



Chair of Public Health and Health Services
Research Institute for Medical Information
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Pettenkofer School of Public Health



European University Alliance for Global Health

Virtual Conference on Migrant Health: Risk Communication and Protection against Discrimination during Health Crises

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Virtual Conference on Migrant Health: First Day 19.10.2023

9.30-10.00	<p style="text-align: center;">Welcome and Introduction</p> <p>Eva Rehfuess, LMU Munich; Brigitte Strahwald, Pettenkofer School of Public Health; Jessica Gerlich, EUGLOHRIA LMU Munich; Zeliha Öcek (chair of the conference), LMU Munich</p>
10.00-10.50	<p style="text-align: center;">Keynote Speech: Understanding Vulnerability in the Case of Migrant Health</p> <p>Chair: Heidi Stöckl, LMU Munich Speaker: Sylvia Agbih, Augsburg University</p>
11.00-12.30	<p style="text-align: center;">Panel: Leaving No One Behind in Post-pandemic Societies</p> <p>Chair: Mandy Geise, Netherlands Institute for Health Services Research Panellists:</p> <ol style="list-style-type: none"> Chiara Altare, Johns Hopkins University <i>The COVID-19 Pandemic in Humanitarian and Forced Displacement Settings</i> Apostolos Veizis, INTERSOS Greece <i>The Impact of the COVID-19 Pandemic on Refugees and Asylum Seekers in Greece</i> Karl Blanchet, University of Geneva <i>Universal Health Coverage, COVID-19 Vaccination and Migrants</i> Feride Aksu Tanik, Ege University <i>Lessons Learned from the Pandemic for Healthcare Systems</i>
13.30-15.00	<p style="text-align: center;">Panel: Struggle with Discrimination and Stigmatization during Global Health Crises</p> <p>Chair: Alexandra Oliveira, University of Porto Panellists:</p> <ol style="list-style-type: none"> Alexandra Oliveira, University of Porto <i>Understanding the Discrimination and Stigmatization</i> Asli Davas, Ege University <i>Unveiling the Shadows: COVID-19's Impact on Migrants in Turkey</i> Jorge Gato, University of Porto <i>The LGBTQ+ Population during the COVID-19 Pandemic</i> Uršula Čebren Lipovec, University of Ljubljana <i>Migrants' and Refugees' Vulnerabilities during Covid-19 Pandemic in Slovenia</i> Ursula Trummer, Center for Health and Migration Vienna <i>Migrant 24h-carers Working in Private Households in Austria – The Economy of Live-in Care in Times of Pandemic</i> Alessandra Sannella, University of Cassino and Southern Lazio <i>The VirCov19 Project</i>
15.30-16.50	<p style="text-align: center;">Oral Presentations (sessions 1 and 2 are parallel)</p> <p>Session 1: Covid-19 Pandemic (Moderators: Ursula Trummer, Center for Health and Migration Vienna; Young Researchers Team)</p> <ol style="list-style-type: none"> Andreas W Gold, Jahn R, Rast E, Perplies C, Biddle L, Bozorgmehr K <i>Pandemic Measures and Securitization in Collective Accommodation Facilities for Refugees in Germany</i> Wojczewski S, Paul Grohma, Kutalek R <i>Risk Communication and Community Engagement with Migrants and Refugees – Experiences of CSOs during the COVID-19 Pandemic in Austria</i> Leonardo Mammanna <i>COVID-19 Vaccination for Socially Marginalized Groups in Emilia-Romagna (Italy): A Missed Opportunity to Institutionalize Health Equity?</i> Christopher I. Kobler Betancourt, Thu Ly G, Frahsa A <i>Pandemic Experiences: Exploring the Intersection between Marginality, Health Beliefs, and Societal Division through Focus Group Discussions in the Canton of Bern, Switzerland</i> Anna-Koralia Sakaretsanou, Bakola M, Reppas S, Kitsou K-S, Mavridou K, Veizis A, Jelastopulu E <i>Challenges faced by Humanitarian Workers in Greece during the COVID-19 Pandemic and Suggestions to Address Them</i> Sevgi Arabulan, Önçağ Ö, Öcek Z <i>Access to Dental Healthcare for Children with Disabilities During the COVID-19 Pandemic: A Case Study from Türkiye with a Qualitative Approach</i> <p>Session 2: Healthcare Services and Access (Moderators: Sandra Kus, LMU Munich; Young Researchers Team)</p> <ol style="list-style-type: none"> Asli Davas, Tarla A <i>A Qualitative Study on Stakeholders' Perceptions of Health Requirements for Syrian Refugees and Organizational Response Capacity in Turkey Following the Earthquake</i> Madalena Cabral Ferreira, Almada C, Silva R, Barbizani FP, Felgueiras A, Portugal Gaspar C, et. al. <i>Medical Refuge – To Make You Feel at Home: A Humanitarian Medical Assistance Project in Primary Health Care for Refugees in Hosting Countries</i> Naseem Sadat, Tayebi Dehgan <i>How Afghan Refugee Women in Germany Navigate Reproductive Health and Overcome Challenges</i> Costa R, Rodrigues C, Dias H, Covi B, Mariani I, Emanuelle Pessa Valente, et. al and the IMAGiNE EURO study group <i>Improvements in Maternal and Newborn Healthcare for Migrant Women are Necessary: An Analysis in 11 Countries of the WHO European Region</i> Evita Leskovšek, Zakrajšek V <i>An Intersectoral Approach in the Organization of Medical Care for Ukrainian Refugees in Slovenia</i> Mariana Argel, Conde M, Vieira M, Lange C, Magis-Escurra C, Duarte R <i>Tuberculosis Screening in Ukrainian Refugees: A TBNET survey</i> Geiko O V, Terentiuk V G, Taras G Gutor <i>Telemedicine Tools to Provide Medical Assistance in Residents of Frontline Areas: Ukrainian experience</i>

9.00-09.20	Summary of Day-1
	Young Researchers Team
9.20-10.10	Keynote Speech: Migrant Health Research
	<p>Chair: Michaela Coenen, LMU Munich</p> <p>Speaker: Kayvan Bozorgmehr, University of Bielefeld</p>
10.20-10.50	Keynote Speech: Infodemic Management
	<p>Chair: Brigitte Strahwald, Pettenkofer School of Public Health</p> <p>Speaker: Dilek Aslan, Hacettepe University</p>
11.00-11.50	Round Table: EUGLOHRIA Project on Risk Communication During COVID-19 Pandemic with Migrants
	Alexandra Oliveira, University of Porto; Jorge Gato, José M. Azevedo, University of Porto; Pia Svensson, Lund University; Zeliha Öcek, LMU Munich
12.30-13.50	Oral Presentations (parallel sessions)
	<p>Session 1: Mental Health (Moderators: Caroline Jung-Sievers, LMU Munich; Young Researchers Team)</p> <p>1. Sophia Baierl, Öcek Z, Jung-Sievers C, Coenen M <i>Mental Healthcare among Migrants in Southern Germany: Determinants of Access and Recommendations for Action</i></p> <p>2. Mariska Slekovec <i>Impact of Culture on Perceptions of Mental Disorders, and Characteristics of Interventions to Reduce Mental Health Stigma among Ethnocultural Minority Groups in High Income Countries: A Systematic Literature Review</i></p> <p>3. Kevin Morisod, Martin T, Rawlinson C, Grazioli VS, von Plessen C, Durand M-A, et. al. <i>Facing the COVID-19 Pandemic: A Mixed-method Analysis of Asylum Seekers Experiences and Worries in the Canton of Vaud, Switzerland</i></p> <p>4. Charlotte De Kock <i>Substance Use Prevention Needs in the Belgian Reception Centers for Applicants of International Protection</i></p> <p>5. Olalekan Taoreed Kazeem <i>Adverse Childhood Experiences, Risk Perception and Health Seeking Behavior among Migrants in the Nigeria/Niger Republic Border</i></p> <p>Session 2: Determinants of Health, Women's and Children's Health (Moderators: Jorge Gato, University of Porto; Young Researchers Team)</p> <p>1. İrem Şevik, Çiçeklioğlu M <i>Precarious Housing and Discrimination in Health Service: Developing A Training Program for Medical Students</i></p> <p>2. Sera Şimşek, Öcek Z, Türk M <i>Assessing Water, Sanitation and Hygiene Triad at the Crossroads of Migration and Precarious Urban Housing: Development of Two Scales</i></p> <p>3. Eva Diogo, San-Bento A <i>Ethical Challenges in Addressing Substandard Housing Conditions of Timorese Migrants in Portugal: Deliberative Method</i></p> <p>4. Emmie Wahlström, Wallander F <i>Migrated and Vulnerable – Representations of Children in Guidelines for School Nurses</i></p> <p>5. Şaron Araya, Postma GM <i>Shkorey - Improving SRHR for Eritrean Migrant Youth through Culturalized Serious Gaming</i></p> <p>6. Riwa Khalifeh, D'Hoore W, Saliba C, Dauvrin M <i>Health Equity of Displaced Syrians in Lebanon: A qualitative Study</i></p>
14.30-16.00	Workshop: Developing Risk Communication Materials for Migrants during Global Health Crises "Infodemic Management and COVID-19 campaign, MILSA, Lund University"
	Pia Svensson, Tanya Andersson Nystedt, Lund University Young Researchers Team
16.00-16.20	Closing
	Zeliha Öcek (chair of the conference), LMU Munich

Scientific Committee	Alexandra Oliveira - University of Porto, Jorge Gato - University of Porto, José M. Azevedo - University of Porto, Michaela Coenen - LMU Munich, Pia Svensson – Lund University, Sandra Kus - LMU Munich, Zeliha Öcek – LMU Munich
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Young Researchers Team	Catarina Pereira – University of Porto, Constança Campos - University of Porto, Fabian Link - LMU Munich, İrem Şevik - Ege University, Rebecca Brambilla - LMU Munich, Sophia Baierl - LMU Munich, Melissa Nelson - UCL Medical School
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Table of Contents

Introduction.....	7
Keynote Speech 1. Understanding Vulnerability in the Case of Migrant Health.....	9
Panel 1. Leaving No One Behind in Post-pandemic Societies.....	10
Panel 2. Struggle with Discrimination and Stigmatization during Global Health Crises.....	13
Keynote Speech 2. Migrant Health Research: Crises, Contexts & Causation.....	19
Keynote Speech 3. Infodemic Management among Migrant Populations.....	20
Round Table. EUGLOHRIA Project on the Risk Communication During COVID-19 Pandemic with Migrants.....	22
Workshop. Developing Risk Communication Materials for Migrants during Global Health Crises.....	23
Abstracts of Oral Presentations.....	24
Theme 1. COVID-19 Pandemic.....	24
Theme 2. Healthcare Services and Access.....	30
Theme 3. Mental Health.....	37
Theme 4. Determinants of Health, Women’s and Children’s Health.....	41

Introduction

The Virtual Conference on Migrant Health "Risk Communication and Protection Against Discrimination during Health Crises" was organized by the partners from three universities that came together thanks to EUGLOHRIA (<https://www.eugloh.eu/research/euglohria>). The international and transdisciplinary structure of the organization committee provided a holistic approach such as linking migrant health with the health of other marginalized and discriminated people as well as focusing on the intersectionality of the various structural vulnerability mechanisms.

