place emphasis on tradition when seeking guidance, consulting male role models senior to them. Overall, fathers adhere to societal expectations as financial providers, however, there is a growing emphasis on their emotional involvement and active engagement with their children.
CONCLUSIONS
Emirati families are experiencing cultural shifts in roles, expectations, and dynamics, moving away from patriarchal collectivist norms. The study calls for structured programs and targeted interventions to leverage community strengths and improve support for maternal and child well-being.
Popul. Med. 2026;8(Supplement 1):A2213

ABS2342
Becoming a father: a qualitative analysis of paternal practices of Emirati fathers

Iffat Elbarazi[1], Ithar S. Farah[1], Luai A. Ahmed[1], Noof Al Jneibi[2], Rahemeen Yusuf[3], Zufishan Alam[1,4]
[1]Institute of Public Health (IPH), United Arab Emirates University, Al Ain, United Arab Emirates, [2]Ministry of Family, Dubai, United Arab Emirates, [3]Emirates Center for Happiness Research, United Arab Emirates University, Al Ain, United Arab Emirates, [4]School of Health Sciences, Hamdan Bin Mohammed Smart University, Dubai, United Arab Emirates

BACKGROUND
Engaged and supportive partners positively impact maternal and child wellbeing1,2. The study aimed to examine the Emirati father role and involvement in mother and child wellbeing.
METHODS
A qualitative phenomenological approach using semi-structured interviews of 17 Emirati mothers recruited from an ongoing the Mutaba'ah cohort study3, and 8 Emirati fathers recruited from community.
RESULTS
Key themes extracted include "gendered norms and expectations, and evolving paternal practice", "the Emirati father role beyond provision", and "challenges and struggles of an Emirati father". Beliefs around parenting responsibilities among Emirati families are changing, yet this shift is often not put into practice. In Emirati households, traditional patriarchal dynamics are more apparent, with mothers assuming most caregiving responsibilities and making key decisions regarding the children well-being. Fathers are expected to be responsible for finance in the household. Interviewed mothers observed that fathers rarely experienced changes to their daily life, because of having a family. However, fathers, discussed the challenges of balancing work and social commitments. In cases of fathers' location of work in other cities or they are absent for extended periods, both reported that fathers make efforts to maintain contact with their families. Despite these efforts, mothers frequently referred to their husbands as 'weekend fathers,' highlighting the limited nature of their involvement. Interestingly, fathers expressed a desire to participate more actively; however, they claimed that societal norms hindered involvement. Mothers expressed a need for support and highlighted the struggle of fathers to set priorities. This further contributes to challenges in the equal distribution of caregiving responsibilities, as both parents navigate their lives through modern parenting demands.
CONCLUSIONS
Traditional gender norms persist within Emirati communities with mothers assuming most of the responsibilities. Hence, there is a need for targeted interventions to increase paternal involvement and a push towards equitable roles within Emirati households.
Popul. Med. 2026;8(Supplement 1):A2214

ABS2404
Prevalence and factors influencing delivery site preferences among women accessing immunization services in Calabar, Cross River State, Nigeria

Afiong Oku[1], Udechukwu Kenechi[1], Alpha Otu[1], Emmanuella Ozumba[1], Peace Otufu[1]
[1]Community Medicine, Faculty of Clinical Sciences, University of Calabar, Calabar / Cross River, Nigeria

BACKGROUND
Maternal mortality remains a major public health issue in Nigeria, with delivery site choices significantly impacting maternal and neonatal outcomes. Despite global efforts targeted at optimising facility deliveries, women continue to patronise non-health facilities. This study, therefore, aimed to determine the prevalence and identify factors influencing delivery site preferences among mothers accessing immunisation services in Calabar.
METHODS
A descriptive cross-sectional study was conducted among 250 mothers accessing immunisation services in selected Primary Health Care facilities. A multistage sampling technique was employed in recruiting participants for the study. Data was collected using a pre-tested semi-structured interviewer-administered questionnaire and analysed with SPSS version 25, with significance set at $p<0.05$. Data were summarized using proportions, and Chi square test was used to explore associations between categorical variables. Predictors of health facility delivery were determined by binary logistic regression.
RESULTS
The mean age of respondents was 28.89 ± 5.44 years. The prevalence of health facility delivery was suboptimal, with 66.8% delivering their last baby in a health facility. Staff attitude was the most frequently reported reason for choice of delivery site, 151 (60.9%), followed by availability of skilled birth attendants, 144 (57.6%) and affordability, 117 (46.8%). Older maternal age (≥30 years), being married, higher educational level and satisfaction with antenatal care services were significantly associated with facility-based delivery ($p < 0.05$). Predictors of health facility-based delivery were attaining a tertiary level of education (OR 3.45;95% CI 1.98 - 6.54) and satisfaction with antenatal care services (OR 2.19; 95% CI 1.16 -4.16).
CONCLUSIONS
With about a third (33.2%) of deliveries occurring in non-health facilities, efforts should be targeted at improving the quality of delivery services through the provision of skilled birth attendants, respectful maternal care and affordability of services, which are essential for optimal maternal health care in our setting.
Popul. Med. 2026;8(Supplement 1):A2221

ABS2430
Centring the voice of women who use drugs in public health

research and practice

Victoria Beere[1]
[1]Criminology, University of Manchester, Manchester, United Kingdom

BACKGROUND
Harm Reduction is a long-standing, evidence-based public health practice that has been essential in addressing HIV, HCV and overdose risks for people who use drugs, their families and communities. However, little attention has been paid to women's gendered experiences accessing these important harm reduction and public health interventions. Traditional forms of research tend to replicate existing systems of oppression and power imbalances; participatory approaches are a recognised tool to create conditions that resist further marginalisation to ensure that the women are engaged as active participants.
METHODS
This workshop will facilitate a conversation exploring the principles and practice of meaningful co-production delivered by experienced women from research, service provision and activism from across the globe to highlight the voices of women with lived experience of drug use. The objectives are to listen to good practice examples and consider how we can translate this into research and policy. This workshop, using Open Space Technology as a framework, will create the time and space to explore good practice around the themes of co-design/co-production with women who use drugs and consider how this can be transferred to research and policy.
RESULTS
Attendees of this session will gain a range of experiences and perspectives from the panel of women, with expertise on co-designing and co-producing services for women, from the perspectives of research, practice and activism within harm reduction and public health. The facilitators will bring their lived experience and practice to create an authentic and challenging experience.
CONCLUSIONS
This workshop builds on the harm reduction principles of sharing power, responsibility and learned knowledge. The session will provide practitioners and policymakers with an opportunity to connect, exchange insights and with a renewed focus on centring the individuals whom public health policy impacts most significantly, but who are often excluded from contributing to that policy.
Popul. Med. 2026;8(Supplement 1):A2223

ABS2431

We are Fearless Women; exploring how women been impacted by changes in commissioning processes in English drug treatment services over the past 10 years?

Victoria Beere[1]
[1]Criminology, University of Manchester, Manchester, United Kingdom

BACKGROUND
Since 2010, the drug and alcohol treatment sector in England has undergone substantial transformation. The adoption of New Public Management (NPM) principles, alongside increased market competition and changes to procurement processes, has affected treatment providers' capacity to support people who use drugs. A consequence of these reforms has been the consolidation of service provision by large national organisations, often at the expense of smaller, community-rooted providers that are less able to compete on cost. While a small but growing body of literature has examined the implications of these developments for service delivery, there remains a lack of research exploring their impact on women's access to drug treatment.
METHODS
Drawing on trauma-informed and participatory methodologies, this qualitative study compares two models of drug service delivery: an ecosystem of community-rooted provision and a single-provider model. Women's experiences of, and barriers to, drug treatment are explored through the analytical lenses of feminist theory and NPM.
RESULTS
The findings demonstrate the gender-blind consequences of sectoral restructuring for women who use drugs. Key issues include fears associated with maternal drug use, criminalisation, and stigma. A critique of responsibilisation highlights how contemporary service models increasingly fail to reach the most marginalised women, as they implicitly assume levels of social capital and stability that many vulnerable women do not possess. Furthermore, the limited community embeddedness of large national providers, and their weak connections with local charities supporting highly marginalised women, generate additional barriers to engagement with services.
CONCLUSIONS
While the former ecosystem of community-based provision cannot be fully restored without substantial government intervention, greater collaboration between large national providers and smaller, community-rooted organisations could improve access for women. Drug treatment services must also routinely consider the needs of women who are not currently engaged with services, in order to prevent the continued development of gender-blind provision.
Popul. Med. 2026;8(Supplement 1):A2224

ABS2462

Exploring workplace breastfeeding support from the perspective of the employees and employers in the Breede valley sub-district, Worcester, South Africa

Lynette Daniels[1], Lisanne Monica du Plessis[1], Xikombiso Mbhenyane[1]
[1]Department of Global Health, Division of Human Nutrition, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

BACKGROUND
Globally, mothers have identified employment as one of the leading barriers to exclusive and continued breastfeeding.
OBJECTIVE
To explore the experiences and perceptions of employees' and employers' regarding breastfeeding support in designated workplaces (with more than 50 employees) in Worcester, South Africa.
METHODS
A qualitative study collecting data at nine purposively selected designated workplaces, three each from retail, public and manufacturer sector were conducted. Eight in-depth interviews with human resource manager and/ or company managers, seven focus group discussions (n= 51) with employees and three managers focus group discussions (n=12) were conducted.
RESULTS
Employees` viewed their workplaces as unsupportive in terms of providing breastfeeding time and space and negative attitudes from co – workers and supervisors. The provision of the recommended breastfeeding break time was mostly absent. Challenges raised by managers was lack of space and infrastructure and finance to create the space and resources. Managers voiced that they value a supportive workplace environment and a culture of caring and focusing on staff wellness. This was in conflict with employees mentioning challenges relating to the employer not caring and being unsympathetic. Employees claimed the reason to be employer's focused on time, work, target and performance and that breastfeeding is not a priority. Employees and managers reflected on several ways to best support breastfeeding mothers in the workplace.
CONCLUSIONS
Organizational change within workplaces is needed starting with advocacy around creating an enabling workplace environment and increasing the knowledge and awareness of the benefits of workplace breastfeeding support and women`s breastfeeding rights.
Popul. Med. 2026;8(Supplement 1):A2225

ABS2509

'The way we love ourselves in our marriage': A qualitative study of shifting gender dynamics among partners of peer mentors in the context of an intervention to improve contraceptive agency through peer mentorship in rural Uganda

Beth Phillips[1], Catherine Birabwa[2], Lali Ghate[1], Dinah Amongin[2], Lauren Suchman[3], Peter Waiswa[2], Emily Himes[1], Kelsey Holt[1]
[1]Family Community Medicine Department, University of California, San Francisco, San Francisco, United States, [2]Department of Health Policy, Planning and Management, Makerere University School of Public Health, Kampala, Uganda, [3]Institute for Health and Aging, Department of Social and Behavioral Sciences, University of California, San Francisco, San Francisco, United States

BACKGROUND
We examine how peer mentorship influenced male partners' perceptions of gender dynamics and contraceptive use in a human-centered design-derived intervention to improve women's contraceptive agency in Uganda. The "I-CAN" intervention entails experienced contraception users ("mentors") providing tailored social support – including help navigating male partner communication – to peers ("mentees") in their communities.
METHODS
We conducted in-depth interviews with 12 mentors and 11 mentor partners in Mayuge and Oyam districts. Leveraging feminist relational theory, we employed an inductive and deductive approach to conduct a thematic analysis of how women's roles as peer mentors affected dynamics with their male partners and their partners' perceptions about pregnancy prevention.
RESULTS
Initial findings indicate several shifts in gender dynamics. When their partner

became a mentor, most men noticed they started doing more household chores, a change rarely corroborated by the mentors. Instead, many mentors described the earlier wakeups or extra work they took to ensure as little disruption as possible to the home routine. A few mentors began earning more than their partners, which alarmed some men who feared this change might displace their power, though others expressed pride in their partners' mentorship. Several mentors and partners noticed that they communicated their daily activities more explicitly with one another during the intervention, which they felt eased tension and fostered greater love in their relationship. A number of male partners also mentioned coming to perceive contraceptives as beneficial to a healthy relationship because of the general information their partner shared about her mentorship. Some partners also seemed to indicate a willingness to share with other men about their changed perceptions on pregnancy prevention.
CONCLUSIONS
We provide a unique lens into how a peer support intervention meant to enhance contraceptive decision-making impacted gender dynamics to add nuance to discussions around male engagement in family planning.
Popul. Med. 2026;8(Supplement 1):A2232

ABS2545
Centering Black women's experiences during the menopause transition: Preliminary findings from a national study
Chandria Jones[1], Kimberly Harris[2], Rachel Powell[2], Belen Michael[1], DeBran Tarver[3], Ifeoma Udoh[3]
[1]Strategic Resources & Solutions, Inc., Germantown, MD, United States, [2]Educa Consulting, Durham, NC, United States, [3]Policy and Research, Black Women's Health Imperative, Atlanta, GA, United States
ABSTRACT
Black women experience earlier onset of menopause and more frequent, severe, and longer-lasting symptoms than other populations, yet their experiences remain underrepresented in menopause research. Limited culturally relevant information, inadequate clinical engagement, and structural barriers contribute to unmet needs during menopause transition. The Black Women's Health Imperative (BWHI) launched a national study to examine Black women's knowledge, experiences, challenges, and resource needs related to perimenopause and menopause, with the goal of informing public health practice, programming, and policy. BWHI conducted a national, cross-sectional survey of 1,574 Black women aged 30 years and older living in the United States to assess knowledge of perimenopause & postmenopause as well as understand the symptoms during these stages. Participants were recruited through email outreach, social media, & media partners. The survey included items assessing menopause knowledge, symptoms, healthcare interactions, and information-seeking behaviors, as well as an open-ended qualitative question capturing lived experiences. Descriptive statistical analyses were conducted using Stata, and thematic analysis was applied to qualitative responses. Quantitative and qualitative findings were integrated through iterative team review and triangulation. Findings indicate high overall awareness of menopause definitions and treatment options; however, gaps remain in knowledge of early menopause and the full range of symptoms. Although healthcare providers were the most frequently cited source of information, they were rarely viewed as the most useful. Many women reported limited or absent conversations with clinicians about symptoms and treatment. Respondents expressed strong interest in healthcare provider support, online resources, workshops, support groups, and counseling services. Preliminary findings underscore menopause as a critical public health and health equity issue for Black women. Addressing gaps in education, clinical engagement, and culturally responsive care is essential. These results highlight opportunities for data-driven programming, clinician training, and policies that center Black women and promote equitable access to menopause-related information and care.
Popul. Med. 2026;8(Supplement 1):A2233

ABS2556
Mortality among children with disabilities: a systematic review and meta-analysis
Maureen Moyo Chilufya[1], Arthemon Nguweneza[1], Sara Rotenberg[2], Hannah Kuper[2], Tracey Smythe[1]
[1]Physiotherapy, Stellenbosch University, Cape Town, South Africa, [2]London school of Hygiene and Tropical Medicine, London, United Kingdom
INTRODUCTION
There is a 14-year life expectancy gap between people with and those without disabilities. We aimed to synthesise evidence on all-cause mortality among children with disabilities compared to their non-disabled peers through a systematic review and meta-analysis.
METHODS
This review was prospectively registered in PROSPERO (CRD420251072039). We searched Embase, Global Health, MEDLINE, PubMed and PsycInfo databases for relevant studies published between January 1, 2000 to November 3, 2025. We included cohort studies that compared all-cause mortality rates for children (aged 0-19) with and without disabilities. We excluded studies lacking a clear disability definition, disaggregated mortality data, or an appropriate control group. Two authors independently screened studies, while data extraction was done by one and verified by a second. We used the JBI tool to assess the risk of bias and conducted meta-analyses in RevMan for studies reporting age-adjusted or multivariable-adjusted mortality rates.
RESULTS
We identified 10,829 records of which 26 studies met the inclusion criteria, representing over 33 million children. The included studies represented most world regions with many studies drawing from national databases/registries (n=18; 69%). All 26 studies had a low risk of bias (JBI critical appraisal score > 8). Overall, children with disabilities had a five-fold higher all-cause mortality rate than their peers (HR=5·33, 95%CI: 3·58 – 7·91). Mortality was higher in both younger children under 5 (HR=7·51, 95%CI:4·70 -12·00) and children 6 -19 years (HR=4·68, 95%CI:2·26 - 9·69). Mortality by disability type was most evident for children with neurological disabilities (HR=11·71, 95%CI: 7·90 – 17·35).
CONCLUSIONS
Children with disability have a higher mortality rate than their non-disabled peers. Under-five mortality is a key global health priority but has not yet achieved sufficient results for children with disabilities. Therefore, this should be a target population within global efforts to reduce child mortality.
Popul. Med. 2026;8(Supplement 1):A2235

ABS2568
Evaluating an Australian school-based program for adolescent boys and young men: preliminary protocol for a mixed-methods study of masculinities, mental wellbeing, and relationships
Ged Moriarty[1,2], Melissa Opozda[1], James Smith[1], Rohann Irving[1], Ian Zajac[3]
[1]Flinders Health and Medical Research Institute, Flinders University, Adelaide, Australia, [2]The Man Cave, Brunswick, Australia, [3]Flinders University Institute for Mental Health and Wellbeing, Flinders University, Bedford Park, Australia
INTRODUCTION
Research on masculinities (the socially constructed ways associated with being a man) has often been conducted through a deficit lens. In Australian public discourse, conforming to rigid, stereotypical masculine norms has been linked to increased suicidal ideation and a higher likelihood of perpetrating physical intimate partner violence.1 Although some studies show that promoting healthier expressions of masculinity for adult men's wellbeing, support-seeking, and relationships can be beneficial, more work is needed to understand this approach for adolescent boys and young men (ABYM) in Australia.
METHODS
This project will explore the impacts of The Man Cave's (TMC) school-based programs that promote healthier masculinities and positive mental wellbeing among ABYM, with a particular focus on their potential impacts on intimate relationships. This research will interrogate TMC's existing database of over 60,000 ABYM responses to various validated and bespoke measures of masculinities and mental wellbeing, collected at baseline and further post-intervention timepoints. This PhD is a partnership between The Man Cave and Flinders University, and was awarded a 2026 Australian Government National Industry PhD Scholarship.
RESULTS
Preliminary findings will be presented, focusing on: 1) program effects on mental wellbeing; 2) program effects on alternate expressions of masculinity; and 3) the extent to which changes in mental wellbeing are associated with changes in masculinities across measurement timepoints.
CONCLUSIONS
This project will examine whether masculinities and mental wellbeing coexist and interact during adolescence in ways that support functional intimate relationships. To strengthen the relevance and translation of findings, this project will be supported by a newly established, diverse youth advisory group comprising former participants. The outcomes of this project have the potential to advance violence prevention scholarship, inform early intervention approaches, and support integrated policy responses targeting healthy masculinities and adolescent wellbeing.
Popul. Med. 2026;8(Supplement 1):A2238

ABS2622
Fostering a health-enabling environment for adolescent sexual

and reproductive health through strengthening caregiver-early adolescent sexuality communication in Cape Town, South Africa

Lara Court[1], Kristien Michielsen[2], Lucia Knight[1], Lucia Knight[3]
[1]Division of Social and Behavioural Sciences, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Institute for Family and Sexuality Studies, Department of Neurosciences, Faculty of Medicine, KU Leuven, Leuven, Belgium, [3]School of Public Health, University of the Western Cape, Bellville, South Africa

ABSTRACT
Considerable sexual and reproductive health (SRH) challenges are faced by adolescents in South Africa, including heightened vulnerability to HIV1, early or unplanned pregnancy2, and sexual victimization3. Caregiver-adolescent sexuality communication (CASC) can contribute towards a health-enabling environment for adolescent SRH, while reducing negative SRH outcomes4, contributing to sustainable development goals three, five and ten5. Focusing on early adolescents, aged ten to fourteen years old, within caregiver-based interventions to improve CASC provides an opportunity to strengthen adolescent SRH6, while laying a foundation for future health 7,8. However, CASC in South Africa is constrained 9 by multi-level barriers 10-13. We will describe overarching socio-cultural narratives perceived as facilitating or hindering CASC with early adolescents to support the development of a caregiver-based training intervention to improve CASC. Forty-one individual interviews and eight focus group discussions were conducted with adolescents, caregivers of early adolescents and community leaders from Cape Town in either English or isiXhosa by trained researchers. Topic guides explored the nature and quality of caregiver and adolescent relationships, how caregivers and early adolescents discuss SRH and other sensitive issues, together with socio-cultural norms around these discussions. Thematic narrative analysis was used14, informed by the Theory of Triadic Influence15, to explore interrelated influences. CASC was limited with early adolescents, shaped by narratives framing CASC as inappropriate. Early adolescents, apprehensive of caregiver judgement and lacking open dialogue about sexuality in caregiver-initiated conversations, turned to peers and siblings, often receiving inaccurate sexuality information. Caregivers avoided open discussions due to fears that CASC could encourage sexual activity and low confidence in communication skills and SRH knowledge, using fear-based messaging or focusing on sexual victimization instead. Caregiver-early adolescent sexuality communication is a complex phenomenon in South Africa, constrained by socio-cultural narratives and multi-level barriers, underscoring the need for context sensitive interventions, informed through community engagement.
Popul. Med. 2026;8(Supplement 1):A2240

ABS2627

For Youth, By Youth: Engaging young voices in public health

Alexandria Chung[1,2], Chido Dziva Chikwari[3,4], Wame Jallow[5], Lungisile Kweyama[5], Elain Lebani[6], Chelsea Morroni[1,7], Bonolo Phinius[1], Tlamelo Setshwaelo[1], Mandikudza Tembo[4,8], Nunzio Zotti[9,2]
[1]Botswana Sexual Reproductive Health Initiative, Botswana Harvard Health Partnership, Gaborone, Botswana, [2]Young World Federation of Public Health Associations, World Federation of Public Health Associations, Geneva, Switzerland, [3]London School of Hygiene and Tropical Medicine, London, United Kingdom, [4]The Health Research Unit Zimbabwe, Biomedical Research and Training Institute, Harare, Zimbabwe, [5]MTV Staying Alive Foundation, Johannesberg, South Africa, [6]Sentebale, Gaborone, Botswana, [7]Centre for Reproductive Health, University of Edinburgh, Edinburgh, United Kingdom, [8]University of Bristol, Bristol, United Kingdom, [9]Tuscany North-West Local Health Authority, Tuscany, Italy

INTRODUCTION
The importance of youth-centred care for achieving better health outcomes in young people is well recognised. However, for my public health practitioners, the natural dynamism of youth language and culture can be difficult to engage with and navigate. To address the gap between acknowledging the need for youth engagement and practically implementing strategies to achieve this, four leading health organisations working in the Southern African region: Sentebale, Botswana Harvard Health Partnership, The Health Research Unit Zimbabwe (THRU ZIM), and MTV Staying Alive Foundation, with the support of the Young World Federation of Public Health Associations (Young WFPHA), will share their experiences and expertise through a powerful mixed-media, interactive, and thought-provoking workshop. This workshop aims to explore how research, interventions and programmes can meaningfully engage youth through interactive experience based learning. This will be delivered by: highlighting the importance of meaningful youth engagement, especially on youth-related health topics, and the power of bringing human connection to public health messaging; showcasing successful youth-focused community engagement projects in the Southern African region and discuss how the featured projects can be adapted to different settings; and providing an opportunity to up-skill delegates in youth engagement strategies for public health.
METHODS
Divided into four parts, each of our collaborating partners will lead our workshop to bring inspiring examples of working alongside youth from the fields of research, advocacy, and health programming at the local, national, and international level. We will explore strategies relating to educational entertainment, community outreach, advisory groups, and art-centred approaches.
Popul. Med. 2026;8(Supplement 1):A2241

ABS2634

Preventing Obesity Through a Life-Course Approach: From Women's and Children's Health to Chronic Disease Management

Wenhua Zhao[1,2], Raman Bedi[3], Guanglin Li[4], Aidong Liu[1,2], Xiang Gao[1,5], Min Xia[1,6], Zhuoqun Wang[1,7], Yanfang Zhao[1,7], Titi Yang[2], Wei Cao[1,2]
[1]Society of Nutrition and Health, Chinese Preventive Medicine Association, Beijing, China, [2]National Institute for Nutrition and Health, Chinese Center for Disease Control and Prevention, Beijing, China, [3]World Federation of Public Health Associations, Geneva, Switzerland, [4]Chinese Preventive Medicine Association, Beijing, China, [5]Institute of Nutrition, Fudan University, Shanghai, China, [6]School of Public Health, Sun Yat-sen University, Guangzhou, China, [7]National Center for Chronic and Noncommunicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention, Beijing, China

INTRODUCTION
Global obesity is escalating as a life-course challenge. Childhood and adolescent obesity prevalence is projected to surge from 22% in 2020 to 39% by 2035, while the maternal obesity rate was 16.3% from 2010 to 2019 (the combined prevalence of overweight and obesity was 43.8%), and is projected to rise to 23.3% by 2030. For maternal obesity, the study reveals significant regional disparities, with the highest prevalence in North America (18.7%) and the lowest in Asia (10.8%); however, a consistent upward trend is observed globally. Perinatal and childhood obesity are closely associated with the development of chronic diseases. Future research could focus on developing cross-sector, lifelong strategies to reshape obesogenic environments for different life stages.
METHODS
An 1-hour panel discussion will be organized, inviting 4-6 professionals from relevant fields. The discussion will focus on early-life obesity control in relation to maternal, adolescent and child health.
RESULTS
Based on the panel discussion, a consensus statement and action framework will be developed. This aims to establish a foundational strategy for non-communicable disease prevention and control during the maternal and childhood periods.
CONCLUSIONS
By establishing obesity prevention and control as a critical point for both maternal and child health and chronic disease management, can drive multi-sectoral public health action from the earliest stages of life. This approach ultimately aims to reduce the burden of obesity and related non-communicable diseases, thereby safeguarding the health rights of women and children.
Popul. Med. 2026;8(Supplement 1):A2242

ABS2635

Perinatal Mental Health: Key Indicators of Quality of Care and Maternal Experiences in 10 Countries of the World Health Organization European Region from the Improving MAternal Newborn Care Research Network

Maria Verdecchia[1], Zalka Drglin[2], Mehreen Zaigham[3], Daniela Drandic[4], Elizabete Pumpure[5], Barbara Baranowska[6], Alina Liepinaitienė[7], Antigoni Sarantaki[8], Marzia Lazzerini[1], Ilaria Mariani[1], Margherita Camanni[1], Marianna Zanette[1], Lorenzo Giovanni Cora[1], Mariazzurra Carlino[1]
[1]WHO Collaborating Centre for Maternal and Child Health, Institute for Maternal and Child Health IRCSS Burlo Garofolo, Trieste, Italy, [2]National Institute of Public Health, Ljubljana, Slovenia, [3]Obstetrics and Gynaecology, Department of Obstetrics and Gynecology, Institution of Clinical Sciences Lund, Lund University, Lund and Skåne University Hospital, Malmö, Sweden, [4]International Confederation of Midwives, Den Haag, Netherlands, [5]Department of Obstetrics and Gynecology, Riga Stradins University, Riga, Latvia, [6]Department of Midwifery, Centre of Postgraduate Medical Education, Warsaw, Poland, [7]Department of Environmental Sciences, Vytautas Magnus University, Kaunas, Lithuania, [8]Department of Midwifery, University of West Attica, Athens, Greece

BACKGROUND
Perinatal mental health (MH) conditions are common and often underdiagnosed. Although routine screening is essential and recommended by the World Health

Organization (WHO), its implementation remains inconsistent across countries. This study examined key indicators of MH quality of care and related maternal perceptions in 10 countries of the WHO European Region, using data from the IMAgiNE (Improving MAternal Newborn Care) GLOBAL Network.
METHODS
Women aged 18 and older who gave birth in healthcare facilities between May 2023 and March 2025 were invited to participate. Data were collected via a validated online questionnaire available in 21 languages. The survey covered: i) MH screening practices, ii) experience of symptoms of depression and anxiety, iii) maternal perception of adequate support; iv) overall emotional experience around childbirth; v) perceived impact of emotional or psychological difficulties on maternal wellbeing.
RESULTS
Among 20611 women, 38.9% (range 2.1% to 79.9%) reported not being screened for MH symptoms during pregnancy and the postpartum period. A total of 8142 women (39.5%, range 22.0% to 59.8%) reported feeling symptoms suggesting depression or anxiety during pregnancy and/or the postpartum period, and among these, 59.6% (28.5% to 85.2%) did not receive adequate support. A total of 2123 women (10.3%, range 6.5% to 18.8%) experienced emotional/psychological difficulties during childbirth affecting their wellbeing, with 698 (32.8%) reporting being moderately affected, 577 (27.1%) being very much affected, and 684 (32.2%) finding the experience really traumatic. Major differences across countries were found.
CONCLUSIONS
Our findings reveal widespread gaps in perinatal MH care across all countries included in this analysis. Urgent investment is needed to strengthen mental health support for women from pregnancy to postpartum, with a focus on identifying and assisting those most at risk during this critical period.
Popul. Med. 2026;8(Supplement 1):A2243

ABS2645
A cross-sectional study on key clinical practices to support breastfeeding: inequalities across Europe?
Ilaria Mariani[1], Simona Fumagalli[2], Maria Verdecchia[1], Margherita Camanni[1], Antonella Nespoli[1], Marianna Zanette[1], Lorenzo Giovanni Cora[1], Mariazzurra Carlino[1], Marzia Lazzerini[1]
[1]WHO Collaborating Centre for Maternal and Child Health, Institute for Maternal and Child Health IRCSS Burlo Garofolo, Trieste, Italy, [2]School of Medicine and Surgery, University of Milano-Bicocca, Monza, Italy
BACKGROUND
The perinatal period is critical for establishing lactation and ensuring breastfeeding success. However, implementation of key clinical practices supporting breastfeeding is rarely monitored systematically across Europe. This study aims at exploring the implementation of baby friendly hospital initiative (BFHI) breastfeeding support practices in 11 European countries using data from the IMAgiNE GLOBAL survey.
METHODS
Women aged ≥18 who delivered in a healthcare facility in the WHO European Region between May 2023 and March 2025 completed a validated, WHO standard-based online questionnaire. Eight questions related to BFHI steps 4,5,6,7, and 10 were analysed and combined into a primary single composite outcome. Between-country differences were tested using chi-square tests and multivariate logistic regressions.
RESULTS
Of 21798 women, just 24.0% reported experiencing all key breastfeeding practices (composite outcome), ranging from 2.2% in Croatia to 37.0% in Belgium. Substantial variations were observed between countries and across BFHI steps. Immediate skin-to-skin contact and early breastfeeding (BFHI Step 4) were reported by 72.4% and 71.8% of women, respectively. Support with breastfeeding and information on milk expression (BFHI Step 5) were reported by 67.0% and 51.8%. Exclusive breastfeeding during hospitalisation (BFHI Step 6) was reported by 47.3%. Rooming-in was practised by 75.6%, and 94.1% were allowed to stay with their baby as desired (BFHI Step 7). Finally, 72.0% received information on where to access timely support after discharge (BFHI Step 10). All between-country differences were statistically significant in both bivariate and multivariate analyses.
CONCLUSIONS
Key clinical practices supporting breastfeeding are not consistently implemented across Europe, highlighting the need for standardised monitoring systems and targeted quality improvement strategies. Great efforts and investment are needed to protect, promote and support breastfeeding during childbirth hospitalisation, ensuring that all women receive adequate support, regardless of their chosen method of infant feeding.
Popul. Med. 2026;8(Supplement 1):A2245

ABS2683
Priority interventions for reducing stunting in the complementary feeding age group in South Africa
Ronelle Burger[1], Lisanne Du Plessis[2], Trust Gangaidzo[3], Mastoera Sadan[4], Wiedaad Slemming[5], Gabrielle Wills[1]
[1]Economics, Stellenbosch University, Stellenbosch, South Africa, [2]Public Health and Community Nutrition, Division of Human Nutrition, Department of Global Health, Faculty of Medicine and Health Sciences,, Stellenbosch University, Cape Town, South Africa, [3]Centre for Health Policy, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [4]Department of Planning, Monitoring and Evaluation, South African Government, Pretoria, South Africa, [5]Children's Institute, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa
BACKGROUND
Approximately one in four children under five in South Africa is stunted, with prevalence remaining largely unchanged for decades despite substantial social and health-sector investment. Stunting reflects cumulative nutritional and environmental deprivation during early life and has long-term consequences for cognitive development, educational attainment, and adult productivity. The complementary feeding period (6–24 months) is a critical window during which growth faltering most commonly emerges and beyond which recovery is limited. This paper synthesises international evidence to identify feasible short-term interventions that can accelerate reductions in stunting within South Africa's fiscal, social, and institutional context.
METHODS
We conducted a narrative review of high-quality international evidence on stunting interventions for children aged 6–24 months, drawing primarily on the 2013 and 2021 Lancet Maternal and Child Nutrition Series (see Bhutta et al., 2013; Black et al, 2013; Keats et al, 2021). This was complemented by an unstructured review of recent peer-reviewed studies, systematic reviews, and meta-analyses focused on causal evidence from low- and middle-income countries. Identified interventions were assessed for effectiveness, scalability, and contextual suitability for South Africa.
RESULTS
Two interventions consistently demonstrated meaningful reductions in stunting risk. First, complementary feeding education and behaviour change interventions improved diet quality and reduced stunting, particularly when aligned with local food availability and affordability. Second, small-quantity lipid-based nutrient supplements reduced stunting risk by approximately 12% when provided preventively during the complementary feeding period. Evidence indicates these interventions are acceptable, scalable, and cost-effective, especially when delivered through primary health care and community-based platforms.
CONCLUSIONS
Complementary feeding education and preventive small-quantity lipid-based nutrient supplementation represent the most promising short-term strategies for reducing stunting among young children in South Africa. Implemented alongside longer-term structural reforms, these interventions offer a practical pathway to achieve measurable gains in child growth during the critical first 1 000 days.
Popul. Med. 2026;8(Supplement 1):A2248

ABS2693
Unmet Oral Health Needs Among Paediatric Cancer Survivors: Ethical and Systemic Imperatives for Integrated Public Health Responses
Nashna Rampersad[1], Dirk Smit[1], Nadia Mohamed[2]
[1]Community Dentistry, University of the Western Cape, Bellville, South Africa, [2]Paediatric Dentistry, University of the Western Cape, Bellville, South Africa
BACKGROUND
Although survival rates for childhood cancers have improved, many survivors face lasting complications. Oral health issues, including caries, xerostomia, and delayed oral development, are common during and after cancer treatment. In low-resource settings, these unmet needs point to wider systemic failures. Children typically interact first and most frequently with nursing and medical professionals, especially within maternal and child health services. However, these early opportunities for screening and referral are often missed.
AIM
To assess the unmet oral health needs of paediatric cancer survivors in South Africa.
METHODS

A cross-sectional study was conducted with 64 paediatric cancer survivors (ages 8–15) at Tygerberg Hospital (Western Cape Province, South Africa). Structured interviews captured dental care practices and access, while COHIP-SF-19 scores measured oral-health-related quality of life (OHRQoL). Clinical records were reviewed and associations between behaviours, treatment variables, and OHRQoL were analysed using inferential statistics.
RESULTS
Most participants (68.7%) began treatment without a prior dental check-up. Additionally, only 19% had received dental care in the year before the study, indicating poor oral health-seeking behaviours. In terms of Children who brushed twice daily had significantly better OHRQoL scores than those brushing less often (43.8 ± 8.5 vs 34.9 ± 9.1; p = 0.04). Younger children experienced more psychosocial impacts. Majority of participants (75%) required restorations, 29.7% needed extractions, and 95.3% required scale and polish, based on symptomatology aligned with COHIP domains. Over half (51.6%) showed potential orthodontic needs. Moreover, longer treatment duration and absence of dental follow-up were associated with poorer OHRQoL ($p < 0.05$).
CONCLUSIONS
Oral health remains a neglected aspect of survivorship care. Interdisciplinary follow-up should include dental professionals, and both nursing and medical training programs should incorporate oral health screening as part of routine general assessment. Early integration can improve quality of life and reduce the long-term vulnerability of these survivors.
Popul. Med. 2026;8(Supplement 1):A2249

ABS2696
Indicators and actions to address stunting across multiple sectors relevant at subnational level

Lisanne du Plessis[1], Marna Smuts[1], Romeo Bhebhe[1], Angela Coetzee[2], Joyce Kinabo[3]
[1]Division of Human Nutrition, Department of Global Health,, Faculty of Medicine and Health Sciences, Stellenbosch University, Parow, Cape Town, South Africa, [2]Shool of Public Leadership, Faculty of Economic and Management Sciences, Stellenbosch University, Stellenbosch, South Africa, [3]Human Nutrition and Consumer Sciences, Sokoine University of Agriculture, Morogoro, Tanzania, United Republic of
BACKGROUND
Sustainable Development Goal 2 calls for the end of all forms of malnutrition, with a key target to reduce the number of stunted children under five by 40% by 2030. Combating malnutrition, in particular stunting, is challenging, since it is a cross-cutting issue which spans nutrition, health, agriculture, livelihoods, economic development, education, water, sanitation, and hygiene. While biological and environmental factors contribute to stunting, political commitment plays a fundamental role in driving policy implementation and resource allocation. Achieving impact consequently necessitates a multisectoral approach, coordinated and coherent policy action across several sectors.
METHODS
This qualitative study aimed to draft a set of indicators and actions for subnational level governments to address childhood stunting. It spans three domains: law, policy, and finance. Sub-domains include food control, political economy, agriculture and food systems, education, nutrition, water, sanitation and environment, health, social protection, and finance and governance. Provincial officials, responsible for child wellness policies, were interviewed in the Western Cape (n = 7) and Gauteng (n = 8), South Africa, and Bulawayo (n = 10), Zimbabwe.
RESULTS
Findings revealed that data needed to populate the indicators and identify actions were mostly available, but not always easily accessible. Findings further suggest that a well-developed set of indicators and actions can inform advocacy, improve data collection, enhance monitoring, inform policy, and drive governance improvements for stunting reduction.
CONCLUSIONS
The developed set of indicators and actions offer potential, with further development, to track political commitment, and advance multisectoral actions to address childhood stunting at subnational level.
Popul. Med. 2026;8(Supplement 1):A2250

ABS2712
Evaluating the health and economic impact of switching from multiple micronutrient supplementation to iron and folic acid in south africa: cost-benefit analysis and scenario outcomes

Khanyisa Mtombeni[1], Lee Fairlie[1], Saiqa Mullick[1], Leemoshni Pillay[1], Catherine Martin[1]
[1]Wits Reproductive Health and HIV Institute (Wits RHI), Johannesburg, South Africa
BACKGROUND
Iron and folic acid (IFA) is part of the standard antenatal supplementation intervention in South Africa (SA). Despite this, SA continues to face a high burden of maternal micronutrient deficiencies, and anaemia remains common. This is driven by multiple factors and comorbidities and is linked to poor birth outcomes such as preterm birth, low birthweight, and small for gestational age. Multiple micronutrient supplementation (MMS) has been shown to improve maternal nutrition and reduce the risk of low birth weight and preterm birth. Uncertainty regarding the cost-effectiveness of MMS, particularly in settings using higher-dose IFA supplementation such as SA, has been highlighted globally. This analysis assesses the health and economic value of transitioning to MMS within SA's health system.
METHODS
An incremental cost-benefit and cost-effectiveness analysis was conducted using the Nutrition International MMS Cost-Benefit Tool (2025 update). Using SA-specific demographic, epidemiological, and economic inputs, the model compared IFA and MMS, estimating DALYs averted and child deaths prevented, from meta-analysed effect sizes across five scenarios varying programme duration, coverage, unit costs and transition costs. Costs and benefits were discounted at 3%, and economic returns were expressed as incremental cost per DALY averted and benefit-cost ratios.
RESULTS
Across all scenarios, MMS outperformed IFA. In the base case (50% coverage, 10 years), MMS averted approximately 696000 DALYs and prevented over 10500 child deaths (benefit-cost ratio: 286). Even under conservative assumptions, benefit-cost ratios exceeded 100. The optimistic scenario (90% coverage,10 years, low unit costs) delivers the largest benefits.
CONCLUSIONS
Transitioning from IFA to MMS during pregnancy in SA is cost-effective across a wide range of scenarios, even under conservative or high-cost assumptions. To maximise impact, the focus should be on reaching more women, securing affordable MMS prices, and embedding MMS into existing antenatal care services, while keeping implementation costs as low as possible.
Popul. Med. 2026;8(Supplement 1):A2251

ABS2753
Dietary diversity and food handling practices of food handlers at registered ECD centres in Johannesburg

Yolande Smit[1], Christel Kimoto[1], Moleen Zunza[2]
[1]Department Global Health, Division Human Nutrition, Stellenbosch University, Parow, Cape town, South Africa, [2]Division of Epidemiology, Department of Global Health, Faculty of Medicine and Health Sciences,, University of Stellenbosch, Cape Town, South Africa
INTRODUCTION
In South Africa, 43% of children attend Early Childhood Development (ECD) centres, which provide early education and meals meeting up to two-thirds of daily nutritional needs. 1 Promoting healthy eating in these settings is vital for child growth and malnutrition prevention. Implementing nutrition guidelines, preparing safe and nutritious meals, and maintaining hygienic food practices are key to supporting positive child development outcomes.
AIM
The study aimed to determine the dietary diversity of the menus served and describe food handling practices of food handlers at registered ECD centres in Johannesburg, SA.
METHODS
A descriptive, cross-sectional study with an analytical component was employed. The study included 48 participants from 22 registered ECD centres. A 13-food group dietary diversity score (DDS) questionnaire was used to determine the DDS of the menu served on the day of the researcher's visit.2 An observational checklist was used to determine food handling practices.
RESULTS
The mean DDS score for the menus was 3.63 (SD 1.00). The majority of the ECD centres (n=18; 81.8%) had a low DDS of < 4. Starch (n=22; 100%) and dairy products (n=16; 72.7%) were served most frequently. Main barriers for serving healthy food were lack of external funders (n=15; 68.2%) and a lack of governmental support (n=14; 63.6). The mean score of the personal hygiene section was 80%. Almost half of the food handlers received no training in handwashing (n=9; 40.9%). Fridge (n=3; 17.6%) and freezer (n=2; 12.5%) temperature were not recorded daily as per guidelines.
CONCLUSIONS

The findings suggest that despite the availability of nutrition guidelines the implementation is poor. A multisectoral approach, drawing on expertise from dietitians and governing bodies, is required to improve the DDS and food handling practices at ECD centres.
Popul. Med. 2026;8(Supplement 1):A2255

ABS2766
Circulating Maternal MicroRNAs, Preterm Birth and HIV in South African Women

Yoonus Abrahams[1], Hlengiwe Madlala[2], Angela M Bengtson[3], Landon Myer[2], Victoria Patten[1], Luke Hannan[2], Carmen Pheiffer[1,4]
[1]Non-communicable Diseases Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Division of Epidemiology and Biostatistics, School of Public Health, University of Cape Town, Cape Town, South Africa, [3]Department of Epidemiology, Emory University, Atlanta, United States, [4]Department of Obstetrics and Gynaecology, University of Pretoria, Pretoria, South Africa

INTRODUCTION
Preterm birth (PTB) is the leading cause of neonatal mortality and is associated with increased risk of all-cause mortality in early-to-mid adulthood. PTB is also more common in women living with Human immunodeficiency virus (HIV). Circulating maternal microRNAs (miRNAs) during pregnancy hold promise as biomarkers for PTB, but there is limited data on the impact of HIV infection and antiretroviral therapy (ART) in South Africa where HIV infection rates among reproductive age women is comparatively high. This study aimed to identify miRNAs associated with PTB and assess the impact of HIV status and ART regimen in South African pregnant women.
METHODS
This nested case-control study included 76 pregnant women, matched by age and body mass index (BMI), comprising 38 with PTB and 38 with term births. Participants included women living without (n=28) and women living with HIV receiving either dolutegravir (n=24) or efavirenz combination therapies (n=24). MiRNAs (n=179) were profiled in serum collected between 24 and 28 weeks of gestation using miRNA PCR array panels.
RESULTS
MiR-320d, miR-29b-3p, miR-22-5p and miR-30e-5p were associated with PTB in women without HIV and those receiving efavirenz ART with receiver operating characteristic Area-Under-the-Curve (AUC) values ranging from 0.85 to 0.92. These miRNA were not associated with PTB in women receiving dolutegravir ART however, where only miR-154-5p was associated with PTB (AUC 0.86).
CONCLUSIONS
Our findings highlight that HIV/ART may impact the use of miRNAs as biomarkers for PTB, offering valuable insights for biomarker discovery in populations with high HIV prevalence.
Popul. Med. 2026;8(Supplement 1):A2256

ABS2774
Multiple Micronutrient Supplementation (MMS) for pregnant women: A Value Chain Situational Analysis to explore implementation in South Africa

Lisa Mills[1], Catherine E Martin[1], Elizea Horne[1], Mrinmayee Dhar[1], Leemoshni Pillay[1], Khanyisa Mtombeni[1], Saiqa Mullick[1], Lee Fairlie[1]
[1]Wits RHI, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
In South Africa (SA), iron and folic acid (IFA) are standard of care for pregnant women. In settings with prevalent micronutrient deficiencies, WHO recommends antenatal multiple micronutrient supplements (MMS) – containing 15 micronutrients including IFA – subject to research ensuring country-specific appropriateness. Compared to IFA alone, MMS significantly reduces adverse perinatal outcomes. MMS formulations aligned with WHO dosing recommendations are non-inferior and may be safer and better tolerated than higher doses recommended in SA. This study explored the feasibility of introducing MMS in SA.
METHODS
From August-December 2025 we conducted a value chain situational analysis (VCSA) comprising a desktop literature review and in-depth interviews with 15 purposively selected key informants. Rapid analysis included thematic organisation of interview data alongside available literature according to the VCSA domains – policy and planning, financing, supply chain, service delivery, demand and uptake, and monitoring and surveillance.
RESULTS
MMS introduction in SA requires successful local product registration, including clarity on classification as complementary or conventional. Progress toward national scale-up would be led by the National Department of Health (NDoH) through established regulatory, and Essential Medicines List (EML) review processes, supported by engagement across key stakeholders, including finance and information system directorates, professional councils, provincial departments, and development partners. National prioritisation requires consideration of comparative costs and system readiness within a constrained fiscal environment. Applications submitted by NDoH may support prioritisation of MMS review for potential inclusion on the EML. Domestic manufacturing capacity may be relevant to long-term supply sustainability and stakeholder confidence. Implementation research addressing supply chains, nutritional counselling, and maternal adherence would strengthen local evidence to inform decision-making and maximise potential benefits of MMS.
CONCLUSIONS
The feasibility of transitioning to MMS in SA rests on NDoH leadership, alongside budget prioritisation, supply security of a registered product, and targeted implementation research to inform scale-up.
Popul. Med. 2026;8(Supplement 1):A2258

ABS2783
Mother's At Risk: Pregnant and Fighting TB

Mbali Jiyane[1], Samuel Flans[1], Sue-Ann Meehan[2], Edward Young[1], Anastasia Koch[1,3], Emma Kalk[4]
[1]EHWOZA NPC, Cape Town, South Africa, [2]Department of Paediatrics and Child Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa, [3]MRC/NHLS/UCT Molecular Mycobacteriology Research Unit, Department of Pathology and Institute of Infectious Disease & Molecular Medicine, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [4]Centre for Integrated Data and Epidemiological Research (CIDER), UCT Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa

BACKGROUND
tuberculosis (TB) during pregnancy presents serious risks to both maternal and neonatal health1, yet experiences of pregnant and postpartum women affected by TB are often overlooked, and community access to information on maternal TB remains limited2. This project aimed to address this gap by producing a film to raise awareness and stimulate community dialogue.
METHODS
to do this and as part of a study investigating the burden, impact, and response to maternal TB in the western Cape, the CIDER3 research unit at UCT partnered with Eh!woza4, an NPO based in Khayelitsha that bridges the gap between science and society using creative techniques. Film production took a participatory approach, combining research, storytelling, and community-led knowledge generation. Women affected by TB during pregnancy attended a facilitated workshop, where shared experiences guided the themes to be covered in the film, such as stigma, treatment adherence, and the emotional effects of TB during pregnancy. Ethical considerations, including informed consent and the option of anonymity, were prioritised. Editing was done collaboratively with featured women and researchers, ensuring both scientific accuracy and narrative authenticity.
RESULTS
the collaborative and participatory film 'mothers at risk: pregnant and fighting TB'5 highlights women's voices over external framing. Screenings with diverse audiences, including khayelitsha community members, high school learners, postgraduate students at UCT, and at a world TB day event, allowed for genuine and inclusive dialogue, raising local awareness of maternal TB and facilitating further exchange between researchers and women affected by TB.
CONCLUSIONS
the film has been a useful tool for stimulating dialogue on stigma, access to care, and managing TB during pregnancy, highlighting the importance of integrating lived experience into health research. By bringing together creative media and health research, the project demonstrates how participatory storytelling can both share knowledge and amplify the voices that are often overlooked.
Popul. Med. 2026;8(Supplement 1):A2259

ABS2794
The impact of alcohol bans on birth weight in South Africa

Tsepang Khumalo[1], Ronelle Burger[1], Marisa Von Fintel[1]
[1]Department of Economics, Stellenbosch University, Stellenbosch, South Africa

ABSTRACT
Alcohol consumption remains a significant global challenge, contributing to 2.6 million deaths in 2019 and causing negative externalities, including accidental trauma, violent crimes, and health risks. While considerable research has focused on alcohol control policies' impact on adult health outcomes, there is limited evidence of their effects on neonatal health, despite the long-term implications

on future well-being and socioeconomic success. This study addresses this gap by investigating the impact of alcohol restrictions on birth weight in South Africa. We leverage the sudden nationwide alcohol ban implemented from 27 March 2020 to 31 May 2020 in response to COVID-19. The universal ban on alcohol sales and transportation, enforced with strict intensity, provides a natural experiment to estimate causal impacts on neonatal health. We use birth records from 2017 to 2024 of women and children participating in the Building Healthier Communities study in the Western Cape, South Africa. We compare birth weight outcomes of neonates born to mothers who experienced the alcohol ban during pregnancy with those of neonates unexposed to the ban. By natural design, there is no selection into pregnancy during the ban, allowing us to estimate causal impacts using Ordinary Least Squares regressions. We find that intrauterine exposure to the alcohol ban significantly improved birth weight. Specifically, exposure in the first trimester increased birth weight by 0.229 kilograms. Heterogeneity analysis of a second ban implemented six weeks later indicates persistent effects through the second trimester, increasing birth weight by 0.252 kilograms. The substantial impact reflects the Western Cape's status as having the world's highest Fetal Alcohol Spectrum Disorders prevalence. These findings suggest interventions reducing alcohol consumption can improve neonatal health outcomes. Considering the long-term effects on human capital outcomes, including education, productivity, and earnings, these results underscore broader societal benefits of strict alcohol policies and their potential intergenerational benefits.

Popul. Med. 2026;8(Supplement 1):A2260

ABS2797

Did respectful maternity care improve after the end of the COVID-19 pandemic? Preliminary results from the Improving MAternal Newborn Care study over 5 years in 21 countries

Marzia Lazzerini[1], Karolina Linden[2], Zalka Drglin[3], Elizabete Pumpure[4], Magdalena Kurbanović[5], Tiago Pinto[6], Antigoni Sarantak[7], Paulina Pawlicka[8], Mariazzurra Carlino[1], Ilaria Mariani[1], Lorenzo Giovanni Cora[1], Marianna Zanette[1], Maria Verdecchia[1], Margherita Camanni[1]

[1]WHO Collaborating Centre for Maternal and Child Health, Institute for Maternal and Child Health IRCSS Burlo Garofolo, Trieste, Italy, [2]Institute of Health and Care Sciences- Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden, [3]National Institute of Public Health, Ljubljana, Slovenia, [4]Department of Obstetrics and Gynecology, Riga Stradins University, Riga, Latvia, [5]Department of Midwifery, Faculty of Health Studies University of Rijeka, Rijeka, Croatia, [6]HEI-Lab: Digital Human-Environment Interaction Labs, Universidade Lusofona do Porto, Porto, Portugal, [7]Department of Midwifery- School of Health and Care Sciences, University of West Attica, Athens, Greece, [8]Division of Intercultural Psychology and Gender Psychology, University of Gdańsk, Gdansk, Poland

BACKGROUND

This study aimed at comparing RMC from mothers giving birth during versus after the pandemic (after 5 May 2023).

METHODS

Women aged ≥18 who gave birth in healthcare facilities between March 2020 and April 2025 answered a validated questionnaire including 15 RMC measures. Univariate and multivariate analyses were conducted.

RESULTS

136755 women accessed the questionnaire, 129393 (94.6%) provided consent, 92970 (67.4%) were analysed from 21 countries (N=71030 pandemic period, N= 21419 post-pandemic period). Only two indicators had a relevant improvement in the post pandemic period: the number of women not allowed to have a companion of choice and inadequate partner visiting hours significantly decreased (60.3% vs 30.4%, 74.9% vs 52.0%, p<0.001 for both indicators). The remaining other 13 indicators did not show clinically relevant changes. Still, in the post-pandemic period, only 10.6% women experienced all the 15 RMC measures reflecting positive practices, with major differences across countries (from 3.8% in Croatia to 21.9% in Sweden). Moreover, in the post pandemic period 14.6% reported feeling abused (7.5% in Germany to 19.3% in Croatia), 23.3% were not treated with dignity (12.9 in Belgium to 39.5% Croatia) and 21.4% lacked privacy (15.5% in Slovenia to 65.9% in Bosnia Herzegovina). Lack of involvement in choices (12.3% in Austria to 53.2% Greece) and ineffective communication (20.1% Portugal to 48.8% to Croatia) were gaps common to all countries.

CONCLUSIONS

This large multicountry study suggests that the COVID pandemic was not the main determinant of lack of RMC, with major gaps remaining after the end of the pandemic. Urgent action is needed at international and country level to align maternal care to existing international treaties and regulatory frameworks relevant to human rights.

Popul. Med. 2026;8(Supplement 1):A2261

ABS2801

Development and validation of a tool to assess mothers' knowledge, perception, and practice of child growth monitoring

Emad Masuadi[1], Leila Cheikh Ismail[2,3], Sheima T. Saleh[2], Mona Hashim[2], Haydar Hasan[2], Maysm N. Mohamad[4], Lily Stojanovska[5], Yasir Elhadi[1], Ayesha S. Al Dhaheri[4]

[1]Institute of Public Health, United Arab Emirates University, Al-Ain, United Arab Emirates, [2]Clinical Nutrition and Dietetics, University of Sharjah, Sharjah, United Arab Emirates, [3]Nuffield Department of Women's & Reproductive Health, University of Oxford, Oxford, United Arab Emirates, [4]Department of Nutrition and Health, United Arab Emirates University, Al-Ain, United Arab Emirates, [5]Institute for Health and Sport, Victoria University, Melbourne, Australia

BACKGROUND

Child growth monitoring (CGM) is essential for the early detection and prevention of malnutrition and growth abnormalities. Despite its importance, there is a lack of validated instruments to assess mothers' knowledge, perceptions, and practices related to CGM. This study aimed to develop and validate a comprehensive questionnaire to assess these domains among mothers of children under five years of age.

METHODS

The study was conducted in two stages. First, a theory-driven questionnaire was developed based on an extensive literature review, global and national guidelines, and expert consultation. Second, the questionnaire's psychometric properties were evaluated using data from a cross-sectional survey of 436 mothers. An expert panel assessed content validity, internal consistency was examined using Cronbach's alpha, and construct validity was evaluated using confirmatory factor analysis (CFA).

RESULTS

The final questionnaire comprised 67 items across three domains: knowledge (27 items), perception (14 items), and practice (11 items). The instrument demonstrated good overall internal consistency (Cronbach's alpha = 0.82), with strong reliability across main domains (α = 0.81–0.92). CFA supported the hypothesized three-domain structure, with good model fit indices for the full measurement model (CMIN/DF = 1.62; CFI = 0.93; TLI = 0.93; RMSEA = 0.038).

CONCLUSIONS

This study presents a valid and reliable questionnaire for assessing mothers' knowledge, perceptions, and practices regarding CGM. The tool can support research, inform maternal education strategies, and guide public health interventions to improve early childhood growth outcomes.

Popul. Med. 2026;8(Supplement 1):A2262

ABS2852

Cultural Authority and Maternal Diets: Intergenerational Power, Structural Constraints, and Theoretical Insights for Strengthening Nutrition Interventions in Rural South Africa

Praveenkumar Aivalli[1], Livhuwani Muthelo[2], Ngwenya Mxolisi[2], Frank Adusei-Mensah[3], Mabitsela Hezekie Mphasha[2], Joke-Folu Badejo[2], Fionnuala M McAuliffe[1], Catherine M. Phillips[1]

[1]University College Dublin, Dublin, Ireland, [2]University of Limpopo, Limpopo, South Africa, [3]University of Eastern Finland, Kuopio, Finland

BACKGROUND

Maternal malnutrition remains a persistent public health challenge in South Africa, affecting both maternal and child health outcomes. Dietary practices during pregnancy and lactation are shaped by complex social dynamics that extend beyond individual choice. This study explored the influence of cultural and intergenerational power relations on maternal dietary practices in the context of clinical nutrition interventions.

METHODS

We conducted a qualitative study in Capricorn district of Limpopo province (March–October 2025). Data comprised focus group discussions (n=22) and individual interviews (n=13) with 150 participants including pregnant women, grandmothers, fathers, community leaders, community health workers, mentor mothers, and healthcare providers. Data were analysed thematically. Interpretation drew on the Social Ecological Model and Bourdieu's Theory of Practice.

RESULTS

Four interconnected themes explained dietary behaviour. First, elder women, especially grandmothers and mothers-in-law, held decisive authority based on experiential knowledge framed as care, which often was accepted over healthcare advice. Second, pregnant women balanced competing guidance, using respectful deference in public and selective adherence in private. Third, poverty, distance, and poor infrastructure made clinical advice largely unattainable. Fourth, digital messaging and peer networks provided supplementary information that supported

dialogue but did not displace elder authority. Interpretation: Maternal diet is shaped by intergenerational power dynamics and resource constraints rather than knowledge alone. Grandmothers enforce cultural dietary restrictions that conflict with clinical guidance, while pregnant women use public deference and private adaptation to navigate competing advice. Nutrition interventions must engage elders as partners and employ culturally respectful harm-reduction strategies.
Popul. Med. 2026;8(Supplement 1):A2268

ABS2886

Perceptions Among Adolescents on Peer Support Communication: Recognising Warning Signs, Providing Supportive Interaction, and Addressing Stigma Around Professional Help

Maria Fabiana Rizzieri[1], Annegret Hannawa[1]
[1]Faculty of Communication, Culture & Society, Universita' della Svizzera italiana, Lugano, Switzerland

INTRODUCTION
Adolescence is a vulnerable phase in which many health conditions first appear. It is a period of life characterised by significant physical, emotional and social changes; hence, conditions such as depression and anxiety frequently emerge. Peers are often the first point of contact 1, yet they report feeling unprepared to recognise warning signs or communicate support effectively. Insufficient mental health literacy, concerns about confidentiality, and stigma represent barriers to effective help provision 2. This project aims to capture adolescents' perceptions and experiences as peer supporters, and to co-develop evidence-based guidelines that support adolescents' wellbeing, facilitate pathways to professional care and reinforce safe peer support practices.
METHODS
This project adopts a qualitative exploratory design using six focus groups. Approximately thirty to forty adolescents aged 14-17 will be recruited through schools and sports organisations in the canton of Ticino, Switzerland. Focus group topics will centre on adolescents' perceptions of mental health literacy, recognition of red flags, communication strategies and experiences with peer support. To protect participants' wellbeing, legal guardians and adolescents will provide informed consent. Data will be analysed using Braun and Clarke's six-phase approach with support from NVivo software.
RESULTS
Preliminary analysis is expected to reveal tensions between maintaining peers' confidentiality and ensuring safety, including dilemmas regarding when to involve an adult. Themes may also include distress related to how to communicate support without causing harm and hesitation to act due to insufficient knowledge. Anticipated findings include lack of action resulting from the minimisation of warning signs, privacy concerns and stigma.
CONCLUSIONS
This project aims to integrate public health knowledge into adolescents' experiences as peer supporters. Findings will be used to develop communication guidelines that reinforce mental health literacy, promote safe peer support practices and facilitate timely referral to professional help.
Popul. Med. 2026;8(Supplement 1):A2269

ABS2905

Analysis of the determinants associated with exclusive breastfeeding in a population served by primary health care

Ana Laura Fagundes[1], Camila Lutzke[1], Maria Helena Miotto[1]
[1]Centro de Ciências da Saúde, Universidade Federal do Espírito Santo, Vitória, Brazil

INTRODUCTION
Exclusive breastfeeding (EBF) has the greatest potential impact on infant mortality of any preventive intervention, its practice proves to be an approach that, in addition to preventing childhood illnesses and disorders, is also effective in preventing malocclusion in the primary dentition (1,2,3). The objective of this study is to evaluate exclusive breastfeeding among users of Basic Public Health Units in the Municipality of Vitória, Espírito Santo, and its possible associations with socioeconomic, maternal, and infant determinants, as well as primary health care, up to 30 days postpartum. The project was approved by the Research Ethics Committee of the Federal University of Espírito Santo and the Municipality of Vitória. It is currently in the data collection phase, carried out through the application of a questionnaire composed of closed-ended questions addressing socioeconomic, maternal, and infant variables related to primary health care and the practice of exclusive breastfeeding.
METHODS
The sample size was calculated considering an estimated finite population of 1,000 postpartum women, a prevalence of 50%, a margin of error of 5%, and a confidence level of 95%, resulting in a sample of 329 participants. The data will be organized into frequency distribution tables; the association between exclusive breastfeeding (EBF) and the independent variables will be assessed using the Chi-square or Fisher's exact test, as applicable. The Odds Ratio (OR) will be used to measure the strength of the associations, with a 95% confidence interval (95% CI). Logistic or linear regression will also be applied to estimate the influence of the variables on the outcome, controlling for possible confounding factors. The significance level adopted will be 5%.
RESULTS AND CONCLUSIONS
Identifying these determinants may help dentists formulate strategies to support breastfeeding within healthcare networks and strengthen comprehensive child health care.
Popul. Med. 2026;8(Supplement 1):A2270

ABS2908

Heat exposure, heat-related symptoms, and healthcare–seeking behaviour among pregnant women in Johannesburg: preliminary findings from the Bio-HEAT study

Ijeoma Solarin[1], Ruvimbo Forget[1], Lebohang Radebe[1], Darshnika Lakhoo[1], Fiona Scorgie[1,2]
[1]Wits Planetary Health Research Division, University of the Witwatersrand, Johannesburg, South Africa, [2]Public Health & Primary Care, School of Medicine, Trinity College Dublin, Dublin, Ireland

BACKGROUND
Pregnant women are physiologically vulnerable to heat exposure, yet evidence on healthcare–seeking for heat-related symptoms remains limited. Delayed or absent care-seeking may hinder management and increase the risk of adverse maternal and fetal outcomes. With rising global temperatures, this study aimed to characterise heat-related symptoms and care-seeking behaviour among pregnant women.
METHODS
We analysed preliminary data from the ongoing Bio-HEAT cohort study in Johannesburg, South Africa. Pregnant women were recruited at 12–16 weeks' gestation and followed monthly. At each visit, participants reported whether their health had been affected by heat in the preceding month and, if so, which symptoms were experienced, whether they were perceived as heat-related and whether healthcare was sought. Heat exposure was assessed using wet-bulb temperature (Tw), derived from local temperature and humidity data. Descriptive analyses summarised symptom frequency, heat attribution, and care-seeking behaviour. Regression analyses examined associations between mean Tw over the previous 30 days and reported symptoms. Analyses included 158 participants, comprising 670 visits.
RESULTS
Overall, 43% of participants reported that their health had been affected by heat. The most commonly perceived heat-related symptoms were headache, tiredness, sleep problems, and dizziness/fainting. Regression analyses showed that each 1 °C increase in Tw was associated with higher odds of reporting dizziness (OR 1.17; CI:1.02-1.33), headache (OR 1.15; CI 1.03-1.28), and tiredness (OR 1.11; CI 1.01-1.22). Healthcare–seeking was low across symptoms: 28.4% of participants who experienced a symptom sought care, most commonly for rash (50%), nausea/vomiting (21.7%), headache (20.9%), and dizziness/fainting (16.7%). No care was sought for anxiety, confusion, diarrhoea and dry mouth.
CONCLUSIONS
Symptoms consistent with heat-strain are common during pregnancy, yet few women seek care. These findings highlight an opportunity for antenatal care programmes and heat-health messaging to improve symptom recognition and promote early management of heat-related illness as climate change intensifies heat exposure.
Popul. Med. 2026;8(Supplement 1):A2271

ABS2912

Perspectives of mothers of preterm infants regarding donor milk

Chioma Ibekwe[1], Evette Van Niekerk[1], Anusha Lachman[1]
[1]Human Nutrition, Stellenbosch University Tygerberg Campus, Tygerberg Cape Town, South Africa

BACKGROUND
Breast milk (BM) offers the best nutrition, protection and support to term and preterm babies1. When mother's own milk is not available, Donor Breast Milk (DBM) is the next best option2. This study aimed to determine maternal perspectives on receiving and donating BM in a neonatal high care unit. Objectives were to determine maternal knowledge of breastfeeding and DBM, and to identify factors that affect their willingness to donate BM or accept DBM.

METHODS
A descriptive quantitative cross-sectional study was conducted using self-administered questionnaires. Mothers of infants admitted to the neonatal high care wards of the Tygerberg Children's Hospital were eligible. HREC Reference Number is S20/09/249.
RESULTS
Of the 166 participants included in the study, 74.1% had heard about DBM, 3.6% and 29.5% had excellent and good general breastfeeding knowledge scores, respectively, while 1.8% and 9.6% had excellent and good DBM knowledge scores, respectively. Sixty percent were willing to accept DBM for their infant, while 27.7% were willing to donate BM to a milk bank. Participants' opinions about the quality of DBM (P=0.028), and risking disease and gene transfer (P=0.033) were significantly associated with their willingness to receive DBM. Significant perspectives associated with a willingness to donate their BM to a milk bank included preferring information about the baby receiving their BM (P=0.004), donating BM without knowing whether it will pose any cultural issues (P=0.005), needing a partner's permission before donating BM (P=0.002) and donating being the right thing to do (P=0.032).
CONCLUSIONS
Maternal knowledge about breastfeeding and DBM is low. More mothers are willing to receive DBM than to donate it. Changing perspectives to Increase willingness to receive DBM or to donate BM requires holistic education of pregnant, new mothers and all stakeholders about the benefits of DBM.
Popul. Med. 2026;8(Supplement 1):A2272

ABS2917
Child Malnutrition and Household Vulnerability in Thiès, Senegal: Findings from a Longitudinal Study

Mbaye Diop[1], Fatou Bintou Sarr[1], Idrissa, Basse,[1]
[1]Unité de formation et de recherche des sciences de la santé, Université Iba Der Thiam de Thiès, Thiès, Sénégal

ABSTRACT
Background Child malnutrition remains a major public health issue in sub-Saharan Africa, particularly in Senegal, where households face economic hardship, high child dependency, and limited access to social assistance. This study is part of a longitudinal follow-up of 210 households in the Thiès region, aiming to document nutritional, socio-economic, and health dynamics during the third semester (January–June 2025). Methods A stable sample of 210 households across five health districts and 26 villages was monitored. Data were collected through household questionnaires and anthropometric measurements of children aged 6–59 months. Analyses were conducted using R, SPSS, and Excel, combining descriptive statistics, visualizations, and methodological triangulation. Results Households averaged 5.9 children, with a mean monthly income of 84,319 FCFA but wide disparities. The suspension of PNBS allocations left 88.6% of households without institutional support. Hygiene practices were inconsistently adopted, with only 21.4% washing hands before feeding a child and 28% after cleaning stools. Community initiatives faced challenges: of 440 animals distributed, 109 losses (24.8%) compromised program viability, though 68% of households maintained autonomous livestock (875 heads). Among 396 children measured (mean age 46 months, mean weight 13.85 kg, mean height 96.6 cm), chronic malnutrition affected 102 (25.8%), acute malnutrition 46 (14% by WHZ, 7% by BMI-for-age), and underweight 58 (21.8%). Overall, 50.7% of households had at least one malnourished child, with severe cases increasing. Geographic disparities were notable, with Fissel, Touba Toul, and Tassette most affected. Conclusion Findings confirm persistent chronic malnutrition and a rise in severe forms, reflecting the fragility of the nutritional continuum. Household vulnerability was exacerbated by suspended social assistance, livestock losses, and inadequate hygiene practices. Integrated interventions—dietary diversification, improved hygiene, strengthened community initiatives, and expanded nutritional surveillance beyond early childhood—are essential to prevent worsening vulnerabilities and sustainably improve child nutrition in the Thiès region.
Popul. Med. 2026;8(Supplement 1):A2273

ABS2930
Improving Early Infant Diagnosis (EID) testing coverage and retention in Prevention of Mother-to-Child Transmission (PMTCT) programs through Early Infant HIV Diagnosis at birth.

Ngozi Adibe[1], Jibrin Kama[1], Obioha Eberendu[1], Ameh Adole[1], ThankGod Anazodo[1], Chidinma Umebido[1], Ifeanyi Ikpeazu[1], Muekara Dugbor[1], Chizoba Fashanu[1], Olufunke Fasawe[1], Adebobola Bashorun[2], Omolara Emmanuel[2]
[1]Clinton Health Access Initiative, Abuja, Nigeria, [2]National HIV/AIDS, Viral Hepatitis and STIs Control Programme - Federal Ministry of Health and Social Welfare, Abuja, Nigeria

INTRODUCTION
Delayed HIV diagnosis among HIV-exposed infants and loss to follow-up before the six-week Early Infant Diagnosis visit remain major barriers to timely case detection and antiretroviral treatment. HIV testing at birth has the potential to expand EID coverage, improve early case detection, and strengthen retention of PMTCT programs. A study assessed the contribution of EID testing at birth to EID coverage, early infant HIV case detection, and postnatal retention within routine PMTCT service delivery.
METHODS
Twelve health facilities across Rivers, Ogun, Kaduna, Benue, Adamawa, and Anambra states were selected based on geographic representation and PMTCT service volume, following ethical approval from the National Health Research Ethics Committee (NHREC/01/01/2007–22/05/2025). The study included HIV-exposed infants aged 0–3 days and their HIV-positive mothers. Between July and December 2025, healthcare workers received training on study procedures and point-of-care EID. Eligible mothers provided written informed consent before enrolment. Indicators assessed timing of EID at birth, EID testing coverage, HIV positivity, and treatment at birth and six weeks, and infant retention. Descriptive analyses assessed early trends.
RESULTS
Among 177 deliveries and 176 live births, 100% of HIV-exposed infants received EID testing at birth, demonstrating high testing coverage and effective integration of birth testing into routine workflows. At 6-8 weeks, follow-up testing was completed for 98 of 99 eligible infants (99%), indicating improved retention of HIV-exposed infants between delivery and six-week visit. All infants tested HIV-negative at both time points. However, the study identified operational challenges related to staff workload, commodity management, and data quality across service points, highlighting key areas for improvement during scale-up
CONCLUSIONS
EID at birth can strengthen early case detection and improve retention of HIV-exposed infants within PMTCT programs. Incorporating birth testing into the comprehensive EID strategy has the potential to reduce missed diagnoses and improve continuity of care.
Popul. Med. 2026;8(Supplement 1):A2275

ABS2940
Formative research on chagas disease – a deeper understanding of the impact of a neglected disease on women in bolivia, brazil, colombia and paraguay.

Debbie Vermeij[1], Camila de Lima Garroux[1], Ana Gabriela Herrera[2], Vidalia Lesmo[3], Judith Román Quiñonez[4,3], Eliana Amorim de Souza[1], Jaime Castro Díaz[4], Sonia Guzmán Rodriguez[4], Andréa Silvestre de Sousa[1]
[1]CUIDA Chagas, Instituto Nacional de Infectologia (INI), Fundação Oswaldo Cruz (Fiocruz), Rio de Janeiro, Brazil, [2]CUIDA Chagas, Instituto Nacional de Laboratorios de Salud (INLASA), La Paz, Bolivia, [3]CUIDA Chagas, Servicio Nacional de Erradicación del Paludismo (SENEPA), Assunción, Paraguay, [4]CUIDA Chagas, Instituto Nacional de Salud (INS), Bogotá, Colombia

BACKGROUND
chagas disease (CD) is a neglected tropical disease (NTD) that mainly affects vulnerable populations in endemic countries in latin america.1 Congenital transmission is now the main source of new cases in endemic and non-endemic countries.2 The cuida chagas project aims to contribute to the elimination of congenital CD transmission by enhancing diagnosis, treatment, and comprehensive care in bolivia, brazil, colombia, and paraguay3.
METHODS
A formative study was conducted in over 30 municipalities in bolivia, brazil, colombia and paraguay, to better understand local contexts, cultures and systems. The study combined quantitative and qualitative approaches, and included desk research, open-ended semi-structured interviews and focus group discussions (FGD). The desk research consisted of collecting and reviewing national and local level secondary data, focusing on demographic and socio-economic data, health systems, and existing CD data, policies and programs. Through interviews and FGDs primary data on CD was collected, focusing on knowledge, diagnosis and care, attitudes, and experiences related to the disease.
RESULTS
Systemic factors within primary healthcare, including low coverage, high staff turnover, and geographical challenges are key impediments to accessing effective care. Trust in healthcare professionals is low, leading to abandonment of treatment and follow-up care. A significant lack of knowledge on the disease contributes to fear, (internalized) stigma, and discrimination. Limited social mobilization, coupled with a limited understanding of the right to healthcare, contribute to a lack

of agency and increased vulnerability among women affected by CD.
CONCLUSIONS
There are significant challenges faced by women affected by CD, particularly related to access to healthcare, understanding the disease and its implications, and overcoming fear, stigma and discrimination. Findings call for targeted interventions that address socioeconomic disparities, and comprehensive, community-centered approaches that prioritize support systems that address the social, psychological, and professional barriers faced by women affected by CD, promoting greater societal inclusion.
Popul. Med. 2026;8(Supplement 1):A2277

ABS2958

Implementation research: perspectives of the cuida chagas protocol in strengthening primary health care for chagas disease.

Debbie Vermeij[1], Alexandre Menezes da Silva[1], Camila de Lima Garroux[1], Henny Heredia Martinez[1], Javier Abi-Saab Arrieche[1], Valentina Carranza Weihmuller[1], Ana Gabriela Herrera[2], Vidalia Lesmo[3], Johana Hernandez Toloza[4], Jaime Castro Díaz[4], Eliana Amorim de Souza[1], Andréa Silvestre de Sousa[1]
[1]CUIDA Chagas, Instituto Nacional de Infectologia (INI), Fundação Oswaldo Cruz (Fiocruz), Rio de Janeiro, Brazil, [2]CUIDA Chagas, Instituto Nacional de Laboratorios de Salud (INLASA), La Paz, Bolivia, [3]CUIDA Chagas, Servicio Nacional de Erradicación del Paludismo (SENEPA), Assunción, Paraguay, [4]CUIDA Chagas, Instituto Nacional de Salud (INS), Bogotá, Colombia

BACKGROUND
Chagas disease (CD) remains a neglected condition within primary health care (PHC), marked by low detection rates, fragmented care pathways, and missed opportunities for prevention, particularly of congenital transmission.1 Implementation gaps, rather than lack of tools, are central barriers to effective control.2 The cuida chagas project has developed and is applying an implementation protocol designed to integrate CD prevention, diagnosis, treatment, and follow-up into routine PHC services.3
METHODS
Implementation research is currently conducted across PHC settings in bolivia, brazil, colombia and paraguay. The protocol operationalizes decentralized care through standardized workflows, including screening of women of reproductive age and pregnant women through the use of rapid diagnostic tests (RDTs), confirmatory testing, etiological treatment, follow-up of contacts, and monitoring of newborns and children. Continuous training of health workers, surveillance–care integration, and community engagement are core components. Programmatic data from 2023–2025 were analyzed to assess feasibility and outcomes.
RESULTS
Approximately 54000 individuals were screened, including 7500 pregnant women (13.9%). Confirmed seropositivity lies between 1.2% and 14.3%, indicating substantial territorial heterogeneity. Among pregnant women, 62 infections were confirmed (0.8%), and 46 babies were evaluated, with three confirmed congenital cases to date. RDTs prove operationally feasible in PHC and enable earlier identification and linkage to care. While diagnostic confirmation and treatment still represent significant barriers, 60% of the confirmed CD patients were treated across the four countries. Education and training activities strengthened workforce capacity, while community engagement increased demand for testing and care.
CONCLUSIONS
The cuida chagas implementation protocol demonstrates that integrating CD actions into PHC is feasible, effective, and essential for interrupting congenital transmission and expanding access to care. By institutionalizing decentralized workflows, strengthening surveillance–care integration, and prioritizing women of reproductive age, the protocol provides a scalable model to reposition CD within public and maternal and child health policies.
Popul. Med. 2026;8(Supplement 1):A2278

ABS2963

Physical fitness in adolescents born preterm or small for gestational age in rural Malawi

Pragga Bhattacharjee[1], Milja Kivelä[1], Kari Anne Evensen[2], Maleta Kenneth[3], Per Ashorn[4,5], Ulla Ashorn[4], Charles Mangani[3], Eero Kajantie[1,2,6]
[1]Clinical Medicine Research Unit, University of Oulu, Oulu, Finland, [2]Department of Clinical and Molecular Medicine, Norwegian University of Science and Technology, Trondheim, Norway, [3]School of Global and Public Health, Kamuzu University of Health Sciences, Blantyre, Malawi, [4]Center for Child, Adolescent and Maternal Health Research, Faculty of Medicine and Health Technology, Tampere University and Tampere University Hospital, Tampere, Finland, [5]Department of Paediatrics, Tampere University Hospital, Tampere, Finland, [6]Public Health Unit, Finnish Institute for Health and Welfare, Helsinki, Finland

INTRODUCTION
Preterm (<37 weeks of gestation) and small for gestational age (SGA, <10th percentile) infants face higher mortality and greater risk of later cardiometabolic disorders than those born at term1. Muscle strength and cardiorespiratory fitness are key components of physical fitness and strong predictors of long term health, linked to lower all-cause mortality2,3. However, previous evidence on physical fitness after being born preterm or SGA largely comes from high-resource settings4.
METHODS
Lungwena Antenatal Intervention Study (LAIS), enrolled 1320 women to examine effects of maternal antimalarial treatment during pregnancy5. Gestational age was confirmed by ultrasound, and the children have subsequently been followed up. At 17 years of age, 818 LAIS adolescents were examined: 94 (11.0%) were born preterm appropriate for gestational age (AGA), 12 (1.4%) preterm SGA, 130 (15.2%) term SGA, and 582 (67.8%) were born term AGA, which served as a comparison group. Muscular fitness was assessed using maximum handgrip strength and number of push-ups performed in 30 seconds. Heart rate at the end of a 4-minute step test was used to measure cardiorespiratory fitness.
RESULTS
Among the comparison group, mean(SD) dominant-hand grip strength was 29.1 (6.3) kg and 26.1 (4.8) kg for boys and girls, respectively. Girls performed fewer push-ups than boys. In a pooled analysis adjusted for sex and age, handgrip strength was 1.2 (95% CI 0.1-2.4) kg lower in preterm AGA group, 3.9 (0.9-6.8) kg lower in the preterm SGA group and 2.4 (1.4-3.4) kg lower in the term SGA group compared with term AGA group. No group differences were observed in number of push-ups or heart rate after step test.
CONCLUSIONS
Adolescents born preterm or SGA in a rural, low-resource setting had lower handgrip strength than their peers born AGA at term. Physical activity should be encouraged in childhood to build muscle strength and fitness.
Popul. Med. 2026;8(Supplement 1):A2279

ABS2974

Retinopathy of prematurity in premature infants: the role of outpatient follow-up within brazil's public health system

Katia Cristine Carvalho Pereira[1], Luana Rabbi Bernardes[1], Bruno Maroquio de Freitas[1], Ícaro Pratti Sarmenghi[1], Danilo Caliari[1], Larissa Campos Vieira Pereira[1], Maria Alice Roseira Bessa Ferraz[1], Fabricio Santos Neves[1], Heloisa Carvalho Torres[1], Maria Angélica Carvalho Andrade[1]
[1]Programa de pós graduação saúde coletiva, Universidade Federal do Espirito Santo, Vitoria, Brazil

INTRODUCTION
Advances in neonatal intensive care have increased the survival of premature infants, particularly those born extremely preterm, resulting in a growing population at risk of long-term complications related to prematurity. Retinopathy of prematurity remains a leading preventable cause of childhood blindness worldwide, especially in low- and middle-income countries, where inequalities in access to timely screening and continuity of care persist. From a public health perspective, organizing integrated care networks that ensure neonatal screening and longitudinal follow-up after hospital discharge is essential to prevent avoidable visual impairment. In Brazil, the Unified Health System structures neonatal care through referral maternity hospitals and outpatient follow-up services, offering a comprehensive continuity of care model for vulnerable populations.
METHODS
This cross-sectional, retrospective, documentary study analyzed medical records of premature infants followed in a high-risk outpatient follow-up clinic at a public university hospital in Espírito Santo, Brazil, between October 2020 and September 2021. Data collected included prenatal care adequacy, gestational age, birth weight, neonatal intensive care unit support, history of neonatal ophthalmologic screening, and clinical outcomes during follow-up.
RESULTS
Among 132 infants followed, 116 were premature and 97 met criteria for neonatal ophthalmologic screening. Fifteen cases of retinopathy of prematurity were identified, corresponding to 11.4% of the cohort and 15.5% of screened infants. Most affected infants were extremely premature, had extremely or very low birth weight, prolonged neonatal intensive care unit stays, and inadequate prenatal care. Outpatient follow-up enabled longitudinal clinical monitoring after hospital discharge and coordination with specialized services.
CONCLUSIONS
The findings highlight outpatient follow-up of premature infants as a core public health strategy to ensure continuity of care beyond the neonatal period. Within Brazil's public health system, structured follow-up networks contribute

to preventing long-term sequelae associated with prematurity, reducing health inequities, and strengthening integrated maternal and child health care.
Popul. Med. 2026;8(Supplement 1):A2281

ABS3010
Post-discharge growth of very low birth weight preterm infants: implications for outpatient follow-up in maternal and child public health in Brazil

Katia Cristine Carvalho Pereira[1], Luana Rabbi Bernardes[1], Ivinny Guimarães Tupy[1], Ícaro Pratti Sarmenghi[1], Dominique Vieira Campos Ribeiro[1], Larissa Campos Vieira Pereira[1], Gabriel Campos Vieira Pereira[1], Fabricio Santos Neves[1], Heloisa Carvalho Torres[1], Maria Angélica Carvalho Andrade[1]
[1]Programa de pós graduação saúde coletiva, Universidade Federal do Espirito Santo, Vitoria, Brazil

INTRODUCTION
Improved survival of very low birth weight preterm infants resulting from advances in neonatal care poses important challenges for health systems, particularly regarding growth and development after hospital discharge. Longitudinal follow-up of these infants is a key public health strategy for growth surveillance, prevention of nutritional disorders, and reduction of adverse outcomes. In Brazil, maternal and child health care within the Unified Health System is organized through the Alyne Network, which structures a maternal and child care pathway from prenatal care onward, emphasizing continuity of care and outpatient follow-up for high-risk newborns.
METHODS
This cross-sectional, retrospective, descriptive study analyzed medical records of preterm infants with birth weight below 1500 grams followed in an outpatient clinic at a public university hospital in the state of Espírito Santo, Brazil, between October 2020 and September 2021. Infants with at least three outpatient visits up to 12 months of corrected gestational age were included. Perinatal data and anthropometric evolution were assessed using weight, length, and head circumference z scores.
RESULTS
A total of 54 preterm infants were evaluated, with a mean gestational age of 29 weeks and a mean birth weight of 1145.7 grams. A decline in anthropometric z scores was observed at hospital discharge, followed by progressive recovery during outpatient follow-up. Between 7 and 12 months of corrected gestational age, most infants achieved weight, length, and head circumference values, with mean z scores similar to those observed at birth. This pattern is consistent with growth trajectories described in the literature for preterm infants and indicates satisfactory recovery associated with systematic follow-up.
CONCLUSIONS
Outpatient follow-up of very low birth weight preterm infants represents a central maternal and child public health strategy in Brazil. The Alyne Network supports growth surveillance, reduces health inequities, and strengthens comprehensive child health care within the Unified Health System.
Popul. Med. 2026;8(Supplement 1):A2286

ABS3017
Chagas disease among women of reproductive age: implications for maternal and child health policies

José Alexandre Menezes da Silva[1], Debbie Vermeij[1], Eliana Amorim de Souza[2], Camila de Lima Garroux[2,1], Henny Heredia Martinez[1], Javier Abi-Saab Arrieche[1], Valentina Carranza Weihmuller[1], Gustavo Silva Salgado[1], Danielle Portella Ferreira[1], Luanna Meriguete Santos[1], Andréa Silvestre de Sousa[1]
[1]CUIDA Chagas, Instituto Nacional de Infectologia - Fundação Oswaldo Cruz - Ministério da Saúde do Brasil, Rio de Janeiro / RJ, Brasil, [2]Departamento de Saúde Pública, Universidade Federal da Bahia, Vitória da Conquista / Bahia, Brasil

BACKGROUND
Chagas disease (CD) remains a significant public health problem in latin america, increasingly characterized by urbanization and alternative transmission mechanisms.1 Women of reproductive age represent a critical population for interrupting vertical transmission, yet screening and care remain fragmented in most health systems. 2-3
METHODS
This abstract presents findings from the cuida chagas implementation research, conducted in primary health care settings in brazil. Rapid diagnostic tests (RDTs) were integrated into routine services targeting women of reproductive age, including pregnant women, with referral for confirmatory serology, clinical evaluation, and treatment when indicated. Sociodemographic, epidemiological, and service-related data were analyzed to assess access, adherence, and programmatic gaps.
RESULTS
Between 2023 and 2025, nearly 25000 women of reproductive age were screened in the following five Brazilian municipalities, covering all five macroregions: Riachão das Neves (BA), Paraúna (GO), Janaúba (MG), Igarapé-Miri (PA) and Rosário do Sul (RS). Most participants lived in urban areas and experienced socioeconomic vulnerabilities. Among screened women, RDT positivity reached 2.5%, with marked territorial heterogeneity. Pregnant women accounted for 18.4% of those tested, with an RDT positivity rate of 4.4%, reaching over 10% in high-prevalence municipalities. Despite the effectiveness of RDTs as a gateway to care, confirmatory testing losses remained significant, particularly where sample collection is centralized in central laboratories. In addition to CD confirmation, treatment also represents important barriers, as up to date, less than a third of the patients with confirmed CD have received treatment indications.
CONCLUSIONS
CD among women of reproductive age highlights critical intersections between neglected tropical diseases, maternal and child health, and health equity. Integrating systematic screening into primary and prenatal care, decentralizing confirmatory diagnosis, and strengthening longitudinal follow-up are essential to prevent congenital transmission. These findings support the urgent inclusion of CD within maternal and child health policies and universal health system agendas.
Popul. Med. 2026;8(Supplement 1):A2287

ABS3023
Barriers to the use of digital mental health applications for depression among pregnant adolescents in DIMAMO, Limpopo province.

Peaceful Ntshayintshayi[1], Livhuwani Muthelo[1], Nkateko Mabila[1], Mamare Bopape[1]
[1]Nursing Science, University of Limpopo, Polokwane, South Africa

BACKGROUND
Digital mental health applications (DMHAs) have the potential to reduce depressive symptoms among pregnant adolescents. However, their uptake remains limited in rural public health settings such as DIMAMO. Guided by an integrated Health Promotion Model (HPM) and Unified Theory of Acceptance and Use of Technology (UTAUT) framework, this study explored perceived barriers influencing the use of DMHAs among pregnant adolescents and professional nurses.
METHODS
A descriptive qualitative design was employed to explore perceived barriers to DMHA use among pregnant adolescents and professional nurses in public healthcare facilities. Data was collected through in-depth, semi-structured interviews with purposively selected participants. Data were analysed using thematic analysis, with emergent themes mapped onto constructs of the HPM (perceived benefits, perceived barriers, interpersonal influences) and the UTAUT (performance expectancy, effort expectancy, social influence, and facilitating conditions).
RESULTS
Barriers aligned strongly with both theoretical models. Challenges related to data costs, poor network coverage, and unstable connectivity emerged under facilitating conditions (UTAUT) and perceived barriers to action (HPM), limiting consistent DMHA use. Effort expectancy concerns were reflected in difficulties navigating applications and sustaining engagement, while doubts about effectiveness corresponded with performance expectancy and perceived benefits of action. Pregnant adolescents expressed a preference for in-person support, highlighting the importance of interpersonal influences (HPM) and social influence (UTAUT). Concerns regarding sustained interest and compliance further affected behavioural intentions. From a health system perspective, professional nurses reported workload constraints, limiting their capacity to promote and support DMHA use.
CONCLUSIONS
An integrated HPM-UTAUT framework provides a comprehensive understanding of individual, technological, and system-level barriers to DMHA use. Addressing connectivity challenges, strengthening perceived benefits, supporting interpersonal engagement, and reducing nurses' workload may enhance adoption of digital mental health interventions for pregnant adolescents in public health settings.
Popul. Med. 2026;8(Supplement 1):A2288

ABS3027
Clinical and epidemiological profile of preterm infants with neonatal intracranial injuries in an outpatient follow-up program within brazil's public health system

Katia Cristine Carvalho Pereira[1], Luana Rabbi Bernardes[1], Jacob Henrique Silva Klippel[1], Ícaro Pratti Sarmenghi[1], Danilo Caliari[1], Maria Luiza Falsoni Giori[1], Maria

Eduarda Silva Stein[1], Fabricio Santos Neves[1], Heloisa Carvalho Torres[1], Maria Angélica Carvalho Andrade[1]
[1]Programa de pós graduação saúde coletiva, Universidade Federal do Espirito Santo, Vitoria, Brazil

INTRODUCTION
Prematurity remains a major public health challenge, associated with high neurological morbidity and long-term impact on child development. Neonatal intracranial conditions, such as periventricular leukomalacia and peri-intraventricular hemorrhage, are among the main factors related to adverse neurodevelopmental outcomes in preterm infants. Identification of these conditions during the neonatal period and longitudinal follow-up of high-risk newborns are essential strategies for care planning and reduction of long-term sequelae. In Brazil, maternal and child health care within the Unified Health System is organized through integrated care networks that link neonatal units to outpatient follow-up after hospital discharge.
METHODS
This cross-sectional, retrospective, documentary study analyzed medical records of preterm infants followed in an outpatient follow-up program at a public university hospital in the state of Espírito Santo, Brazil, between October 2020 and September 2021. Infants diagnosed with periventricular leukomalacia and/or peri-intraventricular hemorrhage identified by neonatal neuroimaging were included. Maternal, perinatal, neonatal, and neonatal intensive care unit-related variables were analyzed.
RESULTS
Among 110 preterm infants followed during the study period, 47 presented neonatal intracranial injuries, representing 42.7% of the cohort. Peri-intraventricular hemorrhage was the most frequent condition, predominantly mild forms, although approximately 40% of infants had severe injuries. Most affected infants were extremely preterm, had low birth weight, incomplete prenatal care, and required neonatal resuscitation and ventilatory support, indicating high clinical complexity and increased vulnerability to adverse neurological outcomes.
CONCLUSIONS
The findings underscore outpatient follow-up of preterm infants with neonatal intracranial injuries as a core public health strategy. Organizing care networks within Brazil's public health system enables risk stratification, longitudinal monitoring, and early intervention planning, with the potential to reduce long-term disabilities, such as cerebral palsy, while mitigating inequalities in access to specialized care and strengthening public health system responses.
Popul. Med. 2026;8(Supplement 1):A2289

ABS3046
Strengthening HIV Care for Pregnant Women in Rural South Africa Through Peer Support: Lessons from the Enable Mentor Mother Programme

Nolubabalo Tshemese[1], Unarine Maluleke[1], Andisiwe Mqanqeni[1], Emma Chademana[1], Linnea Stansert[1], Enable Mentor Mothers[1], Ondela Manjezi-Sokomani[1]
[1]Enable Mentor Mother Programme, One to One Africa, Cape Town, South Africa

BACKGROUND
Access to quality healthcare remains a persistent public health challenge in rural areas of the Eastern Cape, South Africa, particularly for pregnant women living with HIV. Inadequate health infrastructure, long travel distances, and socio-economic constraints limit consistent engagement in HIV care and prevention of mother-to-child transmission (PMTCT) services. To address these barriers, One to One Africa implemented the Enable Mentor Mother Programme, a community-based peer support intervention designed to improve maternal and HIV-related health outcomes.
METHODS
Since 2016, the programme has trained and deployed local women as Mentor Mothers to deliver integrated HIV, PMTCT, and maternal and child health services through home visits, health education, adherence support, psychosocial counselling, and referrals to health facilities. Mentor Mothers work in collaboration with traditional leaders to mobilise households, uphold cultural norms, and facilitate acceptance of HIV-related services. A complementary Male Engagement initiative, introduced in 2022, expanded the programme to include dialogues with male partners on HIV prevention, treatment adherence, positive fatherhood, shared caregiving, and gender-based violence.
RESULTS
Lessons learnt from program implementation included: Embedding the programme within traditional governance structures improved community acceptance, participation, and retention in care. Traditional leaders enhanced the credibility of Mentor Mothers and supported ethical, culturally aligned programme delivery. Engaging men alongside women strengthened household support for HIV disclosure, care-seeking, and adherence. Mentor Mothers from the areas in which they work fostered empathy, cultural resonance, and improved follow-up, contributing to reduced loss to care and stronger maternal and HIV outcomes.
CONCLUSIONS
The Enable Mentor Mother Programme highlights the critical role of peer support in addressing health system gaps and improving HIV-related outcomes among pregnant women in rural communities. Scaling and further integrating peer support models within PMTCT and maternal health services could enhance equity, continuity of care, and long-term public health impact.
Popul. Med. 2026;8(Supplement 1):A2290

ABS3073
Empowering Men, Strengthening Families: Early Lessons from the Mentor Brothers Program in South Africa

Simthembile Lindani[1], Enable Mentor Brothers[1], Linnea Stansert[1], Emma Chademana[1], Ondela Manjezi-Sokomani[1], Moeti Lesuthu[1]
[1]Male Engagement, One to One Africa, Cape Town, South Africa

BACKGROUND
Historically excluded from maternal and child health (MCH) spaces, men's involvement is now recognized as vital for better maternal, newborn, and child health outcomes, gender equality, and HIV prevention. One to One Africa's Enable program, delivering MCH care via Mentor Mothers in rural Eastern Cape, launched the Mentor Brothers intervention to boost male engagement.
METHODS
The Enable Male Engagement initiative actively involves men in protecting and supporting family health, challenging discriminatory social and gender norms per global guidelines. Using a positive deviant model, community-respected Mentor Brothers—exemplary role models—are trained to lead 6-month group sessions for the same cohort of men. Topics include partnering in women's health, responsive caregiving, child health/development, and gender-based violence prevention. Sessions are complemented by home visits, care linkages, community outreach, and collaboration with traditional leaders to ensure acceptance and uptake.
RESULTS
Insights from Mentor Brothers and participant feedback highlight key lessons: A major gap persists in men's health needs and their role in women's/children's health; neglecting men's issues hampers family involvement. Engaging traditional leaders is crucial for program buy-in. The positive deviant approach effectively shifts social/gender norms, enhancing men's maternal health participation. Safe spaces for men to discuss fatherhood and roles foster engagement, boosting self and family health.
CONCLUSIONS
Positive male engagement yields benefits for men's health, family sexual/reproductive health, and HIV prevention, advancing gender-transformative MCH. By prioritizing whole-family health, the program builds resilient communities, marking a pivotal evolution in interventions.
Popul. Med. 2026;8(Supplement 1):A2294

ABS3079
Prevention of unsafe abortion in Brazil

Elisabeth Meloni Vieira[1], Ana Flávia Pires Lucas D'Oliveira[2], Jefferson Drezett Ferreira[1], Luiza Magalhães Cadioli[1], Nathalia Machado Cardoso[2], Mariana Percia Namé de Souza Franco[1]
[1]Health and Society, Faculty of Public Health University of São Paulo, São Paulo, Brazil, [2]Department of Preventive Medicine, Medical School of the University of São Paulo, São Paulo, Brazil

INTRODUCTION
Although abortion is legally permitted and regulated in Brazil, access remains limited and largely concentrated in state capitals. This restricted availability contributes to preventable maternal deaths.– Continued pregnancies among girls under 14 years of age persist, despite legal permissibility in cases of rape. Unsafe clandestine abortion practices also remain prevalent, posing serious risks to women's health.,
METHODS
This mixed-methods study involved health professionals from Primary Health Care (PHC) services and Referral Services for the Legal Interruption of Pregnancy. The study analysed professionals' knowledge, opinions, and practices about unwanted pregnancy, harm reduction counselling, and referral for legal abortion. It aimed to identify institutional, technical, and knowledge-based barriers to access.
RESULTS
Of the 110 eligible PHC professionals in a medium-sized Brazilian city, 83 participated, including nursing technicians, nurses, and physicians. While most

respondents recognised abortion as a leading cause of maternal mortality, substantial gaps were identified in epidemiological knowledge and clinical management. Most professionals were unaware of the correct misoprostol dosage for abortion before 12 weeks, despite recognising key signs of unsafe abortion. In the qualitative component carried out in São Paulo city, physicians reported insufficient undergraduate training on abortion and identified residency as a critical space for discussing gender, sexuality, and patient-centred care. Although committed to harm reduction, they faced stigma, fear, and institutional pressure, often providing care informally. In service provision studied among the most prominent referral centres in the country (75), the misoprostol was widely used, but outdated practices such as curettage remained common. Access to anaesthesia, telemedicine, and dilation and evacuation was limited.
CONCLUSIONS
Persistent gaps between technical guidelines and everyday practice hinder the role of Primary Health Care in preventing unsafe abortion. These findings highlight structural inequalities and underscore the urgent need for investments in infrastructure, professional training, and strengthened referral services for legal abortion.
Popul. Med. 2026;8(Supplement 1):A2296

ABS3136

An observation of Environmental Health compliance at early childhood development centres in a local municipality, South Africa

Makhutsisa Charlotte Mokoatle[1], Tshwaro Antoinette Moheta[1]
[1]Department of Environmental Health, Faculty of Health Sciences, University of Johannesburg, South Africa

INTRODUCTION
Early Childhood Development Centres (ECDs) play a crucial role in the development of young children. Despite this, compliance with environmental health standards remains a significant challenge in South Africa. The study aimed to investigate environmental health compliance status of ECDs in Dikgatlong Local Municipality, South Africa.
METHODS
A descriptive cross-sectional study design using quantitative method was employed. Purposive sampling was applied targeting the 24 ECDs within the municipality. Data was collected using an observation sheet adapted from the national norms and standards on Environmental Health. Using Statistical Package for Social Sciences version 30.0, descriptive statistics were done.
RESULTS
The study achieved 100% response rate, with only 23% of ECDs in possession of a health certificate and a Certificate of Acceptability for food handling. Most ECDs (96%) operated full-day services, with an average of 42 children enrolled and an operational history of 15 years. Yard cleanliness was inconsistent, with 50% of ECDs having clean yards and issues such as debris (50%) and environmental hazards (27%) noted. Indoor play area compliance varied with 59% having designated play, sleep, and eating areas, 77% meeting minimum space requirements, but only 27% had waterproof mattresses. Outdoor play areas were widely available, though 46% had environmental hazards. Sanitation facilities showed concerning results with only 46% having junior toilets and 6% having handwashing basins, with limited access to soap (18%) and hand-drying facilities (14%). Sick bays were present in 46% of ECDs, and 77% had first aid boxes, though contents like instruction books (55%) and scissors (59%) were missing. General hygiene practices were adequate, with 86% cleaning classrooms regularly.
CONCLUSIONS
Some ECDs demonstrated effective adherence to environmental health standards, however key infrastructure and hygiene gaps were identified. The overall results indicated an urgent need for targeted improvements on sanitation, hand hygiene and overall health certification.
Popul. Med. 2026;8(Supplement 1):A2298

ABS3197

Spatial distribution and determinants of uptake of intermittent preventative treatment for malaria during pregnancy in the Democratic Republic of Congo between 2017 and 2018

Esther Tshimanga[1], Juliana Kagura[1], Latifat Ibisomi[1], Tobias Chirwa[1], Eustasius Musenge[1], Ngianga Bakwin Kandala[1]
[1]Epidemiology and Biostatistics, The University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
The Democratic Republic of Congo (DRC) bears the second highest burden of malaria in Sub-Saharan Africa, with a significant proportion of pregnant women affected. Despite targeted efforts, the uptake of Intermittent Preventative Treatment with Sulfadoxine and Pyrimethamine (IPTp-SP) during pregnancy remains sub-optimal. The aim of this study is to determine the spatial distribution and determinants of the uptake of Intermittent Preventative Treatment for malaria during pregnancy among women aged 15 to 49 years in the DRC between 2017 and 2018.
METHODS
This cross-sectional study draws from the 2017–2018 UNICEF Multiple Indicator Cluster Survey, including 4,249 women who were pregnant two years prior to the primary study. Multi-level logistic regression, conditional and simultaneous autoregressive modelling were used to identify individual- and ecological-level factors associated with IPTp-SP optimal uptake.
RESULTS
Only 23.2% (n=987) of women achieved optimal (3 doses) IPTp-SP uptake. Key predictors included primiparity (AOR: 1.49, 95% CI: 1.10-2.10) and early antenatal care (ANC) initiation (AOR: 0.46, 95% CI: 0.24-0.88 for visits >12 weeks). A significant dose-response relationship was observed; fewer ANC visits drastically reduced uptake odds. Notably, provinces with medium-to-high conflict intensity showed higher uptake (AOR: 2.9, 95% CI: 1.4-7). Environmental factors, including high humidity and temperatures >25 degree Celsius, were positive predictors, while high evaporation was a negative predictor. Spatial modeling confirmed religion, ANC timing and frequency, and residential area were the most robust determinants of uptake across the DRC.
CONCLUSIONS
IPTp-SP uptake in the DRC remains sub-optimal, with both individual and contextual factors contributing to low uptake. Early attendance of ANC and climate variability emerged as consistent determinants, suggesting that strengthening pregnancy services and addressing rising concerns of climate and political instability may improve IPTp-SP coverage. A multi-sectoral strategy that integrates environmental and health system dimensions is critical to enhance malaria prevention in pregnancy.
Popul. Med. 2026;8(Supplement 1):A2303

ABS3233

An eye for food insecurity and unequal access to public policies and services: a data analysis from a cross-sectional Brazilian study

Anna Carolina Guedes de Souza[1], Sonia Isoyama Venâncio[2], Maritsa Carla de Bortoli[3], Regina Tomie Ivata Bernal[4], Juliana Araujo Teixeira[1]
[1]School of Public Health, University of São Paulo, São Paulo - São Paulo, Brazil, [2]Ministry of Health, Federal Executive, Federal District - Brasília, Brazil, [3]Health Institute, Secretariat of Health of São Paulo, São Paulo - São Paulo, Brazil, [4]School of Nursing, Federal University of Minas Gerais, Belo Horizonte - Minas Gerais, Brazil

BACKGROUND
This study aimed to identify the association between food insecurity and the unequal access to public policies and services among Brazilian children.
METHODS
Data were obtained from the cross-sectional PIPAS study (2022)1,2, including caregivers of 13,425 children aged 0-59 months living in 12 Brazilian state capitals and the Federal District. The variable food insecurity (whether the participant had been worried about having no food and no money to afford more in the last 3 months; yes/no) was adapted from the Brazilian Food Insecurity Scale3. Measured by Pearson's chi-square test, indicators of access to policies and services included antenatal care (<6 / ≥6 consultations), skin-to-skin contact at birth, postpartum home visit, early childhood education attendance, participation in income transfer programs, maternity leave, receipt of information or inquiries about early childhood development (ECD) by health professionals, and caregiver engagement in at least four stimulation activities (all yes/no). Socioeconomic position (quintiles), maternal age, and maternal education (≤8 />8 years) were also analyzed.
RESULTS
Considering a p-value ≤ 0.015, the results indicate that children living in food-insecure households had lower access to antenatal care (83.6% vs 88.7%), skin-to-skin contact (79.0% vs 83.3%), postpartum home visits (83.4% vs 87.0%), early childhood education (58.3% vs 65.6%), maternity leave (39.7% vs 58.0%), caregiver stimulation activities (73.3% vs 77.8%), professional inquiries (37.3% vs 43.1%) and guidance (52.0% vs 61.8%) on ECD. In contrast, these children were more frequently enrolled in income transfer programs (51.0% vs 25.4%), more concentrated in the lowest socioeconomic quintile (25.5% vs 7.1%), and more likely to have younger and less educated mothers.
CONCLUSIONS

Food insecurity intersects with socioeconomic vulnerability and unequal access to public policies and services, reinforcing structural inequities in early childhood. Addressing these intersecting disadvantages is essential to inform integrated strategies that promote equitable child development.
Popul. Med. 2026;8(Supplement 1):A2304

ABS3264
Social Media Exposure and Gender Disparities in Vaping among a Population of South African High School Students

Rutendo Kudenga[1]
[1]Odontology, University Of Pretoria, Pretoria, South Africa

BACKGROUND
As adolescent e-cigarette use (vaping) escalates globally1, vaping among adolescents in South Africa has also risen rapidly2. To advance health equity and sustainable tobacco control, it is critical to understand how digital environments influence e-cigarette initiation. This study examines the association between social media engagement and adolescent e-cigarette use.
METHODS
A survey was conducted among high school students in Pretoria (N=634). Multivariate logistic regression was used to analyze the relationship between current e-cigarette use (past 30 day use) and several independent variables: total daily social media hours (SM-Hours) and specific platform use (Facebook, TikTok, Instagram, Twitter, Snapchat, YouTube). The model was adjusted for age and sex.
RESULTS
Current e-cigarette use was higher among females than males (24.7% vs. 16.1%; p = 0.013) and was highest among those with Facebook profiles (33.9%). Compared with males, females reported higher SM-Hours (4.1 vs. 4.9; p < 0.001) and a higher frequency of Facebook use. In the final adjusted model, being a female was no longer significantly associated with e-cigarette use but students aged 16 or older had significantly higher odds of use (AOR = 1.70, p = 0.017), and each additional hour spent on social media increased the likelihood of current e-cigarette use by 13% (AOR = 1.13, p = 0.002). Furthermore, students with a Facebook profile were three times more likely to be current e-cigarette users (AOR = 3.37, p < 0.001), whereas engagement with YouTube was a significant protective factor (AOR = 0.28, p < 0.001).
CONCLUSIONS
This study's findings suggest that the higher e-cigarette use among high school female students may be mediated through longer hours of social media exposure and greater engagement with Facebook. To ensure an inclusive and sustainable public health response, interventions must target Facebook and address the unique vulnerability of female high school students.
Popul. Med. 2026;8(Supplement 1):A2309

ABS3287
Co-Creating a Digital Maternal Nutrition Intervention in Rural South Africa Using a Design Thinking Framework

Frank Adusei-Mensah[1], Livhuwani Muthelo[2], Mabitsela Hezekiel Mphasha[3], Ngwenya Mxolisi[2], Fionnuala McAuliffe[4], Praveenkumar Aivalli[5], Joke-Folu Badejo[3], Samuel Akinseinde[3], Catherine M. Phillips[5]
[1]Institute of Public Health and Clinical Nutrition, Faculty of Health Sciences, University of Eastern Finland, Kuopio, Finland, [2]Department of Nursing Science, University of Limpopo, Mankweng, South Africa, [3]Department of Public Health and Health Systems, University of Limpopo, Mankweng, South Africa, [4]UCD Perinatal Research Centre, School of Medicine, University College Dublin, National Maternity Hospital, Dublin 2, Dublin, Ireland, [5]UCD School of Public Health, Physiotherapy and Sports Science, University College Dublin, Belfield, Dublin 4, Ireland

BACKGROUND
Maternal and child malnutrition remains a major public health challenge in low resource settings, contributing significantly to preventable morbidity and mortality. Although mobile health (mHealth) interventions offer scalable opportunities to improve health literacy and antenatal care, many fail due to limited contextual fit, and weak integration into health systems. This study applied a design thinking, participatory framework to co create a maternal nutrition mHealth solution—the mobile app—for rural communities in Limpopo Province, South Africa.
METHODS
Embedded within the AMEN project, this study used mixed methods comprising of survey (n= 392) plus sequential participatory rounds with 319 additional stakeholders (April-December, 2025) in the Capricorn District. Overall, 711 stakeholders were consulted, including pregnant women, community health workers, nurses, midwives, dietitians, mentor mothers, farmers, fathers, grandmothers and community leaders. Data collection explored lived-experiences, beliefs, affordability, m-health and health-system barriers.
RESULTS
Thematic analysis identified five domains informing intervention design: maternal nutrition knowledge and perceived importance; implementation realities within antenatal care workflows; (3) pervasive cultural myths and food taboos; structural inequities including staffing shortages, digital divides, and food insecurity; opportunities for digital support. Stakeholders emphasized the need for offline access, local language options, picture first content, myth busting features, affordability adapted meal guidance, and protocol aligned clinical decision support. These insights informed the development of high fidelity prototype featuring localized dietary guidance, interactive modules, myth correction libraries, and links to community based nutrition initiatives such as household gardens.
CONCLUSIONS
The participatory design thinking approach improved cultural relevance, usability, and perceived feasibility within real world health system constraints. This study demonstrates how human centered design can strengthen digital public health interventions in low resource settings by amplifying community voices, addressing sociocultural determinants. Future phases include pilot testing, user acceptance evaluation, and implementation research to assess behavioural and clinical impacts.
Popul. Med. 2026;8(Supplement 1):A2312

ABS3395
Multidimensional Household Energy Poverty and Its Association with Early Childhood Development among Children 24-59 months in Nigeria

Otobo Ujah[1], Amenze Eguavoen Eguavoen[2], Agnes Ojile[3]
[1]Department of Obstetrics & Gynaecology, Federal University of Health Sciences, Otukpo, Nigeria, [2]Lluvia Health Organization, Lagos, Nigeria, [3]Department of Special Education, University of Jos, Jos, Nigeria

INTRODUCTION
Although energy poverty has been increasingly recognized as a determinant of child development,1 there is a paucity of empirical evidence on its implications for early childhood development (ECD) in Nigeria. This study investigates the association between household multidimensional energy poverty and key ECD outcomes, including health, learning and psychosocial well-being, among Nigerian children aged 24–59 months.
METHODS
This population-based cross-sectional analysis used data from the 2021 Nigeria Multiple Indicator Cluster Survey, supported by UNICEF. The analytical sample comprised children aged 24–59 months (unweighted N = 11563). Early childhood development was assessed using the ECDI2030,3 capturing three domains: learning, psychosocial well-being and health. Household energy poverty was measured using the Multidimensional Energy Poverty Index (MEPI),2 which assesses affordability and access to modern energy services and was operationalized as a binary variable. To examine the association between energy poverty status and ECD outcomes, we employed mixed-effects multilevel logistic regression models with random intercepts.
RESULTS
Overall, 79.6% of children lived in energy-poor households. After adjusting for confounders, household energy poverty was not significantly associated with overall ECD or domain-specific outcomes. Children residing in energy-poor households had higher odds of not being developmentally on track overall (OR = 1.32; 95% CI: 0.87–1.99). Similar non-significant associations were observed for the learning (OR = 1.22; 95% CI: 0.88–1.70) and psychosocial well-being domains (OR = 1.09; 95% CI: 0.84–1.42), while no association was observed for the health domain (OR = 0.91; 95% CI: 0.72–1.16).
CONCLUSIONS
Despite the high prevalence of household energy poverty among Nigerian children, no statistically significant associations with early childhood development were observed. Nonetheless, the consistently elevated odds for overall, learning and psychosocial outcomes suggest potential developmental disadvantages associated with energy poverty that may not be fully captured by cross-sectional measures.
Popul. Med. 2026;8(Supplement 1):A2315

ABS3423
Trends of stunting and thinness Among Children and Adolescents Aged 6 to 15 Years — the Central and Western Regions, China, 2012–2023

Wei Cao[1], Titi Yang[1]
[1]National Institute for Nutrition and Health, Chinese Center for Disease Control and Prevention, Beijing, China

INTRODUCTION
To characterize stunting and thinness trends among children and adolescents (6-15 years) in central and western China from 2012-2023 by gender, and age, providing an evidence base for malnutrition prevention.
METHODS
Multi-stage stratified random cluster sampling was used to survey 6-15-year-old children and adolescents in central and western China(2012–2023). Height and weight were measured before breakfast in the morning. Stunting and thinness were classified using Chinese national criteria (WS/T456–2014). Joinpoint regression identified significant changes in prevalence trends, with annual average percentage change (AAPC) and annual percentage change (APC) calculated to quantify the direction and magnitude of trends.
RESULTS
Stunting prevalence decreased with AAPC = -11.6% from 2012 to 2023. Females experienced significantly greater declines (AAPC = -12.2%) than males (AAPC = -11.0%). Age-specific reductions were significant across ages 9-15, peaking at age 13 (AAPC = -17.3%). Thinness prevalence demonstrated no significant trends overall or across gender and most age subgroups.
CONCLUSIONS
Significant stunting reductions were observed, with the steepest declines among 13-year-old, indicating effective targeting of adolescent groups. Future research investigating the limited change in thinness prevalence is needed.
Popul. Med. 2026;8(Supplement 1):A2316

ABS3441
State of Africa's Stillbirth: Burden, Drivers, Impact, and Pathways to Action

Emily Atuheire[1], Mary Kinney[2], Adeniyi Aderoba[3], Lumbani Ngulube[2], Moses Isiagi[2], Vivian Gaiko[4], Nonkululeko Shibula[5], Paula Quigley[6], Salome Maswime[2], Lucia Hug[7], Danzhen You[7], Linda Vanotoo[8], Hannah Blencowe[9]
[1]Africa CDC, Addis Ababa, Ethiopia, [2]Global Surgery Division, Department of Surgery, University of Cape Town, Cape Town, South Africa, [3]World Health Organization Regional Office for Africa, Brazzaville, Congo, [4]International Stillbirth Alliance, Nairobi, Kenya, [5]International Stillbirth Alliance, Durban, South Africa, [6]International Stillbirth Alliance, Liguria, Italy, [7]UNICEF, New York, United States, [8]International Stillbirth Alliance, Accra, Ghana, [9]Maternal, Adolescent, Reproductive & Child Health (MARCH) Centre, London School of Hygiene and Tropical Medicine, London, United Kingdom
BACKGROUND
Stillbirth remains one of Africa's most preventable yet neglected health challenges. Africa accounts for nearly one million third-trimester stillbirths annually, over half of the global total, yet these deaths are often invisible in policy, financing and accountability frameworks.1
METHODS
An Africa-wide report synthesised evidence using a multi-method approach, including a desk review of published and grey literature; secondary analysis of national stillbirth estimates;1 a cross-sectional survey of stillbirth data systems and policies across 33 African countries;2 and consultations with 57 technical experts, policymakers, and parent advocates. Evidence was triangulated to present the burden, identify priority gaps, and propose priority actions.
RESULTS
Every 30 seconds, a baby is stillborn in Africa. Nearly half occurred during labour, signalling preventable failures in quality of care. Reductions in stillbirth rates have been slow and offset by population growth, leaving the absolute burden unchanged for two decades. Stillbirths persist because women and families face avoidable medical conditions driven by cultural, social, systemic, and structural barriers to timely, high-quality care. Stillbirths impose profound emotional, social, and economic impacts on families and health workers and signal fragile health systems. Many stillbirths in Africa can be prevented by strengthening existing policy and health system platforms, including quality antenatal care, skilled care during labour and birth, and timely access to emergency services.
CONCLUSIONS
Ending preventable stillbirths is a strategic investment in health, equity, and health security and will deliver a quadruple return: saving mothers and newborns, preventing stillbirths, reducing long-term disability, and supporting healthy child development.3 Priority actions identify for African governments include: 1) commit & invest to integrating stillbirth into national policies, budgets, and accountability mechanisms; 2) capacitate the health system; 3) count, use and learn from every stillbirth; 4) centre families and communities; and 5) tailor strategies to the context to maximise impact and equity.
Popul. Med. 2026;8(Supplement 1):A2317

ABS3445
Women's Empowerment and Antenatal Care Utilization: A Multilevel Analysis of the Philippines Demographic and Health Survey Data 2022

Kim Cochon[1], Paul KM Poon[2], Jean H Kim[2]
[1]Department of Clinical Epidemiology, College of Medicine, University of the Philippines - Manila, Manila, Philippines, [2]JC School of Public Health and Primary Care, Chinese University of Hong Kong, Shatin, New Territories, Hong Kong
INTRODUCTION
Antenatal care (ANC) plays a critical role in reducing maternal and child morbidity and mortality. Women's empowerment, defined as the process by which women gain the capacity to act on their own free will, has been associated with ANC utilization. However, the influence of empowerment at sub-national levels remains underexplored. This study aimed to examine the association of individual- and municipality-level women's empowerment with ANC utilization in the Philippines.
METHODS
Multilevel logistic regression analyses were performed using secondary cross-sectional data from 3,619 women aged 15–49 years who participated in the 2022 Philippine Demographic and Health Survey. Women's empowerment was measured using the Survey-based Women's emPowERment (SWPER) index, comprising three domains: attitudes toward violence, decision-making power, and social independence. ANC utilization was defined as completion of at least four ANC visits and receipt of WHO-recommended maternal health services.
RESULTS
About 86.0% of women reported at least four ANC visits, and 85.3% achieved complete ANC utilization. Inadequate ANC utilization was more prevalent among younger women, those with higher parity, lower socioeconomic status, no or low educational attainment, unintended pregnancies, and rural residence. At the individual level, greater decision-making power was associated with higher ANC utilization (medium empowerment: OR = 1.59, 95% CI: 0.82–3.08; high empowerment: OR = 1.90, 95% CI: 1.02–3.51). Higher social independence was also associated with increased ANC utilization, although estimates for high empowerment were borderline significant (medium empowerment: OR = 1.43, 95% CI: 1.02–2.01; high empowerment: OR = 1.43, 95% CI: 0.99–2.05). No significant associations were observed between municipality-level women's empowerment and ANC utilization across SWPER domains.
CONCLUSIONS
Greater decision-making power and social independence among women were associated with higher ANC utilization in the Philippines. These findings highlight the importance of strengthening policies and programs that foster women's empowerment over time to improve maternal health outcomes.
Popul. Med. 2026;8(Supplement 1):A2319

ABS3450
Understanding knowledge of, access to, and willingness to use and continue using PrEP among pregnant and breastfeeding women in South Africa

Kim Kim Jonas[1], Kate Bergh[1,2], Lisa Eaton[3], Babalwa Sindi[1], Lynne Kapier[1], Nabila Ebrahim[1], Nelisiwe Ndlovu[1], Bongiwe Paka-Huysamer[1], Mireille Cheyip[4], Rachael Joseph[4], Caroline Kuo[5], Zoe Duby[1,2]
[1]South African Medical Research Council, Cape Town, South Africa, [2]University of Cape Town, Cape Town, South Africa, [3]University of Connecticut, Connecticut, United States, [4]Centers for Disease Control and prevention, Pretoria, South Africa, [5]American University, Washington DC, United States
BACKGROUND
Access to effective HIV prevention strategies, such as PrEP in antenatal and postnatal care periods presents an opportunity to curtail both HIV incidence among women of reproductive age and vertical transmission of HIV. We explored knowledge of, access to, willingness and intention to use oral and injectable PrEP among pregnant and post-partum women aged 15-49 years in South Africa.
METHODS
We conducted once-off in-depth interviews (IDIs) with 59 pregnant and breastfeeding women aged 15-49 who were attending antenatal care services at public health facilities across three purposefully selected districts. Audio-recordings of IDIs were transcribed and translated into English. An iterative analytical process was used, in which interview data was coded thematically, and underwent team interpretation.
RESULTS
Women expressed limited knowledge about PrEP, and among those who knew about PrEP the majority had never been offered PrEP before. Among those who had been offered PrEP, some refused it due to various reasons including disliking pills, not wanting to take a daily medication, insufficient knowledge about PrEP,

stigma and fear of being judged of using HIV medication, challenges with access to the health facilities to get PrEP and not being sexually active. Women who were currently taking PrEP shared enablers and motivations for them to use PrEP, such as wanting to protect themselves and the baby, and support from peers and partners to use PrEP.
CONCLUSIONS
These findings demonstrate that lack of knowledge and information about PrEP, PrEP stigma, and dislike of daily pill-taking, are barriers affecting oral PrEP uptake among pregnant and breastfeeding women. There is a need to improve women's knowledge and awareness about PrEP to help dispel the myths and misinformation about PrEP. Strengthening enablers of PrEP uptake is necessary to improve uptake and prevent HIV infection during pregnancy and breastfeeding for both the woman and her child.
Popul. Med. 2026;8(Supplement 1):A2320

ABS3462

Are those most at risk reached? Participation in the My Journey Programme: a combination HIV prevention intervention for Adolescent Girls and Young Women in South Africa

Kim Kim Jonas[1], Kate Bergh[1,2], Nabila Ebrahim[1], Rosa Stofile[1], Caroline Kuo[3], Lisa Eaton[4], Gavin George[5], Catherine Mathews[1], Carl Lombard[1,6]
[1]South African Medical Research Council, Cape Town, South Africa, [2]University of Cape Town, Cape Town, South Africa, [3]American University, Washington DC, United States, [4]University of Connecticut, Connecticut, United States, [5]University of Kwa-Zulu Natal, Durban, South Africa, [6]University of Stellenbosch, Cape Town, South Africa

BACKGROUND
A combination HIV prevention intervention for adolescent girls and young women (AGYW), the My Journey Programme, aimed to reduce HIV incidence, teenage pregnancy, and other associated HIV risk factors was implemented in 12 South African subdistricts from 2016 to 2024. We investigated the association between HIV risk factors and intervention exposure among AGYW living in the subdistricts where the My Journey Programme was implemented.
METHODS
A cross-sectional household survey among AGYW aged 15–24 years was conducted in which participants completed a self-administered electronic questionnaire and dried blood spot specimens were used to test for HIV. We analysed survey data from 2,608 AGYW in the intervention arm using a random effects logistic model, accounting for clustering at three levels and included the risk factors age, ever had sex, maternal orphanhood, socio-economic status, and educational enrolment and attending school.
RESULTS
Among AGYW living in the intervention subdistricts, 36% were enrolled into the My Journey Programme (N=955). Among enrolled participants, 68% had ever participated in the My Journey risk assessment (N=646). Factors associated with participation in the My Journey Programme included: younger age (OR: 0.96, IC: 0.92 – 1.00); attending school (OR: 1.29, IC: 1.05 – 1.59), lower socio-economic status (OR: 0.75, IC: 0.59 – 0.95), ever engaged in sexual activity (OR: 1.52, IC: 1.21 – 1.92), negative HIV status (OR: 0.74, IC: 0.55 – 0.98).
CONCLUSIONS
The Programme appeared to have reached the most at-risk AGYW, with higher enrolment among younger AGYW, those from the lowest socio economic communities, and those who have ever been sexually active. However, AGYW living with HIV were less likely to be enrolled in the Programme; underscoring the importance of strengthening HIV prevention programmes to ensure they reach AGYW living with HIV, who remain a critical population requiring enhanced support, engagement, and linkage to comprehensive care.
Popul. Med. 2026;8(Supplement 1):A2321

ABS3464

Women's Sexual and Reproductive Health Services in Egypt: Insights from a Pre- and Post-Universal Health Coverage Qualitative Study

Reem Elsayed[1]
[1]Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

ABSTRACT
Promoting women's access to sexual and reproductive health (SRH) services is a global health and human rights priority 1,2. International frameworks, including the Convention on the Elimination of All Forms of Discrimination Against Women, ensure women's right to access information and services supporting their health and well-being. Universal health coverage (UHC) is promoted to expand access to essential services, including SRH. Evidence from low- and middle-income countries shows SRH integration within UHC remains uneven. In Egypt, ongoing UHC reforms offer a critical opportunity to institutionalize equity, and rights-based approaches in SRH delivery 3. The study has two stages—pre- and post-UHC implementation in Ismailia, Egypt. Stage one used qualitative methods. Semi-structured interviews were conducted with twelve married women and two key informants. Stage two uses a qualitative design to examine SRH services integration into UHC. Participants include women of reproductive age who are beneficiaries, healthcare providers from diverse contexts, and policymakers involved in planning, implementing, or monitoring SRH integration. Data will be analyzed using thematic analysis, including triangulation across groups. Stage two builds on stage one by shifting from women's pre-UHC experiences to a post-UHC assessment of how SRH services are operationalized. Stage one revealed limited SRH knowledge and access among married women. Experiences were shaped by intersecting micro- and macro-level factors—power dynamics, socioeconomic constraints, cultural norms, and religious misconceptions—creating unequal access. Stage two will identify facilitators and challenges of integrating SRH services into UHC. By triangulating perspectives across beneficiaries, providers, and policymakers, stage two extends the analysis to system- and policy-level factors shaping SRH integration. Findings highlight the need to build supportive relationships for women before and after marriage and empower them with accurate and safe SRH services. Educational programs and media campaigns are needed. Stage two is expected to inform evidence-based policy to strengthen SRH integration within Egypt' UHC.
Popul. Med. 2026;8(Supplement 1):A2322

ABS3468

Engaging men to improve women's wellbeing and address sociocultural barriers to family planning : the "husbands' schools" approach in Eastern Democratic Republic of Congo

Charles Koymoke[1], Mireille Amisi Mangaza[2], Pacifique Kitanina Fuoto[3], Aloys Zongo[3], Aline Labat[4]
[1]Health zone office, Isangi, Congo, Democratic Republic of the, [2]Health zone - husbands' schools, Isangi, Congo, Democratic Republic of the, [3]Enabel, Kisangani, Congo, Democratic Republic of the, [4]School of public health, University libre of Brussels, Brussels, Belgium

INTRODUCTION
In a context marked by child malnutrition and high maternal mortality, birth spacing remains a priority. However, the use of family planning (FP) services remains low in Tshopo Province, Democratic Republic of Congo (contraceptive prevalence 2025: 13.6%). In response, the Provincial Health Division, the Isangi Health Zone, and their partner Enabel (the Belgian cooperation agency) developed an innovative "Husbands' Schools" approach. This community-based strategy aims to strengthen men's involvement in reproductive health, address sociocultural barriers to FP, and improve women's living conditions within households.
METHODS
This action research initiative led to the establishment of four Husbands' Schools in four villages. Community facilitators were identified and trained to lead the schools. Each school consisted of 14 married men, selected by the community based on criteria: being married to a woman of reproductive age, voluntary participation, good moral standing...14 sessions (2/month) are required to cover key topics (FP, household responsibilities, couple relationships…). Following the training, participating men were expected to raise awareness among their peers. Qualitative interviews were conducted as part of monitoring, evaluation, and continuous improvement of the approach.
RESULTS
Both participating men and their spouses reported improvements in household financial management and couple communication. Health care providers observed an increase in demand for FP services. In addition, growing interest was noted among men who were not initially enrolled in the schools, prompting the action research to evolve toward broader community-based interventions. Planned activities include outreach sessions targeting men's cooperatives, facilitated by trained role-model husbands and community facilitators.
CONCLUSIONS
The Husbands' Schools approach shows promise in improving women's quality of life and fostering supportive male engagement in FP. However, its effectiveness depends on adequate strengthening of health system capacity to provide quality care. Beyond FP, the approach contributes to more equitable gender relations and improved wellbeing within households.
Popul. Med. 2026;8(Supplement 1):A2323

ABS3505

Aligning South Africa's National Abortion Care Guideline with WHO Standards: Lessons from a Collaborative Policy Revision Process

Simone Storey[1]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa

ABSTRACT
Safe abortion care is a critical component of sexual and reproductive health, yet national clinical guidelines often lag behind evolving evidence and global standards. This perspective article reflects on the structured, participatory process undertaken to align South Africa's national clinical abortion guideline with the latest guidance from WHO and FIGO. Beginning in 2024, the South African National Department of Health convened four roundtable discussions involving representatives from the Department, WHO, clinical providers, academics, legal experts, and SRHR civil-society organisations. This process aimed to 1) assess the alignment of South Africa's abortion law and policy with WHO recommendations; 2) identify policy barriers that limit access to abortion services; and 3) draft an updated guideline to address these barriers and improve access to abortion services. We conducted a comparative policy analysis of the 2019 South African National Clinical Guideline for Implementation of the Choice on Termination of Pregnancy Act, the 2022 WHO Abortion Care Guideline and 2023 WHO Clinical Practice Handbook for Quality Abortion Care, alongside a review of the national law and regulations. Each content area was systematically assessed for alignment or divergence. Areas of divergence were explored in five thematic roundtable discussions with subject-matter experts, covering operational, legal, and other issues. We employed framework analysis to synthesise stakeholders' perspectives and identify barriers to access. These findings shaped a set of policy recommendations and guided the drafting of an updated national clinical abortion guideline. The drafted guideline was iteratively reviewed and revised by stakeholders. This collaborative process was crucial to produce a guideline that is both consistent with global best practice and responsive to South Africa's operational realities and reproductive health landscape.
Popul. Med. 2026;8(Supplement 1):A2327

ABS3507

Exploring key drivers of progressive abortion law and policy reform in six countries in Africa, Asia, and Latin America

Simone Storey[1], Grace Sheehy[2], Tamara Fetters[2], Bia Galli[2]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Ipas, Chapel Hill, United States

ABSTRACT
Globally, abortion laws have predominantly been liberalising since 2000, with over 60 countries expanding the legal indications for abortion. Abortion reform advocacy is uniquely complex due to its legal, political, and social dimensions, including criminalisation, stigma, and politicisation. Comparative research on abortion law reform is limited, with few frameworks to guide understanding of diverse national experiences and enabling factors. Our study objectives were to 1) Examine key drivers of abortion law and policy liberalisation across six diverse countries: Colombia, Democratic Republic of Congo (DRC), Mexico, Mozambique, Rwanda, and Thailand; 2) Compare reform processes, actors, strategies, and challenges; and 3) Develop a practical framework to support analysis of political opportunities and advocates navigating reform efforts. We selected six countries with recent progressive reforms and conducted 44 key informant interviews with relevant stakeholders overall. We used a modified framework analysis by drawing on Shiffman's framework on political prioritisation to identify crosscutting themes and compare country experiences. We developed narrative country summaries and synthesised findings into an adapted framework of key factors. We identified four overarching factors driving progressive abortion law and policy reform across the six countries: political context, actor power, strategic framing, and social mobilisation. While these factors varied in their degree of influence, their specific manifestation, and how they interacted in each context to bring about successful reforms, these factors consistently shaped reform efforts, often at multiple points, regardless of the reform mechanism. This study contributes to the evidence base on reproductive rights and abortion law reform by demonstrating that successful reforms hinge not on a single key factor, but the strategic and dynamic interplay of several factors, which manifest differently across contexts.
Popul. Med. 2026;8(Supplement 1):A2328

ABS3530

Early Sexual Initiation Among Adolescents in Public Secondary Schools in Parakou, Benin, 2024: Influences and Challenges

Codjo Abodourin albert Charles Patrick Makoutode[1], Lamidhi Salami[1], Leila Sale[1], Glawdys Houéfa Mahougbe[1]
[1]System and Health policy, IRSP, Cotonou, Benin

BACKGROUND
Despite significant government investments in education and reproductive health programs in Benin, early pregnancies in schools remain alarmingly prevalent, with 2,763 pregnancies recorded among 301,821 enrolled girls during the 2016-2017 academic year, representing an incidence of 0.92%.
OBJECTIVE
This study aimed to investigate the prevalence of early sexual initiation among adolescents aged 15 to 19 years in public general education secondary schools in Parakou, Benin, and to identify the individual and environmental factors associated with this phenomenon.
METHODS
We conducted a descriptive cross-sectional study with analytical aims between November 18 and 29, 2024. The study population comprised 335 adolescents aged 15 to 19 years enrolled in public general education secondary schools in Parakou. For the purposes of this study, early sexual intercourse was operationally defined as any sexual activity occurring before age 16. Data were analyzed using binary multiple logistic regression with a stepwise ascending method, employing an entry probability of 0.05 and 95% confidence intervals. Model adequacy was verified using the Hosmer-Lemeshow test, ensuring the robustness of our findings.
RESULTS
Our study revealed that 24.5% (95% CI: 20.1-29.3) of adolescents reported having had early sexual intercourse. The mean age of participants was 16.79 years (±1.39), with a balanced sex ratio. Multivariate analysis identified four significant factors independently associated with early sexual initiation. Grade repetition (PR = 1.98, p = 0.027,.Early puberty (PR = 6.72, p = 0.023), the influence of sexually active peers (PR = 1.83, p = 0.039), and the absence of sex education at school (PR = 2.87, p < 0.001)..
CONCLUSIONS
The prevalence of early sexual initiation among school-going adolescents in Parakou remains substantially high at nearly one in four students. Importantly, these are largely modifiable factors identified that respond to targeted interventions, offering hope for effective prevention strategies.
Popul. Med. 2026;8(Supplement 1):A2329

ABS3541

The grief of black women facing the homicide of their children

Maria Angélica Carvalho Andrade[1], Ana Beatriz de Oliveira Carvalho[1], Ariane Silva Carvalho[1], Fabrício Santos Neves[1], Florival Costa Junior[1], Jeanine Pacheco Moreira Barbosa[1], Kátia Cristine Carvalho Pereira[1], Lívia Ribeiro Valotto[1], Mayrianne Mattos Pinto[1], Rita de Cássia Duarte Lima[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo (UFES), Vitória, Brazil

INTRODUCTION
In Brazil, the death of young Black people is the main result of urban violence, and is related to the use of force, power, and privilege to dominate, subdue, and cause harm and suffering to others. When these young people die, they leave their families, especially Black mothers, in a context of pain and suffering due to the premature, abrupt, and violent loss of their children. However, these impacts of racism and state violence on these women have not been the frequent subject of studies in the health field. This work proposes to carry out a literature review and racialized analysis of this reality, from an intersectional perspective of race, gender, class, and generation.
METHODS
This is an integrative literature review, based on the following guiding question: What is the current scientific knowledge produced in Brazil about the grief of Black women WHEN FACING the homicide of their children? The study material consisted of 11 articles identified in the databases that met the previously defined inclusion criteria.
RESULTS
The sudden loss of a child in a violent situation, especially in a context where there is little empathy from the general population, imposes an interrupted and stifled grief on mothers. Therefore, through social mobilization, indirect victims find space to express their pain, give meaning to their lives, and seek moral redress from public opinion, since they are often stigmatized as "mothers of criminals," a label that serves the purpose of demobilizing their struggles.
CONCLUSIONS
The low number of scientific publications on the grief of Black women reflects the trivialization, impunity, and invisibility of these crimes in society and the lack of recognition of how much Black women are affected by violence in their territories, based on the racist social structure of Brazil.
Popul. Med. 2026;8(Supplement 1):A2331

ABS3575

Applying implementation science to assess readiness for community-based management of acute malnutrition: a qualitative baseline study from Meghalaya, India

Benedicta Sthuti Kumar[1], Carinthia Balabet Nengnong[1], Samkuparlang Nongbri[1], Mounching Zou[1], Sandra Albert[1]
[1]Indian Institute of Public Health Shillong, Shillong, India

BACKGROUND
Community-Based Management of Acute Malnutrition (CMAM) is being introduced in Meghalaya to strengthen early identification and treatment of under-5 malnutrition through community engagement and primary health systems 1. While CMAM is supported by strong clinical evidence 2, successful scale-up depends on health system readiness and community acceptance. This study applies an implementation science lens to examine factors influencing readiness prior to programme rollout, using the Consolidated Framework for Implementation Research (CFIR) to systematically assess barriers and facilitators in the local context 3.
METHODS
A qualitative baseline study was conducted across three pilot blocks using CFIR as the guiding analytical framework. In-depth interviews were undertaken with caregivers, community influencers, frontline health workers, and programme functionaries. Topic guides were explicitly mapped to CFIR domains, including intervention characteristics, outer and inner setting, characteristics of individuals, and implementation processes. Transcripts and field notes were analysed thematically and organised according to CFIR constructs to generate relevant insights for programme design and implementation.
RESULTS
Findings demonstrated strong perceived relative advantage of the CMAM model compared to previous nutrition interventions, particularly due to its focus on early identification and treatment rather than food distribution alone. Trust in frontline workers and existing community institutions emerged as key facilitators. However, gaps were identified in caregiver understanding of malnutrition and workload pressures among frontline staff. Contextual barriers such as geographic isolation, limited food access, and opportunity costs for families were found to influence participation. The CFIR-based analysis highlighted the importance of aligning programme design with local workflows, strengthening supervision and incentives and leveraging community networks to support sustained implementation.
CONCLUSIONS
This study demonstrates the value of applying an implementation science framework to inform intervention design and rollout. By systematically identifying contextual enablers and constraints using CFIR, the research provides actionable insights to strengthen programme feasibility, acceptability, and sustainability.
Popul. Med. 2026;8(Supplement 1):A2333

ABS3595

The health system as a gateway to strengthening systems of l support for women and children in the first 1000 days

Wiedaad Slemming[1], Phiwe Nota[1], Paula Proudlock[1], Katharine Hall[1], Elif Ilhan[1], Donna Le Roux-Jacobs[1], Marsha Orgill[1]
[1]Children's Institute, Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa

BACKGROUND
Global and national frameworks call for integrated, multisectoral approaches that move beyond a narrow survival agenda so that women and children can thrive [1,2]. Given its routine contact with pregnant women, caregivers and young children, the health system is a key gateway for coordinated supports across sectors, especially in the first 1000 days [2-4]. This symposium presents empirical work from the UCT Children's Institute showing how health platforms can be leveraged and strengthened to improve holistic mother and child wellbeing.
METHODS
The session will comprise three presentations and a plenary discussion. The presentations will include: • Challenging traditional paradigms of antenatal care: support beyond clinical care - drawing on findings from a feasibility study on group antenatal care. • Strengthening systems for early birth registration and early access to the child support grant through the health system – presenting on the LifeStart project conducted in partnership with key government departments. • Strengthening violence prevention in and through the health system - particularly on the intersections between violence against women and violence against children in the first 1000 days.
RESULTS
Our work has shown that integrating cross sectoral services through health platforms, positions the health system as a gateway to a broader package of rights and social services for women and children. This gateway function can be operationalised through routine facilitated information sharing, integrated referral pathways, spaces and opportunities that enable peer support for pregnant women, formal inclusion of non-clinical support through the health system, and on site co-location of cross-sectoral services.
CONCLUSIONS
Leveraging routine maternal–child contacts to integrate cross sectoral services positions the health system as a high impact gateway in the first 1000 days. Thereby, improving access, coordination and uptake of supports that are foundational for early child development, with benefits for lifelong health and wellbeing.
Popul. Med. 2026;8(Supplement 1):A2335

ABS3643

Barriers and facilitators to coverage of HIV prevention innovations among adolescent girls and young women (AGYW) in South Africa

Nabila Ebrahim[1], Kate Bergh[1], Rosa Stofile[1], Zoe Duby[1], Catherine Mathews[1], Carl Lombard[1], Tracy McClinton-Appollis[1], Kim Jonas[1]
[1]South African Medical Research Council. Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa

INTRODUCTION
Adolescent girls and young women (AGYW) in South Africa are at high risk of HIV infection. AGYW experience barriers and facilitators to coverage of HIV prevention innovations.
METHODS
We conducted a "post-intervention" household survey in 12 intervention subdistricts, and 12 comparison subdistricts with equivalent demographics and HIV prevalences, across 8 provinces in South Africa. Two sites were purposefully selected within each intervention and comparison area, generating 48 sites. In each site, we conducted a representative household survey of 100 AGYW aged 15-24 years, (N=4,800). Dried blood spot specimens were collected, and participants self-completed an electronic questionnaire. Frequencies and percentages for each outcome were presented for intervention and comparison arms. We described the barriers and facilitators associated with the coverage of HIV prevention innovations among AGYW using random effects logistic regression models. Univariate and multivariate analysis will be conducted.
RESULTS
Overall, male or female condom use a 100% of the time when having sex in the past six months was reported by 15.0% in the intervention arm and 11.8% in the comparison arm. HIV testing in the past year overall was 69.4% in the intervention arm and 59.6% in the comparison arm (OR=1.65; 95% CI:1.16 - 2.35 p=0.0110), while the HIV self-testing was 13.6% in the intervention arm and 7.9% in the comparison arm. More participants (26.4%) in the intervention arm had ever used PrEP compared with 13.0% in the comparison arm (OR=2.19; 95% CI 1.11 - 4.30; p=0.0331). Recent or last HIV self-testing was higher in the intervention arm than in the comparison arm (13.7% versus 7.2%).
CONCLUSIONS
These findings highlight the importance of interventions targeted at addressing barriers and facilitators to coverage of HIV prevention innovations among this priority population. Exploring barriers to coverage of HIV prevention innovations in-depth are required to generate robust research to expand coverage.
Popul. Med. 2026;8(Supplement 1):A2338

ABS3673

GOGOcare: co-creating positive maternal and child health outcomes with third-generation caregivers

Hlumelo Gxotiwe[1], Jane Simmonds[1]
[1]goGOGOgo, Johannesburg, South Africa

INTRODUCTION
The first 1000 days of life are critical to a child's long-term development, yet caregiver interventions often overlook grandmothers, locally known as gogos, in maternal and child health (MCH) outcomes. In South Africa, nearly 8 million children aged 0-17 are being raised in 3.4 million grandparent-headed households, with 64.5% of these households headed by grandmothers. Even in triple-generation households where a parent is present, economic pressures - from unemployment, labour migration and hours-long commutes - increase the role of grandmothers in childcare. GOGOcare works with grandmothers who are third-generation caregivers to support positive MCH outcomes for pregnant girls/women and children aged 0-2.
METHODS
GOGOcare uses weekly facilitated workshops to share current MCH practices with grandmothers, supporting their role as key decision-makers in multigenerational families. Workshop materials have been adapted from the Flourish curriculum to

be relevant to grandmothers. Split across 20 sessions in 10 weeks, the curriculum covers antenatal care (ANC), newborn nutrition, early childhood development (ECD), maternal mental health, household budgeting, sensory play, exclusive breastfeeding and healthcare services.
RESULTS
30 grandmothers completed the pilot programme in July 2024, with 60 more set to participate in the 2026 cycle. Findings from the pilot demonstrated: - Increased support for the recommended six-month exclusive breastfeeding period. - Improved knowledge of newborn nutrition, food preparation and dietary guidelines. - Enhanced awareness and recognition of mental health issues in mothers and grandmothers. - Strengthened intergenerational communication between grandmothers and their granddaughters through post-session knowledge sharing and discussion. - Strengthened household engagement on sexual reproductive health and family planning. - Enhanced education on child immunisation.
CONCLUSIONS
Support through the first 1000 days is critical for both newborns and their mothers. During this vulnerable period, grandmothers have the potential to influence MCH outcomes by facilitating access to healthcare and co-creating environments for positive growth.
Popul. Med. 2026;8(Supplement 1):A2340

ABS3712

Early pregnancy overweight and obesity: prevalence, determinants, and temporal trends in a large maternal cohort

Aminu Abdullahi[1], Luai Ahmed[1], Javaid Nauman[1]
[1]Institute of Public Health, United Arab Emirates University, Al Ain, United Arab Emirates

BACKGROUND
Overweight and obesity among women of reproductive age remain highly prevalent globally and are associated with adverse pregnancy outcomes. The preconception and early pregnancy period represent a critical window for prevention.
OBJECTIVES
To study the prevalence, determinants, and trends of overweight and obesity in early pregnancy in a large cohort of pregnant women in the United Arab Emirates (UAE).
METHODS
We analysed data collected between 2017 and 2024 from the Mutaba'ah Study, the largest mother–child cohort study in the UAE. Overweight and obesity in early pregnancy were defined using body mass index measured in the first trimester. Determinants were examined using multivariable Poisson regression with a log link and robust standard errors to estimate adjusted prevalence ratios. Temporal trends in prevalence were assessed by testing the regression coefficient for calendar year treated as a continuous variable.
RESULTS
A total of 3,974 pregnant women aged 18-48 years were included in the analysis. Overall, approximately two-thirds of women (68%) entered pregnancy overweight or obese. Higher maternal age (adjusted prevalence ratio [aPR]=1.02, 95% CI:1.02–1.03), lower education level (aPR=1.10, 95% CI:1.04–1.15), and being employed (aPR=1.06, 95% CI:1.01–1.11) were independently associated with a higher prevalence of overweight/obesity at pregnancy entry. Year-specific prevalence estimates showed persistently high prevalence of overweight/obesity (66%–69%) over time, with no evidence of a temporal trend (p-trend = 0.726).
CONCLUSIONS
Overweight and obesity at pregnancy entry remain prevalent, with no evidence of improvement over time. These findings highlight the need for strengthened preconception and early pregnancy interventions targeting women of reproductive age.
Popul. Med. 2026;8(Supplement 1):A2341

ABS3718

Let's talk sex: the perceived impact of skills training on grandmothers' communcation with pre-adolescent and adolescent grandchildren about sexual and reproductive health

Hlumelo Gxotiwe[1], Jane Simmonds[1]
[1]goGOGOgo, Johannesburg, South Africa

INTRODUCTION
HIV continues to pose major public health issues in South Africa, particularly for adolescent girls and young women (AGYM) aged 15-24. With nearly 8 children aged 0-17 being raised in 3.4 million grandparent-headed households, responsibility for sexual and reproductive health (SRH) communication continues to shift to older caregivers. 64.5% of these households headed by grandmothers, who enable access to healthcare and information for AGYM in their care. SexTalk4GOGOs engaged grandmothers in Alexandra township on their experiences discussing sex, sexuality and HIV and AIDS with pre-adolescent and adolescent grandchildren aged 10-18.
METHODS
The intervention consisted of a 2-hour training workshop with 10 grandmothers, using the book HIV & AIDS by Marina Appelbaum, to practice communication skills and discuss SRH topics. Data collection occurred at three points: pre-intervention (baseline interviews), 3 weeks post-intervention (focus group discussion) and 3-7 months post-intervention (in-depth interviews). Thematic analysis was conducted, and inductive codes and themes were identified in the subsequent study.
RESULTS
The study found that SRH communication between grandmothers and pre-adolescent and adolescent grandchildren was hindered by several factors. These included taboo and cultural issues, gender, the generation gap, knowledge about HIV and AIDS, the personal experiences of grandmothers with similar conversations in their childhood and self-efficacy regarding SRH content. During the intervention, grandmothers highlighted the importance of SRH conversations and demonstrated a readiness to overcome these barriers to support their grandchildren. However, grandmothers felt that further training was required for them and expressed interest in skills training workshops for their grandchildren.
CONCLUSIONS
The study demonstrated the value of interventions that facilitate SRH communication between grandmothers and pre-adolescent and adolescent grandchildren. Despite numerous barriers, grandmothers were prepared to engage in intergenerational conversations to keep their grandchildren healthy and promote safer sexual choices.
Popul. Med. 2026;8(Supplement 1):A2342

ABS3740

Co-Designing Gender-Sensitive, Culturally Appropriate Mental Health Interventions with Adolescents in Pakistan: A Gender-Informed Framework

Rabia Baloch[1]
[1]Social work, Carleton University, Ottawa, Canada

ABSTRACT
Adolescent mental health in Pakistan is shaped by embedded gender norms, cultural stigma, and limited access to contextually relevant mental health education. Girls are often socialized to silence emotional distress, while boys are encouraged to suppress vulnerability, contributing to gender-differentiated mental health outcomes and barriers to help-seeking. Many interventions rely on Western psychological models that insufficiently account for cultural, gendered, and structural realities, resulting in limited engagement.
OBJECTIVES
This study proposes a theoretical and conceptual framework to examine whether participatory co-design with adolescents can produce gender-sensitive and culturally appropriate mental health education and tools in Pakistan. The framework integrates Critical Race Theory (CRT) and Gender and Development (GAD) perspectives to analyze power relations, gendered socialization, and cultural–structural contexts influencing adolescent mental health. CRT contributes a focus on structural inequality, historical context, and the centrality of marginalized voices, while GAD foregrounds the social construction of gender roles and the need for gender-transformative approaches. Framework: Three interrelated concepts guide the framework: gendered socialization, examining how patriarchal norms shape emotional expression and mental health experiences; cultural–structural context, addressing stigma, access barriers, and postcolonial influences on mental health systems; and (3) co-design and adolescent participation, operationalized through participatory methods that position adolescents as co-creators rather than passive recipients of interventions.
METHODS
A participatory action research (PAR) study using iterative co-design (human-centered design/EBCD) with adolescents, followed by a mixed-methods feasibility pilot to evaluate acceptability, cultural fit, and gender-responsiveness of the co-created intervention. Outcomes: By centering adolescents' lived experiences, this approach aims to enhance relevance and equity in mental health interventions while challenging harmful gender norms. The framework contributes to global public health by offering culturally grounded model for adolescent mental health promotion in LMICs and postcolonial contexts. Findings will inform the design of scalable, gender-responsive mental health education strategies rooted in adolescents' participation.
Popul. Med. 2026;8(Supplement 1):A2344

ABS3758

From Daily Practice to Health Policy: The Work of Community Health Agents in Detecting and Responding to Gender-Based Violence as a Social Determinant of Health

Jeremias Campos Simões[1,2], Rafaela Ferreira Nascimento[3], Lorena Costa Soprani Pereira[4], Jeanine Pacheco Moreira[4,5], Fabiola Fernandes Bersot Magalhães[4], Stephania Mendes Demarchi[4], Manuella Ribeiro Lira Riquieri[4], Caroline Feitosa Dibai de Castro[4], Fabiana Turino[4], Maria Angélica Carvalho Andrade[4]
[1]Nursing Department, Fluminense Federal University, Rio das Ostras, Brazil, [2]Postgraduate Program in Public Health, Federal University of Espírito Santo, São Mateus, Brazil, [3]Espírito Santo State Department of Health, State Foundation for Innovation in Health, Vitoria, Brazil, [4]Postgraduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil, [5]Espírito Santo State Department of Health, Capixaba Institute of Education, Research and Innovation, Vitoria, Brazil

INTRODUCTION
Primary Health Care (PHC) in Brazil plays a strategic role in addressing violence against women1, recognized as a serious human rights violation and a major social determinant of health, with direct impacts on health equity and social inclusion2. In this context, Community Health Workers (CHWs) act as key links between health services and communities, working closely with socially vulnerable populations in territories where gender-based violence often remains invisible1,3.
OBJECTIVE
To analyze Community Health Workers' understanding of gender-based violence against women within the context of Primary Health Care in the municipality of Vitória, Espírito Santo, Brazil.
METHODS
This exploratory study used a qualitative approach. Data were produced through semi-structured questionnaires with open-ended questions, applied in individually audio-recorded interviews. Data analysis followed a thematic categorization process supported by a conceptual framework grounded in the social determination of health and in the understanding of violence as a social phenomenon.
RESULTS
Five CHWs participated in the study. The analysis resulted in four categories: "Understanding of violence against women," revealing socially and culturally shaped interpretations of gender-based violence; "Personal experiences with violence," showing that these professionals are also affected by gender inequalities in their private lives; "Violence against women in professional practice," highlighting recognition of women's silence in communities and challenges to providing inclusive and equitable care3; and "(Lack of) knowledge about mandatory reporting," exposing weaknesses in understanding compulsory notification as a key public health tool for surveillance, protection of rights, and reduction of health inequities4.
CONCLUSIONS
CHWs recognize gender-based violence as a recurrent issue in PHC territories, linked to social vulnerability and inequality. However, limited knowledge regarding mandatory reporting weakens the health system's response. Strengthening continuing education for CHWs is essential to support practices guided by equity, inclusion, and the defense of women's rights, contributing to more effective PHC responses to gender-based violence.
Popul. Med. 2026;8(Supplement 1):A2345

ABS3874

Measuring stunting and tracking trends in prevalence in South Africa: Conceptual and methodological considerations

Kate Rich[1], Liezel Engelbrecht[2]
[1]School of Economics and Finance, University of the Witwatersrand, Johannesburg, South Africa, [2]DG Murray Trust, Cape Town, South Africa

BACKGROUND
Stunting (low height-for-age) is a useful marker of poor child growth and development, and is associated with long-term consequences for cognitive development, health, and adult earnings. However, measuring growth faltering is conceptually and methodologically challenging. South African nationally representative surveys have produced a wide range of estimates of stunting prevalence among children under 5, complicating the tracking of trends over time.
METHODS
The paper examines the difficulties associated with measuring stunting and factors that may contribute to variation in stunting estimates. It combines a narrative review of possible reasons for differences in estimated stunting prevalence with a desk review and comparative methodological analysis of six recent South African surveys measuring stunting, examining differences in survey methodologies, sample characteristics, and data collection practices.
RESULTS
The review reveals significant methodological and sampling differences between recent South African anthropometric surveys. There are also indications of possible data quality issues in some surveys.
CONCLUSIONS
These issues limit the comparability of stunting estimates across surveys and over time, making it difficult to track trends in stunting prevalence. The paper concludes with recommendations to improve stunting measurement to allow better monitoring of progress.
Popul. Med. 2026;8(Supplement 1):A2347

ABS3898

Feminist leadership in public health: reclaiming power and driving equity in emergencies

Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Palestinian Territory, Occupied

INTRODUCTION
Health emergencies amplify existing gender inequities while frequently excluding women and marginalized communities from decision-making. In conflict, displacement, and humanitarian crises, women are disproportionately affected—yet also sustain care systems, community protection, and frontline response. Feminist leadership offers a practical governance and equity framework for emergency public health.
METHODS
This oral presentation synthesizes feminist public health theory with applied examples from crisis settings including Gaza, Afghanistan, and DR Congo. It presents a leadership framework grounded in intersectionality, care ethics, community accountability, and anti-violence approaches. Key domains include emergency governance, workforce protection, service delivery, and public health financing.
RESULTS
Feminist leadership contributes measurable improvements in emergency response through: inclusive governance structures with women and youth as decision-makers; stronger protection and mental health supports for frontline workers, especially women; (3) prioritization of sexual and reproductive health services and violence response pathways; and community-owned risk communication strategies that build trust and reduce stigma. Barriers include patriarchal institutional norms, tokenism, and gender-blind funding streams in humanitarian systems.
CONCLUSIONS
Feminist leadership is not symbolic—it is a necessary strategy to strengthen emergency health systems, improve equity outcomes, and enhance accountability. Public health institutions must invest in feminist and youth leadership pipelines and embed gender-transformative governance across preparedness and response.
Popul. Med. 2026;8(Supplement 1):A2349

ABS3912

Applying the IM4Equity Framework to Advance Equitable HPV Vaccination in Low-Resource Settings

Anowara Begum[1], Erika Cathey[1]
[1]Rollins School of Public Health, Emory University, Atlanta, United States

INTRODUCTION
Preventing cervical cancer through human papillomavirus (HPV) vaccination is a critical strategy for improving women's health and gender equity (8,9,10,11). However, vaccination rates among adolescent girls remain uneven, particularly in low- and middle-income countries (LMICs), due to persistent gaps driven by intersecting socio-ecological factors (8,9,10,11). This interactive session will introduce attendees to IM4Equity, a meta-framework that integrates four implementation science frameworks (22), and will apply it to systematically identify contextual drivers to improve HCP coverage among underserved adolescent girls.
METHODS
In the first half of the session, facilitators will summarize contextual factors influencing HPV vaccination programs in low-resource settings, drawing examples from a systematic review of 25 peer-reviewed studies (2021–2025) across LMICs in Asia and Africa (including Bangladesh, Rwanda, Ethiopia, Bhutan, Nepal, Kenya, India, and Nigeria). The second half of the session will include a guided hands-on exercise for participants to apply the IM4Equity template to their current or future projects. Pre-filled IM4Equity framework templates for various settings (e.g., schools, hospitals, community organizations) will be shared with attendees before the interactive session.
RESULTS
Case examples from LMICs, analyzed across IM4Equity domains, highlight culturally appropriate, gender-responsive strategies—such as school- and

community-based delivery, parent and religious leader involvement, mobile vaccination clinics, and cross-sector partnerships (1-21, 23-25). Common implementation challenges include reaching girls who don't attend school and sustaining community engagement (1-21, 23-25). The interactive exercise allows participants to identify factors and characteristics across individuals, personnel, communities, and organizations, as well as interventions, bridging factors, and the implementation process (22).
CONCLUSIONS
Aligned with the theme Health Without Borders: Equity, Inclusion and Sustainability, this interactive workshop will equip public health practitioners and policymakers to generate practical, transferable recommendations for incorporating gender-sensitive indicators and co-develop evidence-informed strategies to strengthen equitable HPV vaccination delivery across diverse settings.
Popul. Med. 2026;8(Supplement 1):A2351

ABS3923
The Challenge of Armed Conflict on the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B, and Syphilis in the War-Torn Tigray Region of Northern Ethiopia: A Mixed-Methods Study.

Haileselassie Bisrat Bidre[1], Feseha Berhane[1], Tsigemariam Teklu[1], Fiseha Gebrethandkan[1,2], Atsbha Gebrekidan[1], Amanuel Haile[1,3], Goitom Gebremedhn[1,4], Gebremedhin Berhe[1,5]
[1]Multi-Sectoral Response for HIV/AIDS Prevention and Control Core Process, Tigray Regional Health Bureau, Mekele, Ethiopia, [2]Health Science college, Reproductive health, Axum University, Axum, Ethiopia, [3]Tigray Regional Health Bureau, Mekele, Ethiopia, [4]Tigray Health Reserch Institution, Mekele, Ethiopia, [5]Health Science College, Epidemiology, Mekelle University, Mekelle, Ethiopia
BACKGROUND
Approximately 39 million people worldwide are living with HIV, 68% of them residing in sub-Saharan Africa. Since the start of the armed conflict in the Tigray region in November 2020, the provision of prevention mother-to-child transmission (PMTCT) services has been severely hampered. The aim of the study was to assess the impact of the conflict on the triple elimination of mother-to-child transmission (MTCT) of HIV, hepatitis B virus (HBV), and syphilis in the Tigray region, 2025.
METHODS
A mixed-method institutional-based study was conducted from October 2020 to December 2023. The quantitative study included all pregnant women attending antenatal care (ANC), as well as HIV-positive pregnant and breastfeeding women enrolled in PMTCT clinics across six Tigray zones, excluding the western zone due to security concerns. The qualitative component included 37 people living with HIV (PLHIV) who served as mother support group members. Quantitative data were entered into Excel and analyzed using SPSS, whereas qualitative data were manually summarized.
RESULTS
Of the 170,966 pregnant women who attended ANC, 42,267 (25%) had their HIV status checked, 21,164 (12.4%) were screened for syphilis, and 16,522 (9.7%) were screened for HBV. Among HIV-exposed newborns, 248 (11.9%) were lost to follow-up, while 28 (1.5%) died. Many women asserted that they received these comprehensive services before the conflict, but the majority said there was significant disruption during and after the war's onset.
CONCLUSIONS
Since the onset of conflict, a substantial proportion of women have remained unaware of their HIV, syphilis, and HBV status. To achieve the goals of triple MTCT elimination, the regional government and health partners must work urgently to restore and strengthen PMTCT services throughout the Tigray region.
Popul. Med. 2026;8(Supplement 1):A2352

ABS3965
Maternity Protection in the Global South – Where are the shortfalls? Evidence on Workplace Breastfeeding Support Across Low and Middle Income Countries

Catherine Pereira-Kotze[1], Bongekile Mabaso[2], Ameeta Jaga[3], Tanya Doherty[1]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]School of Health Sciences, University of Kwazulu-Natal, Durban, South Africa, [3]School of Management Studies, Faculty of Commerce, University of Cape Town, Cape Town, South Africa
INTRODUCTION
Returning to work remains a barrier to exclusive breastfeeding to six months, contributing to early cessation worldwide1. Evidence from high-income countries demonstrates that workplace support improves breastfeeding practices, yet 85% of the global population lives in low- and middle-income countries (LMIC) where work environments, norms, and policies differ. Evidence from LMIC is sparse and fragmented, limiting guidance for context-appropriate policies2-6. Clarifying the existing evidence is critical to designing solutions that protect the health of working mothers and their newborns.
METHODS
We conducted a scoping review to map research on workplace breastfeeding support in LMIC since 2016, following PRISMA-ScR and JBI guidelines. Of 35, 049 records identified, 128 met inclusion criteria (by including working mothers, their partners, employers or policymakers, addressing any aspect of workplace support).
RESULTS
The 128 studies represented 25 LMIC; half were quantitative, 41.4% qualitative, and 8.6% mixed methods. Among 118 primary data studies, most were work-focused (72.9%), while 27.1% were work-included. Most research centred on formal sectors (59.3%). Our analysis yielded four overarching themes: Much research is decontextualised (e.g., inadequate adaptation of data collection tools) Research aims often appear misplaced (e.g., a focus on healthcare workers as a study population; insufficient consideration of structural breastfeeding support such as paid maternity leave). (3) A strong individual focus on increased education or building resilience of women and mothers, when structural solutions would have more impact. Insufficient focus on vulnerable workers (e.g., those in precarious or informal work).
CONCLUSIONS
Evidence gaps persist, including among precarious employment, evaluations of interventions and policy implementation. Accelerated progress toward global maternal and newborn health goals requires investment in context-specific research to inform equitable, scalable workplace breastfeeding support7-9. Strengthening workplace support can improve infant feeding, advance women's economic participation, yielding long-term health and development benefits for mothers, newborns, and communities.
Popul. Med. 2026;8(Supplement 1):A2354

ABS4023
Acceptance of corporal punishment among Japanese parents of young children: A nationwide survey

Miyako Kimura[1]
[1]Showa Women's University, Setagya/Tokyo, Japan
BACKGROUND
According to WHO (2025), an estimated 1.2 billion children aged 0–18 worldwide experience corporal punishment each year. In 2020, Japan enacted a legal ban on all corporal punishment of children, including that justified as "discipline." However, reported cases of child abuse justified as "discipline" have continued to increase. This study aimed to explore current parents' perceptions of corporal punishment and related factors in Japan.
METHODS
An online survey was conducted in February 2024, collecting responses from a total of 10,000 parents (5,000 mothers and 5,000 fathers) of children aged 0–10 years across all 47 prefectures in Japan. Multiple regression analyses were conducted separately for fathers and mothers. Acceptance of corporal punishment was used as the dependent variable. Independent variables included participants' age, educational background, employment status, marital status, annual household income, parenting norms, societal expectations of parental roles, capacity to receive support, mental health, number of children in the household, the child's age, and sex. If participants had multiple children, they were asked to answer questions based on their youngest child.
RESULTS
Among the participants, 47.5% of fathers and 37.0% of mothers believed that corporal punishment may sometimes be necessary for child discipline if it is motivated by love. The factor most strongly associated with the belief that such corporal punishment is acceptable was society's expectations of parental roles, for both fathers (β=0.280, P<0.001) and mothers (β=0.180, P<0.001).
CONCLUSIONS
Nearly half of fathers and 40% of mothers accepted corporal punishment for disciplinary purposes, and they felt more strongly about society's expectations of parental roles. A tolerant society is desired where parents are not overly blamed for their children's behavior. This study was supported by JSPS, KAKENHI Grant Number JP22H03429 and JP23K24687.
Popul. Med. 2026;8(Supplement 1):A2358

ABS4062
The impact of parenting styles on alcohol consumption among

adolescents: A bibliographic review of the brazilian literature (2016–2026)

Sarah de Sousa Carvalho[1], Jully Anne da Silva[1], Neiva Francenely Cunha Vieira[1], Fabiane do Amaral Gubert[1]
[1]Departamento de Enfermagem, Programa de Pós-Graduação em Enfermagem da Universidade Federal do Ceará, Fortaleza/CE, Brasil

BACKGROUND
Alcohol consumption during adolescence is a major public health challenge in Brazil, associated with risk behaviors and developmental impairments 1. Within the family context, the theoretical model proposed by Maccoby and Martin defines parenting styles (authoritarian, authoritative, neglectful, and indulgent) according to the dimensions of demandingness and responsiveness 2. Understanding these styles as risk or protective factors is crucial to interrupt cycles of intergenerational vulnerability, with nursing playing a strategic role in coordinating family support actions. This study aimed to analyze Brazilian scientific production regarding the relationship between parenting styles and alcohol consumption among adolescents.
METHODS
This is a literature review of Brazilian studies published between 2016 and 2026 in the PubMed, Scopus, Web of Science, and Virtual Health Library databases. The search strategy employed descriptors and keywords related to parenting styles, alcohol consumption, adolescents, and Brazil. Initially, 32 articles were identified and independently screened by two researchers using the Rayyan platform. After removing duplicates and conducting a thorough assessment of titles, abstracts, and full texts, five studies were included.
RESULTS
A higher concentration of scientific production was observed in the Southeast, South, and Northeast regions of Brazil. The authoritative parenting style emerged as the main protective factor, capable of disrupting the intergenerational transmission of alcohol use, even in high-risk contexts. In contrast, the neglectful parenting style was associated with a gradient of vulnerability, increasing the likelihood of excessive alcohol consumption (binge drinking) by up to twofold. Longitudinal data confirmed parental monitoring as the most effective variable in preventing alcohol and polysubstance use, while maternal permissiveness and paternal absence represent significant barriers to cessation of alcohol consumption.
CONCLUSIONS
Prevention strategies for adolescent alcohol consumption should prioritize strengthening family relationships. Promoting parenting practices based on affectionate monitoring and reducing neglectful and permissive behaviors are essential measures for effective preventive interventions.
Popul. Med. 2026;8(Supplement 1):A2361

ABS4106

promotion of sexual and reproductive health for women in social vulnerability: impacts of the brazilian public policy rede alyne

Tayana Santos Barbosa[1], Laudiceia Garcia Neves[2], Mariângela Costa Vieira[1], Micheli Dantas Soares[1], Thiago Santos Barbosa[3]
[1]Centro de Ciências da Saúde, Universidade Federal do Recôncavo da Bahia, Santo Antônio de Jesus-Bahia, Brasil, [2]Secretaria Municipal de Saúde, Centro de Atenção à Saúde da Mulher, Cruz das Almas-Bahia, Brasil, [3]Centro Universitário Unifacemp, Santo Antônio de Jesus-Bahia, Brasil

INTRODUCTION
promoting sexual and reproductive health among women in situations of social vulnerability remains a major challenge for public health systems, particularly in contexts marked by persistent socioeconomic inequalities,. In brazil, rede alyne is a public policy implemented within the unified health system, aiming to reduce maternal mortality, strengthen primary health care, and expand access to reproductive planning, especially long-acting reversible contraceptive methods. This study analyzes the impacts of providing the levonorgestrel subdermal implant to low-income women in a municipality in northeastern brazil.
METHODS
this is a descriptive qualitative study based on secondary data from the citizen electronic health record system and institutional reports from primary health care services. Participants were women identified by primary care teams as being at high risk for unplanned pregnancy, with unfavorable obstetric history, low socioeconomic conditions, and high social vulnerability. The levonorgestrel subdermal implant was offered due to its high effectiveness, safety, and minimal dependence on continuous user adherence.
RESULTS
the provision of the levonorgestrel subdermal implant through rede alyne demonstrated positive impacts, including a reduction in unplanned pregnancies, increased reproductive autonomy, improved family stability, and strengthened bonds between women and unified health system services. Additional benefits included expanded access to reproductive planning, improved continuity of care, and empowerment through health education activities and intersectoral actions.
CONCLUSIONS
the integration between rede alyne and primary health care services represents an effective public policy strategy for promoting sexual and reproductive rights, reducing health inequities, and improving health outcomes among women living in situations of social vulnerability.
Popul. Med. 2026;8(Supplement 1):A2364

ABS4172

“Through Our Eyes”: Learner Perspectives from the Western Cape Planet Youth Survey on Wellbeing, Substance Use, and Safety

Ming-han Motloung[1], Hassan Mahomed[2], Ncediswa Bolotina[1], Carmen Daniels[1], Blanche Rezant[1], Ayanda Ningiza[1], Nicolette van der Walt[1]
[1]Violence Prevention Unit, Western Cape Department of Health, Cape Town, South Africa, [2]Western Cape Department of Health, Cape Metro Health Services, Cape Town, South Africa

BACKGROUND
Adolescent violence and substance use remain critical public health concerns in South Africa, driven by multiple intersecting risk factors across family, peer, school, and community environments. In 2025, the Western Cape implemented the Planet Youth model, a globally recognized prevention framework, to gather large-scale, learner-informed data to guide early intervention and policy.
OBJECTIVES
To identify key protective and risk factors for adolescent substance use and violence from the perspective of learners, and to explore how these factors operate across ecological levels in shaping health outcomes.
METHODS
A cross-sectional, population-level survey was conducted among 47813 Grade 8 and 9 learners from 123 schools across 12 communities. The anonymous, self-administered online questionnaire assessed substance use, exposure to violence, mental health, and perceived support across family, school, peer, and community domains. Bivariate and sex-stratified analyses were applied.
RESULTS
With 89% response rate, it was shown that clear parental rules, weekend time with caregivers, and strong adult/peer support at school were significantly protective. Learners spending weekends with caregivers had lower 30-day use of alcohol (13% vs. 20%), hookah (18% vs. 26%), and dagga (9% vs. 16%). Conversely, poor school connectedness, low parental monitoring, and peer substance use were consistently linked to higher rates of substance use and violence exposure. Though 78% reported good mental health, many also described stressors related to safety, peer pressure, and community violence.
CONCLUSIONS
Learner-reported data highlight the cumulative power of protective factors across environments. Findings support the implementation of multilevel, community-anchored prevention strategies. The Planet Youth model offers actionable insights to co-create safer, more supportive environments for youth in South Africa and globally.
Popul. Med. 2026;8(Supplement 1):A2368

MENTAL HEALTH & SOCIAL WELLBEING

ABS0184

Health promotion in school – what does it mean, and how can the effect of health promoting efforts be evaluated?

May Olaug Horverak[1], Gerd Martina Langeland[2], Migle Helmersen[3], Øyvind Hellang[1], Nadja Sophie Kühn[1], Emre Sari[1], Tommy Haugen[3]
[1]NORCE Research AS, Kristiansand, Norway, [2]Lillesand Upper Secondary School, Lillesand, Norway, [3]University of Agder, Kristiansand, Norway

INTRODUCTION
Increased mental health issues among children and young people have led to the implementation of health promoting initiatives in Norwegian schools. Finding the right tools to evaluate these measures has been a challenge. The Norwegian Public Health Institute has pointed out that knowledge summaries often concern mental health problems, rather than health promotion and positive end indicators. A framework for health promoting practice in school has been developed based on Antonovsky’s salutogenic theory, pointing out three crucial factors, comprehensibility, manageability and meaningfulness, which contribute to a strong sense of coherence and wellbeing. In addition, scales have been developed and validated, measuring school employees’ health promoting competence and

practice and students' experience of sense of coherence-support in the learning environment.
METHODS
Following DeVellis and Thorpe's recommendations for scale development, the scales have been piloted in six primary schools, three lower secondary schools, one upper secondary school and five adult learning centres, and validated through factor analyses. The student sample (n =1336) was split in two for exploratory and confirmative analyses. A second piloting (n=851) was conducted in secondary school, and the validated scale Self-Perception Profile for Adolescents was included to check for concurrent validity. Exploratory and confirmative analyses were also conducted on the scale for school employees (n=318).
RESULTS
The factor analyses of the student scale confirmed the validity of the three factors comprehensibility-support, manageability-support and meaningfulness-support, and the overall phenomenon of sense of coherence-support. Correlation analyses indicated satisfactory concurrent validity. Preliminary factor analyses of the employee scale confirmed the factors 1) competence, with the subfactors attitude, knowledge and skills, and 2) practice.
CONCLUSIONS
The framework for health promotion in school and the validated scales may be useful tools to work with developing a health promoting practice and learning environment, and support prioritization and professional development in schools.
Popul. Med. 2026;8(Supplement 1):A2378

ABS0245
Emotional well-being of young women with long-term use of combined oral contraceptives

Anna-Liisa Tamm[1], Ülle Parm[1], Diana-Marlen Rüütelmaa[1], Hanna Brück[1], Jelena Sokk[1], Siret Läänelaid[1], Marit Salus[1], Ivi Vaher[1], Kristiina Virro[1]
[1]Tartu Applied Health Sciences University, Tartu, Estonia

BACKGROUND
The use of combined oral contraceptives (COCs) is widespread among young women for various reasons, whereas their association with mental health remains unclear. The aim of study was to assess the emotional well-being of young women aged 20–25 who had been using COCs [low-dose ≤ 20 µg or medium-dose 30–35 µg ethinylestradiol (EE)] ≥ 6 months, compared to those who had never used hormonal contraceptives.
METHODS
Data were collected using questionnaires, including Emotional State Questionnaire. Four subscales were examined: depression, anxiety, fatigue, and insomnia. Descriptive statistics, t-test or χ test, and Spearman's correlations were used; p-value of < 0.05 was considered as significant.
RESULTS
The sample consisted of 45 subjects: 26 COC-users (21.9 ± 1.8 yrs; medium-dose EE n=8, low-dose EE n=18) and 19 non-users (21.6 ± 1.5 yrs). The use of COCs was initiated at 17.2 ± 1.8 yrs and had continued for 4.3 ± 2.0 yrs at the start of study. 69.2% used COCs to prevent pregnancy, 38.5% for irregular menstruation and 26.9% for acne. Symptoms of fatigue were observed in 73.1%, depression 38.5%, anxiety 38.5%, and insomnia 23.1% of COC-users, whereas symptoms` prevalence among non-users were 63.2%, 42.1%, 42.1%, and 26.3%, respectively. There were no differences between the groups. Insomnia was common among low-dose EE users compared to medium-dose users (27.8% vs 12.5%), but there was no statistical difference. Correlation analysis did not reveal a statistically significant association between mental health symptoms score (depression, anxiety, fatigue, and insomnia) and duration of the use of COCs. In the case of anxiety and fatigue, the correlation coefficient was positive, but not statistically significant.
CONCLUSIONS
The results point to a worrying emotional state among young women; however, due to the small sample size, no definitive conclusions can be drawn regarding the association with COCs use.
Popul. Med. 2026;8(Supplement 1):A2384

ABS0403
Awareness of workplace violence and its management among employees at the hospital X

Olga Mesceriakova[1], Gerda Kvitko[1], Jurgita Vladickienė[1], Matas Veliulis[2], Raminta Bulviciene[1], Ramune Kalediene[1]
[1]Department of Health Management, Lithuanian University of Health Sciences, Kaunas, Lithuania, [2]Kaunas Santara Gymnasium, Kaunas, Lithuania

ABSTRACT
The study objective is to assess the awareness of the hospital X staff regarding workplace violence and its management. Methods. A cross-sectional survey was conducted at the hospital X in Lithuania between October and December 2024, with 366 participants (85.5% response rate). The Z criterion was applied to evaluate the hypothesis of variable dependence. The Spearman correlation coefficient (r) was calculated to determine the relationship between ordinal variables. Results. 76.7% of the respondents correctly indicated the definition of violence in the workplace. Those who did, more often had lower than university education, were single, earned less than 1000 euros per month or had more than 25 years of work experience (P<0.05). 99.4% of the respondents indicated that psychological violence could occur in the workplace. 90.1% of the respondents said they were able to recognize violence in the workplace. 67.7% of the respondents are familiar with the violence and harassment prevention policy, and 64.5% know where to seek help if experienced violence. 31.3% of the respondents agreed that a lot of attention is given to prevention of violence in the workplace, 24.9% said that employees are involved in the creation of violence prevention policy. 23.6% of study participants indicated that they were informed about the violence in the workplace prevention and manifestation when hired, and 27.5% stated that the information about prevention of violence in the workplace is renewed yearly. More frequent information about the prevention and occurrence of violence in the workplace provided to study participants had a correlation with better education (r=0.221), higher salary (r=0.207), and longer employment (r=0.270, P<0.05). Conclusion. Although most employees at X hospital demonstrated an accurate understanding of workplace violence, there is still a lack of sufficient information dissemination and employee participation in shaping prevention policies for violence and harassment.
Popul. Med. 2026;8(Supplement 1):A2389

ABS0437
The impact of social media exposure to anti-Asian hate crimes on Asians' mental health during the COVID-19 pandemic in the United States

Chulwoo Park[1]
[1]Department of Sociology, Anthropology, and Public Health, University of Maryland, Baltimore County, Baltimore, United States

INTRODUCTION
During the COVID-19 pandemic, as Asian populations in the United States faced increasing anti-Asian hate crimes, social media emerged as the primary communication channel amid lockdowns. However, little is systematically known about how these hate crimes spread on social media and how they have impacted the mental health of Asian populations, including anxiety, depression, and racial trauma, in both online and offline spaces.
METHODS
We conducted a systematic literature review using five online databases: PubMed, Web of Science, CINAHL, ScienceDirect, and OpenGrey. Inclusion criteria addressed six key thematic areas: 1) Asian populations, 2) the COVID-19 pandemic, 3) racism and discrimination, 4) mental health impacts, 5) the role of social media as a platform, and 6) contextual relevance to the United States.
RESULTS
A total of 15 articles were included for the final review,1–15 from which five themes emerged. First, Asian populations experienced high rates of racial prejudice and discrimination, with significant attention on social media. Second, anti-Asian hate crimes peaked during COVID-19. Because of its limited supervision, regulations, and censorship, social media has exponentially increased the spread of anti-Asian sentiment, regardless of its potential harm. Third, geographically, both rural and metropolitan areas showed hate crimes. Demographic and ideological differences further influenced the intensity and spread of discrimination. Fourth, racial prejudice and discrimination were negatively associated with mental health. Lastly, social media served dual roles: it disseminated anti-Asian attitudes as well as refuted them. Social media functioned as a versatile platform for communities to both oppose and support one another.
CONCLUSIONS
Societal support via social media and counter-hate campaigns can essentially help to stop anti-Asian hate crimes and other racially inspired crimes. Policymakers and public health experts should track social media trends and apply culturally specific communication techniques to contribute to healthier Asian communities in the United States.
Popul. Med. 2026;8(Supplement 1):A2392

ABS0607
Development and validation of the personal recovery scale (ReConnect) for mental health in Ethiopia

Wubalem Fekadu[1]
[1]Psychiatry, Addis Ababa University, Addis Ababa, Ethiopia

BACKGROUND
Socio-cultural context is crucial for conceptualising personal recovery in mental health, but existing measures are from western, high-income countries.
AIM
To develop and validate a mental health personal recovery measure for people with mental health conditions (MHCs) in Ethiopia that is grounded in their recovery journey. Study Design: The study stages were: reviewing existing measures; qualitative exploration of the concept in Ethiopia (n=25 interviews); expert workshops (n=3); cognitive interviewing for semantic and content validity (n=20); pilot study for item reduction and exploratory factor analysis (n=213) and Item Response Theory (IRT) to determine the dimensional structure (n=213); and assessment of construct (confirmatory factor analysis) and divergent validity in an independent sample (n=401), and test-retest reliability in a sub-sample (n=48). Divergent validity was assessed against symptom severity and disability. Study
RESULTS
Participants gave greater emphasis to social recovery than self-actualisation or empowerment; hence, no existing measures had face validity. We piloted 26 items from existing measures and 19 newly developed items. The draft measure was unidimensional, explaining 71% of variance, and had item-test correlations > 0.58. Item reduction resulted in 20-item scale, ReConnect (Recovery and Connection Scale). In the validation study, the ReConnect was unidimensional with acceptable goodness of fit indices and test-retest reliability, and correlated significantly with symptom severity and functioning.
CONCLUSIONS
The ReConnect is a valid and reliable measure of personal recovery in Ethiopia. The ReConnect has potential applicability to other similar settings where the community has a greater role in the recovery journey.
Popul. Med. 2026;8(Supplement 1):A2407

ABS0614

Student health, institutional conditions and academic success among higher-education students in Germany: an analysis of StudiBiFra data

Christiane Stock[1], Julia Burian[2], Zita Deptolla[2], Katherina Heinrichs[1]
[1]Institute of Health and Nursing Science, Charité - Universitätsmedizin Berlin, Berlin, Germany, [2]Health Management, Bielefeld University, Bielefeld, Germany

BACKGROUND
Academic success depends not only on cognitive performance but also on psychosocial, health-related, and institutional factors. This analysis examined how sociodemographic characteristics, psychosocial resources and stressors, and university-specific contextual factors are associated with subjective academic success, aiming to inform health-promoting campus strategies.
METHODS
Data from the StudiBiFra study—a cross-sectional survey on study conditions and mental health at 13 German universities (2021–2023)—were analysed using logistic regression. The dependent variable was self-rated academic success (2-item scale, dichotomized in "high" and "low"). Independent variables included study satisfaction (5 items), general well-being (3 items), cognitive stress symptoms (5 items), satisfaction with health services (1 item), age group, gender, and family care tasks. All scales (range 1–5) were dichotomized at ≥3.5. The final sample included 4548 students.
RESULTS
High study satisfaction (OR = 3.62, 95% CI = 3.01–4.36), high general well-being (OR = 1.42, 95% CI = 1.21–1.68), and satisfaction with health promotion services (OR = 1.16, 95% CI = 1.01–1.34) were positively associated with self-rated academic success. Conversely, high cognitive stress symptoms were linked to lower subjective success (OR = 0.37, 95% CI = 0.32–0.43). Age showed no significant effect. Gender differences were evident: women were less likely than men to report high academic success (OR = 0.81, 95% CI = 0.70–0.94). Students with family responsibilities also had a reduced likelihood of high self-rated success (OR = 0.67, 95% CI = 0.55–0.80).
CONCLUSIONS
Psychosocial and health factors—particularly satisfaction, well-being, and low stress—are strongly associated with subjective academic success, while gender and family responsibilities also play important roles. Strengthening university policies and health promotion initiatives that foster satisfaction and well-being while mitigating stress, particularly those tailored towards needs of different gender groups and students with family responsibilities, may substantially improve student achievement.
Popul. Med. 2026;8(Supplement 1):A2408

ABS0662

Loneliness and Cognitive Decline Among U.S. Adults: A Stratified Analysis of the BRFSS

Mojisola Fasokun[1], Omotara Olomojobi[2], Ayomide Ogunsakin[3], Miriam Michael[4], Olufolake Olomojobi[5], Oluwasegun Akinyemi[3]
[1]Department of Epidemiology, University of Alabama at Birmingham, Birmingham, United States, [2]Department of Public Health, Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria, [3]The Clive O. Callender Outcomes Research Center, Department of Surgery, Howard University College of Medicine, Washington, United States, [4]Department of Medicine, Howard University College of Medicine, Washington, United States, [5]Department of Public Health, Ekiti State Government, Ado-Ekiti, Nigeria

BACKGROUND
Loneliness is an emerging public health concern linked to adverse mental and physical outcomes. Its association with cognitive decline at the population level and across demographic groups remains understudied. We evaluated how the frequency of loneliness relates to subjective cognitive decline (SCD) in U.S. adults and whether associations differ by sex, age and race/ethnicity.
METHODS
We performed a cross-sectional analysis of adults aged ≥16 years using nationally representative 2016–2023 Behavioral Risk Factor Surveillance System data. Loneliness was categorized as never, rarely, sometimes, usually or always. The primary outcome was self-reported SCD in the past year. Survey-weighted logistic regression models adjusted for sociodemographic factors, health insurance, metropolitan status and survey year were used to estimate adjusted marginal probabilities of SCD across loneliness categories. Interaction terms and stratified margins evaluated effect modification by sex, age group (16–44, 45–64 and ≥65 years) and race/ethnicity (non-Hispanic White, non-Hispanic Black and Hispanic).
RESULTS
Among 85,969 adults who reported loneliness, 13,879 (16.2%) experienced subjective cognitive decline (SCD), with a mean age of 65.7 ± 10.6 years. Loneliness showed a strong dose–response relationship with SCD. Predicted probabilities of SCD increased from 9.9 % (95 % CI, 9.3–10.5 %) among respondents who never felt lonely to 15.0 % (14.1–15.9 %) for rarely, 24.9 % (23.6–26.1 %) for sometimes, 38.4 % (34.4–42.5 %) for usually and 45.7 % (41.0–50.4 %) for always lonely adults ($p < 0.001$). Women who were always lonely had an adjusted probability of SCD that was 10.7 percentage points higher than men; sex differences were negligible at lower loneliness levels.
CONCLUSIONS
Loneliness is independently and strongly associated with higher likelihood of subjective cognitive decline among U.S. adults, and this relationship is most pronounced for chronic loneliness. While sex and age modified the effect of loneliness, racial/ethnic disparities were minimal.
Popul. Med. 2026;8(Supplement 1):A2412

ABS0692

Development of the competency framework for public mental health in the Philippines: Results from a stakeholder consensus

Carl Abelardo Antonio[1], Jonathan Guevarra[2], Jorel Manalo[3], Kristin Mae Esteban[4], Jannine Gabrielle Muncal[4], Amiel Nazer Bermudez[5], Kim Cochon[6], Ma Lourdes Reyes-Sare[4], Teresa Rosalie del Valle[4]
[1]Department of Health Policy and Administration, College of Public Health, University of the Philippines Manila, Manila, Philippines, [2]Department of Health Promotion and Education, College of Public Health, University of the Philippines Manila, Manila, Philippines, [3]Human Resource Development Office, University of the Philippines Manila, Manila, Philippines, [4]National Center for Mental Health, Mandaluyong City, Philippines, [5]Department of Epidemiology and Biostatistics, College of Public Health, University of the Philippines Manila, Manila, Philippines, [6]Department of Clinical Epidemiology, College of Medicine, University of the Philippines Manila, Manila, Philippines

INTRODUCTION
The National Center for Mental Health, as part of a strategic shift anchored on the mandates of the Mental Health Act and the Universal Health Care Act, is integrating a public mental health (PMH) perspective in its operations. Responding to this new organizational direction, this research was conceptualized to develop a competency framework in PMH tailored to the Philippine setting.
METHODS
The framework development process was designed using a phased approach. The first phase, which is the subject of this abstract, involved a desk review of existing PMH frameworks developed in other jurisdictions cross-matched with relevant local frameworks in mental health, public health, and universal health care. The initial list of competencies was refined following a consensus development workshop involving purposively selected mental health and public

health practitioners. The (planned) second phase will validate the framework through modified Delphi process and expert consultation.
RESULTS
An initial list of competencies with 2,150 behavioral indicators was abstracted from 39 documents retrieved from a combination of database searching and consultation of reference lists of included documents. Thematic categorization and alignment with the institutional mandate resulted in a refined list with 100 behavioral indicators grouped into nine competency categories. A panel of 15 mental health and public health experts and practitioners were convened for a one-day consensus development workshop to review this list. The consensus panel agreed on an updated competency framework with six competency categories: interpersonal communication, evidence-informed practice, mental health promotion, building healthy communities, policy and advocacy, and leadership in public mental health.
CONCLUSIONS
This project was able to identify the starting point for a competency framework in PMH appropriate to the Philippine context. After validation in Phase 2, the framework will guide the development of an institutional capacity building activity to integrate public health in mental health practice.
Popul. Med. 2026;8(Supplement 1):A2414

ABS0696

The prevalence associated risk factors for perinatal depression among HIV positive women attending prevention of mother to child transmission of HIV services in Tzaneen sub-district

Tebogo Shivuri[1], Khomotso Maaga[1], Kebogile Mokwena[1]
[1]Department of Public Health, Sefako Makgatho Health Sciences University, Pretoria, South Africa

BACKGROUND
Despite global evidence of increased depression risk among perinatal HIV positive women, maternal mental health is still largely neglected in the local context.The aim of this study was to screen for perinatal depression symptoms among HIV positive women attending PMTCT services in Tzaneen sub-district.
METHODS
A cross-sectional survey using the Edinburgh Postnatal Depression Scale (EPDS) were used to screen for depression symptoms among 395 perinatal women. Stata-14 was used for data analysis and the Pearson chi-square tests were used to explore associations between socio-demographic variables, levels of HIV shame and depression symptoms ($p \leq 0.05$). Multivariate analysis was performed with all significant variables.
RESULTS
Majority of the women were single (n=194; 49.11 %) or cohabiting (n=156; 39.49%) and unemployed (n=346; 88%), with a mean age of 27. Most (n=112; 28.35 %) of the women found out about their HIV status due to an illness (n=112; 28.35%) and only a few (n=155; 39.24 %) had disclosed their HIV status to their current partner. A perinatal depression prevalence of 64.56 % was found, with 41.01 % and 23.54 % of women experiencing antenatal and postnatal depression, respectively. Depression was significantly associated with infant age, number of babies given birth to, partner's level of education, employment status and monthly income ($p \leq 0.05$). High levels of HIV shame, as well as those who had not disclosed their HIV status to their partners, were also at a heightened risk of depression at a bivariate level ($p \leq 0.05$).
CONCLUSIONS
The prevalence of perinatal depression is high among HIV positive women with higher risk among those who have low socio-economic status. Thus, making it essential to prioritize routine screening during the perinatal period especially among HIV positive women.
Popul. Med. 2026;8(Supplement 1):A2416

ABS0765

Socioeconomic determinants of mental health service utilisation: A retrospective analysis of Government Employees Medical Scheme (GEMS) claims data (2019 - 2024)

Jacob Thenga[1], Bernard Mutsago[1], Selaelo Mametja[1], Molaudi Gaula[1], Stan Moloabi[2], Annecha Wessels[1], Jolene Bultinck Human[3], Kudzai Chigiji[2,1]
[1]Research and Development, Government Employees Medical Scheme, Pretoria, South Africa, [2]Government Employees Medical Scheme, Pretoria, South Africa, [3]Healthcare Management, Government Employees Medical Scheme, Pretoria, South Africa

BACKGROUND
Mental health disparities are broadening across South Africa, yet there is limited evidence on how socioeconomic determinants of health (SDOH) affect both mental health outcomes and the use of related benefits and services among insured populations. This study assesses the impact of income, education, age, gender, geography, and chronic disease burden on mental health service utilization among members of the Government Employees Medical Scheme (GEMS) between 2019 and 2024.
METHODS
A retrospective cohort analysis was conducted using GEMS administrative and claims data from 2019 – 2024. Variables included sociodemographic characteristics, mental health–related service utilisation, benefit option, and chronic condition profiles. Descriptive statistics, standardized comparisons, and multivariate logistic regression were employed to analyze associations between SDOH and mental health service utilization.
RESULTS
Mental health service utilization increased significantly over the six-year period, with notable disparities across various groups. Women, particularly those aged 60 and above, were the highest users (59%), and urban members accessed care more frequently than rural members (52% versus 42%). Utilization was also substantially higher among people with ≥2 chronic conditions and among lower-income beneficiaries, especially those on the Tanzanite One plan. Membership grew by 27% during the period, with a greater number of younger and lower-income members joining. Regression analysis showed that being female, older, lower income, living with multimorbidity, and residing in urban areas were key predictors of higher mental health service use.
CONCLUSIONS
Clear socioeconomic and demographic gradients underpin mental health service utilisation within GEMS. These inequities emphasise the need for targeted interventions aimed at high-risk groups and the expansion of community-based, preventive mental health models. Addressing upstream structural determinants will be essential for achieving equitable and sustainable mental health outcomes.
Popul. Med. 2026;8(Supplement 1):A2421

ABS0858

Strategic Whole-person Lifespan Approaches and Networks to Strengthen Systems for Mental Wellness across Ten United States-Mexico Border Counties

Thenral Mangadu[1], Geneva Nieto[1], Stephanie Flores[1], Vivian Daher[1], Adrian Billings[2], Ivonne Tapia[3]
[1]Public Health Sciences, The University of Texas at El Paso, El Paso, United States, [2]Family Medicine, Texas Tech University Health Sciences Center, Permian Basin, Texas, United States, [3]Aliviane Inc., El Paso, United States

INTRODUCTION
The rural United States- Mexico Border communities in West Texas at high risk for Serious Mental Illnesses (SMI) and Substance Use disorder (SUD) and also experience health professional shortage, transportation barriers, unemployment, low access to healthcare, lack of health insurance, and poverty1,2. The Minority AIDS Research Center (MARC), University of Texas at El Paso is implementing a whole-person lifespan approach for community capacity- building across 10 counties to strengthen mental healthcare systems.
METHODS
Since 2012, we have expanded a community-grounded framework for simultaneous healthcare workforce development, health education, services-linkage, treatment and, recovery in Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Maverick, Pecos, Presidio, Uvalde, and Val Verde Counties, TX. Our community network of stakeholders have strategically secured resources for addressing SUD, SMI, HIV and HCV among women, children (neonates, adolescents & youth), young adults and men through multiple public health programs.
RESULTS
As of date, through our capacity-building strategies and holistic approach, over 5000 individuals have received services for prevention, treatment and recovery, 570 first responders and mental health professionals trained in crises de-escalation and linkage to services, 1000+ campus members engaged in suicide prevention response, 82 behavioral health professionals placed in rural counties, and 60 community health workers trained. Currently we are implementing our region-wide capacity building to continue to serve community residents and, provide behavioral health workforce development. Priority communities members' feedback indicate that simultaneous wrap around services such as healthy foods, childcare resources, employment and housing assistance and, parenting intervention in addition to SMI and SUD treatment has enabled better health outcomes.
CONCLUSIONS
Mental health care systems in underserved, rural and/or international border communities need capacity building in individual, family, community and

organizational domains simultaneously. We will share our strategies and evidence for strengthening rural/underserved systems for sustained outcomes for workforce building, and holistic care provision.
Popul. Med. 2026;8(Supplement 1):A2429

ABS0882
Comparing the effectiveness of Trauma-Focused Cognitive-Behavioural Therapy and Eye Movement Desensitization and Reprocessing in treating Post-Traumatic Stress Disorder among females: A Systematic Review

Molefi Rakometsi[1]
[1]Wits School of Public Health, Wits, Johannesburg, South Africa

INTRODUCTION
Mental health challenges are a critical global concern, impacting millions and straining healthcare systems. Among mental health disorders, Post-Traumatic Stress Disorder (PTSD) stands out for its severe effects on quality of life. Females are disproportionately affected, being twice as likely to develop PTSD due to higher exposure to gender-based violence, sexual assault, and interpersonal trauma. Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR) are widely used evidence-based treatments; however, limited research compares their effectiveness specifically among females. Understanding which intervention offers greater symptom relief, functional improvement, and treatment adherence is essential for informing gender-responsive mental health care.
METHODS
A systematic review was conducted using PubMed, PsycINFO, ScienceDirect, ProQuest, Google Scholar, SpringerLink, and PsycTherapy (2000–2024). Thirty peer-reviewed studies met inclusion criteria, focusing on females with PTSD receiving TF-CBT or EMDR. Studies reporting symptom reduction, functional improvement, or treatment adherence were synthesised using thematic analysis. Both TF-CBT and EMDR significantly reduced PTSD symptoms in females. EMDR demonstrated larger immediate effect sizes (1.3–2.8), indicating rapid symptom relief1–3. TF-CBT, however, showed stronger statistical significance ($p < 0.001$) and more consistent improvements across emotional dysregulation, hyperarousal, avoidance, and re-experiencing 4–6. Functional outcomes showed a similar pattern: both therapies improved overall functioning, but TF-CBT demonstrated more stable long-term gains, while EMDR showed some decline at six-month follow-up 7–9. Regarding adherence, TF-CBT achieved higher completion rates (68–90%) compared to EMDR, which had higher dropout rates due to session intensity 10,11.
Popul. Med. 2026;8(Supplement 1):A2430

ABS0887
Health and wellbeing of staff working at higher education institutions globally: Evidence from 16 countries

Muhammad Aziz Rahman[1]
[1]Institute of Health and Wellbeing, Federation University Australia, Berwick, Australia

BACKGROUND
The ongoing global crisis of Higher Education (HE) institutions has increased the likelihood of enduring psychological stressors for staff. This study aimed to identify factors associated with job insecurity, burnout, psychological distress and coping amongst staff working at HE institutions globally.
METHODS
An anonymous cross-sectional study was conducted in 2023 with staff at HE institutions across 16 countries. Job insecurity was measured using the Job Insecurity Scale, burnout using the Perceived Burnout measure question, psychological distress using the Kessler Psychological Distress Scale (K10), and coping using the Brief Resilient Coping Scale.
RESULTS
A total of 2,353 staff participated. Most staff (85%) did not feel job insecurity, one-third (29%) perceived burnout in their jobs, more than two-thirds (73%) experienced moderate to very high levels of psychological distress, and more than half (58%) exhibited medium to high resilient coping. Perceived job insecurity was associated with staff working part-time [Adjusted Odds Ratio 1.53 (95% Confidence Intervals 1.15–2.02)], having an academic appointment [2.45 (1.78–3.27)], having multiple co-morbidities [1.86 (1.41–2.48)], perceived burnout [1.99 (1.54–2.56)] and moderate to very high level of psychological distress [1.68 (1.18–2.39)]. Perceived burnout was associated with being female [1.35 (1.12–1.63)], having multiple co-morbidities [1.53 (1.20–1.97)], perceived job insecurity [1.99 (1.55–2.57)], and moderate to very high levels of psychological distress [3.23 (2.42–4.30)]. Staff with multiple co-morbidities [1.46 (1.11–1.92)], mental health issues [2.73 (1.79–4.15)], perceived job insecurity [1.61 (1.13–2.30)], and perceived burnout [3.22 (2.41–4.31)] were associated with moderate to very high levels of psychological distress. Staff who perceived their mental health as good to excellent [3.36 (2.69–4.19)] were more likely to have medium to high resilient coping.
CONCLUSIONS
Factors identified in this study should be considered in reviewing and updating current support strategies for staff at HE institutions across all countries to reduce stress and burnout and improve wellbeing.
Popul. Med. 2026;8(Supplement 1):A2431

ABS0888
Islamophobia and discrimination: Did it differ between Muslim and non-Muslim healthcare professionals in Australia?