The primary goal of the conference was to foster a mutual exchange of scientific knowledge and practical experiences by bringing together people who are conducting research to make migrant health problems visible and people who are involved in professional or volunteer activities for migrant-rights. The interaction of participants and speakers from academia and practice, we believe, contributed to the future planning of studies based on needs of migrants and ensuring the utilization of evidence-based approaches in addressing these needs.

Another goal of the conference was to increase interest in research on migrants' and other marginalized groups' health rights, as well as to encourage young researchers to work for health equity. Aligned with this goal, our intention was to create a collaborative and mutual learning environment based on the principles of equality, involvement, solidarity, and continuous improvement, free of barriers such as excessive participation fees, travel expenses, and visa requirements. The fact that 135 people from 32 countries and four continents registered for the conference, demonstrates the importance of addressing migrant health globally, as well as the need for scientific environments that everyone can easily access. In contrast to settings wherein presentation opportunities are restricted to researchers with research facilities providing extensive resources, our objective has been to cultivate an environment that appreciates a wide range of research endeavours, encompassing small-scale research, policy, and practice reports, as well as case studies. Two independent reviewers thoroughly evaluated the abstracts we received. This was done to contribute to the scientific quality, not to eliminate the abstracts. Furthermore, a team of young researchers had substantial roles in the conference's planning and execution. A special thanks to Catarina Pereira, Constança Campos, Fabian Link, İrem Sevik, Melissa Nelson Rebecca Brambilla, Sophia Baierl who performed admirably in these roles.

The special focus of the conference in this first day was risk communication during global health crises. The conference began with a conceptual discussion of vulnerability, highlighting the ethical issues associated with labelling migrants or any other group as vulnerable. This was followed by a panel discussion on the extent to which healthcare systems acknowledged migrants' and refugees' health rights during the COVID-19 pandemic, as well as the political implications of leaving no one behind during health crises. The second panel which was on discrimination during the pandemic included cases from various countries and marginalized groups.

The second day featured guiding speeches on various topics. The importance of migrant health research in revealing structural vulnerability was addressed as well as the need for multi-site and multidimensional approaches. The following keynote speech delivered focused on the various challenges associated with the management of infodemics. The subsequent round table shared the first insights of a study conducted in Malmö, Munich, Porto, and Lisbon on risk communication during the COVID-19 pandemic. Finally, participants who had signed up for the workshop at the end of the conference saw an example of developing risk communication materials and were able to share their questions and insights.

Additionally, to the above-mentioned presentations and the workshop, there were 23 oral presentations on four different topics on the two days of the conference: the COVID-19 pandemic; healthcare services and access; mental health; social determinants of health and women's and

children's health. Following the presentations, questions from both participants and the young researchers team facilitated an in-depth discussion.

At the end of the conference, it was decided to establish a network that brings together groups working in various fields for the health equality of immigrants and other marginalized groups, while also ensuring solidarity and continuity. This network, as well as future conferences, will take shape in the coming months. The organizing committee's sincere wish is that this conference will serve as a bridge to health equality and peace.

We express our gratitude for your active engagement and valuable contributions.

Zeliha Öcek

Chair of Public Health and Health Services Research, Institute for Medical Information Processing, Biometry and Epidemiology (IBE), Medical Faculty, LMU Munich, Germany

Pettenkofer School of Public Health, Munich, Germany

Keynote Speech 1. Understanding Vulnerability in the Case of Migrant Health

Chair: Heidi Stöckl

Chair of Public Health and Health Services Research, Institute for Medical Information Processing, Biometry and Epidemiology (IBE), Medical Faculty, LMU Munich, Germany

Pettenkofer School of Public Health, Munich, Germany

Speaker: Syliva Agbih

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Thinking about vulnerability in case of migrant health first of all raises questions – not only about the meaning of vulnerability but also about who we regard as a migrant and what being (regarded as) migrant has got to do with health. So, before critically exploring the meaning of the term vulnerability as well as the current debate on concepts of vulnerability, the construction of “migrants” will need to be examined. In this respect the exemplary case of the German “migration background” will already point to some aspects that might be captured as structural determinants of the social determinants of health or could be understood as part of immigration as a social determinant of health. As public health research has shown repeatedly, medical treatment is an essential yet only one factor influencing health. Especially people who are ascribed a migrant status experience not only barriers concerning medical treatment but multiple social conditions and practises that render them vulnerable. So, who is (being made) vulnerable, why and in what way? Not claiming to answer this complex question the contribution aims to map out possible approaches that could help to get the complex layers, structural conditions, and intersections of different vulnerabilities into view.

Reflecting on human vulnerability is one thing, empirical research another and implementing our insights and understanding in practical contexts yet another challenge. Using theoretically well-founded concepts to clarify pathways of vulnerabilities in more practical contexts and vice versa taking the feedback of practitioners into further development of concepts could be a step-by-step way to link those spheres. Testing a taxonomy of vulnerability developed in feminist bioethics for this aim on the case of forced migration will be put up for discussion.

Panel 1. Leaving No One Behind in Post-pandemic Societies

Chair: Mandy Geise

Netherlands Institute for Health Services Research, Utrecht, Netherlands

Panelists: Chiara Altare, Apostolos Veizis, Karl Blanchet, Feride Aksu Tanik

The COVID-19 Pandemic in humanitarian and forced displacement settings: epidemiology, routine health service utilization and health care seeking behavior

Panelist: Chiara Altare*

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The extent of the direct and indirect impacts of the COVID-19 pandemic and related response strategies remain understudied in humanitarian and forced displacement settings in low- and middle-income countries. According to existing evidence, clinical presentation and risk factors aligned with global epidemiology. However, reported infections and deaths were likely underestimated. While the extent of previous infection became clear with serosurveys, less is known about the true mortality of COVID-19 in settings without functioning vital registration systems. Among the few conducted studies, excess mortality was reported in Aden governorate, Yemen; Mogadishu, Somalia; Damascus, Syria but not in refugee camps in Jordan and Uganda. Younger age and lower prevalence of comorbidities were likely protective factors, but evidence is very limited.

Learning from previous epidemics, maintaining routine health services was a priority in humanitarian settings to reduce the risk for mortality and morbidity due to other diseases as happened in the past. Health care utilization was affected worldwide; high variability was observed in humanitarian settings with different health services being affected differently. In refugee camps, interruptions were limited in time and mainly affecting outpatient consultations, respiratory tract infection consultations and vaccinations. In out of camp settings, variation was greater, with some services reporting increases in certain settings or mixed effects over time or according to the health facility level. Fear of infection or fear of testing positive were the main reasons for not seeking care; however, economic constraints, insecurity and population displacements were important drivers in conflict-affected settings (for example DRC and CAR). Adaptations to health service provision were introduced and mainly focused on IPC measures, changes in frequency or duration of visits, extended duration of medicines prescriptions, and changes in patient flow. Mobile services and telemedicine were introduced in few cases, but with logistical and financial limitations. The economic consequence of the COVID-19 response measures on employment, livelihood, living costs, education and transport were extensive and had implications on access to health care.

Improved decentralized testing and surveillance capacity and adapted methods to better capture mortality remain crucial for future epidemic responses. The impact of the COVID-19 pandemic on refugees and asylum seekers in Greece: A retrospective analysis of national surveillance data from 2020

***Acknowledgments:** **JHU:** P Spiegel, N Kostandova, J O'Keeffe, N Morfin, M Bates, H Crockett, M Smith, S Leisle, L Salem-Bango; **ACF:** C Antoine, S Bruneau, B Tonon, M Petry, L Matadi Basadia, A Azizi, A Abaradine, P Nalimo, F Gankpe, Md A Hasan, J A Agbogan, Md Miah; **IMPACT:** R Mullaforoze, J Linke, O Cecchi, N Das, K Rickard, J-P Mushamahirwa, D Ruhinda, N Lehmann, M Amandine, E Henzler, A Gallecier, B Besnardeau, N Gerritsma, R Witton, S Chowdhury, Z Faisal, T Schwarz, G Poresh, U Semat, M Pointet, S McArthur, S Carcanague, A Tolosa, R Biguioh; **UNHCR Jordan:** AM Khalifa, M Fawad, H Hayek; **UNHCR Uganda:** J Kasozi, E Omwony, R Nyakooj

The Impact of the COVID-19 Pandemic on Refugees and Asylum Seekers in Greece

Panelist: Apostolos Veizis*

INTERSOS, Greece

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Introduction: Migrants globally, including refugees and asylum seekers, have experienced adverse clinical and socioeconomic impacts of the COVID-19 pandemic. For approximately 56,000 refugees and asylum seekers in Reception and Identification Centers (RICs) and Reception Sites (RS) in Greece, living in severely substandard living conditions, prevention measures have been impossible with limited provision in terms of routine testing, surveillance, and access to healthcare. These migrant populations have experienced prolonged lockdowns and restricted movement since the pandemic began. We aimed to assess the impact of COVID-19 on refugees and asylum seekers in reception facilities in Greece and explore implications for policy and practice.

Methods: A retrospective analysis of policy documents and national surveillance data was conducted to identify COVID-19 outbreaks and estimate incidence among asylum seekers and refugees residing in these camps during the first 9 months of the epidemic in Greece (26th February – 15th November 2020). Incidence proportion (IP) of COVID-19 confirmed cases was calculated for three population groups (refugees and asylum seekers in RICs, refugees and asylum seekers in RSs, and the general population in Greece) during three time periods (first wave, second wave, and overall across the 9-month period).

Findings: Compared to the general population the risk of COVID-19 infection among refugees and asylum seekers in reception facilities was 2.5 to 3 times higher (p -value <0.001). The risk of acquiring COVID-19 infection was higher among refugee and asylum seeker populations in RSs on the Greek mainland (IP ratio: 2.45; 95% CI: 2.25–2.68) but higher still among refugee and asylum seeker populations in RICs in the Greek islands and the land border with Turkey (IP ratio: 2.86; 95% CI: 2.64–3.10), where living conditions are particularly poor.

Interpretation: We identified high levels of COVID-19 transmission among refugees and asylum seekers in reception facilities in Greece. The risk of COVID-19 infection among these enclosed population groups has been significantly higher than the general population of Greece, and risk increases as living conditions deteriorate.

*The study presented by the panelist is performed by the following authors.

E Kondilis, D Papamichail, S McCann, E Carruthers, A Veizis, M Orcutt, S Hargreaves

Universal Health Coverage, COVID-19 Vaccination and Migrants

Panelist: Karl Blanchet

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Lessons Learned from the Pandemic for Healthcare Systems

Panelist: Feride Aksu Tanik

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Fighting a pandemic technically requires a systematic perspective based on the ways of transmission of the disease, its natural course, the population groups it affects the most, and the combat tools at hand. The fight against the pandemic is a public responsibility, and it should aim to ensure that the most vulnerable segments of society are protected, and that the disease or the fight against the pandemic does not lead to discrimination or inequalities. It needs a strong public health infrastructure.