Muhammad Aziz Rahman[1], Sadia Hossain[2], Ambereen Farouque[3], Yousuf Ahmad[4], Habib Bhurawala[5]
[1]Institute of Health and Wellbeing, Federation University Australia, Berwick, Australia, [2]School of Health Science, Western Sydney University, Sydney, Australia, [3]Australian Islamic Medical Association, Melbourne, Australia, [4]Inglis Medical Centre, Sale, Australia, [5]Department of Paediatrics, Nepean Hospital, Sydney, Australia

BACKGROUND
Evidence on the experiences of Islamophobia and discrimination among healthcare professionals in Australia is almost non-existent. This study aimed to identify levels and predictors of perceived Islamophobia, degree of religiosity, perceived discrimination and psychological distress among healthcare professionals in Australia.
METHODS
An anonymous cross-sectional study was conducted in 2024 with any healthcare professionals or students/trainees of any health profession (Muslims or non-Muslims) in Australia. A validated structured questionnaire was used to examine these outcomes.
RESULTS
A total of 358 healthcare professionals participated; 277 (85%) were Muslims, and 282 (83%) identified themselves as members of culturally and linguistically diverse (CALD) communities. Most of the Muslims (71%) were highly religious. The average score for Islamophobia did not differ between Muslims and non-Muslims (4 out of 6). One in ten (12%) did not have any social awareness of Islamophobia. Although the high level of exposure to discrimination was the same between Muslims and non-Muslims (13% vs. 11%), the topmost perceived reasons for discrimination were religion (74%) and race (63%) among Muslims; gender (68%) amongst non-Muslims. Muslims had higher levels of moderate-to-very high levels of psychological distress than non-Muslims (60% vs. 53%). Muslims were more likely to be a member of CALD and had self-reported co-morbidities Higher levels of exposure to discrimination were associated with perceived discrimination due to ancestry, gender, physical appearance, and religion (AOR 4.79, 95% CIs 2.13-10.8), pre-existing mental health issues, and moderate to very high levels of psychological distress. Higher levels of psychological distress were associated with being female, having co-morbidities and pre-existing mental health issues, perceived discrimination due to gender, religion, physical appearance and weight, and exposure to discrimination.
CONCLUSIONS
Factors identified in this study should be considered when updating workplace policies and support strategies for Muslim and non-Muslim healthcare professionals in Australia to reduce Islamophobia and discrimination.
Popul. Med. 2026;8(Supplement 1):A2432

ABS0924
Training in Applied Behavior Analysis (ABA) for Professionals at the Child and Adolescent Psychosocial Care Center (CAPS)

Guilherme Chirinéa[1], Ieticia Miranda Lima[1], Maria Alice Santos Costa[1], Airlana Menezes Oliveira de Souza[1], André Pereira Gonçalves[1]
[1]Programa de Pós-Graduação em Psicologia da Saúde, Instituto Multidisciplinar em Saúde – IMS CAT-UFBA, Vitória da Conquista - BA, Brazil

INTRODUCTION
The Child and Adolescent Psychosocial Care Center (CAPS) in Vitória da Conquista, Brazil, serves more than 3,500 users, 37.7% of whom are diagnosed with Autism Spectrum Disorder (ASD), within a context of professional understaffing and training gaps. Applied Behavior Analysis (ABA) is an evidence-based approach for structured and intensive interventions; however, its application in interdisciplinary CAPS settings remains insufficiently systematized. This training program was developed to qualify the team in the use of ABA for crisis management, functional

assessment, and interdisciplinary care.
METHODS
The course was conducted between October 2 and November 27, 2025, with a total workload of four hours, divided between interactive lectures and practical activities. Strategic topics included interdisciplinarity, ABA principles, Functional Behavior Assessment (FBA), crisis management, communication with families and care networks, and ethical aspects. Active learning methodologies were employed, including case studies, group dynamics, and ethical dilemma worksheets based on real CAPS situations.
RESULTS
The training expanded the technical repertoire of the team, strengthening understanding of ABA principles and the application of FBA in daily practice. Increased interdisciplinary integration, standardization of crisis protocols, and improved functional behavior documentation were observed. Reusable materials, such as a technical handbook and case-study worksheets, were developed and incorporated into the institution's permanent education resources.
CONCLUSIONS
ABA training proved to be an effective strategy for improving the quality of child and adolescent mental health care within CAPS, aligning evidence-based practices with the Brazilian Unified Health System (SUS) guidelines. Institutionalization of this training within permanent education plans, replication in other CAPS units, and articulation with municipal management are recommended to expand its impact across the Psychosocial Care Network.
Popul. Med. 2026;8(Supplement 1):A2434

ABS0946
The association of asylum, health and trauma-relate d factors with suicidal ideation among newly arrived asylum seekers in Finland

Laura Somersalo-Cavén[1,2], Natalia Skogberg[1], Anu Castaneda[1], Katariina Mankinen[1,3], Antti Klemettilä[1], Olli Snellman[4,1], Ferdinand Garoff[5,1]
[1]Finnish Institute for Health and Welfare, Helsinki, Finland, [2]University of Helsinki, Helsinki, Finland, [3]Åbo Akademi, Turku, Finland, [4]Finnish Immigration Services, Helsinki, Finland, [5]Swedish Red Cross University, Huddinge, Sweden
INTRODUCTION
Asylum seekers face a disproportionately high mental health burden, driven by displacement, uncertainty, and limited access to care. The prevalence of suicidal ideation is high among asylum seekers, yet research on its determinants remains scarce. As suicidal ideation acts as a precursor to suicidal behavior and chronic mental health problems5, it presents a serious public health challenge. The aim of this study was to identify factors associated with suicidal ideation among newly arrived asylum seekers in Finland.
METHODS
Data were drawn from the Finnish Asylum Seekers Health and Wellbeing Survey, including newly arrived asylum seekers aged 18 years and older (n=745). Suicidal ideation was measured with an item in the Hopkins Symptom Checklist-25. Logistic regression models were used to examine how sociodemographic, asylum, health, and trauma-related factors predict suicidal ideation.
RESULTS
Suicidal ideation during the past week was reported by 14.4% (95% CI 11.8–16.9). Significant associations were observed with region of origin, longer travel time (OR 1.62, 95% CI 1.02–2.57), lack of contact with important people abroad (2.33, 1.40–3.86), not having any relatives in Finland (1.92, 1.25–2.94), lower self-rated health (3.55, 2.30–5.47), functional limitations (2.47, 1.60-3.80), regular need for medication (2.16, 1.38–3.38), somatic symptoms (loss of appetite (3.22, 2.01–5.16), night sweats (2.62, 1.56–4.39), or pain (2.47, 1.58–3.86)), diagnosed depression (3.42, 1.97–5.93), severe depressive (16.82, 9.86–28.70) or anxiety symptoms (6.68, 4.21 –10.60), having injuries or scars (2.22, 1.42–3.47), and exposure to at least one potentially traumatic event (8.00, 1.80–35.5).
CONCLUSIONS
Suicidal ideation among newly arrived asylum seekers in Finland was common and was linked to diverse factors beyond mental health symptoms alone. These findings underscore the need for comprehensive and holistic support addressing issues beyond mental health.
Popul. Med. 2026;8(Supplement 1):A2437

ABS0952
"A place where you never have to be afraid of who you are": An intersectional analysis of university students' experiences of discrimination during their studies

Laura Pilz González[1], Christina Prediger[1], Christiane Stock[1], Hürrem Tezcan-Güntekin[2], Katherina Heinrichs[1]
[1]Institute of Health and Nursing Science, Charité – Universitätsmedizin Berlin, Berlin, Germany, [2]Department of Health and Education, Alice Salomon University of Applied Science, Berlin, Germany
BACKGROUND
As a key setting, universities shape student wellbeing and academic trajectories. Simultaneously, they are embedded in, and contribute to, existing structural power relations. Students holding marginalised positions report experiences of discrimination more often than others. These experiences adversely affect their mental health, feelings of belonging, and academic engagement. Little is known about how discrimination is experienced at the intersection of multiple inequities in higher education. This study examines how university students in Germany experience discrimination during their studies and how this shapes their wellbeing.
METHODS
Fifteen semi-structured problem-centred interviews were conducted with university students who self-identified as having experienced discrimination during their studies. Data were analysed using the intersectional multilevel analysis framework by Winker and Degele1, which combines inductive reconstructions of participants' self-positionings with deductive contextualisation of structural power relations. This approach traces how discrimination operates across interpersonal, institutional, and societal levels.
RESULTS
Students experienced discrimination as an embodied process shaped by microaggressions, institutional inflexibility, and relational hierarchies, particularly within student–lecturer dynamics. Intersecting forms of othering, including, racism, sexism, xenophobia, classism, language-based exclusion, ableism, caregiving penalties, ageism, and Islamophobia were experienced as overlapping and context-dependent. Participants described how discrimination settled into the body through emotional, cognitive, and physical manifestations expressed as fear, anger, disrupted identities, existential questioning, exhaustion, and burnout. These forms of embodiment were not isolated reactions but ongoing responses. Alongside these harms, students exercised agency through anticipatory navigation, managing visibility, resting, collective engagement, and forms of endurance that reframed survival and solidarity as resistance. Discrimination thus emerged as a dynamic socio-structural process through which academic trajectories and relationships to power were continuously reshaped.
CONCLUSIONS
Discrimination in higher education functions as a determinant of student mental health. Addressing its embodied consequences requires institutional accountability and policies that move beyond diversity rhetoric toward meaningful structural and cultural transformation.
Popul. Med. 2026;8(Supplement 1):A2438

ABS1020
Admissions of people living with serious mental illness (PLSMI) under the South African Mental Health Care Act (MHCA) [No. 17 of 2002] in poorly resourced mental healthcare systems

Nezerith Cengiz[1,2], Jane Goudge[1], Frances Griffiths[1,3], Lesley Robertson[1]
[1]Centre for Health Policy, University of the Witwatersrand, Parktown, South Africa, [2]Division of Medical Ethics and Law, Stellenbosch University, Parow, South Africa, [3]Division of Health Sciences, University of Warwick, Coventry, United Kingdom
ABSTRACT
In South Africa, psychiatric hospital admissions are done in line with the MHCA No. 17 of 2002 and fall under three categories namely voluntary, assisted and involuntary admission. However, the successful implementation of this Act is hampered by a poorly resourced community-based mental health care system. The final decision to admit individuals is preceded by a series of micro-decisions by various stakeholders including the family or police and mental health care professional. There is also a lack of compliance, enforcement and oversight bodies to ensure PLSMI benefits. The Act presumes that a functional primary health care clinic can either refer to the community clinic for a psychiatric assessment, retain the individual admitted at that level, or refer upward to a district hospital with a functional psychiatric unit with sufficient resources. The underinvestment in community-based mental health care systems compels MHCPs to admit patients, who could have otherwise been managed in their communities, merely to ensure they receive care for their SMI. Moreover, such patients stabilise but often relapse shortly after being discharged due to a poorly resourced community-based system. This study will explore the experiences, challenges and ethical issues of admission practices of PLSMI in SA. Participants will be recruited through purposive and snowball sampling from three different sites in SA, namely, Kenneth Kaunda (no community psychiatry services), Sedibeng (offers community-based psychiatry services) and the City of Cape Town (outreaches psychiatry services from hospitals) given the varying levels of community-based care, access to

and quality of secondary and tertiary care, and population needs. A multi-case study design (with each district being a case study) will be utilised with an explanatory approach to collect data through in-depth interviews. Data will then be thematically analysed.
Popul. Med. 2026;8(Supplement 1):A2446

ABS1037

Depressive condition and rise of intentional poisoning among young girls during the COVID-19 pandemic. A Swedish national register-based cohort study using different time windows

Lucie Laflamme[1], Katelyn Battista[2], Michael Lundberg[1], Anna Ohlis[1], Gergö Hadlaczky[3]
[1]Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden, [2]Department of Health Sciences, Brock University, St. Catharines, Canada, [3]National Swedish Center for Suicide Research and Prevention, Karolinska Institutet, Stockholm, Sweden

BACKGROUND
Studies on the impact of the COVID-19 pandemic on intentional poisoning in youth all show rising levels, above all driven by girls. However, they typically use narrow time windows, pay little attention to age differences and lack insight on high-risk groups like those suffering from depression. Focused on young girls suffering from depression, and using a short and a long time window, this study investigates the impact of the pandemic on self-poisoning among girls 10-14 and 15-19 years.
METHODS
This national longitudinal study used data from a register-based rolling cohort of girls 10-19 years in Sweden between 2006 and 2021 (n~1.52 million). Age-stratified trends in self-poisoning were compiled for those suffering from depression (approximately 8630 per year). The short-term investigation examined consecutive changes in period incidences, between the pandemic 22-month period (March 2020-December 2021) and two prior equivalent calendar periods in 2018-2019 and 2016-2017. Long-term, changes in trends in annual incidences (2006-2021) were assessed.
RESULTS
Self-poisoning increased in both age groups when comparing the pandemic period to the previous same-length time window (2018-2019), but the rise was proportionally more than three times higher among younger vs. older girls (32.5% vs. 9.5%). The rise (in annual incidence terms) reversed long-term declining trends among older girls and exacerbated increases already under way among younger ones. Because differential age-related impact, the pandemic compounded the relative excess risk of younger girls in depression compared to their older peers.
CONCLUSIONS
For young girls suffering from depression, the COVID-19 pandemic had age-specific negative effects on self-poisoning. It interrupted and reversed 15 years of significant downward trends in annual prevalences among those 15-19 and exacerbated recently reemerging ones among the 10-14 years. How rising trends in the prescription of psychotropic medication and in self-poisoning relate to one another is not straightforward and deserves close attention.
Popul. Med. 2026;8(Supplement 1):A2449

ABS1099

Prevalence of depressive and anxiety symptoms and mental health help-seeking among physiotherapists in Tartu County, Estonia

Maive Mõttus[1,2], Ene Indermitte[1], Eva Mengel[2], Rauno Salupere[2], Anna-Liisa Tamm[2]
[1]Institute of Family Medicine and Public Health, University of Tartu, Tartu, Estonia, [2]Department of Physiotherapy and Environmental Health, Tartu Applied Health Sciences University, Tartu, Estonia

INTRODUCTION
In line with global trends, Estonia faces a shortage of healthcare professionals, alongside increasing mobility and attrition from the profession. This is further compounded by mental health challenges, which may compromise long-term professional retention, threaten the sustainability and quality of healthcare services. This study aimed to assess the prevalence of depressive and anxiety symptoms among physiotherapists, their perceived need for mental health support, and actual help-seeking behavior in Tartu County, Estonia.
METHODS
Physiotherapists working in Tartu County with a workload of at least 0.5 full-time equivalent (FTE) completed a self-reported survey in 2025, including the Emotional State Questionnaire. Two subscales — depression and anxiety — were interpreted using cut-off scores above 11 points. Descriptive statistics, Spearman's correlation and Pearson's Chi-squared test were applied; p-value of < 0.05 was considered significant.
RESULTS
In total, 79 physiotherapists participated (mean [SD] age 35 ± 9 years; workload distribution: 38% <1, 54% 1 FTE, 8% >1 FTE; mean [SD] work experience 10 ± 8 years). Symptoms indicative of depression were present in 46.8% (n=37) of participants and symptoms of anxiety in 40.5% (n=32); 32.9% (n=26) scored above the threshold on both subscales. Among physiotherapists with depressive symptoms, 83.8% (n=31; p<0.01) perceived a need for professional mental health support; and 48.7% (n=18; p<0.01) had sought help. Corresponding figures for those with anxiety symptoms were 81.3% (n=26; p<0.01) and 53.1% (n=17; p<0.01). Correlation analysis revealed no statistically significant associations between mental health symptom scores and age or work experience (all r values between -0.08 and -0.04).
CONCLUSIONS
Depressive and anxiety symptoms were common among physiotherapists. Despite a high perceived need for mental health support, help-seeking remained limited, indicating a gap between need and access to care. Targeted interventions to improve awareness and utilization of mental health services may help sustain the healthcare workforce.
Popul. Med. 2026;8(Supplement 1):A2453

ABS1105

Evaluation of Mental Health outcomes: a framework for mental health policy and quality of Public Health Systems

Mercedes Gumbau[1], Joaquin Maudos[1]
[1]University of Valencia, Valencia, Spain

ABSTRACT
Backgrounds: Mental health has historically received limited attention within public health policy frameworks, resulting in persistent treatment gaps, systemic exclusion, inequities in access to care, and inadequate prevention strategies. Mental health remains insufficiently integrated into broader public health systems, limiting the effectiveness of population-level responses. Effective policy frameworks must focus on social determinants, prevention strategies, resource allocation, and equitable access to care. In this context, the study applies urban hierarchy and location theories to examine how spatial organization and positionality within urban systems shape mental health policies and how the public health system can mitigate the adverse effects. The study builds standardized indexes of access, service quality, health expenditures, socioeconomic deprivation, and inequality and operationalizes each index to capture structural and contextual dimensions of mental health provision and explores how differential access to resources, services, and opportunities produces uneven mental health risks, disorders and mortality.
METHODS
The study draws on multi-source administrative surveys and spatial data. Estimation is performed using dynamic panel techniques to address endogeneity, autocorrelation, enabling consistent identification of short- and long-run relationships between the indicators and mental health outcomes.
RESULTS
Better valued public health institutions exhibit lower risk and reduced prevalence of mental disorders. Besides, mental disorder outcomes are not randomly distributed but are systematically produced by spatial inequalities embedded in urban systems, calling for place-sensitive and equity-oriented mental health policies, emphasizing prevention and equity as fundamental strategies to reduce the burden of mental illness in vulnerable populations.
CONCLUSIONS
Embedding mental health policy within public health infrastructure can significantly improve mental health outcomes. Policymakers should prioritize sustainable financing, workforce development, and community engagement to close treatment gaps and address social determinants of mental health. Patterns identified in this study offer pathways to strengthen global mental health policy integration into public health systems to improve equity and inclusion.
Popul. Med. 2026;8(Supplement 1):A2454

ABS1138

Individual Factors Associated with Substance Use Among Rural High School Learners in Limpopo, South Africa

Tshifhiwa Netshapapame[1]
[1]Public Health and Health Systems, University of Limpopo, Polokwane, South Africa

BACKGROUND
Substance use among high school learners is a major public health problem all across the world and South Africa. It has devastating effects on the health, and social wellbeing of learners, as well as educational process.
OBJECTIVES

This study sought to explore the associated factors of substance use among high school learners in the Motetema circuit, South Africa. Furthermore, it looked at the participants' lived experiences about the substance use problem among high school learners.
METHODS
The study followed a qualitative research approach by employing the phenomenological research design. The study included 10 learners, 05 boys and 05 girls from various high schools in Motetema circuit as well as 07 key informants using an interview guide as a data collection method. Data were then analyzed using a thematic approach.
RESULTS
The study found individual factors such as; curiosity, personal problems, behavioural problems to contribute to substance use by high school learners in the Motetema circuit, South Africa.
CONCLUSIONS
As far as the findings of the study are concerned, substance use prevention ought to be improved, through consistent and targeted awareness campaigns in the local schools involving other relevant stakeholders. Learners have to receive constant psychosocial support and mental health services to cope with personal problems that encourage them to use substances as well as behavioural modification programs. Educators also need to be provided with mental health support services to cope with disruptive and uncontrollable learners in the school environment
Popul. Med. 2026;8(Supplement 1):A2455

ABS1161
Support under strain: Alcohol use and social support in intimate partner violence among adolescent girls and young women
Victoria Oyekunle[1], Andrew Gibbs[2], Kim Jonas[3], Andrew Tomita[4]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [2]Department of Psychology, University of Exeter, Exeter, United Kingdom, [3]Health Systems Research Unit, South African Medical Research Council, Pretoria, South Africa, [4]Centre for Rural Health, School of Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa
BACKGROUND
Intimate partner violence (IPV) is a major public health concern with serious psychosocial and mental health implications for women globally. Social support is widely recognized as a protective factor against IPV, yet its effectiveness may be compromised in contexts of harmful alcohol use. This study examined the association between alcohol use and IPV and assessed whether perceived social support moderates the risk of IPV.
METHODS
Baseline data were drawn from the HERStory-1 study, a cross-sectional survey of 4,399 adolescent girls and young women aged 15–24 years. Perceived social support was measured using the Multidimensional Scale of Perceived Social Support. Multivariable logistic regression models assessed associations between alcohol use, social support, and emotional, physical, and sexual IPV. Interaction terms tested alcohol use as a moderator, and marginal effects and predicted probabilities were estimated to illustrate IPV risk across levels of social support and alcohol use.
RESULTS
Emotional IPV was the most prevalent form (23.1%), followed by physical (17.0%) and sexual IPV (6.3%); 25.2% of participants reported harmful alcohol use. High perceived family support was associated with reduced odds of emotional (AOR=0.53, 95% CI:0.42–0.66), physical (AOR=0.59, 95% CI:0.45–0.75), and sexual IPV (AOR=0.41, 95% CI:0.29–0.58). Friend support similarly reduced the odds of emotional (AOR=0.49, 95% CI:0.40–0.59), physical (AOR=0.55, 95% CI:0.44–0.68), and sexual IPV (AOR=0.52, 95% CI:0.37–0.72). Support from a significant other was not protective against sexual IPV. Harmful alcohol use significantly increased the odds of all IPV forms and weakened the protective effects of social support.
CONCLUSIONS
Social support, particularly from family and friends, is a key protective factor against IPV, a major psychosocial risk to mental health and social wellbeing. However, its protective effect is diminished in the presence of harmful alcohol use, highlighting the need for integrated prevention strategies globally urgently.
Popul. Med. 2026;8(Supplement 1):A2458

ABS1226
Licensing and regulation of the mental health residential care facilities: A case study from the Sedibeng district, South Africa
Samantha Mhlanga[1]
[1]Centre for Health Policy, University of Witwatersrand, JNB, South Africa
ABSTRACT
The World Health Organization advocates for the regulating of mental health accommodation services to ensure that they use a person-centered approach and promote human rights. However, many low-middle-income countries still face challenges that prevent them from delivering services according to such regulations. In this study, we explore the experiences of regulating mental health residential facilities in one district of South Africa. We conducted a qualitative study using in-depth interviews and observations from October 2022 to June 2023. Our participants were district governance and compliance team members, and managers, staff, residents and their families of three residential facilities. The governance team tried to ensure facilities complied with regulatory standards, assisting them where possible to meet those standards. Managers and family members understood that enforcing regulation will help improve service delivery. However, managers reported that some regulatory standards were more appropriate for hospitals than residential facilities. Facility staff felt neglected and undervalued by the governance team. Residents found the inspection process intrusive. Managers reported that their experience of providing residential services was undervalued in the regulatory process and that the funding for their facilities was insufficient for them to meet current standards. The governance team were aware there was a shortage of residential care facilities so had to decide which facilities to license even when they did not meet current standards. Current inspection, licensing and regulation of mental health residential facilities in South Africa is not yet fit for purpose and may hinder residents to achieve independency and quality of life. Involvement of service users and providers in mental health care planning may help align the licensing regulations to residential care services that are truly community-based.
Popul. Med. 2026;8(Supplement 1):A2465

ABS1333
Mental health as a shared responsibility: working across sectors to finance and improve mental health service integration
Kate Rees[1,2], Enock Zibengwa[1], Carol Tait[1], Kgadi Magongoa[3], Kagiso Taaolo[4], Tasneem Kathree[5]
[1]Anova Health Institute, Johannesburg, South Africa, [2]Department of Community Health, University of the Witwatersrand, Johannesburg, South Africa, [3]SIOC-Community Development Trust, Kuruman, South Africa, [4]Northern Cape Department of Health, Kuruman, South Africa, [5]Centre for Research in Health Systems, University of KwaZulu Natal, eThekwini, South Africa
BACKGROUND
Mental health is a neglected priority in South Africa. Systemic weaknesses in health and social development contribute to limited mental health promotion and a severe treatment gap, and structural determinants remain challenging to address. Mining communities are especially vulnerable, experiencing a lack of economic sustainability, high levels of migration, and poor infrastructure.
METHODS
The Ke Botlhokwa programme operates in a mining community in the Northern Cape, South Africa. The programme is a rare example of successful intersectoral collaboration, with government (Department of Health), private sector (Sishen Iron Ore Company Community Development Trust), non-governmental (Anova Health Institute) and academic (University of KwaZulu Natal) actors. In 2025, Ke Botlhokwa reached more than 3,000 service users, with hundreds receiving psychotherapeutic support. Central to its approach is sustained investment in community-based mental health care, the capacitation of healthcare providers, integration of evidence-based mental health services into primary healthcare, efforts to address stigma, strong intersectoral partnerships and coordination, and context-specific adaptation. This panel will consist of project representatives from multiple sectors and will share and discuss the foundations of partnerships that can result in strengthened mental health services.
RESULTS
The panel will discuss: - Mental health viewed broadly as a shared social-development responsibility - The integration of mental health into primary healthcare requires resources, skills, and political will - Building trust and genuine engagement across sectors - The role of the district health management team in coordinating partnerships - How programmes like this can better address structural determinants of health
CONCLUSIONS
Strong, integrated mental health services have the potential to be transformative for mining and other vulnerable communities. Mental health cannot be contained within health facilities, but is a shared responsibility in communities, and requires strong collaboration and coordination. Lessons on how this can be achieved could strengthen integration in similar settings.
Popul. Med. 2026;8(Supplement 1):A2471

ABS1336

Conceptualisations of Postpartum Mental Disorder Among Yoruba Communities in Southwest Nigeria: Meanings, Causes, and Responses

Oloruntomiwa Oyetunde[1], Mofeyisara Omobowale[1], Marlous de Milliano[2]
[1]Institute of Child Health, University of Ibadan, Ibadan, Oyo state, Nigeria, [2]American Institutes for Research, Arlington, United States

ABSTRACT
Postpartum mental disorders(PPMD) encompassing conditions from "postnatal blues" to postpartum depression (PPD) and postpartum psychosis (PPP), are global public Health concerns(1,2,3,4). The "fourth trimester," is a period of intense physiological and psychological change, marking a unique vulnerability to mental health conditions5. In Nigeria, studies have shown significant rates of PPMD yet its recognition and management are deeply shaped by local cultural interpretations. This study explores Yoruba conceptualisations of postpartum mental illness, locally referred to as abísinwín a term describing a woman who becomes mentally unwell following childbirth in Oyo State, southwest Nigeria. Data for this study was obtained from 20 stakeholders during a co-creation workshop held 22-23rd October 2025 in Oyo state Nigeria. Participants included ward development committee chairs, health workers, researchers, young mothers and mental health program officers of Oyo state Ministry of Health. Participants examined community perceptions of the causes, manifestations, treatment, and prevention of postpartum mental illness, as well as locally understood descriptions of common mental health disorders. Data was recorded, transcribed and organised by themes. Participants identified multiple, interrelated explanations for abísinwín. A dominant belief was that postpartum mental illness is hereditary or familial, perceived as inevitable among women from affected families. Two main forms of abísinwín were described. Spiritual explanations were prominent. Excessive worry related to financial hardship, relationship challenges, and fear of childbirth was perceived as a trigger. Treatment was often through spiritual or traditional practices such as administering water from spiritually significant rivers. Preventive strategies included strict postpartum dietary restrictions, notably the consumption of unseasoned foods to stabilise the body and mind. Integrating culturally informed perspectives into maternal mental health interventions may improve recognition, acceptability, and responsiveness of postpartum mental health services in Yoruba communities.
Popul. Med. 2026;8(Supplement 1):A2472

ABS1343

High burden of problematic alcohol use is associated with depression and poor psychosocial well-being in South Africa

Nasheeta Peer[1], Kamogelo Senyatsi[1], Kim Nguyen[1], Jillian Hill[1], Andre-Pascal Kengne[1]
[1]Non-communicable Diseases Research Unit, South African Medical Research Council, Durban and Cape Town, South Africa

BACKGROUND
Although the burden of problematic alcohol use and poor mental health and psychosocial well-being is high in South Africa, these relations have been underexplored. This study investigated the associations of sociodemographic characteristics, lifestyle behaviours, mental health and poor psychosocial well-being with problematic alcohol use (CAGE ≥2) in Cape Town.
METHODS
In this population-based cross-sectional study, sociodemographic characteristics, lifestyle behaviours, mental health and psychosocial information were collected using administered questionnaires. The basic model, to ascertain the associations with problem drinking, comprised sociodemographic and lifestyle characteristics and was calculated using logistic regression analyses. Mental health and psychosocial variables were entered individually in separate models.
RESULTS
Among 1017 participants(81% women), median age 55 years, problem drinking was 12.8%. This was significantly higher in men, younger participants, black Africans, the unemployed, lower income earners and smokers compared with their counterparts. Among 669 participants with available mental health and psychosocial data, prevalence of depression scores≥10 (21.7% vs. 13.8%, p=0.036) and anxiety scores≥10 (14.2% vs. 10.6%,p=0.150) were higher in problem drinkers compared with non-drinkers. Prevalence of low social support (48.1% vs. 36.2, p=0.018) and poor quality of life (43.4% vs. 30.5%, p<0.001) was higher in problem drinkers vs. non-drinkers. In the regression analyses, being younger, male, black African vs. mixed ancestry and current smoking were associated with problem drinking. In individual models, depression traits (OR:2.30, 95%CI:1.25-4.25), less social support (OR:2.63, 95%CI:1.37-5.07), poor quality of life (OR:2.38, 95%CI:1.31-4.33) and physical or emotional health interfering with social activities (OR:2.54, 95%CI:1.11-5.84) were significantly associated with problem drinking.
CONCLUSIONS
The high burden of problem drinking and its associations with depression and poor psychosocial well-being underscore that routine screening for these conditions is needed. Comprehensive effective strategies for problem drinking should include assessments and interventions addressing depression traits, poor social support, low perceived quality of life and current cigarette smoking.
Popul. Med. 2026;8(Supplement 1):A2473

ABS1345

"Coping is Not Enough": Rethinking Nurse Wellbeing Interventions During Health Emergencies

Natasha Khamisa[1], Siyanda Madala[1], Cyril Fonka[1]
[1]School of Public Health, University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
The wellbeing of healthcare workers has long been a concern in low- and middle-income countries (LMICs), and the COVID-19 pandemic exacerbated existing challenges. Nurses experienced significant physical, mental, and psychosocial strain during the peak of the pandemic. Many wellbeing interventions in LMIC settings emphasise individual coping strategies and resilience; however, the extent to which these factors protect against burnout during large-scale health emergencies remains uncertain. This study examined the relationship between coping, resilience, general health, and burnout among South African nurses during the peak of COVID-19.
METHODS
A cross-sectional study was conducted using online self-administered questionnaires among nurses working in six purposively and conveniently sampled hospitals across three South African provinces. Validated instruments were used to measure burnout, coping strategies, resilience, mental health, physical health, and symptoms of anxiety and depression. Univariable and multivariable linear regression analyses were performed to identify factors associated with burnout.
RESULTS
A total of 139 nurses participated, the majority of whom were female (97.4%), with a median age of 43.3 years and a median professional experience of 12 years. Burnout scores differed significantly between nursing staff and nursing management ($p = 0.028$). In univariable analyses, burnout was significantly associated with coping strategies, resilience, mental health, physical health, anxiety and depression symptoms, and occupational role ($p < 0.05$). However, in the multivariable model, coping strategies were no longer significantly associated with burnout. Instead, burnout remained significantly associated with resilience, mental health, physical health, and anxiety and depression symptoms.
CONCLUSIONS
Findings indicate that coping strategies alone are insufficient to mitigate burnout among nurses during health emergencies in LMIC contexts. Mental and physical health emerged as more critical determinants of burnout, highlighting the need to move beyond coping-focused approaches toward holistic, system-level mental health and wellbeing interventions to support nurses during future public health crises.
Popul. Med. 2026;8(Supplement 1):A2474

ABS1689

The Silent Struggle: Mental Distress among Bachelor of Emergency Medical Care Students in South Africa

Melvin Chetty[1], Rosaley Prakaschandra[1], Julian Pillay[1], Soraya Seedat[2]
[1]Emergency Medical Care and Rescue, Durban University of Technology, Durban, South Africa, [2]Department of Psychiatry, Stellenbosch University, Cape Town, South Africa

BACKGROUND
Bachelor of Emergency Medical Care (BEMC) students are trained to qualify as the highest level of paramedics in South Africa and routinely work in high-pressure settings, including long shifts in unpredictable environments, exposure to critically ill or dying patients, and intensive rescue activities. Evidence on the prevalence of mental distress within this group is limited. This study aimed to address that gap.
METHODS
A cross-sectional study was conducted using validated mental health instruments: the Perceived Stress Scale (PSS-10), the Copenhagen Burnout Inventory (CBI), the Centre for Epidemiological Studies Depression Scale (CESD-R), and the Post-Traumatic Stress Disorder (PTSD) Checklist for DSM-5 (PCL-5), along with demographic variables. The electronic survey was distributed to students from three of the four South African universities offering the BEMC programme. Of the

366 eligible BEMC students, 139 completed the survey.
RESULTS
Most students reported moderate to high perceived stress (n = 125; 89.9%), personal burnout (n = 100; 79.1%), work-related burnout (n = 107; 77%), and nearly half screened positive for probable PTSD (n = 66; 47,5%). Many students (n = 44; 31.7%) reported subthreshold depression symptoms, 12.9% (n = 18) met the criteria for major depressive episode (MDE), and 7.2% (n = 10) were classified as having probable MDE. There was a significant association between perceived stress and work-related burnout (p <.001).
CONCLUSIONS
Mental distress was highly prevalent amongst BEMC students, signaling a critical challenge for emergency medical care training as well as potential health and workforce concerns for the South African emergency medical care profession. Beyond understanding the contributing factors and developing evidence-informed guidelines, there is a need to intentionally integrate mental health strategies into the BEMC curriculum.
Popul. Med. 2026;8(Supplement 1):A2491

ABS1751

Invisible and highly exposed: psychosocial vulnerability of Brazilian migrants working in illegal gold mining in French Guiana

Maylis Douine[1], Yann Lambert[1], Teddy Bardon[1], Lorraine Plessis[1], Marion Petit-Sinturel[1], Raphaëlle Le Querriou[1], Carlotta Carboni[1], Amanda Figueira[2], Josiane Nogueira Muller[2], Celia Basurko[1], Astrid Van melle[1], Antoine Adenis[1], Mathieu Nacher[1], Stephen Vreden[3], Martha Suarez-Mutis[2], Alice Sanna[2]
[1]Centre d'Investigation Clinique Guyane Amazonie - Inserm1424, Centre Hospitalier Universitaire de Guyane, Cayenne, French Guiana, [2]Parasitic diseases Laboratory, Foundation Oswaldo Cruz, Rio de Janeiro, Brazil, [3]Foundation for the Advancement of Scientific Research in Suriname (SWOS), Paramaribo, Suriname
INTRODUCTION
In French Guiana, workers involved in illegal gold mining—mainly migrants from Brazil's poorest states—constitute a highly vulnerable population. Living and working without legal status in remote Amazonian areas, they face limited access to essential health and social services and unstable conditions (1,2). This study aimed to describe psychosocial vulnerability in this hard-to-reach population, identify associated factors, and explore vulnerability profiles.
METHODS
A cross-sectional descriptive survey was conducted among adults engaged in illegal gold mining in French Guiana . Participants were enrolled at logistical bases along the borders with Suriname and Brazil. After informed consent, trained field investigators administered a standardized questionnaire covering sociodemographic characteristics, mining activities, mental health, violence exposure, food insecurity, perceived safety, quality of life, and healthcare access. Data were analyzed using descriptive statistics, validated scores, and cluster analysis to identify vulnerability profiles.
RESULTS
Between December 2024 and April 2025, 480 participants were enrolled, 95.4% of whom were Brazilian. Over half (55.7%) reported medium or poor health, and 43.9% lived more than a day's travel (by boat or on foot) from the nearest health facility. Social vulnerability was substantial: 16.7% reported no social support, 43.7% felt unsafe, and 29.8% had been exposed to violence. Food insecurity was frequent, with 20.5% experiencing moderate hunger and 0.4% severe hunger. Overall, 21.9% screened at high risk for a mental health disorder. Cluster analysis identified three groups: predominantly secure and socially supported participants (61%); highly exposed but socially supported participants (22%), (high insecurity, elevated mental health risk); and socially isolated and economically deprived participants (17%).
CONCLUSIONS
Brazilian migrants involved in illegal gold mining in French Guiana face substantial multidimensional vulnerabilities. The findings reveal a clear continuum of cumulative risks and emphasize the need for targeted harm reduction strategies and coordinated cross border public health interventions aimed at promoting health equity.
Popul. Med. 2026;8(Supplement 1):A2493

ABS1756

Public Health Association advocacy for youth mental health

Fiona Robards[1,2], Halimat Omowumi Olaniyan[1,3,4], Marta Caminiti[5,6], Jutta Lindert[5,7], Jonathan Campion[5,7], Alessandro Berionni[8], Federica Castellana[8], Saira Abdulla[9,10], Lesley Robertson[9,10], Bettina Borisch[5]
[1]Women, children and youth working group, World Federation of Public Health Associations, Geneva, Switzerland, [2]Sydney Medical School, Faculty of Health and Medicine, The University Of Sydney, Westmead, Australia, [3]Institute of Child Health, College of Medicine, University of Ibadan, Ibadan, Nigeria, [4]Drosophila Research and Training Centre, Ibadan, Nigeria, [5]Public Mental Health Working Group, World Federation of Public Health Associations, Geneva, Switzerland, [6]Local Health District 8, ASL Roma 2, Rome, Italy, [7]Public Mental Health Special Interest Group, World Psychiatric Association, Thônex, Switzerland, [8]Young World Federation of Public Health Associations, Geneva, Switzerland, [9]Public Mental Health Special Interest Group, Public Health Association of South Africa, Johannesburg, South Africa, [10]University of the Witwatersrand, Johannesburg, South Africa
ABSTRACT
This workshop is hosted by the WFPHA Public Mental Health Working Group, WFPHA Women, Children and Youth Working Group, Young WFPHA and the Public Health Association of South Africa, Public Mental Health Special Interest Group exploring 'Health without borders: equity, inclusion, and sustainability for youth mental health'. Around one in seven young people globally is affected by a mental health condition. Poor mental health among young people impacts a country's economy and wellbeing, in addition to costs to the health care and social systems. Young people living in vulnerable situations generally report more mental health symptoms and conditions. Public health associations globally can increase advocacy for young people. In 2024, global mapping of Public Health Associations (PHAs) polices identified that only seven PHAs out of 130 globally and one Regional PHA had policies related to young people.(3) In 2025, the WFPHA developed a Youth Mental Health Policy. This policy highlights the need for more advocacy and action on youth mental health globally.(4)
METHODS
Speakers from the Women, Children, and Youth Working Group will present the WFPHA youth mental health policy. A speaker from the Young WFPHA group will offer a youth perspective, highlighting their work to empower young people, including the WHO Youth Council, complemented by expert insights in the field. Following the presentations, this workshop will provide an opportunity for participants to discuss the development of policies in their country associations relating to youth mental health.
RESULTS
It is anticipated that this workshop will provide a catalyst for public health associations to develop polices related to youth mental health.
CONCLUSIONS
Promoting the mental health of young people aged 10-24 should be a priority for everyone across the globe in order to ensure that young people obtain their maximum potential and contribute to their communities and nations.
Popul. Med. 2026;8(Supplement 1):A2494

ABS1797

occupational therapy and public mental health in nigeria: a systematic review of community based interventions

Ivy ananda Etuk[1]
[1]Department of Health and Social care, University of Essex, Essex, United Kingdom
INTRODUCTION
Mental health conditions contribute to the global burden of disease, with low and middle income countries such as nigeria experiencing inequities in access, service provision, and outcomes. Mental health care in nigeria remains predominantly hospital centred, medically oriented, and under resourced, resulting in reduced community based and culturally responsive support. Occupational therapy, with its focus on participation, function, and engagement in daily life, offers an underutilised public health approach. However, the extent and impact of occupational therapy related community mental health interventions in nigeria remain insufficiently explored.
METHODS
This systematic review assessed evidence on community based mental health interventions in nigeria that reflect occupational therapy and public health principles. Four electronic databases (pubmed, cinahl, scopus, and african journals online) were searched for studies published between 2000 and 2025. Screening procedures followed prisma guidelines. Eligible studies described community delivered mental health interventions addressing participation, recovery, or social inclusion. Methodological quality was appraised, and findings were synthesised narratively.
RESULTS
the review identified a small number of community based interventions, with most mental health services continuing to operate within institutional psychiatric settings. Community initiatives included psychosocial rehabilitation programmes, task shifting models involving community health workers, and education interventions targeting stigma reduction. Across studies, reported outcomes included improved functional performance, increased social participation, reduced

stigma, and strengthened community reintegration. However, interventions were fragmented, inconsistently evaluated, and rarely conceptualised within an occupational therapy framework despite clear alignment with occupational therapy principles.
CONCLUSIONS
findings highlight a gap in occupation focused, community embedded mental health interventions in nigeria. Integrating occupational therapy into national public mental health pathways could enhance prevention, promote recovery oriented care, and support social inclusion. Policy reform, workforce development, and research investment are required to strengthen occupational therapy led community mental health models consistent with public health priorities and principles of occupational justice.
Popul. Med. 2026;8(Supplement 1):A2496

ABS1819

Exploring the socio-economic drivers of gender-based- violence: a closer look at community dynamics as social determinants of health in Rural Limpopo Province of South Africa

Hans Onya[1], Mahlodi Maphakela[1], Tiisetso Chuene[1], Tshifhiwa Netshapapame[1]
[1]Department of Public Health and Health Systems, University of Limpopo, South Africa, Polokwane, South Africa

BACKGROUND
Globally, gender-based violence (GBV) is a major threat to public health that exposes unbalanced gender relations in societies. GBV is a grave infringement of human rights that has a substantial impact on the socioeconomic and developmental outcomes of survivors, their families, communities, and society. The study explored the socio-economic drivers and dynamics of gender-based violence in a rural community in Limpopo Province, South Africa.
METHODS
Using a qualitative, exploratory and descriptive design, in-depth interviews were conducted with 24 participants selected using purposeful sampling. The data was analysed using Tech's open coding method.
RESULTS
Four major themes emerged: (a) Subjugation of genders and power dynamics within the society, (b) Drugs and alcohol abuse as a catalyst of GBV (c) Alcohol-centred socialisation and its consequences on youth well-being and (d) Financial exploitation and economic vulnerability as drivers of GBV. These findings emphasise that GBV is driven by intertwined social, cultural, economic, and systemic factors. Deeply rooted gender norms, societal expectations, and historical trauma from apartheid reinforce power imbalances, perpetuate violence, and foster mistrust of institutions. Substance abuse, particularly alcohol-centred socialisation, emerged as a key catalyst, while cultural beliefs discouraging male vulnerability perpetuate harmful coping strategies and silence victims. Economic dependence and financial exploitation further entrench abuse.
CONCLUSIONS
The study underscores the need for multi-faceted interventions, including social, cultural, and economic reforms, improved substance regulation, and expanded employment op¬portunities, particularly for marginalised groups. Effective strategies require collaboration among stakeholders, community programs challenging harmful gender norms, and holistic policies that integrate social, cultural, economic, and systemic approaches. Strengthening responsive and accessible support services can rebuild trust, encourage reporting, and foster resilience. These insights can inform public health policies and interventions aimed at addressing social determinants of health and promoting equitable and safe communities in rural Limpopo.
Popul. Med. 2026;8(Supplement 1):A2498

ABS1845

Does mental health overshadow possible cancer symptoms: vignette survey with healthcare professionals

Bettina Friedrich[1], Jazzine Samuel[1], Cristina Renzi[1], Rupert Payne[2], Sam Merriel[3], Yoryos Lyratzopoulos[1], Gary Abel[3], Christian von Wagner[1], Lucy Mitchinson[4]
[1]Epidemiology and Public Health, UCL, London, United Kingdom, [2]Health and Communtity Sciences, University of Exeter, Exter, United Kingdom, [3]Centre for Primary Care and Health Services Research, University of Manchester, Manchester, United Kingdom, [4]Centre for Cancer Screening, Prevention, Detection and Early Diagnosis, Queen Mary University of London, London, United Kingdom

BACKGROUND
People with mental health conditions, such as anxiety and depression, can be at greater risk of diagnostic delays if experiencing cancer symptoms. This could be due to diagnostic overshadowing, when physical symptoms are attributed to a mental health comorbidity.
AIM
To understand how information of anxiety and depression influences healthcare professionals' attribution of symptoms and management decisions for potential bowel cancer. Design and setting: An online 2x2x3x3 mixed factorial design vignette survey was conducted with 242 primary care professionals.
METHODS
Vignettes described a patient of varying sex, ethnicity, and mental health history, attending primary care for either rectal bleeding or change in bowel habits. After reading each vignette participants suggested and ranked potential causes of the symptoms, and selected management options. Logistic regression models were used to investigate associations.
RESULTS
Symptoms were attributed to mental health more often when severe mental health conditions were reported (severe 4.7% vs no history 2.3%; OR=1.67). Severe mental health conditions did not change the likelihood of symptoms being attributed to bowel cancer (severe 12.5% vs no history 14.2%; OR=0.89) or selection of management options which influence diagnostic timeliness (OR=0.96). GPs compared to other healthcare professionals more often attributed symptoms to bowel cancer (OR=1.95) and requested FIT (OR=13.7).
CONCLUSIONS
Symptoms were attributed to mental health more often for patients with severe mental health conditions. Further investigation is needed to determine whether management intentions are actioned in practice for patients with severe mental health history, as they may experience greater diagnostic delay and cancer inequalities.
Popul. Med. 2026;8(Supplement 1):A2500

ABS1850

Silenced Stories: Men's Experiences of Gender-Based Violence in Musina

Sostina Matina[1]
[1]Africa centre for migration and society, University of the Witwatersrand, Braamfontein, South Africa

ABSTRACT
This paper investigates the often-overlooked experiences of gender-based violence (GBV) among men within migrant and precarious communities in Musina, a border town in northern South Africa. Drawing on mixed-methods data from the GEMMS study (Gendered Violence & Poor Mental Health among Migrants in Precarious Situations), the analysis integrates survey findings with case studies of two men who spoke openly about intimate partner violence. While GBV reporting is predominantly centred on women's experiences, the quantitative data reveal that a small yet significant number of men disclose incidents of physical, emotional, and sexual abuse. These experiences are frequently minimised or dismissed due to prevailing social norms and legal frameworks. The case studies underscore the complexity of male silence. One participant, recently released from prison, described staying with his abusive wife—who maintained relationships with both men and women—for the sake of their children. Another recounted being struck with a pot by his wife, resulting in a visible scar, but chose not to press charges out of fear she would be imprisoned. Both men contextualised their decisions within the constraints of fatherhood, societal stigma, and perceptions that South African law favours women as victims. Informal conversations with other men in the community echoed these sentiments, revealing a shared sense of marginalisation within GBV discourse. These findings highlight the need to broaden GBV frameworks to acknowledge male victimisation without detracting from women's struggles. In contexts marked by migration and precarity, recognising men's experiences can enrich understandings of gender, power, and silence, and support the development of more inclusive violence prevention and support services.
Popul. Med. 2026;8(Supplement 1):A2501

ABS1866

Care Pathways Between Primary Health Care and Psychosocial Care Centers for Users With Mental Health Needs in a Brazilian Urban District

roberto maciel[1], Claudia Lopes[1], Fernanda Rosa[1], Marcio Souza[1]
[1]Department of Life Sciences, Bahia State University, Salvador, Brazil

BACKGROUND
Mental health care in Brazil is organized through the Psychosocial Care Network, which prioritizes community-based services and coordination between Primary Health Care and Psychosocial Care Centers. Despite this model, users with mental health needs frequently experience fragmented care, weak interservice communication, and ineffective referral and counter-referral processes.3 Understanding how care pathways function in everyday practice is essential to

strengthening integrated and continuous mental health care within the public health system.4
METHODS
This qualitative study was conducted in a Health District in Salvador, Bahia, Brazil. Semi-structured interviews were carried out with Primary Health Care professionals, Psychosocial Care Center professionals, and adult users with mental health needs. Participants were selected based on theoretical saturation. Data were analyzed using thematic content analysis, focusing on care pathways, interservice communication, referral and counter-referral mechanisms, and shared care practices.5
RESULTS
The findings revealed substantial weaknesses in communication between Primary Health Care teams and Psychosocial Care Centers, leading to fragmented care trajectories and frequent circulation of users across services without continuity of follow-up. Professionals reported work overload, limited time for case discussions, and restricted access to matrix support activities. Prescription renewal emerged as a recurrent practice, often replacing comprehensive clinical assessments and non-pharmacological interventions. Nevertheless, strong bonds between users and Primary Health Care professionals were identified as key facilitators of longitudinal care. Remote matrix support meetings were highlighted as a feasible strategy to strengthen interprofessional dialogue and shared responsibility.
CONCLUSIONS
Care pathways for users with mental health needs remain fragile due to insufficient service coordination and limited implementation of shared care strategies. Strengthening communication, expanding matrix support, and adopting individualized therapeutic projects are essential to reducing fragmentation and promoting comprehensive, continuous mental health care.
Popul. Med. 2026;8(Supplement 1):A2502

ABS1895

Leveraging Social Media Campaigns for Youth Mental Health Promotion: A Cross-Sectional Study of Awareness, Stigma Reduction, and Behavioral Impact

Hend Alawadhi[1], Meshael AlRum[1]
[1]Public health, dubai health authority, dubai, United Arab Emirates

BACKGROUND
Mental health promotion is a growing public health priority globally and within the United Arab Emirates (UAE), particularly among young adults who experience increasing psychosocial pressures and persistent stigma. Given the high social media engagement of youth in the UAE, digital awareness campaigns represent a scalable strategy for improving mental health literacy and encouraging supportive community dialogue. This study assessed young adults' perceptions of the effectiveness of UAE-based social media mental health awareness campaigns.
METHODS
A cross-sectional online survey was conducted among young adults aged 18–35 years residing in the UAE. Participants were recruited through social media platforms using convenience sampling. The questionnaire measured campaign exposure, perceived influence on knowledge and stigma-related attitudes, and self-reported behavioral outcomes. A total of 436 valid responses were included in the analysis.
RESULTS
Approximately 60% of respondents recalled encountering mental health awareness campaigns on social media. Most participants reported positive perceived impacts, with over half indicating improved understanding of mental health issues and greater openness to discussing mental well-being. Campaign exposure was also linked to behavioral engagement: 45% of respondents sought additional information and 39% reported initiating conversations about mental health. However, 18% reported no noticeable influence. Respondents highlighted the importance of culturally sensitive messaging, increased campaign visibility, and involvement of credible influencers and lived-experience storytelling to strengthen impact.
CONCLUSIONS
UAE-based social media campaigns are contributing to improved mental health awareness, stigma reduction, and youth engagement, supporting the role of digital platforms in contemporary public health promotion. Strengthening reach, cultural relevance, and interactive communication may enhance long-term impact and align with global priorities for equitable digital mental health promotion.
Popul. Med. 2026;8(Supplement 1):A2505

ABS1918

The relationship between cardiovascular health and common mental disorders among adults aged ≤50 years: A systematic review of observational studies

Audrey Moyo[1], Theresa Munyombwe[2,3], Nasheeta Peer[4,5], Siyabonga Dubazana[6,7,8], Nokwanda Sithole[6], Innocent Maposa[1], Darshini Govindasamy[6,9]
[1]Department of Global Health, Stellenbosch University, Cape Town, South Africa, [2]Leeds Institute of Cardiovascular and Metabolic Medicine, University of Leeds, Leeds, United Kingdom, [3]Leeds Institute for Data Analytics, University of Leeds, Leeds, United Kingdom, [4]Non-Communicable Diseases Research Unit, South African Medical Research Council, Durban, South Africa, [5]Department of Medicine, University of Cape Town, Cape Town, South Africa, [6]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [7]Health Economics and Epidemiology Research Office, Wits Health Consortium, Johannesburg, South Africa, [8]University of the Witwatersrand, Johannesburg, South Africa, [9]SAMRC/Wits Centre for Health Economics and Decision Science -PRICELESS SA, University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
Depression and anxiety are common among younger adults and contribute to adverse physical and social outcomes. Evidence suggests a potential bidirectional relationship between common mental disorders (CMDs) and cardiovascular health (CVH), yet this remains understudied. This review examined the relationship between CVH and CMDs in individuals aged 15–50 years.
METHODS
MEDLINE (PubMed), APA PsycINFO, Web of Science, and CINAHL (EBSCO) were searched from inception to 4 November 2024. Observational studies reporting depressive or anxiety symptoms and CVH defined by Life's Simple 7, Life's Essential 8, or adapted composite indices were eligible. Study quality was appraised using the Newcastle-Ottawa Scale and a narrative synthesis was conducted.
RESULTS
Eleven studies (n=731,650; mean age 22–48 years) out of 25 full-text articles assessed met inclusion criteria. Nine were conducted in the United States, one in China, and one in Puerto Rico. Seven cross-sectional studies reported an inverse association between CVH and CMDs, with higher CVH scores (ideal CVH) linked to lower odds or prevalence of depressive and anxiety symptoms (adjusted odds ratios (AORs 0.17–7.77). Four studies, including one cohort, found CMDs associated with suboptimal CVH (AORs 1.63–2.02).
CONCLUSIONS
Findings suggest a potential bidirectional relationship between CVH and CMDs among adults. Integrated strategies promoting physical activity, healthy diet, and stress management, alongside primary care initiatives that incorporate behavioural support and screening cardiovascular and mental health risks, may benefit both conditions. Future research should prioritise longitudinal designs and use diverse analytical methods to clarify directionality.
Popul. Med. 2026;8(Supplement 1):A2507

ABS1977

Syrian refugee young adults implementing Problem Management Plus (PM+) with adults in their community: Using the Consolidated Framework for Implementation Research (CFIR 2.0) to understand perspectives of the implementation team

Fidelis Zumah[1], Rima Nakkash[1], Bayan Louis[2], Marwa Fares[2], Moataz Alatrash[2], Yamen Najjar[2], Maha Hodroj[3], Malak Tleis[4], Rima Afifi[5]
[1]Department of Global and Community Health, George Mason University, Fairfax, United States, [2]Multi-Aid Programs NGO, Multi-Aid Programs NG, Beirut, Lebanon, [3]Lebanese National Mental Health Program, Lebanon Ministry of Public Health, Beirut, Lebanon, [4]Department of Health Promotion and Community Health,Faculty of Health Sciences,, American University of Beirut, Beirut, Lebanon, [5]Department of Community and Behavioral Health, College of Public Health, University of Iowa, Iowa City, Iowa, United States

BACKGROUND
Globally, over 123 million people were forcibly displaced in 2024, including 6.7 million Syrian refugees, with over 1.5 million displaced to Lebanon. Refugee youth face heightened vulnerability to mental distress.1 Task-sharing approaches, where trained non-specialists deliver mental health interventions, have emerged as effective strategies to bridge treatment gaps in humanitarian settings.2 This study applied the Consolidated Framework for Implementation Research (CFIR 2.0)3 to examine the barriers and facilitators to implementation of Problem Management Plus (PM+) delivered by Syrian refugee young adults in Lebanon to adults in their community through a community participatory model.
METHODS
A qualitative evaluation was conducted following completion of a three-arm randomized controlled trial (RCT). Data were drawn from in-depth online interviews with five members of the field implementation team. Interviews were conducted in Arabic, transcribed, translated into English, and coded using CFIR 2.0. Coding

reliability was ensured through iterative team consensus meetings, and thematic matrices were developed for each CFIR domain.
RESULTS
Guided by CFIR 2.0 domains, we summarized determinants influencing the implementation of the intervention. Intervention characteristics; the PM+ was viewed as credible, flexible, and aligned with community values. Youth-led delivery enhanced trust but required adaptation for literacy and gender norms. Outer setting; stigma, economic instability, and unstable political settings hindered effective delivery, yet the implementation team's strong established trust supported implementation. Inner setting; supportive leadership, collaboration, effective team communication, and supervision fostered cohesion despite limited resources. Individuals; trained youths' empathy enhanced relevance, but concerns were raised about fatigue, indicating the need for enhanced supervision and peer support. Process; iterative feedback, structured training, and collaborative planning between the implementation team and investigators promoted continuous learning and adaptive measures to ensure the study's completion amid unique humanitarian challenges.
CONCLUSIONS
Community-engaged, youth-led implementation of PM+ was feasible, acceptable, and culturally resonant within a fragile humanitarian context.
Popul. Med. 2026;8(Supplement 1):A2509

ABS2022
Prevalence and sociodemographic factors associated with the school bullying victimization in elementary students from socially vulnerable areas in a Brazilian Capital

Anne Streb[1], Camila Câmelo Andrade[1], Thaís Melo Ribeiro[1], Gabriel Pereira Maciel[2], Raquel Sampaio Florêncio[1], Valter Cordeiro Barbosa-Filho[1]
[1]Health Sciences Center, Ceara State University, Fortaleza, Brazil, [2]Sports Center, Federal University of Santa Catarina, Florianópolis, Brazil

INTRODUCTION
School bullying is a multifactorial phenomenon that affects students, particularly in contexts marked by social inequalities1,2. This study aimed to verify the prevalence and sociodemographic variables associated with school bullying victimization among elementary students from vulnerable areas of a Brazilian capital.
METHODS
Cross-sectional study conducted with 6th and 7th grade students from 33 full-time municipal elementary schools in Fortaleza, Ceará - Brazil, from neighborhoods with very low Human Development Index (ranging from 0.135 to 0.491). Data were collected using questions from the National School Health Survey3. The dependent variables were bullying victimization in the last 30 days (yes/no) and reasons (religion, region of origin, skin color, body/face appearance, sexual orientation, or other). Independent variables included sex (boys and girls), age (<11 or >12 years), skin color (black/brown or others), and the head of the family's education level (incomplete or complete basic education). Associations were analyzed using adjusted logistic regression, with $p<0.05$.
RESULTS
A total of 1,099 students participated (53.8% girls; 52% >12 years; 65% black or brown; and 13.4% whose head of the family had completed basic education). A total of 65.2% reported experiencing bullying victimization. Among them, 61.9% reported two or more reasons, mainly appearance (89.3%), skin color (51.4%), and sexual orientation (51.3%). Age was associated with general school bullying victimization, indicating higher prevalence among older students in comparison to <11 years of age ($p=0.002$). All but appearance were reasons associated with age, with older students being the most affected. Appearance was associated only with sex (higher in girls, $p=0.001$).
CONCLUSIONS
Elevated prevalence of in-school bullying victimization was observed, highlighting the need for prevention strategies specifically targeted at girls and older students in socially vulnerable school settings.
Popul. Med. 2026;8(Supplement 1):A2511

ABS2135
Exploring the bidirectional pathway between intimate partner violence and depression in women

Nada Abdelatif[1], Esnat Chirwa[2], Andrew Gibbs[3], Samuel Manda[4]
[1]Biostatistics Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Gender and Health Research Unit, South African Medical Research Council, Pretoria, South Africa, [3]Washington Singer Laboratories, University of Exeter, Exeter, United Kingdom, [4]Department of Statistics, University of Pretoria, Pretoria, South Africa

INTRODUCTION
Intimate partner violence (IPV) predominately affects women and involves physical, sexual, emotional or psychological abuse by an intimate partner. IPV affects approximately one third of women worldwide. Furthermore, it has been shown that there is a strong association between IPV and mental health such as depression and depressive symptoms. Women who experience IPV are at higher risk of experiencing PTSD, anxiety disorders and suicidal ideation; but it has also been shown that those with depressive symptoms are at greater risk of being victims of IPV[3-5]. The aim of the study is to examine the bi-directional relationship between depressive symptoms and experience of IPV in adult women in South Africa.
METHODS
Data from a longitudinal cluster randomized trial conducted in eThekwini, South Africa was used to model depression and IPV bi-directionality in women. Depression was measured using the Center for Epidemiologic Studies Depression scale. Recent severe IPV was used, which looked at women's experience of physical and/or sexual violence by an intimate partner. A bivariate probit model to jointly model the two outcomes was used and then longitudinal structural equation modeling (SEM) to explore the bi-directional relationship between IPV and depression. The analysis was multi-group and looked at whether women in the intervention group differed from those in the control group.
RESULTS
A high correlation was found between IPV and depression. The SEM results indicate that there is some bi-directionality between depressive symptoms and severe IPV, but previous depressive symptoms seem to predict current experiences of severe IPV.
CONCLUSIONS
Determining the causal relationship between depressive symptoms and IPV experiences is necessary, especially in South Africa, where high levels of violence against women exist. A multicomponent intervention approach is required to break a cycle in which poor mental health makes vulnerable women more prone to become victims of abuse.
Popul. Med. 2026;8(Supplement 1):A2517

ABS2200
Simplicity and equity in depression risk prediction among Brazilian adults: a temporal machine learning study

Xuan Lin[1], Isa Venancio[2], Jingxin Yao[1], Alexandre Chiavegatto Filho[2], Bruno Pereira Nunes[1]
[1]Health and Kinesiology, University of Illinois Urbana-Champaign, Champaign, United States, [2]School of Public Health, University of Sao Paulo, Sao Paulo, Brazil

INTRODUCTION
Public health systems need depression risk predictions that are simple to deploy, stable over time, and equitable across populations. However, many existing models fail to achieve these goals simultaneously, limiting their usefulness for action at scale.
METHODS
We aimed to develop, simplify, and evaluate the equity of a depression risk model for Brazilian adults using easy-to-collect, self-reported health data. The 2013 Brazilian National Health Survey (Pesquisa Nacional de Saúde, N = 60195) were used for model development, and the 2019 cohort (N = 88525) for temporal validation. Nine machine learning algorithms were implemented, including logistic regression, random forest, and CatBoost. To prioritize simplicity, each algorithm was evaluated under three feature conditions: the full set (85 variables), the Boruta reduced set (31 variables), and a principal component set (69 components). Equity performance was assessed across 19 sociodemographic strata including age, sex and income.
RESULTS
The Boruta reduced model achieved comparable discrimination to the full feature model, with an area under the curve of 0.83 (95% CI 0.82 to 0.83) while reducing the input features by 64%. Key predictors included chronic diseases, sociodemographic, and lifestyle behaviors. In equity analyses of the full model, discrimination was generally stable across strata, although error rates varied, with higher sensitivity in males (0.81) and older adults (0.83) compared with females (0.63) and younger adults (0.75). Boruta reduced models preserved equity patterns similar to those of the full model. Temporal calibration remained stable across models.
CONCLUSIONS
A simple model using 31 easy-to-collect variables in public health initiatives maintains accuracy and equity under temporal shift. These results support the use of this machine learning model for an equitable depression detection in the Brazilian health system. The findings suggest that our model can move forward

with a prospective effectiveness evaluation, intending future implementation with continuous equity monitoring.
Popul. Med. 2026;8(Supplement 1):A2522

ABS2212
Barriers and facilitators in the collection and use of student mental health survey data at universities – Perspectives from involved university professionals and students

Jennifer Lehnchen[1], Laura Pilz González[1], Christiane Stock[1,2], Zita Deptolla[3], Julia Burian[3], Katherina Heinrichs[1]
[1]Institute of Health and Nursing Science, Charité - Universitätsmedizin Berlin, Berlin, Germany, [2]Unit for Health Promotion Research, University of Southern Denmark, Esbjerg, Denmark, [3]Health Management, Bielefeld University, Bielefeld, Germany

INTRODUCTION
Mental health problems among university students are a global public health concern. Universities are increasingly recognised as important settings for mental health promotion. As individual and structural aspects of university life can impact students' mental health, many universities rely on student surveys to identify health risks and needs. However, despite their widespread use, little is known about how university professionals plan and conduct such surveys in practice. To support data-informed mental health promotion, this study aims to identify barriers and facilitators in conducting student mental health surveys.
METHODS
Between May and October 2024, 23 semi-structured, problem-centred expert interviews were conducted. Participants were 28 university professionals and students from 16 German universities involved in planning or conducting the 'Bielefeld Questionnaire on Study Conditions and Mental Health'. This student mental health survey is widely used at German universities. The interviews explored experiences with survey planning, implementation, and use of results. We analysed the data using template analysis as a structured form of thematic analysis.
RESULTS
Facilitating factors mentioned by experts included prior experience in conducting surveys and support by external advisors. In addition, the ability to adjust strategies throughout the process was considered crucial for successfully conducting surveys. Initial processes regarding ethics and data protection had the potential to hinder a smooth start. Furthermore, the choice of the best timing of data collection, integration of diverging interests, and the subsequent development of data-informed interventions emerged as challenges.
CONCLUSIONS
Our findings highlight that student mental health surveys are more effective when operational processes are explicitly addressed. For university professionals, this implies adequate survey preparation that considers available expertise, appropriate timing, and flexibility throughout implementation of the survey. Thus, the resulting data can be meaningfully interpreted and applied within the institutional context to support data-informed action for students' mental health.
Popul. Med. 2026;8(Supplement 1):A2523

ABS2238
Should South Africa Develop a Clinical Program Guideline for Mental Health?

Saira Abdulla[1,2], Lesley Robertson[3,2], Dudu Shiba[4], Lara Fairall[5,6], Thupana Seshoka[7,8], Mojalefa Makgata[9], Cassey Chambers[10], Bharti Patel[11]
[1]School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, [2]Public Mental Health SIG, Public Health Association of South Africa, Johannesburg, South Africa, [3]Psychiatry, University of the Witwatersrand, Johannesburg, South Africa, [4]Mental Health and Substance Abuse, National Department of Health, Johannesburg, South Africa, [5]Knowledge Translation Unit, University of Cape Town, Cape Town, South Africa, [6]Global Healthcare Delivery, King's College, London, United Kingdom, [7]Fort England Psychiatric Hospital, Eastern Cape, South Africa, [8]South African Society of Psychiatrists (SASOP), Johannesburg, South Africa, [9]Sedibeng District Specialist Mental Health Team, Johannesburg, South Africa, [10]South African Depression and Anxiety Group, Johannesburg, South Africa, [11]South African Federation for Mental Health, Johannesburg, South Africa

BACKGROUND
Promulgated over two decades ago, South Africa's Mental Health Care Act represented a revolutionary legislative change in mental healthcare service delivery, from psychiatric institutions to integrated care in the general healthcare setting, with equitable access at primary health care. However, the country still lacks a national mental health clinical programme guideline (CPG), and reports an estimated 90% mental health treatment gap among the medically uninsured population. In contrast, other priority conditions such as HIV, tuberculosis, sexually transmitted infections, and maternal and child health are supported by well-established CPGs that standardise care and guide service organisation, funding, monitoring, and accountability, thus promoting universal health coverage.(3-6) This organized session, convened by the Public Mental Health Special Interest Group of the Public Health Association of South Africa (PHASA), will discuss whether a national mental health CPG is needed, feasible, and what this guideline should entail.
METHODS
An interactive one-hour workshop using a facilitated panel discussion is planned. Participants will examine the purpose and effectiveness of existing CPGs and the potential value of a mental health CPG. Key discussion areas will include scope, governance, funding mechanisms, implementation complexity, and intersectoral coordination.
RESULTS
The session will generate shared understanding of the roles CPGs play in translating policy into practice, and identify practical and contextual challenges and opportunities to developing a national mental health CPG.
CONCLUSIONS
By situating mental health within a broader health system and programmatic framework, this session will determine whether and how South Africa should develop a mental health CPG, contributing to a more coherent, accountable, and sustainable service delivery.
Popul. Med. 2026;8(Supplement 1):A2524

ABS2274
Pawsitive Impact: How One Little Dog Changed a Public Health Research Workplace

Georga Sallows[1], Annano Arunima[1], Rocco McNeill-Kovacic[1], Shanti Omodei-James[1], Pip Henderson[1], Brett Shannon[1,2,3], Polina Mazonka[1], Lavender Otieno[1], Courtney Ryder[1,4,3]
[1]Collage of Medicine and Public Health, Flinders Health and Medical Research Institute, Flinders University, Adelaide, Australia, [2]University of Illinois, Chicago, United States, [3]School of Population Health, University oif New South Wales, Sydney, Australia, [4]The George Institute for Global Health, Newtown, Australia

INTRODUCTION
Work-related stress is a major contributor to anxiety, burnout, and reduced productivity in higher education and public health settings. Animal-assisted interventions, particularly workplace dogs, show promise for reducing stress and improving morale, yet evidence from a research office setting is limited. This study explores the influence of a well-being dog on stress, job satisfaction, interpersonal dynamics, and workplace morale.
METHODS
Pawsitive Impact was conducted in a shared research office within an Australian university, where the well-being dog, Chilli, had a regular presence for 12 months preceding data collection. 21 staff participated in an online survey that included 15 five-point Likert scale items assessing interaction with the wellbeing dog and perceived effects on stress management, motivation, workplace atmosphere, professional boundaries, and task completion. Participants also provided retrospective ratings of workplace well-being before Chilli's introduction. Quantitative data were analysed descriptively, and open-ended responses were examined using thematic analysis.
RESULTS
Preliminary findings show the majority of staff enjoyed interacting with Chilli and perceived improvements in motivation, focus, and overall workplace wellbeing. Greater interaction frequency may correspond with stronger reported benefits. Qualitative themes indicated that Chilli encouraged attendance on campus, fostered a warmer and more positive environment, strengthened social connectedness, and supported mental well-being. Dog-assisted interactions have been shown to reliably improve mood and reduce perceived stress in healthcare and university environments. Pawsitive Impact similarly highlights the benefits for engagement and wellbeing while emphasising the need for clear protocols, supporting the structured, consistent approach used in this setting.
CONCLUSIONS
The introduction of a well-being dog into an academic research office was associated with noticeable improvements in staff mood, day-to-day engagement, and overall sense of support within the workplace. These findings support the feasibility and potential value of pet-friendly wellbeing initiatives in higher education and public health research workplaces.
Popul. Med. 2026;8(Supplement 1):A2528

ABS2351

Perceptions of the feasibility and acceptability of a remote counselling program for callers to a national mental health and substance use helpline, "If I missed your call, please call again; We don't get checked upon by our families": A qualitative study

Nomakhawuta Moshani[1]
[1]Psychiatry, University of Cape Town, Cape Town, South Africa

INTRODUCTION
South Africa has disparities in mental health treatment access, and the COVID-19 pandemic further spotlighted a need for decentralized services. Since around 90% of South Africans have access to a phone, mobile technologies have the potential to transcend geographical and socio-economic barriers, and reduce inequities in service access. This could be achieved through evidence-based programs informed by service user and service provider perspectives. This study sought to explore key stakeholders' experiences and perceptions of available mobile technology platforms.
METHODS
This was an exploratory study with three participant groups: SADAG representatives; South African-based mental health and substance use experts; and SADAG service users. The stakeholders' insights were explored through individual and focus group interviews, looking into acceptability and feasibility of remote mental health counselling programs in South Africa.
RESULTS
We interviewed: 17 SADAG team members, 12 key experts and 19 service users. Participants found the concept of a remote mental health counselling program generally acceptable due to anonymity, convenience and the potential wider reach. However, some disadvantages were highlighted such as network issues and loadshedding, limited nonverbal cues, and lack of control over callers' environment during sessions. To maximize the opportunities and minimize the potential barriers, participants recommended: (i) prioritizing underserved populations, (ii) content flexibility, (iii) strong systems for communication with service users and within SADAG, (iv) providing adequate counsellor training not only on content but also on handling high risk situations and (v) frequent supervision for counsellor well-being and boundary setting.
CONCLUSIONS
Our findings highlight the potential of remotely delivered counselling programs to increase access to mental health services, and also provides insights into future remote models that are contextually appropriate. Furthermore, insights from this study, which included diverse stakeholder perspectives, have been used to inform the conceptualization and testing of a remote counselling program in collaboration with SADAG.
Popul. Med. 2026;8(Supplement 1):A2531

ABS2437

Shifting the Power: A Multi-Stakeholder Roundtable on Transitioning from Lived Experience Consultation to Co-Leadership in Public Health

Mohamed Osman Gafar Abdalla[1], Federica Castellana[1]
[1]Young WFPHA, Geneva, Switzerland

BACKGROUND
While global health rhetoric emphasizes the inclusion of People With Lived Experience (PWLE), involvement in NCDs, including Mental Health, remains tokenistic. Evidence shows that PWLE-led initiatives improve research recruitment, retention, and the cultural relevance of interventions. However, structural barriers—including systemic stigma and limited access to professional opportunities—frequently relegate PWLE to being "informants" rather than leaders. To "walk the talk," public health systems must transition power to PWLE, allowing them to design the very methods, policies, and mobilization practices that govern NCDs including Mental Health.
METHODS
This 60-minute organized roundtable brings together researchers, policymakers, and community mobilizers. The session employs a "Power-Mapping" methodology to evaluate current engagement models against the WHO Framework for Meaningful Engagement. Participants will facilitate a structured dialogue to identify specific transition points for power-sharing. The discussion will focus on dismantling the "Participation Gap" by addressing how the socio-economic marginalization of those living with NCDs, including Mental Health, prevents them from occupying lead investigator and policy-design roles.
RESULTS
The session will produce an actionable "Roadmap for Co-Leadership." Expected outcomes include strategies for the formal recognition of "experiential expertise" in academic settings and frameworks for inclusive recruitment that bypass traditional stigma-based barriers. Participants will identify mechanisms to ensure that the design of mobilization strategies for NCDs, including Mental Health, is inherently sensitive and responsive to the needs of the community.
CONCLUSIONS
Shifting the narrative from "researching on" to "leading with" is a prerequisite for health equity. By addressing the intersection of stigma and institutional access, the public health community can standardize a model where PWLE are the architects of solutions for NCDs, including Mental Health. This session serves as a call to action to move beyond consultation and institutionalize co-leadership.
Popul. Med. 2026;8(Supplement 1):A2537

ABS2483

Moral distress and injury in the public health workforce and implications for policy and practice

Farhang Tahzib[1,2,3], Tracy Daszkiewicz[2], Jutta Jutta Lindert[4,5], Deborah Morris[6], Joseph Mfutso-Bengo[3,7]
[1]European Public Health Association, Utrecht, Netherlands, [2]Faculty of Public Health, London, United Kingdom, [3]Global Network for Academic Public Health, Washington, United States, [4]University of Applied Sciences, Emden / Leer, Germany, [5]The World Federation of Public Health Associations, Geneva, Switzerland, [6]Centre for Developmental and complex trauma, St Andrews Health Care, Northampton, United Kingdom, [7]Kamuzu University of Health Sciences (KUHeS), Blantyre, Malawi

BACKGROUND
The concepts of moral distress and injury were originally described among soldiers during wars, law enforcement agents, and nurses, with growing interest in other health professionals. Public health professionals routinely face tough ethical decisions and morally ambiguous situations, and are vulnerable to moral distress and injury.
METHODS
During the covid pandemic the Faculty of Public Health in collaboration with the European Public Health Association, University College London carried out a cross sectional survey of the public health workforce and collaborated with other partners to advance the agenda. There has been consideration of definitions, prevalence, nature, frequency, severity and impact of moral distress in the health professional workforce, and implication for prevention and care.
RESULTS
The purpose of this workshop is to consider definitions, nature and impact; and findings and recommendations from their major scoping umbrella review of the published literature for a WHO. The workshop will also share the FPH workforce wellbeing initiative and ethics educational initiatives to support the health and wellbeing of its members. The FPH survey found that 64% of the public health workforce had one or more experiences of moral distress associated with their own action (or inaction), and 26% reported experiencing moral distress associated with a colleague's or organization's action (or inaction), and that 14% of those with moral distress, reported moral injury severe enough to require time off work and/or therapeutic help. The main situations resulting in moral distress included developing or implementing national policy, guidance and law, providing public health advice, and workplace relationships and environments. The scoping review noted significant limitations in the current studies and need for research in LMIC.
CONCLUSIONS
Moral distress and injury are a significant issue in health workforce. Institutional and organisational aggravating factors are of particular importance and their implications to workforce policies.
Popul. Med. 2026;8(Supplement 1):A2539

ABS2584

Depression and Anxiety among Adults in Abu Dhabi: A population-based study

Iffat Elbarazi[1], Huda Alshemeili[2], Emad Masaudi[3], Luai A. Ahmed[3], Syed Javaid[4], Ithar Farah[1], Azhar Talal[3], Syed Shah[3], Yasir Elhadi[3], Aminu Abdullahi[3], Javaid Nauman[1]
[1]Health Education Research Unit-Institute of Public health-College of Medicine and Health Sciences, United Arab Emirates University, AlAin, United Arab Emirates, [2]Community Health Sector, Abu Dhabi Public Health Centre, Abu Dhabi, United Arab Emirates, [3]Institute of Public health-College of Medicine and Health Sciences, United Arab Emirates University, AlAin, United Arab Emirates, [4]Psychiatry Department--College of Medicine and Health Sciences, United Arab Emirates University, AlAin, United Arab Emirates

BACKGROUND
In the United Arab Emirates, a rapidly evolving societal landscape suggests a rising mental health burden; however, a population based mental health prevalence is not reported 1-4.

METHODS
A cross-sectional study assessed the prevalence of depression, anxiety, and well-being among a stratified sample of Emiratis and expatriates representing the population of the Emirate of Abu Dhabi. Three validated and culturally adapted screening tools were utilised: the Patient Health Questionnaire-9 (PHQ-9), Beck Depression Inventory (BDI) for depressive symptoms and Generalized Anxiety Disorder (GAD-7) for anxiety symptoms.
RESULTS
A total of 2,019 adults (18–78 years), consisting of 1,016 males and 1,003 females, were included. Most participants reported minimal depressive symptoms (61.4%) on the PHQ-9 and normal mood states (71.5%) on the BDI. Moderate to severe depression was reported by 16.3% of the sample on the PHQ-9 and 11.3% on the BDI. Similarly, most participants reported minimal anxiety (63.4%), followed by moderate anxiety levels (16.7%). Females had higher rates of moderate to severe depression compared to males on the PHQ-9 (29.4% versus 24.6%, p= <0.001) and BDI (18.6% versus 16.9%, p= <0.001). A higher depression severity was observed among participants who were single, had lower income, worked part-time, or were unemployed. Similarly, relationship status, employment status, and income level also influenced anxiety scores. Widowed (31.3%, p <0.001) and unemployed (15.8% p <0.001) participants reported higher levels of anxiety. While income showed an inverse relationship with higher income (more than 40,000) reporting higher anxiety (14.7, p <0.001) Anxiety scores were positively correlated with depression scores as assessed using PHQ-9 (r =0.9, 95% CI = 0.89–0.91) and BDI (r= 0.78, 95%CI = 078–0.81).
CONCLUSIONS
These findings contribute to understanding the burden of depression and anxiety across demographics informed policy and targeted mental health care.
Popul. Med. 2026;8(Supplement 1):A2540

ABS2611

'Natty or not?': Building gender appropriate media literacy interventions for boys and men that help them to recognise the likely use of image and performance enhancing drugs

Mair Underwood[1], Garth Stahl[1], Elizabeth Edwards[1], James Smith[2], Murray Drummond[3], Melissa Opozda[3], Laura Scholes[4], Rohann Irving[3], Yang Zhao[5]
[1]The University of Queensland, St Lucia, Australia, [2]Flinders University, Darwin, Australia, [3]Flinders University, Adelaide, Australia, [4]Australian Catholic University, Brisbane, Australia, [5]London School of Hygiene & Tropical Medicine, London, United Kingdom

BACKGROUND
An ability to critique media images of bodies can protect against body image problems. Media literacy interventions have traditionally focussed on the thin ideal and eating disorder prevention. However, boys and men tend to be more concerned with muscularity, and are at greater risk of developing muscle dysmorphia. In this paper, we lay the foundation for efforts to develop more appropriate media literacy interventions by examining a concern raised by boys and men: their ability to determine which of the muscular men they see use image and performance enhancing drugs (IPEDs).
METHODS
We draw on two qualitative data sets. The first consists of online ethnographic data collected from social media, forums and ethnographic interviews. The second consists of interview data collected during a project exploring the digital lives of boys and young men. All ethnographic and interview data were analysed thematically using NVivo software.
RESULTS
Interviewees stated that determining whether muscular men are 'natty' (natural i.e. no use of IPEDs) or not (use IPEDs) is important. It is also important to the thousands of boys and men online attempting to expose 'fake natties' (men who lie about using IPEDs). 'Fake natties' are described as causing harm, including increasing the risk of muscle dysmorphia. In the absence of professional media literacy campaigns, boys and men attempt to develop and circulate their own strategies for recognising likely IPED use. We describe these so that professionals may consider them in their own media literacy interventions.
CONCLUSIONS
Public health has (understandably) focussed on reducing the harms of IPEDs on the individuals who use them. However, it is now time for public health to consider the harms these drugs pose to boys and men who do not use them, and who could be protected from harm through more gender appropriate media literacy interventions.
Popul. Med. 2026;8(Supplement 1):A2541

ABS2633

The psychosocial effects of USAID funding withdrawal on women's health capabilities in urban Eswatini

Zinhle Matsebula[1], Michelle Brear[1], Pinky Shabangu[1]
[1]Community based, Manzini, Swaziland

INTRODUCTION
USAID funding historically supported health, education, entrepreneurship, poverty reduction and other social development programs in African countries. The catastrophic health effects of USAID-funded HIV, TB and immunisation program closures have been widely reported. This presentation aims to document the gendered psychosocial effects of socio-economic development program closures due to USAID funding withdrawal, about which less is known.
METHODS
Ethnographic methods (participant observation and interviews) were used to collect data from 12 women aged 21-66 years, who were former participants in, or employees of, USAID funded social development programs, in a township community in Eswatini, southern Africa. The data were analysed thematically informed by the health capability framework defining the psychosocial effects of USAID closure.
RESULTS
All participants reported detrimental psychosocial effects (theme 1), including stress, sadness, loss of hope and reduced social support and connection, due to the sudden and unforeseen closure of USAID-funded programs they participated in. Coping with the psychosocial impact (theme 2) of the program closures centred on soliciting support from middle-class community-based individuals, small businesses and church leaders, in desperate and unsustainable ways. For example, several participants increased time spent at churches in the hope of receiving economic support. One 66-year-old woman begged for and accepted expired food from grocery businesses, and dead chickens from a poultry farm, to serve at a soup kitchen for orphaned and vulnerable children. The psychosocial impact of program closures and strategies for coping undermined health capabilities (theme 3), for example emotions, respectful affiliation and bodily health.
CONCLUSIONS
USAID-funding cuts had detrimental psychosocial effects for former program participants, which they coped with in unsustainable ways. These undermined capabilities needed to support future health and wellbeing.
Popul. Med. 2026;8(Supplement 1):A2542

ABS2678

Digital And Social Media Interventions for Depression And Suicidal Behaviour Among Adolescents And Young Adults In Low And Middle-Income Countries (LMICS): A Scoping Review

Moikabi Matsoai[1], Phindile Shangase[1], Ina Shaw[1,2]
[1]Public Health, University of the Free State, Bloemfontein, South Africa, [2]Rehabilitation and Exercise Sciences (SRES), University of Essex, Colchester, Essex, United Kingdom

BACKGROUND
Depression and suicidal behaviour are critical drivers of morbidity and mortality among young people, including low- and middle-income countries (LMICs) where mental health interventions are often scarce. While increasing smartphone usage offers a gateway for scalable digital and social media interventions, evidence within LMIC contexts remains limited. This review maps the landscape of digital interventions to identify opportunities for expanding mental health equity.
METHODS
A scoping review was conducted following Arksey and O'Malley's framework and Joanna Briggs Institute guidance. Multiple databases and grey literature were searched for studies published between 2000 and 2025 on digital interventions for depression or suicidal behaviour among young people (10–24 years) in LMICs. Data extraction was performed with a standardized charting form, allowing multi-reviewer verification to ensure accuracy. Rayyan.ai was employed for a descriptive and thematic synthesis for mapping intervention types, outcomes, and contextual factors.
RESULTS
Eleven studies met inclusion criteria, comprising China, Hong Kong, Macau, Kenya, Nigeria, and South Africa. Interventions included chatbot-based cognitive behavioural therapy, gamified mobile applications, SMS psychoeducation, and multicomponent online programmes. Most demonstrated short-term reductions in depressive symptoms, with moderate-to-large effect sizes for chatbot and app-based approaches. Evidence on suicidal behaviour was scanty, due to exclusion of high-risk participants. Secondary benefits included reductions in anxiety and stress, alongside improved help-seeking. Acceptability was high, with participants appreciating anonymity and flexibility, though notable attrition levels were observed due to weak connectivity, power outages, as well as digital illiteracy.

CONCLUSIONS
The interventions are potential, youth-friendly tools that can bypass traditional barriers to care in resource-constrained settings. However, future research must move beyond low-risk populations to include high-risk groups and prioritize culturally adaptable, longer-term designs. Strengthening this evidence base is essential for informing scalable, sustainable public health policies that leverage existing digital lifestyles to bridge the mental health gap for vulnerable youth.
Popul. Med. 2026;8(Supplement 1):A2545

ABS2681
Collaborative conversations for impact: How can public health stakeholders support CHW occupational mental health and well-being initiatives across diverse contexts

Rachel Coley[1], Bonheur Parfaite Nfurayase[1], Asha George[1,2], Hanani Tabana[1,2]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]SAMRC/UWC Health Services to Systems Research Unit, South African Medical Research Council/University of the Western Cape, Cape Town, South Africa

INTRODUCTION
Community health worker (CHW) programs, though they vary by context, typically serve as a 'bridge' between the formal health system and communities, exposing CHWs to unique structural and systems challenges. Little or no pay, role confusion, insufficient supervision, exposure to violence and health hazards, and no job security are common among CHW programs and known risk factors for occupational mental health issues. Despite troubling mental well-being among other health workers and documented risks for CHWs, multistakeholder dialogue on CHW occupational mental well-being, inclusive of CHWs themselves, has been limited. This workshop will bring together stakeholders invested in CHW programming (including CHWs) to understand the landscape shaping occupational mental health and discuss substantive ways to address the knowledge, policy, and practice gaps that can protect or improve the mental well-being of CHWs in the contexts represented by participants.
METHODS
This interactive workshop will have two parts. Part I will present current evidence from scoping review findings, video testimonials, and case studies that explore the issue across lower- and middle-income countries. Part II will engage attendees in facilitated small-group discussions organized around three themes: research gaps and methodological challenges, policy barriers and opportunities, and integration of CHW voices into practice. Results and Conclusion This workshop will offer delegates an opportunity to understand current global evidence on CHW occupational mental wellbeing, gain practical insights into context-specific challenges, and discuss what is needed to advance research, policy, and ground-level support in diverse settings. Participatory discussions will generate actionable recommendations in each thematic area, which will be documented, synthesized, and shared with consenting participants post-conference. By fostering collaborative inquiry among CHWs, researchers, policymakers, and practitioners, this workshop bridges evidence presentation with participatory inquiry. The intended outcome is to catalyze actions that advance efforts to improve CHW mental well-being and sustain effective CHW programs.
Popul. Med. 2026;8(Supplement 1):A2546

ABS2682
Mental Health Status and Associated Risk Factors Among In-School Adolescents in a Rural Community in Rivers State, Nigeria

Aloni Alali[1], Akinwumi Fajola[1], Afiong Oku[1], Patience Obiagwu,[1], Olumuyiwa Ogunlaja[1], Francis Ebaretonbofa[1], Fortuna Utomi[1], Sarah Japhet[1], Bunmi Adetula[1], Osazuwa Gabriel[1], Marvellous Ejiogwu[1], Osborne Osuegbu[1], Obiageri Uhio[1]
[1]Community Medicine, Renaissance Africa Energy Company, Port Harcourt, Nigeria

BACKGROUND
Globally, Mental health of adolescents is a significant public health issue preventing many adolescents from reaching their full potential. Several socio-economic, cultural, and systemic factors make adolescents especially in Nigeria vulnerable.
AIM
This study was conducted to assess the mental health status and identify risk factors of in-school adolescents in Community Secondary school Edagberi, Ahoada West, Rivers State, Nigeria.
METHODS
A cross-sectional descriptive study among 231 in-school adolescents in Edagberi Better land community of Rivers State. Community Secondary school Edagberi is one of Renaissance Africa Energy Company formerly Shell Petroleum Development Company supported schools with a recently commissioned Sick Bay and Water, Sanitation and Hygiene (WASH) facilities. A self-administered questionnaire including GHQ12 was used to collect data. A score of ≥ 3 suggested poor mental while a score < 3 represented good mental health. Data were summarized using proportions, and χ^2 test was used to explore associations between categorical variables. Level of significance was set at $p < 0.05$.
RESULTS
Mean age of the respondents was 14.4 ± 2.13 years, 58.4% were females, 55.0% were from Junior class and 78.8% resided with their parents. Based on the GHQ categorization, 69(29.9%) had traits of poor mental health status, compared to 70.1% with good mental health status. Some commonly reported stressors were trekking long distance to school (54.1%), High transportation costs (51.9%) and family problems (49.9%). Predictors of poor Mental Health status in our study were low self-image /esteem (OR 2.19; 95% CI 1.16 -4.16) and polygamous family type (OR 1.95; 95% CI 1.24 -3.65) ($p<0.05$)
CONCLUSIONS
With nearly one-third (29.9%) of adolescents exhibiting traits of poor mental health, the integration of age-appropriate mental health services into school health programmes is recommended, with particular emphasis on students experiencing low self-esteem and anxiety.
Popul. Med. 2026;8(Supplement 1):A2547

ABS2698
Alcohol use disorders and mental health problems among men in underserved communities in South Africa

Saidi Hussein Kapiga[1,2], Philip Ayieko[1,2], Nadine Harker[3], Leslie London[4], Sebenzile Nkosi[5], Amina Saban[4], Zukiswa Zingela[6], Neo Morojele[7]
[1]Infectious Disease Epidemiology and International Health, London School of Hygiene And Tropical Medicine, Mwanza, Tanzania, United Republic of, [2]Mwanza Intervention Trials Unit, London School of Hygiene And Tropical Medicine, Mwanza, Tanzania, United Republic of, [3]Mental Health, Alcohol, Substance Use and Tobacco Research Unit, South African Medical Research Council, Cape Town, South Africa, [4]School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa, [5]Mental Health, Alcohol, Substance Use and Tobacco Research Unit, South African Medical Research Council, Pretoria, South Africa, [6]Faculty of Health Sciences, Nelson Mandela University, Ggeberha, South Africa, [7]Pyschology, University of Johannesburg, Johannesburg, South Africa

BACKGROUND
Alcohol use disorders (AUD) and mental health problems are major public health challenges among men in underserved communities in South Africa. We sought to determine the prevalence of AUD and mental health disorders (MHD), their co-occurrence, and structural, sociocultural, and individual factors associated with AUD among adult men in South Africa.
METHODS
We conducted a household survey in three provinces (Western Cape, Eastern Cape, and North West) using a stratified, multistage probability sampling design. Men (n=1597) aged >18 years were interviewed using a structured questionnaire that included demographic measures, the Alcohol Use Disorders Identification Test (AUDIT), Patient Health Questionnaire-9 (PHQ-9), Generalised Anxiety Disorder 7-item scale (GAD-7), and Primary Care PTSD Screen (PC-PTSD-5). Weighted prevalence of AUD (AUDIT 8+) and MHD (positive for PHQ-9 or GAD-7 or PC-PTSD-5) was estimated, and we used survey-adjusted logistic regression models to assess factors associated with AUD.
RESULTS
Participants' median age was 35 years (IQR=26-47 years), 54% were single, and 36%-64% were unemployed across the three sites. The prevalence of AUDs ranged from 21.8%-36.5%. Between 0-31% of those with possible alcohol dependence had ever accessed treatment. The prevalence of MHD was 38.7% for depression (PHQ-9), 33.8% for GAD, and 7.7% for PTSD. About 17% had both AUD and MHD. AUD was associated with MHD (anxiety - adjusted odds ratio (AOR)=1.37, 1.04–1.82; depression – AOR=1.54, 1.16–2.04); structural factors, namely presence of recreational facilities (AOR=1.53; 1.19-2.0), and ease of buying alcohol in the community (AOR=1.96; 1.10–3.45); and sociocultural and interpersonal factors, namely living alone (AOR=1.39, 1.08–1.81).
CONCLUSIONS
We highlight a high burden of AUD and MHD among men in communities where health care access is limited. This underscores the urgent need for interventions to address individual and underlying structural factors to reduce the use of alcohol among men in South Africa.
Popul. Med. 2026;8(Supplement 1):A2549

ABS2706
Integrating Mental Health, Youth Unemployment, and Systems Change Through Social Innovation: Evidence from the South

African Youth Development Innovation Review

Simnikiwe Xanga[1], Luvuyo Maseko[1]
[1]Bertha Centre for Social Innovation and Entrepreneurship, University of Cape Town, Cape Town, South Africa

ABSTRACT
Introduction and Background Youth unemployment in South Africa is high, with the official unemployment rate exceeding 33% in early 2025. More than one-third of 15–24-year-olds face persistent long-term joblessness linked to deteriorating mental health and wellbeing. Traditional public health responses tend to focus on clinical or health system interventions without sufficiently integrating social determinants such as employment, community connectedness, and systems-level collaboration. This paper argues that social innovation organisations, particularly those serving youth, offer valuable insights into integrated, equity-driven models that combine mental health support, vocational pathways, and systemic engagement.
METHODS
The Social Innovation Review applied a participatory qualitative research design. A purposive sample of social innovation organisations was selected based on engagement with youth unemployment, psychosocial support, and community development. Data were generated through in-depth semi-structured interviews with founders and senior practitioners. Thematic analysis followed a structured analytic framework comprising six categories. Draft profiles were validated by participants to support credibility, ethical integrity, and co-production of knowledge.
RESULTS
Social innovation organisations reported improvements across psychosocial and vocational domains. Youth participants described increased confidence, enhanced self-efficacy, and improved work-readiness. Cross-sector collaboration emerged as a key driver for systems-level change. These collaborations supported referral pathways, co-design of programmes, and shared resource mobilisation and learning. These approaches align with emerging frameworks in implementation science and systems thinking that prioritise sustainability through resilience, adaptation, and cross-sector integration.
CONCLUSIONS
The findings indicate that mental health is not a peripheral outcome but a central determinant of youth employability and community wellbeing. Integrated approaches that leverage relational practices, local partnerships, and systems engagement offer promising pathways for public health and development policy. The research argues for cross-sectoral strategies that bridge health, education, labour, and community systems to support equitable and sustainable youth outcomes.
Popul. Med. 2026;8(Supplement 1):A2550

ABS2722

The silent epidemic: Childhood trauma as a Public Health crisis

Erica Conibear[1]
[1]Occupational Therapy, University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
Since Felitti et al.'s (1998) landmark study on Adverse Childhood Experiences (ACEs), growing evidence has demonstrated that exposure to adversity in childhood has long-term detrimental effects on health across the lifespan. Prolonged exposure to stress disrupts neurodevelopment and alters autonomic nervous system functioning, contributing to behavioural difficulties, addictions, mental illnesses, autoimmune conditions, and even cardiovascular and respiratory illnesses. Despite these strong epidemiological and neurobiological links, trauma remains an under-recognised driver of illness and dysfunction in public health systems—particularly in low-resource settings where adversity is pervasive and clinical pathways remain pathology-centric. To move toward equity and sustainable wellbeing, there is a need to reorient health practice toward trauma-informed, holistic, and contextually sensitive approaches that expand people's real opportunities for participation, connection, and functioning.
METHODS
This interactive 1-hour workshop integrates trauma science, social justice principles, and the Capabilities Approach to build public health practitioners' conceptual understanding and practical competence. Through brief teaching inputs, case studies from low-resource contexts, and small group discussions, participants explore trauma's mechanisms, impacts, and implications for public health practice. The workshop foregrounds feasible trauma-informed strategies that can be implemented even within constrained systems.
RESULTS
Participants will: 1. Understand ACEs and their contribution to the global burden of disease. 2. Recognise the neurophysiological impact of trauma and the role of self-regulation in healing. 3. Reorient care from a biomedical, pathology-centred model toward a capabilities-based, trauma-informed approach. 4. Generate practical ideas for integrating trauma-informed principles within their own practice settings.
CONCLUSIONS
Reframing childhood trauma as a core public health concern enables more equitable, inclusive, and sustainable approaches to wellbeing. This workshop equips practitioners with foundational knowledge and feasible strategies to advance health for communities experiencing profound adversity.
Popul. Med. 2026;8(Supplement 1):A2551

ABS2785

"… I tried to commit suicide…": Understanding the intersections between mental health, HIV and teenage pregnancy

Hanani Tabana[1,2], Takunda Satumba[1], Diane Cooper[1], Martina Lembani[1]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]SAMRC/UWC Health Service to Systems Research Unit, University of the Western Cape, Cape Town, South Africa

BACKGROUND
Adolescent girls in South Africa face a range of interconnected health challenges, including high rates of unplanned pregnancy and HIV infection, which are compounded by systemic inequities in accessing sufficient health care. These vulnerabilities can significantly affect their mental health and overall well-being. This paper describes adolescent girls' lived experiences when accessing health care services and how these experiences might be associated with mental health, HIV, and teenage pregnancy in the Western Cape province, South Africa.
METHODS
This qualitative study employed narrative and semi-structured interviews to explore the sexual and reproductive health and mental health well-being of adolescent girls aged 15–19. Participants included adolescent girls in various categories: pregnant, postpartum, living with HIV/AIDS or not, recruited from three youth-friendly primary healthcare facilities using purposive and snowballing sampling methods. A total of 17 adolescents, four healthcare providers, and four parents were interviewed, and a focus group was held, involving six sub-district healthcare program managers.
RESULTS
The factors contributing to mental health among the adolescents were broadly categorised under five themes: 1) Navigating the impact of unintended pregnancy, 2) Negotiating the home environment and other relationships, 3) Barriers around access to services at the facility level, 4) Community healthcare services, and 5) Improving mental health services.
CONCLUSIONS
This study explored factors that contribute to or hinder the mental well-being of adolescent girls and the barriers to accessing mental health services. Designing tailored approaches to the identified factors and systemic challenges that counter mental distress for this age group can significantly mitigate the impact on their mental health.
Popul. Med. 2026;8(Supplement 1):A2553

ABS2789

Adverse childhood experiences and distal health outcomes: the mediating effect of depression, anxiety, and stress

Iffat Elbarazi[1], Anthony Murphy[2], Adam McNeil[2], Neal M Horen[3], Zeina Ismail-Allouche[4], Cairo Arafat[5], Toby Long[3], Yasir Elhadi[1], Emad Masuadi[1]
[1]Institute of Public Health, United Arab Emirates University, Al-Ain, United Arab Emirates, [2]School of Psychology, University of Birmingham, Edgbaston,, United Kingdom, [3]Thrive Center for Children, Families, and Communities, Georgetown University, Washington, DC, United States, [4]Concordia University, Montreal,, Canada, [5]Early Childhood Authority, Abu Dhabu, United Arab Emirates

INTRODUCTION
Adverse childhood experiences (ACEs) are associated with long-term psychological distress and increased risk of chronic disease. However, evidence from multicultural populations, including those in the United Arab Emirates (UAE), remains limited. This study examined the direct and indirect associations between ACEs and adult mental and physical health outcomes in a diverse community-based sample in Abu Dhabi.
METHODS
A cross-sectional community-based study was conducted among 922 adults residing in Abu Dhabi. Participants completed the adverse childhood experiences international questionnaire and the depression, anxiety, and stress scale. Self-reported data on physical and mental health conditions and health-related behaviors were also collected. Structural equation modelling was used to assess

direct and indirect pathways linking ACEs with psychological distress and physical health outcomes, including chronic conditions.
RESULTS
Higher ACE scores were significantly associated with increased levels of depression, anxiety, and stress. Elevated ace exposure was also associated with a higher prevalence of chronic conditions, particularly hypertension. The association between ACEs and physical health outcomes was statistically consistent with partial mediation through psychological distress and engagement in risk-related behaviors. In contrast, regular physical activity was associated with lower levels of psychological distress and appeared to attenuate some adverse pathways.
CONCLUSIONS
ACEs are strongly associated with poorer mental health and increased chronic disease burden among adults in Abu Dhabi. Psychological distress plays a key mediating role in linking early-life adversity to adult physical health outcomes. These findings highlight the need for integrated, trauma-informed mental health services and preventive public health strategies. In the context of the UAE culturally diverse population, tailored interventions aimed at reducing childhood adversity and mitigating its long-term health consequences are warranted.
Popul. Med. 2026;8(Supplement 1):A2554

ABS2854
Social Workers' Mental Health in times of disaster: Lessons from the COVID19 Pandemic

Zoleka Soji[1], Carrie Brooke-sumner[1], Phumeza Kota-Nyati[1]
[1]Faculty of Health Sciences, Nelson Mandela University, Gqeberha, South Africa
BACKGROUND
During the Covid-19 pandemic, social workers were designated frontline responders supporting service users and guiding them towards achieving psychosocial well-being amidst unprecedented levels of illness, death, and social disruption. They navigated evolving service delivery models while dealing with the same tumultuous emotions and shared risks. Furthermore, social workers experienced COVID-19 as collective trauma rather than a mere occupational stressor. Beyond the pandemic, disaster and crisis studies indicate social workers experience shared and vicarious trauma due to intersecting roles as helping professionals and affected community members, personally experiencing loss, insecurity, and distress. Furthermore, social workers with personal trauma histories are susceptible to a reactivation of trauma when operating in trauma-driven disaster and crisis environments. Southern African studies highlight how escalated workloads, structural impediments, lacking resources, and inadequate crisis management training undermine effective interventions and impact social workers' mental health.
METHODS
This paper adopts both a critical review approach, critically appraising peer-reviewed literature on social workers' mental health and professional functioning in disaster and crisis contexts as well as reporting on empirical data collected from a sample group of social workers and social work managers who offered interventions to families and communities during Covid 19 period and beyond. Semi-structured individual interviews were conducted with social workers and two focus group interviews with social work managers.
RESULTS
The paper will demonstrate that exposure to collective and personal trauma, increased workloads, deficient resources, and inadequate training are instrumental in frontline social work in times of disaster and crisis, with significant implications for professional functioning and mental health.
CONCLUSIONS
This paper explores how disaster and crisis environments influence social workers' mental health and professional functioning, highlighting the implications of collective and personal traumas, while interrogating the impact of operational and structural conditions on frontline social workers in times of disaster and crisis.
Popul. Med. 2026;8(Supplement 1):A2557

ABS2942
Risk Prediction Models for the Onset of Mental Health Disorders: A Systematic Review of Model Methods,Performance and Clinical Utility

Anna Tsaligopoulou[1], Layla Sadek[1], Jennifer Dykxhoorn[1], Naomi Launders[1], Joseph Hayes[1]
[1]Division of Psychiatry, University College London, London, United Kingdom
ABSTRACT
Common mental disorders (CMD) and severe mental illness (SMI) constitute a substantial public health concern globally, with approximately 1 in 7 individuals worldwide living with a mental health condition. Mental health among young adults has been continuously declining over recent decades. Early intervention has been shown to provide improved mental health and social outcomes and to be more effective than treatment as usual by reducing symptom severity and hospital admissions. Risk prediction can enhance early identification at a population level through the development of accurate prediction models that screen for mental health risk. A systematic review was conducted to identify and evaluate externally validated prediction models for the onset of depression, anxiety, bipolar disorder, or psychosis in young adults (<30 years). MEDLINE, APA PsycINFO, and Embase were searched up to October 2025, with independent screening conducted by two reviewers (Cohen's κ = 0.85). Internal and external validation studies were paired for each identified model. Studies using population-based cohorts or case-control samples were included. Model performance was assessed using area under the curve (AUC), and risk of bias was evaluated for each study using the Prediction model Risk Of Bias ASsessment Tool (PROBAST). Out of 591 studies yielded by the search, 14 unique prediction models were identified for anxiety (n = 1), depression (n = 3), bipolar (n = 1) or psychosis (n = 9). Model discrimination ranged from poor to excellent (AUC: 0.59 - 0.92). While most models demonstrated acceptable to very good discrimination in internal validation (AUC > 0.70), substantially fewer showed comparable performance in external validation. Overall risk of bias was low across studies. These findings highlight the potential of high-performing prediction models to support early identification of mental health risk, with implications for scalable population-level prevention strategies, equitable intervention planning, and public mental health policy.
Popul. Med. 2026;8(Supplement 1):A2560

ABS2973
Current pesticide suicide surveillance methods used across the African continent – A scoping review

Maxine Jonker[1], Dr Ayanthi Karunarathne[2], Professor Michael Eddleston[2,3], Professor Flemming Konradsen[2,4], Leah Utyasheva[2], Professor Hanna-Andrea Rother[1]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Centre for Pesticide Suicide Prevention, University of Edinburgh, Edinburgh, United Kingdom, [3]Pharmacology, Toxicology and Therapeutics, University of Edinburgh, Edinburgh, United Kingdom, [4]Department of Public Health, University of Copenhagen, Copenhagen, Denmark
ABSTRACT
Background Suicide is a global health challenge in low- and middle-income countries(1). Global suicide rates decreased by 36% between 2000 and 2019 but the estimated decline in Africa was not as substantial(2). Globally, pesticide self-poisoning is the second most common means of suicide, however surveillance data of suicide mortality, particularly from pesticide ingestion, is lacking(3,4). This scoping review aimed to identify pesticide suicide surveillance methods currently used in African countries. Methods A scoping review was conducted across several databases in January 2022. Peer reviewed articles published in English investigating a) pesticide poisoning and b) suicide and specific to the African continent were included into the study. Four independent reviewers extracted and charted the data to ensure inter-rater reliability. Results We identified 110 studies describing 8 surveillance systems, conducted in 30 African countries. Of these studies, 50.1% (55/110) reported on the number of pesticide suicides (totaling 1,554); however, 49.0% (54/110) did not differentiate the cause of death beyond either a poisoning death or suicide, making it difficult to determine if pesticides were involved or if they were intentional poisoning case. The surveillance systems identified included health facility records (hospital admissions data), poison control center data, forensic/mortuary data (including police reports), media reports, surveys/interviews with patient/family, case reports, systematic/literature reviews, and civil registration and vital statistics data. Hospital admissions data was the most frequently used system (55.5%). Conclusions The number of studies and surveillance methods found was higher than anticipated. Several areas of improvement were identified for pesticide suicide surveillance in Africa, including improving reporting of the specific pesticides (or active ingredient) linked to suicide cases for improving policy (a requirement for pesticide regulation) and making use of more than one surveillance system to enhance surveillance coverage, allowing for underutilized sources to be used more effectively in pesticide suicide surveillance.
Popul. Med. 2026;8(Supplement 1):A2563

ABS2978
Kuyeka!: An Open Pilot of a Smoking Cessation and TB Treated Adherence Intervention for People Living with HIV in Khayelitsha, South Africa

Anvita Bhardwaj[1,2,3], Amelia Stanton[2], Tafadzwa Mautsa[4], Lwadz Tokwe[4], Stephan Rabie[4], Elizabeth Powers[1], Lindokuhle Tyelo[4], Nomakaziwe Siko[4], Griffin Willner[1], Ali Esmail[5], Richard Van Zyl-Smit[5], John Joska[4], Conall O'Cleirigh[1,3]
[1]Psychiatry, Massachusetts General Hospital, Boston, United States, [2]Psychological & Brain Sciences, Boston University, Boston, United States, [3]Psychology, Harvard Medical School, Boston, United States, [4]Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa, [5]Pulmonology, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Smoking is highly prevalent among people living with HIV (PLWH) and tuberculosis (TB) in South Africa, particularly among individuals evaluated for TB in Cape Town, highlighting the need for integrated smoking cessation and TB treatment adherence support. Kuyeka! ("to stop" in isiXhosa) adapts QUIT, a US smoking cessation intervention for PLWH and was refined with input from people who smoke and have HIV/TB in Khayelitsha and providers.
METHODS
We are conducting an open pilot, consisting of five weekly sessions, one booster session along with 2-month follow-up. Sessions introduce smoking cessation skills, including setting a quit date, managing high-risk situations, and coping with cravings, alongside problem-solving strategies to support TB treatment adherence. Participants are screened at two clinics in Khayelitsha for eligibility. Enrolled participants complete baseline, intervention sessions, and follow-up, with ongoing monitoring of feasibility, acceptability, and fidelity.
RESULTS
To date, 29 individuals were screened; 8 were eligible, with all exclusions due to non-smoking. All eligible participants reported smoking at least 4 days in the prior week. Half reported high motivation to quit smoking, but none had previously attempted quitting. The sample includes 4 men and 4 women, with a mean age of 44.7 years (SD=9.8); six participants identify as Black and two as Coloured. At this interim analysis, all enrolled participants completed baseline and at least one session, with one completing the intervention. One individual was lost to follow-up after session 0. Participants report high acceptability and request SMS reminders to support home practice assignments. Based on current feedback and team review, adaptations include emphasizing cigarette reduction for participants with lower readiness to quit and adding TB smear and culture testing to confirm TB status. Intervention fidelity remains high.
CONCLUSIONS
Preliminary findings suggest Kuyeka! is feasible and acceptable. Ongoing refinements will inform the forthcoming randomized controlled trial.
Popul. Med. 2026;8(Supplement 1):A2564

ABS2984
Assessing South Africa's health and demographic surveillance system (HDSS) reporting of pesticide suicide incidence and fatal poisoning

Maxine Jonker[1], Professor Hanna-Andrea Rother[1], Professor Michael Eddleston[2,3], Professor Flemming Konradsen[4], Leah Utyasheva[2]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Centre for Pesticide Suicide Prevention, University of Edinburgh, Edinburgh, United Kingdom, [3]Pharmacology, Toxicology and Therapeutics, University of Edinburgh, Edinburgh, United Kingdom, [4]Department of Public Health, University of Copenhagen, Copenhagen, Denmark

BACKGROUND
Health and demographic surveillance systems have been established through the International Network for Demographic Evaluation of Populations and Their Health network in 13 African countries to collect data on socio-economic and demographic characteristics of a population(1,2). Since then, data enclaves have been created across Africa. Some sites employ the use of the WHO verbal autopsy instrument when collecting data on deaths. The aim of this research was to assess the quality and effectiveness of verbal autopsies in reporting pesticide suicides in South African sites.
METHODS
All three HDSS sites in South Africa were contacted through the South African Population Research Infrastructure Network and a formal data request sent. The data collected was categorized under identification codes related to suicide or poisoning with no specific period allocated. Researchers reviewed the data and recorded the number of deaths in each category.
RESULTS
The three South African sites spanned two provinces covering a total population of 336 000. A total of 305 cases were extracted from the requested codes. Eight were identified as pesticide suicides, with all identified at one of the sites. The incidence rate for this site was 0.26 cases per 100,000 per year. Pesticide suicide incidence rates could not be determined at the other sites due to a lack of data.
CONCLUSIONS
While some data in the data enclaves was obtained around suicide, poisoning deaths and pesticide suicides, not enough was present to draw inference into the prevalence of pesticide suicide in South Africa. Low pesticide suicide incidence rates were seen across the sites, which, although it does not echo the African or global trend, it does align with previous findings in South Africa. Pesticide suicide surveillance in South Africa would benefit from more surveillance sites being established and better harmonisation of data collection at these sites.
Popul. Med. 2026;8(Supplement 1):A2565

ABS2997
Risk Perception, Chemsex Engagement, and Transactional Sex Among Transgender Women: A National Survey Across South Africa

Jacqueline Pienaar[1], Vuyo Ncube[1], Eduard Sanders[1], Elise Van der Elst[1,2]
[1]Aurum Institute, Johannesburg, South Africa, [2]University of Utrecht, Utrecht, Netherlands

BACKGROUND
Transgender women (TGW) face elevated risks for HIV and sexually transmitted infections (STIs), with chemsex, representing an emerging concern. Chemsex has been associated with increased sexual risk behaviors, including condomless sex and multiple partners. This study investigated associations between HIV/STI risk perception and chemsex engagement: overall chemsex frequency among South African TGW.
METHODS
Cross-sectional data were collected from April to September 2025 from 232 TGW participants. HIV/STI risk perception was measured using a scale assessing concern about contracting HIV/STIs on a 4-point scale. Chemsex engagement was assessed through frequency of chemsex in the past six months and frequency of drug use during transactional sex encounters. Chi-square tests and binary logistic regression analyses examined associations between risk perception levels and both chemsex measures.
RESULTS
Over half of participants (54.6%, n=119) reported being "very concerned" about HIV/STI transmission, while 19.3% (n=42) were slightly concerned and 10.6% (n=23) not concerned. Regarding behaviors, 24.3% reported chemsex engagement in the past six months, while 27.0% reported drug use during transactional sex. Logistic regression treating risk perception as ordinal revealed that each one level increase in HIV/STI concern was associated with 44.0% higher odds of chemsex engagement (OR = 1.44, 95% CI: 1.03-2.01, p = 0.032). Similar trends appeared for drug use during transactional sex, with each level increase corresponding to 34.1% higher odds, approaching significance (OR = 1.34, 95% CI:0.98-1.83, p = 0.065). Chemsex rates increased from 13.0% among those not concerned to 30.1% among those very concerned.
CONCLUSIONS
Paradoxically, higher HIV/STI risk concern was associated with greater chemsex engagement among South African TGW, suggesting risk compensation patterns or that risky behaviors heighten risk awareness. Risk perception alone is insufficient for behavior change. Findings highlight needs for comprehensive harm reduction interventions addressing structural factors, substance use, and HIV prevention within TGW's unique life contexts.
Popul. Med. 2026;8(Supplement 1):A2568

ABS3009
Depression Burden and Medication Non-Adherence Among Transgender Women on PrEP and ART: Findings from a South African National Survey

Jacqueline Pienaar[1], Vuyo Ncube[1], Eduard Sanders[1], Elise Van der Elst[2]
[1]Aurum Institute, Johannesburg, South Africa, [2]University of Utrecht, Utrecht, Netherlands

BACKGROUND
Transgender women (TGW) experience disproportionately high rates of depression and face significant barriers to optimal HIV prevention and treatment outcomes. Depression has been identified as a critical factor affecting medication adherence, yet limited research has examined this relationship specifically among TGW taking pre-exposure prophylaxis (PrEP) or antiretroviral therapy (ART). This study examined the relationship between depression severity, as measured by the Patient Health Questionnaire-9 (PHQ-9), and self-reported medication adherence to PrEP or ART among South African TGW.
METHODS
A cross-sectional national survey was conducted between April and September

2025 with 232 TGW participants across South Africa. Depression severity was assessed using the PHQ-9, categorizing participants into five groups: none-minimal, mild, moderate, moderately severe, and severe depression. Medication adherence was evaluated among participants currently taking PrEP or ART through a questionnaire assessing whether participants had missed medication during the past month. Chi-square tests and binary logistic regression analyses were performed to examine associations between depression categories and adherence patterns.
RESULTS
Depression prevalence was notably high, with only 11.6% (n=27) reporting minimal symptoms. Distribution across categories showed 31.9% moderate (n=74), 37.0% moderately to severe (n=86). Among 193 participants taking PrEP/ART, 33.7% (n=65) reported missing doses. A statistically significant association was found between depression severity and medication non-adherence (χ =14.144, df = 4, p = 0.007). Logistic regression revealed that each one-level increase in depression severity was associated with 37.9% increased odds of nonadherence (OR = 1.38, 95% CI: 1.06-1.80, p = 0.018). Compared to minimal depression, severe depression conferred 3.33 times higher odds of non-adherence (OR = 3.33, 95% CI: 1.06-10.53, p = 0.040).
CONCLUSIONS
The high prevalence of moderate to severe depression (68.9%) and substantial non-adherence among TGW underscore the urgent need for integrated mental health and HIV services, routine depression screening, and adherence interventions addressing mental health challenges.
Popul. Med. 2026;8(Supplement 1):A2570

ABS3058

Fostering Resilience and Improving Mental Health in Adolescents in a Resource-Limited Setting: Lessons from a Peer Support Initiative in Rural South Africa

Tumeka Tyaabuko[1], OTOA Youth Champions[1], Unarine Maluleke[1], Asiphe Matsoboyi[1], Emma Chademana[1], Linnea Stansert[1], Moeti Lesuthu[1]
[1]Impact and Research Office, One to One Africa, Cape Town, South Africa

BACKGROUND
Adolescents living with chronic conditions such as HIV (ALWCC) in resource-limited settings endure profound stigma, social isolation, and barriers to healthcare and support, undermining their mental health, well-being, and resilience. Peer support interventions have proven effective in mitigating these issues by fostering connection and empowerment. In rural South Africa, where socioeconomic hardships and limited services amplify challenges, tailored peer-led programs are essential. This study outlines lessons from One to One Africa's initiative to bolster mental health and resilience among ALWCC.
METHODS
Starting in urban sites in 2018 and scaling to rural areas in 2023, the program features weekly peer support groups and Teen Clubs for 10–19-year-olds with HIV or other chronic illnesses. Youth peers, trained and supervised by social workers, facilitate safe spaces for sharing experiences, building self-acceptance, resilience, and self-worth through guided discussions. Complementary services include individual and family counseling to support disclosure and communication, Youth Champions leading anti-stigma campaigns in schools and clinics, and practical assistance overcoming barriers like securing identity documents, social grants, and food aid.
RESULTS
945 adolescents participated in three cohorts across the program. Implementation revealed persistent stigma as a core mental health barrier. However, groups cultivated emotional safety, peer bonds, and confidence in self-managing conditions alongside better parent dialogue. Youth Champions successfully curbed community stigma, promoting acceptance in educational and healthcare settings and easing disclosure. Structural support enhanced access to vital resources, markedly improving overall psychosocial well-being.
CONCLUSIONS
Peer-led, community-based mental health programs are indispensable for ALWCC in rural, resource-scarce contexts. Strategies like intensified awareness campaigns, embedding adolescent mental health in chronic care, and equipping caregivers with disclosure tools will drive sustainable health and well-being gains.
Popul. Med. 2026;8(Supplement 1):A2574

ABS3083

The autism industry: medicalization, stigma, and the search for emancipatory practices in Brazil's Unified Health System

Fabrício Santos Neves[1,2], Ana Carolina Freitas de Andrade[1], Caroline Feitosa Dibai de Castro[3], Cristiano Luiz Ribeiro de Araújo[2], Gabriel Preciso Guimarães[4], Heloisa de Carvalho Torres[1], Kátia Cristine Carvalho Pereira[1], Reny dos Santos Bastos Mongin[1], Sibelle Maria Martins de Barros[5], Maria Angélica Carvalho Andrade[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo (UFES), Vitória, Brazil, [2]Innovation and Right to Health Laboratory, Capixaba Institute of Education, Research and Innovation (ICEPi), Vitória, Brazil, [3]Higher School of Sciences of the Santa Casa de Misericórdia of Vitória (EMESCAM), Vitória, Brazil, [4]Legal Advice on Healthcare Claims, State Health Department of Espírito Santo, Vitória, Brazil, [5]State University of Paraíba, Campina Grande, Brazil

INTRODUCTION
In Brazil, the health and education systems face challenges in managing Autism Spectrum Disorder, driven by an increase in diagnoses and the state's responsibility to provide comprehensive care. Furthermore, the health response has been subsumed by a commercial logic that reduces autism to a biomedical diagnosis and is aimed at remediating deficits in the pursuit of "normalization". In this sense, this study proposes an exploration of current practices of autism care in the Unified Health System (SUS - Brazil's public healthcare system), covering the themes of medicalization and stigma to understand the ethical trajectories of current care.
METHODS
Literature review study with a theoretical framework in the fields of Public Health and Applied Social Sciences. The framework was structured upon contemporary studies on the medicalization of life, the commodification of health, and the sociocultural construction of autism, through a critical lens regarding hegemonic clinical practices.
RESULTS
The analysis reveals that hegemonic care, often based on the behavioral method (ABA), tends to objectify the subject, transforming autism into a profitable market commodity (Autism Industrial Complex). This fragmentation generates burdensome therapeutic itineraries for families and drives judicialization as a symptom of the inadequacy of public policies. It was identified that overcoming this model requires the recognition of the subject's uniqueness and autonomy, shifting the focus from the "diagnosis to be corrected" to the valorization of individual potentials.
CONCLUSIONS
The results underscore the urgent need to strengthen primary care and build comprehensive and intersectoral care networks. An ethical and emancipatory practice in the SUS should prioritize self-determination and social participation, replacing the logic of conformity and stigma with an neurodiversity-affirming approach and guarantees the full exercise of citizenship.
Popul. Med. 2026;8(Supplement 1):A2575

ABS3146

Service user involvement in a peer support implementation project: the community advisory board strategy

Angela Figueiredo[1], Bianca Silva[1], Maria Fernanda Lirani[1], Maria Giovana Saidel[1], Jaqueline Stefanini[1], Monica Cruvinel[1], Carlos Alberto Treichel[2], Graziela Reis[3], Mark Costa[3], Maria O'Connell[3], Chyrell Denise Bellamy[3], Rosana Teresa Onocko-Campos[1]
[1]Department of Public Health, State University of Campinas- Unicamp, Campinas/SP, Brazil, [2]Department of Nursing, University of São Paulo- USP, São Paulo/SP, Brazil, [3]Department of Psychiatry, Yale University, New Haven/CT, United States

ABSTRACT
This paper reports on a collaborative research project between the State University of Campinas, Brazil, and Yale University, USA, aimed at adapting and implementing a peer support (PS) intervention for people with severe mental disorders within a public mental health system in a middle-income country. The study responds to global calls for greater service user involvement, recovery-oriented care, and culturally responsive mental health interventions. The objective is to describe and analyse the strategy used to involve service users as key stakeholders throughout the implementation process, focusing on the role of a community advisory board (CAB) composed by thirteen mental health service users. Stakeholder involvement was structured across pre-implementation, implementation, and post-implementation phases, guided by the Consolidated Framework for Implementation Research (CFIR). During pre-implementation, biweekly CAB meetings identified contextual barriers and facilitators and informed the cultural adaptation of PS training materials developed in the USA. During implementation, monthly CAB meetings monitored a pilot study in which six trained peer supporters provided PS to 38 service users across three community-based mental health centres (CAPS III) in Campinas. In the post-implementation phase, a working group derived from the CAB continues to co-produce research outputs. Across CFIR domains, key facilitators included shared ethical values such as mutuality and experiential knowledge, institutional commitment, and participatory training

processes. Major barriers included persistent stigma and hierarchical biomedical practices. Adaptations to the PS training involved simplifying language and revising the modules content to enhance local relevance. To support implementation fidelity, a subgroup of CAB members supervised the peer supporters during the pilot phase. The CAB strategy was central to embedding service user perspectives in the implementation process, enhancing cultural relevance and equity. This experience highlights the importance of participatory governance structures for scaling recovery-oriented mental health interventions in public health systems, particularly in low- and middle-income country contexts.
Popul. Med. 2026;8(Supplement 1):A2577

ABS3182

Enhancing continuity of mental health care through medication access: The role of the central chronic medicines dispensing and distribution programme in South Africa

Nishana Ramdas[1]
[1]National Department of Health, Pretoria, South Africa

INTRODUCTION
Continuity of care for mental health patients in South Africa is often disrupted by complex service pathways, facility congestion, and medication stock-outs. The Central Chronic Medicine Dispensing and Distribution (CCMDD) programme offers an innovative mechanism to address these challenges by providing stable patients with alternative, reliable, and decongested access points for chronic medicines, including psychiatric treatments. Methods We analyzed Quarter 3 2025/26 data from the national programme, specifically isolating the cohort of patients receiving mental health treatment. Metrics reviewed included active patient enrolment, parcel dispensing trends, age distribution, and pick-up point utilization. Health systems data were triangulated with provincial feedback and monitoring and evaluation (M&E) insights to identify service accessibility challenges and formulary limitations specific to this patient group. Results The programme currently supports 31,213 mental health patients. While this represents a minority of the total 3.7 million active patients, it marks a significant increase in service linkage. Uptake is highly variable geographically, with KwaZulu-Natal accounting for the majority (18,906 patients), while other provinces lag significantly. Among the total cohort, 61% receive medicines through external pick-up points, offering a mechanism to bypass facility-associated stigma. Key barriers identified include a limited range of psychiatric medicines on the eligible formulary and inconsistent clinical reintegration of patients following facility-based reviews. Conclusion The programme demonstrates a viable proof-of-concept for decentralized medication delivery in mental health care, particularly evidenced by the scale achieved in KwaZulu-Natal. However, optimizing this model requires expanding the availability of essential mental health medicines on the formulary and building clinical confidence to support down-referral. Integrating this dispensing model more fully into national mental health strategies could significantly enhance adherence and reduce drop-out from long-term psychiatric treatment.
Popul. Med. 2026;8(Supplement 1):A2579

ABS3194

Life events and Public Mental Health

Jutta Lindert[1], Cristiane Duarte[2], Tre Gissander[2]
[1]Health and Social Work, University of Applied Sciences Emden /Leer, Emden, Germany, [2]Psychiatry, Columbia University, New York, United States

BACKGROUND
Mental health is a core component of population health and central to advancing equity and social justice. Globally, exposure to adverse life events—including childhood violence, community violence, political violence, forced displacement, and structural oppression—is widespread and unequally distributed. These exposures are closely linked to conflict, poverty, and human rights violations. Epidemiological evidence increasingly demonstrates that such adversities affect not only individuals directly exposed but also contribute to intergenerational transmission of mental health risk. In line with the World Federation of Public Health (WFPH) commitment to human rights, equity, and "leaving no one behind," this workshop integrates epidemiological evidence with participatory discussion to inform contextually relevant public mental health action. Methods and Format The workshop combines brief evidence-based presentations with structured audience interaction. Epidemiological findings from systematic reviews, meta-analyses, and longitudinal and cross-sectional studies will be presented in short segments. Following each segment, facilitated audience discussions will explore interpretation, contextual relevance, and implications for policy and practice. Interactive components include plenary exchange focused on translating evidence into public health strategies.
RESULTS
Four presenters will introduce key findings. First, a systematic review shows consistent associations between parental exposure to adverse life events and increased risk of emotional and behavioral problems in children. Second, intergenerational cohort studies demonstrate associations between parental childhood adversity and offspring mental health, with variation by exposure assessment and timing (Prof. Duarte). Third, a global meta-analysis indicates substantially elevated prevalence of depression, anxiety, and post-traumatic stress disorder following exposure to human rights violations, particularly in conflict-affected settings (Prof. Lindert). Fourth, a regional study examines associations between macro-level life events and population mental health, highlighting structural vulnerability (Felix Sisenop).
CONCLUSIONS
This interactive workshop emphasizes the co-production of knowledge by linking epidemiological evidence with participants' expertise. It aims to support rights-based, public mental health policies and interventions.
Popul. Med. 2026;8(Supplement 1):A2580

ABS3275

Building Evidence-Based Youth Mental Health Support in South Africa: Early Findings from EASE-SA, #FTM and Chommie

Katherine Sorsdahl[1], Claire van der Westhuizen[1]
[1]University of Cape Town, Alan J. Flisher Centre for Public Mental Health, Department of Psychiatry & Mental Health, Cape Town, South Africa

BACKGROUND
Mental health conditions are common in young people and often begin by age 14, yet few evidence-based interventions exist in South Africa. At the Alan J. Flisher Centre for Public Mental Health, we have tested and evaluated several youth-focused interventions. This presentation outlines the adaptation and initial testing (non-randomized designs) of three indicated prevention interventions: WHO EASE (ages 10–14, with caregivers), #FTM (emotion regulation; ages 15–18), and Chommie (WHO-initiated chatbot; ages 15–18).
METHODS
All three interventions followed a similar adaptation and testing process using human-centered design. Formative work with stakeholders and adolescents, including our Youth Development Team (YDT), informed iterative changes to content and delivery. We then conducted non-randomized studies with embedded qualitative components to assess acceptability, feasibility, and preliminary outcomes. Outcomes included depression, anxiety, and emotion regulation, measured at baseline and three months post-intervention.
RESULTS
We adapted the interventions to be more engaging (e.g., added games, interactive materials, and videos). EASE-SA (ages 10–14 + caregivers) and #FTM (ages 15–18) were feasible and acceptable in schools, with good recruitment/retention and high facilitator competency/fidelity. Both showed significant improvements in adolescents' depression, anxiety, and emotion regulation ($p<0.05$), with EASE-SA also improving positive parenting. Chommie showed similar reductions in depression and anxiety
CONCLUSIONS
These findings underscore the potential of co-adapted, evidence-based interventions that prioritize meaningful engagement with youth to enhance both content and delivery. While the results are encouraging, it is essential to validate efficacy through randomized controlled trials.
Popul. Med. 2026;8(Supplement 1):A2582

ABS3311

Mental health needs of community health workers providing home-based healthcare in South Africa: Khanya Ekhaya

Tara Carney[1], Jessica Magidson[2,3], Kim Johnson[1], Abigail Hines[3], Nonceba Ciya[1], Sibabalwe Ndamase[1], Rithika Baskar[2], Noah Triplett[4,3], Imani Brown[3], Bronwyn Myers[5,1]
[1]Mental Health, Alcohol, Substance Use and Tobacco Research Unit, SAMRC, Parow, South Africa, [2]Center for Substance Use, Addiction & Health Research, University of Maryland, Maryland, United States, [3]Global Mental Health and Addiction Program, University of Maryland, Maryland, United States, [4]Department of Behavioral and Community Health, University of Maryland, Maryland, United States, [5]EnAble Institute, Curtin University, Perth, Australia

BACKGROUND
The prevalence of mental health conditions in South Africa is high, and often negatively affects engagement in healthcare for conditions, such as HIV [1,2]. Community healthcare workers (CHWs) often provide home-based support for those patients initiating and re-initiating HIV treatment and experiencing mental health challenges, with little to no training. However, the mental health needs and

available support for these CHWs have not been widely explored.
METHODS
Our team conducted qualitative, semi-structured individual interviews with 21 CHWs providing home-based care, 25 patients who receive home-based care, and 10 additional stakeholders who work in economically disadvantaged communities around Cape Town. As part of these interviews, participants were asked about delivering mental health services and potential challenges that they may face due to the nature of their work. Interviews were facilitated by two South African team members experienced in qualitative research. Thematic analysis with a hybrid deductive-inductive approach was used for coding, guided by the Consolidated Framework for Implementation Research (CFIR), with 3 RAs from the US team developing an initial codebook and two South African team members who conducted rapid coding.
RESULTS
Key themes that emerged were CHWs' experience of stress and negative emotions due to funding uncertainty to organisations that provide healthcare due to geopolitical circumstances; self-disclosure of their own mental health conditions, including common mental health conditions and experiences of trauma; (3) challenges in managing emotions when providing home-based care to vulnerable patients within violent communities that they also live in; limited coping mechanisms to manage feelings while conducting their work (prayer, limited time outdoors) the need to develop skills for their own self-care and support from management teams and healthcare facilities in general.
Popul. Med. 2026;8(Supplement 1):A2583

ABS3313
Title: Digital Art as a Tool for Mental Well-being: Findings from the ArtEater Pilot in Eldorado Park, South Africa

Kay Roman[1], Jane Simmonds[2], Bedirhan Tuna[3], Anja Mohr[4]
[1]Income4gogos, goGOGOgo, Kensington, South Africa, [2]goGOGOgo, Kensington, South Africa, [3]Teaching and Research Unit Art Education, Ludwig Maximilian University of Munich, Munich, Germany, [4]Teaching and Research Unit Art Education, Ludwig Maximilian University of Munich, Munich, Germany

BACKGROUND
Older caregivers in South Africa, particularly grandmothers raising children, often experience social isolation, limited access to creative outlets and digital exclusion, contributing to chronic stress and reduced psychosocial well-being. Arts-based interventions have demonstrated potential to support emotional regulation and mental health. ArtEater is a low-threshold web-based drawing tool developed by the Institute of Art Education at Ludwig Maximilian University in Munich, Germany (project manager: Prof. Dr. Anja Mohr), designed to provide a practical introduction to media literacy and co-developed with participants. ArtEater in South Africa was piloted in Eldorado Park as part of iGOGO, a digital literacy programme for older adults run by NGO goGOGOgo.
METHODS
Following 20 sessions of digital literacy training through iGOGO, a structured five-phase pilot was held in Eldorado Park, comprising facilitated sessions that included a guided introduction to the ArtEater application, exploratory engagement with digital art tools, sensory-led creative reflection and relaxation and structured feedback collection. Within this mixed-methods study, qualitative data was collected through observation, emotional responses and creative artefacts, and quantitative data through questionnaires.
RESULTS
Participants described the sessions as enjoyable and emotionally meaningful. Findings suggest that low-pressure digital artmaking may contribute to psychosocial well-being among older adults by enabling self-expression and emotional engagement, particularly in contexts of caregiving responsibility and social isolation. The availability of preset digital tools enhanced participants' confidence and willingness to experiment creatively.
CONCLUSIONS
The ArtEater Eldorado Park pilot demonstrates the potential of inclusive digital art interventions to support mental well-being and build digital confidence among older adults. Findings highlight the importance of accessible and inclusive design, guided facilitation and feedback-informed development. As participation in social life increasingly depends on digital literacy, such creative interventions offer a promising approach to advancing equity, inclusion and community-based mental health promotion for older adults in under-resourced settings.
Popul. Med. 2026;8(Supplement 1):A2584

ABS3327
The prevalence and associated risk factors of compassion fatigue among healthcare professionals who cared for patients with covid-19 in selected healthcare facilities in Durban and Mthatha, South Africa

Sthembile Mthembu[1], Khumbulani Hlongwana[1,2], Chester Kalinda[3], Themba Ginindza[1,2]
[1]Department of Public Health, School of Medicine, College of Health Sciences, University of KwaZulu-Natal, University of KwaZulu-Natal, Durban, South Africa, [2]Cancer & Infectious Diseases Epidemiology Research Unit (CIDERU), College of Health Sciences, University of KwaZulu-Natal, South Africa, University of KwaZulu-Natal, Durban, South Africa, [3]Bill and Joyce Cummings Institute of Global Health, University of Global Health Equity (UGHE), Kigali, Rwanda, University of Global Health Equity, Kigali, Rwanda

BACKGROUND
The COVID-19 pandemic placed unprecedented pressure on healthcare professionals (HCPs) in South Africa, especially in COVID-19-designated wards, increasing the risk of compassion fatigue (CF). This study assessed the prevalence and associated risk factors of CF among HCPs caring for patients diagnosed with COVID-19 in selected public healthcare facilities in Durban and Mthatha.
METHODS
A total of 428 HCPs (nurses and medical doctors) from four public healthcare facilities in Durban, KwaZulu-Natal, and Mthatha, Eastern Cape) were randomly enrolled using an analytic cross-sectional study design. Data were collected from 29 April to 09 July 2025, using face-to-face interviews with a structured questionnaire. The Professional Quality of Life Scale Version 5 (ProQOL-V) was used to measure compassion fatigue, burnout, and compassion satisfaction. Logistic regression was used for statistical analysis.
RESULTS
All participants reported CF, with 91.6% (n = 392) reporting low CF and 8.4% (n = 36) reporting average CF. Average CF varied significantly across the different healthcare facilities (p = 0.008), with the highest prevalence at Clairwood Hospital (18.9%) and the lowest at Nelson Mandela Academic Hospital (3.8%). Only years of experience was positively associated with CF (AOR=2.64, 95%CI:1.02-6.88, p = 0.013), while Health facility (AOR=0.29, 95%CI:0.11-0.77, p < 0.001) was inversely associated with CF.
CONCLUSIONS
The study shows that CF remains a public health concern among health professionals. Furthermore, the study has provided essential information about CF among health professionals, which can inform health policy. This can contribute to policy development and planning of prevention strategies incorporating CF prevention during pandemic in the future.
Popul. Med. 2026;8(Supplement 1):A2586

ABS3332
Trajectories of Turnover Intention Among Interns in Early Career: Antecedents and Consequences for Mental Health and Occupational Well-Being

Gao Shang[1], Kong XiangChen[1], Chen YuXin[1], Zhang ZhengXiao[1], Zhao HongYan[1], Yu XiHe[1]
[1]School of Public Health, Jilin University, Changchun, China

BACKGROUND
Internships represent a pivotal school-to-work transition during which turnover intention may emerge and shape subsequent career adjustment. However, evidence on heterogeneous longitudinal patterns of turnover intention and their implications for later mental health and occupational well-being remains limited.
METHODS
Three-wave longitudinal data were collected from 352 interns in a large automobile manufacturing enterprise in China (March 2024, November 2024, and April 2025). Latent class growth analysis (LCGA) was conducted to identify distinct trajectories of turnover intention across Time 1 (T1), Time 2 (T2), and Time 3 (T3). Baseline predictors of class membership were examined using a three-step multinomial logistic regression procedure (R3STEP). Distal outcomes at T3 were compared using the Bolck–Croon–Hagenaars (BCH) method, including depression, anxiety, job satisfaction, and mature happiness.
RESULTS
A two-class solution was selected (entropy = 0.755). Class 1 showed a low-initial, slightly increasing trajectory (intercept = 1.419; slope = 0.201), whereas Class 2 showed a high-initial, decreasing trajectory (intercept = 2.622; slope = −0.445). Higher baseline work stress and a higher perceived extent of machine use in the workplace increased the likelihood of belonging to Class 2, whereas higher person–job fit decreased this likelihood; workplace support was positively associated with Class 2 after covariate adjustment. At T3, compared with Class 1, Class 2 reported higher depression (M = 1.760 vs. 1.231) and anxiety (M = 1.630 vs. 1.144), and lower job satisfaction (M = 3.518 vs. 3.978) and mature happiness

(M = 3.131 vs. 3.849).
CONCLUSIONS
Interns' turnover intention is heterogeneous over time and is associated with subsequent mental health and occupational well-being. Early-career interventions should prioritize stress management, strengthening person–job fit, and supporting adaptation in digitally intensive workplaces.
Popul. Med. 2026;8(Supplement 1):A2588

ABS3335
Early life factors associated with childhood trajectories of violence among the birth to twenty-Plus cohort in soweto, south africa
Lilian Muchai[1], Sara Naicker[2], Juliana Kagura[1]
[1]Epidemiology & Biostatistics, University of the Witwatersrand, Johannesburg, South Africa, [2]DSI-NRF Centre of Excellence in Human Development, University of the Witwatersrand, Johannesburg, Gauteng, South Africa, Johannesburg, South Africa
ABSTRACT
Violence against children (VAC) has devastating and long-term negative consequences on health, social and economic well-being at both the individual and societal levels. There is limited research on the life course experience of VAC, especially in Africa. This study aimed to identify trajectories of physical and sexual violence victimization in childhood and evaluate early life factors predicting these violence trajectories. This study used data from birth to 18 years from the ongoing prospective Birth to Twenty Plus cohort (Bt20+). Analyses included children who reported experiences (yes/no) of physical and sexual violence at a minimum of two time points between five and 18 years. Group-based trajectory modelling was employed to identify groups of children with similar patterns of violence over time, while multivariable logistic regression was used to establish early life factors associated with violence trajectory group membership. Separately, two trajectory groups of physical violence (adolescent limited (65.1%) and chronic increasing (34.9%)) and sexual violence (adolescent limited (74.1%) and late increasing (25.9%)) victimization were identified. Early life factors associated with a higher risk of chronic increasing trajectory group membership, after adjusting for covariates, were being male (adjusted odds ratio [AOR] 1.67, 95% CI 1.31; 2.10) and having a mother with at least secondary education compared to higher education (AOR 1.73, 95% CI 1.08; 2.76). In addition, residing in middle, compared to low, socioeconomic households (AOR 0.68, 95% CI 0.50; 0.92) was protective against membership in this group. Residing in high compared to low socioeconomic households, was the only early life factor whose association approached significance with membership in the late-increasing sexual violence victimization trajectory group (AOR 0.63, 95% CI 0.42; 0.95). In conclusion, children follow different violence victimization trajectories across their childhoods. Identifying early life factors predicting violence trajectories provides targeted prevention intervention areas that can mitigate children's violence experience.
Popul. Med. 2026;8(Supplement 1):A2589

ABS3360
Healthcare professionals management of compassion fatigue whilst caring for patients with Covid-19 in Mthatha and Durban, South Africa
Thobeka Langa[1]
[1]Discipline of public healtg, University of KwaZulu-Natal, Durban, South Africa
BACKGROUND
The COVID-19 pandemic profoundly overwhelmed public health facilities in recent history, placing Healthcare professionals (HCPs)at the frontlines of an unprecedentedly high patient volume. Alongside physical exhaustion, HCPs experienced significant emotional and psychological strain. Prolonged exposure to suffering, death, and systemic stressors increased their risk of compassion fatigue. This study explored how HCPs in Mthatha and Durban, South Africa, managed compassion fatigue and related effects while caring for COVID-19 patients.
METHODS
This was an exploratory qualitative study whereby we interviewed 35 purposively selected HCPs (doctors and nurses), using in-depth interview guide, in four health facilities involved in managing patients with COVID-19. Interviews were in English, audio-recorded (with participants'permission) and transcribed in verbatim. Thematic analysis was used to analyse data.
RESULTS
The findings showed that HCPs' compassion fatigue resulted from organisational and management challenges, including staff shortages, heavy workloads, inadequate resources, and limited institutional support. To cope, HCPs used various strategies which are; biological (PPE use and infection prevention measures), psychological (religious and spiritual coping and emotional numbness), and social strategies (peer support and debriefing with colleagues)
CONCLUSIONS
HCPs proactively found biopsychosocial coping strategies to manage dreadful COVID-19, hence the Ministry of Health should leverage on these resources in building a locally-relevant, and responsive biopsychosocial interventions to mitigate the impact of future pandemics.
Popul. Med. 2026;8(Supplement 1):A2592

ABS3362
Study on the Status of Turnover Intention and Related Factors Among Nurses in Public Hospitals in Jilin Province
Gao Shang[1], Kong XiangChen[1], Chen YuXin[1], Zhang ZhengXiao[1], Zhao HongYan[1], Yu XiHe[1]
[1]School of Public Health, Jilin University, Changchun, China
BACKGROUND
Nurse turnover intention threatens staffing stability in public hospitals. This study assessed the level of turnover intention among nurses in Jilin Province, China, and examined its relationships with regulatory emotional self-efficacy, compassion fatigue, and quality of work life.
METHODS
A multistage, face-to-face survey was conducted in November 2021 in 124 public hospitals in Jilin Province. Of 2,480 nurses approached, 2,412 valid questionnaires were analyzed (97.26%). Measures included turnover intention, regulatory emotional self-efficacy, compassion fatigue, and quality of work life, plus sociodemographic and work characteristics. Correlates of high turnover intention were examined using binary logistic regression. Pathways among key constructs were tested using partial least squares structural equation modeling (PLS-SEM).
RESULTS
The mean turnover intention score was 1.91 ± 0.64; 1,630 nurses (67.85%) reported low turnover intention and 782 (32.42%) reported high turnover intention. In logistic regression, age, monthly income, average daily working hours, night shifts, regulatory emotional self-efficacy, compassion fatigue, and quality of work life were significant correlates of turnover intention (all $P < 0.05$; Cox and Snell R = 0.15; Nagelkerke R = 0.22). In PLS-SEM, regulatory emotional self-efficacy and quality of work life were negatively associated with turnover intention, whereas compassion fatigue was positively associated with turnover intention. Compassion fatigue and quality of work life partially mediated the association between regulatory emotional self-efficacy and turnover intention, and quality of work life partially mediated the association between compassion fatigue and turnover intention.
CONCLUSIONS
Turnover intention among nurses in public hospitals in Jilin Province was substantial. Interventions that enhance regulatory emotional self-efficacy, reduce compassion fatigue, and improve quality of work life may help mitigate turnover intention.
Popul. Med. 2026;8(Supplement 1):A2593

ABS3392
Dynamic Within-Person Links Between Job Insecurity, Anxiety, and Depressive Symptoms Among Employees in a Large Automobile Manufacturing Plant in China
Gao Shang[1], Kong XiangChen[1], Chen YuXin[1], Zhang ZhengXiao[1], Zhao HongYan[1], Yu XiHe[1]
[1]School of Public Health, Jilin University, Changchun, China
BACKGROUND
Job insecurity is a salient workplace stressor that may contribute to anxiety and depressive symptoms. However, the within-person dynamic relationships among job insecurity, anxiety, and depressive symptoms over time—especially when measurement intervals are unequal—are not well understood.
METHODS
Three-wave longitudinal data were collected from employees in a large automobile manufacturing plant in China, with assessments at 0, 8, and 12 months. Internal consistency was evaluated for job insecurity (JIS), anxiety (ANX), and depressive symptoms (DEP). Longitudinal measurement invariance was tested using confirmatory factor analysis. Dynamic within-person associations among JIS, ANX, and DEP were estimated using a multivariate continuous-time structural equation model (ctSEM) in a Bayesian framework, allowing unequal time gaps between measurements.
RESULTS

Reliability was high across waves (Cronbach's alpha = 0.926–0.966). Mean levels of ANX and DEP were relatively low and stable across waves, whereas JIS was higher and showed a slight decline over time. In ctSEM, all constructs demonstrated significant negative self-effects (JIS: beta = −0.31, 95% credible interval [−0.48, −0.14]; ANX: beta = −0.60, [−1.01, −0.20]; DEP: beta = −1.17, [−1.60, −0.78]), indicating a tendency to return toward individual baseline levels. Higher JIS predicted subsequent increases in ANX (beta = 0.22, [0.10, 0.33]) and DEP (beta = 0.21, [0.10, 0.32]). ANX also strongly predicted increases in DEP (beta = 0.80, [0.43, 1.20]). Paths from ANX or DEP back to JIS were weaker, with credible intervals including zero.

CONCLUSIONS

Among employees in a large automobile manufacturing plant, elevated job insecurity dynamically precedes increases in anxiety and depressive symptoms at the within-person level. Workplace strategies that reduce perceived job insecurity may help prevent short-term deterioration in employee mental health.

Popul. Med. 2026;8(Supplement 1):A2595

ABS3401

Predictors of physical and mental health of adults in lower income communities in Gauteng and the Western Cape of South Africa

Marieke Theron[1], Mukhethwa Londani[2], Leane Ramsoomar[3], Richard Matzopoulos[4], Charles Parry[5]

[1]Mental health, Alcohol, Substance use and Tobacco Research Unit Division of Public Health Medicine, University of Cape Town, South African Medical Research Council, Cape Town, South Africa, [2]Mental Health, Alcohol, Substance use and Tobacco Research Unit 2Directorate of Research and Innovation, Tshwane University of Technology, Pretoria, South African Medical Research Council, Cape Town, South Africa, [3]Gender & Health Research Unit School of Health Systems and Public Health, University of Pretoria, South African Medical Research Council, Pretoria, South Africa, [4]Burden of Disease Research Unit Division of Public Health Medicine, University of Cape Town, South African Medical Research Council, Cape Town, South Africa, [5]Mental Health, Alcohol, Substance use and Tobacco Research Unit 2 Department of Psychiatry, University of Stellenbosch, South African Medical Research Council, Cape Town, South Africa

BACKGROUND

South Africa ranks 6th globally in alcohol intake per drinker(1), tobacco use is the highest in the African region(2) and cannabis use is similar to other African countries. Substance use disorders disproportionately effects lower income populations. Alcohol, tobacco and other substances have been linked to increased risk of cancer, heart disease and increased susceptibility to communicable diseases and injuries. This research aimed to explore predictors of physical and mental health.

METHODS

This cross-sectional randomised household survey took place between September-December 2025 in selected small area layers within six different lower income populations in two provinces. We included 2400 participants from the Gauteng Province and Western Cape. Questions included socio-economic, household food security, alcohol consumption patterns, Alcohol Use Disorders Identification Test (AUDIT), tobacco use, other substance use, depression, anxiety, and traumatic experiences. Descriptive tests explored frequencies and associations using Chi-square, T-tests and multiple linear regression models to examine predictors of physical and mental health outcomes.

RESULTS

The participants were median 38 years with 56.9% females, 35.2% completed grade twelve with 48% reporting a monthly household income of $125-$625. Nearly twenty percent experienced moderate to severe hunger in the household while 14.9% scored 'low' on the assets index score. 60% reported drinking alcohol in the past year, 25.8% used tobacco products daily, 7% used cannabis daily and 9.6% used prescription opioids in the past month. Nearly forty percent reported symptoms of mild to severe depression, 6.2% suffered from anxiety,10.6% experienced PTSD symptoms. Nearly one-in-three were previously diagnosed with hypertension. Final analysis of results is not yet available.

CONCLUSIONS

We hypothesize that alcohol, tobacco and other substance use will influence physical and mental health outcomes of these populations. The closer examination of social determinants of health in conjunction with substance use will assist in leveraging increased public health services for these communities.

Popul. Med. 2026;8(Supplement 1):A2596

ABS3402

A protocol for exploring health promoter-led mental wellness initiatives for early prevention, screening, and quality of life in cervical cancer patients of rural Eastern Cape, South Africa: a mixed-method study

Khuthala Sigovana[1], Sikhumbuzo Mabunda[1], Sibusiso Nomatshila[1], Wezile Chitha[1]

[1]Public Health, Walter Sisulu University, Mthatha, South Africa

BACKGROUND

Cervical cancer is in the top five list of highly prevalent cancers. It contributes to millions of premature deaths globally. Low- and middle-income countries like those in sub-Saharan Africa are among the worst affected despite the preventable nature of the disease. The disease is caused by the human papillomavirus, a sexually transmitted infection for which an effective vaccine exists. This study aims to determine the effectiveness of a health promoter-led intervention on early screening, prevention, and quality of life improvement among patients with cervical cancer.

METHODS

The study will be conducted at the Nelson Mandela Academic Hospital and St. Elizabeth Hospital in the Eastern Cape, South Africa, using an exploratory sequential mixed-methods design comprising qualitative and quantitative sub-studies. Qualitatively, purposive sampling will be used to recruit 20 cervical patients and healthcare workers from two oncology units for in-depth interviews and focus group discussions. These sessions will be audio-recorded, transcribed, and analysed using NVivo 15. Quantitatively, 128 cervical cancer patients will be divided into two study groups, with 64 patients per hospital. The study will employ validated tools, such as the WHO Quality of Life tool to assess quality of life, the General Anxiety Disorder-7 scale, and the Patient Health Questionnaire-9 for anxiety and depression. Data will be captured in Microsoft Excel and analysed descriptively using Statistical Package for the Social Sciences (SPSS) 29, utilising means, standard deviations, medians, and interquartile ranges, as appropriate, based on the distribution's normality. Groups will be compared using an appropriate t-test, chi-squared test, Wilcoxon sum-ranked test, and/or Fisher's exact test.

CONCLUSIONS

Findings will highlight unmet mental health needs among cervical cancer survivors in the Eastern Cape, recommending policy enhancements like integrated psychosocial support, routine depression and anxiety screenings, and community health promotion programs to improve cancer care.

Popul. Med. 2026;8(Supplement 1):A2597

ABS3420

From Isolation to Reintegration: Exploring Student Mental Health and Anxiety in the Return to School Post-COVID-19" Abstract:

Iffat Elbarazi[1], Basema Saddik[2], Fatema A. Mohamed[1], Maitha N. Alkaabi[1], Sara A.Nauman[1]

[1]Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University, AlAin, United Arab Emirates, [2]Public Health and Epidemiology, Khalifa University, Abu Dhabi, United Arab Emirates

BACKGROUND

The COVID-19 pandemic disrupted educational systems worldwide, forcing prolonged school closures, and extended social isolation for adolescents Loades et al., 2020; UNICEF, 2021). This qualitative study explored the psychosocial experiences of secondary school students in the United Arab Emirates returning to in-person schooling after the pandemic, with a focus on mental health, anxiety, and adjustment challenges.

RESULTS

Data were drawn from 31 in-depth, semi-structured interviews Braun and Clarke's six-step thematic analysis was applied to identify patterns across participants' narratives (Braun & Clarke, 2006). Five interrelated themes captured the emotional, social, and psychological adjustments experienced during and after prolonged school disruption. The emotional toll of isolation emerged as a dominant theme, with students describing loneliness, sadness, stress, and reduced motivation resulting from separation from peers and school routines. The return to school required rebuilding social confidence, as many participants reported heightened social anxiety, awkwardness, and fear of judgment following extended periods without face-to-face interaction. Digital coping and disconnection reflected the dual role of technology during the pandemic. While online platforms enabled continuity of learning and social contact, they also contributed to distraction, disrupted daily routines, and superficial engagement with schoolwork. In contrast, increased family connection was identified as a protective factor, with many adolescents reporting stronger emotional bonds, improved communication, and greater familial support. Finally, students expressed mixed emotions about returning to normal life, combining relief and excitement with uncertainty, emotional fatigue, and reflection on changed priorities.

CONCLUSIONS

the findings demonstrate the complex impact of COVID-19 on adolescent mental

health, highlighting both vulnerability and resilience. The study underscores the importance of school-based mental health support, peer reconnection, and family engagement during recovery. Beyond COVID-19, the findings emphasize the need for proactive, school-centered mental health programs that can be rapidly implemented during future crises.
Popul. Med. 2026;8(Supplement 1):A2599

ABS3427
"They stigmatize themselves so much that they believe that HIV infection is some kind of dirt:" A qualitative exploration of HIV stigma and intervention needs in Kyiv, Ukraine

Kimberly Hook[1], Olha Biklian[2], Sergiy Bogdanov[2], Alexander Tsai[1]
[1]Harvard T.H. Chan School of Public Health, Boston, United States, [2]National University of Kyiv-Mohyla Academy, Kyiv, Ukraine

INTRODUCTION
HIV is a commonly stigmatized condition. HIV stigma often results in diminished social support, lower antiretroviral treatment adherence, and worsened mental health.1-3 Different types of stigmas exist: internalized (negative feelings about one's stigmatized identity), experienced (experiences of being devalued by others), and anticipated (expectations of stigma experiences).4-6 Ukraine has the second largest European HIV epidemic, and over the past decade, reported the highest number of AIDS-related deaths in Europe.7,8 The aim of this qualitative study was to describe current experiences related to HIV stigma and identify contextual factors that may affect the implementation of an evidence-based intervention in HIV clinics in Kyiv, Ukraine.
METHODS
Purposive sampling was used to recruit 33 participants, including people living with HIV (PLWH) (n=20) and stakeholders (n=13; e.g., psychologists, physicians). Among PLWH, 45% (n=9) were female, 60% (n=12) were between 36-50 years of age, and 75% (n=15) were diagnosed with HIV two+ years ago. Semi-structured interviews were conducted in Ukrainian or Russian, recorded, transcribed, and translated into English. Interviews were analyzed using deductive and inductive analysis; data were collected from April to June 2025.
RESULTS
Overwhelmingly, participants acknowledged commonly experiencing stigma. Many noted internalized stigma (e.g., blaming self, fear that others may find out, distancing self from others), experienced stigma (e.g., forced to use separate dishes at home, denied healthcare services once their status was known), and anticipated stigma (e.g., attending HIV care in masks to conceal identities). They also described feelings of depression, fear, trauma, and shame associated with HIV stigma.
CONCLUSIONS
These findings highlight existing intervention needs among PLWH, suggesting that implementing evidence-based interventions to address mental health symptoms and to increase stigma-focused education and coping have the possible benefit of improving health outcomes among PLWH. Focusing on acceptance-based interventions to increase values-aligned behavior may be especially relevant for this population.9,10
Popul. Med. 2026;8(Supplement 1):A2600

ABS3438
Reflective support for young people outside education and work: A case study of On the Inside

Kristina Carlén[1], Rajna Knez[1,2], Margaretha Larsson[1]
[1]School of Health Sciences, University of Skövde, Skövde, Sweden, [2]Skaraborgs Hospital, Skövde, Sweden

BACKGROUND
Young people who are not in education or employment represent a population at increased risk of poor mental health due to psychosocial and structural factors. In Sweden, municipalities have a statutory responsibility to identify and support these young people through targeted interventions. Interactive program On the Inside has been implemented within the municipality's activity responsibility as a preventive, reflective intervention aimed at enhancing mental wellbeing, self-understanding, and personal agency. However, little is known about how the intervention functions for young people outside education and employment from a public health perspective. This study aimed to explore what worked, and why it worked, during the implementation of On the Inside within the municipality's activity responsibility.
METHODS
The study employed a qualitative case study design. Data were collected through semi-structured interviews with young participants enrolled in the municipality's activity responsibility and with staff delivering the intervention. Supplementary data included intervention materials and implementation documentation. Data were analysed using thematic analysis, focusing on perceived mechanisms of change and contextual factors influencing engagement.
RESULTS
Analysis indicated that relational trust, flexibility, and meaningful self-reflection were central to the intervention's perceived effectiveness. The individual, non-judgmental approach facilitated engagement and reduced resistance to support. The emphasis on internal processes of change, rather than immediate educational or labour market outcomes, was perceived as strengthening mental wellbeing and readiness for change.
CONCLUSIONS
On the Inside appears to function as a health-promoting intervention by addressing psychosocial determinants of mental well-being and enhancing young people's personal agency. These findings may inform the development of more equitable and context-sensitive public health strategies for young people at risk of long-term social exclusion.
Popul. Med. 2026;8(Supplement 1):A2601

ABS3440
Adults with substance use disorders: the long-term impact of adverse childhood experiences in a socioeconomically disadvantaged South African community

Kiran Kumar[1], Kerin Stead[1], Katlego Masekela[1], Mmakgotso Masha[1], Pule Mokoena[1], Nisha Jacob[2,1], Sheila Lubega[1,2]
[1]Division of Public Health Medicine, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Department of Health and Wellness, Western Cape Government, Cape Town, South Africa

INTRODUCTION
Substance use represents a major public health concern in Mitchell's Plain, Cape Town, South Africa. Despite evidence linking numerous socioeconomic factors to adult substance use, there remains limited local evidence on the role of adverse childhood experiences (ACEs) in shaping long-term vulnerability to substance use disorders (SUDs). This study aimed to determine the association between ACEs and SUDs among adults.
METHODS
A cross-sectional folder review was conducted using consecutive sampling at Lentegeur Hospital, Mitchell's Plain. Clinical records of adults (≥18 years) residing in Mitchell's Plain and admitted between 1 January 2015 and 1 January 2025 were reviewed. Data was collected between September 2025 and November 2025. SUDs and ACEs were identified based on the DSM-5 and the World Health Organisation ACE International Questionnaire, respectively. Descriptive statistics and bivariate analyses were performed.
RESULTS
A total of 83 records were analysed. Of these, 69.6% of participants were male, with half of all participants aged between 30-40 years (50%). Most participants were single (78.3%), had not matriculated (69.6%), and experienced unemployment (91.9%). Cannabis (76.1%) and methamphetamine (52.2%) were the most commonly reported substances, including polysubstance use. Over half of the participants (55.4%) had a diagnosed SUD. SUDs were more prevalent among ACE-exposed individuals (58.7%) compared to those without ACE-exposure (35.1%). Participants with ACE exposure were 2.62 times more likely to have a SUD diagnosis than non-exposed individuals. Unemployment was also significantly more common amongst ACE-exposed participants in the SUD-diagnosed group (96.3%) compared to those without ACE exposure (73.7%).
CONCLUSIONS
Adults with substance use disorders in Mitchell's Plain experience substantial exposure to adverse childhood experiences, which may contribute to ongoing socioeconomic vulnerability and increased risk of SUDs in adulthood. These findings highlight a need for trauma-informed, context-specific substance use interventions that integrate psychosocial support and address early life adversity.
Popul. Med. 2026;8(Supplement 1):A2602

ABS3463
Mental Health and Precarity in Everyday Life: Lived Experiences of Internal Migrants in Urban India

Aparna Joshi[1], Anushree Anushree[1], Aastha Niranjan[1]
[1]School of Human Ecology, Tata Institute of Social Sciences, Mumbai, India

BACKGROUND-AIM
Precarious migration and mental health are deeply interconnected, shaping and reinforcing one another. Migration under precarious conditions often generates significant psychosocial distress which further limits migrants' capacity to cope. Despite growing global mental health literature focusing on international migrants

and clinical frameworks, there remains limited attention to the mental health of internal migrants in low and middle-income countries foregrounding lived experiences and gendered realities from a psychosocial lens. This study explores the mental health and psychosocial experiences of precarious internal migrants in urban India, focusing on determinants of distress, manifestations of mental health concerns, and coping shaped by gender and migration-related precarity.
METHODS
In-depth qualitative interviews were conducted with 68 internal migrants, primarily engaged in informal, low-paid work in densely populated, underserved neighbourhoods of precarious urban settlements in India. The study is part of the Global Health project on Migration, Gender-Based Violence, and Mental Health (GEMMS). Data were analysed through thematic analysis guided by socio-ecological, intersectional, and resilience frameworks.
RESULTS
Migration trajectories were largely rural-to-urban and cyclical, driven by livelihood insecurity and aspirations for mobility. Mental distress emerged from intersecting stressors, including insecure work, poor housing, debt, and exclusionary urban spaces. These were deeply gendered: men's distress linked to breadwinning pressures, while women's distress was shaped by caregiving burdens, restricted mobility, and gender-based violence. Notably, participants did not use a formal mental health vocabulary, and instead used idioms like "tension" and "stress" to describe distress as a normal response to hardship. Coping was pragmatic, rooted in acceptance, informal sharing, and hope for children's future. Formal help-seeking was limited, while traditional healing was an early source of support.
CONCLUSIONS
Mental distress among internal migrants is relational, gendered, and structurally embedded. Effective public health responses must move beyond individualised clinical models toward community-based, culturally grounded approaches addressing structural realities.
Popul. Med. 2026;8(Supplement 1):A2604

ABS3480
Longitudinal Nomological Network Validation of an Expanded Job Insecurity Scale With a New Technology Insecurity Dimension Among Frontline Manufacturing Employees in China

Gao Shang[1], Kong XiangChen[1], Chen YuXin[1], Zhang ZhengXiao[1], Zhao HongYan[1], Yu XiHe[1], Xu Yan[1]
[1]School of Public Health, Jilin University, Changchun, China
BACKGROUND
Digital transformation may broaden job insecurity by adding concerns about new technologies and intelligent systems. We evaluated the longitudinal nomological network of an expanded job insecurity scale that includes a new technology insecurity dimension.
METHODS
The scale includes 27 items across six dimensions (task/role, job loss, career growth, pay/promotion, interpersonal/organizational evaluation, and new technology insecurity). Scale development used a survey of frontline workers from three plants and 12 workshops in an automobile manufacturing enterprise in Jilin Province, China (n = 747; all male; mean age = 32 years). Nomological network validation used three-wave surveys (T1: Mar 25–Apr 4, 2024; T2: Nov 21–Dec 19, 2024; T3: Mar 31–Apr 15, 2025) with baseline sample (N = 2,930). Missing data were handled using full information maximum likelihood (FIML) in Mplus. Two prospective structural equation models (SEM) (T1→T2; T2→T3) tested effects of job insecurity and perceived organizational support (including their interaction) on anxiety, presenteeism, turnover intention, job satisfaction, and job performance.
RESULTS
Both SEMs showed good fit. Job insecurity at T1 predicted higher anxiety (β = 0.114), presenteeism (β = 0.148), and lower job satisfaction (β = −0.111) at T2, and higher turnover intention and lower job performance. Job insecurity at T2 predicted higher presenteeism (β = 0.104) and lower job satisfaction (β = −0.147) at T3, but not anxiety, turnover intention, or job performance. Perceived organizational support showed consistent direct benefits, and the interaction of job insecurity and organizational support predicted lower anxiety (β = −0.093) at T3.
CONCLUSIONS
The expanded job insecurity scale, including new technology insecurity, demonstrated a coherent longitudinal nomological network; job insecurity prospectively undermined mental health and work outcomes, while organizational support showed robust direct effects and limited buffering.
Popul. Med. 2026;8(Supplement 1):A2608

ABS3488
Parallel Process Latent Growth Analysis of Digital Job Insecurity and Employee Innovative Behavior Over Time

Gao Shang[1], Kong XiangChen[1], Chen YuXin[1], Zhang ZhengXiao[1], Zhao HongYan[1], Yu XiHe[1], Xu Yan[1]
[1]School of Public Health, Jilin University, Changchun, China
BACKGROUND
Digital job insecurity has become an increasingly salient occupational stressor in the context of digital transformation. Although prior research has linked job insecurity to innovative behavior, most evidence is cross-sectional, limiting understanding of how these constructs co-develop over time and whether changes in insecurity are associated with changes in innovation.
METHODS
A three-wave longitudinal survey was conducted among 1,586 employees over a 12-month period (0, 8, and 12 months). Parallel process latent growth modeling was applied using robust maximum likelihood estimation with full information maximum likelihood for missing data. Growth factors were specified for digital job insecurity (Digital Job Insecurity), social support (Social Support), creative self-efficacy (Creative Self-Efficacy), and innovative behavior (Innovative Behavior). To ensure model stability, slope variances for social support and creative self-efficacy were fixed to zero.
RESULTS
The stabilized parallel process model demonstrated acceptable fit (comparative fit index = 0.939; Tucker–Lewis index = 0.913; root mean square error of approximation = 0.063; standardized root mean square residual = 0.059). At baseline, higher social support and creative self-efficacy were positively associated with higher innovative behavior (both $p < 0.05$), whereas baseline digital job insecurity showed no significant association. In a slope-only comparison model, increases in digital job insecurity were negatively related to changes in innovative behavior; however, this association was attenuated and no longer statistically significant after accounting for baseline levels and parallel processes.
CONCLUSIONS
Employees' innovative behavior appears to be more strongly associated with stable psychological resources than with short-term changes in digital job insecurity. The relationship between worsening insecurity and innovation change is sensitive to model specification, highlighting the importance of separating baseline differences from longitudinal change when examining dynamic work-related stressors.
Popul. Med. 2026;8(Supplement 1):A2609

ABS3549
Promoting Mental Well Being Among Migrants: A Strengths Based Group Intervention

Ngan Tran[1], Judith Moskowitz[2], Anna Keski-Rahkonen[3], Taina Laajasalo[4], Sydney Starkweather[2], Natalia Skogberg[1]
[1]Cultural Diversity, Service System, Finnish Institute of Health and Welfare, Helsinki, Finland, [2]Department of Medical Social Sciences, Northwestern University, Chicago, United States, [3]Department of Public Health, University of Helsinki, Helsinki, Finland, [4]Work Against Violence, Safety and Protection, Finnish Institute of Health and Welfare, Helsinki, Finland
INTRODUCTION
Migrants are often more vulnerable to psychological symptoms and disorders. In addition to recognizing and treating mental health problems, it is necessary to strengthen mental well-being and prevention. Most mental well-being interventions have been developed for Western populations and may not be directly transferable to culturally diverse populations. This study describes the preliminary results of a culturally adapted mental well-being intervention for adult migrants.
METHODS
A strengths-based psychoeducational group model, previously shown to improve mental well-being, stress management skills, and self-efficacy among majority populations, was culturally reviewed, adapted, and piloted among adult migrants (n=12) in the specialized social services for migrants at the City of Helsinki, Finland. This culturally adapted version, co-developed with migrants, has six weekly sessions with an interpreter. Every session has one or two topics grounded in positive psychology and designed to promote well being and reduce stress.
RESULTS
Preliminary analyses are based on data from 12 participants across four separate groups representing Ukrainian, Somali, Arabic, and Dari language groups. Participants completed the selected measures before (pre) and immediately after (post) the intervention. Based on the responses of the first 12 participants, we observed an increase in positive mental health (WEMWBS 7: pre 22.25, post 27.25; n=12) and resilience (DC RISC 10: pre 21.75, post 28; n=12) as well as a decrease in anxiety symptoms (GAD 7:pre 8.36, post 7.27; n=11). Some responses

were missing, and statistical analyses were therefore not possible. Participant feedback indicated that the intervention was perceived as useful and valuable, and the sessions were reported to have positively supported their mental well-being.
CONCLUSIONS
Descriptive analyses suggest positive trends from pre- to post- measurement across most indicators. According to the measures well-being, self-efficacy, and resilience increased, while symptoms of anxiety decreased. The intervention demonstrated good acceptability, reflected in the positive feedback from participants.
Popul. Med. 2026;8(Supplement 1):A2613

ABS3566

Understanding Perceived Stress and Its Social Determinants Among Mothers of Young Children in Tunisia: The Role of Social Support

Imen Ayouni[1], Nahla Guesmi[1], Sihem Ben Fredj[1], Imed Harrabi[1], Maha Dardouri[1]
[1]Department of Epidemiology and Preventive Medicine, University Hospital Farhat Hached, Faculty of Medicine, Sousse, Tunisia

INTRODUCTION
Maternal stress is a critical determinant of both maternal and child health, yet it remains underrecognized in many low- and middle-income settings, including Tunisia. This study assessed levels of perceived stress among mothers of young children in Tunisia and examined its association with social support and social determinants.
METHODS
A multi-centre cross-sectional study was conducted in Sousse, Tunisia, from February to April 2024. A total of 200 mothers of children under five years were recruited from primary healthcare centres. Perceived stress was measured using the Perceived Stress Scale (PSS), while social support was assessed using the Medical Outcomes Study Social Support Scale (MOS-SSS). Descriptive statistics summarized participant characteristics and stress levels. Multivariable linear regression models were used to examine associations between perceived stress and social support dimensions, household characteristics, and other relevant social factors. Estimates and 95% confidence intervals (CIs) were reported.
RESULTS
Overall, 14.5% of mothers reported severe stress, and 73.5% experienced moderate stress. Inadequate social support was reported by 28% of participants. Higher emotional support was significantly associated with lower perceived stress (Estimate: −2.79; 95% CI: −5.37 to −0.21; p = 0.035). In contrast, larger household size was associated with increased stress (Estimate: 3.26; 95% CI: 0.91 to 5.62; p = 0.007), as was caring for two or more young children (Estimate: 1.71; 95% CI: 0.03 to 3.39; p = 0.046). Other social factors showed trends toward associations with stress but did not reach statistical significance.
CONCLUSIONS
Moderate to severe perceived stress is prevalent among Tunisian mothers of young children and is strongly influenced by social support and household-related factors. Strengthening the capacity of nurses and midwives to identify maternal stress through routine screening, coupled with integrated psychosocial support interventions, is crucial for improving maternal well-being within maternal and child health services.
Popul. Med. 2026;8(Supplement 1):A2614

ABS3597

From Stigma to Support: Improving Mental Well-Being Engagement Among Adolescent Girls and Young Women Through an Artificially Intelligent Chatbot, Bol Behen, in India

Nandini Ray[1], Satviki Varma[1]
[1]Programmes, Girl Effect, Gurugram, India

BACKGROUND
Adolescent girls and young women (AGYW) in India face intersecting stressors related to family expectations, relationships, sexuality, education, and financial insecurity. Formative research conducted by Girl Effect in early 2024 found that while girls aged 18–24 could recognize symptoms such as anxiety, overthinking, and emotional distress, they lacked the language, social permission, and accessible pathways to seek mental well-being support. Mental health was often stigmatized, normalized, or deprioritized unless reaching crisis levels. In response, Girl Effect sought to embed mental well-being support within an already trusted digital ecosystem rather than positioning it as a standalone intervention.
METHODS
In 2024, Girl Effect partnered with Wysa, an AI-enabled mental well-being chatbot, to integrate evidence-based tools into Bol Behen, a Hindi, English, and Hinglish chatbot serving girls aged 18–24. Using a formative research–led design approach, Wysa's tools were adapted linguistically and contextually, reframed from clinical terminology to everyday stressors, and embedded within existing sexual and reproductive health journeys. The integration was piloted in Hinglish and subsequently scaled across Hindi and English, alongside a targeted digital marketing campaign. Engagement metrics, tool uptake, and completion rates were used to assess effectiveness.
RESULTS
The integration demonstrated strong validation of the approach. While Wysa's global benchmark for tool completion is 30%, Bol Behen users achieved a 44% completion rate, indicating higher engagement and relevance. Additionally, 35% of onboarded users engaged with mental well-being journeys, exceeding initial targets and previous Girl Effect benchmarks.
CONCLUSIONS
By embedding mental well-being support within journeys girls already trusted, this initiative avoided framing mental health as a standalone or clinical service. Findings highlight the value of formative research, language localization, and contextual framing in improving engagement and access to mental well-being support among AGYW. This model offers a scalable pathway for addressing mental well-being needs in low-resource settings.
Popul. Med. 2026;8(Supplement 1):A2615

ABS3619

Understanding Social and Psychological Drivers of Coping in Pregnancy in Tunisia: The Role of Self-Efficacy and Social Factors

Imen Ayouni[1], Nahla Guesmi[1], Sihem Ben Fredj[1], Imed Harrabi[1], Maha Dardouri[1]
[1]Department of Epidemiology and Preventive Medicine, University Hospital Farhat Hached., Faculty of Medicine, Sousse, Tunisia

BACKGROUND
Pregnancy is a critical life stage characterized by psychosocial changes and often accompanied by stressors that can affect maternal and foetal health. Effective coping strategies and higher general self efficacy (GSE) are key protective factors that help pregnant women manage these stressors and maintain well being. This study aimed to describe coping styles used by pregnant women attending antenatal care and to assess their associations with GSE, social characteristics, and pregnancy related factors.
METHODS
A multicenter cross-sectional study was conducted from July 2024 to March 2025 across nine antenatal clinics in Sousse, Tunisia, using multi-stage random sampling. Pregnant women aged 18–45 years were eligible for participation. Data collection employed validated Arabic versions of the Pregnancy Experience Scale–Brief (PES Brief), the Brief COPE Inventory, and the General Self Efficacy Scale (GSES). Descriptive statistics summarized coping patterns and participant characteristics. Multivariable linear regression models were used to examine associations between coping styles and GSE, sociodemographic factors, and pregnancy related variables.
RESULTS
A total of 417 pregnant women participated. Emotion focused coping was the most frequently used strategy (mean = 31.83 ± 6.85), followed by problem focused coping (22.76 ± 5.65) and avoidant coping (14.77 ± 3.70). Mean GSE was 28.15 ± 6.01, with 12.2% reporting low, 52.8% moderate, and 35% high GSE levels. Higher GSE significantly predicted greater use of problem focused and emotion focused coping ($p < 0.05$). Unemployment and divorce were associated with lower planning and acceptance scores, while rural residence was linked to reduced acceptance ($p < 0.05$). Higher education levels positively predicted positive reframing ($p < 0.05$).
CONCLUSIONS
Findings highlight the significant influence of social, relational, and structural factors on coping during pregnancy. Interventions that enhance self efficacy and address gaps in social support are essential to strengthen maternal resilience and to promote maternal well-being during pregnancy
Popul. Med. 2026;8(Supplement 1):A2618

ABS3637

MasidlaleGOGO: designing inclusive neighbourhoods & exploring public spaces through intergenerational play

Hlumelo Gxotiwe[1], Jane Simmonds[1]
[1]goGOGOgo, Johannesburg, South Africa

INTRODUCTION
Public spaces shape the social characteristics of their neighbourhoods. Safe, open environments promote physical activity, social cohesion and a sense of belonging. However, poorly maintained spaces can reduce community participation and contribute to fear and isolation. For older persons and children, who exist outside economic hubs and whose accessibility needs are rarely prioritised in urban design,

these spaces become strong social determinants. Masidlale GOGO! ("let's play, GOGO!") is an intergenerational workshop developed to explore the relationships between grandmothers, grandchildren and their neighbourhoods, and how their perspectives can contribute to building inclusive urban environments.
METHODS
Masidlale GOGO! is a participatory workshop that engages older persons aged 60+ and children aged 7-13, using facilitated group discussion and structured play to conduct experiential research on their relationships to urban environments. Using design thinking principles adapted from the Play Africa toolkit, participants progress through empathising, problem definition, ideation, prototyping and sharing. Children lead creative mapping exercises using emotive stickers to identify feelings associated with local landmarks, roads and institutions. Grandmothers contributed contextual and caregiving perspectives. Qualitative observations were used to identify themes related to accessibility, safety and social well-being.
RESULTS
Findings revealed a strong alignment between the experiences of children and older persons regarding safety concerns, limited mobility and restricted access to public spaces. Children proposed practical design features (improved street lighting, pedestrian markings, green spaces, community safety groups, etc.) to reimagine neighbourhoods designed for their needs. Intergenerational dialogue fostered mutual recognition of shared vulnerabilities and priorities, positioning both older persons and children as knowledgeable contributors to discussions on inclusive societies.
CONCLUSIONS
Masidlale GOGO! demonstrates the public health value of intergenerational participation and needs-based assessments in urban design. By centring children and older persons as co-producers of knowledge, Masidlale GOGO! offers transferable insights to support urban governance, public safety and social participation.
Popul. Med. 2026;8(Supplement 1):A2619

ABS3670
Relapse in Addicts Following the 12 Steps to Recovery from Addiction Program
Ilkay Soykal[1], Bulent Kilic[1], Gul Ergor[1]
[1]Public Health, Dokuz Eylul University, Balcova/Izmir, Turkey
BACKGROUND
This study aimed to evaluate relapse rates as well as physical and psychological recovery among individuals with substance use disorders who participated in Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings and implemented the 12-Step Recovery Program in Türkiye. In addition, changes in substance-related perceptions and behaviors during the recovery process were examined.
METHODS
This prospective longitudinal study included 82 individuals aged 18 years and older who were actively participating in NA and AA groups in Türkiye, implementing the 12-Step Program, and who provided informed consent. Participants were followed for six months in 2024. Data were collected using three validated scales: the Addiction Profile Index (API), the Moodist Relapse Index (MORI), and the Public Health Surveillance Well-Being Scale (PHS-WB), all of which have demonstrated validity and reliability in Türkiye. Statistical analyses were conducted using SPSS.
RESULTS
Of the participants, 68% were male and 32% were female, and 53% had a university-level education. A statistically significant reduction in substance use was observed among participants who completed 12-Step Recovery Program ($p<0.05$). Participants also demonstrated significant decreases in perceiving substance use as problematic, tolerance development, loss of control, and failure in attempts to quit or reduce substance use ($p<0.05$). Furthermore, significant improvements were observed in physical and psychological well-being, as measured by the PHS-WB scale ($p<0.05$). During the follow-up period, relapse rates were 2% at baseline, 10% at three months, and 24% at six months. The substances most frequently involved in relapse episodes were cannabis, synthetic cannabinoids (bonzai), amphetamines, and alcohol.
CONCLUSIONS
The findings suggest that participation in 12-Step Recovery Program may contribute to physical and psychological recovery among individuals with substance use disorders and is associated with relatively low relapse rates over a six-month follow-up period. These results support the potential value of 12-step–based interventions as a public health approach.
Popul. Med. 2026;8(Supplement 1):A2621

ABS3709
Exploring integrated community-based collaborative care in South Africa: A qualitative study on health care providers' experiences
Saira Abdulla[1], Lesley Robertson[1], Sherianne Kramer[1], Jane Goudge[1]
[1]University of the Witwatersrand, Johannesburg, South Africa
BACKGROUND
Community-based collaborative care (CBCC) is an internationally recognised model of integrated care that emphasises multidisciplinary teamwork and coordinated service delivery to reduce mental health treatment gaps and promote universal health coverage.(1-2) While many countries have adopted policies to integrate mental health into primary health care (PHC), evidence on how different integration approaches shape collaboration in practice remains limited, especially in low and middle income countries.(3) This study explores healthcare providers' experiences of collaboration within two differently organised integrated care settings in South Africa.
METHODS
Qualitative interviews were conducted with 29 healthcare providers across two PHC clinics that integrated community psychiatry services. Data were analysed thematically, guided by three core components of CBCC (multidisciplinary teams, communication, and case management). In Clinic-1, community psychiatry services are 'co-located' in an outbuilding behind the main PHC clinic, and operate independently. In Clinic-2, these services are 'physically integrated' within the PHC clinic using same management, resources, and systems.
RESULTS
Both clinics had multidisciplinary teams, with case management functions conducted on an ad hoc basis by various staff members. The physically integrated clinic, despite having fewer resources, poor infrastructure, and greater caseload, had higher levels of communication and collaboration between PHC and community psychiatry staff. This was facilitated by shared clinical records, physical proximity, and strong facility management with mental health experience. In contrast, the co-located clinic had poor coordination, weak management, unclear roles, unclear reporting structures, and reinforced professional hierarchies which constrained collaboration within the multidisciplinary team.
CONCLUSIONS
The findings demonstrate that while integrated care models can facilitate collaboration, integration alone does not guarantee collaboration. Key ingredients such as competent management, role clarity, professional buy-in, and communication systems are crucial to facilitate collaboration. These insights offer transferable lessons for health systems seeking to strengthen community-based mental health care within PHC, especially in resource-constrained settings.
Popul. Med. 2026;8(Supplement 1):A2622

ABS3726
From Theory to Practice: Cost-Effective Mental Health and Suicide Prevention Education for Global Public Health Curricula
Jwenish Kumawat[1], Karl F Conyard[1], Sonal Mohite[1], Mary Codd[1]
[1]School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland
BACKGROUND
Mental health challenges and suicide risk among students and professionals represent a growing global public health (PH_ crisis, yet practical, cost-effective educational approaches remain underrepresented in PH curricula. This workshop will address this gap by presenting a model now formally integrated into the Association of Schools of Public Health in the European Region (ASPHER) Core Curriculum Programme (Domain 3: Mental Health and Wellbeing), providing an internationally recognised framework for implementation. A pilot study at University College Dublin, Ireland, demonstrated significant engagement among 64 graduate students of PH from 28 countries participating in experiential learning combining neuroscience, stress physiology, and resilience-building. This evidence-based approach has attracted substantial interest across European academic forums, establishing proof-of-concept for scalable, culturally adaptable mental health education.
METHODS
This interactive workshop will employ a three-phase structure. Phase one will engage participants in collaborative exploration of mental health challenges, risk factors, and suicide prevention principles, grouping common issues and examining underlying scientific mechanisms. Phase two will deliver practical, evidence-based well-being techniques including breathwork and neuro-resilience practices that are immediately implementable in educational or organisational settings. Phase three will facilitate a debriefing discussion on cost-effective implementation strategies, addressing how institutions can establish sustainable mental health modules without extensive resource investment.

RESULTS
Participants will acquire practical skills in identifying mental health challenges, applying evidence-based resilience techniques and designing cost-effective curriculum components. The session will conclude with concrete partnership pathways, offering direct liaison opportunities to adapt this ASPHER-aligned model for participants' universities or organisations, supporting sustainable module development tailored to local contexts.
CONCLUSIONS
Mental health and well-being education must transition from theory to practical, cost-effective implementation. This workshop will demonstrate that experiential, inclusive approaches can build resilient learners and professionals globally, advancing health equity through accessible, sustainable mental health education across borders.
Popul. Med. 2026;8(Supplement 1):A2623

ABS3773
Well-being, Aspiration, and Precarity Among Young Internal Migrants in Urban India: Insights from Participatory Action Research

Aparna Joshi[1], Aastha Niranjan[1], Anushree Anushree[1]
[1]School of Human Ecology, Tata Institute of Social Sciences, Mumabai, India

BACKGROUND
Well-being of young internal migrants from marginalised backgrounds in urban India is shaped by the intersection of migration, emerging adulthood, and structural and gendered marginalisation, producing both vulnerability and opportunity. Despite growing research on internal migration and mental health, young internal migrants remain underrepresented, with most studies relying on quantitative approaches. This study explored young migrants' migration journeys, perceived barriers and supports, impacts on well-being, and collective actions to enhance well-being using Participatory Action Research (PAR).
METHODS
A PAR study was conducted with 9 young internal migrants (aged 18-26 years; 4 women, 5 men) in urban India, as part of the Global Health project on Migration, Gender-Based Violence, and Mental Health (GEMMS). Seven participatory sessions were held at an NGO-run community library, employing arts-based approaches and Photovoice exploring migration journeys, assets and barriers across ecological levels, and co-creating actions to enhance well-being. Data included group discussions, visual outputs, facilitator notes, and reflections, all analysed thematically.
RESULTS
Participants were unmarried, first-generation learners who migrated to Mumbai 5-10 years ago and were preparing for government recruitment or vocational examinations. They described well-being as shaped by evolving migration experiences- from health- or family-driven moves to aspiration-led pursuits- and pressure to demonstrate success. They contrasted the emotional calm and social support of village life with urban opportunities marked by stress, responsibility, and family separation. Gendered expectations shaped well-being: women navigated education, care, and safety concerns, while men balanced breadwinning pressures with educational goals. Key assets included perseverance, self-belief, and family relationships. Institutional resources were constrained by documentation and affordability barriers, while community libraries, hospitals, and public transport supported learning and mobility.
CONCLUSIONS
Young internal migrants' well-being is shaped by structural barriers, expectations, and a sense of agency. PAR fostered reflection, peer connection, and youth-led action, underscoring the value of community-based, youth-friendly, non-clinical approaches.
Popul. Med. 2026;8(Supplement 1):A2625

ABS3801
Understanding the experiences of neurodivergent children being raised by their grandmothers to enhance pathways to equitable care and inclusive support systems

Thandile Zonke[1], Jane Simmonds[1]
[1]goGOGOgo, Johannesburg, South Africa

INTRODUCTION
Grandmothers increasingly assume caregiving responsibilities for their grandchildren. Caring for children with autism spectrum disorder (ASD) or other forms of neurodivergence can be challenging. Despite their central role in daily care, grandmothers' knowledge and experiences regarding neurodevelopmental conditions remain underexplored. Existing 69* research largely centres on parents or professional caregivers, overlooking older women whose caregiving is shaped by age-related factors such as declining mobility, health conditions, and social marginalisation. Given that around 4 million South African children are being raised by grandmothers, understanding how grandmothers navigate diagnosis, treatment pathways, and support systems is essential to identifying structural and interpersonal barriers to equitable care for neurodivergent children.
METHODS
This study employs a mixed-methods, cross-sectional design. Quantitative data are collected through structured questionnaires that assess knowledge of autism and neurodivergence, attitudes toward diagnosis and intervention, perceptions of stigma, and awareness of available treatment and support services. Qualitative data are generated through in-depth, semi-structured interviews that explore lived experiences, caregiving burdens, coping strategies, and barriers to accessing health, education, and social services. Participants include grandmothers who are primary or co-caregivers to neurodivergent children. Data are analysed using descriptive statistics and thematic analysis, with particular attention to the interaction between age, mobility constraints, and service accessibility.
RESULTS
It is anticipated that findings will reveal uneven and often limited knowledge of autism and neurodivergence among grandmothers, shaped largely by constrained access to formal information, skilled personnel, and evidence-based resources. Further, it is anticipated that referral pathways for diagnosis, therapy, and educational support are poorly understood, fragmented, or difficult to navigate.
CONCLUSIONS
Grandmothers play a critical yet under-recognised role in the care of neurodivergent children. Interventions and service models must intentionally account for age, mobility, and caregiver burden to improve access to treatment pathways and support both caregivers and children more effectively.
Popul. Med. 2026;8(Supplement 1):A2626

ABS3819
Use of Mobile Phones Before Sleep, Sleep Deprivation, and Cognitive, Physical, and Academic Impacts in Brazilian Adolescents: Cross-Sectional Analytical Study with 564 Participants

Mario Angelo Cenedesi Júnior[1], Tatiana Amorim Guimarães[1], Milierne Nascimento Evangelista[1], Cristiane de Castro Barcelos[1], Sérgio Raimundo Ernesto Machado[1], Lancciane Nilian Celino Reis[1]
[1]Department of Public Health, Universidad de Ciencias Empresariales y Sociales (UCES), Buenos Aires, Argentina

BACKGROUND
Intensive mobile device use before sleep is an emerging health risk for adolescents, interfering with sleep duration and quality. Sleep deprivation and fragmentation are linked to cognitive impairments, poorer academic performance, and musculoskeletal and orofacial issues, including headache, bruxism, and facial pain. This study investigated associations between nighttime mobile phone use, sleep characteristics, and health and school performance.
METHODS
Observational, cross-sectional, descriptive-analytical study with 564 Brazilian adolescents aged 12–17. Data were collected in late 2025 using a structured self-report questionnaire covering pre-sleep mobile phone use, sleep duration and quality, physical symptoms (headache, joint and facial muscle pain), bruxism signs, daytime sleepiness, cognitive difficulties, and self-perceived school performance. Associations were analyzed with chi-square tests at 5% significance.
RESULTS
281 identified as male, 281 as female (2 as agender). Replacing sleep with phone use was associated with higher headache frequency ($p=0.016$). Perceiving that the phone hinders falling asleep was associated with feeling tired upon waking ($p<0.001$). Shorter weekday sleep was linked to daytime sleepiness, evidenced by sleeping in class ($p=0.002$), and difficulty retaining information ($p=0.038$). Poor sleep quality correlated with higher headache and facial/joint pain ($p<0.001$). Increased perceived phone use was associated with self-reported worsening of school performance due to sleep deprivation ($p=0.006$) and memory difficulties ($p=0.002$). Significant associations were observed between pre-sleep phone use, sleep disruption, and cognitive, physical, and academic outcomes.
CONCLUSIONS
Pre-sleep mobile phone use is associated with poorer sleep quality and shorter duration, affecting physical health, cognition, and academic performance. Sleep deprivation and fragmentation appear central in linking nighttime device use to headache, orofacial pain, daytime sleepiness, memory difficulties, and academic impairment. Findings highlight the need for public health strategies promoting sleep hygiene and responsible technology use among adolescents, with positive effects on overall health and school performance.

Popul. Med. 2026;8(Supplement 1):A2628

ABS3873

Nature-informed mental health training and self-care for community health workers in South Africa: Khanya Ekhaya

Tara Carney[1], Kim Johnson[1], Jessica Magidson[2,3], Nonceba Ciya[1], Sibalbalwe Ndamase[1], Abigail Hines[3], Rithika Baskar[2], Noah Triplett[4,3], Imani Brown[3], Bronwyn Myers[5,1]

[1]Mental Health, Alcohol, Substance Use and Tobacco Research Unit, SAMRC, Parow, South Africa, [2]Center for Substance Use, Addiction & Health Research, University of Maryland, Maryland, United States, [3]Global Mental Health and Addiction Program, University of Maryland, Maryland, United States, [4]Department of Behavioral and Community Health, University of Maryland, Maryland, United States, [5]EnAble Institute, Curtin University, Perth, Australia

BACKGROUND

High levels of burnout exist among healthcare providers, particularly those working in under-resourced settings with high caseloads, limited support, and little or no supervision. More work is needed to identify sustainable approaches for supporting healthcare worker well-being in these contexts.

METHODS

In this study, our team explored how nature-based approaches could support mental health and well-being among community health workers (CHWs) in under-resourced communities of Cape Town. Building off formative qualitative research with patients, CHWs, and other stakeholders (N=30), we conducted two workshops with CHWs (N=12). Workshops focused on how CHWs could improve mental health and wellbeing among their patients and themselves. Workshops were facilitated by two trained team members and followed a semi-structured guide. As part of the workshops, CHWs also engaged in experiential mindfulness and nature-based exercises at our field site that is co-located with a nature reserve. Workshop transcripts were coded using thematic analysis with a hybrid deductive-inductive approach, with workshop facilitators developing an initial codebook and two team members conducting rapid coding.

RESULTS

Results highlighted: how CHWs perceive and define nature, including its restorative properties and how to access "nearby" nature; high levels of burnout and challenging caseloads, and the ways in which nature-based activities may support CHW well-being and work with clients; (3) barriers and facilitators of nature-based approaches, including how to address safety in communities and perceptions of lack of green space, and recommendations for locations and examples of nature-based activities seen as therapeutic for both CHWs and their clients (e.g., gardening); experiential feedback and observations of CHWs following nature-based activities and experiences of restoration and improved well-being; and reciprocity—caring for the environment following participation.

CONCLUSIONS

Findings have implications for how supervision and burnout reduction programming can leverage the natural world and be delivered sustainably in under-resourced contexts.

Popul. Med. 2026;8(Supplement 1):A2630

ABS3916

Suicide, oppression, and cultural responsivity: pathways for understanding and mitigating suicide risk among people of African descent

Leslie Adams[1], Ann Scheunemann[2], Nthole Nthole[3], Mathamkaze Ramakau[4], Aubrey DeVinney[5], Kevin Sun[1], Lynne Sneed[1]

[1]Division of Public Mental Health and Population Sciences, Stanford University School of Medicine, Standford, United States, [2]Department of Psychiatry, Boston Medical Center, Boston, United States, [3]Network of Early Childhood Development of Lesotho, Maseru, Lesotho, [4]Lesotho Ministry of Health, Maseru, Lesotho, [5]Department of Psychological Sciences, Texas Tech University, Lubbock, United States

BACKGROUND

Suicide is a significant public health concern, particularly in historically marginalized and resource-contrained communities. Lesotho, where suicide rates have risen dramatically in recent decades, is estimated to have the highest suicide rate in the world1. Within the African diaspora rates of suicide have increased among Black Americans despite a general decline across the United States2. Current literature overlooks how intersecting and transgenerational systemic, community, and familial oppression create a context of interconnected and multilevel injustices that compounds suicide risk3–6. Research identifying multilevel expressions of resilience, resistance, and perseverance that mitigate risk is also sparse.

METHODS

This interactive organized session presents findings from three distinct studies with Basotho and Black American communities: a qualitative exploration of suicide in Lesotho; an analysis of racialized masculinity among Black American men at risk7; and a user-centered design project adapting digital phenotyping for Black American youth. Results are synthesized through integrated theories of suicidality8–11 to bridge the gap between context and digital health innovation to improve research and service provision.

RESULTS

Participants described navigating the complex interplay between intergenerational trauma, family conflict, poverty, restrictive gender norms, and systemic oppression. While social support and perseverance served as protective factors, chronic adversity frequently depleted these resources, leading to suicidal behaviors. One avenue for breaking this is culturally-responsive digital health applications that offer privacy, psychoeducation, and connection to services.

CONCLUSIONS

Findings highlight that suicide behaviors are not merely individual phenomena but the product of complex and interconnected systems contributing to or mitigate risk. Future research and interventions should account for the ways in which historic and ongoing injustices interact with other risk and protective/promotive factors within diverse cultural contexts. Culturally responsive, digitally integrated approaches are essential for mitigating risk in real-time with diverse, high-burden populations.

Popul. Med. 2026;8(Supplement 1):A2633

ABS3951

Practising digital storytelling in climate–mental health research: Lessons from a multi-site transdisciplinary study in Africa

Gill Black[1], Chanelle Mulopo[2], Collins Iwuji[3,4], Astrid Treffry-Goatley[2]

[1]Independent researcher, Cape Town, South Africa, [2]Centre for Epidemic Response and Innovation, School for Data Science and Computational Thinking, Stellenbosch University, Stellenbosch, South Africa, [3]Africa Health Research Institute, University of KwaZulu-Natal, Durban, South Africa, [4]Dept. of Global Health and Infection, Brighton and Sussex Medical School, University of Sussex and University of Brighton, Brighton, United Kingdom

INTRODUCTION

Extreme weather events (EWEs) are becoming more frequent and intense globally, wrecking homes, destroying livelihoods and exacerbating health challenges. Interventions to strengthen public health are more likely to be effective if informed by the experience of people most affected by the challenge. Digital storytelling (DST) is an established participatory visual research method that generates qualitative data to understand lived experience. Yet can it be applied effectively and ethically to include lived experience in public health research? This paper reflects on facilitating DST within a transdisciplinary project examining climate-related mental disorders in four countries in sub-Saharan Africa.

METHODS

Digital stories are short multimedia narratives created in workshops by combining text, images, audio, and sometimes video. Between May and September 2025, DST workshops were hosted in Burkina Faso, Kenya, Mozambique and South Africa with 38 adults who had experienced cyclones and flooding. Participants attended project information meetings, gave informed consent and joined the project as community-based co-researchers (CBCRs), contributing to data generation, interpretation and intervention design. The five-day DST workshops were co-facilitated by local community engagement teams. The method was designed to be replicated across sites while remaining culturally responsive, enabling participatory thematic analysis using a shared framework.

RESULTS

Thirty-eight individual stories of three to six minutes duration were recorded on tablet devices with narration and accompanying images created by CBCRs. Stories were narrated in Duola, Swahili, Portuguese, isiZulu, and English. DST supported equitable and inclusive knowledge production, and generated rich data and dialogue on this critical topic. Yet the approach also required substantial time, resources and careful navigation of cultural differences and the ethical risk of re-traumatization.

CONCLUSIONS

DST offers a robust participatory method for integrating lived experience into transdisciplinary climate-mental health research. Ethical facilitation, including psychosocial support and reflexive practice is essential to ensure safe and meaningful participation.

Popul. Med. 2026;8(Supplement 1):A2634

ABS3958

Strengthening Equitable Mental Health Care in Rural South Africa: Leveraging Health and Community Resources to Support Informal Caregivers

Olindah Silaule[1], Fasloen Adams[2], Pam Gretschel[1], Daleen Casteleijn[3]
[1]Health and Rehabilitation Sciences, University Of Cape Town, Cape Town, South Africa, [2]Health and Rehabilitation Sciences, Stellenbosch, Stellenbosch, South Africa, [3]Occupational Therapy, Sefako Makgatho University, Pretoria, South Africa

INTRODUCTION
Informal caregivers are important in supporting persons with severe mental disorders, yet their needs are often overlooked. Many experience emotional strain, limited mental health knowledge, and challenges navigating fragmented services. 1,2 In rural South Africa, resource constraints and structural barriers add to these difficulties. 3,4 Although a multilevel framework exists to address caregiver burden, limited guidance is available on how to translate these strategies into practical actions. This study explores ways to integrate caregiver support into existing health and community resources in rural South Africa to strengthen equitable and inclusive mental health care.
METHODS
A two day World Café approach was conducted with 33 stakeholders in Bushbuckridge, including district hospital management, primary healthcare(PHC) managers, the mental health coordinator, mental health workers, community based workers, and informal caregivers. Participants were grouped by designation to reduce power imbalances. Discussions focused on steps for integrating caregiver support at individual, interpersonal, organizational, and community levels. A deductive framework analysis was conducted.
RESULTS
Participants identified actions to strengthen caregiver support. At the individual level, they suggested caregiver psychoeducation and help with understanding care pathways. At the interpersonal level, they emphasised shared caregiving responsibilities and family education. At the organizational level, participants proposed clearer referral processes and improved collaboration between district hospitals and PHC facilities to support follow up of service users and caregivers. At the community level, they recommended awareness activities through local radio and community meetings, and collaboration with traditional leaders and community policing forums. The need for stronger communication and collaboration among health and community stakeholders was emphasised.
CONCLUSIONS
Integrating caregiver support into existing structures may contribute to equitable rural mental health services. These multilevel strategies align with WHO guidance on community based mental health services involving families and may enhance continuity of care, caregiver well-being, and equitable access in rural settings.
Popul. Med. 2026;8(Supplement 1):A2635

ABS3970

Effects of organisational-level interventions on symptoms of depression and anxiety in medical doctors – A systematic review

Siphesihle Mahanjana[1,2], Inge Kleinhans[1], Precious Hajison[3,4], Lufuno Razwiedani[1], Tladi Ledibane[1], Mhlengi Ncube[2], Lerato Pitso[1]
[1]Department of Community Health, Sefako Makgatho University of Health Sciences, Pretoria, South Africa, [2]Health Policy & Research Unit, South African Medical Association, Pretoria, South Africa, [3]Paediatric and Child Healthcare Association, Blantyre, Malawi, [4]Department of Paediatric and Child Health, University of Pretoria, Pretoria, South Africa

BACKGROUND
Medical doctors experience disproportionately high rates of depression and anxiety, largely driven by workplace stressors. Organisational-level interventions may help address these challenges by targeting their root causes. This systematic review aimed to assess the effects of organisational-level interventions on symptoms of depression and anxiety in medical doctors and evaluate the strength of evidence supporting their effectiveness.
METHODS
Following PRISMA 2020 guidelines, a two-stage literature search was conducted across PubMed, EMBASE, PsycINFO, Scopus, and Web of Science between 2014 and 2024, supplemented by citation chaining. Eligible studies were peer-reviewed, published in English, and assessed organisational-level interventions addressing depression and anxiety in medical doctors. Two independent reviewers performed eligibility screening, data extraction, and quality assessment. Methodological quality was assessed using the Quality Assessment Tool for Quantitative Studies (QATQS). Data synthesis combined narrative and quantitative analyses, with primary outcomes measured using validated tools.
RESULTS
Sixteen studies met the inclusion criteria, involving 4227 study participants. Most of the studies (14 out of 16) were conducted in high-income countries, with specialists comprising 70.6% of the participants. Fourteen studies were rated as strong or moderate in methodological quality. Five intervention categories were identified: mental health surveillance and monitoring, training and development, relational/team dynamics, flexible work/scheduling, and job/task modifications. Fewer than half (seven) of the studies reported statistically significant improvements in at least one primary outcome (depression or anxiety symptoms). The strength of evidence was insufficient across all intervention categories due to inconsistent findings.
CONCLUSIONS
Organisational-level interventions, particularly training and development, show promise in reducing depression and anxiety symptoms among medical doctors. However, the evidence remains inconsistent, with limited research in low-income and primary care settings. Further high-quality studies are needed to address knowledge gaps and inform effective, evidence-based strategies that support the mental wellbeing of medical professionals.
Popul. Med. 2026;8(Supplement 1):A2636

ABS4004

Mental health care for people in disadvantaged communities: a task for community health workers?

Nonhlanhla Nxumalo[1], Samantha Mhlanga[1]
[1]1 Centre for Health Policy, Faculty of Health Sciences, School of Public Health, University of the Witwatersrand, Johannesburg, South Africa

ABSTRACT
South Africa has implemented a nation-wide community health worker (CHW) programme, responsible for general preventative and promotive care, in which CHWs identify those who need assistance, refer them to the local health services and support treatment adherence. Efforts to strengthen community-based mental health care by integrating mental health care into primary health care (PHC)1 has come with an expectation that CHWs will play an integral role. The CHW training manual stipulates their role in identifying and referring cases of common mental disorders, gender-based violence, drug, alcohol, and child abuse. However, little training is provided on the skills needed to support people living with serious mental illness (PLSMI). This study aimed co-produce a service model for the involvement of CHWs in detecting and providing support for the health and social care of PLSMI. Focus group discussions were conducted with representatives from non-governmental organisations, traditional healers/faith-based organisations, CHWs and people with lived experience of mental illness in the Sedibeng District. Experiences of mental health in the community were explored, while perceptions on the role and capacity of CHWs to support PLSMI were examined. Thematic content analysis was conducted to analyze the qualitative data. Participants expressed challenges in accessing mental health care services; CHWs have limited knowledge and capacity to support PLSMI, and there are unclear referral pathways and shortage of mental health professionals in PHC facilities. Recommendations to strengthen the role of CHWs included support by mental health professionals during home visits, improved skills and enhanced communication amongst multidisciplinary mental health cadres. Communities experience mental health challenges with limited access to care, while CHWs experience multiple barriers to provide care for PLSMI. Efforts to strengthen the role of CHWs in supporting PLSMI requires improved training and enhanced support from a multidisciplinary mental health team to improve communication and referral pathways.
Popul. Med. 2026;8(Supplement 1):A2638

ABS4026

The Role of Artificial Intelligence and Media in Mental Health

Saira Abdulla[1], Hasina Gori[2], Aasra Bramdeo[3]
[1]Public Mental Health SIG, PHASA, Johannesburg, South Africa, [2]The Debrief Network, Johannesburg, South Africa, [3]SABC, Johannesburg, South Africa

BACKGROUND
Media plays a powerful role in shaping how mental health is understood, discussed, and acted upon in society. The rapid expansion of artificial intelligence (AI) is transforming media ecosystems through algorithmic content curation, generative text and images, automated moderation, and personalised information flows. These shifts have significant implications for mental health and the broader public health system, influencing public narratives, stigma, help-seeking behaviour, and trust in information. While AI is often framed as a tool for innovation and efficiency, its effects on mental health discourse and well-being remain under-examined within public health forums. The session will examine how AI-driven media systems shape mental health narratives, experiences, and responses across different contexts. Methods / Session Format This plenary will convene an intersectoral panel of mental health professionals, public health experts, and

media professionals. Panelists will provide short, moderated reflections followed by facilitated discussion and audience engagement.
RESULTS
The session will generate shared understanding of how AI is reshaping media representations of mental health and public health, including the amplification or mitigation of stigma, and the spread of misinformation. It will identify emerging risks and opportunities associated with AI-mediated media, including implications for public trust, emotional well-being, and access to reliable mental health information.
CONCLUSIONS
By examining AI as a transformative force within media ecosystems, this plenary will contribute to dialogue on the intersections between media, AI, and mental health. The session will highlight the need for responsible media practices, ethical AI governance, and public health engagement to ensure that AI-driven media environments support mental well-being rather than exacerbate harm.
Popul. Med. 2026;8(Supplement 1):A2640

ABS4069
Weaving and co-producing a peer support implementation with stakeholders: participatory workshops guided by the theory of change

Bianca Brandão da Silva[1], Maria Giovana Borges Saidel[1], Monica Vasconcellos Cruvinel[1], Carlos Alberto dos Santos Treichel[2], Angela Pereira Figueiredo[1], Maria Fernanda Lirani[1], Jaqueline Rodrigues Stefanini[1], Roberto Corrêa Leite[1], Graziela Reis[3], Mark Napoli Costa[3], Maria O'Connell[3], Chyrell Bellamy[3], Rosana Tereza Onocko Campos[1]
[1]State University of Campinas, Campinas/SP, Brazil, [2]University of São Paulo, São Paulo/SP, Brazil, [3]Yale University, New Haven/CT, United States
ABSTRACT
This study was developed through a collaboration between Yale University (USA) and State University of Campinas (Brazil), aiming to adapt and implement Peer Support (PS) within public community mental health services in Campinas, São Paulo, Brazil. Although PS is an internationally recognized, recovery-oriented practice, defined as support provided by individuals with lived experience of mental distress to others in similar situations1-2, its implementation in Brazil remains incipient3-4. This gap highlights the limited availability of evidence-based practices for people experiencing mental distress within public health systems. Participatory and context-sensitive approaches, such as Theory of Change (ToC), guided workshops integrated with implementation science, enable identification of cultural, institutional, and structural facilitators and barriers, while informing adaptations needed to ensure feasibility and relevance in local contexts5-6. By incorporating diverse stakeholder perspectives, these approaches support co-production of implementation strategies grounded in equity, social inclusion, and sustainability. The objective is to describe the pre-implementation phase of PS in public community mental health services, integrating ToC with the Consolidated Framework for Implementation Research (CFIR) and actively engaging stakeholders throughout the process. The ToC guided adaptation of a PS training program across six community-based mental health centers (CAPS III) in Campinas, including three intervention and three comparison sites. Between March and April 2024, four participatory workshops were conducted, including one consensus workshop, involving 23 co-researchers (13 with lived experience of mental distress and 10 with clinical experience in mental health). The workshops fostered knowledge co-production and enabled identification of expected outcomes, causal assumptions, and key contextual barriers and facilitators influencing PS implementation. Data generated during workshops and field notes were subjected to thematic analysis and organized according to CFIR domains. Findings demonstrated feasibility of PS in Brazil, highlighting potential to strengthen autonomy, reduce stigma, and support collaborative, inclusive, and sustainable community mental health practices nationwide implementation.
Popul. Med. 2026;8(Supplement 1):A2642

ABS4154
Occupational determinants of mental illness among community health workers: challenges in the primary health care context

Leidy Dayane Paiva de Abreu[1], Maria Eloisia Barroso Silva[2], Rafael Bezerra Duarte[1], Olga Maria de Alencar[3], Mirna Neyara Alexandre de Sá Barreto Marinho[4], Thayza Miranda Pereira[5], José Maria Ximenes Guimarães[1], Ana Patrícia Pereira Morais[1], Maria Rocineide Ferreira da Silva[1]
[1]Centro de Ciências da Saúde, Universidade Estadual do Ceará, FORTALEZA, Brasil, [2]Centro Universitário Vale do Salgado - UniVS, Icó, Brasil, [3]Programa de Mestrado Profissional em Saúde da Família (ProfSaúde), Palmas, Brasil, [4]Universidade Regional do Cariri, Iguatu, Brasil, [5]Departamento de Enfermagem, Universidade Federal do Tocantins - UFT, Palmas, Brasil
INTRODUCTION
Community Health Workers (CHWs) play a central role in Primary Health Care (PHC), working directly within communities. Work overload associated with increasingly complex demands from vulnerable populations assisted in PHC has been linked to psychological distress, highlighting the need to understand the occupational factors that impact these workers' mental health1. This study aimed to understand work-related occupational determinants that affect the mental health of CHWs.
METHODS
An exploratory and descriptive qualitative study was conducted with ten CHWs working in Primary Health Care Units in a municipality in Northeastern Brazil. Data were collected in April 2025 through semi-structured interviews and analyzed using content analysis. The study complied with the ethical aspects of Resolution No. 466/12 of the Brazilian National Health Council2.
RESULTS
The narratives reveal that, although socially relevant, work has caused mental distress due to multiple work-related factors, such as task overload, role deviation, and pressure to meet targets. Daily exposure to situations of social suffering during home visits has generated high emotional strain, intensified by the lack of recognition of CHWs' work by health services, as well as insufficient responsiveness to demands arising from the territories and lack of institutional support. Another challenge identified was reconciling work demands with personal life, often resulting in emotional exhaustion, which constitutes an important risk factor for psychological distress.
CONCLUSIONS
Mental illness among CHWs is multifactorial, involving structural aspects and social and family relationships that compromise professional performance. Therefore, the implementation of occupational health policies is urgently needed to promote well-being and professional recognition through psychosocial support to strengthen mental health.
Popul. Med. 2026;8(Supplement 1):A2646

ABS4177
Examining the effect of peer recovery coaches on alcohol and other drug stigma and HIV care engagement in a low-resource South African community.

Kristen S. Regenauer[1], Rithika Baskar[2], Kim Johnson[3], Sibabalwe Ndamase[3], Nonceba Ciya[3], Conall O'Cleirigh[1], Abigail W. Batchelder[4], John Joska[5], Bronwyn Myers[6], Jessica F. Magidson[2]
[1]Department of Psychiatry, Massachusetts General Hospital / Harvard Medical School, Boston, United States, [2]Psychology Department, University of Maryland, College Park, United States, [3]Mental Health, Alcohol, Substance Use, and Tobacco Research Unit, South African Medical Research Council, Cape Town, South Africa, [4]Department of Psychiatry, Boston Medical Center, Boston, United States, [5]Department of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa, [6]Curtin enAble Institute, Curtin University, Perth, Australia
BACKGROUND
Alcohol and other drug use (AOD) is a major driver of HIV care disengagement in South Africa, partially due to AOD stigma. Peer recovery coaches (PRCs), lay health workers with lived AOD recovery experience, are thought to reduce patient-level AOD stigma through lived experience and may represent a feasible way to improve engagement in HIV care among people living with HIV and AOD. Yet, PRCs' impact on stigma or engagement remains untested. Therefore, this mixed-methods pilot study examined the effect of working with a PRC on AOD stigma and HIV care engagement in a low-resource South African community.
METHODS
As part of a pilot study, we enrolled 50 patients living with HIV and problem AOD from two matched community health worker teams, one of which was randomized to have patients work with a PRC (intervention; n=25) and one of which provided patients with treatment-as-usual (control; n=25). Participants completed surveys of internalized AOD stigma, stigma towards others with AOD, and medication adherence at baseline, three-months, and six-months. Intervention participants completed semi-structured exit interviews on the effect of working with a PRC on AOD stigma and HIV care engagement.
RESULTS
Retention rates at three- and six-months were 94% and 84%, and n=19 intervention participants completed exit interviews. While repeated measures ANOVAs did not identify significant differences between conditions over time, qualitatively intervention participants consistently described how working with the PRC increased self-confidence, belief that AOD recovery was possible, and strategies and confidence for staying engaged in HIV care.

CONCLUSIONS
This pilot study provides preliminary qualitative evidence for the utility of integrating PRCs into community HIV care teams in a low-resource setting. Larger studies are needed to better understand whether working with a PRC has a significant effect on patient AOD stigma or HIV care engagement.
Popul. Med. 2026;8(Supplement 1):A2647

ABS4179
Comprehensive healthcare in cases of work-related suicide: investigation and postvention.
Andréia De Conto Garbin[1], Eliana Aparecida da Silva Pintor[2], Simone Alves dos Santos[3], Rosemairy Norye Inamine[3]
[1]Saúde Ambiental, Faculdade de Saúde Pública da Universidade de São Paulo, São Paulo, Brazil, [2]GVII _ Grupo Técnico de Vigilância Sanitária do ABC, Secretaria de Estado da Saúde de São Paulo, São Paulo, Brazil, [3]Divisão de Vigilância em Saúde do Trabalhador/Centro de Referência em Saúde do Trabalhador, Secretaria de Estado da Saúde de São Paulo, São Paulo, Brazil
INTRODUCTION
In the last decade, Brazil has experienced an increase in suicide rates in both sexes, constituting a significant public health problem1, 2, 3. National studies associate suicides with factors related to work organization, task content, and workplace violence4, 5.
OBJECTIVE
To investigate the relationship between suicide and self-inflicted violence related to work, aiming at comprehensive care for those impacted, strengthening the support network, and prevention within the public health system of the State of São Paulo6.
METHODS
Development of guidelines and technical orientations for investigating work-related suicides. A technical reference group was formed to support professionals in the health network, a workshop was held to discuss and improve the guidelines, and the document was submitted for review by expert consultants.
RESULTS
The guidelines fostered an increase in case discussions by professionals from the Occupational Health Reference Centers of São Paulo together with the technical group. New elements were incorporated into the investigations, such as postvention actions. Systematic investigation has favored the establishment of a causal link between suicide and work, broadened the identification of work-related risk situations, and contributed to guaranteeing rights for families and timely care for survivors.
CONCLUSIONS
The inclusion of the work context in suicide analysis is essential to understand the health-work relationship and to guide prevention, protection, and care actions for workers, strengthening the response of the public health network.
Popul. Med. 2026;8(Supplement 1):A2648

ABS4202
Is Mental Health Care Service Utilization and Treatment Prospectively Associated with Favourable Mental Health Outcomes in Youth from the General Population?
Katja Beesdo-Baum[1]
[1]TUD Dresden University of Technology, Behavioral Epidemiology, Dresden, Germany
BACKGROUND
In Germany, there is a high utilization of mental health care services among youth. Randomized controlled trials have provided substantial evidence for the efficacy of both pharmacological and non-pharmacological treatments for mental disorders. However, little is known about whether real-world treatments produce similar benefits. This study examines whether mental health service utilization and treatment for mental disorders among adolescents from the general population is prospectively associated with a reduced risk of future mental disorders, measured at a one-year follow-up.
METHODS
This epidemiological cohort study included a total sample of N = 1,649 adolescents aged 14–21 years, randomly selected (stratified by age and sex) from the population registry of the city of Dresden, Germany. Participants underwent a face-to-face interview using a standardized diagnostic tool (DIA-X-5/D-CIDI) to assess DSM-5 mental disorders at baseline and at 1-year-follow-up. Lifetime service utilization for mental health issues was assessed during the final section of the baseline interview. Sample weights were applied during data analysis to enhance the representativeness with regard to age and sex. Missing data were imputed using multiple chained imputation.
RESULTS
Logistic regression analyses indicated that, compared to adolescents without a lifetime mental disorder at baseline, the presence of any lifetime mental disorder at baseline was associated with a higher likelihood of experiencing any mental disorder during the one-year follow-up, regardless of whether adolescents had sought help for mental health issues, had received pharmacological and/or psychotherapeutic treatment, or rated the treatment as successful.
CONCLUSIONS
Mental health care service utilization and treatment do not appear to mitigate the increased risk of future mental disorders in adolescents from the general population, even when treatments are perceived as successful. These findings suggest that substantial efforts are needed to improve public health, either by enhancing the effectiveness of treatment or by implementing preventative measures.
Popul. Med. 2026;8(Supplement 1):A2649

MINORITIES, DIVERSITY & INCLUSION - INCLUDING MIGRANTS, REFUGEES, LGBTQ

ABS0011
Islamophobia and discrimination: Experience of Muslim healthcare professionals in Australia
Muhammad Aziz Rahman[1], Sadia Hossain[2], Ambereen Farouque[3], Yousuf Ahmad[4], Habib Bhurawala[5]
[1]Institute of Health and Wellbeing, Federation University Australia, Berwick, Australia, [2]School of Health Science and Translational Health Research Institute, Western Sydney University, Sydney, Australia, [3]Department of Health, Melbourne, Australia, [4]Inglis Medical Centre, Sale, Australia, [5]Department of Paediatrics, Nepean Hospital, Sydney, Australia
BACKGROUND
Islamophobia, although existed for many years, has sharply increased recently. Evidence on the experiences of Islamophobia and discrimination among healthcare professionals in Australia is non-existent. This study aimed to identify levels and predictors of perceived Islamophobia, perceived discrimination and psychological distress among Muslim healthcare professionals in Australia.
METHODS
An anonymous cross-sectional study was conducted in 2024 with Muslim healthcare professionals in Australia. A validated questionnaire was used to examine perceived Islamophobia, exposure to discrimination and psychological distress.
RESULTS
A total of 277 Muslim healthcare professionals participated; 101 (37%) were from Victoria, the mean age (±SD) was 39(±11) years, 146 (53%) were males, and 253 (91%) identified themselves as member of culturally and linguistically diverse (CALD) communities. The average score for Islamophobia was high (4 out of 6). One in ten (13%) reported a high level of exposure to discrimination, and the topmost perceived reasons for discrimination were religion (73%) and race (62%). Nearly two-thirds of participants (60%) reported higher levels of moderate-to-very high psychological distress. Predictors of perceived Islamophobia were levels of exposure to discrimination ($p<0.001$), perceived discrimination due to religion ($p<0.001$) and race ($p<0.05$). Study participants who experienced higher levels of discrimination were more likely to feel discriminated against due to religion (Adjusted Odds Ratio 6.64, 95% Confidence Intervals 2.64-16.7) and physical appearance (AOR 2.73, 95%CIs 1.14-6.56); they were also more likely to report moderate to very high levels of psychological distress (AOR 2.48, 95% CIs 1.22-5.02). Higher levels of psychological distress were associated with having co-morbidities (AOR 2.08, 95% CIs 1.04-4.14) and exposure to moderate to high levels of discrimination (AOR 2.40, 95% CIs 1.18-4.87).
CONCLUSIONS
Factors identified in this study should be considered when updating workplace policies and support strategies for healthcare professionals in Australia to mitigate the effects of Islamophobia and discrimination against Muslim professionals.
Popul. Med. 2026;8(Supplement 1):A2650

ABS0015
Health Service Disruptions among Immigrants and Undocumented Individuals in 6 U.S. Fast-Track Cities, January–June 2025
Jose Manuel Zuniga[1]
[1]Fast-Track Cities Institute, Washington, United States
BACKGROUND
Immigrants and undocumented individuals in U.S. cities face heightened barriers to health care, which can be exacerbated by political shifts, funding reductions,

and administrative restrictions. Understanding the extent and nature of service disruptions is critical for protecting vulnerable populations.
METHODS
This study documents recent disruptions in six Fast-Track Cities with significant immigrant populations: San Antonio (TX), Miami (FL), Oakland (CA), Atlanta (GA), Phoenix (AZ), and Chicago (IL). A mixed-methods assessment was conducted between January and June 2025, combining municipal health department data, service utilization reports from community-based organizations, and 48 key informant interviews with clinicians, advocates, and immigrant community leaders. Quantitative analyses tracked changes in HIV testing and treatment access, HIV pre-exposure prophylaxis (PrEP) uptake, vaccination coverage, and primary care visits. Qualitative data were thematically coded to identify barriers linked to policy environments, funding streams, and sociopolitical dynamics.
RESULTS
All six cities experienced measurable health service disruptions for immigrants and undocumented residents. Miami and Phoenix reported sharp declines in HIV testing (−32% and −28%, respectively), linked to restrictive state-level health access policies. Atlanta and San Antonio saw disruptions in PrEP availability due to loss of federal/state support for safety-net programs. Chicago and Oakland maintained relatively higher service continuity, but still reported declines in vaccination uptake (−18% and −15%) attributed to mistrust and immigration enforcement fears. Across sites, undocumented individuals cited increased fear of deportation, reduced Medicaid and safety-net access, and overstretched community-based organizations as primary drivers.
CONCLUSIONS
Immigrants and undocumented individuals in Fast-Track Cities face growing disruptions in essential health services. Policy-driven exclusions, funding instability, and heightened enforcement environments are key determinants. Strengthening city-level safety nets, protecting sanctuary policies, and expanding partnerships with trusted community-based providers are essential to safeguarding access to care for this population.
Popul. Med. 2026;8(Supplement 1):A2651

ABS0360
Beyond the Numbers: Registry-Based Mortality Outcomes and Structural Challenges in Transgender Health Surveillance
Kristen Clark[1], Richard White[1], Sarah Jackson[2], Alkistis Skalkidou[3], Thomas Frisell[4]
[1]Department of Medical Sciences, Clinical Psychiatry, Uppsala University, Uppsala, Sweden, [2]Queen Mary University of London, London, United Kingdom, [3]Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden, [4]Department of Medicine, Karolinska Institute, Solna, Sweden
BACKGROUND
Transgender and gender-diverse (TGD) individuals experience elevated mortality risk,1 yet national estimates of cause-specific mortality remain limited. Prior studies have focused on narrow subgroups or outdated cohorts, leaving gaps in understanding current mortality disparities. Swedish registry data provide an opportunity to evaluate mortality outcomes in a national, more broadly representative cohort of TGD individuals.
METHODS
Using a retrospective cohort design, we estimated cause-specific mortality among 10107 TGD individuals in Sweden (2001–2023), matched to non-transgender controls (cisgender) by age and county. We calculated age-standardized mortality rates, mortality rate ratios (MRR), and years of life lost (YLL), stratified by sex assigned at birth. Outcomes: TGD individuals had elevated mortality risk (n=210; all-cause MRR=1.9, 95% CI: 1.6–2.2), particularly from external causes (36.2%). Stratified analyses revealed distinct patterns: transfeminine individuals (assigned male sex at birth) had higher mortality risk from ill-defined causes (MRR vs. cisgender women: 2.4–10.6; vs. cisgender men: 2.7–11.7), while transmasculine individuals (assigned female sex at birth) showed higher mortality risk from respiratory diseases (MRR vs. cisgender women: 1.8–18.4; vs. cisgender men: 1.2–11.3). YLL ranged from 26302–36740 for transfeminine and 11129–44034 for transmasculine individuals compared to controls.
CONCLUSIONS
These findings underscore persistent health inequities and a need for targeted public health interventions. The high rate of deaths from ill-defined causes suggests potential issues in post-mortem investigation and documentation. Similar patterns in United Kingdom and Dutch samples2,3 indicate that this may reflect broader structural challenges in post-mortem documentation and investigation processes. However, registry and insurance claims-based analyses exclude TGD individuals who have not accessed healthcare related to gender incongruence, likely resulting in underestimated mortality. Given globally recognized barriers to accessing gender-affirming treatments4–6 and their association with suicide risk,7,8 the inclusion of individuals on gender clinic waiting lists and alternative sampling strategies should be explored to improve surveillance and equity.
Popul. Med. 2026;8(Supplement 1):A2655

ABS0398
Between tongues and minds: Language identity and a sense of belonging among multilingual 1.5 generation Asian immigrant young adults in the United States using a three-step sequential mixed methods approach
Chulwoo Park[1]
[1]Department of Sociology, Anthropology, and Public Health, University of Maryland, Baltimore County, Baltimore, United States
INTRODUCTION
No clear definition of 1.5 generation has been established to determine the exact age range and the time duration of being in the new environment. Language identity is individual's "connection to their sense of self through the socio-cultural contexts in which they use language to engage with others."1,2 This study aimed to understand the role of language identity on acculturation and mental health among 1.5 generation Asian and Asian American immigrant young adults in the United States.
METHODS
A three-step sequential mixed methods approach was developed: Phase 1—quantitative analysis (cross-sectional Qualtrics online survey for demographic information and Likert-scale questions, 24 participants); Phase 2—qualitative analysis (8 focus group discussions); and Phase 3—subsequent qualitative analysis (17 in-depth interviews). The inclusion criteria were aged 18-29, migrated from Asia with their parents between the ages of 5-17, and have lived in the United States at least 12 months. A total of 24 participants recruited through purposive and snowball sampling participated in focus group discussions. Among them, 17 participants attended a one-on-one, in-depth, life history format interview. Verbatim transcripts were analyzed through Dedoose, using deductive and inductive approaches.
RESULTS
Combining both quantitative and qualitative findings, we identified three key themes. First, language identity implies having the proficiency and a connection to cultural self, but proficiency does not imply having that language identity. Second, a home country's language identity relates to cultural connections and racial-ethnic identity. Third, cultural identity loss due to low home country language fluency fostered feelings of isolation and depression.
CONCLUSIONS
Findings highlight the importance of language identity in establishing a sense of belonging. While group-based (Phases 1 and 2) and individual responses (Phase 3) were reported through this study, future research may focus on longitudinal approaches to acknowledge the changes within language identity and overall mental health impact within this population.
Popul. Med. 2026;8(Supplement 1):A2657

ABS0416
Migration stories of 1.5 generation Asian/Asian American immigrant young adults: adaptation, family perspectives, and evolving identities in California, the United States
Chulwoo Park[1]
[1]Department of Sociology, Anthropology, and Public Health, University of Maryland, Baltimore County, Baltimore, United States
INTRODUCTION
California, one of the most ethno-racially diverse states in the United States, is home to 10.5 million foreign-born populations. 1.5 generation refers to an individual who migrated to the new country with their parents when they were young."3 However, little is known about how to clearly define the 1.5 generation and how Asian American 1.5 generation young adults as a minority group have adapted to the dominant society in the United States.
METHODS
A purposive sampling was used. Participants were people who came to the United States from Asia with their parents when their ages were 5-17 years old and are currently 18-29. 17 participants joined a one-on-one, in-depth interview for a qualitative study (average: 107 minutes). All interviews were audio recorded and verbatim transcribed. Dedoose was used to conduct deductive and inductive reasoning and analyze qualitative findings.
RESULTS
Four common themes were extracted. First, economic and educational inequities, as well as political instability, were the main motivators for families to migrate to the United States as an investment in their children's future, despite occupational

sacrifice and financial difficulty. Second, family reunification and sponsorship facilitated settlement and reinforced intergenerational expectations. Third, age at migration influenced the level of adaptation; childhood arrivals adjusted easily with limited memories of departure, whereas adolescent arrivals experienced identity confusion, emotional strain, and disrupted friendships. Lastly, evolving family sentiments showed intergenerational conflict; when parents maintained strong linguistic and cultural connections to home countries, participants described their mixed feelings about weakening connections to their countries of origin and ambivalence about living as an immigrant.
CONCLUSIONS
Findings show how migration as both an opportunity and a challenge relates to various factors to shape belonging in the United States. Future research can focus on longitudinal approaches to understand the life history of Asian American 1.5 generation immigrant populations.
Popul. Med. 2026;8(Supplement 1):A2658

ABS1493

Human trafficking victims' lived experiences of navigating social service provision across intersecting systemic and individual barriers

Lotta Mäkipää[1,2], Camilla Nordberg[2], Johanna Mäki-Opas[1], Katri-Leena Mustonen[1], Natalia Skogberg[1]
[1]Department of Healthcare and Social Welfare, Finnish Institute for Health and Welfare, Helsinki, Finland, [2]Department of Human and Social Sciences, Åbo Akademi University, Vaasa, Finland

INTRODUCTION
Despite policy advancements in victim assistance, access to social service remains fragmented and inconsistent. Existing research has primarily focused on healthcare access, female sex trafficking, and professional perspectives, often neglecting victim's lived experiences). – Gendered biases and limited focus on labor exploitation influence how victimhood is constructed within service systems, contributing intersecting barriers in access to accessing social services. This study explores trafficking victims' lived experiences of navigating social services, and the barriers and facilitators shaping access.
METHODS
This qualitative study uses semi-structured interviews with trafficking victims (n=10) who have failed to access social services or have chosen not to seek them at all. Participants were recruited through purposive and snowball sampling with the support of NGOs and included adult women and men, both Finnish- and foreign-born, representing diverse forms of human trafficking. Interviews were conducted primarily in person, with arrangements tailored to participants' preferences to enhance safety and comfort. Data were analyzed using thematic analysis, applying an intersectional framework to capture the overlapping vulnerabilities affecting victims' access to social services.
RESULTS
The findings revealed intersecting structural, institutional, and individual level barriers to social service access. These included limited awareness of entitlements, insufficient personal resources, language and trust barriers, lack of trauma-informed social work, fear of authorities and gaps in interagency coordination, particularly regarding unclear responsibilities between authorities. At the same time, findings highlighted emerging facilitators related to informal victim support networks, victim-centered practices and communications and trust-building encounters.
CONCLUSIONS
By centering victims' lived experiences, this study deepens understanding of how intersecting structural, institutional, and individual barriers shape access to social services. The findings underscore the importance of trauma-informed practices, interagency coordination, and adequate resources in developing more inclusive and responsive support for trafficking victims.
Popul. Med. 2026;8(Supplement 1):A2678

ABS1525

A Qualitative Examination of the Impact of Sexual Assault on Alcohol Use among Bisexual+ and Heterosexual Survivors: Implications for Public Health

Gabriela Lopez[1], Lindsay Orchowski[1], Jennifer Merrill[1,2]
[1]Department of Psychiatry and Human Behavior, The Warren Alpert Medical School of Brown University, Providence, Rhode Island, United States, [2]Behavioral and Social Sciences, Brown University School of Public Health, Providence, Rhode Island, United States

INTRODUCTION
Bisexual+ (i.e., attraction to multiple genders) women report elevated rates of heavy drinking relative to heterosexual women. Women with histories of sexual assault (versus those without) also report elevated rates of heavy drinking. We conducted a qualitative examination of the impact of sexual assault on survivors' alcohol use following their sexual assault experience(s).
METHODS
Semi-structured 60-minute interviews were conducted with 45 women (i.e., female identifying, or gender nonconforming), ages 18-29, who identified as bisexual+ (n = 24) or heterosexual (n = 21), and endorsed a history of sexual assault since age 14 in the United States. Interview transcripts were double-coded, and thematic analyses were conducted. A priori codes were developed and refined, and identified themes were compared by subgroup.
RESULTS
Bisexual+ and heterosexual survivors reported alcohol use increased following sexual assault experience(s), and this was more salient among bisexual+ women. Among women who experienced an increase in drinking, many reported later returning to baseline drinking levels (i.e., before the sexual assault). It was common to not experience any changes in drinking following a sexual assault, and this was more salient among heterosexual women relative to bisexual+ women. Heterosexual women were more likely to decrease/stop drinking relative to bisexual+ women.
CONCLUSIONS
Study findings emphasize differences/similarities in changes in alcohol use following a sexual assault experience. Understanding why some women increase alcohol use versus others decrease/stop drinking completely following a sexual assault is significant for the treatment of survivors and their health. Bisexual+ women may benefit from accessible alcohol resources following a traumatic event. Current work may help inform new policies on how to increase care to bisexual+ sexual assault survivors who consume any amount of alcohol. Policies focused on improving access to culturally-specific resources may reduce subsequent risk for risky alcohol use or sexual revictimization.
Popul. Med. 2026;8(Supplement 1):A2680

ABS1744

Intercultural mediation with migrant populations in health systems: experiences of intercultural facilitators in Chile

Báltica Cabieses[1], Antonia Roberts[1], Gonzalo Peña[1], Alexandra Obach[1], Angélica Cabezas[1], Alfonso Urzúa[2]
[1]Centro de Salud Global Intercultural (CeSGI), Facultad de Medicina Clínica Alemana, Facultad de Psicología, Universidad del Desarrollo, Santiago, Chile, [2]Universidad Católica del Norte, Antofagasta, Chile

INTRODUCTION
Globally, health systems are increasingly challenged to deliver equitable care to diverse populations. Migrants often encounter barriers such as language discordance, limited knowledge, and health services that are not fully adapted to unique cultural norms. Intercultural mediation to bridge linguistic and cultural gaps has proven effective internationally in improving communication, patient experience, and access to care. In Latin America, where migration flows have intensified in recent years, evidence on intercultural mediation remains scarce. This study examines the experiences of intercultural facilitators working with migrant populations in Chile to inform broader global discussions on intercultural mediation in healthcare settings.
METHODS
Within the FONIS SA25I0155 project (ANID/Chilean government), an open call invited intercultural facilitators working in Chile's health system to voluntarily submit narrative accounts of their experiences supporting migrant patients. A total of 25 narratives were collected and published following the original writing style. For this qualitative study, narratives were re analyzed using thematic analysis to identify core themes related to facilitators' contributions, challenges, and opportunities for strengthening their role.
RESULTS
Facilitators described a broad spectrum of intercultural mediation practices, highlighting the need to translate not only language but also cultural meanings, expectations, and health seeking practices. Intercultural competencies were portrayed as skills refined through on the job experience. Facilitators reported supporting the implementation of clinical recommendations in complex social contexts, improving health teams' understanding of migrant needs, and linking patients to formal and informal support networks. Persistent challenges included high workload, emotional strain, limited and unstandardized training, and difficulties achieving full collaboration with clinical teams.
CONCLUSIONS
Intercultural mediation remains a significant contribution to delivering responsive, equitable care for migrant populations; a challenge shared across global health

systems experiencing increasing diversity. Health authorities worldwide should formally recognize, strengthen, and sustain intercultural mediation as a core component of inclusive public health practice.
Popul. Med. 2026;8(Supplement 1):A2686

ABS1804
Advancing mental health and equity: understanding the determinants of psychological distress among Africans living in Western Australia

Emmanuel Badu[1,2], Fadzai Chikwava[1], Gemma Crawford[1,2], Roanna Lobo[1,2], Marshall Makate[1], Yun Zhao[1]
[1]Curtin School of Population Health, Curtin University, Perth, Australia, [2]Collaboration for Evidence, Research and Impact in Public Health (CERIPH), Curtin University, Perth, Australia

BACKGROUND
World leaders have reinforced their commitment to advancing mental health, as evidenced by the recent adoption of the political declaration at the United Nations General Assembly to combat non-communicable diseases and mental health challenges. Despite sustained efforts, inequities in mental health outcomes persist with groups such as migrants disproportionately affected. The paucity of policy-relevant research has hindered efforts to improve mental health within migrant communities. This study investigated the factors contributing to psychological distress among a specific migrant population in Western Australia (WA).
METHODS
The study analysed cross-sectional survey data from 2,048 WA residents of African descent aged 16 years and over, drawn from the WA Health and Wellbeing Surveillance System covering the period 2007 to 2021. Bivariable and multivariable logistic regression models were fitted to identify factors associated with psychological distress in this population.
RESULTS
The multivariable analysis showed that living with a disability or long-term illness (AOR=4.25 95% CI 2.11-8.54) or living with other family member with a disability or long-term illness (AOR=2.18 95% CI 1.21, 3.91), experiencing 2 (AOR=3.82 95% CI 1.85, 7.90) or 3 or more stressful events (AOR=6.60 95% CI 3.42, 12.75) were strongly associated with psychological distress.
CONCLUSIONS
Psychological distress among people of African descent residing in WA was associated with disability or long-term illness, and stressful major life events. These findings highlight the need for state-level policies, mental health services, and health promotion initiatives to be culturally responsive and inclusive of migrant communities' needs and experiences.
Popul. Med. 2026;8(Supplement 1):A2690

ABS1841
Development of an Intervention to Improve Access to Chronic Kidney Disease Treatment and Care for African Americans: Application of the 6SQuID Framework

Kimberly Jacob Arriola[1], Sydney Odion-Smith[1], Tamara Y. Walker[2], Bobby Howard[3], Candace Sapp[1], Rhonda D. Harris[4], Emily August[1], Janice Lea[4], Megan Urbanski[4], Alexis Smith[1], Collins Airhihenbuwa[5], Nicole Franks[4]
[1]Rollins School of Public Health, Emory University, Atlanta, United States, [2]American Kidney Fund, Rockville, United States, [3]LifeLink of Georgia, Peachtree Corners, United States, [4]School of Medicine, Emory University, Atlanta, United States, [5]School of Public Health, Georgia State University, Atlanta, United States

INTRODUCTION
Despite advances in diagnosis and management, disparities exist in the burden of end-stage kidney disease (ESKD) such that Black patients in the U.S. experience almost a 4x higher incidence than white patients.1 Structural racism has been implicated as a driver of these racial disparities, suggesting the need to intervene on inequitable structures within the healthcare environment. This paper describes how we used the 6SQuID framework2 to develop such an intervention.
METHODS
We completed 5 steps of the 6SQuID framework: 1) Define and understand the problem and its causes, 2) Clarify which causal factors are malleable and have greatest scope of change, 3) Identify the most appropriate change mechanism, 4) Identify how to deliver the change mechanism, and 5) Test and refine on a small scale. The 6th step (Collect evidence of effectiveness) is beyond the scope of this paper.
RESULTS
We report results of each of the 5 steps: 1) We used Public Health Critical Race Praxis (PHCRP) to identify structural drivers of the underlying disparity that are rooted in structural racism. 2) We created a causal pathways diagram documenting how socio-cultural, institutional, operational, organizational, interpersonal, and individual factors drive Black patients' progression to ESKD. 3) We used the Chronic Care Model,5,6 PHCRP, and input from our Community Advisory Board to settle on a kidney health coaching (KHC) intervention that would engage patients in shared healthcare decision-making. 4) We developed the KHC training manual and curriculum and an electronic platform for documenting KHC activities in the electronic medical record. 5) We pilot tested and made adjustments to the 12-session curriculum.
CONCLUSIONS
This paper applies a theoretically grounded process for developing an intervention that seeks to mitigate against the effects of structural racism on ESKD disparities. This KHC intervention was developed to facilitate adaption at healthcare systems beyond our own.
Popul. Med. 2026;8(Supplement 1):A2691

ABS1902
Beyond the Binary: A Cross-Sectional Online Survey of Gender Dysphoria, Mental Health, and Well-being Among Transgender and Gender-Diverse Adults in South Africa

Mina Haji[1], Susan Cleary[1], Adele Marais[2]
[1]Department of Public Health, Health Economics Unit, University of Cape Town, Cape Town, South Africa, [2]Department of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa

BACKGROUND
Transgender and gender-diverse (TGD) adults face major mental health and well-being inequities, but evidence from South Africa remains limited1–4. This study addresses this gap by describing gender dysphoria, mental health, well-being, substance use, and socioeconomic conditions, and assessing factors associated with depression and suicidality.
METHODS
A cross-sectional anonymous online survey was conducted with 298 TGD adults living in South Africa. Validated instruments assessed anxiety (Generalized Anxiety Disorder 7)5, depression (Center for Epidemiologic Studies Depression Scale 10)6, suicidality, gender dysphoria (Utrecht Gender Dysphoria Scale–Gender Spectrum [UGDS-GS])7, substance use, and transgender-specific well-being, including perceptions of body image, appearance, and sexual functioning (World Health Organization Quality of Life 100 items [WHOQOL-100 items])8. Group differences were assessed using chi-square/Fisher tests for categorical variables and Kruskal–Wallis tests for continuous variables. We fitted adjusted logistic models for depression and suicidality and linear models for UGDS-GS. Missing data were multiply imputed using predictive mean matching (m=30).
RESULTS
Among 298 participants (median age 25), UGDS-GS scores differed by gender identity (median 78, interquartile range (IQR) 72–85; p<0.001). Depressive symptoms affected 76.1% (159/209) and anxiety 63.1% (135/214). Lifetime suicidal ideation was 83.4% (181/217) and suicide attempt 46.1% (100/217). About one in five exceeded Drug Use Disorders Identification Test (DUDIT)9 (21.0%) or Alcohol Use Disorders Identification Test (AUDIT)10 (20.8%) thresholds. Higher depression scores were associated with higher odds of suicidality; sufficient funds were associated with lower odds of suicide attempts; and higher UGDS-GS scores were associated with higher odds of attempts after adjustment.
CONCLUSIONS
This sample reported a high burden of distress and suicidality. Findings show the need to improve access to gender-affirming, integrated mental health care and to address financial stress to advance equity and inclusion.
Popul. Med. 2026;8(Supplement 1):A2692

ABS1916
An integrated medical care and mental health and psychosocial support service model for refugees in greece

Victoria Lau[1]
[1]Western Isles Hospital, NHS Western Isles, Stornoway, United Kingdom

INTRODUCTION
In 2025, approximately 166900 migrants entered the European Union via Mediterranean routes, with around 1,700 deaths during attempted sea crossings. Despite declining arrival numbers, the human toll remains severe, underscoring the urgent need to address irregular migration. On the Greek island of Lesbos, Mavrouvouni refugee camp housed 3777 migrants as of December 2025, primarily from Afghanistan (59%) and Sudan (9%) . Boat Refugee Foundation is a non-governmental organisation providing acute medical and psychological care within the camp.
METHODS

We propose an integrated model combining Mental Health and Psychosocial Support Services (MHPSS) with medical care, aligned with the internationally validated Development Model for Integrated Care. MHPSS delivers psychotherapy and psychosocial support to preserve mental health and promote wellbeing and is staffed by experienced clinical psychologists or psychotherapists. MHPSS works alongside doctors and nurses; multidisciplinary teams assess patient needs and coordinate referrals to MHPSS and/or medical services. All staff participate in daily debriefs and case discussions, while MHPSS staff lead weekly training in psychological trauma and group reflection sessions.
RESULTS
Typically, a daily average of 45 medical patients and 4 MHPSS patients were seen. Camp outreaches were frequently due to mental health issues (dissociation, panic attacks, somatization disorders). MHPSS work comprised psychological first aid and crisis support with follow-up appointments available.
CONCLUSIONS
Refugees have complex mental health needs and experience higher rates of conditions such as anxiety and post-traumatic stress disorder than host populations (6). An integrated MHPSS and medical service improves identification of vulnerable patients, increases service uptake, and enables personalised, culturally sensitive care through regular staff training. Flexible, referral-free models enhance access, equity, and holistic care. Further research and development of integrated MHPSS approaches are needed to reduce healthcare burdens on host countries, achieve cost savings, and improve refugee health and wellbeing.
Popul. Med. 2026;8(Supplement 1):A2693

ABS2016
Equity and Primary Health Care: providing care to vulnerable populations, traditional peoples, and communities in Brazilian PHC facilities.

Aylene Bousquat[1], Simone Schenkman[1], Jaciane Milanezi[2], Maria Helena Magalhães de Mendonça[3], Paulo Mota[1], Elaine Tomasi[4]
[1]Politics, Health and Management, School of Public Health, University of Sao Paulo, Sao Paulo, Brazil, [2]Brazilian Centre for Analysis and Planning-CEBRAP, Sao Paulo, Brazil, [3]Sergio Arouca National School of Public Health, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil, [4]Social Medicine, Faculty of Medicine, Federal University of Pelotas, Pelotas, Brazil

INTRODUCTION
From the perspective of health equity, we analyzed the structural and contextual aspects of care provision and integration with the service network of Brazilian Primary Health Care facilitiess (UBS) that serve vulnerable populations, traditional peoples, and communities, with an emphasis on indigenous peoples not residing in their territories, 'quilombolas' (maroons), riverine populations, and agrarian reform settlers.
METHODS
Data from the 2024 National Census of UBS were used, including all 44,938 UBS and considering the dimensions of access, workforce, care qualification, territorial distribution, and community and territorial care model, as well as integration into the network, which was considered an important marker for equity. We tested their association using logistic regression models, overall and by care pathways for hypertension and diabetes.
RESULTS
Of the total number of UBS, 25.9% served all of these populations and 15,0% served at least one of the four selected groups, with a predominance of UBS located in rural areas and in the North and Northeast regions. In comparison with Brazilian UBS as a whole, activities in the individual dimension, expressed in terms of structure, availability of equipment, and integration into the health system as a whole, were systematically worse. The importance of healthcare pathways and cardiovascular risk stratification stands out. On the other hand, actions more relevant to the collective, territorial, and community dimensions were more frequent.
CONCLUSIONS
The more robust the collective variables are, with effects on the dimension of individual care, the better the navigation through the network. Distinct profiles were observed in the four highlighted groups, requiring customized policies to achieve equity, although existing policies have partially contributed to reducing inequalities. Shortening historical, geographical, and symbolic distances and ensuring the complete and decisive journey of these populations in the health system is still an unfinished task.
Popul. Med. 2026;8(Supplement 1):A2694

ABS2125
Lived Experiences of LGBTIQ+ Health Profession Students: A Scoping Review of Challenges, Supports, and Gaps in Global and Global South Contexts

Atholl Kleinhans[1], Toni Haastrup[2], Antonio Lentoor[3], Olanrewaju Oladimeji[1], Isabelle Uny[4]
[1]Public Health, Sefako Makgatho Health Sciences University, Pretoria, South Africa, [2]Global Politics, University of Manchester, Manchester, United Kingdom, [3]Psychology, Sefako Makgatho Health Sciences University, Pretoria, South Africa, [4]Institute for Social Marketing and Health, University of Stirling, Stirling, United Kingdom

BACKGROUND
LGBTIQ+ health profession students occupy a critical position at the intersection of education, healthcare systems, and public health equity. While global commitments emphasise inclusive health workforces, emerging evidence suggests that LGBTIQ+ students continue to experience discrimination, exclusion, and psychosocial harm during professional training. However, the scope, nature, and geographic distribution of this evidence remain fragmented, particularly in Global South contexts. This scoping review aimed to map existing literature on the lived experiences of LGBTIQ+ health profession students, with a focus on challenges, supports, and identified gaps relevant to public health.
METHODS
A scoping review was conducted following established methodological frameworks. Multiple academic databases were systematically searched for peer-reviewed studies examining the experiences of LGBTIQ+ students enrolled in health professions education. Studies were screened using predefined inclusion and exclusion criteria. Data were charted and synthesised thematically, with attention to geographic context, discipline, and intersections of sexuality, gender identity, race, and institutional environment.
RESULTS
The review identified a growing but uneven body of literature, predominantly from high-income Global North settings. Key challenges included pervasive microaggressions, heteronormative and cisnormative curricula, fear of disclosure in clinical spaces, and limited institutional support, all of which negatively impacted mental health, academic engagement, and professional identity development. Supportive factors included affirming peer networks, visible role models, and inclusive policies where present. Notably, few studies centred Black or Global South LGBTIQ+ students, addressed intersectionality in depth, or examined structural and institutional accountability.
CONCLUSIONS
Findings highlight persistent inequities in health professions education that have direct implications for student wellbeing, workforce diversity, and future patient care. The absence of Global South and intersectional perspectives represents a critical public health gap. Addressing these inequities requires institutional transformation, inclusive curricula, and research agendas that centre marginalised voices to advance health equity and social justice.
Popul. Med. 2026;8(Supplement 1):A2697

ABS2143
An intersectional perspective to the health of women with lived experience of homelessness

Ana Carolina Dantas[1], Paloma Coelho[1], Rômulo Paes-Sousa[1]
[1]Saúde Coletiva, Instituto René Rachou - Fiocruz Minas, Belo Horizonte, Brazil

INTRODUCTION
In Brazil, more than 350000 people are experiencing homelessness1. In Belo Horizonte, Minas Gerais, approximately 15000 people are in this situation, with 11% being women and 84% being Black2. One of the characteristics of an unequal society is the extreme and persistent asymmetry that racially discriminated groups experience in fundamental areas of social dynamics, such as health, education, and work3. The objective was to analyze the health-disease-care process of women with a history of homelessness using intersectionality as an analytical key.
METHODS
Qualitative research from a decolonial feminist perspective4-6. Five interviews were conducted between May and July 2024, with an average duration of 1 hour and 40 minutes. The interviews were audio-recorded, subsequently transcribed, and subjected to intersectional6,7 thematic analysis using Atlas.ti software.
RESULTS
They are adult, cisgender women with at least four children; three were Black, one is White, and one is Indigenous, and one is illiterate. All experienced homelessness from childhood or adolescence for at least ten years. Their trajectories include gender-based violence, teenage pregnancy, lack of a support network for childcare, informal work in recycling, feelings of fear, insecurity, and inferiority, incarceration, restrictions on autonomy over their own bodies, limited access to health services restricted to pregnancy or emergencies, and absence of preventive care.

CONCLUSIONS
Life trajectories are marked by multiple oppressions since childhood. During street life, housing and economic instability are intensified by gender and race, shaping experiences of health, illness, and care. This results in mental suffering, delayed access to health services, and difficulties in continuity of care. Understanding the intersectionality of this process can inform health policies and practices oriented toward equity and sensitive to the oppressions that shape the life trajectories of these women.
Popul. Med. 2026;8(Supplement 1):A2698

ABS2181
Afro-descendants and the 2030 Agenda: Inclusion, Structural Inequalities, and Challenges for Sustainable Development
Ana Cristina de Oliveira Costa[1], Ana Luisa Jorge Martins[1], Alice Junqueira Terra Caffaro[1], Carolina Ribeiro Veronesi Marinho[1], Isadora Batista Rodrigues[1], Matias Mrejen[1], Rômulo Paes de Sousa[1]
[1]René Rachou Institute, Fundação Oswaldo Cruz (Fiocruz), Belo Horizonte, Brazil
INTRODUCTION
This scoping review examined how Afro-descendant Populations (ADPs) have been considered in policies, programs, and actions related to the Sustainable Development Goals (SDGs). Although the principle of "leaving no one behind" is central to the 2030 Agenda, significant challenges persist, including the lack of race- and ethnicity-disaggregated data, weak monitoring mechanisms, and the persistence of structural inequalities rooted in colonialism, slavery, and institutional racism.
METHODS
The review followed the Population–Concept–Context (PCC) framework and the PRISMA-ScR guidelines, including academic publications and gray literature published between 2015 and 2025. Searches across eight databases identified 732 records, of which 38 met the inclusion criteria. The selected studies addressed experiences and policy recommendations at global, regional, national, and local levels, with a predominance of research conducted in Latin America and the Caribbean.
RESULTS
SDG 10 was the most frequently addressed, followed by SDGs 16, 3, 5 and 17. The mapped initiatives focused on expanding access to health care, social protection, and justice; promoting economic inclusion through education and entrepreneurship; and valuing territories and environmental practices, highlighting the role of Afro-descendant communities in biodiversity conservation and climate change mitigation. Local-level experiences proved more effective when they incorporated cultural practices, community participation, and intercultural approaches. Critical perspectives emphasized the relevance of non-Western epistemologies—such as Ubuntu and Buen Vivir—and reparatory justice strategies in guiding more equitable and context-sensitive policies.
CONCLUSIONS
The absence of data disaggregated by race, gender, and territory constrains SDG monitoring and the formulation of effective policies, particularly for Black women, rural populations, and quilombola communities. While institutional advances and innovative initiatives led by the African diaspora exist, their implementation remains fragmented. Advancing the SDGs for ADPs requires strengthening antiracist policies, expanding social participation, ensuring territorial recognition, and adopting historical and cultural perspectives capable of fostering truly inclusive development.
Popul. Med. 2026;8(Supplement 1):A2699

ABS2183
Ethnic–Racial Inequalities in Access to Basic Sanitation in Brazil: Evidence from the 2022 Demographic Census for the Quilombola Population
Ana Cristina de Oliveira Costa[1], Matias Mrejen[1], Agda Marina Ferreira Moreira[1], Léo Heller[1], Anelise Andrade de Souza[1], Rômulo Paes de Sousa[1]
[1]René Rachou Institute, Fundação Oswaldo Cruz (Fiocruz), Belo Horizonte, Brazil
INTRODUCTION
Access to safe drinking water, sanitation services, and solid waste collection is widely recognized as a fundamental human right. In Brazil, however, profound structural inequalities persist in access to these services, particularly among quilombola populations—descendants of enslaved Africans who formed communities in collective territories, mantaining distinct ways of life, cultural practices, and social organization, and who have been historically marked by processes of structural, institutional, and environmental racism.
METHODS
This study examines inequalities in access to safe drinking water, sanitation services, and solid waste collection between quilombola and non-quilombola populations using data from the 2022 Demographic Census. National prevalence estimates were calculated, and an Oaxaca–Blinder decomposition was conducted to estimate the share of inequalities explained by geographic factors, such as macro-region and urban-rural location.
RESULTS
Marked disparities were observed: only 21% of quilombolas had simultaneous access to all three services, compared to 73% of non-quilombolas. Among rural quilombolas, approximately 72% experience multiple deprivation. The decomposition analysis indicated that the higher concentration of quilombolas in rural areas and in the North and Northeast regions explains a substantial portion of the inequalities (up to 74% for solid waste services). However, between 20% and 35% of the disparities remain unexplained by geographic factors, potentially indicating the influence of structural determinants related to racial discrimination, institutional invisibility, territorial inequality, and environmental racism.
CONCLUSIONS
Inequalities in access to basic sanitation faced by quilombola communities are multidimensional and intersectional and cannot be reduced to geographic differences alone. Overcoming this situation requires explicitly antiracist and territorially sensitive public policies, with targeted investments in rural areas and traditional communities, including land tenure regularization, infrastructure expansion, and monitoring and evaluation mechanisms with an ethnic–racial focus.
Popul. Med. 2026;8(Supplement 1):A2700

ABS2204
PrEP usage among high-risk populations in Brazil: a nationwide retrospective study
Malte Becker[1], Matias Mrejen[2], Julia Pescarini[3], Laio Magno[4]
[1]Heidelberg Institute of Global Health, Heidelberg, Germany, [2]René Rachou Institute, Fundação Oswaldo Cruz (Fiocruz), Belo Horizonte, Brazil, [3]London School of Hygiene & Tropical, London, United Kingdom, [4]Instituto Gonçalo Moniz, Fundação Oswaldo Cruz (Fiocruz), Salvador, Brazil
INTRODUCTION
Pre-exposure prophylaxis (PrEP) effectively prevents HIV infections, but low adherence among high-risk populations may limit its public health benefits. This study investigated factors associated with PrEP discontinuation in Brazil, with a focus on different markers of social vulnerability – race/ethnicity, sexual identity, homelessness, and sexual work – and their interactions.
METHODS
We conducted a retrospective cohort study using individual-level data from Brazil's nationwide PrEP panel (2018 - 2024). Fixed-effects multivariate regression models were used to estimate factors associated with PrEP discontinuation and re-initiation. To investigate time-to-discontinuity, we estimated multivariate proportional hazard Cox regressions, adjusting for the first year of PrEP initiation. We investigated intersectionality by estimating interaction effects between different markers of social vulnerability.
RESULTS
Among 228,954 who initiated PrEP treatment, 50% discontinued at least once during follow-up. After adjusting for age, education, race/ethnicity, and sexual identity, people experiencing homelessness and sex workers were 11 and 7 percentage points more likely to discontinue. Time-to-discontinuation was significantly lower for people experiencing homelessness, sex workers, and prisoners. For all three vulnerable population groups, PrEP discontinuation was highest during the first year of treatment. Interactions between homelessness, sex work, prisoner status and sexual identity revealed substantially increased intersectional risks of discontinuation.
CONCLUSIONS
PrEP discontinuation was substantially higher among vulnerable populations in Brazil. Targeted strategies are needed to support PrEP adherence in high-risk populations and to ensure effective HIV prevention.
Popul. Med. 2026;8(Supplement 1):A2701

ABS2277
Use of technology for effective outreach among MSM population in virtual space
Sonia Puri[1], Murugesan Subramaniam[2], Kapil Goel[3], Mona Duggal[4], Gurvinderpal Thami[1], Amarjeet Singh[3], Simranjot Kaur[1], Sushma Saini[3]
[1]Government Medical College & Hospital, Sector-32, Chandigarh, Chandigarh, India, [2]The Humsafar Trust, Santacruz (East) Mumbai, India, [3]Post Graduate Institute of Medical Education and Research, Chandigarh, India, [4]Indian Council of Medical Research, New Delhi, India

INTRODUCTION
HIV spreads mainly through unprotected sex, sharing infected needles, transfusion of contaminated blood, and from an infected mother to her child during pregnancy, delivery, or breastfeeding. Among various population groups, men who have sex with men (MSM) are considered at higher risk for HIV transmission. Digital platforms have become major meeting points for MSM community, creating both risks and opportunities for HIV prevention. Understanding the characteristics, behaviours, and service access of MSM in virtual spaces is crucial for strengthening targeted interventions.
METHODS
A cross-sectional virtual mapping study was conducted in Chandigarh (January–August 2023). MSM aged ≥18 years using online platforms were approached through convenience sampling. After informed consent, online interviews were conducted using a structured, pre-tested tool. A total of 239 MSM were enrolled.
RESULTS
Of the 239 MSM enrolled, most were young (mean age 24.2 years) and lived alone (87%). Virtual platforms were widely used, with 93.3% on Grindr/Blued/Planet Romeo and over 80% were active on multiple social media apps. More than half identified as Kothi (56.9%). High-risk behaviours were common: 88.7% had more than 10 regular partners and 80.3% had more than 10 non-regular partners in the past two months. Condom use was relatively high (≈80%), yet over 60% were unaware of their partners' HIV status. Paid sex was reported by 74.1%. HIV knowledge was poor, with major misconceptions (e.g., 90.8% believed in mosquito-borne transmission). Only 21.7% had heard of ART, and contact with NGOs/CBOs was low (22–27%).
CONCLUSIONS
MSM in virtual spaces form a young, highly active, and largely unreached population with significant HIV misconceptions, frequent partner change, widespread paid sex and limited access to targeted intervention services. Despite relatively high condom use, poor knowledge of partner's HIV status and multiple misconceptions elevate their risk.
Popul. Med. 2026;8(Supplement 1):A2704

ABS2389
Screening Saves Lives: Cancer screening knowledge, awareness and practices among LGBTIQA+ Western Australians
Justine Leavy[1], Jonathan Hallett[1], Nang Phoo[1], Gemma Crawford[1], Lekey Khandu[1], Renea Hayward[2], Sonya Schultz[3], Kathleen O'Connor[4]
[1]Population Health, Curtin University, Perth, Australia, [2]Women and Newborn Health Service, North Metropolitan Health Service, Perth, WA, Australia, [3]North Metropolitan Health Service, Perth, WA, Australia, [4]Cancer Network WA, North Metropolitan Health Service, Perth, WA, Australia
BACKGROUND
Cancer remains a significant health concern for LGBTIQASB+ Australians, with an estimated 7,500 new diagnoses and more than 23,000 survivors each year.1 The WA Cancer Plan 2020–25 seeks to reduce the burden of cancer and explicitly recognises the distinct needs of LGBTIQASB+ communities.2 Despite this, persistent disparities in cancer prevention, screening, and care continue to affect LGBTIQASB+ people3, contributing to exclusion, inadequate support, and heightened psychological distress. 4,5 Until recently, Australian cancer support resources have also lacked LGBTIQASB+-specific information.6 The Screening Saves Lives campaign was launched in Western Australia (WA) in 2021 to increase awareness of, and engagement with, bowel, breast, and cervical cancer screening among LGBTIQASB+ communities. Campaign materials prominently featured LGBTIQASB+ community members and were disseminated through LGBTIQASB+ networks, social media, community organisations, and healthcare providers.
METHODS
A cross-sectional online survey of self-identified LGBTIQASB+ adults living in metropolitan WA who met screening eligibility criteria was used to evaluate the campaign. The evaluation assessed campaign awareness, knowledge of cancer and screening, and self-reported behavioural intentions.
RESULTS
A total of 433 participants completed the survey. The sample was predominantly women aged 30–39 years, Australian-born, English-speaking, and tertiary-educated, highlighting broader demographic representation in future evaluations, particularly among older adults and culturally and linguistically diverse populations. Notably, 6.9% of respondents identified as Aboriginal and/or Torres Strait Islander. One-third of respondents recalled each core campaign message; over 80% reported positive perceptions of the campaign materials. Inclusive representation was widely acknowledged, and opportunities for strengthening inclusivity were identified. Importantly, 70% of respondents reported intentions to screen for cancer following campaign exposure. Persistent barriers included fear, discomfort, embarrassment, and limited knowledge of screening options, particularly cervical self-collection.
CONCLUSIONS
Future efforts should address emotional and psychological barriers and reinforce the critical role of regular screening in early detection and timely treatment interventions.
Popul. Med. 2026;8(Supplement 1):A2706

ABS2452
Determining the migration status of 24 million individuals living in England using the OpenSAFELY platform
Yamina Boukari[1], Martina Pesce[1], Jamie Scuffell[2], Nathaniel Aspray[3], Ben Goldacre[1], William Hulme[1]
[1]Bennett Institute for Applied Data Science, University of Oxford, Oxford, United Kingdom, [2]King's College London, London, United Kingdom, [3]City St George's, University of London, London, United Kingdom
BACKGROUND
England is home to 9.8 million individuals who were not born in the UK. Having accurate information on migration status in electronic health records (EHR), with appropriate risk mitigation strategies to prevent misuse, is essential for monitoring inequities in morbidity, mortality and risk factors for ill health in migrant populations. This study aims to describe the migration status of individuals in OpenSAFELY-TPP, an analytic platform that contains the primary care records of approximately 40% of the population of England, or 24 million individuals.
METHODS
Combinations of clinical codelists indicative of country of birth, immigration status, language and ethnicity will be used to determine the migration status of individuals in OpenSAFELY-TPP. Based on this, individuals will be classified into 3-level categories (migrant, non-migrant or unknown) or 6-level categories (definite migrant, highly likely migrant, likely migrant, definite non-migrant and likely non-migrant and unknown). To externally validate migration recording in the primary care data, comparisons will be made to the 2021 and 2011 English census' and country of birth statistics from the Office for National Statistics.
RESULTS
We will present demographic descriptions of the individuals within each sub-category of the migration statuses, which will include breakdowns by age, sex, ethnicity, and socioeconomic status. We will also present comparisons to the census and official statistics broken down by demographic characteristics.
CONCLUSIONS
Through improving our understanding of migration coding in primary care data within the OpenSAFELY platform, this study will facilitate future population-level research on migrants' health and inequities in England.
Popul. Med. 2026;8(Supplement 1):A2707

ABS2475
The development of telemedicine in correctional facilities
Elena Marcante[1], Emanuela Zilli[2], Fabio Michele Strazzella[3], Salvatore Lobello[4], Fabio Verlato[5], Aristide Roberto Gravina[6], Elena Debora Toffanello[7], Luca Gino Sborgio'[8], Nicola Cogo[2], Stefano Vianello[9], Paolo Fortuna[10]
[1]Telemedicine service, ULSS 6 Euganea, Padua, Italy, [2]Medical Board of Directors, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [3]Sanitary Coordinator of Correctional Facilities, Padua, Italy, [4]Sanitary Director of Correctional Facilities, Padua, Italy, [5]Waiting List Coordinator of ULSS 6 Euganea, Padua, Italy, [6]Functional Recovery and Rehabilitation, ULSS 6 Euganea, Hospital of Piove di Sacco, Piove di Sacco, Italy, [7]Coordinator of Socio Sanitary District, ULSS 6 Euganea, Padua, Italy, [8]Prevention Department, ULSS 6 Euganea, Padua, Italy, [9]Socio Sanitary Direction of ULSS 6 Euganea, Padua, Italy, [10]General Direction of ULSS 6 Euganea, Padua, Italy
INTRODUCTION
The local healthcare trust of padua is responsible for ensuring healthcare to about 1000 detained individuals in two correctional facilities. These include primary and specialist medical care, pharmaceutical services, addiction treatment services, public hygiene surveillance, and preventive interventions. Over the past three years, prison healthcare has undergone a significant digital transformation. The introduction of an electronic health record system and the development of telemedicine services within correctional facilities have improved timeliness of care, reduced transfers to external hospitals, and optimized the use of healthcare resources.
METHODS
The authority implemented a multifaceted strategy including the installation of 12 new information technology workstations, connection to the internal network, implementation of electronic health records, digitalization of medication charts, development of telemedicine pathways through the purchase of laptops, setup

of a dedicated telemedicine room with video projection, and restoration of the radiology unit. The project involved approximately 50 healthcare professionals, with over 2000 working hours invested over three years to design the project.
RESULTS
From September 2025, telemedicine services were activated with four hospital-based clinical units. In four months, 25 teleconsultations and 25 tele-visits were conducted with addiction services and mental health units, 13 diabetology tele-visits were performed, and 133 X-rays were remotely reported on site. Moreover, 50 teleconsultations were conducted with addiction services of other authorities, and 11 dermatology tele-visits were carried out. In total, 257 telemedicine services were delivered to 232 patients.
CONCLUSIONS
Technological innovation effectively addressed structural challenges within the prison healthcare system. Digitalization reduced the risk of errors, streamlined administrative and clinical processes, and decreased staff workload. Telemedicine ensured continuity of care, optimized resource management, and generated an estimated cost saving of approximately 105000 € related to reduced patient transport. User satisfaction interviews showed a high level of acceptance, with a clear preference for telemedicine over in-person visits.
Popul. Med. 2026;8(Supplement 1):A2708

ABS2477

Challenges and opportunities for strengthening access to primary care for migrant adolescents in Chile

Alejandra Carreño Calderon[1], Loreto Watkins[1], Baltica Cabieses[1], Andrea Ortega[1], Alexandra Obach[1]
[1]Centro de Salud Global Intercultural, Universidad del Desarrollo, Santiago, Chile
ABSTRACT
Migrant adolescents in Latin America are a population that faces health inequalities. Based on a qualitative study, the poster aims to analyse the main challenges and opportunities for strengthening access to primary health care (PHC) for migrant adolescents in Chile, with a view to helping reduce the gaps that currently exist in terms of access to and use of services.
METHODS
A qualitative study was conducted using participatory methodologies, including semi-structured interviews with 10 experts in the areas of health, migration, adolescence and interculturality, and eight photovoice workshops with 21 health professionals, 14 migrant adolescents and 21 migrant adults with adolescent children. Gaps in access to primary healthcare services for adolescents were identified. The main barriers to access include lack of awareness of the programme, bureaucratic obstacles due to lack of identification, language barriers, fear, mistrust and availability of time. Currently, mental health is the central concern due to the impact of separation and discrimination on young migrants. In sexual and reproductive health, early reproductive trajectories and a lack of systematic sex education policies persist in both countries of origin and destination. In addition, nutritional risks linked to socioeconomic vulnerability were detected.
CONCLUSIONS
It is imperative to prioritise mental health and sexual and reproductive health in services aimed at these young people, to integrate elements of interculturality into programmes, and to decentralise care by promoting the use of educational centres as strategic spaces of trust. It is recommended that technical standards be updated to ensure cultural relevance, that training for officials in rights-based approaches be strengthened, and that intersectoral coordination be improved to guarantee universal access that transcends a reactive response to disease.
Popul. Med. 2026;8(Supplement 1):A2709

ABS2538

Lessons from implementing a hybrid online/in-person social and emotional wellbeing program for young Aboriginal and Torres Strait Islander males in the Northern Territory, Australia

James Smith[1], Jason Bonson[1], Melissa Opozda[1], Jahdai Vigona[2], Dante Rodrigues[2], Bryce Brickley[1], Cameron Stokes[1], Daphne Watkins[3], Murray Drummond[4,5], Garth Stahl[4], Mark Robinson[6], Oliver Black[7], Kylie Stothers[8], Gabriel Oth[8], Jacob Prehn[9], Karla Canuto[1], Kootsy Canuto[1]
[1]Flinders Health and Medical Research Institute, Flinders University, Darwin, Australia, [2]One Percent Program, Darwin, Australia, [3]School of Social Work, University of Michigan, Ann Arbor, United States, [4]School of Education, University of Queensland, Brisbane, Australia, [5]Flinders Institute of Mental Health and Wellbeing, Flinders University, Adelaide, Australia, [6]Institute of Social Science Research, University of Queensland, Brisbane, Australia, [7]The National Centre for Aboriginal and Torres Strait Islander Wellbeing Research, Australian National University, Canberra, Australia, [8]Indigenous Allied Health Australia, Darwin, Australia, [9]School of Social Sciences, University of Tasmania, Hobart, Australia
BACKGROUND
Few health promotion programs have been tailored to the unique health, social, and cultural needs and preferences of young Aboriginal and Torres Strait Islander males. This presentation will describe the outcomes and lessons of implementing a hybrid online and in-person social and emotional wellbeing program (YBMenNT) for this priority population in the Northern Territory, Australia. The program was adapted from the US-based Young Black Men, Masculinities, and Mental Health (YBMen) project and designed to promote social and emotional wellbeing, strengthen gender and cultural identities, and enhance social support.
METHODS
The program pilot was delivered to three cohorts (n=36) of Aboriginal and Torres Strait Islander males aged 16-18 years across 2024-2025. Delivery was facilitated by an Indigenous youth-led organisation, in partnership with Aboriginal community-controlled organisations with a strong history of engaging young Aboriginal and Torres Strait Islander males. The evaluation involved both qualitative and quantitative elements, including pre- and post-program surveys, and a combination of individual interviews, focus groups, yarning sessions, and observational methods, consistent with decolonising research methods, and underpinned by Indigenous Data Sovereignty principles. Human research ethics approval was obtained.
RESULTS
The YBMenNT program ran over 6-8 (non-contiguous) weeks. For each week of program delivery, all cohorts were engaged in a ~1 hour in-person session involving a combination of physical activity, mindfulness meditations, and discussions about the week's YBMenNT program topic (e.g., manhood, respectful relationships, social and emotional wellbeing, cultural identity and resilience). Preliminary results show an increase in self-reported social and emotional wellbeing, social connectedness, and life satisfaction among program participants. These results will be presented, alongside lessons learned during the adaptation and pilot delivery process.
CONCLUSIONS
Culturally-responsive, age-appropriate, and gender-sensitive hybrid online/in-person social and emotional wellbeing programs can be effective with young Aboriginal and Torres Strait Islander males if appropriately contextualised.
Popul. Med. 2026;8(Supplement 1):A2710

ABS2541

Synthesising global evidence about engaging marginalised and vulnerable adolescent boys and young men in health and social services: What do we know?

james Smith[1], Melissa Opozda[1], Bryce Brickley[1], Rohann Iriving[1], Cameron Stokes[1], Jason bonson[2], Emmanuel Bunei[1], Jahdai Vigona[3], Dante Rodrigues[3], Ged Moriarty[4]
[1]Flinders Health and Medical Research Institute, Flinders University, Darwin, Australia, [2]Deadly Male, Darwin, Australia, [3]One Percent Program, Darwin, Australia, [4]The Man Cave, Melbourne, Australia
BACKGROUND
Australian men are often regarded as risk takers and reluctant to seek help, traits that negatively impact their health outcomes. A common explanatory framework is that gender-norms associated with hegemonic masculinity promote risk-taking practices among men. Such positioning has been used to explain why males, particularly adolescent boys and young men (ABYM), have higher rates of risky health practices when compared with female counterparts. That is, gender stereotypes have often been the sole lens from which researchers, policy makers, and practitioners have viewed the health and social practices of ABYM.
METHODS
In this presentation, we will present preliminary findings from an Australian Research Council Mid-Career Industry Fellowship that synthesises the global evidence about strategies for engaging ABYM from marginalised and vulnerable backgrounds in health and social services. This is a partnership between Flinders University and a range of not-for-profit organisations committed to advancing young men's health.
RESULTS
Growing global evidence shows that gender closely intersects with systemic and structural determinants of health. This is critical for unpacking how and why ABYM do or do not engage with health and social services. It is not just a matter of ABYM being disinterested in health or resisting health messaging, rather that health and social systems have not been adequately equipped to deal with the complex set of determinants influencing their health and wellbeing. Importantly, these intersections are more complex and have greater potential to exacerbate health and social inequities among ABYM from marginalised backgrounds if left unaddressed.

CONCLUSIONS
With the support of a Young Men's Advisory Committee, we intend to amplify the lived-experiences of young ABYM from marginalised and vulnerable backgrounds by (a) identifying and strengthening strategies that encourage help-seeking and proactive health and social service engagement among ABYM; and (b) driving policy innovation and system reforms that better support ABYM.
Popul. Med. 2026;8(Supplement 1):A2711

ABS2651

Relational Choices and the Enactment of Therapeutic Citizenship among Sexual Minority Men on Antiretroviral Therapy in the SOAR Intervention, Eastern Cape, South Africa

Lindsey de Vos[1], Kelly Rutt[2], Aphiwe Metula[3], Remco PH Peters[3,4], Cikizwa Bongo[3], Joseph Daniels[5]
[1]Desmond Tutu HIV Centre, University of Cape Town, Cape Town, South Africa, [2]David Geffen School of Medicine, University of California, Los Angeles, United States, [3]Research Unit, Foundation for Professional Development, East London, South Africa, [4]Department of Medical Microbiology, University of Pretoria, Pretoria, South Africa, [5]Edson College of Nursing and Health Innovation, Arizona State University, Arizona, United States

BACKGROUND
The scale-up of HIV care and prevention has reshaped sexual and illness identities among sexual minority men (SMM)' who are disproportionately affected by HIV (22–48%) in South Africa. HIV has shifted from a feared, mortal illness to a manageable condition, expanding relationship choices and reshaping health-oriented intimacy and responsibility. Yet these relationship dynamics among SMM and the impact of SMM-centered skills-building interventions on these negotiations remain underexplored in this high-burden setting.
METHODS
Twenty-one SMM from the Eastern Cape, South Africa (≥18 years, living with HIV, in a relationship < 3 months ago) participated in in-depth interviews during SOAR, a communication and coping skills intervention'. Interviews covered partner and family communication including sexuality and HIV, treatment adherence, and intervention experiences. Audio recordings were translated from isiXhosa and analyzed iteratively using inductive coding, matrices, and team discussions. Therapeutic citizenship constructs guided interpretation, focusing on partner values, communication and resource access".
RESULTS
Relationship type among SMM (median age 28 years (IQR 26–32); median HIV duration 3 years (IQR 1–7); 48% monogamous; 86% had viral loads <200) shaped the depth of health-related communication. Committed or serious partnerships enabled fuller enactments of therapeutic citizenship, characterized by trust, openness, and long-term treatment orientation. In contrast, casual relationships described as sex partners, "fuck buddies," or "after nine"/closeted partners often complicated disclosure or HIV-related discussions, as participants weighed risks of stress against ethical engagement and future intimacy. Findings defined therapeutic citizenship as enactments of expected relational values, reciprocal partner support and disclosure timing, expanding relational meaning. Participation in SOAR strengthened therapeutic citizenship by enhancing agency, intimacy negotiation, and perceived responsibility.
CONCLUSIONS
Relational choices and disclosure timing show how SMM balance intimacy and safety, with therapeutic citizenship unfolding over time through reciprocal disclosure and treatment management". SMM-centered interventions can support coping, empowerment, and relationship negotiation.
Popul. Med. 2026;8(Supplement 1):A2712

ABS2765

Centering Resilience: A Methodological Framework for Studying Trans and Gender-Diverse Experiences of Waiting for Gender-Affirming Surgery in South Africa

Lenschen Greyling[1], Hanne Haricharan[1], Sarah Day[1]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa

INTRODUCTION
South Africa has wait times exceeding 20 years for gender-affirming surgery at Groote Schuur Hospital (Shabalala and Campbell, 2023), one of two public healthcare facilities offering these services (Koch, McLachlan et al. 2019). Existing research predominantly employs deficit-based frameworks (Wilson, Newins et al. 2024), emphasising negative mental health outcomes and barriers to care. This approach risks pathologizing trans and gender-diverse (TGD) individuals and obscuring resilience, agency and coping strategies employed by communities navigating these delays (Turone, Petersen et al. 2025). This study addresses this gap by centering TGD resilience and strengths while at the same time examining how prolonged waiting affects wellbeing in resource-limited settings.
METHODS
This qualitative study will employ semi-structured interviews with 12-15 TGD adults on the waiting list for gender-affirming surgery at Groote Schuur Hospital or deterred by wait times. Recruitment will occur through community organisations and TGD networks, with interviews conducted in English, Afrikaans, or isiXhosa to enhance inclusivity. The research framework will integrate resilience theory, decolonial methodologies, and community-engaged approaches. Data analysis will follow reflexive thematic analysis.
RESULTS
: The presentation will focus on the methodological and ethical considerations for conducting strengths-based research with TGD populations in resource-limited settings. Key points will include ethical considerations, balancing researcher positionality with community engagement, and using resilience frameworks in qualitative health research.
CONCLUSIONS
This research will contribute to global discussions on gender-affirming healthcare access by centering TGD voices and resilience rather than focusing solely on deficits. The methodological approach will possibly offer insights for researchers conducting ethical, decolonial, community-engaged public health research with marginalised communities in the Global South.
Popul. Med. 2026;8(Supplement 1):A2715

ABS2808

Feasibility and acceptability of an equity and diversity maturity matrix applied in heterogeneous public health contexts across 18 European countries.

Natalia Skogberg[1], Idil Hussein[1], Maria Nousiainen[1], Teresa Spadea[2], Ane Fullaondo[3,4], Benedetta Armocida[5], Jelka Zaletel[6], Beatrice Formenti[7], Graziano Onder[7,8], Richard Osborne[9]
[1]Social Welfare, Finnish Institute for Health and Welfare, Helsinki, Finland, [2]ASL TO3 Epidemiologia, Collegno (TO), Piedmont, Italy, [3]Biosistemak Institute for Health Systems Research, Basque country, Spain, [4]Network for Research on Chronicity, Primary Care, and Health Promotion (RICAPPS), Basque country, Spain, [5]Istituto Superiore di Sanità, Rome, Italy, [6]National Institute of Public Health, Ljubljana, Slovenia, [7]Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy, [8]Universita Cattolica del Sacro Cuore, Rome, Italy, [9]La Trobe Rural Health School, La Trobe University, La Trobe, Victoria, Australia

INTRODUCTION
While equity, diversity, and inclusion are priority areas in public health, many professionals struggle to translate these principles into practice (1, 2). We evaluated the feasibility and acceptability of an equity and diversity maturity matrix designed to support integration of these principles across 143 pilot projects across 18 countries participating in the EU Joint Action on Cardiovascular Diseases and Diabetes (JACARDI).
METHODS
Of the 143 pilot projects, 53% completed a questionnaire assessing feasibility and acceptability of the maturity matrix following Flottorp et al. criteria for determinant frameworks. Additionally, in-depth interviews were conducted with 15 projects. Projects were selected using stratified sampling based on their reported maturity level in the matrix. Questionnaire data were analysed descriptively. Interview data were transcribed verbatim and analysed using inductive thematic analysis.
RESULTS
In the questionnaire responses, majority reported that the maturity matrix helped identify and prioritise areas relevant to equity and diversity (yes 70%; partially 26%) and improved understanding of equity, diversity, and inclusion (yes 62%; partially 28%). The matrix was considered logically structured and easy to understand (yes 62%; partially 32%), relevant to their work (yes 49%; partially 40%), and useful for future projects (yes 54%; partially 21%). These findings were echoed in the interviews and open-ended responses to the questionnaire. Some participants reported challenges in understanding the matrix's relevance, particularly when project goals and implementation plans were already fixed prior to its introduction. Suggested improvements focused on increasing practicality and user-friendliness, clearer guidance, simplification, and inclusion of more concrete, real-life examples.
CONCLUSIONS
The equity and diversity maturity matrix appears to be a feasible tool for supporting the operationalisation of equity and diversity principles in public health initiatives across diverse national contexts. Further refinements to enhance simplicity, clarity, and contextual relevance may increase its acceptability and usefulness for future public health programmes.

Popul. Med. 2026;8(Supplement 1):A2716

ABS2862

Insecure Work, Insecure Housing: Gendered Violence and Mental Distress among Migrant Women in Urban Slums in India

Sivakami M[1], Neha Adsul[1]
[1]Health Systems Research, Tata Institute of Social Sciences, Mumbai, India

BACKGROUND
Internal migrant women in India's informal settlements face compounded vulnerabilities from precarious livelihoods, substandard housing, and patriarchal power structures. Despite contributing substantially to urban economies, they remain systematically excluded from violence prevention services, labour protections, and mental health support. Current gender-based violence (GBV) research predominantly emphasizes individual-level risk factors while neglecting how structural conditions collectively influence violence exposure and mental health. Employing a syndemic framework, this study investigates how intimate partner violence (IPV) and structural deprivation jointly affect anxiety among migrant women.
METHODS
We surveyed 294 ever-partnered migrant women (18-65 years) in Mumbai's informal settlements. IPV assessment encompassed emotional/control, physical, sexual, economic, and reproductive coercion. Structural deprivation included housing quality and sanitation indicators, plus economic precarity combining employment and income. Anxiety severity was measured using GAD-7. Ordinal logistic regression analyzed relationships between IPV, structural deprivation, and anxiety, controlling for sociodemographic variables.
RESULTS
Emotional and physical IPV demonstrated robust associations with anxiety severity. Women experiencing emotional IPV had threefold higher odds of severe anxiety (OR≈3.1, p=0.001); physical IPV victims showed sevenfold higher odds (OR≈7.1, p<0.001). Housing deprivation exhibited a dose-response relationship, with each additional deprivation increasing anxiety odds by 25% (OR≈1.25, p=0.049). Education proved protective (OR≈0.73, p=0.016). Employment-income status showed no independent effect.
CONCLUSIONS
Mental distress among migrant women arises from syndemic interaction between interpersonal violence and structural deprivation. These findings challenge conventional approaches treating GBV and mental health as separate concerns requiring individualized clinical interventions. Effective responses must integrate housing security, labour protections, and urban governance reforms alongside interpersonal safety. Practical implications include integrating mental health screening within community-based GBV services; implementing violence-informed approaches in housing programs; and recognizing housing insecurity as simultaneously driving and resulting from gendered violence. This evidence advocates multi-sectoral structural interventions over survivor-focused clinical models.

Popul. Med. 2026;8(Supplement 1):A2719

ABS2880

The Homeless Population and the limits of mental health care in Brazil

Ana Luisa Jorge Martins[1], Anelise Andrade de Souza[1], Joelson Rodrigues de Souza[1], Ana Carolina Dantas[1], Guilherme Lopes de Oliveira[1], Rafaela Alves Marinho[1], Helvécio Miranda[1], Rômulo Paes-Sousa[1]
[1]Research Group on Health and Social Protection Policies, FIOCRUZ - Oswaldo Cruz Foundation, Belo Horizonte, Brazil

BACKGROUND
In Brazil, care for individuals with harmful use of alcohol and other drugs is provided through the Psychosocial Care Network (RAPS). This research analyzes, from the perspective of the Homeless Population (PSR), barriers and facilitators to access to RAPS in Belo Horizonte, Minas Gerais, Brazil.
METHODS
Exploratory research, conducted from May to July 2024. Of 343 people interviewed, 218 self-reported having harmful use of alcohol and/or other drugs and answered questions regarding access barriers. Facilitators were analyzed in a subgroup of 112 individuals who reported at least one episode of access to RAPS. Barriers and facilitators were categorized into the dimensions of "Availability," "Acceptability," and "Information". Logistic regression was used to investigate associations between sociodemographic variables and the perception of these access dimensions.
RESULTS
The sample (n = 218) was predominantly male (82.1%), Black (83.9%), and had low educational attainment (44%). Regarding barriers, 64.7% reported "Availability," 39.9% "Acceptability," 38.5% "Information," and 17.4% reported no barriers. Regarding facilitators, 83.9% reported "Acceptability," 67.9% "Information," and 65.2% "Availability". Within the "Availability" dimension, "waiting time" (31.6%; n = 69) and "difficulty attending scheduled appointments" (26.6%; n = 58) were the main barriers. "Respectful care" (59.8%; n = 67) and "awareness of the public care services available" (56.25%; n = 63) were the main facilitators of "Acceptability." Recent access to services increased the likelihood of perceiving "Availability" barriers (OR = 2.66; 90% CI: 1.54–4.77). Black individuals were more likely to identify "Acceptability" facilitators (OR = 5.99; 90% CI: 2.04–18.54).
CONCLUSIONS
Access to RAPS depends on overcoming bureaucratic barriers and adapting services to the ways of life of the homeless population. Requirements for documentation and rigid scheduling practices perpetuate exclusion. Ensuring access to RAPS requires breaking away from standardized, norm-driven logics and instituting practices that recognize the singularities of this population.

Popul. Med. 2026;8(Supplement 1):A2720

ABS2970

From equity commitment to action: Applying the 4C framework and maturity matrix for embedding equity, diversity and inclusion principles in public health policy and practice.

Natalia Skogberg[1], Teresa Spadea[2], Maria Nousiainen[1], Idil Hussein[1], Benedetta Armocida[3], Jelka Zaletel[4], Ane Fullaondo[5,6], Beatrice Formenti[7], Graziano Onder[7,8], Richard Osborne[9]
[1]Social Welfare, Finnish Institute for Health and Welfare, Helsinki, Finland, [2]ASL TO3 Epidemiologia, Collegno (TO), Piedmont, Italy, [3]Istituto Superiore di Sanità, Rome, Italy, [4]National Institute of Public Health, Ljubljana, Slovenia, [5]Biosistemak Institute for Health Systems Research, Basque country, Spain, [6]Network for Research on Chronicity, Primary Care, and Health Promotion (RICAPPS), Basque country, Spain, [7]Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy, [8]Universita Cattolica del Sacro Cuore, Rome, Italy, [9]La Trobe Rural Health School, La Trobe University, La Trobe, Victoria, Australia

INTRODUCTION
Growing population diversity and widening social inequities require systematic integration of equity, diversity and inclusion principles into public health practice and policy. The 4C conceptual framework (critical reflection, context and data, co design, communication) and the equity and diversity maturity matrix developed and applied within the EU Joint Action on Cardiovascular Diseases and Diabetes (JACARDI) provide practical approaches to embed equity, diversity and inclusion principles in programmes and policy across diverse public health settings.
METHODS
This interactive 60min workshop introduces of the 4C framework and maturity matrix, followed by participatory group work and moderated discussion. Examples from diverse public health contexts will deepen understanding on practical application of the introduced methods and tools. During group work, participants will apply the maturity matrix to public health policy or programmes to assess current practice and identify feasible actions for further strengthening equity and inclusivity. A plenary discussion will synthesize lessons learned and implications for implementation across different contexts.
RESULTS
Participants will gain practical knowledge and hands-on experience with tools for planning, implementation and assessment of equity, diversity and inclusivity integration in public health practice and policy. Group exercises will foster peer learning and help participants identify concrete and transferable actions applicable in their own institutional and policy environments. Overall, the workshop strengthens participants' capacity to act as change agents advancing equity informed decision making.
CONCLUSIONS
Systematic mainstreaming of equity and diversity is necessary to reduce persistent health inequities and strengthen resilient and inclusive public health systems. Practical tools such as the 4C framework and equity and diversity maturity matrix support translation of equity commitments into concrete organizational and policy action across diverse contexts.

Popul. Med. 2026;8(Supplement 1):A2722

ABS3001

Transforming migrant health data for policy action: Developing, validating and applying the Migrant Health Country Profile Tool in the Middle East and North Africa

Farah Seedat[1], Stella Evangelidou[2], Taha Maatoug[3], Anissa Ouahchi[3], Abdedayem Khelifi[4], Wejdene Mansour[3], Ali Mitraoui[3], Mohamed Douagi[4], Eman Elafef[5], Hassan

Edries[5], Oumnia Bouaddi[2,6], Bouchra Assarag[7], Hassan Chrifi[7], Adel Abdelkhalek[8], Anna Deal[1], Ahmed Hamed Arisha[8], Mahmoud Hilali[5], Ibrahim Bani[5], Adil Najdi[2], Slimane Ben Miled[9], Kolitha Wickramage[10], Dominik Zenner[11], Ana Requena Mendez[2], Sally Hargreaves[1], MENA Migrant Health Working Group[2]
[1]City St George's University of London, London, United Kingdom, [2]IS Global, Barcelona, Spain, [3]University of Sousse, Sousse, Tunisia, [4]Office Nationale de la Famille et de la Population, Tunis, Tunisia, [5]University of Gezira, Wad Madani, Gezira, Sudan, [6]Mohammed VI International School of Public Health, Casablanca, Morocco, [7]National School of Public Health ENSP, Rabat, Morocco, [8]Badr University of Cairo, Cairo, Egypt, [9]Institut Pasteur, Tunis, Tunisia, [10]Migration Health and Development Research Initiative (MHADRI), Colombo, Sri Lanka, [11]Queen Mary University of London, London, United Kingdom

INTRODUCTION
Migration is a constant global reality, yet integrating migrant populations into health systems remains challenging. Key barriers highlighted by UN agencies and a Lancet Commission include fragmented data on migrant health indicators and limited information on healthcare access. To address these gaps, our multi-country consortium co-developed, validated, and applied the Migrant Health Country Profile tools (MHCP-t) in the Middle East and North Africa, a package of three instruments mapping migrant health data, policies, and healthcare provision.
METHODS
The MHCP-t was developed through a structured, participatory process guided by a process evaluation framework. National and international working groups coordinated systematic reviews and qualitative fieldwork with migrants, community leaders, and professionals, generating draft indicators. These were refined using the nominal group technique with experts in disease-specific indicators, migration health, and survey design. Revised items were programmed and piloted with 20 national experts to assess clarity, relevance, and usability using mixed-methods. An independent sample of 40–50 national experts is validating each MHCP-t tool through tool completion and surveys assessing item-level content validity using validity indices and Krippendorff's alpha. A nested qualitative sample of 15 participants will provide further insights.
RESULTS
Stakeholder response to the MHCP-t has been positive, with 90% reporting high satisfaction. Implementation revealed some data gaps. While TB, HIV, and mental health data are commonly captured, malaria, neglected tropical diseases, and non-communicable diseases remain less unrecorded. Only 6% of datasets are fully digitalised, limiting linkage and rapid surveillance. Migrant variables are inconsistently included, with 44% captured ad hoc and rarely disaggregated by migrant type. Despite legal entitlement to healthcare, gaps exist in health education, staff training, and interpretation services, creating barriers to equitable access.
CONCLUSIONS
The MHCP-t is a valid, feasible tool for mapping migrant health, with future priorities focused on global expansion and strengthening data linkage for policymaking.
Popul. Med. 2026;8(Supplement 1):A2723

ABS3055
Understanding the Burden of Disease Among Migrants in the Middle East and North Africa: Findings from a Suite of Systematic Reviews

Farah Seedat[1], Stella Evangelidou[2], Oumnia Bouaddi[3], Alba Cuxart-Graell[2], Hassan Edries[4], Eman Elafef[4], Taha Maatoug[5], Anissa Ouahchi[5], Liv Mathilde Pampiri[2], Anna Deal[1], Jaime Fanjul[2], Adel Abdelkhalek[6], Ahmed Hamed Arisha[6], Bouchra Assarag[7], Ibrahim Bani[4], Aasmaa Chaoui[7], Wafa Chemao-Elfihri[7], Mahmoud Hilali[4], Mohamed Khalis[3], Wejdene Mansour[5], Ali Mitraoui[5], Kolitha Wickramage[8], Dominik Zenner[9], Ana Requena Mendez[2], Sally Hargreaves[1], MENA Migrant Health Working Group[2]
[1]City St George's University of London, London, United Kingdom, [2]IS Global, Barcelona, Spain, [3]Mohammed VI International School of Public Health, Casablanca, Morocco, [4]University of Gezira, Wad Madani, Gezira, Sudan, [5]University of Sousse, Sousse, Tunisia, [6]Badr University of Cairo, Cairo, Egypt, [7]National School of Public Health ENSP, Rabat, Morocco, [8]Migration Health and Development Research Initiative (MHADRI), Colombo, Sri Lanka, [9]Queen Mary University of London, London, United Kingdom

BACKGROUND
The Middle East and North African region hosts large and varied migrant communities, yet robust evidence on their health needs remains sparse. This suite of systematic reviews compiles current data on key health conditions affecting migrants, spanning tuberculosis, HIV, hepatitis B and C, malaria, neglected tropical diseases, maternal health, mental health, and vaccine preventable diseases.
METHODS
Searches were undertaken across six major bibliographic databases, including Medline and Embase, alongside an extensive review of grey literature from governmental bodies, UN agencies, and NGOs published between 2000 and 2023. Studies reporting primary data on disease burden, health outcomes, or risk factors among migrants, including refugees and undocumented individuals, were screened and appraised. Evidence was synthesised narratively or through random effects meta analysis depending on data availability.
RESULTS
Of 14,024 records screened, 398 studies were eligible, most centred on non nationals living in Middle Eastern countries. Evidence consistently demonstrated significant health disparities for migrants across the region. Tuberculosis incidence was more than double that of host populations (largest difference:16.8 vs 69.8/100,000), accompanied by indications of elevated drug resistance (OR1.2, 95%CI0.9-1.6) and treatment success rates below WHO thresholds. Migrants were disproportionately represented in vaccine preventable disease notifications and experienced higher COVID 19 mortality. For malaria and neglected tropical diseases, infection levels were markedly elevated, including substantial proportions of leprosy and malaria cases and notably higher schistosomiasis prevalence compared with nationals. Maternal health findings suggested increased risks of adverse outcomes.
CONCLUSIONS
Migrants across the region face considerable health inequities, especially relating to infectious diseases and maternal outcomes. Enhanced data collection and improved surveillance, particularly in North African contexts, are urgently required. Strengthened evidence systems will be essential to support the development of equitable, targeted health services that address disparities and improve health outcomes for migrant communities across the MENA region.
Popul. Med. 2026;8(Supplement 1):A2724

ABS3106
Challenges and Opportunities for Primary Health Care in Tuberculosis Control among People Experiencing Homelessnes

Tatiana Ferraz de Araújo Alecrim[1], Mariana Gaspar Botelho Funari de Faria[2], Isadora Menezes Caldeira de Oliveira[3], Lorenza Moura Barbosa[3], Vitor Alexandre Dias da Silva[3], Rubia Laine de Paula Andrade-Gonçalves[2], Aline Aparecida Monroe[1], Ione Carvalho Pinto[1], Jaqueline Garcia de Almeida Ballestero[1], Pedro Fredemir Palha[1], Ricardo Alexandre Arcêncio[1], Ana Beatriz Marques Valença[2], Luz Maria Hughes Palma[2], Fabiana Costa Machado Zacharias[2], Silvia Helena Valente[3], Raphael Henrique Gomes da Costa[1], Simone Protti-Zanatta[4]
[1]Department Maternal-Infant Nursing and Public Health, University of São Paulo at Ribeirão Preto College of Nursing, Ribeirão Preto, Brazil, [2]Public Health Nursing, University of São Paulo at Ribeirão Preto College of Nursing, Ribeirão Preto, Brazil, [3]Nursing Degree, University of São Paulo at Ribeirão Preto College of Nursing, Ribeirão Preto, Brazil, [4]Nursing Department, Federal University of São Carlos - Brazil, São Carlos, Brazil

INTRODUCTION
Tuberculosis remains a serious public health problem globally, determined by social inequities. People experiencing homelessness are exposed to a risk of illness that is up to 54 times higher when compared to general population, being considered as priority group by National Program of Tuberculosis Control in Brazil. In 2024, was registered the highest number of cases in Brazil since 2015, with 3.042 new diagnosis cases(2-4). The treatment outcomes are shown as unfavorable to this population, with low cure rates, high treatment interruption, and high mortality. In the Brazillian Unified Health System, the Street Clinic (CnaR), inserted in Primary Health Care (PHC), engages in itinerant practices around the integrated care on the people experiencing homelessness. Within this context, this study objectively analyses the discursive meanings attributed to tuberculosis-related illness on people experiencing homelessness diagnosed with tuberculosis and professionals from CnaR.
METHODS
Qualitative study, descriptive and exploratory, made in São Paulo city, Brazil, with people experiencing homelessness diagnosed with tuberculosis and professionals of CnaR team, after approval by Research Ethics Committees. Interviews were taken in a semi structured way, audio-recorded and analyzed in the light of the theorical-methodological framework of French Discourse Analysis.
RESULTS
The tuberculosis diagnosis was associated to stigma, physical pain and fear of death. The main care barriers involved immediate needs of survival, itinerance practice, use of psychoactive substances, and adverse medicine effects. The CnaR teams activities have made flexible healthcare practices possible, territorialized, and bond based. Paradoxically, tuberculosis also operates as a device of social visibility, enhancing healthcare access and social care.

CONCLUSIONS
Although tuberculosis intensifies the stigma process and social exclusion, the care made by Street Clinic team shows the PHC potential to transform the illness experience into an integrated care possibility.
Popul. Med. 2026;8(Supplement 1):A2725

ABS3110
Epidemiological aspects of tuberculosis among international migrants in a border municipality in Southern Brazil

Marcelo Rafael Nitsche[1], Caroline Elias Rippel[2], Marcos Augusto Moraes Arcoverde[2], Beatriz Fornaziero Vigato[3], Natalia Zini[3], Yan Martins Alves[3], Ricardo Alexandre Arcêncio[3]
[1]Mestrado Saúde Pública em Região de Fronteira, Universidade Estadual do Oeste do Paraná, Foz do Iguaçu, Brasil, [2]Curso de Enfermagem, Universidade Estadual do Oeste do Paraná, Foz do Iguaçu, Brasil, [3]Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, Brasil

INTRODUCTION
Tuberculosis (TB) remains a major global public health challenge, particularly among vulnerable populations such as international migrants, refugees, and stateless persons1. Multiple barriers to accessing health services increase the risk of illness2. Screening and preventive treatment for latent tuberculosis infection (LTBI) are priority strategies for disease control, especially in border regions with intense migratory flows. This study aimed to analyse the epidemiological aspects of tuberculosis related to international migrants in Foz do Iguaçu, Brazil.
METHODS
A prospective cohort study was conducted between March and December 2025, involving international migrants aged 18 years or older residing in the municipality of Foz do Iguaçu, Paraná, Brazil — a Brazilian city on the border with Paraguay and Argentina. All participants signed an Informed Consent Form and underwent the Tuberculin Skin Test (TST). Data collection took place in transit shelters, a chemical dependency recovery centre, and a university. Sociodemographic and epidemiological data were obtained through a structured questionnaire. Descriptive analyses and Pearson's chi-squared tests (χ^2) were performed.
RESULTS
The study included 270 migrants, mostly from South America (n = 210; 77.8%), followed by Central America (n = 57; 21.1%), and Africa (n = 3; 1.1%), with a mean age of 27.6 years (SD = 7.66), and 53.0% (n =143) being male. TST positivity was 10.0% (n = 27). There was a significant association between a reactive TST and age (p = 0.030), male sex (p = 0.021), presence of comorbidities (p = 0.033), and previous contact with TB (p = 0.011). No association was found with the participant's nationality. No cases of active TB disease were identified.
CONCLUSIONS
The identification of latent tuberculosis cases among international migrants in a border context reinforces the need for systematic screening and prevention strategies targeted at this population to strengthen tuberculosis control.
Popul. Med. 2026;8(Supplement 1):A2726

ABS3137
The impact of Islamophobia on migrants' health and wellbeing outcomes: a systematic literature review

Yamina Boukari[1], Gael Cronin[2], Umrah Beg[3], Hina Shahid[4], Sheeza Shoeb[5], Goleen Samari[6], Farah Seedat[7], Delan Devakumar[8]
[1]Bennett Institute for Applied Data Science, University of Oxford, Oxford, United Kingdom, [2]London, United Kingdom, [3]Department of Humanities and Social Sciences, Indian Institute of Technology, Bombay, Mumbai, India, [4]Muslim Doctors Association & Allied Health Professionals CIC, London, United Kingdom, [5]Department of Psychology, Aligarh Muslim University, Aligarh, India, [6]Keck School of Medicine, University of Southern California, Los Angeles, United States, [7]City St George's, University of London, London, United Kingdom, [8]Institute for Global Health, University College London, London, United Kingdom

BACKGROUND
Islamophobia, defined as a system of oppression, exclusion and exploitation against Muslims within which discrimination takes place, is dramatically increasing globally according to UN experts. The world's international migrant population is also growing, estimated at 304 million in mid-2024. Muslims comprise approximately 29% of all international migrants, or 80 million individuals. A systematic review published in 2017 showed that discrimination was negatively associated with mental and physical health indicators and access to healthcare in Muslims or Muslim-like populations in high-income countries. Given the intersection of Muslim and migrant identities, this systematic review aimed to understand the role of Islamophobia on migrants' health outcomes.
METHODS
The protocol of this systematic review has been submitted to PROSPERO. We searched the following databases on the 2nd April 2025 for studies reporting primary data (both qualitative and quantitative) that included international Muslim migrants, experiences of Islamophobia or related phenomenon and a health and wellbeing outcome: Medline (Ovid), PsycINFO (Ovid), Global Health (Ovid), AMED (Ovid), EMBASE (Ovid), CINAHL(EBSCOHost), SCOPUS, Web of Science, and Google Scholar. We will assess the articles' quality using the Joanna Briggs Institute critical appraisal tools and synthesize the findings using a narrative approach, with meta-analysis considered if appropriate.
RESULTS
A total of 1,368 articles were found in the initial search, of which 444 were duplicates. To date, 101 studies were deemed relevant for full-text review.
CONCLUSIONS
This study is currently ongoing and its results will be presented at the congress.
Popul. Med. 2026;8(Supplement 1):A2727

ABS3212
A skill-based sero-status sharing intervention for HIV treatment lowers intimate partner violence and improves resiliency for sexual minority men living with HIV in South Africa

Joseph Daniels[1], Lindsey de Vos[2], Kelly Rutt[3], Cikizwa Bongo[2], Remco PH Peters[2], Freedom Mukomana[2]
[1]Arizona State University, Phoenix, United States, [2]Foundation for Professional Development, East London, South Africa, [3]UCLA, Los Angeles, United States

BACKGROUND
Intimate partner violence (IPV) among sexual minority men (SMM) is largely unreported in South Africa due to stigma and discrimination and masculinity norms within relationships.1-3 Further, SMM living with HIV are at increased risk for IPV. Estimated rates for sexual violence and physical violence are 8-12% and ~5% respectively.4 Interventions are needed to lower IPV in SMM.
METHODS
A randomized controlled trial of a coping intervention for HIV treatment engagement was delivered to SMM (60 per arm) in Eastern Cape, South Africa.5 Participants (≥18 years, living with HIV, in a romantic relationship <3 months ago) received either standard of care or a five-session coping skills intervention for HIV status-sharing management with partners to boost treatment dosing. Measures for IPV and resiliency were collected at Weeks 0, 17 and 28. All analyses were conducted using linear mixed-effects models. Fixed effects included study arm, time, and the interactions with age as a covariate.
RESULTS
Among 120 SMM, IPV prevalence was 5% overall. Compared to control, the intervention is associated with lower Total IPV (b=−0.08, p=0.044) to include significantly lower physical, sexual and emotional abuse. No group difference was shown for monitoring and controlling behaviors. There was significantly higher resiliency (b=0.38, p<.001) in the intervention arm compared to control. Trajectories over time showed significant interactions for physical and sexual abuse (b=0.005, p=0.004), emotional abuse (b=0.007, p<.001) and resiliency (b=−0.011, p=0.004).
CONCLUSIONS
The intervention not only reduced IPV levels at the average time point but also altered how IPV subdomains and resilience evolved over time. Higher resilience in the intervention (with an interaction) suggests the intervention boosts coping resources early or differently over time. Findings support integrating IPV and resilience-focused status-sharing interventions into HIV treatment programs for SMM in high-burden settings.
Popul. Med. 2026;8(Supplement 1):A2729

ABS3293
Rationale and design of a multi-component intervention study to address implicit racial bias amongst healthcare professionals

Dirk Lafaut[1]
[1]Ecole de Santé Publique, Université Libre Bruxelles, Brussels, Belgium

BACKGROUND
A growing body of empirical research highlights the importance of implicit bias among medical trainees and healthcare professionals in explaining racial and other disparities in healthcare services. Implicit-bias measures, such as the Implicit Association Test (IAT), correlate with a lower quality of patient–provider interactions and with discriminatory clinical decision making towards racialized patients, but also with worse patient adherence to treatment and health outcomes. Some public health scholars propose control-based interventions to remedy implicit bias, amongst others relying on disparity finding methods and preventive measures to disable the path from implicit biases to discriminatory behaviors. Yet,

most intervention studies aim at reducing implicit racial bias by training programs focused on individual healthcare professionals. These interventions showed limited efficacy. Our study hypothesizes that implicit bias can be addressed by implementing change-based interventions at an institutional level. Specifically, it aims to assess an intervention for durably reducing the implicit racial bias of healthcare professionals in large healthcare institutions.
METHODS
The paper describes the study protocol of this intervention study. The intervention is a multi-component intervention, involving counter-stereotype exposure and organizational diversity messaging. Its effect is measured through sequential IAT-tests amongst a sample of healthcare professionals across three large healthcare institutions in Brussels, differing in baseline average IAT-scores and team ethnic diversity. It uses a stepped-wedge cluster randomization design. This is complemented with multi-site, focused ethnographic observation.
RESULTS
This paper reports baseline characteristics and mean IAT scores of participating healthcare institutions and presents preliminary results on IAT participation rates and factors influencing participation.
CONCLUSIONS
Different strategies exist to reduce discriminatory consequences of implicit racial bias. The results of this study will contribute to actionable, evidence-based recommendations to tackle structural discrimination in health care systems.
Popul. Med. 2026;8(Supplement 1):A2731

ABS3378

Barriers and facilitators to maternal and child health services and breastfeeding counselling among Somali-speaking mothers: A comparative study in Finland and Somalia.

Idil Muhumed[1], Carola Ray[2], Natalia Skogberg[3], Maijaliisa Erkkola[1]
[1]University of Helsinki, Helsinki, Finland, [2]Folkhälsan Research Center, Helsinki, Finland, [3]Finnish Institute of Health and Welfare, Helsinki, Finland
INTRODUCTION
The influence of maternal and child health utilization on mothers and infants' health is well established. However, research shows that immigrant women face challenges in accessing maternal and child health services and often encounter difficulties when receiving breastfeeding counselling. We aimed to examine the facilitators and barriers to the utilization of maternal and child health services and breastfeeding counselling.
METHODS
We conducted three focus group discussions with Somali-speaking mothers: one in Finland and two in Somalia. A total of 26 mothers with children aged five or younger participated in the discussions. Thematic analyses were conducted using Atlas.ti software.
RESULTS
For the women living in Finland, five main themes emerged: experiences of racism and social exclusion, communication barriers, emotional and psychological burden (barriers); healthcare system support (facilitator); and & breastfeeding support and challenges. For mothers in Somalia, four themes were identified: lack or resources, breastfeeding challenges (barriers); social support and good staff-customer relationship (facilitators).
CONCLUSIONS
For the mothers living in Finland, experiences of racism and social exclusion and communication barriers were the primary obstacles to service use, whereas in Somalia the main barrier was lack of resources. Notably, a good staff–customer relationship emerged as the key facilitator of service use in both settings.
Popul. Med. 2026;8(Supplement 1):A2733

ABS3381

Barriers and facilitators to maternal and child health services use and breastfeeding counselling among Somali-speaking mothers: A comparative study in Finland and Somalia.

Idil Muhumed[1], Carola Ray[2], Natalia Skogberg[3], Maijaliisa Erkkola[1]
[1]University of Helsinki, Helsinki, Finland, [2]Folkhälsan Research Center, Helsinki, Finland, [3]Finnish Institute of Health and Welfare, Helsinki, Finland
INTRODUCTION
The influence of maternal and child health utilization on mothers and infants' health is well established. However, research shows that immigrant women face challenges in accessing maternal and child health services and often encounter difficulties when receiving breastfeeding counselling. We aimed to examine the facilitators and barriers to the utilization of maternal and child health services and breastfeeding counselling.
METHODS
We conducted three focus group discussions with Somali-speaking mothers: one in Finland and two in Somalia. A total of 26 mothers with children aged five or younger participated in the discussions. Thematic analyses were conducted using Atlas.ti software.
RESULTS
For the women living in Finland, five main themes emerged: experiences of racism and social exclusion, communication barriers, emotional and psychological burden (barriers); healthcare system support (facilitator); and & breastfeeding support and challenges. For mothers in Somalia, four themes were identified: lack or resources, breastfeeding challenges (barriers); social support and good staff-customer relationship (facilitators).
CONCLUSIONS
For the mothers living in Finland, experiences of racism and social exclusion and communication barriers were the primary obstacles to service use, whereas in Somalia the main barrier was lack of resources. Notably, a good staff–customer relationship emerged as the key facilitator of service use in both settings.
Popul. Med. 2026;8(Supplement 1):A2734

ABS3410

Health diplomacy and media: Toward an integrative approach for minorities' health

Christina Angeli[1], Christos Frangonikolopoulos[1]
[1]School of Journalism and Mass Communications, Aristotle University of Thessaloniki, Thessaloniki, Greece
ABSTRACT
In today's crisis-stricken world, minorities' health encounters multifaceted challenges, of which, several are sustained by the deficit of accurate information and the lack of a constructive, people-oriented, dialogue. Acknowledging the critical role of "noopolitik"1, especially in post-truth era, the proposed paper focuses on the relationship between health diplomacy and the media. In this context, the study adopts a theoretical approach, synthesizing social constructivism2, securitization theory3 and framing theory4 to investigates in depth the relationship between health diplomacy and the media. Particularly, leveraging media representations as a tool it explores how health-related issues concerning refugees and migrants were framed by news media in the first-entry country, Greece, during the period of 2015-2020. Methodologically, a quantitative content analysis was applied to 1193 news stories from national and international media outlets. The research developed and presents specific frames and through their elements highlights the decisive role of the media in strengthening or weakening health diplomacy. More specifically the results indicate that the public discourse around health and migration is structured by media narratives that cultivate the representation of the country (Greece) in terms of erosion, while at the same time obscuring the global dimension of health issues concerning refugees and migrants and stigmatizing them. These journalistic practices perpetuate colonial narratives and sustain state-centric approaches of health. In light of these findings, the study presents an integrative approach for the communication of health issues affecting vulnerable populations (e.g. refugees and migrants, indigenous peoples, racialized minorities). This approach seeks to address the circulation of "deficit discourses" regarding minorities' health and it can serve as a mechanism for decolonisation of global health through a constructive interplay between health diplomacy and media.
Popul. Med. 2026;8(Supplement 1):A2736

ABS3474

Gendered syndemics: how partnership status shapes violence exposure and mental distress among urban migrant women in India

Neha Adsul[1], Sivakami M[1]
[1]Health Systems Research, Tata Institute of Social Sciences, Mumbai, India
BACKGROUND
Among migrant women in precarious urban settings, partnership status structures gendered violence exposures and constrains agency, shaping co-occurring mental health harms. Using a syndemic lens, we examined whether violence patterns and anxiety–depression severity differ between never-partnered and ever-partnered migrant women in urban India.
METHODS
We analyzed cross-sectional data from 322 migrant women (never-partnered n=28; ever-partnered n=294). Mental health was measured using combined anxiety-depression symptom scores (0-48) and categorized severity. For ever-partnered women, intimate partner violence (IPV) captured emotional/controlling, physical, sexual, reproductive coercion, and economic abuse. For never-partnered women, non-partner physical violence, harassment, sexual violence, and economic

violence were assessed. Chi-square tests compared violence prevalence and mental health severity across partnership status.
RESULTS
Ever-partnered women had significantly higher anxiety–depression severity than never-partnered women (χ=11.12, p=0.025). Never-partnered women's symptoms were concentrated in the mild (39.3%) and moderate (50.0%) categories, with 10.7% in the moderately severe category and none in the severe/extremely severe category. Ever-partnered women showed 21.5% mild, 37.4% moderate, 28.7% moderately severe, 10.0% severe, and 2.4% extremely severe. Mean scores were higher among ever-partnered (M=17.57, SD=9.79) than never-partnered women (M=11.79, SD=6.04). Violence exposure was substantially higher among ever-partnered (45.2%) versus never-partnered women (10.7%) (χ=12.49, p<0.001). Among ever-partnered women, IPV was primarily emotional/controlling (39.5%), with physical IPV (17.3%), sexual IPV (5.4%), and reproductive coercion (10.5%). Never-partnered women reported lower physical violence (7.1%) but higher harassment (7.1%) than ever-partnered women (χ=21.13, p<0.001).
CONCLUSIONS
Partnership status differentiated syndemic patterns: ever-partnered women experienced clustered IPV alongside higher anxiety–depression severity, reflecting gendered pathways of structural precarity operating through intimate partner control. Never-partnered women reported lower violence and symptom severity, but harassment remained salient, indicating distinct community-level risks. Prevention must address violence and mental distress as co-occurring harms shaped by migrant precarity, with IPV-focused integration for ever-partnered women and strengthened community safety for never-partnered women.
Popul. Med. 2026;8(Supplement 1):A2737

ABS3500
The quality of primary care received by foreign migrants in South Africa: A standardised patient audit

Duane Blaauw[1], Olukemi Babalola[1], Nicholas Stacey[2], Mylene Lagarde[3]
[1]Centre for Health Policy, University of the Witwatersrand, Johannesburg, South Africa, [2]Health Services and Systems Research, Duke-NUS Medical School, Singapore, Singapore, [3]Department of Health Policy, London School of Economics and Political Science, London, United Kingdom

BACKGROUND
Studies report that foreign migrants experience negative attitudes, abuse and sub-standard care when attending South African (SA) public health facilities. However, citizens also report negative experiences and poor-quality care, and few studies have rigorously compared the experiences of migrants and citizens. We exploit a natural experiment to evaluate the quality of acute care provided to foreign and SA patients by different primary health care (PHC) providers.
METHODS
We used a standardised patient (SP) audit survey to evaluate the effort, quality and efficiency of PHC providers. Our SP audit included five different clinical cases. We trained three SA SPs and one foreign SP for each case. The SPs were sent to 33 public clinics, 75 private doctors and 19 private nurse clinics in an urban township. 793 consultations were completed: 589 by SA SPs and 204 by foreign SPs. Visits were randomised so each provider received at least one foreign SP visit. Later we completed interviews with 237 providers which included asking about attitudes to foreigners. We used hierarchical regression models to compare the care received by migrants and citizens from different PHC providers.
RESULTS
Public PHC providers expressed more negative attitudes towards migrants in the survey. In the audit, foreign SPs attending public facilities were more likely to receive comments about their citizen status. Foreign SPs had significantly shorter consultations than SA patients from both public and private providers. The technical quality of care received by SPs in the study was sub-optimal but there was no significant difference between foreigners and citizens. For example, the proportion of cases managed correctly in the two groups was equivalent, in public as well as private facilities.
CONCLUSIONS
This more rigorous comparison indicates that foreign patients are as well treated and managed as their SA counterparts, in both the public and private sectors.
Popul. Med. 2026;8(Supplement 1):A2738

ABS3536
Urban violence in Brazil: a critical analysis of homicide indicators among black youth

Maria Angélica Carvalho Andrade[1], Ana Beatriz de Oliveira Carvalho[1], Ariane Silva Carvalho[1], Fabrício Santos Neves[1], Florival Costa Junior[1], Kátia Cristine Carvalho Pereira[1], Lívia Ribeiro Valotto[1], Marcos Vinícius da Silva Cordeiro[1], Mayrianne Mattos Pinto[1], Rita de Cássia Duarte Lima[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo (UFES), Vitória, Brazil

INTRODUCTION
Statistical data on homicide mortality have been prominent in current discussions about violence in Brazil. Young black men, especially from urban centers, are the main victims of homicide. The development and implementation of public policies to combat these high rates depend on the capacity for critical analysis of urban violence indicators. A Brazilian tool, created in 2016, essential for portraying and understanding the complexity of violence is the Atlas of Violence. The Atlas is a public portal with annual publications from the Institute for Applied Economic Research (Ipea) in partnership with the Brazilian Forum on Public Security, based on data from the Mortality Information System (SIM) and the Notifiable Diseases Information System (Sinan) of the Ministry of Health. This work proposes to analyze the results of these publications, focusing on homicide data according to race, gender, and age group, seeking to reflect on the phenomenon that disproportionately affects young people, especially Black youth.
METHODS
This is a critical analysis of the literature, based on a bibliographic review of the Atlases of Violence published in Brazil between 2016 and 2025.
RESULTS
The results demonstrate that young black men who are victims of lethal aggression typically have little access to education, live in the peripheries of large urban centers, and these regions are predominantly affected by armed conflicts caused by drug trafficking.
CONCLUSIONS
Access to education, the job market, public policies to combat violence and encourage student retention, as well as police training, are factors that mitigate the problem. A major daily challenge has been to bring the debate about the processes of naturalization and criminalization surrounding young, black, and poor people to the forefront, and the importance of strategic actions to protect and guarantee the rights of this social group.
Popul. Med. 2026;8(Supplement 1):A2739

ABS3620
Barriers to cancer diagnosis for people with disabilities: a qualitative study with patients and healthcare providers in northern italy

Veronica Raimondi[1], Giovanni Emanuele Ricciardi[1,2], Federico Maria Zini[1], Flavia Pennisi[1,2], Rita Cuciniello[1], Simonetta Siriu[1], Sara Zanetti[1], Raffaella Bagnato[1], Benedetta Casale[1], Anna Marchesi[1], Marta Bosia[1,3], Roberto Cavallaro[1,3], Fabio Ciceri[1,3], Consuelo Corti[3], Carlo Signorelli[1,3], Cristina Renzi[1,4]
[1]Università Vita-Salute San Raffaele, Milan, Italy, [2]PhD National Programme in One Health Approaches to Infectious Diseases and Life Science Research, Dipartimento di Sanità Pubblica, Medicina Sperimentale e Forense, Università di Pavia, Pavia, Italy, [3]IRCCS Ospedale San Raffaele, Milan, Italy, [4]Research Department of Behavioural Science and Health, University College London, London, United Kingdom

BACKGROUND
Despite increasing attention to healthcare equity, people with disabilities (PwD) have a higher risk of delays is cancer diagnosis and poorer survival than the general population. Evidence on specific barriers along cancer diagnostic pathways remains scarce. To inform actionable strategies for inclusive cancer care, this study aims to provide insights on barriers to cancer screening and diagnostic investigations for PwD in Lombardy, Northern Italy.
METHODS
We conducted semi-structured interviews (in person or online) with PwD, caregivers, and healthcare professionals (HCPs) in Lombardy, Northern Italy. The interviews explored lived experiences and perspectives on specific barriers to cancer screening and diagnosis, and potential facilitators for early cancer diagnosis. We used inductive analysis to integrate findings across patients, carers and HCP. Patient and public involvement activities supported study material development. Preliminary
RESULTS
Preliminary analyses include 33 interviews with HCPs (14.3% physicians; 67% with over 10 years of work experience) and PwD (41.7% psychiatric, 33.3% intellectual, and 25% physical or sensory disabilities), with a mean interview duration of 30 minutes. Key barriers highlighted by HCPs included communication difficulties, fragmented care, and assumptions regarding patients' fear of cancer. PwD reported limited knowledge of screening programs, feelings of being a burden, communication challenges and physical inaccessibility of diagnostic equipment. HCP-related stigma and self-stigma emerged as important barriers across

interviews. Participants highlighted possible facilitators for early diagnosis, including strong therapeutic alliances, active family involvement, improved interdisciplinary communication, and heightened HCP awareness.
CONCLUSIONS
Preliminary findings underscore the need for improved interdisciplinary communication and coordination of cancer diagnostic pathways, with stronger therapeutic alliances with families. Educational interventions reducing stigma among healthcare professionals and self-stigma among PwD are also key. The study will generate evidence-based recommendations for co-designing interventions to foster more inclusive and person-centered cancer pathways.
Popul. Med. 2026;8(Supplement 1):A2741

ABS3642
Housing insecurity and health outcomes among migrants from culturally and linguistically diverse backgrounds in high-income countries: a scoping review

Habitu Birhan Eshetu[1], Krysten Blackford[1], r Lobo[1]
[1]Curtin School of Population Health, Curtin University, Perth, Australia

ABSTRACT
Stable and adequate housing is essential for mental and physical well-being. However, housing insecurity is a growing global issue, particularly affecting migrants. This review synthesizes the available evidence on the determinants and health outcomes associated with housing insecurity among culturally and linguistically diverse (CaLD) populations living in high-income countries. A scoping review was conducted of literature published in English, focusing on migrants from CaLD backgrounds living in high-income countries. The review followed the framework outlined by Arksey and O'Malley and PRISMA Extension for Scoping Reviews (PRISMA-ScR). Once data were extracted and categorized, a bibliometric analysis was performed to examine core research and author networks. The review included 57 studies; the highest proportions were from the USA (n = 13, 22.8%) and Canada (n = 9, 15.8%). The review found that housing insecurity among migrants of CaLD backgrounds was shaped by a range of micro-level, meso-level, and macro-level factors, increasing migrants' vulnerability to adverse health outcomes. Four themes were identified: negative mental health outcomes, negative physical health outcomes, social and developmental challenges, and health-related barriers and increased health risks. The bibliometric analysis illustrated fragmented research networks, while the keyword analysis highlighted thematic clusters on housing, migration, and mental health. Addressing housing insecurity demands a multi-level approach that integrates mental and physical health support and reduces barriers to healthcare access. By addressing housing insecurity as a health issue, decision-makers can help reduce the significant health inequalities experienced by migrants from CaLD backgrounds and promote equitable, accessible, and health-enabling housing environments.
Popul. Med. 2026;8(Supplement 1):A2742

ABS3647
Women's collectives in Brazilian federal universities: national mapping and the production of health

Jeanine Pacheco Moreira Barbosa[1,2], Bárbara Sthephany de Paula Lacerda[1], Manuella Ribeiro Lira Riquieri[1], Gabriela de Brito Martins[1], Marcos Vinicius da Silva Cordeiro[1], Stephania Mendes Demarchi[1], Jeremias Campos Simões[3,4], Fabíola Fernandes Bersot Magalhães[1], Fabiana Turino[1], Florival Costa Junior[1], Lorena Costa Soprani Pereira[1], Rita de Cássia Duarte Lima[1], Maria Angélica Carvalho Andrade[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil, [2]Capixaba Institute for Education, Research and Innovation in Health, Espírito Santo State Department of Health, Vitória, Brazil, [3]Nursing Department - Fluminense Federal University, Rio das Ostras, Brazil, [4]Postgraduate Program in Public Health - Federal University of Espírito Santo, São Mateus, Brazil

INTRODUCTION
Brazilian public universities are shaped by gender, race, and class inequalities that affect women's health and permanence. In this context, women's collectives emerge as spaces of care, resistance, and social participation. This study mapped and characterized such collectives in Brazilian federal universities, analyzing their distribution, organization, agendas, and motivations for emergence.
METHODS
This exploratory study, conducted between September 2021 and June 2022, combined a literature review with a mixed quantitative–qualitative approach and thematic analysis. The research included identifying Brazilian federal universities and mapping women's collectives using institutional websites, media reports, and social networks, guided by feminist studies in dialogue with decolonial epistemologies.
RESULTS
Sixty-three women's collectives were identified in 43 of the 69 Brazilian federal universities, with unequal regional distribution and greater concentration in the Southeast and South regions. Regarding their emergence, 19% were created in response to the lack of collective representation, and 17.5% following experiences of violence within the university. The collectives are characterized by self-management, predominantly horizontal organization, and intermittent mobilization triggered by institutional events. Dissemination occurs mainly through social media, while institutional recognition on official university websites remains uncommon. Recurrent agendas include empowerment, violence, intersectionality, sexuality, gender, work, and rights. As a technical-political outcome, the website Trama Delas was developed as an open cartography that systematizes information on mapped collectives and enables the continuous inclusion of new groups.
CONCLUSIONS
Women's collectives in brazilian federal universities constitute relevant spaces of resistance to coloniality and health production by expanding representation, making inequalities visible, and sustaining collective practices of care and social participation., This national mapping contributes to strengthening debates on institutional policies attentive to inequalities in public health.
Popul. Med. 2026;8(Supplement 1):A2743

ABS3660
Trends in housing insecurity and its determinants among humanitarian migrants from culturally and linguistically diverse backgrounds in Australia, using the longitudinal Building a New Life in Australia data.

Habitu Birhan Eshetu[1]
[1]Curtin School of Population Health, Curtin University, Perth, Australia

BACKGROUND
Housing insecurity is one of the major social determinants of health and wellbeing, particularly among migrants who often face multiple resettlement challenges. However, there is limited evidence on the long-term patterns and determinants of housing insecurity among migrants in Australia.
METHODS
We conducted a secondary data analysis of data from the Building a New Life in Australia (BNLA) longitudinal survey. A total weighted sample of 7,778 humanitarian migrants was followed across six waves over a 10-year period. Logistic regression using Generalised Estimating Equations (GEE) was used to identify determinants of housing insecurity. Adjusted Odds Ratio (AOR) with a 95% confidence interval (CI) and p-value <0.05 were estimated.
RESULTS
Prevalence of housing insecurity among humanitarian migrant participants was 52.8% (95% CI: 51.7,53.9). Age of participants (AOR = 0.98; 95% CI: 0.98, 0.99), Southeast Asian origin (AOR = 0.57; 95% CI: 0.36, 0.89), and arrival via an offshore visa subclass (AOR = 0.74; 95% CI: 0.61, 0.89) were associated with a lower level of housing insecurity. Being female (AOR = 1.42; 95% CI: 1.22, 1.65), never-married (AOR = 1.28; 95% CI: 1.08, 1.51), from Central and West African origin (AOR = 1.74; 95% CI: 1.07, 2.81) or Southern and East African origin (AOR = 1.94; 95% CI: 1.12, 3.36), or poor self-rated health (AOR = 1.46; 95% CI: 1.25, 1.70) were associated with greater odds of experiencing housing insecurity.
CONCLUSIONS
In this study, more than half of humanitarian migrants experienced housing insecurity. Gender, age, marital status, self-assessed health, visa subclass and country of origin were key factors associated with experiencing housing insecurity. Public health and social policy interventions are required specifically to support migrants who are younger, female, and single to access and maintain secure housing, paying attention to disparities experienced by those from different regions of origin, particularly African-origin populations.
Popul. Med. 2026;8(Supplement 1):A2744

ABS3671
Oral Health in Quilombos: An exploratory approach in Quilombo Remnant Communities in the state of Pernambuco

Pamella Celerino[1], Thawan Mendonça[2], Mariana Soares[1], Maysa Veiga[2], Humberto Silva-Neto[2], Maria Helena Galvão[2], André Oliveira[1], Camila Silva[1], Herika Mauricio[3], Rafael Moreira[1,2]
[1]Collective Health, Oswaldo Cruz Foundation (Fiocruz), Ministry of Health, Recife, Brazil, [2]Collective Health, Federal University of Pernambuco (UFPE), Recife, Brazil, [3]Dentistry, University of Pernambuco, Recife, Brazil

INTRODUCTION
The remaining quilombo communities are formed by ethnic-racial groups historically marked by resistance to oppression and the struggle for rights.

Despite the formal recognition of these territories, structural inequalities persist that impact access to public policies, including oral health. This study aimed to map the distribution of quilombola communities and the oral health care network in Pernambuco, as well as to analyze the relationship between self-perception, clinical oral health conditions, and associated factors among children and adolescents from a quilombola community in the state.
METHODS
This is a mixed-methods study. Initially, an ecological study was conducted with spatial analysis of quilombola communities and primary and secondary oral health care services, based on secondary data. Subsequently, a cross-sectional study was conducted in the Quilombola Remnant Community of Angico (PE), with the application of a structured questionnaire and clinical examination of oral health conditions in children/adolescents aged 10-14 years.
RESULTS
In Pernambuco, 159 quilombola communities were identified in 56 municipalities, highlighting inequalities in the organization of the oral health network, expressed by the low presence of Dental Specialty Centers (26.9%) and the inadequate allocation of the 40-hour Oral Health Teams – Quilombola/Settled, of which only 34.6% are located in municipalities with certified communities. In the cross-sectional study, adolescents presented a mean DMFT (Decayed, Missing, Filled Teeth) index of 1.87, with high variability, and 62.2% required immediate dental treatment, with 66.3% reporting a need for care. Discrepancies were observed between self-reported data and clinical findings, indicating under-identification of clinical problems.
CONCLUSIONS
The findings point to the importance of public policies that consider the territory, experiences, and knowledge of quilombola communities, as well as educational actions that engage with their realities, in order to address the social, racial, and territorial inequalities that affect oral health conditions.
Popul. Med. 2026;8(Supplement 1):A2746

ABS3672

Disability- and youth-friendly approach to sexual and reproductive health and rights education. in Uganda: A skill-building workshop for global and public health practitioners and researchers

Ajok Emma[1], Eryong Bryan[1], Ojok Patrick[1], Komakech Patrick[1], Jacob Imani Burume[2], Genevieve Fortin[2], Muriel Mac-seing[2]
[1]Research and Social Development, Gulu Disabled Persons Union, Gulu, Uganda, [2]Social and preventive Medicine, University of Montreal, Montreal, Canada
BACKGROUND
Youth represent 20% of the world's population, while 16% of the global population lives with a disability (physical, sensory, intellectual, or mental). Inclusive adolescent and youth sexual and reproductive health and rights (AYSRHR) education remains a global health priority, yet many awareness programs exclude highly vulnerable groups, particularly youth with disabilities (YWD). To address this gap, we are implementing The Together 2.0, a multisite (Uganda and Bangladesh) youth-led participatory action research project funded by the Canadian Institutes of Health Research. This project in Uganda focuses on disability-inclusive AYSRHR education programs. This skill-building workshop aims to 1) disseminate key learnings from The Together 2.0 project conducted in Uganda; 2) sensitize global and public health practitioners and researchers to the importance of disability-inclusive and accessible AYSRHR research and interventions; and 3) equip them with specific skills and tools to integrate these approaches into their work.
METHODS
This 1-hour workshop follows a structured
1) 15 minutes: Presentation of The Together 2.0 project's objectives, findings, and lessons learned; 2) 30 minutes: Interactive group work on disability-inclusive AYSRHR, using two tools, a disability-focused checklist for data collection and analysis, and a disability accessibility audit of AYSRHR services; 3) 15 minutes: Wrap-up and discussion of next steps for participants to apply in their work.
RESULTS
Participants will leave the workshop more comfortable and better equipped to develop (AY)SRHR initiatives that address the needs of YWD. They will identify barriers to AYSRHR access and concrete methodological solutions for designing and implementing inclusive SRHR programs with and for YWD.
CONCLUSIONS
Amid global threats to inclusive public health, this workshop provides specific, actionable methods to improve access to AYSRHR for YWD. By enhancing their agency and access to AYSRHR services, we contribute to Sustainable Development Goals 3.8 (Universal Health Coverage) and 10 (Reduced Inequalities).
Popul. Med. 2026;8(Supplement 1):A2747

ABS3687

Voices that break silence: women's narratives and the production of health in Brazilian universities

Jeanine Pacheco Moreira Barbosa[1,2], Manuella Ribeiro Lira Riquieri[1], Gabriela de Brito Martins[1], Marcos Vinicius da Silva Cordeiro[1], Stephania Mendes Demarchi[1], Jeremias Campos Simões[3,4], Fabíola Fernandes Bersot Magalhães[1], Fabiana Turino[1], Florival Costa Junior[1], Lorena Costa Soprani Pereira[1], Rita de Cássia Duarte Lima[1], Maria Angélica Carvalho Andrade[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo, Vitória, Brazil, [2]Capixaba Institute for Education, Research and Innovation in Health, Espírito Santo State Department of Health, Vitória, Brazil, [3]Nursing Department - Fluminense Federal University, Rio das Ostras, Brazil, [4]Postgraduate Program in Public Health - Federal University of Espírito Santo, São Mateus, Brazil
INTRODUCTION
Brazilian federal public universities remain shaped by racist, sexist, and elitist dynamics that unevenly affect women's health and permanence. Drawing on Sara Ahmed's reflections on the willful woman and the feminist killjoy, this study analyzed narratives of women in university-based collectives to understand how these experiences produce resistance, care, and health within academic contexts.
METHODS
This qualitative study is part of a doctoral research project guided by a cartographic approach. In-depth interviews were conducted with 12 women from collectives affiliated with different Brazilian federal universities across diverse regions. Narrative analysis was informed by cartography inspired by the Philosophy of Difference of Deleuze and Guattari, following processes, affects, connections, and becomings, and generating conceptual figures as analytical syntheses of the empirical material.
RESULTS
The narratives revealed recurring experiences of loneliness, silencing, institutional racism, harassment, and academic overload, often associated with processes of distress and illness in everyday university life. The willful woman emerged as a synthesis of narratives expressing persistence in the face of institutional violence and refusal to relinquish academic existence despite significant physical and emotional costs. The feminist killjoy appeared as the figure who names sexism and racism, disrupts institutional pacts of silence, and is frequently held responsible for the discomfort produced. Women's collectives functioned as key dispositifs for transforming individual suffering into shared experience, fostering belonging, strengthening support networks, and sustaining collective practices of care and resistance.
CONCLUSIONS
Women's collectives in public universities constitute micropolitical spaces for the production of health by validating affects, amplifying voices, and challenging exclusionary institutional structures. By sustaining narratives that break silence, these collectives operate as dispositifs of care, prevention of institutional harm, and resistance, pointing to pathways for public health practices and university policies committed to equity and social justice.
Popul. Med. 2026;8(Supplement 1):A2748

ABS3862

Health systems responsiveness to queer users in low- and middle-income countries: A narrative thematic synthesis review

Lance Louskieter[1], Lucy Gilson[1], Marsha Orgill[2]
[1]Health Policy and Systems Division, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Children's Institute, Department of Paediatrics and Child Health, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa
BACKGROUND
Health system responsiveness—the ability of health services to meet users' needs with dignity and equity—is a critical dimension of healthcare quality. Queer populations in low- and middle-income countries (LMICs) face unique barriers to accessing care, yet evidence on their experiences and the systemic factors shaping these interactions remains fragmented. This review synthesizes knowledge on health system responsiveness to queer users across LMICs over a 24-year period.
METHODS
A narrative thematic synthesis was conducted, including 52 peer-reviewed empirical studies from LMICs. Data on queer users' experiences and the determinants of these interactions were extracted and analyzed thematically. Analysis was guided by a micro–meso–macro framework to capture individual, organizational, and structural influences on responsiveness.
RESULTS
Queer users frequently reported negative experiences in healthcare, including

verbal abuse, stigma, misgendering, breaches of confidentiality, and restricted access to gender-affirming care, particularly in public sector contexts. Positive experiences were less common and were concentrated in non-governmental, targeted, or private sector services where legal protections and advocacy structures exist. Determinants operated across multiple levels: micro-level factors included provider knowledge gaps, discriminatory attitudes, and fear of social or legal repercussions; meso-level factors included exclusionary organizational practices, inadequate training, and community stigma; macro-level factors included criminalization, heteronormative norms, structural under-resourcing, and policy silence. Notable evidence gaps exist for women who have sex with women, trans men, and intersex populations.
CONCLUSIONS
Health system responsiveness for queer populations in LMICs is a structurally embedded process shaped by multi-level factors. Addressing inequities requires coordinated interventions spanning provider training, organizational reform, legal protections, and policy frameworks to advance equitable, people-centered care.
Popul. Med. 2026;8(Supplement 1):A2752

ABS3875

Diversity and inclusion in public health care: the perspective of sexual and gender minorities in municipal services in Brazil

Vinicios Oliveira[1], Andrea Heidemann[2], Caroline Brilinger[2], Ana Cristina Maria[3]
[1]Graduate in Hospital Management, Federal Institute of Santa Catarina, Joinville, Brazil, [2]Health and Services Department, Federal Institute of Santa Catarina, Joinville, Brazil, [3]Graduate in Law, Centro Universitário Católica de Santa Catarina, Joinville, Brazil

INTRODUCTION
Brazil's Unified Health System (SUS) is founded on the principles of universality, equity, and non-discrimination. Despite advances in legal and policy frameworks, lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals continue to face significant barriers to accessing humanized and inclusive health care. This study aimed to describe the perceptions of the LGBTQ community regarding health care provided by public health services in Joinville, southern Brazil.
METHODS
A cross-sectional survey was conducted in 2023 with adult LGBTQ individuals who use the public health system and reside in Joinville, Santa Catarina. Data were collected using a self-administered online questionnaire developed by the researchers, consisting of 30 questions. Participants were recruited through virtual outreach strategies. A total of 112 valid responses were obtained. Data analysis included descriptive statistics and qualitative content analysis.
RESULTS
The sample was predominantly composed of cisgender women (45.5%), homosexual individuals (50.8%), participants aged 18–29 years (51.7%), and single individuals (60.7%). The most frequently used services were primary health care units (41%), emergency care units (35.1%), hospitals (16.4%) and psychosocial care centers (5.8%). Overall satisfaction with public health services was reported. However, discriminatory practices were more frequently experienced by transgender participants. Reported access barriers included inadequate reception and humanization of care, insufficient professional training, limited access to hormone therapy, gaps in trans-specific care, low dissemination of the National Policy for Comprehensive LGBTQ Health, and weaknesses in health education initiatives.
CONCLUSIONS
Strengthening inclusive policies, professional training, and institutional accountability is essential to promoting equity, diversity, and inclusion within public health systems. Engaging LGBTQ populations, particularly transgender individuals, in this effort remains challenging due to persistent social exclusion, stigma and limited community articulation. Further studies exploring health professionals' and managers' knowledge and perceptions of LGBTQ health are recommended to support inclusive and rights-based health care.
Popul. Med. 2026;8(Supplement 1):A2754

ABS3978

Queering health policy and systems: Dialogues for integrating sex characteristics, sexual orientation, gender diverse and non-conforming, sexual dissident lived experiences into health policy and systems for universal inclusivity and justice in public health

Asha George[1], Eszter Kismodi[1]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa

INTRODUCTION
Health systems shape assumptions about sex characteristics, sexual orientation, gender, bodies, and families, framing whose needs and rights are recognised and responded to.
METHODS
Drawing on the spirit of Ubuntu, a dialogue with Global South activists and academics will unpack the strategic importance and nuances of queering health systems through conversation starter presentations, thinking pairs and open plenary discussions.
RESULTS
The session aims to strengthen shared understandings of diverse sex characteristics, gender identities, and sexual orientation among public health professionals. Widespread misinformation and disinformation, is increasingly intentionally undertaken to stigmatise, marginalise and criminalise certain populations, with massive negative public health implications. The dialogue will examine how identities are described, categorised, and recorded in public health. It is key to unpack these dynamics carefully rather than assuming that any single term or acronym can capture the full range of lived realities and structural forces at play. Analytical precision and political awareness within research, policy, and advocacy will be advanced. Queering health systems is more than adding more "vulnerable groups" to existing frameworks. It requires a comprehensive examination of how health systems function as a whole and is situated within broader sexual and reproductive health frameworks, particularly in restrictive contexts. This may, in some settings, be more strategic than approaching them solely as isolated legal or identity-based categories. Beyond general commitments to inclusion, the session aims to articulate basic principles that are specific, tangible and actionable. Queering health systems is not a niche intervention, but an approach that can strengthen health systems more broadly, given that the same systems and services are shared by all populations alike.
CONCLUSIONS
The dialogue, by bringing together activists and researchers from the Global South, strengthens conceptual understanding, political awareness and scientific clarity to ensure that public health and health systems are inclusive for all.
Popul. Med. 2026;8(Supplement 1):A2755

ABS4005

When Does Political Empowerment Mitigate Racial Disparities in Infant Mortality? A Simulation Study

Lu Gram[1], Javier M. Rodriguez[2], Priscila de Morais Sato[3], Nina Rembert-Wolkwitz[4], Abi Deivanayagam[1], Sonora English[1], Mita Huq[1], Rudzani Muloiwa[5], Wells Jonathan[1], Devakumar Delan[1]
[1]Institute for Global Health, University College London, London, United Kingdom, [2]Faculty of Political Science, University of Florida, Gainesville, United States, [3]School of Nutrition, Federal University of Bahia, Salvador, Brazil, [4]Department of Health and Mental Hygiene, Government of New York, New York, United States, [5]Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa

BACKGROUND
Structural racism shapes health inequalities through macro processes involving political power, spatial determinants, and resource allocation. Traditional epidemiological studies capture downstream impacts, but are limited in their ability to model how racial politics and health systems interact at scale. Yet sustained reductions in health inequality require systems-level change. We used system dynamics modelling to simulate the impacts of political empowerment of minoritised populations on health inequalities in the UK and Brazil.
METHODS
As part of the Lancet Commission on Racism and Child Health, we collaborated with 26 multidisciplinary experts and four international youth advisory boards to develop a model for key dynamics linking racism and child health using a causal loop diagram. We translated this into stock-and-flow models for the UK and Brazil using empirical literature and country-specific data, which captured demographic change, health system capacity, and political decision-making over resource allocation. We simulated scenarios varying the extent to which minoritised populations could ensure that their health needs were prioritised in health system funding decisions.
RESULTS
In the UK model, where policy levers primarily target access barriers to a shared health system (e.g. language or cultural barriers), greater influence for ethnic minorities yielded clear reductions in infant mortality disparities at negligible cost to the majority. In the Brazil model, where racial groups are unevenly distributed across geographic regions and policy levers operate through geographically targeted health system funding, greater influence of minoritised groups reduced mortality disparities between regions, but left racial disparities at the national level intact.
CONCLUSIONS

Our findings suggest that political empowerment of minoritised groups may not have uniform effects on inequalities in infant mortality, but depends on the policy mechanism through which benefits are distributed. Modelling complex systems dynamics provides a powerful framework for surfacing often counter-intuitive distributional consequences that are difficult to predict a priori.
Popul. Med. 2026;8(Supplement 1):A2757

ABS4033
Prejudicial attitudes of health professionals toward transgender people
Lucas Santos[1], Andressa Paiva[1], Yasmim Batista[1], Vanessa Pagano[1], Thiago Domingos[2]
[1]University of São Paulo, São Paulo, Brazil, [2]Federal University of São Paulo, São Paulo, Brazil
INTRODUCTION
Transgender people experience significant inequities in access to and quality of health care, often associated with prejudicial attitudes held by health professionals. These attitudes may be expressed through stigmatization, discrimination, invisibilization, and disrespect for gender identity, undermining the therapeutic relationship, continuity of care, and health outcomes (1,2).
OBJECTIVE
To map prejudicial attitudes of health professionals toward transgender people.
METHODS
This literature review was conducted using scientific databases (CINAHL, PubMed, ERIC, Scopus, LILACS, and Web of Science Core Collection) and gray literature, with no temporal or language restrictions. Data were extracted using a structured instrument, considering the general characteristics of the studies and findings related to health professionals' attitudes toward transgender people. The analysis was conducted descriptively.
RESULTS
A total of 34 documents were identified, most of which were published in 2024 and conducted in the United States of America. The documents revealed a recurrent presence of prejudicial attitudes, manifested through discomfort during care, inappropriate use of chosen names and pronouns, cisnormative assumptions, pathologization of transgender identities, moral judgments, and denial or restriction of care. Attitudes based on conceptual misunderstandings about gender identity and on professionals' personal, cultural, or religious beliefs were also identified.
CONCLUSIONS
The evidence indicates that prejudicial attitudes among health professionals toward transgender people remain widespread and constitute a significant determinant of health inequities experienced by this population. Addressing this issue requires institutional anti-discrimination policies, continuous professional education, and the systematic integration of gender diversity as a core component of health education and practice, grounded in the principles of equity, human rights, and social justice.
Popul. Med. 2026;8(Supplement 1):A2759

ABS4054
Barriers and facilitators in nursing education on sexual and gender diversity
Lucas Santos[1], Dandara Matos[1], Vanessa Pagano[1], Lucas Moura[1], Thiago Domingos[2]
[1]University of São Paulo, São Paulo, Brazil, [2]Federal University of São Paulo, São Paulo, Brazil
INTRODUCTION
Over recent decades, different educational interventions have been developed within nursing education to address sexual and gender diversity. However, their implementation remains uneven and marked by institutional, curricular, and pedagogical challenges)1,2).
OBJECTIVE
To map the barriers and facilitators reported in the literature regarding the teaching of sexual and gender diversity in undergraduate nursing programs.
METHODS
This literature review was conducted across the scientific databases CINAHL, PubMed, ERIC, Scopus, LILACS, and Web of Science Core Collection, as well as gray literature, with no temporal or language restrictions. Data extraction was performed using a structured instrument, focusing on barriers and facilitators related to curricular organization, institutional context, pedagogical strategies, and faculty training. The findings were analyzed descriptively.
RESULTS
A total of 32 documents were identified, most of them published in 2023 and conducted in the United States of America. The main facilitators included institutional support, the existence of inclusive curricular guidelines, the use of active learning methodologies, the creation of safe learning environments that promote dialogue and critical reflection, faculty engagement, and interdisciplinary collaboration. The most recurrent barriers were the insufficient inclusion of prior content on sexual and gender diversity, faculty insecurity or lack of preparedness, curricular overload, limited time, and resistance of a cultural, ideological, or institutional nature.
CONCLUSIONS
Structural and educational barriers persist that hinder the integration of sexual and gender diversity education in nursing programs. Overcoming these challenges requires institutional commitment, investment in faculty development, and the integration of this topic as a core component of health professional education, aligned with the principles of equity and social justice.
Popul. Med. 2026;8(Supplement 1):A2760

NON-COMMUNICABLE DISEASES - INCLUDING CANCER, CVD, OBESITY, ORAL HEALTH

ABS0030
Racial and Ethnic Disparities in Cancer Occurrence and Outcomes in Rural United States
Anuli Njoku[1], Wendemi Sawadogo[1], Princess Frimpong[1]
[1]Public Health, Southern Connecticut State University, New Haven, United States
BACKGROUND
Cancer is the second-leading cause of death in the United States. Rural areas, encompassing more than 46 million residents, have higher cancer incidence and death rates compared to urban areas. Social determinants of rural health differences include lower educational attainment, higher poverty rates, higher unemployment, and increased likelihood of under- or uninsured residents, when compared to urban areas. Racial and ethnic underrepresented groups in rural areas face substantial income, educational, and occupational disparities and have less healthcare access, fueling cancer disparities. Most studies have reported rural versus urban and Black versus White cancer disparities. However, few studies have investigated racial disparities in rural areas.
METHODS
A systematic search of PubMed and Google Scholar databases was performed. Peer-reviewed articles published from 2004-2023 were included. Three authors independently reviewed the articles and reached consensus.
RESULTS
After reviewing 993 articles, a total of 30 articles met the inclusion criteria and were included in this review. All studies were conducted in the United States, with the majority in the southern states. Studies revealed that underrepresented racial and ethnic groups in rural areas were more likely to have low cancer-related knowledge, low screening, high incidence, less access to treatment, and high mortality compared to their White counterparts. Various social determinants of health such as having low income, lower educational attainment, living in an impoverished area, reduced access to healthcare services, being under- or uninsured, and social isolation, were the main drivers of cancer disparities. Environmental, cultural, and structural factors such as systemic racism also have been reported.
CONCLUSIONS
Underrepresented racial and ethnic groups in rural areas of the United States experience a high burden of cancer. Improving social determinants of health can help mitigate cancer disparities. Culturally tailored interventions may also help reduce cancer burden and improve outcomes among underrepresented populations in rural areas.
Popul. Med. 2026;8(Supplement 1):A2767

ABS0146
Socioeconomic inequalities in the use of recent dental services among dentate older adults in Brazil
Fabiola Bof de Andrade[1], Glenda Nunes Gomes[2]
[1]Fundação Oswaldo Cruz, Fiocruz, Belo Horizonte, Brazil, [2]Universidade Federal de Minas Gerais, Belo Horizonte, Brazil
INTRODUCTION
Oral health impairment is disproportionately distributed across socioeconomic groups. Although Brazil offers dental care through its public health system, older adults, particularly those in lower socioeconomic positions, use dental services less frequently. Quantifying these inequalities is important for informing

and improving public health policies aimed at reducing disparities. This study investigated the magnitude of socioeconomic inequalities in recent dental care use among dentate older adults (aged 60 and over) in Brazil.
METHODS
This was a cross-sectional study using data from the 2019 Brazilian National Health Survey. The dependent variable was recent use of dental care (within the past year), and socioeconomic position was measured by educational attainment. The magnitude of absolute and relative inequalities was assessed using the Slope Index of Inequality (SII) and the Concentration Index (CI), respectively.
RESULTS
Recent dental care use was reported by 46.3% of dentate older adults. Prevalence increased with higher educational levels, ranging from 20.6% among the least educated to 73.6% among the most educated. Absolute inequalities were substantial: the prevalence among those in the highest socioeconomic position was 56.8 percentage points higher than among those in the lowest. The Concentration Index (CI) was 0.366, indicating pronounced relative inequality favoring individuals with higher education.
CONCLUSIONS
There are significant educational inequalities in dental care use among older adults in Brazil. Socioeconomic disparities in the use of dental services remain and should be systematically monitored, and their contributing factors investigated.
Popul. Med. 2026;8(Supplement 1):A2777

ABS0157
Redefining Cancer Care Equity: Public Health Insights from Phytochemical-Based Melanoma Therapy

Yvette Nkondo Hlophe[1], Kganya Letsoalo[1], Trevor Nyakudya[1], Sean Patrick[1], Charlise Basson[1]
[1]Physiology, University of Pretoria, Tshwane, South Africa

BACKGROUND
Melanoma remains one of the most aggressive skin cancers worldwide, with rising incidence and significant public health implications, particularly in low- and middle-income countries where access to advanced therapeutics is limited. Current treatment regimens are often costly and associated with adverse effects, necessitating the exploration of affordable, safe, and sustainable therapeutic options aligned with the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being).
OBJECTIVES
This research collectively investigates the therapeutic potential of MAZ-51, a vascular endothelial growth factor receptor inhibitor, in combination with the dietary phytochemical zingerone, with the aim of uncovering novel adjuvant therapies for melanoma. By integrating molecular pharmacology with a public health lens, the studies explore innovative approaches that can lower treatment barriers and promote health equity.
METHODS
Two complementary studies were conducted. The first Hlophe Y et al, published in Cellular Biochemistry and Function (2024), examined the synergistic potential of MAZ-51 and zingerone in suppressing melanoma growth and signaling pathways. The second Hlophe Y et al, published in Clinical and Experimental Pharmacology and Physiology (2025), investigated the effects of this combination on melanoma cell proliferation, highlighting the role of phytochemicals in enhancing therapeutic efficacy.
RESULTS
Both studies demonstrate that MAZ-51 and zingerone act synergistically to inhibit melanoma cell survival, proliferation, and angiogenic signaling. Importantly, the incorporation of phytochemicals such as zingerone underscores the potential of accessible, diet-derived compounds to complement conventional cancer therapies.
CONCLUSIONS
These findings highlight an innovative and sustainable strategy for melanoma therapy, integrating affordable phytochemical adjuvants into existing treatment paradigms. From a public health perspective, this research addresses the urgent need for equitable cancer care, particularly in resource-limited settings, and contributes to the broader global health agenda by aligning with the SDGs.
Popul. Med. 2026;8(Supplement 1):A2780

ABS0165
Global school models advancing innovation, equity and sustainability in oral health

Abiola Adeniyi[1,2], Vyhari Chandrasorupan[2], Sophia Thomas[2], Hyewon Lee[3,2]
[1]School of Public and Global Policy, Fairleigh Dickinson University, Vancouver, Canada, [2]Oral Health Work Group, World Federation of Public Health Associations, Geneva, Switzerland, [3]School of Dentistry and Dental Research Institute, Seoul National University, Seoul, Korea, Democratic Peoples Republic of

INTRODUCTION
Every year, millions of schoolchildren suffer preventable pain, missed learning, and lifelong disadvantage because of untreated dental caries, the most common chronic disease of childhood. Schools offer a strong platform to transform this reality: they can prevent disease early, foster healthy habits, and advance equity across generations. To highlight effective action, the World Federation of Public Health Associations Oral Health Work Group developed the Global School Oral Health Casebook, showcasing innovative, equitable and sustainable models from different regions.
METHODS
We identified exemplary programs through a global call for submissions, literature review, and expert recommendations. Selection criteria included innovation, equity focus, cultural relevance, measurable outcomes, and adaptability. Eight programs met the criteria, representing all six World Health Organization regions: Canada, Brazil, Scotland, Cook Islands, South Africa, Tonga, Indonesia, and Armenia. We compiled data from structured questionnaires, program documents, and interviews to capture context, implementation, challenges, and outcomes.
RESULTS
All programs focussed on prevention-first strategies including oral health education, supervised toothbrushing, fluoride varnish, sealants, and rinses as core activities. Seven programs engaged communities by involving parents, teachers, and leaders, embedding cultural relevance and sustainability. Six programs integrated oral health into national health or school systems. Impacts reported include: Tonga reaching 99% of schoolchildren with nearly eliminated untreated caries; Scotland increasing the proportion of caries-free 5-year-olds from 45% to 74%; Armenia reducing untreated caries by 27% in just six months while screenings increased tenfold; and Quebec narrowing socioeconomic disparities in caries prevalence. Improved school attendance, higher oral health literacy, and adoption of supportive policies in three countries were additional benefits.
CONCLUSIONS
The Global School Oral Health Casebook demonstrates that prevention, community involvement, and system integration can deliver inclusive, sustainable improvements in children's oral health. These models show how schools can close gaps and build healthier futures from the earliest years of life.
Popul. Med. 2026;8(Supplement 1):A2781

ABS0168
Changes in chronic diseases prevalence and multimorbidity clusters among the deceased in rural northeast South Africa (2012-2022)

Cyril Chironda[1], Tobias Chirwa[1], Chodziwadziwa Kabudula[1], Farai Mlambo[1], F.Gomez Olive Casas[1], Rumbidzai Mupfuti[1]
[1]School of Public Health, University of the Witswatersrand, Johanesburg,, South Africa

BACKGROUND
Rural South Africa is undergoing an epidemiological transition, with chronic non-communicable diseases (NCDs) increasingly contributing to mortality alongside traditionally high infectious disease burdens. We aimed to investigate changes in chronic disease prevalence and multimorbidity clusters among deceased individuals in rural northeast South Africa from 2012 to 2022.
METHODS
Verbal autopsy data collected at the Agincourt Health and Demographic Surveillance Site (HDSS) from 2012–2022 were analysed. A total of 5,892 deceased individuals were included. We identified reported chronic conditions leading to death and applied cluster analysis, Partitioning Around Medoids (PAM) and latent class analysis (LCA) to identify patterns of co-occurring diseases (multimorbidity clusters). Temporal trends in condition prevalence were assessed, and multinomial logistic regression was used to examine associations of cluster membership with various behavioural factors.
RESULTS
Over the 11-year period, hypertension prevalence among decedents rose from approximately 25% in 2012 to over 50% by 2022, with diabetes reaching ~25% and dementia over 10%. In contrast, deaths reported due to tuberculosis and HIV declined markedly. The proportion of decedents with multimorbidity (≥2 chronic conditions) increased, and complex multimorbidity (≥3 conditions) nearly doubled over time. Dominant multimorbidity clusters evolved from an early focus on HIV/TB comorbidity to later clusters centered on cardiometabolic conditions (e.g., hypertension–diabetes) and neurodegenerative illnesses. Older adults (≥65 years) and females experienced the highest multimorbidity burden, being more likely to have multiple chronic conditions and to belong to the complex disease

clusters.
CONCLUSIONS
Mortality patterns in this rural population have shifted toward chronic NCDs and multimorbidity. Following these trends and identifying disease clusters is essential for targeting patient-centred care. Our findings review the importance of integrating care for NCDs and infectious diseases in rural health systems to address the growing multimorbidity burden, with particular focus on older adults and women.
Popul. Med. 2026;8(Supplement 1):A2782

ABS0343

The Socio-demographic characteristics of prostate cancer survivors among patients treated in South Africa's only rural Central hospital in 2020: A cross-sectional study protocol

Xolelwa Ntlongweni[1]
[1]Public health, Walter Sisulu University, Mthatha, South Africa

INTRODUCTION
Prostate cancer remains a significant public health burden globally and particularly in sub-Saharan Africa, where rising incidence rates are compounded by limited screening, late-stage diagnosis and disparities in healthcare access. In South Africa, the Eastern Cape Province reports high prostate cancer prevalence with many patients presenting at advanced stages. Understanding the epidemiological profile of affected individuals is critical for developing targeted health strategies.
OBJECTIVE
This sub-study aims to describe the epidemiological characteristics of prostate cancer survivors using secondary data from Nelson Mandela Academic Hospital (NMAH), focusing on patients seen between March 2020 and November 2021.
METHODS
A quantitative cross-sectional study design is employed. De-identified secondary data extracted from clinical records of male patients diagnosed with prostate cancer and managed at NMAH during the study period. Variables include demographic information, clinical characteristics, health service utilisation indicators. Analysis: Data will be captured and coded in Microsoft excel 2013 (Microsoft corporation, Seattle, USA). The data will then be exported to STATA 18 for analyses. Descriptive statistics will be used to summarise the data. Inferential analyses such as logistic regression and chi-square tests used to explore associations between variables and treatment outcomes. The study provides insights into the demographic and clinical profiles of prostate cancer patients in a high-burden setting. It is anticipated that findings will highlight the age distribution, stage at diagnosis and treatment patterns among survivors. This will inform future prevention and intervention strategies in the Eastern Cape province.
CONCLUSIONS
By mapping out the epidemiological patterns of prostate cancer in the Eastern Cape through this sub-study, the research contributes to evidence-based planning and resource allocation, ultimately supporting efforts to reduce prostate cancer morbidity and mortality in rural South Africa. KEYWORDS: prostate cancer, epidemiology, secondary data, rural health,
Popul. Med. 2026;8(Supplement 1):A2792

ABS0344

A protocol on Perspectives and Health-Seeking Behaviours of men on Prostate Cancer in Rural South Africa: A Qualitative study of survivors and the general population

Xolelwa Ntlongweni[1]
[1]Public Health, Walter Sisulu University, Mthatha, South Africa

INTRODUCTION
prostate cancer is one of the most prevalent cancers among men in South Africa, particularly affecting those in rural and underserved communities. Despite growing awareness, late presentation and poor health-seeking behaviour remain significant challenges. Understanding the sociocultural factors that shape men's experiences and decision-making regarding prostate cancer is essential for improving early detection and care.
OBJECTIVE
This study explores the perspectives of prostate cancer survivors and men in the general population on prostate cancer, its prevention, treatment and related health-seeking behaviour in a rural South African context.
METHODS
this study adopts a qualitative design. Semi-structured interviews conducted with two purposefully sampled groups: prostate cancer survivors (n=15) and men from the general population with no known diagnosis (n=15), in the OR Tambo District of the Eastern cape Province, South Africa. Interviews will be conducted in isiXhosa (the local language), audio- recorded, transcribed and translated into English. Data will be analysed thematically using NVivo software. Ethical approval has been obtained from the Walter Sisulu University Human Research Ethics Committee (014/2025), with additional permissions granted by the Eastern Cape Provincial Department of health and Nelson Mandela Academic hospital.
CONCLUSIONS
The findings will contribute to a deeper understanding of individual and community-level factors influencing prostate cancer health-seeking behaviour. This study will generate context-specific qualitative evidence to guide public health policy and prostate cancer awareness campaigns in rural African settings, male-friendly community interventions to promote early detection in rural areas, with broader implications for addressing health inequities in non-communicable disease care. KEYWORDS: Prostate cancer, Health-seeking behaviour, rural men, cancer awareness, South Africa
Popul. Med. 2026;8(Supplement 1):A2793

ABS0381

Oral health and its association with limitations on basic activities of daily living among older adults in Brazil

Fabíola Bof de Andrade[1]
[1]Fundação Oswaldo Cruz, Fiocruz, Belo Horizonte, Brazil

INTRODUCTION
Oral health is an integral component of overall health and plays a vital role in promoting healthy aging. Poor oral health conditions can compromise essential daily activities such as eating, speaking, and social interaction, thereby affecting individuals' well-being and functional ability. This study evaluated the prevalence of oral health impact on daily activities and its association with limitations on basic activities of daily living (BADL) in a representative sample of older Brazilian adults (50 years or older).
METHODS
This was a cross-sectional study with data from the last wave 2019/2021 of the Brazilian Longitudinal Study of Aging (ELSI–Brazil). The dependent variable was the limitation in basic activities of daily living. The independent variable of interest was the impact of oral health on daily activities (no; yes), measured by the Oral Health Impact on Daily Performances (OIDP). Covariates included: number of teeth, use of dental prostheses, sex, age, education, and number of chronic diseases. The relationship between OIDP and BADL was assessed by bivariate and logistic regression models adjusted for covariates.
RESULTS
The sample included 9318 older adults. The prevalence of BADL limitation was 10.0% and the prevalence of the impact of oral health on activities of daily living was 55.8%. These impacts ranged from 5.2% for speaking to 34.7% for impacts on emotional stability. In the adjusted model, older adults reporting an impact of oral health on daily activities had higher odds of limitations in basic activities of daily living (OR 2.88; 95% CI: 2.14–3.88).
CONCLUSIONS
Oral health significantly affects daily functioning and is associated with limitations in BADL among older Brazilian adults. These findings highlight the importance of integrating oral health care into broader strategies for promoting functional independence and healthy aging.
Popul. Med. 2026;8(Supplement 1):A2797

ABS0492

Prevalence and factors associated with metabolically unhealthy normal weight among adult Ghanaian migrants in Europe and non-migrants in Ghana: The RODAM study

Birhan Ewunu Semagn[1], Erik Beune[1], Karlijn A.C. Meeks[1,2], Eva L. van der Linden[1], Matthias B. Schulze[3,4,5], Charles Agyemang[1]
[1]Department of Public and Occupational Health, University of Amsterdam, Amsterdam, Netherlands, [2]Department of Medicine, University of Maryland School of Medicine, Baltimore, United States, [3]Department of Molecular Epidemiology, German Institute of Human Nutrition Potsdam-Rehbruecke, Nuthetal, Germany, [4]German Center for Diabetes Research (DZD), Neuherberg, Germany, [5]Institute of Nutrition Science, University of Potsdam, Nuthetal, Germany

BACKGROUND
Individuals with metabolically unhealthy normal weight(MUNW) are at an increased risk of diabetes and cardiovascular diseases. However, how common this phenotype is and what drives it remains poorly understood in the Sub-Saharan African(SSA) populations. This study assessed the prevalence and factors associated with MUNW among adult Ghanaian residents in Europe and non-migrant Ghanaians residing in urban and rural Ghana.
METHODS
This cross-sectional, multicenter study used data among 1,246 normal-weight

adults (≥25 years) from the Research on Obesity and Diabetes among African Migrants (RODAM) study, which was conducted among Ghanaians in rural and urban Ghana, and Ghanaian migrants in three European cities (Amsterdam, Berlin, and London). Age-standardized prevalence of MUNW was compared across sites. Prevalence ratio (PR) and 95 %CIs across the study sites were estimated using poison regression with robust variance. In each study site, a multivariable logistic regression was used to identify associated factors.
RESULTS
Age standardized prevalence of MUNW was 74.1% (95% CI:67.2%, 81.5%) in rural Ghana, 69.4% (62.1%, 77.4%) in urban Ghanaian, and 69.4% (61.0%, 78.6%) in Ghanaians living in Europe. No significant difference was found in the adjusted PR between Ghanaians in rural Ghana and those in urban Ghana (PR: 0.95, 95%CI: 0.80, 1.04) or migrant Ghanaians in Europe (PR: 0.98, 0.86, 1.10). Higher age was significantly associated with higher prevalence of MUNW in all sites. In urban Ghana, high levels of physical activity were associated with lower odds of MUNW. Among migrants suboptimal alcohol intake,and elevated waist-to-hip ratio increased MUNW odds, while better dietary quality reduced odds of MUNW.
CONCLUSIONS
MUNW is highly prevalent among Ghanaian migrants and non-migrants, showing no significant site differences. Addressing the hidden metabolic unhealthiness within normal weight individuals and targeting context-specific determinants could help reduce cardiometabolic risks in SSA populations.
Popul. Med. 2026;8(Supplement 1):A2803

ABS0527

'Beyond the dentist': role of schools in improving oral health of children attending Islamic boarding schools in Pakistan: a qualitative study with parents and teachers

Shariq Ali Khan[1], Muhammad Aziz Rahman[1], Wendy M Cross[1], Mavourneen Casey[1], Sheikh M Alif[1]
[1]Institute of Health and Wellbeing, Federation University Australia, Melbourne, Australia

AIM
This qualitative study aimed to assess the knowledge, perceptions and ideas of parents and teachers to improve oral health of the children living in Islamic boarding schools in Pakistan.
METHODS
A qualitative study was conducted in May-June 2024 in four Islamic boarding in Lahore, Pakistan. Purposive sampling was utilized to recruit participants for the study. Ethics approval was taken from Human Research Ethics Committee of Federation University Australia and University of Punjab, Pakistan. Thematic analysis was done to identify major themes in the collected data.
RESULTS
Three focused group discussions comprising of 7-10 participants per session with teachers, and 17 in-depth interviews with parents were conducted. Three major themes emerged from the data: teaching about oral health, provision of teeth-cleaning products to children, and other positive steps that can be taken by the schools. The participants also discussed their own oral hygiene routine, dental problems faced by their families, and how they manage to resolve them.
CONCLUSIONS
The study findings concludes that children's oral health behaviours are affected by their parents and teachers at school. Religio-cultural influences impact oral hygiene habits and schools should assist in providing regular access to dental products and dental services for the children living in Islamic boarding schools.
Popul. Med. 2026;8(Supplement 1):A2808

ABS0528

Can poor oral health impact the quality of life of children attending Islamic boarding schools? A cross-sectional study conducted in Pakistan

Shariq Ali Khan[1], Muhammad Aziz Rahman[1], Wendy M Cross[1], Mavourneen Casey[1], Sheikh M Alif[1]
[1]Institute of Health and Wellbeing, Federation University Australia, Melbourne, Australia

INTRODUCTION
Oral diseases adversely affect the oral cavity and have a negative impact on overall quality of life 1. Oral Health-Related Quality of Life (OHRQoL) measures perceived physical and mental health serving as a tool to assess how oral health influences the lives of children and their families 2. This paper explores OHRQoL and identified factors associated with it among children attending Islamic boarding schools in Pakistan.
METHODS
A cross-sectional study was conducted in four Islamic boarding schools in Lahore, Pakistan, from May to June 2024. Children aged 12 to 17 years who could read and write in the local Urdu language were included and completed the Child Oral Health Impact Profile (COHIP) questionnaire. Linear regression analysis was performed to identify factors associated with OHRQoL, adjusting for potential confounders.
RESULTS
Among the 534 participants, mean ± SD scores were calculated for the seven domains of OHRQoL: cumulative OHRQoL score was 99.4±23.44, oral health and wellbeing, 24.78±7.08; functional wellbeing, 19.32±4.76; social and emotional wellbeing, 24.64±7.77; school environment, 14.32±2.61; self-image, 14.46±5.91; treatment expectancies, 8.51±2.30; and overall health, 2.64±1.17. Healthy teeth [β 23.90 (95% CI 19.7–27.94)], healthy gums [22.1 (17.83-26.37)], absence of gingival bleeding [22.1 (17.83–26.37)], no toothache in the last 12 months [17.05 (12.58–21.52)], female gender [8.1 (3.41–12.80)], and seeking dental treatment [12.72 (8.66–16.78)] were all strongly associated with higher OHRQoL scores.
CONCLUSIONS
Children demonstrated only moderate performance on the cumulative score and domains of OHRQoL, indicating room for improvement. Higher OHRQoL scores were associated with better oral health determinants. OHRQoL influences children's oral health and health-seeking behaviour. Regular dental checkups and improved oral health maintenance could lead to an enhanced overall quality of life for these children.
Popul. Med. 2026;8(Supplement 1):A2809

ABS0569

Trends in hypertension prevalence among adults aged ≥40 years in Agincourt, South Africa (2014 - 2022)

Zokwane Lucky Mondlane[1,2], Sean Patrick[2], Ozius Dewa[2]
[1]SAMRC/Wits Rural Public Health andHealth Transitions Research Unit, University of the Witwatersrand, Johannesburg, South Africa, [2]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa

BACKGROUND
Hypertension is a leading cause of cardiovascular disease. Limited longitudinal data on temporal trends in hypertension prevalence in rural South Africa exist.
OBJECTIVES
This study analysed trends in hypertension prevalence and investigated associated factors among adults aged ≥40 years in South Africa.
METHODS
A retrospective observational secondary analysis of the Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in South Africa (HAALSI) was conducted. Data were collected over three waves (2014, 2018, 2021) from N = 3707 participants within the Agincourt Health and Socio-demographic Surveillance System framework. Descriptive statistics summarised socio-demographic data, and bivariate analyses and multivariable Generalised Estimating Equation (GEE) models determined factors associated with hypertension ($p < 0.05$).
RESULTS
Hypertension prevalence declined from 58% (95% CI 56.4–59.6) in wave 1 to 42% (95% CI 40.4–43.6) in wave 2 and 30% (95% CI 28.6–31.4) in wave 3. Transitions between hypertensive and normotensive status were observed: 1018 individuals became normotensive from wave 1 to 2, and 1167 from wave 2 to 3. Significant predictors included high BMI (wave 2, AOR 1.11; 95% CI 1.02–1.21; $p = 0.014$) and frequent alcohol consumption (wave 3, AOR 1.19; 95% CI 1.04–1.37; $p = 0.009$). No formal education increased odds of hypertension (AOR 1.07; 95% CI 1.00–1.14; $p = 0.026$). Protective factors were age 40–49 (wave 2, AOR 0.64; 95% CI 0.48–0.84; $p = 0.014$), employment (AOR 0.82; 95% CI 0.69–0.96; $p = 0.020$), and fruit consumption (wave 3, AOR 0.95; 95% CI 0.91–0.99; $p = 0.037$).
CONCLUSIONS
Hypertension prevalence in Agincourt decreased from 58% to 30% across waves 1–3. High BMI, frequent alcohol use, and lack of formal education were key predictors. Targeted interventions, including screening, lifestyle modification, and management of risk factors, are essential to reduce hypertension-related morbidity and mortality in rural South Africa.
Popul. Med. 2026;8(Supplement 1):A2811

ABS0577

Sweet Deception: An Interactive Demonstration to Expose Hidden Sugars and Empower Health Education

Jana Retief[1]
[1]The Noakes Foundation, Cape Town, South Africa

BACKGROUND
Excessive sugar intake is a major contributor to obesity, diabetes, and other non-communicable diseases in South Africa, particularly among low-income

populations with limited access to nutrition education. Despite growing awareness, many individuals remain unaware of the hidden sugars present in everyday foods and beverages. Eat Better South Africa (EBSA), a community outreach initiative of The Noakes Foundation, has developed a practical, visual "sugar demonstration" to illustrate sugar content in common products and encourage informed dietary choices. This interactive session adapts EBSA's proven community method to train public health practitioners, educators, and clinicians in a hands-on tool for nutrition education and behaviour change.

METHODS

This one-hour interactive session will begin with a short overview of the evidence linking sugar consumption to metabolic disease. Facilitators will then conduct a live sugar demonstration, visually comparing the sugar content of familiar foods and drinks using physical sugar displays. Participants will be invited to engage with the presenters throughout the demonstration by estimating sugar amounts, asking questions, and reflecting on commonly consumed products. The session will highlight key communication techniques and show how the demonstration can be adapted for different audiences and settings such as schools, clinics, or workplaces.

RESULTS

The EBSA sugar demonstration has been implemented in over 50 community workshops across South Africa, consistently improving participants' understanding of hidden sugars and prompting healthier food choices. Evaluation feedback indicates that visual learning and active participation enhance recall and motivation to change behaviour.

CONCLUSIONS

This session equips participants with an evidence-based, low-cost, and engaging educational method to communicate the health impacts of sugar. By transforming abstract nutrition concepts into tangible, memorable experiences, the EBSA sugar demonstration empowers educators to inspire lasting dietary change within their communities.

Popul. Med. 2026;8(Supplement 1):A2812

ABS0609

Prevalence and associated factors of normal-weight central obesity among community-dwelling persons 45 years and older in Indonesia in 2023

Karl Peltzer[1]

[1]University of the Free State, Bloemfontain, South Africa

INTRODUCTION

Our study sought to investigate the prevalence and related factors of normal-weight central obesity (NWCO) among people aged 45 and over, using national community-dwelling data from Indonesia in 2023.

METHODS

In all, 3865 cross-sectional national data from persons 45 years and older of the 2023 Indonesia Longitudinal Aging Survey (ILAS) were analysed. Anthropometric and independent variables were assessed with standard metrics. The factors associated with NWCO were evaluated with multinomial logistic regression.

RESULTS

The overall prevalence of prevalence of underweight, NWCO, general obesity (OB) and general obesity with central obesity (OBCO) were 10.3%, 16.5%, 2.3% and 37.0%, respectively. Regressions showed that higher education, having diabetes, having hypertension, female sex and non-current smoking were associated with NWCO. Not being married, lower personal income and not having hypertension were associated with having underweight. Male sex, middle-aged, and depressive symptoms were associated with OB. Higher education, internet use, lower self-rated health status, having hypertension, female sex and not working for income were associated with OBCO. Furthermore, OBCO and NWCO were associated with having hypertension, NWCO was associated with diabetes, and OBCO was associated with high cholesterol.

CONCLUSIONS

The study showed that about one in six Indonesia's middle-aged and older persons have NWCO. In order to prevent NWCO, health care providers can inform their patients about the significance of maintaining a healthy weight and lifestyle changes.

Popul. Med. 2026;8(Supplement 1):A2813

ABS0667

Effect of whole-body electromyostimulation (WB-EMS) on muscle strength and body composition in people with a sedentary lifestyle and prediabetes

Mahdieh Shojaa[1], Katharina Knaub[1], Norbert Schmitz[1]

[1]University of Tübingen, Tübingen, Germany

BACKGROUND

Prediabetes represents an intermediate metabolic state between normal glucose regulation and diabetes mellitus, characterized by elevated fasting plasma glucose or impaired glucose tolerance. Although physical activity (PA) interventions improve body composition, muscle strength, and HbA1c, low adherence remains a challenge. Therefore, time-efficient, low-barrier PA options are needed. Whole-body electromyostimulation (WB-EMS) induces muscle contractions using externally applied electrical currents and can activate 8–12 major muscle groups simultaneously. The current study aims to evaluate the effects of WB-EMS on muscle strength and body composition in sedentary adults with prediabetes.

METHODS

A total of 66 individuals with prediabetes and a sedentary lifestyle were randomized equally into three groups: WB-EMS + fitness tracker + lifestyle education program (LEP), fitness tracker + LEP, and (3) LEP only. WB-EMS training consisted of 1.5 × 20 min/week, with intensity adjusted according to perceived exertion. Body composition was measured via bioimpedance analysis (BIA), and handgrip strength using a hydraulic dynamometer. Assessments were conducted at baseline and post-intervention. Results and analysis: This study is registered at ClinicalTrials.gov (NCT06188481). Among 254 screened individuals, 73 were enrolled, and 66 completed follow-up (mean age = 58.6 ± 7.2 years). The post-test assessment is anticipated to be concluded in December 2025. The results of the study will be presented at the conference.

CONCLUSIONS

WB-EMS represents a joint-friendly exercise alternative that may improve muscle strength and body composition in sedentary adults with prediabetes. By promoting metabolic health and reducing progression to type 2 diabetes, this approach could support public health goals for diabetes prevention, enhance functional independence, and reduce healthcare costs associated with inactivity-related chronic diseases. Integration of WB-EMS into community and digital health programs could expand access to preventive exercise interventions for at-risk populations.

Popul. Med. 2026;8(Supplement 1):A2815

ABS0680

Opportunities and challenges for the integration of managing non-communicable diseases within HIV care and treatment services in Tanzania

Anzibert Rugakingira[1], Emili Yondu[2], Joseph Matobo[3], Ikunda Dionis[4], Costantine Chasama Kamata[4], Manase Kilonzi[2], Emmy Metta[5], Nathanael Sirili[5]

[1]Department of Policy and Planning, Ministry of Health, Dodoma, Tanzania, United Republic of, [2]School of Pharmacy, Muhimbili University of Health and Allied Sciences (MUHAS), Dar es Salaam, Tanzania, United Republic of, [3]Department of Pediatrics, Muhimbili National Hospital, Dar es Salaam, Tanzania, United Republic of, [4]School of Medicine and Dentistry, The University of Dodoma, Dodoma, Tanzania, United Republic of, [5]School of Public Health and Social Sciences, Muhimbili University of Health and Allied Sciences (MUHAS), Dar es Salaam, Tanzania, United Republic of

BACKGROUND

People living with HIV and non-communicable diseases (NCDs) are reported to experience challenges in accessing affordable and high-quality NCD care services. Consequently, the World Health Organization (WHO) recommends care integration of NCDs within the HIV services in resource-limited regions. The available opportunities and challenges need to be understood and addressed for an effective integration process. This study explored opportunities and challenges for integrating NCDs within HIV care and treatment services in Tanzania.

METHODS

An exploratory qualitative case study was conducted in Tanzania between April and July 2022. A total of 22 key informants working at the ministerial level, supervising the provision of healthcare services in Tanzania, were recruited purposefully for in-depth interviews. Thematic analysis was employed during the study.

RESULTS

Several opportunities were identified in the study for HIV/NCD services integration including the existence of an integration policy, the availability of regulations and guidelines, the existence of donor support, the presence of physical space and reliable information and communication systems, human resources adequacy, and political will to support the process. However, participants voiced concerns over the costs related to service integration, difficulties in reallocating donor funds, and hesitance of the healthcare providers as likely challenges to effective integration.

CONCLUSIONS

The findings of this study underscore that the effective and sustainable care integration of NCDs within HIV services relies on the availability of policy, funds, infrastructures, human resources, and stakeholders' willingness to support the

process.
Popul. Med. 2026;8(Supplement 1):A2817

ABS0738

Trends in the utilisation of cervical cancer screening and preventive services among beneficiaries of a large medical aid scheme for government employees in South Africa, 2022–2025: A descriptive analysis

Yvette Hlophe[1], Bernard Mutsago[2], Molaudi Gaula[2], Selaelo Mametja[2], Jacob Thenga[2], Kudzai Chigiji[2], Annecha Wessels[2], June Serem[1], Sean Patrick[1], Tendai Zawaira[1], Mncengeli Sibanda[2], Mabatlo Semenya[2], Stan Moloabi[3]
[1]Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa, [2]Research and Development, Government Employees Medical Scheme, Pretoria, South Africa, [3]Government Employees Medical Scheme, Pretoria, South Africa

BACKGROUND
South Africa continues to face a high burden of cervical cancer, with many cases diagnosed at advanced stages despite available screening services. Evidence-based, population-level screening remains essential to reducing preventable morbidity and mortality. The Government Employees Medical Scheme (GEMS) provides cervical cancer screening benefits to its members across all options, yet utilisation patterns require further investigation. This study examined the uptake of Pap smears, human papillomavirus (HPV) testing, and co-testing among female GEMS beneficiaries aged 18–65 years from 2022 to 2025.
METHODS
A descriptive analysis of claims data for female GEMS beneficiaries aged 18–65 years (2022–2024) was conducted to assess the uptake of Pap smears, HPV tests, and co-testing. The analysis, conducted in September and October 2025, examined overall utilisation trends and variations by age, geography, and service setting.
RESULTS
Overall, 19% of eligible women received at least one Pap smear within 3 years, while only 0.11% received both a Pap smear and an HPV test. Pap smear uptake remained consistently low among eligible beneficiaries between 2022 and 2024 (10.2–10.9%), with the highest uptake observed among women aged 25–44 years (~15%). Moderate uptake was observed in the 45–54 age group (~12–13%), and lower but gradually increasing rates were noted in those 55 years and older (ranging from 6% to 10%). Screening remained particularly low in the 19–24 age group, at 4%. The total number of Pap smear claimants increased from 89969 in 2022 to 105766 in 2024. Over 82% of Pap smears were performed out-of-hospital, while 8–11% occurred in-hospital.
CONCLUSION
Despite the availability of screening benefits, uptake among GEMS members remains low, particularly among younger and older women. Enhancing awareness, improving access, and aligning benefits with national guidelines could boost early detection and support South Africa's cervical cancer elimination goals.
Popul. Med. 2026;8(Supplement 1):A2821

ABS0766

Trends in disease burden, healthcare utilisation, expenditure, and preventive service uptake: A retrospective longitudinal analysis of Government Employees Medical Scheme (GEMS) claims data (2019–2024)

Molaudi Gaula[1], Nonkqubela Mxoli[2], Bernard Mutsago[1], Jacob Thenga[1], Sarah Bennett[3], Selaelo Mametja[1], Stan Moloabi[4]
[1]Research and Development, Government Employees Medical Scheme, Pretoria, South Africa, [2]Healthcare Management, Government Employees Medical Scheme, Pretoria, South Africa, [3]Medscheme, Cape Town, South Africa, [4]Government Employees Medical Scheme, Pretoria, South Africa

BACKGROUND
The rising non-communicable disease(NCD) burden, growing multimorbidity, and increasing utilization and hospital costs highlight an unsustainable, reactive system. Expanding equitable preventive care is crucial to slowing disease progression, reducing costs, and supporting South Africa's universal health coverage (UHC) goals. Within the Government Employees Medical Scheme (GEMS), it remains unclear whether preventive benefits reach high-risk groups or affect disease progression. This study examined long-term trends in NCD burden, multimorbidity, service utilisation, expenditure, and preventive care uptake to guide value-based strategies for NCD management.
METHODS
A retrospective cohort study analyzed anonymized GEMS claims data from 2019 to 2024 (over 5 million member-years). Beneficiaries with complete demographic records and at least one annual claim were included. Harmonised variables covered diagnoses, utilisation, preventive services, multimorbidity, and expenditure. Descriptive statistics quantified disease burden and costs, while multivariate regression identified predictors of preventive care uptake. Longitudinal associations and equity analyses were conducted in STATA and R.
RESULTS
Major NCDs increased throughout the study period, with rises in diabetes, cancers, and asthma, while hypertension remained the most common. Multi-chronicity grew alongside service utilisation: General Practitioner visits rose from 5.9 to 7.4 million, specialist encounters from 1.17 to 1.37 million, and allied services nearly doubled. Hospital admissions increased by 23%, accompanied by a steep rise in costs, including an 84% increase in hospital expenditure. Preventative care uptake stayed below 35%, mainly among females, urban residents, and higher-income groups. Those using preventative services had lower annual costs and hospitalisation, showing clear benefits for cost and risk reduction.
CONCLUSIONS
The rising NCD burden, increasing multimorbidity, and escalating utilisation and hospital costs signal a reactive and unsustainable care model. Expanding equitable access to preventive services is crucial for slowing disease progression and containing costs. Targeted, value-based prevention strategies are critical for enhancing outcomes and advancing South Africa's UHC goals.
Popul. Med. 2026;8(Supplement 1):A2826

ABS0821

Prevalence and disparities of Ideal Cardiovascular Health: A nationally representative cross-sectional study in South Africa

Jabulani Ncayiyana[1], Lungiswa Nkonki[2,3], Vundli Ramokolo[4], Lebo Gafane-Matemane[5,6], Samuel Manda[7], Justice Aheto[8]
[1]School of Health System and Public Health, Division of Health Measurement Sciences, University of Pretoria, Pretoria, South Africa, [2]Faculty of Medicine and Health Sciences, Department of Global Health, Division of Health System and Public Health, Stellenbosch University, Stellenbosch, South Africa, [3]Faculty of Medicine and Health Sciences and Medicine, Walter Sisulu University, Mthatha, South Africa, [4]HIV and Other Infectious Diseases Research Unit, South African Medical Research Council, Cape Town, South Africa, [5]Faculty of Health Sciences, Hypertension in Africa Research Team (HART), North-West University, Potchefstroom, South Africa, [6]Faculty of Health Sciences, SAMRC Extramural Unit for Hypertension and Cardiovascular Diseases, North-West University, Potchefstroom, South Africa, [7]Faculty of Natural and Agricultural Sciences (NAS), Department of Statistics, University of Pretoria, Pretoria, South Africa, [8]College of Health Sciences, School of Public Health, Department of Biostatistics, University of Ghana, Accra, Ghana

INTRODUCTION
The "Life's Simple 7" (LS7) metrics were developed by the American Heart Association (AHA) to assess and promote cardiovascular health (CVH). The purpose of this study was to determine the overall CVH of the South African population using the LS7 score.
METHODS
We examined the components of CHV in 5,614 participants aged ≥15 years from the South African National Health and Nutrition Examination Survey (SANHANES). Metrics of the LS7 score (smoking, physical activity (PA), diet, body mass index (BMI), blood pressure (BP), fasting total cholesterol and blood glucose) were analysed to generate a final score ranging from 0 to 14. Each LS7 component was scored (0 = poor, 1 = intermediate, 2 = ideal), and total CVH scores were categorized as poor (0–7), intermediate (8–11), or ideal (12–14). Latent class analysis was used to identify distinct health profiles, and multivariable binary logistic regression was used to identify predictors of ideal CVH outcome.
RESULTS
The participants were predominantly female (65.3%), mostly African (68.3%), with a mean age of 40.2 years. The weighted prevalence of ideal, intermediate, and poor CVH was 25.5% (95% CI, 22.5%-28.5%), 66.9% (95% CI, 63.1%-70.6%), and 7.5% (95% CI, 4.6%-12.2%), respectively. Ideal CVH prevalence declined sharply with age: from 55.5% (15–24 years) to 4.4% (≥65 years). Africans had a higher ideal CVH (26.7%) than other racial groups. Two latent classes emerged: Class 1 (38.5%), characterized by poor BMI, BP, and glucose; Class 2 (61.5%) with ideal metrics except for low PA. Geographic location, age, race, and employment status were predictive of ideal CVH outcome.
CONCLUSIONS
Interventions must address low PA, obesity, and BP and glucose control, particularly in women and older adults, as part of an overall strategy aimed at improving CVH outcomes in this population.
Popul. Med. 2026;8(Supplement 1):A2830

ABS0829

Dietary Drivers of Non-Communicable Diseases Among Women of Reproductive Age in Sub-Saharan Africa: Evidence from a Scoping Review

Perpetua Modjadji[1], Kotsedi D. Monyeki[2], Carmen Pheiffer[1]
[1]Non Communicable Diseases Research Unit, South African Medical Research Council (SAMRC), Parrow valley, Tygerberg, Cape Town, South Africa, [2]School of Molecular and Life Sciences, Department of Physiology and Environmental Health, University of Limpopo, Polokwane, South Africa

BACKGROUND
Diet-related non-communicable diseases (NCDs), including hypertension, type 2 and gestational diabetes, obesity, cardiovascular risk, and micronutrient deficiencies, are rising globally. Sub-Saharan Africa (SSA) faces a unique convergence of undernutrition, overnutrition, and systemic health inequities. Women of reproductive age (WRA) are disproportionately affected, with nutritional and metabolic risks accumulating across reproductive stages, compounded by sociocultural and structural barriers to optimal diet and care.
OBJECTIVE
To examine dietary factors contributing to NCD risk among WRA in SSA and identify evidence gaps to inform gender-responsive interventions.
METHODS
A scoping review of 19 peer-reviewed studies from diverse SSA settings was conducted, focusing on dietary intake, nutritional status, and NCD outcomes among women of reproductive age. Studies were identified through PubMed, Scopus, and African Journals Online using predefined eligibility criteria. Data were charted and thematically synthesized to extract prevalence estimates, dietary patterns, and contextual determinants. An adapted ecological framework was developed to illustrate multilevel pathways linking diet to NCD outcomes.
RESULTS
High consumption of ultra-processed foods, salty snacks, and sugar-sweetened beverages was consistently associated with obesity, hypertension, and type 2 diabetes. Central obesity affected nearly half of WRA, while iron and vitamin A deficiencies were prevalent, particularly in pregnancy. Urban residence doubled the risk of coexisting obesity and micronutrient deficiencies, highlighting stark urban–rural disparities.
CONCLUSIONS
Addressing diet-related NCDs among women of reproductive age requires integrated strategies that combine nutrition education, self-care, and quality healthcare. Community-based programs, digital innovations, and gender-responsive policies are critical to closing equity gaps. Advocacy must drive resource mobilization, policy influence, and multi-sectoral partnerships to translate evidence into action and advance health equity for women in sub-Saharan Africa.
Popul. Med. 2026;8(Supplement 1):A2831

ABS0853
Reframing Stimulant Use Disorder Through Public Health: Political, Ethical, and Structural Conditions for Supervised Cocaine Substitution

Daniele Zullino[1], Louise Penzenstadler[1]
[1]Addiction Psychiatry, University of Geneva, Geneva, Switzerland

BACKGROUND
Cocaine and crack cocaine use disorders disproportionately affect socially marginalized populations and are associated with high morbidity, mortality, and low engagement with existing treatment systems. While agonist-based models have profoundly reshaped opioid policy and care, stimulant use disorders are still predominantly addressed through abstinence-oriented, moralizing, or punitive frameworks, with limited public health impact. This situation raises fundamental questions regarding equity, inclusion, and the state's responsibility toward populations excluded from standard care. The session This organized session uses a supervised cocaine substitution model as a conceptual and practical reference point to explore the political, ethical, and public health conditions required for such an approach. The session examines underlying assumptions about addiction, acceptable risk, and the legitimacy of prescribing controlled substances to mitigate population-level harm. The Swiss regulatory and policy context, which—drawing on long-standing harm reduction and agonist-treatment traditions—already allows, in principle, the medical use of controlled substances within a supervised framework without requiring legislative change. This setting offers a unique lens for discussing governance, institutional trust, and boundary-setting in public health innovation. Experiences from agonist-based and harm reduction programs suggest that such models can reduce exposure to illicit drug markets, improve continuity of care, and reach populations otherwise excluded from treatment. Framing these interventions as public health instruments, rather than exceptional or transgressive clinical measures, appears critical to their political and societal acceptability.
CONCLUSIONS
Supervised cocaine substitution challenges dominant moral, clinical, and policy narratives surrounding stimulant use. This session invites participants to critically discuss the public health rationale, ethical limits, and political prerequisites of such interventions, using the Swiss context as an illustrative case where regulatory feasibility precedes political consensus. The goal is to foster an open, international dialogue on how far public health systems can—and should—go in addressing stimulant use disorders through equity-oriented, evidence-informed innovation.
Popul. Med. 2026;8(Supplement 1):A2833

ABS0862
Mental Health, Cannabis Use Motives, and Cannabis Use Disorder: A Path Analysis From a Swiss Regulated Cannabis Cohort

Daniele Zullino[1], Radu Iuga[1], Tatiana Aboulafia Brakha[1], Louise Penzenstadler[1]
[1]Addiction Psychiatry, University of Geneva, Geneva, Switzerland

BACKGROUND
Understanding pathways leading from cannabis use to cannabis use disorder (CUD) is a key public health challenge. Beyond consumption patterns alone, mental health and use motives—particularly coping-related motives—may play a central role in the development of problematic use. Clarifying these relationships is essential to inform prevention strategies within regulated cannabis frameworks.
METHODS
We analyzed baseline data from a three-year longitudinal cohort embedded in the Geneva regulated cannabis distribution project. The sample comprised 698 adult regular cannabis users recruited through a legally regulated access point. Health status was assessed using the Short Form-20 Health Survey (SF-20), cannabis use motives with the Marijuana Motives Measure (MMM), and problematic use with the Cannabis Use Disorders Identification Test–Revised (CUDIT-R). Path analysis with maximum likelihood estimation examined direct and indirect associations between health dimensions, cannabis use motives, and CUD severity, with standard model-fit indices and bootstrap procedures applied.
RESULTS
Across models, the SF-20 Mental Health dimension was the only health variable consistently associated with CUD severity. Better mental health was directly linked to lower CUDIT-R scores and indirectly linked to reduced CUD severity through lower endorsement of cannabis use motives, including coping, enhancement, social, conformity, and expansion. Other health dimensions (physical functioning, pain, role and social functioning) were not significantly associated with CUD severity.
CONCLUSIONS
Mental health appears to be a central driver of cannabis use motives and the risk of cannabis use disorder. From a public health perspective, these findings suggest that improving mental health may be more effective in preventing problematic cannabis use than interventions focusing solely on consumption patterns. Integrating mental health promotion into regulated cannabis policies could therefore strengthen prevention efforts and reduce CUD burden at the population level.
Popul. Med. 2026;8(Supplement 1):A2835

ABS0898
Non-communicable diseases in rural Zambia: healthy community or hidden burden?

Joanna Taylor[1], Joseph Jameson[1], Elizabeth Timperley[1], Luned Nicholas[1], Claire Greevy[1], Edward Sibeene[1]
[1]On Call Africa, Livingstone, Zambia

INTRODUCTION
Major gaps in the prevention, detection and management of non-communicable diseases (NCDs) in Zambia include limitations to policy implementation, availability of diagnostic equipment, routine surveillance, and community awareness1. With an ageing population and NCDs already responsible for an estimated 29% of national mortality2, improving early detection and long-term care in rural communities is a public health priority. A non-governmental organisation in Zambia's Southern Province sought to assess and strengthen NCD management at a rural health post.
METHODS
Retrospective data collection took place in October 2024 and 2025. Data from the most recent, consecutive outpatient department logbook entries (2024 n=311; 2025 n=292) and a random sample of patient record books (2025 n=199) were analysed. Volunteer doctors delivered teaching sessions, mentorship, and educational resources over the two months following the first data collection. Fisher's exact test was used to compare annual NCD prevalence.