Life is not just about the disease that causes the epidemic. The survival of people, different species and the environment, and the re-emergence of social solidarity and the responsibility to protect and care for each other can only be achieved from a social perspective.

For this reason, the management of the pandemic is too serious a task to be left to neoliberal policies and politicians who are not friends of people, species, and the environment. However, unfortunately, our world is largely governed by the powers of capital. Since the main concern of the neoliberal health reforms was profit making, not surprisingly and unfortunately pandemic damaged public health in many aspects.

We witnessed the neglect of the requirements of pandemic management and the disregard of the health needs of the society. The end results were deepened existing and often hidden social inequities and negative impacts on the most disadvantaged segments of the societies. Excess and avoidable mortalities were the most dramatic and striking consequences.

The presentation will cover the burden of the pandemic on the public health and will touch upon the lessons we need to learn in terms of being prepared for future pandemics.

Panel 2. Struggle with Discrimination and Stigmatization during Global Health Crises

Chair: Alexandra Oliveira

Assistant Professor, CPUP - Center for Psychology at the University of Porto, Porto, Portugal

Panelists: Alexandra Oliveira, Asli Davas, Jorge Gato, Uršula Čebren Lipovec, Ursula Trummer, Alessandra Sannella

Understanding the Discrimination and Stigmatization

Panelist: Alexandra Oliveira

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The topic of 'Discrimination and Stigmatization' of migrants during global health crises is crucial to address in this conference. Migrants are often in a vulnerable position when facing public health challenges. Discrimination and stigmatization can magnify these vulnerabilities, hindering their access to essential healthcare and support services. It is critical to acknowledge that migrants can be disproportionately affected during global health crises.

Discrimination and stigmatization have profound effects on the mental health of migrants. When migrants experience discrimination and stigmatization, it can disrupt community cohesion and trust. This lack of trust may lead to reduced adherence to public health guidelines, which can then result in undiagnosed health issues and contribute to the spread of infectious diseases.

Also, migrants are often unfairly blamed for the spread of diseases. This issue can stem from fear, misinformation, and cultural misunderstandings. Acknowledging these origins allows us to work towards informed, evidence-based solutions.

As we discuss the struggles faced by migrants in the context of global health crises, we must also explore solutions and strategies to combat discrimination and stigmatization. This includes emphasizing the importance of raising awareness and educating healthcare providers and the broader community, engaging migrants, and promoting Government policies towards inclusivity and anti-discrimination.

Understanding discrimination and stigmatization within the context of migrant health during global health crises implies a multidimensional approach. It requires a collaborative effort from stakeholders (e.g. policymakers, healthcare professionals, community leaders, etc.). Thus, we can work towards a more inclusive and equitable approach, ensuring that all individuals, regardless of background, access essential healthcare services during global health crises.

This panel is an opportunity to share ideas and best practices for addressing these critical issues.

Unveiling the Shadows: COVID-19's Impact on Migrants in Turkey

Panelist: Asli Davas

Ege University, Faculty of Medicine, Department of Public Health

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Turkey, hosting the largest number of forced migrants globally, faces intricate challenges in ensuring equitable access to healthcare and addressing the discriminative and stigmatizing effects on migrants' social determinants of health.

Refugee status serves as a primary determinant for accessing healthcare in Turkey. Syrians with temporary protection rights enjoy relatively better access, including health insurance and services. However, disparities exist between Syrian migrants and other migrant groups, with over 98% residing in urban areas and limited access to health facilities. Furthermore COVID-19 has exacerbated these inequalities, affecting both documented and undocumented migrants.

The COVID-19 pandemic has added layers of complexity to migrants' health challenges. While the Turkish government-initiated efforts to inform and protect migrants against COVID-19, access to testing and treatment remained problematic. Registration delays for undocumented migrants and the lack of an efficient process for unregistered individuals hindered access to testing and treatment services. Furthermore, the government's mandatory distribution of face masks through text messages excluded migrants without proper identification.

Fear of deportation and stigmatization further deterred migrants from seeking healthcare, especially for COVID-19 testing and treatment. Language barriers compounded these issues, with limited availability of translators in healthcare facilities. This problem hindered accurate contact tracing and information dissemination. The pandemic's impact on employment also disproportionately affected migrants, with Syrian refugees losing a significant percentage of working hours. Many refugees refrained from pursuing formal employment due to the risk of losing cash assistance, leading to informal work arrangements characterized by wage exploitation and unsafe conditions.

Gender-specific challenges emerged during the pandemic, with refugee women facing limited access to healthcare services and heightened risk of domestic violence. The stress and conflicts within households escalated, further compromising women's safety and support networks.

Mental health concerns among refugees, especially Syrians, have intensified during the pandemic. Traumatic stressors related to COVID-19 have led to high rates of post-traumatic stress disorder, depression, and anxiety, particularly among torture survivors. Economic trauma played a significant role in exacerbating these mental health issues, with COVID-19's impact on employment and resources worsening refugees' well-being.

LGBTQI+ asylum seekers faced discrimination and hostility, compounding their challenges as refugees. They experienced gender-based violence and commercial sexual exploitation, making their already precarious situation even more dire.

The pandemic's effect on Syrian refugees' employment, access to healthcare, and overall well-being underscores the urgent need for comprehensive and inclusive policies that address the multifaceted challenges faced by migrants in Turkey. Initiatives like the Migrant Health Centers have made strides in improving access to healthcare for Syrian refugees.

Addressing stigma, discrimination, language barriers must be prioritized to ensure that migrants, regardless of their status, can access the healthcare they need. Additionally, policies should consider the unique vulnerabilities of LGBTQI+ asylum seekers and refugees. Ultimately, a holistic approach to addressing the social determinants of health and healthcare access for migrants in Turkey is crucial, especially in times of crisis like the COVID-19 pandemic.

The LGBTQ+ Population during the COVID-19 Pandemic: The Special Case of Young Adults

Panelist: Jorge Gato

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The COVID-19 pandemic has been associated with poor mental health symptoms, particularly among vulnerable populations such as young LGBTQ+ individuals. Results of two studies conducted in the context of the “Project Queerantime: An International Study on the Social Support Networks and Psychological Health of LGBTQ+ Individuals During the COVID-19 Pandemic”, involving 7 countries from Europe and South America (Brazil, Chile, Italy, Mexico, Portugal, Sweden, and United Kingdom), were reported.

In the first study, we explored how the psychosocial effects of the pandemic affected the mental health of LGBTQ+ young adults who were confined with their parents during the lockdown period. South American participants experienced more negative psychosocial effects of the pandemic. Depression and anxiety were higher among participants who were younger, not working, living in Europe and who reported feeling more emotionally affected by the pandemic, uncomfortable at home, or isolated from non-LGBTQ friends. Not attending higher education predicted depression while not being totally confined at home, residing habitually with parents, and fearing more future infection predicted anxiety.

In the second study, we aimed to (i) identify different psychological adjustment profiles among LGBTQ+ young adults during the COVID-19 pandemic and compare LGBTQ+ young adults in relation to (ii) sociodemographic characteristics and COVID-19-related experiences and (iii) the internal and external protective resources associated with each adjustment profile. Four profiles of psychological adjustment were identified: Unchallenged, Resilient, Distressed, and At-risk. The at-risk cluster scored lowest in social support (particularly from family). The profiles of participants who experienced the highest levels of pandemic adversity (at-risk and resilient) comprised mostly South American participants, those under lockdown at the time of survey completion, those who self-identified as transgender and non-binary, and those with a plurisexual sexual orientation.

In sum, specific risk and protective factors, as well as specific cultural aspects, affected the well-being of LGBTQ+ populations during the pandemic. Interventions should consider strategies to help young adults maintain support systems and reinforce the value of positive family relationships. Specific groups within the LGBTQ+ community that seem to be in a particularly vulnerable situation may need additional tailored support.

Migrants' and Refugees' Vulnerabilities during Covid-19 Pandemic in Slovenia

Panelist: Uršula Čebren Lipovec

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To understand the situation of refugees and migrants during the Covid-19 pandemic in Slovenia it is crucial to understand the political changes in this country that happened simultaneously with the beginning of the pandemic. New political coalition took office on March 13th, 2020, soon after the first cases of Covid-19 were reported in Slovenia. The new centre-right government changed the current way of managing the pandemic: the heads of the main public institutions were replaced including those involved in pandemic management as well as all the main representatives for communication about the pandemic with the public. There was widespread public belief that the government was exploiting the pandemic to introduce undemocratic and unconstitutional forms of government as well as spreading xenophobic and anti-immigrant climate. As a result, a series of anti-government protests in various forms were taking place from spring 2020 to spring 2022, when in the parliamentary elections this government was replaced by centre-left government.

This contribution will draw from the qualitative health research that was conducted in the framework of Global Sonar project - *Global Social Sciences Network for Infectious Threats and Antimicrobial Resistance* (coordinated by Institute Pasteur in Paris). In this project, a five-country (France, Germany, Italy, Malta, Slovenia) comparative ethnographic investigation was conducted in 2021 focusing on vulnerability assessment for COVID-19. This paper will present migrants' and refugees' experiences during pandemic by analysing the data from vulnerability assessment conducted on two locations in Slovenia: in Ljubljana, the capital of Slovenia and in Pomurje region, the rural and border area.

In the contribution, I will analyse different barriers to health and healthcare during the pandemic experienced by interlocutors living in various legal statuses (undocumented migrants, asylum seekers, migrants with temporary residence permit etc.). I will show how the occurrence of pandemic in politically changed Slovenia created many new barriers to health and healthcare and consequently, exacerbated health and social vulnerabilities among migrant and refugee population. Moreover, the analysis of the interviews demonstrated that the majority of identified migrants' and refugees' vulnerabilities was not the result of the pandemic itself, but of pandemic management and the Covid-19 control measures.

Migrant 24h-carers Working in Private Households in Austria – the Economy of Live-in Care in Times of Pandemic

Panelist: Ursula Trummer

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Like other rich and ageing countries, Austria is depending on a migrant workforce to meet the increasing demand of elderly care. The big wage gap between the rich and the poor EU member states makes it attractive enough for people – predominantly women – from poorer EU regions to leave their own families and work in a highly demanding environment – the home of the elderly, as live-in care workers or so called “24h carers”.