RESULTS
There was no statistically significant difference in NCD prevalence between 2024 (n=5) and 2025 (n=9) (p=1.00). The following NCDs were recorded: epilepsy, asthma, angina, and hypertension. In 2025, blood pressure was recorded for 75% (n=149) of patients, with five meeting criteria for stage 1 hypertension but none were clinically recorded; height and weight were documented for 30% (n=60) of individuals, among whom 18% (n=11) were overweight or obese; social histories were recorded for two patients with NCDs; and follow-up was not documented at all.
CONCLUSIONS
These findings demonstrate ongoing missed opportunities for the recognition and long-term management of NCDs. Volunteer-led educational activities have limited impact and are not sustainable; systemic capacity strengthening is essential. Locally led training, consistent availability of diagnostic equipment and essential medicines, and developing regular, community-based screening and follow-up initiatives are crucial to accurately determining NCD prevalence. These measures will support inclusive access to the lifelong care required for healthier, more resilient rural communities.
Popul. Med. 2026;8(Supplement 1):A2839

ABS1009
Barriers to cancer screening among women aged 40 years and older
Meshael Alrum[1]
[1]Health policies and standards department, Dubai health authority, Dubai, United Arab Emirates
INTRODUCTION
Non-communicable diseases are a leading cause of premature mortality globally, with cancer posing a growing public health challenge in the United Arab Emirates (UAE). Breast, cervical, and colorectal cancers are amenable to early detection through organized screening; however, uptake among women aged 40 years and older remains suboptimal despite national guidelines and service availability [2–6]. Identifying population-specific and health-system barriers is essential to strengthening cancer prevention policies and advancing equitable non-communicable disease control [3,4].
METHODS
A quantitative cross-sectional study was conducted among 385 women aged 40 years and older residing in the UAE. Stratified random sampling ensured demographic representation. Data were collected using a validated bilingual questionnaire assessing screening participation and perceived individual, sociocultural, and health-system barriers [9-12]. Multinomial logistic regression analysis was used to identify predictors of screening participation.
RESULTS
Screening participation was low across all cancer types. Guideline-adherent screening was reported by 21.1% of participants for breast cancer, 10.2% for cervical cancer, and 22.8% for colorectal cancer, while 45.9% had never undergone any cancer screening. Key barriers included lack of knowledge (23.6%), limited availability of screening services (21.6%), absence of physician recommendation (20.6%), and fear of a positive diagnosis (19.2%), consistent with regional evidence [9–15]. Physician recommendation was the strongest predictor of screening participation (odds ratio [OR] 4.1; p<0.001), followed by higher educational attainment (OR 2.4; p<0.01) and employment status (OR 1.9; p=0.02).
CONCLUSIONS
Cancer screening uptake among women aged 40 years and older in the UAE remains insufficient to meet national and global non-communicable disease prevention targets [1,16]. Policy actions integrating physician-led screening prompts, expanding financial coverage, and strengthening culturally tailored community-based health promotion are urgently required to advance equitable cancer prevention [2–4,7,8].
Popul. Med. 2026;8(Supplement 1):A2850

ABS1019
Diabetic Emergencies and Precipitating Factors Among Diabetic Patients at Atbara Teaching Hospital
Anfal Abdelazeim[1]
[1]Faculty of Medicine and surgery, Elshikh abdalla albadri university, Babar, Sudan
ABSTRACT
Diabetic emergencies, including diabetic ketoacidosis (DKA), hyperosmolar hyperglycemic state (HHS), and severe hypoglycemia, remain major causes of morbidity and mortality in low-resource settings. This study aimed to determine the prevalence of diabetic emergencies and identify precipitating factors among diabetic patients attending Atbara Teaching Hospital, Sudan. A descriptive cross-sectional hospital-based study was conducted among adult diabetic patients. Data were collected using structured questionnaires and medical records and analyzed with SPSS version 21. The findings revealed that a considerable proportion of participants experienced diabetic emergencies, with DKA being the most frequent, followed by severe hypoglycemia and HHS. The leading precipitating factors included infections, medication non-adherence, and poorly controlled diabetes. These results indicate that diabetic emergencies are highly prevalent but largely preventable through timely interventions. Strengthening diabetes education, improving adherence to treatment, ensuring regular follow-up, and enhancing access to care are essential strategies to reduce the burden of acute complications in this population. Overall, the study highlights the urgent need for preventive measures targeting both patient behavior and healthcare system support to mitigate the impact of diabetic emergencies in low-resource settings.
Popul. Med. 2026;8(Supplement 1):A2852

ABS1034
Building Cross-Sectoral Digital Advocacy Partnership for Integrated Oral Health- Non-Communicable Disease Management
Vyhari Chandrasorupan[1], Gloria Ahn[1], Abiola Adeniyi[2], Prajjwal Pyakurel[1], Seema Lal-Kumar[3], Hyewon Lee[4], Jeremiah M. Twa-Twa[5], Carmen Gorlick[6], Lorena Allemandi[6]
[1]World Federation of Public Health Associations, Geneva, Switzerland, [2]Farleigh Dickinson University, Vancouver, Canada, [3]Te Marae Ora Ministry of Health, Rarotonga, Cook Islands, [4]Seoul National University, Kenya, Kenya, [5]Kampala University, Kampala, Uganda, [6]NCD Alliance, Geneva, Switzerland
INTRODUCTION
Noncommunicable diseases (NCDs), including oral diseases, are the leading cause of death globally, with prevalence continuing to rise.1 Public health advocacy for NCD policy change is often conducted in isolation, limiting its reach and reducing opportunities for multi-sectoral collaboration and systemic health systems change. Digital advocacy enables advocacy efforts to reach wider audiences, mobilise communities, amplify marginalised voices, and influence policy and practice through interactive content.2 However, these outcomes require meticulous planning and strong cross sectoral collaboration and communication. In 2025, the Oral Health (OH) and NCD Working groups of the World Federation of Public Health Associations (WFPHA) launched a digital advocacy partnership in the form of a podcast to address the growing global burden of NCDs. To enhance this initiative, the team proposes an interactive workshop at the 2026 World Congress on Public Health to engage diverse stakeholders and strengthen digital health advocacy through cross-sector collaboration for integrated OH-NCD management.
METHODS
The proposed workshop will involve 4-5 groups, composed of participants from different disciplines (e.g., public health professionals, policy advocates, health organisation leaders, medical practitioners). A framework will be presented to guide the groups in developing a cross-sectoral digital advocacy plan for OH-NCD management, that can be adapted to different country contexts. Each group will present their plans and receive feedback, insights and expert perspectives to refine strategies and consider implementation challenges. Expected Outcomes -A complete digital collaboration plan for OH-NCD management that is adaptable to different country contexts. -Practical tips for digital cross-sectoral collaboration and network building. -Transition from isolated NCD advocacy efforts to systemic, partnership-driven approaches.
CONCLUSIONS
This workshop will equip participants with foundational skills, frameworks, and partnerships to design and implement cross-sectoral digital advocacy initiatives for integrated OH-NCD management. By fostering collaboration across disciplines, it aims to promote sustainable, systematic, and impactful advocacy.
Popul. Med. 2026;8(Supplement 1):A2853

ABS1342
Implementation of cardiovascular risk prediction scores in sub-saharan Africa: a scoping review
Mary Gouws[1], Naemi Araya[2], Claire Keene[1], Elinor Harriss[3], Thomas Gaziano[4], Mike English[1]
[1]Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom, [2]Cambridge Healthcare Research, London, United Kingdom, [3]Bodleian Health Care Libraries, University of Oxford, Oxford, United Kingdom, [4]Brigham and Women's Hospital, Cardiovascular Medicine, Harvard University, Boston, United States
INTRODUCTION
CVD risk prediction scores (e.g. Framingham score(1), SCORE-2(2)) and corresponding tool modalities (e.g., risk charts, mobile apps) aim to target

preventive interventions by estimating an individual's probability of an incident CVD event over a specified time horizon, usually 10 years. These scores are recommended to guide primary prevention and clinical decision-making, yet their use in routine care across sub-Saharan Africa (SSA) remains uneven, with variability in workflow integration and clinician uptake(4–6).
METHODS
This scoping review maps and synthesises the available literature on the implementation of CVD risk prediction scores in SSA. An Implementation Research Logic Model was applied to organise implementation determinants, strategies, and outcomes, alongside relevant implementation frameworks(7). The review was conducted in accordance with JBI guidance for scoping reviews(8).
RESULTS
Of 4930 records from six databases that were screened, 42 publications met the inclusion criteria, representing ten countries and ten risk scores. Four primary use cases for CVD risk scores in SSA were identified: policy and economic decision-making; screening and referral of individuals; treatment of those at high CVD risk; and risk communication. Implementation of CVD risk tools was generally reported as cost-effective. The most frequently identified barriers related to health system challenges and limited local resources, and the most common strategies implemented were revising professional roles through task shifting and training of healthcare staff. While feasibility and acceptability outcomes were widely studied, evidence on long-term sustainability was limited and suggested sub-optimal sustained use.
CONCLUSIONS
Implementation efforts can build on the facilitators and strategies identified in the existing literature. However, improving the sustained use of CVD risk prediction tools in SSA will require addressing health system and service constraints. Future research and interventions should prioritise health system integration to support equitable and sustainable implementation of CVD risk prediction tools in SSA.
Popul. Med. 2026;8(Supplement 1):A2874

ABS1396
The effectiveness of a theory-based oral health intervention to improve oral health behavior among parents in Johannesburg

Mpho Matlakale Molete[1], Mukhethwa Netshiombo[1], Veerasamy Yengopal[1], Sara Nieuwoudt[1], Masokona Kgo[1], Peedi Mathobela[1]
[1]Oral Biological Sciences, University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
Early Childhood Caries is highly prevalent in South Africa, with parental oral health practices contributing to risk. Behavioral theory-based interventions may strengthen parental cognition and improve children's toothbrushing. This study evaluated whether a Theory of Planned Behavior (TPB)-anchored intervention improved parents' cognitive predictors and reported toothbrushing frequency for their children.
METHODS
A single-blinded cluster randomized controlled trial was conducted at two socio-economically comparable community health centers in Johannesburg. Parent-child pairs with children aged six months to two years were recruited. The intervention included a 30-minute oral health education session, toothbrush and toothpaste provision, an information booklet and weekly educational SMSs for three months. The control group received only the booklet. Cognition, which included, attitudes, subjective norms, perceived behavioral control and intention was assessed. In addition, toothbrushing frequency examined at baseline and three months using a validated questionnaire.
RESULTS
A total of 171 participants completed follow-up. Both groups showed improvements in cognition and toothbrushing frequency, but gains were consistently greater in the intervention group. Perceived behavioral control declined in the control group and toothbrushing frequency correlated positively with all cognitive constructs except intention.
CONCLUSIONS
A TPB-based intervention combining in-person education and SMS reinforcement improved parents' cognition and children's toothbrushing frequency more effectively than traditional education alone. Integrating behavioral theory with digital reinforcement and basic oral hygiene support may strengthen parental capacity to maintain children's oral health.
Popul. Med. 2026;8(Supplement 1):A2879

ABS1468
Social inequities in clustering of modifiable non-communicable disease risk factors among adults in a low-income urban community: A cross-sectional study

Anudeep Kadam[1], Malangori Parande[1], Jagannath Dixit[1], Muralidhar Tambe[1]
[1]Community Medicine, B.J. Government Medical College and Sassoon General Hospital, Pune, India

INTRODUCTION
Non-communicable diseases (NCDs) are rising rapidly in low- and middle-income countries, with modifiable risk factors disproportionately concentrated among socioeconomically disadvantaged urban population. Evidence on how multiple modifiable risk factors cluster within low-income urban communities remains limited. This study assessed the distribution and social patterning of clustered NCD risk factors in an urban low-income community.
METHODS
A community-based, cross-sectional study enrolled 400 adults from an urban low-income field practice area. Nine NCD risk factors were assessed: overweight/obesity (BMI ≥25; obesity ≥30), central obesity (waist circumference ≥90 cm men/≥80 cm women), raised blood pressure (systolic ≥140, diastolic ≥90 mmHg, or hypertension), dysglycemia (HbA1c ≥5.7%), tobacco use, alcohol use, insufficient physical activity (<150 min/week), uninterrupted sitting (≥120 min/day), and short sleep (<7 hours). Clustering was defined as ≥3 concurrent risk factors. Socioeconomic inequities were examined across education, occupation, socioeconomic class (Kuppuswamy), and economic status (ration card). Among working adults, shift work and commuting time were assessed as structural barriers.
RESULTS
Participants (mean age 45.5 (SD 14.0) years; 52% male) had risk factor prevalence: overweight/obesity 34.8%, central obesity 36.0%, raised blood pressure 42.5%, dysglycemia 30.0%, tobacco use 5.8%, alcohol use 7.0%. Insufficient physical activity (59.8%), uninterrupted sitting (25.8%), and short sleep (28.3%) were common. Overall, 44.5% had ≥3 risk factors; 30.8% had ≥4. Clustering showed social gradients: 81.3% in illiterate/primary education versus 21.8% in graduate+ education ($p<0.001$); 54.1% in upper lower versus 21.2% in upper middle class ($p<0.001$). Among working adults (n=209), clustering was 62.5% in shift workers versus 32.0% in day workers ($p<0.001$).
CONCLUSIONS
Clustering of modifiable NCD risk factors was frequent with social gradients, addressing an evidence gap in low-income urban communities. These findings support equity-oriented prevention strategies: strengthened surveillance (WHO STEPS), evidence-based prevention packages (WHO PEN), and community interventions targeting physical activity, sedentary behaviour, and cardiometabolic screening in disadvantaged populations.
Popul. Med. 2026;8(Supplement 1):A2886

ABS1475
From bench to health equity: In vitro insights on bioinspired peptides as multifunctional antidiabetic agents

Aliyu Dantani Abdullahi[1], Aliyu Dantani Abdullahi[2], Mohammed Auwal Ibrahim[2], June C Serem[1]
[1]Department of Anatomy, University of Pretoria, Pretoria, South Africa, [2]Department of Biochemistry, Ahmadu Bello University, Zaria, Nigeria

BACKGROUND
Type 2 diabetes mellitus (T2DM), as a multifactorial metabolic disorder involving insulin resistance, oxidative stress, and inflammation, continues to drive a need for new therapeutics including bioinspired multifunctional agents. Herein, a first study evaluated antidiabetic potentials of bioactive peptides from African yam (Dioscorea spp.) including AVIAIMF and GPADPF, as well as taro (Colocasia esculenta), NGDF and NGNW. The second study investigated previously reported α-glucosidase inhibitory peptides such as YPG (synthetic), STYV (including its digested fragment STY) and SQSPA, both derived from Aspergillus awamori and Silkworm pupae respectively.
METHODS
All peptides were synthesised and tested using *in vitro* and cell-based models. Dipeptidylpeptidase-IV (DPP-IV) inhibition, oxygen radical absorbance capacity (ORAC), inhibition of methylglyoxal (MGO)-induced advanced glycation end-products (AGEs), inhibition of nitric oxide (NO) in vitro, inhibition of lipid accumulation in 3T3-L1 adipocytes, cytotoxicity studies using 3T3-L1 adipocytes and Caco-2 cells, were evaluated. Principal component analysis was also used to identify multifunctional relationships among bioactivities in the first study. Results and conclusion Yam- and taro-derived peptides significantly ($p<0.05$) inhibited DPP-IV, with NGDF showing the highest potency. On the other hand, YPG, SQSPA, STY, and STYV also inhibited DPP-IV even more so for YPG and SQSPA. The tuber-derived AVIAIMF, GPADPF, and NGNW inhibited methylglyoxal-induced AGE formation and demonstrated antioxidant and NO scavenging activities ($p<0.05$)

without cytotoxicity in Caco-2 cells. For the α-glucosidase inhibitory peptides, STYV and STY showed significantly ($p<0.05$) higher scavenging of reactive species. However, YPG significantly prevented lipid accumulation in differentiating 3T3-L1 cells. In addition, the peptides showed favourable multifunctional profiles without cytotoxicity in differentiating or fully differentiated 3T3-L1 cells. These peptides have demonstrated antidiabetic activities by modulating enzymatic, oxidative, and lipid pathways, supporting their use as multifunctional therapeutics for T2DM management. Their development aligns with SDG3 (Good Health and Well-being), offering a sustainable approach to improving metabolic health.
Popul. Med. 2026;8(Supplement 1):A2887

ABS1607

Participants' Risk factor profile, Knowledge of Cardiovascular Disease, and Perception of Peer Support Intervention towards Stroke Risk Factor Prevention in Selected Communities in Oyo state, Nigeria

Ezinne Uvere[1], Ademola Ajuwon[1]
[1]Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan,, Ibadan, Nigeria

BACKGROUND
Peer group-based support interventions (PSI) is an effective approach in non-communicable (cardiovascular) disease prevention. Identification of risk factor (RF) and knowledge cardiovascular disease (CVD) are critical to understanding gaps for intervention design. This study documented the prevalence, knowledge of CVD RFs, and perception of PSI towards stroke RF prevention across communities in Oyo state, Nigeria.
METHODS
This quasi-experimental study adopted a mixed-methods approach. Stroke-free, high-risk adults were purposively selected from communities and study registries. There were 56 participants in focus group discussion (FGDs) and 210 baseline surveys. Quantitative data was analysed using SPSS at $P<0.05$ with thematic analysis for qualitative data.
RESULTS
The mean age was (61.2±11.135) years. Between the experimental and control arms, there were more female participants (73.3% vs 66.7%); married (62.9% vs 78.1%); with monthly income of <N50,000 (87.6% vs 73.3%) and secondary education (40.0% vs 44.8%). Majority (42.9% vs 44.8%) had poor knowledge of CVD RFs. Increased economic demands; spiritual causes including strange/evil winds, loud shouts, and excessive involvement in sexual activity were some stroke RFs. About (14.3% vs 32.4%) were obese; hypertensive (30.5% vs 42.9%), diabetic (5.7% vs 1.9%). Women (68.1% vs 87.5%) had high waist-hip (WHR) and stroke occurrence in families was (20.0% vs 18.1%). Majority (92.4% vs 87.6%) consumed less vegetables; more red meat (96.2% vs 100%) with physical inactivity (37.1% vs 62.9%). Only (9.5% vs 8.6%) currently uses alcohol. Whilst admitting stroke susceptibility, increasing age, fear of dying early, seeing stroke survivors were cues to adopting preventive recommendations. Although participants supported the PSI, implementation in communities, attitude of mentors, availability of free RF screening kits, financial tokens to facilitate meeting attendance were enabling factors to participation.
CONCLUSIONS
These baseline findings were useful in the design and implementation of a culturally-relevant PSI among high-risk adults towards primary prevention of stroke in Nigeria.
Popul. Med. 2026;8(Supplement 1):A2899

ABS1627

Mapping NCD Risk in Youth: Prevalence of risk factors for non-communicable diseases and its association with hypertension among young adults in urban Meghalaya

Shanthosh Priyan Sundaram[1], Joenna Devi Ningombam[2]
[1]Community Medicine, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong, India, [2]Community Medicine, Esi-pgimsr, Medical College & Hospital And Odc(ez) Joka, Kolkata, India

ABSTRACT
Background and objectives Non-communicable diseases (NCDs), including cardiovascular conditions such as hypertension, are increasingly affecting young adults. Elevated blood pressure (BP) in this age group is often overlooked despite its potential to cause long-term health consequences. This study aimed to assess the prevalence and determinants of elevated blood pressure among urban college-going young adults in Meghalaya.
METHODS
An analytical cross-sectional study was conducted among college students aged 18–25 years in a selected college in Shillong, representing the urban population of Meghalaya. A total of 274 participants were included. Data were collected using a semi-structured WHO STEPs-based questionnaire, followed by anthropometric and blood pressure measurements. BP was classified using JNC-8 criteria.
RESULTS
The mean age of participants was 19.9 (±1.2) years; 55.8 % were female, and 38.0 % belonged to below poverty line (BPL) households. The prevalence of elevated BP was 17.9 % (95 % CI: 13.6–23.0 %). In multivariable analysis, non-BPL status (AOR: 5.4; 95 % CI: 2.1–14.1), obesity (AOR: 3.9; 95 % CI: 1.5–9.8), and smoking (AOR: 2.1; 95 % CI: 1.1–4.0) were significantly associated with elevated BP.
CONCLUSIONS
Elevated blood pressure was prevalent among nearly one-fifth of urban young adults, with socioeconomic status, obesity, and smoking emerging as significant determinants. These findings highlight the need for early screening and targeted interventions to mitigate cardiovascular risk among youth in urban India.
Popul. Med. 2026;8(Supplement 1):A2901

ABS1658

Systematic Review of Weight Management Interventions for Adults with Intellectual Disability: Effectiveness and Key Characteristics

Samantha Lilly[1], Joanne Watson[1], Adrian Cameron[1], Angela Dew[1], Oriana Ruffini[1]
[1]Faculty of Health, School of Health and Social Development, Deakin Univeristy, Melbourne, Australia

BACKGROUND
Adults with intellectual disability experience disproportionately high rates of obesity, driven by complex interactions between individual, social, and environmental factors. Although multiple interventions have been developed over the past two decades, previous reviews (published 2011–2018, with studies included up to 2015) concluded that long-term weight loss was limited. An updated synthesis is required to guide future intervention design and policy.
AIM
To systematically review the characteristics and effectiveness of interventions aimed at weight loss or weight-gain prevention among adults with intellectual disability.
METHODS
A systematic search of PubMed, MEDLINE, CINAHL, SocIndex, and Academic Search Complete identified peer-reviewed studies published from 2000 onwards. Eligible studies involved adults with intellectual disability and reported outcomes related to weight, BMI, waist circumference, or obesity-related behaviours. Surgical and pharmacological studies were excluded. Screening followed PRISMA guidelines and quality appraisal used the EPHPP tool. Heterogeneity in study designs and outcomes prevented meta-analysis; a narrative synthesis was completed. The protocol was registered with OSF.
RESULTS
Forty-eight studies met the inclusion criteria. Most were interrupted time series designs (60.4%), short in duration (≤6 months), and conducted in the United States (50%). Interventions targeted physical activity alone (37.5%), diet alone (14.6%), or combined physical activity and diet (37.5%). Twenty-nine studies reported positive outcomes, predominantly physical activity-only or multi-component interventions, while diet-only approaches yielded mostly null effects. All moderate-quality studies (n=10), including all randomised controlled trials, reported positive outcomes. No study reported negative effects. Effective interventions commonly incorporated caregiver involvement or group delivery.
CONCLUSIONS
Methodological limitations, including small samples, inconsistent outcome measures, and limited follow-up, restrict conclusions about long-term effectiveness. Multi-component interventions involving others show the strongest evidence of effectiveness. Improving study quality and long-term sustainability remain critical priorities.
Popul. Med. 2026;8(Supplement 1):A2902

ABS1682

Safe Pathways: Advancing Equity, Inclusion, and Sustainability in Aboriginal Cancer Care

Sonja Herzog[1], Bianca Barnier[1]
[1]Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Research, The George Institute for Global Health, Sydney, Australia

INTRODUCTION
Aboriginal and Torres Strait Islander peoples continue to experience significant inequities in cancer care access, experience, and outcomes. These inequities are driven by systemic barriers, fragmented care pathways, and a lack of culturally safe service models. Safe Pathways was developed to address these challenges

by embedding culturally informed, coordinated approaches to care that prioritise equity, inclusion, and sustainability across cancer services.
METHODS
Safe Pathways is an Aboriginal-led, culturally governed model of care implemented within a large metropolitan health district. The program focuses on strengthening culturally safe discharge planning, improving multidisciplinary communication, and building cultural capability within cancer services. Governance is provided through Aboriginal leadership and partnerships with the Aboriginal Health Unit and Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program. Indigenous methodologies will be used to evaluate service data, staff feedback, and yarns with families for acceptability, and perceived impact across the care continuum.
RESULTS
Findings indicate improved clarity and coordination of care pathways for Aboriginal patients and families, enhanced confidence among staff in delivering culturally safe care, and strengthened collaboration between Aboriginal Health Workers and multidisciplinary teams. Participants highlighted the value of clear role communication, culturally informed support, and consistent engagement across services. The model was viewed as inclusive, adaptable, and capable of being embedded within existing health system structures.
CONCLUSIONS
Safe Pathways demonstrates how culturally governed models of care can address entrenched inequities in cancer services while supporting sustainable system change. By centering Aboriginal leadership, strengthening workforce capability, and embedding cultural safety into routine practice, Safe Pathways offers a scalable approach that aligns with global public health commitments to equity, inclusion, and sustainability. The model has relevance beyond local contexts, contributing to international discussions on culturally responsive healthcare without borders.
Popul. Med. 2026;8(Supplement 1):A2905

ABS1686
Beyond treatment: A five-year follow-up cost analysis from a South African tertiary hospital

Kelechi Nnene[1], Lucy Cunnama[1]
[1]Department of Public health, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Low and middle-resource settings have experienced growth in cancer survivorship, driven by increasing access to diagnosis and treatment. This shift has heightened the importance of understanding the long-term management needs of cancer survivors. However, evidence on the costs associated with post treatment follow-up remains limited in South Africa. Generating such evidence is crucial for informing efficient resource allocation and supporting sustainable, long-term cancer care planning within the public health sector. This study aimed to estimate the cost of five-year post-treatment follow-up for colon cancer patients, stratified by baseline stage, from the healthcare provider's perspective at a public tertiary hospital in South Africa.
METHODS
Follow-up components were defined based on facility guidelines and verified through expert interviews, linking these components to relevant cost items. Second, a bottom-up costing method was used to estimate the per-patient five-year follow-up costs for each stage. All capital items were annuitised using a rate of 3%, and sensitivity analyses were conducted. All costs are reported in South African Rands (ZAR) and United States Dollars (USD) as per 2024 average exchange rates of 1USD=18.5 ZAR.
RESULTS
Mean five-year follow-up costs increased with advancing stage. Estimated per-patient follow-up costs were ZAR 17785 (USD 961) for Stage I, ZAR 20596 (USD 1113) for Stage II, ZAR 23407 (USD 1265) for Stage III, and ZAR 51406 (USD 2780) for Stage IV disease.
CONCLUSIONS
Follow-up for colon cancer represents a significant cost burden within South Africa's public healthcare system. Costs rise markedly with cancer stage, highlighting the importance of early detection and efficient survivorship care planning. These findings provide empirical evidence to support the development of cost-conscious follow-up strategies and inform resource allocation for cancer survivorship care in resource-constrained settings.
Popul. Med. 2026;8(Supplement 1):A2906

ABS1697
From Community to Clinic: Evidence from the Eat Better South Africa Program

Karen Heath[1], Jana Retief[1], Lisa Marashula[1], Georgina Pujol-Busquets Guillén[1]
[1]The Noakes Foundation, Cape Town, South Africa

BACKGROUND
Under-resourced South African communities face a high burden of type 2 diabetes (T2D), alongside hypertension, HIV, and tuberculosis, within contexts of food insecurity, limited healthcare resources, and inadequate access to sustained lifestyle support. The Eat Better South Africa (EBSA) program, developed by The Noakes Foundation, is a structured 6-week nutrition education intervention emphasising practical dietary guidance, therapeutic carbohydrate restriction, whole-food choices, and peer support. While EBSA has been evaluated in community settings, this study represents the first evaluation of the program delivered within a public primary healthcare clinic. This paper reports interim findings from an ongoing mixed-methods evaluation at Dunoon Community Health Centre, Cape Town.
METHODS
A single-arm mixed-methods study was conducted among adults with T2D or prediabetes and comorbidities. Quantitative assessments were completed at baseline and post-intervention, with follow-up at 3, 6, and 12 months. Measures included anthropometry, blood pressure, random blood glucose, HbA1c, dietary intake, and validated psychosocial questionnaires. Qualitative data were collected through focus group discussions conducted pre- and post-intervention, with additional discussions planned at later follow-up points. Findings were integrated to examine convergence between outcomes and participant experiences.
RESULTS
Twenty-three participants completed the intervention. Post-intervention improvements were observed across metabolic indicators, including reductions in body weight (−2.0 kg), waist circumference (−9.3 cm in women; −11.9 cm in men), systolic (−2 mmHg) and diastolic blood pressure (−3 mmHg), and random blood glucose (−1.5 mmol/L). Psychosocial outcomes improved, including diabetes self-management, medication adherence, and depressive symptoms. At 3-month follow-up, HbA1c decreased by a mean of 0.5%. Qualitative findings aligned with quantitative improvements and highlighted increased nutritional literacy, confidence, motivation, and perceived control over health, alongside structural challenges such as financial constraints.
CONCLUSIONS
EBSA is a feasible, clinic-linked, community-informed intervention for chronic disease management in low-resource settings. Ongoing follow-up will inform sustainability and scalability within public health systems.
Popul. Med. 2026;8(Supplement 1):A2907

ABS1704
Metabolic Outcomes and Lived Experience Following a Low-Carbohydrate Dietary Approach: A Mixed-Methods Case Study

Georgina Pujol-Busquets Guillén[1,2], Anna Bach-Faig[2], Karen Heath[1], Lisa Marashula[1], Jana Retief[1]
[1]The Noakes Foundation, Cape Town, South Africa, [2]Health Science, Open University of Catalonia, Barcelona, Spain

INTRODUCTION
Women living with hypothyroidism frequently experience weight gain, metabolic risk, and reduced quality of life despite pharmacological treatment. Low-carbohydrate (LC) dietary approaches are increasingly explored as a means of supporting metabolic health and self-management.
METHODS
Four women with clinically diagnosed hypothyroidism participated in a longitudinal mixed-methods case study. Participants completed Nutrition Network online courses within two weeks, followed by a three-month supported implementation phase in 2024 that included biweekly focus group discussions to support application of LC dietary principles. Quantitative measures (body weight, waist circumference, fasting glucose, HbA1c, lipid profile, and thyroid function tests) were collected at baseline, post-intervention (3 months), and at 6 and 12 months. Qualitative data were collected in 2024 through individual interviews (July and October) and five fortnightly focus group discussions (July–October), and in 2025 through individual interviews (April and October) and three focus group discussions (May, August, and November). Data were analysed descriptively and thematically, with mixed-methods integration.
RESULTS
Mean body weight decreased from 85.6 ± 11.2 kg at baseline to −4.1 ± 2.4 kg at 12 months, with three participants achieving sustained weight loss (−4.8 to −10.5 kg) and one returning to baseline weight. Waist circumference decreased by 2.6 ± 2.3 cm. Mean HbA1c improved from 5.35 ± 0.26% to 5.19 ± 0.24%, with modest reductions in triglycerides (−0.05 mmol/L). LDL cholesterol increased slightly (+0.33 mmol/L). Thyroid markers remained clinically stable, and one

participant reduced thyroid medication under medical supervision. Qualitative findings showed progression from early uncertainty and social barriers (2024) to increased health literacy, self-efficacy, and lifestyle integration (2025), explaining variability in outcomes.
CONCLUSIONS
This case study suggests that an LC dietary approach, supported through structured engagement, may facilitate sustained metabolic improvements while underscoring the importance of lived experience and context in long-term public health strategies for hypothyroidism management.
Popul. Med. 2026;8(Supplement 1):A2908

ABS1708

Silent doctors, invisible patients: Systemic barriers to cancer screening in 835 patients with severe mental disorders in rural Turkey

Tahsin Gökhan Telatar[1], Mehmet Baltacıoğlu[2]
[1]Department of Public Health, Recep Tayyip Erdogan University, Faculty of Medicine, Rize, Turkey, [2]Department of Psychiatry, Recep Tayyip Erdogan University, Faculty of Medicine, Rize, Turkey

INTRODUCTION
Individuals with severe mental disorders (SMD) face a mortality gap of 15-20 years compared to the general population, primarily due to preventable physical illnesses1. While low cancer screening rates are documented globally, the specific contribution of provider-level versus patient-level barriers remains unclear in the Turkish context. This study analyzed screening adherence gaps and identified determinants of non-participation among patients followed at a Community Mental Health Center (TRSM).
METHODS
This cross-sectional study included 835 registered patients (Mean age: 52.7±11.7 years; 63.5% male) in Rize, Turkey. Screening history for breast, cervical, and colorectal cancers was extracted retrospectively from the national e-Health system and compared with national benchmarks2 using one-sample binomial tests. Additionally, a structured face-to-face interview assessed perceived barriers and history of provider recommendations. Multivariate logistic regression was used to identify predictors of screening adherence.
RESULTS
Mammography screening rates among eligible women (n=228) were 8.9%, significantly lower than the Turkish national average of 14.6% (p=0.012). Similar deficits were observed for colorectal (5.5%) and cervical (12.2%) screenings. A significant disconnect was found in provider activity: only 6.5% of patients reported receiving a screening recommendation from their psychiatrist, compared to 23.7% from their family physician (p<0.001). The primary barrier cited by unscreened patients was “My doctor never told me” (42.3%), exceeding “Logistical challenges” (29.8%) and “Fear” (10.2%). Patients who received a doctor’s recommendation were 19.3 times more likely to undergo screening (OR: 19.3, 95% CI: 6.7–65.6, p<0.001), regardless of disease severity.
CONCLUSIONS
The disparity in cancer screening among patients with SMD is driven primarily by provider silence rather than patient refusal. The mental health system currently fails to integrate physical prevention. Mandating screening reminders within psychiatric consultation protocols is an urgent, high-impact intervention to bridge this equity gap.
Popul. Med. 2026;8(Supplement 1):A2909

ABS1777

Wearable-derived physical activity and sleep: Long-term reproducibility and implications for estimating disease risk

Charilaos Zisou[1], Catherine Calvin[1,2], Hannah Taylor[1,2], Ben Lacey[1,2], Imen Hammami[1], Rosemary Walmsley[1], Tessa Strain[3], Katrien Wijndaele[3], Nicholas Wareham[3], Soren Brage[3], Karl Smith-Byrne[1], Derrick Bennett[1], Sarah Lewington[1], Jemma Hopewell[1], Aiden Doherty[1]
[1]Nuffield Department of Population Health, University of Oxford, Oxford, United Kingdom, [2]UK Biobank, Stockport, United Kingdom, [3]MRC Epidemiology Unit, University of Cambridge, Cambridge, United Kingdom

INTRODUCTION
Wearables are increasingly used in population health research to objectively measure physical activity and sleep and to study their links to non-communicable diseases. Most large studies rely on a single 7-day wearable assessment, but it remains unclear how well this reflects individuals’ usual movement behaviours. Here, we aimed 1) to assess the long-term reproducibility (i.e., agreement of repeat measurements within the same individuals over time) of accelerometer-derived physical activity and sleep, and 2) to demonstrate how within-person variability can attenuate observed associations between movement behaviours and health outcomes.
METHODS
We analysed repeat accelerometer data from 3138 UK Biobank participants with up to four measurements collected over 3-4 years. Nine physical activity and sleep phenotypes were derived, and reproducibility was assessed using intraclass correlation coefficients (ICCs). To illustrate implications for disease risk, we estimated hazard ratios (HRs) for daily step count and incident coronary heart disease (CHD) using Cox regression (87038 participants; 3879 CHD events), before and after correction for within-person variability.
RESULTS
Among the 3138 participants, 51% were women, and the mean (SD) age was 63.1 (9.4) years. Reproducibility was good for overall activity (ICC 0.75) and moderate for other behaviours, including sedentary time and sleep characteristics (ICCs 0.58-0.69). In our example, the inverse association between daily step count and CHD showed a 20% lower risk of CHD per usual 4000 steps (HR 0.80, 95% CI 0.76-0.85) after correcting for within-person variability, compared to 13% (HR 0.87, 95% CI 0.84-0.90) before correction.
CONCLUSIONS
Wearable measurements show moderate-to-good stability over time. Ignoring within-person variability can lead to underestimation of associations between movement behaviours and health outcomes. These findings have important implications for population health research and prevention, suggesting that the health benefits associated with physical activity and sleep may be greater than previously estimated when usual behaviours are appropriately characterised.
Popul. Med. 2026;8(Supplement 1):A2913

ABS1827

Which Is More Effective at Improving Uptake of Bowel Cancer Screening: Text Message Reminders or Patient Navigation? Results from a three-arm RCT

Christian von Wagner[1], Benzeer Siddique[1,2], Thomas Duffy[3], Natlie Gil[4], Stephen Duffy[3], Andrew Prentice[2], Sarah Marshall[2], Natasha Djedovic[2], Abhinav Sundrial[1,2], Michael Lewis[5], Josephine Ruwende[6], Ghalia Kayal[1], Aradhna Kaushal[5,1], Robert Kerrison[4]
[1]Epidemiology and Public Health, UCL, London, United Kingdom, [2]St Mark’s Bowel Cancer Screening Centre, St Mark’s Hospital, Harrow, United Kingdom, [3]Wolfson Institute of Population Health, Queen Mary’s University London, London, United Kingdom, [4]Surrey University, School of Health sciences, Cape Town, United Kingdom, [5]University of Birmingham, Birmingham, United Kingdom, [6]NHS England, London, United Kingdom

BACKGROUND
Text message reminders (TMRs) and patient navigation (PN) have the increase bowel cancer screening uptake. Few studies have compared these interventions with one another.
METHODS
A three-arm randomised controlled trial allocated individuals who had not completed bowel cancer screening within 18 weeks of invitation to no reminder (usual care), TMRs at 19, 21, 23 & 25 weeks, or a text-message reminder at 19 weeks, with telephone PN at 21, 23 and 25 weeks. The primary outcome was participation within 26 weeks of invitation. Differences were assessed using logistic regression.
RESULTS
On an intention-to-treat basis (n=3,129), uptake was higher in TMR and PN groups, compared with UC (2.0% vs. 6.5%, p<0.001; 2.0% vs, 7.5%, p<0.001). There was no difference between TMR and PN groups On a per-protocol basis (n=2,294), the difference in uptake between UC and TMR and PN became even larger (2.0% vs. 8.6%, p<0.001; 2.0% vs, 12.6%, p<0.001) as did the difference between the two intervention groups with uptake being significantly higher in the PN vs TMR group respectively (12.6% vs 8.6, p<0.025).
CONCLUSIONS
PN is more efficacious than text-message reminders on a per-protocol basis but require better reach to optimise effectiveness.
Popul. Med. 2026;8(Supplement 1):A2914

ABS1839

Prevalence and predictors of nicotine dependence among adult smokers in 4 African countries, 2016-2021

Betelihem Getachew[1], Aastha Vashist[1]
[1]CDC Foundation, Atlanta, United States

BACKGROUND
Understanding population-level nicotine dependence can provide insights into

future tobacco-related morbidity and mortality. This study assessed the prevalence and predictors of nicotine dependence among smokers in four African countries.
METHODS
We analyzed cross-sectional Global Adult Tobacco Survey data collected between 2016-2021 in four African countries. Nicotine dependence was assessed among daily cigarette smokers utilizing Heavy Smoking Index (HSI) measure: time to first cigarette after waking and cigarettes smoked per day. HSI scores were categorized as low (0-1) or medium-high dependence (2-6). Weighted country-level multivariate regression analyses were conducted to calculate the adjusted odds ratios (AOR) and 95% confidence intervals (95%CI) of having medium-high nicotine dependence, accounting for covariates.
RESULTS
The prevalence of medium-high nicotine dependence among daily cigarette smokers ranged from 60.4% (95%CI: 53.6-66.8; Botswana) to 68.4% (95%CI: 63.6-72.7; South Africa). Individuals aged 25–44 years in Ethiopia had significantly lower odds of medium-high nicotine dependence versus those aged 45+ years (AOR=0.20; 95% CI: 0.10–0.80). Respondents in Botswana with low (AOR=0.10; 95%CI: 0.00–0.40) or medium wealth index (AOR=0.24; 95%CI: 0.10–0.90) had lower odds of medium-high nicotine dependence versus those in the highest wealth group. In Ethiopia, single tobacco product users had lower odds of medium-high nicotine dependence (AOR=0.05; 95%CI: 0.00–0.20) versus multiple product users. Having smoke-free home rules was associated with higher odds of medium-high nicotine dependence in Botswana (AOR=3.84; 95%CI: 1.10–12.90) and South Africa (AOR=4.48; 95%CI: 2.40–8.30) versus households without smoke-free rules.
CONCLUSIONS
Results show that medium-high nicotine dependence was prevalent (>60%) in all four countries assessed. Significant predictors varied by country and were observed across age groups, wealth index, household smoking rules and poly tobacco use status. The results underscore the need for targeted and expanded access to cessation services to reduce dependence and advance tobacco control efforts.
Popul. Med. 2026;8(Supplement 1):A2915

ABS1840
Prevalence and associated factors of workplace secondhand smoke exposure in 10 African countries, 2012-2021

Betelihem Getachew[1], Lazarous Mbulo[2]
[1]CDC Foundation, Atlanta, United States, [2]Independent Researcher, Atlanta, United States

BACKGROUND
Adoption of workplace smokefree policies is increasing due to heightened awareness of the dangers of secondhand smoke exposure (SHSe) and efforts to promote healthier lifestyles. This study assessed the prevalence of workplace SHSe and associated sociodemographic factors among adults aged 15 and older in 10 African countries.
METHODS
We analyzed Global Adult Tobacco Survey data collected between 2012-2021 in 10 African countries. Any workplace SHSe was assessed among adults who worked outside their homes, excluding those who worked exclusively outdoors. The analytic sample ranged from n=630 [Tanzania] to n=3,289 [Ethiopia]; response rates ranged from 80.0% [Botswana] to 97.0% [Senegal]. Weighted country-level descriptive and multivariable logistic regression analyses were conducted to calculate the adjusted odds ratios (AOR) and 95% confidence intervals (95%CI) of workplace SHSe, accounting for covariates.
RESULTS
The prevalence of workplace SHSe ranged from 11.2% (95%CI: 7.8%-15.4%; South Africa) to 34.7% (95%CI: 30.4%-39.3%; Mauritania). Workplace SHSe was significantly associated with being male in Uganda, Kenya and Mauritania (AOR range: 1.66, 95%CI: 1.11-2.46 [Uganda] to 3.21, 95%CI: 1.87-5.49 [Mauritania]). Other factors significantly associated with workplace SHSe included being self-employed in Botswana, Cameroon, and South Africa (AOR range: 1.79, 95%CI: 1.04-3.07 [Botswana] to 5.33, 95%CI: 1.50-19.0 [South Africa]) and urban residency in Uganda, Mauritania and Ethiopia (AOR range: 0.63, 95%CI: 0.41-0.96 [Uganda] to 2.31, 95%CI: 1.50-3.55 [Ethiopia]). For all countries, absence of a workplace smokefree policy was significantly associated with workplace SHSe; AORs ranged from 2.07 (95%CI: 1.14-3.77; Botswana) to 21.0 (95%CI: 13.6, 32.4; Uganda).
CONCLUSIONS
Despite the existence of limited smokefree policies, workplace SHSe remains a concern. Workplace SHSe across 10 African countries was significantly associated with gender, residence, employment type, and workplace smoke-free policies in select or all countries examined. Strengthening the enforcement of current policies and adopting comprehensive smoke-free regulations could further reduce workers' exposure to SHS.
Popul. Med. 2026;8(Supplement 1):A2916

ABS1857
Differences in Hospital Clinical Outcomes Between Younger and Older Women with Breast Cancer in Chile, 2004–2024

Marcela Oyarte[1], Alexandra Obach[2], Baltica Cabieses[2]
[1]Instituto de Salud Pública de Chile, ISP, Santiago, Chile, [2]Centro de Salud Global Intercultural, CeSGi, Universidad del Desarrollo Chile, Santiago, Chile

BACKGROUND
Breast cancer in younger women (<40 years-old) presents distinct clinical characteristics and poses specific challenges for health systems. In Chile, population-based evidence comparing hospital outcomes between younger and older women with breast cancer remains limited, particularly when accounting for territorial determinants. To assess differences in in-hospital mortality and length of hospital stay between younger women and those aged 40 years and older hospitalized for breast cancer in Chile.
METHODS
A retrospective observational study was conducted using anonymized national hospital discharge data from the Ministry of Health 2004 to 2024 (Fondecyt#1251858, ANID-Chilean Government). Women hospitalized with a primary diagnosis of breast cancer (ICD-10 C50) were included. Outcomes were in-hospital mortality and length of stay. A mixed-effects logistic regression model was used for mortality, and a mixed-effects negative binomial model for length of stay, both including a random intercept for region. Models were adjusted for age group, migrant status, health insurance, rurality, specific breast cancer diagnosis, and calendar year.
RESULTS
A total of 120,898 hospital discharges were analyzed, of which 9.3% corresponded to women under 40 years of age. Overall, in-hospital mortality was low and remained stable over time (approximately 3–4%). Younger women had a significantly lower probability of in-hospital death compared with women aged 40 years and older (OR=0.80; 95%CI:0.69–0.92). They also experienced shorter hospital stays (IRR=0.91; 95%CI:0.89–0.93). In-hospital death was strongly associated with longer hospital stays (IRR=4.17; 95%CI:4.03–4.30). Regional-level variability was low for mortality (ICC=2.8%) and modest for length of stay (ICC=4.3%).
CONCLUSIONS
Younger women hospitalized for breast cancer in Chile experience better hospital clinical outcomes, including lower in-hospital mortality and shorter lengths of stay, compared with 40+ women, independent of sociodemographic and territorial factors. These findings highlight age-related differences in clinical trajectories and support the need for age-sensitive approaches in oncological care.
Popul. Med. 2026;8(Supplement 1):A2917

ABS1880
A quasi-experimental study to assess the effectiveness of "child to parent" health education strategy for prevention of type 2 diabetes mellitus among rural population of South India

Prateek Bobhate[1], Saurabh Shrivastava[2]
[1]Community Medicine, All India Institute of Medical Sciences, Vijaypur, Jammu, Vijaypur, India, [2]Community Medicine, Datta Meghe Medical College, Nagpur, Nagpur, India

BACKGROUND
In India, type-2 diabetes mellitus is seen more commonly among the younger population, at least a decade earlier in comparison to developed countries. School-going children are important population group for primordial prevention activities and as health messengers for imparting knowledge to their family members as part of "child to parent" strategy, thus promoting health status of their family and community.
METHODS
Quasi-experimental study with pre and post-test design was conducted for nine months duration in rural areas of Chengalpet district, Tamil Nadu, India among high-school going children. A pretested semi-structured schedule was used as data collection instrument after linguistic validation and pilot testing. Baseline survey was conducted followed by Intervention of Health education module comprising two sessions of one-hour duration each over a span of one week (short film, interactive lectures and role-play) printed IEC material was provided. In the control arm, routine school health services were provided as per the ongoing program. Evaluation: Assessment of knowledge was conducted post-intervention using the same assessment tool at intervals of one and three months in both groups simultaneously. Assent from child and informed consent from parents

and Institutional human ethics committee approval was obtained prior to study.
RESULTS
A total of 190 school children and their parent participated in study with similar mean age scores in both groups. Statistically significant difference was found between knowledge scores across various domains of Type 2-DM post intervention in intervention group compared to control group for both children and parents on application of Mann Whitney U test ($p<0.05$).
CONCLUSIONS
Study emphasized effectiveness of child-to-parent health education strategy for primordial and primary prevention of Type 2-DM. If found effective in large scale studies, such model can be integrated as a part of health promoting school's curriculum to tackle the rising trend of non-communicable diseases across India.
Popul. Med. 2026;8(Supplement 1):A2920

ABS1886

A retrospective study on the impact of lockdown and alcohol bans during COVID-19 on the prevalence of mandibular fractures at a South African Dental School

Faheema Kimmie-Dhansay[1], Marcelle Cupido[2], Emma DeVilliers[1], Iman Cottle[1], Gabrielle Lazarus[1], Johannes Koegelenberg[1], Hugo Beukes[1], Muhammad Bux[1], Ebrahim Essack[1]
[1]Department of Community Dentistry, University of the Western Cape, Cape Town, South Africa, [2]Department of Maxillofacial and Oral Surgery, University of the Western Cape, Cape Town, South Africa

BACKGROUND
Mandibular fractures are a prevalent form of maxillofacial trauma, strongly associated with interpersonal violence and alcohol use. The COVID-19 pandemic led to stringent public health measures, including lockdowns and, in South Africa, a complete ban on alcohol sales during May and August 2020. This created a unique opportunity to study the impact of these combined interventions on the epidemiology of mandibular fractures.
METHODS
A retrospective observational study was conducted at a South African Dental School. Data from dental records for all patients diagnosed with mandibular fractures between January 2018 and December 2022 were analyzed. The lockdown period (2020) was compared to pre-pandemic (2018-2019) and post-lockdown (2021-2022) periods. Categorical data were presented as frequencies and percentages.
RESULTS
A total of 698 mandibular fractures were reported among 683 patients. A significant reduction in total fractures was observed in 2020 compared to surrounding years. Assault remained the predominant aetiology throughout the study period (48.7% of specified causes). Notably, the lowest monthly fracture counts occurred in May and August 2020 (1% and 4.8% of the annual total, respectively), coinciding with strict alcohol bans. A large proportion of cases (41.5%) had unspecified aetiology.
CONCLUSIONS
This study demonstrates a clear decrease in mandibular fracture incidence during periods of strict COVID-19 lockdown and alcohol sales bans in South Africa, despite assault persisting as the leading cause. The findings underscore the significant role of alcohol availability in trauma related to interpersonal violence. They provide evidence for considering alcohol policy as a public health tool to reduce the burden of maxillofacial trauma, particularly in high-violence settings.
Popul. Med. 2026;8(Supplement 1):A2921

ABS1927

Polygenic Risk Scores and Digital Health Technologies in Cardiovascular Prevention: Evidence on Efficacy and Sustainability from the Italian National Health System

Chiara de Waure[1], Ilaria Valentini[2,1], Nicolò Scarsi[1,3], Francesca Volpi[1], Maddalena Arcelli[1], Pier Paolo Russo[1], Lorenzo Conciarelli[1], Marta Caminiti[1], Olimpia Lolli[1], Camilla Gobetti[1], Roberta Pastorino[3,4], Giovanna Liuzzo[5,6], Walter Mazzucco[7,8], Antonella Agodi[9,10], Stefania Boccia[3,4]
[1]Department of Medicine and Surgery, University of Perugia, Perugia, Italy, [2]Graduate School of Health Economics and Management (ALTEMS), Università Cattolica del Sacro Cuore, Rome, Italy, [3]Section of Hygiene, Department of Life Sciences and Public Health, Università Cattolica del Sacro Cuore, Rome, Italy, [4]Department of Woman and Child Health and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy, [5]Department of Cardiovascular Sciences, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy, [6]Department of Cardiovascular and Pulmonary Sciences, Università Cattolica del Sacro Cuore, Rome, Rome, Italy, [7]Azienda Ospedaliera Universitaria Policlinico "Paolo Giaccone", Palermo, Italy, [8]Dipartimento PROMISE, Università degli Studi di Palermo, Palermo, Italy, [9]Azienda Ospedaliero Universitaria Policlinico "G. Rodolico-San Marco", Catania, Italy, [10]Department of Medical and Surgical Sciences and Advanced Technologies "GF Ingrassia", University of Catania, Catania, Italy

INTRODUCTION
Cardiovascular diseases (CVDs) are a leading cause of morbidity and mortality, requiring effective, and sustainable preventive strategies. Polygenic risk scores (PRS) and digital health technologies (DHTs) may improve risk stratification and people engagement, but evidence for adoption in health systems is limited. INNOPREV (Italian Ministry of Health, PNRR-MAD-2022-12375795) evaluated the efficacy, cost-effectiveness and implementation feasibility of PRS and DHTs for primary CVD prevention in Italy.
METHODS
A multicentre randomized controlled trial was performed to compare usual care, PRS, DHT, and PRS+DHT in adults aged 40–69 years with high cardiovascular risk (SCORE2 2.5–10%) in three Italian centres. SCORE2 trajectories informed a 10-year decision-tree cost-utility model (societal perspective) using national costs and utilities; deterministic and probabilistic sensitivity analyses assessed uncertainty. To address implementation feasibility contextual factors were explored through two scoping reviews and a Delphi panel; CVD risk perception, technology acceptance, and PRS-related knowledge were assessed through a questionnaire to trial participants.
RESULTS
A total of 1019 participants were enrolled. At 6 and 12 months, no significant benefit in SCORE2 was observed in any of the intervention arms. Therefore, all strategies were dominated, generating higher costs (€3100–3500 per patient) and less quality adjusted life years than standard care. The results of the scoping review combined with the Delphi panel highlighted regulatory, economic, infrastructural and cybersecurity barriers for DHTs, and limited genomic literacy and trust barriers for PRS. Questionnaires showed a low perceived CVD risk, but good motivation towards prevention with positive acceptance of DHTs, and socioeconomic gradients in PRS literacy.
CONCLUSIONS
The preliminary results of the project indicate that PRS and DHTs did not improve cardiovascular risk trajectories nor demonstrate cost-effectiveness compared with standard care. Despite favourable attitudes towards prevention and DHTs, equity-relevant literacy gaps and implementation barriers suggest that further research are needed before sustainable, large-scale adoption.
Popul. Med. 2026;8(Supplement 1):A2924

ABS1947

Evaluating the effects of a sorghum probiotic fortified beverage on diabetes and obesity among mineworkers in South Africa: A proof of concept study

Rethabile Joyce Moshoeshoe[1], Nsovo Mayimele[1], Frank Adusei-Mensah[2], David Katerere[1]
[1]1Department of Pharmaceutical Sciences, Tshwane University of Technology, Pretoria, South Africa, [2]2Institute of Public Health and Clinical Nutrition, Faculty of Health Sciences, University of Eastern Finland,, Kuopio, Finland

INTRODUCTION
The rising prevalence of obesity and type 2 diabetes ("diabesity") in South Africa is rising at an alarming rate. The mining population is most at risk due to sedentary lifestyles, irregular meals, long shifts, and dependence on processed, ready to eat, high carbohydrate foods. Studies show 31% of mineworkers are obese and at high risk of diabetes, yet few nutrition interventions target this specific need (Van Heerden, 2020). The Mine Health and Safety Act (MHSA) No. 29 of 1996 states that workers with uncontrolled diabetes or obesity-related complications may be deemed unfit. It is very common for mineworkers to lose work as a result of obesity and diabetes related complications exerting an economic burden on low-income households. Sorghum (Sorghum bicolor [L]. Moench), or "mabele," is an indigenous grain rich in phytonutrients. It's effect on the PPAR-γ pathway on modulating hyperglycaemia and adipogenicity (de Oliveira & de Alencar Figueiredo, 2024) has been well documented.
METHODS
This proof-of-concept, randomised, open-label, crossover, placebo-controlled nutritional intervention trial, will enrol 80 mineworkers (over 3 years) with obesity and/or type 2 diabetes. Participants will consume the study beverage as a partial meal replacement or a maize-based placebo over 12 weeks, including a 4-week washout and followed by a crossover period. Baseline and post-intervention measures will include anthropometric indicators, glycaemic markers, and selected inflammatory and immune markers. A semi-structured quality-of-life survey will assess general well-being. Expected
RESULTS

It is expected that the sorghum beverage will demonstrate feasibility and high acceptability within the mining environment, with favourable short-term effects on satiety, energy and glycaemic response compared with the maize-based placebo.
CONCLUSIONS
This pilot study will generate preliminary evidence on the role of sorghum-based culturally acceptable (indigenous) foods in occupational nutrition will inform the design of larger trials.
Popul. Med. 2026;8(Supplement 1):A2926

ABS1953

Association between Alzheimer's disease and other dementias and religious practice among Brazilian adults and older adults: evidence from the Brazilian Longitudinal Study of Aging (ELSI-Brazil)

Carolina Cazarotto[1], Amanda Romeiro[1], Antonio Felipe Cavalcante[2], Jovino Oliveira[1], Erika Silveira[1]
[1]School of Medicine – Graduate Program in Health Sciences, Federal University of Goiás, Goiânia, Brazil, [2]Phisiotherapy Department, Morgana Potrich College, Mineiros, Brazil

INTRODUCTION
With population aging, dementias pose a major challenge to global public health, requiring the identification of potentially modifiable factors associated with their risk. Religiosity, particularly religious practice, remains underexplored in population-based studies, especially in Latin America. Thus, this study evaluated the association between religious practice and dementia among Brazilian adults aged 50 years or older.
METHODS
Data from the second wave of the Brazilian Longitudinal Study of Aging (ELSI-Brazil; 2019–2021) were used, including 9,856 participants aged ≥50 years. Dementia was defined as a z-score ≤ −1.5 on cognitive tests combined with impairment in at least one activity of daily living, or a cutoff score ≥3.4 on the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) for proxy respondents. Religious practice was measured using the Duke University Religion Index (P-DUREL) and categorized according to frequency of participation. Associations were estimated using Poisson regression with robust variance, applying the Wald test, with a 5% significance level (Stata 17.0).
RESULTS
The prevalence of dementia was 5.73% (n = 444). Religious practice was categorized as: "more than once a week" (27.36%), "once a week" (32.95%), "two or three times a month" (16.94%), and "a few times a year or never" (22.75%). Dementia prevalence and its association with religious practice were as follows: more than once a week (2.04%), once a week (2.70%; PR = 1.32; 95% CI 0.88–1.98), two to three times a month (3.57%; PR = 1.74; 95% CI 1.12–2.71), and a few times a year or never (4.98%; PR = 2.43; 95% CI 1.64–3.60), with a statistically significant difference (p < 0.001).
CONCLUSIONS
Religious practice was associated with dementia, with a progressive increase in prevalence as the frequency of religious practice decreased.
Popul. Med. 2026;8(Supplement 1):A2928

ABS2002

Depression, anxiety and poor psychosocial well-being are associate with tobacco smoking in South Africa

Nasheeta Peer[1], Yusentha Balakrishna[1], Jillian Hill[1], Andre-Pascal Kengne[1,2]
[1]South African Medical Research Council, Durban and Cape Town, South Africa, [2]African Population and Health Research Center, Nairobi, Kenya

INTRODUCTION
Tobacco smoking, mental health problems and poor psychosocial well-being are high in South Africa with these relations underexplored. This study examined the associations of sociodemographic characteristics, anxiety, depression and poor psychosocial well-being with current tobacco smoking in Cape Town.
METHODS
In this population-based cross-sectional study, sociodemographic characteristics, lifestyle behaviours, mental health and psychosocial profiles were collected using administered questionnaires. Logistic regressions examined the associations with current smoking. The basic model comprised sociodemographic characteristics. Thereafter, mental health and psychosocial variables were entered individually in separate models. P-values <0.05 were deemed significant.
RESULTS
Among 1016 participants (81% women), median age 55 years, prevalence of tobacco smoking was 22.2% and higher in men (30.6%) than women (20.3%) (p=0.002). Smoking was more prevalent among problem drinkers (36.2%) and non-problem drinkers (29.6%) than non-drinkers (17.8%) (p<0.001). Depression, anxiety, less social support, poor quality of life, perceptions of poor health and physical/emotional health interfering with social activities were higher with current smoking (p<0.04 for all). In the basic regression model, male vs. female, mixed ancestry vs. black, unemployed vs. employed, and never married vs. currently married were significantly associated with current smoking. In separate regression models, depression traits were associated with smoking (OR:1.43, 95%CI:1.04-1.95) as were anxiety traits: OR: 1.52, 95%CI:1.05-2.19. Further, low social support (OR: 1.54, 95%CI:1.08-2.19), poor quality of life (OR:1.73, 95%CI:1.25-2.39) and perceptions of having poor health (OR: 1.73, 95%CI:1.23-2.44) were related to smoking. Adverse life events of experiencing financial strain (OR:1.48, 95%CI:1.10-2.00) or having relationship difficulties (OR:1.49, 95%CI:1.12-1.97) were linked to smoking.
CONCLUSIONS
The high burden of current smoking and its associations with depression, anxiety and poor psychosocial well-being highlight the need to assess mental health and psychosocial well-being among current tobacco smokers. Furthermore, measures to address these conditions need to be incorporated into smoking cessation programmes to improve cessation rates.
Popul. Med. 2026;8(Supplement 1):A2930

ABS2023

Colour fundus photography as a rapid screening tool for diabetic complications: a pilot study

Annibale Cois[1,2], Rifqah Roomaney[1], Eric Falletisch[3]
[1]Burden of Disease Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Division of Epidemiology and Biostatistics, School of Public Health, University of Cape Town, Cape Town, South Africa, [3]Somerset Eye, Somerset West, South Africa

BACKGROUND
AI-based systems for interpreting colour fundus images are now regulator-approved in multiple countries for diabetic retinopathy screening and increasingly used in South Africa, where commercial solutions are reimbursed by major health insurers. Evidence shows that retinal microvascular changes are biomarkers of systemic pathology. In diabetes, these alterations underlie complications such as cardiovascular disease, chronic kidney disease, and peripheral neuropathy, supporting the extension of AI-based retinal screening beyond retinopathy to detect other diabetes complications.[2,3]
METHODS
We conducted a pilot study of 200 people with diabetes who underwent AI-based retinopathy screening in an endocrinology practice in the Western Cape between April 2023 and March 2025. Four colour fundus images, clinical histories, and relevant biomarkers were collected per participant. Retinal vascular features were quantitatively extracted and analysed using multivariate statistical methods to assess associations with systemic diabetic complications. A proof-of-concept deep-learning model was developed to predict early kidney disease from retinal images alone, with performance evaluated using standard classification metrics and attention-based analyses.
RESULTS
Automatically extracted measures of retinal vessel tortuosity, complexity, and density were associated with biomarkers of kidney function (eGFR, serum creatinine), glycaemic control (HbA1c), and cardiovascular risk (total cholesterol, LDL), as well as with clinical diagnoses of hypertension, kidney disease, and peripheral neuropathy. The screening model identified individuals at increased risk of kidney disease (eGFR < 60 mL/min/1.73 m and/or albumin–creatinine ratio ≥ 3 mg/mmol), present in 19% of participants, with 87% sensitivity and an area under the curve (AUC) of 0.81.
CONCLUSIONS
In people with diabetes, AI-derived retinal vascular features are associated with multiple systemic complications. These findings support the feasibility of extending retinal AI screening beyond retinopathy to enable non-invasive, multi-disease risk stratification. This approach could substantially expand screening for diabetic complications in South Africa, where current screening rates are well below clinical guideline recommendations.
Popul. Med. 2026;8(Supplement 1):A2932

ABS2105

Bridging the Gap: Investigating the interplay between maternal oral health and food insecurity among pregnant women in KwaZulu-Natal, South Africa

Sinegugu Shongwe[1], Themba Ginindza[1], David Seidenfeld[2]
[1]School of Medicine, Department of Public Health Medicine, University of KwaZulu-

Natal, Durban, South Africa, [2]American Institutes for Research, Washington, DC, United States

INTRODUCTION

maternal oral health remains a neglected component of antenatal care in low-resource settings. In south africa, approximately 21% of households experience food insecurity1, while oral health problems affect a substantial proportion of pregnant women globally, with prevalence estimates in low- and middle-income settings exceeding 50%2. Despite their shared contribution to maternal health inequities, the relationship between household food insecurity and maternal oral health during pregnancy remains poorly understood, particularly at the provincial level in settings such as kwazulu-natal.

METHODS

a convergent mixed-methods study will be conducted at two public healthcare centres in durban. Structured questionnaires will be administered to 420 pregnant women aged 18–49 years, incorporating the food insecurity experience scale (FIES)3, self-reported oral health symptoms, and access to dental services. In-depth interviews will be conducted with a purposively selected sub-sample of pregnant women aged 16–24 years, along with 10–16 healthcare workers, to explore the lived experiences of food insecurity, oral health challenges, and health-system barriers to care.

RESULTS

quantitative analyses will explore associations between household food insecurity severity and maternal oral health outcomes during pregnancy. Qualitative findings will be used to deepen understanding of potential pathways linking food insecurity and oral health, including dietary coping strategies, competing health priorities, and structural constraints within the health system that shape access to dental care.

CONCLUSIONS

by generating context-specific evidence from kwazulu-natal, this study addresses a critical gap at the intersection of nutrition, oral health, and maternal care. The findings aim to inform more integrated antenatal interventions that align nutritional support with oral health promotion, contributing to efforts to reduce maternal and child health inequities in south africa.

Popul. Med. 2026;8(Supplement 1):A2933

ABS2113

Investigation of hypertension self-efficacy, medication adherence, and related factors among hypertensive patients aged 40–65 in a district

Altuğ Civan[1], Burcu Ecem Uğuz[2], Gülçin Yapıcı[1]

[1]Mersin University Faculty of Medicine, Department of Public Health, Mersin, Turkey, [2]Idil District Health Directorate, Sirnak, Turkey

BACKGROUND

Hypertension is one of the most common chronic diseases worldwide and is a major cause of cardiovascular disease, stroke, and renal failure. Treatment adherence and self-efficacy are critical for blood pressure control. This study aimed to investigate hypertension self-efficacy, medication adherence, and related factors among hypertensive patients aged 40–65 years attending Family Health Centers (FHCs).

METHODS

The population of this cross-sectional study consisted of 88502 individuals aged 40–65 years living in Mezitli district, Mersin. The minimum sample size was calculated as 322 assuming a hypertension prevalence of 30%, 95% confidence interval, and ±5% margin of error. A total of 344 patients receiving antihypertensive treatment for at least one year were recruited from four randomly selected FHCs between July 1 and September 1, 2025. Data were collected using a structured questionnaire, anthropometric and blood pressure measurements, the Hypertension Self-Efficacy Scale, and the Medication Adherence Self-Efficacy Scale–Short Form (MASES-SF). Higher scores on both scales indicate higher self-efficacy and better medication adherence. Independent t-test, ANOVA, Pearson correlation, and multiple linear regression analyses were performed ($p<0.05$).

RESULTS

The mean age was 57.97±6.09 years, and 59.3% were women. Mean systolic/diastolic blood pressure was 132.90±16.55/80.41±11.82 mmHg, and 74.4% had uncontrolled blood pressure. Mean self-efficacy score was 56.59±7.64 and mean MASES-SF score was 42.42±9.36. Higher self-efficacy was associated with female sex, regular medication use, having a blood pressure monitor, following a diet, receiving health education, and healthcare facility type, whereas higher body mass index was associated with lower self-efficacy ($p<0.05$). MASES-SF scores were significantly associated with marital status, healthcare facility type, regular medication use, duration of hypertension, and self-efficacy ($p<0.05$).

CONCLUSIONS

Although self-efficacy and medication adherence were above average, uncontrolled blood pressure was common. Strengthening lifestyle interventions and health education at the primary care level may improve hypertension management.

Popul. Med. 2026;8(Supplement 1):A2934

ABS2115

There Is No Health Without Oral Health: Advancing Integration into NCD and UHC Frameworks

Raman Bedi[1], Adeniyi Abiola[1], Pyakurel Prajjwal[1]

[1]World Federation of Public Health Associations, Geneva, Switzerland

INTRODUCTION

Non-communicable diseases (NCDs), including oral diseases, represent the leading cause of global morbidity and mortality, yet oral health remains largely excluded from NCD policies, Universal Health Coverage (UHC) benefit packages, and primary health care strategies. Affecting more than 3.5 billion people worldwide, oral diseases share common, preventable risk factors with other NCDs and are bi-directionally linked with systemic conditions such as diabetes, cardiovascular disease, and cancers. This policy disconnect undermines prevention, delays early detection, and exacerbates health inequities, particularly in low- and middle-income countries. Addressing this gap is essential to advance equity, strengthen health systems, and achieve the Sustainable Development Goals.

METHODS

This session presents a World Federation of Public Health Associations (WFPHA) collaborative policy statement calling for the systematic integration of oral health into global and national NCD and UHC agendas. The session will be delivered as an interactive panel discussion, bringing together public health associations, policymakers, researchers, clinicians, and civil society representatives. Using the Call to Action as a framing tool, panellists and participants will explore practical pathways for implementation from policy, health-system, workforce, financing, and community perspectives.

RESULTS

The discussion will highlight key implementation priorities, including embedding oral health within national NCD strategies and UHC packages, integrating basic oral health services into primary care, addressing shared risk factors, and strengthening interprofessional collaboration. Participants will exchange regional experiences and identify actionable strategies adaptable to diverse health-system contexts.

CONCLUSIONS

By translating a global policy statement into implementation-oriented dialogue, this session supports public health associations and professionals in advancing integrated, equitable, and sustainable approaches to oral health within NCD and UHC frameworks. The session aims to catalyse collective action and reinforce oral health as a fundamental component of public health.

Popul. Med. 2026;8(Supplement 1):A2935

ABS2121

Using Group Model Building to Identify the Drivers and Levers of the Double Burden of Malnutrition in Cape Town, South Africa

Nicole Holliday[1,2], Martina Lembani[3], Carmen Klinger[1,2], Muhalo Kenneth Muhali[3], Zandile June-Rose Mchiza[3,4], Jillian Hill[4], Hlolisiso Nonkeneza[4], Maxwell Feni[4], Annalie Wentzel[4,3], Sandile Luke[4], Magnifique Nkurunziza[4], Peter von Philipsborn[1,2,5], Eva A Rehfuess[1,2], Peter Delobelle[6,7]

[1]Institute for Medical Information Processing, Biometry and Epidemiology; Chair of Public Health and Health Services Research; Faculty of Medicine, LMU Munich, Munich, Germany, [2]Pettenkofer School of Public Health, LMU Munich, Munich, Germany, [3]School of Public Health, University of the Western Cape, Cape Town, South Africa, [4]Non-Communicable Disease Research Unit, South African Medical Research Council, Belville, South Africa, [5]Chair of Public Health Nutrition, University of Bayreuth, Bayreuth, Germany, [6]Chronic Diseases Initiative for Africa, University of Cape Town, Cape Town, South Africa, [7]Department of Public Health, Universiteit Brussel, Brussels, Belgium

BACKGROUND

The double burden of malnutrition (DBM), consisting of under- and overnutrition, is a substantial health problem in South Africa. Addressing the DBM requires understanding the common drivers and interactions of undernutrition and overweight which is suited to a complex systems approach. This study applied participatory group model building with multisectoral stakeholders in Cape Town to develop a causal loop diagram (CLD) of the drivers and levers of the DBM across the micro- (individual, household) and meso- (community, local policy) level.

METHODS

Semi-structured interviews were conducted with 35 stakeholders at micro-level (community health workers and coordinators) and meso-level (civil society

representatives, researchers, and city and provincial government employees). Analysis was conducted using grounded theory and a complex systems approach to assemble preliminary variables on the drivers of the DBM for group model building. One workshop was conducted for each level to develop a CLD depicting drivers of the DBM and identify leverage points for action.
RESULTS
The CLD illustrates 63 variables within eight themes: food environment domains, social vulnerability and equity awareness, access to resources, governance principles, relationships, barriers to food security, commercial determinants of health, and policy development. At micro-level, stakeholders proposed levers of greater nutrition literacy training for community health workers, support for food gardens, and advocacy on food safety at informal shops and alcohol policy. At meso-level, recommended leverage points included mobilizing civil society, supporting evidence uptake in agenda setting, increasing transparency of the corporate sector, developing structures to enable a healthier food environment, and regulating food marketing.
CONCLUSIONS
Group model building helped stakeholders develop a shared understanding of the drivers of the DBM as a complex system. The findings of the CLD emphasize that double-duty actions are needed across levels, including strengthening food security within communities and bolstering supportive governance structures to improve healthy food consumption.
Popul. Med. 2026;8(Supplement 1):A2936

ABS2154
A qualitative exploration of healthcare workers' perspectives on and experiences with colorectal cancer screening in the Western and Eastern Cape

Alexandra Payne[1], Lucia Knight[1]
[1]Department of Public Health, Division of Social and Behavioural Sciences, University of Cape Town, Cape Town, South Africa

BACKGROUND
In South Africa (SA), colorectal cancer (CRC) incidence and mortality is growing. CRC is often diagnosed at an advanced stage in SA with an increase in younger diagnoses and poor outcomes. However, CRC screening and faecal immunochemical testing (FIT) is not offered in the public healthcare sector. Prior to implementing a screening test, it is important to address health system related factors that are specific to the South African context to understand feasibility and acceptability. To establish a foundation for the potential implementation of a FIT screening program, this qualitative study aimed to explore primary and secondary healthcare workers' perceptions of CRC screening.
METHODS
The PRECEDE portion of the PRECEDE-PROCEED model, which identifies predisposing (intrapersonal), reinforcing (interpersonal) and enabling (structural) constructs within the context of health behaviours, served as the theoretical framework for this study. Eight healthcare providers (n=6 physicians and n=2 nurses) practicing in the Western and Eastern Cape were purposively sampled to participate in semi-structured qualitative interviews. Interviews were analysed using thematic analysis guided by the model.
RESULTS
Perceived barriers to CRC screening were identified as socioeconomic status, work status and personal discomfort with tests (predisposing); geographical challenges and healthcare worker related factors (reinforcing); and pathology lab services, test costs, lack of proper ablutions, and lack of clinical continuity and communication (enabling). Perceived facilitators were identified as health education (predisposing); primary care physicians' training in CRC risk and testing location (reinforcing); and test affordability, communication across different health systems, and test availability at primary care level (enabling).
CONCLUSIONS
This study identifies context specific perceived barriers and facilitators among primary and secondary healthcare workers to CRC screening in South Africa. If CRC FIT screening were to be implemented in SA, relevant policy makers and stakeholders would need to address these perceived barriers across multiple levels.
Popul. Med. 2026;8(Supplement 1):A2939

ABS2176
Enhancing Implementation and Impact of Universal School Meals: Initial Acceptability, Feasibility, and Sustainability of Equity-Focused Implementation Strategies

Gabriella McLoughlin[1], Angel Smith[1], Alex Dopp[2], Resa Jones[3,4], Omar Martinez[5], Shiriki Kumanyika[6], Jennifer Orlet Fisher[1], Ross Brownson[7,8]
[1]Department of Social and Behavioral Sciences, Temple University, Philadelphia, United States, [2]RAND, Santa Monica, United States, [3]Epidemiology and Biostatistics, Temple University, Philadelphia, United States, [4]Fox Chase Cancer Center, Temple University Health, Philadelphia, United States, [5]College of Medicine, University of Central Florida, Orlando, United States, [6]Perelman School of Medicine, University of Pennsylvania, Philadelphia, United States, [7]Siteman Cancer Center, Washington University in St. Louis, St. Louis, United States, [8]School of Public Health, Washington University in St. Louis, St. Louis, United States

INTRODUCTION
Provision of Universal free School Meals (USM) is a critical policy approach to address food insecurity and obesity risk in school-aged children. Equity-focused solutions that center the needs of those tasked with implementation and reach the most vulnerable recipients are necessary to ensure effectiveness and longevity. This study aimed to assess the acceptability, feasibility, and sustainability of co-created equity-focused implementation strategies to enhance the uptake of USM in urban public schools.
METHODS
This study examined outcomes of a community-engaged implementation mapping process in an ongoing hybrid implementation-effectiveness trial with 4 schools in the School District of Philadelphia (2 intervention; 2 comparison). Surveys and observations were conducted in Fall 2025 to document practitioners' (n=19) perceptions of implementation strategies co-created with the research team in prior phases of the process. Survey data were analyzed descriptively; qualitative data were analyzed deductively using the Exploration, Preparation, Implementation, and Sustainment (EPIS) and Getting to Equity (GTE) frameworks.
RESULTS
Survey data from teachers (50%), food service staff (16.7%), climate staff (16.7%), community coordinators (11%), and principals (11%) revealed 84% of participants felt strategies were feasible and acceptable. For sustainability, 68% agreed there is a plan for implementation long-term and 79% agreed strategies had been integrated into school operations. Qualitative data reflected challenges of organizational capacity within EPIS inner setting such as staffing changes/limitations. Facilitators related to increasing access to healthy options in the GTE framework, such as improving access for English language learners through menu promotion, and financial and logistical support from the school district (EPIS outer context).
CONCLUSIONS
Our study shows potential for acceptable, feasible, and sustainable strategies to build capacity in school systems to address food insecurity. Results highlight the importance of investing in implementation capacity, not only policy adoption, to ensure that USM programs effectively reach students most vulnerable to food insecurity.
Popul. Med. 2026;8(Supplement 1):A2940

ABS2184
Exploring the Cardiometabolic Profile of Emirati Adults at Risk for Obstructive Sleep Apnea: Findings from the United Arab Emirates Healthy Future Study

Manal Taimah[1], Amar Ahmad[1], Youssef Idaghdour[1], Raghib Ali[1,2], Mohammed Al-Houqani[3]
[1]Public Health Research Center, New York University Abu Dhabi, Abu Dhabi, United Arab Emirates, [2]MRC Epidemiology Unit, University of Cambridge, Cambridge CB2 1TN, United Kingdom, [3]Internal Medicine Department, United Arab Emirates University, Al-Ain, United Arab Emirates

BACKGROUND
Obstructive sleep apnea (OSA) is increasingly recognised as a contributor to cardiometabolic morbidity; however, its prevalence and early metabolic consequences in the United Arab Emirates (UAE) are not well characterised1-4. Evidence is particularly limited among young adults, in whom early cardiometabolic and renal changes may precede overt disease. This study examined the association between OSA risk and a broad range of cardiometabolic and renal biomarkers in a large cohort of young Emirati adults.
METHODS
This cross-sectional analysis included 5,424 participants from the UAE Healthy Future Study5. OSA risk was evaluated using the STOP-Bang questionnaire and categorised as low (score 0–2) or intermediate-to-high (score ≥3). Biomarkers assessed included glycated haemoglobin (HbA1c), lipid profile, apolipoproteins A and B, C-reactive protein (CRP), serum creatinine, and urine microalbumin. Group comparisons were conducted using t-tests and χ tests. Multivariable linear regression models were used to assess associations, adjusted for sociodemographic and lifestyle factors. Sensitivity analyses excluded participants with diabetes or dyslipidaemia.

RESULTS
Participants had a mean age of 27.5 years, and 30% were classified as having intermediate-to-high OSA risk. Higher OSA risk was associated with greater adiposity, elevated blood pressure, and an adverse cardiometabolic profile. After adjustment, intermediate-to-high OSA risk was independently associated with higher HbA1c, total cholesterol, LDL-C, triglycerides, and ApoB, alongside lower HDL-C and ApoA (all $p < 0.001$). Statistically significant CRP ($\beta = 0.14$ mg/dL, 95% CI: 0.10, 0.18), serum creatinine ($\beta = 0.11$ mg/dL, 95% CI: 0.09, 0.13), and urine microalbumin ($\beta = 3.61$ mg/dL, 95% CI: 1.64, 5.60) with higher OSA risk. Sensitivity analyses yielded largely consistent findings, except for urine microalbumin.
CONCLUSIONS
Increased OSA risk was consistently linked to adverse cardiometabolic and renal biomarkers in young adults. These findings highlight the potential value of STOP-Bang for early risk identification and underscore the need for longitudinal validation.
Popul. Med. 2026;8(Supplement 1):A2941

ABS2211
Takotsubo cardiomyopathy in postmenopausal women: misdiagnosis, equity, and inclusion in cardiovascular care

Solihat Yesufu[1], Aminat Akanbi[2], Iruoma Osonwa[3], Ademola Adeyemi[4]
[1]General OutPatient Department, Ikotun Primary Health Centre, Lagos, Nigeria, [2]General OutPatient Department, Federal Medical Centre Epe, Lagos, Nigeria, [3]General OutPatient Department, Senator Oluremi Tinubu Primary Health Centre, Lagos, Nigeria, [4]Internal Medicine, University of Ilorin, Ilorin, Nigeria

INTRODUCTION
Takotsubo cardiomyopathy (TTC), or stress cardiomyopathy, is a reversible left ventricular dysfunction predominantly affecting postmenopausal women, accounting for 80 to 90 % of cases. TTC frequently mimics acute coronary syndrome (ACS), leading to significant diagnostic errors. In postmenopausal women, clinical minimisation often occurs, especially when symptoms are attributed to anxiety or normal stress reactions. These gender disparities, compounded by limited awareness in low and middle income countries, underscore the urgent need for equitable, gender-sensitive cardiovascular care pathways.
METHODS
A narrative review of literature from 2010 to 2025 was conducted using PubMed, Google Scholar, and major cardiology sources. Search terms included "takotsubo cardiomyopathy," "postmenopausal women," "gender disparities," and "low and middle income countries" to evaluate systemic barriers to equitable cardiovascular care.
RESULTS
TTC accounts for 1 to 3 % of suspected ACS presentations, with postmenopausal women aged 55 or older disproportionately affected. Oestrogen deficiency and a heightened catecholamine surge in this demographic increase myocardial susceptibility under stress. Overlapping features including chest pain, ST-segment changes, and troponin elevation closely mimic ACS, contributing to diagnostic error. Clinical outcomes include a 6 to 10 % risk of cardiogenic shock and a 1 to 2 % annual recurrence rate among survivors. Inappropriate management remains a challenge for postmenopausal women, particularly in low and middle income settings.
CONCLUSIONS
Takotsubo cardiomyopathy is a critical consideration in postmenopausal women. High rates of misdiagnosis and clinical minimisation, often manifesting as clinical dismissal, necessitate urgent gender-sensitive care pathways. A global focus on timely and objective recognition, particularly in low and middle income countries, is essential to ensure equitable cardiovascular care and optimise long-term health outcomes for women.
Popul. Med. 2026;8(Supplement 1):A2942

ABS2215
Exploring Biokineticists' Role in the Early Detection and Prevention of Non-Communicable Diseases in Rural South Africa: A Qualitative Study

Gudani Mukoma[1], Lisa Micklesfield[2], Estelle Watson[3], Shane Norris[4]
[1]Biokinetics, Recreation and Sport Science, University of Venda, Thohoyandou, South Africa, [2]SAMRC/Wits DPHRU, Witwatersrand, Johannesburg, South Africa, [3]Exercise Science, University of Auckland, Auckland, New Zealand, [4]Human Development and Health, University of Southampton, Southampton, United Kingdom

BACKGROUND
Non-communicable diseases like diabetes and cardiovascular disease are increasing in South Africa, particularly in rural areas where many remain undiagnosed. Biokineticists, experts in clinical exercise, are ideally suited to help detect and prevent these diseases early. However, they're largely absent from public healthcare, and their potential in rural primary care is underused. This study sought to understand biokineticists' views on their current and future roles in screening for NCD risk factors and promoting health in rural South Africa.
METHODS
This qualitative cross-sectional study involved in-depth interviews with ten biokineticists practising in rural and public healthcare settings across South Africa. A semi-structured interview guide guided discussions on screening practices, NCD prevention and management. Data analysis followed Braun and Clarke's six-phase approach using deductive and inductive coding techniques. This method revealed key themes related to biokinetics practice, service delivery barriers and opportunities for integrating NCD detection and prevention strategies.
RESULTS
The study found that Biokineticists in rural areas are well-positioned to conduct community screenings and identify individuals at risk of non-communicable diseases early. This early identification allows for timely implementation of tailored exercise interventions. However, challenges include limited recognition in existing health policies, hindering their integration into public health systems, and financial barriers since Biokinetics services often require payment per consultation, posing a challenge for low-income populations. Despite these constraints, participants recognised the potential for interprofessional collaboration to tackle NCDs and stressed the importance of integrating Biokinetics into primary care settings to improve health outcomes in underserved rural communities.
CONCLUSIONS
Biokineticists can significantly help prevent and promote NCD prevention in rural South Africa. Increasing their visibility and integrating them into public health policy and care teams can improve early detection and intervention for vulnerable populations.
Popul. Med. 2026;8(Supplement 1):A2943

ABS2220
Comparing the association of selected anthropometric indices with cardiovascular disease risk and vascular age in adults under 40 years

Moloko Matshipi[1], Kotsedi Daniel Monyeki[1]
[1]Physiology and Environmental Health, University of Limpopo, Mankweng, Polokwane, South Africa

INTRODUCTION
Cardiovascular disease (CVD) remains a growing concern in low- and middle-income countries. Simple adiposity measures such as body mass index (BMI), waist circumference (WC), waist-to-hip ratio (WHR), and waist-to-height ratio (WHtR) may help detect early vascular ageing before clinical risk becomes elevated. This study compared associations between these anthropometric indices, estimated 10-year CVD risk, and vascular age among adults younger than 40 years.
METHODS
This cross-sectional study included 400 adults aged 29–38 years. Anthropometric indices were derived from height, weight, waist, and hip circumferences. Framingham 10-year general CVD risk (%) and vascular age were calculated using a publicly available Framingham General CVD Risk Calculator, which applies the published sex-specific equations. Vascular age delta was defined as vascular age minus chronological age. Analyses were conducted in IBM SPSS Statistics. Participants were stratified by sex and smoking status into four groups. Continuous variables were summarised using mean and standard deviation. Pearson correlation coefficients with 95% confidence intervals were used to evaluate associations. Univariable linear regression models were run per stratum. Binary outcomes were defined as Framingham risk ≥5% and vascular age delta ≥5 years. Discrimination was assessed using receiver operating characteristic (ROC) analysis.
RESULTS
In women non-smokers, WC, WHtR, and BMI were positively associated with vascular age delta, while WHR showed little association. WHtR and WC best discriminated vascular age delta ≥5 years. Among men who smoke, anthropometric measures provided limited discrimination for 10-year CVD risk but BMI moderately discriminated vascular age delta ≥5 years. AUC estimates were unstable in strata with very few individuals above the 5% risk threshold.
CONCLUSIONS
Among adults under 40, anthropometric indices offer limited value for short-term CVD risk classification but provide meaningful insight into early vascular ageing. WHtR and WC were strongest in women non-smokers, whereas BMI was most informative in male smokers.

Popul. Med. 2026;8(Supplement 1):A2944

ABS2263

Prevalence and associated factors of normal-weight central obesity among community-dwelling adults 18 years and older in Mongolia

Karl Peltzer[1]
[1]University of the Free State, Bloemfontain, South Africa

INTRODUCTION
This study investigated the prevalence of and factors associated with normal-weight central obesity (NWCO) among adults aged 18–64 years in Mongolia.
METHODS
Data were pooled from 5,287 participants aged 18–64 years who took part in repeated cross-sectional Mongolia STEPS surveys conducted in 2005, 2009, 2013, and 2019. Anthropometric and independent variables were measured using standard procedures. Factors associated with NWCO were examined using logistic regression analysis.
RESULTS
Among individuals with normal weight (BMI 18.5–24.9 kg/m), the prevalence of NWCO across the four surveys was 34.0%, increasing from 8.7% in 2005 to 37.0% in 2019. Adjusted logistic regression analyses showed that, compared with 2005, survey year 2019 (AOR = 3.07, 95% CI: 2.29–4.12), middle age (45–64 years) (AOR = 2.14, 95% CI: 1.65–2.79), low physical activity (AOR = 1.31, 95% CI: 1.05–1.64), and hypertension (AOR = 1.44, 95% CI: 1.09–1.90) were positively associated with NWCO. In contrast, male sex (AOR = 0.06, 95% CI: 0.01–0.27) and higher education (AOR = 0.68, 95% CI: 0.52–0.85) were negatively associated with NWCO.
CONCLUSIONS
Approximately one in three normal-weight adults in Mongolia had central obesity. To prevent NWCO, healthcare providers should emphasize the importance of maintaining a healthy lifestyle, including adequate physical activity and other weight-related behavioural changes.
Popul. Med. 2026;8(Supplement 1):A2946

ABS2297

Determining the incidence of breast cancer in Mbekweni, Paarl, South Africa, and the lived experiences of the women involved: A mixed-methods study

Carlize de Kock[1], Gerhard Nico Hudson[1]
[1]Be Part Research (PTY) Ltd, Paarl, South Africa

INTRODUCTION
Breast cancer was the most common cancer diagnosed in South African (SA) females in the year 2022, accounting for 24.1% of all cancers diagnosed. No information on the incidence of breast cancer or its determinants specific to the study setting could be found.
METHODS
This was a prospective observational study, with a convergent parallel mixed-methods design. The quantitative data were collected by means of a self-completed questionnaire, findings on clinical breast examination, imaging reports and referrals to higher levels of care. The qualitative data were collected through small focus group discussions which were recorded, transcribed, and analysed through inductive thematic analysis.
RESULTS
Of the sample population of 381 participants, a total of 55 (14.4%) were found to have suspicious clinical findings and required an imaging study. Upon receipt of the imaging reports, 4 (1.0%) required referral for biopsies or further management. At the time of writing, only 1 participant (0.3%) had been confirmed as having cancer, which was used to calculate an incidence of breast cancer of 6 cases per 1 000 person-years. Although only a single case was identified during the study period, there was some awareness of and insight into breast cancer in this community. However, it is a disease still stigmatised by a plethora of myths and cultural beliefs, which negatively influences women's choice to seek help early.
CONCLUSION
The incidence of breast cancer in women aged 35 - 69 years in Mbekweni was low in absolute terms, with only one confirmed case during the study period. Despite this, some insight and awareness surrounding breast cancer in the community was evident. There is a significant desire for more information in this community, which can provide healthcare workers with a valuable opportunity to educate and empower the members and positively influence the overall health of the community.
Popul. Med. 2026;8(Supplement 1):A2948

ABS2345

Stroke Prevention: Exploring the Knowledge, Attitudes and Practices of CHWs and Healthcare Professionals in the North-West Province, South Africa.

Stephani Botha[1], Froneman Kathleen[1], Rabie Tinda[1], Iolanthé Marike Kruger[2]
[1]School of Nursing, North-West University, Potchefstroom, South Africa, [2]Africa Unit for Transdisciplinary Health Research, North-West University, Potchefstroom, South Africa

INTRODUCTION
Stroke is a major global public health concern and is often preventable through early identification and management of cardiovascular risk factors. In South Africa, community health workers play a key role in primary health care and prevention at household and community level. However, their contribution to cardiovascular care, particularly stroke prevention, remains under-researched. Understanding community health workers' knowledge, attitudes, and practices regarding stroke prevention is essential to strengthening their preventive role.
METHODS
A qualitative, exploratory, contextual and descriptive research design was employed. Purposive sampling was used to select community health workers, healthcare professionals, and community health centres. Data were collected through eight World Café sessions with community health workers (n = 90) and eight focus group discussions with healthcare professionals (n = 49). Data were analysed using Creswell's six steps of thematic analysis.
RESULTS
Analysis of the World Café sessions and focus group discussions revealed three overarching themes: knowledge, attitudes, and practices. These themes largely corresponded across both participant groups. Findings from healthcare professionals were more specific and clinically oriented, reflecting their professional training and experience. Knowledge-related findings revealed gaps and misconceptions regarding stroke risk factors and prevention among community health workers. Attitudinal findings indicated the presence of both positive and negative attitude influencers, which either facilitated or hindered effective stroke prevention practices. Practice-related findings highlighted the need for improved risk identification, patient education, referral practices, and the elimination of myths and misconceptions related to stroke.
CONCLUSIONS
Community health workers have the potential to play a significant role in stroke prevention if adequately equipped with appropriate knowledge, attitudes, and practices. The presence of stroke-related myths and misconceptions among community health workers is a critical finding that requires targeted training and ongoing support. Strengthening community health worker capacity may enhance community-based stroke prevention and contribute to improved cardiovascular health outcomes.
Popul. Med. 2026;8(Supplement 1):A2949

ABS2395

Population-level incidence and temporal trends of first lower limb amputations among people with diabetes in the Western Cape, South Africa, using routine health record data (2008-2023)

Jemma Houghton[1], Kathryn S. Taylor[1], Andrew Farmer[1], Joel A. Dave[2]
[1]Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom, [2]Division of Endocrinology, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Despite the growing burden of diabetes in Africa(1,2), population-level data on diabetes-related lower limb amputation remain scarce(3–8). We aimed to describe the incidence and temporal trends of first lower limb amputations among people with diabetes in the Western Cape, South Africa, using linked routinely collected electronic health record data.
METHODS
A retrospective population-level analysis was conducted. Individuals with an inferred diabetes diagnosis between 2008 and 2023 were included. First lower limb amputations were identified using ICD-9 procedural codes and classified as major or minor. Descriptive analyses examined temporal trends in diabetes diagnoses, first amputations, and in-hospital mortality, stratified by sex and age group. Annual population-based incidence of first lower limb amputation per 100,000 people with diabetes were estimated. Ethical approval was obtained (UCT HREC 098/2022).
RESULTS
The final analysis cohort included 466,478 individuals with diabetes, including 7,012 with a first lower limb amputation, and 73,616 in-hospital deaths. Major amputations accounted for ~60% of first amputations. Annual amputation incidence was highest among individuals aged 40-59 and 60-79 years and in

males across the study period. >60% of amputations occurred within five years of the participants' first recorded diabetes evidence, consistent with delayed detection or advanced disease at clinical recognition. Among 7,012 participants who experienced a first amputation, ~41% died in hospital at a time point after the amputation, ~49% of which were in the first year post-first-amputation.
CONCLUSIONS
To our awareness, we provide the first population-level estimates of first lower limb amputation incidence among people with diabetes in the Western Cape public sector. Our findings highlight a substantial burden of diabetes-related morbidity and mortality, particularly among adult men of working age. Our study underscores the need for preventative diabetes footcare pathways and emphasises the value of linked routine health data for monitoring severe outcomes and informing routine diabetes care.
Popul. Med. 2026;8(Supplement 1):A2950

ABS2453

Patient beliefs and experiences of adhering to medical therapies for cardiovascular comorbidities, before non-cardiac elective surgery in South Africa: a mixed-methods study

Oluwanilo Awoloto[1], Hilary Bekker[2], Christella Alphonso[3,4], Simphiwe Gumede[4], Khulile Singata[3], Elzanne Jansen van Rensburg[3], Simon J Howell[5], Bruce Biccard[3,4,6]
[1]School of Medicine, University of Leeds, Leeds, United Kingdom, [2]Leeds Institute of Health research, University of Leeds, Leeds, United Kingdom, [3]Department of Anaesthesia and perioperative medicine, Groote Schuur Hospital, Cape Town, South Africa, [4]Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [5]Leeds Institute of Medical Research, University of Leeds, Leeds, United Kingdom, [6]Department of Clinical Neurosciences, University of Oxford, Oxford, United Kingdom
INTRODUCTION
Cardiovascular comorbidities increase perioperative risk in patients undergoing non-cardiac surgery. Optimizing medication adherence in this population is critical; yet adherence remains low in many low- and middle-income countries (LMICs), where health beliefs, systemic barriers, and healthcare communication bring significant challenges. This study aimed to explore the acceptability of validated patient-reported questionnaires and to investigate the beliefs and experiences influencing adherence to cardiovascular medication prior to surgery in a South African tertiary hospital.
METHODS
A mixed-methods study was conducted using semi-structured interviews with 21 patients taking cardiovascular medication prior to vascular surgery. Participants completed four validated self-report questionnaires: Brief Illness Perception Questionnaire (BIPQ), Beliefs about Medicines Questionnaire (BMQ), SHARED decision-making questionnaire, and SURE decisional conflict scale. Questionnaire responses were summarized with descriptive statistics. Thematic analysis of interview data was conducted using Braun and Clarke's six-step framework.
RESULTS
Most participants perceived their illness as chronic (71%) and their treatment as effective (86%), yet 71% reported high concern and 43% reported emotional distress. Belief in the need for medication was strong (100%), but 67% worried about long-term side effects and 47% described their medication as a "mystery." Shared decision-making appeared limited: only 33% recalled being asked for their views. Thematic analysis revealed seven major themes: understanding illness and treatment, health professional interactions, service access, social support, individual factors, routines/habits.
CONCLUSIONS
Patient-reported tools were acceptable and highlighted complex, interrelated factors associated with adherence. Integrating these tools into preoperative care may help identify at-risk patients and support person-centered perioperative planning in LMICs.
Popul. Med. 2026;8(Supplement 1):A2952

ABS2459

Ethylene oxide as a medical sterilant: safer substitution

DeCoria McCauley[1], Peter Orris[1]
[1]School of Public Health, University of Illinois at Chicago, Chicago, United States
ABSTRACT
ETHYLENE OXIDE: In 2024 approximately 480,000 metric tons of ETO was used for sterilization and fumigation, primarily for medical devices and some food products1. ETO is a multisystem toxin in the human body affecting the nervous system, respiratory system, reproductive system, kidneys, and other organs2. It is a known human carcinogen, specifically for hematopoietic, lymphatic, and breast cancers, at levels below what have been considered safe in the past 2. It would appear that this carcinogenic impact of EtO is likely to be seen in the general population without direct occupational exposure as a consequence of it's use as a medical sterilant for what has been estimated up to 50% of medical supplies3. IARC in 2008 estimated that "approximately 2700 workers were employed in commercial sterilization by manufacturers of medical and pharmaceutical products and producers of food spices, as contract sterilizers, and in other sterilization and fumigation facilities."3 In addition to the exposures to these workers, some sterilized plastics may retain concentrations of ethylene oxide ranging from 3 to 443 mg/kg (ppm) even after seven days of aeration contaminating the hospital environment as well 3. The USEPA's human-based full lifetime total extra cancer estimate for lymphoid cancers and breast cancer combined produces 50 additional cases per 10,000 civilians exposed which for the United States comes to roughly 2,500 lifetime additional cancer cases.4 This finding has generated programs in the US and abroad to find safer substitute materials and control technologies to reduce this evident cancer risk to both health care and sterilant workers and their communities.5 The widespread knowledge about this practice amongst health care workers and communities around such processes is vitally important to secure safer use and further research into alternatives.
Popul. Med. 2026;8(Supplement 1):A2954

ABS2480

Uncovering Inequalities and Major Gaps in Care Provision to People Living with HIV and Hypertension in Southern Mozambique

Edna Lichucha[1], Igor dobe[1], Edice Mandua[2], Irene Macungule[3], Carmen Bruno[2], Daniel Chemane[2], Orvalho Joaquim[4], Sam Patel[5], Sergio Chicumbe[1], Sarah Gimbel[4], Ana Mocumbi[6,1]
[1]Instututo Nacional de Saúde, Marracuene, Mozambique, [2]Ministério da Saúde, Direcção Provincial de Saúde de Maputo, Matola, Mozambique, [3]Ministério da Saúde, Direcção de Saúde da Cidade de Maputo, Maputo, Mozambique, [4]Department of Global Health, University of Washington, Seattle, United States, [5]Departamento de Medicina, Hospital Central do Maputo, Maputo, Mozambique, [6]Faculdade de Medicina, Universidade Eduardo Mondlane, Maputo, Mozambique
INTRODUCTION
Integration of services improves quality and continuity of care for chronic diseases. In Mozambique differentiated care models have been in place for people living with HIV (PLHIV), but the screening, diagnosis and management of hypertension (HTN) is not standardized.
OBJECTIVE
We assessed the patterns of hypertension care for PLHIV, comparing highly urbanized to periurban/rural settings.
METHODS
Between July2021/August2022 service delivery assessment tools were used to assess HIV clinics (>1,500 patients) in 16 urban and rural settings. Direct observation, health information system documentation and standardized questionnaires applied to frontline workforce and leadership of health centres (HC) were used to describe patterns of care for HIV and HTN.
RESULTS AND DISCUSSION
A total 112,913 PLHIV used diverse models of care, of which only 12.5% had their blood pressure measured. High caseload was found (mean 30 PLHIV/clinician/day), being worse in the rural areas. Clinicians corresponded to 28% of workforce in HIV care (urban areas) versus 16% in preurban/rural areas. The ratio provider to PLHIV was 1:842 in urban areas compared to 1:971 in periurban/rural settings. HIV screening, diagnosis and management was free of charge, used guidelines and clinical protocols, supply chain, electronic health information system and point-of-care testing were highly supported by international partners, while were unavailable for HTN. Unclear and non-standardized pathways for screening, diagnosis and referral were found HTN, requiring out-of-pocket costs. Each patient with both conditions had two identification cards/medical files, and consultations were done by the same professional in only 4 (25%) health facilities.
CONCLUSIONS
Major inequalities in care for with comorbid hypertension and HIV were uncovered within public health facilities in Grande Maputo. Rural health facilities had larger gaps for HTN diagnosis and care, highlighting the need for efforts towards equitable distribution of resources, and integration of HIV and hypertension screening, diagnosis and management in Mozambique.
Popul. Med. 2026;8(Supplement 1):A2955

ABS2495

Mental health conditions and attitudes towards help-seeking and diagnostic testing for potential ovarian cancer symptoms: An online vignette study

Sophia Harmer[1], Christian von Wagner[1], Bettina Friedrich[1], Jose M Valderas[2],

Rupert Payne[3], Samuel Merriel[4], Gary Abel[3], Georgios Lyratzopoulos[1], Cristina Renzi[1]
[1]Behavioural Science and Health, University College London, London, United Kingdom, [2]National University of Singapore, Singapore, Singapore, [3]University of Exeter, Exeter, United Kingdom, [4]University of Manchester, Manchester, United Kingdom

BACKGROUND
Mental health conditions may be associated with delayed cancer diagnosis. Evidence is scant regarding their influence on the attribution of potential ovarian cancer (OC) symptoms, help-seeking and willingness to undergo diagnostic testing. This study aimed to explore if anxiety and/or depression influence patients' symptom attribution, intended help-seeking, and attitudes towards diagnostic testing when experiencing potential OC symptoms.
METHODS
A total of 1839 women aged ≥40 (889 with a self-reported diagnosis of anxiety/depression) participated in an online survey. Participants were presented with two hypothetical scenarios (vignettes), one describing red-flag (vaginal bleeding, pain in pelvic area and back) and one describing vague OC symptoms (bloating, frequent urination, reaching satiety quickly). Using multivariable regression, we examined the association between anxiety/depression and symptom attribution, intended help-seeking and attitudes towards diagnostic testing (one model per outcome), adjusting for sociodemographic characteristics.
RESULTS
Women with anxiety/depression, compared to those without, had lower odds of attributing vague OC symptoms to cancer (adjusted (a)OR=0.76; 95%CI 0.63-0.93). Additionally, they had lower odds of mentioning symptoms if seeing a nurse for another reason (red-flag symptoms: AOR=0.71; 95%CI 0.56-0.90; vague symptoms: AOR=0.80; 95%CI 0.63-1.00) and higher odds of dismissing vague symptoms (AOR=1.32; 95%CI 1.04-1.69). Anxiety/depression was also associated with lower willingness to undergo transvaginal ultrasounds for red-flag symptoms (AOR=0.61; 95%CI 0.40-0.95) and rectovaginal exams for vague symptoms (AOR=0.77; 95%CI 0.59-0.99).
CONCLUSIONS
The results highlight several mechanisms that might lead to delayed OC diagnosis among women with anxiety and/or depression. Further research is needed to understand if there is a direct association between mental health conditions and delayed OC diagnosis. Appropriate interventions for women with anxiety and/or depression might be needed to raise awareness of vague OC symptoms, support help-seeking and encourage diagnostic testing for earlier OC diagnosis.
Popul. Med. 2026;8(Supplement 1):A2956

ABS2497

Developing a community pharmacy service to facilitate early diagnosis of bowel cancer: survey of pharmacy staff

Sophia Harmer[1], Harriet Quinn-Scoggins[2], Jack Hogton[2], Evelyn Brunsdon[2,1], Caroline S. Clarke[1], Stephen Rowley[1], Marsha Alter[3], Shivali Lakhani[3], Kayleigh Williams[4], Savita Shanbhag[5], Christian von Wagner[1]
[1]Behavioural Science and Health, University College London, London, United Kingdom, [2]Cardiff University, Cardiff, United Kingdom, [3]Middlesex Pharmacy Group, London, United Kingdom, [4]Community Pharmacy Wales, Cardiff, United Kingdom, [5]Hywel Dda University Health Board, Carmarthen, United Kingdom

BACKGROUND
Bowel cancer (BC) is the second largest cause of cancer death, but early detection improves survival. Community pharmacies (CPs) are easily accessible and well-positioned to support early detection by spotting symptoms and making referrals at an early stage. However, little is known about their current practices, perceived barriers and training needs in this context.
METHODS
A cross-sectional survey was conducted with pharmacy staff (n=142 pharmacists; n=176 non-pharmacists) in London and Wales. The questionnaire, co-designed with CP staff, clinical experts and PPI representatives, explored five domains: frequency and initiation of BC consultations, capacity to take on additional responsibilities, confidence and training needs and potential referral pathways. Responses were analysed descriptively.
RESULTS
Key barriers to offering confidential BC consultations were a lack of time among pharmacists (61.3%) and insufficient training among non-pharmacists (40.2%). While 61.3% of pharmacists reported having the knowledge to discuss BC symptoms, only 19.5% of non-pharmacists reported the same. However, most pharmacists (76.8%) and over a third of non-pharmacists (37.4%) agreed that spotting potential BC symptoms is part of their role. Over half of both groups reported insufficient training in recognising (52.8% pharmacists, 61.5% non-pharmacists) and discussing BC symptoms (51.4% pharmacists, 63.2% non-pharmacists). Confidence in referring users to GPs was greater among pharmacists (71.8% vs. 32.8%). Across all groups, online learning was the most preferred training format (83.1% pharmacists, 46% non-pharmacists).
CONCLUSIONS
Pharmacists reported greater knowledge and confidence in discussing BC symptoms but reported limited time to engage in consultations. In contrast, non-pharmacist staff may have greater capacity to support early detection efforts if provided with appropriate training. Enhancing targeted, flexible training, particularly on communication and symptom recognition, could enable pharmacy teams to contribute more effectively to the early detection of BC. Ultimately, this could help reduce inequalities in health outcomes and relieve the burden on the NHS.
Popul. Med. 2026;8(Supplement 1):A2957

ABS2516

Transforming diabetes and metabolic health with Aboriginal people living on Ngarrindjeri Country: Insights from the co-designed Nra:gi Ya:yun healthy eating initiative

Shanti Omodei-James[1], Renee Kropinyeri[2], Rocco McNeill-Kovacic[1], Annabelle Wilson[1], Stacy Wilson[2], Talia Scriven[2], Natalie Kartinyeri[2], Darryl Cameron[3,2], Sharon Wingard[2], Caitlin Kerrigan[4], Brooke Spaeth[1], Amy Mendham[2,1], Billingsley Kaambwa[1], Shahid Ullah[1], Paul Worley[2,1], Courtney Ryder[1,5,6]
[1]Flinders University, College of Medicine and Public Health, Flinders Health and Medical Research Institute, Kaurna Yerta, Adelaide, Australia, [2]Riverland Mallee Coorong Local Health Network, South Australia Health, Ngarrindjeri Ruwe, Murray Bridge, Australia, [3]Moorundi Aboriginal Community Controlled Health Service, Ngarrindjeri Ruwe, Murray Bridge, Australia, [4]Coorong Medical Centre, Ngarrindjeri Ruwe, Meningie, Australia, [5]School of Population Health, University of New South Wales, Gadigal, Sydney, Australia, [6]The George Institute for Global Health, University of New South Wales, Gadigal, Sydney, Australia

INTRODUCTION
Type 2 diabetes (T2D) and metabolic syndrome remain disproportionately high in Indigenous communities. In 2022, prompted by the lived experience of Aboriginal people living on Ngarrindjeri Country in rural South Australia, a strengths-based, community-led pilot project was initiated between senior Aboriginal community members, university researchers, clinicians and health workers. The objective was to improve community metabolic health by supporting participants to adopt low carbohydrate healthy eating.
METHODS
Following 10 co-design workshops, a 28 week pilot program entitled Nra:gi Ya:yun ("very good food") was developed. Components included point of care testing, subsidised healthy ingredients, health coaching, and regular community gatherings. A mixed-methods evaluation was conducted to assess initiative feasibility and preliminary metabolic outcomes. The latter was assessed using weekly check-is where participant biomarkers were recorded such as body weight, glycated haemoglobin (HbA1c) and lipid profiles. Feasibility was assessed using retention and adherence rates, accompanied by group evaluation yarns.
RESULTS
Nra:gi Ya:yun achieved a 77% retention rate. Preliminary analysis indicates variable metabolic outcomes by participant however positive trajectories were noted in several indicators. Group evaluation yarns were attended by 17 participants. Qualitative findings reveal that the Nra:gi Ya:yun pilot fostered a deepened sense of community connection, enhanced confidence and ownership over health journeys, with benefits shared beyond participants themselves.
CONCLUSIONS
Evaluation findings from this Indigenous-led initiative will offer valuable insights into community-led, strengths-based approaches to metabolic health. Group-based activities and community support were consistently highlighted as paramount to the program's success.
Popul. Med. 2026;8(Supplement 1):A2960

ABS2537

Patient perceptions of asthma control and remission: a qualitative evidence synthesis

Mercy Mukoya[1], Nurul Othman[1], Emma Lydon[1], Jiayi Gong[1], Joanna Hikaka[2], Amy Hai Yan Chan[1]
[1]School of Pharmacy, University of Auckland, Auckland, New Zealand, [2]Te Kupenga Hauora Māori, University of Auckland, Auckland, New Zealand

INTRODUCTION
Asthma is a chronic respiratory disease affecting over 339 million people worldwide, impacting quality of life, and is a significant cause of morbidity.1

Recent advances in asthma treatment, particularly biologics, have shifted management goals towards remission, especially for those with severe asthma.2 Expert consensus frameworks define remission as stabilized lung function, absence of symptoms, reduced systemic corticosteroid use, and patient-clinician agreement on remission.3 However, there is limited understanding of how asthma patients experience or perceive remission or asthma control. This study synthesizes available qualitative evidence exploring these patient perceptions and experiences.
METHODS
A comprehensive literature search was conducted in September 2025 across MEDLINE, EMBASE, SCOPUS, Web of Science, and CINAHL using the Joanna Briggs Institute approach to study selection, critical appraisal, data extraction, and data synthesis.4 We included qualitative and mixed-methods studies reporting patients' or caregivers' experiences of asthma remission or improved control, and excluded purely quantitative, biomedical, provider-focused studies, as well as those that addressed asthma experience without a focus on remission or improved control.
RESULTS
A total of 4441 records were obtained from the databases. After systematic deduplication, 2427 records underwent title and abstract screening, and 108 studies were retrieved for full-text review by two independent researchers. Six publications met the inclusion criteria. Using thematic analysis, five overarching themes were identified: improved asthma symptoms, improved physical function, (3) treatment burden reduction, reduced frequency and severity of exacerbations, and improved psychosocial health.
CONCLUSIONS
Patients experience and perceive asthma remission or control as a concept that is beyond symptom relief. It includes the ability to perform daily activities, improved social functioning, reduced mental health symptoms, and reduced treatment burden. These findings highlight the importance of developing patient-reported outcome measures that capture patient perceptions and experiences, supporting more patient-centred care.
Popul. Med. 2026;8(Supplement 1):A2962

ABS2559
Interactive data trackers inform policy and monitor non-communicable disease progress in Hawai□i

Rebekah Rodericks[1], Julia Chosy[1], Saikaew Dudla[1], Benjamin Inamine[1], Ashley Yamanaka[2], Lola Irvin[3], Lance Ching[3]
[1]Department of Public Health Sciences, University of Hawai□i at Mānoa, Honolulu, United States, [2]College of Tropical Agriculture and Human Resources, University of Hawai□i at Mānoa, Honolulu, United States, [3]Chronic Disease Prevention & Health Promotion Division, Hawai□i State Department of Health, Honolulu, United States
INTRODUCTION
The Hawai□i Health Data Warehouse (HHDW), a partnership between the University of Hawai□i and the Hawai□i State Department of Health (DOH), provides interactive data trackers or dashboards on HawaiiHealthMatters.org (HHM) featuring statistics from health indicators across multiple data sources. These tools offer comprehensive snapshots of health topics including non-communicable diseases to support professionals, students, legislators, and health agencies in evidence-based decision-making. Non-communicable diseases represent nine of the ten leading causes of death in Hawai□i.
METHODS
HHM selects from 800 health indicators to create a collection of 9 interactive trackers, 4 of which focus on non-communicable diseases: cancer, oral health, physical activity & nutrition, and tobacco. These trackers display point estimates, trends, and comparisons to local and national targets using symbols, icons, and color coding to depict different geographies, temporal trends, and performance benchmarks. Data are updated annually to monitor and evaluate implementation.
RESULTS
The four trackers collectively include 180 health indicators encompassing incidence, prevalence, mortality, and screening data. Data can be interactively viewed across population subgroups and geographic areas at state, county, and census tract levels where applicable, enabling identification of local disparities. Of these indicators, almost half (49%) are showing trends that are improving over time. In 2024, these trackers received over 3,300 pageviews, demonstrating substantial public engagement and utility for decision-makers.
CONCLUSIONS
Interactive data trackers on HHM provide publicly accessible insights on non-communicable diseases in Hawai□i to assist decision-makers, inform programs and policies, and to track progress on strategic plans. The HHDW team is expanding this work with new trackers for diabetes, asthma, and heart disease & stroke to further support evidence-based public health action.
Popul. Med. 2026;8(Supplement 1):A2966

ABS2612
Establishment of a Group A Streptococcal antigen discovery platform to identify immunodominant targets in Rheumatic Heart Disease

Taariq Salie[1], Shiranee Sriskandan[2], Liesl Zühlke[3], Mark Engel[4]
[1]Cape Heart Institute, University of Cape Town, Cape Town, South Africa, [2]Infectious Diseases, Imperial College London, London, United Kingdom, [3]South African Medical Research Council, Cape Town, South Africa, [4]Cochrane South Africa, South African Medical Research Council, Cape Town, South Africa
BACKGROUND
Rheumatic heart disease (RHD) is a chronic non-communicable cardiovascular disease resulting from dysregulated immune responses following an initial Group A Streptococcus (Strep A) infection. Although Strep A exposure is common, progression to RHD occurs in only a subset of individuals, suggesting that antigen-specific immune recognition plays a central role in disease pathogenesis (1, 2). This study sought to establish a human immune-guided antigen discovery platform, to interrogate immunodominant Strep A antigens with potential relevance to immune-mediated mechanisms underlying RHD.
METHODS
Intravenous immunoglobulin (IVIG) was utilised as a population-level archive of human polyclonal immune memory, reflecting the cumulative natural exposure to Strep A. Polyclonal IgG was immobilised onto activated chromatography resin serving as an affinity matrix for selective antigen–antibody binding. Incubation with protein extracts from highly prevalent Strep A enabled enrichment of Strep A-specific proteins. Eluted proteins will be subjected to proteomic analysis to identify immunodominant Strep A antigens . Expected Impact: We have utilised a phased approach to identify Strep A antigens most frequently recognised by human immunity rather than selected solely by pathogen abundance. This platform provides a framework to prioritise antigen-specific immune targets that may contribute to the transition from acute Strep A infection to chronic non-communicable cardiac disease. This work lays the foundation for rational immune-based preventive strategies, including the development of interventions aimed at reducing the global burden of RHD.
Popul. Med. 2026;8(Supplement 1):A2970

ABS2680
Effect of exposure to secondhand tobacco smoke on respiratory health: a secondary analysis of the ASHES study

Cristina Candal Pedreira[1], David Díaz Pérez[2], Valle Velasco[3], Ciro Casanova[2], Julia Rey Brandariz[1], Guadalue Garcia[1], Wander Reyes Abreu[1], Alberto Ruano Raviña[1]
[1]Preventive Medicine and Public Health, University of Santiago de Compostela, Santiago de Compostela, Spain, [2]Department of Pulmonology and Thoracic Surgery/Research Unit, Nuestra Señora de Candelaria University Teaching Hospital, Santa Cruz de Tenerife, Spain, [3]Paediatric Pulmonology, Canary Islands University Teaching Hospital, Tenerife, Spain
INTRODUCTION
Exposure to secondhand tobacco smoke (SHS) is a notable risk factor. We analyzed the prevalence and distribution of SHS exposure in a cohort of healthy adults, as well as its impact on lung function and respiratory symptoms.
METHODS
Secondary analysis of the ASHES study, which aims to analyze the impact of the volcanic eruption on La Palma (Spain). Adult subjects participating in the ASHES study were analyzed, and sociodemographic information, tobacco use, and exposure to SHS (home and private transportation, as well as intensity of exposure in hours per week) were collected. In addition, pre-bronchodilator spirometry was performed and information on symptoms in the last month was collected between 1 and 3 years after the volcanic eruption. The analysis was stratified by tobacco use. SHS exposure was categorized into 0, 1, or 2 settings (home and/or private transportation). Lung function was assessed using FVC, FEV1, and FEV1/FVC ratio. Linear regressions were adjusted for lung function parameters and logistic regressions for the respiratory symptoms, adjusting for age, sex, body mass index, and volcano exposure (high, moderate and not exposed).
RESULTS
435 participants were analyzed. The prevalence of SHS exposure was 26.4% (18.4% one setting; 8.0% two settings). Smokers showed the highest SHS exposure (51.9%), ex-smokers had the lowest (15.6%). In never-smokers, exposure in two SHS settings was associated with a significant reduction in FVC (-8.29 % points; 95%CI: -13.99 to -2.58; p=0.005) and a non-significant decrease in FEV1 (-9.16%;p=0.136), compared to not exposed. No significant effects were observed

in ex-smokers or smokers. No significant associations were found between SHS exposure and respiratory symptoms in any group.
CONCLUSIONS
SHS exposure may be associated with the worsening of lung function in never-smokers, especially when it occurred in more than one setting. No significant effects on the presence of respiratory symptoms were observed.
Popul. Med. 2026;8(Supplement 1):A2978

ABS2687

Diabetes Screening Strategies for people with TB in public health facilities, Gauteng, South Africa: cost-effectiveness analysis

Agnes Wechoemang[1], Elsie Pos[2,3], Patrick Ngassa Piotie[4], Leigh Johnston[5], Khumo Mngomezulu[6]
[1]Department of Health, eKurhuleni, South Africa, [2]University of Free state, Bloemfontein, South Africa, [3]Gauteng, Department of Health, Gauteng, South Africa, [4]Diabetes Research Centre, The University of Pretoria, Pretoria, South Africa, [5]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, Johannesburg, South Africa, [6]CDC Foundation, Atlanta, United States

BACKGROUND
People with TB (PWTB) and uncontrolled diabetes (DM) comorbidity, have worse TB treatment outcomes and 2-4 times higher mortality rates, than those without DM or with controlled DM. Despite this important association, DM diagnostic coverage among PWTB in South Africa (SA) is estimated at only 38.5%. We aimed to compare three potential DM screen, diagnose and treat strategies among people with active TB within public health facilities in Gauteng, SA: a) Strategy one: the status quo; b) Strategy two: screen, diagnose and treat all; c) Strategy three: targeted DM screen, diagnose and treat for those above 45 years of age.
METHODS
We used a cost-effective analysis study design. Our data sources included epidemiological studies retrieved from electronic databases and supplementary costing data sourced from the South African Department of Health and the National Health Laboratory Service. We developed a decision tree to simulate the effects of each screening strategy in terms of health impact and cost-effectiveness outcomes. We assumed a two-year time horizon with cost discounting at 3.5%.
RESULTS
Estimated costs for each strategy were $18 799, $336 893, $120 931 for strategies one, two and three, respectively. Implementing strategy two and three, versus the status quo, averted 321 and 247 deaths, respectively. The cost per death averted, using status quo as the baseline, were $993 for strategy two and $414 for strategy three.
CONCLUSIONS
At a willingness to pay a threshold of $25 555 (R460 000) per death averted, DM screening for all PWTB within public health facilities in Gauteng is a cost-effective strategy, that could improve DM diagnostic coverage among people with TB, and avert TB-related deaths. These findings can assist policymakers' decisions for integrating DM screening algorithms into TB care in public health facilities in Gauteng, South Africa, with a view to national rollout.
Popul. Med. 2026;8(Supplement 1):A2979

ABS2699

Advancing Oral Health within Public Health Systems: An Assessment of Primary School Teachers in Sedibeng District, South Africa

MAPHEFO THEKISO[1]
[1]Community Dentistry, University of Witwatersrand, Johannesburg, Gauteng, South Africa

BACKGROUND
Oral health conditions such as dental caries and periodontal disease negatively affect quality of life and increase systemic health risks., Schools are pivotal environments for health promotion, with teachers positioned to deliver oral health education; however, inadequate training, limited knowledge, and reduced motivation hinder effective implementation in South Africa., Teachers occupy a pivotal role in shaping children's oral health education, yet many remain insufficiently prepared for this responsibility., This study therefore investigates the knowledge and practices of primary school teachers regarding oral health education in the Sedibeng District, South Africa.
METHODS
A cross-sectional study of 261 schoolteachers in Sedibeng District employed a self-administered 40-item questionnaire assessing oral hygiene habits, knowledge of tooth decay, and willingness to engage in school-based oral health education programs.
RESULTS
Knowledge assessment indicated that 64.7% of teachers recognized the link between oral and general health, while 70.5% understood methods to prevent gum bleeding. In terms of attitudes, 68.6% agreed that regular dental visits are essential, and 61.7% reported toothache as the primary reason for their most recent visit. Practice assessment showed that 59.4% brushed their teeth twice daily, and 59.0% replaced their toothbrush every three months. A statistically significant association was observed between educational level and mean scores for both knowledge and practices ($P < 0.001$).
CONCLUSIONS
Overall, primary school teachers demonstrated adequate oral health knowledge and positive attitudes; however, their reported practices were suboptimal, highlighting the need for targeted interventions to strengthen oral health behaviors within the school setting.
Popul. Med. 2026;8(Supplement 1):A2980

ABS2709

Navigating cervical cancer treatment in South Africa's public health system: Women's experiences at a tertiary hospital

DENIS OKOVA[1], Sarah Day[2], Bukeka Sawula[2], Nomonde Mbatani[3], nazia fakie[4], Bothwell Guzha[5], John Ataguba[1], Jennifer Moodley[2]
[1]Health Economics Unit, UNIVERSITY OF CAPETOWN, Cape Town, South Africa, [2]Division of Public Health Medicine, School of Public Health, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [3]South African Medical Research Council, Gynaecology Cancer Research Centre, Department Obstetrics and Gynaecology, Faculty of Health Sciences, UNIVERSITY OF CAPETOWN, Cape Town, South Africa, [4]Radiation Oncology, Groote Schuur Hospital, Cape Town, South Africa, [5]Faculty of Medicine and Health Sciences, University of Zimbabwe, Zimbabwe, University of Zimbabwe, Harare,, Zimbabwe

INTRODUCTION
Cervical cancer remains a leading cause of cancer morbidity and mortality among women in South Africa, despite free screening and subsidised treatment in the public health sector. While access to services has improved, less is known about how women experience and navigate the treatment pathway.
METHODS
This qualitative study explored women's experiences of cervical cancer treatment at a tertiary public sector hospital in South Africa. In-depth interviews were conducted with 22 women receiving treatment. Data were analysed thematically, guided by the Model of Pathways to Treatment to examine symptom appraisal, help-seeking, diagnosis, and treatment navigation, alongside Page's psychosocial costs framework to capture intangible treatment burdens.
RESULTS
Women recognised symptoms early and initially sought care at primary-level facilities, often making repeated visits due to persistent symptoms and perceived misdiagnosis. Delays were compounded by unclear or "normal" Pap smear results despite ongoing symptoms, generating perceptions of missed opportunities for earlier diagnosis. Treatment imposed substantial intangible costs, including physical suffering, psychological distress, loss of income, strained household roles, and disruptions to intimacy and identity. Health system experiences shaped treatment navigation, with long waiting times, fragmented information, and uneven interactions with healthcare workers, particularly at lower levels of care. Peer misinformation and fears of stigma contributed to selective non-disclosure and emotional isolation. Religion and faith emerged as coping resources, providing meaning, hope, and emotional endurance. Women's sense of womanhood was challenged through impacts on intimacy but re-anchored in resilience, caregiving roles, and personal strength. Participants proposed system-level improvements, including decentralised services, peer support, clearer patient information, transport flexibility, and sustained psychosocial support.
CONCLUSIONS
Women's experiences highlight how psychosocial burdens, and health system gaps shape cervical cancer treatment navigation, even within free public-sector. Addressing these challenges requires improved communication, integrated service delivery, and patient-centred psychosocial support to enhance treatment experiences
Popul. Med. 2026;8(Supplement 1):A2981

ABS2735

Cervical cancer awareness among women recently diagnosed with cervical cancer in South Africa and Zimbabwe

Sudarshan Govender[1], Tamsin Phillips[2], Fiona Walter[3], Sarah Day[1], Bothwell Guzha[4], Suzanne Scott[3], Zvavahera Chirenje[5], John Ataguba[6,7,8], Nomonde Mbatani[9], Nazia Fakie[10], Jennifer Moodley[1]

[1]Division of Public Health Medicine, School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Division of Epidemiology and Biostatistics, School of Public Health, University of Cape Town, Cape Town, South Africa, [3]Barts and The London School of Medicine and Dentistry, Wolfson Institute of Population Health, Queen Mary University of London, London, United Kingdom, [4]Department of Obstetrics and Gynaecology, University of Zimbabwe, Harare, Zimbabwe, [5]Bixby Centre for Global Reproductive Health, University of California, San Francisco, United States, [6]Health Economics Laboratory, College of Community and Global Health, University of Manitoba, Winnipeg, Canada, [7]Health Economics Unit, School of Public Health, University of Cape Town, Cape Town, South Africa, [8]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [9]Department of Obstetrics and Gynaecology, University of Cape Town, Cape Town, South Africa, [10]Department of Radiation Oncology, University of Cape Town, Cape Town, South Africa

ABSTRACT

Incidence and mortality rates of cervical cancer remain high in Southern Africa (SA). We explored awareness of cervical cancer symptoms and risk factors, as well as risk lay beliefs among women recently diagnosed with cervical cancer from SA and Zimbabwe. Patients were asked to complete a locally validated questionnaire with unprompted, open-ended questions to assess awareness of cervical cancer symptoms and risk factors. Among 501 women (SA 285, Zimbabwe 216), 46% (229) were able to recall one or more symptoms (SA 24%, Zimbabwe 76%) and 19% (93) were able to recall one or more risk factors of cervical cancer (SA 27%, Zimbabwe 73%). In SA, factors associated with increased symptom awareness included higher education level (completion of secondary education compared to not completing secondary education; adjusted odds ratios (AOR) 2.74, 95% confidence interval (CI) 1.17–6.43) as well as living in urban and peri-urban areas compared to living in rural areas (Urban: AOR 2.98, 95% CI 1.35–6.80; Peri-urban: AOR 3.28, 95% CI 1.13–9.35). Having a self-reported history of a chronic condition was associated with lower risk factor awareness compared to not having a self-reported chronic condition (AOR 0.07, 95% CI 0.00–0.42). In Zimbabwe, those who self-reported living with HIV were more likely to know one or more risk factors compared to those without HIV (AOR 2.69, 95% CI 1.31–5.67). Overall, 90 (18%) women mentioned at least one lay belief about risk factors for cervical cancer, with the most reported being inserting herbs, creams or objects into the vagina (9%, n = 43). The low levels of cervical cancer awareness in two Southern African countries highlight the urgent need to improve cervical cancer awareness, as low levels of awareness can impact timely cancer diagnosis and limit the uptake of cervical cancer prevention programs.

Popul. Med. 2026;8(Supplement 1):A2983

ABS2768

The dual burden of obesity and depression among university students in the United Arab Emirates

Maryam Bashir[1], Hajra Amoodi[1], Huda Kazim[1], Abdulrahman Alkaabi[1], Alanood Almahri[1], Rukaiyat Mansur[1], Fatma Al-Maskari[1]

[1]Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University, P.O. Box 15551, Al Ain, Abu Dhabi, United Arab Emirates

INTRODUCTION

Depression is a common mental health disorder with a vast public health impact. Prevalence in the UAE ranges from 13 to 29%. Obesity is also a significant public health issue and has been found to have a bidirectional relationship with depression. Defining this relationship in populations is crucial to having tailored public health interventions.

AIMS & OBJECTIVES

To describe the distribution of overweight/obesity and depression and determine their associations among UAE University students between May 2024 and April 2025.

METHODS

A cross-sectional study was conducted among students aged≥ 18 years. A self-reported questionnaire was used to collect data online. Obesity was defined using the WHO criteria. Analysis was conducted using STATA.

RESULTS

We recruited 280 students with a mean age of 22±6 years. 78% were females, and 70% were Emirati. Their mean BMI was 25±7 kg/m^2. The prevalence of self-reported depression was 16% (95%CI,12%-21%). This was much higher among students from colleges of Humanities (37%), Education (25%), and Science (21%;p=0.022), and among those with a family history of depression (33% vs 12%; p=0.001). We also found that 40% of the students were either overweight or obese. This was higher with increasing student age (p=0.006) and among males (52%) vs females (36%;p=0.035). Depression rate was higher among the overweight/obese group than the normal weight (22% vs 12%, respectively;p=0.033). This association remained significant after adjusting for students' age, gender, ethnicity, family history, program, and college.

CONCLUSIONS

Our study highlighted an alarming prevalence of overweight and obesity among university students, with 1 in 2 male students affected. Depression prevalence was lower than in university students in the MENA and the US. However, the association between being overweight/obese and having depression was substantial. Hence, we need urgent and targeted public health interventions to reduce obesity and improve depression screening among university students.

Popul. Med. 2026;8(Supplement 1):A2985

ABS2813

Cadence Patterns and cardiovascular disease risk in African-Origin Young Adults: The Modeling the Epidemiologic Transition Study

Jessica C. Davies[1], James O'Brien[2], Marina Feffer[3], Candice Choo-Kang[4], Larske M. Soepnel[1], Hayli Geffen[1], Natanael J. Silva[5], Jacob Plange-Rhule[6], Pascal Bovet[7,8], Estelle V. Lambert[9,10], Terrence Forrester[11], Cara Joyce[3], Wolfgang Korte[12], Amy Luke[4], Lara R. Dugas[1,4]

[1]Division of Epidemiology and Biostatistics, School of Public Health, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [2]Stritch School of Medicine, Loyola University Chicago, Maywood, IL, United States, [3]Clincal Research Office, Loyola University Chicago, Maywood, IL, United States, [4]Public Health Sciences, Parkinson School of Health Sciences and Public Health, Loyola University Chicago, Maywood, IL, United States, [5]Department of Nutrition, Federal University of Sergipe, São Cristóvão, SE, Brazil, [6]Department of Physiology, School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana, [7]University Center for Primary Care and Public Health, Unisanté, Lausanne, Switzerland, [8]Ministry of Health, Ministry of Health, Victoria, Seychelles, [9]Research Centre for Health through Physical Activity, Lifestyle and Sport (HPALS), Department of Human Biology, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [10]School of Health and Medical Sciences, Faculty of Health, Engineering & Sciences, University of Southern Queensland, Queensland, Australia, [11]Solutions for Developing Countries, University of the West Indies, Mona, Kingston, Jamaica, [12]Center for Laboratory Medicine, Canton Hospital, St. Gallen, Switzerland

INTRODUCTION

Low physical activity contributes to cardiometabolic (CM) risk. Step cadence derived from accelerometers can capture ambulatory intensity in free-living adults, yet evidence from low and middle-income settings is limited. We examined cadence patterns and associations between peak cadence indicators and CM risk factors across five African-origin populations in METS.

METHODS

METS enrolled adults aged 25–45 years from Ghana, South Africa, Jamaica, Seychelles, and the US. Participants with available covariates and valid accelerometry were included (n=2212). Step-defined activity was measured with the Actical accelerometer over 8 days. Minutes per day were summarised across cadence bands, and peak 1-minute, peak 30-minute, and peak 60-minute cadence were derived from rank-ordered minute-by-minute steps. Logistic regression estimated adjusted odds ratios (ORs) per 1 step/min for individual CM risk factors (overweight, high waist circumference, high blood pressure, high triglycerides, high HDL cholesterol, high blood glucose), adjusting for site, sex, age, and smoking. Effect modification by site and sex was assessed with interaction terms.

RESULTS

Peak cadence differed by site, with higher peak values observed in South Africa (males) and Ghana (females), and the lowest values consistently observed in the US. Most wear time accumulated in zero cadence, with progressively less time in higher cadence bands; males accumulated more minutes than females in purposeful stepping and higher bands. Higher peak 1-, peak 30-, and peak 60-minute cadence were associated with lower adjusted odds of CM risk factors, particularly high waist circumference (AOR peak 1-minute: 0.96, 95% CI: 0.96 to 0.97). Interaction terms between cadence and sex or site were generally not significant.

CONCLUSIONS

In METS, higher free-living peak step cadence, particularly peak 1-minute cadence, was associated with lower odds of CM risk factors across diverse settings. Cadence may provide a practical, interpretable metric of ambulatory intensity for surveillance and interventions targeting CM risk.

Popul. Med. 2026;8(Supplement 1):A2986

ABS2818

Disability and cancer diagnosis following an emergency

presentation: a systematic review and meta-analysis

Rita Cuciniello[1], Giovanni Emanuele Ricciardi[1,2], Flavia Pennisi[1,2], Stefania Borlini[1], Veronica Raimondi[1], Federico Zini[1], Marta Bosia[1], Roberto Cavallaro[1], Christian von Wagner[3], Georgios Lyratzopoulos[3], Carlo Signorelli[1], Cristina Renzi[1,3]
[1]School of Medicine, Vita-Salute San Raffaele, University, Milan, Italy, [2]PhD National Programme in One Health approaches to infectious diseases and life science research, Department of Public Health, Experimental and Forensic Medicine, University of Pavia, Pavia, Italy, [3]Research Department of Behavioural Science and Health, University College London, London, United Kingdom

BACKGROUND
People with disabilities (PwD) face inequalities in accessing appropriate healthcare, with worse outcomes compared to the general population. Little is known about their cancer risk after Emergency Presentation (EP), linked to poor survival. This review aims to summarise evidence on EP risk among PwD.
METHODS
Following PRISMA 2020 guidelines, we systematically searched three databases (PubMed/MEDLINE, Embase and Scopus), including experimental or observational studies on cancer diagnosis after EP in PwD. Disability categories included physical, sensory, cognitive, intellectual, learning, functional, and psychosocial disabilities. We estimated the overall risk of EP for PwD, and risks for specific disability categories where data was available. Risk of bias was evaluated using the Mixed Methods Appraisal Tool (MMAT). A random-effects meta-analysis was performed. This work is part of the Cariplo-funded "Intrecci" project.
RESULTS
Among 10940 records screened, 6 studies met the inclusion criteria. Included studies were from high-income countries and examined intellectual, cognitive, psychosocial or physical disabilities. Overall, PwD compared to those without, had higher odds of being diagnosed with cancer following an EP(OR=1.53, 95%CI:1.16–2.03), with substantial heterogeneity (I=96.27%). Subgroup analyses showed increased odds of EP for colorectal cancer among PwD (OR=1.75, 95%CI:1.22–2.51). The risks of EP for those with psychosocial disability and for cognitive conditions were: OR=1.15, 95% CI:1.01–1.31 and OR=2.55, 95%CI:1.91-3.39, respectively. MMAT scores indicated high methodological quality for most studies.
CONCLUSIONS
The available evidence indicates a higher risk of cancer diagnosis following an EP for PwD. This might be due to barriers at multiple stages of the diagnostic process, including screening, symptom appraisal, help-seeking, and access to investigation. Reducing EP is a key public health priority, as it is associated with sub-optimal care and worse outcomes. High-quality studies are urgently needed to identify where delays occur to inform interventions promoting inclusive and equitable cancer diagnosis and care.
Popul. Med. 2026;8(Supplement 1):A2987

ABS2832

Costing the national clinical guidelines for prostate cancer control and management in South Africa: Public sector perspective

Evelyn Thsehla[1,2], Mariana Khoza[2], Micheal Boachie[3], Winfrida Mdewa[3], Susan Goldstein[3], Harsha Somaroo[2], Karen Hofman[3]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [2]Wits School of Public Health, Wits University, Johannesburg, South Africa, [3]SAMRC/WITS Centre for Health Economics and Decision Science - PRICELESS SA, Wits University, Johannesburg, South Africa

INTRODUCTION
Prostate cancer (PCa) is the second most common cancer worldwide and the sixth leading cause of cancer deaths in men1. In South Africa (SA), PCa accounts for ~13% of male deaths2. The direct medical costs associated with PCa diagnosis and treatment according to the national clinical guidelines are not documented. The aim of this study is to estimate the direct medical costs for managing localised PCa in SA.
METHODS
The direct medical costs for diagnosis and treatment of prostate cancer were estimated from the public sector payer's perspective using a micro-costing approach, with a time horizon of 12 months. Cost items were identified from the national PCa clinical guidelines and quantified according to the treatment options for low- (LRPCa), intermediate- (IRPCa) and high-risk (HRPCa) categories. Cost data were obtained from different government databases. The unit costs and PCa incidence data from 2022 were then used to estimate total costs for treating all new PCa cases. Total costs were calculated for each treatment method listed in the clinical guidelines according to PCa risk categories.
RESULTS
The total cost for treating 10 944 new PCa cases in 2022 was estimated at ZAR2.1 billion. Per patient costs ranged from ZAR7 265 and ZAR143 156 for LRPCa, ZAR8 926 and ZAR144 817 for IRPCa and ZAR14 874 and ZAR151 872 for HRPCa. The total cost for managing all patients with LRPCa, IRPCa and HRPCa were estimated at ZAR401.3 million, ZAR371.1 million and ZAR1.4 billion, respectively.
CONCLUSION
This study estimated the cost for diagnosis and treatment of localised PCa according to national clinical guidelines for PCa control and management. The costs increased with each risk category of the cancer. The study highlights the need for policy-makers to increase early detection and management, to reduce the need for high-cost interventions.
Popul. Med. 2026;8(Supplement 1):A2988

ABS2851

Retail Food Environments in Southern Africa – An epidemic without borders

Rina Swart[1], Tamryn Frank[2], Lillian Kaale[3], Tonderayi Matsungo[4], Agnes Erzse[5]
[1]Dietetics and Nutrition, University of the Western Cape, Bellville, South Africa, [2]School of Public Health, University of the Western Cape, Bellville, South Africa, [3]Food Science and Technology, University of Dar Es Salaam, Dar Es Salaam, Tanzania, United Republic of, [4]Nutrition, Dietetics and Food Science, University of Zimbabwe, Harare, Zimbabwe, [5]School-age and Adolescent Nutrition, UNICEF, Nairobi, Kenya

BACKGROUND
Availability and intake of ultra-processed foods and ready-to-eat meals is increasing at varying, but steady rates in Southern African countries. Interconnected food systems and trade flows between these countries are reflected in their packaged food supplies.
METHODS
This symposium will draw on research investigating the packaged food supply and food related policies in three Southern African countries to i) highlight how the same unhealthy, non-compliant products circulate across borders; ii) describe the challenges observed in different countries with regards to outdated and inconsistent food labelling; iii) demonstrate how the information collected informs and contributes to food labelling related policy in selected countries; iv) identify how the labelling inconsistencies and policy gaps create regulatory loopholes and v) discuss how cross-border trade creates opportunities for harmonized regional action. This study used photographs to collect data on the nutrition composition and marketing strategies of the packaged food supply in supermarkets and smaller food retail stores in Zimbabwe, Tanzania and South Africa. Desktop reviews were conducted on the nutrition situation and the food related policies in each country. Results (Expected Outcome): About 30 000 packaged foods were analysed with 80% classified as ultra-processed (NOVA 4), >80% displaying on-package marketing strategies whilst 30% did not provide nutrition information on the packaging. Forty percent of products were produced by multi-national companies and 30% by regional companies. It is envisaged that this session should conclude with a discussion on: a) opportunities to harmonize regional action, such as incentives for healthier, minimally processed and regionally produced foods; b) opportunities to build a sustainable regional food economy that supports both public health and economic inclusion.
CONCLUSIONS
Continuing modernisation of food production driven by for-profit transnational food companies facilitates the proliferation of unhealthy, ultra-processed products in the Southern Africa food retail, increasing the risk of nutrition-related non-communicable diseases.
Popul. Med. 2026;8(Supplement 1):A2989

ABS2858

Disability-related disparities in diagnosis and survival of cancer of the digestive system: a population-based study in Northern Italy

Flavia Pennisi[1,2], Carlotta Buzzoni[3], Federico Gervasi[3], Maria Teresa Greco[3], Carlo Signorelli[2], Antonio Giampiero Russo[3], Cristina Renzi[4,2]
[1]PhD National Programme in One Health approaches to infectious diseases and life science research, Department of Public Health, Experimental and Forensic Medicine, University of Pavia, Pavia, Italy, [2]School of Medicine, University Vita-Salute San Raffaele, Milan, Italy, [3]Epidemiology Unit, Agency for Health Protection of Milan, Milan, Italy, [4]Research Department of Behavioural Science and Health, University College London, London, United Kingdom

BACKGROUND
Individuals with disabilities may experience disparities in cancer diagnosis, but population-based evidence is limited. This study aims to investigate variations in diagnostic routes and survival for patients diagnosed with digestive system cancer by different types of preexisting functional impairments.

METHODS
Using linked cancer registration and electronic health record data, we conducted a population-based cohort study on digestive system cancers diagnosed between 2018 and 2021 in Milan. We assessed cancer diagnostic routes (emergency presentation [EP] versus screening/inpatient/outpatient visits) and survival in patients with and without pre-existing impairments, adjusting for cancer site, metastatic status, comorbidities, socio-demographic factors and period. Impairments were classified according to the International Classification of Functioning, Disability and Health. Using multivariable logistic regression, we examined the risk of EP for people with versus without different impairment categories. We also estimated adjusted 1-year survival using Cox proportional hazard models.
RESULTS
Among 16,964 cancer patients, 6.5% had pre-existing impairments of mental functions, 2.8% of sensory functions, 3.1% of neuromusculoskeletal/movement-related functions, 5.8% of continence functions, and 10.2% prosthetic/orthotic impairments. Compared with patients without impairments, the risk of EP was higher among those with impairments of mental functions (51.8% vs. 37.9%; adjusted OR [AOR]=1.41, 95% CI 1.23–1.61), neuromusculoskeletal/movement (50.4% vs. 38.4%; AOR=1.30, 95%CI 1.08–1.57), and prosthetic/orthotic impairments (49.0% vs 37.6%; AOR=1.24, 95%CI 1.09–1.40). One-year hazard of death was higher among patients with impairments, independently of socio-demographic and clinical characteristics, particularly among those with impairments of mental functions (HR=1.36, 95%CI 1.26–1.46). One-year survival was poorer after EP for patients with impairment of mental functions or continence functions.
CONCLUSIONS
Individuals with different impairments have a higher risk of emergency cancer diagnosis and lower survival, independently of comorbidities and other patient characteristics. Tailored strategies are warranted to support equitable access to timely cancer diagnosis for the non-negligible group of individuals with disabilities.
Popul. Med. 2026;8(Supplement 1):A2990

ABS2859
Cancer mortality during the COVID-19 pandemic in low- and middle-income countries: A literature review

Rifqah Roomaney[1], Lungelwa Bana[1], Ian Neethling[1], Debbie Bradshaw[1]
[1]Burden of Disease Research Unit, South African Medical Research Council, Cape Town, South Africa

INTRODUCTION
Cancer is a major cause of morbidity and mortality in low- and middle-income countries (LMICs). The COVID-19 pandemic placed additional strain on health systems, which may have indirectly impacted cancer outcomes. This literature review examined the published scientific literature to determine whether cancer mortality burden increased or decreased during the COVID-19 period in LMICs.
METHODS
A literature search was conducted in PubMed on 29 September 2025 using the terms "COVID-19", "cancer", and "low- and middle-income countries". Titles and abstracts were screened for inclusion, followed by full-text review. Studies reporting cancer mortality, survival, or severe outcomes during the pandemic in LMICs were eligible for inclusion. Evidence from systematic reviews, meta-analyses, and observational studies was synthesised using a narrative approach.
RESULTS
Preliminary results show that sixteen studies met the inclusion criteria. Most reported higher mortality or increased risk of death for cancer patients during the pandemic in LMICs, with many studies focused on paediatric populations. Several studies documented higher short-term mortality (30-day and 90-day) compared to higher income countries. Infection with COVID-19 was associated with poorer outcomes among cancer patients, particularly those with comorbidities, immunosuppression, or advanced / metastatic cancer. Factors contributing to changes in the cancer mortality burden included delays in diagnosis, interruptions to treatment, service disruptions, and late-stage presentation during the COVID-19 pandemic.
CONCLUSIONS
The included studies indicate that the COVID-19 pandemic was associated with increased mortality among people with cancer in LMICs, due to disruptions to cancer care rather than direct effects of COVID-19 infection alone. These findings highlight the importance of protecting continuity of non-communicable disease services during public health emergencies, especially in resource-limited settings.
Popul. Med. 2026;8(Supplement 1):A2991

ABS2888
Improving Cancer Symptom Communication in Primary Care: Acceptability of a Symptom Report Form for Patients with Anxiety and/or Depression

Flavia Pennisi[1,2], Sophia Harmer[3], Veronica Raimondi[2], Giovanni Emanuele Ricciardi[1,2], Christian von Wagner[3], Cristina Renzi[2,3]
[1]PhD National Programme in One Health Approaches to Infectious Diseases and Life Science Research, Department of Public Health, Experimental and Forensic Medicine, University of Pavia, Pavia, Italy, [2]Faculty of Medicine, University Vita-Salute San Raffaele, Milan, Italy, [3]Research Department of Behavioural Science and Health, University College London, London, United Kingdom

BACKGROUND
People with anxiety and/or depression experiencing potential cancer symptoms may be at higher risk of delayed cancer diagnosis. A brief symptom report form was developed to improve symptom communication in primary care. The study evaluated its acceptability, benefits, limitations, and perceived impact from both patient and healthcare professional (HCPs) perspectives.
METHODS
The form was co-developed with patients and healthcare professionals and assessed through vignette-based online surveys. UK participants aged 50 or older with self-reported anxiety and or depression, and healthcare professionals reviewing anonymized completed forms, provided ratings and open-text feedback on clarity, usefulness, and communication impact. Associations between participant characteristics and responses were analyzed using multivariable logistic regression.
RESULTS
A total of 174 patients and 187 HCPs completed the survey. Among HCPs, 86.6% reported that the form could enhance appointments, especially by promoting patient-centred care (33.3%) and supporting early detection and safety (22.5%). Nurses were more likely to believe the form would help them prepare better (OR=3.79; 95%CI: 1.69–8.48) and save time (OR=3.35; 95%CI: 1.47–7.61). Nearly all HCPs (92.5%) would recommend implementing the form in practice. Among patients, 64.9% believed the form would improve their appointment. The majority (69.0%) felt the form would make symptom communication easier. This was reported more frequently by patients with anxiety only compared to those with depression only (85.0% versus 60.6%, $p<0.05$).
CONCLUSIONS
A structured pre-consultation symptom report form appears acceptable and potentially beneficial for improving communication and consultation efficiency in patients with anxiety and or depression. Integration into routine practice may support earlier cancer detection, although evaluation in real-world clinical settings is needed.
Popul. Med. 2026;8(Supplement 1):A2992

ABS2906
Barriers to screening and early cancer diagnosis in people living with mental health conditions or a learning disability: A qualitative study on patient experiences and healthcare providers' perspectives

Mio Hisada[1], Cristina Renzi[1], Sophia Harmer[1], Dhansere Reza[1], Christian von Wagner[1], Katriina Whitaker[2]
[1]Department of Behavioural Science and Health, University College London, London, United Kingdom, [2]School of Health Sciences, University of Surrey, Surrey, United Kingdom

BACKGROUND
People with a mental health condition (MHC) or learning disability (LD) can face significant barriers accessing healthcare, experiencing higher risks of diagnostic delays and advanced stage cancer diagnosis compared to the wider population. Limited evidence is available on specific barriers to screening and early diagnosis from both the perspectives of people with MHC or LD and healthcare professionals.
METHODS
We performed online semi-structured interviews with 27 UK-based people with MHC or LD and/or carers, and 24 healthcare professionals. Experiences and perspectives on cancer screening, diagnostic investigations for potential cancer symptoms, and service improvement suggestions were explored. Patient and public involvement activities supported study material development. We used an inductive analysis to identify key barriers and areas for improvement, integrating findings from people with MHC or LD and healthcare professionals.
RESULTS
Examining interviews with people with MHC (55% depression), carers of LD (71% Down's syndrome), and healthcare professionals (58% general practitioners), three overarching themes emerged: 1) communication issues between patients/carers and healthcare professionals; 2) self-stigma and healthcare professional stigma; 3) systemic and structural barriers. People with MHC highlighted dehumanisation

as a barrier, while lack of complaining when experiencing symptoms was noted by carers of people with LD. General practitioners emphasised patients' limited health literacy in screening benefits, while mental health professionals perceived emotional burden and low motivation for preventive behaviours as barriers among these populations. Participants suggested structural and informational improvements within diagnostic pathways, including flagging vulnerable patients to appropriately plan appointments and reduce sensory over-exposure. Suggestions to train healthcare professionals to address stigma also emerged.
CONCLUSIONS
Despite national healthcare standards promoting reasonable adjustments for people with MHC or LD, study participants highlighted considerable deficiencies in their implementation. Integrating patient and healthcare perspectives are necessary for developing tailored approaches to reduce barriers and improve equitable access to early cancer diagnosis.
Popul. Med. 2026;8(Supplement 1):A2994

ABS2909

Cardiometabolic risk clusters in adolescents and adults: A latent class analysis in the South African National Health and Nutrition Examination Survey

Vundli Ramokolo[1], Lebo Gafane-Matema[2], Parul Puri[3], Lungiswa Nkonki[4], Innocent Maphosa[5], Jabulani Ncayiyana[6]
[1]HIV and Other Infectious Disease Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]MRC Research Unit for Hypertension and Cardiovascular Disease, North-west University, Potchefstroom, South Africa, [3]The George Institute for Global Health, New Delhi, India, [4]Department of Global Health, Stellenbosch University, Cape Town, South Africa, [5]Division of Epidemiology and Biostatistics, Stellenbosch University, Cape Town, South Africa, [6]Division of Health Measurement Sciences, University of Pretoria, Pretoria, South Africa

INTRODUCTION
Cardiometabolic syndrome (CMS) comprises hypertension, obesity, dyslipidemia, hyperglycemia, increases the risk of cardiovascular disease (CVD) and is a major contributor to premature deaths globally. 1,2In this study we present the prevalence of sex-specific risk profiles of CMS in adolescents and adults in South Africa.
METHODS
This study was a secondary analysis of data from participants aged ≥ 15 years enrolled in the first South African National Health and Nutrition Examination Survey. The primary outcome was CMS which was defined as having ≥3 of the following cardiometabolic risk factors: central obesity, hypertension, hypertriglyceridemia, hypoalphalipoproteinemia, and hyperglycemia. Latent class analysis (LCA) was used to identify latent clusters of these factors amongst the sample.
RESULTS
5614 participants with a mean (SD) age of 40.23 (18.47) years were interviewed, and majority of them were black African (68.3%) females (65.3%). Among 5370 participants with outcome data, cardiometabolic risk factors were similar between males and females except for mean (95% confidence interval) waist circumference which was higher amongst females (87.0 (75.0-98.9)) than males (77.6 (70.0-89.0)) and systolic blood pressure which was higher amongst males (130 (118.0-143.0)) than females 125 (113-142). Hypoalphalipoproteinemia was the most predominant CMS risk factor, followed by central obesity and hypertriglyceridemia amongst females, and hypertriglyceridemia and hypertension amongst males. LCA identified the following 3 latent classes and posterior class probabilities: high (23.7%), medium (30.8%) and low-risk (45.4%) CMS groups. The high-risk CMS group had elevated conditional probabilities for abdominal obesity, hypertriglyceridemia, and hypoalphalipoproteinemia and these varied by gender, with abdominal obesity more pronounced amongst females and hypertriglyceridemia amongst males.
CONCLUSIONS
Cardiometabolic risk factors tend to cluster together South African adolescents and adults, and clustering patterns vary by gender. Further research needs to be done to understand the gender-specific CMS risk profiles for adolescents and adults so targeted interventions can be developed.
Popul. Med. 2026;8(Supplement 1):A2996

ABS2913

Time to diagnosis in patients with chronic obstructive pulmonary disease who have never smoked

Carla Guerra-Tort[1], Cristina Represas-Represas[2], Rafael Golpe[3], Carlota Rodríguez-García[4], Alberto Ruano-Ravina[1]
[1]Preventive Medicine and Public Health, University of Santiago de Compostela, Santiago de Compostela, Spain, [2]Pulmonology Department, NeumoVigoI+i Research Group, University Hospital Complex of Vigo (CHUVI), Vigo, Spain, [3]Pulmonology Department, Lucus Augusti University Hospital, Lugo, Spain, [4]Pulmonology Department, University Hospital Complex of Ferrol, Ferrol, Spain

BACKGROUND
Tobacco is the main risk factor for COPD. However, up to one-third of cases may occur in never-smokers. This study describes the time elapsed since the first consultation compatible with COPD until the diagnosis of the disease in never-smoking cases.
METHODS
The sample is based on a multicenter, ambispective cohort study of never-smoking COPD cases. Participants were recruited in 2021-2023 at three Galician hospitals (northwestern Spain). Based on electronic medical records, first consultation for symptoms compatible with COPD was identified, named the index consultation. Time to diagnosis was considered as the time elapsed between the date of the index consultation and the date of diagnosis with spirometry. This time was calculated by sex and age group (≤70, >70). The survival function (time to diagnosis) was estimated using Kaplan-Meier curves. Possible differences in time to diagnosis between sexes and age groups were assessed with the log-rank test.
RESULTS
172 never-smoking COPD cases took part, 66.3% women, with a median age at diagnosis of 70 years (interquartile range: 57.5-75.5). Median time to diagnosis was 3.5 years overall (1.1-7.2), 3.7 in women (1.2-8.2), 2.9 in men (0.6-6.2), 2.4 in those aged ≤70 (0.8-5.8) and 5.8 in those aged >70 (1.8-8.6). Half of COPD cases took 3.8 years to be diagnosed. No statistically significant differences were found in time to diagnosis by sex (p-value=0.318) or age group (p-value=0.139). However, cases diagnosed at >70 years showed a median time to diagnosis 3.4 years longer than cases diagnosed at younger ages.
CONCLUSIONS
While there are no significant differences in the median time to diagnosis by sex, cases diagnosed at >70 years take longer to receive a diagnosis than cases diagnosed at younger ages. These results suggest that, in never smokers with symptoms consistent with COPD, this disease is not initially suspected, particularly in older cases.
Popul. Med. 2026;8(Supplement 1):A2997

ABS2920

Prevalence of lung cancer risk occupations in Small Cell Lung Cancer cases

Alberto Ruano Raviña[1,2], Cristina Candal Pedreira[1,2], Virginia Calvo de Juan[3,2], Guadalupe García[1], Manuel Cobo[2,4], Alexandra Cantero[2,4], Delvys Rodríguez Abreu[2,5], Anna Estival[2,5], Enric Carcereny[2,6], Ainhoa Hernandez[2,6], Rafael López Castro[2,7], Mariano Provencio[2]
[1]1 Preventive Medicine and Public Health, University of Santiago de Compostela, Santiago de Compostela, Spain, [2]2 Spanish Lung Cancer Group, Madrid, Spain, [3]3 Puerta de Hierro-Majadahonda University Hospital, Madrid, Spain, [4]4 Medical Oncology Intercenter Unit. Regional and Virgen de la Victoria University Hospital, Malaga, Spain, [5]5 Insular University Hospital of Gran Canaria, Las Palmas de Gran Canaria, Spain, [6]6 Catalan Institute of Oncology Badalona, Badalona, Spain, [7]7 Valladolid Univeristy Clinical Hospital, Valladolid, Spain

BACKGROUND
Small Cell Lung Cancer (SCLC) is the most aggressive histological type of lung cancer, with poor survival. There are very few studies specifically addressing the prevalence of risk occupations and their distribution in this histological type. The aim of this study is to describe the frequency of risk occupations in this infrequent but lethal histological lung cancer type.
METHODS
A cross-sectional nationwide study was conducted using data from the Thoracic Tumor Registry (TTR) of the Spanish Lung Cancer Group. This registry includes more than 80 hospitals throughout Spain. All SCLC cases diagnosed between 2016-2025 were included and all of them followed up until death or until the last follow up. A descriptive analysis of the sociodemographic, clinical and work-related variables was conducted globally and broken down by sex.
RESULTS
The study included 4966 SCLC cases, 27% women. Median age at diagnosis was 67 for men and 63 for women. Only 1% and 5% of men and women were never-smokers, respectively. 25.2% of men had worked in risk occupations of lung cancer compared to 11.2% in women. The most frequent risk occupations were construction workers (9.3%) and professional drivers (3.5%) in men and professional cleaners (7.6%) and mechanics (0.7%) in women. Mean age at diagnosis was in all cases below 70 years old. Professional cleaners and hairdressers had a mean age at diagnosis of 61 and 64 years old, respectively.
CONCLUSIONS

Lung cancer-related occupations are highly prevalent in SCLC cases in men (25%) and women (12%), apart from tobacco consumption. Interestingly, the frequence of certain occupations traditionally more present in women was quite high, such as professional cleaners and hairdressers. Mean age at diagnosis was much lower for certain risk occupations.
Popul. Med. 2026;8(Supplement 1):A2998

ABS2924

Objectively measured sleep is associated with cardiometabolic health in African-origin populations

Candice Choo-Kang[1], Stephanie J. Crowley[2], Sirimon Reutrakul[3], Dale Rae[4], Estelle V. Lambert[4], Pascal Bovet[5,6], Jacob Plange-Rhule[7], Kweku Bedu-Addo[7], Terrence E. Forrester[8], Cara Joyce[1], Jack A. Gilbert[9], Brian T. Layden[3,10], Amy Luke[1], Lara R. Dugas[11,1]

[1]Public Health Sciences, Loyola University Chicago, Maywood, United States, [2]Department of Psychiatry & Behavioral Sciences, Biological Rhythms Research Laboratory, Rush University Medical Center, Chicago, United States, [3]Division of Endocrinology, Diabetes and Metabolism, Department of Medicine, University of Illinois Chicago, Chicago, United States, [4]Health through Physical Activity, Lifestyle and Sport Research Centre & Division of Physiological Sciences, Department of Human Biology, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [5]University Center for Primary Care and Public Health (Unisanté), Lausanne, Switzerland, [6]Ministry of Health (Republic of Seychelles), Victoria, Seychelles, [7]Department of Physiology, School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana, [8]Solutions for Developing Countries, University of West Indies - Mona Campus, Kingston, Jamaica, [9]Department of Pediatrics and Scripps Institution of Oceanography, University of California San Deigo, La Jolla, United States, [10]Jesse Brown Veterans Affairs Medical Center, Chicago, United States, [11]Division of Epidemiology & Biostatistics, School of Public Health, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa

BACKGROUND
Urbanization and economic development are associated with an increase in circadian misalignment as modern 24-7 "on-demand" societies require night and early morning work hours. Evidence suggests that both short sleep and sleep disruption are associated with obesity, type 2 diabetes, and hypertension. Leveraging the Modeling the Epidemiologic Transition Study (METS), a study of cardiometabolic disease risk in African-origin populations, we explored differences in objectively measured sleep/wake behavior across the 5 international cohorts.
METHODS
METS recruited 1000 African-origin adults, 35-55 years old (63% women), from research sites in rural Ghana, peri-urban South Africa, urban Jamaica, urban Seychelles and suburban Chicago. Objectively measured sleep health data were collected using actigraphy. Actigraphic sleep was scored according to the criteria of Patel and colleagues (SLEEP 2015; 38(9)), from which sleep duration, sleep efficiency, and sleep timing variability were derived.
RESULTS
Mean sleep duration was highest in South Africa (9.2 ± 1.4 hours and shortest in Seychelles (433.1±59 mins). Sleep efficiency was highest in Seychelles participants (86.7±4.5% and 51.6±21mins). Sleep duration and wake time intraindividual variability were highest among both the South African and US participants. After adjustment for confounders, sleep efficiency was lower in Ghana, South Africa and Jamaica when compared to US (GH β: -3.0, RSA: -5.5, JA:-1.3, p<0.05 for all) and significantly higher in Seychelles when compared to US (SY β: 1.4; p=0.02). Finally, with all sites pooled, sleep duration was significantly shorter among women, however they had higher sleep efficiently. Short sleep duration was associated with obesity in men. Interestingly, both short and long sleep were associated with obesity in women.
CONCLUSIONS
Sleep duration, timing and efficiency differ by country and sex, likely driven by socio-economic variables. Sleep is a modifiable risk factor, thus, understanding sleep patterns in different contexts is needed to make informed and culturally appropriate health recommendations.
Popul. Med. 2026;8(Supplement 1):A2999

ABS2934

Does receiving pharmacological treatment for common chronic conditions influence cancer symptom attribution? a vignette study in England

Giovanni Emanuele Ricciardi[1,2], Emanuele De Ponti[1], Flavia Pennisi[1,2], Lucy Mitchinson[3], Georgios Lyratzopoulos[4], Samuel William David Merriel[5], Rupert A Payne[6], Jose Maria Valderas[6,7,8], Gary Abel[6], Christian von Wagner[4], Cristina Renzi[1,4]

[1]Faculty of Medicine, University Vita-Salute San Raffaele, Milan, Italy, [2]PhD National Programme in One Health Approaches to Infectious Diseases and Life Science Research, Department of Public Health, Experimental and Forensic Medicine, University of Pavia, Pavia, Italy, [3]Centre for Cancer Screening, Prevention and Early Diagnosis, Wolfson Institute of Population Health, Queen Mary University of London, London, United Kingdom, [4]Research Department of Behavioural Science and Health, University College London, London, United Kingdom, [5]Centre for Primary Care Health Services Research, University of Manchester, Manchester, United Kingdom, [6]Department of Health and Community Sciences, Faculty of Health and Life Sciences, University of Exeter, Exeter, United Kingdom, [7]Department of Family Medicine, National University Health System, Singapore City, Singapore, [8]Centre for Research on Health Systems Performance, National University of Singapore, Singapore City, Singapore

BACKGROUND
Chronic physical or mental health conditions and their treatments can influence cancer symptom attribution, with possible disparities in timely cancer diagnosis. This study aimed to investigate whether and how using pharmacological treatments for common chronic conditions influences the attribution of symptoms potentially indicative of colorectal cancer.
METHODS
We conducted an online vignette study including 1,404 UK residents aged 50 years+. Participants self-reported physical or mental health conditions and their pharmacological treatments. They were presented with CRC-related symptom scenarios (rectal bleeding, change in bowel habit, fatigue, or abdominal pain) and provided in free-text possible attributions for each symptom. Multivariable logistic regression was used to examine the association between treatment status and symptom attributions, adjusting for socio-demographic and clinical characteristics.
RESULTS
More than half of the participants (58.8%) reported taking pharmacological treatments. Those on treatment were significantly less likely to attribute symptoms to cancer compared to those not on treatment (17.2% vs 23.3%; adjusted AOR 0.67, 95%CI 0.52–0.88). Participants with any chronic condition were four times more likely to attribute new symptoms to medication side effects (AOR 4.02, 95%CI 1.24–13.07). This was particularly pronounced among those treated for arthritis (AOR 2.90, 95%CI 1.64–5.17) or mental health conditions, for example, for patients with anxiety or depression (AOR 2.49, 95%CI 1.44–4.33).
CONCLUSIONS
Attribution of potential cancer symptoms to medication side effects is significantly more common among people managing chronic conditions, which might indicate increased vulnerability to diagnostic delays. Targeted interventions to support appropriate symptom appraisal in this growing population subgroup might be necessary to facilitate timely cancer diagnosis.
Popul. Med. 2026;8(Supplement 1):A3000

ABS2999

Diet among African-origin adults over 10 years modeling the epidemiologic transitions study mets

Zimmy Z Balindevu[1], Candice Choo-Kang[1], Lara Dugas[1], Estelle V Lambert[1], Dale Rae[1], Jacob Plange-Rhule[1], Kweku Bedu-Addo[1], Terrence Forrester[1], Pascal Bovet[1], Brian Layden[1], Jack Gilbert[1], Amy Luke[1]

[1]Division of Epidemiology & Biostatistics, School of Public Health, University of the Western Cape, Cape Town, South Africa

INTRODUCTION
African-origin populations are undergoing rapid dietary shifts, moving from traditional, high-fibre diets to energy-dense diets high in fat, refined carbohydrates, and animal protein, contributing to rising metabolic syndrome and non-communicable diseases. METS provides a unique opportunity to examine these transitions across diverse countries using consistent dietary assessment methods.
METHODS
METS recruited approximately 2,500 adults aged 25–45 years in 2010 from five countries (Ghana, South Africa, Jamaica, Seychelles, and the United States) and conducted annual follow-up examinations over a ten-year period. In 2010 and 2020–2021, 24-hour dietary recalls were collected to assess participants' diets. Dietary data were entered into the Nutrition Data System for Research (NDSR), and NOVA classification was applied to identify ultra-processed foods. Descriptive statistics and trend analyses were used to assess changes in dietary intake over time.
RESULTS
Observed mean intakes of energy, fat, protein, carbohydrates, and fibre in 2020–2021 are broadly comparable to those reported in 2010. Preliminary results from

Seychelles indicate higher total energy intake, increasing from 1781.9 kcal in 2010 to 1921.2 kcal in 2020–2021, alongside higher fat intake (56.1 g to 64.7 g) and protein intake (78.1 g to 92.2 g). In contrast, preliminary data from Ghana, Jamaica, and the United States suggest an average 15% decline in energy intake compared with earlier years. Given the current data coverage (28–50%), these early findings suggest that overall energy intake may increase as data entry is completed.
CONCLUSIONS
These preliminary findings support the hypothesis that diets among African-origin adults are transitioning from traditional, high-fibre, minimally processed patterns towards more energy-dense diets higher in fat, refined carbohydrates, and animal protein. This shift is consistent with the nutrition transition observed globally. Data analysis is ongoing.
Popul. Med. 2026;8(Supplement 1):A3001

ABS3014
Economic burden of multimorbidity in South Africa - findings from the ENHANCE Trial
Winfrida Tombe-Mdewa[1], Micheal Boachie[1], Susan Goldstein[1], Robyn Curran[2], Babalwa Zani[2], Venessa Timmerman[2], Carl Lombard[3], Andrew Farmer[4], Inge Petersen[5], Tasneem Kathree[5], Zamasomi Luvuno[5], Arvin Bhana[5], Naomi Levitt[6], Lara Fairall[2,7], Chengetai Dare[1]
[1]SAMRC/Wits Centre for Health Economics and Decision Science – PRICELESS SA, Faculty of Health Sciences, School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, [2]Knowledge Translation Unit, Department of Medicine, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [3]Biostatistics Research Unit, Medical Research Council, Cape Town, South Africa, [4]Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom, [5]Centre for Research in Health systems, University of KwaZulu-Natal, Durban, South Africa, [6]Chronic Disease Initiative for Africa, Department of Medicine, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [7]Institute of Global Health, University College London, London, United Kingdom
BACKGROUND
International evidence shows that multimorbidity increases out-of-pocket payments (OOPs), indirect costs such as missed workdays, and risk of catastrophic health expenditure1. In South Africa, despite free primary healthcare and chronic medication in the public sector, individuals face substantial additional cost2. Studies among people living with HIV, diabetes, and hypertension highlight how small but repeated expenses accumulate, leading to treatment interruption, poor adherence, and disengagement from care 3,4. While national efforts toward universal health coverage and integrated chronic disease management are expanding, evidence on the economic burden of multimorbidity in South Africa remains limited.
METHODS
We conducted a cross-sectional study nested within the ENHANCE type 2 hybrid effectiveness-implementation trial evaluating a health system strengthening intervention for people with multiple long-term conditions (MLTCs) in public primary healthcare facilities in the Western Cape and KwaZulu Natal. We estimated OOPs and productivity losses. We used a generalized linear model to explore predictors of OOP spending.
RESULTS
Among 1,743 adults with MLTCs (mean age 57.6 years) and 23% employment rate, 66% had two conditions, 27% had three conditions and 8% had four or more conditions. OPP was reported in 61.1% of participants. Mean number of days due to illness was 2.5 (SD 2.92). Average OPP was R 436.86 (SD 426.38) per person in three months. Employment status (OR 2.2, $p < 0.001$), higher number of chronic conditions (OR 1.22, $p < 0.007$) and older age (OR 1.20, $p< 0.048$) had higher odds of incurring OPP. No significant association was found between demographic and socio-economic factors and OPP amount.
CONCLUSIONS
Older age, number of conditions and employment status were important determinants of OPP. Free care remains insufficient to protect vulnerable populations from catastrophic health expenditure, government needs to consider additional measures that translate into comprehensive financial protection and equitable health access for patients with MLTCs.
Popul. Med. 2026;8(Supplement 1):A3002

ABS3044
Exploring community members' perceptions of oral health in rural South Africa
Hlulani Alloy Nghayo[1], Khabiso Jemima Ramphoma[2], Ronel Maart[3]
[1]1 Department of Rehabilitation and Dental Sciences, Tshwane University of Technology, Pretoria, South Africa, [2]2 Department of Community Dentistry, University of the Western Cape, Cape Town, South Africa, [3]3 Department of Prosthodontics, University of the Western Cape, Cape Town, South Africa
BACKGROUND
Oral health remains a global health challenge. Rural communities are disproportionately affected by oral diseases due to inequitable access to oral health services and the absence of initiatives that promote oral health and quality of life. This study aimed to explore community members' perceptions of oral health in rural communities in Limpopo province, South Africa.
METHODS
A convenience sample of 50 participants was recruited to take part in five focus group discussions, each comprising 10 participants from five geographically distinct rural communities. Discussions were conducted using an interview guide, digitally recorded, transcribed verbatim, imported into ATLAS.ti, and thematically analyzed using an inductive approach.
RESULTS
Three main themes emerged: barriers to oral healthcare access, inadequate oral health advocacy, and (3) intrinsic determinants of oral health, each with several related sub-themes and categories. Together, these factors were identified as key contributors to limited awareness of oral health and its potential impact, thereby increasing the prevalence of oral diseases in rural communities.
CONCLUSIONS
Despite global initiatives to improve oral health, rural communities remain disproportionately affected by various oral health challenges. Improving oral health in these settings requires integrating oral health into primary healthcare policy reform, equitable workforce distribution, implementation of oral health programs, expansion of mobile services, and the involvement of community healthcare workers to enhance access.
Popul. Med. 2026;8(Supplement 1):A3005

ABS3053
A cross-sectional study of knowledge, attitudes, barriers and practices of cervical cancer screening among nurses in selected hospitals in the Eastern Cape Province, South Africa.
Siyabonga Sibulawa[1]
[1]Faculty of Medicine and Health Sciences, School of Public Health, Walter Sisulu University, Mthatha Campus, Eastern Cape, South Africa
INTRODUCTION
Cervical cancer is a preventable but highly prevalent cancer in many low -and middle-income countries including South Africa. Cervical cancer outcomes can be improved with improved vaccination programme, a well-coordinated and efficient screening programme, increased community awareness and uptake, and increased knowledge and advocacy of health professionals. This study therefore aimed to ascertain the knowledge, attitudes, practices and barriers of cervical cancer screening among nurses of selected rural hospitals in South Africa.
METHODS
A quantitative cross-sectional study was conducted in five hospitals in the Eastern Cape Province of South Africa between October and December 2021. A self-administered questionnaire was used to assess demographic characteristics of nurses and cervical cancer knowledge, attitudes, barriers and practices. A knowledge score of 65% was deemed adequate. Data were captured in Microsoft Excel Office 2016 and exported to STATA version 17.0 for analysis. Descriptive data analyses were used to report the results.
RESULTS
A total of 119 nurses participated in the study with just under two thirds (77/119, 64.7%) being professional nurses. Only 15.1% (18/119) of participants were assessed as having obtained a good knowledge score of ≥65%. The majority of these (16/18, 88.9%) were professional nurses. Of the participants with a good knowledge score, 61.1% (11/18) were from Nelson Mandela Academic Hospital, the only teaching hospital studied. Cervical cancer was deemed to be a disease of public health importance by 74.0% (88/119). However, only 27.7% (33/119) performed cervical cancer screening. Most of the participants (116/119, 97.5%) had an interest of attending more cervical cancer training.
CONCLUSIONS
Most nurse participants did not have adequate knowledge about cervical cancer and screening, and few performed screening tests. Despite this, there is a high level of interest in being trained. Meeting these training needs is of utmost importance to implementing a comprehensive cervical cancer screening programme.
Popul. Med. 2026;8(Supplement 1):A3006

ABS3119

Global sodium reduction policies: current strategies and opportunities for population-level cardiovascular risk reduction

Natalie Marinho Dantas[1], Kathy Trieu[2], Mary-Anne Land[2], Bruce Neal[2]
[1]Food Science and Nutrition Department, School of Food Engineering, Universidade Estadual de Campinas, Campinas, Brazil, [2]The George Institute for Global Health, University of New South Wales, Sydney, Australia

INTRODUCTION
Hypertension is a major global public health challenge and a leading cause of cardiovascular mortality (1, 2). Excessive sodium intake significantly increases cardiovascular risk and health system costs (3, 5), and despite public health strategies implemented worldwide, population-level consumption remains above recommended limits (6,7).
METHODS
This Organized Session proposes to evaluate existing public policies for sodium reduction and to discuss feasible strategies at the macro, meso, and micro (individual) levels to support the development of sustainable and effective public health interventions.
RESULTS
Current policy strategies include food reformulation, consumer education, front-of-pack labelling, interventions in public institutional settings such as schools, hospitals, and workplaces, taxation of high-salt products (8), and switching discretionary salt to potassium-enriched salt (9). The reformulation of industrialized foods has been adopted through mandatory sodium targets for bread in Argentina (10) and voluntarily in Brazil (11). The mandatory front-of-package (FOP) warning label system, combined with marketing restrictions and bans on sales in schools, adopted in Chile, represents a prominent policy action to address chronic non-communicable diseases (12). However, despite robust evidence on the health risks of excessive sodium intake and established international targets, efforts to increase public awareness and engagement with the food industry remain limited (13). In this context, this session will discuss key barriers and facilitators of current sodium reduction strategies and highlight compelling evidence supporting the use of potassium-enriched salt as an innovative approach to preventing and managing hypertension while reducing cardiovascular risk, using country case studies to demonstrate public health impact.
CONCLUSIONS
Integrated policies combining regulation, fiscal measures, industry engagement, education, potassium-enriched salt substitution, and communication are needed to reduce sodium intake and promote sustainable behaviour change. This session will foster scientific exchange among peers, supporting an interdisciplinary public health dialogue on population-level hypertension prevention and cardiovascular risk reduction.
Popul. Med. 2026;8(Supplement 1):A3008

ABS3134

Rethinking oral health through a global south lens: context, capacity and sustainable public health responses

Khabiso Ramphoma[1,2], Nashna Rampersad[2,1], Abiola Adeniyi[3,4], Sujay Mehta[5,6], Priyanka Gudsoorkar[6,7], Alice Grasveld[8], Dirk Smit[2], Ramprasad Vasthare Prabhakar[9]
[1]Dental Public Health Special Interest Group, Public Health Association of South Africa, Cape Town, South Africa, [2]Community Dentistry, University Of The Western Cape, Faculty Of Dentistry, Cape Town, South Africa, [3]Silberman College of Business, Fairleigh Dickinson University, Vancouver, Canada, [4]Oral Health Working Group, World Federation of Public Health Associations, Geneva, Switzerland, [5]Vancouver Orofacial Pain, Vancouver, Canada, [6]Solidarity Dental Foundation, Cincinnati, Ohio, United States, [7]College of Medicine, University of Cincinnati, Cincinnati, Ohio, United States, [8]Paediatric Dentistry, Academic Centre for Dentistry in Amsterdam, University of Amsterdam, Amsterdam, Netherlands, [9]Public Health Dentistry, Manipal College of Dental Sciences, Manipal Academy of Higher Education, Udupi, Karnataka,, India

BACKGROUND
Oral health remains a low global health priority, particularly in the Global South, where it is frequently excluded from national health budgets, universal health coverage packages, and non-communicable disease (NCD) strategies. Chronic underinvestment has resulted in high burdens of preventable oral diseases and persistent inequities. Despite these constraints, several Global South countries are implementing innovative, prevention-oriented oral health approaches using limited resources, cross-sectoral collaboration, and strong community engagement.
METHODS
This organised session synthesises practice-based case studies from Tonga, Ghana, Tanzania, Kenya, South Africa, and India, drawing on programme documentation, participatory research, and implementation experiences. The cases examine how oral health interventions are integrated into schools, primary health care, NCD programmes, substance use treatment services, and community development initiatives, with attention to governance, partnerships, and sociocultural contexts.
RESULTS
In Tonga, the MaliMali School Oral Health Programme achieved a national shift from extraction-focused care to prevention through school-based fluoride use, daily supervised toothbrushing, and interministerial collaboration. Community-engaged initiatives in Ghana and Tanzania integrated oral health with women's health education, oral cancer and noma screening, and participatory inquiry, strengthening local capacity and sustainability. In Kenya, participatory action research led to community-driven solutions addressing structural barriers such as water access, linking oral health with WASH, nutrition, and education. The South African case demonstrates how integrating oral health protocols into substance use disorder treatment improves oral health-related quality of life and dignity. In India, the Mandya Model in Karnataka embedded oral health within NCD control through public–private partnerships, mobile dental services, and community mobilisation, extending care to hard-to-reach populations.
CONCLUSIONS
These cases demonstrate that, even in resource-constrained settings, Global South–led innovations can deliver equitable, scalable, and contextually grounded oral health solutions. Collectively, they reposition the Global South as a producer of knowledge and practice essential to strengthening global oral health systems.
Popul. Med. 2026;8(Supplement 1):A3009

ABS3149

Oral health as non-communicable diseases: why the mouth matters in public health

Feroza Amien[1], Faheema Kimmie-Dhansay[2], Khabiso Ramphoma[2], Jawaya Shae[3], Bulela Vava[4]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Community Dentistry, University of the Western Cape, Cape Town, South Africa, [3]University of Cape Town, Cape Town, South Africa, [4]Public Oral Health Forum, Johannesburg, South Africa

INTRODUCTION
Although largely preventable, oral diseases affect approximately 3.7 billion people globally, causing chronic pain, reduced quality of life, and high costs to health systems and patients1. Some oral conditions, particularly periodontal disease, are early indicators of systemic NCDs, including diabetes, cardiovascular disease, and adverse pregnancy outcomes2. Dental caries, periodontal disease, and oral cancers are NCDs that share modifiable risk factors and social determinants with systemic NCDs, notably unhealthy diets, tobacco and alcohol use, and structural inequities1. Despite clear overlaps, oral and systemic NCDs are often addressed through siloed health programmes, resulting in duplicated efforts that undermine primary health care principles of equity, prevention, intersectoral collaboration, and comprehensive care. Integrating OH into NCD prevention and management improves access by embedding prevention, early identification, and referral within routine public health and primary care services, rather than relying on separate dental systems that remain inaccessible to many. The World Health Organization's Global Oral Health Action Plan1 and the United Nations Political Declaration on NCDs, mandates the integration of OH into mainstream NCD prevention efforts3. Positioned within these mandates, this session advances OH integration as a public health imperative to reduce inequities and strengthen health systems.
METHODS
The session will include an overview of the interrelationships between general and OH and existing strategies for integration within public health practice. Participants will then engage in facilitated small-group discussions to identify at least one feasible strategy for integrating OH into their public health work within the next year, and consider key challenges and enabling factors
RESULTS
Participants will develop a clearer understanding of OH as integral to general health and identify practical approaches to strengthen integration within NCD prevention strategies. Conclusion. The session will conclude with proposals for how the public health community can integrate OH into NCD prevention to advance equity and population health.
Popul. Med. 2026;8(Supplement 1):A3011

ABS3221

Exploring the attitudes, knowledge and experiences of smoking-related harm and smoking cessation tools among tobacco smokers living with HIV in Cape Town

Kamogelo Senyatsi[1], Omar El-Shahawy[2,3], Jillian Hill[1], Nasheeta Peer[1,4]
[1]Non-Communicable Disease Research Unit, South African Medical Research

Council, Durban and Cape Town, South Africa, [2]Public Health Research Center, New York University Abu Dhabi, Abu Dhabi, United Arab Emirates, [3]Department of Population Health, Grossman School of Medicine, New York University, New York, United States, [4]Department of Medicine, University of Cape Town, Cape Town, South Africa

BACKGROUND
Tobacco smoking among people living with HIV (PLWH) increases their susceptibility to other infections like tuberculosis and decreases the efficacy of HIV medication. This study explored the knowledge on the harmful effects of tobacco smoking, and the attitudes and experiences with electronic cigarettes (ECs) and nicotine replacement therapy (NRT) as cessation tools among PLWH who smoked tobacco.
METHODS
In this qualitative study, PLWH who received care at three primary healthcare facilities in Cape Town were recruited for six focus group discussions; four were conducted in Afrikaans among the mixed ancestry population and two in IsiXhosa among black Africans. These discussions (n=24) were audio recorded, transcribed verbatim and translated into English. Transcripts were analysed using a thematic analysis approach.
RESULTS
While smoking initiation occurred before receiving an HIV diagnosis, participants described that smoking served as a coping mechanism for stigma and stress faced related to nondisclosure of HIV status to family/friends. Participants seemed aware that smoking contributed to poor health outcomes of cancer and lung disease. They expressed a willingness and strong desire to quit smoking and that previous attempts had been unsuccessful. Despite their regular clinic visits to receive HIV care, participants reported receiving minimal smoking cessation advice from healthcare providers. Largely, participants expressed little-to-no knowledge or experience of NRT. They had some knowledge of ECs and expressed a distrust in them. Reasons/perceptions included that ECs were electronic devices, produced more smoke, and were therefore considered more harmful than combustible cigarettes (CCs). Also, EC users were perceived to smoke more than CC users. Despite their limited knowledge of NRT and reservations around ECs, they were willing to utilize these tools as a gateway to smoking cessation.
CONCLUSIONS
Our findings highlight a strong desire to quit smoking, inadequate cessation guidance and a willingness to engage with cessation tools.
Popul. Med. 2026;8(Supplement 1):A3013

ABS3290
Bridging the Genomic Divide: Towards Inclusive Risk Scores for Diabetic Complications in LMIC Populations, with Preliminary Metabolic Insights from a Central Asian Cohort

Aida Kabibulatova[1], Kuralay Atageldiyeva[2,3]
[1]Department of Biomedical Sciences, Nazarbayev University, School of Medicine, Astana, Kazakhstan, [2]Department of Medicine, Nazarbayev University, School of Medicine, Astana, Kazakhstan, [3]Department of Internal Medicine, Corporate Fund "University Medical Center", Astana, Kazakhstan

ABSTRACT
Type 2 diabetes (T2D) complications disproportionately burden diverse low- and middle-income country (LMIC) populations, where multi-ethnic populations face heightened risks due to limited access to precision tools. Polygenic risk scores (PRS) for T2D and complications, predominantly derived from European-ancestry data, demonstrate poor transferability to diverse non-European groups, worsening health inequities and impeding precision public health. Genetic predispositions interact with modifiable factors like glycemic control and dyslipidemia to drive complications such as coronary artery disease. Poor metabolic profiles amplify atherogenic risk, yet integrated genetic-metabolic models remain underexplored for inclusive strategies. This work aims to detail a protocol for developing ethnicity-informed PRS for T2D complications across LMIC ancestries and present preliminary metabolic risk correlations from an ongoing Central Asian recruitment cohort.
METHODS
We synthesized recent literature on PRS transferability and multi-ancestry models for T2D and complications, drawing from multi-ancestry genome-wide association studies and validation cohorts, to inform a structured scheme for an ethnically-aware PRS framework. Complementarily, we performed retrospective cross-sectional analysis of biochemical data from an underserved Central Asian T2D cohort (n=505; mean age 67.2 ± 9.2 years, females 45.1%). Spearman correlations assessed associations between HbA1c and lipid parameters. Results We outline a 3-phase protocol leveraging multi-ancestry GWAS summary statistics to develop an inclusive PRS scheme: starting with evaluation of European PRS transferability across different ancestries; development of a PRS trans-ancestry model; and validation of a hybrid PRS-metabolic predictor to advance equitable risk stratification in LMIC settings. In our cohort, poor glycemic control strongly associated with atherogenic dyslipidemia: HbA1c positively correlated with triglycerides ($p = 0.001$), but not with total cholesterol or LDL ($p > 0.05$). These findings highlight modifiable pathways where genetic risks may be amplified in diverse groups.
CONCLUSIONS
This facilitates targeted interventions in underserved populations, advancing precision public health without borders and global equity in non-communicable disease management.
Popul. Med. 2026;8(Supplement 1):A3015

ABS3350
Home food environment and household food security interventions targeting adult populations in low-income settings: a systematic review

Samukelisiwe Madlala[1], Sihle Mabhida[1], Jillian Hill[1]
[1]Non-Communicable Diseases Research Unit, South African Medical Research Council, Parow, Cape Town, South Africa

INTRODUCTION
Overweight and obesity remain major global public health concerns leading to the rise of non-communicable diseases. Unhealthy diets significantly contribute to this burden, while the home food environment and household food security influence food availability, access and diet quality, and ultimately affect eating behaviors of both children and adults. The increasing prevalence of food insecurity among low-income households poses a significant barrier to establishing a healthier home food environment. Therefore, the aim of this systematic review is 1) to identify existing home food environment and/or household food security interventions, and 2) to determine the effects of these interventions in improving the availability of healthy food in the home, household access to food, diet quality, and nutritional status of adults.
METHODS
Several electronic databases including PubMed, Web of Science, Scopus, Science Direct and CINAHL (EBSCOhost) were searched for relevant literature published from 1994 to 2025 using MeSH terms and keywords. Two reviewers independently screened the identified records on Rayyan online systematic review software using a predefined eligibility criterion. Risk of bias will be assessed using the adapted EPOC risk of bias tool for studies with a separate control group and ROBINS-I tool. The overall strength of the evidence for each outcome will be assessed using the GRADE tool.
RESULTS
In the preliminary literature search, a total of 3125 articles were identified. After duplicate removal, 2410 titles and abstracts were screened. Following screening, 75 articles were deemed eligible for full text review.
CONCLUSIONS
The study is currently ongoing and its results will be presented at the Congress. Upon completion, this review will present the latest evidence on the effects of home food environment and household food security interventions to inform the development of interventions addressing unhealthy home food environments in low-and-middle-income countries and future research.
Popul. Med. 2026;8(Supplement 1):A3019

ABS3369
Neighbourhood environmental exposures and cognitive performance among older individuals in Johannesburg, South Africa

Tahira Kootbodien[1], Yonela Mkunyana[1], Nisha Naicker[2], Renee Street[1], Angela Mathee[1]
[1]Environment & Health Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]National Institute of Occupational Health, National Health Laboratory Service, Johannesburg, South Africa

BACKGROUND
Exposure to ambient air pollution has been linked to poor cognitive performance in older adults, while residential greenness may be protective. However, most evidence comes from high-income countries, with limited data from South Africa. This study examined the association between green space and air pollution on cognitive function among older adults.
METHODS
139 participants, aged 60 to 80 years, living in old age homes in the City of Johannesburg Municipality, Gauteng were included in the study. Cognitive performance was assessed using the Early Dementia Questionnaire (EDQ) and

the Cambridge Neuropsychological Test Automated Battery (CANTAB), which evaluated memory, executive function, attention and psychomotor speed. Environmental exposures included ambient air pollutants (NO, SO) and residential greenness, quantified using normalised difference vegetation index (NDVI), within 100 m, 300 m, and 500 m buffers around participants' residences. The associations between environmental exposures and cognitive function were modelled separately for EDQ score and CANTAB domains and clustered by facility, adjusting for age and sex.
RESULTS
The prevalence of hypertension was 70.4% and probable early dementia was 55% (EDQ ≥8). Residential greenness was inversely correlated with NO and SO2 concentrations across all buffer zones. Higher SO exposure were associated with increased errors on paired association learning (PAL) indicating worse episodic memory (β = 28.31, p = 0.018), while higher NO2 was associated with slower reaction times (RTI) (β = -0.60, p = 0.003), indicating worse cognitive performance in the psychomotor speed and attention domains. No associations were observed for residential greenness within 100 m (per IQR NDVI increase) or NDVI at 300 m or 500 m buffers.
CONCLUSIONS
Although based on a small sample size, findings indicate potential associations between NO and SO exposure and poor cognitive performance among older adults, highlighting the need for further investigation.
Popul. Med. 2026;8(Supplement 1):A3020

ABS3397
The association between anthropometric obesity indices and lipid profile in the United Arab Emirates (UAE): Results from the UAE Healthy Future Study Data

Maryam Almarri[1], Dr. Amar Ahmad[1], Sara Al Balushi[1], Dr. Mitha Al Balushi[1], Dr. Abdishakur Abdulle[1]
[1]Public Health Research Center, New York University, Abu Dhabi, Abu Dhabi, United Arab Emirates

BACKGROUND
The UAE Healthy Future Study (UAEHFS) is one of the first large prospective cohort studies in the region which examines causes and risk factors for chronic diseases among adult UAE nationals. The aim of this study was to explore the association between lipid profile biomarkers namely total cholesterol (CHOL), low-density lipoprotein (LDL) cholesterol, high-density lipoprotein (HDL) cholesterol and triglycerides (TG) and body-mass-index (BMI), body fat percentage (%BF) and waist circumference (WC), hip circumference (HC) and waist-to-height ratio (WHtR) among UAE Healthy Future Study (UAEHFS) participants.
METHODS
We analyzed the UAEHFS data to investigate the association between five anthropometric obesity indices and lipids profile. Demographic information was gathered through self-reported questionnaires, while anthropometric data and blood samples were collected in a clinical setting. Multivariate regression models were performed for each of lipid profile biomarker (CHOL, HDL cholesterol, LDL cholesterol, and TG) as an outcome. These models incorporated a set of predictors including key anthropometric measures, age, and gender to thoroughly examine the influences of anthropometric and demographic factors on lipid levels.
RESULTS
A total of 14,308 participants were included in the analysis. Multivariate median quantile regression analysis revealed distinct demographic and anthropometric associations with lipid profiles. Males had higher CHOL, LDL, and TG but markedly lower HDL, while age was positively associated with all lipids. Anthropometric indicators such as %BF was strongly associated with increased cholesterol and LDL, while WC was associated with higher triglyceride levels. HC size showed generally protective effects, with negative associations across most outcomes.
CONCLUSIONS
These findings confirm high correlations between anthropometric obesity measures and lipid biomarkers. Body fat percentage (%BF) and waist circumference (WC) demonstrated a stronger association with most lipid levels compared to BMI. Additional research is needed to further investigate the association between different obesity indices and serum lipid profile.
Popul. Med. 2026;8(Supplement 1):A3023

ABS3444
Effectiveness of individual support by healthy lifestyle specialists in reducing risk factors for noncommunicable diseases in population

Maria Lopatina[1], Anna Kontsevaya[1], Oxana Drapkina[1]
[1]Public Health Promotion, National Medical Research Center for Therapy and Preventive Medicine, Moscow, Russian Federation

BACKGROUND
Despite advances in reducing risk factors of noncommunicable diseases (NCDs) in population of the Russian Federation, overweight and obesity remain a pressing issue. However, it is difficult for people to change their habits. Therefore, healthy lifestyle specialists are becoming popular.
OBJECTIVE
To study the effectiveness of healthy lifestyle specialists in reducing risk factors for NCDs in population.
METHODS
Participants (n=200) aged 18 to 60 years, men and women with a body mass index (BMI) of 27.0-37.0 kg/m underwent a free initial checkup (anthropometry, blood pressure measurement, bioimpedance analysis, blood cholesterol and glucose tests, and a habits and lifestyle assessment). Participants received personalized lifestyle recommendations from a physician. Participants were randomly divided into two groups: the main group (MG) (n=100), supported by lifestyle specialists for 6 months, and the control group (CG) (n=100), which independently adjusted their lifestyle.
RESULTS
The MG participants showed a 7% weight loss and an 11% reduction in waist circumference. Average BMI decreased by 7%. Metabolic age decreased by 5%. The CG showed a smaller weight loss of 4% and a decrease in waist circumference of 7%. Average BMI decreased by 4%. Metabolic age decreased by 3%. Fat mass also decreased by 14% in MG and by 4% in CG. Smoking decreased by 6% in MG and increased by 6% in CG. Low physical activity halved from 44% to 21% in the MG and by 6% from 35% to 29% in the CG. Low fruit and vegetable consumption decreased by 38% in the MG and by 17% in the CG.
CONCLUSIONS
The integration of healthy lifestyle specialists showed statistically significant results. Specialists can participate in providing medical care and work as part of a multidisciplinary team. This will contribute to improving the accessibility and quality of medical care and reduction of NCDs risk factors in population.
Popul. Med. 2026;8(Supplement 1):A3024

ABS3524
Multi-model evaluation of South African Fynbos honey: Bioactive stability and effects on immunomodulatory, antimicrobial, and antibiofilm activities across gastrointestinal digestion and protein isolation.

Chloé Stragier[1], Mohammed Ibrahim[2], Aliyu Abdullahi[1], Megan Bester[1], June Serem[1]
[1]Anatomy, University of Pretoria, Pretoria, South Africa, [2]Biochemistry, Ahmadu Bello University, Zaria, Nigeria

BACKGROUND
South African Fynbos honey, produced by Apis mellifera capensis, is increasingly recognised for its antioxidant, immunomodulatory, antimicrobial, and wound-healing properties. While these bioactivities are often attributed to the phenolic content, the contribution of honey derived proteins remains underexplored. Additionally, the extent to which these bioactivities persist after gastrointestinal digestion remains under-investigated. Given the clinical relevance of bioaccessibility, this work integrates findings from three complementary studies to evaluate how simulated digestion and compound isolation influence the health-promoting properties of Fynbos honeys relative to medical-grade Manuka honey.
METHODS
Multiple South African Fynbos honeys and comparator Manuka honeys were subjected to simulated oral, gastric, and intestinal digestion or chromatographic protein isolation. Antioxidant capacity, anti-inflammatory capacity, phenolic bioaccessibility, nitric oxide modulation, antimicrobial, antibiofilm activity, wound-healing potential, and cytotoxicity were assessed using biochemical assays, microbial (Escherichia coli, Staphylococcus aureus and Candida albicans) and cell-based models (human intestinal (Caco-2), keratinocyte (HaCaT) and mouse macrophage (RAW 264.7) and fibroblast cells (SC-1 and L929). Results and conclusion South African Fynbos honeys demonstrated differential yet complementary bioactivities following simulated digestion or chromatographic compound isolation. Antioxidant capacity, and phenolic bioaccessibility were largely retained after gastrointestinal digestion (~68–87%; p< 0.05) while anti-inflammatory activity remained stable during oral (75-92%; p < 0.05), and gastrointestinal digestion (3-78%; p < 0.05). Fynbos honeys that were found to be protein-rich, displayed strong wound-healing, antibacterial, and immunomodulatory effects, with protein fractions showing superior NO scavenging (49-62%; p < 0.05) compared to whole honey systems. All assays were conducted using non-cytotoxic concentrations of honey and protein isolates (>80% cell viability across

the tested range). Fynbos honeys maintained antibiofilm activity against Candida albicans after oral digestion ($p > 0.05$). Overall, bioactive stability varied among Fynbos honeys, with functional bioactivities retained across models. These findings support their therapeutic potential and align with SDG 3 (Good Health and Well-being).
Popul. Med. 2026;8(Supplement 1):A3027

ABS3624
Rethinking noncommunicable diseases after the fourth UN High-Level Meeting

Habib Benzian[1], Sudeshni Naidoo[1]
[1]Faculty of Dentistry, University of the Western Cape, Cape Town, South Africa

ABSTRACT
Global action on non-communicable diseases (NCDs) continues to be marked by a structural imbalance: political ambition advances faster than implementation and health-system adaptation. Successive United Nations High-Level Meetings, including the Fourth UN High-Level Meeting on NCDs, have produced strong normative commitments, yet progress on prevention, financing, and service delivery remains limited and uneven. This persistent gap is not simply a failure of political will. It reflects deeper features of NCD governance. Global declarations reward consensus, while implementation requires contested decisions on prioritisation, regulation of major risk drivers, benefit design, and resource allocation. At the same time, prevailing NCD frameworks favour continuity over recalibration, reinforcing downstream responses and limiting health-system adaptation. This organized session uses the Fourth UN High-Level Meeting as a moment for critical reflection. It examines how current conceptual framings of NCDs shape what is prioritised, funded, and implemented. The session introduces the six-by-six (6×6) approach—integrating oral diseases and sugars into the core NCD agenda—as a conceptual rethink to sharpen prevention, clarify accountability for key risk drivers, and better align political ambition with system-level action. The session combines two short analytical inputs with an interactive panel discussion involving the speakers, an invited NCD advocate, and the audience. Presenter 1 will analyse the political economy of United Nations High-Level Meetings and explain why ambition peaks at the declaration stage but weakens during implementation. Presenter 2 will examine how existing NCD frameworks shape prevention and health-system responses, introducing the 6×6 approach as a tool for conceptual and policy renewal. By the end of the session, participants will be able to: 1. Explain why political ambition on NCDs outpaces implementation and health-system adaptation. 2. Assess how prevailing NCD frameworks influence prevention, accountability, and equity. 3. Discuss how conceptual rethinking, including the 6×6 approach, could support more impactful NCD action.
Popul. Med. 2026;8(Supplement 1):A3031

ABS3692
Baseline Knowledge, Attitudes, and Practices of Primary Healthcare Nurses on Head and Neck Cancer in a Resource-Limited Setting

Augustina Matshela Kganyago[1], Muhammad Hoque[1]
[1]Department of Public Health, Sefako Makgatho Health Sciences University, Pretoria, South Africa

BACKGROUND
Head and neck cancer (HNC) disproportionately affects populations in low- and middle-income countries, where late diagnosis contributes to poor outcomes and persistent health inequities. Primary healthcare (PHC) nurses play a key role in early detection; however, their effectiveness depends on adequate knowledge, positive attitudes, and appropriate clinical practices. Strengthening PHC capacity offers a practical strategy to improve early detection. This study assessed baseline knowledge, attitudes, and practices (KAP) of PHC nurses regarding HNC prior to an educational intervention aimed at reducing diagnostic delays.
METHODS
A cross-sectional pre-intervention survey was conducted among 199 PHC nurses using a structured, self-administered KAP questionnaire. The survey assessed knowledge of HNC sites, attitudes towards early detection and screening, and clinical practices related to screening, patient education, and referral. Descriptive statistics were used to summarize findings.
RESULTS
Participants were predominantly female (94%), with the largest proportion aged 45–54 years (37%). Knowledge of common HNC sites, including the oral cavity and larynx, was adequate. Attitudes towards early detection were largely positive, with most nurses expressing willingness to participate in HNC screening. Despite this, clinical practices were suboptimal. Most nurses reported rarely or never performing routine HNC screening, limited confidence in head and neck examination, infrequent patient education, and lack of access to referral guidelines.
CONCLUSIONS
The study demonstrates a substantial knowledge-to-practice gap limiting equitable access to early HNC diagnosis. Targeted educational interventions at the PHC level offer a feasible and sustainable strategy to strengthen early detection and reduce cancer-related inequities in resource-limited settings.
Popul. Med. 2026;8(Supplement 1):A3038

ABS3733
Adverse pregnancy outcomes among adolescent mothers in the Eastern Cape, South Africa

Machoene Derrick Sekgala[1], Vuyolwetu Tibini[1], Camille Wittesaele[2,3], Tetelo Maakemedi[1], Zintle Mlomo[1], Natalie Davidson[1], Kath Morse[1], Lucie Cluver[2,4], Elona Toska[1,2], Vundli Ramokolo[5]
[1]Center for Social Science Research, University of Cape Town, Cape Town, South Africa, [2]Department of Social Policy and Intervention, Center for Evidence-Based Intervention, University of Oxford, Oxford, United Kingdom, [3]Department of Infectious Disease Epidemiology,, London School of Hygiene and Tropical Medicine,, London, United Kingdom, [4]Department of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa, [5]HIV and Other Infectious Disease Research Unit, South African Medical Research Council, Cape Town, Western Cape, South Africa, South African Medical Research Council,, Cape Town, Western Cape, South Africa

BACKGROUND
Infants born to adolescent and young mothers (AYM) experience heightened biological and socioeconomic vulnerabilities, increasing their risk of being born small-for-gestational-age (SGA), stunted, preterm, or low birth weight (LBW). Limited evidence examines how pregnancy experiences shape intrauterine growth and newborn size among this high-risk population.
AIM
To examine the prevalence of SGA, stunting, and LBW, and to identify maternal factors associated with adverse newborn growth outcomes.
METHODS
In this cross-sectional study, we used data from the HEY BABY cohort of AYM and their children from the Eastern Cape Province, South Africa. Anthropometry was obtained from Road to Health Booklet and classified using INTERGROWTH 21st newborn size standards. Outcomes included SGA (<10th centile), low birthweight (<2.5 kg) and stunting (length for gestational age <10th centile). Multivariable logistic regression was used to estimate adjusted associations between self-reported maternal factors and pregnancy outcomes.
RESULTS
Among 700 newborns born mean age (SD) of 271.2±14.6 weeks, 18.6% were SGA and 31.4% were stunted. The prevalence of LBW was 12.8% (95% CI 10.6–14.9), with higher rates among girls 15.2% than boys 10.5%. Preterm birth (13.8%) was strongly associated with LBW (AOR = 20.98; 95% CI: 6.04–72.85; $p < 0.001$), while continuation of schooling during pregnancy was associated with increased odds of both LBW (AOR = 5.94; 95% CI: 1.88–18.76; $p = 0.002$) and SGA (AOR = 3.28; 95% CI: 1.38–7.77; $p = 0.007$). Maternal HIV acquisition was also associated with higher odds of SGA (OR = 1.64; 95% CI: 1.10–2.45; $p = 0.014$). In contrast, older maternal age (>18 years) was linked to significantly lower odds of stunting (AOR = 0.31; 95% CI: 0.14–0.68; $p = 0.003$).
CONCLUSIONS
A substantial proportion of infants born to AYM exhibited intrauterine growth restriction, underscoring need for adolescent-responsive antenatal care, strengthened nutritional support, and interventions to preventing preterm birth.
Popul. Med. 2026;8(Supplement 1):A3041

ABS3777
Peripheral arterial disease screening in Slovakia - already 10 years in the hands of general practitioners

Katarina Dostalova[1], Sona Wimmerova[1], Maria Bartusova[1], Katarina Gazdikova[2], Peter Makara[3], Stefania Moricova[1]
[1]Faculty of Public Health, Slovak Medical University, Bratislava, Slovakia, [2]Faculty of Medicine, Slovak Medical University, Bratislava, Slovakia, [3]Slovak Society of General Practice, Bratislava, Slovakia

INTRODUCTION
Peripheral arterial disease (PAO) of the lower extremities occurs in about 5-10% of the population older than 60 years. The measurement of the ankle-brachial index (ABI) is a basic diagnostic method of PAO. The ABI value contributes to determining the risk of cardiovascular diseases. In 2016, ABI was included in the preventive examination of a general dentist(GP).

METHODS
In the observational retrospective study, we compared a set of patients sent to an vascular specialis - angiologost with suspicion of PAO in the first half of 2015 and the first half of 2019 (before and after the inclusion of ABI in the preventive examination). We analysed the specialty of the referring physician, risk factors, clinical findings on the lower limbs.
RESULTS
The group consisted of 151 patients (50.3% women, 49.7% men). In 2015, 40 patients with suspected PAO were referred for the first time, in 2019 there were 111 patients, which is a statistically significant increase. In 2015, 32.5% of patients were referred by GPs, in 2019 it was 41.4%, which, although not statistically significant, is an increase of 8.9 percentage points. The typical clinical manifestation of PAO - claudication was present in 41.4% of patients. If the referred patient has already developed leg ulceration, unfortunately, his chance of death within 3 years from the first visit to an angiologist was 2.422 times higher than for a patient who was referred without ulceration.
CONCLUSIONS
It seems that the introduction of ABI measurement into the preventive check-up at the GPs is beneficial. Higher detection of patients with PAO and subsequent management of patients with PAO has the potential to improve quality of life and avoid to limb amputation. In addition to health care system efforts, public awareness of PAO will need to be improved.
Popul. Med. 2026;8(Supplement 1):A3042

ABS3779
The prevalence of periodontitis in adults with Type 2 Diabetes Mellitus: A Systematic Review

Anthea Jeftha[1], Tina Roberts[1], Faheema Kimmie Dhansay[2]
[1]Oral Medicine and Periodontology, University of the Western Cape, Cape Town, South Africa, [2]Community Dentistry, University of the Western Cape, Cape Town, South Africa

BACKGROUND
The comorbid relationship of periodontitis and Type 2 Diabetes Mellitus (T2DM) underpins the importance of defining the burden of periodontitis in T2DM patients. The objective of this study was to conduct a systematic review to determine the prevalence of periodontitis in adults with T2DM.
METHODS
The review was registered with Prospero (CRD42020219199) and conducted according to PRISMA guidelines. Study eligibility was determined by the clinical periodontal diagnostic methods to diagnose periodontitis; clinical attachment loss, probing depths, alveolar bone loss, bleeding on probing, as well as screening tools such as CPTIN, CPI or BPE. Eligibility for inclusion of the study was when T2DM was diagnosed using HbA1C. The following search engines were accessed; Pubmed, Science Direct, Ebscohost (academic search complete; dentistry and oral sciences), Scopus, Web of Science, Elicit and Google Scholar. The risk of bias of the included studies was assessed using the Joanna Briggs Institute critical appraisal tools. Prevalence of periodontitis was stratified geographically and over time using a random effects model.
RESULTS
101 included studies yielded a sample size of 345311 T2DM adults. The pooled effect size of periodontitis prevalence in T2DM was found to be 60.3%. The highest prevalence was found in Indonesia (95%) and the lowest in Iran (14.5%). `There were negligible differences in prevalence of periodontitis reported over time in this population.
CONCLUSIONS
The limitations of synthesized included studies included that not all studies stratified their results by sex, reported on related risk factors such as smoking and as with all periodontal epidemiological studies, there were variable means of case definitions and this was accepted as the authors had presented it to be. The high prevalence of periodontitis in T2DM emphasizes the importance of periodontal screening in T2DM. The study was self-funded.
Popul. Med. 2026;8(Supplement 1):A3043

ABS3821
Multi-level barriers to non-communicable disease healthcare quality management in the United Arab Emirates: a synthesis of qualitative studies

Kanika Sinha[1], Zufishan Alam[1], Nazik Nurelhuda[1], Fadumo Noor[1], Md. Hazifur Rahman[1], Hanin Osman[1], Fatima AlBedwawi[1]
[1]School of Health Sciences, Hamdan Bin Mohammed Smart University, Dubai, United Arab Emirates

INTRODUCTION
As part of a multi-phase study examining healthcare quality management (HQM) for cardiovascular disease (CVD), obesity and diabetes in the United Arab Emirates (UAE), a synthesis mapped existing practices and system-level challenges, guided by the Institute of Medicine (IOM) quality domains, the Donabedian model, and World Health Organization (WHO) quality indicators. The scoping review identified substantial variation in how quality is conceptualised and implemented across non-communicable disease (NCD) care pathways, with equity inconsistently addressed despite its central role in quality frameworks. This study aimed to understand barriers and facilitators influencing HQM for CVD, diabetes and obesity in the UAE through a subset analysis of qualitative studies from the scoping review dataset.
METHODS
A comprehensive search across PubMed, Scopus, and ProQuest databases, supplemented by grey literature from UAE and international organisations, identified 549 records on HQM for the relevant NCDs in the UAE (2015–2025). Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, 19 qualitative studies were included. Inductive thematic analysis was performed, and themes were mapped to IOM framework domains. Quality appraisal of the included studies was conducted using the Critical Appraisal Skills Programme checklist for qualitative studies.
RESULTS
Five major themes emerged. Sociocultural determinants included barriers (cultural norms, stigma) and facilitators (social support networks) that influenced health behaviours and care-seeking patterns, particularly among vulnerable populations. Health literacy gaps limited engagement and behaviour change. Digital health innovation facilitated care delivery; however, resource inequity and digital skills gaps constrained implementation. Health system barriers included inadequate infrastructure, training gaps, and weak intersectoral collaboration. Policy and governance constraints reflected fragmented regulatory frameworks and limited integration of healthcare professionals in NCD management.
CONCLUSIONS
Challenges spanned sociocultural, educational, technological, infrastructural, and governance domains. Equity considerations are crucial, as they impact access, engagement, and outcomes.
Popul. Med. 2026;8(Supplement 1):A3047

ABS3823
Oral health in South Africa: constitutional commitments, systemic neglect, and the limits of progress

Habib Benzian[1], Bulela Vava[1], Sudeshni Naidoo[1]
[1]WHO Collaborating Center Oral Health, Faculty of Dentistry, University of the Western Cape, Tygerberg/Cape Town, South Africa

ABSTRACT
South Africa's constitution commits to progressive realisation of the right to health. Yet oral health stands out as an area where this promise has failed to translate into practice. Despite high and preventable burdens of oral disease, public oral health services remain dominated by emergency care and tooth extraction, with weak prevention, limited rehabilitation, and unclear integration in National Health Insurance (NHI) reforms. This gap is not simply a technical or resource problem. It reflects deeper features of health system governance, political prioritisation, and professional silos that continue to marginalise oral health within public health agendas. Oral diseases remain largely invisible in national policy debates, advocacy platforms, and health system reform discussions, despite their profound consequences for pain, dignity, productivity, and social participation. This organised session uses South Africa as a case study to examine oral health as a public health and equity issue rather than a narrow clinical concern. It situates the current oral health crisis within broader debates on universal health coverage, primary health care, and constitutional accountability. The session explores how extraction-based care has become normalised as a system response, how this shapes lived experience and inequality, and why oral health has struggled to secure political voice within health reform processes. The session combines three short inputs with an interactive panel discussion involving speakers and audience. Speaker 1 will frame the oral health situation in relation to constitutional commitments. Speaker 2 will examine frontline service realities and the consequences of extraction-centred care. Speaker 3 will explore oral health through lenses of dignity, justice, and advocacy.
OBJECTIVES
- Explain why oral health remains marginal in South Africa's public health system despite constitutional guarantees. - Understand oral health neglect as a governance and equity challenge. - Discuss realistic entry points for integrating oral health into health system reform.
Popul. Med. 2026;8(Supplement 1):A3049

ABS3848

Impact of age-based discontinuation guidelines on cervical cancer screening in the United States: findings from 2022 Behavioral Risk Factor Surveillance System

Chandani Singh Nakarmi[1], Seema Das[2], Niharika Khanal[3], Bikram Poudel[4], Asmita Adhikari[5], Prajjwal Pyakurel[6], Edmond Ramly[7], Corey Kalbaugh[1]

[1]Epidemiology and Biostatistics, Indiana University Bloomington, Yes, United States, [2]Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, United States, [3]Epidemiology and Disease Control Division, Department of Health Services, Kathmandu, Nepal, [4]Department of Population Health Sciences, University of Wisconsin Madison, Madison, United States, [5]Brac James P Grant School of Public Health, Brac University, Dhaka, Bangladesh, [6]World Federation of Public Health Association, Geneva, Switzerland, [7]Health and Wellness Design, Indiana University Bloomington, Bloomington, United States

BACKGROUND

In 2019, the United States Preventive Services Task Force (USPSTF) updated its cervical cancer screening guidelines, recommending the discontinuation of routine cervical cancer screening for women after age 65. This age-based discontinuation recommendation, however, remains controversial, as over 20% of cervical cancers are diagnosed in women aged 65 and older. This study estimated the effect of the USPSTF cervical screening guideline on Human Papillomavirus (HPV) and Papanicolaou (Pap) testing at age 66.

METHODS

We conducted a quasi-experimental study using data from the 2022 Behavioral Risk Factor Surveillance System (BRFSS). Our primary outcome was self-reported use of Pap and HPV tests in the past year. We restricted our analysis to 60,469 women aged 56 to 76 years without hysterectomy and plotted the weighted proportions of women screened by age group to examine trends on both sides of the 66-year cutoff. We applied a regression discontinuity design centered at age 66 and estimated changes in the predicted probability of HPV and Pap screening at the threshold.

RESULTS

About 13.7% and 31.7% of women aged 56 to 76 reported having HPV and Pap test, respectively, within the past year. Regression discontinuity plots showed declines in both HPV (-3.7 percentage points, 95% CI: -5.0 to -2.4) and Pap testing (-9.8 percentage points, 95% CI: -10.7 to -7.4) at the 66-year threshold. When stratified by race, declines in HPV and Pap testing were statistically significant among Non-Hispanic White women but not among Non-Hispanic Black and other racial groups. HPV testing declined significantly among insured women compared with uninsured women.

CONCLUSIONS

The USPSTF recommendation to discontinue cervical cancer screening after age 65 decreased cervical cancer screening uptake among women in the US, with a slower disengagement in Non-Hispanic Black women. Our findings underscore the need for adequate and equitable pre-screening before discontinuation of routine testing.

Popul. Med. 2026;8(Supplement 1):A3050

ABS3861

Evaluating a Mobile Health–Supported Regular Physical Measurement Program for Weight Change in Urban Zambia: A Quasi-Experimental Study

Yukiko Tateyama[1,2], Tomonari Shimamoto[2], Yukiko Honda[3], Richard Zulu[4], Lydia Hangulu[5], Taku Iwami[2]

[1]Department of Environmental Health and Global Health, Teikyo University Faculty of Pharmaceutical Sciences, Tokyo, Japan, [2]Department of Preventive Services, School of Public Health, Kyoto University, Kyoto, Japan, [3]Department of Social Epidemiology, School of Public Health, Kyoto University, Kyoto, Japan, [4]Center For Primary Care Research, Lusaka, Zambia, [5]Lusaka Apex Medical University, Lusaka, Zambia

BACKGROUND

Overweight/obesity are growing public health concerns in sub-Saharan Africa 1. In Zambia, the prevalence of overweight/obesity among adults reached 24.2% in 2017, yet opportunities for regular weight measurement remain limited, and effective, scalable strategies for non-communicable disease prevention are still lacking 2,3. This study examined the effectiveness of a regular physical measurement program supported by mobile health (mHealth) tools in promoting weight loss and lifestyle change among urban adults in Zambia.

METHODS

This quasi-experimental study was conducted from October 2024 to March 2025 in Lusaka, Zambia. Participants from three medical universities were assigned to one of three groups for 3–4 months: control (health education only), intervention 1 (health education plus monthly weight monitoring), and (3) intervention 2 (health education, monthly weight monitoring, and daily step tracking). A total of 180 adults aged ≥20 years with body mass index ≥25 and smartphone access were enrolled using quota sampling by age and sex. Adjusted mean changes and between-group differences were assessed using difference-in-differences mixed-effects models, adjusting for age, sex, and follow-up duration.

RESULTS

Data from 170 participants were analyzed, with similar age and sex distributions across groups. In the mixed-effects model with a random intercept for individuals, body weight decreased slightly over time by approximately 0.7 kg ($p = 0.005$). The magnitude of weight change was similar across groups (control: −0.36 kg; intervention 1: −0.73 kg; intervention 2: −0.69 kg), with no significant time-by-group interaction ($p = 0.731$).

CONCLUSIONS

Regular weight monitoring supported by mHealth tools may facilitate modest short-term weight reduction among urban adults in Zambia. Adding step count tracking provided no additional benefit beyond weight monitoring and health education. The high within-individual stability of body weight and the short intervention period may have limited detection of between-group differences. Longer-term follow-up and refinement of intervention components are warranted.

Popul. Med. 2026;8(Supplement 1):A3051

ABS3869

Association between oral health status and cardiovascular disease outcomes in Africa: A scoping review

Mobolaji Olagunju[1], Aishat Koledowo[2], Ifeoluwa Omotosho[3], Jemimah Khabiso[4]

[1]Department of Epidemiology and Health Statistics,, Nanjing Medical University, Nanjing, Jiangsu Province, China, [2]Lagos State Health Management Agency, Lagos State, Nigeria, [3]Department of Pathology and Pathophysiology, Chongqing Medical University,, Chongqing, China, [4]Department of Community Oral Health, University of Western Cape, Western Cape, South Africa

BACKGROUND

Cardiovascular disease (CVD) is the leading cause of death in Africa, while oral diseases particularly periodontal disease and dental caries are highly prevalent. Although a well-established link between poor oral health and adverse CVD outcomes is recognized in high-income countries, evidence within African populations remains limited and poorly characterized. This scoping review aimed to synthesize the available evidence on the association between oral health status (specifically periodontal disease and dental caries) and CVD outcomes (such as myocardial infarction, stroke, and hypertension) among African adults.

METHODS

Following the Arksey and O'Malley framework and PRISMA-ScR guidelines, we conducted a systematic search of PubMed, CINAHL, Google Scholar, and Web of Science for studies published between January 1, 2000, and June 30, 2025. Studies were included if they were peer-reviewed, involved African adult populations (≥18 years), and examined the association between oral health status and CVD outcomes using validated measures. Four cross-sectional studies met the inclusion criteria, all conducted in Cameroon, Mauritius, Mozambique, and Ghana.

RESULTS

The review highlighted a high burden of both oral disease and CVD across the included African populations. Periodontal disease prevalence reached up to 77.2%, and dental caries affected a significant proportion of children in one study. CVD prevalence was reported up to 28.9% in one adult population. Stronger associations were noted among subgroups, particularly in adults with diabetes and children with rheumatic heart disease (RHD). Key biological mechanisms such as systemic inflammation and elevated oral pathogen levels were reported.

CONCLUSIONS

This review confirms a significant association between poor oral health and CVD in African populations, particularly among adults with comorbidities and children with RHD. However, evidence is limited and geographically concentrated. Urgent efforts are needed to expand context-specific, longitudinal, and interventional research to guide integrated oral and cardiovascular health strategies in Africa.

Popul. Med. 2026;8(Supplement 1):A3052

ABS3946

Community-based pre-screening using a paper-based risk assessment tool to identify individuals at risk for lung cancer

Siphumelele Nene[1], Themba Ginindza[1], Siyabonga Dlamini[1], Nkosana Jafta[2], Khumbulani Hlongwana[1]

[1]Public Health Medicine, University of KwaZulu-Natal, Durban, South Africa, [2]Occupational and Environmental Health, University of KwaZulu-Natal, Durban,

South Africa
INTRODUCTION
Lung cancer remains the leading cause of cancer deaths globally. The aim of this paper is to report on the effectiveness of a paper-based risk assessment tool in identifying individuals at risk for lung cancer during community awareness initiatives.
METHODS
The goal of the Multinational Lung Cancer Control Program (MLCCP) Phase 3 in South Africa is to establish a lung cancer care continuum in KwaZulu-Natal (KZN) for previously and newly diagnosed patients at the KZN project sites, leveraging existing infrastructure, resources, and skills. One objective focuses on mobilizing communities through targeted cancer education and awareness campaigns to increase public knowledge of lung cancer. Pre-screening began with the administration of the risk-assessment tool, and individuals who met specific criteria were invited to participate in the mobile X-ray program. Eligibility for the mobile X-ray was based on the following criteria: Individuals who reported being smokers and had two or more additional symptoms listed on the tool; Individuals with a smoking history of 10 pack-years; Individuals with a family history of lung cancer who reported any symptoms; non-smokers who reported three or more symptoms; and Individuals with environmental exposure (but who do not smoke) who reported two or more symptoms.
RESULTS
Three thousand and sixty-five (3065) participants were screened at the community level using a paper-based lung cancer risk assessment tool. Of those, two 2093 (64%) were selected for community mobile x-ray screening, with 810 (39%) participating in the mobile x-ray drives. Of those, 270 (33%) were referred for Low Dose Computed Tomography (LDCT) scan, and 77 (29%) underwent LDCT scan.
CONCLUSIONS
The ability to identify individuals at risk using this assessment tool and refer them for LDCT evaluation demonstrates the effectiveness and value of a community-based approach. This enables earlier detection and helps bridge gaps in healthcare access
Popul. Med. 2026;8(Supplement 1):A3054
Other

ABS0248
Comparative analysis of nutritional content and pesticide residues in organic and conventional foods used in school meals
Ave Kutman[1,2], Ülle Parm[2], Anna-Liisa Tamm[2], Helena Andreson[1]
[1]1 Department of Food Science and Technology, 1 Estonian University of Life Sciences, 1 Tartu, Estonia, [2]2 Department of Physiotherapy and Environmental Health, 2 Tartu Applied Health Sciences University, 2 Tartu, Estonia
INTRODUCTION
Although organic food consumption is increasing, evidence of its nutritional superiority remains inconclusive. This study compared the nutrient composition and pesticide residue levels of organic and conventional potatoes, apples, and minced beef used in Tartu (Estonia) school lunches.
METHODS
A total of 108 samples from 18 school canteens were analysed for nutrient content. Additionally, 72 samples (excluding minced beef) were screened for 791 pesticide residues using standardized gas and liquid chromatography methods. Descriptive statistics and independent t-tests were applied.
RESULTS
Significant compositional differences were detected, varying by food type. Organic potatoes contained higher levels of phosphorus (332.50 vs. 279.00mg/kg, p=0.012) and vitamin B3 (0.81 vs. 0.74mg/100 g, p=0.009), whereas conventional potatoes had higher protein (2.04 vs. 1.87%, p=0.025) and dietary fibre (1.61 vs. 1.18%, p=0.002). Organic apples showed increased saturated fatty acids (0.17 vs. 0.06 g/100g, p<0.001), potassium (1309.16 vs. 1000.72mg/kg, p<0.001), and vitamin B6 (0.030 vs. 0.025mg/100 g, p=0.040), while conventional apples had higher total sugars (12.73 vs. 10.06%, p<0.001) and sodium (0.003 vs. 0.0007mg/kg, p<0.001). Organic minced beef exhibited greater energy content (237.38 vs. 184.83 kcal/100g, p<0.001) and fat, whereas conventional beef contained more water and higher levels of vitamins B1 (0.29 vs. 0.22 mg/100g, p<0.001) and B5. No pesticide residues were detected in organic samples. In contrast, nearly 95% of conventional apples contained residues below EU maximum residue limits, confirming compliance with safety regulations. However, traces of banned substances such as carbendazim were identified in three samples, indicating the need for ongoing monitoring.
CONCLUSIONS
School meals in Tartu generally comply with nutritional and safety standards. Both organic and conventional foods contribute positively to overall meal quality. Within the context of school catering, nutritional differences alone do not provide a definitive basis for preferring organically or conventionally produced ingredients.
Popul. Med. 2026;8(Supplement 1):A3062

ABS0651
Identifying the Barriers to Rehabilitation Following Traumatic Injury in Low and Lower-Middle Income Countries: A Narrative Review
Alexandra Smith[1]
[1]University Of Bristol, Bristol, United Kingdom
INTRODUCTION
The burden of non-fatal traumatic injuries (TIs) disproportionately affects low and lower-middle income countries (LLMIC), resulting in a compromised quality of life for those affected, and indisputable socioeconomic consequences for patients and society. Adequate rehabilitation is imperative following TI, facilitating independence and reintegration into society; nevertheless, it remains grossly insufficient in LLMICs.
METHODS
A narrative literature review was conducted using a structured search of Medline and Web of Science. Studies available in English, published from 2013 onwards and relevant to the barriers to rehabilitation following five TIs in LLMICs were included. The five TIs are known to cause significant disability and include: spinal cord injury, amputation, fracture, burns and traumatic brain injury (TBI).
RESULTS
The search identified 609 results. After removing duplicates, ineligible studies and the addition of four papers from reference searches, 22 studies remained. Analysis of included studies identified 12 common barriers to rehabilitation in LLMICs and concerned: patients, care teams, organisations and the political environment. Nine barriers were applicable to all five TIs, whilst three were injury-specific.
CONCLUSIONS
Barriers identified from the literature review were discussed, and potential solutions proposed. Addressing the poor governance and policy for rehabilitation across LLMICs is urgently required before other barriers can be overcome. LLMICs should strive to enhance their rehabilitation workforce and develop national standards for the manufacture and procurement of assistive devices. Future research must explore rehabilitation in underreported regions such as Latin America/Caribbean and examine the TIs that receive limited attention in LLMICs, including burns, fractures and TBI.
Popul. Med. 2026;8(Supplement 1):A3065

ABS1197
Benefits and challenges of online teaching and learning in a South African Master of Public Health program during the COVID-19 pandemic: insights from students and academics
Nelisiwe Khuzwayo[1], Khumbulani Hlongwana[1], Thembelihle Dlungwane[1]
[1]Public Health Medicine, University of KwaZulu-Natal, Durban, South Africa
ABSTRACT
Bacground The COVID-19 pandemic accelerated the adoption of online teaching and learning, a shift already anticipated by the Fourth Industrial Revolution. In the Master of Public Health (MPH) program, lockdowns and infection control measures necessitated a move from face-to-face sessions to online platforms. This transition created both opportunities and challenges for students and academics.
METHODS
Using a qualitative exploratory study design, we conducted two focus group discussions with 12 purposively selected Academics (n=7) and MPH students (n=5) at a South African university. The study obtained ethics approval prior to participants signing informed consent forms. Interviews were recorded (with participants' permission) and transcribed by an experienced research assistant. Three authors (NK, KH and TD) thematically analysed data, and all other authors critically reviewed the manuscript.
RESULTS
The data analysis produced six themes, namely: COVID-19 as a catalyst for incorporating online platforms into teaching and learning, infrastructural and technological demands of online teaching and learning platform, (3) engagement and social interaction in different teaching and learning modalities, academic integrity and assessment challenges of the online system, innovation and institutional adaptation, as well as (6) preferred teaching and learning modalities.
CONCLUSIONS
This study demonstrates that COVID-19 accelerated the adoption of online learning in a part-time MPH program for mature students, offering flexibility but

also exposing challenges related to technology, engagement, and assessment. Students and academics adapted through innovation and new teaching approaches, with a strong preference emerging for blended learning. Strengthening digital infrastructure and support for mature learners is essential to enhance the quality and sustainability of postgraduate public health education.
Popul. Med. 2026;8(Supplement 1):A3073

ABS1630

The Environmental Double Standard of Highly Hazardous Pesticides – how Agricultural Policy failed to prevent lethal Terbufos poisoning of children in South Africa

Leslie London[1], Kaeleigh Elliott[1], Hanna-Andrea Rother[1]
[1]School of Public Health, University of Cape Town, Observatory, Cape Town, South Africa

BACKGROUND
South Africa continues to import Highly Hazardous Pesticides (HHPs) banned in Europe. Despite a 2010 policy to phase out HHPs, HHPs remain easily available and poorly controlled. Because of failing municipal waste services, residents of poor communities access HHPs in the informal sector to control infestations of rats. In October 2024, 6 Soweto children tragically died from pesticide ingestion, likely an accidental exposure linked to its use in rat bait.
METHODS
This mixed method study included: (a) analysis of the policy context to identify gaps in the regulatory control of pesticides in South Africa; (b) a retrospective review of press reports between October 2024 and February 2025 to identify framings, actors and changes in how poisonings were reported; (c); analysis of policy responses in parliamentary and cabinet reports, shifts responding to evidence and corporate capture of public narratives.
RESULTS
Faced with intense media attention, initial press reports reflected industry's efforts to deflect responsibility by blaming Aldicarb, a banned carbamate. After confirmation that the pesticide responsible was Terbufos, a WHO Class Ia organophosphate legally registered in South Africa, industry changed its narrative to one of Terbufos coming illegally from Zimbabwe. However, investigation by a Ministerial Advisory Committee (MAC) confirmed that at least 375 deaths had already occurred from Terbufos in 2023 and 2024, of which 35% were children, that aldicarb deaths were virtually absent in forensic records and that HHPs could not be managed safely through restrictions. In June 2025, the South African Cabinet adopted the MAC recommendation to ban Terbufos against the lobbying of industry.
CONCLUSIONS
South Africa's system of pesticide governance, like many LMICs, has been captured by Industry. However, evidence-based research presented at the highest levels, particularly highlighting our particular obligation to protect children, can persuade policy makers to put people before profit.
Popul. Med. 2026;8(Supplement 1):A3080

ABS1889

Ensuring evidence informs policy decisions: The experience of the Ministerial Advisory Committee on Foodborne Illness following six fatal child terbufos poisonings in South Africa

Leslie London[1]
[1]School of Public Health, University of Cape Town, Observatory, Cape Town, South Africa

ABSTRACT
Background. In October 2024, six children from Soweto died after ingesting terbufos granules, likely in food contaminated with this extremely toxic organophosphate pesticide. Terbufos has been used in rat bait in poor South African communities because of inadequate refuse removal. Public responses blamed owners of informal community (spaza) shops for selling pesticide-contaminated food. Responding to the disaster, the President announced the establishment of a Ministerial Advisory Committee on Foodborne Illnesses (MACFBI). Methods. The MACFBI convened in December 2024, comprising 15 members with skills and experience across diverse areas, both public and private, supported by senior Department of Health staff. The MACFBI examined data from the National Health Laboratory Services (NHLS), National Institute for Communicable Disease (NICD), Forensic Chemistry Laboratories, the national Poisons Information Helpline, clinical laboratories, published literature and information from environmental health experts. Analysis of the policy landscape was undertaken. Results. Terbufos was found to be responsible for 375 deaths in South Africa in 2023/24 of which 35% were children. There were 453 notifications of children with pesticide poisoning in 2024 and approximately 1400 annual cases of patients whose NHLS lab tests indicated acute poisoning by organophosphates or carbamates. Despite a 2010 policy committing to phase out of Highly Hazardous Pesticides (HHPs) in line with United Nations Environment Programme and World Health Organisation guidelines, no progress had been made to prevent unauthorised access to terbufos. Conclusion. Terbufos poisoning, an endemic problem in South Africa, is a critical cause of preventable mortality, particularly in children. Given the failure of product stewardship, widespread unauthorised access to terbufos, South Africa's constitutional commitment to the best interests of the child, and existing national and global policies that motivate for phasing out HHPs, the MACFBI recommended to Cabinet that terbufos be banned, a recommendation adopted by Cabinet in June 2025.
Popul. Med. 2026;8(Supplement 1):A3082

ABS3966

Investigation of agastroenteritis outbreak on farms in Dr Pixley Ka-Isaka Seme Sub-district, Gert Sibande District, September - October 2025

Siphesihle Vilakazi[1,2], Zulu Thobeka[1], Africa Nel[3], Snothile Ngcobo[1], Nchucheko Makhubele[2]
[1]1 Communicable Disease Control, Mpumalanga Department of Health, Mbombela, South Africa, [2]2 South Africa Field Epidemiology Training Program, National Institute for Communicable Diseases, Johannesburg, South Africa, [3]3 Animal Health, Department of Agriculture, Rural Development, Land and Environmental Affairs, Mbombela, South Africa

BACKGROUND
Foodborne illness outbreaks remain a significant public health problem in South Africa and are often under-reported, particularly in rural and farm settings. In September 2025, weekly surveillance noticed an increase in gastroenteritis cases among farms in the Dr Pixley Ka-Isaka Seme Sub-district, Mpumalanga Province. An outbreak investigation was conducted to confirm the outbreak, identify the source, and implement control measures.
METHODS
An analytic cross-sectional outbreak investigation was conducted in Gert Sibande Sub-district, Mpumalanga Province. A suspected case was any individual presenting with diarrhoea, vomiting, abdominal cramps, or fever from 22 September 2025 in farms in the sub-district. Active case finding included household interviews and stool and rectal samples were collected from those interviewed to test for diarrhoea-causing pathogens. Water and surface samples were collected for environmental testing. Agricultural investigation assessed guidelines on correct disposal of dead animals and quarantine following immunisations. We estimated attack rates and employed stratified analysis to estimate food-specific risk ratios (RR) with 95% confidence intervals (CI).
RESULTS
A total of 34 cases were identified, with a median age of 30 years (range: 4 – 64 years) and majority being female (59%). The most common symptoms were diarrhoea (97%) and abdominal cramps (68%). No diarrhoea-causing pathogens were found in stool and rectal samples. Borehole water showed low E. coli (2 per100 ml) and low coliform count (2 per 100 ml) levels of contamination, while portable water samples showed high E. coli (15 per 100 ml) and high coliform counts (613 per 100mls). The attack rate was highest (84.2%) among those who ate raw meat (RR:4.6; 95%CI: 1.2 – 16.0).
CONCLUSIONS
This gastroenteritis outbreak was confirmed, with raw meat consumption as the primary risk factor. Improving early outbreak detection, food safety practices, proper disposal of animal carcasses, and timely specimen collection is critical in preventing similar outbreaks.
Popul. Med. 2026;8(Supplement 1):A3094
Pandemic Prevention & Preparedness

ABS0008

Strengthening Global Pandemic Preparedness: Insights from WHO and the Intergovernmental Negotiating Body

Juliet Ugbedeojo Shaibu[1], Emeka Iloegbu[1], Bettina Borisch[1], Marilee Goad[1]
[1]Global Health Policy Taskforce, World Federation of Public Health Associations, Geneva, Switzerland

INTRODUCTION
As the world tackles the challenges posed by pandemics, the role of sustainable and efficient preparedness mechanisms cannot be overstated. Countries dealing with existing humanitarian crises or emergencies are exposed to and disproportionately affected by pandemics, hence, this study aims to present the efforts and insights garnered from the World Health Organization (WHO) and the Intergovernmental Negotiating Body for Pandemic Preparedness.

METHODS
Our methodology includes the formation of a Global Health Policy Taskforce which encompassed a comprehensive review of key guideline documents, reports, and resolutions from the WHO Intergovernmental Negotiating Body. Also, a thematic qualitative analysis of the negotiations and policy dialogues surrounding pandemic preparedness and treaty development was conducted.
RESULTS
Based on the thematic analysis conducted on the treaty document, equity and access (40%), intellectual property and technology transfer (30%), transparency and information sharing (25%), one health approach (20%), prevention and preparedness (30%), health workforce (20%), stakeholder engagement (35%), financing and resources (25%), regulatory and policy frameworks (15%), trade and global supply chains (10%) were the results obtained and the importance of balancing national interests with global solidarity was observed to be vital.
CONCLUSIONS
Our findings emphasized the importance of collaborative efforts and diplomatic dialogue in strengthening global pandemic preparedness. By leveraging insights from the WHO and the Intergovernmental Negotiating Body, we can enhance global cooperation, collaboration, leadership, equitable access to healthcare resources, and government accountability at local and international levels, and mitigate the impacts of future pandemics.
Popul. Med. 2026;8(Supplement 1):A3096

ABS0098
The self-perceived psychological, social, academic and personal impact of the covid-19 pandemic on chiropractic students in south africa

Danica Strydom[1], Desiree Varatharajullu[1], Kirsten Van Heerdan[1]
[1]Department of Chiropractic, Durban University of Technology, Durban, South Africa

OBJECTIVE
The purpose of this observational study was to determine the social, personal, psychological, and academic self-perceived impact of the COVID-19 pandemic on Chiropractic students in South Africa.
METHODS
This study used a quantitative, descriptive, cross-sectional design. A self-reported, Likert-scale survey of 35 online questions, administered through QuestionPro, was sent to Chiropractic students registered at two South African institutions from November 2022 until January 2023. The responses were anonymous. The survey was validated using a pilot study and focus group.
RESULTS
A 51.65% (n=97) response rate was recorded. A total of 60.00% (n=113) of respondents expressed discomfort if individuals did not wear masks and 73.40% (n=138) of respondents reported to have experienced conflicts due to prolonged time spent with household members in limited personal space. The respondents also experienced personal self-perceived impacts, such as 69.00% (n=130) reported having reduced productivity, 42.00% (n=79) increased financial difficulties, 50.00% (n=94) decreased physical activity, and 80.85% (n=152) spent more time on social media. Participants self-reported that these challenges had detrimental effects on their mental health. These included increased anxiety (92.02%; n=171), difficulties in thought control (75.50%; n=142), withdrawal from social interactions (80.32%; n=151), decreased motivation (90.96%; n=171), and concentration issues (89.89%; n=169). A portion of the students also reported a decline in academic marks (43.62%; n=82) and practical skills (76.60%; n=144).
CONCLUSIONS
The majority of Chiropractic student respondents perceived that the COVID-19 pandemic negatively impacted their social and personal functioning, self-reported mental health and overall academic progress.
Popul. Med. 2026;8(Supplement 1):A3099

ABS0399
Understanding the Timing of Human Mobility Decisions in Response to Epidemics

Ryosuke Omori[1]
[1]International Institute for Zoonosis Control, Hokkaido University, Sapporo, Japan

BACKGROUND
Understanding when people make mobility decisions—whether for travel, commuting, or daily activities—during infectious disease outbreaks is critical for predicting epidemic dynamics and guiding public health interventions. Traditional mobility datasets capture realized movement but not the timing of underlying decisions that drive behavior.
METHODS
We analyzed online accommodation reservation data from four Japanese prefectures (Miyagi, Aichi, Osaka, Fukuoka) from 2015–2023. New bookings and cancellations were interpreted as decisions to increase or reduce contact, respectively. Predicted mobility was compared with anonymized mobile phone location data ("stay time") from 2018–2022, covering workplaces and other locations. We quantified the influence of past decisions on current mobility and examined effects by travel distance (short vs long).
RESULTS
Mobility outside workplaces was accurately predicted from reservation-based decision indices (R = 0.775), while workplace mobility was less predictable (R = 0.264). Decisions made within the previous five weeks had the strongest impact on current mobility outside workplaces, with smaller contributions from older decisions. Long-distance mobility was more influenced by past decisions than short-distance mobility, indicating integration of multiple weeks of behavioral choices. These findings clarify the timing of mobility decisions relative to epidemic dynamics.
CONCLUSIONS
Accommodation reservation data provide a real-time window into the timing of human mobility decisions—including travel, commuting, and daily movement—during infectious disease outbreaks. Recognizing that current mobility reflects cumulative past decisions can improve epidemic forecasting and inform public health planning and interventions.
Popul. Med. 2026;8(Supplement 1):A3107

ABS0579
Knowledge, attitudes and practises of oral healthcare workers in the Ugu district of KwaZulu-Natal towards infection prevention and control measures: Lessons learned from the COVID-19 pandemic

Tanya Manning[1]
[1]Department of Health (KwaZulu-Natal), Port Shepstone Regional Hospital, Port Shepstone, South Africa

INTRODUCTION
Resilient infection prevention and control measures are essential for safeguarding both patients and healthcare workers1. Oral healthcare workers are especially vulnerable due to their close contact with the oral cavity and frequent exposure to aerosol-generating procedures2. The COVID-19 pandemic emphasized these risks, providing critical lessons for improving infection prevention and control practises and system preparedness. This study quantified the prevalence of COVID-19 among oral healthcare workers in the Ugu District of KwaZulu-Natal and assessed their knowledge, attitudes, and practises (KAP) toward IPC measures during the pandemic, identifying lessons to enhance future infectious disease readiness.
METHODS
An observational, descriptive study with an analytical component was conducted among all categories of oral healthcare professionals in both public and private sectors within the district. Data were collected through a self-administered KAP questionnaire, adapted from validated instruments3. Closed- and open-ended items were utilised to assess and score participants' knowledge, attitudes, and practises related to IPC. Out of 110 questionnaires distributed, 103 were returned (response rate = 94%). Quantitative data were analysed using descriptive and inferential statistics to explore associations among KAP domains.
RESULTS
The COVID-19 prevalence was low among participants, with 26.2% reported having tested positive for COVID-19. Knowledge (91.3%) and practise (86.5%) scores were high, while attitude (59.1%) scores were moderate. Bivariate correlation showed a directly proportional and positive relationship between attitudes and practises ($r=0.404$, $p < 0.01$). Regression analysis showed that knowledge had a significant negative relationship with practise ($\beta = -0.3243$, $p = 0.0058$) and attitude also had a significant negative relationship with practise ($\beta = -0.3884$, $p = 0.0110$).
CONCLUSIONS
The study concludes that enhancing infection control requires integrated strategies targeting both cognitive and attitudinal change4. Continuous professional education, supported by digital and policy interventions, should be embedded within national IPC frameworks to reinforce healthcare resilience.
Popul. Med. 2026;8(Supplement 1):A3113

ABS1257
We led through the storm: a comparative analysis of leadership styles and strategies during the covid-19 pandemic in south africa and sierra leone

Jolleen Zembe[1], Flavia Senkubuge[1], Moeketsi Modisenyane[1], Haja Wurie[1],

Hassanatu Yeanie Kanu[2], Alhassan Barrie[2]
[1]Faculty of Health Sciences, School of Public Health, University of Pretoria, Pretoria, South Africa, [2]Health, Ministry of Health, Freetown, Sierra Leone

BACKGROUND
COVID-19, the pandemic, exposed systemic vulnerabilities within many healthcare systems, illustrating the critical role of resilient leadership in managing and navigating unprecedented global crises. This study employed a multiple comparative case study approach to compare South Africa, an upper-middle-income country, with Sierra Leone, a resource-poor setting with prior experience with Ebola. During 2024-2025, semi-structured interviews were conducted with health leaders and policymakers in both countries.
METHODS
The data was analysed thematically to identify similarities and differences in leadership crisis management and strategies implemented during the pandemic. Nine themes emerged: leadership and coordination structures; border health, surveillance, and preparedness; (3) human resources, training, and workforce support; continuity of essential health services; risk communication, community engagement, and infodemic management; (6) resource mobilisation and logistics; (7) collaboration and multi-sectoral approaches; (8) challenges, failures, and gaps; and (9) lessons learned and recommendations.
RESULTS
Sierra Leone demonstrated absorptive and adaptive capacities by leveraging community structures and lessons learned from the Ebola outbreak to sustain services and mobilise rapid responses despite severe resource constraints. South Africa, in contrast, emphasised centralised decision-making and socioeconomic relief, demonstrating adaptive and transformative capacities through large-scale vaccination rollouts but facing political contestations and challenges in maintaining public trust.
CONCLUSIONS
Leadership resilience during health crises is not determined by resources. Strengthening leadership frameworks that integrate absorptive, adaptive and transformative (restructuring systems for long-term resilience) capacities is necessary to build pandemic preparedness. Embedding community engagement, transparent communication, and multi-sectoral collaboration into preparedness strategies will be critical for ensuring equitable and effective responses to future pandemics.
Popul. Med. 2026;8(Supplement 1):A3124

ABS2030
Wastewater Based Epidemiology for Covid-19 in three catchment areas in the Cape Town

Natacha Berkowitz[1,2], Colin Anthony[3], Hennie Kotze[4], Swastika Surujal-Naicker[4], Bettina Genthe[5], Christo Muller[6], Rabia Johnson[6], Leslie London[2]
[1]City Health, City of Cape Town, Cape Town, South Africa, [2]School of Public Health, University of Cape Town, Cape Town, South Africa, [3]Data Analytics Hub, City of Cape Town, Cape Town, South Africa, [4]Scientific Services, City of Cape Town, Cape Town, South Africa, [5]Independant, Cape Town, South Africa, [6]Biomedical Research and Innovation Platform, South African Medical Research Council, Cape Town, South Africa

INTRODUCTION
As the COVID-19 pandemic transitions from pandemic to endemic, methods for detecting disease resurgence are essential. Wastewater-based epidemiology (WBE) is a powerful tool for population-level disease surveillance, offering a complementary approach to traditional case-based methods. This study evaluates the utility of WBE in monitoring SARS-CoV-2 viralload across three catchment areas in Cape Town, South Africa. It explores the correlation between wastewater signals and surveillance metrics (incident cases, hospital admissions, and fatalities).
METHODS
This retrospective longitudinal study analysed wastewater influent samples collected bi-weekly from three wastewater treatment works in the Cape Town Metropolitan District between January and November 2021. SARS-CoV-2 RNA concentrations and Reverse Transcription quantitative Polymerase Chain Reaction (RT-qPCR) cycle-threshold (Ct) values were correlated with COVID-19 surveillance data, including incident cases, hospital admissions, and fatalities. Spearman rank correlations and multivariable linear regression models were used to assess the relationship between viral load and surveillance metrics, with time-lagged analyses conducted to evaluate WBE as an early warning system.
RESULTS
There were strong correlations between SARS-CoV-2 RNA concentrations in wastewater and Covid-19 surveillance metrics across all three catchment areas. Log-transformed RT-qPCR Ctvalues demonstrated stronger associations with surveillance metrics compared to viral load measurements. Time-lagged analyses revealed that wastewater viral load and Ct values preceded case increases by up to 5 days, admissions by 3-10 days, and fatalities by 4-14 days. Adjusting for vaccination coverage, population and flow rates had minimal impact on the strength of correlations.
CONCLUSIONS
WBE appears to be a cost-effective and reliable method for Covid-19 surveillance at sub-metropolitan level. The strong correlation between wastewater viral load, Ct values, and surveillance metrics underscores the potential of WBE as an early warning system for disease resurgence, particularly in resource-limited settings. Further investment in WBE are indicated to complement traditional surveillance methods, especially in regions with limited access to clinical testing.
Popul. Med. 2026;8(Supplement 1):A3135

ABS2271
Two Years On: Progress and Emerging Challenges of the Japan Institute for Health Security (JIHS)

Koji Wada[1]
[1]Bureau of Health Security and Management, Japan Institute for Health Security, Tokyo, Japan

INTRODUCTION
On April 1, 2025, the National Center for Global Health and Medicine (NCGM) and the National Institute of Infectious Diseases (NIID) were merged to establish the Japan Institute for Health Security (JIHS). This reform aims to strengthen Japan's capacity to address infectious diseases and other health threats, contributing to a more resilient and secure society. This paper reviews progress made during the first two years of JIHS.
METHODS
We reviewed policy documents, government reform plans, and institutional frameworks to describe the background, governance structure, and strategic functions of JIHS.
RESULTS
JIHS is organized around four strategic pillars: disease intelligence, enhancing risk assessment and data analytics; research, development, and innovation, accelerating scientific and medical advances; (3) comprehensive medical services, strengthening clinical response capacity; and human resource development and international cooperation, fostering expertise and global partnerships. The integration of NCGM and NIID has created synergy between basic research and clinical practice, improved information sharing, and enabled more coordinated national responses. During its first two years, JIHS established domestic and Asian clinical trial networks and developed action plans outlining response strategies for future pandemics.
CONCLUSIONS
JIHS represents a major reform in Japan's health security system. By consolidating scientific expertise, clinical capacity, and international collaboration, JIHS is well positioned to enhance evidence-based policymaking, promote innovation, and strengthen preparedness and response to future domestic and global infectious disease threats. Continued collaboration with national and international partners will be essential to achieving these goals.
Popul. Med. 2026;8(Supplement 1):A3139

ABS2447
Seroprevalence of sars-cov-2 antibodies, covid-19 vaccine uptake and hesitancy amongst students at a tertiary institution, gauteng province

Nontobeko Shabangu[1]
[1]Public Health, Sefako Makgatho Health Sciences University, Pretoria North, South Africa

ABSTRACT
Background and
OBJECTIVES
COVID-19 has claimed more than 7 million lives and contributed to approximately 767 million confirmed cases globally. Vaccinating against COVID-19 and increasing is the most cost-effective public health measure in the control of the SARS-CoV-2 virus. Investigating seroprevalence antibodies is crucial for understanding population immunity. The study aims to describe the seroprevalence of SARS-CoV-2 antibodies, COVID-19 vaccine uptake and hesitancy amongst students at a tertiary institution in Gauteng Province.
METHODS
This was a retrospective cross-sectional descriptive study design where secondary data collected from a tertiary institution was used. The above-mentioned independent study collected data using a standardised and approved

data collection tool and information obtained from the study was used for the analysis. The analysis was done using STATA 17 SE (StataCorp, Texas).
RESULTS
The majority of respondents 97% (n=546) were between the ages of 18-30 years. 45% of the participants were vaccinated against COVID-19 compared to 55% (n=308) of the participants who were not vaccinated. Of those who tested positive for IgG antibodies, 53% were vaccinated compared to the 47% who were not vaccinated and had previously been exposed to COVID-19. Approximately 104 participants did not display any history of previous or current exposure to COVID-19 among those who were not vaccinated, and about 17 participants who were vaccinated had no antibodies of SARS-Cov-2 at the time of testing.
CONCLUSIONS
Although females presented to have a higher vaccination uptake compared to males, it can be concluded that the vaccine uptake is relatively still low.
Popul. Med. 2026;8(Supplement 1):A3141

ABS2512
Investing in Continental Pharmacovigilance to Strengthen Pandemic Preparedness in Africa

Deirdre McCarthy[1]
[1]Global Health, Gates Foundation, Seattle, United States

ABSTRACT
Pandemic prevention and preparedness require more than rapid product development and deployment; they depend on trusted systems that can monitor safety, manage uncertainty, and support timely regulatory action during health emergencies. Pharmacovigilance is a critical yet often under-resourced component of preparedness, particularly in low- and middle-income countries where fragmented surveillance limits the ability to respond at scale. The Gates Foundation has supported long-term investments in regulatory systems strengthening to enable effective safety surveillance across Africa, with a focus on building sustainable, country- and region-led capacity. The flagship achievement of this work has been the African Union Smart Safety Surveillance (AU-3S) initiative1, monitoring the safety profile of COVID-19 vaccines during the pandemic and beyond. These efforts now converge with the establishment of the African Medicines Agency (AMA) in November 2025, which is positioned to serve as the continental authority for coordinating pharmacovigilance and safety decision-making. This transition creates an opportunity to institutionalize pandemic-relevant safety monitoring within African governance structures. From the Foundation's perspective, investing in digital data integration and regulatory collaboration has enabled countries to improve detection and management of safety signals for vaccines, therapeutics, and other priority medical interventions. A data-centric, AMA-anchored pharmacovigilance model supports real-time access to safety information, coordinated signal detection across countries, and transparent communication during periods of rapid product rollout. These capabilities are essential for maintaining public trust and supporting uptake during pandemics. Positioning pharmacovigilance as core public health infrastructure under AMA strengthens preparedness for future health emergencies by linking regulatory systems, digital tools, and governance at scale. The Foundation's experience highlights the importance of catalytic, partnership-driven investment to ensure that safety surveillance is embedded and responsive when it is most needed. Lessons from this work are relevant to other regions around the world seeking to strengthen pandemic preparedness through regulatory and public health system integration.
Popul. Med. 2026;8(Supplement 1):A3142

ABS2629
Interdisciplinary simulation exercise: integrated scientific advice during pandemics

Emma Wijers[1], Juliane Boenecke[2], Jeannette de Boer[1], Ricardo Strauss[2], Bart Blokland[1], Theresa Habermann[2], Dewi Ismajani Puradiredja[2], Anja Schreijer[1]
[1]Pandemic and Disaster Preparedness Center, Erasmus Medical Center, Rotterdam, Netherlands, [2]Interdisciplinary Academy of Competence & Education for Global Health, Bernhard Nocht Institute for Tropical Medicine, Hamburg, Germany

BACKGROUND
Ongoing biological threats, such as avian influenza and climate-related disease outbreaks, highlight the need for strong emergency preparedness and response mechanisms. However, the response to the COVID-19 pandemic demonstrated a lack of interdisciplinary collaboration bridging the biomedical, social, and economic domains, which is essential for effective policy measures.1 To address these gaps, the Pandemic and Disaster Preparedness Center (PDPC) has developed a series of scenario-based simulation exercises designed to strengthen interdisciplinary collaboration and integrated scientific advice during pandemics and disasters. During this organised session, PDPC, in collaboration with the Interdisciplinary Academy of Competence & Education for Global Health (iACE Global Health) at Bernhard Nocht Institute for Tropical Medicine (BNITM), aims to raise awareness among participants in identifying and integrating diverse disciplinary perspectives into collaborative intelligence and integrated advice during pandemics.2-3
METHODS
Participants of the simulation exercise are confronted with an international and zoonotic disease outbreak scenario. In the first round, participants formulate scientific advice in domain-specific groups, either biomedical or social/economic. In the second round, they are brought together to develop interdisciplinary advice. The exercise concludes with a plenary reflection and evaluation session, during which participants discuss their experiences and challenges in producing interdisciplinary advice.
RESULTS
The PDPC and iACE Global Health have extensive experience in organising simulation exercises for both students and professional experts. Drawing on these experiences, the proposed simulation is designed to a) support participants in recognising and integrating diverse disciplinary perspectives into coherent and balanced policy advice; b) foster interdisciplinary teamwork, critical thinking, and decision-making under conditions of uncertainty; and c) encourage reflection on the values and trade-offs underlying pandemic response, including social and ethical considerations.
CONCLUSIONS
Simulation exercises are effective tools for building skills essential for pandemic preparedness, as they help prevent fragmented decision-making.
Popul. Med. 2026;8(Supplement 1):A3143

ABS2866
Strengthening Scientific Advice for Pandemic Decision-Making: Insights from Interdisciplinary Tabletop Simulation Exercises

Anja Schreijer[1], Femke Overbosch[1], Charlotte Waltz[1], Tomris Cesuroglu[1], Bart Blokland[1], Jeannette De Boer[1]
[1]Pandemic and Disaster Preparedness Center, Erasmus Medical Center, Rotterdam, Netherlands

ABSTRACT
Pandemic response requires expertise from the biomedical, social and behavioural sciences. However, limited routine collaboration makes integrating advice challenging. This study examines how simulation exercises based on realistic outbreak scenarios can strengthen interdisciplinary collaboration and support the provision of integrated, evidence-based policy advice. Specifically, it investigates which scientific components are best integrated and which are more effectively developed in parallel, focusing on how interdisciplinary collaboration shapes biomedical outbreak management advice. Three tabletop simulation exercises were conducted, representing different phases of a fictional Disease X outbreak in the Netherlands in 2025. Policymakers formulated an advice request, and multidisciplinary groups of 20–25 experts developed both discipline-specific and integrated scientific advice. Integrated advice was produced using the WHO-INTEGRATE framework, and the recorded sessions were analysed through thematic analysis. Preliminary results suggest that topics involving divergent perspectives, such as public health measures affecting children, benefit most from interdisciplinary integration. Structured collaboration made disciplinary assumptions explicit and supported clearer communication, particularly during the alert phase, when input from social scientists helped to reduce the risk of stigmatisation. In later phases, interdisciplinary exchange informed discussions on proportionality, precaution and vaccination strategies. Notably, the form and value of knowledge integration varied across pandemic phases, indicating that integration is a dynamic, context-dependent process. Effective scientific advice therefore requires a calibrated combination of integration and coordinated, parallel knowledge production aligned with policy timelines and decision-making processes. Preliminary findings suggest that incorporating additional perspectives through integrated scientific advice can enhance risk assessments throughout pandemic phases. However, its effectiveness depends on infrastructures for preparedness that support cross-disciplinary collaboration and shared frameworks for data interpretation. Simulation exercises strengthen networks and practical cooperation, thereby enhancing integrated advice for policy. Overall, the findings emphasise the importance of making advisory perspectives and underlying strategies explicit and promoting early knowledge exchange to support balanced, integrated advice.
Popul. Med. 2026;8(Supplement 1):A3145

ABS3439

Panex-youth: examining the experiences of children and youth in the brazilian favelas of paraisópolis and heliópolis to inform post-covid recovery policies and strategies for facing future polycrises

Leonardo Musumeci[1], Luciana Bizzotto[1], Yorman Paredes[1], Leandro Giatti[1]
[1]School of Public Health, University of São Paulo, São Paulo, Brazil

ABSTRACT
The COVID-19 pandemic reignited the debate surrounding polycrises and social response capacity. This discussion is particularly vital in favelas, where impacts are magnified by social determination of health (Almeida-Filho, 2009) and where local mobilizations produce unique tackling strategies. To inform post-COVID recovery policies and strategies for future crises, the Panex-Youth project coordinated research in South Africa, Brazil, and the United Kingdom regarding pandemic impacts and adaptations for children and youth, emphasizing their rights to education, food, and leisure (Bizzotto et al., 2025). The study included a literature review and three field phases in Brazil: 1) 32 interviews with organizations in São Paulo; 2) 14 workshops with 44 youth (ages 9–29) from the Heliópolis and Paraisópolis favelas and USP equity programs students, utilizing World Café and Visual Web participatory methodologies; and 3) two intergenerational roundtables (national and international). The findings revealed a tension between spatial contraction and temporal disconnection caused by isolation, and an ambivalence between social acceleration and boredom. Key risks identified include misinformation, public policy gaps, housing precariousness, and food insecurity. Identified strategies centered on the formation of solidarity networks for community care. Finally, while adult-centrism approach and the prioritization of other high-risk groups limited youth participation in crisis management. After all, a significant local capacity for action was observed, particularly regarding communication challenges. Centralizing peripheral narratives is essential for developing post-COVID recovery policies and preparing for future polycrises (Henig & Knight, 2023). It is equally important to emphasize the specific conditions of children and youth; while risks can intensify insecurity and suffering, this group is also capable of developing sophisticated, creative, and democratic adaptive strategies.
Popul. Med. 2026;8(Supplement 1):A3149

ABS3831

Effects of the COVID-19 pandemic on the health of school-going adolescents: a multimethods study

Jayne Ramos Araujo Moura[1], Maria Eduarda Jucá da Paz Barbosa[1], Jully Anne da Silva[1], Fabiane do Amaral Gubert[1], Roberta Meneses Oliveira[1], Ana Larissa Gomes Machado[2], Neiva Francenely Cunha Vieira[1]
[1]Nursing, Federal University of Ceará, Fortaleza, Brazil, [2]Nursing, Federal University of Piauí, Teresina, Brazil

INTRODUCTION
The COVID-19 pandemic brought unprecedented repercussions in history. Although adolescents are less susceptible to the most severe clinical forms of COVID-19, they are not indifferent to its impact. This study aimed to analyze the effects of the COVID-19 pandemic on the health of school-going adolescents.
METHODS
A mixed-methods study with a sequential explanatory design was conducted, guided by the Social Ecological Model and the Health Belief Model. The study was carried out with 471 Brazilian school-going adolescents between 2022 and 2023. In the first, quantitative phase, a questionnaire was administered to collect sociodemographic data and to identify beliefs, knowledge, and risk perception related to COVID-19, as well as perceived social support. In the second, qualitative phase, six focus groups were conducted. Data were organized according to the Pillar Integration Process. The study followed regulatory standards for research involving human subjects.
RESULTS
Data were compiled into an integration matrix from which five convergent pillars emerged: School (organizational level)—impact on learning, with the school functioning as an environment for fostering social bonds and facilitating learning; Remote education (organizational level)—the resources required for remote education were identified as barriers associated with the learning process; Support networks (interpersonal level)—social isolation intensified fear, distancing, and the weakening of peer relationships; Risk and exposure (intrapersonal level)—recognition of the possibility of infection for oneself and for close contacts; and Severity (intrapersonal level)—perceptions of the seriousness of COVID-19 determined the adoption of preventive behaviors.
CONCLUSIONS
The study demonstrated that perceptions of risk and severity of the health crisis contributed to adolescents adopting self-protective behaviors for themselves and their families. Consequently, their mental health was affected by feelings of fear and anxiety, which were reflected in social interactions during the isolation period and in the post-pandemic context.
Popul. Med. 2026;8(Supplement 1):A3155
Political Determinants of Global Health, Health Governance and Global Collaborations

ABS0466

Political and Economic Determinants of Healthcare Access for Central Asian Patients in Turkey: Implications for Global Health Governance

Ermek Degembaeva[1]
[1]International Patients Program, American Hospital, Istanbul, Turkey

BACKGROUND
Global mobility for healthcare is increasingly influenced by political and economic structures rather than purely medical needs. Turkey has become a key destination for Central Asian patients seeking high-quality care. However, access remains uneven, shaped by political relations, economic agreements, and governance models that prioritize competitiveness over equity. Understanding how these political and economic determinants interact is crucial for designing fairer frameworks for cross-border healthcare.
OBJECTIVE
This study explores the political and economic determinants that shape healthcare access for Central Asian patients in Turkey, analyzing how trade policies, diplomatic ties, and financial barriers influence the inclusiveness of Turkey's health system. It aims to situate these dynamics within the broader debate on global health governance and equitable medical mobility.
METHODS
A qualitative policy analysis was conducted using national health policy documents of Turkey, bilateral cooperation agreements with Central Asian states, and secondary data from WHO, OECD, and World Bank reports. The study also reviews economic indicators and patient mobility statistics to assess how global market forces intersect with state-level governance.
RESULTS
Findings reveal that while Turkey's expanding health sector strengthens regional health diplomacy, unequal economic arrangements and inconsistent governance frameworks perpetuate disparities in access. The absence of harmonized global mechanisms for patient rights, pricing, and insurance portability further deepens inequities.
CONCLUSIONS
Political and economic determinants are central to understanding cross-border healthcare governance. Strengthening global health governance requires not only technical reforms but also political commitment to fairness, transparency, and economic solidarity between receiving and sending countries.
Popul. Med. 2026;8(Supplement 1):A3168

ABS1664

Drug-Assisted Treatment as Choice Architecture: A Behavioral Economics Perspective on Addiction Policy

Daniele Zullino[1], Louise Penzenstadler[1], Tiphaine Robet[1]
[1]Service d'addictologie, Hôpitaux Universitaires de Genève, Geneva, Switzerland

BACKGROUND
Drug policy has traditionally relied on deterrence-based models that assume rational responses to prices, sanctions, and enforcement. However, illicit drug markets persist despite intensified repression, suggesting a mismatch between policy design and actual decision-making under conditions of addiction, scarcity, and social marginalization. Behavioral economics offers a framework for understanding this failure by focusing on how environments shape choices rather than assuming stable preferences.
OBJECTIVE
This presentation reframes drug-assisted treatment (DAT) as a behavioral policy intervention that operates through choice architecture rather than pharmacological substitution. Using heroin-assisted treatment as a case study, it examines the behavioral mechanisms through which institutionalized access alters decision-making and reduces harm. Methods / Conceptual framework: Drawing on behavioral economics and policy design literature, we analyze DAT through three mechanisms: reframing losses and gains, reducing cognitive load, and (3) embedding behavior in institutional commitment devices. These mechanisms are contrasted with the volatility and uncertainty of illicit drug markets, which amplify present bias, risk-taking, and myopic decision-making. Results / Key insights: Heroin-assisted treatment replaces market volatility with institutional predictability, stabilizing perceived risk, reducing cognitive burden, and lowering the behavioral costs of safer choices without coercion. Evidence from Switzerland

shows that these design features translate into sustained reductions in illicit drug use, criminal involvement, and social marginalization—effects that cannot be explained by pharmacology alone. Implications: Understanding DAT as choice architecture clarifies its effectiveness and strengthens its policy relevance. This perspective also provides a conceptual basis for considering cocaine-assisted treatment as a logical extension of existing harm reduction infrastructure, rather than a radical pharmacological innovation.
CONCLUSIONS
Behavior change in addiction policy is achieved most reliably not by increasing punishment or information, but by redesigning environments. Drug-assisted treatment illustrates how behavioral policy design can outperform deterrence in contexts of scarcity, volatility, and constrained choice.
Popul. Med. 2026;8(Supplement 1):A3173

ABS1936

The process and effects of funding withdrawal in fragile systems: a case of three International Non-governmental organisations' exits from Tsholotsho District Hospital, Zimbabwe.

Rashid Hamisi[1], Jill Olivier[1]
[1]Health Policy and Systems Division, School Of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Fragile and conflict-affected settings (FCAS) are under-resourced and depend heavily on public–private engagements (PPEs) and international non-governmental organisations (INGOs) for health service delivery and financing. Yet, when donor funding ends, withdrawal processes are poorly documented, and their effects on local health systems remain under-examined. Understanding how facilities manage such exits can inform more sustainable partnership models in FCAS. Methods. A descriptive multiple-case study examined the withdrawal of three INGOs from Tsholotsho District Hospital (TDH), rural Zimbabwe, through a two-phase design conducted between 2018 and 2021. Phase 1, a desk review (January 2018–July 2019), informed case selection for Phase 2 (August 2019–December 2021), which focused on PPEs ending between 2010 and 2020. Data sources included 65 organisational and government reports, 40 peer-reviewed and grey publications, and 11 expert interviews with local stakeholders. A time-series reconstruction mapped withdrawal events, while thematic cross-case analysis compared processes, contextual factors, and outcomes.
RESULTS
All three partnerships ended with funding cessation, and the magnitude of disruption was shaped by exit strategy, program integration, and scope of support. Phased withdrawal by Médecins Sans Frontières still produced service shocks due to deep system embedding, while abrupt exits by Plan Zimbabwe and Ark Zimbabwe led to immediate losses of staff, commodities, and technical support. Across cases, outcomes were exacerbated by contextual fragility, dependency, rigid planning, and weak accountability mechanisms, including vague or inaccessible MOUs.
CONCLUSIONS
Donor transitions in fragile systems are not mere events or funding terminations, but complex processes that often trigger systemic shocks, exposing deep dependencies, weak accountability, and limited adaptive and transformative capacities. All stakeholders must therefore treat withdrawal as a co-produced, negotiated transition embedded within complex systems, ensuring that responsibilities, resources, learning, and accountability are shared. Otherwise, what is intended as supportive can become an additional stressor on already fragile systems.
Popul. Med. 2026;8(Supplement 1):A3176

ABS2011

Aligning Bilateral Health Compacts with the Accra Reset: A Comparative Analysis of Three U.S. Health MOUs in Africa

Jirair Ratevosian[1], Mumbi Chola[2], Chukwuma Anyaike[3], Yogan Pillay[4], John Nkengasong[5]
[1]Duke University, Duke Global Health Institute, Durham, United States, [2]Centre for Infectious Disease Research in Zambia (CIDRZ), Lusaka, Zambia, [3]Department of Public Health (former), Federal Ministry of Health, Lagos, Nigeria, [4]Gates Foundation, Johannasberg, South Africa, [5]Mastercard Foundation, Toronto, Canada

INTRODUCTION
The Accra Reset advances a Global South–led framework for reforming global health cooperation. It emphasizes health sovereignty, national ownership, domestic financing, institutional reform, and more equitable partnerships while safeguarding global public goods. In parallel, the United States is pursuing Memoranda of Understanding (MOUs) under its America First Global Health Strategy. This study examines the extent to which U.S. health MOUs operationalize Accra Reset principles.
METHODS
We conducted qualitative content analysis of three MOUs (Kenya, Uganda, and Liberia); other MOU texts were not finalized or available and were excluded. Five Accra Reset domains were assessed: (i) sovereignty; (ii) financing; (iii) integration; (iv) partnership; and (v) public goods. Alignment within each domain was categorized as strong, moderate, or weak based on the presence of explicit commitments, operational specificity, and governance or accountability mechanisms. AI-assisted analysis supported initial categorization; all findings were reviewed and validated by the authors.
RESULTS
Across all three agreements, the MOUs demonstrate weak alignment with Accra Reset principles related to partnership and substantive national stewardship. Alignment is strongest in procedural system integration; however, expectations for increased domestic financing are unevenly matched to fiscal space realities, raising risks of service disruption. Data and specimen access provisions represent a major divergence: the MOUs emphasize extensive, often one-directional data flows, with limited safeguards for genomic sovereignty, benefit-sharing, technology transfer, or countermeasure access. Governance arrangements prioritize coordination and implementation oversight but rarely confer binding authority or reciprocal accountability sufficient to shift power balances.
CONCLUSIONS
Early U.S. health MOUs reflect weak and procedural uptake of Accra Reset principles but fall short in data governance, financing feasibility, and equitable accountability. Stronger alignment will require embedding Accra Reset indicators into future health plans, establishing reciprocal data governance and benefit-sharing provisions, linking transition expectations to realistic fiscal pathways, and strengthening parliamentary and multi-stakeholder oversight.
Popul. Med. 2026;8(Supplement 1):A3177

ABS2112

The political determinants of public health in conflict settings with case studies from Palestine and Sudan

Hassan Mahomed[1,2], Leslie London[3], Feroza Amien[3], Masudah Paleker[2], Yipeng Ge[4], Khamis Essi[5]
[1]Global Health, Stellenbosch University, Cape Town, South Africa, [2]Metro Health Services, Western Cape Department of Health and Wellness, Cape Town, South Africa, [3]School of Public Health, University of Cape Town, Cape Town, South Africa, [4]Sandy Hill Community Health Centre., Sandy Hill Community Health Centre., Ottawa, Canada, [5]Neurorehabilitation and Pain Medicine, Faculty of Medicine, Islamic University of Gaza, Gaza City, Palestinian Territory, Occupied

BACKGROUND
Armed conflict continues to undermine population health, damage health system infrastructure, and widen global health inequities1,2,3,4,5. Recent calls from international public health bodies emphasise that disruptions to essential services in conflict affected settings challenge the effectiveness of humanitarian protections and public health diplomacy6. Despite established international humanitarian and human rights frameworks7,8,9, inconsistent adherence limits their ability to safeguard civilians and maintain functional health systems. Experiences from Palestine, Sudan, and Congo illustrate how governance dynamics, foreign policy decisions, and geopolitical pressures political determinants of health shape health outcomes and influence health system resilience. This session examines these determinants and their implications for global public health practice and aligns well with the conference theme and tracks10.
METHODS
This organised session will convene an international panel of three experts. Two panelists from conflict affected settings will describe the public health effects of weakened protection mechanisms and disrupted health services. A third panelist will analyse how global governance structures and foreign policy approaches influence international responses to health system deterioration. A facilitated audience discussion will explore: 1. The role of public health professionals in addressing health crises arising from conflict, and appropriate evidence informed strategies; 2. How national and regional policies contribute to vulnerability and global public health inequity during conflict.
RESULTS
The session will generate a systematic and practice oriented understanding of how political determinants influence health and health systems in conflict environments. Audience contributions are expected to discuss governance barriers, opportunities for collaborative action, and emerging strategies for strengthening protection of health systems and populations.

CONCLUSIONS
The session will conclude with forward looking recommendations for enhancing public health engagement in conflict settings, including evidence based advocacy, more effective global health diplomacy, and strengthened international mechanisms that protect civilian health and health infrastructure during crises.
Popul. Med. 2026;8(Supplement 1):A3178

ABS2196
Regional advocacy networks and the advancement of infant and young child nutrition policy in Africa
Maryanne Wamahiu[1]
[1]Bayreuth International Graduate School of African Studies (BIGSAS), University of Bayreuth, Bayreuth, Germany
BACKGROUND
Advocavy networks have been central to transnational efforts to improve child health, with the International Baby Food Action Network (IBFAN) playing a pioneering role since its establishment in 1979. Formed as a people-centered movement, IBFAN works to protect, promote, and support optimal infant and young child feeding. A key early achievement was its contribution to the adoption of the International Code of Marketing of Breastmilk Substitutes (International Code) by the 1981 World Health Assembly, aimed at curbing unethical marketing of breastmilk substitutes linked to preventable infant deaths in the Global South. IBFAN-Africa was established as a regional network the same year to advance IBFAN's mandate in Africa.
METHODS
This study examines IBFAN-Africa's contributions to infant and young child nutrition policy, including its role in promoting the implementation of the International Code. It draws on archival research at the International Institute of Social History (IISH) in Amsterdam, marking the first direct access of IBFAN's historical records at the IISH. This was supplemented by key informant interviews. The study applies transnational advocacy network theory to analyze how regional advocacy networks shape policy outcomes.
RESULTS
Since the 1980s, IBFAN-Africa has been central in the adoption of the International Code across Africa achieving notable policy impact through regional conferences, policy engagements, and training. It addressed emerging challenges such as the HIV epidemic, with context-specific policy approaches. Nonetheless, the network has faced challenges, including navigating complex national power dynamics, fluctuating international donor support, and leadership transitions. Whereas IBFAN-Africa positioned civil society as a key policy driver in Africa, its impact has been constrained by these challenges.
CONCLUSIONS
IBFAN-Africa illustrates the potential of civil society advocacy to shape child nutrition governance by enabling African actors to influence national and global policy. This underscores the need for resilient, well-funded regional advocacy networks to sustain policy impact.
Popul. Med. 2026;8(Supplement 1):A3180

ABS2325
Multinational Fossil Fuel Exploitation and the Health Legacy in the context of the Just Transition
Rajen Naidoo[1], Stuart Batterman[2], Ebba Malmqvist[3], Rico Euripidou[4], Silvia Yanez[5]
[1]Discipline of Occupational and Environmental Health, University of KwaZulu-Natal, Durban, South Africa, [2]School of Public Health, University of Michigan, Ann Arbor, United States, [3]Planetary Health, Lund University, Lund, Sweden, [4]GroundWork, Durban, South Africa, [5]Union of People Affected by the Oil Operations of Texaco, Quito, Ecuador
BACKGROUND
The extraction, processing and transport of fossil fuels causes a wide suite of environmental and health impacts associated with both routine releases and unplanned spills of hydrocarbons, drilling fluids and tailings, fires and explosions, air emissions, and other practices. These lead to large scale contamination of soil, surface water, groundwater, air and the food chain, which exposes and adversely affects communities and workers. While approaches to prevent, cleanup and restore many of these impacts are feasible and economical, often corporate management and governmental oversight have failed, leading to enormous and long-lived environmental disasters, permanently damaged and off-limit exclusion zones, and community exposure. Despite their scale and significance, many impacts are incompletely recognized, and their costs are not borne by industry.
METHODS
A novel researcher-community activist paired panel discussion approach will be adopted. This pairing will consist of an international expert in the field of fossil fuel exposure and health outcomes in specific geographical locations, together with a local community member/activist from that location. The researcher-expert will address the environmental impacts of the exploitation or refining of fossil fuels in these locations, the related legacy health effects and the social and economic burden of rehabilitation, while the community representative will describe the health and social impacts, the potential for intervention within the context of a just-transition.
RESULTS
Team 1 (Stuart Batterman/TBD) will address Oil/Tar Sands and Fracking in the United States and Canada". Team 2 (Ebba Malmqvist/Silvia Yanez) will address "Oil exploration in the Amazonia". Team 3 (Rajen Naidoo/Rico Euripidou) will address "Multinational refineries in South Africa, their health legacy and residual environmental rehabilitation burden".
CONCLUSIONS
The moderator will present a series of 4-5 discussion points and will seek input and discussion from the audience. A summary of high-level points will be assimilated for submission to WCPH and other stakeholders
Popul. Med. 2026;8(Supplement 1):A3182

ABS2388
Equity and Ethics in Health Policy Development
Leigh Johnston[1], Khumo Mngomezulu[2], Liesl Nydegger[3], Andrew Ancharski[2], Debra Prosnitz[2]
[1]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, Johannesburg, South Africa, [2]CDC Foundation, Atlanta, Georgia, United States, [3]Gender Equity Unit, Johns Hopkins University, Baltimore, Maryland, United States
BACKGROUND
The Data to Policy (D2P) program of Bloomberg Philanthropies' Data for Health Initiative aims to bridge the data-policy gap through team-based training and mentoring of health professionals across the globe. D2P participants develop data-driven policy briefs and recommendations based on cost-effective analysis, for priority public health conditions. An internal review of the South Africa (SA) D2P program identified gaps in formal ethics accreditation and the application of an equity lens—skills essential for designing policies under the country's National Health Insurance. We aimed to develop, pilot and assess an expanded equity and ethics module for the D2P-SA curriculum that addresses this gap, enabling participants to earn ethics continuing professional development points and creating a scalable model for other D2P sites.
METHODS
A four-part equity module was developed for rollout in 2026, using interactive workshops and case-based learning. The module will help policy makers understand how ethics, equity and gender should be built into policy design and implementation. It focuses on practical approaches to reducing health inequalities and strengthening public trust in health policies. Assessment of the module will include feedback surveys and tracking application of equity principles in participants' policy briefs.
RESULTS
The equity and ethics module includes: 1) an overview of SA's research ethics landscape, 2) the importance of equity and ethics in analytical methods, 3) data analysis and gender responsive budgeting and 4) the interplay of gender, culture and ethics in policy and programs. Implementation and assessment are ongoing.
CONCLUSIONS
The D2P equity and ethics module introduces the ethical foundations of policy development. It demonstrates how applying an equity and gender lens supports the design of inclusive and responsive health policies. The validated module will offer a replicable framework for adaptation across the global D2P network, equipping policymakers worldwide to design more inclusive and equitable health policies.
Popul. Med. 2026;8(Supplement 1):A3183

ABS2467
Environmental health advocacy tools and strategies: a panel of three presentations:
Peter Orris[1], Vina HuLamm[2], Mafoko Phomane[3]
[1]School of Public Health, University of Illinois at Chicago, Chicago, United States, [2]American Public Health Association, Washington, D.C., United States, [3]groundWork, Pietermaritzburg, South Africa
ABSTRACT
From frontline Communities to Courtrooms health evidence is shaping and strengthening, policy change and accountability efforts within the environmental justice movement. After many years of advocacy aimed at implementing the

Highveld Air Quality Management Plan in Mpumalanga South Africa, communities impacted by air pollution launched a constitutional challenge arguing that the toxic ambient air pollution results in the breach of their right to an environment that is not harmful to their health and wellbeing. This effort strengthened their advocacy by involving health professionals, who lend their expert voice and influence this successful campaign. A Public Health & Equity Resource Navigator (PHERN) has been created to support advocacy for public health authority, the bedrock for implementing the work of Public Health, the legal and regulatory power that Public Health has to do its jobs. Public Health's vision is only achievable when the authority, ability, and funding are in place to act. This requires intentional and sustained advocacy. Health Care Without Harm's (HCWH) Strategy for securing behavioral institutional change in the health care sector as a model for broader societal change: 1. Choose a single unsustainable practice as a target, 2. Describe the health burden of the practice. 3. Identify the clinical activities that contribute. 4. Describe safer substitutes. 5. Secure the support of public health and clinical provider organizations. 6. Describe local health care sector substitution experiences. 7. Build coalitions within the health sector pledged to serve as models. 8. Focus health sector advocacy on substituting these practices in society as a whole. HCWH's experience with this methodology is evidence of the effectiveness of this approach to improving the environment and promoting equity.

Popul. Med. 2026;8(Supplement 1):A3186

ABS2784

Successful Experiences – Leprosy Truck Project – Bahia – 2025

Ana Franceska Cotrim Silva[1], Alda Santana Santos Guimarães[1], Greice Quele dos Santos Cruz[1], Eleuzina Falcão da Silva Santos[1]

[1]Directorate of Epidemiological Surveillance – DIVEP, Health Secretariat of the State of Bahia - SESAB, Salvador, Brazil

INTRODUCTION

Leprosy is curable, causes stigma, has been associated with sin, and represents a major public health challenge in the country, which is second in the number of cases. Worldwide, 200,000 people are affected each year. Brazil, India, and Indonesia account for 80% of new cases. Because it is a neglected disease, it is frequently diagnosed late.. In 2025, Bahia participated in the "Roda-Hans" project, carried out through a Technical Cooperation Agreement between the Secretariat of Health and Environment Surveillance (SVSA/MS) and Novartis, along with the Brazilian Society of Dermatology (SBD). The objective was to train primary care professionals in the theory and practice early diagnosis, management, and timely treatment of leprosy, and to promote contact tracing.

METHODS

This descriptive study was conducted using data from the Roda-Hans project, carried out in Bahia, Brazil, between July 4th and August 14th, 2025, in the Central-North and West macro-regions. Data related to training and diagnosed cases were analyzed.

RESULTS

13 professionals participated in the project execution, in addition to the health teams from 55 municipalities. In the theoretical classes, 474 professionals were trained: 44.8% nurses, 25.9% doctors, 9.7% physiotherapists, and 19.6% other categories. In the practical classes, 310 professionals participated: 52.6% nurses, 32.3% doctors, and 15.1% physiotherapists. A total of 858 consultations were carried out, with 71 (8.8%) new cases. Of these, 2 (2.9%) were under 15 years old. 62% were multibacillary, and 40 (56.3%) were men. 314 (36.5%) were contacts, among them 16 (5.1%) confirmed diagnoses.

CONCLUSIONS

Practical classes encourage the participation of local health teams, especially doctors, and patient care enhances learning and connects them to their health units. The mobility of the truck facilitates access to early diagnosis and immediate treatment. Active case finding and contact tracing are essential tools for early diagnosis and interruption of leprosy transmission.

Popul. Med. 2026;8(Supplement 1):A3187

ABS2829

Prevalence of gastroesophageal reflux disease and its associated risk factors among the adult population of Mthatha, Eastern Cape, South Africa

NOMONDE NDYALVAN[1]

[1]Public Health, Walter Sisulu University, Mthatha, South Africa

INTRODUCTION

This study aims to determine GERD's prevalence and associated risk factors among Mthatha residents in Eastern Cape.

METHODS

A descriptive cross-sectional study was carried out with a systematically sampled 353 adults attending the outpatient department of a secondary health care facility using the standardized GERD questionnaire (GerdQ) for screening and diagnosis. Descriptive and inferential statistics were performed with the aid of SPSS version 26.

RESULTS

The prevalence of GERD was 32.0 percent (CI: 27.3% to 37.0%). Only 6.5 percent had an 89% likelihood of having GERD. Over half (53.1%) had GERD with little effect on day-to-day activities. The most common symptoms were heartburn at 49.6 percent, sleep disturbance at 34.8 percent, chest pain at 32.3 percent, and regurgitation at 32.3 percent, and were mild in most of them. Hypertension (OR = 3.0, CI: 1.5–6.4, p = 0.003) and eating more than three meals a day (OR = 4.2, CI: 1.9–9.2, p < 0.0001) were the major risk factors for GERD. The GERD rate of one in every three people is higher than the global rate of one in every six.

CONCLUSIONS

The association of GERD with hypertension requires consideration of screening for GERD in patients with hypertension. Community education on proper dietary habits and the consequences of excess daily meals is needed to interrupt the development of GERD in the current population.

Popul. Med. 2026;8(Supplement 1):A3188

ABS2871

The role of National Public Health Institutes in health emergencies: Findings from a global study

Janine Bezuidenhoudt[1], Sadaf Lynes[2], Naomh Gallagher[3], Raphaële Ismaili[2], Victoria Ng[4], Erin E Rees[4], Rosita Wigand[2], Andrew Lee[3,5]

[1]National Institute for Communicable Diseases, a division of the National Health Laboratory Service, Johannesburg, South Africa, [2]International Association of National Public Health Institutes, Berlin, Germany, [3]United Kingdom Health Security Agency, London, United Kingdom, [4]Public Health Agency of Canada, Ottawa, Canada, [5]University of Sheffield, Sheffield, United Kingdom

BACKGROUND

National Public Health Institutes (NPHIs) are science based governmental organizations serving as the national hub for public health expertise, coordination, and leadership. Operating across sectors, NPHIs play a critical role in health emergencies. This study examined their roles, functions, and capacities in all hazard emergencies to support operationalisation of the WHO Global Health Emergency Corps initiative according to country and regional contexts.

METHODS

An online survey of IANPHI-member NPHIs and regional public health agencies was conducted to understand roles of NPHIs for rapid response and surge mechanisms during health emergencies, complemented by interviews with selected NPHI leaders on connected leaders. NPHIs from all WHO regions and World Bank income groups were included.

RESULTS

The survey achieved a 47% response rate (60/127). NPHIs varied widely in size, mandates, and functions across regions and income levels. Five key themes emerged: 1. Legal and political mandates: Most NPHIs had a legal mandate for emergency response (84%), primarily focused on infectious disease and biological hazards. 2. Connected leadership: The Ministry of Health was the main partner, and 53% of NPHIs reported formal agreements with other country NPHIs. 3. Mechanisms and processes: NPHIs emphasized the need for clearer roles and purpose for NPHIs in emergencies. 4. Workforce and resources: Key challenges included funding (78%), training (74%) and workforce planning (70%). Many NPHIs lacked a national surge reserve. Workforces deployed reflected NPHI function and surge challenges included logistics (60%), rapid recruitment (54%) and funding (50%). 5. Systems and structures: Emergency response was seen as multi-sector and multi-agency, with NPHIs acting as a "nucleus of change," though only 6% led healthcare or health service planning.

CONCLUSIONS

Legal mandates shape NPHIs' emergency functions, yet significant challenges limit response and support capacities. Study results suggest that strategies for strengthening NPHIs should consider country and regional contexts.

Popul. Med. 2026;8(Supplement 1):A3189

ABS2879

Researching the Commercial Determinants of Health in Sub-Saharan Africa: Generating Evidence for Advocacy and Policy, and Action

Arti Singh[1], Nason Maani[2], Maurine Ng'oda[3], Jeff Collin[4]

[1]Community Health, Kwame Nkrumah University of Science and Techology, Kumasi, Ghana, [2]School of Social and Political Science, University of Edinburgh, Edinburgh,

United Kingdom, [3]APHRC Campus, African Population and Health Research Centre, Nairobi, Kenya, [4]Global Public Health Unit, Social Policy, University of Edinburgh, Edinburgh, United Kingdom

BACKGROUND

The commercial determinants of health (CDoH) - the systems, practices, and pathways through which commercial actors influence health, equity, and policy are major drivers of non-communicable diseases and health inequalities1. In Sub-Saharan Africa (SSA), rapid market expansion, weak regulatory environments, and growing corporate influence have intensified exposure to health-harming products2. Yet empirical research on CDoH in SSA remains fragmented and underutilised in policymaking and advocacy. This workshop draws on work in Ghana, Kenya and South Africa in the ACORDS (Addressing CDoH in SSA) project to explore research priorities for strengthening understanding of CDoH and supporting regulatory and advocacy action.

METHODS

This workshop begins with three interactive presentations (3x10 minutes) on methodological approaches within ACORDS research. In the second half, small group discussions will reflect on these approaches, discuss applications to their own work, and identify research and advocacy priorities in a call to action.

RESULTS

Participants gain practical skills in researching CDoH in SSA. Scoping review activities guide participants in identifying evidence gaps and developing policy-relevant research questions. Survey findings from stakeholder engagements with policymakers and advocates illustrate practical approaches to understanding priorities for tackling CDoH. Participants will engage with maps of interlocking directorates examining links across health-harming industries, political elites, and health and development agencies to explore corporate policy relationships, power dynamics, and conflicts of interest. Network mapping enables the identification of relationships among corporate policies and power dynamics. Survey exercises develop skills in measuring exposure to commercial practices, while scoping reviews highlight evidence gaps and inform policy questions.

CONCLUSIONS

Participants learn to translate surveys, scoping reviews, and interlocking directorates into actionable, policy-relevant insights to support regulation, advocacy, and evidence-informed public health action.

Popul. Med. 2026;8(Supplement 1):A3190

ABS3024

Strengthening collaboration for public health action in an age of populism and fragmentation

Alison McCallum[1]

[1]Centre for Population Health Sciences, University of Edinburgh, Edinburgh, United Kingdom

INTRODUCTION

Building on our work on WHO's role and legitimacy, the workshop examines the Pandemic Agreement, emerging challenges related to misinformation and information integrity, and how public health actors can operate effectively in a fragmented governance environment while maintaining coherence, equity, and accountability.

METHODS

Through a combination of short framing inputs, structured small-group discussions, and plenary synthesis, participants will examine key governance pathways shaping contemporary public health action, including bilateralism, public–private partnerships, academic, professional and community networks, shining a light on globally vital expertise that we practice in our communities and share through co-design and collaboration.

RESULTS

We have identified the following themes and challenges for collaboration • Group A: Bilateralism – speed versus fragmentation • Group B: Public–private and commercialised partnerships – innovation, complex governance, agenda capture, • Group C: Academia, Public Health Institutes, WHO Collaborating Centres – distributed expertise and legitimacy • Group D: Globally vital expertise, practised and lived in communities

CONCLUSIONS

To strengthen public health collaboration and sustain improvements in public health, we must identify barriers and effective interventions that across all four themes, and at all levels, aligning ongoing initiatives without forcing convergence, identifying complementarities between WHO, public health associations, academia, and communities, finding our common purpose while respecting diversity and differing mandates.

Popul. Med. 2026;8(Supplement 1):A3191

ABS3025

Strengthening collaboration for public health action: equity, inclusion and sustainability in an age of populism and fragmentation

Alison McCallum[1], Ariane Bauernfeind[2], Meri Koivusalo[3], Avi Magid[4], Henrique Lopes[5], Mary Codd[6,7], Colette Cunningham[8]

[1]Centre for Population Health Sciences, University of Edinburgh, Edinburgh, United Kingdom, [2]Andalusian School of Public Health, Andalusian School of Public Health, Grenada, Spain, [3]Tampere University, Tampere, Finland, [4]International Health, Maastricht University, Maastricht, Netherlands, [5]Nova IMS, NOVA University, Lisbon, Portugal, [6]University College Dublin, Dublin, Ireland, [7]ASPHER, ASPHER, Brussels, Belgium, [8]University College Cork, Cork, Ireland

INTRODUCTION

Building on our work on current threats to public health including WHO's role and legitimacy, the workshop examines the Pandemic Agreement (3), challenges related loss of trust and information integrity. We consider public health actors roles sustaining WHO, strengthening non-partisan global to local collaborations, building space for health, responding to increasing power symmetries, operating effectively in a fragmented governance environment while maintaining coherence, equity, and accountability (6).

METHODS

Based on our detailed analysis of policy documents, peer-reviewed research, and workshopping priorities we present a combination of short framing inputs, structured small-group discussions, and plenary synthesis. This enables exploration of key governance pathways shaping contemporary public health action, including the emergence of bipolarity rather than multilateral agreements between organisations, private-led public partnerships, and the potential of academic, professional and community networks, shining a light on globally vital expertise that we practice in our communities and share through co-design and collaboration.

RESULTS

We have identified the following themes and challenges for collaboration • Group A: Bipolarity – speed versus fragmentation • Group B: Public–private and commercialised partnerships – innovation, complex governance, agenda capture, • Group C: Academia, Public Health Institutes, WHO Collaborating Centres – distributed expertise and legitimacy, enabling partnership across disputed and liminal territories • Group D: Globally vital expertise, under-shared, practiced and lived in communities.

CONCLUSIONS

To strengthen public health collaboration and sustain improvements in public health, we must identify barriers, gaps and effective interventions that resonate across all four themes, and at all levels. We can reshape and rebalance ongoing initiatives, while creating equitable opportunities to strengthen public health without forcing convergence. This work addresses emerging public health threats, frames WHO as infrastructure, recognises complementarities between WHO, public health associations, academia, and communities, helping us find common cause while respecting diversity and differing mandates.

Popul. Med. 2026;8(Supplement 1):A3192

ABS3066

Power Asymmetries in Global Governance and Health Inequalities: A Human Rights–Based Analysis

Maria Eduarda Maia Vilar[1], Florisneide Rodrigues Barreto[1], Maria da Glória Lima Cruz Teixeira[1], Edson de Andrade Nhamuave[1], Ana Carolina Souza Torres[1]

[1]Institute of Collective Health, Federal University of Bahia, Bahia, Brazil

INTRODUCTION

Health inequalities in the context of global health are deeply intertwined with power asymmetries that structure contemporary global governance. The international order established after World War II, shaped by colonial legacies and the dominance of international financial institutions, consolidated a political and economic architecture that positioned post-colonial countries in a subordinate role. From the 1980s onward, the global diffusion of neoliberalism intensified these asymmetries through austerity policies, public sector retrenchment, and market-oriented reforms, directly affecting health systems and constraining the realization of human rights, particularly the right to health.

METHODS

This study adopts a theoretical and conceptual approach based on a critical review of the literature and interpretative analysis grounded in political economy, sociological institutionalism, and human rights frameworks applied to health. The analysis considers multiple levels of power (macro, meso, and micro) and examines the role of traditional and emerging actors in global health governance.

RESULTS

The findings indicate that global power asymmetries operate as root causes of health inequities by shaping norms, policies, and priorities within governance structures. International financial institutions and neoliberal policy frameworks reinforce structural inequalities by imposing fiscal constraints that limit social protection and universal health coverage. Furthermore, the expansion of new actors such as philanthropic foundations, public–private partnerships, and multinational corporations has contributed to fragmentation in global health governance. This process often reframes human rights through technocratic and targeted approaches based on "vulnerability," weakening their collective, political, and emancipatory potential.
CONCLUSIONS
Addressing global health inequalities requires confronting power asymmetries in global governance and re-centering health policies on human rights, equity, and social justice. Health must be reaffirmed as a public good and fundamental right, supported by democratic institutions. Human rights based institutional arrangements are essential to reduce health inequities and counter neoliberal logics that prioritize economic rationality over human life.
Popul. Med. 2026;8(Supplement 1):A3193

ABS3113
Governing Global Health in Europe: A Comparative Policy Analysis of the European Union Global Health Strategy and Five National Global Health Strategies (France, Germany, Spain, Sweden, and the Netherlands)

Maria Graham[1]
[1]Délégation aux affaires européennes et internationales (DAEI), Ministère du travail, de la santé, des solidarités et des familles, Paris, France

INTRODUCTION
COVID-19 triggered reflection on global health governance within the European Union (EU), particularly regarding the need for stronger coordination across institutions and Member States. In response, the EU revised its Global Health Strategy, with some Member States either updating existing national strategies or adopting new ones where none existed. This study examines the relationship between five national Global Health Strategies and the EU Global Health Strategy, identifying patterns of convergence and divergence and their potential to support the EU strategy through synergies and coordination.
METHODS
A qualitative comparative analysis of Global Health Strategies was conducted, focusing on priorities, governance models, implementation plans, and monitoring mechanisms. Methods include Python-coded systematic text analysis to examine word frequency and thematic emphasis, directed qualitative content analysis to identify convergences and divergences, semi-structured interviews with officials from health and foreign affairs ministries, and SWOT and TOWS analyses.
RESULTS
All five national Global Health Strategies align with the EU Global Health Strategy on shared global health priorities and foundational principles. However, approaches to synergy and coordination are largely internally focused. Although the importance of European-level coordination is acknowledged, none of the national strategies specify concrete mechanisms for joint action. Instead, emphasis is placed on shaping governance, implementation, and evaluation to reflect domestic expertise and practice.
CONCLUSIONS
While existing national Global Health Strategies do align with the priorities of the EU Global Health Strategy, they remain primarily domestically anchored in their governance and implementation. As more Member States consider developing national strategies, comparative analysis of existing approaches can help future strategies integrate more effectively into the European global health ecosystem by identifying complementarities and opportunities for mutual reinforcement. Building EU-level coordination on existing national networks could enable European actors to work collectively while preserving political autonomy, supporting more sustainable and coherent European engagement in global health.
Popul. Med. 2026;8(Supplement 1):A3194

ABS3210
'Powerful, greedy old men are bad for your health': Towards a public health teaching curriculum for 'geopolitical health'

John Middleton[1], Sebastian Levesque[2], Karl Conyard[3,2], Mary Codd[3,2]
[1]Office of the President, Global Network for Academic Public Health, Washington DC, United States, [2]Association of Schools of Public Health in the European Region, (ASPHER), Brussels, Belgium, [3]School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland

BACKGROUND
Geopolitical forces significantly impact on health. The public health community has been naïve about geopolitical trends, specifically how neoliberalism fuels wealth inequality, drives populism, culture wars, and performative cruelty, escalating toward conflict and autocracy. The information revolution and 'techno feudalism' accelerate these trends, through industrial scale disinformation. Since 2025, global health stability has been further undermined by the erosion of the international order.
METHODS
Geopolitics has largely been ignored in Public Health Curricula. Inclusion is essential: 1) For learning: providing a framework for understanding how power, ideology, and technology influence global health. This is needed to understand the role of non-state actors, multinational corporations, and new forms of digital influence. This knowledge is essential armour for public health practitioners to be effective in health diplomacy.3 2) To provide tools - equipping current and future public health professionals with analytical tools to respond to these complex challenges, to learn in multidisciplinary settings and to collaborate effectively in partnerships, coalitions and campaigns with ethicists, behavioural scientists, political scientists, international lawyers and other relevant disciplines.4 3) To strengthen the personal resilience and resolve of public health practitioners confronted with ethical and moral challenges as seen in the pandemic and propelled further by the destruction and disruption of global health and care systems post 2025. 5-6
RESULTS
We describe key headings which need to be taught by schools or developed with other disciplines and academic partnerships.7
CONCLUSIONS
The geopolitical health curriculum bridges the gap between curriculum areas 'Global Public Health' and 'Public Health in Conflict, War and Peacebuilding'. It is also related to curriculum areas 'leadership and management, including collaboration, partnerships and implementation science', 'Knowledge for Policy and Action', and 'Public Health Advocacy'. It is essential for modern leadership, requiring a reaffirmation of ethical principles like solidarity and the responsibility to act.
Popul. Med. 2026;8(Supplement 1):A3195

ABS3234
Engaging the police and public health sectors to collaborate for the public good

John Middleton[1,2], Bettina Borisch[3]
[1]Department of Public Health, Wolverhampton University, Wolverhampton, United Kingdom, [2]Fellow, Global Law Enforcement and Public Health Association, Melbourne, Australia, [3]Office of the Chief Executive, World Federation of Public Health Associations, Geneva, Switzerland

ABSTRACT
In March 2024, the World Federation of Public Health Associations (WFPHA) and the Global Law enforcement and public health (GLEPHA) presented a joint statement about the need for collaboration between law enforcement agencies, and public health services.1 Increased political commitment is needed by all governments to better integrate policing and public health. Public health and social care professionals need to be positioned as direct responders in collaboration with or in place of police where appropriate. More funding is needed for research on the integration of policing and public health systems. Multilateral agencies, including WHO, UNODC, UNDP and UN Women, should develop clear guidance and support government departments to implement effective policing and public health strategies. Public health associations and police associations should advocate for the adoption of laws, policies and procedures that facilitate a public health approach to policing. Joint skills training and education for public health and police workforces is needed to improve the effectiveness of joint responses. There are examples of creative multidisciplinary partnerships between law enforcement and public health agencies. 2. However, geopolitical changes, austerity and the rise of populism have left public authorities under-funded to work collaboratively, to innovate, and to implement evidence-based interventions. Draconian policies still punish drug users; Populist politicians promote intolerance and performative cruelty against vulnerable minorities. Neoliberal policies create populations of poor people in precarious employment whose livelihoods constantly put them at risk of offending3. The presentation will review the evidence base for law enforcement interventions which reduce crime, promote community safety and improve health. It will discuss the adverse health impacts of the criminalisation of homelessness and poverty. The need for collaboration between police and public health will be discussed why this has not been delivered due to current failures of global policies.
Popul. Med. 2026;8(Supplement 1):A3196

ABS3374

Health capability deprivations associated with USAID's closure in an urban Swati community- a participatory ethnography

Pinky Shabangu[1], Zinhle Matsebula[1], Michelle Brear[1]
[1]Independent, Manzini, Swaziland

BACKGROUND
The closure of USAID resulted in numerous community-based programs intended to benefit marginalised people in Africa, concluding. The impacts, which are assumed significant, are poorly understood, which impairs effective policy and program responses. Our aim is to present policy relevant insights about the impact of USAID's closure in urban Eswatini.
METHODS
We conducted participatory ethnography in one Swati township. Data were collected by community co-researchers, using participant observation and individual interviews. All participants were women aged 21-66 and former recipients of USAID-funded programs. Four were visited regularly for 12 months and eight participated in once off interviews, after providing informed consent. Data were analysed thematically, informed by health capability theory, which defines 10 intrinsically valuable capabilities that are instrumental in attaining health.
RESULTS
Participants were members of groups (sex workers, caregivers, and widows) targeted by USAID-funded programs due to their gendered socio-economic vulnerabilities. The diverse programs they received (mobile health clinics, community-based soup kitchens, sex education and livelihood support) all aimed to alleviate the symptoms, rather than address the structural causes, of systemic problems such as poverty, hunger and unemployment. Sudden program cessation following USAID's closure, resulted in loss of hope, reduced access to education and health services, and increased poverty, which deprived women of capabilities (e.g. for life, bodily and emotional health). Participants coped by drawing on informal community-based social networks. However, the temporary "fixes" participants have arranged (e.g. begging for or borrowing money or food) are unsustainable and further undermine health capabilities (e.g. mutually-respectful affiliation).
CONCLUSIONS
Significant negative impacts, which represent health capability deprivations resulted from USAID's closure. The negative impacts occur partly because programs formerly funded by USAID did not develop instrumental health capabilities, such as political control, that addressed the structural roots of problems like hunger and unemployment.

Popul. Med. 2026;8(Supplement 1):A3197

ABS3405

The African Bioinformatics Institute: strengthening health data governance through African-led data collaborations

Verena Ras[1], Munadia Ansarie[1], Sumir Panji[1], Nicola Mulder[1]
[1]Computational Biology Division, University of Cape Town, Cape Town, South Africa

ABSTRACT
Global health increasingly depends on the effective sharing and coordination of data across institutions, countries, and regions. Yet many low- and middle-income countries remain participants in global health collaborations without meaningful influence over data governance, infrastructure design, or which priorities are set. This imbalance threatens the sustainability of partnerships and limits the benefit that national and regional health systems can gain from shared data resources. The recently launched African Bioinformatics Institute (ABI) aims to address these challenges by supporting African-led health data governance through workforce development, data infrastructure development and institutional collaboration. Working in partnership with African institutions to co-design the data systems they rely on, ABI helps ensure that data remain locally governed and are used responsibly and ethically. This includes supporting the development of Trusted Research Environments (TREs), which enable secure access to sensitive datasets without unnecessary or uncontrolled data movement, and promoting federated analysis models that support cross-institutional research while data remain locally hosted. Through collaboration with partner initiatives such as the eLwazi Open Data Science Platform and the African Genomics Data Hub, ABI contributes to the development and hosting of African-based biomedical data platforms, analytical tools, and shared services. These efforts reduce reliance on external infrastructure, strengthen regional data stewardship and promote local ownership. They are reinforced by training programmes and communities of practice that build expertise in data governance, standards, and collaborative workflows. More equitable global health collaboration requires moving beyond "transactional" data-sharing arrangements toward inclusive governance models that recognise local expertise and institutional leadership. ABI aims to demonstrate how African-led data and coordination platforms can contribute to more equitable, effective, and sustainable global health partnerships, particularly in data-intensive and cross-border public health initiatives.

Popul. Med. 2026;8(Supplement 1):A3198

ABS3648

Prevention of noncommunicable diseases from a 360-degree perspective: advocacy and network-based action for the promotion of public health policies

Denize Amorim[1]
[1]Coordenação de Redes e Coalizões, ACT Promoção da Saúde, Rio de Janeiro, Brasil

INTRODUCTION
Noncommunicable diseases (NCDs) constitute one of the main global public health challenges. Their prevention requires integrated approaches that address social, political, commercial, and regulatory determinants, particularly in contexts shaped by strong corporate interests. This abstract presents an experience report from the 18th Seminar on Strategic Alliances for Health Promotion, which introduces a 360-degree prevention perspective for NCDs. This approach proposes an expanded framework that articulates public policies, healthy environments, regulation of harmful products, and collective action as key pillars of health promotion. The seminar aimed to strengthen network-based action and foster collaborative strategies for NCD prevention, aligned with global agendas of equity and sustainability.
METHODS
This is an experience report of a face-to-face event held by ACT Health Promotion in August 2025, in Brasília, Brazil, with the participation of 150 members of the Health Promotion Network and institutional partners, including civil society representatives, researchers, public managers, and health professionals. The program included thematic panels, debates, poster presentations, and advocacy activities in practice, addressing health determinants, food environments, health equity, and the confrontation of corporate interests associated with harmful products.
RESULTS
The seminar functioned as a space for intersectoral dialogue aimed at the promotion of public health policies. The introduction of the 360-degree prevention approach to NCDs promoted alignment between global and local health agendas and deepened discussions on health governance and health equity within the Health Promotion Network. Advocacy activities strengthened political engagement in response to corporate interests detrimental to health.
CONCLUSIONS
Strengthening collaborative networks is fundamental for health promotion and NCD prevention. Collective actions, supported by intersectoral alliances and network-based collaboration, are central to reinforcing health governance and addressing the political determinants of NCDs, in line with the Sustainable Development Goals.

Popul. Med. 2026;8(Supplement 1):A3202

ABS3871

Trends in mortality from suicide, drug use and alcohol-related diseases in Sao Paulo, Brazil, 2009-2021

Edige Felipe de Sousa Santos[1], Katia Cristina Bassichetto[1], Ana Paula Belon[2], Marilisa Berti de Azevedo Barros[3]
[1]Epidemiologia, Faculdade de Saúde Pública da Universidade de São Paulo, São Paulo, Brazil, [2]School of Public Health, University of Alberta, Alberta, Canada, [3]Saúde Coletiva, Faculdade de Ciências Médicas da Universidade Estadual de Campinas, Campinas, Brazil

BACKGROUND
Suicide, and deaths associated to drug use and alcohol abuse are a health public issue. In Latin America, the suicide rates increased 9.5% between 1990 and 2021. Drug use and alcohol abuse were responsible for ~105,000 deaths in Brazil in 2019, which is equivalent to more than 250 deaths/day. The premature mortality has significant negative impacts on the economy. The global economic crisis alongside austerity measures have been associated to the significant increase in mortality from these causes, particularly in high-income countries. Little evidence is available on the mortality pattern and trend in Brazil – a country with the world's highest levels of income concentration. This study aims to analyze the temporal trend of mortality rates from suicide, drug use, and alcohol-related diseases by sex and age groups in the most populous city in Brazil, Sao Paulo, from 2009 to 2021.
METHODS

In this time-series study, we utilize the 10th revision of International Classification of Diseases (ICD), Brazilian Mortality Information System, and population estimates from the Seade Foundation. We estimated the mortality rates by sex and quinquennial age groups (20-74 years) and the percentual variation between 2009-2011 and 2019-2021. To estimate the annual percentage change (APC), we used Joinpoint Regression Program software.
RESULTS
Mortality rates from drug use showed an increasing trend, with a variation of 9.9% increase. Mortality rates from alcohol-related diseases and suicide remained stable, with very high values. Furthermore, rates were significantly higher during the COVID-19 pandemic, with trends varying between sexes and age groups.
CONCLUSIONS
Our findings draw attention to this complex, yet overlooked, public health issue in Brazil. The structural determinants of health and living conditions linked to mortality from these causes of death should be addressed through healthy public policies developed by intersectoral collaborations between the public health authorities and other government agencies.
Popul. Med. 2026;8(Supplement 1):A3204

ABS3906
Perceptions and Challenges within the Clinical Trials Ecosystem in South Africa

Nompumelelo Ngobese[1], Andani Ratshinanga[1], Anne Derache[1], Londiwe Shandu[1], Khethokuhle Nkosi[1], Allanise Cloete[1], Rachel Hallet[2], Nick Medhurst[2], Farida Ben-Younis[2], Katie Thorne[2], Sir Martin Landry[2], Limakatso Lebina[1]
[1]Africa Health Research Institute (AHRI), Mtubatuba, South Africa, [2]Good Clinical Trials Collaborative (GCTC), London, United Kingdom
INTRODUCTION
South Africa is a leading hub for clinical trials in Africa, with established research infrastructure and a diverse population. Nonetheless, the clinical trials ecosystem faces systemic, operational, and ethical challenges affecting the quality, feasibility, and relevance of randomised controlled trials (RCTs). This study examined stakeholder perceptions of these challenges, with particular attention to randomisation practices and the principles underpinning the Good Clinical Trials Collaboration (GCTC) guidance.
METHODS
A convergent parallel mixed-methods design was employed where 9 workshops were conducted with 115 participants. Quantitative data were collected through pre-, post-, and follow-up workshop surveys administered face to face and virtually to participants involved in clinical trials. Qualitative data were generated through semi-structured in-depth interviews with 22 key stakeholders. Quantitative and qualitative data were analysed concurrently and integrated to provide a comprehensive understanding of the challenges affecting trial design, implementation, and conduct in South Africa.
RESULTS
Participants reported multiple, interrelated challenges across the clinical trials continuum, including rushed protocol development, poorly defined endpoints, inadequate staff training, regulatory delays, infrastructure constraints, and financial instability. Recruitment and retention were affected by limited community awareness, mistrust, language barriers, and complex consent processes. Specific challenges related to randomisation included inadequate concealment, poor understanding of randomisation among participants, stringent eligibility criteria, and difficulties with adherence to allocated treatment arms. These challenges were particularly pronounced in rural resource-limited settings and in multi-site trials.
CONCLUSIONS
Although South Africa remains a continental leader in clinical research, persistent systemic and contextual barriers undermine the scientific rigour, ethical integrity, and social relevance of clinical trials. Addressing these challenges requires coordinated reforms, including quality-by-design approaches, strengthened training and capacity building, streamlined regulatory processes, resilient infrastructure, and sustained community engagement. Embedding GCTC principles throughout trial planning and implementation is essential to ensuring robust, equitable, and contextually appropriate clinical trials in South Africa.
Popul. Med. 2026;8(Supplement 1):A3206

ABS3908
from territory to decision-making: popular participation as a pathway to health care, equity, and social justice

Tayana Santos Barbosa[1], Micheli Dantas Soares[1], Mariângela Costa Vieira[1], Thiago Santos Barbosa[2], Aline da Silva Santos[1], Keline Santos de Carvalho[1], Manoela Carolini Maia de Souza[1]
[1]Centro de Ciências da Saúde, Universidade Federal do Recôncavo da Bahia, Santo Antônio de Jesus-Bahia, Brazil, [2]Centro Universitário Unifacemp, Santo Antônio de Jesus-Bahia, Brazil
INTRODUCTION
the brazilian unified health system was established by the federal constitution of 1988 and is one of the largest public health systems in the world, guaranteeing universal, comprehensive, and free access to the population,. It is organized through a hierarchical network across three levels of care, with primary health care as the main entry point. Governance is based on decentralization, shared management among federal, state, and municipal levels, and social participation. Local health councils are strategic spaces for promoting popular participation, community empowerment, and strengthening care practices,.
METHODS
this qualitative, descriptive study is an experience report from the perspective of a family and community physician. The analysis focuses on actions of the local health council of the higino gomes conceição family health unit, in pumba, a rural area of cruz das almas, bahia, brazil. The study draws on black feminist activism, social justice scholarship, and the concept of escrevivência, which recognizes lived experience as a legitimate form of knowledge production,.
RESULTS
the council organizes regular meetings to support work processes, identify social vulnerabilities, implement territorial interventions, and manage access to social programs such as bolsa família. Additional activities include strengthening continuing and popular education, promoting intersectoral initiatives on social determinants of health, and conducting income-generation workshops for vulnerable populations. Policies such as social and racial quotas in education and the program for the restructuring and expansion of federal universities (reuni) have reinforced access to social rights and health equity,.
CONCLUSIONS
this experience highlights the importance of local health councils in planning actions responsive to territorial needs, strengthening community-service bonds, and improving primary health care practices. Such participation contributes to promoting equity, reducing social inequalities in health, and empowering communities in rural territories.
Popul. Med. 2026;8(Supplement 1):A3207

ABS3972
Health without borders: narratives from Gaza and beyond

Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied
INTRODUCTION
Global health is built on ideals of solidarity and equity, yet political borders and power structures continue to determine whose suffering is visible and whose access to care is protected. Conflict-affected populations—especially refugees and besieged communities—face structural exclusion from health systems and accountability mechanisms.
METHODS
This oral presentation uses a narrative public health approach, combining testimonies, media framing analysis, and emergency health response experiences from Gaza, Lebanon, and refugee settings. It links lived experience to public health concepts including structural violence, health governance, and humanitarian ethics.
RESULTS
Narratives reveal how borders shape health outcomes through restricted mobility, unequal humanitarian access, fragmented service delivery, and politicized visibility. Health storytelling emerges as an evidence tool—supporting dignity, countering disinformation, and strengthening advocacy. The presentation identifies how youth-led and community-based narratives can improve risk communication and increase accountability for health rights violations.
CONCLUSIONS
Borders should not determine access to health or protection. Public health institutions must adopt justice-oriented approaches that center affected voices and shift from charity-based humanitarianism toward solidarity-based systems and policy change.
Popul. Med. 2026;8(Supplement 1):A3208

ABS3987
The health impacts of illegal pushbacks at European borders on children

Amy Stevens[1], Yamina Boukari[2], Sonora English[3], Lu Gram[3], Ligia Kiss[3], Jenevieve Mannell[3], Vasiliki Radaiou[4], Ahsen Utku[5], Delan Devakumar[3]

[1]Bevan Community Benefit Society, Bradford, United Kingdom, [2]University of Oxford, Oxford, United Kingdom, [3]Institute for Global Health, University College London, London, United Kingdom, [4]No affiliation, Athens, Greece, [5]Loughborough University, Loughborough, United Kingdom

BACKGROUND
The right to seek asylum is a fundamental human right. Safe and legal pathways for displaced children seeking sanctuary in European countries (e.g. resettlement, family reunion) are largely inaccessible, driving many to take risky irregular routes to destination countries and apply for asylum on arrival. However, there is mounting evidence of systematic, state-led, illegal and violent pushbacks at European country borders. In this study, our aim was to understand the experiences of children subjected to pushbacks at European borders.
METHODS
We analysed testimonies of pushbacks involving children published by the Border Violence Monitoring Network (BVMN). We conducted quantitative descriptive data analysis and qualitative inductive thematic analysis of the testimonies.
RESULTS
We extracted over 800 testimonies from the BVMN. The majority of testimonies described pushbacks at the European Union's eastern borders, land borders in the Balkans and on the Eastern Mediterranean route. We identified the following themes within the testimonies: experience or witnessing of violence, denial or deprivation of basic needs, being treated as criminals, expressing feelings of being dehumanised or humiliated, the involvement of the state, arbitrariness of violence, impunity and lawlessness, theft and damage/destruction of possessions, conditions during push back, discrimination, racism and xenophobia, and asylum claims.
CONCLUSIONS
The data show multiple human rights abuses towards children occurring at Europe's southern and eastern borders. These will have both immediate and lasting health impacts for children, who are already facing multiple vulnerabilities.
Popul. Med. 2026;8(Supplement 1):A3209

ABS4012
Cutting through the conflict: Reducing conflicts of interest in maternal, infant and young child nutrition policy and practice

Catherine Pereira-Kotze[1], Laurence Grummer-Strawn[2], Sithembile Dlamini-Nqeketo[3], Zandile Kubeka[4], Gilbert Tshitaudzi[5], Robert Boyle[6], Tanya Doherty[1]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Department of Nutrition & Food Safety, World Health Organization, Geneva, Switzerland, [3]World Health Organization, Pretoria, South Africa, [4]Cluster: Child, Youth and School Health, National Department of Health, Pretoria, South Africa, [5]UNICEF, Pretoria, South Africa, [6]School of Public Health, Imperial College, London, United Kingdom

INTRODUCTION
Despite clear and consistent global guidance on preventing conflicts of interest (COI) in the field of maternal, infant and young child nutrition (MIYCN)1-6, commercial influence continues to shape research, policy setting, continuing professional development (CPD) of health professionals, and health professional association priorities.
METHODS
This organized session will bring together global and local/national experts, and those involved in country-level action to describe recent global guidance relating to preventing COI in MIYCN by the commercial milk formula industry. Examples of best practice will be shared, where action has resulted in commercial influence being reduced or eliminated, and where commercial influence has been a barrier to eliminating these conflicts.
RESULTS
There is clear evidence to document the harms of commercial influence, especially in vulnerable groups such as mothers and infants, particularly from the commercial milk formula industry7. Case studies will be used from various regions to illustrate facilitators and barriers to reducing COI in MIYCN policy and programming, research, health professional training and at service delivery. This session will present recommendations on how to ensure that MIYCN policy, programming, government priorities, research, training and public health messaging[ZK4.1] and education are safeguarded against commercial influence8-12. Lessons learned from coordinated global advocacy will also be shared13-14.
CONCLUSIONS
Recommendations will be provided for future action to reduce, mitigate and manage commercial influence on maternal, infant, and child nutrition, considering emerging products, industries and technologies that may threaten the independence of policy makers, health professional and training institutions.
Popul. Med. 2026;8(Supplement 1):A3210

ABS4101
Decrystallizing People Power & Pandemics in the 21st Century

Peter Nyasulu[1]
[1]Global Health, Stellenbosch University, Cape Town, South Africa

BACKGROUND
Pandemics are often framed as biomedical crises managed through top down public health interventions. However, recent and historical outbreaks demonstrate that community agency "people power" plays a decisive role in shaping disease trajectories, public trust, and the effectiveness of response measures. This abstract explores how collective action, social mobilization, and civic engagement influence pandemic preparedness, response, and recovery. To examine the role of people power in pandemics, focusing on community participation, social movements, and grassroots initiatives, and to assess how these forces interact with formal public health systems to affect outcomes.
METHODS
A narrative synthesis of multidisciplinary literature was undertaken, drawing on public health, sociology, political science, and case studies from pandemics including HIV/AIDS, Ebola, COVID-19, Monkey pox etc. Emphasis was placed on examples of community led responses, risk communication, mutual aid, and advocacy, particularly in low-middle-income settings.
RESULTS
People power influences pandemics through several mechanisms: (i) enhancing compliance and legitimacy of public health measures via trust and social solidarity; (ii) filling gaps in state capacity through community surveillance, caregiving, and resource distribution; (iii) countering misinformation or, conversely, amplifying it depending on leadership and social cohesion; and (iv) driving accountability and policy change through activism and civic pressure. Evidence suggests that responses integrating community voices achieve better uptake of interventions i.e vaccination, testing, and behavioural change. Conversely, exclusion of communities' fuels resistance, stigma, and inequitable outcomes.
CONCLUSIONS
Pandemic outcomes are not determined by biomedical tools alone but are co-produced by societies. People power can be a critical asset or a destabilizing force, depending on governance, communication, and social context. Embedding meaningful community engagement, empowering local leadership, and recognizing citizens as partners rather than passive recipients are essential for resilient and equitable pandemic responses. Future preparedness strategies should institutionalize people centered approaches alongside technological and clinical innovations
Popul. Med. 2026;8(Supplement 1):A3211
Public Health Advocacy, Policy, and Diplomacy

ABS0448
Policy, diplomacy and action to tackle an industrial pandemic from ultra-processed foods in Africa

Rene Loewenson[1]
[1]Training and Research Support Centre, Harare, Zimbabwe

BACKGROUND
Intensified marketing and expanding consumption of ultra-processed foods (UPFs) that contain high sugar, salt, trans-fats and other additives and sugar sweetened beverages in Sub-Saharan Africa (SSA) are associated with rising obesogenic environments and non-communicable diseases1, termed by some an 'industrial pandemic' due to its commercial drivers and cross border nature.
METHODS
This presentation draws on a desk review of online publications post 2013, policy and legal documents and United Nations databases2,3 to examine how far SSA, positioned at an early point of a rising wave, is engaging in the policy, advocacy and diplomacy to control this growing health challenge.
RESULTS
The findings point to the narrative, agential and structural (trade, political economy) power being used by powerful, often global private actors to advance this expansion of UPFs in SSA. The presentation thus shows how responses underway in SSA are (i) generating and sharing evidence and information as a form of discursive power; (ii) engaging on policy, regulation and other institutional measures as a form of agential power; and (iii) at structural level, using economic policies, taxes and diplomacy to assert structural power for public health. The presentation relates the pace and level of these measures to the pace, level of and equity in public health impacts of UPFs. It notes deficits in institutionalised assessment of health impacts; in policy implementation; in updated law to address new risks; and in consistency of tax and policy measures to incentivise health foods4.
CONCLUSIONS

While there are important assets, standards, actions and negotiations underway in and from the continent, the deficits call for intensified cross-sectoral and social public health awareness and actions, increased assessment and visibility of UPF risks, local healthy food alternatives, updated laws and diplomacy in multiple global forums to address the political economy and power imbalances that weaken health action.
Popul. Med. 2026;8(Supplement 1):A3218

ABS0850
Civil Society in Global Health Governance: Analytical Insights from the Fiocruz Global Health Observatory

Renan Oliveira[1], Laurenice Pires[2], Matheus Silveira[3], Ana Carol Vaquera[4], Diana Zeballos[5], Patricia Carpio[5], Luis Eugenio De Souza[5]
[1]Public Health Faculty, Universidade de São Paulo, São Paulo, Brazil, [2]Fiocruz, Rio de Janeiro, Brazil, [3]Institute of International Relations, PUC - Rio, Rio de Janeiro, Brazil, [4]Universidade Federal de São Carlos, São Carlos, Brazil, [5]Institute of Collective Health, Universidade Federal da Bahia, Salvador, Brazil

BACKGROUND
Amid growing uncertainty surrounding the financing of international organizations and the increasing influence of private actors, some civil society organizations (CSOs) have been instrumental in advocating for democratic global health governance. Their actions, ranging from humanitarian aid to advocacy and policy influence, reflect both democratizing potential and power asymmetries regarding whether health is conceived as a right or as a commodity. This study analyzes the narratives, priorities, and modes of engagement of CSOs in the global health arena between 2022 and 2024.
METHODS
A qualitative, analytical, and reflexive study was conducted using 67 biweekly issues of the Global Health and Health Diplomacy Report, produced by the Fiocruz Global Health Center in Brazil. The corpus, comprising 1,532 public statements from over fifty CSOs, underwent thematic content analysis (Bardin, 2011; Braun & Clarke, 2006). Manifestations were categorized into ten macrothemes and grouped by organizational type (public-interest or private-interest) allowing the identification of patterns and contrasts in discourses and agendas.
RESULTS
Public-interest CSOs prioritized the following themes in their statements: Social and Economic Determinants, Equity, and Human Rights (18.4%), Communicable Diseases and Biosafety (14.3%), and Health Policy, Diplomacy, and Governance (11%). Their narratives emphasized solidarity, justice, and rights-based approaches. Private-interest CSOs focused on technological innovation, and very specific health problems or populations groups, often avoiding issues of inequities, violent conflicts, and threats to human rights.
CONCLUSIONS
This continuous monitoring of CSO discourses demonstrates that CSOs are very active in the global health arena. While public interest organizations advocate for democratization and transparency, philanthropic-corporate actors promote technocratic and market oriented solutions. If both approaches can contribute to tackle global health problems, strengthening a broad and inclusive participation of CSOs remains vital for a more just and equitable global health order.
Popul. Med. 2026;8(Supplement 1):A3224

ABS0909
Togo, Ghana, Morocco and Fiji have all Eliminated Trachoma – Can Australia be next?

Melissa Stoneham[1]
[1]Public Health Advocacy Institute, Curtin University, Perth, Australia

BACKGROUND
The Australian government is a signatory to the World Health Organization's resolution to eliminate trachoma and has made a commitment to do this. As the only developed country to still have endemic trachoma, one Australian jurisdiction, Western Australia, has reoriented it's key focus from screening and antibiotic dissemination within the WHO's SAFE (Surgery; Antibiotics; Facial Cleanliness; Environmental change) Strategy, to the preventive strategies of facial cleanliness and environmental change.
METHODS
All cases of trachoma occur in Australia's very remote communities. To enable the shift to the F and E strategies, a program to upskill First Nations Environmental Health Workers (EHWs) was created. This program provides mentoring to enable the EHWs to enter remote community houses, identify risk factors for trachoma that prevent the ability to wash (functional health hardware), complete emergency plumbing fixes whilst in the house, and provide hygiene yarns and resources to promote facial cleanliness.
RESULTS
Data collected from house visits across 29 very remote Western Australian communities will be presented to demonstrate the challenges associated with ensuring functional health hardware in remote homes, the scope of plumbing fixes carried out, and efforts to promote facial cleanliness in remote communities. Advocacy attempts to improve maintenance programs to these communities will be discussed.
CONCLUSIONS
Australian First Nation communities located in very remote areas face significant disadvantages and do not have equitable access to services or housing maintenance programs. This presentation will demonstrate an innovative, co-designed preventive program, often through the use of photographs, to show how the SAFE strategy was upended to provide a critically important and sustainable public health program to reduce and hopefully, eliminate preventable trachoma in Western Australia.
Popul. Med. 2026;8(Supplement 1):A3226

ABS1157
Challenging the Social License of the Fossil Fuel Industry: A Strategy for Public Health and Systemic Change

Shweta Narayan[1], Rene Loewenson[2]
[1]Campaign Lead, Global Climate and Health Alliance, California, United States, [2]Director of Training and Research Support Center, EQUINET, Harare, Zimbabwe

INTRODUCTION
Fossil fuels lead to over 5 million premature deaths annually, adding to the ecological degradation and displacement from extractive activities. Yet, that industry enjoys a powerful social license—sustained by disinformation, sponsorships, and narratives that normalize its presence. The health community has historically confronted harmful industries but lack a comprehensive public health strategy and health equity lens to challenge fossil fuels.
METHODS
Multi-sectoral workshops involving diverse disciplines, sectors and regions, drawing lessons from past public health victories, were used to prepare a white paper that was tested through deliberative dialogues. This process co-designed an actionable public health strategy integrating health, law, communications and cross-movement solidarity. A complementary strategic health equity lens drew from eight online dialogues involving community to international level in Africa.
RESULTS
The session discusses strategies that can collectively erode the industry's social legitimacy, reorient public perception, and strengthen health-sector leadership in transitioning to fossil-free systems: Reframing fossil fuels as a health-harming product —as a determinant of disease, and preventable inequities in health, not solely a climate issue. Connecting health inequities to their underlying causes triggers claims at all levels for cross-sectoral responses. Strategic communications and disinformation counteraction — developing clear, unified narratives and visuals that expose fossil fuel tactics and humanize impacts. Legal and policy mechanisms for accountability — advancing litigation, conflict-of-interest policies, and a call for a global framework to regulate fossil fuel influence. Coalition-building and capacity strengthening — fostering alliances across disciplines and sectors to advance a health-based just transition.
CONCLUSIONS
The unified, evidence-based, justice- and health equity-oriented approach shared places the public health community in a pivotal role in reframing fossil fuels as a public health emergency. It promotes rights-based advocacy from local to global level to dismantle the fossil fuel social license, protecting against preventable harms for a healthier, sustainable future.
Popul. Med. 2026;8(Supplement 1):A3229

ABS1251
Characteristics of Recurrent Individuals with Tuberculosis and Risk Factors of Unsuccessful Treatment Outcomes, South Africa, Gauteng and Western Cape Province, 2019 - 2023

Sinothando Dlamini[1]
[1]Public Health, University of the Witwatersrand, Parktown, South Africa

INTRODUCTION
Tuberculosis (TB), the second leading cause of death from a single infectious agent globally, remains a critical public health issue, particularly in South Africa, a high-burden country for drug-resistant TB (DR-TB). Recurrent TB episodes and DR-TB pose significant challenges, leading to poorer treatment outcomes, prolonged illness, and increased transmission. This study evaluates the socio-demographic and clinical characteristics, trends, and risk factors associated with recurrent TB and unsuccessful treatment outcomes in Gauteng and Western Cape provinces

between 2019 and 2023.
METHODS
A retrospective cohort study was conducted using data from the Electronic Drug-Resistant Tuberculosis Register (EDRWeb). The study included all DR-TB cases recorded from 2019 to 2023 in Gauteng and Western Cape. Descriptive analyses were performed, followed by univariable analysis to calculate crude odds ratios. Variables with p-values <0.005 were considered statistically significant and included in a multivariable logistic regression, where adjusted odds ratios (AOR) and their corresponding 95% confidence intervals were reported.
RESULTS
Recurrent TB episodes significantly increased the odds of unsuccessful treatment outcomes, with patients experiencing five episodes facing 2.7 times higher odds (AOR: 2.7, 95% CI: 1.2–6.0). Advanced age, HIV co-infection, and prior treatment failures were key risk factors. Cases from the Western Cape had a higher risk of treatment failure than Gauteng (AOR: 1.5, 95% CI: 1.3–1.6). Short-course regimens demonstrated improved outcomes (AOR: 0.7, 95% CI: 0.6–0.8), highlighting their efficacy.
CONCLUSIONS
The findings highlight the risks of recurrent TB episodes and DR-TB, particularly in high-burden provinces. Targeted interventions, improved integration of TB and HIV services, and enhanced patient support are essential to improve treatment outcomes. Addressing these challenges is critical to achieving South Africa's End TB Strategy goals and mitigating the impact of TB on public health.
Popul. Med. 2026;8(Supplement 1):A3234

ABS1301
PBRI–Singburi Academy for Excellence in Primary Care: Integrating Academic Co-Creation and System Strengthening through a Provincial Living Laboratory in Thailand

Phayong Thepaksorn[1], Vichai Tienthavorn[1], Aranya Chaowalit[1], Wanicha Chuenkongkaew[1], Sukjai Charoensuk[1], Pisit Poltana[1], Korsak Chuntaravichit[1]
[1]Praboromarajchanok Institute, Meaung District, Nonthaburi, Thailand

BACKGROUND
Primary health care (PHC) is vital for Universal Health Coverage and equity, yet gaps persist between education, research, policy, and practice. Global frameworks guide PHC, but integration into routine systems remains limited. Living laboratories offer a solution by embedding innovation in real-world contexts. Thailand's PHC-oriented UHC system provides a unique setting. The Praboromarajchanok Institute (PBRI) established the PBRI–Singburi Academy for Excellence in Primary Care (PBRI–SingX), a provincial living lab integrating education, service, research, and policy across seven regions.
METHODS
PBRI–SingX operates as a four-year (48-month) system-integrated living laboratory linking health professions education, primary care service delivery, and policy learning. The model comprises three interrelated components: competency-based, team-based, and field-based PHC education; implementation research focusing on workforce capability, leadership, and service integration; and (3) continuous learning and policy translation aligned with the WHO Primary Health Care framework. Singburi functions as a Center of Excellence and demonstration site, generating models and evidence for adaptation and scaling across PBRI's seven educational regions. Longitudinal, participatory learning is embedded in routine practice, utilizing qualitative and mixed-methods implementation approaches.
RESULTS
Early implementation shows stronger alignment between education and service delivery, improved leadership capacity, and generation of practice-based evidence for PHC scale-up. Competency-based curricula integrated with field learning enhanced continuity of care and patient satisfaction. Over 120 professionals completed leadership modules, boosting team decision-making and community engagement. Research identified barriers and enablers of PHC integration, with early data showing reduced non-urgent referrals and better chronic disease control. Policy dialogues produced draft guidelines on community participation and integrated care. Health literacy programs reached 5,000 residents, increasing trust and empowerment.
CONCLUSIONS
The PBRI–Singburi Living Lab demonstrates how academic co-creation and system-embedded learning operationalize global PHC principles, offering scalable lessons for education, implementation, and policy in middle-income contexts.
Popul. Med. 2026;8(Supplement 1):A3235

ABS1313
Ten proposals to enhance health equity in cameroon

Dominique kondji kondji[1]
[1]Professional association, cameroon public health association, Douala, Cameroon

ABSTRACT
In its role as a apolitical civil society actor, an independent strategic partner of the State of Cameroon in the health sector, the Cameroon Public Health Association has been publishing Political Advocacy Notes every two years since 2014, that are submitted to the government authorities and the national and international community. Taking advantage of the October 12th 2025 Presidential Election, the association in its fifth Notes, undertook an advocacy endeavour targeting twelve Candidates and their election teams through which ten genuine proposals derived from a desk review analysis and field interviews, of the Cameroon health system were presented and publicly advertised through social medias, aiming at suggesting political leaders to invest more on health promotion, disease prevention, equity and social justice in health by enhancing Universal Health Coverage, Primary Health Care and Community Health so that no one is left aside. This advocacy resulted in an official recognition and congratulation of the Association and its inclusion in the national health policy reforms' Committee. In conclusion, getting health decision makers accountable of health equity in their political campaigns is likely to induce positive changes.
Popul. Med. 2026;8(Supplement 1):A3236

ABS1346
Integrating Palliative Care into Public Health Systems in East Africa: A Comparative Case Study of Tanzania, Uganda and Rwanda

Erick Luta[1], Senga Pemba[1]
[1]Public Health, Tanzania Public Health Association (TPHA), Dar es Salaam, Tanzania, United Republic of

INTRODUCTION
Palliative care is recognized as an essential component of Universal Health Coverage, yet access remains limited in low- and middle-income countries where the burden of serious health related suffering is highest1. In Sub-Saharan Africa, rising noncommunicable diseases, persistent HIV/AIDS and population ageing have increased the need for palliative care services delivered beyond hospital settings through primary health care and community-based models2.
METHODS
A comparative case study design was used to examine the integration of palliative care into public health systems in Tanzania, Uganda and Rwanda. The analysis was guided by the World Health Organization Public Health Model for Palliative Care. Data sources included national policy documents, published literature, epidemiological reports and documented implementation experiences.
RESULTS
Uganda demonstrates advanced integration through regulatory innovation, including task-shifting that enables trained nurses and clinical officers to prescribe oral morphine, expanding access to pain relief in rural communities3. Rwanda's approach emphasizes primary health care and community health workers to deliver home-based palliative care within a universal health coverage framework2. Tanzania shows progressive integration through health sector reforms and training initiatives, though services remain relatively centralized. Across all settings, nurses and allied health professionals play a central role in service delivery and continuity of care. Persistent challenges include workforce shortages, limited opioid availability and sociocultural barriers1.
CONCLUSIONS
Integrating palliative care into public health systems in East Africa is feasible through context-specific and community-based approaches. Strengthening policy support and primary health care integration is critical for expanding equitable access to palliative care in resource-limited settings1.
Popul. Med. 2026;8(Supplement 1):A3237

ABS1385
Front-of-package labelling as a public health imperative rooted in the right to health

Yolanda Tarisayi Radu[1], Sameera Mahomedy[1]
[1]SAMRC Centre for Health Economics and Decision Science, Johannesburg, South Africa

BACKGROUND
The escalating burden of non-communicable diseases (NCDs), driven by the consumption of ultra-processed foods high in sugar, salt, and saturated fat, underscores the urgent need for effective public health interventions. Front-of-package (FOP) labelling has emerged globally as a critical tool to inform consumers, reduce dietary risk factors, and advance the right to health. In South Africa, where inequities in food environments disproportionately affect vulnerable

populations, FOP labelling represents both a public health necessity and a human rights obligation.5
METHODS
This study adopts a human-rights-based approach to critically examine FOP labelling as a regulatory intervention. We reviewed international evidence on the effectiveness of interpretive warning labels,2,3 analysed global policy precedents,4 and assessed South Africa's regulatory trajectory.5 The analysis situates FOP labelling within the broader framework of state obligations under international human rights law, emphasising its role in reducing information asymmetry and strengthening accountability in food systems.
RESULTS
Evidence demonstrates that FOP warning labels, particularly clear, interpretive designs are effective in discouraging unhealthy purchases, shifting consumer behaviour, and improving population level dietary choices.2-4 Embedding FOP labelling within a rights-based framework reframes it as a state duty rather than a discretionary policy, bolstering its legitimacy and providing a robust counter to industry opposition.6 This approach highlights the potential of FOP labelling to advance health equity and protect vulnerable groups disproportionately targeted by unhealthy food marketing.
CONCLUSIONS
FOP labelling is a public health imperative rooted in the right to health. Its adoption represents a transformative step toward reducing NCDs, fulfilling states' human rights obligations, and creating healthier food environments. For policymakers, researchers, and advocates, the priority is not whether to implement FOP labelling, but how to accelerate its adoption and ensure its effectiveness across diverse contexts.
Popul. Med. 2026;8(Supplement 1):A3238

ABS1574
What are the key barriers and facilitators to adoption and compliance of alcohol policies in African and international high schools

Liezille Jacobs[1], Lisa Nyanhongo[1]
[1]Psychology, Rhodes University, Makhanda, South Africa
INTRODUCTION
The use of alcohol among high school learners is a significant public health concern globally, with schools increasingly positioned as key sites for alcohol policy implementation and prevention., However, the adoption, implementation, and compliance of alcohol-related policies in high school settings vary widely. This scoping review aimed to identify and synthesize evidence on the key barriers and facilitators influencing the adoption and compliance of alcohol policies in African high schools and comparable secondary school settings in other global regions.
METHODS
A qualitative scoping review was conducted using the following search engines: Google Scholar, Web of Science, PsycINFO, Sabinet, EBSCO- Host and MEDLINE from the Rhodes university library. A total of eight studies satisfied the quality criteria of the Preferred Reporting Items for Scoping Reviews (PRISMA). Thematic analysis was undertaken to examine the data.
RESULTS
The thematic analysis revealed key facilitators and barriers to adoption and compliance of alcohol policies in high schools. The presence of clear and strict school alcohol policies, consistent enforcement mechanisms and supportive national regulatory frameworks aimed at reducing alcohol availability and protecting youth. Major barriers identified were weak or inconsistent enforcement, limited policy awareness among educators and learners, insufficient training and institutional capacity, unregulated school-related social events, sociocultural normalization of alcohol use, and gaps between national policy frameworks and school-level implementation.
CONCLUSIONS
The findings highlight that effective alcohol policy compliance in high schools depends not only on the existence of policies but also on enforcement capacity, institutional support, stakeholder collaboration, and alignment between school-level practices and broader regulatory environments. Strengthening implementation mechanisms and bridging the policy–practice gap is essential to improving alcohol policy effectiveness in high school settings.
Popul. Med. 2026;8(Supplement 1):A3242

ABS1675
Now more than ever: The need for Public Health Association advocacy

James Chauvin[1]
[1]Association pour la santé publique du Québec, Montreal, Canada
BACKGROUND
Public health associations (PHAs) play a critical role in advocating for evidence-informed policies and practice that have positive impacts on population health and advance health equity. However, PHAs are operating in an increasingly hostile global context marked by political and commercial pressure, shrinking civic space and decreased funding, and the delegitimisation of independent civil society advocacy. This at a time when strong, credible public health voices are most needed.
OBJECTIVE
The purpose of this organized session is to lay the groundwork for the production and publication of the World Federation of Public Health Associations (WFPHA) Roadmap and Guidance Document to support member PHAs in strengthening their advocacy role and reinforcing their organisational sustainability and resilience.
METHODS
This moderated panel of PHA representatives (possibly India, United States of America, South Africa, Brazil, Cameroon) will discuss the challenges facing PHAs in today's world context, how PHAs are responding to the political and economic environments in which they exist and which are having an impact on their organizational capacities to operate and advocate, and the strategies being taken by PHAs to defend and ensure the resilience of their advocacy role to safeguard and improve population health within a framework of equity, inclusion and sustainability. The results of a member survey conducted by the WFPHA about the constraints faced by PHAs and the ways and means they are responding will be presented. The session will be co-moderated by James Chauvin (Canada/Québec) and Laetitia Rispel (South Africa). Expected Results Identification of common challenges, enabling factors, and promising practices for effective public health advocacy by public health associations. This will serve as input to the preparation of a roadmap to guide PHA advocacy which will be launched by the WFPHA during Global Public Health Week in April 2027.
Popul. Med. 2026;8(Supplement 1):A3243

ABS1705
Reclaiming Public Health Advocacy in the Climate Era: Lessons from Health Professionals' Leadership in Social Justice Movements

Shweta Narayan[1], Azeeza Rangunwala[2]
[1]Campaign Lead, Global Climate and Health Alliance, Kumily, India, [2]GroundWork South Africa, Petermarizberg, South Africa
ABSTRACT
Public health has long served as a bridge between scientific evidence and societal change, with health professionals historically leading efforts to address structural determinants of health. From tobacco control to the HIV Access-to-Medicines (A2M) movement in Africa to environmental justice (EJ) campaigns against polluting industries, public health advocacy has consistently shifted harmful power dynamics and advanced policy reforms. As the climate crisis magnifies inequities and produces cascading health harms, this legacy offers a vital blueprint. This session will explore how past health-led social justice movements can inform contemporary climate-health advocacy.
METHODS
This session will look at the learnings of a few landmark movements in the history of health advocacy: HIV A2M in Africa, focusing on health professionals' mobilisation for treatment equity. Global tobacco control, examining the role of medical and public health leaders in countering industry disinformation and securing regulatory frameworks. EJ campaigns, particularly community–health collaborations in marginalised communities. Occupational health reforms looking at the health data from clinics in shaping the workers safety, especially in case of Black Lung Disease. The advocacy strategies identified in these movements have been mapped against current climate-health challenges to assess transferability.
RESULTS
Across all cases, effective advocacy shared four core mechanisms: trusted health professionals reframed social harms as preventable public health crises; cross-sector coalitions amplified moral authority and political pressure; corporate disinformation and conflicts of interest were exposed; and health-centred advocacy delivered structural policy change, from the WHO FCTC to expanded antiretroviral access and stronger environmental justice protections.
CONCLUSIONS
Lessons from A2M, tobacco control, EJ campaigns show that health professionals possess a unique ability to translate evidence into justice-oriented policy reform. Applying this legacy to the climate crisis, arguably the defining health emergency of the century, is essential to advance equitable, rights-based climate action and protect people.

Popul. Med. 2026;8(Supplement 1):A3244

ABS1750

Towards Effective Citizen Participation in Cancer: Evidence from Civil Society Organizations in Chile

Báltica Cabieses[1], Antonia Roberts[1], Francisca Vezzani[1], Carla Campaña[1], Manuel Espinoza[2], Alexandra Obach[1]
[1]Centro de Salud Global Intercultural (CeSGI), Facultad de Medicina Clínica Alemana, Facultad de Psicología, Universidad del Desarrollo, Santiago, Chile, [2]School of Public Health, LKS Faculty of Medicine, the University of Hong Kong, Hong Kong SAR, China

INTRODUCTION
Across the world, cancer poses a growing public health and societal challenge, with profound implications for health systems, social protection, and equity. Civil society organizations (CSOs) increasingly contribute to cancer prevention, patient support, advocacy, and accountability, yet evidence on how to structure effective and inclusive citizen participation remains limited. In Chile, where cancer has become a leading cause of death, understanding the contributions and needs of CSOs offers insights relevant to global efforts to strengthen participatory cancer governance. This study aimed to characterize cancer related CSOs nationwide and identify their roles, capacities, and perceived barriers to meaningful participation for the first time in the country.
METHODS
A quantitative, descriptive, confidential, cross sectional study was conducted with civil society organizations engaged in cancer-related activities. Of 141 organizations contacted, 68 completed an online self-administered survey. The instrument was informed by previous qualitative research and expanded to incorporate literature-informed domains of interest.
RESULTS
Respondents were predominantly women (82.4%). Most organizations operate at a small scale: 30.9% have fewer than 10 active members, and 41.2% have 10–25. Their work relies mainly on volunteers (67.6%), with only 30.9% employing paid staff. Core activities include cancer awareness and education (85.3%), patient and caregiver support (80.9%), and wellness initiatives (70.6%). Fewer organizations engage in public policy advocacy (26.5%) or research (17.6%). Open-ended responses highlight a strong desire for more meaningful, sustained, and institutionalized participation, while centralization and information asymmetry emerge as structural barriers.
CONCLUSIONS
This study provides empirical evidence of an active yet resource-constrained civil society landscape playing a critical role in cancer support and advocacy. Strengthening technical capacity, reducing structural inequities such as centralization, and creating formal, responsive mechanisms for CSO engagement are essential steps toward more inclusive and equitable cancer governance. Not only in Chile but in diverse global contexts, to elevate citizen participation.
Popul. Med. 2026;8(Supplement 1):A3246

ABS1994

The Impact of Implementing a Risk-Based HIV Screening Tool for early detection of HIV in Children across five provinces in South Africa: Progress Toward UNAIDS 1st 95 Target

Tebogo Maomela[1], Alarice Marsh[1], Thato Chidarikire[1]
[1]Health: South Africa, Ministry of Health South Africa, Pretoria, South Africa

BACKGROUND
HIV remains public health challenge in SA, particularly amongst children. Those living with HIV are missed, leading to delayed initiation of ART which increases risk of morbidity and mortality. Traditional provider-initiated counselling and testing often fails to identify children who do not present with obvious symptoms or whose caregivers are unaware of risk. The UNAIDS 95-95-95 strategy aims for 95% of people living with HIV to know their status by 2030, yet gaps persist among children.
AIM
A risk-based HIV screening tool was introduced to systematically identify children at higher risk to improve detection based on clinical, demographic, exposure factors. Additionally, testing and linkage to care will accelerate progress toward the UNAIDS first 95 targets.
METHODS
Reviewed DHIS2 data: February 2023 to September 2025, from facilities in five provinces that implemented the standardized risk-based screening tool integrated into routine care. The tool prioritized children based on clinical, demographic, and exposure risk factors. Performance was measured by the proportion of eligible children tested for HIV.
RESULTS
Implementing screening tool led to a significant improvement in testing coverage, increasing from 81% in February 2023 to 87% in September 2025. This reflects enhanced identification of at-risk children and improved linkage to care. The intervention demonstrates scalability and feasibility of innovative tools in resource-limited settings.
CONCLUSIONS
Risk-based screening tools are effective in strengthening HIV testing in children and accelerating progress toward the UNAIDS first 95 of the 95-95-95 targets.
Popul. Med. 2026;8(Supplement 1):A3249

ABS2073

Strengthening Medical Certification of Cause of Death: Evidence and Lessons from Multi-Country Implementation under the Data for Health Initiative

Udaya Samanthilaka Hattotuwa Gamage[1], Hafizur Chowdhury[1], Brian Munkombwe[1], Viola Kwa[1], Francis Notzon[1], Rohina Joshi[2]
[1]CDC Foundation, Atlanta, Georgia, United States, [2]University of New South Wales, Sydney, Australia

BACKGROUND
Accurate and timely medical certification of cause of death (MCCD) is critical for producing reliable mortality statistics and informing public health priorities (Sibai 2004). However, many countries face challenges, including not using the World Health Organisation's MCCD forms (WHO 2016), limited adherence to guidelines, inadequate physician training, fragmented information systems and weak institutional accountability resulting in ill-defined causes, non-standard terminology and globally incomparable cause-of-death data (Rampatige, Mikkelsen et al. 2014). The Data for Health Initiative addresses these gaps through targeted interventions that included adopting MCCD forms and guidelines, establishing mortality committees, implementing diverse physician training modalities and quality monitoring. This paper presents the impact of physician training on reducing MCCD certification errors across multiple countries.
METHODS
Countries implemented a mix of complementary training approaches, including Training of Trainers, direct physician training, distribution of paper-based guides, online modules and mobile applications. Most countries used multiple.
India, Papua New Guinea, the Philippines, Solomon Islands, Sri Lanka and Zambia applied the first three; India and Zambia also added an online platform, Sri Lanka introduced a mobile app, and Peru used direct and online training. Effectiveness was assessed by comparing MCCDs before and after training using an assessment tool (Hart, Sorchik et al. 2020).
RESULTS
All countries recorded substantial improvements. Incorrectly completed certificates decreased by 40% in the Philippines, 30% in Papua New Guinea and 28% in Sri Lanka. Peru achieved a 30% reduction with online training alone and 43% when combined with basic certification training. Similar gains occurred in India, Solomon Islands and Zambia (Hart, Sorchik et al. 2020).
CONCLUSIONS
The findings indicate that context-specific training boosts medical certification quality. Sustained progress requires early stakeholder engagement, strong institutional leadership and hospital-level governance, along with periodic training and targeted capacity-building for doctors on MCCD to reinforce good documentation and mortality reporting culture.
Popul. Med. 2026;8(Supplement 1):A3250

ABS2092

Coordinated Market-Shaping Levers in Health Product Introduction: A case study from South Africa

Leemoshni Pillay[1], Khanyisa Mtombeni[1], Melanie Pleaner[1], Alison Kutywayo[1], Jacqui Miot[2], Ntebo Muwanula[2], Khumo Modiba[2], Amy Huber[2], Saiqa Mullick[2,1], Catherine Martin[1]
[1]Wits RHI, University of the Witwatersrand, Johannesburg, South Africa, [2]Health Economics and Epidemiology Research Office (HE2RO), Wits Health Consortium, University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
Introducing new health products into South Africa's public health sector is shaped not only by national regulatory approval and policy decisions, but also provincial purchasing practices. While products may form part of the Essential Medicines List and be awarded on national tender, each province procures its own medicines within the budget assigned by National Treasury. This reflects provincial variations in historical consumption and projected commodity uptake. These dynamics pose challenges for the introduction of new health products. This case study

examines an approach utilised to support the introduction of the self-injectable, subcutaneous depot medroxyprogesterone (DMPA-SC), using a market-shaping lens to explore how provincial-level decision-making can be better aligned with national policy intent.
METHODS
Stakeholder meetings were held across each province (8), guided by a structured questionnaire. Meetings included the Maternal, Child and Women's Health programme, pharmaceutical services and finance teams. Meeting notes were consolidated and reviewed to identify factors influencing purchasing decisions and tools required to support provincial planning.
RESULTS
Different levers were required for distinct stakeholder groups. Programme and pharmaceutical services leaders needed evidence linking product efficacy to clients and health system benefits, while finance teams prioritised affordability and budget impact. In response, two complementary tools were developed: a value story and province-specific budget impact models. The value story combined epidemiology, unmet clinical needs and evidence comparing DMPA-SC with existing methods. Budget impact models informed by provincial cost and volume inputs are being used by finance teams to assess affordability and inform budget and procurement planning for the upcoming fiscal year.
CONCLUSIONS
Understanding the priorities of diverse stakeholders, can lead to tailored approaches, The value story and province-specific budget impact models are tools that can help translate national product decisions into provincial uptake. Aligning national policy intent with provincial purchasing decisions can strengthen market sustainability and access.
Popul. Med. 2026;8(Supplement 1):A3251

ABS2118

Between Policy and Practice: Multi-level Perspectives on Implementing South Africa's Neglected Tropical Disease Master Plan

Nthabiseng Dlamini[1], Saloshni Naidoo[1], Khumbulani Hlongwana[1]
[1]Public Health, University of KwaZulu-Natal, Durban, South Africa

INTRODUCTION
Significant progress has been made towards eliminating Neglected Tropical Diseases (NTDs) globally, with 47 countries having eliminated at least one NTD. However, these diseases continue to affect over one billion people globally. The World Health Organization (WHO) launched its 2021-2030 roadmap; translating global policy into national action remains a significant challenge. In South Africa, the development of a national NTD Master plan (2019-2025) reflects growing policy attention to NTDs, yet gaps in translating policy to practice persist across levels of the health system. This study examined multi-level stakeholder perspectives on the barriers and facilitators to translating the policy into an actionable plan.
METHODS
Semi-structured interviews were conducted between June and August 2025 with 13 purposively sampled participants drawn across five stakeholder groups at different governance levels (national (n=3), provincial (n=1), institutional/ technical advisor (n=1), district (n=6), and facility (n=2)), selected based on their direct involvement in the development or implementation of South Africa's NTD master plan. Non-participant observation was conducted during a national communicable disease control stakeholder meeting. Data from interviews and observations were analysed thematically, with data coded iteratively through multiple cycles of analysis using a hybrid inductive-deductive approach.
RESULTS
Preliminary analysis indicates that the implementation of South Africa's NTD Master Plan is occurring in a context where the policy remains in draft form and only one major objective, mass drug administration (MDA) for schistosomiasis, has been piloted. Early indications suggest a disconnect between national-level policy design and frontline implementation, with district and facility stakeholders reporting limited involvement in the development of the Master Plan.
CONCLUSIONS
The NTD Master Plan remains in draft, creating ambiguity about implementation obligations and contributing to inconsistent interpretation and execution across care levels.
Popul. Med. 2026;8(Supplement 1):A3252

ABS2330

Facilitators and barriers of community health workers screening for early childhood malnutrition in a socially disadvantaged community

Michaela Pelser[1], Ronel Beaukes[1]
[1]Department of Global Health, Stellenbosch university, Cape Town, South Africa

INTRODUCTION
Childhood malnutrition, including undernutrition and overnutrition, remains a major public health concern in south africa, particularly among children under five years. Community health workers (CHWs) play a central role in early detection and referral through community-based screening, yet their effectiveness is often limited by systemic challenges. Identifying the facilitators and barriers influencing CHWs' screening practices is essential to improving child nutrition outcomes in socioeconomically disadvantaged communities.
METHODS
A descriptive cross-sectional study with an analytical component was conducted among 56 CHWs employed by the caring network in bishop lavis. Data were collected using a structured self-administered electronic questionnaire assessing sociodemographic characteristics, knowledge of malnutrition, screening practices, and perceived barriers and facilitators. Descriptive statistics were applied, and a one-sample t-test was used to compare CHWs' knowledge scores with integrated community case management (iCCM) standards.
RESULTS
CHWs demonstrated average knowledge of malnutrition screening (mean score 7 ± 1.66), with no significant difference from the iCCM benchmark. Most reported monthly screenings, primarily among children under two, with limited screening of those aged four to five years. Mid-upper arm circumference was the most commonly used tool, while height and weight measurements were less frequent due to equipment shortages. Fewer than half provided caregiver counselling, and screening and referral practices were inconsistent. Key barriers included inadequate training, limited anthropometric tools, unreliable transport, and caregiver-related challenges, while facilitators included refresher training, clear referral pathways, and supportive supervision.
CONCLUSIONS
CHWs are well positioned to support early detection of childhood malnutrition, but their impact is limited by gaps in training, equipment, and referral systems. Addressing these systemic challenges could enhance CHW effectiveness, and expanding screening beyond children under two and addressing both undernutrition and overnutrition are essential to tackling the dual burden of malnutrition.
Popul. Med. 2026;8(Supplement 1):A3255

ABS2555

Contextualising the Planetary Health Diet: Stories of Progress from the African region

Sumati Bajaj[1], Roberta Alessandrini[1], Amanda Harding[2], Margherita Massarenti[2], Ellen Cecilie Wright[3], Nanine Wyma[1]
[1]Physicians Association for Nutrition (PAN International), Zurich, Switzerland, [2]Convene, Paris, France, [3]EAT, Oslo, Norway

INTRODUCTION
Current food systems are a major driver of noncommunicable diseases and environmental degradation, requiring urgent transformation.1 The Planetary Health Diet (PHD) developed by the EAT-Lancet Commission provides an evidence-based framework for optimising human health, which could also reduce environmental impacts.1 Healthcare professionals are recognised as key frontline actors to support food systems change, linking nutrition science, individual behaviours, health systems, and public policy.2 The Healthcare Professionals Community for Action curated by PAN International, EAT, and Convene co-developed an Action Brief that identified priority actions and tension points for healthcare professionals to support food systems transformation.3 The unresolved tension points include nutrient adequacy, affordability, cultural acceptability, and feasibility within low- and middle-income and regional settings. This session aims to articulate the regional and contextual relevance of the PHD by integrating underrepresented African perspectives on priorities and tension points in healthcare professionals' role in food-systems transformation.
METHODS
The session will use a facilitated dialogue approach to explore tension points identified in the Action Brief, illustrated through Stories of Progress from healthcare professionals that showcase regional examples from African food-systems.
RESULTS
The session aims to generate a deeper understanding of: priority tension points and healthcare sectoral needs to enable the shift to the PHD in African contexts; coordination needed between healthcare professionals and other stakeholder groups to adapt and adopt the PHD to regional contexts; and (3) evidence gaps and agenda-setting priorities that could inform subsequent EAT-Lancet Commissions and other global scientific and policy forums advancing food-systems transformation.
CONCLUSIONS

This session will contribute to advancing healthy and sustainable diets by integrating African perspectives into global discourse on enabling healthcare professionals as agents of change. This dialogue could inform near-term action planning and future scientific and policy agendas, supporting more feasible, equitable, and regionally responsive pathways to improve food systems.
Popul. Med. 2026;8(Supplement 1):A3259

ABS2581
Exploring the marketing and healthiness of food products promoted on South Africa's major food retailers' online platforms

Ramasela Constance Dikgale[1], Nelene Koen[1]
[1]Division of Human Nutrition, Department of Global Health, Stellenbosch University, Tygerberg, South Africa

BACKGROUND
Digital food marketing significantly influences consumer behaviour and public health, yet research on the healthiness of online food promotions in South Africa remains limited. This study aimed to determine the marketing practices and nutritional quality of food products promoted by the five major South African food retailers on their mobile applications and websites.
METHODS
A quantitative descriptive study analysed promotional content on national online retail platforms. Data were collected on promotion frequency, marketing strategies, and the availability of health-related information (ingredient lists, nutrition tables, and allergen warnings). Product healthiness was assessed using the draft R. 3337 front-of-pack labelling (FOPL) legislation and the Food Standards Australia New Zealand (FSANZ) Nutrient Profiling Model to determine eligibility for health and nutrition claims.
RESULTS
Analysis of promotional activity showed that four categories accounted for 58.6% of promotions: fruits and vegetables (23.4%), snacks and confectionery (13.2%), meat/poultry/fish (11.3%), and beverages (10.7%). Multi-buy offers dominated promotional strategies (84%). Nutritional assessment revealed that 89.9% of the 307 examined products would require at least one FOPL, with 37.1% requiring multiple warnings. Health information was inconsistently provided: ingredient lists were visible for 86.7% of products, but nutrition tables appeared in only 72.5%, and allergen warnings in just 26.7%. While 96.8% of products assessed for claim eligibility met nutrient profiling criteria, explicit claims were visible on only 18.0% of promotions.
CONCLUSIONS
South Africa's digital retail environment shows potential for promoting healthy diets via fruit and vegetable visibility, yet remains dominated by nutrient-poor products pushed through aggressive multi-buy offers. Significant gaps in the transparency of nutrition and allergen information exist. Coordinated regulatory action is required to strengthen nutrition disclosure and curb the promotion of unhealthy foods in the digital space.
Popul. Med. 2026;8(Supplement 1):A3262

ABS2884
Advancing Global Public Health Diplomacy Through Academic Partnerships

Laura Magaña[1,2], Ashish Joshi[3]
[1]Association of Schools and Programs of Public Health, Washington, DC, United States, [2]Global Network for Academic Public Health, Washington, DC, United States, [3]School of Public Health, University of Memphis, Memphis, United States

BACKGROUND
Public health has a long history of working across borders to advance health outcomes. From initiatives such as smallpox eradication to COVID-19 response, public health diplomacy has been a critical approach for advancing global health security, equity, and trust. As international politics have evolved over the past few years, many aspects of global health have changed. Despite these changes, diplomacy remains a vital tool to support public health and collaborate across borders. Indeed, it may be more important now than ever as so much of the global health architecture is evolving. This organized session will discuss the future of public health diplomacy and the role of schools and programs of public health.
METHODS
In 2025, McKee et al proposed nine options as potential ways forward for public health diplomacy1. Furthermore, Joshi et al examined the literature on health diplomacy education and identified gaps that may inform future training in public health diplomacy2. The panel will bring together experts in public health diplomacy to discuss ways forward for public health diplomacy education and practice.
RESULTS
Speakers will highlight proactive initiatives to build capacity in public health diplomacy practice as well as examples of public health diplomacy education, while considering current challenges to the field. They will emphasize how public health diplomacy continues to be a critical skill for improving global public health issues.
CONCLUSIONS
Public health diplomacy is essential to addressing transnational health challenges in the 21st century. This session positions diplomacy as a foundational element of effective public health practice, offering insights to inform policy, education, and leadership development worldwide.
Popul. Med. 2026;8(Supplement 1):A3267

ABS2902
Beyond Policy Adoption: Civil Society Capacity Strengthening for Equitable and Sustainable Tobacco Control in Africa

Hilda Ochefu[1]
[1]Health, University of Bath, Bath, United Kingdom

INTRODUCTION
The adoption of tobacco control policies aligned with the WHO Framework Convention on Tobacco Control represents an important public health milestone across Africa. However, persistent gaps between policy adoption, effective implementation, and sustainable financing continue to undermine equity, particularly in contexts facing ongoing tobacco industry interference. Closing these gaps demands a dual focus: optimising policy design and fortifying civil society's capacity for sustained engagement in implementation, fiscal oversight, and accountability.
METHODS
This paper draws on an ongoing doctoral study employing a mixed-methods design that combines document analysis such as policy and budget documents, with semi-structured interviews. Using Nigeria as the primary empirical case, the study examines how civil society organisations (CSOs) engage in tobacco control policy implementation and fiscal advocacy, and how these engagements are shaped by governance and public finance contexts. While empirically grounded in Nigeria, the analysis reflects on implications for other African settings facing similar structural challenges.
RESULTS
Preliminary and indicative insights suggest that civil society capacity strengthening supports equity by amplifying community perspectives, monitoring implementation gaps, and drawing attention to under-resourcing that disproportionately affects vulnerable populations. These capacities also appear to contribute to sustainability by fostering institutional memory, continuity, and engagement with domestic resource mobilisation beyond short-term, donor-driven cycles. At the same time, CSOs operate within constrained environments characterised by limited access to budget decision-making spaces and persistent industry interference, which shape both the scope and limits of their engagement.
CONCLUSIONS
Moving beyond policy adoption requires sustained investment in civil society capacity as a core component of tobacco control governance. Strengthening these capacities is critical for translating policy commitments into equitable and durable public health outcomes in Nigeria and across comparable African contexts.
Popul. Med. 2026;8(Supplement 1):A3268

ABS2935
A formative intervention to strengthen health rights literacy, social participation, and local advocacy on chagas disease in Brazil and Paraguay

Valentina Carranza Weihmuller[1], Javier Augusto Abi-Saab Arrieche[1], Raphaela Delmondes Nascimento[2], José Alexandre Menezes da Silva[1], Josefina Alegre Guillen[3], Camila de Lima Garroux[1], Gustavo Silva Salgado[1], Luanna Meriguete Santos[1], Vidalia Lesmo[3], Eliana Amorim de Souza[1], Debbie Vermeij[1], Andréa Silvestre de Sousa[1]
[1]CUIDA Chagas Project, Evandro Chagas National Institute of Infectious Diseases, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil, [2]Universidade de Pernambuco, Recife, Brazil, [3]National Malaria Eradication Service (SENEPA), Ministry of Public Health and Social Welfare of Paraguay, Asunción, Paraguay

INTRODUCTION
Social participation is a central component of health governance which enhances equity, accountability, and the effectiveness of health policies. In the context of Chagas disease (CD), marked by territorial inequalities, stigma, and barriers of access to care, initiatives of literacy in health rights and public policies are strategic to strengthen collective capacities and expand the leadership of community leaders. When supported by public authorities and civil society organizations,

these initiatives reinforce political autonomy, enable advocacy in health rights and strengthen comprehensive care. 1,2
METHODS
A formative intervention was conducted within the implementation study of the CUIDA Chagas project3, involving people affected by CD, family members, health professionals, and community leaders. The process included: (i) local mobilization and identification of leaders; (ii) a one-week intensive course; (iii) network articulation; and (iv) follow-up of local actions. Implementation took place in five municipalities in Brazil (2024–2025) and five in Paraguay (2025).4 In Brazil, the intervention included a policy-influence component designed to support the transition from capacity-building to concrete actions of social mobilization and advocacy.
RESULTS
More than 125 community leaders participated. Greater appropriation of knowledge about CD and human rights was observed, along with diversification of engaged stakeholders and strengthened alliances. In Paraguay, the experience focused on the intensive course and stimulated interest in formalizing a national association of CD affected people. In Brazil, groups per municipality have been planning and carrying out community actions in education, mobilization, and policy influencing, discussing the formalization of collectives or civil associations and building alliances within municipal legislatures.
CONCLUSIONS
By combining capacity-building, networking, and policy-influencing, the intervention demonstrates potential to strengthen social participation and advocacy in CD. Key challenges include sustaining leaders' engagement and continuity over time and strengthening leaders' capacity to mobilize resources and sustain network support.
Popul. Med. 2026;8(Supplement 1):A3269

ABS3051
Health Diplomacy in a polycrisis world: An African Perspective

Inge Kleinhans[1,2], Atiya Mosam[3]
[1]Bophelo Unit for Equity, Intelligence and Learning, Sefako Makgatho Health Sciences University, Pretoria, South Africa, [2]Safe Surgical Care Technical Working Group, Pretoria, South Africa, [3]Mayibuye Health, Johannesburg, South Africa
ABSTRACT
1. Introduction The world faces intersecting crises mainly impacting Low- and Middle-Income Countries (LMICs), especially in Africa. These issues cross borders and sectors, emphasizing the need for health diplomacy, multisectoral negotiations, and fair global governance. Health diplomacy is no longer just for diplomats; public health experts, clinicians, civil society, and policymakers now need to negotiate across ministries and countries, often amid power imbalances. However, practical opportunities to practice health diplomacy, especially those aligned with African priorities, remain limited. 2. Aims and Objectives This session aims to strengthen applied health diplomacy skills among global public health professionals through immersive negotiation simulations grounded in African health system realities and global health governance challenges. 2.1. Learning Objectives 2.1.1. Apply core principles of health diplomacy in complex, multi-actor global health negotiations 2.1.2. Analyse power dynamics, equity considerations, and competing interests in global health decision-making 2.1.3. Practise negotiation, coalition-building, and consensus development across sectors and countries 2.1.4. Reflect on how the African perspective can shape a fairer, more equitable way forward for global health governance 3. Proposed session structure (1 hour) 3.1 Introduction and framing of scenarios (5 minutes) 3.2 Breakout negotiation simulation (25 minutes) 3.3 Feedback and Reflections (25 minutes) 3.4 Summary and key take-aways (5 minutes) 4. Methodological approach 4.1 Role-play-based negotiation simulations 4.2 Facilitated small group deliberations 4.3 Real-time consensus-building exercises 4.4 Plenary synthesis linking practice to policy 5. Target Audience • Public Health professionals/researchers/diplomats • Policymakers/government officials • Civil society /advocacy actors • Early- and Mid-career professionals interested in global health governance 6. Conclusion In a world confronting global health crises, international negotiation, collaboration, and leadership are vital. Highlighting African leadership and innovation, the session promotes equity-driven diplomacy, offers transferable negotiation skills to health professionals, and strives for a more just, inclusive global health order.
Popul. Med. 2026;8(Supplement 1):A3272

ABS3064
Unravelling unintended consequences in health policy through the 2007 Occupation-Specific Dispensation Strategy: a qualitative systematic review

Dane Witten[1], Eleanor Whyle[1]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa
INTRODUCTION
Health policies inevitably produce unintended consequences when introduced into a health system. These consequences can be linked to policy process factors which occur during a mandate's development and implementation. Understanding unintended consequences in relation to policy process factors can help mitigate its unintended health system impact. However, current literature reveals a paucity of information exploring this interaction. This research sought to contribute to filling this gap through the examination of the 2007 Occupation-Specific Dispensation (OSD) strategy in South Africa.
METHODS
We conducted a health policy analysis exploring the relationship between unintended consequences and policy process factors using a qualitative systematic review approach, and applying a longitudinal lens. We included literature relating to the 2007 OSD in nursing and human resources for health (HRH) from 1994 onwards. In data analysis, we applied the Walt and Gilson (1994) Health Policy Analysis (HPA) Triangle to 1) give an overall description of the OSD policy process; 2) identify the main unintended health system consequences of the OSD policy; and 3) to investigate the relationship between the unintended health system consequences and key factors occurring throughout the policy process.
RESULTS
Four main unintended consequences were identified: nursing demoralization; nursing division; a breakdown in the relationship between nursing managers and frontline staff and a further maldistribution of nurses. Our findings suggest that the relationship between unintended consequences and policy process factors are rooted in the historical and socio-political realities of the health system.
DISCUSSION
Frontline-level actors can help mitigate potential unintended consequences through sharing their historical and socio-political insight. We therefore urge policymakers to include these actors in policy development and implementation processes. Future research should explore the inclusion of frontline knowledge in policy processes as a method to reduce the potential severity and/or number of unintended consequences experienced.
Popul. Med. 2026;8(Supplement 1):A3273

ABS3072
Preventing Adolescent Alcohol Use Through Community-Based Multicomponent Interventions in Northeast Brazil

Fabiane do Amaral Gubert[1,2,3], Thais Rodrigues de Albuquerque[2], Yenny Constanza Torres Rojas[4], Thiago Queiroz do Vale[5], Samir Gabriel Vasconcelos Azevedo[6], Mariana Sales Bastos[7], Jully Anne da Silva[8], Livia Maria Rodrigues dos Santos[9], Lidiane Nogueira Rebouças[10], Raissa Pereira Bessa[3], Sarah de Sousa Carvalho[11], Brenda Pinheiro Evangelista[12], Neiva Francenely Cunha Vieira[13]
[1]Department of Nursing, Federal University of Ceara, Fortaleza, Brazil, [2]Department of Nursing, Federal University of Ceara, Fortaleza, Brazil, [3]Department of Nursing, 10Federal University of Ceara, Fortaleza, Brazil, [4]Department of Nursing, Federal University of Ceara, Fortaleza, Brazil, [5]Department of Nursing, 4Federal University of Ceara, Fortaleza, Brazil, [6]Department of Nursing, 5Federal University of Ceara, Fortaleza, Brazil, [7]Department of Nursing, 6Federal University of Ceara, Fortaleza, Brazil, [8]Department of Nursing, 7Federal University of Ceara, Fortaleza, Brazil, [9]Department of Nursing, 8Federal University of Ceara, Fortaleza, Brazil, [10]Department of Nursing, 9Federal University of Ceara, Fortaleza, Brazil, [11]Department of Nursing, Federal University of Ceara, Fortaleza, Brazil, [12]Department of Nursing, Federal University of Ceara, Fortaleza, Brazil, [13]Department of Nursing, Federal University of Ceara, Fortaleza, Brazil
BACKGROUND
Alcohol use is a leading risk factor for disability and premature mortality worldwide. Delaying initiation during adolescence is a key primary prevention strategy that requires coordinated action and sustained investment. Multicomponent interventions have the potential to delay experimentation and reduce exposure. PrevAction is a community-based intervention, targeting adolescents aged 11 to 15 years with a focus on preventing alcohol and other drug use. This study aimed to describe the implementation process and preliminary outcomes of PrevAction.
METHODS
A mixed-methods study, guided by the World Health Organization's implementation research cycle and using a hybrid type II design, was conducted in two socioeconomically comparable municipalities in Northeast Brazil. PrevAction integrated three components: a school-based program (#Tamojunto 2.0), a family component (workshops with parents/guardians), and locally co-created environmental strategies. Adolescents aged 10–15 years, parents/guardians, and local stakeholders were invited to participate. The school-based component was

implemented over six months in five schools by 17 trained teacher-facilitators. Quantitative data were collected at baseline and six-month follow-up to assess alcohol initiation, recent use, and psychosocial mediators. Qualitative data were obtained through focus groups, interviews, and field observations.
RESULTS
The intersectoral steering committee (n = 18) identified widespread early initiation of alcohol use between ages 12 and 13, strong social normalization within family and community contexts, unrestricted access through local commerce, and peer and family influence as key contextual determinants. At baseline (n = 792), 19.2% of adolescents reported alcohol use in the previous six months (95% CI: 16.6–22.1). At follow-up (n = 614), this proportion decreased to 8.6% (95% CI: 6.7–11.1), indicating a descriptive reduction of approximately 55% in recent alcohol use.
CONCLUSIONS
Preliminary findings indicate a substantial reduction in recent alcohol use and support the feasibility and relevance of PrevAction as a multicomponent, implementation research–informed intervention.
Popul. Med. 2026;8(Supplement 1):A3274

ABS3301
Health care access, seeking practices and behaviours among migrant parents and/or caregivers with under-five children: A scoping review protocol

Martina Lembani[1], Precious Hajison[1], Patience Mtemachani[1], Chancy Chimatiro[1]
[1]Public Health, University of the Western Cape, Cape Town, South Africa

BACKGROUND
The international migrant population increased from 150 million in 1990 to 280.6 million in 2020. Women and children (≤19 years) represent 48.1% and 14.6%, respectively. This scoping review was conducted to systematically map healthcare access, experiences, and solutions among migrant caregivers of under-five children. Inclusion and exclusion criteria Research focusing on migrant parents or caregivers of children under five worldwide, which examined healthcare access and behaviours, was included. Studies that did not fit this context or lacked methodological details were excluded.
METHODS
Using the Arksey & O'Malley framework, we conducted a global electronic database search on PubMed, Web of Science, CINAHL, Scopus, Medline, and grey literature from the World Health Organisation Repositories. We targeted articles published from January 2015 to December 2025 in all languages. Covidence software was used for study selection and data extraction. The results were analysed using thematic and descriptive analysis.
RESULTS
Out of 4514 articles reviewed, 41 studies met our inclusion criteria. The majority of the included studies were qualitative (62 %). Most of the included studies were conducted in high income countries, including the United States of America, New Zealand, Canada, Australia, and the United Kingdom, with a few studies from Africa. Overall, most of the studies reported poor health-seeking practices among immigrants. However, the majority reported access to healthcare services within proximity. Barriers included language, lack of legal documentation, poor attitude of healthcare workers, lack of information, lack of transport, rejection, and distrust of health workers. The most healthcare services for the under-five children utilized were vaccination and childhood illnesses treatment.
CONCLUSIONS
Migrants face challenges in accessing healthcare services globally. Reducing barriers to access healthcare services could improve health-seeking practices among immigrants. The findings provide opportunity to design healthcare services accessible among immigrants to reduce social disparities among this vulnerable population.
Popul. Med. 2026;8(Supplement 1):A3277

ABS3534
No Health Without Peace: Public Health Leadership for peace, health and justice in a world in turmoil

Farhang Tahzib[1,2,3], Mary Codd[4], Katarzyna Czabanowska[5], Joseph Mfutso-Bengo[2,6], Laura Magana[7], Emma Rawson-Te Patu[8], Fatai Ogunlayi[3], Tracy Daszkiewicz[3], Mehreen Hunter[8], John Middleton[2]
[1]European Public Health Association, Utrecht, Netherlands, [2]Global Network for Academic Public Health, Washington, United States, [3]Faculty of Public Health, London, United Kingdom, [4]Association of the Schools of Public Health in European region, Brussels, Belgium, [5]WHO Collaborating Centre for public health leadership and workforce development, Maastricht, Netherlands, [6]Association of the Schools of public health in Africa, Nairobi, Kenya, [7]Association of the Schools of Public Health and Programmes, Washington DC, United States, [8]World Federation of Public Health Associations, Geneva, Switzerland

ABSTRACT
Political leaders, thinkers and policy makers around the world are calling out that we are at a significant inflection point in history, with opportunities and threats to health and wellbeing of humanity and the planet. In these turbulent times, public health professionals and institutions must reflect on their mission, and role in the context of the global polycrisis. The exigencies of these times raises fundamental questions about values, responsibilities and actions in fostering healthy, peaceful communities. This year marks 40th Anniversary of the International Year of Peace. There is acknowledgement that there is "no health without peace", conflict is a fundamental determinant of health, and "peace is the best medicine". Peace is more than the absence of war and requires attention to underlying drivers including climate change, discrimination, inequalities, injustice, governance failures, and false assumptions on human nature.
METHODS
Building on the 16th World Congress statement, "One planet, One people, One health", this session adopts a reflective and dialogic leadership approach. It brings together senior leaders and early career professionals of public health associations, federations, and international agencies to reflect and identify lines of action. The session responds to the recognised "cry for ethical leadership" and the need to strengthen international institutions in recognition of global interconnectedness.
RESULTS
In the session the senior leaders will explore key challenges including, standing up for science in contested environment, addressing social and health inequalities that continue "to kill people on a grand scale" and working in solidarity for peace, health and justice across borders. It will also explore how leaders can support the workforce facing moral distress and injury and engagement with diverse worldviews, indigenous people, minorities and communities in protecting and promoting health.
CONCLUSIONS
This session reaffirms the role of public health leadership in advancing peace as a foundational determinant of health.
Popul. Med. 2026;8(Supplement 1):A3278

ABS3571
Waste, Services, and Child Health: Exposure to Informal Waste in Low-Income Communities in South Africa

Antoinette van der Merwe[1], Schenck Catherina[1], Rissa Niyobuhungiro[1], Rina Swart[1]
[1]Chair in Waste and Society, University of the Western Cape, Cape Town, South Africa

INTRODUCTION
In low-income communities, informal dumping and open burning expose children to hazardous waste through direct contact, environmental contamination, and disease vectors. This study examines the association between exposure to poorly managed waste and child health outcomes, including stunting, underweight, overweight, gastroenteritis, and respiratory symptoms.
METHODS
The study uses data from 512 low-income households with children younger than 5 in the Western Cape. Data include socio-economic characteristics, anthropometric measurements, dietary diversity, and reported child illnesses. Coordinates of illegal waste heaps were mapped. Waste exposure was measured using two indicators: residence close to a waste heap and lack of access to municipal waste collection services. Logistic regression models were estimated with community fixed effects, while controlling for various household and child characteristics, including dietary diversity. A second round of data collection is currently being added, which will allow for an assessment of changes in reactive health outcomes, including respiratory symptoms and selected mental health indicators, following municipal and community-led cleaning initiatives.
RESULTS
Children living within 150 m of a waste heap and without waste collection services were 2.2-2.5 times more likely to be stunted compared to unexposed children. No significant associations were found between waste exposure and underweight or overweight. Children living within 90 m of a waste heap were up to 2.9 times more likely to report respiratory symptoms in the past month. Associations between waste exposure and gastroenteritis were weaker and sensitive to model specification.
CONCLUSIONS
Exposure to poorly managed waste in low-income communities is associated with increased risks of stunting and respiratory illness among young children, independent of nutritional intake and household socio-economic status. Ongoing and improved waste management interventions may reduce environmental health

risks and provide measurable short-term improvements in reactive child health outcomes following community clean-up efforts.
Popul. Med. 2026;8(Supplement 1):A3279

ABS3633
Public health advocacy action for social determinants of health
Melinda Edmunds[1], Christina Pollard[1], Gemma Crawford[1], Jonathan Hallett[1]
[1]School of Population Health, Curtin University, Bentley, Australia
BACKGROUND
Action on social determinants of health is needed to reduce health inequities and improve health outcomes1. Advocacy can play a role in addressing this. Public health advocacy aims to influence upstream change, to improve the health of the population2. A scoping review was conducted to identify public health advocacy approaches that address social determinants of health.
METHODS
The scoping review included articles published from 1973 to 2024. The review followed the Arksey and O'Malley methodological framework3 and PRISMA-ScR checklist4. A search strategy was developed in consultation with a university librarian and took a broader look at public health advocacy and related terms. The search did not include the term 'social determinants of health'. Four databases were used for the search: Scopus, CINAHL, PubMed and Global Health (Ovid).
RESULTS
The search captured 25496 articles, with 12813 after de-duplication. These were title/abstract screened with 3234 full-text articles included for review. The extracted data was analysed against the World Health Organization Commission on Social Determinants of Health (CSDH) Conceptual Framework5.
CONCLUSIONS
This presentation will provide an overview of findings from the scoping review with an overlay of the CSDH Conceptual Framework5 to highlight key factors of public health advocacy in addressing social determinants of health and gaps identified.
Popul. Med. 2026;8(Supplement 1):A3280

ABS3657
Youth, Equity, and Accountability: Reimagining Global Health Governance in Africa
Hafeez Hamza[1], Federica Catellana[1], Mohammed Osman[1], Maureen Chileshe[2], Bettina Buabeng-Baidoo[3], Bibiana Tanda[4], Chrys Promesse Kaniki[4]
[1]Young WFPHA, Geneva, Switzerland, [2]Global Health Next Generation Network, Barcelona, Spain, [3]International Working Group for Health Systems Strengthening, Baltimore, United States, [4]Africa CDC Youth Programme, Addis Ababa, Ethiopia
BACKGROUND
Global health governance remains shaped by inequities of age, geography, power, and access. While young people in Africa are recognized as innovators and implementers in public health, they remain underrepresented in decision-making spaces where priorities, policies, and resources are determined. Youth participation is often uneven, tokenistic, and rarely assessed through accountability frameworks. This interactive workshop, co-facilitated by youth-led networks, the Young WFPHA, GHNGN, IWGHSS and Africa CDC Youth Programme, positions young professionals as active governance actors. Participants engage critically with global health decision-making, using institutional frameworks such as the Africa CDC Youth Engagement and Participation in Global Health Strategy (2025–2028, Yes!Health) and evidence from the IWGHSS Youth and Global Health Governance Report as tools to inform accountability, while contributing their own perspectives and experiences to co-create actionable recommendations.
METHODS
Through participatory approaches, including facilitated discussions, group-based analysis, and practical exercises, participants examine power dynamics, governance structures, and pathways for meaningful youth inclusion at local, regional, and global levels. The session models shared leadership across networks and institutions, empowering youth to navigate governance spaces and apply accountability indicators in practice.
RESULTS
Participants enhance their ability to analyze decision-making processes, assess institutional commitments, and identify barriers to meaningful youth participation. Outputs include youth-led governance insights, co-created recommendations, and actionable strategies to strengthen transparency, equity, and accountability in health governance.
CONCLUSIONS
Youth-led international public health networks play a critical role in challenging inequities and advancing equity-driven governance reforms regionally and globally. Convened and facilitated by these networks and generating contextual perspectives, this workshop transforms youth engagement in global health governance from symbolic participation to informed, evidence-based influence. It strengthens youth capacity to hold institutions accountable and contributes to more transparent, equitable, and youth-inclusive governance systems.
Popul. Med. 2026;8(Supplement 1):A3281

ABS3675
Food Delivery Applications and the Digital Food Environment: Motivations and Implications for Public Health Nutrition
Ilana Bezerra[1], Jamile Tahim[1], Bibiana Moraes[1], Melissa Fernandez[2]
[1]Universidade Estadual do Ceará, Fortaleza, Brazil, [2]University of Ottawa, Ottawa, Canada
INTRODUCTION
The expansion of out-of-home food acquisition has led food environments to increasingly incorporate digital interfaces, particularly meal delivery applications, which may shape perceptions of food availability and influence dietary choices. This study explored motivations for the use of food and beverage delivery applications among Brazilian users.
METHODS
This qualitative, exploratory study used three online focus groups with 21 adult users of food and beverage delivery applications residing in all five regions of Brazil. Eligibility criteria included age ≥18 years and use of a delivery application at least once in the previous 30 days. Participants were recruited through snowball sampling via digital media. Focus groups were conducted via videoconference (Google Meet), with an average duration of 65 minutes, and moderated using a semi-structured guide addressing app use, types of orders, and perceived influences on eating habits. Audio recordings were transcribed verbatim and analyzed using thematic analysis based on Minayo's framework, supported by NVivo software.
RESULTS
Five motivational subcategories were identified. Emotional eating and comfort food reflected the association between emotional states, particularly stress and anxiety, and app use. Time constraints emerged as a central driver, linked to demanding routines and limited time for meal preparation. Participants also highlighted the reduction of physical and cognitive effort associated with cooking, including planning, organization, and culinary skills. Convenience was related to platform usability, aggregation of multiple food options in a single interface, and streamlined ordering and payment processes. Marketing and price incentives, such as promotions, discount coupons, and push notifications, were reported as important triggers for often unplanned purchases.
CONCLUSIONS
Delivery app use reflects contemporary lifestyles characterized by time scarcity, high stress, and exposure to digital food marketing. Public health nutrition interventions tailored to the digital food environment may support healthier and more sustainable food choices.
Popul. Med. 2026;8(Supplement 1):A3282

ABS3839
Multifaceted interventions needed to reduce the use of antibiotics without a prescription: Integrating patient education, pharmacist training and regulation in rural South Africa
Tiyani Maluleke[1,2], Johanna Meyer[1], Natalie Schellack[3], Brian Godman[4]
[1]Public health pharmacy and management, school of pharmacy, Sefako Makgatho Health Sciences University, Pretoria, South Africa, [2]Pharmacy, Saselamani pharmacy, Saselamani, South Africa, [3]Pharmacology, University of Pretoria, Pretoria, South Africa, [4]Pharmacoepidemiology, Strathclyde institude of pharmacy and biomedical sciences, University of Strathclyde, UK, South Africa
INTRODUCTION
Antimicrobial resistance (AMR) poses a critical threat to global health, especially in low- and middle-income countries (LMICs) where inappropriate antibiotic use in primary healthcare (PHC) is common. Community pharmacists are key frontline stewards of antibiotic use, yet dispensing antibiotics without a prescription undermines efforts to combat AMR, particularly in rural settings with limited healthcare access.
METHODS
This mixed-methods study conducted in a rural province, included 313 self-administered surveys among pharmacists and pharmacist assistants from 128 community pharmacies, and 465 patient exit interviews. Data on antibiotic knowledge, attitudes and practices, including purchasing antibiotics without a prescription, was collected, summarised using jamovi 2.6.2. and triangulated with a review of the regulatory and policy framework.
RESULTS
Overall, 56.9% (178/313) of pharmacists and assistants reported having

dispensed antibiotics without prescriptions previously. Among patients, 54.4% (253/465) received at least one antibiotic, including 78.7% (199/253) dispensed without a prescription, mainly for sexually transmitted infections and mostly from independent pharmacies (74.4%; 148/199). Patient demand was driven by prior antibiotic use (56.8%; 113/199) and long clinic wait times (15.6%; 31/199). Knowledge was variable with only 21.5% (100/465) correctly understanding that resistance occurs in bacteria, though 76.3% (355/465) recognised overuse leads to resistance. Among pharmacists, attitudes towards stewardship were positive (81.4%; 206/253), and 94.8% (441/465) of patients supported pharmacist-led education. While dispensing antibiotics without a prescription is prohibited, regulatory and policy review revealed gaps and opportunities for pharmacist-led antimicrobial stewardship.
CONCLUSIONS
Non-prescription antibiotic dispensing is widespread and fuelled by patient demand linked to prior use. A disconnect exists between awareness, practice and legislation. Multifaceted strategies to expand the services of community pharmacists, educate patients and strengthen regulation offer sustainable means to reduce inappropriate antibiotic use. These approaches promote equitable stewardship and provide a scalable model for LMICs, essential for advancing AMR containment and preserving antibiotic efficacy.
Popul. Med. 2026;8(Supplement 1):A3284

ABS3893
Food Insecurity, Mental Health and Comorbidities Among South African Adults During 2025
Lungile Nkosi[1], Olalekan Ayo-Yusuf[1], Teshager Nigussie[1]
[1]School of Health Systems and Public Health, University of Pretoria, The Africa Center for Tobacco Industry Monitoring and Policy Research, Pretoria, South Africa
INTRODUCTION
Food insecurity is a persistent public health challenge in South Africa. While it is widely understood to contribute to poor mental health and exacerbate chronic conditions, the relationship may also be bidirectional. This study examines the prevalence of food insecurity and its bidirectional relationships with mental health and comorbidities.
METHODS
We analyzed nationally representative data from 3,095 South African adults aged 16 years or older in 2025. Household food insecurity was measured using a single-item question. Mental illness, diabetes, and hypertension were based on respondents' self-reported professional diagnoses. As a sensitivity analysis, we also examined a self-rated mental health measure. Prevalence estimates, bivariate associations, and multivariable regression models were used to examine sociodemographic predictors of food insecurity and its associations with these conditions. A generalised structural equation model (GSEM) was used to assess bidirectional relationships with mental health and the comorbidities of hypertension and diabetes. Statistical significance was set at $p < 0.05$.
RESULTS
Overall, 37.4% (95% CI: 34.5–40.5) of adults reported household food insecurity. Mental illness showed a strong independent association with food insecurity (PR = 2.31; 95% CI: 1.42–3.75), and sensitivity analyses yielded consistent results. The GSEM further demonstrated that socioeconomic status was the strongest predictor of food insecurity and identified a reciprocal association between food insecurity and mental illness.
CONCLUSIONS
These findings highlight the urgent need for integrated policy responses that address structural inequities, positioning food insecurity reduction as a core component of South Africa's broader public mental health strategy.
Popul. Med. 2026;8(Supplement 1):A3285

ABS3901
Public policies and maternal grief in the face of the homicide of black youth in Brazil
Maria Angélica Carvalho Andrade[1], Ana Beatriz de Oliveira Carvalho[1], Ariane Silva Carvalho[1], Fabiane Lima Simões[1], Fabrício Santos Neves[1], Kátia Cristine Carvalho Pereira[1], Lívia Ribeiro Valotto[1], Mayrianne Mattos Pinto[1], Scheila Defante Peres[1], Jeanine Pacheco Moreira Barbosa[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo (UFES), Vitória, Brazil
INTRODUCTION
In Brazil, maternal mourning shows striking ethnic and racial disparities, associated with the high mortality rate among the Black youth population resulting from urban violence and police actions, framed as mechanisms of state necropower. Black motherhood, as a practice of preserving life, contests this process, highlighting the limits and challenges of public policies to support bereaved mothers.
METHODS
This is an integrative review of the literature that analyzes the body of Brazilian scholarship on movements and public policies aimed at black women facing the homicide of their children. Nine articles were included, selected from national databases (such as SciELO and LILACS), according to previously defined inclusion criteria.
RESULTS
The results reveal a scenario marked by impunity and a lack of institutional support for secondary victims of homicide, whose suffering remains socially and institutionally delegitimized. Participants report insensitive treatment by professionals, highlighting the persistence of structural racism. The findings underscore the imperative for robust public policies, including redress and support for victims' families, based on the recognition of their humanity and the social determinants of health. The complexity of this context requires intersectoral actions aimed at addressing structural violence and historical exclusion.
CONCLUSIONS
Black women are mobilizing to denounce state inaction, fighting for justice and recognition of their pain. They demand access to legal, financial, and health assistance, as well as legal accountability for public officials. These struggles aim to combat the culture of impunity, curtail violence in the favelas, and promote public policies that combat the genocide of black people.
Popul. Med. 2026;8(Supplement 1):A3286

ABS4064
NPHI Models and Sub-Regional Co-ordination for SADC
Mhlengi Ncube[1], Lerato Pitso[1], Siphesihle Mahanjana[1], Inge Kleinhans[1]
[1]South African Medical Association, Pretoria, South Africa
INTRODUCTION
The recent global health crises have underscored the critical need for regional health security mechanisms that are driven and owned by the countries they serve. For the SADC region, this means strengthening National Public Health Institutions (NPHIs) and formalising their coordination to collectively manage transboundary threats. This roundtable goes beyond technical assessment to a strategic, policy-level conversation, bringing together key perspectives to debate the best models for NPHI establishment and the structures for sustained sub-regional collaboration within the SADC and AU frameworks. 2.
PROPOSED OUTLINE
This 60-minute, policy-oriented roundtable brings together senior public health leaders and technical experts from SADC Member States, the African Union (AU), Africa CDC Regional Collaborating Centres (RCCs), and established national public health agencies. The session will interrogate strategic choices and governance trade-offs that shape NPHI effectiveness, autonomous statutory agencies, networked models, and departmental models housed within Ministries of Health. Panelists will examine what "fit-for-purpose" means in the SADC context, including implications for legal mandates, independence and accountability, workforce development, data governance and interoperable surveillance, emergency operations, and cross-border coordination. 3.
EXPECTED OUTCOMES
A High-Level Consensus Statement on the recommended principles for NPHI governance and a roadmap for SADC sub-regional collaboration. • Identification of Mentorship/Twin-ship Opportunities between established Global South NPHIs and developing SADC NPHIs. • A Clear Mandate for the SADC Secretariat and Africa CDC RCC to pursue specific, agreed-upon regional collaboration projects (e.g., a SADC Public Health Training Initiative). 4.
CONCLUSION
Health security across Africa and LMICs will only be realised if we utilise health diplomacy to build strong and resilient public health institutions that improve real-time governance, information and knowledge sharing, and collective action to advance and safeguard the health of the continent, further reinforcing resilient health systems and policies that are practical and sustainable across Africa.
Popul. Med. 2026;8(Supplement 1):A3287

ABS4195
Roundtable on Youth Leadership and Representation on Public Health Governance
Gustavo Henrique Nicoletti Dalle Cort[1], Sabiana Seferi[1], Arda Irmak[1], Krysta Cutajar[1]
[1]International Federation of Medical Students' Associations, Amsterdam, Netherlands
INTRODUCTION

Public Health is a relevant topic that greatly affects the quality and dignity of life worldwide. Problems such as the rise of non-communicable diseases, epidemics, the shortage of a health workforce, and issues within Public Health Systems are becoming increasingly important, and it is vital that the youth participate in policy and decision-making.
METHODS
This roundtable will consist of 3 parts of structured discussion to reflect on the role of Youth Leadership in Public Health Governance. Participants will be divided into stakeholder groups: youth representatives, public health practitioners, civil society, and institutional decision-makers. The first part (15 minutes) will be used to identify problems and barriers to youth representation, such as a lack of voting power and conflicts of interest. The second part (20 minutes) will establish standards for youth representation across six domains: transparent selection and diversity, decision rights and influence, resourcing and accessibility, safety and ethics, capacity-building and mentorship, and accountability. The final part (15 minutes) will translate these standards into feasible actions that can be adopted by youth worldwide. A facilitator team will be available to assist the participants.
RESULTS
The roundtable will help participants discuss how to overcome barriers to youth participation in Public Health Governance. A draft of the "Minimum Standards for Youth Representation" charter will be produced, along with a document outlining next steps for implementation within the participants' organization.
CONCLUSIONS
This session tackles the issues and solutions of Youth Representation in Public Health Governance, providing participants with tools to participate in discussions and be protagonists in changing Public Health for the better.
Popul. Med. 2026;8(Supplement 1):A3289
Public Health Communication - including health disinformation

ABS0257
Development of Indicators for Evaluating the Content Quality of Media Reports on Road Traffic Crashes
Lei Yang[1], Min Zhao[1], Peixia Cheng[2], Yu Wu[1], Li Li[1], Zhenzhen Rao[1], Peishan Ning[1], Guoqing Hu[1]
[1]Department of Epidemiology and Health Statistics, Xiangya School of Public Health, Central South University, Changsha, China, [2]Department of Child, Adolescent and Women's Health, School of Public Health, Capital Medical University, Beijing, China
BACKGROUND
With the rapid evolution of the media landscape, media reporting has become increasingly influential in social governance such as road traffic injury prevention. However, there is a lack of objective and practical tools for evaluating content quality, which are essential for real-time monitoring of the vast volume of media reports on this topic.
METHODS
A three-phase study was conducted. First, based on relevant laws and journalistic guidelines, we established an operational definition of content quality for media reports on road traffic crashes and developed a conceptual framework to guide the indicator formulation. Second, through a literature review and multiple rounds of group discussions, we drafted an initial set of indicators according to predefined principles. Finally, we conducted a Delphi consultation from July to September 2025 to finalize the indicators. This process involved two rounds of online consultations with 15 experts in injury prevention, journalism, social governance, and jurisprudence.
RESULTS
Drawing from research publications, legislative documents, and journalistic guidelines, we drafted a pool of 78 indicators across 19 domains. Through iterative group discussions guided by three core principles—adherence to laws and journalistic guidelines, objective measurability, and reliance solely on data available within media reports—this set was refined to 14 indicators across 3 dimensions. Following the two-round Delphi consultation, we finally formulated 15 indicators across 3 dimensions: normativity, objectivity, and safety advocacy. The expert panel demonstrated acceptable consensus, with average scores of 7 points or higher (maximal value: 10 points) and coefficients of variation within 0.25 for both importance and feasibility across all dimensions and indicators.
CONCLUSIONS
These law- and guideline-driven quality evaluation indicators effectively reflect the content requirements for media reports on road traffic crashes. They can serve as a practical tool for government agencies, media platforms, and journalists to monitor and enhance the content quality on road traffic crashes.
Popul. Med. 2026;8(Supplement 1):A3290

ABS0693
Calling the shots: how others' mistakes may influence vaccine take-up
Elizabeth Perry[1]
[1]Harvard University (graduate), Boston, United States
BACKGROUND
Scholars posit that there is overlap between the fields of behavioral economics and behavior science—and that consideration of concepts from both may facilitate greater understanding of health decision-making processes. This exploratory study aimed to apply a behavioral economics concept with demonstrated effectiveness in financial decision-making to a health behavior: vaccine uptake.
METHODS
Adults aged >18 years were recruited on Amazon's Mechanical Turk, a digital labor market where anonymous users perform simple tasks at low cost. Eligible participants were randomized into two groups, reviewed a scenario, and then completed a survey on the likelihood of receiving an influenza (flu) shot. The 'usual care' group's scenario included standard guidance from the U.S. Centers for Disease Control that encouraged flu vaccination. The 'intervention' group's messaging was framed so that participants could learn from others' (strangers) mistakes and the subsequent health consequences: "Last year, other people who didn't get the vaccine were about twice as likely to get the flu, and a number of them were hospitalized or even died. Don't risk it." Chi square analyses were performed on the sample.
RESULTS
There were 648 participants (usual care, n=326; int., n=322). Among people of color (n=184; 57% aged < 40), the intervention group was 22% more likely to report that they were "extremely" or "moderately" likely to get the flu vaccine ($p = 0.11$) compared to standard messaging.
CONCLUSIONS
While not statistically significant, findings suggest that learning the mistakes of unknown others may help influence flu vaccine uptake among the study population. With widely documented differences in vaccine uptake, further exploration of the application of these concepts may be critical.
Popul. Med. 2026;8(Supplement 1):A3295

ABS1035
Beyond Crisis Response: Strategies, Challenges, and Lessons from Brazilian Health Regulatory Agency (Anvisa) communication during the COVID-19 Pandemic
Lucas Guimarães Arruda[1], Mariella Silva de Oliveira-Costa[1]
[1]Escola de Governo da Fiocruz Brasília, Fundação Oswaldo Cruz - Brasília-DF, Brasília/Distrito Federal, Brazil
ABSTRACT
The COVID-19 pandemic posed challenges for public health communication, for regulatory authorities tasked with technical decisions that have a high social impact. In Brazil, the Health Regulatory Agency (Anvisa) assumed a central role in managing health risks, which required communication strategies capable of dealing with scientific uncertainties, a demand for information, and the circulation of misinformation. In this context, it is relevant to analyze the role of Anvisa's Communications Office, given its potential to contribute to the international debate on public health communication. This was a qualitative, descriptive, and exploratory study consisting of semi-structured research interviews with professionals from Anvisa's Communications Office. The interview transcripts were subjected to content analysis, through which emerging themes were identified and the findings were compared to theoretical frameworks in health communication. The findings revealed the adoption of multichannel communication strategies, including the coordinated use of the press, social media, and institutional channels, with a focus on disseminating evidence-based information in accessible language. Notable challenges included the fight against misinformation, the need for clear communication, and the management of internal and external pressures. An important institutional lesson that emerged was the value of transparency and of updating internal communication policies. As a practical outcome, a Standard Operating Procedure (SOP) for risk communication was developed, consolidating guidelines for future health emergencies in Brazil. However, Anvisa did not engage in sustained public dialogue, relying predominantly on one-way information dissemination and underutilizing its social media platforms, thereby missing opportunities to more effectively address public uncertainty and inform risk communication practices. The institutional communication is a strategic component of responses to health crises. Despite the challenges, the pandemic catalyzed innovations and lessons learned, reinforcing the need to strengthen public health communication, invest in team training, and institutionalize risk communication practices, with the potential to inspire other health authorities

internationally.
Popul. Med. 2026;8(Supplement 1):A3299

ABS1077

Advancing health equity through language policy and practice in Nelson Mandela Bay An assessment of the quality and effectiveness of isiXhosa translations

Sinawo Lukubeni[1]
[1]Linguistics and Applied Linguistics, Nelson Mandela University, Gqeberha, South Africa

BACKGROUND
Language access is a critical determinant of health equity in multilingual healthcare systems. In South Africa, constitutional and legislative frameworks mandate the use of indigenous languages such as isiXhosa in public health communication. However, inadequate translation practices continue to compromise access to essential health information, informed consent, and patient empowerment.
METHODS
This study evaluates the quality and effectiveness of isiXhosa translations of two public health artefacts used in clinics in Nelson Mandela Bay: the Patients' Rights Charter and an Immunisation Poster. Using a qualitative case study design, English and isiXhosa versions of the artefacts were analysed through document analysis, guided by Skopos Theory, Equivalence Theory, and the Social Accountability Framework. Evaluation criteria included grammatical accuracy, cultural and linguistic appropriateness, and functional clarity. No primary participants were involved.
RESULTS
Findings reveal substantial variation in translation quality. The Patients' Rights Charter contains frequent literal translations, grammatical and orthographic inconsistencies, and unadapted transliterations that may hinder comprehension and undermine its rights-education function. In contrast, the Immunisation Poster demonstrates culturally responsive and idiomatic language use, employing collective framing and accessible expressions that enhance clarity, trust, and public engagement.
CONCLUSIONS
The study highlights persistent gaps between language policy and practice in South African public healthcare. Poor-quality translations risk reinforcing health inequities by limiting patients' understanding of their rights and health choices. Conversely, culturally informed and purpose-driven translation practices can strengthen health literacy and support equitable access to care.
Popul. Med. 2026;8(Supplement 1):A3301

ABS1293

Storytelling workshop for public health professionals and researchers

Renira Narrandes[1]
[1]Knowledge Translation Program, The Hospital for Sick Children (SickKids), Toronto, Canada

BACKGROUND
Storytelling is a powerful tool that helps us connect with our audience, get our message across, and disseminate public health knowledge to governments, communities, and civil society. Stories help us understand, make sense of the world, remember, empathize, and engage; they've also been found to have positive changes in health-promoting behaviours.1 In public health, misinformation is a growing concern. We must be able to capture attention and communicate credible information to audiences who have different backgrounds, world views, and preferences. Storytelling is valuable to all of us; however, it's not something many of us are trained in.
METHODS
This abbreviated storytelling workshop will teach participants how to develop a compelling narrative. In this highly interactive 1-hour session, participants will: • Discuss the neuroscience behind storytelling • Watch a live story performance and analyze it as a group • Identify the four ingredients of a compelling story in their own work • Choose between a story-structuring or metaphor activity • Discuss strategies to address misinformation in health The facilitator is a South African Canadian storyteller and spoken word poet who has a clinical and research background, including a public health degree.
RESULTS
Participants will leave energized and with strategies that can be used to develop any story. This workshop is based on years of storytelling and knowledge translation work. Similar workshops have been conducted with organizations globally, recently with the University of Cape Town Office for Postgraduate Studies and Researcher Development.2 Past sessions have received positive feedback, including this comment from a university in London: "The workshop was brilliant! I absolutely loved the engaging style. It was full of tips that have helped me with storytelling since."
CONCLUSIONS
Storytelling helps us share messages audiences will understand and remember; storytelling is an essential skill for public health professionals.
Popul. Med. 2026;8(Supplement 1):A3304

ABS1763

Global Burden and Trends of Invasive Non-Typhoidal Salmonella Infection from 1990 to 2021

Jiao Li[1]
[1]paediatrics, Chongqing Jiulongpo District People's Hospital, China

ABSTRACT
Background Invasive non-typhoidal Salmonella (iNTS) infections represent a significant global health challenge, yet comprehensive and current assessments of their worldwide impact remain limited. This study aimed to evaluate the global, regional, and national burden and temporal trends of iNTS infections from 1990 to 2021. Methods Data regarding the incidence and mortality of iNTS infections were extracted from the Global Burden of Disease (GBD) study 2021. We calculated estimated annual percentage changes (EAPCs) to quantify temporal trends and analyzed the associations between the burden of iNTS and the Socio-demographic index (SDI) across different regions. Results Globally, the number of incident iNTS cases increased by 46.44%, rising from 348,244 in 1990 to 509,976 in 2021. Similarly, mortality rose by 26.72%, from 48,941 deaths to 62,018 deaths over the same period. The global age-standardized incidence rate (ASIR) demonstrated an overall upward trend (EAPC = 0.45), while the age-standardized mortality rate (ASMR) showed a modest annual increase of 0.2%. Sub-Saharan Africa recorded the highest ASIR and ASMR, highlighting significant regional disparities. Furthermore, a strong negative correlation was found between SDI and disease burden, although higher-SDI regions experienced a faster rate of increase in ASIR. Conclusions The global burden of iNTS infections has continued to rise over the past three decades, characterized by notable regional inequalities. These findings underscore the urgent need for targeted interventions, improved diagnostic capacities, and strengthened surveillance of antimicrobial resistance to mitigate this growing public health threat.
Popul. Med. 2026;8(Supplement 1):A3310

ABS1852

Storytelling for systems change: decolonizing public health through Planetary Health and wellbeing economies

Jessica Kronstadt[1], Thobile Chittenden[2], Emma Rawson-Te Patu[3,4]
[1]Planetary Health Alliance, Johns Hopkins University, Washington, DC, United States, [2]Wellbeing Economy Alliance, Johannesburg, South Africa, [3]United Nations Permanent Forum on Indigenous Issues, New York, United States, [4]World Federation of Public Health Associations, Geneva, Switzerland

ABSTRACT
Background. The aim of public health is to create the conditions in which all people can be healthy and thrive. Planetary Health, wellbeing economies, and decolonizing public health are complementary frameworks that address ecological and social determinants of health, including authentically addressing structural racism, to advance this goal. Compelling communications and movement building are required to generate social will and shared vision for change. Methods. This interactive workshop will introduce the deep interconnections among Planetary Health, wellbeing economies, and decolonizing public health. Speakers from three continents will share real-world examples of storytelling and communication initiatives to motivate change, featuring the experiences of the African Liberation Hub; the World Federation of Public Health Associations' presidential initiative on decolonizing public health; and a global, co-created anthology designed to inspire climate policy change. Participants will engage in reflection and discussion to explore how these approaches can be adapted to their own contexts. Results. Participants will strengthen their ability to articulate the central role of decolonization, Planetary Health, and wellbeing economies in shaping a healthy and just future. They will also gain practical tools to support their work, including the Public Health Is Planetary Health communications guide and a global Planetary Health communications playbook. Conclusion. The stories Western society has told about humanity's relationship with the world have contributed to our current reality—with widescale health and economic inequities and degraded earth systems that threaten our health and wellbeing. Indigenous and Majority World traditions remind us that human health is inseparable from the health of land, community, and future generations, reinforcing the importance of embedding transformative narratives in lived practice and collective action. Crafting new

narratives—and applying communications and organizing principles to amplify them—can enable public health practitioners to help build a regenerative future in which people and planet can flourish together.
Popul. Med. 2026;8(Supplement 1):A3312

ABS2108

Strengthening Infodemic Management Through Scenario-based Training: Validation of a Toolkit for Public Health Crisis Response

Oko Sunday Oko[1], Adachi Ekeh[1], Habibat Lawal[1], Hannah Ajayi[1], Kemisola Agbaoye[1], Anwuli Nwankwo[1], Vivianne Ihekweazu[1]
[1]Programmes, Nigeria Health watch, Abuja FCT, Nigeria

BACKGROUND
Public health emergencies are increasingly complicated by infodemics; the rapid spread of misinformation, disinformation, and mal-information, which erode public trust, undermine response efforts and worsen health inequities. Traditional training methods often inadequately prepare professionals to manage information disorder during crises. To address this gap, the Nigeria Health Watch team, through its Health Information Disorder and Infodemic Management Collaborative Learning Network, developed a Scenario Development (SD) Toolkit to support realistic simulation exercises for strengthening strategic communication and infodemic preparedness.
METHODS
The SD Toolkit was created through a collaborative, user-centred design process and validated during a multi-stakeholder workshop held in Abuja, Nigeria, in September 2025. Participants included public health professionals, emergency responders, policymakers and researchers. Using a structured five-step framework aligned with World Health Organization infodemic management principles, participants developed fictional yet contextually realistic scenarios, tested response plans and coordination mechanisms, and provided structured feedback to assess clarity, relevance, usability and practical applicability.
RESULTS
Participants reported that the SD Toolkit effectively supported the development of realistic, culturally relevant infodemic scenarios. Hands-on simulations strengthened skills in information assessment, rapid risk communication, misinformation management, and multi-sector coordination, while also identifying preparedness gaps and resource constraints. Validation feedback led to improvements in toolkit language, usability and real-world alignment. Participants highlighted the toolkit's adaptability across diverse public health contexts, and its potential to support equity-focused capacity building and communities of practice.
CONCLUSIONS
The validated SD Toolkit offers an innovative, scalable approach to strengthening global capacity for infodemic management through simulation-based training. By providing a standardized yet adaptable framework for scenario creation, it supports preparedness, builds institutional resilience, and equips public health professionals to respond effectively to infodemics before crises occur ultimately contributing to public trust and health equity.
Popul. Med. 2026;8(Supplement 1):A3316

ABS2111

Assessing how digital intervention facilitate co-creation and participatory research among adolescents and young people in South Africa

Rosa Stofile[1], Kate Bergh[1], Beatrice Nojilana[1], Eunice Turawa[1], Sudha Kallakuri[2], Deepika Saluja[2], Nelisiwe Ndlovu[1], Thandiwe Mbira[1], Nabila Ebrahim[1], Tracy McClinton Appollis[1], Nompilo Sithole[1], Simon Lewin[3], Kim Jonas[1]
[1]South African Medical Research Council, Cape Town, South Africa, [2]George Institute of Global Health, New Delhi, India, [3]Norwegian University of Science and Technology, Trondheim, Norway

BACKGROUND-AIM
Globally, digital interventions have become a popular approach to address challenges in accessing information experienced by adolescents and young people (AYP). Particularly, the use of social media platforms and mobile applications has been successful in increasing knowledge and awareness within health education programs. The aim of this study was to conduct formative research to inform the development of a mobile application prototype that promotes healthy behaviors to prevent non-communicable diseases (NCDs) and negative SRH outcomes among AYP in rural South Africa.
METHODS
For this study, we used qualitative data from an integrated e-health intervention package for NCDs and SRH co-created by and for AYP in Newcastle, KwaZulu-Natal, South Africa. We purposively sampled 16 participants who were aged between 15 and 24 years and invited them to participate in two group discussions and one workshop. We also conducted four key informant interviews and two workshops with community stakeholders such as schoolteachers, religious leaders and parents. Interview transcripts were translated from isiZulu into English and analyzed using thematic analysis.
RESULTS
Most participants reported that social media platforms such as TikTok were their go-to- sources of information about health-related issues because these platforms provided them with advice and support. However, some participants showed concern about receiving misinformation specifically about misdiagnosis of a health-related issue, which may lead to unnecessary stress.
CONCLUSIONS
Overall, the findings indicate that digital interventions are providing participants with relevant information about health services. However, trustworthy digital interventions are needed to ensure that reliable and accurate information about health is available to AYP.
Popul. Med. 2026;8(Supplement 1):A3317

ABS2247

Health ombudsman services as sentinel systems for detecting and addressing health misinformation in brazilian communities

Rafael Vulpi Caliari[1,2], Débora Dupas Gonçalves do Nascimento[3], Silvia Helena Mendonça de Moraes[3], Fabrício Santos Neves[1], Patrícia Camargo Ferreira[4], Ana Claudia Pinheiro Garcia[1], Jonathan Gonçalves Filippon[5], Fabiana Turino[1], Maria Angélica Carvalho Andrade[1]
[1]1 Federal University of Espírito Santo, Vitória, Brazil, [2]2 Ministry of Health, Brasília, Brazil, [3]5 Fundação Oswaldo Cruz Mato Grosso do Sul, Campo Grande, Brazil, [4]4 São Paulo State Health Secretariat, São Paulo, Brazil, [5]3 Queen Mary University of London, London, United Kingdom

INTRODUCTION
Health misinformation poses a critical threat to global public health, undermining disease prevention and trust in health systems. Health ombudsman services, at the interface of communities and health, receive communications revealing misinformation spread, communication failures, and public knowledge of diseases and health policies. This study explores ombudsman data as an early flagging system to identify misinformation patterns, guiding targeted communication to improve reliable health policy information and enhance public trust.
METHODS
We analyzed data from 128074 records classified as information requests within the SUS Ombudsman Network, covering the period from 1st January 2020 to July 18, 2025. These records were categorized and typified using the 'OuvidorSUS system. Quantitative analysis assessed patterns in health information requests that may represent misinformation, communication failures, and demand of reliable information by the population over specific topics.
RESULTS
During the study period, 128074 health information requests were recorded by the National SUS Ombudsman Network across municipalities, states and the Ministry of Health. Topics related to management processes and health surveillance accounted for 56.82%. Among subtopics, vaccination, COVID-19, vaccination schedules, and pharmaceuticals were reported as the most frequent findings. The most inquired-about medication in this regard was hydroxychloroquine in the context of the SARS Covid 19 pandemic. In the DAPS (Diseases, Actions, and Health Programs) field, the top two topics were vaccination (COVID-19) and coronavirus (COVID-19).
CONCLUSIONS
Health ombudsman services provide valuable real-time information on community health information needs, cometimes revealing misinformation. Data demonstrated that topics related to COVID-19 and vaccination represented a significant portion of the information requests. Integrating ombudsman data into public health communication strategies enables targeted and effective interventions, supporting decision-making by managers for the promotion of campaigns and training of health professionals. This approach strengthens bidirectional communication, builds trust, and enhances health literacy, serving as an essential tool to combat misinformation.
Popul. Med. 2026;8(Supplement 1):A3318

ABS2249

Reducing stigma in public health communication: Cross-issue insights from three national message research projects

Kate May[1]
[1]Common Cause Australia, Melbourne, Australia

INTRODUCTION

Stigma is a significant barrier to public health action, shaping behaviour, community attitudes, and public support for policy and services. While stigma is often examined within individual health domains, less attention has been paid to whether communication patterns that reduce or reinforce stigma operate consistently across different public health issues.
METHODS
This presentation synthesises findings from three national message research projects conducted in Australia between 2024 and 2025 by Common Cause Australia and partners. The projects focused on addiction and dependence, sexual and reproductive health, and gestational diabetes risk and weight-based stigma in pregnancy. Methods included literature and public discourse reviews, national surveys with over 3,500 participants, real-time message testing, and qualitative focus groups with more than 200 participants, including members of the public, people with lived experience, and health professionals.
RESULTS
Across distinct health topics, consistent framing effects were identified. Messages grounded in intrinsic values such as support, autonomy, and collective responsibility were more likely to reduce stigma and increase engagement. Messages emphasising extrinsic values, including blame, compliance, or individual responsibility, were more likely to trigger judgement and disengagement. Framing stigma as a product of external factors, such as social norms or systems rather than individual failure, consistently reduced stigmatising responses. Strengths-based language and option-focused recommendations performed better than deficit-based or risk-focused messaging across all three topics.
CONCLUSIONS
Stigma-reducing communication principles appear transferable across public health issues. These findings support the use of evidence-informed messaging approaches to reduce isolation and disengagement among people most impacted by stigma, while strengthening public trust and support for effective and equitable public health action.
Popul. Med. 2026;8(Supplement 1):A3319

ABS2324
Insights into Screening barriers for MultiDomain Disorders in Preschool Children from South Africa

Vuyelwa Zandile Peter[1], Mershen Pillay[2], Yougan Saman[3]
[1]Audiology, University of KwaZulu-Natal, Durban, South Africa, [2]Speech-Language Pathology, University of Massey, Auckland, New Zealand, [3]Institute of Neurology, University College London (UCL), London, United Kingdom
ABSTRACT
In resource-constrained health facilities, the absence of dedicated screening for multidomain developmental disorders among children aged 0–5 underscores the need to identify alternative platforms for early detection, such as Early Childhood Development Centres (ECDCs) [1-3]. While ECDCs present a promising avenue for early intervention in socioeconomically disadvantaged communities, their potential role as hubs for screening and intervention remains insufficiently examined, particularly regarding the practical barriers to integration implementation methods of such programes in these contexts [3-6]. This study investigates the feasibility challenges of integrating multidomain developmental screening within the community infrastructure of ECDCs in eThekwini, KwaZulu-Natal. A quantitative, cross-sectional observational case study was conducted across 30 publicly funded ECDCs in low-income area. Multi-stage sampling was employed, integrating multiple sampling strategies to ensure comprehensive representation. Integration was assessed for workflow alignment (lowest, with overall means of 2.05 (SD = 1.39) and 2.11 (SD = 1.29) with 30%), scheduling compatibility (poor mean = 2.00, SD = 0.88), with 5%), documentation fit (moderate (mean = 3.05, SD = 1.65), with 42%), referral pathway compatibility, coordination (strength, with a mean score of 4.42 (SD = 0.61) and 95%) with ECDC practitioners, synergy with community resources, and feasibility of data sharing (mean = 4.53, SD = 0.61),95%) the similar. Overheads total R1,004,515, equating to R33,483.83 per ECDC and R1,374.17 per child. Transport is the largest cost driver (35.8%, R360,000; R12,000/ECDC, R492.48/child). A significant obstacle is the poor follow-up and tracking of children after initial screening. Multidomain developmental screening in resource constraint ECDC in the current service delivery method is not feasibile and requires ideological, methodological and financial shift to be contextually relavant.
Popul. Med. 2026;8(Supplement 1):A3321

ABS2349
Co-Creation Insights into Demand Generation Strategies for expanded contraceptive choice in South Africa

Hlumela Ngaba[1], Alison Kutywayo[1], Philisiwe Ndlovu[1], Catherine Martin[1], Saiqa Mullick[1], Chikondi Divala[1], Elmari Briedenhann[1]
[1]Implementation Science, Wits RHI, Johannesburg, South Africa
BACKGROUND
Despite the growing use of co-creation approaches in public health research, a gap remains between participatory research outputs and translation into concrete programme design, communication strategies, and demand-generation activities. Co-creation insights are often underutilised or insufficiently operationalised in real-world settings. We present findings of the brand positioning co-creation process for a new contraception method, subcutaneous depot medroxyprogesterone acetate (DMPA-SC), demonstrating how insights can inform contraception programme design, communication strategies, and demand generation efforts.
METHODS
We undertook six co-creation workshops in three South African provinces, using the adapted 4Cs of marketing framework. Women aged 18–49 were purposively recruited through local community-based organisations, ensuring age, socio-economic, and contraceptive experience diversity. Workshops used participatory co-design activities, including guided discussions, visual prompts, and message testing. An iterative analysis was conducted across workshop outputs, facilitation materials, observer notes, and internal decision-tracking records. Analytic matrices mapped inputs, decision points, and outputs across stages of brand development. Synthesised insights are presented in a structured, programme-ready format, providing actionable guidance.
RESULTS
Seventy-eight women participated, 58% aged 26–49. Distinct age-linked patterns emerged: younger women prioritised autonomy, privacy, reassurance, and non-judgemental support; older women drew on prior contraceptive experiences, focusing on side-effect management and long-term health considerations. Uptake barriers included fears of side effects, misinformation, and facility mistrust, while facilitators included control over choice, convenience, discreet administration, and access to credible, practical information. Insights guided demand-generation materials. Messaging was reassuring, non-judgemental, and supportive of autonomy; content highlighted benefits, addressed misconceptions, and provided practical guidance; visuals featured relatable women and clear product imagery; and service support emphasised privacy, trust, and accessibility. Collectively, these strategies position DMPA-SC as a safe, convenient option within the broader contraceptive mix.
CONCLUSIONS
Workshops generated actionable co-creation insights informing demand-generation materials and supporting ethical integration of DMPA-SC within South Africa's contraceptive mix.
Popul. Med. 2026;8(Supplement 1):A3322

ABS2643
Public Health Communication in the Italian Press During COVID-19: an assessment according to International Recommendations

Elisabetta Ceretti[1], Carlotta Fiammenghi[2], Loredana Covolo[1], Nicola Pelizzari[1], Laura Brunelli[3,4], Anna Mirella Taranto[5], Luana Penna[6], Silvio Brusaferro[3,4], Umberto Gelatti[1]
[1]Department of Medical and Surgical Specialties, Radiological Sciences, and Public Health, Università degli Studi di Brescia, Brescia, Italy, [2]Department of Foreign Languages and Literatures, University of Verona, Verona, Italy, [3]Department of Medicine, University of Udine, Udine, Italy, [4]Accreditation, Quality and Clinical Risk Unit, Friuli Centrale Healthcare University Trust, Udine, Italy, [5]Press Office, Italian National Institute of Health, Roma, Italy, [6]CNESPS-National Centre for Epidemiology, Surveillance and Health Promotion, Italian National Institute of Health, Roma, Italy
BACKGROUND
Effective public health communication is essential during health emergencies to promote protective behaviours, sustain public trust, and counter infodemics. Newspapers continue to play a central role in shaping public understanding of crises. However, it remains unclear to what extent mainstream newspapers adhere to evidence-based recommendations issued by the World Health Organization (WHO) and the Pan American Health Organization (PAHO) to guide responsible reporting during epidemics and pandemics. This study examines how Italian national newspapers covered the COVID-19 pandemic and whether their narratives aligned with international recommendations.
METHODS
We conducted a quali-quantitative, corpus-assisted discourse analysis on 5,621 articles published in seven major Italian newspapers between 1st January 2020 and 31st December 2021 and included in the national press review of the Italian National Institute of Health. Lexical and discursive patterns were examined using

SketchEngine, identifying keywords, recurrent themes, and evaluative language. Quantitative findings were integrated with qualitative close reading to assess how journalistic practices corresponded to core principles outlined in reporting recommendations issued by WHO/PAHO, including accuracy, proportionality, contextualization of risk, and avoidance of sensationalism. Results. Overall, Italian newspapers reflected several recommended practices, such as emphasizing preventive measures, institutional guidance, and collective responsibility. However, important deviations were observed, including episodic use of alarmist or emotive language, limited contextualization of epidemiological data, and occasional reliance on conflict-driven framing. Some articles also displayed elements of false balance and personalization of blame, which risked distorting risk perception and undermining public trust.
CONCLUSION
Italian newspapers only partially aligned with international recommendations for responsible pandemic reporting. While institutional messages were generally amplified, recurring narrative patterns may have unintentionally contributed to confusion or anxiety. Strengthening collaboration between journalists, public health professionals, and communication experts could enhance adherence to evidence-based reporting standards and improve preparedness for future public health emergencies.
Popul. Med. 2026;8(Supplement 1):A3324

ABS2697
Media Narratives on COVID-19 Vaccination in Italy: Insights from a Multidisciplinary Analysis of National Newspapers

Umberto Gelatti[1], Carlotta Fiammenghi[2], Loredana Covolo[1], Nicola Pelizzari[1], Anna Mirella Taranto[3], Luana Penna[4], Laura Brunelli[5,6], Silvio Brusaferro[5,6], Elisabetta Ceretti[1]
[1]Department of Medical and Surgical Specialties, Radiological Sciences, and Public Health, Università di Brescia, Brescia, Italy, [2]Department of Foreign Languages and Literatures, University of Verona, Verona, Italy, [3]Press Office, Italian National Institute of Health, Rome, Italy, [4]CNESPS, Italian National Institute of Health, Rome, Italy, [5]Department of Medicine, University of Udine, Udine, Italy, [6]Accreditation, Quality and Clinical Risk Unit, Friuli Centrale Healthcare University Trust, Udine, Italy
BACKGROUND
During the COVID-19 pandemic, traditional media remained a key source of health information, shaping public perceptions of vaccination; however, evidence remains limited on how mainstream newspapers framed COVID-19 vaccines and vaccine-hesitant positions. This study explores how Italian national newspapers portrayed COVID-19 vaccination during 2020–2021, with particular attention to terminology, narrative framing, and the presence of subtle forms of misinformation such as "false balance."
METHODS
We conducted a corpus-assisted discourse analysis of 5,621 newspaper articles published between January 2020 and December 2021 and included in the daily press review of the Italian National Institute of Health. Articles were drawn from seven major Italian newspapers and analyzed using SketchEngine software. Quantitative analyses examined word frequencies, keywords, and collocations related to vaccination and the anti-vaccination movement. Qualitative close reading was used to identify narrative patterns and instances of false balance, defined as the journalistic practice of presenting scientifically unequal positions as if they were equivalent.
RESULTS
Vaccine-related coverage increased markedly from late 2020 onward, coinciding with regulatory approvals and the rollout of mass vaccination campaigns. Core terms such as "vaccine" and "vaccination" dominated reporting, while less frequent synonyms such as "serum" and "antidote" carried ambiguous or emotive connotations that sometimes reflected mistrust. Although vaccines were generally portrayed as effective and protective, qualitative analysis revealed recurring instances of false balance, in which pro- and anti-vaccine views were juxtaposed as if equally supported by evidence.
CONCLUSION
Mainstream Italian newspapers largely supported COVID-19 vaccination but occasionally reproduced reporting practices that risked undermining public understanding. Subtle lexical choices and false balance may have unintentionally reinforced hesitant narratives. These findings highlight the need for closer collaboration between public health professionals and communication experts to promote precise, evidence-weighted reporting and strengthen institutional capacity to manage infodemics beyond acute crisis periods.
Popul. Med. 2026;8(Supplement 1):A3325

ABS2737
To what extent does the population use and understand patient information leaflets for medicines? A cross-sectional study of adults in Italy

Nicola Pelizzari[1], Loredana Covolo[1], Elisabetta Ceretti[1,2], Adelaide Conti[1,3,2,4], Cristina Massari[1], Umberto Gelatti[1,2]
[1]Department of Medical and Surgical Specialties, Radiological Sciences and Public Health. Section of Public Health and Human Sciences, University of Brescia, Brescia, Italy, [2]Centre of Bioethics Research, Department of Medical and Surgical Specialties, Radiological Sciences and Public Health, University of Brescia, Brescia, Italy, [3]Forensic Medicine Unit, Department of Medical and Surgical Specialties, Radiological Sciences and Public Health, University of Brescia & ASST Spedali Civili of Brescia, Brescia, Italy, [4]Clinical Ethics Consultation Service, ASST Spedali Civili of Brescia, Brescia, Italy
BACKGROUND
Patient information leaflets (PILs) for medicines are legally required across the European Union to support safe medicine use, informed decision-making, and treatment adherence. However, they are often criticised for complexity, poor readability, and anxiety-inducing descriptions of side effects. Health literacy (HL), the ability to access, understand, appraise, and apply health information, may affect how patients engage with PILs. This study examined patterns of PIL use, comprehension, and related behaviours in the Italian adult population, accounting for HL differences.
METHODS
A cross-sectional survey was conducted between October 2024 and April 2025. Recruitment combined social media dissemination with general practitioner collaboration to reach older and less digitally active individuals. The questionnaire collected sociodemographic data, HL (using the six-item HLS-EU-Q6 and a single-item functional HL screener), and indicators of PIL engagement, including reading frequency, reasons for non-consultation, comprehension of extracts, anxiety, therapy discontinuation, risk interpretation, and perceptions of commercial influence. Data were analysed using descriptive and inferential statistics.
RESULTS
1977 adults (mean age 46.5 years) completed the survey. Sixty-six percent of respondents reported always reading PILs for prescription medicines, and 71% did so for over-the-counter products. Overall, 17.2% had inadequate HL, 52.4% problematic, and 30.4% sufficient. Higher HL was associated with more frequent PIL reading, greater confidence in medicine use (mean 2.22 vs 1.94; $p<0.001$), and lower anxiety (2.21 vs 1.97; $p<0.001$). In contrast, respondents with lower HL more often discontinued therapies after reading PILs (37% vs 28%; $p=0.02$) and overestimated vaccine risks compared with analgesics (25% vs 9%).
CONCLUSIONS
HL seemed to have a role in the use of PILs, influencing engagement, confidence, anxiety, and therapy behaviours. Current formats may inadvertently widen inequalities by overburdening readers with limited HL. Public health efforts should prioritise simplification, plain language, balanced risk communication, and perceptions of neutrality to promote equitable and safe medicine use.
Popul. Med. 2026;8(Supplement 1):A3326

ABS2932
Communication strategies in childhood vaccine hesitancy: scoping review

Cristiane Spadacio[1], Marcia Thereza Couto[1]
[1]Department of preventive and social medicine, University of São Paulo, São Paulo, Brazil
BACKGROUND
Vaccination is recognized as one of the main public health strategies for reducing infectious diseases and the mortality associated with them. Vaccination has been affected by the phenomenon of vaccine hesitancy, a concept formally defined in 2014 by the World Health Organization's Strategic Advisory Group of Experts on Immunization (SAGE). This study aimed to analyze how communicative configurations are addressed in empirical studies on childhood vaccine hesitancy, with an emphasis on the strategies and communication channels used, as well as on the ways these elements influence the decisions of parents and caregivers.
METHODS
A scoping review was conducted across five databases (Scopus, Web of Science, PubMed, SciELO, and LILACS) on childhood vaccine hesitancy and communication strategies, including articles published between 2015 and 2017 in English, Portuguese, Spanish, and French. Empirical studies on childhood vaccination were included, with children's age defined by the study authors themselves. Information extracted independently by five researchers was analyzed through thematic synthesis, based on a coding matrix that categorized the findings into

central themes. The analysis was theoretically guided by Hepp and Hasebrink's concept of communicative configurations.
RESULTS
Twenty-two studies were analyzed, most of which were conducted in the United States (n = 9) and primarily involved parents/caregivers and healthcare professionals. Social media emerged as a central medium, playing an ambivalent role: both as a source of misinformation and as a channel for pro-vaccination messages. Strategies using clear scientific messages, the MOTIVE tool, and analyses of anti-vaccine discourse proved promising in increasing vaccination intention. Trust-based relationships between physicians and families and message personalization were identified as fundamental.
CONCLUSIONS
Health communication is essential in addressing childhood vaccine hesitancy. The reviewed studies indicate that integrated strategies—combining evidence-based public policies with personalized and culturally sensitive communication—are crucial for promoting vaccine uptake and greater confidence in vaccines.
Popul. Med. 2026;8(Supplement 1):A3327

ABS3070
National Public Health Bulletins: Case studies in governance, production, and dissemination

Kimberly Koporc[1], Sydney Mogotsi[1]
[1]CDC Foundation, Atlanta, Georgia, United States

ABSTRACT
Description Communicating information to reduce public health threats is a function of public health surveillance systems. The U.S. Centers for Disease Control and Prevention and the CDC Foundation currently work with 13 African countries to establish and strengthen public health bulletins (PHBs) to serve as their government's primary communication channel for disseminating information to prevent and manage public health threats. The CDC Foundation has also launched a new technical resource hub, phbhub.org, to empower publication and dissemination of PHBs. Cote d'Ivoire, South Africa, and Uganda will present on their experiences in establishing governance structures and the approaches they take to produce and disseminate PHBs. Each country is unique and has valuable lessons to share. Cote d'Ivoire's PHB is newly established, and its presentation will feature processes put in place to facilitate collaboration among government health agencies. South Africa's PHB revised its standard operating procedures to emphasize accessibility and timeliness. For example, each surveillance article is published as soon as the editing and review processes are completed. Uganda uses its PHB to train Field Epidemiology Training Program residents in scientific writing by giving them the responsibility of producing a PHB issue. Each case study will feature governance of PHBs, production and dissemination processes of each issue and highlight the unique features mentioned above. Desired Outcome Participants of the side event will understand the purpose of a PHB and learn about the various approaches to establishing one. They will also learn about available resources their government can use to establish a PHB. For those participants from countries with an existing PHB, they will learn how to support it.
Popul. Med. 2026;8(Supplement 1):A3328

ABS3076
Communication for health equity: reaching underserved populations in Brazil with effective strategies

João Cavalcante[1], Gabrielle Arruda[2], Bernardo Baron[1], Eugenio Netto[3], Marta Silva[4], Arthur Aguillar[5], Maria Machado[6]
[1]Monitoring and Evaluation, ImpulsoGov, São Paulo, Brazil, [2]Product development - Messaging, ImpulsoGov, São Paulo, Brazil, [3]Coordination, Projeto Saúde e Alegria, Santarém, Brazil, [4]Programa Saúde na Floresta, Projeto Saúde e Alegria, Santarém, Brazil, [5]Public Policy, Instituto de Estudos para Políticas de Saúde, São Paulo, Brazil, [6]Public Polity, Instituto de Estudos para Políticas de Saúde, Rio de Janeiro, Brazil

BACKGROUND
Digital health communication can help reduce inequalities by expanding information access, facilitating user feedback to governments and timely connection to care, especially among underserved populations. In Brazil, key challenges include access barriers, health literacy, institutional trust, and cultural adaptation. This work synthesizes evidence from three complementary initiatives demonstrating equity-oriented solutions.
METHODS
Projeto Saúde e Alegria has worked for four decades in remote Amazon territories,co-producing health education and communication materials with Indigenous communities through exchange between scientific and ancestral knowledge, with pedagogical use across platforms. Instituto de Estudos para Políticas em Saúde supported the implementation of a digital citizen evaluation system within Recife Monitora, a municipal primary care certification strategy based on four-month cycles. Real-time user satisfaction surveys conducted post-consultation via WhatsApp across all primary care facilities, also accessible through QR codes at health units, create an index affecting certification scores and management decisions. ImpulsoGov deployed automated WhatsApp messaging integrated into routine primary care across municipalities, using administrative data to identify people overdue for preventive care in noncommunicable diseases and support appointment confirmation and scheduling while monitoring completion rates for continuous improvement
RESULTS
Across initiatives, user evaluation systems and timely and culturally grounded communication strengthened territorial action, widened participation pathways, and increased access to preventive care. Evidence includes a 20% average increase in appointments associated with automated messaging; more than 365000 users feedbacks used for health teams qualification; and community mobilization improving cervical cancer screening in previously low-adherence communities. Recurring barriers include accurate linkage of citizens to territories, smartphone/internet access in rural areas, administrative data quality, and institutional trust.
CONCLUSIONS
Integrating community co-production, citizen feedback, and data-driven messaging offers a replicable pathway for equity-oriented digital communication in Brazilian primary care. Recommendations include culturally adapted content, multi-channel strategies, institutionalized feedback loops with visible response, and investments in data quality and infrastructure.
Popul. Med. 2026;8(Supplement 1):A3329

ABS3077
Algorithms, Fake News, and Global Health: Infodemia as a Factor in the Deepening of Inequities in Contexts of Systemic Crisis

Maria Eduarda Maia Vilar[1], Florisneide Rodrigues Barreto[1], Maria da Glória Lima Cruz Teixeira[1], Edson de Andrade Nhamuave[1], Ana Carolina Souza Torres[1]
[1]Institute of Collective Health, Federal University of Bahia, Bahia, Brazil

INTRODUCTION
In the post-truth era, the dissemination of fake news mediated by algorithms and social media has become a central element of contemporary crises, producing significant impacts on global health. The COVID-19 pandemic demonstrated that the massive circulation of misinformation, defined as an infodemic, acts as an aggravating factor in health crises by weakening trust in science, health institutions, and international cooperation mechanisms. Algorithmic systems prioritize emotionally engaging content, favoring the viral spread of false narratives and contributing to the deepening of social and informational inequalities.
METHODS
This study adopts a theoretical-reflexive approach based on a narrative review of interdisciplinary literature in the fields of communication, public health, and global health. Key works addressing post-truth, algorithms, fake news, and infodemia were examined, with particular emphasis on the contributions of López Veneroni (2021) and Amaral and Santos (2019). These theoretical perspectives were articulated with broader debates on health inequities and contemporary systemic crises.
RESULTS
The analysis indicates that digital platform algorithms function as mechanisms of selective amplification of misinformation, reinforcing informational bubbles and echo chambers. This dynamic affects social groups unevenly, disproportionately impacting populations with limited access to formal education, scientific literacy, and reliable sources of information. Health-related misinformation compromises adherence to preventive measures, such as vaccination and social distancing, contributing to more severe health outcomes and exacerbating global health inequities. Moreover, the infodemic is intertwined with political and institutional crises, configuring a systemic crisis that extends beyond the communicational sphere.
CONCLUSIONS
It is concluded that the algorithm-mediated dissemination of fake news constitutes a social determinant of health in the post-truth era, intensifying inequities and weakening collective responses to global crises. Addressing this phenomenon requires integrated strategies, including regulation of digital platforms, strengthening of scientific communication, and public policies aimed at reducing informational inequalities and promoting health equity.
Popul. Med. 2026;8(Supplement 1):A3330

ABS3201
Preliminary Evidence on Vaccine Misinformation Narratives on

YouTube in Brazil: A Large-Scale Computational Analysis of Videos and User Comments

Leonardo Nascimento[1], Maria da Glória Lima Cruz Teixeira[2], Bruna Dantas[2], Daniel Romero[1], Erika Santos de Aragão[2], Leonardo Thibau[1], Leticia Cesarino[3], Maria Paula Paranhos Caldas[2], Raíssa Jeanine Nothaft[1], Samilly Miranda[2], Marcio Santos da Natividade[2]
[1]LABHDUFBA, Universidade Federal da Bahia, Salvador, Brazil, [2]Instituto de Saúde Coletiva, Universidade Federal da Bahia, Salvador, Brazil, [3]LABHDUFSC, Universidade Federal de Santa Catarina, Santa Catarina, Brazil

BACKGROUND
Since 2020, Brazil has experienced a decline in vaccination coverage that cannot be explained solely by logistical limitations, but is associated with vaccine hesitancy and the circulation of misinformation in digital environments. In this context, YouTube constitutes a strategic space for the circulation of vaccine-related narratives. This study aims to analyze patterns in the dissemination of false, distorted, or inaccurate information about vaccines on the platform in Brazil.
METHODS
We analyzed a corpus of YouTube videos collected in Brazil between 2020 and 2025, comprising approximately 600,000 videos retrieved through health-related queries. From this dataset, 34,322 vaccine-related videos were identified using Portuguese-language keywords applied to titles, descriptions, and transcripts, along with 518,831 associated user comments. Video metadata, textual content, and engagement indicators were analyzed using computational text analysis, complemented by qualitative content analysis of a stratified subsample.
RESULTS
Preliminary results indicate that vaccine-related content represents a recurring subset of health content on Brazilian YouTube, with peaks corresponding to vaccination campaigns and public health controversies. Anti-vaccine narratives are advanced by diverse actors, including self-identified health professionals, political figures, and digital media channels, who mobilize different forms of epistemic authority. Dominant discourses include distrust of public institutions and the pharmaceutical industry, appeals to individual freedom, and conspiratorial framings. Affective strategies reinforce these arguments, while comment sections function as spaces of validation and contestation, contributing to the stabilization of vaccine skepticism over time.
CONCLUSIONS
These findings suggest that YouTube operates as a structured ecosystem for the production, amplification, and social legitimation of vaccine misinformation. Understanding these dynamics is essential for developing platform-sensitive public health communication strategies aimed at countering misinformation and strengthening vaccine confidence.
Popul. Med. 2026;8(Supplement 1):A3332

ABS3252

Vaccine Hesitancy: Reflections from the Medical Professional's Perspective

Fabiana Turino[1], Jeanine Pacheco Moreira Barbosa[1], Rafael Vulpi Caliari[1], Stephania Mendes Demarchi[1], Erika Maria Sampaio Rocha[2], Jandesson Mendes Coqueiro[1], Fabio Gomes Goveia[1], Maria Angelica Carvalho Andrade[1], Jeremias Campos Simões[3]
[1]Public health, Federal University of Espírito Santo, Vitoria, Brazil, [2]Training Center in Health Sciences, Federal University of Southern Bahia - Paulo Freire Campus, Teixeira de Freitas - Bahia, Brazil, [3]Nursing, Fluminense Federal University, Niteroi/Rio de Janeiro, Brazil

ABSTRACT
Previous Works Vaccine hesitancy has emerged as a major public health challenge, intensified during the COVID-19 pandemic and persisting in the post-pandemic period1,2. Medical professionals play a strategic role in shaping public trust in vaccines; however, their practices and discourses are influenced by broader informational, educational, and institutional contexts3. Understanding how physicians perceive and address vaccine hesitancy is essential for strengthening immunization strategies.
METHODS
This study adopts a qualitative research design, based on projective interviews4 conducted with fifteen medical professionals. The analysis focused on physicians' discourses regarding vaccine hesitancy during the COVID-19 pandemic and in the current context, with particular attention to perceptions of misinformation, professional training, and educational practices in health. These physicians were practicing during the COVID-19 pandemic. Research Ethics Committee of UFES, under number: 6.513.178 and CAAE registration 75527723.5.0000.5060.
RESULTS
The findings indicate that misinformation (fake news), combined with structural weaknesses in Continuing Health Education and Popular Health Education, constitutes a significant factor undermining public trust in vaccines. Participants reported that professional training and updating processes occur in a fragmented and discontinuous manner, with limited institutional support from health services, universities, or professional councils. Despite these challenges, physicians highlighted active listening, the creation of safe and welcoming spaces for addressing doubts, and the use of participatory educational practices as key strengths in confronting vaccine hesitancy and rebuilding trust.
CONCLUSIONS
Vaccine hesitancy is reinforced by the interaction between misinformation and institutional fragilities in professional education, which weaken public confidence in immunization. The findings underscore the need for the institutionalization of continuous, integrated training processes within the Brazilian Unified Health System (SUS), capable of articulating scientific evidence, subjective values, and communicational practices. Strengthening such processes is essential to enhance the strategic role of physicians in promoting vaccination and addressing vaccine hesitancy in contemporary public health contexts
Popul. Med. 2026;8(Supplement 1):A3334

ABS3416

Examining intimate partner femicide narratives on X: A social listening study in South Africa

Nompumelelo Mbanjwa[1], Mpho Silima[1], Sara Jewett[1]
[1]School of Public Health, Wits University, Faculty of Health Sciences, Parktown, Johannesburg, South Africa

BACKGROUND
Intimate partner femicide (IPF) is a significant public health crisis in South Africa, with a rate more than six times the global average. 1 While social media platforms like X have become important for digital activism, they have also become spaces where harmful discourses flourish. 2 This study explores and analyses the narratives surrounding IPF that were prevalent on X in South Africa between 2018 and 2024.
METHODS
A mixed-methods retrospective cross-sectional study was conducted, analysing a final sample of 3,615 tweets and comments discussing 60 IPF cases in South Africa. A Natural Language Processing (NLP) model assessed emotional tone across six categories: anger, disgust, fear, joy, sadness, and surprise This was supplemented with thematic content analysis of the 2,553 most resonant tweets to identify dominant narratives and stakeholder engagement.
RESULTS
Discourse was dominated by the general public in victim-related posts (47%) and social media influencers across both victim and perpetrator narratives (36%–50% respectively). While activism was present, a significant counter-narrative emerged. About 15% of victim-related posts engaged in victim-blaming, and 39% of perpetrator-related narratives actively justified the perpetrator's actions, often citing alleged infidelity of the victim. Anger (31%) and disgust (26%) were the most dominant emotions, largely directed at systemic failures within the criminal justice system, such as bail and sentencing issues. Conversely, joy, (2%) was driven by reports of justice being served.
CONCLUSIONS
The public's justifications for violence alarmingly mirror documented motives of perpetrators of IPF, creating a harmful feedback loop. These findings highlight the need for segmented Social and Behaviour Change Communication (SBCC) interventions that directly confront victim-blaming and advocate for institutional reform on digital platforms.
Popul. Med. 2026;8(Supplement 1):A3336

ABS3457

Exclusion from health information among socially vulnerable populations: an intersectional analysis in Brazil

Ariela Fehr Tartaro[1], Dulce Gomes[2], Thaís Zamboni Berra[1], Reginaldo Bazon Vaz Tavares[1], Yan Mathias Alves[1], Maria Eduarda Pagano Pelodan[2,1], Nathalia Zini[2], Carolina Nogueira Gomes[2], Marcela Antunes Paschoal Popolin[1], Letícia Perticarrara Ferezin[2], Jaqueline Garcia de Almeida Ballestero[1], Ricardo Alexandre Arcêncio[1]
[1]Ribeirão Preto College of Nursing, University of São Paulo, Ribeirão Preto, Brazil, [2]School of Science and Technology, University of Évora, Évora, Portugal

BACKGROUND
The covid-19 pandemic intensified pre-existing social inequalities and highlighted the central role of information in health promotion. Although internet access is widespread in Brazil, mechanisms of informational exclusion in public health emergencies remain insufficiently investigated1,2.