In Austria, 2020 approximately 460,000 persons are registered as in need of care. They belong to the high-risk group concerning COVID-19, with a risk 50-80 times higher to die from COVID-19 compared to people under 50 of age. Austria found a solution to legalise the grey economy of home care by gradual and complex legislative changes spanning the years 2006, 2007, and 2008 considering the regulation of work permit, employment, and long-term care-provision, turning carers into entrepreneurs delivering 24-hour care under the existing regulations for self-employment. This entails allowing working hours far beyond those in regular employment and lower social security contributions. Despite their self-employment-status most 24h carers are brokered by agencies, which take a considerable amount of money for their services both from the cared person and from the caregiver. Factors like the rather poor command of the local language makes it practically impossible for 24h carers to master the complexity of regulations and administrative demands connected to their self-employed status. This puts most of them in a state of dependency from their brokers. The families who are seeking for a 24-hour care person are widely depending on such agencies as well.

In 2020, Romania is the leading source country of 24-hour care providers in Austria. Around 40,000 of the 60,000 carers officially working on self-employed contracts are Romanian. They work on fortnightly and four-week alternating shifts, usually staying in Austria for two to four weeks, then travelling home, and coming back for the next shift.

With and during the COVID-19 Pandemic, the essential role of those migrant 24-hour carers became visible. During lock down and closed borders, the chamber of commerce organised transit routes for Rumanian carers to travel to and from Austria.

Have risks and benefits for migrant 24h carers changed with the Pandemic? Do migrant 24h caregivers now get more attention as “essential” workers? Have basic infrastructures, processes and relations changed, and if so, how? Are families better prepared to welcome caregivers in their homes? These are the questions the paper would like to discuss, presenting the Austrian example.

Global Health and Sars-Cov2 in Populations in a State of Vulnerability: The VirCov19 Project

Panelist: Alessandra Sannella

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Since the beginning of the Sars-Cov2 syndemic, the importance of promoting and protecting people's health in a state of vulnerability has been highlighted by pursuing the principle of the UN2030 Agenda to 'leave no one behind'. The syndemic has marked THE boundary for global health: that of the precariousness of daily life in populations in a state of vulnerability; it also highlighted the weight of social, health, educational and economic inequalities, and discrimination, but also of relationships. To counter the SarsCov2 syndemic, we have launched the 'VirCov19 Project' born from the experience of a Community of Practice Assistance, Support, Development, and Integration Program (P.A.S.S.I.) established between the Local Health Authority (ASL) of Frosinone, the University of Cassino and the Social Enterprises in the area that deal with asylum seekers and refugees. The VirCov19 project aimed to protect the health and well-being of migrants welcomed in the First and Second Reception pathways. The design line was developed in two phases: The steps March-October 2020: action research and focus groups to create health 'actions' within the host communities with the active participation of the guests of each housing unit, aimed at protecting public and community health. We have therefore developed actions aimed at improving the information and communication processes on the Sars-Cov2 virus to counter the stigma in the migrant population (WHO 2020), counter discrimination and reduce the 'secondary' damage caused by the risk of marginalisation, intercept any inconvenience of mental health (of guests and operators) and offer adequate responses, in terms of services, concerning the pandemic emergency. II step June-November 2021: Communication and information campaign on anti Covid19 vaccines. We carried out a survey that could explore the beliefs, and orientations concerning the possibility (need) of knowing the vaccination campaign and accessing the national health systems. Global Health is also understood here in the light of a One Health approach for the well-being of all populations. The concept of health cannot be exhausted on the physiological level of the disease but requires transdisciplinary responses that can respond to the need for a 'cure' and lead reflections towards social justice for global health.

Keynote Speech 2. Migrant Health Research: Crises, Contexts & Causation

Chair: Michaela Coenen

Chair of Public Health and Health Services Research, Institute for Medical Information Processing, Biometry and Epidemiology (IBE), Medical Faculty, LMU Munich, Germany

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Speaker: Kayvan Bozorgmehr

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Migrant health is often overlooked during global health crises, while selective migration regimes and restrictive practices of bordering increasingly create a crisis of migrant health. Migrant health research can shed light on inequities, structural vulnerability, and offer evidence-informed solutions to enhance health of populations on the move. It can also help to debunk myths and ideological narratives in the politically contested field of migration. To unfold its full potentials, however, migrant health research must overcome several fallacies. The presentation discusses several shortcomings in contemporary migrant health research and suggests a way forward that shifts the focus from individuals to contexts, from single measurements to trajectories, and from exceptionalism to a more universal understanding of migration as phenomenon. This includes studying variation in health *within* comparable groups of migrants exposed to difference contexts to yield insights on structural determinants of health and using natural experiments or quasi-experimental studies for better causal inference. Multi-sited and multi-methods approaches can further help unpacking the complex causal pathways from structural determinants to health outcomes. This may help to shape better policies to protect and promote health in increasingly mobile populations and provide robust evidence for adverse health effects of exclusionary policies and hostile living environments.

Keynote Speech 3. Infodemic Management among Migrant Populations

Chair: Brigitte Strahwald

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Speaker: Dilek Aslan

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Infodemic is a global threat that international society should unite to manage. Infodemic is not a new concept. The pioneering scientific discussion on the infodemic can be found in the 2000s. Although the infodemic is a risk for the general population, vulnerable groups may be more affected. In this speech, the theoretical content of infodemic and the strategies of infodemic management (IM), as well as the need for improvement of the interdisciplinary feature of IM, have been discussed. The importance of IM in crises, including migrant populations, has been emphasized within the content. According to the World Health Organization (WHO), an infodemic is defined as *“the abundance of information, including false or misleading information, in digital and physical environments during a disease outbreak”*. It includes a variety of different cases, including misinformation, disinformation, information voids, rumors, unchecked information, and conspiracy theory. They all have the risk of causing (massive) harm. Risk-taking behaviors, distrust of health authorities, prolongation of disease, spread of the disease, etc. are among the risks of infodemic.

Infodemic itself is defined as a socio-political determinant of health. However, other socio-political structural, economic, and commercial determinants of health have an influence on the infodemic as well.

Although the infodemic is a threat to the general population, vulnerable groups might be more susceptible. Vulnerable groups have a low level of health literacy as well as other disparities and disadvantages. All these problems are potential obstacles for vulnerable groups to access the correct information sources. Vulnerable groups include older people, migrant populations, people with low socio-economic status, illiterate people, disabled people, etc. Migrants were found to be exposed to fake news, incorrect information, and unchecked information during the Novel Coronavirus Disease (COVID-19) pandemic, which could have been protected by public health communication strategies. International Organization of Migration reports highlight the migration burden in the world. In 2020, around 281 million international migrants were recorded, and this was almost 3.6% of the total global population.

Prevention of the infodemic is possible. In this sense, infodemic management has emerged as a prior action to meet all the challenges due to the infodemic. The World Health Organization defined infodemic management as *“the systematic use of risk- and evidence-based analysis and approaches to manage the infodemic and reduce its impact on health behaviors during health emergencies”*. It uses basically four types of activities: giving priority to listening to community concerns, promoting understanding the risk and the advice coming from health professionals, building resilience to all types of infodemic, and engaging and empowering communities.

Migrant populations as one of the vulnerable groups have weaknesses in infodemic management due to several reasons, including language barriers, a lack of health and digital literacy, unstable living conditions, socio-economic instability, etc.

To prevent infodemic (in other words, infodemic management) among migrant populations, a holistic public health approach at all prevention levels plays a crucial role. Starting from primordial prevention

through its strategies to eliminate the “causes of the causes”, primary, secondary, and tertiary prevention strategies should be focused on infodemic management. Six key areas for effective public health programs, including political commitment, communication, management, partnership, technical package, and innovation, should also be kept in mind. A last point to be taken into consideration is the other essential accompaniments of infodemic management. Risk communication, community engagement, and infodemic management are defined as keys to successful emergency response throughout the prevention, preparedness, response, and recovery phases. Risk communication refers to the “*real-time exchange of information, advice, and opinions between experts or officials and people who face a threat (hazard) to their survival, health, or economic or social well-being*”. Community engagement is “*the process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impacts and outcomes*”. During crises, risk communication and community engagement components are also major pillars, in addition to infodemic management, to prevent and promote health in migrant populations.

In conclusion, rationale- and evidence-based approaches and strategies will be helpful in the prevention of infodemic among migrant populations. The public health approach is a good guide to be used with all its richness accumulated over many years.

Keywords: Infodemic, infodemic management, vulnerable groups, migrants

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Round Table. EUGLOHRIA Project on the Risk Communication During COVID-19 Pandemic with Migrants

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The goal of the round table discussion was to present a research project funded and supported by EUGLOHRIA that involves collaboration between partners from Lund University, University of Porto, and LMU. Furthermore, the discussion aimed to elicit input and feedback from the participants of the conference. There are three work packages in this project. The Conference on Migrant Health is part of the first work-package. The second work package seeks to identify potential areas of collaboration among the three universities, focusing on postgraduate education. The third work package evaluates risk communication activities for migrants created in four cities during the COVID-19 pandemic, namely in Malmö, Munich, Porto, and Lisbon, to gain insights for more effective management of future global public health crises. The researchers assert that inadequate risk communication with immigrants exhibits an important association with discrimination within host societies. Consequently, the study also examines strategies for mitigating discrimination and stigmatization in the context of global health crises. The study's methodology and strategies for overcoming the challenges presented by the diverse interview languages and data security practices of partners were described. Finally, each partner presented their preliminary findings of the study, which is still in the data collection phase.

Workshop. Developing Risk Communication Materials for Migrants during Global Health Crises

Infodemic Management and COVID-19 Campaign: A Case from Sweden

Pia Svensson. Policy and Practice Report

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The COVID-19 pandemic revealed lower access to official public information among migrants, resulting in misinformation, higher incidence of infection and lower uptake of vaccination. This highlighted the need for a holistic approach to address the complex interplay between economic and social vulnerability, marginalization, and health. Coordinated by the Country Administrative Board of Skåne in Sweden, Partnerskap Skåne (PS) is a platform for multi-level governance and intersectoral collaboration, with civic society, researchers, and other stakeholders dedicated to promoting a health-oriented integration of migrants. Civic-and health communication (CHC) is at the core of PS, conveying understanding through culturally sensitive dialogue, civic orientation and health information tailored to migrant's specific needs. CHC is provided by communicators (facilitators) who share a migration background and language with the target group, fostering trust and participation. Studies underscored the critical role of communicators in meeting societal needs. The competence of communicators as conversation leaders are crucial for realizing this potential. MILSA educational platform was a national capacity-building initiative with the primary objective of developing communicators' competence and integrating health communication. Between 2017 and 2021, around 200 communicators received education, forming a nationwide network of qualified communicators with diverse languages. This capacity has been critical in addressing societal challenges. During the pandemic, PS was commissioned by the Swedish contingency agency to coordinate the production of communication activities targeting migrants. This study aimed to assess and evaluate the process of infodemic management. In-depth interviews were conducted with 15 stakeholders and analyzed thematically, and web-analysis of viewed content. Thirteen thematic films addressing infection control and social consequences of the pandemic were produced and distributed in 11 languages on various public platforms. Information about the films were disseminated through multiple channels, networks, social media, newspapers etc. Shortly after their release, the films had garnered over 300 000 views. The utilization of the PS collaboration platform and effective coordination facilitated the fast recruitment and mobilization of competent and trusted human resources. MILSA national network of communicators ensured key components for success, allowing proficient implementation, and adapting Covid-19 information to diverse cultures and languages. Challenges involved balancing authority, official language, and adaptation to the target group. In conclusion, by leveraging the model and the network of educated communicators, non-Swedish speaking segments of the population could be reached, contributing to preparedness and pandemic response. Evaluating the target group's perception of the films will enhance our understanding of the development, design, and dissemination of information for reaching migrants in future crisis situations.