METHODS
Cross-sectional study aimed to identify socially vulnerable population groups with lower propensity to seek information about covid-19 on the internet in Brazil. The study was conducted in the 26 Brazilian state capitals and the Federal District. The sample comprised people experiencing homelessness, residents of rural settlements and urban communities, as well as migrants, refugees, and stateless individuals. Data were collected between 2021 and 2023 through face-to-face interviews. The analysis was conducted using the intersectional MAIHDA approach (Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy) 3.
RESULTS
The sample consisted of 3,099 participants distributed across 133 intersectional strata defined by gender, ethnicity, educational attainment, income, and territory. The results identified five profiles with the lowest probability of seeking information about covid-19 online. These profiles were exclusively characterized by male individuals with no formal education and no income. Differences among profiles were observed only by territory, with two from rural areas and three from urban areas. Model performance was adequate, with a Variance Partition Coefficient of 21% and an area under the ROC curve of 0.75. Male sex, absence of income, and low educational attainment were independently associated with lower information-seeking.
CONCLUSIONS
The intersectional analysis showed that inequalities in seeking online information about covid-19 do not occur uniformly, nor can they be interpreted based on isolated social markers. These patterns emerge from the overlapping of social structures that, in combination, shape access to information. In public health emergencies, health communication strategies must acknowledge these asymmetries and guide actions that are responsive to different population groups.
Popul. Med. 2026;8(Supplement 1):A3337

ABS3461
Trust, Information Integrity, and Emergency preparedness: From Infodemics to Brokering Trust in an era of Polycrisis

Stefan Mandić-Rajčević[1,2], Sonya Hilberts[3], Mark Govers[3], Kyriaki Vagionaki[4], Elena Petelos[5,3,6], Maria Papadkaki[4]
[1]1 Laboratory for Infodemiology and Infodemic Management, Institute of Social Medicine, Faculty of Medicine, University of Belgrade, Belgrade, Serbia, [2]2 School of Public Health and Health Management, Faculty of Medicine, University of Belgrade, Belgrade, Serbia, [3]3 Department of Health Services Research, Care and Public Health Research Institute, Maastricht University, Maastricht, Netherlands, [4]4 Laboratory of Health and Road Safety (LaHeRS), School of Health Sciences, Hellenic Mediterranean University, Heraklion, Greece, [5]5 Clinic of Social and Family Medicine, School of Medicine University of Crete, Heraklion, Greece, [6]6 Public Health Research Institute, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, Netherlands
ABSTRACT
WORKSHOP Outline This workshop addresses the intersection of trust, information integrity, and emergency preparedness in an era defined by overlapping crises—from pandemics to climate change to geopolitical instability and digital platform disruption. We begin from the premise that the "information environment" is a determinant of health, as vital as the physical and social environment. Grounded in the findings of the 2026 Edelman Trust Barometer, we identify a global "trust recession" in traditional media and government institutions, contrasted by the resilience of trust in "Scientists" (76%) and "My Employer" (78%) [1-2]. The findings reframe misinformation on social media as a significant operational obstacle to disaster response, rather than a minor communication issue. Misinformation undermines trust, amplifies fear and anxiety, encourages risky behaviors, and diverts emergency resources. The workshop integrates these findings to show how erosion of trust impacts emergency communications, vaccine confidence, climate adaptation strategies, and coordinated response capacity. We present potential tools and solutions, such as a "Rapid Risk Assessment Framework" using AI (Large Language Models and social listening) to quantify narratives, and discuss potential biases this approach could introduce. We also focus on strategies to help us move toward "brokering trust", emphasize the importance of trusted messengers, such as physicians and community peers, in safeguarding information integrity. This is particularly important for marginalized older adults (e.g. those with multimorbidity, disabilities, or living in geographically isolated areas), who are disproportionately affected by power imbalances and digital divides. Finally, we present evidence of effective age-friendly interventions, such as social prescribing, which emphasize integrated social and healthcare through trusted community hubs to combat fatigue and rebuild resilience. The session closes with a collaborative discussion and exchange of experience on applying various tools and trust-building strategies in participants' own national contexts.
Popul. Med. 2026;8(Supplement 1):A3338

ABS3599
The susceptibility to health misinformation depends on the addiction to social media and political views but not on e-health literacy

Mariusz Duplaga[1], Magdalena Sikorska[1], Urszula Zwierczyk[1]
[1]Department of Health Promotion and e-Health, Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College, Krakow, Poland
ABSTRACT
Background. Susceptibility to health misinformation (SHM) is viewed as a cognitive vulnerability shaped by socio-political orientations and engagement with digital information environments, not only by health-related knowledge. Social media can amplify misleading health narratives, and ideological positioning may shape what is encountered and trusted. E-health literacy (eHL) is commonly considered protective. This study tested whether social media addiction (SMA) and political views are associated with higher SHM after adjustment for religious practices, sociodemographics, and internet use intensity (IUI), and whether eHL adds independent explanatory value. Methods. We conducted an online survey of Polish adults aged 18–75 years (N=2701) with quota matching by gender, age, education, residence, and NUTS1 region. Participants were recruited through an online panel. SHM was the sum score of responses to 12 false health statements derived from fact-checking websites. Hierarchical linear regression included three blocks: 1) sociodemographics; 2) political preference and religious practices; 3) SMA, IUI, and eHL. Results. Sociodemographics explained a modest share of variance in SHM (R=0.063). Adding political preference and religiosity produced the largest improvement (ΔR=0.101). The final block added incremental explanatory value (ΔR=0.019; final R=0.182). Political preference remained strongly associated with SHM, with higher SHM among supporters of the main right-wing party versus the centrist one (B=5.35; 95%CI: 4.42 to 6.29). Non-believers had lower SHM than non-practising believers (B=-2.02; 95%CI: -2.93 to -1.11). SMA was an independent correlate of higher SHM (B=0.27; 95%CI: 0.20 to 0.34). Less intensive Internet users reported higher SHM than the most intensive ones (B=1.28; 95%CI: 0.35 to 2.21). eHL was not independently associated with SHM (B=0.013; 95%CI: -0.05 to 0.08). Conclusions. SHM was closely linked to political preference and problematic social media engagement. The absence of an independent association for eHL suggests that perceived online health-information skills may not offset political exposure and high-engagement social media use.
Popul. Med. 2026;8(Supplement 1):A3339

ABS3639
Health Communication as a Pathway to Equity: Challenges and Opportunities in Brazil's Unified Health System Planning

MARCELE PAIM[1], LILIANA SANTOS[1]
[1]Instituto de Saúde Coletiva, Universidade Federal da Bahia, Salvador, Brazil
ABSTRACT
Since Brazil's 8th National Health Conference, communication has been recognized as a strategic dimension for promoting the right to health. Conceived as a human right and a fundamental component of social relations, communication is closely aligned with the core principles of the Brazilian Unified Health System (SUS), including comprehensiveness, social participation, decentralization, and equity. This study aimed to identify social communication strategies and equity-promoting actions incorporated into SUS planning, with a particular focus on human resources for health. A qualitative and descriptive methodology was adopted, combining a literature review with documentary analysis of the 27 State Plans for the 2024–2027 period. The findings indicate that most Federative Units included actions related to communication and equity in their plans. However, these actions were often described in vague terms, lacking clear specification of accessible, inclusive, and culturally appropriate communication strategies. In addition, given the growing influence of digital media, the analysis revealed a notable shortage of proposals aimed at addressing health misinformation. The study highlights the need for initiatives that go beyond acknowledging social, economic, and cultural dynamics, and instead critically examine their impacts, promote equitable access to information, encourage autonomous and critical thinking, and strengthen social participation in the construction of fair and inclusive communication processes. More than normative guidelines, promoting equity within the health system requires educational and communicational practices that actively confront prejudice, racism, sexism, LGBTphobia, and ableism still present in institutional settings, as these forms of violence affect both labor relations and the quality of healthcare delivery. In conclusion, communication in

health should not be understood merely as information dissemination, but as a central dimension of care, management, citizenship, and democracy. Recognizing communication as a relational, dialogical, and inclusive process is essential to ensuring the right to information, equitable access to healthcare, and meaningful social participation.
Popul. Med. 2026;8(Supplement 1):A3340

ABS3851
Reflections on the influence of the media on health: online social networks, the dissemination of information and health production

Fabíola Fernandes Bersot Magalhães[1,2], Maria Angélica Carvalho Andrade[1], Jeanine Pacheco Moreira Barbosa[1,2], Caroline Feitosa Dibai de Castro[3], Ana Cláudia Pinheiro Garcia[1], Gabriela de Brito Martins[1], Jeremias Campos Simões[4], Mateus Nague de Souza[1], Fabiane Lima Simões[1], Scheila Defante Peres[1], Jandessom Mendes Coqueiro[1]
[1]Programa Pós Graduação Saúde Coletiva, Universidade Federal do Espírito Santo, Vitória/ES, Brazil, [2]Escola de Saúde Pública, Instituto Capixaba de Ensino, Pesquisa e Inovação em Saúde/ Secretaria de Estado da Saúde do Espírito Santo, Vitória/ES, Brazil, [3]Curso de Medicina, Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória, Vitória/ES, Brazil, [4]Enfermagem, Universidade Federal Fluminense, Rio das Ostras, Brazil

INTRODUCTION
The production of health information is a process influenced by cultural, political and media dimensions, in which narratives about bodies, risks and lifestyles are constructed, influencing social perceptions and subjectivities. With technological advances and the increased use of online social networks, we can see a transformation in social behaviour with significant impacts on health. In the contemporary context, online social networks play a central role in the circulation of health-related content, expanding both access to information and the dissemination of misinformation. This study aims to critically analyse the influence of online social media on the production of meanings about health in the field of Public Health.
METHODS
This is a reflective narrative review based on an interpretative reading of selected theoretical and empirical works from the LILACS, Medline/PubMed, SciELO and Web of Science databases, using the descriptors "communication and health", "social media exposure", "mobile social network" and "public health". The selection of studies was guided by the prominent presence of the discussion between online social media and health.
RESULTS
The analysis shows that digital platforms intensify the speed and reach of information, contributing to the legitimisation of certain discourses on health, especially those related to body aesthetics, weight loss and lifestyles, which are often dissociated from scientific evidence. The studies analysed point to recurring problems with information quality, favouring the circulation of fake news and misinformation, posing significant challenges for public health systems and highlighting the ongoing need to strengthen responsible and critical health communication practices. 3,4,5
CONCLUSIONS
It can be concluded that digital media plays a strategic role in contemporary health production, requiring the strengthening of public policies that address communication, platform regulation, and the promotion of health literacy as strategies to combat misinformation in local and global contexts.6,7
Popul. Med. 2026;8(Supplement 1):A3341

ABS3866
From evidence to action: knowledge brokering for equitable, inclusive, and sustainable health systems

Noluthando Ndlovu[1], Ashnie Padarath[1], Ntombi Sigwebela[1]
[1]Research and Implementation Science, Health Systems Trust, Durban, South Africa

INTRODUCTION
Health systems worldwide generate increasing volumes of routine data and applied research evidence, yet the translation of this evidence into policy and systems-level decision-making remains inconsistent. Policymakers and health system leaders often encounter fragmented evidence, competing priorities, and limited institutional mechanisms to support meaningful evidence use. These challenges undermine efforts to advance equity, inclusion, and sustainability, particularly in resource-constrained and politically complex environments.
METHODS
This organised session explores knowledge brokering as a critical function for bridging the gap between evidence generation and action. Convened by Health Systems Trust, the session draws on global lessons from integrating routine health system performance data with thematic health systems research to inform policy dialogue and decision-making. While grounded in practical experience, the session adopts a global perspective, focusing on transferable approaches relevant across diverse health system contexts.
RESULTS
Through a facilitated panel discussion and structured audience engagement, speakers will examine how different forms of evidence can be curated, synthesised, and translated to support policy processes. The discussion will explore practical knowledge brokering strategies, including aligning evidence to policy cycles, foregrounding equity and inclusion in evidence synthesis, communicating uncertainty and trade-offs, and navigating institutional and political constraints to evidence use.
CONCLUSIONS
This session is intended for policymakers, researchers, civil society organisations, funders, and implementing partners interested in strengthening evidence-informed governance. By highlighting practical and transferable knowledge brokering approaches, the session aims to support cross-border learning and contribute to the institutionalisation of evidence use as a cornerstone of equitable and sustainable health systems.
Popul. Med. 2026;8(Supplement 1):A3342

ABS4015
From Survey to Solution: Mobile Application Targeting Health, Nutrition, Stress, and Sexual Wellness for Truckers Based on Route- and Age-Specific Needs Assessment in India

KAUSHIK BISWAS[1], L Rathore[1]
[1]Programme, Plan International (India Chapter), Delhi, India

BACKGROUND
Long-distance truckers exhibit HIV prevalence 1.00% (95% CI: 0.78-1.21) nearly five times the national average and face compounded vulnerabilities due to mobility, occupational risks, and limited healthcare access. Plan India carried out a needs assessment survey to enable precision programming and inform a user-centric mobile health platform.
METHODS
A cross-sectional needs assessment was conducted among truckers and allied workers registered under Plan India's One Stop Centre (OSC) interventions. Stratified random sampling was applied, with OSC locations as strata and systematic random selection within sites. A total of 502 respondents were interviewed using a structured questionnaire, and descriptive and bivariate analyses were performed.
RESULTS
The average age of respondents was 35.7 years 65% respondents operating medium-distance routes (200–800 km). 78% earning under ₹20,000/month and with low educational attainment (60% up to Class 8). 75.2% reported musculoskeletal issues, 44.1% fever/cold, and 37.3% eye problems. 11.2 % reported diabetes and 10.2% hypertension, with 55.5% reporting at least one pre-existing disease. Lower income and education were linked to higher health burdens ($p < 0.001$; $p \approx 0.05$). Nutrition was a concern, with 73.5% relying on roadside dhabas; awareness of risks from tobacco, alcohol, and energy drinks was low (27-30%). Sexual health awareness stood at 73.7%, highest among younger (80%) respondents and short-distance drivers (90.3%). Substance use was widespread (90.4%), with 75.7% expressing willingness to quit. Substance use is widespread across all income levels, but lowest-income group shows higher abstinence ($p<0.001$).
CONCLUSIONS
Truckers face significant health and occupational risks, including musculoskeletal problems, chronic diseases, stress, poor nutrition, and high substance use. Based on these findings, Plan India has developed a targeted, route- and age-specific mobile application, featuring multimedia, low-literacy, and offline-enabled content to support stress management, sexual health, substance use reduction, and nutrition, providing a scalable solution to enhance truckers' wellbeing and safety.
Popul. Med. 2026;8(Supplement 1):A3344

ABS4065
From viral to verifiable: social media, health misinformation and public health communication

Titilayo Kolawole[1]
[1]Hope Across Ages Foundation, Milton Keynes, United Kingdom

INTRODUCTION
The rapid growth of social media has transformed how health information is produced, circulated, and consumed. Social media platforms have become a dominant source of health information, shaping public understanding, attitudes, and responses to health issues. Whilst these platforms offer opportunities for

timely public health communication, they also facilitate the widespread circulation of health misinformation. Algorithm-driven visibility, emotionally engaging content, and peer-to-peer sharing, amplify misleading health narratives and increase exposure to unverified information.- This has contributed to declining trust in public health institutions and adverse health behaviours., This review explores how health misinformation spreads through social media and examines its implications for public health communication.
METHODS
A narrative review was conducted using peer-reviewed literature and institutional reports examining health misinformation, social media dynamics, public trust, and public health communication strategies. Key sources were selected to reflect empirical evidence, conceptual frameworks, and policy perspectives.- Findings were synthesised thematically, with emphasis on mechanisms of misinformation spread, impacts on health beliefs and behaviours, and evidence-informed communication responses.
RESULTS
The literature identifies that social media platforms amplify health misinformation through the following major drivers: engagement-driven algorithms, visual content, and prominent non-expert sources.- Exposure to misinformation is consistently associated with reduced trust in public health authorities, increased vaccine hesitancy, and delayed health-seeking behaviour., Traditional corrective approaches, such as fact-checking alone, show limited effectiveness. More effective strategies include proactive public health messaging, prebunking techniques, culturally responsive communication, platform-level accountability, and strengthening digital and health literacy.,-
CONCLUSIONS
Health misinformation circulating on social media represents a significant challenge for public health communication. Addressing this challenge requires a shift from reactive correction toward preventive, trust-centred communication strategies that account for both technological and social drivers of misinformation. Integrative public health communication approaches are essential to support informed decision-making, rebuild trust, and protect population health in the digital era.
Popul. Med. 2026;8(Supplement 1):A3346

ABS4128
Decoding HIV pre-exposure prophylaxis through youth experiences of misinformation, stigma and communication
Chumani Nyezi[1,2], Karien Jooste[1], Regis Rugira Marie Modeste[3]
[1]Nursing Sciences, Cape Peninsula University of Technology, Bellville, South Africa, [2]Implementation, Knowledge Translation Foundation, Rondebosch, South Africa, [3]Nursing and Midwifery, Stellenbosch University, Parow, South Africa
INTRODUCTION
Globally, the youth is at a higher risk of acquiring HIV, with 40.8 million people living with the virus and 1.3 million new infections were reported in 2024. Sub-Saharan Africa accounts for a substantial proportion of the global burden and approximately half of new infections.2 South Africa's high HIV prevalence persists despite increased PrEP coverage, with poor continuation and adherence.3 Despite PrEP's effectiveness, uptake and utilisation among adolescent girls and young women in sub-Saharan Africa remain suboptimal.4 This study explored youth experiences using PrEP to understand how misinformation, stigma and communication gaps influence PrEP use.
METHODS
A qualitative exploratory, descriptive, and contextual design was used. Seven youth aged 18 to 29 using HIV pre exposure prophylaxis were interviewed in two Tygerberg sub district clinics between December 2022 and August 2023. Purposive and professional referral sampling were applied. Interviews were audio recorded, transcribed, and analysed thematically, with consensus reached with an independent coder.
RESULTS
The youth reported that community members misunderstood HIV pre exposure prophylaxis as antiretroviral therapy and associated its use with being HIV positive or promiscuous. The pill container and norms that discouraged clinic attendance reinforced stigma. Clinic communication challenges, including rushed counselling, unclear information, and limited guidance on adherence and side effects, contributed to missed doses or stopping the medication. Participants described difficulties with side effects, pill size, and maintaining daily routines, and used coping strategies such as adjusting medication timing, setting reminders, and informing trusted individuals.
CONCLUSIONS
Evidence indicates that age-appropriate counselling and supportive provider interactions promote sustained use of HIV pre-exposure prophylaxis, while stigma and misinformation undermine adherence.4,5 Improving uptake requires addressing misinformation, reducing stigma, and strengthening provider-community communication. Community awareness that promotes HIV pre-exposure prophylaxis and reinforces evidence-based messages is essential in an increasingly complex misinformation environment.
Popul. Med. 2026;8(Supplement 1):A3347
Public Health Ethics & Law

ABS0760
Conceptualizing Justice Upstream: Insights from Decision Makers in Health Research Funding
Rigobel Azanwi[1]
[1]Global Health and Social Medicine, King's College London, London, United Kingdom
BACKGROUND
Healthcare interventions such as drugs and therapies exist because researchers transform ideas into practical solutions. Nevertheless, these processes rely on funders whose financial decisions determine which innovations materialize. I argue that in public health, persistent inequities in access to innovative drugs and therapies render funders' understandings of justice particularly essential. Hence, this study examines how health research funders conceive and interpret justice and how their perceptions shape equity, inclusion, and global health sustainability.
METHODS
Using constructivist grounded theory, I conducted a semi-structured interviewed with nine senior decision makers from six health research funding organizations across three countries/continents. Interviews explored participants' perceptions of justice, its relevance to their decision-making processes, and its role in shaping organizational priorities. The data were coded and categorized following the constructivist grounded theory guidelines.
RESULTS
Although funders demonstrated numerous similarities in how they perceived and conceptualized justice, there were equally conflicting interpretations of the concept. While some viewed justice as peripheral to funding decisions, others regarded it as a core and often implicit organizational value. Furthermore, participants differed in whether they perceived justice instrumentally: to achieve better outcomes, or intrinsically: as a moral principle guiding responsible investment. These conceptual differences influenced how decision makers understood their obligations to address inequities, including those that cross national borders.
CONCLUSIONS
Funders' interpretations of justice shape the priorities and processes that guide support for initial health research. In understanding the conceptual foundations behind justice related decision-making, this study highlights why efforts to achieve equity in access to innovative drugs and therapies, require clearer, and justice sensitive frameworks for research funding. Understanding how funders think about justice before acting is essential for building more equitable, inclusive, and sustainable global health innovation systems for just outcomes.
Popul. Med. 2026;8(Supplement 1):A3353

ABS1729
Ethical dilemmas and moral distress among critical care nurses during the COVID-19 pandemic in the central hospitals of a South African province
Busisiwe Sibiya[1]
[1]School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
BACKGROUND
Moral distress (MD) is the psychological discomfort experienced when an individual knows the ethically correct action to take but is constrained from doing so. This study examined the ethical dilemmas and the prevalence and predictors of MD experienced by critical care nurses during the COVID-19 pandemic.
METHODS
During 2023, a cross-sectional study was conducted in the four central hospitals of the Gauteng province of South Africa. The self-administered questionnaire included an adapted Moral Distress of Health Professionals Scale to measure the frequency and severity of MD amongst other sections. We grouped the ethical dilemmas into three dimensions of patient care, teamwork and interprofessional collaboration, and health system, and calculated the MD score for each dimension. We fitted separate multiple linear regression models for each dimension to compare the mean scores.
RESULTS
We obtained a response rate of 88.2%, with 180 participating nurses. The mean

age of the nurses was 45.2 years [SD= 9.78], the majority were professional nurses (88.9%), and female (91.1%). The predictors of MD associated with patient care included training in infection prevention and control (p = 0.01) and collegial stigmatisation (p < 0.0001). MD related to teamwork, predictors were age (p = 0.01), access to personal protective equipment (PPE) (p = 0.01), and collegial stigmatisation (p < 0.0001). The MD predictors in relation to the health system were age (p = 0.03), collegial stigmatisation (p = 0.01) and access to PPE (p < 0.0001). The hospital of employment impacted on MD related to teamwork (p = 0.03) and health systems (p = 0.02).
CONCLUSIONS
The study underscores the critical role of positive practice environments and the need for investment in nurses' health and well-being.
Popul. Med. 2026;8(Supplement 1):A3364

ABS2504
Creating code of ethics and professional conduct for public health professionals and institutions

Farhang Tahzib[1,2,3], Mary Codd[4], Katarzyna Czabanowska[5,2], Joseph Mfutso-Bengo[6], James Thomas[7,2], Peter Schröder-Bäck, Peter[3], Paul Athanasopoulos[1]
[1]Faculty of Public Health, London, United Kingdom, [2]Global Network for Academic Public Health, Washington, United States, [3]European Public Health Association, Utrecht, Netherlands, [4]Association of the Schools of Public Health in European region, Brussels, Belgium, [5]WHO Collaborating Centre for public health leadership and workforce development, Maastricht, Netherlands, [6]Kamuzu University of Health Sciences (KUHeS), Blantyre, Malawi, [7]University of North Carolina at Chapel Hill, North Carolina, United States

BACKGROUND
The WHO - ASPHER Road map for the professionalisation of the public health workforce, highlighted ethics as an key pillar for professionalisation, a core competency, and the need for Code of Ethics and Professional Conduct for good practice.
METHODS
The Global Network for Academic Public Health, ASPHER, European Public Health Association, and other partners set up an expert international working group on public health ethics and law to advance the agenda. The public health ethics and law network (PHEL) has carried out research, developed guidance, resources for creating a code of ethics and professional conduct for public health professionals and institutions, educational resources and a website to share learning and resources. This includes consideration of competencies, principles, and values for good public health practice. PHEL is also advising and collaborating with a community of learning and collaboration from various countries, who are considering the various resources and learnings to develop their own local code of ethics and professional conduct and build ethico-legal competence, capacity and resilience of local public health workforce.
RESULTS
The purpose of the session will be to: - Share the evidence, guidance and resources for creating a code of ethics for public health professionals and institutions, including ethical competencies, principles and values for good public health practice - Share experiences and learning of the community of learning and collaboration from various countries in using the ideas and resources in creating local codes of ethics and professional conduct - Reflect and consult with participants on their experiences and potential to join and collaborate with the community of learning
CONCLUSIONS
Development of Code of ethics and professional conduct is a key requirement for professionalization of public health workforce. The resources and the community of learning provides opportunity for collaboration and learning for building ethicolegal competence and capacity
Popul. Med. 2026;8(Supplement 1):A3367

ABS3514
Humanising the WHO Pandemic Agreement: A Rights-Based Framework for Equitable Implementation

Amitabha Sarkar[1], Meri Koivusalo[1], Alison Mccallum[2], Abbe Brown[3], Chloe Stephenson[1], Corrado Piroddi[1]
[1]Health Sciences Unit, Tampere University, Tampere, Finland, [2]Centre for Population Health Sciences, Usher Institute, University of Edinburgh, Edinburgh, United Kingdom, [3]School of Law, University of Aberdeen, Aberdeen, United Kingdom

BACKGROUND
The WHO Pandemic Agreement (PA), adopted at the 78th World Health Assembly in 2025, offers a landmark opportunity to embed the right to health across pandemic prevention, preparedness, response, and recovery (PPRR). Yet, without a robust human rights-based approach (HRBA), the implementation risks perpetuating global inequities—particularly for low-income countries and marginalised populations. The PA's pledge-based design and limited enforcement mechanisms underscore the necessity of operationalising equity, non-discrimination, participation, and accountability in the global health architecture.
METHODS
This conceptual analysis maps PA articles (3–18) to corresponding human rights principles (e.g., right to health, right to development, participation), examining their normative alignment with international rights law (ICESCR, UDHR). It critically assesses the PA negotiation process (2022–2025) and governance architecture, including the Pandemic Conference of the Parties (COP) under Article 19, and identifies gaps in accountability and equitable access to countermeasures, technology transfer, financing, and community engagement.
RESULTS
The mapping reveals that while the PA explicitly endorses principles such as equity and solidarity, operational gaps remain in translating these commitments into enforceable implementation pathways. Key articles (e.g., 10–12, 15–18) show potential to advance equitable access to medical technologies and participatory engagement, but risk weakening without HRBA integration. Embedding human rights norms through international (CESCR, Special Procedures), regional (e.g., African Charter), and national mechanisms can enhance accountability, strengthen compliance oversight, and safeguard marginalized groups.
CONCLUSIONS
Adopting a HRBA transforms the PA from a technical treaty into a rights-driven model of global cooperation, advancing equitable, inclusive, and accountable PPRR. Anchoring implementation in human rights principles helps align pandemic governance with global commitments to equity and justice, fostering legitimacy, solidarity and sustainable health security worldwide.
Popul. Med. 2026;8(Supplement 1):A3368

ABS4141
Global Health Ethics at a Crossroad in the 21st Century

Peter Nyasulu[1]
[1]Global Health, Stellenbosch University, Cape Town, South Africa

ABSTRACT
Global health ethics has entered a critical juncture in the 21st century, shaped by rapid technological advancement, recurring pandemics, widening inequities, and shifting global power dynamics. Traditional ethical frameworks, grounded in the principles of autonomy, beneficence, non-maleficence, and justice, are increasingly challenged by contemporary issues such as global solidarity, climate change, and the decolonization of global health practice. This study aimed to identity critical ethical changes encountered by Global health professional in the era of global pandemics and economic hardships. The study thus employed a narrative and conceptual review of literature, policy documents, and ethical frameworks published between 2000 and 2025, examining debates in global health research, resource allocation, transnational governance, and education. The analysis revealed four major ethical crossroads defining current discourse. First, the tension between equity and efficiency persists, as cost-effectiveness models often conflict with fairness and justice in low-resource settings. Second, global solidarity continues to be undermined by national self-interest, as evidenced during the COVID-19 pandemic and inequitable vaccine distribution. Third, technological innovation especially in genomics, artificial intelligence, and digital health has outpaced ethical oversight, raising critical concerns over consent, privacy, and data sovereignty. Finally, calls to decolonize global health ethics underscore the need to move beyond western centric paradigms toward inclusive, culturally grounded, and justice-oriented frameworks. These findings suggest that global health ethics must evolve from narrow biomedical principles to broader, pluralistic models that integrate social justice, inclusivity, and global responsibility. Embedding ethics at the core of global health practice is essential for achieving equitable and sustainable health outcomes in an interconnected world.
Popul. Med. 2026;8(Supplement 1):A3371
Public Health in Emergencies and Disasters

ABS0016
Impact of PEPFAR Funding Freezes on HIV Treatment Access and Projected Outcomes, January–June 2025

Jose Manuel Zuniga[1]
[1]International Association of Providers of AIDS Care, Washington, DC, United States

INTRODUCTION
The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has been pivotal

in expanding global access to antiretroviral therapy (ART). In early 2025, funding freezes disrupted ART supply chains and service delivery, raising concerns about continuity of care, workforce stability, and public health outcomes. This study analyzes the impact of these freezes on HIV treatment access, with projections for new infections, morbidity, and mortality.
METHODS
A comparative analysis of service delivery data from PEPFAR-supported sites across 12 countries was conducted, comparing January–June 2025 against the baseline period of July–December 2024. Metrics included ART initiation and refill rates, viral load monitoring, and retention in care. Interrupted time series analysis assessed changes in service delivery. Projections of new infections and health outcomes were estimated using a transmission model incorporating the effects of treatment interruptions on viral rebound and onward transmission. Qualitative interviews with health workers and program managers provided context on systemic disruptions.
RESULTS
ART refill rates declined by an average of 18%, with the steepest drops in sub-Saharan Africa. Viral load monitoring decreased by 22%, limiting early detection of treatment failure. Funding freezes altered the HIV care delivery ecosystem, leading to health worker layoffs, clinic closures, and reduced capacity of community-based organizations. Modeling suggests that treatment gaps and viral rebound could result in up to 145,000 additional new HIV infections and 65,000 excess AIDS-related deaths globally in 2025 if freezes persist. Providers reported widespread patient disengagement, stigma, and declining trust in health systems.
CONCLUSIONS
PEPFAR funding freezes disrupted ART access and destabilized HIV care delivery ecosystems, threatening progress toward epidemic control. Projections indicate substantial increases in new infections, morbidity, and mortality due to disrupted treatment-as-prevention benefits. Safeguarding continuity of funding, protecting the health workforce, and ensuring emergency buffers for ART supply are critical to sustain global HIV gains.
Popul. Med. 2026;8(Supplement 1):A3372

ABS0178
Exploring factors contributing to diarrhea outbreaks in children under-5 years old in Habu village

Abigail Lesego Olesitse[1], Maria albin Qambayot[2]
[1]Public Health, Texila American University, Lusaka, Zambia, [2]Public Health, University of Kwazulu Natal, Durban, South Africa

INTRODUCTION
Diarrhoea is the second leading cause of death in children younger than 5 years of age world wide. According to World Health Organization (WHO) as cited by (Sutariya et al, 2011) it is estimated that four million children under the age of five die each year in the world from diarrhea mainly in developing countries. Botswana as a country still experiences biannual outbreaks of diarrheal disease that result in under-5 morbidity and case fatality rates as high as 30% and 20%, respectively (Alexander & Blackburn, 2013).
METHODS
A non-experimental exploratory descriptive design was used for this study. The focus group discussion and in-depth interviews were used to collect data from the participants. The researcher tape recorded responses in voice recorder and data was transcribed and coded after the interviews. An inductive approach was used in which data was allowed to determine the themes.
RESULTS
Diarrheal outbreak could be a result of water consumed, traditional practice of brewed soft porridge and unwarned overnight food left over given to children. Introduction of new feeds, solid meals and un-boiled animal milk were reported to be among the causes of diarrhea in children. Other respondents believed that consumption of uncooked fortified meal, neglegency, dirty environment, inability to following instruction on making formula feeding, lack of toilet around the village and not obeying traditional taboos are the contributing factors.Most of the respondent did not even know the interventions government deployed in Habu to prevent and reduce diarrheal outbreak among children.
CONCLUSIONS
This study revealed untreated water and poor sanitation together with traditional feeding patterns to be the main factors in the diarrhea outbreaks among under-five populations in Habu village. However there is another indirect element being the ignorance of the interventions in place for the reduction of under-five morbidity.
Popul. Med. 2026;8(Supplement 1):A3374

ABS0242
Voices from Gaza: Coping strategies during the war on the Gaza Strip- A qualitative study

ABDALLAH ABUDAYYA[1]
[1]Institute for Nursing, Faculty of Health Studies, VID Specialized University, Oslo, Norway

INTRODUCTION
The Gaza Strip is facing unprecedented devastation, with widespread destruction of infrastructure, mass displacement, and a collapse of essential services amid ongoing war and genocide. In this context of profound trauma and humanitarian crisis. This study aims to raise the voice of innocent Palestinians living in the Gaza Strip under the current genocide and underline the coping strategies and mechanisms they have developed.
METHODS
This qualitative study draws on daily personal communications conducted between October 2023 and April 2025 with displaced civilians, family members, healthcare workers, and friends in Gaza. Testimonies were gathered via mobile and social media platforms.
RESULTS
Findings reveal a range of coping strategies, including community solidarity, religious and spiritual resilience, creative expression, informal psychosocial care for children, and peer support among healthcare workers. Caregiving and faith-based practices were framed by informants as forms of both emotional survival and political resistance. Healthcare workers, despite profound personal losses, continued to deliver critical medical and emotional support, embodying the Palestinian ethos of sumud (steadfastness). Education, storytelling, future-oriented conversations, and international solidarity also emerged as key resources sustaining emotional endurance.
CONCLUSIONS
The study highlights how coping strategies in Gaza are deeply rooted in cultural values, collective identity, and moral resistance. Resilience is expressed not only through personal adaptation but through acts that assert dignity, humanity, and hope in the face of dehumanization. These findings underscore the need for trauma research and humanitarian responses that are context-sensitive, culturally embedded, and attuned to the lived experiences of civilians under genocide.
Popul. Med. 2026;8(Supplement 1):A3376

ABS0353
Examining the adaptive capacity to flood disaster

Gabalape Arnold Sejie[1]
[1]School of Public Health, Boitekanelo College, Tlokweng, Botswana

INTRODUCTION
Floods are one of the world's most devastating and complex natural disasters and with climate change rapidly increasing, they pose the biggest threat to mankind. This study investigated the adaptive capacity to flood disasters in Tlokweng with a view to strengthen resilience to climate-related hazards and natural disasters.
METHODS
A cross-sectional, descriptive study was employed using a census method to select study participants from Boitekanelo College disaster register between 19th February to 25th February 2025. A data extraction tool was used to collect data from those entries and analyzed using frequencies and cross tabulations for summarizing and chi-square to draw inferences.
RESULTS
The results show that all affected were students with women accounting for more than two third of the respondents (74.3%). More than three quarters (77%) were staying with friends and family, 18.7% were at evacuation shelters, and 4% were homeless. 74% felt temporary shelters lacked adequate security measures. About 76.9% women reported requiring psychological support however, relationship between gender and need for psychological support(P=0.427) was not established. Women were disproportionately affected by violence; 91.7% reported emotional abuse with 75% of those experiencing it stayed with friends and family. No relationship was established between gender and physical violence(P = 0.832), gender and emotional violence(P = 0.512), physical violence and temporary shelter accommodation(P=0.736), emotional violence and temporary shelter accommodation(P=0.707).
CONCLUSIONS
The study highlights the urgent need for action to strengthen legal protection against gender-based violence, develop gender-sensitive disaster management strategies and increase access to essential medical and WASH services.
Popul. Med. 2026;8(Supplement 1):A3377

ABS0515
Incidence of Bovine Tuberculosis in Slaughtered Cattle in Bayelsa State from 2019–2023: Implications for Public Health

Emmanuel Ochikiri Oko[1], Rowland Utulu[2]
[1]Resident Cohort 12, Nigeria Field Epidemiology and Laboratory Training Program, Abuja, Nigeria, [2]Mentor, Nigeria Field Epidemiology and Laboratory Training Preogram, Abuja, Nigeria
BACKGROUND
Bovine tuberculosis (BTB), caused by Mycobacterium bovis, is a chronic zoonotic disease of major concern in developing countries. Understanding its local incidence is critical for preventing transmission to humans and achieving global TB control targets.
METHODS
A retrospective review of abattoir records (2019–2023) from the Bayelsa State Ministry of Agriculture and Natural Resources was conducted. Data included the number of cattle slaughtered, sex distribution, and cases with post-mortem lesions suggestive of BTB. Descriptive statistics were applied.
RESULTS
BTB incidence averaged 2.5 cases per 1,000 cattle slaughtered. Female cattle showed a greater incidence (3.22/1,000) compared with males (2.44/1,000). A rising trend was observed, increasing from 1.9/1,000 in 2019 to 4.9/1,000 in 2023, despite declining slaughter numbers. Discussion/
CONCLUSIONS
The upward trend in BTB incidence highlights weaknesses in veterinary surveillance and control systems. Female cattle appear more vulnerable, likely due to management practices and longer lifespans. These findings signal a growing risk of zoonotic transmission in Bayelsa State and underscore the urgent need for stronger surveillance, improved veterinary infrastructure, and coordinated stakeholder action to align with the WHO End TB Strategy target for 2035.
Popul. Med. 2026;8(Supplement 1):A3379

ABS0871
Exploring Early Childhood Development (ECD) and Nutrition Initiatives in Collective Shelters for Displaced Children in Lebanon: Insights and Global Implications

Krystel Ouaijan[1], Tamar Avedissian[2], Lara Nasreddine[1], Silva Dakessian Sailian[2], Lamis Jomaa[3]
[1]Department of Nutrition and Food Sciences, American University of Beirut, Beirut, Lebanon, [2]School of Nursing, American University of Beirut, Beirut, Lebanon, [3]Department of Nutrition, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, United States
BACKGROUND
Forced displacement is rising globally, leaving many displaced and asylum-seeking children in overcrowded shelters with limited services, where their rights are unmet and their nutrition and development are at risk.
AIM
This study explores how Lebanon's Early Childhood Development ECD and nutrition programs during the recent conflict align with international standards, using this case to inform global efforts to protect young children's development in crisis settings.
METHODS
A desk review was conducted to identify existing policies and guidance documents related to child nutrition and development during crises. This was followed by in-depth interviews with key stakeholders to explore the implementation and perceived effectiveness of ECD and nutrition initiatives.
RESULTS
The desk review revealed that Lebanon has policies promoting breastfeeding and providing nutrition supplements for children under five during crises, has recommendations on ECD interventions but not specific to escalated crisis settings. Thirteen key informant interviews were conducted and included stakeholders from governmental and non governmental organizations and frontliners. They all confirmed the presence of standard operating procedures (SOPs), but described fragmented efforts on implementation. Simple rapid assessments for Infant and Young Child Feeding (IYCF) were conducted but applied inconsistently, and despite these efforts, blanket distribution of breastmilk substitutes (BMS) was still observed in certain shelters. Complementary feeding jars were distributed along with the hot meals increasing food acceptability in children. ECD kits were distributed but with no proper training for caregivers. Initiatives like play corners and breastfeeding corners in shelters faced spatial and practical challenges along with absence of constant safe water.
CONCLUSIONS
While Lebanon demonstrates partial alignment with global nutrition-in-crisis guidance, gaps in coordinated implementation reflect broader global challenges faced in crisis-affected countries, underscoring the need for integrated national plans that jointly address nutrition and ECD to meet international nurturing care standards.
Popul. Med. 2026;8(Supplement 1):A3389

ABS1081
Fragile state, fragile planet: Lebanon's polycrisis as a planetary health case study

Mohamad Omar Hallab[1]
[1]London School of Hygiene and Tropical Medicine, Edinburgh, United Kingdom
INTRODUCTION
Planetary health frameworks are frequently applied to future-oriented climate risks or specific environmental exposures, with limited focus on the interactions among environmental degradation, political fragility, and economic collapse in shaping health outcomes in real time. Fragile and conflict-affected states experience compounded risks as governance failure, infrastructure breakdown, and climate stress converge to influence population health. Lebanon's post-2019 polycrisis serves as a critical case for examining how overlapping crises, such as financial collapse, governance failure, environmental degradation, and climate stress, unfold within a context of extreme inequality.
METHODS
This conceptual analysis synthesises interdisciplinary literature from political economy, public health, and planetary health scholarship, integrated with empirical evidence from Lebanon (2019-present). We conducted a narrative review of peer-reviewed literature and grey literature from international organisations, focusing on health system performance, energy and food insecurity, and environmental degradation in Lebanon. A systems-oriented approach was adopted to trace pathways linking environmental stressors, infrastructural breakdown, and social determinants of health, with particular attention to mechanisms of vulnerability amplification and equity impacts.
RESULTS
The analysis shows that in contexts of state fragility, health, environmental, and climate-related risks are intensified by failing health systems, degraded public services, energy insecurity, and social fragmentation. Ecological exposures do not act as isolated stressors; instead, they intersect with currency collapse, fuel shortages, food insecurity, and weakened governance to produce cascading health harms. These dynamics disproportionately impact already marginalised populations, exacerbating health inequities and undermining resilience.
CONCLUSIONS
Lebanon's polycrisis demonstrates that planetary health is inseparable from issues of political economy, governance, and power. In fragile and conflict-affected settings, planetary health frameworks must extend beyond mitigation narratives to explicitly address structural vulnerability, institutional collapse, and lived experience. This paper advocates for a justice-oriented planetary health agenda that prioritises fragility, equity, and systemic resilience in both policy and practice.
Popul. Med. 2026;8(Supplement 1):A3393

ABS1177
War-Induced Disruptions to HIV Treatment Services in Tigray, Northern Ethiopia: A Mixed-Methods Study, Evidence for Post-Conflict Recovery.

Haileselassie Bisrat Bidre[1], Feseha Berhane[1], Amanuel Haile[2], Tsegabrhan Gebreslassie[1], Gebrecherkos Teame[3], Daniel Asefa[1], Yemane Gebrehaweria[4], Goshu Hagos[5]
[1]Multi-Sectoral Response for HIV/AIDS Prevention and Control Core Process, Tigray Regional Health Bureau, Mekele,, Ethiopia, [2]Tigray Regional Health Bureau, Mekele, Ethiopia, [3]Tigray Health Research Iinstitution, Mekele, Ethiopia, [4]Health Management Information System, Tigray Regional Health Bureau, Mekele, Ethiopia, [5]Sexual and Reproductive Health, UNFPA, Shire, Ethiopia
BACKGROUND
Human immunodeficiency virus (HIV) is one of the major health concerns in the world. HIV is a dual issue in war-torn nations such as Ukraine and Sub-Saharan Africa. Since November 4, 2020, both war and HIV have severely damaged the health system in the Tigray region. This study aims to assess the impact of war-induced disruptions to HIV treatment services in the Tigray region between October 2020 and December 2023.
METHODS
A facility-based mixed study design was conducted from January to March 2024. The source population for the quantitative study consisted of all people living with HIV (PLHIV) who engaged in HIV treatment. The sample unit includes all antiretroviral therapy (ART) clinic zones, except the insecure western zone. For the qualitative study, 34 PLHIV clients from case managers were purposely selected from the accessible six zones. Stata version 15 was used for the quantitative data

analysis, whereas the qualitative study was done through ATLAS ti version 7.5.6.
RESULTS
prior to the war, 43,567 clients were enrolled in the HIV chronic care; 35,467 (81%) were assessed after the war, while the other 19% were inaccessible to facilities. During the war, 1107 (2.5%) clients died, 6302 (14%) were lost to follow-up or dropped, and 12372 (35%) utilized outdated ART medication. Viral load testing was provided for 14141 (39.5%) clients; of them, 9683 (58%) had undetectable viral loads. Additionally, Laboratory commodities were severely looted and distorted, and the infrastructure of ART clinics was damaged. "There was a time when we survived only through faith in GOD."
CONCLUSIONS
War has a negative impact on the health of PLHIV enrolled in ART programs. Adjustments to the health-care system infrastructure, as well as an experimental inquiry into drug resistance and mutations in ART medication, will be recommended.
Popul. Med. 2026;8(Supplement 1):A3394

ABS1241
Social participation and community-led responses to public health emergencies in Brazil, 2015–2025

Renan Oliveira[1], Mariana Campos[2], Vitória Vieira[1], Deisy Ventura[1,2]
[1]Public Health Faculty, Universidade de São Paulo, Sao Paulo, Brazil, [2]International Relations Institute, Universidade de São Paulo, Sao Paulo, Brazil

BACKGROUND
Successive public health emergencies in Brazil, especially Zika virus disease and coronavirus disease 2019, exposed deep inequalities and institutional fragilities and catalyzed civil-society mobilization. This study maps and synthesizes the diversity, complexity and reported impacts of social and community responses to health emergencies in Brazil during 2015–2025.
METHODS
We conducted an expanded systematic literature review in SciELO, Web of Science, and Dedalus/Universidade de São Paulo. Searches covered 2015–2025 (Portuguese, English, Spanish) and applied 24 descriptors related to social and community participation, civil society, and popular/community-based surveillance in emergencies. The search retrieved 1,721 records; 995 remained after deduplication. After blinded peer screening and full-text assessment, 85 documents composed the analytic corpus.
RESULTS
The corpus was organized by the level of community protagonism into autonomous community responses, social responses involving public-authority institutions, and techno-scientific inspired responses. Across studies, community agency frequently substituted for or complemented insufficient state action and uneven access to the Brazilian Unified Health System, while collaboration between health-system and community structures enabled adaptation or design of responses in some contexts. Reported initiatives included solidarity kitchens and community gardens; community interventions in the Complexo da Maré were associated with a reported 46% weekly reduction in deaths; and rights-based advocacy, including strategic litigation in the Supreme Federal Court by the Articulation of Indigenous Peoples of Brazil and the Black Coalition for Rights, pressured recognition of state omission as a driver of racial and territorial inequities. Women were prominent across initiatives, while chronic reliance on philanthropy and leadership overload constrained sustainability.
CONCLUSIONS
Community participation has been indispensable in Brazilian health emergencies, but resilience alone cannot ensure durable rights. Strengthening and legitimizing institutional, financial and normative linkages between the state and communities is essential for more equitable and sustainable preparedness and response to public health emergencies.
Popul. Med. 2026;8(Supplement 1):A3399

ABS1270
Connecting disaster indices with community health: developing more equitable measures of disaster resilience

Ben Beccari[1], Evie Kendal[2]
[1]Monash University, Clayton, Australia, [2]Swinburne University of Technology, Hawthorn, Australia

INTRODUCTION
Disaster vulnerability and resilience indices have proliferated as a technique that purports to measure how communities may be impacted by future disasters. These are quantitative tools that mathematically combine data, typically administrative data, into single or small sets of numbers intended to represent the resilience or vulnerability of a community. These tools have been developed by researchers for the twin purposes of studying the phenomena of vulnerability and resilience, and guiding decision makers in resource allocation.
METHODS
Scoping review integrating epidemiological analysis and theoretical bioethics methodology.
RESULTS
There are numerous ethical issues in how disaster indices are created and used, including that by collapsing diverse communities into a single number, researchers may promote an ecological fallacy leading to inappropriate priority setting that does not align with community need. As such, the use of disaster indices when engaging in preparedness programs and other epidemiological interventions may lead to inequitable resource distribution. These indices also typically do not include new data, with a reliance on proxy measures that may lack relevance to disasters. Data used in indices may be poor quality or collected without explicit consent, particularly from disadvantaged communities. The practice of developing these indices presents resource allocation issues of its own. Developing an index typically requires limited resources and no research ethics approval and is thus an easy route to an academic publication for researchers, or a flashy graphic-filled report for practitioners. However, the time spent on this research potentially diverts resources away from more valuable ends.
CONCLUSIONS
Alternative approaches to composite indices, that engage with and empower global communities and enable them to properly articulate their full and diverse needs should be supported in preference over methods that attempt to reduce people and complex situations into a number.
Popul. Med. 2026;8(Supplement 1):A3401

ABS1856
Workshop: Developing research principles for investigating the efficacy of individual and household disaster preparedness interventions

Ben Beccari[1], Evie Kendal[2]
[1]Monash University, Clayton, Australia, [2]Swinburne University of Technology, Hawthorn, Australia

INTRODUCTION
Household and personal emergency preparedness interventions, such as "go bags", household emergency plans or stockpiling of emergency supplies, are cornerstones of contemporary practice in emergency and disaster management. Multiple reviews have noted the lack of evidence for the effectiveness of household and personal preparedness activities and called for more research.1-5 High quality research that aims to measure the efficacy of household and personal preparedness interventions on final endpoints is desperately needed to guide practice. However, academics currently lack sound guidance for the design and implementation of this research. Public health, public health ethics and epidemiology are fields with the methodological rigour required to set good design principles for this emerging area of research, representing an opportunity for interdisciplinary collaboration that can contribute to improving the evidence base for emergency preparedness programs.
METHODS
This workshop aims to bring together public health academics and practitioners attending WCPH, to develop a set of principles to guide the development of research protocols and individual studies on the efficacy of household and personal preparedness interventions. These guidelines may include: Primary outcomes of interest Key ethical considerations Important factors for study design The workshop will use a modified Delphi approach. After the workshop, participants will be invited to join the collaboration and contribute to the final published results. Ethical oversight of the project will be managed by Swinburne University of Technology's human research ethics committee.
RESULTS
Results of this workshop will be published in a leading emergency management or public health journal.
CONCLUSIONS
This workshop will generate a set of guidelines for household and personal preparedness interventions.
Popul. Med. 2026;8(Supplement 1):A3412

ABS2772
The impact of misinformation on social media in the context of a disaster

Sonya Hilberts[1], Mark Govers[1], Elena Petelos[1,2], Silvia Evers[1,3]
[1]Department of Health Services Research, Care and Public Health Research Institute, Maastricht University, Maastricht, Netherlands, [2]Clinic of Social and Family Medicine, Faculty of Medicine, University of Crete, Heraklion, Greece,

[3]Trimbos Institute Centre of Economic Evaluation, Netherlands Institute of Mental Health and Addiction, Utrecht, Netherlands

BACKGROUND
Misinformation on social media during disasters is increasingly recognised as a major threat to effective emergency response, amplifying fear, eroding trust, and misdirecting resources. Despite growing attention to this issue, limited research has examined how public health professionals, key actors in risk communication, experience and manage misinformation in disaster contexts. Understanding these perspectives is essential for strengthening preparedness, communication strategies, and disaster resilience.
METHODS
A cross-sectional online survey was conducted among public health professionals recruited through the European Public Health Conference and European Public Health Association networks. Participation was voluntary and anonymous. The survey examined exposure to misinformation during disasters, types and sources of misleading information, perceived operational impacts, and mitigation strategies. Quantitative data were analysed using descriptive statistics, and open-text responses were analysed using inductive qualitative synthesis.
RESULTS
Ninety-two public health professionals participated. Overall, 91.5% identified social media misinformation as a significant operational barrier during disaster response. Facebook, WhatsApp, Instagram, YouTube, and X (Twitter) were most frequently cited, indicating a cross-platform challenge. Conspiracy theories were the most common form of misinformation, followed by rumours and politically framed content. Reported impacts included erosion of trust in official communications, increased unsafe behaviours, heightened public fear and anxiety, and diversion of emergency resources. Participants described mitigation strategies such as informal monitoring, ad hoc fact-checking, collaboration with trusted community figures, staff training, and public awareness campaigns. However, respondents consistently highlighted the lack of coordinated, system-level responses, emphasising the need for independent oversight mechanisms and real-time misinformation detection tools.
CONCLUSIONS
Social media misinformation is perceived by public health professionals as a major operational barrier during disasters, undermining both community behaviour and response effectiveness. Findings highlight the need to integrate misinformation management into disaster preparedness frameworks, alongside coordinated governance, digital literacy initiatives, and structural interventions to strengthen public trust and resilience.
Popul. Med. 2026;8(Supplement 1):A3416

ABS2809

A Qualitative Evaluation of the Impact of the 2023 Earthquake on Earthquake Survivors in Hatay Province, Türkiye: A phenomenological approach

Şükran Peker[1], İlknur Ayvaz[2], Kerem Arısın[3], Seyhan Hıdıroğlu[3], Melda Karavuş[3]
[1]Tekirdağ Malkara District Health Directorate, Ministry of Health, Republic of Türkiye, Malkara/Tekirdağ, Turkey, [2]Muş Community Health Center, Ministry of Health, Republic of Türkiye, Central District/Muş, Turkey, [3]Public Health, Marmara University School of Medicine, Maltepe/İstanbul, Turkey

BACKGROUND
On 6 February 2023, the earthquakes centered in Kahramanmaraş, with magnitudes of 7.7–7.8, caused extensive destruction across 11 provinces, including Hatay, resulting in more than 50000 deaths in Türkiye. This study aimed to qualitatively evaluate the impact of the earthquake disaster on survivors in Hatay Province, assessing their physical, psychological, and social challenges, their awareness, and lived experiences, and their adaptation to this situation five months after the earthquake.
METHODS
This qualitative study using a phenomenological approach was carried out with 16 adult participants who were earthquake survivors in Hatay province, Türkiye. The data were collected through face-to-face in-depth interviews in the fifth month of the first earthquake. Thematic analysis was conducted using ATLAS.ti. Ethics committee approval for the study was obtained.
RESULTS
The ages of participants were between 23 and 62 years, and eight of them were males. Physical challenges included shelter, food, water, and personal hygiene. Many participants stated that these needs were met through aid. While some participants continued living in tent or container settlements, others temporarily relocated to other cities or rural areas. Many participants described coping with trauma by spending more time with loved ones. Two participants reported available mobile mental health services but avoided them due to emotional distress triggered by sharing their experiences. Participants reported reliance on field hospitals and mobile services beyond the university hospital, with one noting early mobile vaccination stations. Some participants reported transportation disruptions due to the earthquake. Some participants stated that educational services resumed in the second month after the earthquake, with university students being accommodated in other cities.
CONCLUSIONS
Despite aid and solidarity, insufficient disaster preparedness posed significant adaptation barriers to new life for vulnerable groups. Reducing vulnerability and preventing trauma remain key to future disaster resilience.
Popul. Med. 2026;8(Supplement 1):A3417

ABS2946

Epidemiological characteristics of mpox cases and public health response during the first mpox outbreak in South Africa, June – October 2022

Andronica Moipone Shonhiwa[1], Veerle Msimang[2], Genevie Ntshoe[1,3], Nevashan Govender[1], Tebogo Matjokotja[4], Charlene Lawrence[5], Mashudu Prudence Mudau[6], Unarine Makungo[1,6], Wayne Ramkrishna[7], Lusizo Ratya[7], Tsakani Furumele[7], Refilwe Mokgetle[4], Jacqueline Weyer[2,8,9]
[1]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, a division of the National Health Laboratory Service, Johannesburg, South Africa, [2]Centre for Emerging Zoonotic and Parasitic Diseases, National Institute for Communicable Diseases, a division of the National Health Laboratory Service, Johannesburg, South Africa, [3]School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, Tshwane, South Africa, [4]Public Health, Communicable Diseases Control and Outbreaks Response, Gauteng Province Department of Health, Johannesburg, South Africa, [5]Communicable Disease Control, Western Cape Government Department of Health and Wellness, Cape Town, South Africa, [6]Public Health Directorate, Limpopo Provincial Government Department of Health, Polokwane, South Africa, [7]Communicable Disease Control,, National Department of Health, Tshwane, South Africa, [8]Department of Medical Virology, Faculty of Health Sciences, University of Pretoria, Tshwane, South Africa, [9]School of Pathology, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

BACKGROUND
Since May 2022, mpox has been reported globally from non-endemic countries, affecting mostly males. Sexual contact was the most reported mode of transmission/exposure. In 2022, mpox was not a notifiable medical condition (NMC) in South Africa (SA), a non-endemic country. We describe the epidemiology and public health response in the first mpox outbreak in SA, June-October 2022.
METHODS
We conducted a descriptive, cross-sectional study. Between May-October 2022, 272 mpox PCR tests were conducted. Whole genome sequencing (WGS) was conducted on the first two PCR-positive cases. Case investigations, contact tracing, and 21-day close contacts symptom monitoring were conducted.
RESULTS
Five epidemiologically-unlinked laboratory-confirmed cases, with zero deaths, were reported from June-August 2022. WGS clustered in Clade II, B.1 lineage, with viral genomes associated with the 2022 multi-country outbreak. All cases were males, aged between 28-42 years (Median: 27.5; IQR: 16–36), from three provinces (Limpopo: n=1, Gauteng: n=2, and Western Cape: n=2). The first two cases had no documented travel history; the subsequent three cases had travel history (Switzerland, Spain, and both to the Netherlands and Spain). The Limpopo case, a tourist, reported sexual contact with a suspected mpox case in Switzerland. Twenty-eight close contacts were identified. No secondary cases reported.
CONCLUSIONS
Mpox cases were identified during the peak of the 2022 multi-country outbreak. Although sequencing was performed for two cases, WGS findings suggest a possible linkage of this outbreak to the 2022 multi-country outbreak. These findings are comparable to the 2022 multi-country outbreak. Limitations include sexual self-identification, sexual exposure, travel history, and contact with suspected/probable/confirmed cases, not being established for some cases, except for one. Due to recommendations made to strengthen surveillance, early detection, and reporting, mpox was declared category-1 NMC in February 2023. Further research and surveillance are needed to better understand mpox risk factors and transmission dynamics in SA.
Popul. Med. 2026;8(Supplement 1):A3420

ABS3344

NkwaSafe: A Mobile First-Aid Educational Intervention to Support Prehospital Care Gaps in Rural Ghana

Nana Yaa Asante[1], Shadrack Addo[2], Dr. Kwaku Asante[3]
[1]Geisinger Commonwealth School of Medicine, Scranton, United States, [2]University of Victoria, Victoria, Canada, [3]Kintampo Health Research Centre, Kintampo, Ghana

INTRODUCTION
Non-communicable injuries are among the leading causes of preventable mortality. In Ghana, road accidents contributed to an estimated 2949 deaths in 2025. Many deaths occur during the pre-hospital period, when bystanders lack accessible guidance for early emergency interventions, compounded by limited access to timely emergency response, particularly in rural communities. About 24 million Ghanaians have smartphones, so culturally and linguistically tailored digital health interventions are a scalable way to improve emergency preparedness at the community level. This project is developing NkwaSafe, where "Nkwa" means "life" in Twi, a multilingual mobile application that delivers easily comprehensible first-aid guidance and emergency action pathways to Ghanaian users while complementing the existing health system.
METHODS
NkwaSafe is an early-stage prototype centered around "NkwaGuides," which deliver instructions for first-aid techniques. The guides address common emergencies in Ghana, including uncontrolled bleeding, cardiopulmonary resuscitation (CPR), and joint stabilization. Core components include voice-guided step-by-step first-aid instructions; instructions in five Ghanaian language options; (3) an emergency phone number directory; and a micro platform architecture for minimal data use and offline functionality. A rapid implementation usability assessment has been conducted with community members using structured feedback questions. All instructional content was adapted from publicly available guidance issued by the Ghana Health Service and other national entities.
RESULTS
Preliminary findings showed that participants (n=20) rated the instructions as clear and expressed willingness to use the application before and during emergencies, with a strong preference for audio guidance. Feedback highlighted opportunities to refine instructions provided in local languages and emphasized the importance of offline access.
CONCLUSIONS
NkwaSafe demonstrates the potential of tailored digital health tools to strengthen community confidence and response capacity during a medical emergency. Although developed for Ghana, the culturally adaptable framework offers a scalable model for community-centered public health digital innovation across Africa.
Popul. Med. 2026;8(Supplement 1):A3422

ABS3864
Regulation of Access to Health Services in São Paulo and Portugal during the COVID-19 Pandemia: A Comparative Study

Ana Meira[1], Marília Louvison[2], Jorge Simões[3]
[1]Departamento de Saúde Coletiva, Faculdade de Ciências Médicas da Santa Casa de São Paulo, São Paulo/São Paulo, Brazil, [2]Departamento de Política, Gestão e Saúde, Faculdade de Saúde Pública USP, São Paulo/São Paulo, Brazil, [3]Universidade de Aveiro, Aveiro, Portugal

INTRODUCTION
Health regulation is a fundamental instrument for guiding priorities and strategies, especially in crisis contexts. The COVID-19 pandemic tested the resilience of health systems, requiring rapid responses to ensure access. This study investigated the role of regulation in access to health services, focusing on emergency care networks in two distinct contexts: the state of São Paulo (Brazil) and Portugal.
METHODS
A multiple-case study with a qualitative approach was conducted. Data collection took place in 2022 through five regional workshops in São Paulo (involving 99 managers and professionals) and 14 individual interviews with experts and decision-makers in Portugal. A semi-structured script was used, focusing on four dimensions: policy, structure, organization, and lessons learned. Data underwent thematic analysis to identify units of meaning related to regulation and access.
RESULTS
In Portugal, regulation was centralized, with strong coordination between the Ministry of Health and technical institutions (DGS, INFARMED), facilitating uniform national protocols. In São Paulo, the absence of federal coordination led to the strengthening of regional and municipal regulation, notably the CROSS system for bed management. Both systems adapted infrastructure and care flows (such as SNS24 in Portugal and triage units in SP). Common challenges included human resource shortages and the need for extraordinary funding, addressed through emergency decrees.
CONCLUSIONS
Regulation proved to be a vital articulating element for maintaining access during the pandemic. While Portugal benefited from a centralized and cohesive structure, São Paulo highlighted the importance of regional resilience in the face of central governance gaps. Strengthening regional regulation and integrating information systems are crucial lessons for increasing the robustness of health systems in future global emergencies.
Popul. Med. 2026;8(Supplement 1):A3425

ABS3883
Data under fire: safeguarding research, evidence and public health surveillance in times of war

Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied

INTRODUCTION
In conflict zones, data collection becomes dangerous, fragmented, and politicized—yet it remains vital for advocacy, accountability, and informed humanitarian response. Without credible and timely data, health needs go unmet and human rights abuses remain undocumented.
METHODS
This session brings together researchers, frontline responders, and displaced youth from Gaza, Tigray, and Myanmar to explore barriers and opportunities in health data collection during war. It highlights alternative methodologies including mobile surveillance, crowdsourced reporting, and diaspora-led data analysis. The panel will also incorporate perspectives from human rights organizations, digital security experts, and health professionals operating in restricted environments.
RESULTS
The session will share case examples of how youth-led and community-driven initiatives have filled critical data gaps through innovative tools and partnerships. Participants will examine real-world practices for secure data gathering, ethical consent in volatile settings, and evidence use in advocacy for humanitarian access. Common dilemmas—such as balancing visibility with protection and safeguarding digital privacy—will be unpacked through interactive dialogue.
CONCLUSIONS
Protecting health data in war zones is both a scientific and political act. It is essential to build systems that center ethics, community ownership, and security. This session will generate recommendations for humanitarian actors, academic institutions, and global health donors on how to strengthen surveillance infrastructure and ensure research justice during emergencies.
Popul. Med. 2026;8(Supplement 1):A3426

ABS3931
Strengthening Public Health Preparedness for Climate-Driven Disasters

Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied

INTRODUCTION
Climate-driven disasters—including heatwaves, floods, wildfires, and droughts—are increasing in frequency and severity, with devastating impacts on public health. Traditional emergency preparedness often overlooks climate risk, especially in low-resource or fragile settings.
METHODS
This panel session will bring together case studies from Pakistan, Libya, Greece, and Sudan, highlighting efforts to integrate climate risk into health preparedness and early warning systems. Participants from WHO, Red Cross Climate Centre, and Ministries of Health will share tools, strategies, and governance frameworks.
RESULTS
The session will highlight intersectoral preparedness models, climate-health surveillance innovations, and lessons from real-time response efforts. Examples will include anticipatory action in flood-prone zones and heat-health action planning in urban areas.
CONCLUSIONS
Climate resilience is health resilience. Embedding climate foresight into preparedness is essential to protect lives, especially in vulnerable communities.
Popul. Med. 2026;8(Supplement 1):A3427

ABS3943
Protecting Public Health in Armed Conflict Settings: Lessons, Gaps, and Future Directions

Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied

INTRODUCTION
In modern conflicts, health systems are under siege. Armed violence disrupts surveillance, immunization, and access to care, while targeting healthcare infrastructure and personnel.
METHODS
This roundtable session will include case studies from Gaza, Sudan, Ukraine, and Yemen, with speakers from conflict zones and international health organizations (e.g., WHO, ICRC, MSF). An interactive simulation will explore dilemmas faced by health actors in conflict.
RESULTS
The session will examine how public health functions collapse—and adapt—during armed conflict. It will share tools for protection, strategies for health system continuity, and advocacy mechanisms for upholding humanitarian law.
CONCLUSIONS
Protecting health in conflict is not just a moral duty—it is a public health necessity. Resilient systems require both technical and political commitment amid chaos.
Popul. Med. 2026;8(Supplement 1):A3429

ABS3961
Diplomacy as a tool for health equity: opportunities for young and emerging leaders
Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied
INTRODUCTION
Health diplomacy is no longer the sole domain of diplomats. Young public health leaders increasingly engage in global policy spaces to advance equity, influence governance, and strengthen emergency response. However, limited capacity-building and uneven access to decision-making continue to constrain youth leadership in diplomatic processes.
METHODS
This oral presentation proposes a practical framework for youth-led health diplomacy grounded in negotiation skills, policy framing, multisectoral collaboration, and evidence-to-policy translation. It draws from youth engagement models across WHO and UN platforms and incorporates simulations used in applied health diplomacy training.
RESULTS
Emerging examples show youth leaders contributing to agenda setting, coalition-building, and rights-based advocacy in areas including humanitarian crises, SRHR, and climate justice. The presentation highlights enabling factors such as institutional mentorship, structured representation mechanisms, and access to data. Barriers include tokenism, political gatekeeping, limited funding for youth participation, and lack of training pathways tailored to diplomatic spaces.
CONCLUSIONS
Health diplomacy must be democratized. Investing in youth diplomacy training and creating pathways for meaningful participation can strengthen global health governance and accelerate progress toward equity. Youth should be viewed as co-architects of solutions—not symbolic participants.
Popul. Med. 2026;8(Supplement 1):A3430
Public Health in Wars and Disasters

ABS0383
Resurgence of multistate rabies amid ongoing conflict in Sudan: strengthening a one health response
Ayman Azhary[1], Nooh Hajhamed[1], Claude Muvunyi[2], Emmanuel Siddig[3]
[1]Omdurman Islamic University, Omdurman/Khartoum, Sudan, [2]Rwanda Biomedical Center, Kigali/Kigali, Rwanda, [3]University of Khartoum, Khartoum/Khartoum, Sudan
INTRODUCTION
The ongoing-armed conflict in Sudan has precipitated a resurgence of multistate rabies outbreaks, alongside other infectious diseases, due to destruction of health care infrastructure and increased population displacement. Rabies remains a critical public health threat, primarily transmitted through dog bites, with significant mortality in affected regions.
METHODS
This retrospective cross-sectional study analyzed national surveillance data from Sudan between 2023 and 2024. Variables included case counts, fatalities, vaccination coverage, and case fatality rates across six states. Data were obtained from the National Surveillance Interactive Dashboard, and analyses were conducted using R software.
RESULTS
A total of 367 rabies cases and six deaths were reported, predominantly in Khartoum (329 cases), with an overall case fatality rate of 1.6 %. The current control measure score remains low (1.5 of 5 on the Stepwise Approach towards Rabies Elimination framework), indicating critical gaps in national rabies management strategies. Notably, the proliferation of stray dogs and limited access to post-exposure prophylaxis have exacerbated the outbreak.
CONCLUSIONS
The resurgence underscores an urgent need to strengthen rabies prevention, detection, and response strategies in Sudan. An effective control approach requires an integrated One Health framework, fostering collaboration among human health, animal health, and environmental sectors. International support for vaccine and immunoglobulin provision, capacity building of health care providers, and enhanced surveillance are crucial. Implementing a comprehensive rabies control plan aligned with global elimination efforts is vital to prevent future outbreaks, protect public and animal health, and inform policy interventions in conflict-affected settings.
Popul. Med. 2026;8(Supplement 1):A3435

ABS0626
Nurses as guardians of the right to health in conflict zones: Lessons from the Gaza Strip - An interactive rights-based workshop on ethical nursing and resilience in conflict zones
Abdallah Abudayya[1]
[1]Institute for Nursing, Faculty of Health Studies, VID Specialized University, Oslo, Norway
ABSTRACT
Health systems in regions affected by conflict face significant challenges that threaten the right to health, with nurses often acting as the last line of defense for patient dignity, safety, and care. However, their ethical dilemmas, coping strategies, and resilience mechanisms are often underrepresented in global public health discussions. This interactive workshop aims to fill that gap by exploring the ethical, practical, and policy aspects of nursing in conflict zones, using the Gaza Strip as a key case example while connecting lessons to broader humanitarian settings to ensure global applicability. The session will enable participants to incorporate human rights-based approaches into teaching, leadership, clinical practice, and research. Through a mix of brief evidence-based presentations, small-group discussions, and collective reflection, participants will examine how nurses defend the right to health under threat, manage extreme working conditions, and gather international support. By the end of the workshop, participants will understand how the right to health is systematically undermined in various conflict and humanitarian settings; identify key challenges, coping strategies, and resilience mechanisms used by nurses; (3) collaboratively develop practical and rights-based strategies to support and empower nurses during crises; and enhance international networks and partnerships for rights-based nursing advocacy. Expected outcomes include a shared understanding of nurses' frontline role in defending the right to health, the development of a draft "Right-to-Health Nursing Framework in Conflict Zones," and strengthened global collaboration among participants. The workshop aligns closely with the WCPH 2026 theme, Health Without Borders, by amplifying nurses' voices, linking public health with human rights and nursing ethics, and fostering cross-border solidarity to safeguard health for all.
Popul. Med. 2026;8(Supplement 1):A3440

ABS0974
The prevention of genocide is a professional obligation and an organisational challenge for public health.
Leslie London[1]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa
BACKGROUND
The precautionary principle is now accepted as a key strategy to prevent environmental illness and injury1. Equally, war is currently accepted as a public health concern.2 Some public health organisations have, as advocates for public health, publicly called for an end to the genocide in Gaza. The ongoing Israeli assault on Gaza twice served before the International Court of Justice (ICJ) on allegations of genocide. This presentation explores how the precautionary principle could have been applied to Gaza for earlier preventive action.
RESULTS
Careful analysis shows that the criteria for incitement to genocide6 against Palestinians were present in Israeli speech, writings, imagery and actions, before and since the war crimes committed on 7th October 2023. Dehumanization of Palestinians in the Israeli schooling system was documented by Israeli researchers7 before the October 7th attacks but has since been compounded in popular media and articulated by Israeli politicians. Blaming Palestinians as

responsible for their fate has demonised the victims and denial of Palestinian land claims has delegitimised them as a group. Disinformation about military action in Gaza and denial of atrocities is commonplace8. Coupled with threats to commit harm to civilian populations and glorification of military actions resulting in civilian deaths9, the elements of incitement to genocide were present as early as the first quarter of 2024. Israel ignored two ICJ orders10,11 to cease killing of civilians, openly used starvation of children as a weapon of war and continues to restrict humanitarian aid needed to avoid preventable deaths.

CONCLUSION

Early advocacy to protect the Gazan health system may have saved thousands of lives and prevented lifelong disability. The Public Health community can still stand together to call for an unequivocal stop to Israeli military attacks and ensure accountability for all war crimes, including harms to the health system and the environment.

Popul. Med. 2026;8(Supplement 1):A3441

ABS1339

Availability of essential medicines in 14 remaining health facilities in Gaza

Saleh Aljadeeah[1], Gautam Satheesh[2], Sali Hafez[3], Mina Naguib[4], Amy Neilson[2], Asil Alaloul[5], Duha Shellah[6], Bissan Abu Shammala[7], Gorik Ooms[1], Raffaella Ravinetto[1]
[1]Department of Public Health, Institute of Tropical Medicine, Antwerpen, Belgium, [2]Faculty of Medicine and Health, University of Sydney, Sydney, NSW, Australia, Sydney, Australia, [3]Humanitarian Health and Crises Center, London School of Hygiene and Tropical Medicine, London, United Kingdom, [4]Manchester University Foundation Trust, Manchester, United Kingdom, [5]University of Dundee School of Medicine, Dundee, United Kingdom, [6]Palestine Academy for Science and Technology, Ramallah, Palestinian Territory, Occupied, [7]Vrije Universiteit Brussel, Brussels, Belgium

BACKGROUND

Access to essential medicines is an indicator of a functioning health system and a central pillar of universal health coverage. Their equitable availability reflects not only pharmaceutical systems' performance but also broader vital issues, including health system resilience and the human right to health. Ensuring access to essential medicines is addressed in the Target 3·8 of the United Nations' sustainable development goals, yet remains elusive in conflict-affected regions. The aim of our study is to measure the availability of a basket of essential medicines in a sample of different medicine outlets in the Gaza strip.

METHODS

Cross-sectional design based on the World Health Organization/Health Action International methodology for measuring availability of essential medicines. The study covered three groups of facilities: public hospitals and health centers, humanitarian/relief centres, and private pharmacies. Main outcome measures: The main outcome measure was the availability of 25 essential medicines. Availability was defined as the proportion of surveyed facilities where a given medicine was present at the time of data collection (21 May–9 July 2025).

RESULTS

Across 14 surveyed facilities, availability of essential medicines in Gaza was far below the World Health Organization's 80% target. In North Gaza, humanitarian centres (20%) and private pharmacies (23%) had very low availability, with no antidiabetic medicines, including insulin. In South Gaza, private pharmacies had the highest availability (64%), while public hospitals had 32%, with insulin and metformin absent. Several first-line None-communicable diseases treatments, including amlodipine and insulin were unavailable in public or humanitarian facilities.

CONCLUSIONS

Essential medicine availability in Gaza is critically low, even among the few facilities still operational, underscoring the urgent need to supply life-saving treatments for NCDs and address profound geographic disparities. Sustainable recovery requires ending hostilities, lifting the blockade, protecting health facilities under International Humanitarian Law, and restoring Palestinian agency over the health system.

Popul. Med. 2026;8(Supplement 1):A3447

ABS1368

Violent Conflict, Insecurity and Access to Healthcare: Insights from the Sahel Region

Matthew Mitchell[1], Thomas Druetz[2]
[1]Department of Political Studies, University of Saskatchewan, Saskatoon, Canada, [2]Department of Social and Preventive Medicine, University of Montreal, Montreal, Canada

INTRODUCTION

The Sahelian crisis has undermined the ability of millions of people to access healthcare. While the health impacts on refugees, internally displaced people and the role of humanitarian organizations in the conflict-health nexus are well documented, there is little research on how conflicts shape non-displaced populations' access to healthcare. To what extent can non-displaced communities access healthcare in conflict-afflicted areas? How have civil society and governmental actors responded to address healthcare gaps in conflict zones? Which socio-political dynamics shape the ability of different groups to access healthcare in insecure regions?

METHODS

This paper examines these questions through a comparative analysis of the conflict-health nexus in Burkina Faso, Mali and Niger. The analysis is informed by the literature on the current Sahelian crisis and conflict-health dynamics more broadly. We employ the Levesque et al. (2013) conceptual framework on 'access' to structure our analysis. We also draw upon extensive insights from fieldwork conducted in 2024-2025 in the countries' capital cities (Bamako, Niamey, Ouagadougou) and numerous conflict-wracked regions (Diffa, Macina, Niono, Nord, Sahel, Tillabéry). This includes over 150 semi-directed interviews and focus groups with key stakeholders such as healthcare workers, pregnant women, traditional authorities, government officials, NGOs, and security experts.

RESULTS

Alongside the direct interventions of jihadist and other state and non-state armed groups, ethnic tensions, land tenure disputes and pastoralist-farmer conflicts contribute to worsening the state of insecurity and compound the challenges around healthcare provision and healthcare seeking. Though limited, novel innovations have emerged to address new conflict-related healthcare challenges. These include the creation of local security agreements, healthcare worker attempts to remain politically neutral, and the use of mobile clinics to reach vulnerable populations.

CONCLUSIONS

The paper contributes to ongoing debates in global health and conflict studies and generates novel insights on how conflict shapes non-displaced populations' access to healthcare.

Popul. Med. 2026;8(Supplement 1):A3449

ABS1440

Skin in the Crossfire: Dermatological Consequences of the War in Ukraine A Narrative Review

Mateusz Kolodziejczyk[1]
[1]The University of Edinburgh, Edinburgh, United Kingdom

BACKGROUND

Armed conflict profoundly affects population health, yet the dermatological consequences of war remain under explored within public health research. Since the escalation of the war in Ukraine, civilians have experienced widespread displacement, healthcare disruption, environmental exposure, and psychological trauma, all of which directly and indirectly impact skin health. To date, no comprehensive review has synthesised the dermatological effects of the Ukraine war from a clinical perspective.

METHODS

A narrative literature review was conducted using PubMed, Scopus, Google Scholar, and grey literature sources, covering publications from 2014 to 2025. Included sources examined dermatological conditions among civilians residing in Ukraine and Ukrainian refugees. Data were synthesised into thematic categories including direct war related skin injuries, infectious and infestation related dermatoses, exacerbation of chronic inflammatory skin diseases, and psychodermatological conditions associated with trauma and displacement.

RESULTS

The literature reveals a broad spectrum of conflict associated skin disorders. Direct effects include burns from explosions and incendiary devices, cold related injuries such as frostbite, and secondary wound infections due to delayed care. Indirect effects are substantial, with increased prevalence of scabies, lice infestations, bacterial and fungal skin infections in overcrowded shelters and refugee settings. Chronic inflammatory dermatoses including psoriasis, atopic dermatitis, acne, and chronic pruritus frequently worsened due to psychological stress and interrupted access to treatment. Psychodermatological conditions such as trichotillomania, skin picking, and stress induced disease flares were also reported. Disrupted healthcare systems led to delayed diagnosis of serious conditions including advanced skin cancers.

CONCLUSIONS

The war in Ukraine has produced a significant but under recognised burden of dermatological disease among civilians. Skin health represents a neglected dimension of conflict related morbidity. Integrating dermatological care into

humanitarian and public health responses is essential to reduce suffering, prevent complications, and strengthen health system resilience during armed conflict.
Popul. Med. 2026;8(Supplement 1):A3450

ABS2601
Prevalence, socioeconomic drivers, and protective impact of food assistance on household food insecurity during the conflict in Lebanon

Krystel Ouaijan[1], Nada Abbas[2], Josleen Al Barathie[2,3], Sevan Tcheurekjian[2], Georges Karam[2,4,3]
[1]Department of Nutrition and Food Sciences, American University of Beirut, Beirut, Lebanon, [2]Institute for Development, Research, Advocacy and Applied Care (IDRAAC), Beirut, Lebanon, [3]Faculty of Medicine, Saint George University of Beirut, Beirut, Lebanon, [4]Department of Psychiatry and Clinical Psychology, Saint George Hospital University Medical Center, Beirut, Lebanon

BACKGROUND
The recent conflict in Lebanon has intensified food insecurity among vulnerable households. This study estimated the prevalence of household food insecurity and identified socioeconomic determinants in conflict-affected governorates.
METHODS
We performed a cross-sectional household assessment during the recent conflict in Lebanon (August 2024 - January 2025) using vulnerability-based chain-referral sampling. Trained social workers conducted face-to-face interviews including socioeconomic indicators. Household food insecurity was measured using the 9-item Household Food Insecurity Scale. Multivariable linear regression with stepwise selection ($p < 0.20$) produced adjusted β coefficients.
RESULTS
Of the 2,164 households included, the most frequently reported experiences were eating unwanted food (52%) and eating fewer meals due to shortage (45%). Based on the scale, 74.8% of households were classified as severely food insecure. In the adjusted model, residing in precarious shelters was associated with higher insecurity (β = 1.86; 95% CI 1.05–2.67), and greater crowding index remained predictive (β = 1.49; 95% CI 0.88–2.11). Compared with households residing in privately owned homes, those who were hosted (β = 2.24; 95% CI 1.14–3.34) or paying rent (β = 2.30; 95% CI 1.33–3.28) had significantly higher insecurity scores. Lack of health insurance was associated with higher food insecurity (β = 1.65; 95% CI 1.05–2.26). A balanced or surplus income–expenditure profile was protective (β = −1.13; 95% CI −1.70 to −0.57). Receipt of food assistance was strongly protective: food parcels (β = −3.01; 95% CI −3.92 to −2.10) and vouchers/cash (β = −2.91; 95% CI −4.17 to −1.65) were each associated with markedly lower food insecurity compared with no assistance.
CONCLUSIONS
Severe food insecurity is highly prevalent during the conflict, with financial instability and displacement identified as primary predictors. Crucially, food assistance programs demonstrated a significant protective effect, underscoring their essential role in mitigating hunger during this emergency.
Popul. Med. 2026;8(Supplement 1):A3457

ABS3528
Successful public policies in reducing lethal violence: an experience report

Maria Angélica Carvalho Andrade[1], Ana Beatriz de Oliveira Carvalho[1], Ariane Silva Carvalho[1], Fabiane Lima Simões[1], Fabrício Santos Neves[1], Florival Costa Junior[1], Kátia Cristine Carvalho Pereira[1], Lívia Ribeiro Valotto[1], Mayrianne Mattos Pinto[1], Rita de Cássia Duarte Lima[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo (UFES), Vitória, Brazil

INTRODUCTION
Faced with alarming indicators of urban violence, Brazil has changed its approach to public security, moving from an inertial method based on improvisation and focused merely on visible policing, to a paradigm based on planning and good management oriented towards results and evidence of what works. From 1988 onwards, the state of Espírito Santo (ES) joined the group of the five most violent Federative Units (UFs) in the country, from which it exited in 2013 with the "Present State" Program. The objective of this work is to present and disseminate this strategic experience that impacted the number of homicides in areas with greater social vulnerability in a Brazilian state.
METHODS
This is a descriptive study on the experience/intervention of the "Present State" Program in the state of Espírito Santo, between 2011 and 2024, based on document analysis and official violence indicators.
RESULTS
Created in 2011, the "Present State" Program focused on regions that concentrated more than 50% of intentional lethal crimes and that comprised a large part of the population in situations of risk and social vulnerability, and included three priority actions: 1) Infrastructure; 2) Police protection; and 3) Social protection. The prioritization of actions and projects aimed at confronting lethal violence and primary prevention was highlighted, based on expanding access to health, education, culture, employment, income, and citizenship. It is noteworthy that the discontinuation of the Program, starting in 2017, has negatively impacted current violence indicators in the state.
CONCLUSIONS
The results achieved so far do not consolidate their pioneering nature on their own. It is, above all, the product of a historical context of multidisciplinary and intersectoral actions, in the persistent pursuit, since 2011, of reducing the number of homicides in areas with greater social vulnerability, ensuring the rights of this social group.
Popul. Med. 2026;8(Supplement 1):A3458
Public Health Leadership and Workforce

ABS0094
Building Solidarity and Equity: Lessons from WFPHA Language-Based Networks

Marta Lomazzi[1], Dominique Kondji Kondji[2], François Berdougo[3]
[1]World Federation of Public Health Associations, Geneva, Switzerland, [2]Public Health Association of Cameroon (ACASAP), Yaoundé, Cameroon, [3]French Society of Public Health (SFSP), Paris, France

INTRODUCTION
The World Federation of Public Health Associations (WFPHA) has launched networks connecting national public health associations that share a common language, with particular focus on French-, Spanish-, and Portuguese-speaking groups. Far from creating silos, these networks empower associations to exchange knowledge, build solidarity, and advance equity in public health globally. By fostering collaboration within linguistic communities, the networks enable associations to share experiences, tackle common challenges, and develop joint strategies. They also amplify the voices of representatives in international forums, ensuring diverse perspectives shape global health policy and practice.
METHODS
This workshop will spotlight the French-speaking network while providing opportunities for dialogue with other language networks. Representatives from these networks will present case examples illustrating the mechanisms of collaboration, knowledge exchange, and capacity building. Discussions will focus on strategies for sustaining engagement, promoting inclusivity, and addressing resource limitations.
RESULTS
Speakers will explore how the network has strengthened national public health associations, expanded international engagement, and fostered meaningful opportunities for mutual learning. Participants will gain insights into the ways collaboration within linguistic networks drives collective action, facilitates knowledge exchange, and supports advocacy at both national and global levels.
CONCLUSIONS
The WFPHA model demonstrates that language-based networks can effectively reinforce connections across borders, foster equity, and build the capacity of public health associations worldwide. Expanding this approach to other regions and language groups could further enhance public health practice, policy influence, and global collaboration.
Popul. Med. 2026;8(Supplement 1):A3461

ABS0445
Action learning in action: reciprocal public health reflective learning between the UK and South Africa – and how you can do it too

Jack Haywood[1], Lucy Fagan[1], Shivan Thakrar[2], Mina Endeley[3], Chriselda Pillay[4], Monique Muhali[5], Cheshni Jeena[6], Shelia Lubega[7]
[1]Royal Free NHS Foundation Trust, London, London, United Kingdom, [2]UK Health Security Agency, London, United Kingdom, [3]National Institute for Health and Care Excellence, London, United Kingdom, [4]University of Cape Town, Cape Town, South Africa, [5]National Institute for Occupational Health, Cape Town, South Africa, [6]Charlotte Maxeke Johannesburg Academic Hospital, Johannesburg, South Africa, [7]Western Cape Department of Health and Wellness, South Africa, South Africa

INTRODUCTION
Public health professionals navigate complex, system-level challenges that demand both reflective practice and collaborative problem-solving – this is particularly challenging for early career professionals. Public Health Registrars

or Residents often rotate through their learning areas individually, with little opportunity for peer reflection. Action learning sets (ALS) provide a structured, peer-led method that adopts critical thinking and mutual support. The workshop will be informed by the international pilot of inter-country ALS between Public Health Registrars in the United Kingdom and South Africa, aiming to share experiences of using ALS for professional development at this career level.
METHODS
As part of a UK Faculty of Public Health and the College of Public Health Medicine South Africa Memorandum of Understanding, the pilot connected registrars from both countries in a series of facilitated ALS sessions. Preparation included sharing information about each country's health systems, while sessions focused on real-world challenges, collaboration, and reflection across current, diverse scenarios. The need for a supportive environment informed the design.
RESULTS
Through this workshop, participants will engage in the ALS process. Using the pilot learnings, participants will be invited to reflect on the potential of ALS in their own contexts, explore how the approach can be adapted across health systems, and consider the value of international collaboration. Participants will also gain practical tools for fostering reflective practice, learn strategies to navigate complex challenges collaboratively, and connect with peers interested in innovative approaches to workforce development.
CONCLUSIONS
Action learning offers a systems strengthening approach for early public health career development across diverse contexts. By sharing experiences of implementing inter-country ALS, this workshop will encourage participants to explore how similar approaches could be adapted to their own context. Looking ahead, ALS may have the potential to scale as a model for impactful international collaboration and public health workforce development.
Popul. Med. 2026;8(Supplement 1):A3465

ABS0542
emotional intelligence as a predictor of public health leadership competencies in khyber pakhtunkhwa

sadaf jamil[1]
[1]DG health-Khyber-Pakhtunkhwa, National institutes of Health, Peshawar, Pakistan

INTRODUCTION
effective public health leadership is essential for strengthening health systems, particularly in low- and middle-income countries such as Pakistan. in Khyber Pakhtunkhwa, medical doctors are frequently assigned to leadership roles at district and provincial levels without formal training in leadership or public health competencies. Emotional intelligence (ei), the ability to perceive, manage, and use emotions effectively, has been associated with leadership success in various disciplines, yet its role in public health leadership remains underexplored in this context. This study aimed to assess the association between emotional intelligence and public health leadership competencies among medical doctors serving as public health specialists in Khyber Pakhtunkhwa.
METHODS
a quantitative cross-sectional study was conducted among medical doctors (n≈230) working in district health offices and the directorate general health services, Khyber Pakhtunkhwa, from October 2025 to march 2026. Data were collected using the Wong and law emotional intelligence scale (Wleis) and a structured questionnaire adapted from the who-aspher public health competency framework. Descriptive statistics, pearson's correlation, and multiple linear regression were applied using spss version 25, with $p<0.05$ considered significant.
RESULTS
preliminary analysis indicated moderate to high levels of self-reported emotional intelligence (mean score 5.6±0.7) and public health competencies (mean score 4.1±0.6). A statistically significant positive correlation was found between overall ei and public health competency scores ($r=0.42$, $p<0.001$). Multiple regression analysis demonstrated that ei remained an independent predictor of public health competencies after controlling for age, gender, cadre, years of service, and postgraduate training ($\beta=0.38$, $p<0.001$).
CONCLUSIONS
emotional intelligence is significantly associated with higher public health leadership competency levels among medical doctors in Khyber Pakhtunkhwa. Integrating EI-based training modules into leadership development programs could enhance the effectiveness of the public health workforce and strengthen health systems performance in Pakistan.
Popul. Med. 2026;8(Supplement 1):A3467

ABS1104
Alignment across Public Health Competencies

Allison Foster[1], Richard Kurz[1], Laura King[1], Jaime Corvin[1]
[1]National Board of Public Health Credentialing, Arlington, VA, United States

OBJECTIVE
Over the past decade, interest has grown in understanding the public health workforce through both the competencies used to prepare professionals and the tasks they perform in practice. This study examines whether competencies and tasks are organized into similar fundamental domains, and the degree of similarity across datasets.
METHODS
Four datasets developed by three US-based public health organizations were analyzed: the Council on Education for Public Health's (CEPH) 22 foundational competencies, the Council on Linkages Between Academia and Public Health Practice's (CoL) 56 sub-competencies, and two task datasets developed by the National Board of Public Health Examiners (NBPHE) representing the entire workforce (95 tasks) and governmental public health practice (54 tasks). The analysis began with a high-level comparison of organizational domains, followed by detailed cross-walks,
RESULTS
At the domain level, the majority of structures were highly consistent across all datasets, with only minor differences. Using the CPH task framework as the reference, 69% of its tasks aligned with governmental public health tasks; using the governmental framework as reference, 52% aligned with CPH tasks, reflecting the broader scope of the CPH set. Competency alignment was similarly strong: 73% of CoL sub-competencies matched CEPH competencies, and 91% of CEPH competencies aligned when CEPH was used as the reference set. Cross-walks between task and competency datasets revealed that 97% of CPH tasks aligned with CoL competencies (81% with CEPH), and 93% of governmental tasks aligned with CoL (83% with CEPH).
CONCLUSIONS
The high degree of alignment across leading competency and task frameworks indicates broad consensus on the essential domains of public health practice. This consistency provides confidence that public health professionals, regardless of training pathway, are guided by coherent expectations and can reliably demonstrate expertise and commitment to high standards.
Popul. Med. 2026;8(Supplement 1):A3473

ABS1696
Strengthening competency-based education of the global public health workforce - A UK FPH and WHO Collaboration

Claudia Cohen[1], Mina Endeley[1], Robert Frayatt[1]
[1]Faculty of Public Health, London, United Kingdom

BACKGROUND
The COVID-19 pandemic highlighted underinvestment in global public health workforce capability (1,2). In response, the World Health Organisation (WHO) and partners set out a roadmap to strengthen the global public health workforce's capacity to deliver Essential Public Health Functions (EPHF) . The UK Faculty of Public Health (FPH) Global Health Committee, working through a Memorandum of Understanding (MoU) with WHO, initiated a co-ordinated policy approach that supports competency-based education and training (CBET) for public health globally.
METHODS
A package of FPH assets was created that demonstrate UK CBET for Public Health to enable relevant FPH Special Interest Groups (SIGs) working with other countries to reference and adapt the UK approach. This included a slide deck and infographic, complemented by case studies shaped through several key informant interviews, and dissemination webinars. Under the FPH–WHO MoU, we also established a roster of temporary advisers to provide structured practical support to WHO roll-out of the EPHF workforce roadmap. The experience was synthesised and used to inform a FPH Global Education and Training policy. The policy will be further developed based on learning from implementation.
RESULTS
The paper provides a summary of lessons and feedback on: the package of CBET assets; the induction package for the temporary advisors; the experience of several SIGs that engaged in the FPH WHO roster of temporary advisors; and feedback from WHO and countries on the assistance in a variety of areas of workforce development and EPHF implementation. Factors that contributed to successful collaboration between countries and temporary advisors will be showcased.
CONCLUSIONS
The paper will highlight the success of the FPH project on global education and training, and the partnership formed between the FPH and WHO in developing the global public health workforce. Lessons will be used to inform future, similar

partnerships with WHO.
Popul. Med. 2026;8(Supplement 1):A3476

ABS1792

Getting a GRIP on the WHO Road map for public health workforce development : the work of the WFPHA_GNAPH implementation group

John Middleton[1], Priscilla Robinson[2], TBC TBC[3], Neil Squires[4], Kasia Czabanowska[5], Laura Magana[6], Atiya Mosam[7], Scott Smalley[8], Margaret Kaseje[9]
[1]Office of the President, Global Network for Academic Public Health, Washington DC, United States, [2]Professional education and training group, World Federation of Public Health Associations, Geneva, Switzerland, [3]Health workforce, World Health Organisation, Geneva, Switzerland, [4]Chief Executives office, International Association of National Public Health Institutes, Berlin, Germany, [5]CAPHRI, Maastricht University, Maastricht, Netherlands, [6]Office of the President and Chief Executive, Association of Schools of Public Health, Washington DC, United States, [7]Mayibuye Health, Mayibuye Health, Johannesburg, South Africa, [8]LOOOP, Network Institute of Research in Health Sciences Education Medizinische Hochschule Brandenburg Theodor Fontane, Neuruppin, Germany, [9]Office of the Chief Executive, Tropical Institute of Community Health and Development, Kenya., Kisumu, Kenya

BACKGROUND
From pandemic experience, there has been international recognition of the need to strengthen public health workforces, systems and professional practice.
METHODS
a road map process The WHO and partner Roadmap for the Public Health workforce, including emergencies, involves 70+ key global health organisations including the WFPHA and GNAPH.1 with commitment reiterated by the 2024 World Health Assembly. 2 years' work culminated in the 2024 guidance 'National workforce capacity for essential public health functions: A roadmap.Collection'2, This contextualises the Essential Public Health Functions (EPHFs), enumeration of the workforce, and strengthening competency-based education to employment pathways. The competencies and outcomes framework, developed as a research synthesis of competency and curriculum lists from more than 120 international sources and 100+ individual experts, identifies the behavioural competencies that unite the workforce, as well as the activities and tasks towards the different EPHFs.3 An implementation group, led by WFPHA and GNAPH, was set up in 2024. It has an action plan for 2025-20274.
RESULTS
case studies of implementation of competencies and outcomes The workshop will present examples from: national health bodies: China, Ireland, UK, South Africa; from regional bodies: Africa, (ASPHA), Europe, (ASPHER), USA, (ASPPH), (Eastern Mediterranean); from public health disciplines: health promotion, environmental health and field epidemiology; and LOOOP health curriculum mapping. There will also be contributions from WHO and IANPHI.
CONCLUSIONS
Public health systems, services, and professional practice need continual improvement. For the first time there is a globally agreed toolkit for competencies for public health systems and individual practice and lists for curricula. It is in all our interests as a public health community to implement these as fully as we can, contextualised to local and regional needs and delivering consistent and high-quality service, for the protection and improvement of health of people and planet.
Popul. Med. 2026;8(Supplement 1):A3480

ABS1913

Workforce unemployment and underemployment: defining and scaling an overlooked problem in global health systems

Yingxi Zhao[1]
[1]Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom

BACKGROUND
Health systems globally report critical shortages of health workforce, alongside growing concerns about burnout, retention, and sustainability. At the same time, reports from both high-income and low- and middle-income countries (LMICs) suggests that unemployment and underemployment among trained health professionals persistent. This apparent paradox remains poorly understood, particularly in relation to how unemployment and underemployment are defined and measured.
METHODS
We conducted a series of systematic and document reviews covering 2000-2024, including the academic literature in high-income countries and LMIC; reports from international organisations such as the World Health Organisation, International Labour Organisation, and the World Bank. Evidence was extracted and synthesised iteratively to examine definitions used, reported prevalence, and data quality.
RESULTS
We identified 42 academic studies (22 from high-income countries, and 20 from LMICs), and 30 policy reports. Across sources, unemployment and underemployment among doctors and nurses were reported but with marked inconsistency in definitions, indicators, and data sources. Unemployment was variably defined as health workers seeking work or registered at unemployment centres, graduates unable to access internship, and workers reliant on temporary contracts. Underemployment was reported less frequently and referred to constrained working hours, skills mismatch, or insecure employment contracts. Reported scale varied widely depending on the definitions and data sources. Most academic studies were small-scale, specialty or training institution-based, reported low unemployment but noting delayed labour entry. In contrast, more nationally representative WHO-led Health Labour Market Analyses in LMICs reported substantially higher levels, including estimates of 56.7% and 47.6% in Zambia and Uganda respectively (in 2023), with variation by cadre.
CONCLUSIONS
Unemployment and underemployment among health workers are inconsistently defined and unevenly measured, leading to wide variations in reported scale across settings. We argue for clearer, aligned definitions, and improved use of regulatory and labour market data to strengthen workforce monitoring and planning.
Popul. Med. 2026;8(Supplement 1):A3483

ABS1970

The prevalence of and factors associated with burnout among medical laboratory professionals in Georgetown, Guyana

Davon Van-Veen[1], Joshua Amin[1], Devika Baljit[1]
[1]College of Medical Sciences, University of Guyana, Georgetown, Guyana

OBJECTIVES
To determine the prevalence of and factors associated with burnout among medical laboratory professionals (MLPs) working in Georgetown, Guyana. Design and
METHODS
A cross sectional survey was conducted among 171(47 male, 124 female) participants, with a mean age of 28.4(sd=7.12) years. Data about their demographic characteristics, some psychosocial measures (perceived stress,and resilience), characteristics about their job and burnout were collected using a self administered questionnaire. Burnout the outcome variable was measured using the burnout assessment tool (BAT) and a burnout score was calculated. Risk factor evaluation was done via comparison of means and regression analysis.
RESULTS
The findings show that a significant proportion of MLPs working in Georgetown Guyana were either at risk for burnout (26.3%) or burnt out (47.9%). Mean comparison analysis showed that males, persons who did not identify as Christians, persons who worked in public medical laboratories, and persons who have to commute to work by crossing the Demerara Harbour Bridge (DHB) had significantly ($p<0.05$) higher burnout score than females, persons who identified as Christians, persons who worked in private laboratories and persons who did not have to commute to work by crossing the DHB respectively. Regression analysis showed that there were significantly negative correlations between age($r=-0.2221$, $p=0.004$), resilience ($r=-0.2530$, $p=0.001$), and job satisfaction ($r=-0.5185$, $p<0.001$). There was a significant positive correlation ($r=0.6564$, $p<0.001$) between perceived stress and the burnout score.
CONCLUSIONS
The results suggest many MLPs working in Georgetown Guyana are either burnt out or close to being burned out. Since there is a significant association between burnout and quality of work, urgent creative action needs to be taken to address the needs of these critical healthcare workers.
Popul. Med. 2026;8(Supplement 1):A3484

ABS2013

Health Workforce Retention Challenges and Adaptive Strategies in Rural Private Not-for-Profit Health Facilities in Uganda

Lydia Nakanjako[1], Alex Alinaitwe[1], Chelsea F. Lipoto[1], Joseph Mugerwa[1], Sarah Borger[2], Patricia Namakula[1]
[1]Programs, LifeNet International, Kampala, Uganda, [2]Programs, LifeNet International, Washington, D.C, United States

BACKGROUND
Health workforce retention is a critical determinant of health system performance, particularly in faith-based facilities delivering essential services in rural, low-resource settings. In Uganda, retention rates at rural health facilities are estimated at 71%, yet evidence from frontline leaders who directly manage workforce decisions remains limited. This study presents leadership-generated insights on

retention challenges and mitigation strategies from 97 faith-based Private Not-for-Profit (PNFP) facilities supported by LifeNet International in Uganda.
METHODS
In September 2025, 97 facility in-charges and 6 diocesan health coordinators were purposively selected to participate in structured, group discussions focused on workforce retention challenges and feasible mitigation strategies. Discussions were facilitated by trained LifeNet staff using a standardized guide, with detailed notes taken concurrently. Data were manually analyzed using content analysis: discussions were inductively coded, organized into workforce, organizational, and leadership categories, and synthesized across facilities to identify recurrent challenges and common strategies. To ensure consistency, cross-validation was adopted.
RESULTS
Analysis revealed interconnected financial, organizational, and contextual challenges. Leaders cited low remuneration relative to government facilities, high workload and multitasking, contract-based employment, limited professional development, inadequate housing, weak staff management practices, and lifestyle constraints associated with remote locations. Mitigation strategies reflected adaptive leadership responses, including strengthening income-generating models to fund incentives, implementing staff savings and credit schemes, introducing flexible work schedules and multi-skilled staffing, engaging trained volunteers during peak periods, improving housing and infrastructure, enhancing communication and supervision, instituting performance reviews and recognition, providing leadership and management training, and introducing mental health and psychosocial support initiatives.
CONCLUSIONS
Health worker retention in Ugandan PNFP facilities is influenced by interconnected financial, organizational, and leadership factors. Context-responsive strategies that extend beyond remuneration to workforce management, staff welfare, and service continuity are critical. These findings provide transferable lessons for strengthening leadership-driven workforce stability in rural, private and faith-based health facilities.
Popul. Med. 2026;8(Supplement 1):A3486

ABS2035
Public Health Leadership: An essential tool towards malaria elimination
Christiaan de Jager[1], Taneshka Kruger[1], Morris Mthombeni[2], Alex Coutinho[3]
[1]UP Institute for Sustainable Malaria Control, School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [2]Gordon Institute of Business Science (GIBS), University of Pretoria, Pretoria, South Africa, [3]Global Health Consultant, Coach Africa, Kampala, Uganda
BACKGROUND
Malaria remains a major global public health challenge, particularly in sub-Saharan Africa, with an estimated 282 million cases and 610,000 deaths in 2024, the majority occurring in Africa. Progress towards elimination has stalled due to drug and insecticide resistance, climate variability, underfunding, and health system constraints. South Africa and several Southern Africa Development Community (SADC) countries are prioritised for near-term elimination. Although South Africa has achieved reductions, local transmission persists, compounded by recent floods and extreme weather events. Effective public health leadership is a critical but under-recognised determinant of programme success. The Advanced Leadership Programme for the Elimination of Malaria (ALPEM) is supporting leadership development to address identified gaps in priority setting, decision-making, health promotion and programme management.
METHODS
This session synthesises evidence from the ALPEM project, WHO malaria surveillance, and SADC elimination initiatives. Presentations draw on mixed methods, including programme monitoring data, leadership intervention case studies, and regional epidemiological analyses from WHO, national departments of health and SADC sources. The session emphasises interactive dialogue linking empirical evidence with leadership and health promotion frameworks tailored to Southern African contexts.
RESULTS
Findings indicate that strengthened leadership capacity improves strategic planning, stakeholder coordination and adaptive management within malaria programmes. Leadership-driven community engagement enhances uptake of prevention and case management, while cross-sectoral leadership development bridges technical malaria control and broader health system governance including cross border collaborations. Improved leadership is associated with more data-driven decision-making and increased responsiveness during outbreaks and elimination phases.
DISCUSSION
Leadership is a critical enabler of malaria elimination. Integrating leadership development with technical interventions strengthens system resilience against emerging threats such as climate change, resistance and funding volatility. Lessons from the ALPEM demonstrate the value of leadership capacity building beyond malaria, supporting sustainable health system strengthening across disease programmes in South Africa, the SADC region and beyond.
Popul. Med. 2026;8(Supplement 1):A3487

ABS2036
A framework for the future of the Public Health Workforce.
William Roberts[1], Fernanda Aguilar Perez[1]
[1]Royal Society for Public Health, London, United Kingdom
BACKGROUND
The Public Health Workforce (PHW) is a large and diverse group of professionals and volunteers whose work impacts health outcomes and helps us tackle health inequalities worldwide. However, data on the PHW is lacking, impacting future plans and workforce strategies. The World Congress on Public Health (WCPH), as the largest meeting of PHW members, is the perfect venue for them to share their experiences and professional needs, helping us put together a framework that will aid public health organisations in understanding how they can support them.
METHODS
This interactive workshop will encourage participants to share 1. Which data their countries or services have on the PHW, 2. Which national workforce plans and strategies (if any) support their education, training, recruitment, and professional development? 3. How can they build a career in public health, and what are the incentives to do so, and 4. What recognition these roles receive, particularly for the extended workforce (those who are not part of the core PHW and are not doctors or nurses). A facilitated discussion in which people will be encouraged to discuss in small groups and record their answers will be used to collect the information.
RESULTS
The information gathered by the workshop will be used to create a framework that provides a wider understanding of the data we have, the plans that exist, and, most importantly, the gaps impacting the extended and core PHW growth and development, alongside the solutions and support the PHW itself would like to have.
CONCLUSIONS
all participants of the WCPH are members of the PHW. Engaging them in a workshop to gather their local perspectives on workforce data, existing plans and strategies, professional development, and careers will aid in the construction of a framework that will help organisations understand how to better support them.
Popul. Med. 2026;8(Supplement 1):A3488

ABS2038
Determinants of designing for dissemination in public health practice in the United States: A mixed methods study
Gabriella McLoughlin[1], Thembekile Shato[2,3], Maura Kepper[3], Russel Glasgow[4], Ross Brownson[3,5], Rachel Tabak[3]
[1]Department of Social and Behavioral Sciences, Temple University, Philadelphia, United States, [2]Department of Surgery, Washington University in St. Louis, St. Louis, United States, [3]Prevention Research Center, Washington University in St. Louis, St. Louis, United States, [4]Department of Family Medicine and ACCORDS Research Center, University of Colorado, Aurora, United States, [5]Alvin J. Siteman Cancer Center, Washington University in St. Louis, St. Louis, United States
INTRODUCTION
A persistent challenge in public health is putting research into practice; designing for dissemination (D4D) is a process of developing research products to match with intended audiences and settings to bridge this gap. However, little is known about how public health practitioners integrate evidence. Our study objective was to examine determinants of research utilization among public health practitioners and gain insights into potential dissemination strategies to support D4D planning and activities for researchers.
METHODS
We conducted a convergent parallel mixed-methods study. We engaged public health practitioners across the United States (N=261), in state (n=211, 81.2%) and local health departments (n=43, 16.5%). Research utilization, correlates, and determinants were assessed through a survey that contained quantitative and qualitative questions.
RESULTS
High users of research reported more favorable support for their role and enabling research use, although the only statistically significant association was tracking and monitoring research findings (OR = 2.66, 95% CI: 1.44–4.91). The

most prevalent challenge was limited time to find and use research, cited by 80% of respondents. Statistically significant differences were found between local and state practitioners, with time cited as a top barrier more often among state practitioners (81.1%) than local practitioners (70.3%; p=.009). Limited access to research and the perceived irrelevance of research to their specific work needs, including the populations they serve, were frequently mentioned in qualitative data. Potential dissemination strategies included leveraging professional networks, webinars, and email newsletters, as well as developing centralized repositories for curated research. Respondents also suggested community-engaged approaches, emphasizing the need to tailor research communication to underserved populations and to build trust through local partnerships.
CONCLUSIONS
Differences in research utilization exist among public health practitioners and are potentially driven by contextual and interpersonal factors. The development and testing of tailored dissemination strategies could address barriers to research utilization.
Popul. Med. 2026;8(Supplement 1):A3489

ABS2116

Lessons in organizing and scaling up mentorship as workplace -based support in health systems. SA Learning Alliance for District Health systems (SALAD):

Beth Engelbrecht[1], Lucy Gilson[1]
[1]UCT School of Public Health and Family Medice. NWU African Unit for Transdisciplinary Health Research, UCT NWU, Cape Town, South Africa
BACKGROUND
Health Systems globally are rich in legislative and policy architecture and a myriad of plans and reports requiring attention. However, the working environment is complex, characterised by many actors and demands in moving parts across the system in limited resource settings. Workplace-based system leadership development such as mentoring can focus on individual, team and systems competencies to navigate these complexities with the potential to meet these needs as well as to support staff retention and service delivery improvements. Yet, there is limited evidence to support this position in public health systems. The aim of this organized session is to share experiences of design, application, and scaling of mentoring in various public health contexts.
METHODS
A panel discussion will be facilitated by SALAD and consist of 4 members representing academia, policy makers, health management across provinces as well experience with global relevance. The panel will include perspectives from different contexts and of mentoring women in global health leadership. Following a 5-minute introduction by the chair, each panellist will have 7 minutes to discuss their experiences in designing, organising and scaling up mentoring in their setting, and to reflect on the challenges, opportunities and insights gained. The chair will facilitate a 20-minute round of wider participatory discussion and summarise key messages.
RESULTS
The session will enable a sharing of rich experiences and lessons from a variety of South African public health settings on the organization, delivery and reviewing the impact of mentorship in the workplace as an intervention to strengthen health systems leadership.
CONCLUSIONS
Mentorship, as a workplace-based leadership development intervention, is an important strategy to strengthen individual, team and system competencies in navigating system complexities. Sharing lessons and exchanging ideas will generate valuable guidance for policymakers, managers, researchers, and funders across different country settings.
Popul. Med. 2026;8(Supplement 1):A3491

ABS2168

From Brain Drain to Brain Gain: Ensuring Equity in Global Public Health Collaborations

Shona Mackinnon[1], Mehreen Hunter[2], Fatai Ogunlayi[3]
[1]London School of Hygiene and Tropical Medicine, London, United Kingdom, [2]Department of Health and Wellness, Tygerberg Hospital, Cape Town, South Africa, [3]Warwick Medical School, The University of Warwick, Coventry, United Kingdom
INTRODUCTION
Migration and workforce mobility have long shaped global public health, bringing diversity and innovation. However, these trends often risk perpetuating inequities: high-income countries disproportionately benefit from skilled professionals, while low- and middle-income countries face workforce shortages. In our complex and fragmented world, equitable collaboration is essential to address shared health challenges and harness the full potential of a global workforce.
METHODS
This session will explore strategies for fostering equitable partnerships across countries and turning "brain drain" into "brain gain." We will consider how diaspora professionals and others committed to global public health, regardless of background, can contribute meaningfully. We will emphasise bilateral learning, recognising that high-income countries have much to learn from the expertise of professionals in low- and middle-income settings. Advances in digital technology enable remote engagement, knowledge exchange and collaboration, creating new opportunities for inclusive global health action. The session will be structured around guiding questions: What principles underpin equitable collaboration? What examples of successful reciprocal partnerships can inspire new models for global health workforce engagement? What practical steps can prevent collaborations from being extractive and instead foster mutual benefit? How can digital platforms democratise global health engagement? The session will involve professionals from low, middle, and high-income settings, including Faculty of Public Health Africa SIG members.
RESULTS
Through interactive discussion and case examples, participants will identify practical approaches for building collaborations that strengthen health systems globally. Outputs will include a set of actionable recommendations for equitable engagement, highlighting models that prioritise mutual benefit, sustainability, and respect for local contexts, ensuring that knowledge flows in both directions.
CONCLUSIONS
This session aims to foster inclusive partnerships that advance global solidarity and health equity. Participants will leave with concrete ideas for leveraging diversity, digital innovation and reciprocal learning to create collaborations that benefit all, rather than perpetuating existing imbalances.
Popul. Med. 2026;8(Supplement 1):A3492

ABS2170

Building tomorrow's public health workforce: a comprehensive revision of Portugal's medical residency program

Rafael Vasconcelos[1], Filipa Canha[2], Hélder Pinto[3], José Chen-Xu[4], José António Figueiredo[5], Maria Ana Santos[6], Maria Manuel Dantas[7], Paula Pinto Oliveira[8], Paulo Correia[9], Rachel Barbabela[10], Sofia Lopes[11], Valter Loureiro[12], Júlia Martinho[13]
[1]Public Health Department, Leiria Region Local Health Unit, Leiria, Portugal, [2]Almada-Seixal Local Health Unit, Almada, Portugal, [3]Amadora / Sintra Public Health Unit, Amadora / Sintra Local Health Unit, Amadora, Portugal, [4]Comprehensive Health Research Centre, National School of Public Health, NOVA University of Lisbon, Lisbon, Portugal, [5]São João Local Health Unit, Porto, Portugal, [6]Public Health Department, Central Alentejo Local Health Unit, Évora, Portugal, [7]Coimbra Public Health Department, Local Health Unit of Coimbra, Coimbra, Portugal, [8]Baixo Tâmega Public Health Unit, Tâmega e Sousa Local Health Unit, Marco de Canaveses, Portugal, [9]Public Health Department, Algarve Local Health Unit, Portimão, Portugal, [10]Public Health Unit, Médio Ave Local Health Unit, Santo Tirso, Portugal, [11]Braga Local Health Unit, Braga, Portugal, [12]Western Lisbon Local Health Unit, Oeiras, Portugal, [13]Lezíria Public Health Unit, Lezíria Local Health Unit, Santarém, Portugal
INTRODUCTION
Revising Portugal's public health medical residency program is essential to meet emerging public health challenges. Despite legislation predicting five-yearly revisions, public health's training program was last revised in 2014 and does not consider emergent topics for training. Increasing system demands and workforce renewal highlight the need for programs that prepare physicians for leadership and multidisciplinary practice to tackle current and future public health threats.
METHODS
A working group of public health medical residents, including members with previous experience in developing training programmes, conducted a literature review of national regulatory frameworks and international best practices in postgraduate medical education to inform a comprehensive proposal for programme revision. A structured consultation of public health residents, specialists, and related professionals assessed perceptions of the current programme and future needs, using a mixed-methods approach with quantitative and qualitative analysis. The resulting proposal was submitted for public consultation and sent to relevant stakeholders in May 2024.
RESULTS
The consultation gathered 84 responses. Among physicians (n=67), most (82.1%) considered the current programme inadequate. Limited integration across levels of care, lack of resources, inadequate protected study time, unclear assessment criteria, and the need for adjusted training duration, diversified training sites, and stronger emphasis on practical real-world competencies emerged as concerns.

The proposal restructures the residency into core and subject-specific training, integrates hospital practice into community rotations, aligns the first year with the academic calendar, updates curricular content addressing identified gaps in management, leadership and data analysis, grants formal equivalence to a master's degree in public health, expands elective rotations to nine specialized areas, and establishes weekly protected study time.
CONCLUSIONS
Built by current residents for future residents, this proposal aimed to modernize public health residency training in Portugal, enhancing educational quality, adaptability, and relevance, while strengthening preparedness, leadership, and multidisciplinary competencies of future public health physicians.
Popul. Med. 2026;8(Supplement 1):A3493

ABS2187

Lessons in organizing and scaling up mentorship as workplace -based support in health systems. Authors: SA Learning Alliance for District Health systems (SALAD)

Beth Engelbrecht[1], Tumelo Assegaai[1], Lucy Gilson[1]
[1]UCT School of Public Health, UCT, Cape Town, South Africa

BACKGROUND
Health Systems globally are rich in legislative and policy architecture and a myriad of plans and reports requiring attention. However, the working environment is complex, with many moving parts and characterised by many actors and demands. Workplace-based system leadership development - such as mentoring - can support the development of the individual, team and systems competencies needed to navigate these complexities. It also has the potential to support staff retention and enable service delivery improvements. Yet, there is limited evidence of how mentorship programmes can be implemented effectively within public health systems. The aim of this organized session is to share experiences of the design, application, and scaling of mentoring in various South African public health contexts.
METHODS
A panel discussion will be facilitated by SALAD, with 4 members representing academia, policy makers, and health management across provinces. The panel will include mentorship perspectives from different contexts, including from the women in global health leadership fellowship. Following a 5-minute introduction by the chair, each panelist will have 7 minutes to discuss their experiences of designing, organising and scaling up mentoring in their setting, and to reflect on the challenges, opportunities and insights gained. A 20 min wider particpipation will be invited.
RESULTS
The session will enable a sharing of rich experiences and lessons from South African public health settings on the organization, delivery and reviewing the impact of mentorship in the workplace as an intervention to strengthen health system leadership. It will also support discussion of relevant, international experience.
CONCLUSIONS
Mentorship, as a workplace-based leadership development intervention, is an important strategy to strengthen individual, team and system competencies in navigating system complexities. Sharing lessons and exchanging ideas will generate valuable guidance for policymakers, managers, researchers, and funders across different programmes and country settings.
Popul. Med. 2026;8(Supplement 1):A3494

ABS2197

Strengthening Public Health Leadership for Data-Driven Decision Making: Institutionalizing Civil Registration and Vital Statistics (CRVS) Data Use Training in Uganda

Lauren Abrams[1], Irene Kyamwine[2], Emma Clevenger[1]
[1]CDC Foundation, Atlanta, United States, [2]Uganda National Institute of Public Health, Kampala, Uganda

INTRODUCTION
Civil registration and vital statistics (CRVS) systems are essential for monitoring population health and informing policy, yet CRVS data remain underutilized in many low- and middle-income countries due to limited analytical capacity within the public health workforce and weak integration into routine public health practice. This initiative aimed to build CRVS data use capacity through a country-led training within Uganda's national Field Epidemiology Training Program (FETP).
METHODS
A five-day CRVS data use workshop was conducted in November 2025 for Advanced FETP fellows. The training was developed and delivered with Ministry of Health, the National Identification and Registration Authority, and the Uganda National Institute of Public Health (UNIPH) and aligned with the UNIPH curriculum. Government datasets including birth and death records, mortality surveillance data, and medical certification of cause of death data were used. Training content emphasized applied analysis, data visualization and translation of findings for public health action and leadership. Fellows developed CRVS-focused research questions and produced individual analysis and project action plans alongside mentors. Daily participant evaluations assessed training quality.
RESULTS
Thirteen fellows completed the training and developed CRVS data use projects addressing national public health priorities including maternal, neonatal, and under-five mortality, noncommunicable diseases, injuries and infectious diseases. Participant feedback demonstrated high relevance, clarity and quality of training materials. Facilitation by national experts and use of national data strengthened engagement, ownership and leadership skills. The CRVS training module was integrated into the UNIPH curriculum. A CRVS analytical product was institutionalized as a program requirement.
CONCLUSIONS
Embedding country-led CRVS data use training within national epidemiology training programs strengthens public health workforce capacity and leadership for evidence-based decision making. Adaptation of prior training investments supported sustainability and institutionalization. This model demonstrates how CRVS capacity building contributes to developing a skilled public health workforce capable of translating data into action.
Popul. Med. 2026;8(Supplement 1):A3495

ABS2251

The Role of Undergraduate Public Health Graduates in Strengthening System Resilience and Emergency Response in Fiji

Avendra Prakash[1]
[1]Faculty of Health, Victoria University of Wellington, Wellington, New Zealand

BACKGROUND
Small island developing states (SIDS) face significant challenges in building health systems that are resilient to public health emergencies, climate-related shocks, and the growing burden of non-communicable diseases. In Fiji, these pressures coexist with the persistent paradox; despite sustained investment in undergraduate public health education, graduates remain largely underutilised within the National Health workforce. This reflects a critical gap in public health leadership and workforce planning, particularly in preventive, promotional, and community-based health services. This PhD research examines how undergraduate public health graduates can be more strategically integrated to strengthen health system resilience in Fiji.
METHODS
The study adopts mixed methods design comprising three sequential phases. First, quantitative survey of undergraduate public health graduates (2018 – 2023) will examine employment pathways, role utilisation, and perceived preparedness for workforce participation. Second, qualitative talanoa-based interviews in focus groups with graduates, policymakers, employers, and academic leaders will explore leadership perceptions, systemic barriers, and opportunities for integration. Third, collaborative validation with stakeholders will support development of policy-relevant workforce recommendations.
RESULTS
Fieldwork is scheduled to be completed by May 2026. The analysis will draw on health systems resilience theory and indigenous Pacific epistemologies, conceptualising resilience as emerging from the interaction between workforce capacity, governance arrangements, and culturally grounded community relationships. Within this framework, it is anticipated that this research will provide insights into the mobilisation of public health graduates not merely as technical personnel but as a leadership-enabled workforce capable of linking policy, practice, and community engagement.
CONCLUSIONS
By foregrounding undergraduate public health graduates within debates on leadership and workforce reform, this research addresses a critical but under-examined dimension of health system resilience. The study is expected to inform workforce policy, leadership development, and curriculum alignment in Fiji, with broader relevance for other SIDS seeking to strengthen prevention, preparedness, end community centred health systems.
Popul. Med. 2026;8(Supplement 1):A3497

ABS2292

Knowledge-sharing practices among dentists, pharmacists, and allied health professionals: a cross-sectional study in Eastern Cape public hospitals, South Africa

Onke Mnyaka[1]
[1]School of Public Health, Walter Sisulu University, Mthatha, South Africa
BACKGROUND
Knowledge-sharing is a deliberate exchange of information to enhance accessibility and reuse which is critical for improving healthcare delivery. This study assessed knowledge-sharing practices among dentists, pharmacists, and allied health professionals (AHPs) in nine public hospitals in South Africa's Eastern Cape Province.
METHODS
A cross-sectional survey was conducted using purposive and stratified random sampling to recruit 99 participants. Data were collected via a validated questionnaire and analysed with SPSS v.22.0 using descriptive statistics.
RESULTS
Respondents were predominantly female (77.6%) and aged 21–35 years (63.6%); AHPs comprised 65.7% of the sample. The results show a statistically significant association between profession and encouragement to adopt a global perspective ($p = 0.017$), while significant differences were observed between profession and encouragement to seek inter-team solutions ($p = 0.020$), and access to leadership-driven opportunities for interdisciplinary knowledge-sharing ($p = 0.016$).
CONCLUSIONS
Despite observable patterns in the descriptive results, no other statistically significant differences by profession were observed for all other items. Collaboration with external communities and leadership-driven knowledge-sharing opportunities were also highest among dentists but limited overall. Adoption of information systems for knowledge exchange was low, particularly among pharmacists and AHPs. Participation in professional development and recognition of long-term knowledge-sharing strategies followed similar patterns. These findings highlight the need to strengthen leadership-driven opportunities for interdisciplinary knowledge-sharing and to develop targeted interventions to address specific gaps between professions.
Popul. Med. 2026;8(Supplement 1):A3499

ABS2329
Health workforce distribution and determinants in South Africa – Insights from the WiSDOM Cohort Study

Laetitia Rispel[1], Prudence Ditlopo[1], Duane Blaauw[1]
[1]Centre for Health Policy & South African Research Chairs Initiative (SARChI), School of Public Health, University of the Witwatersrand, Johannesburg, South Africa
BACKGROUND
Equitable, inclusive, and sustainable health systems depend on a well distributed health workforce, but South Africa continues to grapple with the persistent maldistribution of health professionals between the public and private sectors. The WiSDOM (Wits longitudinal study to determine the operation of the labour market among its health professional graduates) cohort study offers important insights into health professionals' choice of employment sector.
METHODS
WiSDOM, a 2017 prospective longitudinal cohort study, consists of eight health professions: clinical associates, dentists, doctors, nurses, occupational therapists, oral hygienists, pharmacists, and physiotherapists. Every year we collect information on sector of employment, and the reasons for working in the private-for-profit health sector. We used Stata®19 for analysis, and panel logistic regression to investigate factors associated with working in the private sector across the eight professions between 2018 and 2025.
RESULTS
In 2025, the mean age of the cohort was 31.9 (± 2.1), and the majority were female (74.3%). Overall, 49.2% of the cohort were employed in the public sector, with marked variations. Public sector employment ranged from 0% among oral hygienists and dentists to 76.2% among medical doctors, with other professional groups concentrated mostly in the private-for-profit sector. The top reasons for private sector employment were opportunities for professional advancement (23.0%), lack of public sector posts (23.0%), and better working conditions (16.8%). The predictors of private sector employment were health professional category, increased age, urban location, and higher socio-economic background and financial motivation at baseline.
CONCLUSIONS
The WiSDOM study highlights significant inequities in sectoral employment across health professions, shaped by public sector absorptive capacity, professional aspirations, and working conditions. Expanding public sector career opportunities and improving working conditions are essential to promote more equitable health workforce distribution and ensure an inclusive health system in South Africa.
Popul. Med. 2026;8(Supplement 1):A3500

ABS2362
Embedding Diversity, Equity and Inclusion as a Strategic Management Task in Healthcare Organizations

Sophia Sgraja[1], Volker Amelung[1]
[1]Institute for Epidemiology, Social Medicine and Health System Research, Hannover Medical School, Hannover, Germany
BACKGROUND
Health systems in various countries face increasing diversity among both patient populations and healthcare workforces. While diversity, equity and inclusion are widely discussed as normative goals, they are rarely embedded as a strategic management responsibility within healthcare organizations. Beyond ethical and political considerations, it remains insufficiently understood whether and under which conditions diversity, equity and inclusion strategies generate organizational value.1 Within the HUMAN-LS project ("Health Equality, Migration and Diversity"), this subproject examines how diversity, equity and inclusion can be integrated into governance, leadership, and organizational development in hospitals and long-term care facilities.
METHODS
A mixed-methods approach is applied. A scoping review and policy analysis examine international evidence on diversity, equity and inclusion strategies in healthcare, including reported organizational outcomes. In addition, international case studies are conducted in North America (United States and Canada) and Scandinavia using triangulated methods, including document analysis, semi-structured interviews with key stakeholders, and on-site field visits. The analytical framework is based on the St. Gallen Management Model, enabling analysis at micro (individual), meso (organizational), and macro (system and policy) levels.2 Findings are compared with quantitative survey data from hospitals and care facilities in Lower Saxony, Germany.
RESULTS
At the time of the congress, results from the scoping review, international case studies, and qualitative interviews will be available. Preliminary findings identify organizational conditions under which diversity, equity and inclusion are perceived as strategically meaningful. Early evidence suggests potential benefits for staff retention, team climate, organizational learning, and perceived quality of care, while also highlighting implementation challenges and contextual constraints.3 Cross-country comparisons enable differentiation between transferable mechanisms and context-specific trade-offs.
CONCLUSIONS
Diversity, equity and inclusion can represent a strategic asset for healthcare organizations when embedded in leadership and governance processes. International experiences provide evidence-informed insights to support practice-oriented guidelines and policy recommendations for healthcare institutions.
Popul. Med. 2026;8(Supplement 1):A3501

ABS2365
Health workforce retention in First Referral Hospitals of Kenya, South Africa, and Uganda: Implications for equitable and sustainable health systems

Laetitia Rispel[1], Raymond Tweheyo[2], Vincent Kagonya[3], Yingxi Zhao[4], Denise Evans[5], Mike English[4]
[1]Centre for Health Policy & South African Research Chairs Initiative (SARChI), School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, [2]School of Public Health, Makerere University, Kampala, Uganda, [3]KEMRI-Wellcome Trust Institute, Nairobi, Kenya, [4]Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom, [5]School of Clinical Medicine, University of the Witwatersrand, Johannesburg, South Africa
BACKGROUND
First Referral Hospitals (FRHs), also known as district hospitals, play a critical role in supporting primary health care, and in providing equitable access to essential hospital services in sub-Saharan Africa (SSA). However, persistent challenges in retaining health professionals compromise continuity of care, undermine service quality, and exacerbate inequities, particularly in rural and underserved areas. AFRHiCARE is a multi-country, collaborative research project that investigates the complex relationship among the health system building blocks of FRHs, health workforce outcomes, and responsiveness to patient needs.
OBJECTIVES
1. Examine the role of financial incentives, and the factors influencing the retention of healthcare workers in first referral hospitals in sub-Saharan Africa 2. Identify context specific challenges affecting retention across Kenya, South Africa, and Uganda.
METHODS
This themed session combines the results of a realist review on how financial

incentives influence health workforce retention in SSA and an empirical study among frontline patient-facing healthcare workers in Kenya, South Africa and Uganda. The survey covered inter alia demographics, job satisfaction, working conditions, supervision and management, and intention to leave. We recruited 1533 frontline staff in Kenya, 814 in South Africa, and 650 in Uganda. The key findings of the realist review will foreground the empirical findings from each of the study countries on the determinants of healthcare workers' retention in the profession, the FRH, and the country. The short presentations will be followed by an interactive audience discussion. An independent expert will conclude the session by highlighting key insights and lessons from the realist review and the empirical multi-country baseline studies. Expected results The workshop will highlight the role of incentives in health workforce retention and provide empirical insights on the complex interplay of job satisfaction, management, working conditions and retention, thus contributing to the global discourse on equitable and sustainable health systems.
Popul. Med. 2026;8(Supplement 1):A3502

ABS2438
Dismantling the Gerontocratic and Eurocentric Hegemony: A Dialogue on Solutions for Diverse Public Health Leadership

Mohamed Osman Gafar Abdalla[1], Federica Castellana[1]
[1]Young WFPHA, Geneva, Switzerland

BACKGROUND
Global health leadership remains disproportionately concentrated in the Global North and among older demographics, creating a "leadership bottleneck." In the Global South, the workforce is further constrained by a heavy reliance on medical doctors, sidelining essential multidisciplinary expertise. These disparities are reflections of deep-seated systemic inequities. While long-term structural change is necessary, the urgency of current global health threats demands immediate, realistic strategies to diversify the leadership pipeline and redistribute decision-making power across generations and geographies.
METHODS
This 60-minute organized session will utilize a "Fishbowl Dialogue" format to model the redistribution of power. A small inner circle, comprising a mix of early-career professionals from the Global South, non-medical health experts, and seasoned leaders, will initiate a focused discussion on leadership barriers. One chair in the inner circle will remain empty at all times, allowing participants from the outer circle to spontaneously join the conversation to propose a specific solution. This method ensures that the dialogue remains intergenerational and breaks the traditional "expert-audience" hierarchy.
RESULTS
The session aims to identify three actionable "Short-Term Lever" strategies: The implementation of mandatory "Next-Gen" seats on high-level governing boards; The formalization of "Shadowing-for-Credit" programs that pair Global South junior professionals with Global North executives; and (3) Policy recommendations for diversifying professional backgrounds beyond clinical medicine. The primary outcome will be a "Leadership Diversification Toolkit" focused on immediate implementation within professional associations and NGOs.
CONCLUSIONS
We can't wait for systemic inequities to resolve themselves. By institutionalizing intergenerational collaboration and de-medicalizing leadership in the Global South through dynamic formats like the Fishbowl, we can begin to correct the power imbalance in real-time. This session argues that diverse, collaborative leadership is a strategic necessity for a resilient and responsive global public health workforce.
Popul. Med. 2026;8(Supplement 1):A3503

ABS2496
Building pillars for professionalisation of the public health workforce

Farhang Tahzib[1,2,3], Tracy Daszkiewicz[1], Katarzyna Czabanowska[4], Fatai Ogunlayi[1], Joseph Mfutso-Bengo[3], Mary Codd[5], Laura Magana[6], Atiya Mosam[7]
[1]Faculty of Public Health, London, United Kingdom, [2]European Public Health Association, Utrecht, Netherlands, [3]Global Network for Academic Public Health, Washington, United States, [4]WHO Collaborating Centre for public health leadership and workforce, Maastricht University, Maastricht, Netherlands, [5]Association of the Schools of Public Health in the European Region, Brussels, Belgium, [6]Association of the schools and programs of public health, Washington, United States, [7]College of public health medicine, Cape Town, South Africa

BACKGROUND
The WHO – ASPHER roadmap for professionalising public health workforce has highlighted the key pillars for professionalisation of the workforce are: core competencies for public health workforce; education and training; and code of ethics and professional conduct, with leadership in their development and implementation.
METHODS
The session will draw on experience, learning and insights gathered from national and global public health organisations, including the UK FPH, GNAPH, EUPHA, SA CPHM and WHO. The purpose of the session is to share research and practical insights in the development and implementation of core professionalisation pillars and levers, and to reflect on collaborative learning with international partners working in diverse public health systems.
RESULTS
Public health is an art and science, preventing disease, prolonging life and promoting health, through the organised effort of society. The Faculty project on what is public health has highlighted the need for a diverse workforce to effectively fulfil its mandate, and the role of the pillars and levers for the specialist public health workforce. As well as sharing research on the professionalisation of the public health workforce, the panel will also share the case for and experience of creating a multidisciplinary professional public health workforce, and partnership in sharing knowledge, collaboration and advocacy.
CONCLUSIONS
There is need for leadership and a systematic organic approach to consider the main levers for professionalisation, namely: competencies and career pathing; capacity building, training and education; formal organisation; professional credentialing and accreditation; creating code of ethics and professional conduct. Such levers need to appreciate local context and environments and be regularly reviewed and adjusted in light of local circumstances and issues. There is need for funding not only for public health programmes but adequate funding for a public health professional workforce.
Popul. Med. 2026;8(Supplement 1):A3504

ABS2539
Building Public Health Workforce Resilience: Integrating research, theory and practice

Emma Roberts[1], Joy Rucker[2], Monique Tula[3], Katie McCormick[4], Sarah Whipple[5], Chevonna Gaylor[6]
[1]Awen Consulting Services (Public Health Consultant), New York, United States, [2]Option Unlimited JR Consulting (Public Health Consultant), Fort Lauderdale, United States, [3]Cadence Consulting (Public Health Consultant & Coaching), San Diego, United States, [4]University of Texas, Austin, United States, [5]Yuba Harm Reduction Collective, Nevada City, United States, [6]PDA, Seattle, United States

BACKGROUND
We are seeing increasing workforce stressors on public health workers as they attempt to offer evidence-based services. Rejection of science and changes in government health policies create confusion and misinformation among communities they serve. They have experienced, at best, a reduction in engagement and, at worst, threats and attacks. This threatens the sustainability of public health-based programs and its workforce. Harm Reduction Workers in the field of HIV, HCV, and overdose prevention have worked under such conditions for decades. This presentation aims to 1) map multi-level occupational stressors, and 2) outline practical interventions at organizational, team, and individual levels to build staff resilience, increase retention and reduce burnout.
METHODS
Drawing from recent research from the University of Texas regarding staff stressors and burnout for this sector of the workforce and from facilitated conversations at the 2025 International Harm Reduction Conference in Colombia, and 2025 & 2026 Florida/Southern Harm Reduction conferences, this session will provide a review of research and documentary evidence alongside practical interventions. This presentation uses diverse sources of data including from peer-reviewed scientific literature and coded included articles according to a multi-level model of occupational stress to identify stressors. We also facilitated workshops at national and international conferences with frontline workers and organizational leaders about resilience strategies.
RESULTS
Using information outlined above, we will explore how organizations can use this evidence and resulting policy/practice guidance to increase intentionality in approaches to staff wellbeing. We will provide case studies of programs that have successfully addressed such needs alongside options and tools for organizations to use.
CONCLUSIONS
Our goal is to share learning from the experiences of public health workers to inform how we can better support staff to build resilience, stay connected to their work, and continue to provide essential services their communities need

and deserve.
Popul. Med. 2026;8(Supplement 1):A3506

ABS2540
Grounded Under Pressure: Individual Tools for Workforce Resilience in Public Health

Emma Roberts[1], Monique Tula[2], Tanagra Melgarejo[3]
[1]Awen Consulting Services (Public Health Consultant), New York, United States, [2]Cadence Consulting (Public Health Consultant and Coaching), San Diego, United States, [3]National Harm Reduction Coalition, Oakland/New York, United States

BACKGROUND
Public health workers operate within increasingly hostile, politicized, and resource-constrained environments that place sustained demands on their emotional, cognitive, and physiological capacity. In addition to structural stressors, workers are frequently exposed to community trauma, moral injury, and chronic urgency, contributing to burnout, dysregulation, and workforce attrition. While organizational-level interventions are essential, there remains a critical need for practical, individual-level tools that support self-regulation, emotional resilience, and sustained engagement in the work.
METHODS
This interactive workshop draws on mixed-methods research from the University of Texas examining occupational stressors among harm reduction and public health workers, pilot workforce resilience trainings, and the ongoing development and evaluation of Reclaiming Resilience, a trauma-informed, practice-based framework. Content integrates somatic practices, nervous system literacy, and Neuro-Linguistic Programming (NLP)-informed techniques to support emotional regulation and narrative flexibility. Participants will engage in brief experiential exercises and guided reflection designed for immediate application in high-stress public health settings.
RESULTS
Participants will leave with a set of tangible, portable tools to support grounding, interrupt stress reactivity, and restore internal safety during moments of overwhelm. The workshop emphasizes practical skill-building rather than conceptual mastery, with attention to adapting practices across diverse roles including direct service, advocacy, policy, and capacity-building environments.
CONCLUSIONS
This session complements broader workforce resilience strategies by focusing on individual, embodied practices that enhance wellbeing and sustainability in public health work. By centering nervous system regulation and narrative choice, the workshop offers accessible tools that participants can use personally and integrate into their professional practice, supporting resilience not as individual grit, but as an ethical and sustainable approach to care-centered public health work.
Popul. Med. 2026;8(Supplement 1):A3507

ABS2594
Strengthening South Africa's frontline capacity for sustainable and resilient health systems: evidence from a pilot climate and health short course

Solange Mianda[1], Joy J Leaner[2], Caradee Y Wright[3], Debra Jackson[4], Martina Lembani[1]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]Western Cape Department of Environmental Affairs and Development Planning, Cape Town, South Africa, [3]South African Medical Research Council, Pretoria, South Africa, [4]London School of Hygiene and Tropical Medicine, London, United Kingdom

BACKGROUND
Climate change is undermining the sustainability and resilience of health systems globally, intensifying service demands while exposing health workforce capacity gaps. Strengthening frontline capacity is a core pillar of climate-resilient health systems, requiring integrated competencies in climate-health risks, equity-oriented responses, preparedness, and system-level action. Frontline healthcare workers are central to responding to climate-related threats including heat stress, air pollution, and infectious disease outbreaks, yet structured, practice-oriented climate-health training remains limited, particularly in developing countries.
METHODS
We designed and delivered a pilot interdisciplinary climate and health short course for frontline healthcare workers, including environmental health officers, nurses, doctors and allied health professionals in South Africa. Grounded in adult and experiential learning principles, the curriculum featured expert-led sessions with academics, researchers, and government officials; applied group work; and structured field visits to climate-responsive sites. Programme effectiveness was assessed using post-course surveys capturing self-reported gains in knowledge, confidence, and perceived applicability to professional practice, complemented by qualitative feedback.
RESULTS
The pilot course demonstrated high feasibility, acceptability, and perceived impact. Participants reported substantial knowledge gains, with the strongest increases in foundational climate science and health impacts. Participants demonstrated markedly increased confidence to recognize vulnerable populations, advocate for climate-health interventions, and apply learning within their workplace. Experiential components, especially field visits, were identified as most valuable for translating theory into practice. Participants articulated clear commitments to apply learning in areas such as community education, advocacy, and improved waste management.
CONCLUSIONS
This pilot course presents a replicable and scalable model for rapidly enhancing frontline capacity and confidence for practical action. Scaling and institutionalizing such training represent a promising pathway for embedding climate resilience within routine health system practice, thereby promoting sustainable health equity for all communities.
Popul. Med. 2026;8(Supplement 1):A3508

ABS2609
The Relationship Between Nurse Outcomes, The Work Environment, Nurse-Perceived Patient Outcomes, and Patient Satisfaction in Eswatini

Sibonile Dlamini[1], Professor Alwiena Blignaut[1], Professor Siedine K Coetzee[1]
[1]School of Nursing, North West University, Potchefstroom, South Africa

BACKGROUND
Nurse outcomes are largely dependent on the work environment, and are key determinants of quality of care, patient safety, and patient satisfaction. However, this international trend has not been confirmed in Eswatini. This study examined the relationship between selected nurse outcomes and the work environment, nurse-perceived quality of care, patient safety, and patient-reported satisfaction in Eswatini.
METHODS
A cross-sectional survey was conducted among 306 nurses and 350 patients from inpatient units in four public main hospitals, five public health centres, and two private hospitals across all four regions of Eswatini. Measurements included the work environment, nurse outcomes (physical and mental health, compassion fatigue, job satisfaction, and turnover intent), quality of care, patient safety, and patient satisfaction.
RESULTS
Nearly half of the nurses rated their work environment as fair (n=129;42.16%), with staffing and resource adequacy rated lowest (M=1.99;SD±0.49). Nurses reported fair physical health (t=37.31;SD±5.35), good mental health (t=43.44;SD±5.16), moderate compassion fatigue (M=2.52;SD±0.72), and high emotional exhaustion (M=36.47;SD±9.27). Although most nurses were satisfied with their jobs (n=190;62.42%), they were most dissatisfied with salaries (M=1.45;SD±0.68), educational opportunities (M=1.51;SD±0.74), and appreciation, recognition, and rewards (M=1.54;SD±0.74). Almost half of the nurses showed intent to leave their current jobs (n=139;45.42%). Almost half intended to leave their jobs (n=139;45.42%). Over half rated quality of care as good to excellent (n=165;54.10%), while fewer rated patient safety as good or excellent (n=133;43.46%). Patients were most satisfied with doctors' care (M=3.53;SD±0.50) and overall hospital care (M=8.27;SD±1.36). Strong correlations were found between the work environment and emotional exhaustion, compassion satisfaction, and job satisfaction, quality of care and patient safety.
CONCLUSIONS
Nurses in Eswatini experience poor nurse outcomes, despite reporting generally positive levels of quality of care and patient safety. Improving the work environment is critical for enhancing nurse well-being, patient outcomes, quality of care, patient safety, and patient satisfaction.
Popul. Med. 2026;8(Supplement 1):A3509

ABS2675
Strengthening public health leadership for malaria elimination: Lessons from a regional leadership and management capacity-building programme in Southern Africa

Taneshka Kruger[1], Jaishree Raman[2,3], Danielle Meyerowitz[4], Christiaan de Jager[1]
[1]UP Institute for Sustainable Malaria Control, School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [2]National Institute for Communicable Diseases, Johannesburg, South Africa, [3]Wits Research Institute for Malaria, University of the Witwatersrand, Johannesburg, South Africa, [4]Gordon

Institute of Business Science, Johannesburg, South Africa
INTRODUCTION
Malaria remains a major public health challenge in sub-Saharan Africa, causing significant morbidity and mortality, impeding socio-economic development, and straining healthcare systems. Elimination requires effective technical interventions and strong leadership and management (L&M) within national malaria control programmes (MCPs). Managers need competencies in strategic planning, problem-solving, adaptive leadership, and data-driven decision-making to respond to evolving transmission and cross-border risks. To address these needs, the University of Pretoria and partners, supported by the Gates Foundation, established the Advanced Leadership Programme for the Elimination of Malaria (ALPEM), a bilingual (English–Portuguese) programme supporting MCPs in nine SADC countries and strengthening regional collaboration.
METHODS
The structured, hybrid programme facilitates personal and professional development, enhances decision-making skills, and creates networking opportunities. It comprises three modules: leadership and effective management; evidence-based decision-making; and science of malaria elimination. The curriculum is tailored to Africa-specific challenges, and integrates coaching, peer learning, and applied implementation. Each participant designs a system-strengthening project (SSP), aligned with national MCP priorities. A comprehensive monitoring and evaluation (M&E) framework is in place to assess long-term outcomes. Curriculum updates are guided by participant and faculty feedback.
RESULTS
To date, 208 of 228 participants (91%) across four cohorts completed the programme, with 54% female participation. Barriers included network instability, electricity disruptions, and competing workloads. Participants reported improved strategic planning, decision-making, empowerment of female leadership, and regional stakeholder collaboration. SSPs addressed operational gaps including surveillance optimisation, community engagement, and cross-border coordination. Hybrid delivery broadened access, while in-person sessions enabled trust-building and sustained partnerships. Alumni continue to access learning opportunities through livestreamed modules, webinars, and technical discussions.
CONCLUSIONS
Regional L&M capacity building is a feasible and effective strategy to strengthen MCP performance and partnerships essential for malaria elimination in Southern Africa. Blended delivery, skilled facilitation, and continuous M&E are key enablers of sustained impact and programme resilience.
Popul. Med. 2026;8(Supplement 1):A3510

ABS2689
Mapping common job demands and job resources for large-scale community health worker programs in Southern Africa
Rachel Coley[1], Linda Shuro[1], Renier Coetzee[1], Hanani Tabana[1,2]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]SAMRC/UWC Health Services to Systems Research Unit, South African Medical Research Council, Cape Town, South Africa
INTRODUCTION
Countries in the Southern Africa Development Community (SADC) have adopted various large-scale community health worker (CHW) program models in which CHWs serve as intermediaries between communities and the formal health system. This structure enables CHWs to impact community health but presents challenges in governance, management, and funding that shape the nature of their work. It is critical to understand the characteristics of work for individuals employed in large-scale CHW programs, given the importance of these programs in SADC countries' national primary health care strategies.
METHODS
A scoping review aligned with PRISMA guidelines (Page et al. 2021) was undertaken to identify common job demands and job resources associated with working in large-scale CHW programs in SADC. The review was grounded in the Job Demands-resources model (Demerouti et al. 2001), which categorizes characteristics of work that require sustained effort and entail physical or psychological costs as job demands, and characteristics that facilitate the achievement of work goals, promote personal growth, or mitigate demands as job resources.
RESULTS
A search of five databases (CHW Central, CINHAL, PubMed, SCOPUS, and the World Health Organization) identified 3,330 unique studies for initial screening and 865 studies for full-text review. Data were extracted from 162 studies exploring CHW programs in 12 countries. Studies highlighted a range of common job demands, including role confusion, insufficient organizational policies, and issues of violence and aggression at work. A lack of job resources, including insufficient remuneration, training, equipment, medications, supplies, and inadequate supervision, was observed across most country programs.
CONCLUSIONS
Despite unique program configurations, large-scale CHW programs in SADC face common and concerning imbalances between job demands and job resources. Additional research is needed to determine whether this imbalance affects CHWs' health and motivation, as well as their ability to provide health services and improve the lives of their communities.
Popul. Med. 2026;8(Supplement 1):A3511

ABS2701
Moral distress and health system responsibility: Exploring ethical failures, silences and power
Heidi Matisonn[1], Joyline Jepkosgei[2], Dorothy Oluoch[2], Kate McNeil[3,4], Yingxi Zhao[3], Stephanie Nzekwu[3], Laetitia Rispel[5], Sassy Molyneux[3]
[1]The Ethics Lab, Department of Medicine and Neuroscience Institute, University of Cape Town, Cape Town, South Africa, [2]Health Services Unit, KEMRI-Wellcome Trust Research Programme, Nairobi, Kenya, [3]Health Systems Collaborative, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom, [4]Pandemic Sciences Institute, University of Oxford, Oxford, United Kingdom, [5]University of Witwatersrand, Johannesburg, South Africa
BACKGROUND
Moral distress among the health workforce is increasingly featuring in public health discourse globally. But what is moral distress, what are the causes, and what are leaders' responsibilities to minimise and manage it? This session will explore these questions with a focus on organisational-level causes and consequences of moral distress among frontline workers in public healthcare systems.
METHODS
Our interactive workshop will begin with panel-style inputs on definitions of moral distress, burnout and moral injury, followed by brief learning from: a) a scoping review of African literature; 2) a qualitative study of 121 new doctors and nurses working in Kenyan hospitals and 3) participatory consultative workshops held in South Africa, Ghana, Nepal and Kenya. The rest of the session will focus on gathering inputs from session participants on potential areas for intervention and the role of mid- and senior-level leaders.
RESULTS
Moral distress is applied variably in the literature, with reported interventions largely aspirational. Findings from the Kenyan work and consultations show that frontline health workers navigate prolonged conditions of resource scarcity and periodic shocks with inadequate institutional support. These conditions create moral grey zones where distinctions between right and wrong are blurred, and shocks such as COVID-19 intensify the moral distress embedded in everyday routines. Discussions on interventions will include structured (ethics) de-briefs, reorganisation of staff work routines, collaborative ethics education initiatives and training. Discussants will make final inputs. Conclusion - While organisational practices can act as drivers of distress and trauma, they can also be sites of intervention to minimize moral distress and promote well-being. Where carefully designed and implemented, they can have positive implications for service delivery, system resilience and public health. However, interventions can also exacerbate conditions which contribute to injury and the structural drivers of moral distress must also be addressed.
Popul. Med. 2026;8(Supplement 1):A3512

ABS2811
How to grow diverse public health workforce: lessons from School of Public Health, Yorkshire and the Humber, England, United Kingdom
Victor Joseph[1]
[1]School of Public Health, Yorkshire and the Humber, National Health Service (NHS) England, Yorkshire and the Humber, United Kingdom
INTRODUCTION
In the United Kingdom, it is unlawful to discriminate against a person based on protected characteristics such as race. However, discrimination still exists. In 2020, the Faculty of Public Health championed the work on Anti-racism and fair access to public health specialty training. The School of Public Health began investigating equality, diversity and inclusion (EDI) in its public health workforce. The aim of this article is to describe the journey so far on interventions carried out to grow a more diverse public health workforce.
METHODS
A needs assessment was undertaken to determine the diversity of new cohorts of public health registrars in the region. Several interventions were instituted to address the problem, including annual pre-recruitment sessions for new applicants to the training programme; establishment of Reciprocal Mentoring

(RM) Programme and a regional Community of Interest on EDI; and inclusion of EDI sessions in annual School Conference.
RESULTS
There was no intake of black and minority ethnic (BME) candidates into the public health specialist training programme in Yorkshire and the Humber between 2018-2020. Since 2022, two cohorts of RM were completed, and the third one is on-going. The RM received positive evaluation. Each year, over 100 potential applicants attended virtual session on recruitment process for public health specialty training programme. The school of public health has embedded EDI as part of its annual conference programme. A regional EDI statement was produced by Community of Interest on EDI to champion diverse public health workforce.
CONCLUSIONS
There is an increased awareness of EDI in the region. There is evidence that a combination of initiatives on EDI is beginning to attract people from diverse backgrounds into public health. More work is needed to grow diverse public health workforce.
Popul. Med. 2026;8(Supplement 1):A3513

ABS2821

Teaching what the system needs: aligning the Albertina Sisulu Executive Leadership Programme in Health curriculum to South Africa's health leadership priorities

Heleen Roos[1], Leena Thomas[1], Eric Buch[1]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa

BACKGROUND
Goal 4 of South Africa's 2030 Human Resources for Health Strategy emphasises the need to ensure optimal governance and build capable, accountable strategic leadership and management in the health system, particularly in preparation for NHI implementation. Albertina Sisulu Executive Leadership Programme in Health (ASELPH) was established to build executive leadership capacity for the public sector, yet its alignment with current health system and human resources for health (HRH) priorities has not been systematically examined. This study aims to map ASELPH curriculum content—including core modules in leadership, health systems, human resources, finance, quality improvement, information systems and research—to national leadership and system needs, and to identify gaps and opportunities for strengthening.
METHODS
A qualitative descriptive design will be used. Curriculum documents (module descriptors, learning outcomes and assessment briefs) for all ASELPH modules will be analysed and mapped against domains derived from national and international frameworks (governance, service delivery, workforce, financing, information systems, quality, community engagement and learning health systems). Semi-structured interviews will be conducted with ASELPH faculty, alumni and health system stakeholders to explore perceptions of relevance, gaps and emerging needs. Document and interview data will be triangulated and thematically analysed to produce a curriculum–policy alignment map and recommendations. Expected Results Strong alignment is anticipated in leadership, governance, and workforce development, with gaps likely in digital health and intersectoral collaboration. Stakeholder perspectives may differ by organisational level, suggesting targeted module updates.
CONCLUSIONS
Systematic curriculum mapping will provide evidence to guide ASELPH review and offer a model for aligning executive leadership programmes with health system needs in low- and middle-income countries.
Popul. Med. 2026;8(Supplement 1):A3514

ABS2836

Addressing Gendered Workplace Violence Experienced by the Primary Healthcare Workforce: A Qualitative Policy Analysis across Burkina Faso, Tanzania, and South Africa

Shehnaz Munshi[1], Lorraine Mathias[2], Irene Mashasi[2], Noellie Konsebo[3], Arlette Zongo[3], Tina Yacine Ouoba[4], Tanya Jacobs[1], Bonheur Nfurayase[1], Capucine Callery[5], Olusegun Murtala Odumosu[1], Johanna Riha[5], Sally Mtenga[2], Asha George[1]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]Ifakara Health Institute, Dar es Salaam, Tanzania, United Republic of, [3]Recherche pour la santé et le développement (RESADE), Ouagadougou, Burkina Faso, [4]Centre de Recherche en Santé de Nouna, Institut National de Sante Publique (INSP), Ouagadougou, Burkina Faso, [5]United Nations University International Institute for Global Health, Kuala Lumpur, Malaysia

BACKGROUND
Workplace violence (WPV) against health workers is increasingly recognised as a global public health concern, with over 60% affected. Women, the majority of the primary health care (PHC) workforce, face heightened risks amid gendered occupational hierarchies and intersecting inequalities. Despite its prevalence and consequences for worker wellbeing, safety, and health system performance, empirical and policy-relevant evidence on addressing WPV and its gendered dimensions in African health policy frameworks remains limited, hindering effective policy development and implementation.
METHODS
This policy analysis examined recognition, definition, and operationalisation of WPV and its gendered dimensions within national/subnational policy architectures in Burkina Faso, Tanzania, and South Africa. Grounded in health policy and systems research, this qualitative policy review was triangulated with a review of global/regional instruments and key informant interviews. Data from policy documents and interviews were systematically analysed using NVivo, via thematic coding on policy recognition, definitions, and responses to WPV.
RESULTS
Cross-site comparisons reveal institutional omissions not as gaps in knowledge but constructed 'gendered' ignorance reproducing WPV invisibility and marginalisation in PHC governance. South Africa's extensive but sectorally fragmented policies disperse WPV across labor frameworks, revealing the absence of gender-specific approaches in PHC. Burkina Faso's legal protections and strategies omit WPV and its gender dimensions in PHC. Tanzania's robust legislation and gender-responsive workplace harassment strategies erode in PHC implementation, reflecting structural setting-specific inequalities. Textual analyses expose implementation gaps, limited cross-sectoral collaboration, and framing inconsistencies underemphasising structural determinants of WPV in PHC settings, undermining policy coherence and accountability.
CONCLUSIONS
Findings underscore the imperative for greater conceptual coherence in policy design, responding to the systemic multifaceted ways that enable, sustain, and reproduce WPV in PHC settings. They serve to inform participatory, context-specific interventions and catalyse gender-responsive policies to safeguard PHCWs and bolster workers' well-being, workforce retention and equitable distribution, and health system strengthening.
Popul. Med. 2026;8(Supplement 1):A3515

ABS2845

Assessing Albertina Sisulu Executive Leadership Programme in Health alumni's contribution to everyday resilience in South Africa's public health services

Heleen Roos[1], Leena Thomas[1], Eric Buch[1]
[1]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa

BACKGROUND
Public sector health leaders in South Africa manage chronic resource constraints, policy instability and service disruptions, yet limited evidence robustly links leadership behaviours to everyday resilience in district settings. Building on resilience frameworks emphasising adaptive, aware, and enabling leadership and evidence that empowering staff, fostering teamwork, enabling problem-solving, and facilitating continuous learning strengthen resilience, this study examines how ASELPH alumni's observable leadership behaviours are associated with work unit resilience.
METHODS
We will conduct a cross-sectional survey of line managers supervising ASELPH alumni and matched non-ASELPH leaders in similar roles and districts. An Everyday Resilience Leadership Index will be developed by adapting psychometrically tested leadership behaviour scales (empowering, supportive, change-oriented, learning-enabling) and brief resilience measures capturing anticipation, response and learning during disruptions.Line managers will rate leadership behaviour frequency, perceived unit resilience, and micro-outcomes (service continuity, staff morale, intention to leave). Pre-post ratings 6–12 months apart will enable difference-in-differences analyses. Routine tracer indicators (stock-out days, service closures) will be compared between ASELPH and matched non-ASELPH-led units. Expected Results We expect a robust Everyday Resilience Leadership Index and evidence that ASELPH-led units demonstrate higher leadership and resilience scores, larger pre-post gains, and more favourable tracer trends than non-ASELPH-led units.Findings should show stronger resilience where leaders score highly on empowering staff, fostering teamwork, enabling problem-solving, and facilitating learning—aligned with adaptive, aware, and self-regulating system characteristics.
CONCLUSIONS
This study will provide quantitative evidence that ASELPH alumni contribute

to everyday resilience in South Africa's public health services. The Everyday Resilience Leadership Index could inform curriculum refinement, guide leader selection and support, and offer a practical monitoring tool for similar programmes across Africa.

Popul. Med. 2026;8(Supplement 1):A3516

ABS2922

Public Health Medicine training as a lever for Health System strengthening in South Africa

Mehreen Hunter[1], Leslie London[2], Saiendhra Moodley[3], Shrikant Peters[4], René English[5], Eric Buch[6,7], Tracey Naledi[2], Shiva Murugasampillay[8]

[1]Tygerberg Hospital, Western Cape Department of Health and Wellness, Cape Town, South Africa, [2]School of Public Health, University of Cape Town, Cape Town, South Africa, [3]Department of Public Health, Nelson Mandela University, Gqeberha, South Africa, [4]Groote Schuur Hospital, Western Cape Department of Health and Wellness, Cape Town, South Africa, [5]Division of Health Systems and Public Health, Department of Global Health, Stellenbosch University, Cape Town, South Africa, [6]Colleges of Medicine South Africa, Cape Town, South Africa, [7]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa, [8]Zimbabwe College of Public Health Physicians, Harare, Zimbabwe

BACKGROUND

South Africa continues to reform its national health service and systems based on a policy of equity, solidarity, and sustainability. Success and sustainability are dependent on the training of a competent public health workforce delivering population-oriented essential public health services.

OBJECTIVE

This paper provides an overview of professional career development in Public Health Medicine (PHM) specialty training.

METHODS

This desk review describes existing public health specialty training frameworks delivered through University-based Master of Medicine (MMed) programmes in PHM in the context of other public health training programmes, particularly the Master's in Public Health (MPH).

RESULTS

Doctors specialising in PHM undertake a four-year residency embedded within health services, jointly trained by a local university. In their final year, residents complete a fellowship exam with the College of Public Health Medicine of South Africa. Successful completion enables registration with the HPCSA as a PHM specialist. The hallmark of the residency is its apprenticeship model, focused on experiential learning through rotations across provincial departments, facilities and/or district-level services, supplemented by formal teaching and a standardised curriculum. PHM specialists develop a deep vocational understanding of the health system with a broad range of nationally benchmarked competencies. Universities offer other postgraduate public health programs with broad entrance criteria beyond medical graduates. However, these offer little experiential training, which is a key lever for health systems strengthening. While some MPH programmes offer in-depth specialisation, there is no standardisation of curricula or competencies across universities nor are they directly linked to in-service needs. Competency-based education and training is emerging as a cornerstone of health system strengthening to provide equitable, quality health services.

CONCLUSIONS

PHM training builds professional leaders equipped to tackle complex health systems and is complemented by a broader landscape of public health training in South Africa.

Popul. Med. 2026;8(Supplement 1):A3520

ABS2979

Co-creating culturally grounded leadership indicators: translating evidence into an African health leadership framework for Africa

Ziyanda Babalwa Ngcobo[1], Ziyanda Ngcobo[1,2], Flavia Senkubuge[1], Moeketsi Modisenyane[1]

[1]Public Health Medicine, University of Pretoria, Pretoria, South Africa, [2]Public Health, Walter Sisulu University, Umtata, South Africa

BACKGROUND

The dysfunction in African health systems is fundamentally a leadership and governance challenge. Evidence suggests that centralized decision-making-weak policy implementation-ineffective performance management-and poor stewardship account for nearly two-thirds of perceived health system problems across Africa. This session addresses this gap. The workshop is a focused-evidence-driven effort to co-create culturally grounded leadership indicators for health-system strengthening. It builds on a solid foundation-the proven methodology of the African National Health Research Systems Barometer-that prioritizes context-specific-outcome-oriented-and dynamic evaluation over existing bureaucratic checklists. By convening a diverse group of practitioners-policymakers-and scholars-the session will collaboratively draft the core architecture of an African Health Leadership Barometer-transforming-a well-defined problem into the blueprint for its solution.

METHODS

This workshop will bring participants to co-create a preliminary set of indicators and methodological principles for the Barometer. It will draw on findings from a scoping review that systematically mapped the landscape of leadership evaluation frameworks used in (LMICs). Session Structure The workshop will begin with a presentation of synthesized scoping review findings-highlighting the dominance of short-term-non-contextual leadership programs and the absence of a core comparable metric for leadership and governance in multi-country health-system assessments. Followed by a presentation on critical leadership and governance challenges in South Africa and Sierra Leone during pandemic. These studies will frame the leadership "outcomes" the barometer must be able to predict and improve. Phase 2-Participants supported by the scoping review summary-will work in parallel stations: A-Defining core domains and indicators by translating high-level leadership variables into measurable-context-specific indicators. B-Designing evaluation methods by establishing methodological principles to ensure the tool is equitable-practical-and integrated into existing health information systems. Phase 3 focuses-on synthesis-developing the Prototype Framework and launching a community of practice.

CONCLUSIONS

The outcome will equip attendees with a critical evaluative lens and a collaboratively drafted prototype framework that can be piloted across participating countries.

Popul. Med. 2026;8(Supplement 1):A3521

ABS2991

Aligning Primary Care Workforce Competencies to Implement Care Pathways for Type 2 Diabetes: Evidence from Integrated Medical Groups

Diego Ghirardini[1], Marzia Serafini[2], Stefano Vianello[3], Luca Benacchio[4], Laura Biasi[5], Carlo Giordani[6], Annunziata Lapolla[7]

[1]Hygiene and Public Health Unit, University of Padua, Padua, Italy, [2]Quality and Accreditation Unit, Azienda ULSS 6 Euganea, Padua, Italy, [3]Health and Social Care Directorate, Azienda ULSS 6 Euganea, Padua, Italy, [4]Epidemiology Unit, Azienda ULSS 6 Euganea, Padua, Italy, [5]Medical Board of Directors of the Hospital of Schiavonia, Azienda ULSS 6 Euganea, Padua, Italy, [6]Innovation and Development Unit, Azienda ULSS 6 Euganea, Padua, Italy, [7]Department of Medicine, University of Padua, Padua, Italy

BACKGROUND

Care pathways (CPs) for type 2 diabetes are widely adopted to improve quality, equity, and continuity of chronic care. However, their effectiveness depends on alignment between pathway design, workforce competencies, and organizational context. Gaps between intended and actual implementation highlight the need for tools that capture behavioural, educational, and structural determinants influencing professional practice, particularly in integrated primary care models.

METHODS

A cross-sectional survey grounded in the Theoretical Domains Framework (TDF) was administered to 445 general practitioners (GPs) within the "Euganea" Local Health and Social Care Authority (Padua, Veneto, Italy), with 142 responses collected. The validated instrument assessed determinants of CP implementation across different organizational settings, comparing GPs working in integrated medical groups (IMGs) with those in other practice arrangements. Psychometric analyses evaluated internal consistency and discriminant validity. Quantitative findings were triangulated with qualitative analysis of open-ended responses and simulated organizational audits using a structured checklist.

RESULTS

The survey demonstrated good reliability (Cronbach's α 0.78–0.79) and strong discriminant validity (p=0.0031). GPs working in IMGs reported significantly higher CP implementation scores than peers in non-integrated settings (15.9 vs. 13.6), indicating better organizational readiness and professional alignment. While knowledge of integrated care principles and intention to adhere to CPs were high, major barriers emerged in environmental context and resources, including limited digital infrastructure, unclear role delineation, and insufficient skill mix. Qualitative data highlighted unmet needs for targeted training, competency mapping, and stronger employer engagement to support multidisciplinary collaboration and reduce administrative burden.

CONCLUSIONS

This study provides a robust, theory-informed tool to assess workforce-related barriers to CP implementation in primary care. Integrating behavioural assessment

with auditing and performance monitoring supports workforce planning, competency-based education, and organizational learning. Applied to emerging community-based care models, this approach can guide professionalisation strategies, strengthen employer engagement, and promote sustainable, equitable chronic care delivery across health systems.
Popul. Med. 2026;8(Supplement 1):A3522

ABS3081
Physician Provision Programmes and Health Workforce Governance in Primary Health Care: Evidence from Espírito Santo, Brazil

Bárbara Cássia de Santana Farias Santos[1], Raíssa Bamberg Elauar[1], Ariane Silva Carvalho[1], Carolina Dutra Degli Esposti[1], Ana Paula Santana Coelho Almeida[1], Thiago Dias Sarti[1]
[1]Federal University of Espírito Santo, Vitória/ES, Brazil

ABSTRACT
Physician shortages and insufficient training for Primary Health Care (PHC) have driven the implementation of physician provision programmes at federal and subnational levels in Brazil.In the state of Espírito Santo, three initiatives coexist: two federally managed programmes (the More Doctors Programme and Doctors for Brazil) and a state-led programme (Qualifica-APS).These programmes reflect distinct approaches to public health workforce governance and have expanded physician availability in PHC. This study analyses their contribution to the composition of the PHC medical workforce in Espírito Santo. This cross-sectional study included all 78 municipalities in Espírito Santo. Data were collected in May 2024 from the Ministry of Health's PHC Coverage History system, the National Monitoring Panel of Physician Provision Programmes, and administrative records from the State Health Secretariat of Espírito Santo. The outcome was the proportion of PHC teams staffed by programme physicians, calculated as the ratio between programme-based physicians and total PHC teams per municipality, expressed as a percentage. Descriptive analyses were conducted overall and stratified by municipal typology. In Espírito Santo, 90.5% of PHC teams included physicians from provision programmes. Qualifica-APS accounted for 48.8% of teams, the More Doctors Programme for 38.1%, and Doctors for Brazil for 13.1%. Urban municipalities showed higher coverage (92.7%) than rural (90.3%) and intermediate municipalities (81.7%). In 36 municipalities, coverage reached or exceeded 100.0%, indicating more than one physician per team. The programmes totalled 1,100 physicians, with coverage ranging from 0.0% to 150.0% across municipalities. These findings demonstrate the central role of physician provision programs in guaranteeing access to PHC and reveal varied governmental capacities to steer the health workforce. Qualifica-APS illustrates how state governments actively shape policy beyond federal initiatives. Strengthening such multilevel governance is essential for transitioning from emergency staffing solutions toward a stable, sustainable, and long-term public workforce strategy.
Popul. Med. 2026;8(Supplement 1):A3524

ABS3085
The ambiguity of multiple job holding regulation in South Africa: Stakeholder perspectives on the implementation of the Remunerative Work Outside the Public Service Policy

Busisiwe Matiwane[1,2], Duane Blaauw[2], Laetitia C. Rispel[3]
[1]Dual Practice Project, Health Economics and Epidemiology Research Office (HERO), Wits Health Consortium, Parktown, Johannesburg, South Africa, [2]Centre of Health Policy, School of Public Health, University of the Witwatersrand, Parktown, Johannesburg, South Africa, [3]Centre of Health Policy & South African Research Chairs Initiative (SARChI), School Public Health, University of the Witwatersrand, Parktown, Johannesburg, South Africa

BACKGROUND
Multiple job holding (MJH), or holding two paid jobs simultaneously, is widespread among public sector health professionals in mixed health systems. Countries regulate MJH to balance potential benefits such as health professional retention with the likely negative effects on public service availability and quality of care. In South Africa, MJH is regulated by the Remunerative Work Outside the Public Sector (RWOPS) policy. This study used Sutinen and Kuperan's socio-economic theory of regulatory compliance to explore the implementation of the RWOPS policy in South Africa.
METHODS
This qualitative study combined 33 semi-structured key informant interviews and 30 in-depth interviews with public sector health professionals. The key informants were selected purposively from different levels of government, health profession regulators, professional associations, civil society and academia. Doctors, nurses and therapists engaged in MJH were purposively selected from public hospitals in two provinces. The interviews focused on the understanding of the RWOPS policy, its implementation in hospitals, and compliance by health professionals. Sutinen and Kuperan's framework informed the thematic analysis of the data.
RESULTS
Implementation weaknesses undermined compliance with the RWOPS policy with many health professionals engaging in MJH during working hours or neglecting their public hospital duties. There was significant ambiguity about the policy - stakeholders frequently characterised it as a 'necessary evil'. Uncertainty about RWOPS restrictions, slow and inconsistent approval processes, and perceived unfairness in implementation further weakened the policy's legitimacy. Managerial failures and uneven enforcement resulted in ineffective deterrence to non-compliance. Alleged transgressions by senior specialists eroded the social and professional norms that should have supported compliance. However, visible and robust hospital management in some settings served as a deterrent to unauthorised MJH.
CONCLUSIONS
Clarity on RWOPS policy provisions, improved management, procedural fairness and efficiency, and consistent enforcement will improve MJH regulatory compliance and reduce potential adverse effects.
Popul. Med. 2026;8(Supplement 1):A3525

ABS3111
Building a national public health workforce model: making it relevant to local context

Victor Joseph[1]
[1]Africa Special Interest Group, Faculty of Public Health, London, United Kingdom

INTRODUCTION
Effective public health workforce is important in addressing public health challenges facing all nations. However, there are critical factors that need to be addressed. Failure to consider these factors risks undermining the development of a thriving and resilient public health workforce. The purpose of this article is to outline a comprehensive model for public health workforce development. This model is relevant for public health policy makers, educational institutions and employers, among others.
METHODS
This article draws upon lessons on public health workforce development from different countries, including India, Malawi, Sudan, Somaliland, South Africa, UK, Zimbabwe, and Nigeria. It addresses the question: "how can public health training be relevant to the local context in different countries?". Experiences of lessons learned were gained from several years of partnership engagement by Faculty of Public Health (UK) and its partners in Africa and globally.
RESULTS
There are six components of effective public health workforce development model. These are: 1) Defining the public health problems facing the nation. 2) Drawing up the job descriptions of the workforce that will address the problems. 3) Defining the competencies of the public health workforce. 4) Drawing up the curriculum and training programme for the public health workforce. 5) Establishing a national public health institution that accredits the public health workforce and sets standards. 6) Agreeing on the terms and conditions of of employment for staff.
CONCLUSIONS
Effective public health workforce requires consideration of the following factors: defining public health problem, job descriptions, competencies, curriculum and training programme, accreditation and standard-setting institution, and attractive terms and conditions of employment.
Popul. Med. 2026;8(Supplement 1):A3526

ABS3142
Strengthening global public health through cross-border collaboration: A case study of collaboration between the UK Faculty of Public Health and the College of Public Health Medicine of South Africa

Fatai Ogunlayi[1,2,3], Atiya Mosam[4], Jack Haywood[1], Chriselda Pillay[5], Lucy Fagan[1], Lily Makurah[1], Shivan Thakrar[1], Victor Joseph[1], Harsha Somaroo[4], Saiendhra Moodley[4,6]
[1]UK Faculty of Public Health, London, United Kingdom, [2]Warwick Medical School, The University of Warwick, Coventry, United Kingdom, [3]Global Operations, UK Health Security Agency, London, United Kingdom, [4]College of Public Health Medicine, Colleges of Medicine South Africa, Cape Town, South Africa, [5]Western Cape Government, Cape Town, South Africa, [6]Public Health, Nelson Mandela University, Gqeberha, South Africa

BACKGROUND
In an era of widening global inequities, geopolitical instability and climate risks, public health challenges transcend national borders, requiring sustained collaboration. Professional public health bodies play a critical role in fostering equitable partnerships that strengthen leadership, systems and workforce professionalisation. This session explores the collaboration process between the College of Public Health Medicine of South Africa (CPHM) and UK Faculty of Public Health (FPH) as a case study of a long-term, bilateral partnership grounded in mutual learning and shared leadership.
METHODS
An MoU was first established in 2018 and updated in 2022 as a multi-year, open-ended bilateral agreement. Four core workstreams were co-developed during the second phase of the MoU: public health education and training, focusing on workforce professionalisation and career pathing; global leadership in competency-based education, supporting the development and implementation of the WHO Workforce Roadmap; (3) public health systems and advocacy, to understand roles and enhance collective policy influence; and public health registrar collaboration, to build a global community of practice among early career professionals. Progress has been reviewed through joint governance structures, shared outputs and reflective learning.
RESULTS
The partnership has resulted in improved understanding of public health systems and governance, delivery of knowledge exchange webinars, joint publications in leading academic journals and shared global leadership on public health workforce development. Central to these achievements has been a commitment to respectful engagement, reciprocal learning, valuing diverse contextual expertise and context-responsive collaboration.
CONCLUSIONS
This case study demonstrates how formalised, value-driven collaborations between professional public health organisations can support equitable, inclusive and sustainable global partnerships. The session will share practical lessons for senior leaders, policymakers and organisations seeking to establish or strengthen bilateral partnerships that advance public health leadership, workforce development and resilient public health systems, via globally connected and locally relevant approaches.
Popul. Med. 2026;8(Supplement 1):A3527

ABS3179
An investigation into the knowledge and practices of pesticides use and exposure by pest control officers in a municipality in South Africa

Tumelo Mosebi[1], Bheki. T Magunga[1], Makhutsisa Charlotte Mokoatle[1]
[1]Department of Environmental Health, Faculty of Health Sciences, University of Johannesburg, Johannesburg 2000, South Africa

INTRODUCTION
Pest control officers use and apply pesticides to control and manage pests in settings such as residential areas and government properties. Studies show that when not properly handled, pesticides can cause harm to both humans and the environment. The aim of this study was to investigate the knowledge and practices of the use of pesticides and exposure by pest control officers at Dr Kenneth Kaunda District Municipality, South Africa.
METHODS
The municipality has a pest control unit with 15 pest control officers servicing the entire district which were selected using purposive sampling, based on their function. The study followed a survey approach using a structured questionnaire completed by pest control officers at the municipality. Quantitative data was analysed using statistical package for social sciences software version 25 for descriptive and inferential statistics.
RESULTS
Pest control officers with relevant qualifications were approximately 7.56 times more likely to be knowledgeable about working with pesticides compared to those without qualifications. The study found 33.3% of respondents had 1-5 years working experience, 40% had 6-10 years' experience, 20% had 11-15 years' experience, and 6.7% had 16-20 years working experience. Those with 6-10 years' work experience had 21% higher odds of being an exposed case and those with 11-15 years had 41% lower odds of being an exposed case.
CONCLUSIONS
The study found association between knowledge and practices of pesticides usage related to pesticide safety and handling among respondents, emphasizing areas where further training and awareness may be beneficial, particularly regarding proper use of personal protective equipment (PPE). The findings demonstrated the value of quantitative approaches in comprehending pesticide exposure by shedding light on the distribution of exposure levels by work experience, and credentials. Future studies could concentrate on addressing obstacles to adopting safe practices, such as accessibility, and possible discomfort of PPE.
Popul. Med. 2026;8(Supplement 1):A3531

ABS3220
A Framework for Nurturing, Empowering, and Strengthening Early Career Researchers in Global Health Research Ecosystem

Feyisayo Wayas[1], Darshen Naidoo[2], Damilola Odekunle[3], Bontle Mamabolo[2], Tiago Canelas[4,5], Nina Abraham[4], Yves. Wasnyo[6], Edwin Ngwa[6], Gladys Odhiambo[7], Joanne Smith[8], Lambed Tatah[4], Louise Foley[4], Victor Onifade[3], Boris Elouna[6], Lidia Maria de Oliveira Morais[9], Awah Tchouaffi[10], Tolu Oni[4], Charles Lwanga[7], Alafia Samuels[11]
[1]Research Centre for Health through Physical Activity, Lifestyle & Sport, Dept of Human Biology, University of Cape Town, Cape Town, South Africa, [2]PRICELESS SA - SAMRC/Wits Centre for Health Economics and Decision Science, Wits School of Public Health, University of the Witwatersrand, Johannesburg., South Africa, [3]Department of Urban & Regional Planning; Centre for Housing & Sustainable Development, University of Lagos, Lagos, Nigeria, [4]IMS Epidemiology Unit, University of Cambridge, Cambridge, United Kingdom, [5]Universitat Carlemany, Sant Julià de Lòria, Andorra, [6]Health of Populations in Transition Research Group (HoPiT), University of Yaoundé I, Yaoundé, Cameroon, [7]Centre for Global Health Research, Kenya Medical Research Institute (KEMRI), Kisumu, Kenya, [8]Caribbean Institute for Health Research (CAIHR), University of the West Indies (UWI), Kingston, Jamaica, [9]Federal University of Minas Gerais, Belo Horizonte, Brazil, [10]Department of Fundamental Education, Faculty of Education, University of Yaounde I., Yaounde, Cameroon, [11]Ministry of Health and Wellness, Kingston, Jamaica

INTRODUCTION
Early career researchers (ECRs), typically academics within the first ten years of their research careers, including pre- and post-doctoral scholars, are increasingly recognised as central to advancing global health research. Yet, their integration into collaborative networks and adequate capacity strengthening remains weak, particularly in the Global South due several constraints including structural and systemic factors. This study aimed to develop an ECR Capacity-Building Enabler Framework derived from a case study examining the evolution, development and experiences of ECRs in the Global Diet and Activity Research (GDAR) Network. An international collaborative network, an international Network that advances global diet and physical activity research in the Global South.
METHODS
Using document analysis, thematic analysis and reflective review, supported by descriptive statistics, the study explored governance structures, training and mentoring network meetings, evaluation reports, career development plan and outcomes, challenges encountered, and outcomes, and the resulting impacts.
RESULTS
Based on these insights, the paper proposes an ECR Capacity-Building Enabler Framework, conceptualised as a "house" with essential foundations such as interdisciplinarity and equity; walls of time and commitment; and a roof of accountability, communication, and feedback with recommended house components such as mentorship and structural support and inclusion. These are continuous enablers of capacity-building activities and initiatives, as well as of partnership strengthening within the framework.
CONCLUSIONS
This framework emphasises the importance of intentional, structured, systemic, and forward-looking approaches that are essential for equitable research, professional development, career progression, and research impact. The study contributes a pragmatic and adaptable framework for global research partnerships seeking to empower ECRs and strengthen equitable collaboration across disciplines and regions.
Popul. Med. 2026;8(Supplement 1):A3533

ABS3229
Growing the voice for academic public health: the work of the Global Network for Academic Public Health

John Middleton[1], Margaret Kaseje[2], Mary Codd[3], Laura Magana[4]
[1]Office of the President, Global Network for Academic Public Health, Washington DC, United States, [2]Office of the President, Association of Schools of Public Health in Africa, c/o Tropical Institute of Community Health and Development,, Kisumu, Kenya, [3]Office of the President, Association of Schools of Public Health in the European Region, Brussels, Belgium, [4]Office of the President and Chief Executive, Association of Schools and Programs of Public Health, Washington DC, United States

BACKGROUND
The Global Network for Academic Public Health (GNAPH) was launched in the 2023 WFPHA Congress in Rome. The organisation comprises 7 regional association of schools of public health representing over 500 schools of public health.
METHODS
a strategic development GNAPH set out its manifesto in 20211 in the context of a global pandemic of COVID19.GNAPH has moved forward projects to improve the quality and quantity and range of public health education.
RESULTS
case studies of key priorities 1. Workforce development: This is our central priority. We have been lead partners, with WHO and IANPHI in agreeing the public health workforce road map in 20222 and in creating the toolkits endorsed at the World Health Assembly 2024.3 2. Climate: with the Global Consortium for Climate Change and Health Education, we have delivered climate change and health responder courses with 5 regional associations. We are now developing communities of practice in each WHO region4 3. Law and ethics: GNAPH has developed a public health ethics and law network (PHELN) and hosts its materials on our website (by May 2026). The JPH supplement on public health ethics and law was compiled by authors from GNAPH member institutions. The Riegelman GNAPH This is Public Health, has now had three rounds of international project in more than 50 academic institutions, We are also developing work on health diplomacy. We are also committed to supporting and developing our regional associations.
CONCLUSIONS
This workshop will present the current work of GNAPH and it will present examples of the work of some of our members in the WHO Regions, namely Africa, USA, Europe. There will be opportunities to influence the further development of GNAPH and our 5year strategy to increase the effectiveness of public health education, to protect and improve the health of the people we serve.
Popul. Med. 2026;8(Supplement 1):A3534

ABS3288
Gender, Power, and Governance: Reimagining Women's Leadership in Global Health

Vina HuLamm[1], Flavia Senkubuge[2]
[1]American Public Health Association, Washington/DC, United States, [2]Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa

ABSTRACT
Around the world, women make up the majority of the global health workforce yet remain significantly underrepresented in senior decision making roles, even in institutions dedicated to women's and children's health. Over the past year in 2025, we have witnessed a converging crises—climate change, conflict and displacement, dramatic shifts in global health funding streams, shrinking civic space, and growing backlash against gender equality—are reshaping health priorities and power structures in ways that directly affect women's lives and leadership trajectories. This panel brings together diverse leaders from across regions and sectors to examine how gendered power dynamics, colonial legacies, and structural barriers continue to limit women's influence in global health governance, financing, and research, and to spotlight evidence informed approaches that are beginning to shift norms and institutions. Through a moderated discussion, panelists will explore practical strategies such as gender transformative leadership models, transparent parity targets, inclusive recruitment and mentorship pipelines, flexible funding for women led organizations, and accountability mechanisms that link gender equality commitments to concrete changes in policy and practice. The session will feature voices from the Global South and from early and mid career leaders, inviting participants to reflect critically on their own spheres of influence and to leave with specific, actionable commitments to advance women's leadership within their institutions, partnerships, and communities. This session is proposed as a panel discussion (ie "fireside chat" with a facilitated dialogue and audience Q&A). Invited speakers are in the process of being identified and are pending final confirmation for inclusion in this session proposal.
Popul. Med. 2026;8(Supplement 1):A3535

ABS3294
Spirituality in Public Health: Leading with Purpose, Policy and Practice

Vina HuLamm[1]
[1]American Public Health Association, Washington, D.C., United States

ABSTRACT
This panel explores how spirituality and meaning-making can shape leadership, policy development, and practice within public health systems. Speakers will examine how personal and communal sources of purpose influence ethical decision-making, resilience, and trust across diverse communities, and how these factors can be intentionally integrated into leadership competencies, program design, and accountability structures. Through case studies, the session will highlight diverse perspectives from public health leaders, faith-based partners, and community advocates. The session will identify practical frameworks for incorporating spirituality as a determinant of health that is evidence-based, pluralistic, and people-centered. Speakers will identify actionable strategies to cultivate purpose-driven leadership, design more person- and community-centered policies, and align organizational cultures with values that advance health equity, social cohesion, and well-being for all communities. This session is proposed as an organized panel discussion. Invited speakers are in the process of being identified and are pending final confirmation for inclusion in this session proposal.
Popul. Med. 2026;8(Supplement 1):A3536

ABS3299
From policy to practice, equipping South Africa's health workforce for climate action through multisectoral collaboration

Martina Lembani[1], Joy J Leaner[2], Caradee Y Wright[3], Debra Jackson[4], Solange Mianda[1]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]Western Cape Department of Environmental Affairs and Development Planning, Cape Town, South Africa, [3]South African Medical Research Council, Pretoria, South Africa, [4]London School of Hygiene and Tropical Medicine, London, United Kingdom

BACKGROUND
Climate change and environmental degradation are intensifying public health risks, thereby placing a high demand on frontline health workers. Despite their key role in responding to these challenges, clinicians, environmental health officers, and community healthcare workers are often under-prepared to navigate the complex climate-environment-health nexus; highlighting the urgent need for targeted training. Traditional academic training frequently lacks grounding in implementation realities; creating a critical knowledge-to-action gap. In response, a South African initiative brought together academia (University of the Western Cape School of Public Health, climate and health experts (South African Medical Research Council), and government (Western Cape Department of Environmental Affairs and Development Planning and the City of Cape Town Department of Health) to co-design and pilot an integrated climate and health short course.
METHODS
The curriculum was co-designed through a series of consultative meetings with partners between March and September 2025. The resulting short course was organized as a 5-day face- to -face programme, combining academic inputs, experts and practical insights from government partners, and field visits informed by their implementation experience.
RESULTS
Government partners alongside climate and health experts and academics, contributed as policy actors, and implementers. They co-facilitated sessions, presented implementation-focused case studies, and engaged directly with participants' questions, complementing academic contents with operational and policy realities. Leveraging their networks, government partners facilitated field visits to active adaptation and mitigation initiatives, enabling real-time engagement with ongoing programmes. Participants highlighted the value of interacting directly with implementers, strengthening practical understanding of climate policy to practice linkages and local feasibility.
CONCLUSIONS
This initiative offers a targeted, actionable strategy for building climate-resilient health workforces. Its co-design methodology presents a replicable framework for translating policy into field-level competencies. By removing institutional silos, it provides a model for an inclusive approach that ensures local needs and inform curriculum design.
Popul. Med. 2026;8(Supplement 1):A3537

ABS3437
The drivers and strategies for workforce upskilling in dietetics and nutrition sciences: a scoping review

Ronel Beukes[1], Marianne Bester[2], Evette van Niekerk[1]
[1]Global Health, Stellenbosch University, Cape Town, South Africa, [2]Office of the Vice-Dean Teaching and Learning, Stellenbosch University, Cape Town, South Africa

BACKGROUND
Rapidly transforming health systems aimed at improving population health outcomes should be supported by a well-trained, adequately resourced workforce.1-3 Within this context, nutrition professionals should possess the

competencies needed to navigate evolving healthcare demands, particularly in expanded clinical, public health, digital, and system-level roles.4-7 Understanding the drivers of workforce upskilling and the strategies used to address these demands is essential for informing continuing professional development, workforce development initiatives, and workforce planning.5
METHODS
A scoping review was conducted following the Arksey and O'Malley framework and Joanna Briggs Institute guidance, with a protocol registered on the Open Science Framework.8-10 A three-step search strategy (1994–2025) was applied across multiple electronic databases and grey literature sources. Two reviewers independently screened titles, abstracts, and full texts using PCC-aligned inclusion criteria. Data were extracted by the primary reviewer, with a 10% sample independently verified, and synthesised descriptively and thematically. Deviations from the protocol were documented and justified.
RESULTS
Forty-nine publications were included, with output increasing over time from 2011 onwards and peaking between 2021 and 2025. Most studies originated from high-income countries, with limited representation from low- and middle-income settings. The evidence base was methodologically diverse, comprising qualitative, quantitative, and mixed-methods designs, and primarily addressed non-nutrition health professional populations rather than dietetic and nutrition professionals alone. Key drivers for workforce upskilling included competency and practice improvement, retention and career-related factors, and health system pressures. Identified strategies most frequently focused on organisational support and continuing professional development, followed by formalised education, training, and career pathways.
CONCLUSIONS
Workforce upskilling of dietetic and nutrition professionals is shaped predominantly by system- and organisation-level drivers, with strategies centred on CPD and structured education pathways. Gaps in nutrition-specific evidence and limited inclusion of lower-income contexts highlight the need for more targeted, contextually responsive workforce development research.
Popul. Med. 2026;8(Supplement 1):A3541

ABS3572

Strengthening public health advocacy through international collaboration - insights from a collaboration between south africa and United Kingdom public health professional institutions

Liliosa Makurah[1], Atiya Mosam[2], Fatai Ogunlayi[1], Victor Joseph[1]
[1]Africa Special Interest Group, Faculty of Public Health, London, United Kingdom, [2]College of Public Health Medicine, Colleges of Medicine South Africa, Cape Town, South Africa

INTRODUCTION
Public health advocacy is a core function of the profession, essential for influencing policy, tackling inequities, and addressing social, commercial, and political determinants of health. Advocacy increasingly takes place within complicated geopolitical environments, alongside shifting resourcing and mis/disinformation, reinforcing the requirement for public health specialists to navigate national and global complexity. This has redefined where and how advocacy must operate, demanding independence, courage, and system level influencing. The South Africa and United Kingdom public health partnership prioritised advocacy as a core theme, creating a bilateral platform to strengthen capacity, share practice, and reinforce leadership pipelines in each public health system.
METHODS
Using a comparative, context-informed approach, the session draws on institutional experience, policy engagement and advocacy activities undertaken by both faculties. Collective working has facilitated mapping of how advocacy is conceptualised, embedded within training, and supported in each system. Exchange sessions and scenario-based dialogues (including registrar-led peer learning) have surfaced advocacy strategies from across sensitive and contentious determinants of health in each country. Case examples are used to test theoretical use of advocacy against real world leadership experiences of public health specialists.
RESULTS
Emerging learning highlights the importance of advocacy skills being cultivated across career stages, including preparing future leaders to engage effectively and to adapt to multi-layered and changing public health contexts (e.g. re-alignment of aid, commercial determinants pressures) affecting strategic and operational options. The value of partnership across two professional public health institutions has surfaced essential lessons for strengthening advocacy capacity across diverse contexts.
CONCLUSIONS
The partnership approach provides an adjustable mechanism for building advocacy capability that is resilient to the changing needs and increasingly complex world, nationally and internationally. The discussion will offer transferable insights for public health leaders, early career professionals and organisations seeking to support the strengthening of advocacy in their public health environments.
Popul. Med. 2026;8(Supplement 1):A3544

ABS3612

Exploring awareness of implicit bias within new zealand's chronic pain management healthcare workforce: Is current regulation serving them best?

Lara Bowering[1]
[1]Indiana University, Indiana, United States

ABSTRACT
This study aimed to explore the knowledge and beliefs about implicit bias in chronic pain management healthcare practitioners in New Zealand and analyse the current Regulatory Authority competence documents. Additionally, provide recommendations for Regulatory Authorities regarding messaging, training and competence framework implementation.
METHODS
The research study was an exploratory mixed-methods approach. Semi-structured interviews were carried out with members of both public and private Chronic Pain Management Services across New Zealand from February 2025 to May 2025. Microsoft teams was used to audio record and transcribe interviews with 15 healthcare practitioners. Interviews were coded using NVivo to identify themes. Regulatory Authority documents were accessed online and explored manually as well as word searched electronically between February 2025 to March 2025. Data was then combined and analysed.
RESULTS
Several themes emerged from participant interviews regarding sources of perceived knowledge, associated emotions and actions and the perceived effects of implicit bias. A varied understanding of the concept exists within the cohort. An impression of lack of agency regarding change was observed in all interviews. Even though Regulatory Authority competence and code of ethics documents are extensive, they lack definition, measurement or suggested training options for their members regarding implicit bias.
CONCLUSIONS
This study is the first in New Zealand to qualitatively explore the beliefs and knowledge of any healthcare workforce cohort about implicit bias. Current levels of knowledge are being impacted by a lack of guidance and definition from Regulatory Authorities as well as overall support and access to relevant evidence-based training options. Simple changes within Regulatory Authority documentation, as well as cross-authority collaboration, could positively impact levels of implicit bias knowledge alongside training uptake. These easily implemented changes are needed to promote movement towards the healthcare service goal of patient-centred care.
Popul. Med. 2026;8(Supplement 1):A3545

ABS3635

Women's leadership in the governance of health policies in Brazil

Manuella Ribeiro Lira Riquieri[1], Jeanine Pacheco Moreira Barbosa[1], Marcos Vinicius Silva Cordeiro[1,2], Gabriela Brito Martins[1,3], Jeremias Campos Simões[1], Stephania Mendes Demarchi[1], Fabiana Turino[1], Rita de Cássia Duarte Lima[1], Maria Angélica Carvalho Andrade[1], Thiago Dias Sarti[1]
[1]Programa de Pós-Graduação em Saúde Coletiva, Universidade Federal do Espírito Santo/ UFES, Vitória, Brazil, [2]SVSA, Ministério da Saúde, Brasília, Brazil, [3]FAESA, 4 FAESA, Vitória, Brazil

INTRODUCTION
Women's participation in the governance of health policies in Brazil has expanded over recent decades within the Unified Health System (Sistema Único de Saúde – SUS). Despite being historically underrepresented in formal spaces of power, women have played a central role in the management of the SUS at the municipal level. This study analyzes women's leadership in the governance of health policies in Brazil, considering gender inequalities and structural challenges identified in health management contexts.
METHODS
This is a qualitative and analytical study grounded in a systematic literature review, longitudinal analysis, and semi-structured interviews with women serving as Municipal Health Secretaries. The methodological approach sought to identify trajectories, experiences, and structural conditions shaping women's leadership in health policy governance.
RESULTS

The findings indicate a growing presence of women in the position of Municipal Health Secretary across Brazilian municipalities. However, this leadership often unfolds in contexts marked by work overload, invisibility of decision-making power, and the persistence of symbolic and institutional barriers associated with gender inequalities. Despite these constraints, women have demonstrated strong commitment to the management of health systems and to the strengthening of public health policies at the local level.
CONCLUSIONS
Women's leadership is fundamental to the democratization of power structures and to the governance of health policies in Brazil. Nevertheless, it continues to face significant structural and institutional limitations. Overcoming these barriers is essential for consolidating a Unified Health System that is more democratic, equitable, and responsive to social diversity.
Popul. Med. 2026;8(Supplement 1):A3546

ABS4046
Health without borders, yet unsafe at work: Gendered power, structural inequality, and the unsustainability of primary health care systems in Tanzania
Lorraine Kiswaga[1], Irene Mashasi[1], Sally Mtenga[1]
[1]Heath System Research, Ifakara Health Institute, Dar es Salaam, Tanzania, United Republic of
ABSTRACT
Title Health Without Borders, Yet Unsafe at Work: Gendered Power, Structural Inequality, and the Unsustainability of Primary Health Care Systems in Tanzania Authors and affiliations Lorraine Mathias(PhD), Sally Mtenga(PhD), Irene Mashasi (PhD) Background and objective Global commitments to "Health Without Borders" emphasize equity, inclusion, and sustainability, yet these ideals remain largely aspirational for women working within under-resourced health systems in low- and middle-income countries. In Tanzania, primary health care (PHC) delivery is heavily feminized, with women disproportionately concentrated in lower-paid, lower-status cadres such as nursing, midwifery, and community health work. These women operate at the intersection of weak labour protections, entrenched gender norms, and hierarchical power relations, rendering them especially vulnerable to workplace violence and chronic threats to well-being. This study examines how national policy frameworks in Tanzania addressendered workplace violence in PHC settings and the implications for equity and system sustainability.
METHODS
A structured review of national policies across the health, labour, and gender sectors was undertaken, guided by health policy and systems research and feminist institutional analysis. Policies were examined for definitions of workplace violence, recognition of gender-specific risks, and the presence of accountability, coordination, and implementation mechanisms at national, district, and facility levels. Key findings The review reveals profound policy silences and fragmentation. Workplace violence is rarely explicitly named, gendered risks facing female health workers are minimized or rendered invisible, and institutional responsibilities are dispersed across sectors with limited enforceability. These failures disproportionately disadvantage women, normalizing insecurity as part of feminized care work and undermining workforce retention, morale, and resilience in PHC.
CONCLUSIONS
The Tanzanian case demonstrates how women in under-resourced health systems remain systematically exposed to harm despite global equity commitments. Addressing gendered workplace violence as a core governance and sustainability issue is essential for building inclusive, resilient primary health care systems.
Popul. Med. 2026;8(Supplement 1):A3550
Public Health, Governance, Politics and Economics

ABS0405
Effectiveness of Community-Based Nutrition Programs in Reducing Stunting Among Under-Five Children in Rwanda
IKUZWE Clement[1]
[1]Public Health, University of Rwanda, Kigali, Rwanda
INTRODUCTION
Stunting remains a major public health concern in rwanda, affecting approximately one-third of children under five years of age. It is associated with long-term adverse outcomes such as impaired cognitive development, poor school performance, and reduced economic productivity. Community-based nutrition programs have been implemented to address child malnutrition through education, growth monitoring, and promotion of optimal feeding practices. However, evidence on their effectiveness in reducing stunting remains limited. This study aimed to assess the effectiveness of community-based nutrition programs in reducing stunting among under-five children in Rwanda.
METHODS
A cross-sectional analytical study was conducted between january and june 2025 among 600 mothers with children aged 6–59 months from three districts representing different regions of rwanda. Data were collected through structured questionnaires and anthropometric measurements. Stunting was defined as height-for-age z-score less than −2 standard deviations based on who standards. Children enrolled in community-based nutrition programs were compared to those not enrolled. Logistic regression was used to determine the association between program participation and stunting after controlling for potential confounders such as maternal education, household income, and sanitation practices.
RESULTS
The overall prevalence of stunting was 29.5 percent. Children participating in community-based nutrition programs had a significantly lower prevalence of stunting (21.8 percent) compared to non-participants (37.2 percent). After adjusting for confounders, program participation was independently associated with reduced odds of stunting (adjusted odds ratio 0.56, 95 percent confidence interval 0.38–0.82, p=0.003). Additional predictors of stunting included low maternal education, household food insecurity, and inadequate sanitation.
CONCLUSIONS
Community-based nutrition programs appear to be effective in reducing stunting among under-five children in rwanda. Strengthening and scaling up these interventions, with emphasis on maternal education and household food security, could further accelerate progress toward national nutrition targets and sustainable development goals.
Popul. Med. 2026;8(Supplement 1):A3556

ABS0447
Measures to amplify the implementation of health impact assessment in East and Southern Africa
Rene Loewenson[1], Moeketsi Modisenyane[2], Nosimilo Mlangeni[3]
[1]Training and Research Support Centre, Harare, Zimbabwe, [2]Africa and Middle East Relation, National Department of Health, Pretoria, South Africa, [3]Health Research Support, Johannesburg, South Africa
BACKGROUND
A neoliberal globalisation has amplified transnational commercial activity in East and Southern Africa (ESA) and weakened market regulation, such as in mining, infrastructures, energy, and manufacturing. While these activities potentially bring health benefit, they also bring significant population health harms that need to be controlled.
METHODS
Health impact assessment (HIA) provides an internationally recognised method to assess and manage health risks in commercial activities. Inequitably, it is scarcely applied in ESA, despite greater need. This workshop presents evidence from convenor experience, desk review and government, professional and civil society structured dialogue during regional HIA training, to stimulate group discussion in the session on the barriers, enablers to, and measures to scale-up HIA in the region.
RESULTS
The workshop introduces the steps in HIA, its current level of and barriers to implementation in ESA, and the consequences for sectors, states and populations of implementation deficits. We outline opportunities in stated policy support for HIA, and the legal, capacity, information, institutional and political economy drivers of the gap between policy and practice in ESA. To overcome the gap, we introduce and work in the session groups on a theory of change to amplify HIA, building on measures underway in ESA, to (i) generate policy and public awareness of the health, socio-political and economic value of HIA; (ii) build multisectoral capacities and cross-sectoral interaction for HIA; (iii) widen information sharing on and use of HIA findings and recommendations in key sectors; and (iv) develop and build support for guidance and legal/policy reforms to implement HIA, including as a separate but concurrent activity with economic and environment impact assessment.
CONCLUSIONS
Through the measures presented and discussions in the workshop, including from wider international experience, participants will identify options, steps, assets and resources to draw on to scale-up HIA in their own countries.
Popul. Med. 2026;8(Supplement 1):A3557

ABS0495
Immersion, identity and public-health diplomacy: The political strategy of Zohran Mamdani in urban health equity advocacy
Nabeela Cassim[1]

[1]Health Risk Management, Momentum Health, Johannesburg, South Africa

INTRODUCTION

Public health advocacy in cities requires integration of culture, politics and diplomacy to address inequity. Zohran Mamdani, an immigrant born Muslim South Asian American and New York State Assembly member, offers a case of how identity, community immersion and structural agenda setting intersect in urban public health diplomacy. His 2025 New York City mayoral campaign foregrounded cost of living issues such as housing, transit and childcare as determinants of health, linking affordability to collective well being.