Abstracts of Oral Presentations

Theme 1. COVID-19 Pandemic

Pandemic Measures and Securitisation in Collective Accommodation Facilities for Refugees in Germany

Andreas W Gold. Original research study

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Introduction: Refugees in collective accommodation facilities are at increased risk of Sars-CoV-2 infection due to high occupancy density and shared spaces. Nonetheless, there were no centralised recommendations regarding pandemic response measures in this setting in Germany during the first wave of the COVID-19 pandemic. In this situation, facilities opted for a wide variety of response measures.

Methods: We conducted 46 qualitative interviews with representatives responsible for the reception and accommodation of refugees in Germany between 05-07/2020. We analysed these data using the framework method and visualised cross-actor networks. Additionally, we interviewed 11 refugees with experiences from 6 different German reception centres between 07-12/2020. We analysed these data thematically.

Results: The lack of centralised guidance and limited involvement of public health authorities led to a heterogeneity of implemented measures in accommodation facilities for refugees during the first COVID-19 wave. Quarantine and isolation, including the collective quarantine of entire facilities, were frequently used. Quarantine measures were often accompanied by an increased presence of security personnel and sometimes the police. The communication of pandemic response measures and COVID-19 risks often included oral and written components. Social workers played a crucial role in oral communication as well as facility managers and security personnel. Professional language mediation or the use of peer multipliers were rarely reported. In the few facilities where medical staff were involved in the communication, this was viewed positively. Refugees experienced the various measures on a continuum between care and coercion. These perspectives were influenced by individual risk perception and the measures' compatibility with personal needs, but also by the measures' comprehensibility which varied strongly in the absence of a standardised health communication strategy.

Conclusion: Our results show a high degree of heterogeneity in the measures taken and uncertainty about which measures are appropriate. The use of security and police services in the implementation and communication of response measures contributes to an additional securitisation and may foster discrimination. Setting-specific guidelines were developed in later stages of the pandemic but their effectiveness in avoiding securitisation and other unintended consequences remains unclear. Exploring these issues could support the protection against discrimination during health crises.

Challenges Faced by Humanitarian Workers in Greece during the COVID-19 Pandemic and Suggestions to Address Them

Anna-Koralia Sakaretsanou. Original research study

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Introduction: The COVID19 pandemic has been an unprecedented global experience, with multifaceted consequences affecting various aspects of modern life. This study is focused on investigating the challenges confronted by humanitarian aid workers operating in Greece during the pandemic and, subsequently, providing viable solutions to mitigate these challenges.

Methods: We conducted a cross-sectional study during August and September 2022 to delve into this issue. Data were collected through a comprehensive electronic questionnaire distributed via email to humanitarian organizations in Greece and promoted through various social media platforms, such as Facebook and closed groups dedicated to humanitarian workers. The questionnaire included 73 questions, three of which were open-ended. The open-ended questions were analyzed using thematic analysis.

Results: A total of 153 participants took part in this study, with 115 (75.2%) being women. Thematic analysis revealed five key categories of challenges faced, which encompassed: i) communication, ii) accessibility, iii) financing, iv) education, and v) mental health. To address these challenges, participants suggested various actions, including continuous education, seeking support from various organizations, increasing resources and donations, establishing additional psychological empowerment structures, and fostering collaborations with researchers capable of influencing government policies through research dissemination. Most participants reported experiencing emotional exhaustion, a condition that intensified during the pandemic.

Conclusions: Our study has shed light on the considerable emotional exhaustion experienced by a significant number of humanitarian workers, exacerbated by the far-reaching impacts of the coronavirus. These challenges encompass economic hardships, communication barriers, and strained interpersonal relationships. To gain a more profound understanding of this complex issue, further research employing qualitative methods, such as in-depth interviews, is warranted.

Pandemic Experiences: Exploring the Intersection between Marginality, Health Beliefs, and Societal Division through Focus Group Discussions in the Canton of Bern, Switzerland

Cristopher I Kobler Betancourt. Original research study

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Introduction: Our study is part of a trans-disciplinary project “The pandemic society in Switzerland: Polarization and Public Health” (2022-2025) that looks at the intersection between health equity, pandemic preparedness, and societal division in the context of Covid-19 from epidemiological, social sciences, and community health perspectives. In this social anthropological sub-project, we retrospectively explored how different marginalized communities experienced the pandemic in the canton of Bern, Switzerland.

Methods: From Mai 2023 to September 2023, we (i) conducted six semi-structured focus group discussions (FGD) with sans papiers, migrant and further marginalized communities (Alevi, LGBTQ+ and rural areas) with n=47 participants, another round of three FGD with n=21 is scheduled with further communities this fall, (ii) trained peer researchers who led the FGDs and (iii) developed a questionnaire containing around 60 items and translated it into 7 languages. We used reflexive thematic analysis to analyse FGD, supported by MAXQDA software.

Results: Preliminary results from the first round of FGD hint towards experiential differences between participants with and those without migration experience regarding the following dimensions: a) governmental closeness, b) “cultural in-betweenness”, c) intra- and extra-familial health care ideals and d) gratefulness. Themes identified across participant groups were information overload, differing health beliefs, alternative immunization practices, concerns towards governmental healthcare measures and different forms of societal division (i.e. intra- and extra-familial).

Conclusions: We will discuss challenges related to etic group constructions and how to co-create a more emic approach to understand and describe communities. Further, we will critically analyze the concept of marginality and its usefulness in the context of health equity in times of infectious disease-related public health emergencies.

Asylum Seekers Experiences and Worries during the COVID-19 Pandemic: A Mixed-Method Analysis in the Canton of Vaud, Switzerland

Kevin Morisod. Original research study

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Introduction: The clinical and social burden of the COVID-19 pandemic were high among asylum seekers, especially among those living in community centers. We aimed to explore and deepen the understanding of their experiences and worries according to their socio-demographic characteristics. In October 2020, 744 asylum seekers were living in one of the ten community centers of the Canton of Vaud.

Methods: We applied a sequential explanatory mixed method design, starting with a quantitative survey followed by qualitative semi-directed interviews. Study participants (n=203) were adult asylum seekers with a pending procedure, temporarily admitted, or rejected. They first identified the main consequences of the COVID-19 pandemic protective measures on their daily lives. Then, participants indicated their worry about the COVID-19 pandemic and about their access to care on a Likert-type scale. Similarly, they scored their death fear and sleep disturbance. We used logistic regressions to explore associations between the outcomes of interest and participant characteristics, such as place of living, legal status, health literacy, education level or language proficiency. We then conducted semi-structured interviews with participants living in a community center (n=15), focusing on how social and living conditions affected their experiences and worries. We performed inductive thematic analysis on the interview transcripts.

Results: Asylum seekers in community centers experienced more sleep disorders related to the COVID-19 pandemic than those living in private apartments (aOR 2.01, p=0.045). Similarly, those with lower education had greater fear for their life due to the COVID-19 pandemic (aOR 2.31, p=0.015). Qualitative findings showed that sharing living spaces was an important source of worries for asylum seekers and that protective measures were perceived to increase social isolation.

Conclusion: Our study highlighted the impact of the COVID-19 pandemic for asylum seekers and the importance of tailoring public health measures to their needs and living conditions. Such measures include: avoiding high-density facilities and encouraging the transfer of asylum seekers from community centers to private facilities, ensuring the applicability of measures such as quarantine and isolation in the different living places of asylum seekers, adapting the communication of health recommendations, managing mental health with preventive actions and adapting social activities.

COVID-19 Vaccination for Socially Marginalized Groups in Emilia-Romagna (Italy): a Missed Opportunity to Institutionalize Health Equity?

Leonardo Mammana. Original research study

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Introduction: This study analyses the strengths and weaknesses of the strategies implemented in Emilia-Romagna (Italy) to guarantee access to COVID-19 Vaccination (CV) for people who have been socially marginalized (PSM), such as migrants and people facing barriers in accessing the National Health Service (NHS).

Methods: A cross-sectional study was carried out in 9 regional provinces, through checklists and semi-structured interviews with key informants. The data was analysed following the guidelines on CV and organized in 5 categories: a) strategies to promote vaccination accessibility and literacy, b) approaches for vaccination delivery, c) information systems, data collection and monitoring, d) planning and governance, e) opportunities and prospects.

Results: The findings show that the regional CV campaign was based on a tailored approach that promoted multi-method strategies, making CV more accessible for PSM. Nevertheless, the study confirms the existence of systematic shortcomings and barriers in accessing Primary Health Care (PHC) services, which contribute to the process of social marginalization that is responsible for health inequalities among PSM.

Conclusion: In this regard, despite being backed by a universalistic thrust and supported with significant resources, the CV campaign was a missed opportunity to pursue health equity, ensuring broader accessibility of a specific intervention, without interfering with the structural and organizational determinants of healthcare inequalities among PSM. Our findings suggest the need to strengthen political commitment and promote effective participatory health policies that are able to recognize and overcome structural barriers to achieve a structural change towards greater health equity.

Access to Dental Healthcare for Children with Disabilities during the COVID-19 Pandemic: A Case Study from Turkiye with a Qualitative Approach

Sevgi Arabulan. Case report

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Introduction: The COVID-19 pandemic has exacerbated pre-existing disparities in healthcare access for people with disabilities. The aim of this study is to investigate the barriers and discriminatory practices that prevent children with disabilities from accessing dental healthcare during the COVID-19 pandemic.

Methods: A qualitative approach was employed in this case series. The cases involved three children with disabilities who applied to Ege University's Pediatric Dental Clinics. In-depth interviews were conducted with one of the children's parents, who were asked semi-structured questions about individual and institutional barriers and facilitators to dental healthcare access. Thematic analysis was carried out using Levesque's conceptual framework of health care access.

Results: An 8-year-old girl with autism spectrum disorder, a 7-year-old boy with severe cardiac defect and cleft lip & palate, and a 9-year-old girl with intellectual disability were the cases. Two of the cases came from families with very low social and economic status. All cases had dental problems even before the pandemic. The increased risk of infection during the pandemic period has made children with disabilities even more vulnerable and caused alterations in care-seeking behaviours. All parents avoided seeking dental care unless it's not urgent. Parents stated that their children had dental problems and were in pain, but that they were turned down by dental clinics and were unable to receive treatment for an extended period during the pandemic. Children with disabilities faced mostly institutional barriers in accessing dental health services, such as difficulties in physical access to institution, inadequate facility for dental treatment under general anaesthesia, high treatment costs in private clinics and dental professionals' unwillingness to accept children with disabilities. All parents stated that they were neglected and rejected by most of the dentist because of complexity of their child's medical condition and dental situation.

Conclusion: The most common barriers encountered for children with disabilities were institutional barriers related to the availability of services. Children with disabilities were drastically affected by social inequalities and discrimination in access to oral and dental health care during COVID-19 pandemic.

Theme 2. Healthcare Services and Access

A Qualitative Study on Stakeholders' Perceptions of Health Requirements for Syrian Refugees and Organizational Response Capacity in Turkey Following the Earthquake

Aslı Davas. Original research study

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Introduction: With millions fleeing their war-torn nation, the Syrian refugee crisis is an urgent humanitarian concern. Turkey, which shares a border with Syria, is an important host country. The earthquake in February 2023 interrupted healthcare services, damaged infrastructure, and raised the likelihood of injuries and disease outbreaks. The earthquake killed 50,783 individuals, including 7302 foreign nationals, with 985 yet unidentified. Understanding the viewpoints of stakeholders involved in healthcare service, disaster management, and refugee support is critical to effective disaster response. This study aims to capture these stakeholders' views, experiences, and attitudes, providing unique perspectives on the health needs of Syrian refugees and the capacity of organizations to respond successfully following an earthquake.

Methods: The research employs qualitative methodologies such as semi-structured interviews and document analysis. Interviews were conducted with representatives of seven non-governmental organizations (NGOs); in addition, document analysis of NGO reports and related policy papers acquired from stakeholders was performed.

Results: NGOs have noted that a large proportion of migrants obtain healthcare later than the host population, with severe life implications. It has been suggested that the lack of regular and consistent engagement between NGOs and healthcare providers, as well as the absence of migrant representatives at crisis tables, slowed the response. Following the earthquake, there were misleading accusations in the media, such as migrants plundering aid, which caused migrants to fear violence and be hesitant to seek help. However, feedback has suggested that their recent wartime experiences, as well as their abilities to seek and get treatment, have minimized the repercussions.

Conclusion: These findings must be used to influence policies and actions aiming at enhancing healthcare access and equitable aid distribution for migrants, particularly in crisis situations. Collaboration between NGOs and healthcare providers must be enhanced, and migrant representatives should be prioritized in crisis management systems. Additionally, efforts should be made to challenge false narratives in the media and promote positive narratives about migrants' contributions and resilience. By addressing these concerns, we may work toward a more inclusive and compassionate response to migrants' healthcare needs during times of crisis, ensuring that no one is left behind in their pursuit of health and well-being.

“Medical Refuge – to Make You Feel at Home”: A Humanitarian Medical Assistance Project in Primary Health Care for Refugees in Hosting Countries

Madalena Cabral Ferreira. Policy and practice report

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Introduction: The events of last year saw Russia's invasion of Ukraine, igniting another war in Europe. In the midst of this turmoil, it becomes crucial to distinguish the concepts of refugees and migrants, as crises fueled by poverty and hunger are often categorized as migratory crises. Refugee crises are rooted in persecution or war. Thus, while all refugee crises are indeed migration crises, not all migration crises are refugee crises. Until 2019, Portugal was home to 2 387 refugees and 1 079 individuals seeking asylum or temporary protection. In 2022, amidst the conflict in Ukraine, Portugal received 23 930 Ukrainian citizens, with 10 000 arriving in just the first three weeks since the war's onset.

Methods: We created Medical Refuge – to make you feel at home, a humanitarian Medical Assistance Project in Primary Health Care for Refugees in hosting countries, focusing on the first approach to the health of all citizens requesting temporary protection (regardless of their country of origin). This project had a structured, organized, multidisciplinary and sustainable approach, aiming to promote non-discrimination and avoid the double victimization of refugees.

Results: Medical Refuge was available for 6 months (from April to September 2022), in Almada (Lisbon Metropolitan Area). Throughout this period, there were 135 medical appointments. All the health professionals involved were volunteers, and patients of all ages were seen, 95% of whom were women. The most common nationality was Ukrainian, followed by Russian and Pakistani. The main issues found were: injuries resulting from the country getaway trip; low adherence to COVID-19 vaccination; decompensation of chronic disease; malnutrition; gynaecological alterations and sexually transmitted diseases; and Mental Health disorders.

Conclusion: While the impulse to take immediate action in the face of crises is understandable, it is imperative to uphold the ethical principle of *primum non nocere* – first, do no harm. Randomly routing people and increasing their vulnerability could inadvertently expose them to human trafficking networks. Thoughtful planning of assistance in large-scale scenarios like a refugee crisis is essential to prevent perpetuating the cycle of victimization. Help is needed, but the planning of that assistance is absolutely essential.

How Afghan Refugee Women in Germany Navigate Reproductive Health and Overcome Challenges

Naseem Sadat Tayebi Dehgan. Original research study

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Introduction: Extraordinary global displacement over the last two decades means an increasing number of refugee women will be in need of accessing reproductive healthcare in host countries. Providing reproductive health for refugee women with a range of basic and unmet healthcare needs is challenging.

Methods: The current qualitative study along with participatory research includes data from 18 in-depth interviews (13 female Afghan refugees age 20-40 years old and 5 German volunteers 25-70 years old) in suburbs of Munich /Germany, as well as field notes and observations collected while accompanying refugee families as a translator as they interfaced with health care providers, to explore Afghan refugee women's experiences accessing reproductive health and develop their own self-help competencies negotiating the health system for reproductive health individually and within their communities.

Results: Participants have mentioned their challenges and difficulties they had to overcome, especially related to language barriers and medical/comorbidity issues (e.g., missing vaccinations, tuberculosis). The crucial role of volunteers is another theme which was emphasized by the participants that allows women refugees to overcome the barriers they face in accessing health care. Nine from thirteen of the refugee women shared their experiences and challenges during the pandemic in focus groups through photovoice and photo elicitation, this process was conducted via social networks due to the Covid19 lockdown.

Conclusion: This study highlighted the refugee women's challenges of accessing reproductive healthcare services in Munich, Germany. The participatory research and learning cycle process were practical and fostering refugee women to overcome those barriers. Meanwhile, sharing experiences via participatory meetings and photovoice was uplifting and solidarity was generated between these refugee women, which was a key factor in maintaining their health and giving a voice to their stories.

Improvements in Maternal and Newborn Healthcare for Migrant Women are Necessary: An Analysis in 11 Countries of the WHO European Region

Emanuelle Pessa Valente. Original research study

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Introduction: Assessing the quality of maternal and newborn care (QMNC) among migrant women is important to understand the factors that can potentially affect their health and that of their infants and develop respectful, migrant-friendly, economically sustainable, and equitable health programs. However, in the European Region, there is an overall lack of routine standardized monitoring systems for assessing and comparing the QMNC and standardized disaggregated data for migrant women across countries and regions are lacking.

Objective: Describe the maternal perception of QMNC around the time of childbirth among migrant versus non-migrant women during the COVID-19 pandemic in 11 countries of the World Health Organization (WHO) European Region.

Methods: The study was conducted using an anonymous online survey including a set of 40 WHO standards-based quality measures between September 2, 2020, and October 28, 2021. Women aged 18 years and older who gave birth in the WHO European Region from March 1 to October 28, 2021 were eligible. Exclusion criteria were home births. The survey was available in 23 languages, disseminated through social networks, and 22,434 participants (1,781 migrant and 20,653 non-migrant), from 11 countries, were included in the analysis.

Results: Migrants were more likely to have a postgraduate degree or higher compared with non-migrant women (36.6% [n=651] vs 25.7% [n=5314]; $p<0.001$). When adjusting for country, migrants were less likely to be assisted by a midwife (88.4% [n=1574] vs 89.3% [n=18 433]; $p=0.025$). Migrant women who experienced labor perceived slightly more difficulties in accessing facilities (32.9% vs 29.9%; $P=0.001$), lack of timely care (14.7% vs 13.0%; $P=0.025$), inadequate number of women per room (9.4% vs 8.6%; $P=0.039$), being prevented from staying with their baby as they wished (7.8% vs 6.9%; $P=0.011$), or suffering abuse (14.5% vs 12.7%; $P=0.022$) compared with non-migrant women.

Conclusion: The migrant participants in this study were mostly highly educated, it would be interesting to reach those who are poorly educated and find out how is the QMNC assessed by those migrant women in their host countries.

An Intersectoral Approach in the Organization of Medical Care for Ukrainian Refugees in Slovenia.

Evita Leskovšek. Policy and practice report

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The military conflict between Russia and Ukraine has led to the arrival of millions of refugees in neighbouring countries and beyond, putting enormous pressure on the various infrastructure systems of the receiving countries. In order to obtain as much information as possible about the needs of refugees in Slovenia and to improve their access to health care, the National Institute of Public Health (NIPH) has carried out a number of activities at local, national and international level since its inception. In this context, on the initiative of the WHO Regional Office for Europe and the WHO Country Office in Slovenia, the NIPH joined several European countries in conducting a rapid qualitative study on the assessment of the needs and access to health services of Ukrainian refugees in Slovenia.

The results of the study showed the needs and revealed some gaps in the organisation and delivery of health services for refugees in the Slovenian health care system, while also revealing the strengths and importance of local initiatives, especially in the field of mental health. The analysis of the results helped to identify the reasons why similar gaps are occurring and to propose actions to address them. In response to the proposed actions following the results of the study, the NIPH has prepared the handbook "Practical Advice for Staying in the Republic of Slovenia". The handbook is intended for people from Ukraine and contains all the information they need to arrange quality and healthy stay in Slovenia. Our handbook is an example of good practice of collaboration between different governmental, intergovernmental and nongovernmental organizations, who work at the field of migration.

Many analysts predict that we can expect some global crisis in the near future. Health policies often fail to protect minorities and vulnerable groups, making the role of public health more important. The results of the study showed that targeted and tailored guidance and accurate and detailed information are key to effectively addressing the refugee crisis in Slovenia. The findings of this study provide valuable information on how to improve access to healthcare, what the main barriers are and how to overcome them.

Tuberculosis Screening in Ukrainian Refugees: A TBNET Survey

Mariana Argel. Original research study

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Introduction: On February 2022, Russia invaded Ukraine with armed forces, leading to a refugee crisis. Refugees are particularly at risk for developing tuberculosis due to limited access to healthcare, low socio-economic status and social marginalization. Tuberculosis diagnosis, starting, maintenance and completion of treatment are at risk for refugees.

Objective: To evaluate which European countries had designed a plan for screening Ukrainian refugees for tuberculosis and latent Mycobacterium tuberculosis infection and if so, how the plan was conducted.

Methods: A questionnaire was sent in electronic format to national representatives of TBNET (www.tbnet.eu). The questionnaire consisted of whether the country was receiving Ukrainian refugees and open questions about the tuberculosis screening process.