METHODS

A qualitative case study used political ethnography and document analysis of campaign communications, public statements, platform texts and media interviews from 2024 to 2025. Data were coded for three constructs: cultural immersion, coalition building and policy translation. Analytic triangulation compared observed strategies with frameworks in urban health equity and participatory governance.

RESULTS

Three findings emerged. First, cultural immersion, including visible presence in working class neighborhoods and affirmation of immigrant and Muslim identities, built legitimacy and trust among marginalized communities. Second, coalition building combined small donor fundraising, multilingual outreach and endorsements from progressive organizations such as NYC DSA to sustain volunteer momentum despite institutional resistance. Third, policy translation reframed housing, transit and childcare as determinants of health, moving public health from the periphery to the center of urban political debate and broadening voter engagement beyond conventional health constituencies.

CONCLUSIONS

Culturally grounded political strategy can function as public health diplomacy in urban settings. Embedding advocates within communities, affirming identity and co producing structural policy agendas strengthen public legitimacy and health equity outcomes. This case provides a transferable framework for health leaders seeking to align political advocacy with inclusive, culturally responsive governance.

Popul. Med. 2026;8(Supplement 1):A3558

ABS0571

Medical doctors' experiences during COVID-19 in South African public hospitals

Siphesihle Ndumiso Kunene[1]

[1]Population Studies, University of KwaZulu Natal, Durban, South Africa

ABSTRACT

Africa has the highest disease burden globally but the weakest health systems. South Africa's public healthcare system serves the majority of the population—primarily the poor and rural communities—yet operates with inadequate human resource ratios, budget constraints, and aging infrastructure. The system was already severely strained before COVID-19, with documented underfunding, staff shortages, and limited medical supplies affecting millions of South Africans who depend on public healthcare services. While extensive research documents public healthcare system challenges, limited understanding existed regarding how medical doctors in South African public hospitals adapted and coped during COVID-19's emergence and peak, particularly within already compromised healthcare infrastructure. A qualitative, explanatory, and exploratory study was conducted with 20 medical doctors from four public hospitals in eThekwini Municipality: Addington Hospital, King Edward VIII Hospital, Inkosi Albert Luthuli Central Hospital, and Prince Mshiyeni Memorial Hospital. Data were collected through semi-structured interviews and analyzed using thematic analysis. Medical doctors faced multiple interconnected challenges: adjustment difficulties, inadequate COVID-19 knowledge, psychological distress (depression, anxiety, stress), increased workloads amid limited resources and poor infrastructure, personal protective equipment shortages, and managing fear, myths, and patient/colleague deaths. Despite these challenges, doctors demonstrated resilience and adaptation strategies. The study uniquely identified specific coping mechanisms employed by medical doctors in resource-constrained settings and revealed facilitative conditions implemented by the Department of Health. Findings provide evidence-based insights into healthcare worker experiences in low-resource environments during pandemic conditions, offering a foundation for developing targeted support strategies and policy interventions to strengthen public healthcare systems in similar contexts globally.

Popul. Med. 2026;8(Supplement 1):A3561

ABS1289

Assessing the impact of healthcare financing models on antenatal and delivery services in pprimary health care centres in Mushin lga

Kayode Odufuwa[1]

[1]Primary Health Care, Mushin LGA, Lagos, Nigeria

ABSTRACT

This study investigates the impact of health care financing models on antenatal and delivery services in Primary health Care Centres (PHC) in Mushin Local Government Area Council through the health insurance gate way of basic health care provision fund (BHCPF) intervention, which is a Federal Government funding Intervention from the 1% of the consolidated revenue of the nation. The main objective is to assess the effect of BHCPF in the up-take of Antenatal and delivery services in the empaneled PHCs in Mushin LGA.The research design was a retrospective interventional study that assessed the effect(before and after) the introduction and activation of BHCPF in the empaneled PHCs Mushin LGA between 2021-2022 and 2023- 2024 respectively in both Palm Avenue and Ajeabo PHCs.The sampling was non-probability since only Palm Avenue and Ajeabo PHCs are the empaneled PHCs on health insurance gate way that offer both Antenatal and delivery services. The enrollment of the ANC and delivery clients were done on-line through Lagos State Health Management Agency under the platform of ILERA-Eko.Data were analysed for the period of study. Data analyzed using descriptive statistic, logistic regression and paired T-test..The data revealed a drastic increase of delivery arising from free health insurance service from the BHCPF close to 9.6 and 10.6 times deliveries in Palm Avenue and Ajeabo PHCs with statistically significant findings of a p-0.04 and 0.02 respectively after the Paired T-test of significance,and also logistic regression test (p= 0.01) on the BHCPF delivery in Palm Avenue PHC showing interaction between this Government free financing model and up-take of ANC and delivery services. Therefore increasing Government funding intervention can reduce the inequality gap in access to ANC and institutional delivery in the PHCs There is need for more awareness creation on free health insurance interventions among the community members.

Popul. Med. 2026;8(Supplement 1):A3570

ABS1633

A Governance-Oriented Municipal Index for Monitoring Early Childhood Policies in Brazil

Marcio Mota[1], Ana Augusta Freitas[2], Felipe Sousa[2]

[1]Health Management, State University of Ceara, Fortaleza, Brazil, [2]Business Administration, State University of Ceara, Fortaleza, Brazil

BACKGROUND

Effective early childhood policies require coordinated action across health, nutrition, education, and social protection systems, supported by transparent governance and accountability mechanisms. In Brazil, municipal governments play a central role in policy implementation, yet comparable tools to monitor the performance of early childhood policies remain limited. To address this gap, a multidisciplinary research group developed an early childhood index, a composite indicator designed to support public health governance, policy evaluation, and institutional oversight, aligned with the Nurturing Care Framework.

METHODS

The index was constructed using secondary data from official national information systems for all municipalities in the state of Ceará. Twelve indicators were selected across four policy sectors: health, nutrition, social assistance, and education and were organized along three analytical axes: coverage, quality, and outcomes. Variables were standardized using z-scores and aggregated into sectoral and process indices, then min–max normalized to ensure comparability across municipalities and over time. Indicator selection and aggregation were informed by empirical evidence on the effects of primary healthcare, maternal care, nutrition, and social protection on child health and development.

RESULTS

The results of this early childhood index revealed substantial intermunicipal disparities in the implementation of early childhood policies, particularly in primary healthcare coverage, prenatal care, nutritional surveillance, and access to early childhood education. The index structure enables disaggregated analysis by sector and policy process, thereby supporting the identification of governance gaps, territorial inequalities, and public investment priorities. Its design also allows integration with fiscal and expenditure analyses, strengthening its use in policy monitoring and audit processes.

CONCLUSIONS

Therefore, it provides a governance-oriented tool for municipal public health management and policy evaluation. By translating multidimensional early childhood policies into a transparent and comparable metric, the index enhances decision-making capacity, supports accountability, and contributes to evidence-

informed public action in decentralized health and social policy systems.
Popul. Med. 2026;8(Supplement 1):A3576

ABS2004

From Cost-Effectiveness to Legitimacy: A Systematic Review of Governance in Essential Medicines and Diagnostics Priority Setting in sub-Saharan Africa

Trudy D Leong[1,2], Lumbwe Chola[3], Andrew G Parrish[4], Thandokazi Mvelashe[2], Natasha Gloeck[1], Sumayyah Ebrahim[5,1], Tamara Kredo[1,6]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Division of Health Systems and Public Health, Department of Global Health, Stellenbosch University, Stellenbosch, South Africa, [3]Department of Health Management and Health Economics, University of Oslo, Oslo, Norway, [4]Department of Internal Medicine, Faculty of Health Sciences, Walter Sisulu University, Mthatha, South Africa, [5]Department of Surgery, Nelson R Mandela School of Medicine, College of Health Sciences, Durban, South Africa, [6]Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Stellenbosch, South Africa

BACKGROUND
Constrained resources necessitate difficult and often politically mediated decisions about funding essential medicines and diagnostics. Explicit priority setting is essential for equitable and sustainable Universal Health Coverage (UHC), and COVID-19 exposed the limitations of implicit rationing, accelerating interest in evidence-informed deliberative processes. In sub-Saharan Africa (SSA), priority-setting activity has expanded, but remains constrained by limited technical capacity, fragmented governance, donor influence, and weak institutionalisation of Health Technology Assessment (HTA). This review assessed how explicit frameworks have been applied to primary healthcare (PHC) essential medicines and diagnostics selection in SSA.
METHODS
We conducted a systematic review of priority-setting applications informing the selection of essential medicines and diagnostics in SSA. We searched bibliographic databases and grey literature from January 2000 to July 2025. Information was extracted in duplicate and synthesised thematically. We assessed implementation fidelity using Carroll's framework and appraised reporting quality using the Consolidated Health Economic Evaluation Reporting Standards 2022 checklist. Policy uptake was explored through ministry and guideline repositories.
RESULTS
Across 84 studies, cost-effectiveness analysis dominated (n=59), while deliberative approaches were uncommon (Multicriteria Decision Analysis, n=3; Accountability for Reasonableness, n=1). Evaluations were largely externally led, with SSA-based first/senior authorship in 30% and funding predominantly international. Most analyses were model-based (71%), but advanced dynamic/microsimulation modelling was uncommon, and 68% relied on secondary data. Ministries of Health participated in only 7%, and stakeholder engagement was seldom reported (6%). The integration of equity considerations, implementation capacity, and financial sustainability into decision-making remained uneven. Policy uptake was evident in 36 studies, but limited by donor dependence, fragmented governance, and weak HTA institutionalisation.
CONCLUSIONS
Priority setting for essential medicines and diagnostics in SSA remains institutionally fragile. Strengthening ministry stewardship, domestic technical analytic capacity, deliberative processes, and systematic integration of equity, affordability, and feasibility criteria will promote sustainable and accountable progress towards UHC. PROSPERO: CRD420251129191.
Popul. Med. 2026;8(Supplement 1):A3584

ABS2074

Mobilisers or Decision-Makers? The Policy Landscape of Community Participation in Urban Health Governance in India

Jith Jagajeevan Remadevi[1], Sweta Dash[1], Shayari Nag[1], Pushpa V[1], Menaka M B[1], Surekha Garimella[1]
[1]The George Institute for Global Health India, New Delhi, India

ABSTRACT
Community participation (CP) is widely promoted in India's health policies, yet its meaning, operationalisation, and governance effects in urban health systems remain contested. This combined policy and literature review examines how CP is envisaged within urban health governance, particularly in Bengaluru, by tracing policy evolution, mapping participatory platforms, and assessing linkages to rights-based approaches. We reviewed 47 policy documents and 48 research publications using structured extraction focused on definitions, platforms, historical trajectories, policy context, right-to-health dimensions, and strengthening opportunities. Findings show a long policy trajectory, from early calls for participation to institutionalisation through recent reforms. Across policy and literature, CP is widely used but inconsistently interpreted. Policy discourse shows conceptual expansion, CP is increasingly framed as multi-level engagement across planning, implementation, monitoring, and accountability, but still marked by tension between service-delivery and rights-based interpretations. For example, Mahila Aarogya Samitis (urban health committees for women) are positioned as women-led CP platforms with expansive roles but their effectiveness is evaluated through narrow service-output indicators, reinforcing an "extension-of-the-system" logic. Rights-based interpretations remain fragmented: India has not formally adopted the right to health in national policy, and explicit rights language was removed from policies, although CP is sometimes framed as a right-to-health enabler within AAAQ domains. Persistent gaps include vague definitions, inequitable representation (notably exclusion of marginalised groups), weak institutional support (training, funding, supervision), and limited accountability and grievance-redress pathways. Bridging these gaps and strengthening CP in urban health governance will require policy to move beyond assigning tasks to communities and instead specify decision rights, resource commitments, and enforceable accountability pathways, including clearer integration of health participation platforms with urban local bodies and deliberative spaces. In parallel, evaluation metrics that capture decision-making influence, equity, and responsiveness alongside service outputs are needed.
Popul. Med. 2026;8(Supplement 1):A3585

ABS2093

Who Pays for Health? Filling the Primary Health Care Gap Through Health Taxes.

Hanifa Mahlangu[1], Celene Coleman[1], Atiya Mosam[1]
[1]Advocacy, Rural Health Advocacy Project, Johannesburg, South Africa

ABSTRACT
Global reductions in external health funding have reshaped the financing landscape for health systems, particularly in countries with high disease burdens and long-standing donor dependence. In South Africa, declining support for HIV and sexual and reproductive health programmes has intensified pressure on primary health care (PHC) amid rising demand from infectious diseases, non-communicable diseases, alcohol-related harm, and unintended pregnancy, especially in rural areas. Health taxes on tobacco, alcohol, and sugar-sweetened beverages are an evidence-based mechanism to reduce harmful consumption while generating public revenue. The World Health Organization's 3 by 35 initiative creates a policy window for countries to move beyond inflation-based excise increases towards strategic health tax reform to strengthen PHC and advance universal health coverage (UHC). The organised session uses a structured health tax policy simulation grounded in health systems and political economy approaches. Participants take part in a policy simulation exercise on fiscal space for health in a post-donor context. Using a national scenario, participants analyse and debate competing financing pathways: continued reliance on inflation-based excise taxes, partial tax reform and strategic health taxes. Participants will assess revenue potential, health system implications, and political feasibility for PHC investment. This is followed by an advocacy component on communicating policy positions to decision-makers. The session is expected to strengthen participants' capacity to assess health financing options and evaluate how different tax policies shape PHC funding and equity outcomes. Participants will gain practical skills in translating global health tax guidance into national policy and advocacy strategies. By simulating real-world policy choices rather than abstract budget allocation, this workshop positions health taxes as a strategic governance tool for domestic resource mobilisation. The approach supports health professionals, policymakers, government officials, and civil society actors to engage meaningfully with health tax reform as a pathway to sustainable PHC and health system resilience.
Popul. Med. 2026;8(Supplement 1):A3586

ABS2101

Centering Sensitivities and Voices: Co-Producing Elements of an Intervention to Strengthen Community Voice in Urban Health Systems

Jith Jagajeevan Remadevi[1], Sweta Dash[1], Shayari Nag[1], Surekha Garimella[1], Pushpa V[1], Menaka M B[1]
[1]The George Institute for Global Health India, New Delhi, India

ABSTRACT
Community participation (CP) is widely recognised as a cornerstone of responsive and accountable health systems. However, in practice, health systems often operate with and rely on dominant epistemologies of technical rationality and/or clinical objectivity, leaving little room for the lived-experience-based knowledge

and emerging felt needs of marginalised communities. Consequently, efforts to engage with marginalised communities through CP mechanisms are often implemented in a top-down manner, with limited spaces for community voices to fit into, often only within pre-approved templates. Our work with Mahlia Arogya Samitis (MAS) - Women's Health Committees - in Bengaluru attempts to adopt an approach that centres the community voices to develop a ground-up intervention. The study employed sustained engagement and focused observation, including participant observation of MAS meetings, in-depth interviews with MAS members, frontline health workers (ASHAs, AWWs), and civil society actors, alongside iterative stakeholder dialogues. Observations and reflections were systematically documented using a structured "thinking table," enabling collective sense-making across all actors. Emerging findings were distilled into potential intervention elements. These were further refined by analysing overlaps, resulting in 9 core elements. For each element, a theory of change was developed, stakeholders were mapped, and components were reorganised into a phased intervention design. The intervention elements the co-production process resulted in include: building trust and interpersonal relationships; challenging gendered expectations of participation; addressing sexual and reproductive health concerns including gender-based violence; bridging information gaps in navigating urban health systems; enabling community-led agenda setting; ensuring flexibility to address non-health grievances; addressing communication and language barriers; establishing feedback loops with higher-level governance; and securing accessible physical spaces for participation. This paper contributes methodological insights on operationalising co-production as an ethical imperative and offers practical lessons for designing bottom-up, contextually grounded interventions that strengthen community voice and accountability in urban health systems.

Popul. Med. 2026;8(Supplement 1):A3587

ABS2189

Designing and evaluating the implementation of a monitoring and evaluation system to improve cost efficiency in the surgical department of a central hospital in Gauteng, South Africa

Dimakatso Gumede[1], Evelyn Thsehla[2], Thomas Marumo[3], Sipho Sigcau[4], Tshegofatso Maimela[1]

[1]Deparment of Community Health, School of Public Health, University of Witwatersrand, Johannesburg, South Africa, [2]Public Health, University of Pretoria, Pretoria, South Africa, [3]School of Clinical Medicine, University of Witwatersrand, Johannesburg, South Africa, [4]Information Management Unit, Charlotte Maxeke Johannesburg Academic Hospital, Johannesburg, South Africa

INTRODUCTION

The National Health Insurance (NHI) Act aims to provide universal health coverage to all South Africans. However, a lack of standardized monitoring and evaluation (M&E) systems for financial management and effective resource allocation in public hospitals lead to limited accountability and overspending. The aim of this study is to develop and implement an M&E framework to improve cost efficiency and support data-driven decision-making in the surgical functional business unit (FBU) of a central hospital in the Gauteng Province.

METHODS

This study imbeds itself in the routine institutional theatre efficiency dashboard reporting framework and adopts an implementation mixed-method approach. Baseline expenditure of perioperative costs (i.e. consultation fees, radiology, anesthesia, operating theatre, theatre equipment, medication, length of stay and facility fees) for open and laparoscopic cholecystectomy were retrospectively analyzed in quarter 3 (Q3) of the 2025/26 financial year.

RESULTS

Between June and August (Q3), the surgical gastroenterology unit cost-center performed more laparoscopic cholecystectomies (LC) [N=22] than open cholecystectomies (OC) [N=1] with cost analysis demonstrating an estimated perioperative cost of 10 634 ZAR for OC and 8 849 ZAR for LC. Each case cancellation cost the unit 3 748 ZAR of additional expenditure which, over the 3-month period total 63 716 ZAR. Cancellations were due to time constraints caused by delayed theatre start time, turnover time, and the length of complex cases preceding laparoscopies.

CONCLUSIONS

The study highlights opportunities for M&E-guided cost-reduction decision-making within the gastroenterology cost-center by addressing theatre start time, turnover time, and cancellation rates. Furthermore, this study will establish a standardized clinician-facing expenditure system across all cost-centers to identify cost minimization mechanisms and reduce wasteful cancellations in perioperative service delivery.

Popul. Med. 2026;8(Supplement 1):A3588

ABS2209

The impact of water-based activity on maintaining psychophysical well-being

Nicola Cogo[1], Raffaele Carmine Napolitano[2], Antonella Ruffatto[1], Barbara Ruzzante[3], Scilla Rizzardi[3], Sara Righetto[3], Valentina Didonè[4], Antonio Madia[5], Emanuela Zilli[1]

[1]Medical Board of Directors, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [2]Occupational Medicine Medical Director, ULSS 6 Euganea, Padua, Italy, [3]Physical Medicine and Rehabilitation, ULSS 6 Euganea, Padua, Italy, [4]Health Profession Service, ULSS 6 Euganea, Padua, Italy, [5]Sports and Exercise Medicine Unity, University of Messina, Messina, Italy

INTRODUCTION

Rehabilitation is a critical phase in the care pathway of patients suffering from diseases that cause psychomotor functional deficits. Its aim is to maintain the highest level possible of autonomy. The hospital of cittadella, an acute care and post acute hospital with approximately 350 beds, offers the opportunity to perform physical activity with the aid of water for patients who have experienced post-acute rehabilitation outcomes, as well as for healthcare workers.

METHODS

The possibility of performing physical activity using water-based therapy has proven to be very useful for people with even stabilized outcomes of neurological and orthopedic conditions, helping them maintain the skills acquired over time. Specifically, water-based activity is beneficial for patients affected by: spinal cord injury, stroke, polio, outcomes of orthopedic surgery, including prosthesis to limbs or spine, lumbosacral radiculopathy, and trauma.

RESULTS

The pool of the hospital of cittadella is the chosen location for the 45 minute sessions. Currently, there are 7 sessions held over 3 days a week. Exercises are performed with direct assistance from a therapist and volunteers and adapted based on the patient's type of disability and degree of ability. Volunteers were recruited by a non-profit stakeholder organization. There are currently 40 patients per week. Among the effects of water rehabilitation, the following are highlighted: myorelaxant and analgesic effects, improved pulmonary ventilation, coordination, joint mobility, balance, and fall prevention. After the sessions with patients, the swimming pool and other gyms can be used by physical therapists. This activity is included among the well-being projects promoted by the hospital.

CONCLUSIONS

Water-based physical activity has proven to promote the maintenance of residual abilities in post-rehabilitation patients, with subsequent psychophysical benefits. This project represents an example of cooperation and partecipation between public healthcare services and stakeholder with clear benefits for the population.

Popul. Med. 2026;8(Supplement 1):A3589

ABS2332

Assessing the case for applying personal responsibility for COVID-19 vaccination in a South African insured population

geetesh solanki[1], Francesca Little[2], Susan Cleary[1]

[1]Health Economics Division, University of Cape Town, Cape Town, South Africa, [2]Dept. of Statistical Sciences, University of Cape Town, Cape Town, South Africa

BACKGROUND

The use of personal responsibility to influence health behaviour remains contested in public health policy, particularly where individual choices generate collective costs. COVID-19 vaccination in an insured population provides a relatively controlled environment for examining whether responsibility-sensitive approaches can be ethically justified without undermining fairness or solidarity. This study assessed the overall case for applying personal responsibility for COVID-19 vaccination in a South African insured population.

METHODS

A four-part structured assessment framework was developed to evaluate the case for applying personal responsibility for COVID-19 vaccination in the study population. Using administrative claims and vaccination data from a large insured population, we examined: the impact of vaccination on hospitalisation, utilisation and costs; the cost-utility of COVID-19 vaccination, (3) fairness from a luck-egalitarian perspective by assessing the voluntariness of non-vaccination and the distribution of resulting burdens; and the feasibility of applying responsibility based policies. Findings were synthesised using decision framework to guide interpretation.

RESULTS

COVID-19 vaccination was associated with a greater than 90% reduction in hospitalisation risk, shorter lengths of stay, and 35–55% lower hospital expenditure. Vaccination dominated non-vaccination from a cost-utility perspective, yielding more quality-adjusted life-years at lower cost. Predictive modelling indicated

that non-vaccination in this insured population largely reflected voluntary choice rather than constrained access. While these findings support a prima facie case for applying personal responsibility, feasibility analysis indicated that punitive or exclusionary measures would be ethically and operationally difficult to implement.
CONCLUSIONS
Applying personal responsibility for COVID-19 vaccination can be ethically and empirically defensible under specific conditions: where benefits are clear, choice is genuine, and interventions are feasible. Incentive-based and enabling approaches are preferable to punitive measures. The assessment framework provides a transparent tool for policymakers to balance fairness, efficiency, and solidarity when considering responsibility-sensitive public health policy.
Popul. Med. 2026;8(Supplement 1):A3593

ABS2347
Diagnostic and therapeutic pathway of breast cancer
Emanuela Zilli[1], Rosaria Cacco[2], Manola Lisiero[3], Valentina Reginato[4], Patrizia Bortolon[5], Paola Giuriato[6], Nicola Cogo[7], Manuel Zorzi[8], Francesco Avossa[8], Stefano Tardivo[9], Silvia Gallo[10], Romina Cazzaro[1]
[1]Regional Care Appropriateness, Veneto Region, Venice, Italy, [2]Oncology Institute, IOV, Padua, Italy, [3]Care Appropriateness, AULSS 5, Rovigo, Italy, [4]Care Appropriateness, AULSS 6, Cittadella, Italy, [5]5 Care Appropriateness, AULSS 8, Vicenza, Italy, [6]Care Appropriateness, AULSS 6, Padua, Italy, [7]Medical Board of Directors, ULSS 6 Euganea, Cittadella, Italy, [8]Department of Epidemiology of Regional Health Service, Venice, Italy, [9]Risk management, University of Verona, Verona, Italy, [10]Care Appropriateness, AULSS 3, Venice, Italy
INTRODUCTION
Breast cancer (BC) is the most frequent female cancer in italy. In the veneto region (4800000 inhabitants), 6459 surgical interventions were performed for BC in 2025. The regional policy document addressed all potential issues related to BC management, from screening to follow-up and it has been implemented in 12 different breast units (BUs). The organizational and structural requirements that must be met by the BUs to be authorized for the diagnosis and treatment of BC have been defined. In fact, a specific regional policy document has been released in 2017.
METHODS
In 2023, an assessment tool has been designed to evaluate the effectiveness of the process described in the regional document. It was done through measurable outcomes, as well as its implementation by all BUs with the aim of improving healthcare for BC patients. Data monitoring allows us to verify the correct path, which is why collecting data is essential. Every single case of BC diagnosed in 2025 was consistently monitored from care appropriateness regional services. Cases were assessed to determine the degree of compliance with the guidelines established in the regional policy document.
RESULTS
A multidisciplinary oncology team (MOT) was established at each breast unit. A total of 12664 meetings were held at the various BUs. In 2025, the average meeting frequency was 51.5, corresponding to an average of one meeting per week. Across the various BUs, 98.8% of diagnosed BC cases were discussed; only 1.2% of cases reached surgery without being discussed by the MOT. The case managers present in each MOT activated language mediation for 100% of women with a language barrier.
CONCLUSIONS
The achieved satisfactory results prove the effectiveness of the path carried out by veneto region. The regional organizational model described allows to analyze many measurable indicators, making planning healthcare assistance solutions more appropriate.
Popul. Med. 2026;8(Supplement 1):A3594

ABS2421
From capacity building to political change: A framework for evaluating social participation in health system governance
Zoheb Khan[1]
[1]Brazilian Center of Analysis and Planning, São Paulo, Brazil
BACKGROUND
This paper introduces a conceptual framework for evaluating capacity building (CB) for social participation in health sector governance (SP). SP is increasingly recognised as a component of health system strengthening (HSS) to promote accountability and equity. However, its actual effects remain understudied. SP is usually assessed based on the existence of participatory structures rather than on citizens achieving real influence. Where structures exist, studies highlight skills and resource constraints and unequal power dynamics, suggesting a role for CB, which is also under-studied in relation to SP. Saddi et al (2023) apply the policy capacity framework, prevalent in policy studies, to HSS. By distinguishing analytical, operational, and political capacities across policy networks – which could include SP – it foregrounds systemic and relational aspects of policy change, contrasting with more discrete, technical approaches dominant in HSS. Yet how these capacities should be assessed empirically remains unclear.
METHODS
I propose that the effects of CB for SP can be evaluated through linking CB processes at individual, organisational, and systemic levels to changes in the configuration of ideas, interests, and institutions (III) sustaining policymaking status quos: how specific health systems operate, which actors dominate, and which reforms are feasible.
RESULTS
Shifts in III constitute an intermediate mechanism by which CB could enable eventual policy change that sustainably enhances citizen influence. This paper presents the framework and illustrates its application to CB interventions with SP structures in Indian, Brazilian, and South African cities. Drawing on longitudinal, multi-stakeholder data, it shows how process tracing, outcome harvesting, and comparative analysis can assess CB-led change in III.
CONCLUSIONS
The central contribution is to move CB evaluation for SP from a technocratic model of skills and structures toward a political theory of health systems change, where CB is understood as reshaping power relations embedded in III.
Popul. Med. 2026;8(Supplement 1):A3595

ABS2424
What it really takes to scale accountability: Practical tools and lessons from eight countries
MARY MUKOMBA[1], Kristen Mallory[1]
[1]Global Programs & Operations, Children International, Kansas, United States
BACKGROUND
A growing body of global evidence shows that Social Accountability (SA) improves service quality, governance, and responsiveness within public systems, making it a critical contributor to health systems strengthening. Building on this evidence, Children International (CI) has implemented a global SA approach since 2018 to enhance primary health care (PHC) delivery and equitable access to quality services for all. CI's model has evolved through pilot testing in the Dominican Republic and Guatemala, global rollout across eight countries, and subsequent adaptation for education systems.
METHODS
CI adapted CARE's Community Score Card (CSC) methodology to convene youth, caregivers, providers, community leaders, and government representatives to jointly assess services, identify gaps, and co-create action plans. These scoring and dialogue cycles repeat every six months. Between 2018 and 2026, SA expanded across CI countries and extended into education systems in Zambia, the Philippines, and Ecuador. CI also developed a monitoring and evaluation toolkit measuring facilitation quality, community voice and empowerment, facility level improvements, and most significant change outcomes.
RESULTS
SA implementation strengthened service responsiveness, community involvement, medicine and personal availability, and respectful care indicators across PHC sites. Youth led accountability promoted adolescent friendly services. CI's nine year experience highlights key lessons related to strategies to effectively engage youth, smart scaling, tradeoffs around aggregation within M&E systems, and sustainability. By 2025, SA efforts reached over 1.49 million community members across 50 global sites.
CONCLUSIONS
Community driven accountability is a scalable, equity enhancing strategy for strengthening PHC. Through this session, practitioners will receive practical frameworks, implementation manuals, tools, specific case studies and candid lessons learned to build knowledge and support adaptation of the CSC methodology across sectors and contexts, equipping them to institutionalize participatory governance and strengthen health systems and community capacity.
Popul. Med. 2026;8(Supplement 1):A3596

ABS2485
Characterization of access to outpatient care, pharmacological treatment and quality of life of patients with chronic respiratory conditions
Fernanda Warken Rosa[1], Phydel Carvalho[1], Rosa Xavier[1], Roberto Maciel[1]
[1]Department of Life Sciences, UNEB - Universidade do Estado da Bahia, Salvador, Bahia, Brazil
INTRODUCTION

chronic respiratory diseases (CRDs) affect the upper and lower airways and are associated with a marked reduction in quality of life. Asthma, allergic rhinitis and chronic obstructive pulmonary disease (COPD) are among the most prevalent conditions worldwide and represent major public health challenges. In the state of Bahia, northeastern Brazil, inequalities in access to health services persist, reinforcing the need for evidence to support public health planning and decision-making.
METHODS
this descriptive, analytical, observational, cross-sectional and retrospective study adopted a quantitative approach, using secondary data from medical records of a pulmonology outpatient clinic within the public health system of Bahia. A total of 92 records met the eligibility criteria and were included. Data were analyzed using the Statistical Package for the Social Sciences (SPSS).
RESULTS
most patients were female (68.5%), with a mean age of 54.6 years (±17.6). At the first consultation, 42.0% reported respiratory symptoms or had no confirmed diagnosis. Chronic respiratory diseases were the most prevalent diagnostic group (31.5%). Regarding access to care, 62.1% of patients lived in the eastern macro-region of the state, where the outpatient clinic is located. The mean travel time to reach the service was 3 hours and 10 minutes, and 42.4% relied on public transportation. Concerning pharmacological therapy, 35.6% reported using respiratory medications, while 55.4% did not use medications or could not report free access. Additionally, 31.5% purchased their medications. Quality of life assessed using the AQ-20 showed a mean score of 9.2 (±5.5), indicating intermediate health status.
CONCLUSIONS
the findings characterize access to specialized care, treatment patterns, geographical displacement and perceived quality of life among patients with CRDs, highlighting persistent challenges in access and treatment within the Brazilian public health system.
Popul. Med. 2026;8(Supplement 1):A3599

ABS2576
Gender representations in unhealthy food advertisement that appeal to adolescents- implications for obesity prevention
Michelle Brear[1], Bontle Mamabolo[1], Sameera Mahomedy[1], Susan Goldstein[1]
[1]SAMRC/Wits Centre for Health Economics and Decision Science – PRICELESS SA, Universtiy of the Witwatersrand, School of Public Health, Parktown, Johannesburg, South Africa
INTRODUCTION
Adolescent obesity in South Africa is prevalent and highly gendered. Three times more adolescent girls are overweight or obese, compared to boys. Food and beverage advertisements, which may be enabled or constrained by governance mechanisms such as policies, contain gender representations that are not considered in advertising regulations, but likely contribute to gendered obesity prevalence. Our objectives were to identify food and beverage advertisements that appeal to adolescents; describe how gender is represented in them; and discuss the implications for adolescent obesity prevention.
METHODS
We conducted six focus group discussions, three each with Grade 9 boys (N=26) and girls (N=25) from three Johannesburg high schools, about the food and drink advertisements they like. We identified, wrote summary narratives and conducted content analysis of the advertisements, to identify: the food or drink advertised; gender of primary character and/or narrator; setting; and presence or absence of 10 stereotypical or alternative gender representations.
RESULTS
Participants made specific references to 149 advertisements they liked, of which 17 were duplicates and 55 were identified through online searches and analysed. They were mainly for fast food (N=15), sugary drinks (N=7), sweet snacks (N=9), salty snacks (N=4), condiments (N=4) and alcohol (N=7). Stereotypical gender representations, such as men drinking beer or driving cars in public places, and women cooking in domestic settings or wearing revealing clothing, predominated. Advertisements that contained alternative gender representations of women, also contained stereotypical gender representations. Illustrative examples of gender representations are presented.
CONCLUSIONS
Stereotypical gender representations are a feature of unhealthy food and drink advertising in South Africa, that create appeal for adolescent boys and girls. Representing gender in stereotypical and alternative ways is a marketing tactic. Acknowledging and addressing gender and its representation in unhealthy food and beverage advertisements, could enhance policies and programs that aim to address adolescent obesity.
Popul. Med. 2026;8(Supplement 1):A3602

ABS2646
Advancing multisectoral public health Leadership and governance in Zimbabwe: The role of the public health advisor to the president and cabinet in the highest office of the land
Agnes Mahomva[1], Sivakumaran Murugasampillay[2], Rudo Karadzandima[1], Kudzai Masunda[3], More Mungati[3]
[1]Office of the President and Cabinet (OPC), Government of Zimbabwe, Harare, Zimbabwe, [2]East, Central and Southern Africa college of public health physicians (ECSA-COPHP), Harare, Zimbabwe, [3]Zimbabwe College of Public Health Physicians (ZCPHP), Harare, Zimbabwe
BACKGROUND
Zimbabwe's health system has evolved through successive reform. From a colonial apparatus designed to serve a minority, to a post-independence system oriented toward equity, the evolution of Zimbabwe's health system reflects the country's broader governance trajectory and its commitment to high-level coordination that supports multisectoral approaches.
OBJECTIVE
To highlight how the newly created position of the Public Health Advisor to the President and Cabinet plays a critical role in institutionalizing best practices and in leading and providing high level coordination of Government Ministries, Departments and Agencies (MDAs) on science driven public health policies and strategies that cut across sectors.
METHODS
Narrative of how lessons learnt from the multisectoral Zimbabwe COVID-19 pandemic response resulted in the institutionalization of best practices including the high level intersectoral coordination and development of key public health policies and strategies led from the Office of the President and Cabinet.
RESULTS
The Office of the Public Health Advisor in the Office of the President and Cabinet has led and provided high level coordination of Government MDAs and other stakeholders in the development of the Zimbabwe Multisectoral National Drug and Substance Abuse (DSA) Strategic Plan (2024-2030) covering DSA as a new health and security threat. It has also helped draft a Bill for establishment of a DSA Control Agency and led in formulating a National One Health Strategic Plan (2026-2030). The strategies were launched by His Excellency, President ED Mnangagwa demonstrating the highest-level commitment to science driven multisectoral public health strategies and approaches.
CONCLUSIONS
Prioritizing public health leadership and governance from the highest office is essential for the coordination of national public health priority areas that cut across sectors. This approach ensures that Zimbabwe's pursuit of Universal Health Coverage and the nation's vision of an upper middle-income society by 2030 is realized.
Popul. Med. 2026;8(Supplement 1):A3603

ABS2759
Are children at the center of policies and what data supports their needs in multi-sectoral programming: exploratory analysis of the Western Cape, South Africa
Mary Kinney[1], Tanya Doherty[2], Mark Tomlinson[3], Solange Mianda[1], Asha George[1]
[1]School of Public Health, University of the Western Cape, Bellville, South Africa, [2]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [3]Institute for Life Course Health Research, Department of Global Health, Stellenbosch University, Stellenbosch, South Africa
INTRODUCTION
Global initiatives for child health and wellbeing have promoted accountability tools, such as dashboards, as a way to improve data-driven policy decision making across sectors.1-3 However, little is known about how child wellbeing data are used across sectors at subnational level. This study set out to explore how child health and wellbeing indictors and linked data are used to drive change through multisectoral policy processes in the Western Cape, South Africa.
METHODS
This exploratory qualitative study used multiple data sources collected between October 2023 and May 2024, including 15 key informant interviews, a desk review of over 30 government policy and planning documents, and non-participant observation of four multisectoral meetings. Data were analysed using a hybrid inductive–deductive approach, guided by the health policy triangle framework.
RESULTS
The Western Cape Government (WCG) includes child wellbeing indicators within policy frameworks, supported by strong sectoral data ecosystems, particularly in

health and education. However, routine indicators for early childhood development remain limited. Dashboards are widely used within individual sectors to inform decision-making, but are not routinely used across sectors. Views on the value of a multisectoral child wellbeing dashboard were mixed. While formal multisectoral structures exist and use data at strategic levels (e.g., thematic management committees convened by the Premier's Office) and operational levels (e.g., Child Death Reviews), there are no formal mechanisms to share data on individual children across sectors, limiting holistic responses to children's needs.
CONCLUSIONS
Despite a strong data environment and established multisectoral structures, child wellbeing monitoring and data use in the Western Cape remain fragmented. Improved alignment between policy priorities, routine data systems, and reporting structures, alongside a coherent, consistently tracked multisectoral indicator set, could strengthen accountability and support more effective, evidence-informed decision-making for children.
Popul. Med. 2026;8(Supplement 1):A3606

ABS2760

Evaluating the Costs of an Integrated PrEP and SRH Model Delivered in South African Community Pharmacies and Online: Evidence from an Implementation Study Project

Refiloe Motaung[1], Cheryl Hendrickson[1], Mazibuko Jessica[1], Lineo Matsela[1], Angela Tembo[2], Tsisti Nyamuzihwa[2], Lettie Makola[2], Francois Venter[2], Sydney Rosen[1,3], Lawrence Long[1,3], Jacqui Miot[1]
[1]Health Economics and Epidemiology Research Office, Faculty of Health Sciences, University of Witwatersrand, Johannesburg, South Africa, [2]Ezintsha, Faculty of Health Sciences,, University of the Witwatersrand, Johannesburg, South Africa, [3]Department of Global Health, School of Public Health, Boston University, Boston, United States
BACKGROUND
Despite oral PrEP being freely available at primary care clinics for several years, South Africa still faces new HIV acquisitions annually. Community pharmacies and online platforms are novel delivery models able to expand access and reach; however, implementation costs in South Africa are unknown. We estimate the costs of delivering oral PrEP alongside sexual and reproductive health (PrEP+) services in local pharmacies and online.
METHODS
We conducted a cost analysis of a South African implementation project which offered oral PrEP+ services in 10 community pharmacies and via online between June 2023-May 2025. Using a provider perspective ingredients-based approach, we estimated the average cost per PrEP initiation and follow-up visit. Site-level costs were allocated to visits based on the average number of visits per month per site. 2023-2024 project expense records and invoices were categorized into non-variable and variable resource inputs. Costs are reported in US dollars ($) (18.00 South African Rand/$).
RESULTS
Project sites had 1,933 and 3,277 oral PrEP initiation and follow-up visits, respectively. Average cost/ initiation visit in pharmacies was $174.89 with costs varying by site. Online service had a higher average cost/initiation visit of $285.42. Initiation visit non-variable costs were driven by demand creation (37%) and staff costs (34%) in pharmacies, demand creation costs were the cost driver for online. Variable costs were driven by initiation labs in both models. Average cost/follow-up visit in pharmacies was $147.99, driven by staff costs (75%) due to low monthly visit volumes. Average follow-up visit cost in the online model was $111.71 driven by lab costs needed for remote seroconversion monitoring.
CONCLUSIONS
The costs of delivering oral PrEP through community pharmacies and online in this implementation study are variable and sensitive to client volume. Substantial cost reductions are anticipated in a real-world implementation where models are integrated into existing systems.
Popul. Med. 2026;8(Supplement 1):A3607

ABS2802

Cross-Border Health Challenges in a Triple-Vulnerability Context: Primary Health Care in a Brazilian–Bolivian Twin City

Jonathan Ferreira Amorim[1], Samira Hellen Greco Mendes Silva[1], Leiliane Muniz Fonseca[1], Geice Pereira da Silva[1], Michelle Ferreira Azevedo Martins[1]
[1]Coordenação da Atenção Básica, Secretaria Municipal de Saúde, Cáceres/MT, Brazil
BACKGROUND
Border regions present complex public health challenges due to high population mobility, overlapping health systems, and structural inequalities. The twin city of Cáceres (Brazil) and San Matías (Bolivia) exemplifies such contexts, with continuous cross-border movement impacting service access and health system performance. This study investigates how mobility and data limitations affect primary health care (PHC) delivery, epidemiological surveillance, and equity in cross-border settings.
METHODS
This descriptive case study used document analysis of municipal health planning records, Brazilian PHC administrative data (e-SUS), and immunization reports. We reviewed health information system performance, foreign-national access patterns, and service utilization at PHC units and strategic border outreach points. Key indicators included registration completeness, vaccination coverage, and follow-up for chronic conditions. Qualitative insights from local health managers supplemented secondary data.
RESULTS
Significant gaps were identified in capturing cross-border health service use: a large proportion of foreign nationals (≥40% at outreach points) were not consistently recorded in national health databases, hindering accurate planning and financing. Incomplete data compromised continuity of care for chronic diseases and tuberculosis treatment follow-up. Discrepancies between Brazilian and Bolivian vaccination schedules further complicated immunization coverage estimates. Limited internet connectivity in remote rural and riverside areas contributed to underreporting and delays in data entry. These challenges led to underfunding of PHC services and inequitable access for mobile populations.
CONCLUSIONS
Cross-border mobility generates "invisible demand" within national health systems, undermining PHC performance, financing, and equity. Strengthening interoperable health information systems, enhancing cross-national cooperation, and adopting border-sensitive public health policies are critical to ensure continuity of care and effective surveillance. Targeted interventions in border regions can advance health equity and resilience in line with global public health priorities.
Popul. Med. 2026;8(Supplement 1):A3609

ABS2824

Policy coherence and health system reform: The case of health benefit package design for national health insurance in South Africa

Jeanne-Marie Tucker[1], Susan Cleary, Prof[1], Helen Schneider, Prof[2]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]School of Public Health, University of the Western Cape, Cape Town, South Africa
INTRODUCTION
Health reforms require coordination across all facets of the health system as defined by the World Health Organization building blocks, e.g. health financing, service delivery, etc. These reforms are, in turn, supported by and/or inform governance-related interventions such as health legislation and policy, and mechanisms for their enforcement and accountability. What is less commonly discussed is the underlying assumption that the content of these documents is aligned and coherent and thereby supports an integrative approach to system reform. This research investigates the degree of policy coherence in existing legislation, regulation and national service delivery-related policy in South Africa as it relates to the implementation of the first national primary health care benefits package (HBP). This includes documents developed to guide the public and private sector, which have historically operated in parallel, and which the Government seeks to align under National Health Insurance (NHI) reform towards universal health coverage.
METHODS
The research will be based on thematic analysis of approximately 30 South African health-related acts, regulations and national policy documents that refer to a HBPs in either the public or private sector, and have been published since the beginning of democracy, i.e. 1994. The documents will be selected based on defined inclusion and exclusion criteria and interpreted within the context of a wider set of reference policy documents as well as the current social, political, and economic context.
RESULTS
The results will be used to discuss the nature and role of health policy design for system reform to support implementation of the first national HBP in South Africa; the implications for implementation of NHI as the overarching policy reform in South Africa; and broader lessons learned.
CONCLUSIONS
The results will be used to provide guidance on areas of research that could serve to expand and/or strengthen the existing evidence base.
Popul. Med. 2026;8(Supplement 1):A3611

ABS2840

A Qualitative Exploration of Evidence Use in Disability-Inclusive Policy and Programme Decision-Making by South African and Kenyan Government Stakeholders

Ruth Useh[1], Zara Trafford[1], Xanthe Hunt[1,2,3]
[1]Global Health, Institute for Life Course Health Research, Stellenbosch University, Cape Town, South Africa, [2]Africa Health Research Institute, (AHRI), Somkhele, KwaZulu-Natal, South Africa, [3]Mental health, Alcohol, Substance Use, and Tobacco Research Unit (MAST-RU), South African Medical Research Council (SAMRC), Cape Town, South Africa

BACKGROUND
Despite global commitments to disability inclusion, how these commitments are governed, negotiated, and operationalised within public health systems in low- and middle-income countries (LMICs) remains poorly understood. Inequities experienced by people with disabilities are recognised as human rights concerns under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), yet persistent gaps remain between formal policy commitments and implementation in LMICs. This study examined how governmental policy-makers and programme managers in South Africa and Kenya make decisions about disability-targeted policies and programmes, and the factors shaping these decisions.
METHODS
Using a systems-thinking approach, decision-making was conceptualised as a dynamic, non-linear process shaped by institutions, resources, contexts, and actors. Purposive and snowball sampling were used to recruit participants, and semi-structured interviews were conducted with 14 government officials working at national and subnational levels.
RESULTS
Thematic analysis identified eight overarching themes, including understandings of disability; perceptions and sources of evidence; barriers and facilitators to evidence use; decision-making pathways and actors; and strategies to strengthen evidence-informed action. Decision-making was adaptive and politically situated, shaped by institutional mandates, competing policy agendas, and multiple forms of evidence. Participation of organisations of persons with disabilities (OPDs) was uneven and constrained by structural and resource limitations, influencing advocacy success and whose knowledge was legitimised in policy negotiations. Global measurement tools were sometimes misaligned with local realities, highlighting tensions between international policy norms and domestic governance contexts.
CONCLUSIONS
Strengthening disability-related decision-making in LMICs requires institutionalising empowered disability focal points with cross-sectoral authority, enhancing the analytical, relational, and policy-diplomatic capacities of government actors, and supporting OPDs to generate and strategically mobilise community-level data. Context-sensitive, participatory, systems-informed approaches are essential to balancing power, strengthening local capacity, and aligning global disability agendas with political and economic realities to advance equitable public health outcomes for people with disabilities.
Popul. Med. 2026;8(Supplement 1):A3612

ABS3022

Equity in Access to High-Cost Medicines for Rare Diseases in Brazil: The Dornase Alfa Case

Gabriela B. G. Mosegui[1], Fernando Antoñanzas[2], Cid M. M. Vianna[3], Alfonso J. Gil[2], Deison A. Lucietto[1], Marcus P. S. Rodrigues[1]
[1]Fluminense Federal University, Niterói, Brazil, [2]University of La Rioja, Logroño, Spain, [3]Rio de Janeiro State Ununiversity, Rio de Janeiro, Brazil

ABSTRACT
Equitable access to high-cost medicines remains a persistent challenge for universal health systems. Cystic fibrosis (CF) exemplifies the social and financial burden of rare diseases, where timely treatment can prevent avoidable morbidity and improve quality of life. This study assessed regional and socioeconomic inequalities in access to dornase alfa within Brazil's Unified Health System (SUS), using the medicine as a tracer to evaluate distributive equity in rare disease care. We conducted a cross-sectional study using secondary data from the SUS Outpatient Information System (SIA/SUS). Outpatient authorizations (APACs) for dornase alfa were aggregated by Brazilian macro-region for 2021. Three indicators were estimated: average per capita expenditure; average per capita consumption; and (3) the proportion of treated patients relative to the estimated CF population adjusted to SUS coverage. Eligible population estimates were derived from the Brazilian Cystic Fibrosis Registry and adjusted to the proportion of patients covered by SUS. Descriptive analyses compared indicators across macro-regions. Dornase alfa was selected as a tracer drug because centralized procurement and standardized clinical guidelines should, in principle, reduce variation and therefore reveal distribution failures. Only 41% of CF patients dependent on SUS received dornase alfa. Coverage differed markedly by region, reaching 50.9% in the Center-West but only 34.3% in the Northeast. Average per capita expenditure ranged from US$123.50 in the North to US$140.70 in the Northeast. Annual consumption varied between 97.2 and 136.1 vials per treated patient, suggesting differences in treatment intensity and continuity. Despite uniform national procurement, access and consumption were lower in socioeconomically disadvantaged regions, indicating a mismatch between financial allocation and effective treatment delivery. These gaps highlight structural limitations of SUS in translating centralized purchasing into equitable, real-world access to essential high-cost therapies for rare diseases. Equity-focused monitoring can guide corrective allocation actions.
Popul. Med. 2026;8(Supplement 1):A3616

ABS3183

Cost efficiency through decentralised chronic medicine delivery: Economic implications of the central chronic medicines dispensing and distribution programme in South Africa

Nishana Ramdas[1]
[1]National Department of Health, Pretoria, South Africa

INTRODUCTION
Health systems globally are seeking cost-efficient models to manage the growing burden of chronic disease. Traditional facility-based dispensing is resource-intensive, contributing to congestion, staff burnout, and patient dissatisfaction. The Central Chronic Medicines Dispensing and Distribution (CCMDD) programme was designed to improve allocative efficiency by shifting stable patients away from routine facility visits, thereby reducing the direct and indirect costs of care delivery.
METHODS
We reviewed national programme performance data (Quarter 3 2025/26) alongside operational reports to examine the economic impact of dispensing models and medicine supply intervals. The analysis focused on system-level efficiencies, specifically using "visits avoided" and "dispensing events reduced" as proxies for operational cost savings and workforce capacity relief.
RESULTS
The programme supports over 3.7 million patients nationally. A critical driver of efficiency is the shift to multi-month dispensing, with 79% of patients now receiving three-month supplies. Combined with the 61% of patients collecting from external pick-up points, this model significantly reduces the frequency of facility attendance. This reduction in patient volume translates to lowered administrative and dispensing workloads at clinics, allowing healthcare workers to reallocate time to complex clinical care. While direct monetary savings vary by province, the reduction in dispensing events represents a substantial decrease in the unit cost of service delivery per stable patient.
CONCLUSIONS
The programme illustrates how decentralized medicine delivery can generate meaningful cost efficiencies at scale without compromising quality. By reducing the frequency of facility visits, the model decreases the operational burden on the public health system, fostering a more sustainable use of finite human and financial resources. These findings support the inclusion of decentralized access models as a central pillar of long-term health financing and universal health coverage strategies.
Popul. Med. 2026;8(Supplement 1):A3619

ABS3222

Economic evaluation of physician assistants in primary, urgent, and emergency care: A rapid review

Charli Abitbol[1]
[1]Master of Public Health Program, Schulich School of Medicine & Dentistry, University of Western Ontario, London, Canada

INTRODUCTION
the global utilization of physician assistants in primary care is growing in response to rising demand and general practitioner shortages. Physician assistants may deliver comparable primary care relative to general practitioners, and potentially at lower costs. The aim of this rapid review is to summarize studies that have conducted a cost-consequence analysis comparing physician assistants to general practitioner-delivered primary care, urgent care, and emergency care.
METHODS
eligible studies evaluate the costs of physician assistants in primary care compared to general practitioners, and report at least one consequence outcome

(emergency department use, hospitalisations/admissions, visit frequency, and/or continuity of care). Included studies are published in peer-reviewed journals within the past 10 years, use a comparative quantitative evaluation design, and are written in english. Searches are being conducted in PubMed and EconLit, supplemented by backward and forward citation screening. Records are being managed in Covidence for tracking decisions.
RESULTS
the search strategy has produced 309 studies before screening, following the removal of duplicates. Study characteristics, comparators, cost details, and consequences will be synthesized narratively by outcome domain. Screening and extraction are currently underway, with full results available in september 2026.
CONCLUSIONS
this rapid review will provide timely economic evidence on whether physician assistants can deliver comparable primary care outcomes relative to general practitioners, while potentially reducing costs and avoidable health service use. Findings will inform policy decisions on primary care workforce planning and resource allocation across international health systems.
Popul. Med. 2026;8(Supplement 1):A3620

ABS3302
South African adolescents' perspectives regarding barriers and facilitators to implementing healthy food environment policies
Michelle Brear[1], Bontle Mamabolo[1], Natasha Mazonde[1], Susan Goldstein[1]
[1]SAMRC/Wits Centre for Health Economics and Decision Science – PRICELESS SA, University of the Witwatersrand, School of Public Health, Parktown, Johannesburg, South Africa
BACKGROUND
Adolescent obesity is highly prevalent in South Africa and driven by unhealthy food environments. Policy interventions, such as advertising restrictions and unhealthy food taxes are effective mechanisms for making food environments healthier. Our aim was to explore South African adolescents' perspectives regarding implementation of healthy food policies.
METHODS
We conducted two, three-day participatory workshops with one rural and one urban group of 15–16-year-olds. Participatory activities (discussions, presentations, debates and role plays), were implemented to explore perceptions of four potential healthy food policies: advertising restrictions, excise taxes, front of package warning labels and changing school food environment regulations. Data were collected using participant observation and audio recording of activities. The combined data were analysed abductively, informed deductively by the Consolidated Framework for Implementation Research, to identify perceived barriers and facilitators to policy implementation in the South African context.
RESULTS
Adolescents spoke mainly about barriers to implementing the four healthy food policies. Four categories of barriers, which spanned public and political will, were identified: neoliberal ideology (belief in individual freedom and responsibility), poor governance and enforcement mechanisms, other priority issues (including poverty, underage alcohol and tobacco consumption, and basic infrastructure gaps) and limited awareness of the food environment's influence. The fatalistic notion that if implemented policies would not be enforceable due to widespread corruption, was prominent. Despite this cynicism, four potential facilitators of healthy food policy implementation were identified: awareness of the food environment's influence, precedents from alcohol and tobacco control, public desire for social changes, and support for social protectionist approaches (belief in state responsibility).
CONCLUSIONS
Teenagers perceived significant barriers to implementing healthy food policies in the South African context, including lack of political and public will. This implies that community engagement activities and enlisting political and public champions, prior to policy implementation, would be valuable.
Popul. Med. 2026;8(Supplement 1):A3623

ABS3361
Strengthening governance for universal health coverage in South Africa
Micheal Boachie[1], Ruth Ngepah[1], Sharon Fonn[1], Susan Goldstein[1]
[1]SAMRC/WITS Centre for Health Economics and Decision Science - PRICELESS, School of Public Health, University of Wtiwatersrand, Johannesburg, South Africa
BACKGROUND
Universal Health Coverage (UHC) is a central global health goal, yet progress remains uneven across and within countries. Weak governance—manifesting as fragmented decision-making, limited accountability, regulatory capture, and insufficient community participation—continues to undermine equitable, efficient, and sustainable health systems. As countries pursue health financing and service delivery reforms, governance has emerged as a critical determinant of whether UHC commitments translate into meaningful access to quality care.
OBJECTIVE
This panel explores how governance arrangements shape UHC design, implementation, and outcomes, with a focus on institutional accountability, and stewardship of public and private actors. Methods/Approach: Drawing on comparative country experiences, low and middle settings, panelists will examine governance mechanisms across key UHC functions, including priority-setting, benefit package design, purchasing, regulation of providers and industry, and public participation. The discussion integrates legal, political economy, and health systems perspectives. Key Themes: The three panellists will discuss their research covering priority setting, accountability and benefit package design.
CONCLUSIONS
Effective governance is not a technical add-on but a foundational requirement for achieving equitable and sustainable UHC. By highlighting practical governance tools and lessons from diverse contexts, this panel aims to inform policymakers, practitioners, and researchers on strengthening stewardship and accountability to advance UHC.
Popul. Med. 2026;8(Supplement 1):A3624

ABS3564
Migration Policies and Sexual and Reproductive Health Access Among Young Migrants
Nompumelelo Nderere[1]
[1]African Center for Migration & Society, Wits University, Johannesburg, South Africa
BACKGROUND
Migration policies play a critical role in shaping access to health care for migrants, particularly in urban informal settlements. In South Africa, young migrants living in Diepsloot, Johannesburg, often face legal, structural, and social barriers to accessing sexual and reproductive health (SRH) services, despite constitutional commitments to health equity.
OBJECTIVE
This study aimes to explore how migration policies influence health care access and lived experiences of young migrants in Diepsloot, with a specific focus on sexual and reproductive health rights.
METHODS
A qualitative research design will be employed, involving in-depth interviews with young migrants aged 18–29 residing in Diepsloot, as well as key informant interviews with health care providers and community stakeholders. Data will be thematically analyzed to examine policy awareness, documentation status, health system interactions, and experiences of inclusion or exclusion in SRH service delivery. Expected Outcomes The expected outcomes of this research on the role of migration policies in shaping healthcare access and experiences of young migrants in Diepsloot Johannesburg, with a focus on Sexual and Reproductive Health Rights, include a comprehensive understanding of how existing policies influence young migrants' ability to access essential health services, identification of key barriers and facilitators within the healthcare system, and insights into the specific reproductive health challenges faced by this population. The study aims to inform policy recommendations to improve health service delivery and ensure the protection of sexual and reproductive rights for young migrants, ultimately contributing to more inclusive, equitable healthcare policies and practices. Additionally, it may reveal gaps in current policies and service provision, fostering awareness among stakeholders and guiding targeted interventions to enhance health outcomes for migrant youth. Easing vulnerability to poor health outcomes.
Popul. Med. 2026;8(Supplement 1):A3627

ABS3596
World Café: "Bridging the Divide: Strengthening collaboration between the community and law enforcement for safer and healthier communities"
Jodilee Erasmus[1], Nadine Harker[1,2,3], Simon Howell[4], Lucy Khofi[5,6], Gunasekaran Rengaswamy[7]
[1]Mental health, Alcohol, Substance use, and Tobacco Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]School of Public Health, University of Cape Town, Cape Town, South Africa, [3]Deparment of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa, [4]Centre of Criminology, University of Cape Town, Cape Town, South Africa, [5]The University of the Witwatersrand, Johannesburg, South Africa, [6]University of Amsterdam, Amsterdam, Netherlands, [7]United Nations Office on Drugs and Crime,

Johannesburg, South Africa

BACKGROUND

Effective public health responses to substance use depend on coordinated partnership and action between community groups and law enforcement institutions. However, limited synergy between these sectors invariably undermines effective interventions. Without these, the status quo of punitive approaches may deter help-seeking, reinforce stigma, and fail to address underlying social determinants of health. Barriers to collaboration include misaligned institutional priorities, limited information sharing, persistent community mistrust, and insufficient training hinder multisectoral action. Enhancing collaboration across these systems is therefore critical to improving population level outcomes and promoting evidence-based responses5.

METHODS

This workshop employs a participatory World Café methodology to facilitate structured dialogue among public health practitioners, law enforcement officials, policy-makers, and community representatives. The 60-minute session integrates panel presentations, interactive group discussions, and plenary feedback used to examine the intersections of public health, law enforcement and community safety, diagnose structural and relational barriers to cooperation, and codesign practical strategies that can be integrated into institutional practice. The approach emphasizes inclusivity, shared learning, and collective problem-solving.

RESULTS

The workshop is expected to produce actionable insights relevant to systems level improvement by identifying structural and relational barriers that impede public health-oriented policing, community collaboration and harm reduction; and the co-creation of a set of principles for feasible partnership models. This method aims to strengthen intersectoral networks, increase mutual trust, and develop feasible partnership models to support multi-sectoral responses to substance use.

CONCLUSIONS

Participatory, dialogue-based approaches such as the World Café offer an effective mechanism for fostering multisectoral action by promoting mutual understanding, collective ownership, and sustained partnerships. This workshop aims to support more integrated and equitable responses to substance use. Strengthening multisectoral cooperation is essential for addressing social determinants of health and achieving improved public health outcomes.

Popul. Med. 2026;8(Supplement 1):A3628

ABS3739

Does "local health" make "healthy locals"? Lessons from developing municipal health strategies in Portugal

Osvaldo Santos[1], Miodraga Stefanovska-Petkovska[1], Mónica Fialho[1], Patrícia Silvestre[1], Ana Virgolino[1]

[1]Institute of Environmental Health, Lisbon School of Medicine, Lisbon, Portugal

BACKGROUND

Decentralization is one of the most significant public sector reforms of the past 50 years. In 1979, the Portuguese National Health Service was designed as a universal and centralized system providing free healthcare. Recently, municipalities have become actively involved in shaping local health policies through the development of health strategies, followed by action plans with defined axes of intervention, priority areas, goals, and indicators. This communication aims to share lessons learned from the development of five local health strategies in Portugal.

METHODS

The five local health strategies were developed through close collaboration between municipalities and an academic partner. A multisectoral and multiprofessional participatory co-design approach was adopted. The final strategy documents were co-authored by representatives of different local actors with expertise and responsibilities in healthcare and/or health determinants, fostering shared ownership and endorsement for future implementation. Data collection focused on identifying priority intervention areas and included, in each municipality, World Café sessions (involving politicians, local stakeholders, and citizens), focus-groups with citizens, individual interviews with health professionals, and population surveys. These activities informed the definition of mission, vision & values, local resources & barriers, priority areas of intervention, leadership structure, and communication of the strategy.

RESULTS

Five municipal health strategies were developed and formally approved as local health policy documents, targeting the promotion of health for approximately one million citizens overall. Action plans have been completed in two municipalities. In two cases, the academic partner assumed an ongoing role as a health promotion observatory.

CONCLUSIONS

Collaboration between academia and local health governance in the development of municipal health strategies represents a promising pathway for systematic monitoring and evaluation of local health promotion initiatives. Healthcare decentralization in Portugal created opportunities to improve population health, wellbeing, and health equity. These findings offer transferable insights for other countries pursuing decentralized health governance models.

Popul. Med. 2026;8(Supplement 1):A3629

ABS3742

Public Health Governance and Ambulatory Care: Evaluation of Operational Efficiency with Effectiveness and Sustainability Practices at AMAS Umane

Isabella Almeida da Costa[1], Cristien Latanzi[1], Evana Figueiredo Monteiro[1]

[1]AMAS UMANE, Instituto de Responsabilidade Social Sírio Libanês, São Paulo, Brasil

INTRODUCTION

AMAS Umane is a secondary healthcare ambulatory clinic that provides healthcare services for children and adolescents. It adopts a public health management model based on scientific evidence, principles of equity, and governance. Its operations are aligned with the guidelines of the Brazilian Unified Health System (SUS) and the Sustainable Development Goals (SDGs), promoting comprehensive access for the user.

METHODS

In order to improve the operational management of the unit, a monthly schedule of meetings to monitor the routines was established. The meetings included the participation of the regulatory and medical and administrative coordination teams, analyzing data extracted from the hospital management system (MV). The methodology was based on the analysis of performance indicators, focusing on the availability of appointments, agenda occupancy rates, and absenteeism rates. During the sessions, data is discussed to identify bottlenecks in the flows, enabling the development of immediate action plans, optimization of resources, and reduction of user waiting time.

RESULTS

The comparison between the periods of June 2022–2023 and June 2024–2025 demonstrated significant improvement in performance and care efficiency, as the number of consultations increased by 22% (from 7,531 to 9,222). Data analysis also showed a 70% increase in access to the service for patients awaiting specialized consultation. Through the integration of technology, ethics, and sensitivity to user needs, the results show that the meetings led to a more strategic use of available resources.

CONCLUSIONS

AMAS Umane reaffirms its commitment to providing excellent ambulatory care, based on effectiveness and sustainability. The adoption of governance practices and continuous monitoring consolidates an efficient operational evaluation model, contributing to the strengthening of public policies and the improvement of population health indicators. These advancements support lasting improvements in daily organizational efficiency, expanding the application of a model centered on humanized care and comprehensive care delivery.

Popul. Med. 2026;8(Supplement 1):A3631

ABS3814

Trends in tuberculosis incidence and treatment outcomes among children during the COVID-19 pandemic in the state of São Paulo

Nathalia Zini[1], Reginaldo Bazon Vaz Tavares[1], Yan Mathias Alves[1], Maria Laura Gaeta[1], Daniele Pinheiro[1], Maria Eduarda Pelodan[1], Ariela Fehr Tártaro[1], Natacha Martins Ribeiro[1], André Luiz Teixeira Vinci[1], Fabiana Costa Machado Zacarias[1], Silvia Helena Valente[1], Jerusa Gonçalves Duarte Martins[1], Luciana Aparecida Fabriz[2], Ione Carvalho Pinto[1], Tatiana Ferraz de Araújo Alecrim[1], Jaqueline Garcia de Almeida Ballestero[1], Aline Aparecida Monroe[1], Ricardo Alexandre Arcêncio[1,3]

[1]Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo (EERP-USP), Ribeirão Preto - SP, Brazil, [2]Universidade Estadual do Oeste do Paraná, Paraná-PR, Brazil, [3]Rede Brasileira de Pesquisa em Tuberculose (REDE-TB), Rio de Janeiro - RJ, Brazil

BACKGROUND

Although tuberculosis (TB) is a preventable and curable disease, it continues to affect the lives and development of thousands of children in Brazil and around the world. To analyze trends and the impact of COVID-19 on tuberculosis (TB) incidence rates and treatment outcomes among children in the state of São Paulo.

METHODS

Ecological study conducted in the state of São Paulo including all TB cases in children (0–14 years), reported in the "TBWeb" system from 2015 to 2023. Monthly incidence, mortality, and treatment outcome rates were calculated. Structural break detection techniques (95% confidence intervals) were applied

for each indicator to identify structural changes in the time series during the pandemic period and were divided into two segments. For each segment, the Average Monthly Percentage Change (AMPC) was calculated. Analyses were performed using the R® programming language (version 4.0.3).
RESULTS
A total of 4,752 TB cases in children and young adolescents were reported in the state of São Paulo. Structural breaks were identified in the incidence and cure indicators. Regarding incidence, the break was identified during the pandemic period (01/2015–03/2020), followed by an increasing trend in TB cases in the post-pandemic period, as demonstrated by the AMPC, which increased from 0.19 to 0.85 after 04/2020. The abrupt structural break in cure occurred in the post-pandemic period, with a decrease in AMPC from −0.07 (01/2015–08/2022) to −4.29 (08/2022–12/2023). The indicators of deaths and mortality showed fluctuations over the period, but without a significant trend.
CONCLUSIONS
The results demonstrate that these changes in historical series may have long-term effects. It is necessary for municipal health management teams in the state of São Paulo to develop strategies that promote adherence and continuity of care and prevent treatment interruption, which may compromise TB elimination targets.
Popul. Med. 2026;8(Supplement 1):A3632

ABS3907
From silence to accountability: International humanitarian law and public health responses to war crimes
Duha Shellah[1]
[1]Public Health in Emergencies and Disasters Working Group - WFPHA, Nablus - P400, Palestinian Territory, Occupied
INTRODUCTION
Health systems and health workers are increasingly targeted in contemporary armed conflicts, undermining the right to health and weakening public health emergency response capacities. While international humanitarian law (IHL) provides protections for medical personnel, facilities, and civilians, enforcement remains inconsistent, and public health actors often lack frameworks for integrating legal accountability into health practice.
METHODS
This oral presentation draws on recent multidisciplinary public health and humanitarian experiences from conflict-affected settings including Gaza, Sudan, and Yemen. It synthesizes legal principles relevant to attacks on healthcare with practical public health response tools—documentation, surveillance, advocacy, and risk communication. A framework is proposed for operationalizing IHL within public health systems and professional associations.
RESULTS
The proposed model highlights concrete entry points for public health institutions: strengthening ethical documentation standards for violations against healthcare, integrating IHL awareness into emergency workforce training, (3) establishing partnerships with legal and human rights actors for secure reporting and accountability pathways, and supporting survivor-centered public health responses, including mental health and rehabilitation services. Key barriers include political constraints, data insecurity, and fragmented governance.
CONCLUSIONS
Public health professionals are not neutral bystanders to violations against health. IHL-informed public health action can strengthen accountability, protect health infrastructure, and prevent long-term population harm. Silence is complicity; systematic public health engagement is essential.
Popul. Med. 2026;8(Supplement 1):A3635

ABS3925
Institutionalizing performance management at the County level for Primary Healthcare (PHC) Strengthening
Harrison Ochieng[1]
[1]Health Policy and Knowledge Management, Hecta consulting, Nairobi, Kenya
BACKGROUND
Evidence shows performance management is an integral ingredient for health systems improvement. In primary healthcare (PHC), performance management enables decision makers to have visibility on PHC areas that are poorly performing and direct the needed actions and investments for improvement. The PHC PM project is institutionalizing these performance management processes at the county level in Kenya. Implementation Working with counties, we co-created a list of indicators that have been used to assess PHC performance at baseline and a shorter list that measures performance monthly. We co-formulated county core teams that consist of county health management team members who meet monthly to conduct root cause analysis on the identified PHC gaps and develop action plans that are implemented within the month. Co-created a PHC dashboard to help with decision making. Co-implemented peer learning workshops to enhance sharing of best practices between counties and PHC partners. Co-located offices within the county to enhance collaboration and garner political goodwill. Outcomes County core teams have implemented more than 75% of their action plans across five PHC performance domains leading to PHC improvements. The PHC dashboard is now being used to inform improvement actions. Project integration into the county health system has enhanced political goodwill and support for PHC investments and improvements.
CONCLUSIONS AND RECOMMENDATIONS
Performance management at the county level has been integral to PHC improvements. Co-developing and co-implementing interventions with the county enhanced local ownership, political support and institutionalization. Other counties can adapt performance management as a tool towards PHC transformation.
Popul. Med. 2026;8(Supplement 1):A3637

ABS3948
Causal Mediation Analysis of Maternal Smoking During Pregnancy and Adult Offspring's Wages: The Northern Finland 1966 Birth Cohort Study
Milja Kivela[1], Ina Rissanen[1,2,3], Iiro Nerg[1,4], Marko Korhonen[4]
[1]Research Unit of Population Health, University of Oulu, Oulu, Finland, [2]Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht and Utrecht University, Utrecht, Netherlands, [3]Department of General Practice, Amsterdam UMC and University of Amsterdam, Amsterdam, Netherlands, [4]Department of Economics, University of Oulu, Oulu, Finland
OBJECTIVES
To examine how maternal smoking during pregnancy influences adult offspring wages and to identify the direct and indirect pathways underlying this relationship using causal mediation analysis.
METHODS
Data were collected from the Northern Finland Birth Cohort 1966, a birth cohort of 11,566 live-born children (5632 women) and their mothers. Effects of maternal smoking during pregnancy on offspring's wages between ages 29 to 50 years were studied stratified by sex. Mediators examined were offspring's education, self-reported adult health, smoking habits and birth weight. Information on adult wages was derived from the Finnish Tax Administration registers. Maternal smoking information was derived from prospectively collected data during pregnancy.
RESULTS
Children of mothers who smoked during pregnancy earned less—about 8% lower for men and 14% for women—and were more likely to smoke themselves. Causal mediation analysis revealed education as the strongest mediator for both sexes (average causal mediation effect (ACME)=-0.04, p<0.001 for both). Own smoking also mediated the effect (ACME=-0.01, p<0.015 for both) and poor adult health mediated it for men (ACME=-0.02, p=0.005). Birthweight was not a mediator.
CONCLUSIONS
The findings give evidence for a moderate direct effect of maternal smoking during pregnancy on the development of future wages of the offspring. The effect seems to be mediated through offspring education and smoking status among both sexes, and through health among men.
Popul. Med. 2026;8(Supplement 1):A3639

ABS3988
Contracting campus food agreements between universities and food providers in South Africa
Bontle Mamabolo[1], Tamryn Frank[2], Makoma Bopape[3], Alice Khan[2], Rina Swart[4], Choney Sebothoma[3], Matjie Rapetsoa[3], Susan Goldstein[1], Michelle Brear[1]
[1]SAMRC/WITS Centre Health Economics and Decision Science (PRICELESS SA), School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, [2]School of Public Health, University of the Western Cape, Belville, Cape Town, South Africa, [3]Department of Human Nutrition and Dietetics, University of Limpopo, Limpopo, South Africa, [4]Department of Dietetics and Nutriton, University of the Western Cape, Cape Town, South Africa
INTRODUCTION
The university food environment is an important local setting with the potential to promote healthy eating and support the prevention of diet-related non-communicable diseases among emerging adults transitioning to independence from family supervision. While existing literature documents dietary and behavioural changes associated with exposure to university food environments, limited attention has been given to the institutional and governance and policy processes through which these environments are created, particularly in South

Africa. This study examines how South African universities' structure, govern, and regulate food provision through agreements with food providers.
METHODS
We conducted 17 semi-structured key informant interviews with food providers and university staff members involved in procurement across three South African universities: the University of the Witwatersrand, the University of the Western Cape, and the University of Limpopo. Data were analysed using an abductive thematic approach in which the deductive codes were informed by food environment and food governance mechanisms, shaping the university food environment.
RESULTS
University food procurement governance and contractual arrangements were centralised, formal, and collaborative in documented procedures and institutional practices. However, informal historical arrangements and legacy status influenced the retention and re-selection of providers on campus. Food providers were managed primarily as a commercial strategy to generate third-stream income. The process focused mainly on compliance requirements and institutional food security objectives. Particularly the provision of affordable food and beverage options to support student well-being. This dimension of the campus food environment was a key determinant of vendor selection. However, food security was framed as access to safe, hygienic, and affordable food, with limited consideration of nutritional quality and healthfulness.
CONCLUSIONS
South African Universities represent a missed opportunity to leverage food procurement and governance mechanisms to create healthier campus food environments by strengthening institutional regulations and guidelines to explicitly integrate nutrition and health considerations.
Popul. Med. 2026;8(Supplement 1):A3640
Research, Theories, and Methods in Public Health

ABS0050
Oral health of children in Islamic boarding schools of Pakistan: Review of a mixed method study
Shariq Ali Khan[1], Muhammad Aziz Rahman[1], Wendy M Cross[1], Mavourneen Casey[1], Sheikh M Alif[1]
[1]Institute of Public Health, Federation University Australia, Melbourne, Australia
BACKGROUND
Oral diseases affect half of world population yet oral health services are not distributed in equitable manner. Islamic boarding school (IBS) attendance represents a substantial proportion of children in Muslim countries including Pakistan, yet there has been little focus on their oral health (OH).
OBJECTIVES
This study aimed to explore OH among children attending Islamic boarding schools in Pakistan through OH literacy (OHL), OH hygiene habits (OHH), OH-seeking behaviour (OHSB), OH-related quality of life (OHRQoL) and associated factors.
METHODS
A cross-sectional survey was conducted at four IBS in Lahore (May-June 2024). The children aged 12-17 years who were able to read and write in the Urdu language were asked to respond to self-reported questionnaire about their OH. Focused-group discussions (FGDs) and semi-structured interviews with teachers and parents were conducted in the qualitative part.
RESULTS
A total of 534 adolescents participated, mean age was 15.37±1.63 and 49.6% were girls. 74% had never visited a dentist, 24% were unable to afford dentist fee, 56% had no plans of seeking dental treatment, 58% reported bleeding gums, 95% brushed regularly, and 59% were consuming sugary products. Mean scores were calculated as: OHS 13.44 ± 4.64, OHL 17.55±5.14 and OHRQoL 99.4 ±23.44. Both parents and teachers believed that dentists were expensive and often provided substandard treatment; that it was difficult to secure an appointment with a high-quality dentist; and that dental problems could be treated using homemade remedies.
CONCLUSIONS
These results suggests that majority of children had not visited a dentist and were unaware of the importance. Improving OHSB in IBS students is crucial to promoting good oral hygiene. Religiously and culturally appropriate health promotion strategies could be incorporated into the school curriculum to increase awareness.
Popul. Med. 2026;8(Supplement 1):A3644

ABS0325
Lean management in patient flows to maximize hospital outputs, reduce waiting times and overcrowding in emergency rooms
Daniel Alberto Pereira[1]
[1]PROADI SUS, Hospital Beneficência Portuguesa de São Paulo, São Paulo, Brazil
INTRODUCTION
Overcrowding in emergency rooms is due to intra-hospital problems, such as poor communication between teams, lack of routines, standardization of work and hospital discharges, generating long waiting times throughout the patient flow.
METHODS
The use of strategies such as the implementation of patient flow segmentation, regular communication routine between areas through Huddle, management and prioritization of discharges with Kanban and the Full Capacity Protocol with those responsible and multidisciplinary actions, have been good practices for obtaining better results for teams and patient safety in public hospitals in Brazil. Several public hospitals distributed in the most diverse regions have implemented these good practices and achieved a reduction in the average length of stay of hospitalized patients, a reduction in the time spent by patients in emergency rooms, and a reduction in the waiting time for beds in inpatient units.
RESULTS
Based on studies carried out in 60 public hospitals, there was a 40% reduction in the overcrowding rate in emergency rooms, a 35% reduction in the time spent by patients in emergency rooms and a 42% reduction in the average length of stay for hospitalized patients.
CONCLUSIONS
The techniques applied proved to be effective both in relation to the three main indicators, as well as other types of qualitative benefits, such as improved work between teams, greater patient safety and reduced complaints from companions and family members.
Popul. Med. 2026;8(Supplement 1):A3648

ABS0366
Analysis and implications of research hotspots in domestic and international maternal and child health management empowered by large language models
Xiaotian Ge[1]
[1]Shanghai Center for Women and Children's Health, Shanghai, China
OBJECTIVE
This study compares research progress in maternal and child health (MCH) management between China and other countries.
METHODS
Using CNKI and Web of Science literature, we applied CiteSpace and GPT-4o to analyze collaboration networks, keyword co-occurrence, thematic clustering, and research methods.
RESULTS
Both Chinese and international publications showed three-stage growth, with activity increasing after 2010 and peaking in 2020 before fluctuating. Chinese research emphasized literature review and SWOT analysis, focusing on hospital management and informatization. International studies preferred logistic regression, cross-sectional surveys, and qualitative interviews, concentrating on maternal-infant safety and mental health. Chinese researchers developed distinctive work on air pollution and MCH. Domestic priorities shifted from family planning to hospital management and policy-related MCH, while international research consistently addressed maternal-infant health and risk factors.
CONCLUSIONS
MCH research globally is evolving from survival-oriented to development-focused approaches, though research priorities differ. Future studies will likely integrate multiple disciplines beyond purely medical perspectives.
Popul. Med. 2026;8(Supplement 1):A3649

ABS0378
The Universal Wellbeing Model: A new paradigm enhancing outcome metrics
Susan Stevenson[1]
[1]Head Office, FREEDOM Wellbeing Institute & NZCDIation, Whitiora, Hamilton, New Zealand
INTRODUCTION
The Universal Wellbeing Model (UWM) emerged from a fifteen-year wellbeing research programme. Initially the research aimed to improve higher education programme completions through holistic Pastoral Care/Health/Wellbeing supports. Initially the effectiveness of two different indigenous models were investigated in separate projects with data being gathered and triangulated from higher education students, teacher/researchers, and pastoral care/wellbeing practitioners and clinicians. Both intended, and unintended outcomes from a summative Case Study Impact Evaluation assessing the overall value, and

impact of participant experiences in the above investigations however pivoted the research programme toward the following questions: what is wellbeing, how it is influenced, how wellbeing can be improved over time, and how wellbeing can be measured.
METHODS
The research programme has employed: themed literature and theoretical reviews, quantitative, qualitative, multi-phased mixed, practice-based, grounded theory, appreciative inquiry, and impact evaluation methods. Analytical methods have included: Cronbach Alpha for quantitative data, thematic analyses for qualitative data, and alignment, testability and logic analyses for theoretical data.
RESULTS
Emerging from the research programme was a new evidence-based, and authentically holistic Universal Wellbeing Model, definition of Universal Wellbeing and identification of seventy Determinants of Universal Wellbeing. Also emerging have been new complexities, challenges, and ethical dilemmas for those providing pastoral care, health, and wellbeing supports in diverse settings globally.
CONCLUSIONS
The conclusion the researchers reached is that evidence-based Universal Wellbeing includes four components, Sensory Impacts, Social, Physical, Intellectual Ethnic, Cultural, Emotional, and Spiritual Dimensions, seventy Determinants of Universal Wellbeing and five overarching Principles. New practice advances emerging from the UWM are now being implemented in education, health, business, and other settings. The UWM disrupts conventional public health models by re-focussing on empowering individuals, and primordial prevention Universal Wellbeing. Subsequentially a digitised Universal Wellbeing Evaluation Tool (UWET) has been developed and will be shared in an associated workshop.
Popul. Med. 2026;8(Supplement 1):A3650

ABS1228
A Multi-site Mortality and Morbidity Assessment of Air Pollution in South Africa's Priority Areas: an Adapted Three-Stage Distributed Lag Non-linear Case-Crossover Framework for Parsimonious Datasets
Chantelle Howlett-Downing[1,2], Thandi Kapwata[1], Caradee Wright[1]
[1]Environmental Health Unit, Climate Change and Health, South African Medical Research Council, Pretoria, South Africa, [2]School of Health Systems and Public Health, University Of Pretoria, Pretoria, South Africa
BACKGROUND
In LMICs, population-level evidence on the acute health effects of air pollution is limited by sparse data and underdeveloped surveillance systems. South Africa's Air Quality Management Priority Areas (Highveld, Vaal Triangle, and Waterberg-Bojanala), identified for chronic air quality exceedances, provide an opportunity to examine exposure.
OBJECTIVES
We assessed the short-term effects of five major air pollutants (NO_2, SO_2, O_3, PM_{10}, $PM_{2.5}$.) on cause-specific mortality and morbidity between 2005 and 2020. We adapted a distributed lag non-linear model (DLNM) embedded in a three-stage DL-CCO framework for mortality, and a pseudo-case-crossover design for morbidity validation.
METHODS
Weekly mortality and monthly morbidity data (ICD-10 J(All), A(15-19)) were linked to ambient air pollutant concentrations across the Priority Areas. The modelling strategy was: DLNM estimation of district-level risk functions, pooling via random-effects meta-analysis, and (3) application of a distributed lag case-crossover (DL-CCO) approach using conditional logistic regression to validate findings. For morbidity, where matched control data were unavailable, a pseudo-case-crossover approach was applied as a sensitivity test.
RESULTS
Increases of 10 µg/m^3 in PM2.5 and NO_2 were associated with elevated respiratory and infectious mortality risks within a 3-week lag structure. Pooled estimates showed a significant cumulative relative risk (RR) of 1.17 (95% CI: 1.09–1.26) for pneumonia following NO_2 exposure in HPA, and 1.21 (95% CI: 1.10–1.34) for tuberculosis mortality associated with PM2.5 in VTAPA. DL-CCO validation confirmed consistent lag–response patterns for mortality, while pseudo-CCO analyses for morbidity showed parallel but attenuated associations. No significant associations were found for SO_2 or O_2.
CONCLUSIONS
This study is the first to implement a DLNM framework for mortality and pseudo-CCO sensitivity test for morbidity in Southern Africa. The multi-pollutant, multi-region analysis confirms the acute health burden of NO_2 and PM2.5 and demonstrates the feasibility of applying advanced epidemiologic models in resource-constrained settings.
Popul. Med. 2026;8(Supplement 1):A3657

ABS1300
Children's Recruitment and Engagement in Health Research - Challenges and Successful Strategies
Nikita Surani[1], Chitvi Mahajan[2], Muskan Jiwa[3], Maryam Amin[1]
[1]Mike Petryk School of Dentistry, Faculty of Medicine and Dentistry, University of Alberta, Edmonton, Canada, [2]Department of Biochemistry, University of Alberta, Edmonton, Canada, [3]Edmonton Public School, Edmonton, Canada
BACKGROUND
Developing effective preventive health strategies for children requires understanding their perspectives through qualitative research, which presents several challenges. This study examined strategies to engage children in qualitative research, implemented as part of an ongoing oral health study with elementary-aged children.
METHODS
This qualitative descriptive study recruited families through multiple platforms. In-person focus group interviews were conducted with children using multi-modal, mosaic approach. Seven sets of picture cards were initially developed to stimulate discussion. Low engagement with four sets during pilot testing led to adaptation of one set into a digital spinner featuring randomized food images, children moved to either "tooth-friendly" or "tooth-trouble" area explaining their reasoning. Ongoing feedback after each focus group informed the iterative integration of additional engagement tools such as emoji stickers, workbook, and animated videos. All interviews were audio-recorded, transcribed verbatim, and analyzed inductively using manifest content analysis. Researcher memos and observational notes were documented and included in analysis.
RESULTS
Sixteen children participated in three focus groups. Most were in Grade 5 (63%), attended public schools (94%), and born in Canada (88%). Out-of-school platforms generated greater interest than school-based recruitment, with word-of-mouth (24%) and social media (22%) contributing to participant enrollment. Traditional question-and-answer format was ineffective during focus groups. In contrast, introduction of interactive tools substantially improved participation. Children described sessions as enjoyable, despite their length, and reported learning new concepts. These tools enabled participants to articulate ideas through reflective thinking and nuanced reasoning, while also expressing emotions. Notably, quieter children showed increased independence, providing opinions distinct from those of more vocal peers.
CONCLUSIONS
Effective recruitment relied on parent networks and targeted social media. Activity-based approaches can reduce formality, enhance children's engagement and independent input, repositioning them as experts. Future studies could consider incorporating these strategies to improve participation and data quality in children's health research.
Popul. Med. 2026;8(Supplement 1):A3660

ABS1383
The 2024 Dutch Burden of Disease Study Driving Prevention and Health Policy
Henk Hilderink[1], Marjanne Plasmans[1], Marie Buijs[1], Petra Eijsink[1], Gulliver de Boer[1], Jippe Miedema[1], René Poos[1]
[1]RIVM - National Institute for Public Health and the Environment, Bilthoven, Netherlands
ABSTRACT
The 2024 update of burden of disease estimates in the Netherlands "Dutch DALYs" provides an integrated picture of current and future population health in the Netherlands, with direct implications for prevention and health care planning. The study revises years of life lost (YLL), years lost due to disability (YLD), and disability-adjusted life years (DALYs) for over 120 diseases and 100 risk factors, using updated mortality data to 2022, revised disability weights and severity distributions, and new exposure and relative risk data. Embedded in the Dutch Public Health Foresight project, the study generates projections of disease burden and prevalence from 2022 to 2050, linking epidemiological trends to demographic change and risk factor trajectories. This enables forward-looking assessment of where pressures on health and care will be greatest and which upstream determinants drive these patterns. Key findings include a sharp rise in the burden attributable to mental health problems, particularly depression and anxiety among younger populations, and a growing recognition of environmental and occupational determinants as important drivers of DALYs. The future increase of the burden caused by dementia, is one of the key challenges for the Dutch health care system. For policymakers, the updated Dutch DALYs provide an actionable

evidence base to prioritize prevention, target high-burden conditions, and align healthcare resources with expected future needs. By combining comprehensive burden estimates with long-term projections, the 2024 study strengthens integrated, cross-sector responses to complex health challenges and supports efforts to improve public health and equity in the Netherlands.
Popul. Med. 2026;8(Supplement 1):A3661

ABS1384
Thirty Years of Strategic Foresight Shaping Public Health in the Netherlands
Henk Hilderink[1]
[1]RIVM - National Institute for Public Health and the Environment, Bilthoven, Netherlands
ABSTRACT
Strategic foresight has become an increasingly important lens for guiding the future of public health in the Netherlands over the past three decades, moving from ad hoc scenario exercises to a more embedded, systematic practice within national institutes and policy processes. Dutch foresight work has progressively combined long-term trend analysis, participatory scenario development, and quantitative modelling to explore how demographic change, lifestyle patterns, technological innovation, environmental pressures, and social inequalities may shape population health and health systems up to mid-century. This evolution has supported a shift from reactive planning to anticipatory governance, where uncertainty and complexity are treated as core features of decision-making rather than exceptions. Over roughly 30 years, strategic foresight has been used to develop successive public health foresight studies, inform prevention priorities, and stress-test policy options against divergent futures, such as scenarios of accelerated ageing, digital transformation, or climate-related shocks. Methods have diversified from expert-driven narratives to more inclusive, stakeholder-based approaches that incorporate perspectives of municipalities, professionals, citizens, and other sectors such as social care, environment, and food systems. Foresight has also become more tightly linked to quantitative tools, including burden of disease projections and monitoring frameworks, which anchors long-term visions in robust epidemiological evidence. These developments position strategic foresight as a critical capability for designing resilient, equitable, and prevention-oriented health policies in the Netherlands. By connecting long-term scenarios with near-term decisions, foresight helps highlight trade-offs, co-benefits across sectors, and windows of opportunity for transformative change in public health. The Dutch experience offers a practical model for other countries seeking to institutionalize foresight as a core function of modern public health governance.
Popul. Med. 2026;8(Supplement 1):A3662

ABS1420
Navigating an uncertain future: The use of strategic foresight in public health
Henk Hilderink[1], Jippe Miedema[1], Marit De Vries[1]
[1]RIVM - National Institute for Public Health and the Environment, Bilthoven, Netherlands
ABSTRACT
Strategic foresight is essential in public health policy processes to address the inherent unpredictability of health threats, demographic shifts, and systemic interdependencies that linear planning cannot handle effectively. Traditional policy-making often extrapolates from historical data and current trends, leaving systems vulnerable to disruptions like pandemics, climate impacts, or technological upheavals that reshape disease patterns and care demands. Public health policies can benefit the use of foresight at key stages—agenda-setting, option appraisal, implementation, and evaluation—to build anticipatory capacity rather than reactive fixes. Horizon scanning identifies early signals of emerging risks, such as antimicrobial resistance or mental health crises, ensuring policies target root causes before they might further escalate. Stronger signals, such as ageing, climate change, technological progress and polarization are of even importance to depict scenarios as plausible, systematic and consistent pictures of the future. Foresight explicitly confronts cognitive uncertainties (gaps in evidence about future trends) and normative uncertainties (conflicting values on priorities like equity versus efficiency), fostering robust decisions that perform well across multiple scenarios. Scenario development and stakeholder participation then refine these into flexible strategies, aligning diverse actors and revealing blind spots in current approaches. By embedding foresight, public health policy processes shift from short-term firefighting to resilient, adaptive governance, optimizing resource allocation and cross-sector collaboration for sustained health gains amid global volatility. This need is particularly acute in contexts like the Netherlands, where ageing populations and environmental pressures demand proactive, evidence-informed foresight.
Popul. Med. 2026;8(Supplement 1):A3664

ABS1463
Repositioning Community Health Workers as Boundary Spanners: A Realist-Informed Theory of Change for Integrated People-Centred Care in South Africa
Usangiphile Buthelezi[1,2], Zamasomi Luvuno[1], Tasneem Kathree[1], Sanah Bucibo[1], Noxolisa Radebe[1], Mosa Moshabela[3,2], Inge Petersen[4], André J van Rensburg[1]
[1]Centre for Research in Health Systems, University of KwaZulu Natal, Durban, South Africa, [2]School of Medicine, University Of KwaZulu-Natal, Durban, South Africa, [3]Vice Chancellor, University of Cape Town, Cape Town, South Africa, [4]Institute of Global Health, University College London, London, United Kingdom
BACKGROUND
Community Health Workers (CHWs) are central to South Africa's primary health care (PHC) reforms but remain under-recognised as actors who can coordinate care across sectors. While policy promotes integrated, people-centred care, fragmented governance and siloed services often limit its implementation. This paper reconceptualises CHWs as boundary spanners (actors who connect communities, services, and decision-making spaces) and introduces a realist-informed Theory of Change (RiToC) to support this shift.
METHODS
We conducted a qualitative realist-informed conceptual synthesis drawing on four linked data sources: a realist synthesis of CHW studies from sub-Saharan Africa; a realist evaluation of CHW–household interactions; a realist evaluation of a collaborative governance platform; and a systems-level reframing of the WHO Integrated People-Centred Health Services framework. Insights were integrated into a RiToC to explain how CHWs can be supported to perform integrative roles across health, social, and governance systems.
RESULTS
CHWs already connect households with clinics, social services, and local governance structures, but these roles are often informal and poorly supported. We identified seven strategic levers to strengthen CHWs' capacity as boundary spanners: layered accountability, shared ownership across sectors, equitable resourcing, intersectoral training, professional recognition, adaptive implementation models, and multisectoral integrated tools. These levers operate through mechanisms of trust, motivation, and professional legitimacy, which together enable CHWs to coordinate care across sectors.
CONCLUSIONS
CHWs function as de facto boundary spanners within South Africa's PHC system. To unlock their full potential, health systems must redesign governance and support structures. Key actions include formalising CHWs' roles in intersectoral platforms, strengthening accountability and referral feedback loops, investing in cross-sectoral training and professional recognition, and introducing integrated tools that support coordination. Methodologically, this study advances the use of a realist-informed Theory of Change as a practical and transferable approach for designing people-centred health system reforms in complex, resource-constrained settings.
Popul. Med. 2026;8(Supplement 1):A3666

ABS1603
Between Care and Discrimination: Racism Experienced by the Black Population in Brasilian Health Services
Wallace Vargas[1], Milena Oliveira[1], Thiago Prado[1], Marcos Vinicius Cordeiro[1], Michelaine Isabel da Silva[1]
[1]Postgraduate Program in Collective Health, Federal University of Espírito Santo, Vitoria, Brazil
INTRODUCTION
Racism in Brazil constitutes a structural social determinant of health that perpetuates inequities. The objective of this study was to map and identify scientific evidence regarding the prevalence of racism experienced by the Black population within Brazilian health services.
METHODS
This is a scoping review guided by the Joanna Briggs Institute and structured according to the PRISMA-ScR guidelines. The search strategy applied the PCC acronym (Population, Concept, and Context) across the MEDLINE/PubMed and EMBASE databases.
RESULTS
Five studies were selected, all presenting level IV evidence. Perceived discrimination ranged between 31.9% and 41.1% for Black individuals. The results revealed significant clinical negligence, exemplified by the absence of foot

examinations in 55.3% of Black patients with diabetes compared to 48.2% of white patients. It was evidenced that racism is a biologically embodied phenomenon, associated with increased arterial stiffness and gains in weight and body mass index in the ELSA-Brazil study.
CONCLUSIONS
Racism operates as a multidimensional barrier within the Unified Health System (SUS), undermining access to and the quality of care. It is concluded that professional training must be reoriented from an anti-racist perspective to ensure the fulfillment of health equity.
Popul. Med. 2026;8(Supplement 1):A3669

ABS1795
rom Gaps to Gains: Coordinated Implementation Research for Public Health

Garry Aslanyan[1]
[1]TDR, Special Program for Research and Training in Tropical Diseases & ESSENCE on Health Research initiative, World Health Organization (WHO), Geneva, Switzerland
ABSTRACT
ESSENCE on Health Research is a network of funders committed to strengthening health research capacity in LMICs through coordinated and harmonized approaches. With funding increasingly constrained, it is essential that investments in health research deliver timely and demonstrable public health impact. Implementation research (IR) is central to maximizing limited resources by enabling the rapid, efficient and context appropriate uptake of evidence-based interventions, thereby accelerating the transition from evidence to practice. This session will examine how IR can advance public health goals and provide a platform for exchange among stakeholders involved in producing, funding and applying such research. Sustained interaction across these groups is vital to ensuring that funded work aligns with current public health needs and effectively supports practitioners. Preliminary work, including a literature review, surveys and interviews with funding agencies has identified thematic priorities that strengthen IR for public health. Additional insights will be gathered from public health associations, national public health institutes and frontline practitioners. AI supported tools will help collect and triangulate perspectives from research funders and users. The session will draw on a recent IR initiatives on malaria and applications in noncommunicable disease contexts. The panel will identify ways in which IR can generate evidence for public health. The session will support sustained engagement and reinforce shared understanding between funders and practitioners regarding needs and practices. By identifying urgent public health priorities and aligning these with stakeholder perspectives, we aim to strengthen coordination among funders, researchers and research users. Follow up engagement will help maintain momentum around IR. Proposed participants: Morven Roberts (GACD), Michelle Mulder (SAMRC), Jordan Kyongo (Gates Foundation), Dr Lwando Maki (PHASA), Dr Khabiso Ramphoma (PHASA DPH SIG), Dr Lul Riek (Africa CDC), ABRASCO, AMOSAPU, PHA France, and Institutes of Public Health from Angola, Mozambique or Canada.
Popul. Med. 2026;8(Supplement 1):A3671

ABS1820
Preparing for Global Threats: A Global Risk Assessment for Public Health in the Netherlands

Henk Hilderink[1], Jippe Miedema[1], Ishak Özdemir[1], Eveline Van der Wilk[1]
[1]RIVM - National Institute for Public Health and the Environment, Bilthoven, Netherlands
ABSTRACT
This study assesses global threats to public health in the Netherlands using a DESTEP framework. In this framework, Demographic, Economic, Socio-cultural, Technological, Ecological and Political-institutional risks are used for expert consultation to prioritize risks and identify actionable options for government. Building on national and international evidence on emerging and re-emerging health threats, the analysis systematically scans long-term drivers such as demographic changes and migration, economic instability, social fragmentation and misinformation, rapid digitalization, climate change and biodiversity loss, and evolving geopolitical and regulatory dynamics. These are assessed for both the European and the Caribbean part of the Netherlands. Each threat is evaluated in terms of likelihood, potential impact on health, and the robustness of current Dutch preparedness and response capacities. Based on a consultation of multidisciplinary experts a list of 36 threats are ranked. In addition to the high-priority global risks identified in the previous assessment (including climate-related health impacts, antimicrobial resistance, pandemics and zoonoses, digital and cyber-dependencies affecting vital health infrastructure, and growing social and economic inequalities) now also geopolitical instabilities and functional risks have gained importance. For each priority risk, options for action have been identified, spanning from early warning and horizon scanning, intersectoral prevention, critical infrastructure resilience to investing in international cooperation. The findings provide the Dutch government with a coherent, forward-looking risk picture and a set of concrete levers to enhance resilience against global public health threats. By integrating DESTEP analysis with expert prioritization and action perspectives, this approach supports strategic, whole-of-government choices on where to act first, how to coordinate across domains, and how to align current policies with an increasingly uncertain global health landscape. Many of these findings are not only applicable to the Dutch situation, but are also of crucial importance for other countries.
Popul. Med. 2026;8(Supplement 1):A3672

ABS1945
Comparison between real-time low-cost sensor and gravimetric sampling methods of particulate matter (PM2.5) in an urban background location, Zambia

Audrey Halubobya[1], Emmy Nkhama[2], Janine Wichmann[3]
[1]School of Public Health and Environmental Sciences, Levy Mwanawasa Medical University, Lusaka/Lusaka, Zambia, [2]School of Public Health and Environmental Sciences, Levy Mwanawasa Medical University, Lusaka/Lusaka, Zambia, [3]School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa
INTRODUCTION
Gravimetric methods serve as the standard reference for measuring PM2.5, while real-time low-cost sensors (LCS) offer continuous, immediate readings through light scattering or beta attenuation 3, making them ideal for tracking short-term fluctuations, source identification, and exposure dynamics in dynamic environments like urban areas. The study aimed to compare these two methods for PM2.5 data collection in Lusaka, Zambia.
METHODS
The sampling site was on the roof of the Academic Building Block, Levy Mwanawasa Medical University, representing an urban background location. This is an ongoing, one-year observational environmental monitoring study. The gravimetric measurement applied a GilAir-5 pump (calibrated flow rate 4 L/min) fitted with a PM2.5 cyclone to collect PM2.5 on 37 mm Teflon (PTFE) membrane filters for 24 hours (9 am to 9 am) every fourth day. Sampling was conducted from September to November in 2025 (20 days). PM2.5 gravimetric analysis was conducted at the Air Quality Laboratory, SHSPH, University of Pretoria. A PurpleAir LCS continuously collected real-time PM2.5 data during the same study period. Preliminary results Across the monitoring period, the LCS method consistently reported substantially higher PM2.5 concentrations than the gravimetric method. The LCS measurements ranged from 20.82 to 76.2 µg/m, with an average of 40.19 µg/m. In contrast, the gravimetric method recorded markedly lower concentrations, ranging from 0.41 to 19.21 µg/m, with an average of 3.25 µg/m. Compared with the WHO 24-hour PM2.5 guideline of 15 µg/m, the LCS method generated data exceeding it on several sampling days, whereas the gravimetric method data did not exceed it at any point during the study period.
CONCLUSIONS
Preliminary findings indicate that LCS substantially overestimates PM2.5 concentrations relative to gravimetric measurements in an urban background setting in Lusaka, underscoring the need for site-specific calibration before LCS data are used for regulatory or health risk assessments.
Popul. Med. 2026;8(Supplement 1):A3673

ABS1969
The importance of evaluating nonylphenol ethoxylate (Igepal Co-630) in the recovery of Toxoplasma gondii oocysts in sandy soil samples for environmental surveillance

Luiz Soares[1], Maria Marciano[2], Letícia Vicentini[1], Blima Fux[1]
[1]Department of Pathology, Federal University of Espírito Santo, Vitória, Brazil, [2]Food Center, Morphology and Microscopy Unit, Adolfo Lutz Institute, São Paulo, Brazil
BACKGROUND
soil is an important environmental reservoir of toxoplasma gondii oocysts and plays a relevant role in the epidemiology of toxoplasmosis. The characterization and standardization of methodologies for oocyst recovery from environmental matrices are essential to support environmental surveillance studies, establish associations with potential outbreaks, and inform public health actions.
OBJECTIVES
to qualitatively evaluate the sensitivity of the igepal co-630 (0.1%) solution for the recovery of toxoplasma oocysts from artificially inoculated sandy soil samples using microscopy, aiming at its application in environmental studies relevant to

public health surveillance.
METHODS
toxoplasma oocysts were stained with dapi to improve visualization under fluorescence microscopy. Different oocyst concentrations (1000, 500, 250, 100, 50, and 10 oocysts/ml) were prepared and inoculated into 5 g of sandy soil in 15 ml falcon tubes, in triplicate. Samples were left in contact for 1 hour at room temperature. Subsequently, 10 ml of igepal co 630 solution were added, followed by homogenization using a vortex for 2 minutes and centrifugation at 2000 xg for 20 minutes. The supernatant was discarded, 10 ml of sucrose solution was added, and the samples were centrifuged at 400 xg for 5 minutes. Sucrose solution was added until a positive meniscus was formed, and a coverslip was placed on the tube. After 40 minutes, the coverslip was removed for microscopic examination. Observations were performed using a primostar zeiss fluorescence microscope.
RESULTS
the presence of toxoplasma gondii oocysts was observed in all tested concentrations, indicating that the igepal co 630 solution was able to qualitatively recover oocysts from sandy soil samples.
CONCLUSIONS
the igepal co-630 (0.1%) solution represents a viable alternative for the recovery of toxoplasma gondii oocysts from sandy soil samples using microscopy. However, this method presents low sensitivity and should be evaluated in conjunction with molecular techniques to improve detection reliability.
Popul. Med. 2026;8(Supplement 1):A3674

ABS2010
South African Principal Investigators' perspectives on reducing publication bias of randomized controlled trials

Ameer Hohlfeld[1,2], Tamara Kredo[2,3], Mike Clarke[2,4], Sara Cooper[1]
[1]Cochrane South Africa, South African Medical Research Council, Cape Town, South Africa, [2]Faculty of Medicine and Health Sciences, Stellenbosch University, Stellenbosch, South Africa, [3]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [4]Northern Ireland Methodology Hub, Centre for Public Health, Queen's University Belfast, Belfast, United Kingdom
ABSTRACT
Non-publication and incomplete reporting of randomised controlled trials (RCTs) are known to harm the evidence ecosystem, such as the synthesis and health decision-making that stem from not having access to RCT findings. We explored principal investigators' views on a consolidated standard of reporting trials (CONSORT) based web writing aid (COBWEB) as an aid to support timely, completed RCT reporting and reduce publication bias.
METHODS
Recruitment used purposive and snowball sampling. Two online focus group discussions(FGDs) were conducted with 12 South African PIs of published RCTs. The groups received a COBWEB demonstration, provided feedback, including anticipated implications of adopting COBWEB and incorporated their experiences using CONSORT. Furthermore, they discussed publication bias and shared other means to mitigate publication bias. We performed a thematic analysis using a deductive scaffolding based on the evidence-to-decision domains, i.e. values, equity, acceptability and feasibility, with independent coding and consensus.
RESULTS
PIs strongly agree that it is an ethical duty towards RCT participants to publish, as this benefits the wider evidence ecosystem. Introducing COBWEB at the planning stage of an RCT will reduce cognitive load, improve the report's structure and clarity, thus improving chances of being accepted by peer reviewers. Equity considerations dominated. PIs anticipated greater benefits for authors at historically disadvantaged institutions and non-primary English speakers. Acceptability was seen as being supportive if, but it reduced narrative flexibility and was seen as an added burden if introduced late. Feasibility suggestions included early intervention in the RCT lifecycle and brief training in its use.
CONCLUSIONS
South African PIs viewed the CONSORT-based aid as a promising approach to strengthening completeness and timeliness of RCT reporting, with potential equity gains if implemented with proportionate support. These mixed-methodsimplemnetation evaluatations should test the impact on reporting quality and non-publication.
Popul. Med. 2026;8(Supplement 1):A3676

ABS2012
Promoting inclusive evidence-informed decision-making: health policymakers' views and experiences of knowledge translation approaches – a qualitative evidence synthesis

Shehani Perera[1,2], Chanelle Mulopo[3], Bey-Marrié Schmidt[1], Irma Klerings[4], Ngcwalisa Jama[5], Sara Cooper[6,7,8], Elaine Toomey[9], Trudy Leong[8], Carmen Späth[1]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Accelerators Research Hub, University of Cape Town, Cape Town, South Africa, [3]Centre for Epidemic Response and Innovation, School for Data Science and Computational Thinking, Stellenbosch University, Cape Town, South Africa, [4]Department for Evidence-based Medicine and Evaluation, University for Continuing Education Krems, Krems, Austria, [5]Strengthening Oncology Services Research Unit, University of the Witwatersrand, Johannesburg, South Africa, [6]Cochrane South Africa, South African Medical Research Council, Cape Town, South Africa, [7]School of Public Health, University of Cape Town, Cape Town, South Africa, [8]Department of Global Health, Stellenbosch University, Cape Town, South Africa, [9]Centre for Health Research Methodology, School of Nursing and Midwifery, University of Galway, Galway, Ireland
BACKGROUND
Promoting inclusive evidence-informed decision-making (EIDM) in public health requires that policymakers engage with multiple sources of information, including research evidence. Knowledge translation (KT) approaches seek to support the use of research evidence in policy decision-making; however, understanding how these approaches work in practice requires insight into policymakers' experiences and perspectives. This qualitative evidence synthesis (QES) explores health policymakers' views and experiences of KT approaches to inform EIDM.
METHODS
We followed Cochrane methods and searched MEDLINE, CINAHL, Scopus, and grey literature sources without language or date restrictions. We included studies that applied qualitative data collection and analysis. Two or more reviewers independently screened studies, extracted data, and assessed methodological limitations using CASP. We used thematic analysis and GRADE-CERQual to assess confidence in review findings.
RESULTS
We identified three analytical themes: 1) Trust acts as a gatekeeper for evidence use and is mediated by both relational trust in messengers and epistemic authority of sources. Policymakers value credible logos and rigorous methods, but building long-term partnerships proves essential to overcome inherent scepticism; 2) KT initiatives must balance local adaptation with sustainability. While customisation to specific policy contexts increases usability through capacity-building and interactive engagement, institutionalisation of tools and processes ensures sustained impact despite high staff turnover and resource constraints; 3) Policymakers request concise, jargon-free summaries with clear recommendations, as time constraints and competing priorities limit engagement with lengthy and technical materials. In high-pressure environments, actionable evidence packaging becomes critical for rapid decision-making.
CONCLUSIONS
Effective KT approaches must simultaneously address trust-building through sustained partnerships, balance customisation to specific contexts with institutional capacity development, and package evidence for rapid decision-making. Promoting inclusive engagement with diverse evidence sources and addressing barriers that limit policymaker participation in EIDM can inform development of KT approaches aligned with policymakers' needs and strengthen evidence-informed public health policy and practice.
Popul. Med. 2026;8(Supplement 1):A3677

ABS2025
Implementing public health interventions in low-resource settings: Challenges, opportunities, and practical solutions

Dominique Michels[1], Sofie Wössner[1], Stefanie Joos[1], Daniela Fröhlich[1]
[1]Institute of General Practice and Interprofessional Care, University Hospital Tuebingen, Tuebingen, Germany
ABSTRACT
The effective implementation of public health interventions in low-resource settings is essential for improving population health and addressing global health inequities. However, implementation processes in these contexts are often challenged by limited financial and human resources, inadequate infrastructure, and complex socio-political environments. These factors are often inadequately considered during project planning, thereby hindering successful implementation. The application of established implementation approaches and frameworks can, therefore, be instrumental in the early-stage development of context-sensitive, pragmatic, and adaptable strategies. This workshop will address key challenges, opportunities, and practical solutions for implementing public health interventions in low-resource settings. The session will open with a brief overview of common barriers and facilitators influencing implementation processes, based on experiences from our own projects. It will then introduce pragmatic and adaptive implementation approaches that build on the theoretical perspectives outlined

by Nilsen (2020)1, with particular attention to strategies that enhance feasibility, acceptability, and sustainability under resource-constrained conditions. The second part of the session will be interactive and practice oriented. Participants will engage in moderated small-group discussions to reflect on their own implementation experiences, identify key challenges in their contexts, and jointly develop practical, context-appropriate implementation strategies. The session will conclude with a plenary discussion synthesizing lessons learned and highlighting transferable approaches across different public health domains and regions. The objective of this session is to facilitate collaborative learning, strengthen implementation capacity, and support public health professionals in designing and delivering interventions that are feasible, responsive, and sustainable in low-resource settings.
Popul. Med. 2026;8(Supplement 1):A3678

ABS2122

Barriers and facilitators to include children and youth with disabilities in public health research in East Africa: Findings from a co-creative research study

Femke Bannink Mbazzi[1,2], Rehema Namaganda[1], David John Musendo[3], Andrew Sentoogo Ssemata[1,2], Joyce Olenja[4], DIY Youth Researchers and Research Team[1,3,4,5]
[1]Disability Research Group, MRC/UVRI & LSHTM Uganda Research Unit, Entebbe, Uganda, [2]International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, London, United Kingdom, [3]Lifetime Research Group, Muhazi, Rwanda, [4]Department of Public Health and Global Health, University of Nairobi, Nairobi, Kenya, [5]School of Medicine and Pharmacy, University of Rwanda, Kigali, Rwanda

INTRODUCTION
Children and youth with disabilities experience poorer health outcomes compared to their non disabled peers. Young people with disabilities are rarely included in the design and implementation of public health research, yet understanding the experiences of young people with disabilities and their engagement in leading and shaping research is key to developing and ensuring contextually appropriate and effective strategies to improve health and promote participation and inclusion (2,3). The Disability Inclusive Youth (DIY) research programme employs participatory qualitative approaches to identify barriers and facilitators to including children and youth with disabilities in public health research, and co-creates solutions to make public health research in East Africa disability inclusive.
METHODS
In 2025 the DIY research team built the research capacity of 12 youth with disabilities from Uganda, Kenya and Rwanda through an established research training and mentoring programme at the MRC/UVRI & LSHTM Uganda Research Unit. In 2026, the trained youth are conducting in-depth interviews, surveys, and transect walks with 75 public health researchers, 30 stakeholders, and 60 children/youth with disabilities and caregivers. Findings will be analysed collaboratively in May–June 2026 through participatory workshops, where youth co-design solutions with researchers and stakeholders.
RESULTS
Preliminary insights from ongoing data collection highlight key barriers (e.g., accessibility, attitudes, resource constraints) and facilitators (e.g., youth leadership, inclusive training). Full results will be presented at the WCPH 2026 by the corresponding author and a youth researcher with a disability.
CONCLUSIONS
Disability-inclusive research is needed to advance health equity for persons with disabilities in Africa. This project contributes to capacity building research among young researchers with disabilities, co-creating culturally relevant and inclusive research practices in East Africa.
Popul. Med. 2026;8(Supplement 1):A3679

ABS2191

Extracellular vesicle-based cl-elisa as an enhanced diagnostic tool for toxoplasmosis surveillance

Letícia Vicentini[1], Paula Meneghetti[2], Sara Cortelette[1], Luiz Soares[1], Vera Chiocolla[3], Ana Torrecilhas[4], Blima Fux[1]
[1]Department of Pathology, Federal University of Espírito Santo, Vitória, Brazil, [2]Department of Microbiology, Immunology and Parasitology, Federal University of São Paulo, São Paulo, Brazil, [3]Department of Parasitology, Institute Adolfo Lutz, São Paulo, Brazil, [4]Department of Pharmaceutical Sciences, Federal University of São Paulo, São Paulo, Brazil

BACKGROUND
Toxoplasmosis is a globally distributed zoonotic disease caused by toxoplasma gondii and represents a major public health concern. Human infection is associated with severe outcomes in pregnant women and immunocompromised individuals, and its transmission dynamics are strongly influenced by the circulation of the parasite in animals. Improving diagnostic capacity in surveillance systems is essential for early detection, risk assessment, and prevention of environmental and foodborne exposure. Extracellular vesicles (evs) released by toxoplasma have gained attention as potential biomarkers because of their involvement in parasite communication and modulation of host responses. This study aimed to standardize a chemiluminescent enzyme linked immunosorbent assay (cl-elisa) using parasite derived evs to enhance serological detection of t. Gondii infection in epidemiological investigations.
METHODS
A total of 146 goat serum samples previously collected for epidemiological surveillance were analyzed. Microplates were sensitized with either t. Gondii evs or total parasite antigen. Evs were characterized by nanoparticle tracking analysis. Cl-elisa performance using evs and parasite antigen was compared with a conventional elisa routinely applied.
RESULTS
Evs were incorporated into the cl-elisa at 10 particles/well. Conventional elisa identified 78 of 146 sera as negative. In contrast, cl elisa detected fewer negative samples: 24 of 146 when evs were used and 9 of 146 when parasite antigen was used. Both cl-elisa formats revealed a higher proportion of positive cases, 83.6% with evs and 93.8% with antigen, demonstrating greater analytical sensitivity compared with the conventional method. These findings indicate that ev based cl-elisa may detect low level or early immune responses relevant for surveillance. Concluision: the incorporation of toxoplasma evs into cl-elisa improved diagnostic performance, offering a sensitive tool for toxoplasmosis surveillance. Improved detection in animals may aid public health by reducing zoonotic transmission and supporting safer food systems, supporting the feasibility of developing eV-based diagnostic kits for epidemiological monitoring.
Popul. Med. 2026;8(Supplement 1):A3680

ABS2261

Water Safety Implementation Project: A Delphi study to develop an Implementation Framework for drowning prevention

Malena Della Bona[1], Gemma Crawford[1], Jonine Jancey[1], Justine E Leavy[1]
[1]School of Population health, Curtin University, Perth, Australia

BACKGROUND
Drowning remains a preventable public health challenge in high-income countries (HICs) where notwithstanding decades of investment, significant numbers of fatal and non-fatal drowning incidents still occur[1,2,3]. Despite evidence for interventions which raise awareness, educate, guide behaviour, and change regulations, translating these into lasting practice has proven difficult[4-6]. The need to better understand drowning prevention implementation has been identified as a priority by global experts, the United Nations[8] and World Health Organization[9]. Implementation Science examines how evidence can be translated into practice to enhance intervention impact[10]. It can also identify factors influencing uptake and strategies encouraging evidence-based approaches[11]. The Water Safety Implementation Project (WSIP), is establishing a framework to support the design and implementation of evidence-based drowning prevention interventions in HICs. This presentation will highlight Delphi study results which assess the usefulness of an existing implementation science framework for drowning prevention and water safety interventions and detail progress towards the creation of a Water Safety Implementation Framework.
METHODS
WSIP employed a two-round Delphi survey with 48 participants to assess the relevance of the Consolidated Framework for Implementation Research (CFIR) for drowning prevention and water safety.
RESULTS
CFIR was deemed appropriate for drowning prevention, with many domains and concepts found to be relevant. Constructs with 100% relevance included adaptability, engaging and assessing needs of the target group, reflecting and evaluating interventions and implementation strategies. Additional constructs identified included communicating community feedback, equity and use of theory.
CONCLUSIONS
There is an identified need for improved approaches to implementing evidence-informed drowning prevention and water safety interventions. These research insights, combined with findings from a systematic review, reflexive thematic analysis[12] and mapping study [under review], will inform a refined framework suited to drowning prevention interventions. The Water Safety Implementation Framework may also benefit broader injury prevention efforts.
Popul. Med. 2026;8(Supplement 1):A3683

ABS2275

Variability and lack of consensus in the measurement of food outlet availability in Australia: A scoping review

Nina Van Dyke[1], Stella McNamara[2]
[1]Mitchell Institute, Victoria University, Melbourne, Australia, [2]Institute for Health & Sport, Victoria University, Melbourne, Australia

INTRODUCTION
Diet, or what people eat and drink, is important to health and wellbeing1. The belief that individual behaviours should be the primary focus for improving diet at the population level has been largely superseded by the understanding that environmental context plays a crucial role in how and what people eat2,3. Findings regarding associations between food environments and health and wellbeing indicators are somewhat mixed4,5. Part of the reason for this lack of consensus may be due to the variety of methodological approaches and level of rigour in measuring food environments6. The aim of this scoping review was to examine how recent Australian research has measured the following components of the physical food environment (which we refer to collectively as 'food outlet availability'): types of food outlets included; identification and location of food outlets; (3) categorisation and/or characterisation of food outlets (e.g., as 'healthy' or 'unhealthy'); and definition and measurement of proximity to food outlets. While the focus is on Australia, we believe the issues discussed are relevant for many countries.
METHODS
Medline and Scopus were searched in February and March 2025 for papers published between 2014-2025 that discussed measurement of food outlet availability or distance to food outlets of any type in any sized geographic area within Australia. The review followed the PRISMA extension for scoping reviews (PRISMA-ScR) guidelines7.
RESULTS
Fifty papers (41 studies) that met the inclusion and exclusion criteria were identified. The overall finding was that methodological approaches varied widely for all four components of food outlet availability.
CONCLUSIONS
This lack of consensus in how food outlet availability is measured has important consequences, as they impact the conclusions that are drawn about food environments and population health.
Popul. Med. 2026;8(Supplement 1):A3686

ABS2301

Community Engaged Research (CER): Igniting the Flame

Hanne Jensen Haricharan[1], Natasha Kannemeyer[1], Christine Jansen[2], Kinnes Marian[2]
[1]School of Public Health, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, [2]n/a, Mannenberg Health Committee, Cape Town, South Africa

ABSTRACT
Community engaged research (CER) is a methodology that aims to include community members in the research process [1,2,3] CER encompasses actionable change and tangible research outputs that are community and context specific, thus improving intervention feasibility and buy-in by community members. This approach actively considers power dynamics within research and seeks to acknowledge and draw on the skill sets of both academics and community members. Key components of CER are to facilitate community partnerships, build community capacity and support social action [2,3]. The session objectives are: • To introduce public health practitioners and researchers to the concept of CER • To present challenges and benefits of a CER approach • To facilitate an understanding of community partner roles in research • To provide an understanding of skills needed for successful CER projects The initial part of the session will be comprised of two short video clips and PowerPoint presentations discussing what CER is and how it differs from traditional research approaches. This section will also cover the benefits and challenges associated with this methodological approach. These presentations will be followed by a question-and-answer session. This beginning section of the session will be 20mins in length. Following the introductory presentations, the participants will be divided into groups. Each group will be provided with a research topic and scenario and have 20 mins to consider the scenario and apply what they have learned about CER to the research project they have been given. Consideration for benefits and challenges need to be discussed and included in the feedback to the larger group. Each group will then have 5 mins to present back to the larger group and there will be time following each group's presentation for questions and responses from the facilitators and the larger group.
Popul. Med. 2026;8(Supplement 1):A3687

ABS2590

Using road networks to identify risk factors during COVID in disjoint areas

Ephent Selahle[1], Inger Fabris-Rotelli[1], Nada Abdelatif[2]
[1]Statistics, University of Pretoria, Pretoria, South Africa, [2]South African Medical Research Council, Pretoria, South Africa

ABSTRACT
Health outcomes in urban populations are strongly influenced by spatial pat- terns of underlying risk factors, making the understanding of spatial depen- dencies essential for accurate modeling. Spatial weight matrices quantify how health-related variables at one location relate to those at another. Traditional approaches often rely on Euclidean distance, assuming straight-line prox- imity between locations. However, in geographically disjoint urban areas, Euclidean distance can misrepresent true spatial relationships, potentially biasing health risk assessments. In this study, we introduce a connectiv- ity structure derived from the underlying road network to more realistically capture spatial relationships between households. We compare spatial de- pendency modeling using Euclidean distance versus road network distance across three geographically separated areas in South Africa: Melusi, At- teridgeville, and Hillbrow. Road network distances were calculated using shortest-path algorithms, providing a more accurate representation of how individuals and households are connected in urban settings. We applied Lo- cal Indicators for Categorical Data (LICD) to detect spatial clustering of key health-related categorical variables, including seropositivity, access to exclu- sive toilets, hygiene practices, and employment status. The results revealed distinct pockets of elevated health risks that were more accurately identified using network-based distances. Beyond mapping spatial dependencies, our analysis highlights demographic disparities across urban areas, and examines how factors such as population density influence health outcomes. By un- covering the relationships between urban infrastructure, population density, and epidemiological risk factors, this research offers actionable insights for public health planning and urban policy aimed at reducing health inequities and improving disease prevention strategies.
Popul. Med. 2026;8(Supplement 1):A3690

ABS2679

Beyond the Ethics Checkbox : Operationalizing Trauma-Informed Research Ethics (TIRE) Within Research Ecosystems to Support Researcher and Participant Wellbeing Across the Research Lifecycle through Decolonial and Feminist Principles

Karessa Govender[1], Tamara Sam[2], Hanani Tabana[1], Vuyolwethu Mjijelwa[1], Bonheur Nfuyurase[1], Shehnaz Munshi[1], Tanya Jacobs[1]
[1]School of Public Health, University of the Western Cape, Cape Town, South Africa, [2]Khayelitsha Health Forum, Khayelitsha Health Forum, Cape Town, South Africa

ABSTRACT
Traditional research ethics often prioritise procedural compliance and "checkbox" requirements, frequently overlooking the psychological and emotional impacts of research on those involved. This session acknowledges the pervasive presence of trauma shaped by historical and ongoing systems of oppression and associated violence, and examines its implications for the wellbeing of both researchers and participants across diverse research contexts. Moving beyond standard ethical protocols, the session introduces Trauma-informed research ethics and explores how trauma-informed principles and practices can be embedded within research ecosystems grounded in decolonial and feminist approaches. This 60-minute session is structured in three parts. Part I features a panel discussion with key actors across the research lifecycle, including an ethics committee member, a researcher, and a community representative. Panellists will reflect on their experiences of research processes and critically examine the extent to which current ethical systems recognise, mitigate, or exacerbate trauma-related risks and needs. Part II consists of interactive small-group discussions focused on two domains: (a) researcher wellbeing and (b) participant wellbeing across the research lifecycle. Guided by structured discussion prompts, groups will explore ethical and wellbeing considerations at different stages of research, as well as the roles ethics committees and funders play in enabling or constraining trauma-informed research practice. Part III brings participants together in a plenary session, where group facilitators will share key insights, tensions, and recommendations emerging from the discussions. Expected outcomes include the identification of key risks to researcher and participant wellbeing and the generation of practical, contextually relevant considerations for implementing trauma-informed research ethics within diverse institutional settings. A summary of the session will be shared with all attendees to support ongoing learning and the integration of trauma-informed principles into future research ecosystems. Participants will also be invited to engage with the organisers' ongoing efforts to

embed TIRE within their respective research projects.
Popul. Med. 2026;8(Supplement 1):A3693

ABS2719

From Uniform Coverage to Targeted Impact: Subnational Tailoring for Evidence-Informed Malaria Decision-Making – Lessons from Nigeria

Adachi Ekeh[1], Solomon Oladimeji[1], Kemisola Agbaoye[1], Yasir Bakare[1], Sunday Oko[1], Anwuli Nwankwo[2], Letitia Onyango[2], Anna Makido[2], Abdisalan Noor[2], Vivianne Ihekweazu[1]

[1]Health Watch Foundation (Nigeria Health Watch), Abuja, Nigeria, [2]Harvard T.H. Chan School of Public Health, Boston, United States

BACKGROUND

Nigeria bears the highest malaria burden globally, accounting for roughly one-quarter of global cases and nearly one-third of deaths. Although malaria transmission occurs nationwide, it is highly heterogenous across ecological zones, states and local government areas. Historically, malaria interventions were planned and financed using largely uniform national approaches, limiting efficiency and impact particularly under increasing resource constraints. Subnational tailoring (SNT) has emerged as a critical strategy for aligning interventions with local risk, health system capacity, and financing realities.

METHODS

This study examined Nigeria's experience institutionalizing SNT within national malaria policy and planning. A mixed-methods design combined desk review of policies, partner documents, quantitative analysis of malaria trends, intervention and financing data; and qualitative analysis of 31 key informant interviews conducted at national and subnational levels. Six states were selected as case studies reflecting epidemiological diversity and differing financing contexts. An adapted conceptual framework guided analysis across three domains: generating, synthesizing and acting on the evidence.

RESULTS

Findings show substantial progress in embedding SNT into malaria decision-making in Nigeria. The launch of the National Malaria Data Repository in 2020 strengthened data integration and accountability, while stratification and modelling informed prioritization of intervention mixes. SNT supported major programmatic shifts, including expansion of seasonal malaria chemoprevention, targeted deployment of next-generation insecticide-treated nets, and more efficient allocation of resources during funding reductions. However, persistent challenges remain, including uneven data quality, limited subnational analytic capacity, fragmented financing and weak translation of evidence into sustained political commitment.

CONCLUSIONS

Nigeria's experience demonstrates that SNT isn't merely a technical tool but a governance and systems reform that improves efficiency, accountability and equity in malaria programming. Sustaining these gains will require investment in subnational analytic capacity, stronger data stewardship and systematic integration of SNT into routine planning, budgeting and accountability mechanisms. These offer guidance for high-burden, resource-constrained settings.

Popul. Med. 2026;8(Supplement 1):A3694

ABS2773

Mapping outcomes reported in primary studies of interventions addressing access to food in LMICs to inform a core outcome set

Solange Durao[1], Marianne Visser[2], Sarah Gordon[1], Sara Cooper[3], Ian J Saldanha[4], Scott Drimie[5], Jimmy Volmink[2]

[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Centre for Evidence-based Health Care, Stellenbosch University, Cape Town, South Africa, [3]Cochrane South Africa, South African Medical Research Council, Cape Town, South Africa, [4]Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, United States, [5]Southern Africa Food Lab, Stellenbosch University, Cape Town, South Africa

INTRODUCTION

Trials assessing the same condition and intervention report outcomes inconsistently, which undermines the utility of intervention research. Multiple outcome reporting has been demonstrated in food security intervention evaluations. Developing a core outcome set (COS) to measure in related studies may help address this issue and strengthen the evaluation of interventions addressing food access in LMICs. The first step of the project was to develop a preliminary list of candidate outcomes for the COS.

METHODS

We conducted a cross-sectional analysis of 90 studies included in a published systematic review on this topic.Two researchers independently extracted data on the study characteristics and outcomes reported in studies. We mapped outcomes onto pre-specified categories to build an outcome taxonomy for interventions to promote access to food. The research team then refined the list of outcomes for consultation.

RESULTS

We included 90 studies published from 1989 to 2023. Most are cluster RCTs (54%) in rural settings (68%) in Africa (51%) or Asia (33%), assessing interventions to increase buying power (86%). Eight studies assessed food vouchers and subsidies and one the social environment. The 90 studies reported 1296 outcome instances, and 150 unique outcomes. The categories with most unique outcomes reported were psychosocial (n=23), food intake (n=21), economic (n=18) and anthropometry (n=17). None reported on satisfaction outcomes. Fifty unique outcomes were selected for stakeholder consultation on the COS, mostly from the food intake, anthropometry, and economic outcome categories. Of those excluded, 85 were reported in less than 5% of included studies and 15 were outside the COS scope. Conclusion. A taxonomy of 150 unique outcomes was developed for interventions promoting food access in LMICs. Of these, 50 outcomes will inform a Delphi survey with stakeholders in 2026, who will rate their importance and agree on the final COS.

Popul. Med. 2026;8(Supplement 1):A3697

ABS2800

Missing Data Imputation in the HAALSI Study: Comparative Analysis of Statistical, Machine Learning, and Deep Learning Techniques

Rumbidzai Mupfuti[1], Cyril Chironda[1], Belinda Njiro[1], Chodziwadziwa Whiteson Kabudula[1], Francesc Xavier Gómez-Olivé[1]

[1]MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), University of Witwatersrand, Johannesburg, South Africa

BACKGROUND

Missing data is common in surveys and longitudinal studies, posing significant challenges for statistical analysis. Existing imputation approaches often struggle with datasets that include mixed variable types and complex missingness patterns. In addition, limited empirical evidence exists on how predictor selection influences imputation performance. This study compared statistical, machine learning (ML), and deep learning (DL) methods for missing data imputation and examined the role of variable importance in guiding predictor choice.

METHODS

Using the HAALSI baseline dataset, a complete-case sample was derived, and missing values were artificially introduced to replicate the original missingness structure. Seven imputation methods were evaluated: statistical (Multiple Imputation by Chained Equations [MICE]), ML-based (Random Forest, XGBoost, Support Vector Machine [SVM]), and DL-based (CTGAN, CopulaGAN, Denoising Autoencoder [DAE]). Each method was repeated five times to assess stability. Performance for categorical variables was evaluated using accuracy, Cohen's Kappa, sensitivity, and specificity, while numerical variables were evaluated using RMSE, MSE, and MAE. Variable importance analyses were conducted to identify key predictors for each imputed variable.

RESULTS

SVM consistently outperformed other methods, achieving the highest accuracy (0.92 ± 0.038), sensitivity (0.99 ± 0.055), and Kappa (0.70 ± 0.041), indicating strong agreement and robust classification performance. XGBoost and DAE demonstrated higher specificity (0.77), suggesting improved discrimination of true negatives. Random Forest and MICE showed moderate performance. GAN-based approaches generally performed poorly. Variable importance analyses revealed that most variables required fewer than five predictors for imputation.

DISCUSSION

Machine learning methods (i.e SVM) perform well under Missing at Random (MAR) conditions. These findings support growing evidence that kernel-based and neural network approaches are well suited to complex population health data. Future research should extend benchmarking across different missingness mechanisms and sample sizes to assess generalisability. Tailoring imputation strategies to data characteristics is essential for improving reproducibility and inferential validity in research.

Popul. Med. 2026;8(Supplement 1):A3698

ABS2816

Cape Town Systematic Healthcare Action Research Project (C-SHARP) – Experience of a health and demographic surveillance system integrated into routine health services, with household assessment findings from Nomzamo

Hannah Hussey[1,2,3], Hannah Hussey[1,2,3], Arne Von Delft[2], Eunice Beneke[2], Cleopas Hwinya[2], Trust Chibawara[2], Andrew Boulle[1,2,3]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Provincial Health Data Centre, Western Cape Department of Health and Wellness, Cape Town, South Africa, [3]CIDRI-Africa, Institute of Infectious Diseases and Molecular Medicine, University of Cape Town, Cape Town, South Africa
BACKGROUND
In 2023 the Western Cape Department of Health and Wellness established Cape Town Systematic Healthcare Action Research Project (C-SHARP), a health and demographic surveillance system (HDSS) integrated into community oriented primary care (COPC), in the low-income communities of Bishop Lavis and Nomzamo.
METHODS
C-SHARP increased the number of community health workers (CHWs) employed by contracting non-profit organisations (NPOs) to 180, who, after providing routine services and COPC screening, ask consent and additional surveillance questions, all of which is collected digitally on an open-source mHealth application we customised, Community Health Action Mobile Platform (CHAMP). Nurses provide clinical oversight and digital health officers give technical support to CHWs. CHAMP data is uploaded live into the Provincial Health Data Centre, allowing for granular automated reports of outputs and findings.
RESULTS
C-SHARP has visited 20 357 locations, and assessed 34 519 households and 101 748 individuals. 76% of household data comes from Nomzamo where near complete coverage can be demonstrated. Progress was slower in Bishop Lavis, related to NPO capacity constraints, as well as challenges in the community, including gang violence. The Nomzamo population has a median age of 28 and is 55% female. 31% of adults are unemployed, with 21% of households having no one employed in them. 35% of households received a social grant. In Nomzamo 49% of household dwellings are informal, and of these 27% accessed a public tap for water and are largely reliant on buckets and pit latrines for sanitation. 5% of all households have no access to electricity and 17% report no internet access, including on mobile phones. At least 8% of households have food insecurity.
CONCLUSIONS
C-SHARP demonstrates the feasibility of HDSS service integration and the utility of digital community-based data collection by CHWs, although operational challenges persist. Clustering of service relevant household vulnerability is seen.
Popul. Med. 2026;8(Supplement 1):A3699

ABS2843
Beyond Statistical Tests: Observational Meta-Analyses as Tools for Understanding Health Inequities

Maria Eduarda Maia Vilar[1], Edson de Andrade Nhamuave[1], Ana Carolina Souza Torres[1], Maria da Glória Lima Cruz Teixeira[1], Florisneide Rodrigues Barreto[1]
[1]Institute of Collective Health, Federal University of Bahia, Bahia, Brazil
INTRODUCTION
Observational studies play a central role in public health research, particularly in the evaluation of population health, social determinants, and health inequities across diverse social, economic, and epidemiological contexts. In settings marked by structural inequalities and cross-national variability, observational evidence is often a primary source for informing public health policies and interventions. Meta-analysis is a statistical technique used to combine and synthesize results from individual studies with clinical and methodological similarities and can be effectively applied to observational designs. However, observational meta-analyses are inherently characterized by substantial heterogeneity, reflecting real-world differences between populations, health systems, and contexts rather than methodological flaws alone.
OBJECTIVE
To analyze heterogeneity in observational meta-analyses and discuss its contribution to epidemiological knowledge, with emphasis on implications for health equity and population-level evidence.
METHODS
This theoretical essay adopts a reflective methodological approach to examine strategies for addressing heterogeneity in observational meta-analyses, based on procedures developed and applied in three observational studies, focusing on statistical and contextual approaches to heterogeneity assessment.
RESULTS
Statistical assessments using Cochran's Q test and the Higgins and Thompson I statistic indicated significant heterogeneity ($p<0.05$), with moderate to high magnitude across studies. To address this variability, subgroup analyses based on population characteristics and study contexts were conducted, alongside random-effects models. Meta-regression analyses estimated the influence of covariates and contextual factors on effect sizes, allowing a more nuanced interpretation of variability across populations.
CONCLUSIONS
While statistical tests are essential for identifying heterogeneity in observational meta-analyses, analyses should not be restricted to these measures alone. Heterogeneity should be interpreted as an expression of epidemiological and socioeconomic contexts within and between countries. Incorporating contextual and methodological approaches strengthens meta-analyses by producing more reliable and equitable evidence, avoiding overly generalized conclusions that may obscure health inequalities and compromise ethical public health decision-making.
Popul. Med. 2026;8(Supplement 1):A3700

ABS2848
Driving sustainable impact through implementation science

Zoe Mullan[1], Maha Rhannam[2]
[1]The Lancet Global Health, Elsevier, London, United Kingdom, [2]Elsevier Foundation, Amsterdam, Netherlands
ABSTRACT
This session will focus on the critical role of implementation science in global health initiatives, emphasizing its importance in ensuring that interventions are not only effective but also scalable and sustainable. Implementation science bridges the gap between research and practice, offering methodologies to apply scientific discoveries in real-world settings. Our panel of experts will include the 2026 winners of the Evidence to Impact Awards – an initiative by the Elsevier Foundation in partnership with The Lancet Group – who will share insights on applying implementation science principles to global health projects. They will discuss the key challenges and barriers in the field, as well as strategies to overcome them. The discussion will also explore how interdisciplinary collaboration can enhance the effectiveness and sustainability of health interventions. The session will highlight practical examples of successful implementation science applications, illustrating how these approaches have led to measurable improvements in health outcomes and contributed to the achievement of the Sustainable Development Goals (SDGs). We aim to foster innovation and community engagement, ultimately contributing to improved health outcomes on a global scale. This session will provide a platform for experts to share their experiences and insights, and for attendees to engage in a meaningful dialogue about the future of global health initiatives.
Popul. Med. 2026;8(Supplement 1):A3701

ABS2867
Realising the promise of participatory action research in health - Emerging findings from a realist review (REAL-2)

Helene-Mari van der Westhuizen[1], Robin Vincent[2], Geoff Wong[3], Janet Harris[4], Rene Loewenson[5], Gill Black[6], Sassy Molyneux[1], Mike Powell[7]
[1]Nuffield Department of Medicine, Oxford University, Oxford, United Kingdom, [2]Robin Vincent Learning and Evaluation LTD, Sheffield, United Kingdom, [3]Nuffield Department of Primary Care Health Sciences, Oxford University, Oxford, United Kingdom, [4]University of Sheffield, Sheffield, United Kingdom, [5]Training and Research Support Centre, Harare, Zimbabwe, [6]Sustainable Livelihoods Foundation, Cape Town, South Africa, [7]Independent consultant, Northumberland, United Kingdom
BACKGROUND
Participatory research (PR) is broadly defined as research where people who are affected by the issue being studied are involved throughout the research process. 1 Participatory action research places emphases on the need to identify, take and learn from action. 2 This realist review explored how participatory research can lead to evidence and action that improves the health outcomes of people affected by infectious diseases, mental health conditions and the health consequences of climate change. We aimed to clarify the key dynamics of PR and PAR, and understand what mechanisms and contexts influence health, capacity and partnership outcomes.
METHODS
We followed realist review methods.3 A systematic search of 12 databases yielded 2198 studies; after screening we included 91 publications. We used grey literature and theoretical literature to develop realist explanations and drew on a scholar-practitioner advisory board.
RESULTS
Our results showed the importance of deliberate attention to how power is shifted during each research stage, including in initiating the research collaboration and collective analysis. Dynamics of non-dominating power can inform collaborative group processes. These are reflected across different levels of practice; realising an 'equity context'. The creation of safe spaces for dialogue, joint action

and reflection can facilitate wider action on local insights. Importantly, such participatory processes involve embracing diversity and conflict, which can lead to stronger relationships, more relevant action, and greater motivation for further engagement.
CONCLUSIONS
A careful consideration of how power influences PR can help sensitise researchers to existing dynamics and their influence on research. There is a need for adequate funding for building relationships and collaborations necessary for the PAR process. We recommend more explicit attention to the need for knowledge democracy and epistemic justice in research processes, to which PAR can contribute. This can support PR and PAR processes to enable public health gains.
Popul. Med. 2026;8(Supplement 1):A3702

ABS2898

Comparing of survey-based and small area model estimates of secondhand tobacco smoke prevalence of exposure

Carla Guerra-Tort[1], Julia Rey-Brandariz[1], María Isolina Santiago-Pérez[2], Guadalupe García[1], Ana Teijeiro[1], Cristina Candal-Pedreira[1], Lucía de Luis Cid[1], Diyora Abdukhakimova[1], Mónica Pérez-Ríos[1]
[1]Preventive Medicine and Public Health, University of Santiago de Compostela, Santiago de Compostela, Spain, [2]Health Information Service, Directorate-General of Public Health, Galician Regional Health Authority, Santiago de Compostela, Spain

BACKGROUND
National Health Surveys provide population-level prevalence estimates for multiple risk factors. However, obtaining precise estimates for specific geographic areas by key variables, such as sex and age, is often limited by sample size. In this context, the application of small area estimation (SAE) models, combining health survey data with auxiliary area-level information, allows for geographically disaggregated estimates. The objective of this study was to assess the impact of applying SAE models on prevalence estimates of exposure to secondhand tobacco smoke (SHS) by sex and age group in the 17 Autonomous Communities and 2 Autonomous Cities of Spain for the years 2017, 2020, and 2023.
METHODS
SHS exposure prevalence was estimated using two approaches. In the first approach, microdata from the National Health Survey was used. In the second approach, a SAE model that integrates survey data with auxiliary information was applied. For comparison, absolute differences between estimates obtained with the two approaches were calculated.
RESULTS
Across all three years, overall, sex-specific, and age-group-specific SHS exposure prevalence estimates derived from the SAE model were consistently higher than those obtained directly from the survey data. Differences ranged between −2 and 0 percentage points. No consistent patterns were observed in the distribution of differences by sex or age group across the study years.
Popul. Med. 2026;8(Supplement 1):A3703

ABS2929

An enabling context for Participatory Action Research: P(p)olitics, funding and whose knowledge is valued

Helene-Mari van der Westhuizen[1], Robin Vincent[2], Gill Black[3], Rene Loewenson[4], Sassy Molyneux[1]
[1]Nuffield Department of Medicine, Oxford University, Oxford, United Kingdom, [2]Robin Vincent Learning and Evaluation LTD, Sheffield, United Kingdom, [3]Sustainable Livelihoods Foundation, Cape Town, South Africa, [4]Training and Research Support Centre, Harare, Zimbabwe

BACKGROUND
In this session we will share insights from our realist review on how participatory research (PR) works, for whom and in which contexts, by drawing on insights from the fields of infectious diseases, mental health and the health consequences of climate change. Our review seeks to distil clear causal understandings of the dynamics of PR, also considering how participatory action research (PAR) brings a distinct focus on cycles of action and reflection. Findings include recognition of the need to address power differences across all stages of research, and centre learning and reflection on action by those most affected. Our review distils insights from published academic literature as one construction of knowledge but given the practice / activist nature of the field, we want to invite critical dialogue on the limitations of an academic review to extend and challenge our findings.
METHODS
A world cafe style workshop will introduce key findings of the review. We will start with brief provocations from scholar-practitioners. Groups discussions will consider for PR/ PAR: How can expertise that lies outside of academic databases be synthesised to guide future work? How does funding shape what is being done? (3) How can PAR / PR respond to the current political moment in global health?
RESULTS
Review findings call for deliberate attention to power relations and epistemic justice in research processes. Building relationships, capacities and collaborations are also key for an effective PR process. The dialogue will help us refine practical recommendations from the review.
CONCLUSIONS
This session will contribute to a roadmap for future work that aims to synthesise learnings from PR as a field, recognising it extends beyond the boundaries of academia. We will develop recommendations for funders and practitioners to create an enabling context for PR and PAR to realise its full potential
Popul. Med. 2026;8(Supplement 1):A3704

ABS2976

Disrupting structural inequity in community-engaged research

Jennifer Nyawira Githaiga[1], Lucia Knight[1], Lara Court[1], Tsidiso Tolla[1]
[1]School of Public Health, Division of Social and Behavioural Sciences, University of Cape Town, Cape Town, South Africa

INTRODUCTION
Researchers may inadvertently propagate structural inequity when conducting research in communities. This includes top-down, elitist research approaches in which academics assert their expertise through unfair knowledge practices that reinforce power imbalances, reducing community members to research subjects or token advisors with little real influence, used primarily as a means to an end. This raises some pertinent questions: Who sets the research agenda? How do we address structural blindness in asymmetrical power relations between researchers and community members? What will it take to do relevant research in contexts of persisting, intersecting structural inequities?
METHODS
Utilising a knowledge translation framework, we posit that community engaged research in liaison with a local Community Reference Group (CRG) has disrupted structural inequity by facilitating: (i) a participatory process aimed at fostering local ownership, (ii) involving partnerships with stakeholders, (iii) an intentional process with projected tangible knowledge outputs and (iv) coupled with a proactive dissemination strategy targeting decision-makers.
RESULTS
We present three local case studies to demonstrate practical application of the knowledge translation framework in the development and piloting of a community-based health promotion workshop, a crowdsourcing project and a community-based training intervention. This will include a live panel comprising CRG members, who will give feedback on their experiences with the mentioned case studies, and researchers who will reflect on their research experiences.
CONCLUSIONS
Community-engaged research is a crucial and relevant method for involving communities in studies that concern them, embodying the motto "nothing about us without us." This methodology empowers and capacitates communities, recognising them as the experts on their own contexts and experiences with health and illness, while also disrupting the traditional power hierarchies in research.
Popul. Med. 2026;8(Supplement 1):A3706

ABS3129

Adoption of the good clinical trials collaborative guidance in the South African context

Andani Ratshinanga[1], Nompumelelo Ngobese[1], Anne Derache[1], Londiwe Shandu[1], Khethokuhle Nkosi[1], Allanise Cloete[1], Rachel Hallet[2], Nick Medhurst[2], Farida Ben-Younis[2], Katie Thorne[2], Sir Martin Landry[2], Limakatso Lebina[1]
[1]Africa Health Research Institute, Durban, South Africa, [2]Good Clinical Trials Collaborative, London, United Kingdom

INTRODUCTION
The global clinical research landscape is governed by various international and national frameworks, but many lack guidance on core principles of randomised clinical trials (RCTs). The Good Clinical Trials Collaborative (GCTC) was established to develop guidance that promotes the scientific and ethical value of RCTs across diverse settings. We report on awareness, perceptions, and practices regarding the GCTC Guidance among key clinical trial stakeholders in South Africa, focusing on local adoption.
METHODS
A convergent parallel mixed-methods design was employed with qualitative and quantitative data collected concurrently, analysed separately, and integrated during interpretation. Data came from participatory workshops (n=9), surveys (n=242), and key informant interviews (n=22) with relevant stakeholders.

Quantitative data were analysed with descriptive statistics, and qualitative data were thematically analysed.
RESULTS
Awareness of the GCTC Guidance among South African clinical trial stakeholders was limited, but participants reported strong alignment with existing South African clinical research and Good Clinical Practice (GCP) frameworks. The Guidance was applicable across organisations and aimed to improve the scientific rigour and ethical conduct of RCTs. Adoption was viewed as feasible but likely to face barriers, including resistance and resource constraints. Participants emphasised the need for coordinated, multisectoral implementation led by the National Department of Health, involving regulators, funders, academics, ethics committees, industry, and community stakeholders.
CONCLUSIONS
Despite limited prior awareness, the GCTC Guidance was perceived as compatible with South African regulatory and research practices. Its adoption was deemed feasible if integrated into established clinical research guidelines, potentially improving the quality and ethical conduct of RCTs in South Africa.
Popul. Med. 2026;8(Supplement 1):A3707

ABS3145
Building and maintaining a cost data collection system and repository for human immunodeficiency virus (HIV) and tuberculosis (TB) health interventions in South Africa
Khumo Modiba[1], Clive Ramushu[1], Lise Jamieson[1], Gesine Meyer-Rath[1]
[1]Health Economics and Epidemiology Research Office, Johannesburg, South Africa
BACKGROUND
Since 2005, the Health Economics and Epidemiology Research Office (HE2RO) has conducted economic evaluations to estimate the costs of HIV and TB interventions. These costs have been used by policy makers for programme planning, budgeting and ascertaining the affordability of scaling-up new and existing interventions to improve health outcomes and health-system efficiencies. However, these costs have not been summarised and standardised for consistency and centralised for ease of access by researchers, programme planners, and implementers. To address this gap, we developed an Excel-based repository of HIV and TB intervention cost estimates, drawing on internal and external studies.
METHODS
We sourced data from primary data collection and published and grey literature to build a comprehensive database tool of costs of TB and HIV interventions across prevention, screening, testing and treatment. Also included were service delivery enablers which improve the technical efficiency of existing programmes. All costs are based on the public provider perspective and expressed in both Rand and US-Dollar 2025 prices.
RESULTS
The cost repository allows for automated updating and extraction of cost estimates for 79 HIV-related and 18 TB-related health interventions, stratified by population and model of care where relevant. HIV interventions include 34 testing/screening services, 16 prevention services, 23 treatment-care-and-support services, and 6 structural enablers, while TB interventions include 12 testing/screening services, 2 prevention services, and 4 treatment-care-and-support services. When filtered to the chosen health intervention, the tool displays the average cost of the intervention, broken down into cost categories, and details of the cost and quantity of each ingredient required to deliver it.
CONCLUSIONS
Once available online, we anticipate the cost data repository to be used to conduct economic evaluation studies for priority setting and to support health technology assessment, aid in provincial financial planning and resource allocation, and facilitate the comparability of costs across settings.
Popul. Med. 2026;8(Supplement 1):A3708

ABS3193
A Pilot Study to Examine the Relationship between Social Privilege and Health Outcomes in a Primary Care Setting
Elizabeth Brown[1], Hedieh Sirjani[2], Sara Tomek[3], Priyanka Patel[1], Mildred Jackson[2], Kaylee Garcia[1]
[1]Health Behavior, Policy, and Management, Old Dominion University Joint School of Public Health, Norfolk, United States, [2]Nursing and Allied Health, Norfolk State University, Norfolk, United States, [3]Educational Psychology, Baylor University, Waco, United States
ABSTRACT
Background. Viewing privilege as a social determinant of health provides a useful lens for examining how social, economic, and structural advantages shape health outcomes. Our team developed and piloted a privilege questionnaire with questions related to SDOH so that respondents receive a composite privilege score ranging from −464 (lower privilege and access) to 464 (higher privilege and access). The primary purpose of this study was to explore the relationship between social privilege and health outcomes with primary care patients. Methods. In summer 2025, participants were recruited for three focus groups (FGs). During FGs, participants completed the electronic index and shared perspectives related to measuring privilege in healthcare. Data were collected via REDCap and then downloaded and analyzed in Excel and SPSS. Given the small sample size, adjusted analyses were limited and considered exploratory. The university Institutional Review Board approved the study. Results. Sixteen participants were included (mean age = 52.9 years). Most identified as Black/African American or multiracial (69%) and female (69%). A majority had some college education (62.5%) and reported annual incomes below $50,000 (81.2%). Common health conditions included hypertension (62.5%), high cholesterol (56.2%), and Type 2 Diabetes (50%). The average privilege score was -7.75. Lower privilege scores were correlated with increased likelihood of asthma (p=0.007), more likely to have government insurance (p=0.005), and more likely to report high cholesterol (p=0.016), food insecurity (p=0.020), and mood disorders (p=0.024). Conclusion. Our preliminary findings show that in-depth patient narratives related to social determinants of health can be translated into a numeric measure of privilege and access (or lack thereof), creating a mixed-methods tool that links lived experience to health outcomes. This approach supports Health Without Borders by offering a practical, values-driven framework, capturing upstream conditions influencing risk, resources, and well-being, to inform policies and practice across diverse health systems.
Popul. Med. 2026;8(Supplement 1):A3711

ABS3214
A Novel Integrated Syndemic Climate-Health Framework to Refine Transdisciplinary Processes in Low- and Middle-Income Countries
Feyisayo Wayas[1], Meelan. Thondoo[2], Damilola Odekunle[3], Elis Borde[4], Tiago Canelas[2,5], Charles Obonyo[6], Mikateko Mafuyeka[7], Edwin Ngwa[8], Motlatso Godongwana[9], Clarisse Mapa[8], Lambed Tatah[2], Felix. Assah[8], Victor Onifade[3], Opeyemi Babajide[10], Lidia Maria de Oliveira Morais Morais[4], Awah Tchouaffi[11], Tolu Oni[2], Georgiana Gordon-Strachan[12], Taibat Lawanson[3], Grace Githiri[13]
[1]Research Centre for Health through Physical Activity, Lifestyle & Sport, Dept of Human Biology, University of Cape Town, Cape Town, South Africa, [2]IMS Epidemiology Unit, University of Cambridge, Cambridge, United Kingdom, [3]Department of Urban & Regional Planning; Centre for Housing & Sustainable Development, University of Lagos, Lagos, Nigeria, [4]Federal University of Minas Gerais, Belo Horizonte, Brazil, [5]Universitat Carlemany,, Sant Julià de Lòria, Andorra, [6]Centre for Global Health Research, Kenya Medical Research Institute (KEMRI), Kisumu, Kenya, [7]PRICELESS SA - SAMRC/Wits Centre for Health Economics and Decision Science, Wits School of Public Health, University of the Witwatersrand, Johannesburg., South Africa, [8]Health of Populations in Transition Research Group (HoPiT), University of Yaoundé I, Yaoundé, Cameroon, [9]Developmental Pathways for Health Research Unit, University of the Witwatersrand, Johannesburg, South Africa, [10]Urban Health Collaborative, Drexel University, Philadelphia, United States, [11]Department of Fundamental Education, Faculty of Education, University of Yaounde I., Yaounde, Cameroon, [12]Caribbean Institute for Health Research (CAIHR),, University of the West Indies (UWI), Kingston, Jamaica, [13]Policy, Legislation and Governance Section,, United Nations Habitat, Nairobi, Kenya
INTRODUCTION
The convergence of climate change and non-communicable diseases (NCDs) create multiple complex interconnected health crises, "syndemic", that manifests with intensity in urban settings, particularly in low- and middle-income countries (LMICs). The syndemic is often compounded by systemic inequities in marginalized communities. Transdisciplinary (TD) research offers potentially transformative approaches to tackling this complexity. However, few TD studies critically examine context-specific challenges underlying climate change-health linkages. We examined how TD principles can be operationalised to be practically implemented in climate-health research to uncover and address structural determinants underpinning climate change, NCD syndemic hazards in LMICs.
METHODS
We used a mixed-methods design of quantitative data (syndemic variable counts, stakeholder categories, pre- and post-workshop surveys) with qualitative inductive analysis of stakeholders' narratives to identify themes on health impacts of syndemic factors, climate events, and adaptive strategies across seven cities in South Africa, Nigeria, Jamaica, Brazil, Kenya, and Cameroon. Syndemic relationships were analyzed through five lenses: structural determinants; climate-health linkages; stakeholder power dynamics; transformative community

engagement; and critical reflection on transdisciplinary processes to propose an Integrated Syndemic Climate-Health Framework to refine transdisciplinary processes.
RESULTS
172 diverse stakeholders comprising of policymakers (34%), academia, researchers, and practitioners (27%), community actors (15%), not-for-profit actors (16%), and commercial actors (8%), prioritized 24 predefined syndemic variables related to climate and natural hazards, built environment and physical activity, and food environment, and contributed 71 context-specific variables. Stakeholders emphasized the need for context-specific strategies and inclusive community engagement to address the health consequences of "syndemic". A novel Integrated Syndemic Climate-Health Framework (ISCHF) composed of six main components: holistic syndemic analysis, stakeholder-driven co-design, transdisciplinary integration, adaptive implementation strategies, enhanced communication and capacity building, and evaluation and continuous improvement developed from the results.
CONCLUSIONS
We propose an ISCHF to refine TD processes for enhanced research, localized interventions, and iterative evaluation in LMICs.
Popul. Med. 2026;8(Supplement 1):A3712

ABS3261
Rapid Skill-Building in Qualitative Research for Public Health Professionals

Prateek Bobhate[1], Abhishek Das[2]
[1]Community Medicine, All India Institute of Medical Sciences, Vijaypur, Jammu, JAMMU, India, [2]Forensic Medicine and Toxicology, Jhargram Govt Medical College & Hospital, Kolkata, Jhargram, Kolkata, India

ABSTRACT
Qualitative research is essential in public health to explore lived experiences, health behaviours, patient perspectives, and health system challenges. Despite its relevance, many postgraduate students and early-career faculty lack confidence in choosing appropriate qualitative designs, conducting interviews/FGDs, ensuring rigour, and performing systematic analysis.
METHODS
This interactive workshop will be conducted using a interactive lectures, live demonstrations, and small-group activities. Participants will be introduced to key qualitative paradigms and commonly used designs (phenomenology, grounded theory, case study). A stepwise framework will be discussed: developing a qualitative research question, sampling strategies (purposive, snowball), designing interview guides, conducting ethical data collection, and ensuring trustworthiness (credibility, dependability, confirmability, transferability). A rapid thematic analysis exercise will be performed using a sample transcript to demonstrate coding, category development, and theme generation. Participants will also be guided on reporting using COREQ and basic use of AI/digital tools for transcription and analysis.
RESULTS
By the end of the session, participants are expected to: (i) formulate a qualitative research question aligned with an appropriate design; (ii) develop a basic interview guide; (iii) demonstrate initial coding and theme development; and (iv) apply principles of rigour and ethical conduct in qualitative studies.
CONCLUSIONS
This short, skills-focused workshop will strengthen the capacity of public health professionals and faculty to conceptualize, conduct, and report qualitative research in community medicine and allied disciplines. It will support improved research output and enhance the quality of evidence generated for health system strengthening.
Popul. Med. 2026;8(Supplement 1):A3716

ABS3308
Reframing Health Committee Effectiveness Using the Capabilities Approach in South African Health Governance

Natasha Ruya[1], Hanne Haricharan[1], Leslie Iondon[1]
[1]Public Health Medicine, University of Cape Town, Cape Town, South Africa

INTRODUCTION
The White Paper for the Transformation of the Health System envisioned health committees as participatory structures enabling communities to hold health services accountable. However, the National Health Act does not define specific powers for health committees, leaving these to provincial legislation. This has resulted in significant variation in how committees are structured, supported, and empowered across provinces, often limiting their legitimacy, resources, and influence. Existing research has largely focused on formal structures and procedural compliance, with limited attention to agency, representation, capabilities, and community trust that shape participation in practice.
METHODS
This PhD proposal develops an empirically grounded analytical framework intended to inform the development of a practical assessment model for evaluating health committee effectiveness. Guided by Rifkin's CHOICE framework and informed by Amartya Sen's Capabilities Approach, effectiveness is conceptualised as multidimensional, encompassing agency, accountability, inclusivity, and sustainability. The study will employ qualitative case studies in Klipfontein, Khayelitsha, and Nelson Mandela Bay, using focus group discussions, key informant interviews, and participatory workshops to examine how institutional arrangements, power relations, and resources enable or constrain meaningful community participation in health governance.
RESULTS
The study anticipates demonstrating that health committee effectiveness depends not only on the existence of formal participatory structures, but on the extent to which institutional recognition, resources, and support are converted into real capabilities for participation and influence. These insights are expected to inform the development of an assessment model that identifies key determinants shaping health committee functionality across contexts.
CONCLUSIONS
By applying the Capabilities Approach as an analytical lens rather than a theory-building exercise, this study contributes a context-sensitive assessment model for understanding and assessing health committee effectiveness. The proposed model aims to support strategies as instruments of procedural equity, empowerment, and community-centred accountability in South African health governance, particularly in contexts preparing for health system reform.
Popul. Med. 2026;8(Supplement 1):A3717

ABS3383
A Scalable Model for National Expansion of HIV Self-Testing: Rapid Scale-Up of HIV Self-Testing Using a Total Market Approach in Nigeria

AMEH RAPHAEL ADOLE[1], Chidinma Umebido[1], Jibrin Kama[1], Chizoba Fashanu[1], Olufunke Fasawe[1], Ngozi Adibe[1], Adebobola Bashorun[2], Chioma Ukanwa[2], Samson Omoighe[2], Aishatu Gubio[2], Ramat Mohammed[2], Dr. Ali Onoja[3]
[1]Clinton Health Access Initiative, Abuja Municipal, Nigeria, [2]National AIDS and STDs Control Programme, Abuja Municipal, Nigeria, [3]African Health Project, Abuja Municipal, Nigeria

BACKGROUND
As Nigeria accelerates progress toward the UNAIDS 95-95-95 targets, scalable HIV-testing strategies that are integrated, ensure reach, data quality and linkage-to-care are urgently needed. HIV self-testing (HIVST) implemented through a Total-Market-Approach (TMA), has the potential to transform national testing systems. The Promoting Access to HIV-Self-Testing (PATHSII) project evaluated uptake of rapid HIVST scale-up across multiple channels. Description: Over 12 months, CHAI and NASCP, with state and private-sector actors implemented a TMA strategy across 23 channels: Community Pharmacies (CPs), Patent Proprietary Medicine Vendors (PPMVs), and Community-Based-Organizations (CBOs) in three Nigeria states (Kaduna, Nasarawa, and Ogun). Interventions included technical assistance (TA) to government, distribution channels selection using WHO tools, capacity building for private sector & states, provider capacity strengthening, and real-time monitoring of testing, reporting, referral and linkages. The data was collected using national tools.
RESULTS
The program distributed 4,684 HIVST kits, achieving a 93% result reporting-rate. Reactivity was 1.3%, with 98% of reactive linked to confirmatory testing and 85% initiated-ART. The project demonstrated expanded access, a breakthrough in male engagement with approximately 50% distribution of HIVST kits between men, 2339(49.9%) and women, 2345(50.1%), while maintaining accountability and quality. Implementation across sites proved feasibility of private-sector integration adaptable across diverse geographic and epidemiological contexts. Regionally, Nasarawa achieved the highest reporting (96%), Kaduna showed highest confirmed positivity (95%). Overall, the 85% ART-initiation rate among confirmed positives validates efficiency. The project demonstrated state actors successfully overseeing private sector HIVST distribution.
CONCLUSIONS
HIVST delivered through a TMA can expand testing coverage while preserving strong linkage-to-care outcomes. The findings provide timely, actionable evidence to inform national HIV testing policies and position HIVST as a central pillar of epidemic control in Nigeria and similar settings. The synergy between public oversight and private-sector delivery creates a sustainable health system with

potential to transition to full national scale-up.
Popul. Med. 2026;8(Supplement 1):A3718

ABS3384
Community perspectives on the environmental determinants of obesity in a low-income urban neighborhood: A participatory study in Istanbul

Raissa Uwera[1], Elif Ahsen Kalpar[1], Kezban Yavuz Emik[2], Mutlu Alpay[3], Murat Tuğberk Bakar[2], Selin Davun[2], Merve Kırlangıç[2], Mehmet Akif Sezerol[2], Sibel Sakarya[3]
[1]Department of Public Health/ Global Health Masters Program, Koc University, Istanbul, Turkey, [2]Health services, Sultanbeyli District Health Directorate, Istanbul, Turkey, [3]Department of Public Health/ School of Medicine, Koc university, Istanbul, Turkey

BACKGROUND
In most low-income urban areas, the obesity rates are driven beyond individual choice and are shaped by surrounding environments. As part of the "IMPROVING EQUITY" (IM-EQ) project, a workshop was conducted to identify community perspectives on the surroundings/enablers, barriers, and gaps as conditions/situations that are considered determinants of obesity.
METHODS
A community-based participatory workshop was conducted in a low-income neighborhood in Istanbul, following a shared protocol used across five countries. By using a "World Café" style, 13 volunteer citizens from various sectors engaged in facilitated discussions. The discussions focused on 4 thematic environments surrounding obesity: digital, food, social, and physical activity. Data were collected via post-it notes and moderator observations, followed by thematic analysis to prioritize community-defined insights and lived experiences.
RESULTS
Participants revealed a complex interplay of factors across the 4 environments. 1) The digital environment showed that while facilitating access to exercise content and health information, it is dominated by misinformation, distrust in online nutrition advice, and a lack of locally relevant resources. 2) Food highlighted how the local market made access to fresh produce easy, yet major barriers like food safety concerns and aggressive marketing of unhealthy food were noted. 3) In the social part, family norms, restrictive gender roles, and weight-related stigma significantly limit healthy behavior change, particularly for girls and women. 4) Physical activity was characterized by insufficient safe public places and poor urban planning.
CONCLUSIONS
These community perspectives frame obesity as more of a structurally produced condition shaped by intersecting environmental constraints. As stated by participants in a small post workshop feedback, the workshop was an empowering experience that heightened awareness of these influences and fostered critical thinking through a collaborative atmosphere. This participatory approach is essential for co-designing socially acceptable and effective obesity prevention strategies in low-resource contexts.
Popul. Med. 2026;8(Supplement 1):A3719

ABS3421
Improving knowledge generation and capitalisation in health system strengthening projects: Learning and documenting action research in the Democratic Republic of Congo

Aloys Zongo[1], Jean-François Busogoro[2], Karel Geyselinck[3], Amandine Oleffe[4], Faustin Chenge[5], Aline Labat[4]
[1]Enabel, Kisangani, Congo, Democratic Republic of the, [2]Enabel, Kinshasa, Congo, Democratic Republic of the, [3]Enabel, Brussels, Belgium, [4]School of public health, University libre of Brussels, Bruxelles, Belgium, [5]Centre des connaissances en santé, Kinshasa, Congo, Democratic Republic of the

INTRODUCTION
To address challenges related to the financial accessibility of quality hospital care, Enabel (Belgian developpement agency) supports the Tshopo Provincial Health Division in the implementation of a subsidised flat-rate payment system at Isangi General Referral Hospital (GRH), while ensuring the financial sustainability of the facility. This approach aims to reduce out-of-pocket payments for patients referred to hospital care, including provisions for indigent patients.
METHODS
A descriptive evaluative study was conducted at Isangi GRH from 1 October 2024 to 31 March 2025. The evaluation covered ten hospital services included in the subsidised flat-rate payment system. Only patients referred from primary health care centres to the GRH were eligible for the scheme. Three types of evaluation were carried out: (i) service volume assessment; (ii) technical quality assessment; and (iii) perceived quality of care assessment.
RESULTS
A total of 1076 services were delivered compared to 642 planned for the study period, corresponding to an achievement rate of 167%. Among indigent patients, only 2 services were provided out of 32 planned (6.2%). Technical quality verification assessed seven health system pillars using the DQI framework, resulting in a quality score of 60.2%. Community verification combined with patient satisfaction surveys improved from 67% at baseline to 72% six months after implementation. Staff satisfaction increased from 49% at baseline to 70.1%. The overall quality score, integrating the DQI, patient satisfaction, and the complementary flat-rate assessment tool, was 60.6%. From a financial perspective, USD 29913 were spent against a projected budget of USD 21272, corresponding to an execution rate of 140.6%.
CONCLUSIONS
The implementation of the subsidised flat-rate payment system was considered satisfactory in terms of service utilisation and quality improvement. However, several challenges were identified, particularly regarding coverage of indigent patients and financial forecasting, leading to recommendations to further strengthen and optimise the scheme.
Popul. Med. 2026;8(Supplement 1):A3721

ABS3590
Methods for scrutinising coloniality in commercial determinants of health research

Michelle Brear[1], Maurine Ng'oda[2], Nason Maani[3], Kaveri Qureshi[3], Arti Singh[4]
[1]SAMRC/Wits Centre for Health Economics and Decision Science – PRICELESS SA, University of the Witwatersrand, School of Public Health, Parktown, Johannesburg, South Africa, [2]African Population Health Research Centre, Nairobi, Kenya, [3]School of Social and Political Science, University of Edinburgh, Edinburgh, United Kingdom, [4]Epidemiology and Biostatistics, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

BACKGROUND
Commercial actors, such as alcohol and ultra-processed food producers markedly determine global health outcomes. Understanding their colonial antecedents and afterlives through innovative empirical research is an important approach for decolonising global health. This organised session introduces and provides opportunities to apply methods for considering coloniality in commercial determinants of health (CoDH) research.
METHODS
Three novel methods, adapted from prior experience and informed by coloniality theory, for CDoH in sub-Saharan Africa research, will be introduced. In small groups, participants will see a demonstration of, and apply, one method of their choice.
RESULTS
Mapping multistakeholder engagement is an analytical method grounded in Nkrumah's neocoloniality, that visualises the concentration of power within and across commercial and political spheres. Using data mapping corporate engagement in global governance, participants will examine the implications of such interactions for understanding tensions between multistakeholder approaches to sustainable development and action to tackle CDoH. Crowdsourcing is a method that leverages internet and smart phone technologies to enable mass public participation in collecting visual (photographic) data that "speaks" for people whose voices are usually excluded. Participants will explore setting up and adding photographic data to an online database platform. They will consider the theoretical underpinnings of methods that capture the lived experiences of structurally marginalised people. Community impact mapping is a participatory data collection method adapted from rapid rural appraisal methods. It intended to address epistemic injustice which is central to coloniality, by collecting data about citizens lived experiences of the impacts of commercial determinants of health, at the local level. Applying this method in the workshop, participants will draw on their lived experiences, to produce and analyse community map data.
CONCLUSIONS
Workshop participants will develop capacity to consider coloniality in commercial determinants of health research and practical experience applying one methods.
Popul. Med. 2026;8(Supplement 1):A3723

ABS3645
Lessons learned from advancing equity within the undiagnosed diseases network community engagement model

LaShawn Hoffman[1], Rhonda Holliday[2], Tabia Akintobi[2], Rakale Quarells[2]
[1]Hoffman & Associates, Atlanta, United States, [2]Community Health and Preventive Medicine, Morehouse School of Medicine, Atlanta, United States

BACKGROUND

Research on rare and undiagnosed diseases is marked by persistent inequities in awareness, access, and participation. The National Institutes of Health sponsored Undiagnosed Diseases Network (UDN) was established to improve diagnosis and discovery for individuals with undiagnosed conditions. To address disparities in access, UDN developed a Community Engagement (CE) model to increase awareness, referrals, and equitable access to diagnostic services through sustained community partnerships.
OBJECTIVES
To describe the UDN CE model and examine how equity-centered engagement strategies enhance participant access, strengthen community-academic partnership, and inform network-level decision-making.
METHODS
UDN implemented CE Milestones across 21 clinical sites to support standardized yet locally responsive engagement. Strategies included monthly CE Committee meetings with compensated community partners; site-level training and individualized technical assistance; partnerships with community health centers, advocacy organizations, and faith-based institutions; and co-development of outreach, recruitment, educational materials, and multimedia products. Engagement activities were documented quarterly to capture formats, reach, challenges, and lessons learned.
RESULTS
UDN documented 102 engagement activities across sites, reflecting expanded partnerships and increased integration of community perspectives. Successes included improved provider awareness, culturally and linguistically tailored outreach, and strengthened referral pathways for potential participants. Engagement was more effective when participant engagement activities were clearly distinguished from community-academic partnership roles, with expectations defined early and communicated consistently. Ongoing challenges included digital access barriers, limited digital and health literacy, translation needs, competing institutional priorities, and skepticism among community providers and families, highlighting the need for sustained trust-building. Equity outcomes included clearer engagement roles, improved documentation, increased emphasis on equity-aligned network sustainability, and growing consensus that advancing equity requires "bringing UDN into the community."
CONCLUSIONS
The UDN CE model demonstrates the feasibility and value of equity-centered community engagement within a large, multi-site national research initiative and offers transferable guidance for advancing equitable participation in complex diagnostic systems.
Popul. Med. 2026;8(Supplement 1):A3724

ABS3840
Complex, mixed-method research for investigating food environments- examples from a multi-campus study in South Africa

Alice Khan[1], Michelle Brear[2], Makoma Bopape[3], Bontle Mamabolo[2], Susan Goldstein[2], Matjie Rapetsoa[3], Choney Mothapo[3], Tamryn Frank Frank[1], Rina Swart[4]
[1]School of Public Health, University of the Western Cape, Belville, Cape Town, South Africa, [2]SAMRC/Wits Centre for Health Economics and Decision Science (PRICELESS SA),, University of the Witwatersrand, Johannesburg, South Africa, [3]Department of Human Nutrition and Dietetics, University of Limpopo, Limpopo, South Africa, [4]Department of Dietetics and Nutrition, University of the Western Cape, Belville, Cape Town, South Africa
BACKGROUND
Food environments profoundly influence individual food practices and rates of nutrition-related non-communicable diseases (NCDs) which are increasing in South Africa (SA) and other African countries. There is limited knowledge about food environments at universities in African countries; and methods investigating the nature and influence of food environments, that are appropriate for use in low- and middle-income countries, are still being developed. This study aimed to characterise the complex food environments, and their influences on food practices at three universities in South Africa.
METHODS
This comprehensive mixed methods study was guided by participatory research principles. It employed quantitative food inventory audit surveys of retail outlets, focus group discussions with students, interviews with university staff and food retailers, and participant observation of day-to-day engagement with food environments. A review of existing policies guiding food procurement, sales and marketing was conducted.
RESULTS
A retail food inventory audit survey, and how it was adapted from a high-income country to the South African context, will be presented. A demonstration of the quantitative REDCap data collection tool will be conducted, including discussion of data collection procedures, definitions and quality assurance measures. Ethnographic participant observation guides, and the settings in which they were used, will be presented. In small groups participants will discuss examples of observation data and the unique insights it provided within the mixed-method study. Participants to this session should develop knowledge of, and build capacity to employ, the conceptual and methodological tools employed within and adapted to the socio-cultural contexts of a South African university food environment study.
CONCLUSIONS
Unhealthy eating habits formed by students may persist into adulthood, whilst universities as a workplace contribute to the NCD risk. Innovative methods are required to examine the university food environment to inform and implement policies that support healthy food choices.
Popul. Med. 2026;8(Supplement 1):A3727

ABS3910
Trends in tuberculosis treatment outcomes and mortality in São Paulo State, Brazil, 2015–2022

Yan Mathias Alves[1], Reginaldo Bazon Vaz Tavares[1], Nathalia Zini[1], Marcela Antunes Paschoal Popolin[2,1], Maria Eduarda Pagano Pelodan[1], Ariela Fehr Tártaro[1], Daniele de Moraes Pinheiro[1], Antônio Carlos Viera Ramos[3], Mariana Gaspar Botelho Funari de Faria[1], Tatiana Ferraz de Araújo Alecrim[1], Ione Carvalho Pinto[1], Jaqueline Garcia de Almeida Ballestero[1], Ricardo Alexandre Arcêncio[1]
[1]Ribeirão Preto College of Nursing at University of São Paulo, Ribeirão Preto, Brazil, [2]Federal University of Tocantins - Palmas Campus, Palmas, Brazil, [3]University of the State of Minas Gerais - Passos Campus, Passos, Brazil
BACKGROUND
Tuberculosis (TB) elimination targets for 2030 depend on sustained health system performance and continuity of care1. Disruptions to health services, particularly during the COVID-19 pandemic, may have affected TB diagnosis, treatment, and follow-up2,3. São Paulo State, Brazil's most populous state and the country's highest TB burden setting, offers a relevant context to examine temporal changes in key TB outcomes. This study aimed to analyze trends in tuberculosis treatment outcomes and mortality in São Paulo State, Brazil, between 2015 and 2022.
METHODS
An ecological time series study was conducted using TB case data from the Notifiable Diseases Information System (SINAN) and mortality data from official databases of the Brazilian Unified Health System. The analysis covered the period from 2015 to 2022 and focused on trends in cure, loss to follow-up, and tuberculosis-related deaths, with particular attention to the pandemic years (2020–2021). Prais–Winsten autoregression was applied to estimate monthly percent changes and classify temporal trends4.
RESULTS
Loss to follow-up increased from 11.2% in 2015 to 13.3% in 2022, reaching a peak of 13.9% in 2021 and showing a significant increasing trend over time. Cure rates remained consistently below the national target of 85%, declining markedly in 2020 (66.4%) and presenting an overall decreasing trend throughout the study period. Tuberculosis-related deaths rose from 2.3% in 2015 to 3.2% in 2022, with the highest proportion observed in 2021. The most pronounced deteriorations in outcomes coincided with the COVID-19 pandemic period.
CONCLUSIONS
The findings demonstrate unfavorable trends in tuberculosis treatment outcomes and mortality in São Paulo State between 2015 and 2022, particularly during the pandemic years. These results highlight the need to strengthen surveillance, care coordination, and patient-centered strategies to improve treatment outcomes and support progress toward tuberculosis elimination goals in high-burden settings.
Popul. Med. 2026;8(Supplement 1):A3729

ABS3922
Analysis of the integrated regional planning process as a mechanism for interfederative coordination in the Brazil's Unified Health System

Fabiane Lima Simões[1], Fabrício Santos Neves[1], Florival Costa Junior[1], Jeanine Pacheco Moreira Barbosa[1], Jeremias Campos Simões[1,2], Kátia Cristine Carvalho Pereira[1], Lívia Ribeiro Valotto[1], Mayrianne Mattos Pinto[1], Rafael Volpi Caliari[1], Maria Angélica Carvalho Andrade[1]
[1]Postgraduate Program in Public Health, Federal University of Espírito Santo (UFES), Vitória, Brazil, [2]Fluminense Federal University, Rio de Janeiro, Brazil
INTRODUCTION
Regionalization remains a persistent challenge within the Brazil's Unified Health System (SUS), and the Integrated Regional Planning (IRP) has been established

as a tripartite strategy to induce the organization of actions and services into regionalized healthcare networks. Analyzing the implementation of public policies is inherently complex, particularly when addressing planning from a regional perspective. The Strategor theoretical framework, inspired by the French HEC Paris School, adopts the tetrahedron concept, which considers decision-making, structure, identity, and strategy as interconnected determinants, in which changes in one dimension affect the others, forming a dynamic system. This study aims to describe the implementation process of IRP as a tool for integrating Health Care Networks in the state of Espírito Santo, Brazil.
METHODS
The Strategor theoretical-methodological model was applied to analyze the IRP implementation process. The method involved examining the strategies adopted by technical staff and managers within a health region, identifying elements related to decision-making processes, institutional structural dynamics, and features of regional identity.
RESULTS
Integrated Territorial Institutional Support was adopted as the central strategy, integrating regional institutional support initiatives and consolidating the Macrorregional Working Group as a management mechanism. This arrangement fostered a sense of belonging, strengthened intermunicipal ties, defined shared objectives, and enabled the development of collective outputs, reinforcing the region as a locus for implementing the prioritized healthcare network. Identified facilitating factors included strategic alliances, a robust normative framework, integrated governance, and the operationalization of IRP. Limitations comprised state-level tutelage over municipalities, low institutionalization of IRP, and limited strategic command. The group proposed actions aimed at reorganizing the healthcare network and promoting changes in healthcare delivery.
CONCLUSIONS
Institutional Support reshaped work processes and expanded institutional democracy, exerting a positive impact on the implementation of health policies oriented toward population health needs and grounded in values of cooperation and solidarity.
Popul. Med. 2026;8(Supplement 1):A3730

ABS3945
A Cross-Sectional Survey of Health, Safety, and Digital Engagement Among Truckers: Priorities for Behavior Change and Mobile Health Interventions
KAUSHIK BISWAS[1]
[1]Programme, Plan International (India Chapter), Delhi, India
BACKGROUND
India's commitment to end AIDS by 2030 under the 95–95–95 FastTrack targets requires focused action among high-risk populations. Long-distance truckers exhibit HIV prevalence 1.00% (95% CI: 0.78-1.21) nearly five times the national average. Plan India carried out a needs assessment survey to enable precision programming and inform a user-centric mobile health platform.
METHODS
A cross-sectional needs assessment was conducted among truckers and allied workers registered under Plan India's One Stop Centre (OSC) interventions. Stratified random sampling was applied, with OSC locations as strata and systematic random selection within sites. A total of 502 respondents were interviewed using a structured questionnaire, and descriptive and bivariate analyses were performed. The data was analyzed using SPSS.
RESULTS
A cross-sectional assessment of 502 truckers revealed critical insights across sexual health, substance use, road safety, and digital engagement. Sexual health awareness was moderate, with 73.7% of total respondents were aware of STI/HIV; and more than 90% short-distance drivers were aware, but declined among older and long-route drivers. Substance use was widespread at 90.4%. 26.5% reported frequent use, especially among long-route, lower-educated, and mid-income drivers. Health burden correlated with substance use, particularly among drivers with ≥5 health conditions. Lower income and education were linked to higher health burdens ($p < 0.001$; $p \approx 0.05$). Road safety awareness was high at 90.8%, yet training gaps persisted.
CONCLUSIONS
The assessment highlights that truckers face significant health and safety vulnerabilities, including moderate sexual health awareness, widespread substance use, and gaps in road safety training. Older and long-route drivers are particularly at risk, while those with multiple health conditions are more likely to engage in risky behaviors. Based on these findings Plan India has developed a digital platform to offer a scalable opportunity to improve truckers' health, safety, wellbeing across diverse routes and demographic groups.
Popul. Med. 2026;8(Supplement 1):A3731

ABS3999
Social vulnerability and gaps in social protection among people undergoing tuberculosis treatment in São Paulo State, Brazil
Yan Mathias Alves[1], Reginaldo Bazon Vaz Tavares[1], Nathalia Zini[1], Maria Eduarda Pagano Pelodan[1], Daniele de Moraes Pinheiro[1], Ariela Ferh Tártaro[1], Marcela Antunes Paschoal Popolin[1], Mariana Gaspar Botelho Funari de Faria[1], Jaqueline Garcia de Almeida Ballestero[1], Ione Carvalho Pinto[1], Tatiana Ferraz de Araújo Alecrim[1], Aline Aparecida Monroe[1], Ricardo Alexandre Arcêncio[1]
[1]Ribeirão Preto College of Nursing at University of São Paulo, Ribeirão Preto, Brazil
BACKGROUND
Tuberculosis is strongly shaped by social determinants of health, and social protection measures play a critical role in supporting treatment adherence and successful outcomes. Despite the availability of free diagnosis and treatment in Brazil, socially vulnerable populations may experience barriers to accessing social benefits and public assistance. Understanding these gaps is essential to inform intersectoral responses to TB.
METHODS
This descriptive, cross-sectional and exploratory study included 26 individuals undergoing tuberculosis treatment in São Paulo State, Brazil. Data were collected using a structured electronic form (REDCap)(3) and covered sociodemographic characteristics, employment status, income, and access to social protection programs, including Bolsa Família, Continuous Cash Benefit (BPC), and registration in Social Assistance Reference Centers (CRAS).
RESULTS
Participants exhibited high levels of social vulnerability. Most had low educational attainment, with 61.5% completing no more than primary education. Unemployment affected 38.5% of participants, while 15.4% were engaged in informal work. Approximately one-third reported a family income below one minimum wage, and 30% had no regular source of income. Access to social protection was limited: only 42.3% reported receiving social assistance benefits, and 53.8% were registered with CRAS.
CONCLUSIONS
The study highlights significant gaps in social protection among people undergoing tuberculosis treatment, even within a setting with established health services. These vulnerabilities may compromise treatment adherence and outcomes. Strengthening coordination between health and social assistance sectors is crucial to ensure comprehensive support for socially vulnerable populations affected by tuberculosis.
Popul. Med. 2026;8(Supplement 1):A3734

ABS4068
Monitoring tuberculosis notification, treatment outcomes and mortality in Brazil using routine health information systems
Yan Mathias Alves[1], Reginaldo Bazon Vaz Tavares[1], Nathalia Zini[1], Marcela Antunes Paschoal Popolin[1], Maria Eduarda Pagano Pelodan[1], Daniele de Moraes Pinheiro[1], Ariela Fehr Tártaro[1], Mariana Gaspar Botelho Funari de Faria[1], Jaqueline Garcia de Almeida Ballestero[1], Tatiana Ferraz de Araújo Alecrim[1], Aline Aparecida Monroe[1], Ione Carvalho Pinto[1], Ricardo Alexandre Arcêncio[1]
[1]Ribeirão Preto College of Nursing at University of São Paulo, Ribeirão Preto, Brazil
BACKGROUND
Tuberculosis (TB) remains a persistent public health challenge in Brazil, requiring continuous monitoring to support effective control strategies. Routine health information systems are central to tracking TB notification, treatment outcomes, and mortality, yet inconsistencies in data quality and operational performance may compromise timely decision-making. This study aimed to analyze key tuberculosis indicators derived from routine surveillance systems in Brazil, focusing on notification patterns, treatment outcomes, and mortality trends.
METHODS
A descriptive and analytical study was conducted using secondary data from Brazilian routine health information systems, including the Notifiable Diseases Information System (SINAN)(3) and mortality records from the Unified Health System. Tuberculosis indicators related to case notification, treatment outcomes (cure, loss to follow-up, and death), and mortality were analyzed according to time and geographic distribution, following definitions established by the Brazilian Ministry of Health. Data completeness and consistency were assessed to identify operational limitations in surveillance and follow-up.
RESULTS
The analysis revealed temporal fluctuations in tuberculosis case notifications, suggesting periods of reduced detection and reporting. Treatment outcomes showed persistent challenges, with unfavorable outcomes remaining a relevant

proportion of reported cases across the study period. Tuberculosis-related mortality exhibited variability over time and across geographic areas. In addition, limitations in data completeness and delays in notification were observed in routine systems, indicating weaknesses in surveillance processes and continuity of care.
CONCLUSIONS
Routine health information systems provide essential evidence for monitoring tuberculosis control in Brazil; however, persistent operational and data quality challenges may limit their effectiveness. Strengthening surveillance systems, improving data completeness, and ensuring timely use of routinely collected data are critical to support more responsive and equitable tuberculosis control strategies.
Popul. Med. 2026;8(Supplement 1):A3736

ABS4076
Factors associated with antenatal care utilisation among women of reproductive age in sub-saharan africa: A systematic review and meta-analysis from 2015-2025
Marethabile Nthabiseng Mariti[1], Juliana Kagura[1], Mokete Motlatsi[1], Solomon Nyame[2]
[1]School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, [2]Research and development division, Kintampo Health Research Centre, Kitampo, Ghana
BACKGROUND
Despite WHO recommendations, antenatal care (ANC) use among women in Sub-Saharan Africa remains low. ANC is essential for improving maternal and neonatal health by addressing and reducing related deaths. We conducted a comprehensive systematic review and meta-analyses to examine the factors associated ANC utilization in Sub-Saharan Africa from 2016 to 2025.
METHODS
This systematic review and meta-analysis research included studies focusing on women of reproductive age who were pregnant or had given birth within 5 years preceding the time of the study. Data was from studies published between 2016-2025. We searched PubMed, EBSCO-Host, ProQuest, SABINET African Journals, and Scopus using relevant keywords. We further searched in Google scholar using triangulations. Two reviewers independently assessed and extracted data using the Joanna Briggs Institute System for the Unified Management Assessment and Review Information (JBI SUMARI). A random effects model was employed for meta-analysis focusing on ANC attendance, timing, and visit frequency. Heterogeneity was assessed with Cochran Q test and I2 statistics, publication bias was evaluated using funnel plots and Egger's test at a 95% confidence interval and p-value at 0.05. significance level.
RESULTS
We included 15 observational cross-sectional studies from 14 Sub-Saharan African countries. Pooled prevalence showed that ANC attendance was 59.1% (95% CI: 39.0%-79.3%), optimal timing was 36.8% (95% CI: 29.0%-44.6%), and the optimal number of visits was 20.3% (95% CI: 14.4%-26.2%). The frequency of reporting on associated factors as reported by the respective studies were: maternal age (100%), maternal education (93.3%), wealth index (73.3%), marital status (80%), residence (100%), and parity (60%).
CONCLUSIONS
This review highlights the prevalence of ANC utilization and associated factors, emphasizing socio-demographic, economic, and healthcare determinants. The findings urge policymakers and healthcare providers in SSA to implement multifaceted strategies to overcome barriers and improve ANC access, promoting equitable maternal healthcare. Protocol PROSPERO Registration: CRD42024478260
Popul. Med. 2026;8(Supplement 1):A3737
Social Security & Social Protection - including Health Insurance, Occupational Health, Injuries, Accidents

ABS0469
Evidence-Based Intervention Guidelines for the Prevention of Noise-Induced Hearing Loss Among Workers in South African Coal Mines
Kavitha Naicker[1], Lizeth Roets[1]
[1]School of Health Systems and Public Health, University of Pretoria, Johannesburg, South Africa
BACKGROUND
Noise-induced hearing loss (NIHL) is a significant occupational health concern among South African coal mine workers, with reported prevalence ranging between 20% and 40%.1 Persistent exposure to occupational noise, compounded by individual factors such as chronic medical conditions, lifestyle and leisure noise exposure, contributes to progressive auditory damage. Despite existing hearing conservation programmes, high rates of NIHL persist, highlighting the need for targeted, evidence-based interventions to mitigate risk and protect workers' hearing.
METHODS
This study will employ a quantitative design to develop evidence-based guidelines for NIHL prevention. Data on non-occupational risk factors including chronic medical treatments, leisure noise exposure and lifestyle habits such as smoking, alcohol consumption and leisure noise exposure will be collected and analysed. Findings will inform the development of intervention guidelines, which will then be validated through the Delphi technique, engaging occupational health experts to ensure relevance, feasibility and consensus. Preliminary
RESULTS
Based on the study objectives, literature indicates that coal mine workers are exposed to multiple risk factors for NIHL, including high occupational noise levels, concurrent ototoxic medication use and leisure noise exposure.2 These factors underscore the importance of comprehensive, multi-faceted prevention strategies that address both occupational and non-occupational determinants of hearing loss.
CONCLUSIONS
The study will generate validated, evidence-based guidelines for the prevention of NIHL in South African coal mines. Implementation of these guidelines is expected to strengthen hearing conservation programmes, reduce NIHL incidence and provide practical guidance for occupational health policy and practice.
Popul. Med. 2026;8(Supplement 1):A3741

ABS0831
Occupational lead exposure among lead handlers at a copper mining company, Zambia
Kasyimbi Hayumbu[1], Nompumelelo Ndaba[1,2], Goitsemang Keretetse[1], Patrick Hayumbu[3]
[1]Occupational Health, University of the Witwatersrand, Johannesburg, South Africa, [2]National Institute for Occupational Health, Johannesburg, South Africa, [3]Mathematics and Natural Sciences, Copperbelt University, Kitwe, Zambia
ABSTRACT
Enlisted among the World Health Organisation's (WHO) 10 chemicals of major public health concern and causing 0.6% of the global disease burden, lead exposure occurs through multiple routes. Zambian literature is scanty. This study characterised exposure by comparing external occupational exposure with the internal lead body burden. The study was University of the Witwatersrand Medical - Human Research Ethics Committee(HREC), Tropical Diseases Research Centre - HREC, and Zambian National Health Research Authority approved. Blood lead values(n=39), versus multi-route occupational exposure assessment was conducted. External assessment included palmar wipes(n=53), surface wipes(n=27), breathing zone air(n=37), and room air(n=5) samples. South African National Accreditation System-accredited laboratories performed chemical analyses. JASP software was used with 5% Alpha level of significance with 95% Confidence Interval. Descriptive tests, Chi-square, Kruskal-wallis, Student T, Analysis of Variance, and Bayesian analyses were done. Most of the data was not normally distributed. International reference standards were adopted since Zambia has none known to us. Mean participants' age, all male, was 41 years with median exposure duration of 10 years. Mean blood lead was 1.61 units higher than the Occupational Health and Safety Administration's(OSHA) recommended value(10 µg/dL). Personal and room air time weighted average values were below the OSHA(0.05 mg/m3), National Institute for Occupational Safety and Health(0.1 mg/m3), and American Conference of Governmental Industrial Hygienists(0.05 mg/m3) recommended values. No standards for dermal and ingestion routes were available. Health risk exposure assessment findings were: Dermal chronic daily intake(CDI = 6.76x10-11 mg/kg/day), Oral(CDI = 5.97x10-3 mg/kg/day), and Inhalation(CDI = 4.20x10-2 mg/kg/day). All pathways showed low risk for adverse health effects with hazard quotient less than one. This study showed that the highest pathway contributing to lead exposure was inhalation. Blood lead mean was above the OSHA recommended standard value but below action and suspension levels following occupational exposure.
Popul. Med. 2026;8(Supplement 1):A3743

ABS0843
A model for integrating public benefit navigation into health systems in the United States
Nikhil Patel[1], Madeline Maier[2], Julissa Barrios[2]
[1]Vanderbilt University, Nashville, United States, [2]A Healthier Democracy, Boston,

United States
INTRODUCTION
Participation in public benefit programs supports key social determinants of health (SDOH), including food security, housing stability, and childcare access; however, administrative complexity and fragmented eligibility systems hinder enrollment. In response, Link Health, a nonprofit addressing gaps in benefit access, developed a navigator model to simplify enrollment and improve participation. By framing administrative burden as a systemic barrier to SDOH interventions, Link Health offers a framework adaptable to other countries facing similar enrollment challenges.
METHODS
Link Health established partnerships with benefit offices, healthcare clinics, and community centers before deploying trained navigators to assist patients. Navigators used a five-question screener to assess eligibility for nine benefit programs, including food, childcare, and broadband assistance. Eligible clients then received end-to-end application support through a centralized dashboard. Program data from January 2023 to December 2025 in Massachusetts and Texas were analyzed to evaluate implementation and enrollment outcomes. A remote application pilot was also implemented to reach individuals outside clinic settings, enabling enrollment in three programs: WIC, SNAP, and Lifeline.
RESULTS
5876 individuals were screened across nine programs, resulting in 5778 program completions and the distribution of over US$5.45 million in aid. The most frequently accessed programs included Lifeline (3737 completions), ACP (1086), SNAP (285), and WIC (181). The remote pipeline screened 416 individuals and distributed US$4662 in aid.
CONCLUSIONS
By simplifying enrollment processes, Link Health's model improves participation in benefit programs that directly influence SDOH and strengthens the effectiveness of social protection systems. This model underscores the value of intersectoral collaboration, linking healthcare delivery, social policy, and digital inclusion. The remote application pathway illustrates the model's capacity to reach individuals in digitally connected but resource-limited settings. This framework advances SDG 3 and SDG 10 by integrating social protection with healthcare and ensuring equitable access to health determinants.
Popul. Med. 2026;8(Supplement 1):A3744

ABS1115
Profile of occupational health services for healthcare cleaners at a tertiary hospital in Gauteng Province, South Africa
Khomotso Motiang[1]
[1]Public Health, Sefako Makgatho Health Sciences University, Ga-Rankuwa, Pretoia, South Africa
BACKGROUND
Healthcare cleaners are important frontline health workers (HC), entrusted with maintaining a clean and safe healthcare environment to minimize nosocomial infections and support the health systems objectives. Healthcare cleaning chemicals contain hazardous substances, which if not properly controlled and managed, may cause serious acute and chronic adverse health effects. Occupational health services (OHS) integral part of primary healthcare (PHC) adapted to occupational health risks, and include screening, diagnostic, curative, and rehabilitative services to safeguard workers' well-being. OHS coverage is crucial for advancing Universal Health Coverage (UHC) and the 2030 Agenda for Sustainable Development, which are key indicators of health systems performance. Global OHS coverage is poor at 15%. South Africa's OHS coverage is 29%, with the most shortfall reported in the government departments.
METHODS
A cross-sectional descriptive survey was conducted at a tertiary hospital in Gauteng Province in November 2025. A self-administered questionnaire was used to collect data on participants' demographic characteristics and profile of OHS activities provided for the cleaners, e.g., the type of examinations or tests performed, reporting of chemical related incidents, surveillance of chemical induced symptoms, chemical safety training, risk assessment, and the type of personal protective equipment (PPE). STATA 17 software was used for data analysis.
RESULTS
11 OH personnel comprising assistant nurses, enrolled nurses, occupational health nurses, occupational medical practitioners and environmental health officers, participated in the study, yielding a 64.7% response rate. There were inconsistent findings regarding the provision of medical surveillance. Immunoglobulin E (IgE) and skin patch tests were not performed to rule out atopy. There were divergent findings regarding provision of chemical safety training, risk assessment, record keeping, and the type of personal protective equipment.
CONCLUSIONS
The limited categories of OH professionals and OHS activities for cleaners suggest substandard OHS coverage and legislative compliance in the management of healthcare cleaning chemicals.
Popul. Med. 2026;8(Supplement 1):A3747

ABS1707
Exposure to blood-borne pathogens and factors associated with post-exposure prophylaxis management among healthcare workers at the Lekma hospital
Folasade Ojo-Benys[1], Isaac Appiah[1], Lucky Ekuwornu[1], Padiki Nuame[2], Camilla Adibi[2], Jane Koffi-Simmons[3], Akua Gyimah-Asante[4], Emilia Udofia[5]
[1]Public Health and Research Unit, LEKMA Hospital, Accra, Ghana, [2]Outpatient Department, LEKMA Hospital, Accra, Ghana, [3]Antiretroviral Therapy ((ART) Unit, LEKMA Hospital, Accra, Ghana, [4]Paediatrics Department, LEKMA Hospital, Accra, Ghana, [5]Community Health Department, Korlebu Teaching Hospital, Accra, Ghana
INTRODUCTION
Occupational exposure to blood-borne pathogens – Human Immunodeficiency Virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV) is a major health risk for healthcare workers (HCWs), especially in low- and middle-income countries like Ghana, where safety practices and post-exposure prophylaxis (PEP) adherence are often inadequate. The study aimed to assess the prevalence of exposures to blood-borne pathogens and factors associated with post-exposure management among healthcare workers at the lekma hospital.
METHODS
A quantitative cross-sectional study was conducted at Ledzokuku Krowor Municipal Assembly (LEKMA) Hospital with 188 HCWs. Data was analyzed using Chi-square, Fisher's exact tests, and a modified Poisson regression model in Stata version 17 to identify factors associated with exposure and PEP adherence. Statistical significance was set at $p<0.05$.
RESULTS
Overall, 32.5% of HCWs had experienced occupational exposure (needlestick or splash). Prevalence of exposure to specific pathogens was 24.5% for HIV, 14.4% for HBV, and 9.6% for HCV. Significant risk factors included: 6–10 years of work experience (2.4 times higher risk vs. 1–5 years), working the afternoon shift (1.6 times higher risk vs. morning shift), and being a nurse (2.5 times higher risk vs. laboratory scientist). Average knowledge of prevention and PEP protocols was moderate (62.1% average score), but adherence after exposure was suboptimal (64.2% average). While 80% washed the exposure site, only 49.2% reported incidents promptly, 69.5% received PEP, and just 60% completed follow-up serology testing.
CONCLUSIONS
The study confirms a high burden of bloodborne pathogen exposure among HCWs at lekma hospital, linked to occupational factors like experience, shift, and role. Despite moderate knowledge, critical gaps persist in incident reporting and completion of PEP and follow-up testing. These findings underscore an urgent need for reinforced, targeted training and stricter enforcement of safety and post-exposure management protocols to protect healthcare workers.
Popul. Med. 2026;8(Supplement 1):A3756

ABS2298
Occupational Lung Diseases including tuberculosis in South African mining industry: A panel discussion on intervention of the last decade!
Muzimkhulu Zungu[1,2,3], Annalee YASSI[4], Thuthula Balfour[5], Sujatha Hariparsad[6], Itumeleng Ntatamala[7], Jerry Spiegel[4], Rodney Ehrlich[7], Nothando Moyo[5], Barry Kistnasamy[8]
[1]HIV TB in the workplace, National Institute for Occupational Health, National Health Laboratory Service, Johannesburg, South Africa, [2]School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa, [3]Department of Public Health, Walter Sisulu University, Umthatha, South Africa, [4]School of Population and Public Health, University of British Columbia, Vancouver, Canada, [5]Health, Minerals Council South Africa, Johannesburg, South Africa, [6]Department of Occupational and Environmental Health, School of Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa, [7]Division of Occupational Medicine and Centre for Environmental and Occupational Health Research, School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa, [8]Compensation Commissioner for Occupational Diseases, National Department of Health, South Africa, Johannesburg, South Africa
ABSTRACT

Panel discussion introduction This session will provide an epidemiological overview of occupational lung diseases (OLDs), including tuberculosis (TB), and examine occupational health (OH) interventions in the South African mining industry. It will highlight the role of social security mechanisms, tripartite-plus collaboration, and emerging technological innovations, including computer-aided detection tools for TB and silicosis. Session Description Aligned with the conference theme "Health Without Borders: Equity, Inclusion, and Sustainability", the session will address the historical burden of OLDs, longstanding inequities in access to OH services, and the importance of multisectoral collaboration in implementing effective interventions. Drawing on the South African mining context, the session will present evidence-based approaches, policy reforms, and innovations, and explore lessons applicable to other sectors. Topics will include: 1. An overview of OLDs, including TB; the evolution of tripartite-plus partnerships; and reforms and innovations aimed at reducing disease burden and improving access to social security. 2. Employers' perspectives on the strengths, weaknesses, opportunities, and threats of tripartite-plus partnerships in reducing OLDs. 3. The role of computer-aided detection, in OLD prevention and care in Southern Africa, based on a decade of research. 4. Future directions for equitable service delivery for OLD interventions, including social security. 5. The role of academic institutions and professional associations, such as the Public Health Association of South Africa, in strengthening OLD interventions and generating transferable lessons. 6. Panel discussion and Questions & Answers. Purpose To examine the burden of OLDs in Southern Africa and explore collaborative, evidence-based, and technological interventions that advance equitable OH services and social security, with lessons beyond the mining sector.
OBJECTIVES
1. Describe the epidemiology of OLDs and the impact of historical inequities in OH access; 2. Assess the effectiveness of partnerships, policy reforms, and technological innovations; 3. Identify future directions and cross-sector roles for equitable and sustainable OLD prevention.
Popul. Med. 2026;8(Supplement 1):A3758

ABS2353
Projects of well-being of healthcare workers in the hospital
Nicola Cogo[1], Antonella Ruffatto[1], Barbara Ruzzante[2], Scilla Rizzardi[2], Raffaele Carmine Napolitano[3], Maria Rachela Scampoli[4], Stefano Bevilacqua[5], Antonio Madia[6], Barbara Meneghello[7], Maria Teresa Simioni[8], Melissa Trevisan[9], Emanuela Zilli[1]
[1]1 Medical Board of Directors, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [2]2 Physical Medicine and Rehabilitation, ULSS 6 Euganea, Hospital of Cittadella, Padua, Italy, [3]3 Occupational Medicine Medical Director, ULSS 6 Euganea, Padua, Italy, [4]4 Community Family Health Service, ULSS6 Euganea, Padua, Italy, [5]5 Health Profession Service, ULSS 6 Euganea, Hospital of Cittadella, Padua, Italy, [6]6 Sports and Exercise Medicine Unity, University of Messina, Messina, Italy, [7]7 Mental Health Department, Hospital of Cittadella, Padua, Italy, [8]8 Stakeholder "Altre Parole", Cittadella, Italy, [9]9 Department of Neurology, Hospital of Cittadella, Cittadella, Italy
INTRODUCTION
Burnout is a work-related condition that causes emotional and mental exhaustion. For many reasons it is increasingly present among healthcare workers. The consequences of burnout are sick days, resignations and transfer requests. According to literature, well-being projects can reduce burnout. Starting in 2023, various projects to improve staff well-being have been implemented at cittadella hospital in padua, italy, which has 1088 employees. Various projects have been activated to improve staff well-being.
METHODS
The hospital offers non-mandatory and free of charge courses on the role of nutrition in promoting health, physical activity promotion, non-violent communication, training on mental health care and professional wellbeing, lifestyle promotion and other types of courses that promote relaxation. In particular, health workers' well-being through mindfulness was initially designed for employees working in emergency care units and had a duration of four months. These activities had already been activated experimentally in 2023 but were extensively promoted in 2024–25. The projects involved every hospital unit and every category of employees, for a total of 258 healthcare workers (24.7% of the total).
RESULTS
During 2025, 19.7% of the staff participated in these projects. Compared to the previous year, a significant reduction in sick days (17.7%), resignations (30.6%) and transfer requests (20.7% to other in-hospital units and 30.0% to other hospitals) was observed among healthcare workers. A total of 90.1% of participants returned an evaluation questionnaire on organizational well-being. Preventive and protective measures were globally perceived as effective by 75.9% of participants.
CONCLUSIONS
Activating actions aimed at improving well-being requires an initial investment of time and resources. However, projects that benefit individual participants also produce positive effects for the entire organization.
Popul. Med. 2026;8(Supplement 1):A3759

ABS2491
Non-clinically relevant alterations in serum protein electrophoresis: The preventive and occupational medicine perspective
Raffaele Carmine Napolitano[1], Nicola Cogo[2], Giulio Bonsembiante[1], Lisa Revolon[1], Paola Maria Battaglia[1], Camilla Garziera[1], Valentina Didone'[3], Anna Maria Leo[4], Antonio Madia[5], Emanuela Zilli[2]
[1]1 Occupational Medicine Medical Director, ULSS 6 Euganea, Padua, Italy, [2]2 Medical Board of Directors, ULSS 6 Euganea, Hospital of Cittadella, Padua, Italy, [3]3 Health Profession Service, ULSS 6 Euganea, Hospital of Cittadella, Padua, Italy, [4]4 Laboratory analysis, ULSS 6 Euganea, Hospital of Cittadella, Cittadella, Italy, [5]5 Sports and Exercise Medicine Unity, University of Messina, Messina, Italy
INTRODUCTION
Serum protein electrophoresis (SPE) is performed on healthcare workers as part of a health surveillance protocol regulated by law. Exams are performed, according guidelines in use, every two years to workers exposed to biohazard and annually to low dose (<100mSv) ionizing radiation (IR).
METHODS
The study population consists of 954 employees at hospital of cittadella (589 females; 365 males), according availability, between 2020 and 2025, of a normal SPE at t0; at least one SPE performed at t1. 787 people (478 females; 309 males) were classified as exposed to relevant occupational risks: 649 to high health care-related biohazard only; 138 to IR too. The remaining 167 people were classified exposed to only generic biohazard (unexposed). In our study, we focus on protein alterations in β and/or γ region: suspicious β-region spike; β1-β2 bridge; unexplained increase in the β-region; and monoclonal spike in γ-region (and its evaluation with reflex test).
RESULTS
We found monoclonal spike in 8 cases: 7 low-risk MGUS (not IgM); 1 intermediate risk MGUS (M-protein). Progression to MGUS from alterations in the β-region was observed in 7 cases. We observed no statistically significant differences in MGUS prevalence compared to the general population. We therefore identified 89 cases with altered β-region and no progression to MGUS. Prevalence of β-region alterations is significantly higher in those exposed to occupational risk (p: 0.0129), with no apparent differences between those exposed to biohazard only and those also exposed to IR. Persistence of the test's alteration after the initial finding was observed in 37 cases. For these, a thorough risk-related (occupational and non-occupational) anamnesis was performed and the test was repeated after 1 year.
CONCLUSIONS
Recognizing small alterations of β-region bands in SPE (a sustainable and inexpensive test) may provide the clue to detecting a non-malignant condition that may progress to neoplasm.
Popul. Med. 2026;8(Supplement 1):A3760