Results: Responses from 31 European country representatives were received. Twenty-two (71.0%) of the countries reported a national plan for migrant populations and in 14 (45.2%) there was a national plan designed specifically for the present migration crisis of Ukrainian refugees. Although 16 (51.3%) of countries reported screening Ukrainian refugees for tuberculosis, the screening process wasn't conducted systematically, but rather in high-risk groups or symptomatic patients who voluntarily resorted to health services, representing a local and individual practice. The tools used to screen this population were symptom survey, chest radiograph, sputum samples examination, IGRA and tuberculin skin test. In 9 (56.3%) of the screening countries preventive treatment was provided if active disease was excluded and individuals were diagnosed with latent tuberculosis infection. Screening process was hampered by logistical and financial challenges, language barriers and problems related to legislation and drug-resistance.

Conclusion: Less than half of the European countries have a national policy for tuberculosis screening among Ukrainian refugees and where policies exist they are not uniform among countries in this region.

Telemedicine Tools to Provide Medical Assistance in Residents of Frontline Areas: Ukrainian Experience

Taras Gutor. Original research study

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Introduction: After the full-scale Russian invasion, a number of problems appeared in the frontline regions of Ukraine: a change in the quantitative and qualitative composition of the population; significant reduction in the number of medical workers; reduced availability of medical care and pharmacological support due to difficulty in getting to hospitals, pharmacies and laboratories. The research aims at analysing telemedical systems of virtual presence, installed in the largest hospitals of these regions to optimise medical care.

Methods: The performance indicators of the telemedicine robot and the "Teladoc Health" system installed in the city of Kramatorsk, Donetsk region, were analyzed. The analyzed period is from March 27, 2023, to August 22, 2023.

Results: During the analyzed period, 3,249 medical services were provided for residents of Donetsk region. Of these, 480 medical services were provided with the help of "TELADOK HEALTH" equipment. Almost a third of them (1053 or 32.41%) were provided by endocrinologists, the second place belongs to rheumatologists (1025 services or 31.55%). The services of urologists were used by 413 residents (12.71% of all telemedicine services), neurologists – 403 individuals (12.40%), vascular surgeons – 128 individuals (3.94%), therapists – 102 patients (3.14%). Consultations by nephrologists (54 services or 1.66%), cardiologists (47 consultations or 1.45%) and hematologists (24 consultations or 0.74%) were also recorded. Cooperation opportunities. Currently, the implementation of telemedicine systems in other places of the Donetsk region is happening, which requires scientific substantiation with the involvement of foreign specialists.

Conclusions: The technology of using telemedical systems (telerobots) is very promising and will allow solving the issue of availability of medical care and solving the problem of shortage of qualified medical personnel in the frontline regions. Consultation without the presence of a doctor with the help of a nurse is quite possible, but only under the conditions that the patient is conscious and quite adequately prepared for telemedical consultation. Participation in the consultation of seriously ill patients is possible, but only as a consultant in a general council. The same applies to confused patients and children. In order to prevent errors, the medical consultation must be conducted strictly according to industry standards.

Theme 3. Mental Health

Mental Healthcare Among Migrants in Southern Germany: Determinants of Access and Recommendations for Action

Sophia Baierl. Original research study

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Introduction: Migration is frequently associated with stressors that can harm mental health, and for many migrant groups, access to mental healthcare services is a challenge that has been exacerbated by the COVID-19 pandemic. This study aimed to identify the factors determining migrants' access to mental healthcare in Southern Germany and to develop recommendations for action.

Methods: The study followed a two-phase qualitative approach using individual interviews with 24 migrants from three vulnerable groups (students, refugees, and LGBTQ+ persons) and seven experts (five psychotherapists, one psychiatrist, one family doctor). The framework of healthcare access from Levesque et al. was applied for conceptualization, coding, and categorisation of the results and for development a model for migrants' mental healthcare access.

Results: The determinants of access consisted of 1) ability to perceive (knowledge and stigma of mental health; 2) ability to seek (knowledge about the healthcare system and social support), 3) acceptability (the identity and gender of providers) 4) availability and affordability (insurance and bureaucracy, capacity of care options and geographical distribution of services) 5) appropriateness (providers' and patients' understanding of mental healthcare, and providers' competence and workload). Language and culture were two separate themes that were interconnected with all determinants. The experts' recommendations fell into five categories: healthcare system structure, healthcare providers, adaptation to a new healthcare system, social support, and the determinants of health.

Conclusion: In Southern Germany, there are numerous barriers to accessing mental healthcare services for migrants. The experts' recommendations necessitate changes at the macro, meso, and micro levels.

Impact of Culture on Perceptions of Mental Disorders, and Characteristics of Interventions to Reduce Mental Health Stigma among Ethnocultural Minority Groups in High Income Countries: A Systematic Literature Review

Mariska Slekovec. Literature review

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Background: Ethnocultural minorities including immigrants have high rates of mental health difficulties but low mental-health help seeking rates. This has been attributed to mental health related stigma. Stigma is posited to be influenced by culture.

Aims: To (1) explore the influence of culture on perceptions of mental health and mental illness between ethnocultural minorities in high income countries and (2) review the approaches which have been used in high income countries to address stigma of mental disorders particularly in ethnocultural minorities.

Methods: A search was conducted in PUBMED and MEDLINE between December 2022 and April 2023 for articles published in the last 5 years about perceptions, attitudes, and beliefs related to mental health among ethnocultural minorities in high-income countries, focusing on qualitative data. Studies on interventions to reduce mental health stigma in these populations were also considered, with no restriction on study design. Quality assessment of studies was conducted according to a pre-defined set of criteria from JBI's critical appraisal tools. Thematic analysis was used to collate the data.

Results: Fourteen articles focused on perceptions, beliefs, or attitudes of mental health difficulties and nine focused on interventions were included. Key themes were 1) Religion – cause & cure, 2) Negative terminology, 3) Hierarchy of mental illness, 4) Identity 5) Lack of culturally & linguistically appropriate services. The main components of interventions were improving mental health literacy through culturally adapted methods.

Conclusions: This review further emphasizes the need for health professionals and policy makers to understand the underpinning cultural contexts which relate to how mental illnesses are perceived within ethnocultural minorities and the need to adapt interventions to reduce mental health related stigma so that they can be better accepted by ethnocultural minorities. Furthermore, there needs to be a dual model of imparting western/ dominant concepts of mental health while at the same time understanding conceptualizations unique to ethnocultural minorities.

Asylum Seekers Experiences and Worries during the COVID-19 Pandemic: A Mixed-Method Analysis in the Canton of Vaud, Switzerland

Kevin Morisod. Original research study

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Objectives: The clinical and social burden of the COVID-19 pandemic were high among asylum seekers, especially among those living in community centers. We aimed to explore and deepen the understanding of their experiences and worries according to their socio-demographic characteristics. In October 2020, 744 asylum seekers were living in one of the ten community centers of the Canton of Vaud.

Methods: We applied a sequential explanatory mixed method design, starting with a quantitative survey followed by qualitative semi-directed interviews. Study participants (n=203) were adult asylum seekers with a pending procedure, temporarily admitted, or rejected. They first identified the main consequences of the COVID-19 pandemic protective measures on their daily lives. Then, participants indicated their worry about the COVID-19 pandemic and about their access to care on a Likert-type scale. Similarly, they scored their death fear and sleep disturbance. We used logistic regressions to explore associations between the outcomes of interest and participant characteristics, such as place of living, legal status, health literacy, education level or language proficiency. We then conducted semi-structured interviews with participants living in a community center (n=15), focusing on how social and living conditions affected their experiences and worries. We performed inductive thematic analysis on the interview transcripts.

Results: Asylum seekers in community centers experienced more sleep disorders related to the COVID-19 pandemic than those living in private apartments (aOR 2.01, p=0.045). Similarly, those with lower education had greater fear for their life due to the COVID-19 pandemic (aOR 2.31, p=0.015). Qualitative findings showed that sharing living spaces was an important source of worries for asylum seekers and that protective measures were perceived to increase social isolation.

Conclusion: Our study highlighted the impact of the COVID-19 pandemic for asylum seekers and the importance of tailoring public health measures to their needs and living conditions. Such measures include: avoiding high-density facilities and encouraging the transfer of asylum seekers from community centers to private facilities, ensuring the applicability of measures such as quarantine and isolation in the different living places of asylum seekers, adapting the communication of health recommendations, managing mental health with preventive actions and adapting social activities.

Adverse Childhood Experiences, Risk Perception and Health Seeking Behavior among Migrants in the Nigeria/Niger Republic Border: A Cross-Sectional Survey

Olalekan Taoreed Kazeem. Original Research Study

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Introduction: Health seeking behavior is influenced by perception which might be perpetuated by adverse childhood experiences (ACEs), and can be self-discriminatory for individual with risky perception towards health care system particularly migrants during health crisis in emergency or non-emergency context. The number of ACEs a person experienced has relationship with a variety of negative outcomes in adulthood, including poor physical and mental health, risky behaviors, and pessimistic views regarding health care system that can demotivate health seeking behavior; the more ACEs experienced, the greater the risk for these outcomes. Relationship between risk perception, adverse childhood experiences and health seeking behavior was investigated among migrants in the Nigeria/Niger border. The prevalence of adverse childhood experience was ascertained. Role of parental background and gender on health seeking behavior were also established.

Method: The correlational study adopted cross-sectional design. A total of $n= 521$ migrants in Nigeria/Niger Republic border was randomly selected to participate in the study. The participants consisted of 211(40.5%) Nigerians, 113(21.7%) Nigeriens and 197(37.8%) Togoese. Male participants were 387(74.2%) while female were 134(25.8%). The mean age (\pm SD) of the participants was 34.9(\pm 2.4).

Results: It was found that 68.1% of the respondents have experienced at least one form of adverse childhood experience. Risk perception had significant influence on health seeking behavior ($F(1,519) = 10.27$; sig = .002). There was significant inverse relationship between adverse childhood experience relating to abuse ($r=-0.53$), household challenges ($r=-0.52$), neglect ($r=-0.71$), bullying ($r=-0.68$), community violence (-0.67) and health seeking behavior. Risk perception had positive relationship with adverse childhood experience relating to abuse($r=0.46$), household challenges ($r=0.81$), neglect ($r=0.65$), bullying($r=0.61$), and community violence($r=0.52$). Migrants with polygamy and monogamous parental background were significantly different on health seeking behavior ($t(519) = 7.8$; sig = .02). Male were more on health seeking behavior than female ($t(519) = 9.3$; sig = .03).

Conclusion: Risk perception and adverse childhood experiences have not only been linked to negative health outcomes but have devastating effect on migrants' health seeking behavior. An internationally culturally intervention is urgently needed to mitigate imminent risk perception and childhood adversity on migrant health.

Keywords: Health seeking behavior, risk perception, adverse childhood experience, migrants, Nigeria/Niger Border

Theme 4. Determinants of Health, Women's and Children's Health

Precarious Housing and Discrimination in Health Service: Developing a Training Program for Medical Students

Irem Sevik. Curriculum development

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Introduction: Homeless people suffer from various barriers in accessing healthcare despite having high healthcare needs. Negative stereotyping and discrimination are among important barriers. Previous studies point out the need for trainings to change the understanding of homelessness among health workers. During the COVID-19 pandemic, homeless individuals were portrayed as “risky for virus transmission” and “burden on health systems” in the media, rendering them vulnerable to further stigma. To avoid these misconceptions among future health workers, a training for medical students became necessary, as the medical curriculum did not have a course on homeless health. We aimed to develop a homelessness training module for medical students through which they were expected to gain a human rights-based approach to homelessness, to identify barriers to access to healthcare for the homeless, to be informed about social history taking and homeless services.

Methods: A literature review on homelessness related curriculum development was undertaken to prepare a sample curriculum. The drafted curriculum was announced in Ege University Medical School and twelve students volunteered. The expectations of the participants were asked before the beginning of the training and the curriculum was shaped accordingly. The curriculum combined diverse training methods such as experience sharing from key persons, film discussions, game-based learning, and role play. Participants were evaluated by group presentations in which they critiqued homelessness-themed films, and the curriculum was evaluated by the participants by written feedbacks which were later contextually analysed.

Results: Participants identified planning process and experience sharing as strengths of the program. Experience sharing was stated to increase interactivity, strengthen cohesion, and offer different perspectives. One participant stated: “Experience sharing created a sense of community. Building dialogue, after the strict hierarchy in the clinic, and the sense of togetherness nourished me a lot.” All participants suggested including more field activities in the curriculum. A knowledge gap regarding social services was pointed out and a future study was planned with two participants.

Conclusion: Participation in curriculum development, creating safe spaces to increase dialogue and experience sharing should be considered in homelessness curriculum development to avoid stigma and foster togetherness among future health workers.

Assessing Water, Sanitation, and Hygiene Triad at the Crossroads of Migration and Precarious Urban Housing: Development of Two Scales

Sera Simsek. Original research study

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Introduction: In urban areas characterized by migration and poverty, there is a prevalent occurrence of precarious housing and inadequate water, sanitation, and hygiene (WASH) conditions. The aim of this study was to develop a scale for assessing WASH behaviours and conditions in urban populations facing precarious housing, such as migrants.

Methods: The first step in this methodological study was to create an item pool from the literature, which resulted in 56 items. At the second step, which was an expert panel evaluating face validity, the items were divided into two different scales for behaviours and conditions. Subsequently, expert evaluations were acquired to assess the content validity ratio of the items utilizing a Likert Scale. The results indicated that all items exceeded the threshold of 0.54. Following a pilot study with 20 households, Basmane, a region in Turkey that represents migrants and refugees in precarious situations, was chosen for assessing the reliability and content validity. The study consisted of 215 households and a household member responsible for cleaning (95% confidence interval; 6% margin of error). The evaluation of behaviour was conducted through an interview utilizing the WASH-Behaviors Scale, whereas the researcher assessed the housing conditions by visually inspecting them on the relevant scale. The reliability and validity were assessed using the Cronbach's alpha coefficient and exploratory factor analysis.

Results: The WASH-Behaviors Scale consisted of 14 items including hand, body, and home hygiene, while the WASH-Conditions in Households Scale included 16 items such as area per capita, physical structure and cleaning tools. Both measures explained between %52-54 of the overall variance and were factor analysis consistent (KMO=0.78-0.80, $p<0.05$). The WASH-Behaviors Scale and the WASH-Conditions in Households Scale had Cronbach's alpha values of 0.78 and 0.85, respectively.

Conclusion: The scales have successfully fulfilled the criteria for validity, making them suitable for a rapid description of WASH problems in urban areas with high migrant populations. Although assessments of WASH behaviors are more commonly used in the literature, this study revealed the importance of WASH conditions in investigating the impact of poverty indicators on health discrimination in migrants.

Ethical Challenges in Addressing Substandard Housing Conditions of Timorese Migrants in Portugal: Deliberative Method

Eva Diogo. Case report

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Introduction: This case report explores the situation of Timorese migrants living in substandard housing conditions in Portugal, focusing on the application of the Diego Gracia's deliberative method to assess the bioethical and practical aspects.

Methods: The study involves the application of a multi-step bioethical decision-making process. It begins with the presentation of facts, including the identification of the migrants and their living conditions. Then it clarifies the main ethical problem in question: whether public health should intervene in privately owned habitation where free, legal, and of-age citizens reside, considering the values in conflict in this decision. Finally, it is possible to define the optimal course of action knowing the law and regulations and being able to publicly support and maintain the decision in the future.

Results: On May 31, 2023, the Public Health Unit visited the habitation, where 33 Timorese citizens (3 women and 30 men) between 19 and 42 old were residing in 10 rooms. An occupancy rate of approximately 3.3 people per room and a ratio of 1 sanitary facility for every 10 people. Most residents were unemployed (69,7%). The owner of the house only acknowledges 20 individuals but suspects that more are being accommodated and the individuals of the group frequently changes. The ethical dilemma arises from the need to balance various values, including health, justice, beneficence, autonomy, and the common good. While ensuring equitable access to healthcare for migrants is crucial, resource allocation and respecting individual autonomy are challenges. The Public Health Unit is working to enhance communication with these citizens through linguistic and cultural mediators, emphasizing its commitment to providing healthcare and collaborating with social security for housing and employment.

Conclusions: A collaborative approach involving healthcare professionals, government agencies, and institutions is necessary to address this recurring issue ethically and sustainably, for that purpose, it's recommended a specialized team for future interventions. The study calls for improved communication through cultural mediators, healthcare provision, and collaboration with relevant institutions to assist these migrants in improving their living conditions and integrating into society, in compliance with national and international laws and ethical principles.

Migrated and Vulnerable – Representations of Children in Guidelines for Swedish School Nurses

Emmie Wahlström. Original research study

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Clinical practice guidelines guide health professionals in how to encounter children having migrated and assess their health. The content and wording used in the guidelines contribute to construct images or representations of children having migrated. This study aimed to explore representations of children having migrated in school nurses' clinical practice guidelines.

To explore these representations, the WPR-approach was applied. The WPR-approach is an analytic strategy for investigating embedded assumptions of "problems" in policy documents and focuses on "what is the problem represented to be". Data consisted of local guidelines of school nurses' clinical practice from 142 municipalities in Sweden. After screening the guidelines for content mentioning children having migrated, 130 guidelines were included in the analysis. Initial reflections regarding the representations in each segment of text mentioning children having migrated was noted and then grouped and abstracted into categories of representations. Following the WPR approach, the analysis identified problem representations through investigating proposed solutions and plans of action, as solutions indicate embedded assumptions of problems.

The analysis showed the construction and reproduction of several representations of children having migrated in the guidelines, such as "the vulnerable children". The vulnerability of the children was constructed through accentuating the need of specific health assessments and screening to identify risks of poor health related to migrating. This vulnerability was also accentuated by mentioning children having migrated together with other groups of children portrayed as having health needs or problems beyond the "norm". Vulnerability was especially portrayed in text describing female genital mutilation, where girls were described as victims of their "foreign" families' "cultural traditions", ignorant of the harm and consequences, as well as in need of enlightenment and salvation by school nurses.

By exploring what the problem is represented to be in the guidelines, this analysis shows that children having migrated are represented as vulnerable. As representations influence how people makes sense of the world, the representations might influence the clinical practice of school nurses to encounter the children in a way that accentuates them as vulnerable instead of capable, resilient, and resourceful.

Shkorey - Improving SRHR for Eritrean Migrant Youth through Culturalized Serious Gaming

Saron Araya. Policy and Practice Report

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In the Netherlands live about 30.000 Eritrean newcomers, with a majority of young people (<27 yrs). While building their (sexual) relationships and families in a new country and cultural context, there is distrust towards and limited access to (culturally sensitive) care and support on issues of sexual and reproductive health and rights. Inspired by participative methodologies such as 'Cell Philming' (MacEntee, Burkholder & Schwab-Carts, 2016) and building forth on the community of participation started through Cultural Capital project Eritreatown (2018), the project Shkorey was started in Leeuwarden. The main component of this project is the co-creation (between members of the Eritrean community, (health care, creative and technical) professionals and policy-makers) of the game Shkorey, on issues of sexuality, relationships and child-rearing. The game is made in Dutch and Tigrinya. It includes short movies and interactive storylines, comparing and analyzing Eritrean and Dutch cultures on the issues at hand. It also offers practical tips, and links players with online and local resources. Shkorey also includes quizzes, to be played individually or in groups (e.g. in the classroom). The game is presented in an attractive manner and the storylines will allow people gain knowledge of culturally undesirable (taboo) subjects in an accessible way. The main aim of playing 'Shkorey' is to improve general understanding of the topics discussed, as well as the health care system in the Netherlands. The main target group is young Eritrean people (aged 15-27) and (expecting) parents. Shkorey can be downloaded free of charge for IOS and Android mobile devices and be played online/offline. Additional to the game, Shkorey also started local group-based programs for pregnant women and young parents.

The project is currently evaluated by Rutgers, the Dutch expert centre for Sexuality, through the collection of in-game (quantitative) data and qualitative data through focus groups and social media interactions. The results of the evaluation are expected in March 2024. The aim of presenting this project is to offer inspiration and practical tools for shaping, optimizing and embedding collaboration between professionals, organizations and community members, in order to better support (prospective) Eritrean parents in European communities.

Health Equity of Displaced Syrians in Lebanon: A Qualitative Study

Riwa Khalifeh. Original research study

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Introduction: Lebanese government data indicates that the country hosts 1.5 million displaced Syrians (DS). Providing care for DS is a challenge, especially when barriers and discrimination ordeals arise in accessing the Lebanese health system. This study therefore aimed to understand the causes of biases, their mechanisms, their forms, and their consequences on access and quality of care for DS in Lebanon.

Methods: A qualitative study using in-depth semi-structured interviews was utilized. In 2021, 28 semi-structured interviews were conducted with doctors (n=12) and nurses (n=16). Six group interviews were undertaken with DS (n=22) in Lebanese healthcare facilities. The recruitment of participants relied on reasoned and targeted sampling. Thematic analysis was performed to identify common themes in participants' experiences of DS in accessing Lebanese healthcare.

Results: The results showed barriers to access to care related to transportation and financial issues. Discrimination emerged as an underlying mechanism leading to health inequities. Several factors contributed to the presence of biases in the Lebanese healthcare system. Healthcare services provided to the Syrian population may not be the best due to inequity in accessing the health system attributable to the discriminatory behavior of healthcare providers. The underlying causes of discrimination are the fragility of the Lebanese healthcare system facing a humanitarian crisis with a collapsed infrastructure torn by previous wars and current socio-political and financial problems.

Conclusion: Global initiatives are needed to provide the help needed for the equitable provision of health services by providing the resources necessary to address this problem. The findings of this study highlight the changes that should be performed at the micro (cultural skills) and macro (equitable distribution of resources) levels to grant the quality of healthcare services for DS.