ABS2526
Temporal trends of occupational accidents involving exposure to biological material in Brazil, 2014–2024
Kaike Reis[1], Daiani Reis[1], Patrícia Zago[1], LISIE JUSTO[1]
[1]Medicina, Faculdade São Leopoldo Mandic, Araras, Brasil
ABSTRACT
Background Occupational accidents involving biological material are a major public health concern, especially for healthcare workers, due to the risk of bloodborne pathogen transmission. In Brazil, despite compulsory notification, regional inequalities and structural issues affect reporting quality. Analyzing temporal trends and epidemiological profiles is essential to improve surveillance and prevention strategies. Methods An ecological study was conducted using secondary data from the Brazilian Information System for Notifiable Diseases (SINAN) between 2014 and 2024. Annual proportions of notifications were calculated relative to the total cases in the period. Variables included sex, age, education, race, region, accident evolution, agent type, and material involved. Data were analyzed descriptively using tables and trend graphs. Results Notifications showed a predominance of female workers (76.8%), aged 20–34 years (53.4%), and those with completed secondary education. The Southeast region held the largest proportion of notifications (46.4%), followed by the South, which maintained a significant share throughout the period. Blood was the most

frequent material (73.9%), and hollow-bore needles were the main causative agents (55.1%). A growing trend in annual proportions was observed, with a sharp decline in 2020 followed by increases in subsequent years. Conclusion These accidents remain a persistent public health challenge in Brazil. The rising annual proportion of notifications reflects both surveillance improvements and the persistence of unsafe working conditions. Strengthening biosafety, continuous education, and institutional accountability are vital to reduce risks and ensure safer work environments.
Popul. Med. 2026;8(Supplement 1):A3761

ABS2787

Production process and health of metalworkers in the Campinas region, São Paulo, Brazil

Leonardo Dresch Eberhardt[1], Thais Vieira Esteves[2], José Augusto Pina[2], Eduardo Navarro Stotz[2], Hugo Pinto de Almeida[3], Ecléa Spiridião Bravo[4], Mara Alice Batista Conti Takahashi[4]
[1]Faculdade de Enfermagem (School of Nursing), Universidade Estadual de Campinas (State University of Campinas), Campinas, Brazil, [2]Escola Nacional de Saúde Pública (National School of Public Health), Fundação Oswaldo Cruz (Oswaldo Cruz Foundation), Rio de Janeiro, Brazil, [3]Faculdade de Enfermagem (Nursing College), Unversidade do Estado do Rio de Janeiro (State University of Rio de Janeiro), Rio de Janeiro, Brazil, [4]Instituto Walter Leser (Walter Leser Institute), Fundação Escola de Sociologia e Política de São Paulo (School of Sociology and Politics of São Paulo Foundation), São Paulo, Brazil

BACKGROUND
Labor landscape in Brazil includes economic crises, changes in production processes, and Labor Reform, affecting the protection of workers' health. The objective is to analyze the production and health processes among metalworkers in the Campinas region, between the economic crises of 2014-2017 and 2020-2021.
METHODS
Case study with data collection between October 2019 and 2021, including documentary research, participant observation, and 19 open interviews with workers, union members, and professionals from the Health Department of the Metalworkers Union of Campinas region. The analysis uses qualitative methodologies. The research follows ethical recommendations.
RESULTS
The categories resulting from the analysis are: (a) production process and workers' wearing down; (b) Labor Reform and collective bargaining; (c) workers' and union actions to protect health; and (d) situation of workers during the Covid-19 Pandemic. Work intensification, extended working hours, and management by stress characterize the production in metallurgical factories. Workers' wearing down includes diffuse symptoms, musculoskeletal diseases, mental disorders, workplace accidents, etc. Workers' useful lifespan is approximately five years, after that they are excluded from companies and economic sector. It configures a predatory use of the workforce. Union seek to obtain recognition of work-related illnesses. Following the Labor Reform, metalworkers face an offensive from companies against their rights, including job security until retirement for workers with disability restrictions on work. Workers also faced the deterioration of vocational rehabilitation programs. During Covid-19 pandemic, companies fired, reduced working hours and wages, and suspended employment contracts. The scope of collective bargaining reduced to company-specific agreements.
CONCLUSIONS
The study highlights social and historical determination of labor on workers' health, emphasizing the collective dimension of health-illness process. It underscores the importance of researches initiatives that value shared knowledge among workers, universities, health services, and public policies, aiming the transformation of work conditions and health protection.
Popul. Med. 2026;8(Supplement 1):A3763

ABS2933

Assessing healthcare professionals' perspectives: A knowledge and perceptions survey on South Africa's National Health Insurance

Siphesihle Mahanjana[1,2], Grace Labadarios[2], Ziyanda Mossie[3], Alfred Musekiwa[4], Jacqueline Pienaar[5], Camilla Osborne[5], Mahlatse Rapholo[1], Nicholas Crisp[2]
[1]Health Systems Strengthening Programme, Clinton Health Access Initiative, Pretoria, South Africa, [2]National Health Insurance Branch, National Department of Health, Pretoria, South Africa, [3]Novartis, Midrand, South Africa, [4]School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa, [5]Project Last Mile, Johannesburg, South Africa

BACKGROUND
The National Health Insurance (NHI) Act (2023) in South Africa is a major health policy reform aimed at achieving Universal Health Coverage (UHC). Health care professionals (HCPs) are critical stakeholders in NHI implementation, as both providers and users of the health system. This study aimed to assess HCP's knowledge and perceptions of the NHI, to identify gaps that may affect workforce participation and policy uptake during implementation.
METHODS
A national descriptive cross-sectional survey was conducted among HCPs working in public and private sectors across all nine provinces in South Africa. Data were collected using a structured online questionnaire. The survey assessed socio-demographic characteristics, knowledge of NHI, and perceptions related to workforce distribution under the NHI. Descriptive statistics were used to describe participant characteristics and overall knowledge scores. Logistic regression analyses were used to identify factors associated with good knowledge of the NHI.
RESULTS
A total of 2394 HCPs participated. Overall, 69.2% demonstrated good knowledge of the NHI (score =/> 8.5/14); however, substantial gaps were identified regarding governance structures, contracting arrangements, and professional autonomy. More than a quarter (26.3%) of respondents incorrectly believed that private healthcare services would cease under NHI, and over half (51.2%) believed contracting with the NHI Fund would be compulsory. Older age (AOR = 2.61, 95% CI: 1.15–5.19, p = 0.02), being a pharmacist (AOR = 1.94, 95% CI: 1.00–3.74, p = 0.04), and working in the Free State province (AOR = 1.58, 95% CI: 1.00–2.51, p = 0.04) were significantly associated with higher knowledge scores. Willingness of HCPs to relocate to underserved areas was positive, with 41.1% expressing willingness.
CONCLUSIONS
While awareness of NHI among HCPs is high, critical misconceptions persist, particularly regarding governance and operational aspects. Addressing these gaps through targeted communication, education, and change management strategies will be essential to support NHI implementation.
Popul. Med. 2026;8(Supplement 1):A3765

ABS2962

Pleasure and Suffering Experiences of Nursing Professionals in a University Hospital During the COVID-19 Period

Stephania Mendes Demarchi[1], Jeremias Campos Simões[1], Rita de Cássia Duarte Lima[1], Jeanine Pacheco Moreira Barbosa[1], Dherik Fraga Santos[1], Fabiana Turino[1], Mateus Nague de Souza[1], Maria Helena Monteiro de Barros Miotto[1], Heloisa de Carvalho Torres[1], Maria Angélica Carvalho Andrade Carvalho Andrade[1]
[1]Public health, Federal University of Espírito Santo, Vitória, Brazil

BACKGROUND
Nursing professionals faced intense challenges during the COVID-19 pandemic, which affected their physical and mental health. This study aimed to describe experiences of pleasure and suffering among female nursing professionals working in a university hospital.
METHODS
This qualitative and descriptive study was conducted in the state of Espírito Santo, Brazil, between July and October 2022. Semi-structured interviews were carried out with 40 female nursing professionals. Data were analyzed using Bardin's content analysis technique.
RESULTS
Participants were aged between 30 and 58 years. Most had children (72.5%), and 57.5% were married or in a stable union. Regarding professional roles, 57.5% were nursing technicians, 25% were nurses, and 17.5% were nursing assistants. Pleasure at work was mainly associated with patient recovery, positive relationships with patients and companions, receiving compliments, feeling useful, and good teamwork. On the other hand, suffering was related to dealing with pain, illness, death, work process organization problems, lack of recognition, and professional devaluation. These factors contributed to emotional distress and potential physical and mental health impairment.
CONCLUSIONS
The study highlights that nursing professionals experienced both pleasure and suffering in their daily work during the COVID-19 period. Institutional commitment is essential to reduce worker suffering, promote recognition, and improve working conditions, contributing to better health and job satisfaction among nursing staff.
Popul. Med. 2026;8(Supplement 1):A3766

ABS3391

Workers' Compensation Systems Globally: The interface between Public Health and Corporate Responsibility for Socially just and

equitable systems

Rajen Naidoo[1], Hans Kromhout[2], Dick Heederik[2,3], Sujatha Hariparsad[1]
[1]Discipline of Occupational and Environmental Health, University of KwaZulu-Natal, Durban, South Africa, [2]Institute for Risk Assessment Sciences, University of Utrecht, Utrecht, Netherlands, [3]Netherlands Advisory Committee Occupational Diseases, Utrecht, Netherlands

BACKGROUND
Globally, approaches to workers' compensation differ between and within countries, but are largely dependent on the public health system providing the network and support for workers injured and diseased in the world of work. The panel will explore the international perspectives on the challenges of existing compensation systems, the challenges that prevent such systems from achieving their objectives and approaches in developing a system to promote an equitable, socially just and scientifically sound reparations for workers and their dependents. Diagnostic approaches vary across jurisdictions. Financial reparation is determined either through health severity, potential loss of income, or through a socially determined cost of disability. Some diseases have an undisputed work-causation, others multifactorial, but work has a substantial role. Disease progression over the lifetime, number of dependents, social needs at different timepoints may not be factored into compensation. Globally, informal work is increasing, and these workers are outside the compensation systems.
METHODS
A facilitated panel discussion consisting of international experts in the field of workers compensation will address workers' compensation systems which have met with challenges over the last 150 years: from unclear objectives, socially inequitable, compromised access by affected workers, diagnostic criteria and bureaucratic mechanisms, workers and their dependents are often disadvantaged
RESULTS
Dick Heederik (Netherlands) will address "Estimating the social burden of occupational diseases – does compensation address this burden". Hans Kromhout (Netherlands) will address "Workers Compensation or Prevention of Occupational Disease; a choice for employers!?". Sujatha Hariparsad (South Africa) will address "The barriers of workers' compensation for chronic disorders". Rajen Naidoo (South Africa) will address "Compensation in a changing world of work: addressing casualization and informality"
CONCLUSIONS
At the end of all the panel inputs, the moderator will present a series of 4-5 discussion points and will seek input and discussion from the audience.
Popul. Med. 2026;8(Supplement 1):A3768

ABS3394

Territorial management in the context of multiple crises: barriers and potentials based on a comparative analysis of Brazilian universal social protection systems

Leonardo Musumeci[1], Leandro Giatti[1], Cleide Martins[1]
[1]School of Public Health, University of São Paulo, São Paulo, Brazil

ABSTRACT
In a world experiencing multiple crises, the discussion regarding universal parameters and social protection systems becomes increasingly relevant. The notion of polycrises has been associated with a predominance of risks, challenges, and uncertainties (Dan-Cohen, 2019) that operate across various spatial, temporal, and intensity scales (Henig & Knight, 2023), featuring a strong intersectional component. However, since these crises affect distinct territories unequally, it is necessary to examine the capacity of universal systems to address such heterogeneity. This study analyzes the Brazilian case, which is the origin of an important theoretical theoretical foundation for the concept of territory (Santos, 1999), and which also has established universal health, social assistance, and education systems. Through a comparative perspective of institutional designs found in federal legislation, this analysis explores possibilities for the territorial management of social policies, particularly in primary health care, basic social protection, and basic education. Findings indicate that, despite existing regulations and legal mechanisms, these approaches remain distinct and disconnected, leading practices to reproduce sectoral designs. Furthermore, strong federal influence in policy induction often conflicts with territorial heterogeneity and its specific local demands. Within the management sphere, the neoliberal dispute over the State, which promotes divestment and the introduction of private partnerships and managerialist logics (Newman & Clarke, 2012), presents a significant barrier. This affects not only work processes but also the inherently participatory character of social policies and service management in Brazil. Nevertheless, successful experiences led by social movements need to be mentioned, such as the Bairro Educador [Educational neighbourhood] in Heliópolis, São Paulo, fostered by UNAS (Santos, 2024), which address public policy challenges with the principles of popular education.
Popul. Med. 2026;8(Supplement 1):A3769

ABS3615

Work, illness, and health-related leave among nursing workers in Brazil

Leonardo Dresch Eberhardt[1], Rogério Bittencourt de Miranda[2], Hugo Pinto de Almeida[2], Bruna Drumond Silveira[3], Pedro Luís Caixeta Rodrigues[4], Helena Maria Scherlowski Leal David[2], Tarciso Feijó da Silva[2], Danielle Satie Kassada[1], Kenia Lara Silva[5], Mario Roberto Dal Poz[6]
[1]Faculdade de Enfermagem (School of Nursing), Universidade Estadual de Campinas (State University of Campinas), Campinas, Brazil, [2]Faculdade de Enfermagem (Nursing College), Universidade do Estado do Rio de Janeiro (State University of Rio de Janeiro), Rio de Janeiro, Brazil, [3]Vice-Presidência de Ambiente, Atenção e Promoção da Saúde (Vice-Presidency for Environment, Care and Health Promotion), Fundação Oswaldo Cruz (Oswaldo Cruz Foundation), Rio de Janeiro, Brazil, [4]Faculdade de Economia (Economics College), Universidade Federal de Juiz de Fora (Federal University of Juiz de Fora), Juiz de Fora, Brazil, [5]Escola de Enfermagem (Nursing School), Universidade Federal de Minas Gerais (Federal University of Minas Gerais), Belo Horizonte, Brazil, [6]Instituto de Medicina Social (Institute of Social Medicine), Universidade do Estado do Rio de Janeiro (State University of Rio de Janeiro), Rio de Janeiro, Brazil

BACKGROUND
Improvements in nursing working conditions have become a priority amidst advancing labor precarization, marked by erosion of rights, work intensification, and declining health. In nursing, these dynamics manifest as work overload, multiple jobs, low wages, and long working hours, leading to physical and mental strain. Health-related leave is therefore an important indicator of working conditions. This study analyzes health-related work leave among nursing workers in Brazil from 2012 to 2021.
METHODS
Descriptive cross-sectional study using secondary data from the Annual Social Information Report (RAIS), grounded in the historical-social determination approach to the health-disease process. Nursing workers at higher education, technical, and auxiliary levels were included. Leave due to occupational accidents (typical and commuting), work-related diseases, and non-work-related diseases was analyzed descriptively using R software.
RESULTS
An increase in formal employment in nursing was observed, from 1,249,791 in 2012 to 1,933,204 in 2021, with growth in higher education and technical categories and a reduction among auxiliary workers. During the same period, health-related leave increased from 184,139 to 757,783. Work-related leave (occupational accidents and diseases) rose from 10,304 in 2012 to 23,575 in 2021, representing an increase of 128.95%, while leave due to non–work-related diseases increased by 322.26%. A growing non-recognition of the causal nexus between work and health/illness was also observed: in 2012, there were 16.87 non–work-related leaves for each work-related leave, a ratio that rose to 31.14 in 2021.
CONCLUSIONS
The increase in health-related leave reflects the worsening of work strain, intensified by labor reforms, new forms of employment, and the COVID-19 pandemic. The systematic under-recognition of work-related illness conceals the true burden of occupational health problems in nursing, highlighting critical gaps in labor protection, surveillance systems, and policies promoting healthy working environments.
Popul. Med. 2026;8(Supplement 1):A3771

ABS3793

Construction of occupational risk maps at the university – A tool for worker health care

Mirna Neyara Alexandre de Sá Barreto Marinho[1], Ana Lívia Batista Alves[1], Henrique José de Souza[1], Delmo de Carvalho Alencar[1], Camila Lima Silva[1], Moziane Mendonça de Araújo[1], Rafael Bezerra Duarte[2], Leidy Dayane Paiva de Abreu[3]
[1]Enfermagem, Universidade Regional do Cariri - URCA - Campus Multi-institucional Humberto Teixeira, Iguatu - CE, Brazil, [2]Medicina, Universidade Estadual do Ceará - Campus Itaperi, Fortaleza - CE, Brazil, [3]Medicina, Universidade Estadual do Ceará - UECE / Faculdade de Educação de Crateús, Crateús - CE, Brazil

ABSTRACT
Context: The health of workers has been the subject of studies, debates, and especially, a field of insertion for public policies in Brazil, considering its transversality in various aspects of the health-disease process. In the university environment, actions in this segment are developed especially through extension

projects, strengthening the teaching-research-extension triad. Considering the magnitude of this field, the construction of risk maps is consolidated as an important instrument of health surveillance, enabling visual and systematized identification of agents to which workers may be exposed. Its participatory construction favors the recognition of existing risks and supports prevention and health promotion actions. Therefore, the study aimed to describe the construction of risk maps in a public university.
METHODS
Action research developed in a public university in the interior of Ceará, from August to November 2025. The construction of risk maps occurred through visits to the sectors, with observation, photographic records and dialogue with the workers, with the risks being classified according to the current Regulatory Standards. The results were presented in figures and analyzed based on the literature. The research complied with ethical precepts.
RESULTS
Physical, chemical, biological, ergonomic, mechanical, and psychosocial risks were identified in different sectors of the campus, with variations in intensity and origin of exposures. The maps produced highlighted the particularities of the sectors and allowed for the visualization of the predominant risks, contributing to raising awareness among management and recognizing situations potentially harmful to health.
CONCLUSIONS
The construction of risk maps proved to be an effective tool for diagnosing occupational risks in the university environment, strengthening worker involvement and supporting the planning of preventive actions. Its relevance as an initial strategy for risk management and for promoting safer and healthier work environments is highlighted.
Popul. Med. 2026;8(Supplement 1):A3773

ABS3836
Occupational risks at the university – In the words of its workers

Mirna Neyara Alexandre de Sá Barreto Marinho[1], Ana Lívia Batista Alves[1], Henrique José de Souza[1], Rafael Bezerra Duarte[2], Delmo de Carvalho Alencar[1], Camila Lima Silva[1], Leidy Dayane Paiva de Abreu[3], Aretha Feitosa de Araújo[4]
[1]Enfermagem, Universidade Regional do Cariri - URCA - Campus Multi-institucional Humberto Teixeira, Iguatu - CE, Brazil, [2]Medicina, Universidade Estadual do Ceará - Campus Itaperi, Fortaleza - CE, Brazil, [3]Medicina, Universidade Estadual do Ceará - UECE / Faculdade de Educação de Crateús - FAEC, Crateús - CE, Brazil, [4]Medicina, Universidade Regional do Cariri - URCA - Campus Pimenta, Crato - CE, Brazil
ABSTRACT
Context: Occupational health is an area that encompasses the influences between work and the health/disease process, with regulated actions in Brazil within the scope of epidemiological, sanitary, and environmental surveillance, as well as the protection and promotion of workers' health, recovery, and rehabilitation1. The health-disease process has a direct relationship with occupation, based on risk factors related to organization and safety2. In the university context, exposure to various occupational risks can occur, with significant effects on quality of life. Thus, this study aims to understand the perception of university workers regarding the occupational risks existing at the university.
METHODS
Descriptive research with a qualitative approach, conducted with 10 workers from various sectors of a public university in Ceará, Brazil, in November 2025, using a focus group with a 34-minute session. The statements were recorded, transcribed, and organized using thematic content analysis as proposed by Minayo and analyzed based on the literature. The study respected the ethical and legal aspects for research with human beings, with approval from the ethics committee.
RESULTS
The participants highlighted dissatisfaction with interpersonal relationships among colleagues, affecting their mental health. They also pointed out the insecurity associated with the free entry of different people onto campus, and mentioned the need to improve relationships among workers, envisioning the strengthening of bonds through dialogue and debate about conflicting moments and relationships, as well as the organization of social gatherings, and also that management should provide basic first aid supplies.
CONCLUSIONS
It is observed that health and safety at work is not limited to accident prevention, but involves psychosocial, organizational, and relational aspects, demanding commitment from management and the active participation of workers in building a safer and healthier work environment.
Popul. Med. 2026;8(Supplement 1):A3774

ABS3894
Ending AIDS from the Ground Up: A Community-Led, Integrated Care Model for India's Key Populations

Kaushik Biswas[1]
[1]Programme, Plan International (India Chapter), Delhi, India
BACKGROUND
HIV prevalence among female sex workers (1.85%), men who have sex with men (3.26%), transgender individuals (3.78%), and people who inject drugs (9.03%) remains disproportionately high in India. These key populations (KPs) face heightened vulnerability due to stigma, criminalization, mobility, and limited access to comprehensive sexual, reproductive, and health services. Plan India implemented a community-led, rights-based, and integrated service delivery model across 24 states, aimed at strengthening KP resilience, access to care, and social protection.
METHODS
The project adopted a three-pronged strategy: (A) Resilient Community Groups to strengthen the organizational, leadership, and governance capacity of informal community-based organizations (CBOs) and KP networks; (B) Social Safety Nets to enhance economic security and social protection through livelihood support, skill development, and institutional linkages; and (C) Integrated People-Centric HIV Care to improve access to inclusive, rights-based HIV, SRHR, STI, and co-infection services through community-led platforms.
RESULTS
Across 24 states, more than 19,000 KP members were reached. HIV testing (n = 9,660) identified 173 new HIV-positive cases (1.8%), with 158 clients successfully linked to ART services. STI screening was provided to 3,326 clients, with 86 initiated on treatment. TB screening reached 4,929 clients, viral hepatitis testing covered 2,600 individuals, and 3,172 KP members were linked to social welfare schemes. Community capacity was strengthened through training 107 peer educators and developing a leadership pipeline of 28 community leaders trained in public health. Systems-level outcomes included nine state-level policy reforms and formalization of four KP networks, institutionalizing inclusive HIV care.
CONCLUSIONS
The project demonstrates that a community-led, integrated, and rights-based model can significantly improve HIV prevention, treatment, and care outcomes for key populations. Strengthening community institutions, embedding social protection, and integrating multi-sectoral services offer a scalable, people-centric pathway toward ending AIDS among KPs in India.
Popul. Med. 2026;8(Supplement 1):A3775

ABS3920
Who Is Being Missed? Socio-Demographic Inequities in HIV Positivity among PWID Reached through Integrated Community Services

Kaushik Biswas[1], L Rathore[1]
[1]Programme, Plan International (India Chapter), Delhi, India
BACKGROUND
HIV prevalence among people who inject drugs (PWID) in India remains disproportionately high at 9.03% (HSS 2021). Structural stigma, criminalization, unstable livelihoods, and limited access to comprehensive health and social services hinder timely HIV testing, treatment initiation, and retention. Plan India is implementing a community-led intervention to deliver integrated, differentiated harm-reduction services for PWID across 13 states.
METHODS
The programme focused on extending service reach to unreached PWID, reducing stigma through peer governance, and strengthening empowerment via social protection linkages. Trained community peers delivered an integrated service package including HIV testing, STI, TB and viral hepatitis screening, mental health support, overdose prevention education, and referrals for OST, de-addiction, legal aid and welfare services.
RESULTS
A total of 16,050 PWID were reached and registered. The mean age was 27 years, with over 84% aged below 34 years. PWID aged <30 years had 1.74 times higher odds of being HIV positive compared to older (OR = 1.74; 95% CI: 1.52–1.99; $p < 0.001$). Those with secondary or lower education had higher odds of HIV positivity than those with higher secondary education or above (OR = 1.34; 95% CI: 1.12–1.60; $p = 0.001$). Employment status was not significantly associated with HIV status (OR = 1.17; 95% CI: 0.93–1.48; $p = 0.175$). HIV positivity was substantially higher among PWID registered at facility-level services (10.7%) compared to those reached through hotspots and outreach sites (5.2%), with facility registrants having more than twice the odds of HIV positivity (OR = 2.19; 95% CI: 1.86–2.57; $p < 0.001$).
CONCLUSIONS

The community-led intervention expands reach to younger and structurally marginalized PWID. These findings underscore the need for differentiated, community-owned harm-reduction strategies integrating biomedical, psychosocial, and social protection services to address socio-demographic inequities and accelerate progress toward ending AIDS among PWID in India.
Popul. Med. 2026;8(Supplement 1):A3776

ABS4078
Distress Financing for Hospital Care in Uganda: Prevalence, Determinants, and Association with Patient Experience

Brenda Nakimuli[1], Michael Kakinda[1]
[1]Health Policy Planning and managment, Makerere University School of Public Health, kampala, Uganda

BACKGROUND
Uganda's push for universal health coverage is hindered by high out-of-pocket payments, persistent informal fees, and extremely low insurance coverage (<2%)., Evidence is limited on the prevalence of distress financing patient characteristics associated with reliance on distress financing and whether distress financing is associated with patient experience and satisfaction with care.
METHODS
We conducted a cross-sectional survey of 765 consecutively admitted patients across five Ugandan hospitals (four government, one private not-for-profit). Distress financing was defined as using family support, personal savings, or loans/borrowing to pay healthcare costs.We used multivariable logistic regression with robust standard errors to assess associations with patient characteristics (age, gender, employment, travel distance). Among paying patients with complete data (n=322), we explored associations with satisfaction domains.
RESULTS
Overall, 40.7% (311/765) reported distress financing. In adjusted analysis, employed patients had higher odds of distress financing (AOR=1.54; 95%CI: 1.15–2.08; p=0.004), and odds increased modestly with age (AOR=1.01 per year; 95%CI: 1.00–1.03; p=0.013). Gender and travel distance were not significantly associated. Distress financing was not significantly associated with satisfaction measures in the paying sub-sample (n=322).
CONCLUSIONS
Distress financing affected two in five hospitalized patients, with higher vulnerability among employed and older populations. Policy priorities include accelerating National Health Insurance implementation with subsidies targeting these groups, price regulation in private facilities, and emergency care financial protection mechanisms.
Popul. Med. 2026;8(Supplement 1):A3781

ABS4151
Work-Related Mental Health Risks and Policy Gaps in Europe

Maria Papadakaki[1,2,3], Lisa Sharwood[4], Mark Govers[5], Dimitra Lingri[1], Markos Tselekounis[6], Birute Strukcinskiene[7,2], Kyriaki Vagionaki[1], Christos Lionis[8,9]
[1]Department of Social Work, Hellenic Mediterranean University, Ηράκλειο, Greece, [2]Section Injury Prevention and Safety Promotion, European Public Health Association (EUPHA), Utrecht, Netherlands, [3]European Association for Injury Prevention and Safety Promotion (EuroSafe), Amsterdam, Netherlands, [4]School of Population Health, Faculty of Medicine and Health, University of New South Wales, Sydney, Australia, [5]Department of Health Services Research, Maastricht University, Maastricht, Netherlands, [6]Department of Economics, University of Piraeus, Piraeus, Greece, [7]Faculty of Health Sciences, Klaipeda University, Klaipeda, Lithuania, [8]Laboratory of Health and Society, Department of Social Medicine, School of Medicine, University of Crete, Rethymno, Greece, [9]WONCA Working Party on Mental Health, WONCA Europe, Ljubljana, Slovenia

INTRODUCTION
Work-related mental ill-health and psychosocial risks constitute a major occupational crisis in Europe. The EU-OSHA(1) revealed 45.1% of workers aged 15-64 experience workplace factors harming mental wellbeing, with 29% reporting work-aggravated stress, depression, or anxiety. Key psychosocial risks include excessive workload (19.9%), difficult clients (10.2%), job insecurity (5.8%), poor communication (4%), bullying (2.1%), and low autonomy (1.3%). Occupational stress increases cerebrovascular disease and stroke risk, causing eating and sleep disorders, while work-family conflict and limited social support intensify stress levels. Healthcare workers show 28-32% depressive symptoms and 24% anxiety(2), disproportionately affecting women (31%), ages 25-39 (32%), and human services sectors. COVID-19 magnified long-standing stressors, with material deprivation exacerbating vulnerabilities. Despite ICD-11 advances, burnout remains classified as "occupational phenomenon" (QD85) rather than a disease(4); mental health surveillance is fragmented, and only 43% of workplaces assess digital psychosocial risks.
METHODS
Synthesis of epidemiological data from EU-OSHA OSH Pulse(2025), ESENER(2024), EU-LFS(2020), WHO MeND(2024), Eurofound surveys, and European consensus reports, analyzing risk prevalence, socioeconomic costs, absenteeism patterns, and policy gaps through narrative review.
RESULTS
Work-related mental ill-health costs Europe €44.7-103.1 billion annually, burdening public healthcare sustainability. Mental ill-health causes unplanned absences and sick leave; presenteeism costs exceed absenteeism. Barriers include stigma (30% construction workers hide illness), inadequate stress plans(39% workplaces), declining inspections (40% establishments), and insufficient digital risk assessments(43% despite widespread digitalization). Hazardous psychosocial factors including social isolation, financial pressures, work stress, increase cardiovascular disease risk, while positive mental health indicators (optimism, life satisfaction) reduce CV risk.
CONCLUSIONS
Shift from reactive treatment to proactive prevention ensuring mental health equity and quality of life is necessary. Recognition of chronic stressors and mental health conditions as occupational diseases with ICD-11-aligned surveillance and interoperable data systems is critical. Mandatory anti-stigma training and worker participation mechanisms enhance mental health literacy, empower employee voice, reduce help-seeking barriers, and foster collective accountability.
Popul. Med. 2026;8(Supplement 1):A3782
Surveillance, Monitoring, Evaluation and Reporting - including HIA, HTA and Registries

ABS0393
Assessing Implementation Fidelity of Targeted Universal Testing for Tuberculosis at Primary Care Facilities in Johannesburg 2024-2025

Omphile Rashope[1], Innocent Maposa[1], Mary Kawonga[1]
[1]Epidemiology and Biostatistics, Wits University, Johannesburg, South Africa

INTRODUCTION
Targeted Universal Testing for Tuberculosis (TUTT) was introduced for testing asymptomatic high-risk individuals for tuberculosis in South Africa without assessing the implementation fidelity of TUTT. This study assessed health providers' fidelity to the TUTT standard operating procedure in three Johannesburg sub-districts.
METHODS
A cross-sectional survey with 88 health providers across 22 clinics assessed fidelity. Linear regression with robust standard errors was used to determine the association between fidelity scores and moderating factors (TUTT complexity, quality of TUTT delivery [e.g., sputum collection], facilitation strategies [e.g., training], patient responsiveness) and sociodemographic characteristics.
RESULTS
Median fidelity score was 93.2% (IQR: 88.8 – 97.7%). TUTT complexity was negatively associated with fidelity (β = -0.50), while quality of delivery (β = 0.66), facilitation strategies (β = 0.23) and participant responsiveness (β = 0.55) were positively associated. Only participant responsiveness was statistically significant in the adjusted model (β = 0.55, 95% CI: 0.06–1.05, p = 0.03).
CONCLUSIONS
Health providers showed high TUTT implementation fidelity. Training and sputum collection support are recommended to sustain the high fidelity.
Popul. Med. 2026;8(Supplement 1):A3785

ABS0533
Evaluating the Integrated Disease Surveillance and Response System (IDSRS) Across Five Districts of Khyber-Pakhtunkhwa, Pakistan: A Descriptive Evaluation Study, 2024

Sadaf Jamil[1]
[1]DG health-Khyber-Pakhtunkhwa, National institutes of Health, Peshawar, Pakistan

INTRODUCTION
The Integrated Disease Surveillance and Response System (IDSRS) is a cornerstone of Pakistan's strategy to monitor and mitigate communicable diseases. We evaluated the performance of IDSRS in five districts of Khyber-Pakhtunkhwa (KP), identifying key strengths, gaps, and areas for improvement.
METHODS
A descriptive evaluation study was conducted from January to December 2024 across Upper Chitral, Lower Chitral, Malakand, Bajaur, and Khyber. The evaluation followed updated CDC guidelines (2001, 2013), with data collected through structured interviews (n=48), facility record review, and direct observations. System

attributes—including simplicity, data quality, timeliness, representativeness, sensitivity, and predictive value—were scored using a quantitative rubric.
RESULTS
Overall performance of IDSRS was excellent in four districts. The system showed high scores across attributes: simplicity (93.3%), flexibility (91.7%), acceptability (91.7%), and stability (95.8%). However, variations in sensitivity were noted: Upper Chitral (63.4%), Bajaur (57.4%), Malakand (644.6%), Lower Chitral (144.5%), and Khyber (71.8%). PPV was uniformly 100%, reflecting strong case validation where reporting occurred. Identified gaps included low staffing, lack of mobile app functionality, and inadequate feedback loops.
CONCLUSIONS
IDSRS is evolving into a robust system in KP, yet systemic improvements—particularly in data synchronization, intersectoral integration, and laboratory linkages—are critical for sustained performance. Policymaker investment in digital infrastructure and human resources is essential for realizing the full potential of surveillance.
Popul. Med. 2026;8(Supplement 1):A3786

ABS0583
Designing AI-Based air pollution early warning for low resource high vulnerability settings: Insights from an adapted Technology Acceptance Model in Ulaanbaatar, Mongolia

Shahan Salim[1], Plinio Morita[1]
[1]School of Public Health Science, University of Waterloo Climate Institute, Waterloo, Canada

INTRODUCTION
Real time monitoring and machine learning based early warning systems are increasingly used to support public health responses to air pollution. However, there is limited evidence on how such systems should be designed for residents in high risk low resource settings. This study uses a Technology Acceptance Model to generate design recommendations for a proposed real time monitoring and early warning system for air pollution in Ulaanbaatar, Mongolia.1
METHODS
We conducted 25 semi structured interviews with adult residents across Ulaanbaatar who varied in age, health concerns and digital experience. Participants were introduced to a concept for a real time monitoring and early warning system and asked to reflect on perceived usefulness, ease of use, trust and broader contextual factors.
RESULTS
Perceived usefulness and ease of use were important for engagement, but participants evaluated the system through three interrelated design domains. First, digital plurality highlighted the need for flexible access across devices and platforms, reflecting shared phones, variable connectivity and diverse digital practices. Second, credibility centred on trust in the institutions behind the system, transparency in how alerts are generated and clarity in the presentation of local air quality data. Third, contextual vulnerability underscored how health worries, financial constraints and existing stress shaped the ways people could act on warnings. User archetypes, ranging from digitally fluent caregivers to individuals facing structural barriers, illustrated how these domains translate into distinct design needs in low resource settings.
CONCLUSIONS
Technology acceptance for air pollution early warning in low resource high vulnerability settings depends on design choices that support digital plurality, strengthen credibility and respond to contextual vulnerability. Design and deployment strategies should be grounded in qualitative engagement with residents to ensure technologies are usable, trustworthy and realistically actionable for communities living with heightened risk.
Popul. Med. 2026;8(Supplement 1):A3788

ABS0661
Intrasetorial Collaboration to Address Exogenous Intoxications Caused by Biological Larvicide in Bahia, Brazil

Paula Graziela Neves Cardoso Krettli[1], Karoline Silva Rebouças[1], Alceniélia da Cruz Santana Pereira Santos[2], Ivone Maria Pires Maia[1], Maria Luiza Neves Cardoso Krettli[3]
[1]Health Surveillance Superintendence (SUVISA), Southwest Regional Health Center (NRS-SO), Bahia State Health Department (SESAB), Guanambi, Brazil, [2]Municipal Sanitary Surveillance, Municipal Health Department, Guanambi, Brazil, [3]Languages and Literature, UniCesumar University, Guanambi, Brazil

INTRODUCTION
Exogenous intoxications related to the use of biological larvicides have raised public health concerns in several regions of Brazil. In Bahia, Brazil, the increase in reported cases in 2023 highlighted the need for coordinated action among health sectors. This experience describes the integration between Epidemiological Surveillance, Environmental Health, Occupational Health and Primary Health Care to prevent and monitor intoxications associated with Vectobac® WG, a biological larvicide based on Bacillus thuringiensis israelensis (Bti).
METHODS
An intrasetorial approach was implemented in response to the rising number of notifications. The strategy involved workplace inspections, review of application processes for the larvicide, improvement of case reporting in the Notifiable Health Conditions Information System (SINAN, in Portuguese), and training of health professionals. Occupational risk assessments were conducted, and recommendations were made for safe product handling and the adequacy of Personal Protective Equipment (PPE). Collaboration among sectors allowed the development of standardized communication and intervention flows.
RESULTS
Intrasetorial coordination enabled the identification of exposure routes and the implementation of corrective measures in work environments. Improvements in SINAN reporting enhanced the epidemiological understanding of intoxication cases, contributing to evidence-based decision-making. Strengthened communication among sectors resulted in the publication of Technical Note SUVISA (State Health Surveillance Superintendence) No. 01/2024, providing guidance for municipalities on risk management and follow-up of affected workers.
CONCLUSIONS
This experience demonstrates that Intrasetorial collaboration is essential for improving surveillance, prevention and management of occupational intoxications. Strengthening data completeness, particularly regarding sociodemographic variables, remains a challenge. The involvement of Primary Health Care was crucial for early symptom identification and appropriate referrals. Continued joint training, enhancement of reporting systems and standardized protocols for occupational intoxication are recommended. Integrated actions, along with proper PPE use and health education for vector control workers, are fundamental for effective chemical risk management.
Popul. Med. 2026;8(Supplement 1):A3789

ABS1147
Sanitary control and risk assessment of blood establishments in amazonas, the largest state in the Brazilian Amazon (2023-2025)

Silvio Orlon de Castro Chaves[1], Ivana Cristina Lopes da Cunha[1,2], Christiane da Silva Costa[3], João Batista da Silva Júnior[3], Lucivane Sousa Lopes[2], Marco Antônio Fernandes Pinto[4], Eliane de Andrade Fernandes[2], Jackson Pereira Alagoas[4], Tatyana Costa Amorim Ramos[4], Cinthia Alt Cavada[5], Sueliane Bitencourt[2], Lyeny Alcântara Barroso Dias[1], Jorge Luiz Maia Carneiro[1], Maria do Carmo Leão Coelho[1], Isaac Tayah[6]
[1]Departamento de Vigilância Sanitária, Secretaria Municipal de Saúde de Manaus, MANAUS, Brazil, [2]Departamento de Vigilância Sanitária, Fundação de Vigilância em Saúde do Amazonas - Dra. Rosemary Costa Pinto, MANAUS, Brazil, [3]Gerência de Sangue, Tecidos, Células, Órgãos e Produtos de Terapias Avançadas (GSTCO), Agência Nacional de Vigilância Sanitária, Brasília, Brazil, [4]Diretoria da Presidência, Fundação de Vigilância em Saúde do Amazonas - Dra. Rosemary Costa Pinto, MANAUS, Brazil, [5]OPAS BRASIL, Organização Pan-Americana da Saúde (OPAS), Brasilia, Brazil, [6]Subsecretaria de Vigilância Sanitária, Secretaria Municipal de Saúde de Manaus, MANAUS, Brazil

BACKGROUND
The state of Amazonas (AM) faces logistical challenges due to the large extension of rain forest, limited road network and population of over 4 million inhabitants. Transportation occurs primarily by river and occasionally by aircraft. Within this context, the competent authorities of National Health Regulatory System (SNVS) - ANVISA (national), DEVISA/FVS-RCP (state), and VISA MANAUS (municipality) – inspect Blood Establisments (BEs) to monitor Good Practices. Historically, BEs in AM have been marked by significant non-conformities, with most services classified as High Potential Risk (HPR) according to the Potential Risk Assessment Methodology for Blood Establishments (MARP-SH). Therefore, SNVS intensified BEs inspections, mapping risks and identifying opportunities for improvement through inter-institutional actions.
METHODS
MARP-SH has been systematically applied by competent authorities in regulatory inspections, allowing classification of BEs into categories, ranging from Low to HPR. Results have been discussed among competent authorities and stakeholders to enforce corrective actions and stimulate improvement measures, considering risk-benefits and access to blood componentes.
RESULTS
Between 2023 and 2025, 74 BEs (85%) were inspected, a substantial increase

compared to 32 (37%) in 2020–2022. Expanded regulatory coverage led to a qualitative reduction in sanitary risk, reflected in improved compliance with Good Practices and reclassification of all private BEs out of HPR category. Public BEs remain a challenge, due to structural constraints typical of remote and resource-limited settings. Inter-institutional collaboration strengthened regulatory oversight, enabling increased public investment and targeted training to address non-conformities.
CONCLUSIONS
From 2023 to 2025, SNVS more than doubled inspection coverage (85%) compared with 2020–2022 (37%), despite the historic droughts of 2023-2024 linked to climate change. Coordinated actions among SNVS authorities expanded regulatory oversight and strengthened risk reduction and quality in BEs. This experience shows that risk-based, coordinated sanitary control models can be applied in geographically challenging settings and transferred to other remote regions.
Popul. Med. 2026;8(Supplement 1):A3793

ABS1268
Evolution of sanitary control and risk assessment in blood establishments in manaus, the largest city in the pan-american amazon (2023–2025)

Silvio Orlon de Castro Chaves[1], Ivana Cristina Lopes da Cunha[2,1], João Batista da Silva Júnior[3], Christiane da Silva Costa[3], Lucivane Sousa Lopes[2], Marco Antônio Fernandes Pinto[2], Eliane de Andrade Fernandes[2], Jackson Pereira Alagoas[2], Tatyana Costa Amorim Ramos[4], Cinthia Alt Cavada[5], Sueliane Bitencourt[2], Lyeny Alcântara Barroso Dias[1], Jorge Luiz Maia Carneiro[1], Maria do Carmo Leão Coelho1[1], Isaac Tayah[6]
[1]Departamento de Vigilância Sanitária, Secretaria Municipal de Saúde de Manaus, MANAUS, Brazil, [2]Departamento de Vigilância Sanitária, Fundação de Vigilância em Saúde do Amazonas, MANAUS, Brazil, [3]Gerência de Sangue, Tecidos, Células, Órgãos e Produtos de Terapias Avançadas (GSTCO), Agência Nacional de Vigilância Sanitária, Brasília, Brazil, [4]Diretoria da Presidência, Fundação de Vigilância em Saúde do Amazonas - Dra. Rosemary Costa Pinto, Manaus, Brazil, [5]OPAS BRASIL, Organização Pan-Americana da Saúde (OPAS), Brasília, Brazil, [6]Subsecretaria de Vigilância Sanitária, Secretaria Municipal de Saúde de Manaus, Manaus, Brazil

BACKGROUND
Manaus, the largest city in pan-american Amazon, has 53.3% of the population in the state of Amazonas (AM) and has all the most complex healthcare services of the state, including the State Coordinating Blood Establishment. The city has 31 blood establishments (BEs); concentrates the majority of transfusions, as well as the production of blood components, but the reality of these BEs is marked by problems that classify most of them as High Potential Risk (HPR) according to the Potential Risk Assessment Methodology for Blood Establishments (MARP-SH). Therefore, National Health Regulatory System (SNVS) - ANVISA (national), DEVISA/FVS-RCP (state), and VISA MANAUS (municipality) - intensified BEs inspections, mapping risks and identifying opportunities for improvement through inter-institutional actions.
METHODS
A retrospective longitudinal evaluation of all BEs in Manaus was conducted from 2023 to 2025. Each year, competent authorities inspected all BEs using the MARP-SH risk assessment methodology, classifying them from low to high risk. Two indicators were constructed: mean interval between inspections per BE, reflecting monitoring capacity; and annual average MARP-SH score, used to assess the impact of inspections on risk reduction and practice implementation.
RESULTS
Between 2023 and 2025, Manaus demonstrated a substantial reduction in risk across BEs. The number of establishments out of HPR increased from five to 14, while the mean interval between inspections reduced from 1504 to 347 days; the annual average MARP-SH score increased from 39,2 to 54,5% and the majority of BEs (89,6%) demonstrated progress in risk assessment results.
CONCLUSIONS
Such advances were possible due to coordinated actions among competent authorities, which enabled annual inspections of all establishments (100%). Furthermore, Inter-institutional collaboration represented essential support to guarantee progress in implementation of Good Practices in BEs of Manaus, constituting an experience that can be adapted and replicated in other complex contexts similar to the Amazon.
Popul. Med. 2026;8(Supplement 1):A3795

ABS1332
The African Population Cohorts Consortium as an infrastructure providing population-based data to strengthen health research and policy through evidence informed decision-making in Africa

Kobus Herbst[1], Dan Kajungu[2], Evelyne Gitau[3]
[1]Population Science, Africa Health Research Institute, Durban, South Africa, [2]Makerere University Centre for Health and Population Research (MUCHAP), Makerere University, Kampala, Uganda, [3]Africa Population Cohorts Consortium (APCC), Science for Africa Foundation (SFA), Nairobi, Kenya

BACKGROUND
Africa's complex health landscape, marked by a dual burden of infectious and non-communicable diseases, necessitates robust research infrastructures capable of generating high-quality, longitudinal data to inform policy. Population cohorts are vital for this purpose, yet their potential has been fragmented. To address this, a new pan-African initiative has been established to harness the collective power of these cohorts to improve health outcomes across the continent.
METHODS
The African Population Cohorts Consortium (APCC) blueprint was officially launched in May 2024 at a meeting of 45 population cohorts from across Africa. The consortium's approach is to create a collaborative platform for African researchers to network, share best practices, harmonize methodologies, and enhance data sharing and analysis. To map the current landscape, a survey was conducted in September 2024 among cohorts that had expressed interest in joining the APCC. Following funding from Wellcome, the consortium has entered the implementation phase, and 63 cohorts have now signed the Charter.
RESULTS
The launch of the APCC has formalized a network committed to advancing cohort-based research. The initial survey revealed a significant existing investment in this area, with 46 responding cohorts spending approximately $22 million annually on maintenance and a further $25 million on nested studies. A formal governance structure and strategic research programmes have been developed to guide the consortium's activities and ensure its effectiveness and sustainability.
CONCLUSIONS
The APCC represents a pivotal step towards creating a cohesive, continent-wide research infrastructure that can address the heterogeneity of health challenges in Africa. By leveraging existing investments and fostering collaboration, the consortium will enable the generation of robust, context-specific evidence to inform public health policy, strengthen health systems, and advance the goal of universal health coverage more effectively. The APCC is poised to catalyze innovation, building the research capacity needed to secure Africa's health future.
Popul. Med. 2026;8(Supplement 1):A3797

ABS1730
Improving evaluation and surveillance of non-smoking chronic obstructive pulmonary disease: From clinical phenotypes to public health policy

Ting Yang[1], Ke Huang[1], Yanan Cui[1], Wei Li[1], Tingting Huang[1], Xingyao Tang[1]
[1]Department of Pulmonary and Critical Care Medicine, National Center for Respiratory Medicine; State Key Laboratory of Respiratory Health and Multimorbidity; National Clinical Research Center for Respiratory Diseases; Center of Respiratory Medicine, China-Japan Friendship Hospital., Beijing, China

INTRODUCTION
Chronic obstructive pulmonary disease (COPD) is a leading cause of morbidity and mortality worldwide with a substantial burden on the health of adults and the elderly. Non-smoking risk factors contribute to over 50% of the global burden of COPD. Although tobacco smoking has been recognized as a major risk factor, this was largely because most studies were conducted in high-income countries. In low- and middle-income countries (LMICs), tobacco smoking accounts for merely 30%-40% of the total burden. In China, over 80% of female COPD patients have no smoking history. Never-smokers are prone to underdiagnosis due to atypical symptoms and limited accessibility of pulmonary function tests, leading to an increased risk of acute exacerbations and mortality. The aim of this workshop is to improve the health of non-smoking populations with COPD and provide evidence-based support for disease surveillance, evaluation, and reporting, particularly in LMICs.
METHODS
This workshop will include: a 10-minute background introduction and topic proposal by respiratory experts; 30-minute group discussions (two groups, each focusing on one core topic); (3) 15-minute cross-group discussion for experts to deliberate on contentious issues and reach consensus; a 5-minute summary to clarify actionable conclusions.
RESULTS
Main outcomes: clarify the clinical characteristics and high-risk subgroups of non-smoking COPD; determine core health impact assessment (HIA) indicators, health

technology assessment (HTA) priorities, and consensus on simplified registry data to meet the needs of LMICs and primary medical institutions; formulate 3–5 actionable recommendations for clinical prevention and control as well as policy-making.
CONCLUSIONS
Non-smoking COPD has become an important public health issue threatening the health of adults and the elderly. Integrating HIA, HTA, and a standardized registry system can provide evidence-based support for clinical practice and public health policy formulation.
Popul. Med. 2026;8(Supplement 1):A3804

ABS2061
Strengthening Cutaneous Leishmaniasis Diagnosis in Guyana: Surveillance, Molecular Analysis, and Performance Evaluation to Improve Access to Care
Rajini Kurup[1], Annastacia Sampson[1]
[1]College of Medical Sciences, University of Guyana, Georgetown, Guyana
BACKGROUND
Cutaneous leishmaniasis remains a significant public health challenge in Guyana, particularly in remote interior regions where access to reliable diagnostic services is limited. This study aimed to strengthen national diagnostic capacity by implementing comprehensive surveillance, validating microscopy through molecular methods, and evaluating the performance of existing diagnostic approaches.
METHODS
A retrospective analysis (2017–2021) was conducted to assess the epidemiological distribution of cutaneous leishmaniasis using choropleth and heat maps. Case data were obtained from key diagnostic sites, including Vector Control Services (Georgetown), Lethem Hospital, and Bartica Hospital. Preserved microscopy-positive slides from this period were subjected to molecular species identification at the Fiocruz Laboratory, Brazil. A prospective evaluation (2022–2024) compared the diagnostic performance of field microscopy with molecular testing, including genotyping and conventional PCR (cPCR). Diagnostic agreement was assessed using Kappa statistics. Quality assurance was supported through participation in the Direct External Evaluation Program of Performance (PEED), coordinated by Colombia's National Health Institute and supported by the Pan American Health Organization, in accordance with ISO/IEC 17043:2010 and ISO 13528:2015 standards.
RESULTS
Disease hotspots persisted in interior regions, particularly Regions 7 and 9. PEED assessments demonstrated good diagnostic agreement, with a Kappa index of 0.8 across 2023 and 2024. Positive agreement remained high (~90%), while negative agreement declined from 88.9% in 2023 to 80.0% in 2024, suggesting a risk of false-negative results with microscopy. Molecular testing, particularly PCR, demonstrated superior diagnostic accuracy.
CONCLUSIONS
Integrating epidemiological mapping, molecular validation, and external quality assessment enhanced understanding of disease distribution and diagnostic performance in Guyana. Strengthening microscopy quality and expanding molecular diagnostic capacity are critical for improving case detection and patient outcomes in endemic regions.
Popul. Med. 2026;8(Supplement 1):A3806

ABS2124
Primary care and public health: A strategic alliance
Ezequiel Ramon Rodriguez Rey[1]
[1]Maestría de Salud Pública, Escuela Nacional de Sanidad, Madrid, Spain
ABSTRACT
Primary care and public health: a strategic alliance (abstract for Oral Communication WCPH 2026) INTRODUCTION and PURPOSE Primary Care (PC) is a clinical sector of Medicine with a broad scope of action, with a hands-on intervention in communities. Public Health (PH) is a specialty devoted to the study of epidemiology and demography, in order to propose preventive measures, change in Healthcare policies on a strategic level. The strategic necessity for both PC and PH to identify common fields in which a structural coordination will lead to a potentiation and optimization of their assets, boosting the overall peformance of the Health systems, regardless of the financial stength of the society involved.
METHODS
The current Spanish National Health System (SNS), is a well equipped, organized and functioning Western European organization (G-20 countries), assets and flaws are reviewed to evaluate present and evolving challenges. Current infrastructure in clinical record and health center-personnel ratio; data sharing and collection procedures Common fields and analogies in PC and PH: Prevalent diseases, age-group and gender-based maladies, life habit-related diseases, enviromental-related illnesses, mental health, climate change, demographical change and related shift in patient and disease profiles, Communication policies, population education, antimicrobial resistance. Communication technologies' potential.
RESULTS
Multiple issues in PC and PH are intertwined and benefit from sharing of data and reciprocal support. Electronic clinical record integration of a whole country or territory, potential of Artificial Intelligence, simultaneous monitoring of challenges and results of measures leads to enhanced performance. Bench-marking and institutional and international cooperation helps in bridging gaps between nations. One World.
CONCLUSIONS
The identification of common areas of action makes the structured coordination of PC and PH a strategic imperative. The fine tuning of shared data using present and developing technologies can boost both performances, allowing for real time adjustments, prediction and anticipation of future challenges.
Popul. Med. 2026;8(Supplement 1):A3808

ABS2169
Improving health facility death notification and medical certification of cause of death through digital systems integration - A case of Uganda
Nanziri Carol[1], Nguessan Jean-Edgard[2], Morukileng Job[1], Ario Alex[1]
[1]Civil registration Of Vital Statistics, Uganda National Institute of Public Health UNIPH, Kampala, Uganda, [2]Civil registration Of Vital Statistics, CDF Foundation, Atlanta Georgia, United States
BACKGROUND
The Ugandan law mandates the notification of all deaths. In 2020, this process required presenting the death notification form, a medical cause of death certificate (MCCD) or postmortem report with identification documents of the deceased by the applicant. In 2019, Uganda adapted the use of WHO MCCD form. This was followed by digitization into the national health Information system-DHIS2. This was completed with integration and customisation of the ICD 11 API and coding tool creating the DHIS2 MCCD application/module. National MCCD ToT's were also conducted for over 50 health workers from 16 Regional referrals and cascaded training of over 300 health workers including nurses, medical doctors and record staff from 50 general Hospitals however utilisation of the digital MCCD remained insignificant.
METHODS
With technical assistance from data for Health Initiative-CDCF, the MoH- Division of health information restored functionality of electronic MCCD/ICD11 module through review of all data fields for validity and interoperability with existing HMIS mortality review forms in addition to a data dictionary to describing all data elements. An application Programming Interface (API) was created between the MCCD module and the national registration data base to support death notification data transfer. Training with use of the application were conducted for health workers from 22 major hospitals across the country Regular monthly online case discussions and mortality reporting performance review meetings for death notification and MCCD.
RESULTS
Since 2020, the country has reported an annual average of 47,000 health facility deaths. Health facility death notification rates were 0 in 2020, 2% in 2021, 6% in 2022, 15% in 2023 and 57% in 2024.
CONCLUSIONS
Digitization of the MCCD tool improved health facility death notification by 50%. More efforts are required to improve completeness and quality enhancing national public health policies in prevention of top causes of death.
Popul. Med. 2026;8(Supplement 1):A3810

ABS2213
Embedding student mental health data in university governance, leadership, and practice: A world café for a whole-university approach
Jennifer Lehnchen[1], Laura Pilz González[1], Christiane Stock[1,2], Zita Deptolla[3], Julia Burian[3], Katherina Heinrichs[1]
[1]Institute of Health and Nursing Science,, Charité – Universitätsmedizin Berlin, Berlin, Germany, [2]Unit for Health Promotion Research, University of Southern Denmark, Esbjerg, Denmark, [3]Health Management, Bielefeld University, Bielefeld, Germany
INTRODUCTION
Student mental health extend beyond individual well-being with implications for

academic success, student retention and equity. Universities are increasingly recognised as settings for mental health promotion and many institutions collect student mental health data to inform action. However, translating survey data into sustainable, setting-level interventions remains a challenge, particularly in the absence of clear organisational processes, resources, and leadership engagement. This workshop aims to explore how to effectively collect and translate such data into mental health action within universities, bringing together university leadership, operational staff, and students.
METHODS
The workshop will use an interactive, participatory format. Key insights from qualitative interviews with university professionals and students involved in student mental health surveys will be presented briefly as an initial input. Participants will then engage in a world café format with small groups organised around predefined topics derived from these insights (e.g. organisational structures, resources, leadership). Participants will have the opportunity to rotate between topics to share experiences, reflect on their institutional contexts, identify barriers and facilitators, and discuss strategies to strengthen data-informed decision-making in university settings. Eventually, a plenary discussion will synthesise key points.
RESULTS
The workshop focuses on shared reflections and practice-oriented insights on how organisational structures, resources, and leadership influence the collection and use of student mental health data. Participants will elaborate considerations and practical approaches for embedding survey data into strategies to strengthen student mental health at universities.
CONCLUSIONS
Sustainable and effective data collection is more likely when survey procedures are embedded within organisational structures and supported by adequate resources and leadership. Building on this premise, the world café supports university professionals in moving beyond data collection towards data-informed institutional action. It highlights the importance of whole-university approaches and contributes to strengthening the role of universities as settings for sustainable mental health promotion.
Popul. Med. 2026;8(Supplement 1):A3811

ABS2310
Improving Reliability of Dual HIV/Syphilis Testing: A Study on assessing the staff competency on utilization and interpretation through the Internal Quality Control (IQC) process in Gauteng Province, South Africa

Alarice Marsh[1], Thato Chidarikire[1], Tebogo Maomela[1], Mahlatse Maleka[1], Rebecca Mpeli[1]
[1]HIV and AIDS and STI, National Department of Health, Pretoria, South Africa

BACKGROUND
The National Department of Health (NDOH) in partnership with the National Health Laboratory Services (NHLS) Quality Assurance Division conducted a pilot proficiency testing study in Gauteng province in South Africa. The pilot assessed testing site performance, evaluated user competency, and provided insights to guide future implementation and quality assurance of dual HIV/Syphilis testing in South Africa.
AIM
The study assessed staff ability to accurately perform and interpret the results of the Dual HIV/Syphilis test utilizing the Internal Quality Control (IQC) process. The aim was to identify any challenges and provide evidence to support the national rollout and ensure the quality aspects were addressed.
METHODS
Eight healthcare facilities in Gauteng province were selected to participate in the pilot study which was conducted between July - August 2025. The HIV positive control samples were heat-inactivated at 56°C for 60 minutes and these samples were shipped at room temperature to ensure the stability of the test. Upon receipt, the IQC samples were kept in the freezer below -200 C. Once thawed for use, there were sored in the fridge at 20 to 80 C, and the sample tubes were recapped and sealed tightly and restored for use and for long-term storage.
RESULTS
Results obtained from participants met the 80% acceptability threshold required for implementation. This confirms both the suitability of the samples and the competency of testers to perform and interpret results accurately in alignment with the Rapid Testing Continuous Quality Improvement (RTCQI) programme standards
CONCLUSIONS
To maintain the quality of the Dual HIV/Syphilis test kits, in accordance with WHO guidance, the National Department should ensure that Internal Quality Control (IQC) materials are consistently available and routinely utilized in all facilities providing dual testing.
Popul. Med. 2026;8(Supplement 1):A3812

ABS2417
Aligning Public Health Frameworks with Health Technology Assessment to Strengthen Progress Toward Universal Health Coverage

Chiara de Waure[1,2,3], Enkeleint A. Mechili[4,5], Marta Lomazzi[6], Lucinda Gabriel[7,2]
[1]Department of Medicine and Surgery, University of Perugia, Perugia, Italy, [2]Public Health Interest Group, HTAi, Edmonton, Canada, [3]HTA Section, European Public Health Association, Utrecht, Netherlands, [4]Department of Healthcare, Faculty of Health, University of Vlora, Vlora, Albania, [5]School of Medicine, University of Crete, Crete, Greece, [6]World Federation of Public Health Association, Geneva, Switzerland, [7]Cleveland Clinic London, London, United Kingdom

BACKGROUND
The WHO Constitution defines the highest attainable standard of health status as a fundamental right, forming the basis of health equity. Achieving equity, central to the Sustainable Development Goals (SDGs), requires action on social determinants as well as on the coverage, quality, and affordability of health services. Universal Health Coverage (UHC) seeks to ensure that all people receive needed, high-quality care without financial hardship. This objective can only be achieved through the wise and equitable use of resources. A public health perspective is essential to guide decisions that maximise population benefit across the continuum of care. Health Technology Assessment (HTA), as a multidisciplinary and systematic approach to evaluating the value of health technologies, supports these decisions by generating evidence on health outcomes, cost-effectiveness, and social impact. This session explores how integrating public health and HTA can accelerate progress toward UHC.
METHODS
The session will stimulate discussion on key issues shaping the use of public health and HTA in advancing UHC. Following an introductory presentation on their shared principles and relevance, the debate will address: - Prioritisation of HTA topics from a public health perspective - Strengthening HTA sharing and transferability, with emphasis on capacity building - Leveraging public health and HTA to address drivers of health inequalities
RESULTS
The discussion is expected to generate practical recommendations for using HTA and public health approaches to support countries in achieving UHC.
CONCLUSIONS
This session aims to promote broader adoption of public health principles and HTA methodologies as essential tools for advancing UHC.
Popul. Med. 2026;8(Supplement 1):A3814

ABS2428
Practical Cooling Vest for Reducing Physiological Heat Strain Under a Hot and Humid Environment

Phayong Thepaksorn[1], Penpitchaya Wongwiwat[1], Suthat Siammai[1], Wipawan Kaewlai[1], Chananchita Raktong[1]
[1]Sirindhorn College of Public Health, Trang, Faculty of Public Health and Allied Health Sciences, Praboromarajchanok Institute, Nonthaburi, Thailand

BACKGROUND
Rising temperatures associated with climate change pose increasing health risks to workers. Indoor and outdoor workers in low- and middle-income countries with tropical climates are particularly vulnerable due to high ambient heat exposure, limited workplace protections, and constrained resources. Purpose: This study aimed to identify occupational risk factors for heat-related illnesses, review existing preventive safety measures, and explore workers' perspectives on heat health hazards and the acceptability of different cooling interventions at a rubber lumber mill in southern Thailand.
METHODS
We conducted a pilot qualitative descriptive study using multiple data sources, including: direct workplace observations and walk-through inspections; review of existing occupational health and safety policies; and (3) a focus group discussion with workers to explore perceived heat risks, feasibility, and practicality of various cooling interventions.
RESULTS
Observations revealed high levels of heat exposure and suboptimal building design, including inadequate ventilation systems, poorly positioned windows, and ineffective ventilation slats. No formal plan to mitigate heat exposure was in place, despite consistently high indoor temperatures and workers' reports of overheating during work. Most participants (n = 10) reported positive experiences with wearing cooling vests, citing comfort and effective heat dissipation. However,

a minority (n = 2) found the vests uncomfortable. In contrast, most participants perceived that the disadvantages of using fans and cool cloths outweighed their benefits.
CONCLUSIONS
Improving factory building design to enhance natural lighting, ventilation, and air circulation is strongly recommended to promote thermal comfort and energy efficiency. Establishing a comprehensive workplace heat stress prevention plan is also essential. Further research is warranted to assess the feasibility, long-term acceptability, and cost-effectiveness of cooling vests as a heat mitigation strategy for industrial workers.
Popul. Med. 2026;8(Supplement 1):A3815

ABS2564
Are Generic Quality-of-Life Measures Fit for Purpose in Sleep Health? Implications for Public Health Surveillance and Equitable Resource Allocation

Billingsley Kaambwa[1]
[1]Flinders University, Adelaide, Australia

BACKGROUND
Public health systems increasingly rely on quality-of-life (QoL) measures to inform surveillance, priority-setting, and resource allocation. Generic QoL instruments are commonly used because they enable comparisons across populations. However, this standardised approach may inadequately capture the specific functional, psychological, and social burden of sleep-related conditions, potentially leading to under-recognition of need and inequities in health system responses.
AIM
To assess whether generic QoL instruments adequately reflect the health impacts captured by sleep-specific measures in individuals with diagnosed sleep disorders, and to explore implications for public health monitoring and policy.
METHODS
Data from 1,230 Australians with sleep disorders were analysed. Two generic instruments (EQ-5D-5L, SF-36) were compared with three sleep-specific tools (ISI, ESS, PSQI). Exploratory and confirmatory factor analyses were used to identify underlying latent constructs and latent path analysis, guided by the International Classification of Functioning, Disability and Health (ICF) framework, examined conceptual overlap between generic and condition-specific metrics.
RESULTS
Correlations between generic and sleep-specific dimensions were low to moderate (0.05–0.68). Three latent factors emerged from the EFA but none of the generic instrument dimensions aligned with sleep-specific traits. Structural relationships between factors were only moderate (path coefficients 0.15–0.31), and generic CFA models failed to converge, indicating limited sensitivity to condition-specific burden.
CONCLUSIONS
Generic QoL tools may mask important dimensions of sleep health burden, threatening the accuracy of population surveillance and fairness of resource distribution. Strengthening public health evaluation frameworks requires integrating condition-specific instruments to support responsive, equitable, and evidence-informed health policy.
Popul. Med. 2026;8(Supplement 1):A3816

ABS2710
Development and validation of a scorecard to monitor implementation of the World Health Assembly resolution on acute rheumatic fever and rheumatic heart disease in Africa

Hlengiwe Moloi[1], Portia Nevhungoni[2], Jafesi Pulle[3], Reuben Mutagaywa[4], Peter Karoli[5], Yvette Kisaka[6], Panduleni Penipawa Shimanda[7], Moses Banda Aron[8], Wanga Zembe[1], Karen Daniels[9,10], Mark Engel[11,12], Liesl Zühlke[13,14]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Biostatistics Research Unit, South African Medical Research Council, Cape Town, South Africa, [3]Uganda Heart Institute, Kampala, Uganda, [4]Department of Internal Medicine, School of Medicine, Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania, United Republic of, [5]National Institute for Medical Research, Dar es Salaam, Tanzania, United Republic of, [6]Non-Communicable Diseases Division, Ministry of Health, Nairobi, Kenya, [7]Department of Nursing and Midwifery, The International University of Management, Windhoek, Namibia, [8]Partners In Health/Abwenzi Pa za Umoyo, Neno, Malawi, [9]Department of Global Health, Stellenbosch University, Cape Town, South Africa, [10]Centre for Caring and Sustainable Systems, Cape Town, South Africa, [11]Cochrane South Africa, The South African Medical Research Council, Cape Town, South Africa, [12]Cape Heart Institute, Department of Medicine, University of Cape Town, Cape Town, South Africa, [13]Office of the Vice-President, The South African Medical Research Council, Cape Town, South Africa, [14]Department of Paediatrics, Red Cross War Memorial Children's Hospital, University of Cape Town, Cape Town, South Africa

INTRODUCTION
In May 2018, the 71st World Health Assembly adopted a resolution on acute rheumatic fever (ARF) and rheumatic heart disease (RHD), outlining five
RECOMMENDATIONS
addressing social determinants, strengthening data collection, improving access to primary healthcare (PHC), ensuring access to essential diagnostics and medicines, and enhancing national and regional cooperation. However, standardised tools for monitoring implementation of the resolution remain limited. We aimed to develop and validate a scorecard to monitor the implementation of the resolution in African countries.
METHODS
The scorecard was developed through sequential phases. The resolution was analysed to define its goals. Systematic literature reviews identified mechanisms to achieve these goals and effective RHD interventions aligned with them, which were used as progress indicators. The preliminary scorecard then underwent peer review to assess its utility across African contexts. Finally, content validity was evaluated by a multi-country survey among policymakers and researchers in Kenya, Malawi, Namibia, Uganda and Tanzania.
RESULTS
The final validated scorecard comprises 18 goals, 49 outcomes, and 363 progress indicators. Indicators capture multisectoral action on social determinants across health, education, and housing, alongside governance measures of leadership, policy frameworks, and financing. Surveillance indicators include integration of RHD metrics into health information systems, establishment of hospital registers, and the implementation of screening programmes. PHC access is reflected through indicators on healthcare worker training programmes, service accessibility, affordability, and acceptability. Diagnostics and medicines are monitored through inclusion of RHD diagnostic tests and medicines in national essential medicines lists, and initiatives to improve treatment uptake. National and international cooperation is assessed through specialised training initiatives, and collaborative programmes for diagnosis, treatment, and surgical care. Content validation demonstrated high relevance across participating countries.
CONCLUSIONS
This study presents the first scorecard operationalising the resolution, providing a context-specific tool to strengthen accountability and track national progress in RHD prevention and care.
Popul. Med. 2026;8(Supplement 1):A3818

ABS2742
From Evidence to Action: How Embedded Evaluation Strengthens Equity-Focused Decision-Making in Global Health Systems

Lindsey Hehman[1], Stacie Gobin[1]
[1]Gobin Global, Cape Town, South Africa

BACKGROUND
Demand-driven research facilities are increasingly used to bridge the gap between scientific evidence and policy decision-making in global health. However, evidence uptake remains uneven, particularly where research timelines, governance structures, and communication processes are misaligned with policy cycles. This paper examines how embedded, systems-oriented evaluation approaches can strengthen equity-focused decision-making within complex, multi-actor health research and policy environments.
METHODS
The analysis draws on comparative insights from large-scale, multi-country evaluations conducted between 2021 and 2025 across nutrition research systems, HIV treatment optimization, climate early warning and early action, and health financing reforms in Africa, Asia, and Latin America. Methods included document review, key informant interviews, tracer cases, and mixed-methods synthesis. Particular attention was paid to how research demand was identified, how evidence flowed through institutional structures, and how findings were translated for policy audiences.
RESULTS
Findings show that evidence facilities designed around sequential, academically driven research processes struggled to respond to dynamic policy windows, limiting policy relevance despite strong technical quality. Internal silos between evidence generation, monitoring and evaluation, and knowledge translation further weakened coherence and ownership. In contrast, evaluations embedded within decision-making structures—characterized by early policy engagement, iterative feedback loops, and close collaboration between researchers, evaluators, and communicators—were more likely to inform strategic planning and resource

allocation. Equity-sensitive indicators and locally grounded expertise enhanced contextual relevance, while concise, researcher-led policy products proved more influential than lengthy technical reports. Persistent challenges included governance rigidity, procurement delays, data fragmentation, and staff turnover.
CONCLUSIONS
Embedded evaluation approaches can strengthen the link between evidence generation and equity-focused action by aligning research processes with institutional realities and political cycles. These findings offer practical lessons for donors, evaluators, and policymakers seeking to design evidence facilities that move beyond knowledge production toward sustained influence on inclusive health systems and the SDGs.
Popul. Med. 2026;8(Supplement 1):A3819

ABS2747

Advancing institutionalisation of evidence-informed decision-making in South Africa to support equitable and sustainable health systems: The Evidence to Decision (E2D) collaboration

Solange Durao[1], Celeste Naude[2], Michael Mccaul[2], Natasha Gloeck[1], Mark Engel[3], Bey-Marrie Schmidt[1,4], Amanda Brewer[5], Kim Kim Macquilkan[5], Janine Jugathpal[5], Tamara Kredo[1]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa, [3]Cochrane South Africa, South African Medical Research Council, Cape Town, South Africa, [4]Division of Biostatistics and Epidemiology, Department of Global Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa, [5]National Department of Health, Pretoria, South Africa
INTRODUCTION
South Africa's move toward universal health coverage through National Health Insurance (NHI) requires robust and transparent systems for evidence informed decision making (EIDM). Yet, decision processes across the health system remain fragmented, with unaffordable or ineffective interventions adopted or retained without structured evaluation. The Evidence to Decision (E2D) Collaboration aims to advance a harmonised national evidence support system capable of producing timely, trustworthy and context relevant guidance for health and social care. Here we outline the goals, overarching methods and activities underpinning this collaboration.
METHODS
The E2D collaboration is a 3.5-year partnership between the National Department of Health (NDoH), the South African Medical Research Council and Stellenbosch University, building on decades of collaborative work in evidence synthesis, guideline development and policymaker engagement. Its goals include strengthening methods for national decision-making, producing responsive evidence, expanding capacity to do and use evidence synthesis, optimising digital evidence tools, promoting patient and public engagement, and evaluating the collaboration. Each goal is co-led by partners and implemented in collaboration with the NDoH and its Ministerial Advisory Committees. The collaboration aligns with global standards, embedding factors crucial for institutionalising EIDM: clear governance and leadership; standardised and streamlined processes; embedding capacity building; and continuous relationship-building across partners and national stakeholders1,2.
RESULTS
We produced national standards for EIDM3 to develop trustworthy healthcare guidance. We are producing evidence syntheses to inform national guidance, including adolopment of existing guidelines for better efficiency4. We developed a training strategy and delivered EIDM-related training to NDoH committee members, researchers, students, and health professionals. We initiated interest-holder engagement to advance our approach to engage patients and the public in national decision-making.
CONCLUSIONS
Through the E2D Collaboration we are co-creating a system to strengthen evidence-based, transparent, efficient and context-relevant decision-making processes in South Africa to support successful NHI implementation.
Popul. Med. 2026;8(Supplement 1):A3820

ABS2925

Bayesian Spatio-Temporal modelling for the implementation of a malaria early warning based on the impact of climate change in DR Congo

Ngianga-Bakwin Kandala[1], Elysee Tshiama Kabongo[2], Eric Panzi[3], Guy Anselme Mpaka[4], Raymond Thomas[5], Isaac Luginaah[6], Tobias Chirwa[7], Juliana Kagura[7]
[1]West Africa Regional Office, African Population and Health Center, Dakar, Senegal, [2]Laboratoire de Biomathématiques et d'Estimations Forestières, Université d'Abomey-Calavi, 04 BP 1525, Cotonou, Benin, [3]Department of Epidemiology and Biostatistics, Western University, London Ontario, Canada, [4]Département de la Santé Communautaire,, Institut Supérieur des Techniques Médicales de Kinshasa,, Kinsh, Congo, Democratic Republic of the, [5]Department of Biology, Faculty of Science,, Western University, Western University, London, Canada, [6]Department of Geography and Environment,, The University of Western Ontario, Canada, London, Canada, [7]School of Public Health, Faculty of Health Sciences, University of the Witwatersrand,, Johannesburg, South Africa
BACKGROUND
Malaria remains a major public health burden in DRC, where transmission dynamics are shaped by both climatic variability and structural factors. Quantifying joint effects of climate and spatial heterogeneity is essential to strengthen early-warning systems and guide targeted interventions. We assess non-linear climatic effects and residual-spatial patterns of malaria risk across health zones in DRC.
METHODS
Routine malaria surveillance data from 2014-2024 aggregated at health-zone level, linked with climate variables. Bayesian geo-additive spatio-temporal models were fitted, including structured-neighborhood and unstructured-local spatial random-effects, and non-linear covariate effects modeled using penalized splines. Inference was via MCMC and convergence assessed using trace plots, autocorrelation functions, and cumulative mean diagnostics. Short-term projections to 2029 and a weekly health-zone–level early-warning classification were generated from best-performing models.
RESULTS
Strong spatial heterogeneity observed, with unadjusted relative risks exceeding six times the national average in southern, south-eastern and central regions, while northern and western zones consistently showed lower risk. After adjustment for climate, residual-spatial disparities increased, indicating that non-climatic structural determinants dominate spatial distribution of malaria. Climatic effects were markedly non-linear and biologically plausible: malaria risk increased sharply above 22°C, rose with humidity above 60%, showed a peak at moderate cloud cover, and decreased under strong zonal winds and near-zero meridional winds. MCMC diagnostics indicated good convergence and efficient mixing. Forecasts suggested a substantial rise in weekly-malaria incidence by 2029 with persistent seasonality, and the early warning system classified most health-zones as being under moderate-to-high alert.
CONCLUSIONS
Climate modulates seasonal malaria transmission in DRC and persistent spatial hotspots are primarily driven by structural and contextual factors beyond weather variability. High-risk regions, particularly in Grand-South-eastern corridors, require sustained, non-seasonal interventions alongside climate-informed early warning systems. Bayesian spatio-temporal modeling provides a robust framework for integrating surveillance and climate data to support anticipatory malaria control strategies under climate change.
Popul. Med. 2026;8(Supplement 1):A3822

ABS2967

Artificial Intelligence and Machine Learning for Mosquito Population Forecasting: A Systematic Review and Meta-analysis of Predictive Performance and Methodological Quality

Carola Simone[1], Flavia Pennisi[1,2], Tommaso Camuffo[1], Antonio Pinto[1], Vincenza Gianfredi[3], Carlo Signorelli[1]
[1]Faculty of Medicine, University Vita-Salute San Raffaele, Milan, Italy, [2]PhD National Program in One Health Approaches to Infectious Diseases and Life Science Research, Department of Public Health, Experimental and Forensic Medicine, University of Pavia, Pavia, Italy, [3]Department of Cardiac Thoracic Vascular Sciences and Public Health, University of Padua, Padova, Italy
INTRODUCTION
Mosquitoes of the genera Aedes, Culex, and Anopheles transmit major infectious diseases and represent a growing global health threat. Forecasting their population dynamics is crucial for early warning and vector control. Although artificial intelligence (AI) and machine learning (ML) models are increasingly used for this purpose, evidence is scattered and no prior quantitative synthesis has evaluated their predictive performance and methodological quality. This study addresses that gap through a systematic review and meta-analysis.
METHODS
Following PRISMA 2020 guidelines and a PROSPERO-registered protocol, we searched PubMed, Embase, and Scopus through August 2025 for original studies using AI or ML to predict mosquito distribution, abundance, or dynamics. We extracted modelling characteristics and performance metrics and assessed risk

of bias with PROBAST. We conducted a meta-analysis pooling AUC, accuracy, sensitivity, specificity, PPV, and NPV using fixed- and random-effects models.
RESULTS
Seventy-six studies met inclusion criteria, mainly from Asia, North America, and Europe, most frequently targeting Aedes aegypti and Aedes albopictus. Environmental variables were the dominant predictors (n=71). Random Forest (n=27), MaxEnt (n=10), and XGBoost (n=5) were the most commonly used algorithms, with growing adoption of deep learning for image and time-series data. Predictive performance was generally high, with AUC often above 0.90. Pooled estimates indicate that ML models outperform or match traditional statistical approaches (0.79 AUC). However, methodological limitations were common: about 55% of studies had high risk of bias, and only 12 of 76 reported external validation. Most models remained at a research-only stage.
CONCLUSIONS
This work fills a critical evidence gap by delivering the first meta-analytic synthesis of AI/ML mosquito prediction models and their methodological robustness. While ML approaches show superior predictive performance, weak validation practices and frequent bias limit translational reliability. Standardized validation and reporting frameworks are necessary to support operational deployment.
Popul. Med. 2026;8(Supplement 1):A3825

ABS2986
Epidemiological Profile of Exogenous Pesticide Poisonings in the State of Bahia, Brazil

ANDREA LAURA MOREIRA[1], ELIELTON ARAUJO[2,1], ADRYANNA ALMEIDA[3], RIVIA BARROS[1]
[1]Environmental Health Surveillance Coordination, Government of the State of Bahia, Salvador, Brazil, [2]Postgraduate Program in Ecology: Theory, Application and Values, Federal University of Bahia, Salvador, Brazil, [3]Directorate of Surveillance and Attention to Workers' Health, Government of the State of Bahia, Salvador, Brazil

ABSTRACT
Brazil stands out as the world's largest consumer of pesticides, a consequence of an agricultural development model based on agribusiness and extensive monoculture, with significant repercussions for public health and the environment1-2. Exogenous poisonings (EP) caused by these substances constitute a serious public health problem, being associated with respiratory and neurological disorders and mortality. In the state of Bahia, the expansion of the agricultural frontier intensifies population exposure, requiring effective health surveillance3-4. This descriptive study analyzed the epidemiological profile of EP caused by pesticides in the state of Bahia between 2013 and 2022. Data were obtained from the Notifiable Diseases Information System. Sociodemographic variables (sex, age, race/skin color, and educational level) and clinical variables (toxic agent, circumstance, and outcome) were analyzed. During the study period, 7,728 cases of EP were reported, predominantly among males (53.3%), individuals of Black/Brown race/skin color (48.3%), and children aged 0–4 years (18.4%), indicating domestic vulnerability and inadequate storage practices. The higher occurrence among individuals with low educational attainment (12.1% with incomplete basic education) suggests limitations in access to information and in the appropriate use of protective measures. The main agents involved were rodenticides (44.3%) and agricultural pesticides (34.7%). Suicide attempts represented the main circumstance of exposure (51.7%), followed by accidental exposures (20%). Although 64.5% of cases evolved to recovery without sequelae, 268 deaths (3.4%) were recorded. It is concluded that EP caused by pesticides represent a persistent challenge in Bahia, requiring integrated actions in surveillance, domestic prevention, regulation of use and commercialization, strengthening of mental health care, and promotion of sustainable agricultural practices5-6. Reducing the use of agrochemicals, combined with intersectoral policies and climate adaptation strategies, is essential to protect population health and ecosystem sustainability in the state of Bahia.
Popul. Med. 2026;8(Supplement 1):A3827

ABS3011
Burden and Determinants of Healthcare-Associated Infections and Antimicrobial Use in a Large Tertiary-Care Hospital in Milan: A Repeated Point Prevalence Survey Study (2022–2025)

Tommaso Camuffo[1], Martino Alberto Godoy[1], Carola Simone[1], Sabrina Caruccio[1], Giusy D'Alterio[1], Rosella Nebbia[1], Arjun Sarabhai Verma[1], Matteo Moro[2], Carlo Signorelli[1], Giovanni Rezza[1], Flavia Pennisi[1,3]
[1]Faculty of Medicine, University Vita-Salute San Raffaele, Milan, Italy, [2]Infection Prevention and Control Team, IRCCS Ospedale San Raffaele, Milan, Italy, [3]PhD National Program in One Health Approaches to Infectious Diseases and Life Science Research, Department of Public Health, Experimental and Forensic Medicine, University of Pavia, Pavia, Italy

INTRODUCTION
Healthcare-associated infections (HAIs) remain one of the most consequential threats to patient safety, driving excess mortality, prolonged hospitalization, and escalating healthcare costs. Their impact is intensified by invasive procedures and antimicrobial resistance. Robust, repeated surveillance is necessary to quantify local burden, track resistance patterns, and support targeted infection control and stewardship strategies. This study provides a multi-year, standardized assessment of HAI prevalence and antimicrobial use in a large tertiary-care hospital in Milan, Italy, generating operationally relevant epidemiological evidence.
METHODS
We conducted annual cross-sectional Point Prevalence Surveys (PPS) from 2022 to 2025 using the standardized ECDC methodology. The study includes all patients present in the ward at or before 8:00 AM on each survey day. Clinical, microbiological, and antimicrobial use data were systematically extracted from medical records and bedside charts.
RESULTS
A total of 3,314 patient observations were analyzed across survey rounds. Overall, HAI prevalence was approximately 12%, with significantly higher rates in critical care units (43; 31%) than in general wards (346; 11%). The most frequent HAIs were ventilator-associated pneumonia (15; 4%), catheter-related bloodstream infections (51; 13%), and surgical site infections (51; 13%) consistent with a strong device-associated pattern. Gram-negative organisms accounted for over 30% of isolates, predominantly carbapenem-resistant Klebsiella pneumoniae and Acinetobacter baumannii. Invasive Candida spp. infections were also notable in intensive care settings (7; 5%). Antimicrobial therapy was administered to about 35% of patients, often involving broad-spectrum and last-line agents, including cefiderocol and ceftazidime–avibactam. Major risk factors were invasive devices and prolonged length of stay.
CONCLUSIONS
This repeated PPS program in a large milanese tertiary hospital demonstrates a substantial and persistent HAI burden driven by multidrug-resistant Gram-negative pathogens and device exposure. Continuous standardised surveillance is essential for guiding targeted prevention measures, refining antimicrobial policies, and adapting local responses to evolving resistance profiles.
Popul. Med. 2026;8(Supplement 1):A3829

ABS3035
Advancing efficiency in an evidence response service towards the achievement of universal health coverage (UHC) in South Africa

Natasha Gloeck[1], Solange Durao[1], Kim MacQuilkan[2], Bey-Marie Schmidt[1], Amanda Brewer[2], Michael McCaul[3], Celeste Naude[3], Ameer Hohlfeld[4], Janine Jugathpal[2], Tamara Kredo[1]
[1]Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa, [2]Essential Drugs Programme, National Health Insurance Branch, National Department of Health, Pretoria, South Africa, [3]Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, Cape Town, South Africa, [4]Cochrane South Africa, South African Medical Research Council, Cape Town, South Africa

BACKGROUND
To strengthen healthcare recommendations through evidence synthesis towards achieving Universal Health Coverage (UHC) in South Africa, the Evidence to Decision (E2D) collaboration builds on and harnesses a decade of engagement with academic and government partners. The E2D collaboration provides timely, responsive evidence synthesis and methodological support for evidence-informed decision-making by National Department of Health committees. Leveraging technology to streamline evidence requests and improve overall efficiency is key to this process. Here we describe the development of a tailored data platform to meet the specific needs of the E2D collaboration evidence-response service and to enhance review request processes.
METHODS
Previously, the service operated through email requests, informal discussions and manual spreadsheet updates, making real-time updates cumbersome and dependent on multiple people for maintenance. We then implemented a Microsoft Form for request submission, but updates still relied on manual input. With the formalization of the E2D collaboration evidence-response service, we developed a more robust data platform in REDCap to support real-time updates and multi-user accessibility. We piloted the platform to manage evidence requests from the National Department of Health.
RESULTS
We completed one pilot request in five months, and fourteen are in process. The

platform enabled streamlining of requests without multiple email exchanges, and with request form templates completed with all relevant information. Available reviewers are allocated on the system, however, updates are required to enable focused real-time reviewer allocation, progress updates, and for allocated reviewers to access the relevant supporting documents on the platform. Further development and refinement is ongoing.
CONCLUSIONS
Harnessing technology enhances efficiency, improves reviewer capacity management, and minimizes the risk of overlooked requests. We further anticipate this serving as a pilot project to optimise processing for a planned Health Technology Assessment agency, supporting the transition towards UHC in South Africa.
Popul. Med. 2026;8(Supplement 1):A3830

ABS3167
Making Hypoxemia Visible: Co-Creating Routine Oxygen Data Systems through Participatory Evidence Generation in Nigeria

Divine Anunobi[1], Chizoba Fashanu[1], Lekia Nwidae[1], olufunke fasawe[1], Maxwell Onuoha[1], kelechi nwanosike[1], Pamela Mudabai[1], Abubakar Imam[1], Johnson Nwiue[1], Richard Yiibe[1], Ibrahim Ali Tahir[1], Gilbert Shetak[2], Eno Edem Igabo[2]
[1]Clinton Health Access Initiative, Maitama, Abuja, Nigeria, [2]National Oxygen Desk, Federal Ministry of Health, Abuja, Nigeria

BACKGROUND
Until recently, Nigeria's National Health Management Information System (NHMIS), did not capture data on hypoxemia screening, diagnosis, or oxygen therapy. Consequently, cases of low blood oxygen levels were not routinely reported, limiting policymakers' ability to quantify oxygen needs or inform planning and budgeting. To close this gap, the Federal Ministry of Health (FMoH), supported by the Clinton Health Access Initiative (CHAI), co-developed and integrated standardized hypoxemia and oxygen indicators into the NHMIS for routine surveillance and reporting.
METHODS
Through the National Oxygen Desk (NOD), FMoH and CHAI led a participatory process to define indicators for hypoxemia screening, diagnosis, oxygen therapy, and monitoring. In 2024, these indicators were pilot tested across 270 health facilities (primary, secondary, and tertiary) in five states (Imo, Kaduna, Kano, Lagos & Rivers). A structured training cascade built capacity of 1400 health workers, 500 medical records officers including local government M&E staff to measure oxygen saturation using pulse oximeters, document findings in revised registers, and submit monthly summaries through a dedicated DHIS2 module.
RESULTS
With CHAI's support, the FMoH approved the inclusion of these hypoxemia and oxygen indicators in revised NHMIS tools and initiated a phased national pilot. Within the first month, registers were deployed and actively used in 91% of the 270 facilities, demonstrating strong early adoption of routine reporting. Early lessons underscore the importance of government co-ownership, comprehensive training, and multi-level coordination. In Kano State, pilot findings have already informed requests for technical support to strengthen diagnostic access and referral pathways for hypoxemic patients.
CONCLUSIONS
Starting from a baseline of zero hypoxemia indicators, this initiative lays the foundation for routine national surveillance of oxygen diagnosis and treatment. It shows how participatory indicator development and embedded reporting can transform invisible clinical needs into actionable data that strengthens planning, accountability, and access to essential oxygen services.
Popul. Med. 2026;8(Supplement 1):A3831

ABS3393
Profile of chagas disease in Brazil: Transitions and public health challenges

Aretha Feitosa de Araújo[1], Breno Rocha de Moura[1], Leidy Dayane Paiva de Abreu[2], Mirna Neyara Alexandre de Sá Barreto Marinho[3], Petr Soares de Alencar[1], Edmar Mesquita Neto[1], Cláudio Gleidiston Lima da Silva[1,4]
[1]School of Medicine, Universidade Regional do Cariri (URCA), Crato, Brazil, [2]School of Nursing, Universidade Estadual do Ceará (UECE), Fortaleza, Brazil, [3]School of Nursing, Universidade Regional do Cariri (URCA), Crato, Brazil, [4]School of Medicine, Universidade Federal do Cariri (UFCA), Barbalha, Brazil

BACKGROUND
Chagas Disease (CD) remains one of the primary Neglected Tropical Diseases (NTDs) in Latin America, presenting high morbidity and mortality rates and a significant socioeconomic burden1-2. The current Brazilian scenario reveals a transition in geographical distribution patterns and transmission routes, requiring a continuous reorganization of control strategies by Brazilian and global public health authorities3.
METHODS
This is a descriptive epidemiological study on the incidence and prevalence of Chagas Disease in Brazil, utilizing the most recent data available from national health surveillance systems.
RESULTS
The latest epidemiological report (2024) recorded 520 new acute CD cases, whereas the chronic form is estimated to affect 4.6 million individuals4. Most chronic cases are associated with historical vector-borne transmission (e.g., Triatoma infestans), whereas acute cases are predominantly transmitted via the oral route through the consumption of contaminated food, accounting for 95% of new cases. The Legal Amazon region concentrates the majority of new records, indicating a shift in the epidemiological profile. This new trend is attributed to the cultural consumption of several palm fruit species, such as "açaí," by the local population, representing a transmission route highly characteristic of the Brazilian context. Acute CD presents a case-fatality rate of 2% in young adults (mean age: 33 years), while the chronic form records a 3% lethality rate in an older age group (mean age: 62 years). In Brazil, men and women are equally affected with no significant disparity between sex.
CONCLUSIONS
It is necessary to share the epidemiological status of various diseases affecting global populations with the scientific community to promote awareness, especially regarding neglected diseases. The articulation between scientific evidence and public health authorities is fundamental to mitigating the incidence and prevalence of this preventable pathology, particularly through oral transmission control and regionalized surveillance.
Popul. Med. 2026;8(Supplement 1):A3834

ABS3490
Internationally recommended indicators for conducting population-based tobacco surveillance

Julia Rey Brandariz[1,2], Nuria Ruiz Pérez[1], Carla Guerra Tort[1,2], Ana Teijeiro[1], Guadalupe García[1,2], Lucia de Luis Cid[1], Mónica Pérez-Ríos[1,2]
[1]Department of Preventive Medicine and Public Health, Universidad de Santiago de Compostela, Santiago de Compostela, Spain, [2]Instituto de Investigación Sanitaria de Santiago de Compostela, Santiago de Compostela, Spain

INTRODUCTION
epidemiological surveillance of tobacco use is essential to understand the magnitude of the epidemic, guide tobacco control policies, and assess its impact on public health. This surveillance should be based on indicators describing prevalence and health and economic impact. The aim was to identify and compile indicators used internationally for tobacco surveillance, organized according to key analytical dimensions.
METHODS
an exploratory review of international sources on tobacco surveillance was conducted. The search was carried out in September 2025 and included guidelines, technical manuals, reports, and population-based surveillance systems developed by the World Health Organization (WHO), the Organization for Economic Co-operation and Development (OECD), and the European Union (EU). For each identified source, general characteristics were collected and indicators were extracted. Indicators were classified into four analytical dimensions: consumption or exposure, psychosocial aspects, health impact, and economic impact. For each indicator, information was collected on its operational definition, measurement method, data source, periodicity, target population, and level of disaggregation (sex, age, other sociodemographic variables).
RESULTS
eleven international sources and 34 tobacco surveillance indicators were identified: 17 related to consumption and exposure dimension, six to psychosocial aspects, four to health impact, and seven to economic impact. The consumption and exposure dimension is mainly based on population surveys. The most consolidated indicator is the prevalence of tobacco use, although definitions of current smokers, former smokers, and never smokers vary. Surveillance of electronic cigarettes focuses on prevalence and frequency of use, while exposure to secondhand tobacco smoke is mainly measured through prevalence and frequency in different settings. The psychosocial, health impact, and economic impact dimensions include indicators on population knowledge, attributable mortality and morbidity, burden of disease, and direct and indirect costs.
CONCLUSIONS
despite consensus on the analytical dimensions, tobacco surveillance indicators remain highly heterogeneous, limiting global comparability.
Popul. Med. 2026;8(Supplement 1):A3835

ABS3737

Strengthening mental health surveillance through integrated health information systems: Lessons from South Africa

Noluthando Ndlovu[1], Ntombifuthi Blose[1], Matome Mokganya[1]
[1]Research and Implementation Science, Health Systems Trust, Durban, South Africa

INTRODUCTION
Mental health disorders contribute substantially to the global burden of disease, yet they remain inadequately integrated into national health surveillance and routine health information systems. In many low- and middle-income countries, mental health data are fragmented across surveys, routine systems, longitudinal cohorts and civil society platforms, limiting their utility for policy, planning and equitable resource allocation. South Africa provides a relevant case study, given its high burden of mental illness, intersecting epidemics, and expanding health data architecture.
METHODS
This review synthesised recent nationally representative surveys, routine health information system data, longitudinal cohort platforms, administrative financing and workforce datasets, and policy indicator frameworks to assess the current state of mental health surveillance in South Africa. Indicators were appraised for coverage, disaggregation, governance, and alignment with broader health system monitoring, including HIV, TB, maternal and child health, and socio-environmental risk factors.
RESULTS
Mental health data availability has improved, with expanded routine indicators and growing inclusion in longitudinal cohorts. However, major gaps persist. These include limited community-level data capture, weak age-, gender- and geography-disaggregation, inconsistent indicator definitions, and insufficient integration of private sector and civil society data. Governance challenges further constrain interoperability across platforms. Service performance data reveal marked provincial inequities, workforce shortages, and under-investment relative to burden. These limitations impede the routine use of mental health data for monitoring system performance, informing integrated care models, and tracking progress towards universal health coverage.
CONCLUSIONS
Strengthening mental health surveillance requires deliberate integration into national health information systems rather than parallel reporting structures. Key priorities include standardising indicators, improving data governance, linking routine and longitudinal data, and embedding mental health metrics within existing HIV, TB and primary health care platforms. South Africa's experience highlights transferable lessons for countries seeking to elevate mental health within public health monitoring, policy and accountability frameworks.
Popul. Med. 2026;8(Supplement 1):A3839

ABS3808

From data to decisions: Using routine district health data to advance equitable and sustainable primary health care

Noluthando Ndlovu[1], Emanuel Dominic[2], Ntombifuthi Blose[1], Matome Mokganya[1], Ashnie Padarath[1], Thulile Zondi[3]
[1]Research and Implementation Science, Health Systems Trust, Durban, South Africa, [2]Wimmy, Cape Town, South Africa, [3]Health Information, Research, Epidemiology, Monitoring and Evaluation, South African National Department of Health, Pretoria, South Africa

INTRODUCTION
Achieving equitable, inclusive, and sustainable primary health care (PHC) requires health systems to move beyond data collection toward the effective use of routine information in decision-making. In many low- and middle-income countries, large volumes of routine health data are generated at facility and district levels, yet this data is often under-utilised due to challenges related to indicator selection, data interpretation, and limited analytical capacity among decision-makers. These constraints undermine the ability of PHC systems to identify inequities, respond to local needs, and allocate resources sustainably.
METHODS
This organised session presents an interactive, skills-based workshop led by Health Systems Trust that focuses on strengthening the use of routine district health data for evidence-based PHC decision-making. Using South Africa's District Health Barometer (DHB) as a practical case study, the session demonstrates how routinely collected data can be transformed into actionable insights that support equity-oriented and sustainable health system responses.
RESULTS
Participants will be guided through a structured approach to routine data use, including identifying a core set of PHC-relevant indicators, interpreting district-level trends over time, distinguishing between data quality limitations and true performance gaps, and linking data findings to concrete management and planning actions. Interactive small-group exercises based on realistic PHC scenarios will enable participants to apply these concepts directly and reflect on how similar approaches can be adapted across diverse health system contexts.
CONCLUSIONS
The session positions the DHB as a transferable capacity-building product that bridges the gap between data generation and decision-making, with relevance beyond national boundaries. It is designed for district and sub-district health managers, monitoring and evaluation practitioners, policy advisors, researchers, and implementing partners working to strengthen PHC systems. By the end of the session, participants will have gained practical skills to use routine health data to inform more equitable, inclusive, and sustainable PHC decisions.
Popul. Med. 2026;8(Supplement 1):A3840

ABS3877

Cost Evaluation and Monitoring of the Tuberculosis Control Program in Pernambuco, Brazil: An Analysis of State Management

Ana Meira[1]
[1]Departamento de Saúde Coletiva, Faculdade de Ciências Médicas da Santa Casa de São Paulo, São Paulo/São Paulo, Brazil

INTRODUCTION
Tuberculosis (TB) remains a critical challenge for health surveillance in Brazil, especially in Pernambuco, which presents high incidence and mortality rates. Systematic monitoring of costs and resource allocation is essential to evaluate the efficiency of public policies and the impact of control strategies. This study aimed to evaluate the costs of the Tuberculosis Control Program (TCP) from the perspective of the State Health Management of Pernambuco, identifying bottlenecks in the financing of surveillance and care actions.
METHODS
A quantitative, descriptive, and documentary research was conducted at the State Health Department of Pernambuco. The sample comprised cost data related to TB prevention, treatment, and hospitalization from January to December 2013. Financial records from various sectors and cost centers were analyzed, including the Otávio de Freitas Hospital and the National Immunization Program (PNI/PE). Variables included expenditures on vaccines, municipal agreements, training, printing services, and Hospital Admission Authorizations (AIH). Resultados: The analysis revealed a significant disproportion in resource allocation: 42.8% of the state's total TCP expenditures were directed to hospitalization, while prevention actions represented only 9.8% (excluding vaccines provided by the Ministry of Health). Within prevention, municipal agreements accounted for 3.2%, printing services 2.5%, and training 1.5%. It was identified that surveillance and cost data were fragmented across individual sectors, hindering integrated and systemic monitoring of the program.
CONCLUSIONS
The TCP monitoring system in Pernambuco showed weaknesses in data integration and a predominance of the hospital-centric care model over preventive surveillance. The fragmentation of financial and operational information compromises the impact assessment of health technologies and program efficiency. The institutionalization of cost monitoring practices integrated with epidemiological management is recommended to strengthen surveillance and optimize resource allocation in TB control.
Popul. Med. 2026;8(Supplement 1):A3841

ABS3964

Migrant worker health equity: Transforming health interventions for migrant workers

Farah Seedat[1], Amirah Zafirah Zaini[2], Eman Elafef[3], Ligia Kiss[4], Nicola Pocock[4], Engy El-Ghitany[3], Tharani Loganathan[2], Cathy Zimmerman[4], Consortium for Migrant Worker Health[1], Sally Hargreaves[1]
[1]City St George's University of London, London, United Kingdom, [2]Universiti Malaya, Kuala Lumpur, Malaysia, [3]Alexandria Univeristy, Alexandria, Egypt, [4]London School of Hygiene and Tropical Medicine, London, United Kingdom

INTRODUCTION
The health impacts of hazardous work and precarious employment on low wage migrant workers, the world's largest migrant group, remain severely under-researched. Some evidence shows that migrants face disproportionate risks of workplace injury and elevated morbidity and mortality, which exacerbates global health inequalities as technological, economic, environmental, and political transitions accelerate. Despite this, migrant workers remain largely invisible in health metrics, surveillance systems, and interventions. Addressing this systematic neglect is essential for equitable and inclusive health protections.

This project aims to develop migrant-sensitive survey instruments to generate burden estimates and support worker-centred health interventions.
METHODS
Building on long standing collaborations with interdisciplinary academics, UN agencies, and migrant worker networks, we are conducting a multi-site programme in Egypt, Malaysia, and the UK using transdisciplinary methods and community engagement and involvement. First, we are synthesising existing evidence through systematic reviews, policy analyses, and assessments of national health and occupational data systems. Second, we will co-develop standardisable work–health indicators through regional expert workshops and nominal consensus techniques, validating and translating them into survey modules to generate prevalence estimates for policy implementation. We will then co-design site-specific interventions (i.e.,mobile clinics, insurance schemes, heat stress protocols) and evaluate them using rapid realist evaluations. Expected
RESULTS
Our programme will produce validated, cross-culturally relevant indicators aligned with ILO, WHO, and GBD frameworks; robust prevalence estimates of exposures, service use, and health outcomes; and comparative insights into the effectiveness, feasibility, and scalability of priority interventions. Outputs will include open access survey tools, implementation guides, and co-designed intervention prototypes disseminated through a Migrant Worker Health Evidence-to-Action Platform.
DISCUSSION
By closing critical measurement gaps and embedding worker-centred design, this project will enable scalable, policy relevant protections and more inclusive health systems for migrant workers. As climate change and conflict intensify displacement, these innovations will be vital for global health security.
Popul. Med. 2026;8(Supplement 1):A3843

ABS 4017
Associations between high burden health conditions and trends in mortality during the COVID-19 pandemic – insights from integrated routine health information in the Western Cape, South Africa.

Arne von Delft[1,2], Andrew Boulle[1,2], Erna Morden[2], Mary-Ann Davies[1,2], Pam Groenewald[3], Rob Dorrington[4]
[1]School of Public Health, University of Cape Town, Cape Town, South Africa, [2]Health Intelligence, Western Cape Department of Health and Wellness, Cape Town, South Africa, [3]Burden of Disease Research Unit, South African Medical Research Council, Cape Town, South Africa, [4]Centre for Actuarial Research, University of Cape Town, Cape Town, South Africa

BACKGROUND
The majority of excess deaths during the Coronavirus disease 2019 (COVID-19) pandemic are widely thought to be due to undiagnosed COVID-19, rather than disruptions in the provision of and access to healthcare, but there are limited cause-of-death data to substantiate this.
METHODS
This study used integrated routine health information in the Western Cape province of South Africa to investigate the potential contribution of undiagnosed COVID-19 to increases in mortality during four COVID-19 waves, through the exploration of differential increases in mortality in patients with health conditions which have different known interactions with COVID-19 mortality. We conducted a time series analysis using Poisson regression models of weekly deaths among deidentified pre-pandemic public sector healthcare users aged 20 years or older who were potentially linkable to a research copy of the national population register.
RESULTS
Over 105 pandemic weeks 81 272 natural deaths occurred among 2 228 166 individuals. The four COVID-19 waves were associated with a 15% increase in natural mortality among people without known COVID-19 (wave adjusted incidence rate ratio [aIRR]=1.15 [95% Confidence Interval 1.12,1.18]), with the highest mortality associations observed among those with advanced age (>=80 years wave aIRR=1.20 [1.14,1.26]), diabetes mellitus (aIRR=1.25 [1.21,1.30]), hypertension (aIRR=1.18 [1.14,1.21]) and chronic kidney disease (aIRR=1.15 [1.11,1.20]). These groups were also at highest risk of death due to known COVID-19 (>=80 years aIRR=27.12; diabetes mellitus aIRR=32.70; hypertension aIRR=29.78 and chronic kidney disease aIRR=25.50).
CONCLUSIONS
Changes in non-COVID-19 mortality for each well-defined high burden health condition aligned with estimated and published COVID-19 mortality associations, and remained consistent across several sensitivity analyses, supporting the hypothesis that undiagnosed COVID-19 was a major contributing factor to observed excess deaths. Service disruptions are less likely to have resulted in such similar and consistent risk distributions, especially considering the heterogeneity of disruptions within waves and across time.
Popul. Med. 2026;8(Supplement 1):A3845

ABS 4040
Food Security Monitoring across Primary Health Care Units (UBS) of Brazil

Raquel Bergaria de Oliveira[1], Aylene Bousquat[1], Patricia Jaime[1]
[1]Public Health School, University of São Paulo, São Paulo, Brazil

INTRODUCTION
Food and Nutritional Security (SAN) remains a structural challenge in Brazil1-4. Approximately 49.0% of households (104.2 million people) experience some degree of Food and Nutritional Insecurity (IAN), with 9.9% facing hunger, while marked socio-spatial disparities persist1,4. In 2023, the Food Insecurity Risk Screening (TRIA) tool was developed for monitoring IAN within Primary Health Care (PHC). Its purpose is to identify and direct care to at-risk populations5. This descriptive study aimed to analyze the distribution of TRIA implementation across Primary Health Care Units (UBS) of Brazil's Unified Health System (SUS).
METHODS
This study analyzed data from the National Census of SUS Primary Health Care Units (2024), which achieved complete coverage of all 44938 Brazilian UBS6. Units implementing TRIA were identified, and data were analyzed according to macro-region, location, and provision of care to traditional populations. Proportions of TRIA application were calculated and presented in contingency tables. Pearson's chi-square test was applied ($p < 0.001$). All analyses were performed using PSPP software.
RESULTS
The results indicate that only 15.8% of UBS reported using TRIA. Regional analysis revealed heterogeneous distribution. The North Region, characterized by forested areas, significant proportion of traditional riverine populations, and a lower Human Development Index (HDI)7, showed the highest adoption rate (19.8%). This was followed by the Northeast (16.7%), Southeast (16.1%), Central-West (12.4%), and South (11.9%) Regions. The South and Southeast regions feature higher urbanization rates and HDI7. Regarding location context, the tool was used more frequently by urban UBS (16.3%) compared to rural (15.0%) and riverine (10.5%) units. Among UBS that reported serving traditional populations, the utilization rate was 14.7%.
CONCLUSIONS
Health surveillance constitutes a fundamental component of the collective approach to the health-disease-care process. The findings demonstrate that the incorporation of TRIA remains incipient nationwide, representing a challenge to monitor and address IAN within the SUS.
Popul. Med. 2026;8(Supplement 1):A3846

ABS 4063
Actions for the control of chronic noncommunicable diseases in primary health care in Brazil: development of an evaluation model.

Rosana Mara da Silva[1], Josimari Telino de Lacerda[1]
[1]Programa de Pós Graduação em Saúde Coletiva, Universidade Federal de Santa Catarina, Florianópolis, Brazil

INTRODUCTION
Chronic noncommunicable diseases (CNCDs) are a global public health problem. The scenario in Brazil shows progress in the implementation of actions for the control and treatment of CNCDs. The monitoring and evaluation of policies and programs are essential in the field of management, providing guidance and decision-making. The Evaluability Study (ES) has been used in the field of health evaluation because it is a systematic approach to planning evaluation projects1, and aims to deepen understanding of the object and policies, identifying the essential components for the evaluation moment2,3. This study aimed to develop and systematize an evaluation model for actions to control chronic noncommunicable diseases in primary health care.
METHODS
An evaluability study was conducted, based on Thurston and Ramaliu2, following the steps of document analysis, review of national and international literature, and validation with experts, which guided the development of the models and analysis matrix. For its validation, the consensus conference technique was used in consultation with stakeholders.
RESULTS
The study developed the program theory, in which actions for the control of NCDs in PHC should ideally occur in an integrated manner, with the provision for adequate care, providing qualified health care4. The program theory established the contextualization and logical design of the program, with objectives, goals,

activities, products, results, and impact, which had not been systematically explained in the literature and documents until then. In the end, an evaluation model was obtained, consisting of 19 indicators aggregated into two dimensions, with suggested evaluation questions and forms of analysis.
CONCLUSIONS
It was found that actions for NCD care can be evaluated through an implementation analysis and that the defined program theory can be used by various actors, both nationally and internationally, to implement and/or improve NCD care in PHC.
Popul. Med. 2026;8(Supplement 1):A3848

ABS4086
Medicine unavailability and institutional responses in Brazil's unified health system: A user perspective in primary care

Elaine Miranda[1], Letícia Castro[2], Alfonso Jesus Gil-López[3], Isabelle Ruiz[4], Sandro Silva[4], Maria Carolina Couto[5], Gabriela Mosegui[6]
[1]Departamento de Farmácia e Administração Farmacêutica, Universidade Federal Fluminense, Niterói, Brazil, [2]Programa de pós-graduação em ciências aplicadas a produtos para a saúde, Universidade Federal Fluminense, Niterói, Brazil, [3]Department of Economics and Business, University of La Rioja, Logroño, Spain, [4]School of Pharmacy, Universidade Federal Fluminense, Niterói, Brazil, [5]Programa de pós-graduação em administração e gestão da assistência farmacêutica, Universidade Federal Fluminense, Niterói, Brazil, [6]Institute of Collective Health, Universidade Federal Fluminense, Niterói, Brazil

ABSTRACT
The Unified Health System (SUS) in Brazil mandates comprehensive Pharmaceutical Services, within which the guaranteed availability of essential medicines is fundamental to quality and equity of care. Access to medicines is a key outcome of system performance. This study examined medicine availability and institutional responses to shortages in Niterói, Rio de Janeiro, from users' perspectives. A cross-sectional quantitative study was conducted using validated methodologies for evaluating Pharmaceutical Services, adapted from WHO and Brazil's National Survey on Access, Use and Promotion of Rational Use of Medicines (PNAUM). Structured interviews were performed with 290 users from different types of primary care units in Niterói (RJ). Data were analyzed using descriptive statistics, Pearson's chi-square test, and Cramer's V to explore associations between unit type and users' behavior in seeking medicines during shortages. Ethical approval was obtained from the UFF Research Ethics Committee (CAAE 38353120.1.0000.5243). Medicine unavailability was reported by 42.4% of participants (n=290). A statistically significant association was found between the type of primary care unit and users' strategies to obtain medicines (χ=23.944; p=0.008; V=0.203). Institutional responses to shortages were heterogeneous: reporting unavailability (53.8%), recommending private purchase (19.3%), or referring users to the Farmácia Popular program (12.1%). This heterogeneity reflects fragmented management practices and weak coordination within Pharmaceutical Services, with potential to shift costs to households and amplify inequalities—an issue of central concern for HTA and policy evaluation in decentralized systems. Medicine unavailability affected 42.4% of participants (n=290). A significant association emerged between primary care unit type and users' strategies to obtain medicines (χ=23.944; p=0.008; V=0.203). Institutional responses were heterogeneous—reporting stockouts (53.8%), advising private purchase (19.3%), or referral to Farmácia Popular (12.1%)—revealing fragmented pharmaceutical management that shifts costs to households and deepens inequities relevant to HTA and policy evaluation.
Popul. Med. 2026;8(Supplement 1):A3850

ABS4109
Epidemiological surveillance actions in leprosy control

Greice Quele dos Santos Cruz[1], Thamires Laet Cavalcanti e Silva[1], Eleuzina Falcão da Silva Santos[1], Natália Cristina Oliveira[2], Luiz Eduardo Nunes Ferreira[2]
[1]Bahia State Health Department, Directorate of Epidemiological Surveillance, Salvador, Brazil, [2]University of Guarulhos, Guarulhos, Brazil

INTRODUCTION
Leprosy represents a major challenge for managers and health professionals. Epidemiological surveillance involves various actions for monitoring, early diagnosis, control, and prevention. This study aims to analyze the surveillance actions currently being developed in the State of Bahia.
METHODS
This is a cross-sectional observational study. A qualitative-quantitative questionnaire was developed regarding assistance characterization, diagnostic and examination networks, treatment, and surveillance actions. The questionnaire was sent to regional health bases and forwarded to the epidemiological surveillance of each municipality. Data were analyzed using Microsoft Excel and SPSS v.26.
RESULTS
The state has been developing leprosy surveillance actions in partnership with regional health bases, but the need to strengthen these actions to control the epidemiological situation in Bahia is evident. To ensure data quality and strategic management, it is essential to establish and standardize clear flows for case investigation, as well as patient monitoring and the use of follow-up instruments.
CONCLUSIONS
Epidemiological surveillance actions are intrinsic to disease control and indispensable for monitoring, integral follow-up, and detailed investigation of all cases. The State Leprosy Program faces the challenge of strengthening actions across health macro-regions to reach the targets set by the Ministry of Health and the World Health Organization.
Popul. Med. 2026;8(Supplement 1):A3851
Vaccine Preventable Diseases (VPDs) and Vaccine Confidence

ABS0025
Implementing the Respiratory Syncytial Virus (RSV) Vaccination for Adults: A Global Perspective with Lessons from China

Raman Bedi[1], Michael Moore[1], Xiao-Nong Zhou[1], Gemma Bridge[1]
[1]World Federation of Public Health Associations, Geneva, Switzerland

BACKGROUND
Respiratory Syncytial Virus (RSV) is a growing public health concern among older adults, leading to severe respiratory illness, hospitalisation, and rising healthcare costs. To address this challenge, the World Federation of Public Health Associations (WFPHA), through its Immunisation Taskforce and in collaboration with European experts, has developed recommendations for the design and implementation of adult RSV vaccination programs.
METHODS
A structured consensus-building process with international public health experts identified priority areas for action. The task force emphasised evidence-based strategies and practical approaches that can be adapted across countries, with particular attention to the opportunities and challenges facing China.
RESULTS
Three priority areas were highlighted: strengthening monitoring and data collection systems; implementing effective vaccination strategies; and (3) enhancing training and public awareness. Building on these lessons, a case study from Shanghai demonstrates how a large urban centre can serve as a model for national rollout. Shanghai's strong public health infrastructure, digital health integration, and experience with vaccination campaigns provide valuable insights into how China can lead in introducing adult RSV vaccination.
CONCLUSIONS
China is uniquely positioned to advance adult RSV vaccination as part of its healthy ageing agenda. Lessons from the WFPHA Immunisation Taskforce, combined with Shanghai's experience, can guide a comprehensive implementation strategy that informs national policy. Global dialogue among policymakers, experts, and practitioners will help translate these recommendations into sustainable immunisation programs. In the face of demographic change, protecting older adults through preventive measures such as RSV vaccination is vital to reducing disease burden, safeguarding well-being, and ensuring resilient healthcare systems.
Popul. Med. 2026;8(Supplement 1):A3853

ABS0085
Intrahospital Vaccination Strategy for BCG and Hepatitis B: Achieving Near-Universal Coverage in Brazil

Leticia Miranda Lima[1]
[1]Imunização, Secretaria Municipal de Saúde, Vitória da Conquista, Brazil

ABSTRACT
ntroduction: Neonatal immunization is crucial. Administering BCG and Hepatitis B vaccines before hospital discharge is a key Brazilian strategy to overcome access barriers and achieve high coverage.
METHODS
Descriptive, retrospective study (Jan-Jun 2025) using national health data systems (SINASC, SI-PNI). Analyzed doses administered in hospitals & primary care versus live births.
RESULTS
• 4,238 live births recorded. • Coverage: 99.6% for Hepatitis B (4,222 doses) | 98.5% for BCG (4,174 doses). • >99% of doses were administered in the hospital setting before discharge.
CONCLUSIONS
The intrahospital strategy proved highly effective and sustainable for achieving near-universal neonatal vaccination coverage. This model is essential for

controlling vaccine-preventable diseases and should be implemented as core public health policy.
Popul. Med. 2026;8(Supplement 1):A3854

ABS0086
Beyond the Health Unit: Extramural Vaccination Actions to Rescue Coverage and Promote Equity in Brazil

Leticia Miranda Lima[1]
[1]Imunização, Secretaria Municipal de Saúde, Vitória da Conquista, Brazil

INTRODUCTION
Declining vaccination coverage requires innovative strategies. This report describes an extramural vaccination strategy implemented in Vitória da Conquista, BA, to reach underserved populations.
METHODS
A descriptive study (1st Semester 2025) based on municipal immunization reports. Strategy involved territory mapping and actions in 12 diverse locations: schools, businesses, churches, public squares, a university, and rural communities.
RESULTS
• Over 1,100 doses administered specifically in extramural settings. • These actions contributed to a total of 115,406 doses given in the municipality. • Successfully reached historically excluded populations (e.g., rural workers, busy professionals).
CONCLUSIONS
Extramural actions are an indispensable and effective pillar for rescuing vaccination coverage and promoting health equity. We recommend the institutionalization and expansion of this strategy as a permanent public health policy.
Popul. Med. 2026;8(Supplement 1):A3855

ABS0254
Overcoming Recruitment Challenges Among Adolescent Participants Aged 12–17 in Urban Liberia: Lessons from the PREVAIL Lassa Fever Phase 2a Study

Helena Blackmon Brown[1]
[1]Social Mobilization, Communication and Community Engagement, PREVAIL, Monrovia, Liberia

INTRODUCTION
Lassa fever, a viral hemorrhagic disease endemic to West Africa, poses a significant public health threat, especially among children. The PREVAIL Lassa Fever Phase 2a Study assesses the safety and immunogenicity of a Lassa fever vaccine among adults and children in Liberia. Recruiting adolescents (12–17 years) presented challenges due to sociocultural factors such as rumors, fear, and misinformation, compounded by the resumption of school activities during recruitment. To address these issues, the Social Mobilization, Communication, and Community Engagement (SMC) Team conducted listening sessions and community engagement (CE) meetings to build trust, enhance transparency, and enhance adolescent participation.
METHODS
Prior to the study, four listening sessions were held with key stakeholders in Montserrado County to gather input on adolescent recruitment. Parents expressed concerns about vaccine safety and preferred to observe early participants before consenting. Feedback informed the development of culturally appropriate recruitment materials. Low attendance at one CE meeting prompted further investigation; feedback revealed that sessions held during school hours limited participation, emphasizing the need for flexible meeting time and study visit scheduling for school going children.
RESULTS
Based on community feedback, CE meetings were rescheduled from 1:00 PM to 3:00 PM, and participant visit schedules at the study site were adjusted for flexibility. School-age participants received early access to the study site, while parents could return alone or after school with the child to collect results. From May 2024 to January 2025, eight additional CE meetings were conducted across six communities, with adolescent attendance increasing from 20 to 54 out of 70 participants. Many adolescents were subsequently referred to the study site with their parents or guardians.
CONCLUSIONS
Adjusting CE meeting times and maintaining flexible scheduling significantly improved adolescent recruitment and retention. Continuous stakeholder engagement and responsiveness proved essential for successful clinical trial implementation.
Popul. Med. 2026;8(Supplement 1):A3860

ABS0354
Health system and caregiver related factors influencing measles vaccination Uptake

Gabalape Arnold Sejie[1]
[1]School of Public Health, Boitekanelo College, Tlokweng, Botswana

BACKGROUND
Measles remain a significant public health concern, especially in Botswana, where sporadic and silent epidemics continue to challenge existing control measures. This study aimed to determine the health system and caregivers related factors influencing measles vaccine uptake.
METHODS
A cross-sectional study was conducted between September and October 2024 in Chadibe village. Facility registers were used to extract 201 under-five children data with a follow up caregivers questionnaire used to capture information on sociodemographic variables and health system related factors. Statistical analysis involved frequencies, bivariate and multivariate logistic regression.
RESULTS
Our study revealed that 82.6% of children received first dose of measles vaccine, while 50.2% received the second dose. The key determinants related to two doses of measles vaccination included; Caregivers aged 18–25 years (OR: 4.42; 95 % C.I: 1.22-16.00, P=0.023), 26-30 years (OR: 1.71; 95 % C.I: 0.59-4.94) and 31-35 years of age (OR: 2.74; 95% C.I: 1.026-7.36) were more likely to get their children immunized. Care givers who walked to the health facility (OR: 2.28;95% CI:0.86-6.00), used public transport (OR:1.94; 95% CI 0.74-5.06) found vaccine to be always available (OR 12.8;95%CI: 2.24-73.92, P 0.004) sometimes available (OR 7.09;95% CI: 1.45-34.60, P0.01) were associated with the likelihood to have their children fully vaccinated. On multivariate analysis, caregivers who completed senior secondary education (AOR: 6.59; 95 % CI: 1.02-7.36, P=0.01), working full time (AOR = 1.77, 95% CI: 0.64-4.92) travelled less than 5km to the health facility (AOR: 3.47;95% CI: 1.49-8.10, P= 0.004), received fairly good quality of service (AOR:2.20; 95% CI: 1.02-4.73, P= 0.043) had measles vaccine information (AOR = 3.97, CI= 1.455-10.85,P=0.007) were also more likely to immunize their children.
CONCLUSIONS
This study provides valuable insights into the epidemiology of the Measles vaccination highlighting the urgency of raising awareness about vaccine importance and strengthening routine immunization programs
Popul. Med. 2026;8(Supplement 1):A3865

ABS0958
Clinical efficacy, immunogenicity and safety of Malaria vaccines in children: A systematic review and meta-analysis

Katsiaryna Bashlakova[1], Marianna Zarro[1], Paolo Villari[1], Corrado De Vito[1], Annalisa Rosso[1]
[1]Department of Public Health and Infectious Diseases, "Sapienza" University of Rome, Rome, Italy

BACKGROUND
Malaria remains a major global health emergency, with nearly 610.000 deaths reported in 2024 across 83 countries, with children under five accounting for 75% of mortality. Despite increased research on pediatric malaria vaccines, comprehensive evidence syntheses are limited. We aimed to assess the efficacy and safety of currently available malaria vaccines in children.
METHODS
Following PRISMA, we included Phase IIb–IV and post-marketing studies from PubMed, SCOPUS, WoS, ClinicalTrials.gov, ISRCTN, EUCTR, CTIS, and PACTR. Licensed and candidate vaccines administered to individuals <18 years were compared with controls or seasonal malaria chemoprevention. Outcomes included seroconversion, incidence of clinical malaria, and serious adverse events (SAEs). Meta-analyses were performed for the intention-to-treat cohorts, with subgroup analyses by vaccine type and follow-up (PROSPERO registration: CRD420251032609).
RESULTS
56 trials were included (134.424 participants). The proportional meta-analysis revealed an overall SAE rate of 16%, higher for RTS,S/AS02 (29%) and lower for R21-MM (3%). In comparative analyses, vaccination reduced SAEs risk by 9% versus controls (RR=0.91; 95% CI 0.86–0.96). Overall vaccine efficacy (VE) was 31% (IRR=0.69), higher for RTS,S/AS02 (47%) and RTS,S/AS01 (32%). R21/Matrix-M demonstrated the highest VE (72%, single trial). Efficacy declined with time: 33% within 12 months, 35% at 12–36 months, and 11% beyond 36 months. The combination of vaccination and chemoprevention showed 65% efficacy. Cumulative seroconversion rate was 0.99 (95% CI 0.98–1.00). Comparative seroconversion analysis was not feasible due to absent control data. No study was rated as low quality by RoB2.
CONCLUSIONS

Malaria vaccines in children show a favorable safety profile and provide meaningful, although time-limited, protection against clinical malaria. RTS,S and R21 vaccines achieve the highest efficacy, particularly when combined with seasonal chemoprevention. Malaria vaccination should be integrated into childhood malaria control strategies, emphasizing the need for booster strategies and long-term effectiveness monitoring in endemic settings.
Popul. Med. 2026;8(Supplement 1):A3881

ABS1011

Analysis of Vaccination Coverage in the Pediatric Age Group Against Coronavirus (COVID-19) in Brazil from 2021 to 2024

PEDRO AUGUSTO ROSA BARBOSA SILVA[1], VINICIUS ROSA[1], FELIPE ROSA[1], LUIZ ANTONIO LUPI JUNIOR[1]
[1]Universidade do Oeste Paulista (UNOESTE), Jaú, Brazil

INTRODUCTION
from december 2019 onward, the global spread of sars-cov-2, originating in wuhan, china, led to an international public health emergency declared by the who in january 2020, culminating in the covid-19 pandemic. In brazil, the first confirmed case occurred in february 2020, followed by rapid community transmission and nationwide dissemination by march 2020. By the end of 2023, the country had registered more than 700000 deaths and approximately 38000000 cases. Vaccination emerged as the main strategy to control the pandemic, although pediatric immunization faced challenges related to safety concerns and misinformation.
METHODS
this study analyzed the profile of pediatric covid-19 vaccination in brazil through a descriptive and analytical approach, using secondary data from official national health information systems. Vaccination coverage rates in children were evaluated over time and contextualized according to regulatory approvals, scientific evidence on vaccine safety, and public health policies implemented during the pandemic.
RESULTS
the findings demonstrated a gradual increase in pediatric vaccination coverage following the expansion of scientific evidence supporting vaccine safety and effectiveness. Higher coverage rates were associated with periods of broader public policy support and increased availability of approved vaccines for children. Despite initial delays and resistance, vaccination contributed substantially to reducing severe cases and complications among pediatric populations.
CONCLUSIONS
pediatric covid-19 vaccination in brazil evolved progressively in parallel with advances in scientific knowledge and regulatory decisions. Vaccination coverage played a fundamental role in controlling the disease and protecting younger populations. The results reinforce pediatric vaccination as an essential public health strategy for pandemic control and highlight the importance of combating misinformation and strengthening public trust in immunization programs.
Popul. Med. 2026;8(Supplement 1):A3883

ABS1435

Unprotected on the Frontlines: The Critical HBV Immunization Gap Among Healthcare Students in Sudan

Hamzaelhussein Mohieldin[1], Kamel Oshik[1], Malaz Algassim[1], Safia Al Tayeb[1], Rayyan Salah Alnoor Othman[1], Wejdan Tajelsir[1], Muzn Samir[1], Amna Alsafi[1], Omer Aljaily[1], Alhassan Ali[1], Sami Elamin[1], Sana Omer[1]
[1]KURA Research Center, Kasaala, Sudan

BACKGROUND
Hepatitis B Virus (HBV) remains a potent occupational threat in Sudan, yet the immunological security of the future healthcare workforce is critically overlooked. In high-prevalence regions, the safety of trainees is paramount to institutional health security. This study evaluates the alarming gap in HBV protection among medical and nursing students at the University of Kassala.
METHODS
A cross-sectional survey conducted to assessed 231 medical (61.3%) and nursing (38.7%) students. Utilizing the Kobo Toolbox platform and SPSS the study analyzed vaccination history, theoretical knowledge, and specific experiences with occupational exposure and needlestick injuries.
RESULTS
The data uncover a dangerous disconnect between clinical responsibility and protection. Despite operating in high-risk environments, over 94% of the cohort remain immunologically vulnerable. While 18.67% initiated vaccination, effective immunity is nearly non-existent; only 5.81% completed the necessary three-dose regimen. This immunization deficit is driven by systemic failure rather than personal neglect. Students cited a profound lack of procurement guidance (21.16%) and the complete absence of institutional programs (17.84%) as primary barriers. The risk is immediate: 12.45% of students reported sustaining needlestick injuries, yet nearly half of the participants lack knowledge of correct post-exposure prophylaxis protocols, leaving them defenseless against potential infection.
CONCLUSIONS
Current prevention strategies at the University of Kassala are insufficient. The severe disparity between occupational exposure and immunological protection constitutes an urgent safety crisis. Moving beyond theoretical awareness to institutional action is non-negotiable. Implementing a mandatory, subsidized vaccination program is an ethical imperative to secure the safety of Sudan's next generation of healthcare providers.
Popul. Med. 2026;8(Supplement 1):A3892

ABS1618

Strengthening Capacity for Immunization Advocacy in an Era of Geopolitical Complexity

Marta Lomazzi[1], Dragoslav Popovic[1], Walter Ricciardi[1], Dominique Kondji kondji[1], Michael Moore[1]
[1]World Federation of Public Health Associations, Geneva, Switzerland

INTRODUCTION
The current geopolitical context—characterised by conflict, political polarization, widening inequities, and declining trust in institutions—has profoundly influenced immunization policies and public confidence in vaccines. Advocacy for immunization is increasingly shaped by geopolitical tensions, rapidly evolving misinformation ecosystems, donor dependencies, and unequal power dynamics both between and within countries. In this environment, capacity building is a critical enabler, equipping public health actors with the skills and tools required to advocate effectively for immunization as a public good, grounded in equity, human rights, and evidence-based decision-making.
METHODS
This interactive workshop will draw on experiences shared by global and regional leaders from the WFPHA International Immunization Policy Taskforce, complemented by lessons learned from public health associations, civil society organizations, and community-based advocates. It will focus on strengthening core advocacy competencies, including political and policy analysis, strategic and risk communication, stakeholder mapping and engagement, countering misinformation, and ethical leadership. Particular attention will be given to context-sensitive capacity-building models, such as peer learning, South–South and cross-regional collaboration, and sustained mentorship, with a strong focus on low- and middle-income country settings.
RESULTS
Participants are expected to strengthen their ability to navigate complex political environments, engage decision-makers effectively, and communicate the value of immunization to diverse and often skeptical audiences. The workshop will provide a highly interactive space for participants to exchange experiences, discuss challenges, and share best practices.
CONCLUSIONS
In a complex geopolitical landscape, capacity building for immunization advocacy must move beyond short-term training toward sustained, strategic, and equity-oriented approaches. Strengthening advocacy capacity is essential to safeguard immunization gains, advance life-course vaccination, and ensure that immunization policies are driven by public health priorities rather than geopolitical interests. This workshop aims to equip participants with practical tools, knowledge, and networks to strengthen their advocacy efforts in challenging political contexts.
Popul. Med. 2026;8(Supplement 1):A3894

ABS1834

Comparative Immunogenicity of 15-Valent and 20-Valent Pneumococcal Conjugate Vaccines: Evidence from a Network Meta-Analysis

Ilaria Valentini[1,2], Erika Alessandra Strangi[3], Gaia Baccarini[1], Claudia Martini[4], Monica Paoloni[1], Alice Mannocci[5,6], Chiara de Waure[1]
[1]Department of Medicine and Surgery, University of Perugia, Perugia, Italy, [2]Graduate School of Health Economics and Management (ALTEMS), Università Cattolica del Sacro Cuore, Rome, Italy, [3]Prevention Department Hygiene and Public Health Service, ASL Roma 1, Rome, Italy, [4]Department of Medical Direction, Hospital of Perugia, Perugia, Italy, [5]Department for the Promotion of Human Sciences and Quality of Life, San Raffaele University of Rome, Rome, Italy, [6]Unit of Clinical and Molecular Epidemiology, RCCS San Raffaele Rome, Rome, Italy

INTRODUCTION
Streptococcus pneumoniae is a major global cause of morbidity and mortality in adults, disproportionately affecting older individuals and those with underlying

conditions. After the worldwide rollout of pneumococcal conjugate vaccines (PCVs) (e.g., PCV7 and subsequently PCV10/PCV13), the latest-generation higher-valent PCVs, 20-valent (PCV20) and 15-valent (PCV15), were developed to address residual disease burden and serotype replacement; however, no head-to-head trials directly comparing the PCV20 and PCV15 vaccines in adults and elderly are currently available. As comparative evidence is essential to inform effective vaccination policies within diverse epidemiological contexts, we performed a systematic review and network meta-analysis.
METHODS
The work followed PRISMA-NMA guidelines. Randomized controlled trials enrolling adults (≥18 years) and evaluating PCV20 or PCV15 were identified through searches of PubMed, Scopus, Cochrane Library, and ClinicalTrials.gov. The primary outcome was serotype-specific opsonophagocytic activity (OPA) geometric mean titers at 30 days. The ratios of means were used in a frequentist network meta-analysis with PCV13 as the common comparator. Prespecified age-stratified analyses (18–49, ≥50, ≥60 years) were carried out to explore potential effect modification by age.
RESULTS
Seventeen trials met inclusion criteria; nine contributed quantitative OPA data for 15 serotypes. No direct adult comparison between PCV20 and PCV15 was available. Overall, PCV20 elicited comparable or lower OPA responses than PCV15 for most shared serotypes, with statistically significant differences favoring PCV15 for several clinically important serotypes, including serotype 3. PCV20 showed superiority only for serotype 4 and in younger age groups. Age-stratified analyses indicated more frequent advantages for PCV15 in older adults.
CONCLUSIONS
While PCV20 expands serotype coverage, PCV15 demonstrates higher immunogenicity for shared serotypes, particularly in older adults. These findings suggest that public health decisions in respect to pneumococcal vaccination should rely on local serotype epidemiology, population age structure, and equity considerations. Furthermore, real-world studies on the relative effectiveness remain a priority.
Popul. Med. 2026;8(Supplement 1):A3899

ABS1915
Barriers for adult vaccination: results of the qualitative survey with adults and healthcare workers in three regions of the Russian Federation
Maria Lopatina[1], Anna Kontsevaya[1], Oxana Drapkina[1]
[1]Public Health Promotion, National Medical Research Center for Therapy and Preventive Medicine, Moscow, Russian Federation
BACKGROUND
Unlike childhood vaccination, where organizational and methodological approaches are well-developed, less attention is paid to adult vaccination. Objective of the survey was to study the factors that hinder vaccination of the adult population in three regions of the Russian Federation.
METHODS
Focus groups and in-depth personal interviews were conducted in three regions of the Russian Federation with the population over 18 years of age (N=150) and with healthcare workers (N=150). The World Health Organization's approach "Tailoring immunization programmes" was used. The purposeful sampling method was applied to select the study participants. Both individual and contextual factors influencing vaccination behavior were studied. The data were analyzed using content analysis, both among adult population and healthcare workers in primary healthcare settings.
RESULTS
In population, the factors hindering the vaccination were insufficient availability of information, organizational difficulties (queues, uncomfortable appointment time for working people), and deficiencies in explanations and arguments from healthcare workers. The obstacles for healthcare workers were the lack of accessible and regularly updated information on vaccines, statistical information on morbidity, outbreaks, information materials for patients, as well as lack of communication skills and time for explanations during an appointment, and inaccessibility of patients who do not visit healthcare settings regularly.
CONCLUSIONS
The study showed that most of the factors hindering vaccination are based on deficiencies in communication on vaccination issues, both at the systemic level "healthcare-population" and at the individual level "doctor-patient". Based on the obtained results, an educational video course for healthcare workers was developed, whish is intended to improve their communication skills. Also, a system for informing and reminding adult population about vaccination was developed, designed in accordance with the National immunization calendar and intended to improve their vaccine confidence.
Popul. Med. 2026;8(Supplement 1):A3902

ABS1944
Occupationally acquired mumps infection with complications of severe bilateral hearing loss in a healthcare worker: Resurgence of a vaccine-preventable disease
Itumeleng Ntatamala[1], Tilo Namane[1], Saajida Khan[1]
[1]Occupational Medicine Division and Centre for Environmental & Occupational Health Research, School of Public Health, University of Cape Town, Cape Town, South Africa
INTRODUCTION
Health workers are exposed to mumps infection during high-risk work and are particularly vulnerable if unvaccinated. Recent mumps outbreaks in Southern Africa have raised alarm about the effectiveness of public health measures to protect health workers.
METHODS
A case report is presented of a healthcare worker who was managed at a public hospital in Lesotho. Informed consent and ethics approval was obtained from the University of Cape Town's Human Research Ethics Committee (HREC 593/2024).
RESULTS
A mumps outbreak was reported in the Leribe district of Lesotho on the 1st February 2023. The index case was a 3-year-old girl who presented at a public hospital with mumps infection. Following identification of the index case, a rapid increase in the number of paediatric cases with mumps was observed. The first peak consisted of 88 cases in Epi-week 5 followed by another peak involving 122 cases in epi-week 15. A young female medical intern doctor in the paediatric ward at a hospital in Leribe district presented with symptoms of mumps on the 11th May 2023 (about 20 days after index patient became ill). She developed sudden onset of bilateral parotid swelling, mandibular and submental swelling, followed by loss of hearing. Mumps ELISA IgG (18th July 2023) which was positive (value 291 AU/mL, greater than cut off 11 AU/mL) & Mumps ELISA IgM was also Positive which was confirmatory for recent mumps infection. Audiometric testing performed on the 24th May 2023 revealed Profound Bilateral Sensorineural Hearing Loss requiring cochlear implant surgery. She experienced considerable impairment and reduced quality of life following the diagnosis.
CONCLUSIONS
The case highlights the importance of workplace health risk assessments focused on biological hazards in healthcare settings. The timely identification and contact tracing of mumps cases is essential in building sustainable health systems that also protect health workers.
Popul. Med. 2026;8(Supplement 1):A3903

ABS2031
Vaccination literacy of the adult population: Results of a study in three regions of the Russian Federation
Maria Lopatina[1], Anna Kontsevaya[1], Oxana Drapkina[1]
[1]Public Health Promotion, National Medical Research Center for Therapy and Preventive Medicine, Moscow, Russian Federation
BACKGROUND
Vaccination coverage depends on the level of public trust in vaccination and the healthcare system, decline of which can negatively impact vaccination coverage. Vaccination decision-making is linked to vaccination literacy (VL), which includes knowledge, motivation, and skills necessary to search for, understand, evaluate, and use vaccination information.
OBJECTIVE
to study VL among the population in three regions of the Russian Federation.
METHODS
A survey of the population aged 36-76 years (n=2610) was conducted in three regions of the Russian Federation: Arkhangelsk, Altai, and Sverdlovsk regions at a random representative sample of the population. The survey used an adapted version of the Vaccination Health Literacy-2019 (HLS19-VAC) questionnaire developed by the World Health Organization Action Network on Measuring Population and Organizational Health Literacy (M-POHL).
RESULTS
The survey revealed that 25.0% of the population had a low or problematic VL, 56.4% had a sufficient level, and 18.5% had an excellent level. The most difficulties were related to the understanding at what age and what types of vaccines are required. People with low levels of VL were less inclined to vaccinate and more often believed it was better to be ill than to be vaccinated (32.8%), mistakenly believed that vaccines can cause the diseases they vaccinate against (30.2%), and believed that vaccination overloads the immune system (23.9%).

CONCLUSIONS
Despite the generally positive attitude of the adult population toward vaccination, differences were identified in beliefs and skills for managing vaccination information. To improve vaccination adherence, measures are needed to improve VL levels, taking into account contextual factors, including information and reminders about the need for vaccination, creating convenient conditions for vaccination for the working population, and simplifying the registration process.
Popul. Med. 2026;8(Supplement 1):A3904

ABS2041
Understanding practical barriers when accessing vaccines in the UK

William Roberts[1], Fernanda Aguilar Perez[1]
[1]Royal Society for Public Health, London, United Kingdom

BACKGROUND
Decline in vaccine uptake in the UK is among the country's greatest challenges. Since 2021/22, no childhood immunisation met the 95% target. Although misinformation plays a role in vaccine hesitancy, other issues also impact access. The Royal Society for Public Health (RSPH) reviewed articles on this matter as part of its Commission on Access to Vaccines' work to analyse practical barriers to life-course vaccines.
METHODS
The search took place in December 2025 and included studies that assessed barriers to vaccination in the UK. Search was conducted via EBSCOhost on CINAHL, Medline, and SocINDEX for the 2015 – 2025 period. Of 2149 articles retrieved, 60 met the inclusion criteria. All vaccines were considered.
RESULTS
Most studies were qualitative (43%, n=26), followed by quantitative (27%, n=16). The period considered coincided with the COVID-19 pandemic, so most studies analysed access to the COVID-19 vaccine (40%, n=24), followed by influenza (15%, n=9) and childhood immunisations (8%, n=5). Population included health and social care professionals, underserved communities, pregnant women, and the general public. Common practical barriers to access vaccination were: appointments at times or locations that did not work for the eligible population, long waiting times, cumbersome appointment-booking methods, capacity challenges of healthcare professionals, and lack of tailored approaches to reach underserved communities. Issues such as deprivation and lack of trust in government and healthcare institutions were also mentioned. Solutions to these issues include pop-up clinics and opportunistic vaccinations, as well as the use of trusted community voices to support those with concerns.
CONCLUSIONS
The literature identifies several practical barriers to vaccination in the UK, including issues that can be addressed, such as the inconvenience of appointment scheduling and complex booking systems. These findings are informing the work of the RSPH Commission on Access to Vaccines, highlighting these issues to policymakers and other stakeholders.
Popul. Med. 2026;8(Supplement 1):A3905

ABS2063
Impact of alternative measles-containing vaccines on childhood up-to-date immunizations in the United States, 2023

Courtney Olson[1], Aaron Scherer[2], Alison McCallum[3]
[1]Department of Epidemiology, University of Iowa, Iowa City, United States, [2]Department of Internal Medicine, University of Iowa, Iowa City, United States, [3]Centre for Population Health Sciences, Usher Institute, University of Edinburgh, Edinburgh, United Kingdom

BACKGROUND
Global measles outbreaks have been ongoing due to suboptimal vaccine coverage levels and reduced population-level immunity. While current US guidelines recommend standard combination vaccines (MMR/MMRV) and discourage the use of the alternatives, several alternative vaccines may be utilized for non-clinical reasons. We examine the impact of alternative measles vaccines on up to date (UTD) vaccine coverage for childhood immunizations.
METHODS
The National Immunization Survey-Child is a nationally representative US survey that gathers information from parents with children aged 19-35 months and their physicians about their children's immunization history. Using the 2023 survey, we calculated prevalence of receipt of each type of measles-containing vaccine (and zero-dose children). We compared mean vaccination time in days between groups using t-tests. After restricting our sample to those who received an alternative or standard combination vaccine, we used an adjusted logistic regression model to explore the association between alternative measles vaccine usage and 18-dose UTD status for all recommend childhood immunizations by household interview date.
RESULTS
91.8% of children received a measles vaccine. 0.5% of vaccinated children received measles-only or measles-rubella alternative vaccines. Overall, average timeliness was similar among those that received alternative and standard measles vaccines (402 vs. 403 days, respectively). However, only 75.8% were UTD on childhood vaccinations. After adjusting for child's age group, income, census region, race/ethnicity, sex, number of children in household, the odds of being UTD was 50% (OR=0.50; 95% CI:0.25-0.98) lower in children receiving the alternative vaccines compared to those receiving combination vaccines.
CONCLUSIONS
Overall measles vaccination was below the 95% target. Children who received alternative measles vaccines were significantly less likely to be UTD with all childhood immunizations. These findings suggest that children who receive alternative measles vaccines may be vulnerable to other vaccine-preventable diseases aside from mumps and rubella, making them at risk for future outbreaks.
Popul. Med. 2026;8(Supplement 1):A3908

ABS2077
What influences communities to participate in vaccine trials? a rapid review of barriers and enablers to inform trials of streptococcus a vaccination

Geraldine Vaughan[1], Roz Walker[2], Alma Fulurija[3], Judith Katzenellenbogen[4]
[1]Centre > Health Equity in Regional and Remote Communities C>HERRC, Central Queensland University, Rockhampton, Australia, [2]Ngangk Yira Institute for Change, Murdoch University, Perth, Australia, [3]Australian Strep A Vaccine Initiative, Telethon Kids Institute, Perth, Australia, [4]School of Population and Global Health, The University of Western Australia, Perth, Australia

INTRODUCTION
Group A Streptococcus (Strep A) infections represent a major disease burden globally, particularly in low-and-middle-income countries, as well as First Nation peoples in high-income countries1. Its impact ranges from relatively mild throat/skin infections to severe conditions such as post-streptococcal glomerulonephritis and rheumatic heart disease. The Australian Strep-A Vaccine Initiative (ASAVI) is an Australian-led global initiative to accelerate development of a vaccine and demonstrate clinical proof-of-concept2. ASAVI aims to ensure early access of Aboriginal and Torres Strait Islander Australians to a safe vaccine. Consequently, this rapid review synthesised evidence of factors influencing engagement in vaccine trials, focussing on communities most susceptible to Strep-A infections and their sequelae.
METHODS
A rapid qualitative review was conducted, focusing on existing systematic reviews and relevant individual studies by searching for papers related to recruitment barriers and facilitators in trials generally, as well as vaccine trials and trials undertaken in First Nations and paediatric contexts.
RESULTS
Consistent themes were identified across all-health interventions and vaccine prevention trials, with recruitment to prevention trials being more challenging. Careful attention to trial design, appropriate styles and content of information, and trust are central to successful recruitment. The perceived value of the specific research and altruism (particularly in relation to community) can be strong motivators to participate. These themes are amplified in First Nations contexts. Skilful, respectful two-way communication styles, responsiveness to Indigenous worldviews/priorities, ease of access, trustworthiness of researchers and services, and the need for the 'deep story' of the disease all require detailed attention. Early and ongoing consultation with communities and co-design of trial logistics improve recruitment and retention.
CONCLUSIONS
Overlaying lessons learnt from health intervention and vaccine trials with de-colonising approaches that value biomedical and Indigenous Australian cultural authority, augmented by trustworthy engagement with communities, can facilitate Strep-A vaccine trial recruitment to benefit high-risk communities.
Popul. Med. 2026;8(Supplement 1):A3909

ABS2145
Exploring the Barriers to HPV Vaccination Among Males in Italy: A Qualitative Study

Corinna Fortunato[1], Andrea Poscia[2], Virginia Casigliani[3], Elisa Gabrielli[4], Andrea Paladini[5], Mustafa Al-Haboubi[6]
[1]London School of Hygiene and Tropical Medicine, London, United Kingdom, [2]UOC ISP Prevention and Surveillance of Infectious and Chronic Diseases, Department

of Prevention, Local Health Authority (AST Ancona), Jesi, Italy, [3]Department of translational research and new technologies in Medicine and Surgery, University of Pisa, Pisa, Italy, [4]Department of Prevention, Local Health Unit, Lecce, Italy, [5]Division of Human Nutrition and Health, Wageningen University, Wageningen, Netherlands, [6]Policy Innovation and Evaluation Research Unit, London School of Hygiene and Tropical Medicine, London, United Kingdom

INTRODUCTION

Human papillomavirus (HPV) causes a substantial burden of cancers in both sexes. Although Italy adopted gender-neutral HPV vaccination in 2017, male coverage remains persistently below national targets, including Marche region. This study assessed current policies supporting male HPV vaccination and explored stakeholder perspectives on barriers and facilitators to improve equitable uptake.

METHODS

A sequential mixed-methods design was used. First, a policy review analysed two National Immunization Prevention Plans (PNPV 2017–2019; PNPV 2023–2025) and 21 regional/provincial documents (2017–2024) to map eligibility, implementation approaches, and heterogeneity in free access for males. Second, semi-structured online interviews (Microsoft Teams) were conducted in Italian with 13 key informants (6 Marche; 7 other regions) between August–September 2025, including policymakers, public health officials, and clinicians. Transcripts were analysed using thematic and framework analysis.

RESULTS

The policy review showed marked regional variation in male eligibility for free HPV vaccination, with upper age limits ranging from 18 years to lifelong access and differences in eligible birth cohorts. Interviews identified seven interlinked themes: female-centred communication framing HPV vaccination primarily as cervical cancer prevention; low risk perception for males and adolescent vaccine hesitancy; (3) insufficient, discontinuous institutional communication and limited direct engagement of adolescents; divergent feasibility views on school-based vaccination despite perceived effectiveness; weak and fragmented catch-up pathways for males due to limited routine healthcare contacts; (6) strong support for a single-dose schedule to reduce drop-out, alongside scepticism about lowering the start age to 9 years; and (7) the need for national harmonisation, funded communication plans, and resourced recall systems.

CONCLUSIONS

Suboptimal male HPV vaccination in Italy reflects fragmented regional implementation and persistent sociocultural and communication barriers. Strengthening gender-neutral messaging, investing in reminder/recall and outreach, and aligning regional eligibility and delivery strategies are key to improving male uptake.

Popul. Med. 2026;8(Supplement 1):A3911

ABS2287

HPV Vaccination Strategies and Implementation Progress

Bin Li[1], Raman Bedi[2], Harsha Somaroo[3], Lwando Maki[3], Lesley Bamford[4], Yan Li[5,6], Ting Wu[5,7], Heya Yi[1], Congxuan Bing[1], Huaqing Wang[5,6], Zundong Yin[5,6], Fuzhen Wang[6], Xiaoxue Liu[6]

[1]Chinese Preventive Medicine Association, Beijing, China, [2]World Federation of Public Health Associations, Geneva, Switzerland, [3]Public Health Association of South Africa, Cape Town, South Africa, [4]Child, Youth School Health, South African National Department of Health, Cape Town, South Africa, [5]Society on Vaccines and Immunization, Chinese Preventive Medicine Association, Beijing, China, [6]National Immunization Program, Chinese Center for Disease Control and Prevention, Beijing, China, [7]School of Public Health, Xiamen University, Xiamen, China

INTRODUCTION

Cervical cancer poses a major public health threat to women worldwide. In response to the WHO's 2020 global strategy to eliminate cervical cancer, China has taken proactive steps. Through multi-stakeholder efforts, HPV vaccination was integrated into China's National Immunization Program in November 2025, offering free vaccination to eligible girls. South Africa incorporated HPV vaccines into its national program in 2014 and has since established a school-based delivery system, accumulating valuable experience. This session aims to foster in-depth exchange on HPV vaccination strategies and implementation between China, South Africa, and other countries.

METHODS

This 60-minute session, co-organized by the Chinese Preventive Medicine Association and the Public Health Association of South Africa, will feature expert presentations and panel discussions. Invited speakers from the World Federation of Public Health Associations, South Africa, and China will share insights on global, national, and regional HPV vaccination strategies and progress, facilitating cross-country learning.

RESULTS

The session will produce two key outcomes: at the policy level, a systematic review of HPV vaccination strategies and implementation globally, in China, and in South Africa, highlighting distinctive policy approaches; at the practical level, showcased experiences and case studies from China and South Africa to inform actionable pathways for other countries. The exchange will help build consensus on effective vaccination strategies.

CONCLUSIONS

This session will summarize replicable models from global, Chinese, and South African experiences, aiming to provide practical guidance for countries and regions worldwide in formulating and implementing HPV vaccination strategies, and to jointly advance the global goal of eliminating cervical cancer.

Popul. Med. 2026;8(Supplement 1):A3913

ABS2387

Fostering vaccine confidence: The role of vaccine trial participation in shaping adolescent self-worth and community trust

Elizabeth Hellstrom[1], Carlize de Kock[1], Adri Holm[1], Ronald Kapp[1]

[1]Be Part Yoluntu NPC, Paarl, South Africa

INTRODUCTION

Tuberculosis (TB), a potentially vaccine preventable disease, remains a global health priority, yet adolescent engagement in vaccine research is often understudied. The successful outcome of a long-term clinical trial is largely dependent on the acceptance demonstrated by the participant community. This study investigated the psychosocial drivers behind adolescent vaccine trial participation – exploring how research involvement positively influences adolescent self-worth – which could possibly enhance community vaccine confidence.

METHODS

A qualitative, anonymous survey was conducted among healthy adolescent participants aged 14–17 years taking part in a TB vaccine trial. Data were collected at two time points: baseline (pre-screening) and one-month post-baseline. The surveys evaluated motivations for participation, perceptions of the research process, and changes in self-image during the trial.

RESULTS

Twenty-three adolescents (78.3% female) answered the baseline survey, and 18 out of 19 enrolled adolescents (66.7% female) completed the one-month follow-up. Initially, participants were motivated by personal health benefits, including free medical check-ups (39.1%) and increased knowledge of their bodies (82.6%). Notably, 91.3% believed TB vaccine research would provide a sense of purpose and self-worth. After one month, participants reported feeling empowered, with 44% believing they were making a difference and 28% feeling their voices were heard. On the question of whether their self-image had changed since joining the research, 88.9% concurred, with 44.4% describing themselves as "heroes" or "a big deal" due to their contribution to global health research.

CONCLUSIONS

Involving adolescent participants in tuberculosis vaccine trials fosters a profound sense of self-worth and agency, at a life-stage often characterised by self-doubt. Empowering youth to view their participation as a pivotal voice in shaping the future of global health, strengthens the personal and community trust essential for vaccine confidence. Recognising these altruistic and psychosocial motivators is key to improving vaccine trial retention and long-term vaccine advocacy.

Popul. Med. 2026;8(Supplement 1):A3915

ABS2401

Impact of vaccination coverage on the evolution of measles incidence in Bahia, Brazil: An analysis of four decades of control and elimination strategies

Maria Eduarda Maia Vilar[1], Florisneide Rodrigues Barreto[1], Ramon da Costa Saavedra[1], Maria da Glória Lima Cruz Teixeira[1], Edson de Andrade Nhamuave[1]

[1]Institute of Collective Health, Federal University of Bahia, Bahia, Brazil

INTRODUCTION

Measles is a highly transmissible viral disease of major public health relevance, with the potential to cause severe complications, particularly among children under five years of age. This study aimed to analyze the impact of vaccination coverage on the evolution of measles incidence and case fatality in the state of Bahia, Brazil, from 1980 to 2024.

METHODS

A time-series study was conducted using confirmed measles cases and deaths among residents of the state of Bahia between 1980 and 2024. The number of cases, incidence rates per 100,000 inhabitants, number of deaths, case fatality rates, and vaccination coverage for measles were described based on records

from the Notifiable Diseases Information System, the Mortality Information System, and the National Immunization Program Information System, respectively.
RESULTS
During the 1980s, low measles vaccination coverage (ranging from 21% to 71%) was observed, accompanied by high incidence (213.4 cases per 100,000 inhabitants in 1986) and elevated case fatality (2.5% in 1980). In the 1990s, vaccination coverage expanded (up to 98%), resulting in reduced measles morbidity and mortality, although an outbreak occurred in 1999, when case fatality reached 7.1%. Between 2001 and 2014, sustained high vaccination coverage exceeding 100% led to the interruption of autochthonous transmission. Measles elimination certification was granted in 2016 by the Pan American Health Organization, but declining vaccination coverage after 2015 facilitated viral reintroduction in 2018 and the loss of elimination status in 2019. Recent outbreaks predominantly affected young adults, with greater vulnerability observed among individuals of mixed race.
CONCLUSIONS
The control and subsequent elimination of measles in Bahia highlight the decisive role of vaccination. Sustaining high vaccination coverage and continuously strengthening the Unified Health System and the National Immunization Program are strategic measures to prevent future outbreaks.
Popul. Med. 2026;8(Supplement 1):A3916

ABS2479

Measles susceptibility and risk of viral reintroduction in a large urban center in northeastern Brazil

Maria Eduarda Maia Vilar[1], Florisneide Rodrigues Barreto[1], Ramon da Costa Saavedra[1], Maria da Glória Lima Cruz Teixeira[1], Marcos Mauricio Tosta Leal[1], Olindo Assis Martins-Filho[2], Edson de Andrade Nhamuave[1]
[1]Institute of Collective Health, Federal University of Bahia, Bahia, Brazil, [2]René Rachou Institute, Oswaldo Cruz Foundation, Minas Gerais, Brazil
INTRODUCTION
This study aimed to analyze changes in the age distribution of protective measles antibodies in the population of Salvador, Brazil, in 2000 and 2024.
METHODS
A seroprevalence study of measles IgG antibodies was conducted among 1,508 individuals residing in 37 areas of Salvador, Bahia, Brazil, previously investigated in a similar survey in 2000. Data were collected through household interviews using a structured questionnaire addressing sociodemographic characteristics, vaccination history, and previous measles infection. Venous blood samples were obtained for IgG antibody titration. Mean IgG prevalence was calculated according to age group, living conditions, and other variables. The association between antibody titers, vaccination status, and history of measles infection was assessed using logistic regression.
RESULTS
The sample consisted predominantly of women (61.5%), with a mean age of 42 years. Overall, 35% had completed secondary education or had incomplete higher education, 39% reported a family income of one to two minimum wages, 29.4% reported previous measles infection, and 77.3% had been vaccinated, with lack of awareness about the need for vaccination being the main reason for non-vaccination. ELISA seropositivity was 82.4%, with antibody concentrations predominantly ranging from 275 to 1,000 IU/L; among seropositive individuals, 49.2% denied prior measles infection. The highest seroprevalence was observed among individuals older than 50 years (92.1%), whereas the highest proportion of seronegative individuals occurred in the 20–29-year age group (39.6%), which showed a marked decline in seropositivity between 2000 and 2024 (from 95.7% to 60.4%). Age was a significant predictor of seropositivity ($p = 0.01$).
CONCLUSIONS
A seroprevalence of 82.4% is insufficient to ensure herd immunity in the event of viral circulation. This finding is particularly concerning when compared with the first survey conducted in Salvador in 2000, in which seropositivity reached 95.1%.
Popul. Med. 2026;8(Supplement 1):A3917

ABS2482

Measles immunity in a large urban center in northeastern Brazil: An assessment using the Plaque Reduction Neutralization Test and Enzyme-Linked Immunosorbent Assay

Maria Eduarda Maia Vilar[1], Florisneide Rodrigues Barreto[1], Ramon da Costa Saavedra[1], Maria da Glória Lima Cruz Teixeira[1], Marcos Mauricio Tosta Leal[1], Olindo Assis Martins-Filho[2], Ana Carolina Campi-Azevedo[2], Andrea Teixeira-Carvallho[2], Cristiana Couto Garcia[2], Adriana de Souza Azevedo Soares[3], Sheila Maria Barbosa de Lima[3], Waleska Dias Schwarcz[3], Nathalia dos Santos Alves[3], Edson de Andrade Nhamuave[1]
[1]Institute of Collective Health, Federal University of Bahia, Bahia, Brazil, [2]René Rachou Institute, Oswaldo Cruz Foundation, Minas Gerais, Brazil, [3]Oswaldo Cruz Foundation, Rio de Janeiro, Brazil
INTRODUCTION
This study aimed to characterize the measles immunity profile, describe antibody dynamics, and estimate the proportion of neutralizing antibodies in the studied population.
METHODS
A seroprevalence study of neutralizing antibodies was conducted among 671 participants from a measles immunoglobulin G (IgG) seroprevalence survey carried out in 2024 in a population sample aged over 2 years residing in 30 Sentinel Areas in Salvador, Bahia, Brazil. A structured questionnaire collected sociodemographic data, vaccination history, and disease occurrence, and venous blood samples (5 mL) were obtained for serological analysis. Descriptive analyses estimated positivity by the Plaque Reduction Neutralization Test (PRNT) and the Enzyme-Linked Immunosorbent Assay (ELISA) according to age group. Associations were assessed by the chi-square test, agreement between tests by Cohen's Kappa coefficient, and logistic regression adjusted for sex and age assessed factors associated with PRNT positivity. Results were expressed as odds ratios (OR) with 95% confidence intervals (95% CI).
RESULTS
Of the 671 participants, 60.8% were female and 38.3% were aged ≥50 years. Most had incomplete elementary education and family income ≤2 minimum wages. Approximately 54.6% reported no prior measles infection, while 30% reported previous disease. Although 79.1% reported measles vaccination, only 8.3% presented vaccination records, of which 72.7% documented the second dose. Seroprevalence was 91.4% by PRNT and 85.4% by ELISA, with observed agreement of 86.3% (Kappa = 0.34; $p < 0.001$). The highest PRNT positivity occurred among individuals aged 10–19 years and ≥50 years, whereas the highest seronegativity was observed among those aged 20–29 years (23.4%). In adjusted logistic regression, individuals aged 5–19 years showed lower odds of PRNT positivity compared with those aged 2–4 years, with no significant difference between sexes.
CONCLUSIONS
The study identified vulnerabilities in measles protection, particularly among young adults, and may support the Brazilian National Immunization Program in strengthening measles control strategies.
Popul. Med. 2026;8(Supplement 1):A3918

ABS2926

Childhood vaccine hesitancy in the post–COVID-19 context in Brazil: Communication challenges

Cristiane Spadacio[1], Marcia Thereza Couto[1]
[1]Department of preventive and social medicine, University of São Paulo, São Paulo, Brazil
BACKGROUND
Vaccine refusal, distrust in vaccines, anti-vaccine movements, and the resulting decline in vaccination coverage have been observed in several countries in both the Global North and Global South since the 1990s. In Brazil, the post–COVID-19 context has intensified this trend. This study aimed to understand the specificities of trust and distrust in vaccines and childhood vaccination in the post–COVID-19 context, analyzing how different communication strategies influence the perceptions, beliefs, attitudes, and decision-making processes of parents and caregivers.
METHODS
This qualitative study was based on focus groups conducted with parents and caregivers residing in different areas of the municipality of São Paulo. Twelve focus groups were held, considering social markers such as socioeconomic status, income, educational level, gender, self-declared race/skin color, and political-ideological orientation. The analytic-interpretive process of the empirical material followed the steps of thematic analysis with an intersectional sensitivity.
RESULTS
A total of 98 parents and caregivers participated across the 12 focus groups, with a predominance of women, reflecting the central role of women in childcare. The group displayed socioeconomic, territorial, racial, and educational diversity, with wide variation in schooling, income, and self-declared race/skin color, as well as different religious practices and forms of access to health services, predominantly through the Unified Health System (SUS). Political-ideological heterogeneity was also observed, with participants from different electoral spectrums, allowing for an analysis of how distinct social and contextual markers influence perceptions, trust, and decision-making processes related to childhood vaccination.
CONCLUSIONS

The study findings indicate that trust and distrust in childhood vaccination are complex, socially situated phenomena shaped by multiple social markers. Parents' and caregivers' decisions are not based solely on access to scientific information but are strongly influenced by prior experiences, trust-based relationships with professionals and institutions, and the communicative configurations to which they are exposed.

Popul. Med. 2026;8(Supplement 1):A3926

ABS2928

Trends in Hospitalizations for Selected Vaccine-Preventable Diseases in Brazil, 2009–2024: A Joinpoint Regression Analysis

Danielle Satie Kassada[1], Ana Carolina Souza Peratelli[1], Guilherme Coelho[1], Leonardo Dresch Eberhardt[1], Igor de Lima Peixoto Rocha[1], Larissa Marques Suardi[1], Alex Sandro Freitas Costa[1], Kelle Cristina Costa Araújo[1], Paulo Gabriel Batalha da Silva[1]

[1]Universidade Estadual de Campinas, Campinas, Brazil

BACKGROUND

Hospitalizations due to vaccine-preventable diseases are key indicators of disease control and immunization program performance. Recent declines in vaccination coverage have raised concerns about disease resurgence, making long-term analyses of hospitalization trends essential for monitoring disease burden and informing public health decision-making.

METHODS

An ecological time-series study was conducted using hospitalization data from the Hospital Information System of the Unified Health System in Brazil, covering the period from 2009 to 2024. The analysis included hospitalizations due to diphtheria, pertussis, tetanus, measles, mumps, rubella, and hepatitis B, identified through International Classification of Diseases, 10th Revision (ICD-10) codes. Temporal trends were assessed using Joinpoint regression models, estimating Annual Percent Change (APC) and 95% confidence intervals and identifying statistically significant inflection points.

RESULTS

Hospitalizations due to diphtheria, tetanus, mumps, and rubella showed consistent declining trends throughout the study period, with no joinpoints indicating trend reversal. Pertussis hospitalizations increased between 2009 and approximately 2012, followed by a significant decline from 2012 to 2024. Measles-related hospitalizations displayed episodic increases, with notable upward trends around 2013–2015 and 2018–2019, followed by subsequent declines. Hepatitis B hospitalizations demonstrated a gradual decrease from 2009 onward, with no significant increases identified. Overall, the Joinpoint analysis revealed disease-specific temporal patterns, with declining trends predominating after the early years of the series.

CONCLUSIONS

The predominantly declining trends in hospitalizations for vaccine-preventable diseases in Brazil from 2009 to 2024 are consistent with the protective role of sustained immunization strategies. At the same time, the temporal fluctuations observed for measles and pertussis highlight the sensitivity of hospitalization patterns to changes in population immunity. These findings underscore the importance of maintaining high vaccination coverage and systematically monitoring both immunization indicators and hospitalization trends to prevent disease resurgence and reduce avoidable severe outcomes.

Popul. Med. 2026;8(Supplement 1):A3927

ABS2977

Epidemiological characteristics of laboratory confirmed mumps infection in South Africa during the 2023 mumps outbreak: January 2023 - January 2024

Andronica Moipone Shonhiwa[1], Andani Marumo[2,3], Nevashan Govender[1]

[1]Division of Public Health Surveillance and Response, National Institute for Communicable Diseases, a Division of the National Health Laboratory Service, Johannesburg, South Africa, [2]South African Field Epidemiology Training Program, National Institute for Communicable Diseases, a Division of the National Health Laboratory Service, Johannesburg, South Africa, [3]School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

INTRODUCTION

Mumps is a vaccine-preventable, self-limiting, respiratory viral infection mostly affecting children aged 5-9 years. Complications include meningitis, encephalitis, and rarely, death. During the 2022/2023 measles outbreak response, provinces reported suspected increases in mumps cases as potential complications of measles vaccination. We conducted a descriptive analysis of mumps laboratory test data to determine an increase in mumps infection and ascertain the existence of an outbreak.

METHODS

We analysed mumps laboratory test data from National Health Laboratory Service (NHLS), tested using serological and/or RT-PCR assay from January 2023 - January 2024. Laboratory test data was extracted from NHLS Central Data Warehouse. Laboratory-confirmed mumps infection/case was defined as any specimen with a test-positive result for mumps IgM or PCR.

RESULTS

In total, 7973 mumps results were analysed, of which 6055 (76%) were mumps test positive. Most laboratory-confirmed infections were from North West (42%, 2523/6055), Gauteng (20%, 1183/6055), and KwaZulu-Natal (18%, 1089/6055) provinces. Age ranged from 0-63 years (Median: 6; IQR: 4-10). Children aged 5-9 years accounted for 54% (3230/6055), followed by 1-4 years (28%, 1657/6055). An increase in infections was observed in 2023 from epidemiological week 10 (from <50 positives per week to >100 (149/181, 60%)), with a peak in week 21 (593/673, 88%), and decreased from week 29, as testing reduced.

CONCLUSIONS

The observed increase in mumps infections between March and July 2023 confirmed the existence of mumps outbreak. Mumps is not a notifiable medical condition (NMC) in South Africa; no surveillance exists, and it has poorly documented disease burden and epidemiology. Increases in mumps infection and outbreaks occur periodically, as mumps vaccination is not universally accessible. Lack of clinical presentation data, disease severity, hospital admissions, and vaccination status limited the study analysis. Establishing mumps surveillance is recommended to appreciate and better understand the disease burden and epidemiology in South Africa.

Popul. Med. 2026;8(Supplement 1):A3929

ABS3019

Exploring the Use of Storytelling in Vaccination: A Scoping Review

Marthe Bogne Penka[1], Johanna Catharine Meyer[2], Rudzani Muloiwa[1], Benjamin Kagina[1], Lubayna Khan[1], Tshepiso Mbangiwa[1], Ruth Stewart[3], Mbah Patrick Okwen[4]

[1]Faculty of Health Sciences, University of Cape Town, Vaccines for Africa Initiative and NITAG Support Hub (NISH),, Cape Town, South Africa, [2]Department of Public Health Pharmacy and Management, School of Pharmacy, Sefako Makgatho Health Sciences University, Pretoria, South Africa, [3]Future Evidence Foundation, Melbourne, Australia, [4]eBASE Africa, Yaounde, Cameroon

INTRODUCTION

Childhood immunisation coverage and vaccine confidence in South Africa have declined since the COVID-19 pandemic, requiring targeted, contextually appropriate interventions to strengthen public confidence in vaccines and enhance demand. Storytelling is gaining interest as a research and health communication approach in public health. However, a gap remains in synthesised evidence on its use in vaccination. This study aimed to map existing evidence, by exploring instances, approaches and outcomes of storytelling in vaccination.

METHODS

A scoping review was conducted in accordance with Joanna Briggs Institute methodology and PRISMA-ScR guidelines. Databases were searched for eligible studies on storytelling in vaccination using search strings: PubMed, Scopus, Academic Search Premier, Africa Wide Information, PsycINFO, ERIC, Cochrane Library, Web of Science Core Collection, SciELO Citation Index via Web of Science. Grey literature and organisational websites were searched. Identified citations were uploaded to Covidence for screening and data extraction by two independent reviewers using a customised data extraction form. Qualitative content analysis was used to summarise data in conceptual categories, including frequency counts.

RESULTS

Overall, 6236 studies were identified and imported into Covidence. Following removal of duplicates, 3804 studies were screened for title and abstract, 386 met eligibility criteria for full-text screening, resulting in 110 studies included. Storytelling was used as a research method (n=96), communication intervention (n=12) and therapeutic approach (n=3) in immunisation (1997-2025). Most studies originated from North-America (n=67), while only 6 from Africa. Two-thirds of studies (n=64) were randomised controlled trails. A shift in vaccine-related outcomes was evident from 80.6% (50/62) of studies reporting immunisation-related outcomes of storytelling.

CONCLUSIONS

Storytelling is emerging as a credible and adaptable approach in addressing contextual vaccine challenges. Its added advantage in building trust, improving understanding and supporting vaccine-related decisions amongst diverse populations makes it suitable as a health communication intervention for the South African context.

Popul. Med. 2026;8(Supplement 1):A3930

ABS3038

Low measles-mumps-rubella vaccine coverage and the re-emergence of measles in Brazil: implications for health equity in a world without borders

Maria Eduarda Maia Vilar[1], Florisneide Rodrigues Barreto[1], Maria da Glória Lima Cruz Teixeira[1], Edson de Andrade Nhamuave[1], Ana Carolina Souza Torres[1]
[1]Institute of Collective Health, Federal University of Bahia, Bahia, Brazil

INTRODUCTION
Brazil achieved international certification for measles elimination in 2016. However, in a global context characterized by intense population mobility, persistent social inequalities, and weaknesses in health systems, declining vaccination coverage (VC) and insufficient timely epidemiological surveillance contributed to the reintroduction of the virus in 2018 and the subsequent loss of certification in 2019.
METHODS
This is an ecological study. Information on measles-mumps-rubella vaccination coverage was obtained from the National Immunization Program Information System for the period 2012–2021. Analyses considered Brazilian regions and federative units, allowing temporal and spatial assessment of vaccination coverage and its relationship with measles re-emergence.
RESULTS
In 2012, first-dose MMR vaccination coverage in Brazil was 99.5%, although 26.6% of federative units already presented values below the 95% target. In 2017, a marked decline was observed, with coverage of 86.2% for the first dose and 72.9% for the second dose, and no region achieving the recommended target. By 2021, coverage reached critically low levels, with 73.5% for the first dose and 51.6% for the second dose, with no region or state meeting the target.
CONCLUSIONS
The sustained decline in vaccination coverage compromised the maintenance of measles elimination in Brazil, revealing structural vulnerabilities and regional inequities in access to immunization. In an interconnected world, strengthening surveillance systems and ensuring equitable vaccination coverage are essential to the sustainability of public health and the prevention of vaccine-preventable diseases.
Popul. Med. 2026;8(Supplement 1):A3931

ABS3086

Drums, Drama, and Dosages: Utilizing Culturally Anchored Edutainment Strategies to Improve Vaccine Acceptance in Northern Nigeria

Victory Ekpin[1], Deborah Ukejie[2], Uthman Alao[2], Husna Umar[2], Umar Alabir[2], Abdulrahman Ibrahim Ibrahim[1], Toluwanimi Adewole[2], Uchenna Igbokwe[3], Chukwunonso Nwaokorie[3], Hidayah Bello[3], Afeez Olajire[2]
[1]Research and Knowledge Management, ACE Strategy and Consults Limited, Abuja, Nigeria, [2]Programs, ACE Strategy and Consults Limited, Abuja, Nigeria, [3]Programs, Solina Centre for International Development and Research, Abuja, Nigeria

BACKGROUND
Despite the elimination of wild poliovirus, Nigeria reported 98 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) in 2024 (about one-third of global cases) with Northern Nigeria disproportionately affected due to widespread cultural barriers, mistrust, and misinformation about vaccination.1-4 Community-informed approaches offer participatory platforms to build trust and promote acceptance of public health interventions.5-7 Accordingly, we co-designed a culturally anchored edutainment intervention to support the Sub-National Immunization Days (SNIDs) campaign, leveraging local arts such as traditional drumming and drama to enhance vaccine acceptance. This study assesses the influence of culturally anchored edutainment on polio vaccination awareness and acceptance and explores ways to refine future interventions.
METHODS
A participatory, multi-stage design process was used, informed by field experience and refined through consultations with local stakeholders. The final intervention strategies included modified mobile announcement vans (Keke), comic dancers (Papalolo), traditional drummers (Mai Kalangu), drama troupes, and Majigi video shows, tailored to local contexts. Delivery was in two phases: pre-intervention sensitisation and during-intervention mobilisation, across six states in Northern Nigeria. A cross-sectional survey was conducted (n = 622), employing structured questionnaires with caregivers and analyzed descriptively.
RESULTS
Nearly half of respondents (47%) came from non-compliant households, underscoring the depth of resistance we sought to address. For many caregivers, edutainment was their first meaningful source of vaccination information (38%), with mobile announcement vans (37%) and local comedians (31%) emerging as the most engaging formats. Encouragingly, most caregivers (78%) described the activities as highly educational, and almost half (44%) shared that the experience directly influenced their decision to vaccinate their child, highlighting the powerful role of culturally grounded engagement in shaping health behaviors.
CONCLUSIONS
Culturally anchored edutainment is a participatory communication platform for improving vaccine awareness, trust, and acceptance in high-hesitancy settings. Scaling such community-informed approaches offers a promising pathway to strengthening immunisation demand.
Popul. Med. 2026;8(Supplement 1):A3933

ABS3132

Investigations of a diphtheria outbreak in Mpumalanga province, South Africa, 2025

Naume Tebeila[1], Phumzile Phiri[2], Euginia Mashabane[3], Sphiwokuhle Mkhonza[3], Vhonani Mangoma[3], Sifiso Sithole[2], Sonto Ndlovu[2], Mandla Zwane[2]
[1]Division of Public Health Surveillance and Response (DPHSR), National Institute for Communicable Diseases (NICD), Johannesburg, South Africa, [2]Communicable Disease Control (CDC), Mpumalanga Department of Health, Mbombela, South Africa, [3]Maternal Child and Women's Health, Mpumalanga Department of Health, Mbombela, South Africa

INTRODUCTION
Diphtheria is a life-threatening and vaccine-preventable upper respiratory tract infection commonly caused by toxigenic strains of Corynebacterium diphtheriae. Failure to immunise during childhood increases the risk of outbreaks. Between February and May 2025, an outbreak of diphtheria occurred in Mpumalanga Province, South Africa. Investigations were conducted to describe the extent of the outbreak and to implement control measures.
METHODS
Case investigations involved management of close contacts and laboratory testing of collected throat swabs. A descriptive analysis was conducted for all laboratory-confirmed cases. Health promotion activities were held in the community, case management trainings were conducted for clinicians, and a vaccination catch-up campaign aimed at all fifth-grade learners (≥ 9 years) was conducted across all districts.
RESULTS
Eleven laboratory-confirmed cases of diphtheria were reported between February and May 2025, with ages ranging from 4 to 55 years (median=26; IQR: 13-32). Ehlanzeni (n=7; 64%) and Nkangala (n=4; 36%) districts accounted for all laboratory-confirmed cases, while suspected cases were reported from all districts. The majority of cases (n=8; 73%) were symptomatic and hospitalised, while 27% were asymptomatic carriers. All cases were treated with azithromycin 500 mg, and only 5 (63%) of the symptomatic cases received the diphtheria anti-toxin (DAT). Three deaths were reported (case fatality rate =27%). The outbreak primarily affected adults (72%), and all had an unknown vaccination status. Of the three children, one missed the diphtheria vaccine dose at 6 years and 12 years. Over 260 close contacts were traced and managed, including 168 Healthcare workers. The catch-up campaign resulted in 87% immunisation coverage.
CONCLUSIONS
The outbreak of diphtheria highlighted existing immunity gaps in the province. To prevent future outbreaks, the diphtheria vaccination coverage needs to be improved, and the potential of providing booster doses in adulthood needs to be explored.
Popul. Med. 2026;8(Supplement 1):A3934

ABS3156

Life-course vaccination: Knowledge, attitudes and practices of pharmacists registered with the South African Pharmacy Council

Gordon Hakala[1], Mncengeli Sibanda[1,2], Hannelie Meyer[1,2]
[1]Department of Public Health Pharmacy and Management, School of Pharmacy, Sefako Makgatho Health Sciences University, Pretoria, South Africa, [2]South African Vaccination and Immunisation Centre, Sefako Makgatho Health Sciences University, Pretoria, South Africa

BACKGROUND
Life-course vaccination is a preventive health approach that provides protection against infectious diseases across all stages of life. Despite the ongoing burden of vaccine-preventable diseases such as pneumococcal infections, influenza, cervical cancer, and hepatitis B, vaccination coverage remains suboptimal due to vaccine hesitancy, limited awareness, and systemic barriers. Pharmacists have an important role in vaccination delivery and advocacy. However, limited evidence exists on their knowledge, attitudes, and practices related to life-course vaccination in South Africa.

METHODS
A quantitative descriptive study was conducted among pharmacists registered with the South African Pharmacy Council using a self-administered online questionnaire. Data collected included demographics, knowledge, attitudes, practices, and perceived barriers and facilitators related to life-course vaccination. Descriptive and inferential statistics were used to analyse the data using SPSS version 29.
RESULTS
A total of 456 pharmacists participated (mean age 41.2 years, SD 14.6). Most respondents were Black African (51.3%), based in Gauteng (39.0%), and working in the private sector (53.9%). While awareness of life-course vaccination was high, detailed vaccine knowledge was limited. Fewer than 10% correctly identified all recommended vaccines for children or older adults, although 47.4% identified vaccines recommended for healthcare professionals. Attitudes assessed using the modified 5C scale showed that confidence, collective responsibility, complacency, constraints, and calculation were key predictors of vaccination attitudes. Despite involvement in vaccination-related activities, many pharmacists had never assessed patients' vaccination eligibility (50.4%) or vaccination history (48.2%). Mistrust and conspiracy theories (90.6%) and limited patient awareness (85.5%) were the most frequently reported barriers, while mobile vaccination clinics and patient education campaigns were the most cited facilitators.
CONCLUSIONS
Despite high awareness of life-course vaccination, substantial gaps exist in pharmacists' vaccination knowledge and practices. Strengthening pharmacist training and integrating pharmacists more fully into national immunisation programmes may improve vaccine uptake and access across the life-course in South Africa.
Popul. Med. 2026;8(Supplement 1):A3935

ABS3484
Determinants of malaria vaccine uptake among caregivers of children under one year at Masaka police health centre iii, Masaka city, Uganda
Daniel achoda[1], Vera Usigbe[2], Kalu Nwankwo Obasi[3], Chidinma Okoro Obiageri[4], Patrick Shaibu Yila[5]
[1]Masaka school of comprehensive nursing Uganda, Masaka school of comprehensive nursing Uganda, Masaka, Uganda, [2]Directorate of Health Services,, National Assembly, Abuja., Abuja, Nigeria, [3]Clinicals, Heirs Energies, Rivers, Nigeria, [4]Orthopaedic, University of Calabar Teaching Hospital, Calabar, Nigeria, [5]Public Health, College of Nursing Sciences Gombe, Gombe State-Nigeria, Gombe, Nigeria
INTRODUCTION
at masaka police health centre iii, the target for malaria vaccination among children under one year between july and september 2025 was 63, with an expected coverage of 90%, following the introduction of the malaria vaccine in uganda., however, routine HMIS 105 data showed coverage levels of 28 (44.4%), 20 (31.7%), and 17 (26.9%) for malaria vaccine doses one, two, and three, respectively. Persistently low coverage increases the risk of infant morbidity, mortality, and malaria-related complications. This study assessed individual, socio-cultural, and health system determinants of malaria vaccine uptake among caregivers of children under one year attending masaka police health centre iii, masaka city, uganda.
METHODS
a descriptive cross-sectional study was conducted among 60 randomly selected caregivers of children under one year. Data were collected using structured researcher-administered questionnaires. Data analysis was performed descriptively and results were presented using frequencies and percentages.
RESULTS
only 30% of caregivers reported that their children had received the recommended malaria vaccine doses, while 57% had not completed the doses and 13% were unsure. Key determinants influencing uptake included caregiver knowledge (57%), perceived vaccine safety (35%), family support (53.3%), religious beliefs (63.3%), and health worker support (71.6%), consistent with evidence on vaccine acceptance in sub-saharan africa.– major barriers identified were myths and misconceptions about the vaccine (66.7%), long waiting times at the facility (86.7%), and poor satisfaction with health services (53.3%).,
CONCLUSIONS
malaria vaccine uptake among children under one year at masaka police health centre iii remains suboptimal due to knowledge gaps, socio-cultural influences, and health system challenges, similar to findings reported in other african settings.
Popul. Med. 2026;8(Supplement 1):A3939

ABS3600
Trust, Opposition, and Hesitancy: A Qualitative Study of Vaccine Discourse on YouTube Videos
Merve Gulec[1], Kadirhan Onk[1], Burcu Kumbul Guler[2], Bulent Kilic[3]
[1]KORTUP, Izmir Biomedicine and Genome Institute, Balcova/Izmir, Turkey, [2]Psychology, Izmir Katip Celebi University, Cigli/Izmir, Turkey, [3]Public Health, Dokuz Eylul University, Balcova/Izmir, Turkey
BACKGROUND
This study examines the psychological and social drivers of vaccine-related attitudes in Türkiye by analyzing spontaneous, user-generated discourse on YouTube. Drawing on the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB), it aims to explore how vaccine acceptance, hesitancy, and opposition are articulated and sustained in digital environments.
METHODS
Using an integrative qualitative framework informed by HBM and TPB, this study analyzed YouTube comments originating from Türkiye to capture patterns of vaccine-related discourse. Data were collected between March 2024 and February 2025 from 17 purposively selected YouTube videos addressing vaccine decision-making. A total of 22,601 comments—including original comments, direct replies, and nested replies—were included in the analysis. The data were thematically analyzed using MAXQDA 24.
RESULTS
Oppositional discourse (n = 4,040) dominated the platform, substantially exceeding supportive (n = 1,402) and hesitant (n = 858) comments. Three overarching themes emerged: Trust in Vaccines and Positive Attitudes, Vaccine Hesitancy, and (3) Vaccine Opposition. Vaccine acceptance was primarily associated with trust in scientific evidence, perceived collective benefits, and supportive social norms. Vaccine hesitancy was mainly driven by concerns about side effects and perceived gaps in reliable information. In contrast, vaccine opposition was rooted in deep institutional distrust, conspiracy beliefs, and religious or cultural objections.
CONCLUSIONS
By integrating the HBM and the TPB, this study provides a nuanced understanding of vaccine acceptance, hesitancy, and refusal within online environments. The findings suggest that vaccine-accepting individuals are strongly influenced by perceived benefits and social norms, while oppositional narratives are amplified through digital echo chambers, often obscuring the silent majority who support vaccination. These results highlight the need for culturally tailored public health communication strategies and efforts to enhance digital health literacy to counter misinformation and polarization in social media spaces.
Popul. Med. 2026;8(Supplement 1):A3942

ABS3730
Cognitive reflexion, positive perception of science and health literacy are independent protective predictors of vaccine conspiracy beliefs
Mariusz Duplaga[1], Magdalena Sikorska[1], Kinga Kowalska-Duplaga[2]
[1]Department of Health Promotion and e-Health, Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College, Krakow, Poland, [2]Department of Pediatrics, Gastroenterology and Nutrition, Medical Faculty, Jagiellonian University Medical College, Krakow, Poland
ABSTRACT
Background. Vaccine conspiracy beliefs (VCB) can weaken vaccine confidence and trust in health institutions, and in consequence, unfavorably influence vaccination behavior. Beyond exposure to misinformation, VCB may reflect cognitive style and epistemic trust. Lower analytic reflection can increase receptivity to appealing but implausible causal narratives, whereas more positive perceptions of science may strengthen epistemic trust in scientific methods. Our study assessed whether cognitive reflection (CR), positive views on science, and health literacy (HL) are independently associated with VCB after adjustment for key sociodemographic and political correlates Methods. We analyzed data from an online survey of Polish adults aged 18–75 (N=2701). The sample was quota-matched by gender, age, education, place of residence, and NUTS1 macro-region and recruited via an online access panel. VCB were measured with the Vaccine Conspiracy Beliefs Scale. CR was assessed using the Cognitive Reflection Test, positive views on science with a validated science-attitudes scale. Multivariable linear regression estimated associations between predictors and VCB, adjusting for sociodemographic variables and political orientation. Results. The model explained a meaningful proportion of variance in VCB (R=0.219; adjusted R=0.213; F(22,2678)=34.17, p<0.001). Higher CR was independently associated with lower VCB (B=-0.98, 95%CI: 1.30 to -0.67). More positive views on science showed a similarly strong protective association (B=-0.13, 95%CI: 0.16 to 0.09). HL remained an independent correlate: compared with sufficient HL, inadequate HL was associated with higher

VCB (B=2.61, 95%CI:1.64 to 3.58). Among covariates, VCB varied by education and residence and showed pronounced differences across political orientation categories. Conclusions. CR, positive views on science, and HL were independent protective predictors of VCB. Preventive interventions employed in public health may benefit from combining strategies that strengthen analytic reflection, support constructive engagement with science and scientific institutions, and improve foundational HL competencies, while accounting for the socio-political context of vaccine attitudes.
Popul. Med. 2026;8(Supplement 1):A3946

ABS3775

Scoping review of interventions supporting COVID-19 vaccination among immigrants and refugees in Poland

Magdalena Sikorska[1], Rafał Halik[1], Marcin Grysztar[1], Szczepan Jakubowski[1], Olena Stropalova[1], Gabriela Krężel[1], Mariusz Duplaga[1]
[1]Department of Health Promotion and e-Health, Institute of Public Health, Faculty of Health Sciences, Jag, Krakow, Poland

ABSTRACT
Background. Vaccination uptake among immigrants and refugees in Poland has been limited by language barriers, documentation constraints, and unfamiliarity with the healthcare system. The influx of Ukrainian refugees in 2022 highlighted the need for targeted vaccination support, including digital tools. This study identified interventions supporting COVID-19 vaccination among emigrants and refugees in Poland and assessed implications for future strategies and health equity. Methods. Within the EUVABECO project, we conducted a scoping review of scientific and grey literature following PRISMA principles. Major bibliographic databases and institutional websites were searched for items published from January 2021 to July 2023. We identified 24 scientific publications and 137 reports/communications on vaccination-supporting interventions in Poland. After screening and full-text assessment, interventions were classified using the Cataldi framework as patient-focused, policy-oriented, or public health process-oriented. Results. In the final analysis, ten interventions were included. Most targeted Ukrainian refugees or Ukrainian immigrants (n=8); two addressed migrants and refugees more broadly. Five interventions were patient-focused and mainly provided informational or educational resources (e.g., vaccination guidance for Ukrainian citizens, multilingual pre-vaccination questionnaires, quarantine information, and materials promoting access), including one improving access to the Patient Online Account. Four interventions were policy-oriented and addressed legal regulations, governmental guidance, and administrative solutions, including a ministerial regulation ensuring access to COVID-19 vaccination, information on the National Immunization Program for Ukrainian citizens, and issuing referrals for migrants without standard documentation. One intervention was public health process-oriented and described system-level arrangements for COVID-19 vaccination and Ukrainian refugees. None of the interventions explicitly included community engagement mechanisms, behavior change strategies, or culturally tailored approaches. Conclusions. Vaccination support has largely emphasized access facilitation and information provision. Future programmes should integrate community involvement, culturally and linguistically adapted communication, and behaviorally informed components to strengthen acceptance and reduce inequities across diverse migrant groups.
Popul. Med. 2026;8(Supplement 1):A3947

ABS3791

Optimizing the schedule of BNT162b2 COVID-19 against long COVID and associated quality of life losses

Paul Otiku[1]
[1]Bill and Joyce Cummings Institute of Global Health, University of Global Health Equity, Kigali, Rwanda

BACKGROUND
The long-term impact of COVID-19 vaccination on post-acute COVID-19 symptoms and associated quality of life (QoL) changes remains incompletely described. This study aimed to explore the impact of the timing of COVID-19 priming and booster doses, on reporting long COVID symptoms and associated QoL changes.
METHODS
Individuals who had PCR testing for SARS-CoV-2 processed in government hospitals in Northern Israel between 15th March 2021 and 15th June 2022 were invited to answer serial online surveys collecting information on SARS-CoV-2 infection, vaccination status and post-acute symptoms every 3-4 months for two years. Participants were categorized into groups based on the number of doses received prior to infection. We compared groups over time in terms of reporting post-COVID symptom clusters and QoL, using population-average and mixed-effects regression models, respectively.
RESULTS
A total of 4809 individuals are enrolled and respond to up to five follow-up surveys. Of these, 1377 (28.61%) report a positive SARS-CoV-2 test, while 3432 (71.39%) report a negative result. After adjustment for potential confounders, receiving at least three COVID-19 vaccine doses prior to infection is associated with a 34% reduction in the likelihood of reporting at least one long COVID symptom cluster compared to being unvaccinated (adjusted odds ratio [AOR] = 0.66, p = 0.022). Pre-infection vaccination is also associated with higher quality of life (QoL) scores (β = 0.07, p < 0.001). The estimated vaccine effectiveness of three pre-infection doses against long COVID over a two-year period is 26.5% (95% CI: 10.8–39.4). This protective effect remains stable over time. In contrast, vaccination received after infection shows no association with long COVID symptoms or QoL outcomes.
CONCLUSIONS
Receiving at least three COVID-19 vaccine doses prior to SARS-CoV-2 infection provides a sustained protective effect against long COVID and its negative impact on quality of life for at least two years.
Popul. Med. 2026;8(Supplement 1):A3948

ABS4001

COVID-19 vaccination uptake is associated with susceptibility to misinformation and vaccine hesitancy, but not with health literacy

Mariusz Duplaga[1], Magdalena Sikorska[1]
[1]Department of Health Promotion and e-Health, Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College, Krakow, Poland

ABSTRACT
Background. COVID-19 vaccination uptake reflects access and cognitive/attitudinal determinants in an infodemic environment. Vaccine hesitancy (VH) can reduce acceptance through safety concerns, low perceived necessity, and limited trust in institutions. Susceptibility to health misinformation (SHM) may impair rejection of false claims and reinforce hesitant attitudes. Health literacy (HL) is often viewed as protective because it supports obtaining and understanding health information. We examined whether SHM and VH predict COVID-19 vaccination uptake after adjustment for HL, trust in scientists (TRS), and sociodemographic variables. Methods. We conducted a nationwide online survey of Polish adults (18–75 years; N=2,200) using a quota-matched sample by sex, age band, education, place of residence, and NUTS1 region. Participants were recruited via an online panel. The outcome was self-reported COVID-19 vaccination uptake (vaccinated vs not vaccinated). The main predictors were SHM and VH. HL was entered as a categorical variable. Covariates included TRS and sociodemographic variables. Associations with uptake were tested using multivariable logistic regression. Results. Overall, 1,438 respondents (65.4%) were vaccinated and 762 (34.6%) were unvaccinated. Model explanatory power was moderate (Nagelkerke R=0.351). VH emerged as the strongest independent correlate of uptake: each 1-point increase was associated with lower odds of being vaccinated (OR=0.86, 95%CI 0.85 - 0.88). Higher SHM was also linked to lower uptake (OR=0.98, 95%CI 0.96 - 0.99). HL was not independently associated with uptake (overall Wald p=0.148). TRS was not significant (OR=0.99, 95%CI 0.98 - 1.01). Older age predicted higher uptake (OR=1.02 per year, 95%CI 1.01 - 1.03). Place of residence and income showed smaller associations, while gender and education were not significant. Conclusions. COVID-19 vaccination uptake was primarily determined by VH and SHM, whereas HL showed no independent association. Interventions should prioritize reducing hesitancy drivers and strengthening resistance to misinformation, alongside equity-sensitive outreach for groups with lower uptake.
Popul. Med. 2026;8(Supplement 1):A3949

ABS4048

Factors associated with parents' VACCINE HESITANCY OF children aged 0 to 24 months in the Klouékanmè–Toviklin–Lalo health zone in 2025

Codjo Abodourin albert Charles Patrick Makoutode[1], Lamidhi SALAMI[1], Nadine TAMKIMADJI[1]
[1]System and Health policy, IRSP, Cotonou, Benin

INTRODUCTION
Vaccination is one of the most effective public health interventions. Despite its proven benefits, it faces various controversies, particularly parental reluctance that persists and intensifies, leading to decreased herd immunity among children. This study aims to identify factors associated with parental reluctance to vaccinate children aged 0 to 24 months in the KTL health zone of Couffo department in 2025.
METHODS
This was a cross-sectional, analytical, mixed-methods study conducted in the KTL health zone. A probabilistic method with multi-stage random sampling technique

was used to select primary targets. Data were collected using a digitalized questionnaire via KoBoCollect. Analysis was performed using STATA 15 software, and factors associated with parental vaccine hesitancy were identified through multiple logistic regression with a significance threshold of 5% and a 95% confidence interval.
RESULTS
A total of 494 households were surveyed. The mean age of household heads was 36.98 years. The proportion of vaccine hesitancy was 46%. Female gender (p=0.034), monogamous household (p=0.00), farmer occupation (p=0.00) and trader occupation (p=0.01), perception of vaccines as dangerous (p=0.00), side effects concerns (p=0.00), vaccine alternatives (p=0.026), geographical accessibility (p=0.00), and communication quality (p=0.00) were significantly associated with parental vaccine hesitancy in the KTL health zone.
CONCLUSIONS
This study conducted in the KTL health zone revealed that parental vaccine hesitancy is linked to various social, perceptual, and structural factors, requiring targeted multisectoral responses to strengthen vaccine adherence.
Popul. Med. 2026;8(Supplement 1):A3950

ABS 4110
Analysis of the causality assessment outcomes for adverse events following immunisation caused by vaccines administered as part of the expanded program on immunisation
Riana Dippenaar[1], Jackie Jones[1], Annoesjka Swart[1], Charlene Lawrence[2]
[1]Medicines Information Centre, Division of Clinical Pharmacology, University of Cape Town, Cape Town, South Africa, [2]Communicable Disease Control, Western Cape Department of Health and Wellness, Service Priorities Coordination, Cape Town, South Africa
BACKGROUND
Vaccines are central to eradicating poliomyelitis, measles, and neonatal tetanus, and remain the most cost-effective strategy to reduce vaccine-preventable diseases (VPD). However, concerns about vaccine safety and misinformation from seemingly credible sources undermine these efforts. Monitoring vaccine safety and investigating adverse events following immunisation (AEFI) are crucial to addressing these concerns and alleviating public fears.
METHODS
We conducted a descriptive epidemiological analysis combined with statistical methods. AEFI cases were reported by healthcare workers at the facility level or by patients. This study focused on reports of AEFI in the Expanded Programme on Immunisation (EPI) in patients up to 12 years of age. Each case underwent a detailed investigation, with clinical data collected according to established case definitions. The findings were submitted to the National Immunisation Safety Expert Committee (NISEC) for causality assessment.
RESULTS
From January 2021 to December 2024, 100 cases were reported. Of these, 61 were classified as serious. Most cases stemmed from the cape metro (78%). Causality assessment outcomes were available for 43 cases. Of these, 10 cases (23%) were coincidental, 20 (47%) were consistent with vaccination, 7 (16%) were inconsistent with causal association, 1 (2%) was indeterminate, and 5 (12%) were unclassifiable. Among the 20 consistent cases, 1 was stress-related, 4 resulted from vaccination errors, 6 were known reactions to the Bacillus Calmette-Guérin (BCG) vaccine, and 9 were known vaccine product-related reactions to other EPI vaccines.
CONCLUSIONS
The number of injuries caused by vaccination errors underscores the need for mandatory refresher training and creating awareness of the need to report AEFI. Addressing these issues through robust vaccine safety monitoring and communication strategies is essential to restoring public confidence and improving immunisation uptake. Moving from paper-based to electronic reporting, for ease of use, could also encourage reporting.
Popul. Med. 2026;8(Supplement 1):A3951

ABS 4111
Strengthening Vaccine Confidence: A Global Public Health Imperative
Raman Bedi[1], Dominique Kondji Kondji[2,3], Diane Thomson[4], Katie Atwell[5], Heidi Larson[6]
[1]MWFPHA, [2]Cameroon Public Health Association, Cameroon, [3]Traditional Leadership Council (Littoral Region), Cameroon, [4]Thistle Public Affairs, Scotland, [5]Political Science and Public Policy, University of Western Australia (UWA), [6]The Vaccine Confidence Project, a WHO Centre of Excellence
Vaccine hesitancy is one of the most consequential threats to public health today. Despite safe, effective vaccines against a growing range of preventable diseases, uptake remains dangerously uneven across regions, income groups and communities. The COVID-19 pandemic accelerated misinformation and eroded institutional trust at scale. Rebuilding confidence demands evidence-based communication, sustained community engagement and genuine political commitment from global bodies down to local health authorities.
This World Leadership Dialogue convenes leaders from different regions to examine what works, what fails and what must change. The session will interrogate how cultural, political and health-system contexts shape hesitancy, which communication strategies have succeeded, and which have backfired, and what policy levers governments can activate to protect immunization coverage.
Popul. Med. 2026;8(Supplement 1):A3952

ABS 4112
Promoting Mental Well-Being in Academia: Evidence, Tools and Action Plans
Anna Odone[1], Laura Magaña[2], Margaret Kaseje[3], Chiara Barbati[4], Riccardo Vecchio[4], Luca Viviani[4]
[1]Project Health Mode On Principal Investigator, University of Pavia, [2]Association of Schools and Programs of Public Health (ASPPH), [3]Association of Schools of Public Health in Africa (ASPHA), [4]Health Mode On Investigator, University of Pavia
Universities are increasingly challenged by a growing mental health burden affecting students, early-career researchers, and academic staff. Beyond individual consequences, poor mental wellbeing threatens learning outcomes, academic performance, workforce retention, and the future capacity of public health systems worldwide. To illustrate how higher education institutions can respond to this growing challenge, the session will present Health Mode On, a multi-institutional initiative coordinated by the University of Pavia and funded through by Italy's Ministry of University and Research to promote mental well-being across higher education institutions. Bringing together universities, advanced studies institution, and music conservatories, the initiative provides a unique opportunity to explore how well-being can be promoted across diverse educational settings. Findings from the nationwide multicenter assessment of mental health among Italian university students, based on the WHO World Mental Health International College Student (WMH-ICS) Initiative and involving over 10,000 students will be presented for the first time at the global public health community.
Through an exchange of experiences and viewpoints from different professional, institutional, and geographical contexts, the session will then examine the role of universities in promoting healthier learning environments, and the opportunities for translating evidence into sustainable and scalable action. Particular attention will be given to institutional culture, equity and inclusion, resilience, and the preparation of a future public health workforce capable of thriving in an increasingly complex world. Through a dialogue among academic and public health leaders from different parts of the world, participants will be encouraged to reflect on priorities, challenges, and solutions for creating healthier and more supportive university environments.
Popul. Med. 2026;8(Supplement 1):A3953

ABS 4113
Political Leadership for Integrated Financing of Social and Behavior Change in African Health Systems: A Call to Action
Priscilla Madzinga-Kusena[1], Alex de Jonquieres[2]
[1]SBC and Advocacy Team Lead, Africa CDC, [2]Health Systems & Immunisation Strengthening, GAVI
Social and behaviour change (SBC) interventions are among the most effective tools for improving health outcomes — yet African health systems lack the systematic financing mechanisms to sustain them. Most countries have no dedicated budget allocations, no standardised costing methodologies and no strategic roadmaps for institutionalising SBC within broader health financing frameworks. This gap perpetuates health inequities and undermines progress toward Universal Health Coverage. A multi-country initiative across six African countries (2025–2026) has produced continental SBC costing guidelines, institutionalisation scorecards, country-specific investment cases and budget integration roadmaps endorsed by Ministries of Health and Finance. This dialogue convenes Ministers, permanent secretaries and global health leaders to confront the political economy barriers to SBC financing and agree on concrete commitments, innovative financing mechanisms and accountability frameworks.
Popul. Med. 2026;8(Supplement 1):A3954

ABS 4114
Healthy Beginnings, Protected Futures: Scaling Impact in Pediatric RSV and Pneumococcal Immunization

Rudzani Muloiwa[1], Faysal Farahat[2], Augustine Pereira[3]
[1]Paediatrics and Child Health; Co-director, Vaccines for Africa Initiative (VACFA), University of Cape Town, South Africa, [2]Community and Public Health, Infection Prevention and Control Program, Ministry of National Guard Health Affairs (MNGHA), Saudi Arabia, [3]Public Health with Ireland's Health Service Executive (HSE)

Pneumonia remains the leading infectious killer of children under five, claiming approximately 700,000 lives each year. RSV and pneumococcal disease together account for the majority of these deaths — and both are now preventable. RSV also causes bronchiolitis and other respiratory illness. Together, RSV and pneumococcal disease drive over 3.6 million hospitalizations in children under five each year, straining pediatric wards and ICU capacity, especially during seasonal peaks. Yet, prevention remains profoundly unequal: 97% of RSV deaths in children occur in low- and middle-income countries, where access to even basic supportive care is often limited. However, even in high-income countries where preventatives are available, there are discrepancies in uptake across socio-economic and demographic classes leaving those who are vulnerable unprotected. The tools exist. What is missing is the political will and the implementation frameworks to deploy them equitably and at scale.

This World Leadership Dialogue presents the WFPHA Call to Action on RSV and Pneumococcal Prevention, moving beyond the evidence — which is robust — to the harder questions of implementation. Results from early implementers demonstrate that impact is visible within a single season, making RSV and Pneumococcal Immunization not only a public health priority but a political opportunity. The session examines how countries can integrate these interventions into existing health systems, overcome financing barriers and build the public confidence needed to drive universal infant protection.

Popul. Med. 2026;8(Supplement 1):A3955

ABS4115

Digital health in BRICS: Towards an equity-oriented technological development model

Ana Estela Haddad[1], Minghui Ren[2], Sanghamitra Gosh[3], Kaushik Mitra[3], Lwando Maki[4], Rômulo Paes-Sousa[5], Bin Li[2]
[1]Ministry of Health, Brazil, [2]Chinese Preventive Medicine Association (CPMA), [3]Indian Public health Association, [4]Public Health Association of South Africa (PHASA), [5]Abrasco

Digital technologies hold enormous promise for health: improving diagnostics, strengthening surveillance, expanding access and enabling new forms of knowledge generation. Yet the digital transformation of healthcare also carries risks — privacy violations, disinformation, iatrogenesis and, critically, the reproduction and exacerbation of health inequities. These benefits and risks are inseparable from the technological development models established by large corporations and powerful governments, often with little transparency or public debate.

Brazil, China, India and South Africa have accumulated significant experience in digital health that points toward a different model — one responsive to population needs and grounded in universality and health equity. This dialogue convenes leaders from BRICS public health associations to share that experience and explore how a more equitable, publicly accountable approach to digital transformation can be advanced worldwide.

Popul. Med. 2026;8(Supplement 1):A3956

ABS4116

The Convergence Imperative: From Innovation to Implementation Equity in Ending TB and HIV

Lwando Maki[1], Linda-Gail Bekker (TBC), Yogan Pillay, Liesl Page-Shipp
[1]Public Health Association of South Africa

Tuberculosis and HIV remain among the world's most significant public health challenges, disproportionately affecting low- and middle-income countries and vulnerable populations. In high-burden settings across sub-Saharan Africa, TB and HIV are not separate epidemics but a syndemic, interacting with poverty, health system gaps, and social exclusion to produce preventable illness and death. At the same time, artificial intelligence, digital health, advanced diagnostics, vaccine innovation, therapeutics, and disease modelling are creating new possibilities for accelerating progress. Late-stage TB vaccine development, AI-enabled diagnostics, long-acting prevention and treatment technologies, and renewed attention to primary health care create a
unique opportunity to shift from fragmented disease programmes to integrated, equity-oriented delivery.

Tool innovation alone will not end TB and HIV. It should be matched with delivery innovations, so that scientific breakthroughs are translated into equitable access through strong primary health care systems, community-based services, sustainable financing, effective governance, locally relevant data, digital inclusion, and meaningful engagement with affected communities. The Gates Foundation has been a leading global partner in advancing innovation across vaccines, diagnostics, therapeutics and delivery innovations (artificial intelligence, digital health, and other health systems strengthening interventions) to optimise and transform delivery systems. As one of the Congress's flagship leadership dialogues, this session will examine how these innovations can be embedded in health systems to accelerate progress towards ending TB and HIV while advancing equity, inclusion, and sustainability.

Popul. Med. 2026;8(Supplement 1):A3957

ABS4117

Closing the Prevention Gap through Adult HPV Vaccination: From a Women-Only Narrative to Universal Cancer Prevention

Peter Baker[1], Georges Benjamin[2], Luyanda Majija[3]
[1]Global Action on Men's Health, [2]American Public Health Association, [3]Global Alliance for Patient Access, Africa

HPV vaccination is one of the most powerful tools in cancer prevention, yet its full potential remains unrealised. For decades, national programmes have focused almost exclusively on cervical cancer in girls and young women — a framing grounded in strong evidence but one that has left a substantial burden of HPV-attributable disease unaddressed. Oropharyngeal, anal, penile, vulvar and vaginal cancers affect people of all genders throughout the life course. The science is unambiguous: HPV vaccination works for everyone.

This World Leadership Dialogue presents the case for a paradigm shift — from a cervical cancer-centred model to a life-course, gender-inclusive approach, building on the WFPHA Call to Action on Adult HPV Vaccination (2026). The equity dimensions of current programme design will be a
central thread throughout.

Popul. Med. 2026;8(Supplement 1):A3958