17TH WORLD CONGRESS ON PUBLIC HEALTH

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ABSTRACT BOOK

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Population Medicine


WFPHA
World Federation
of Public Health
Associations


ASPHER
The Association of Schools of Public Health
in the European Region
GLOBAL NETWORK
FOR ACADEMIC PUBLIC HEALTH


RERUM
COGNOSCERE
CAUSAS
ItI
SOCIETÀ ITALIANA DI IGIENE
Medicina Preventiva e Sanità Pubblica

ORGANISING COMMITTEE

CMC

The three organising partners of the 17th World Congress on Public Health established a Congress Management Committee (CMC) consisting of representatives of WFPHA, SItI, ASPHER and the PCO. The CMC has the full managerial and financial management responsibility for the Congress.

Chair: Walter Ricciardi

Members:
Luis Eugenio de Souza – WFPHA
Bettina Borisch – WFPHA
Marta Lomazzi – WFPHA
Italo Angelillo – SItI
Antonio Ferro – SItI
Roberta Siliquini – SItI
Carlo Signorelli – ASPHER
John Middleton – ASPHER
Robert Otok – ASPHER

ICC

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

Chair: Walter Ricciardi

Members:
Mohannad Al Nsour (Jordan)
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Paolo Villari (Italy)
Francesco Vitale (Italy)

ISC

The International Scientific Committee (ISC) consists of experienced public health experts from around the world nominated by WFPHA, SItI and Aspher. It mainly advises the ICC on scientific matters of the conference and contributes to the scientific evaluation of the conference. We would like to thank the ISC for their support.

Aim & Scope

Population Medicine is an open-access double-blind peer-reviewed scientific journal that encompasses all aspects of population, preventive, and public health research including health care systems and health care delivery. Its broader goal is to address major and diverse health issues, to provide evidence-based information to professionals at all levels of the health care system, and to inform policymakers who are responsible for the formation of health policies that can lead to evidence-based actions.

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thematic analysis according to Braun and Clarke (2013).
Results: The analysis revealed several themes.The personal sensory experiences are key determinants of human health behavioral choices. They can lead to both positive and negative health behavior.Habits are very important for choosing and changing health behaviors. They encourage repeated return to both negative and positive health behaviors.Habits are difficult to change. Pleasurable health behaviors, whether positive or negative, become habitual, sometimes addictive. People may not be fully aware of the role of habits in their health behavior choices. Changing health behaviors is challenging, especially in the long term.Scientific evidence has little relevance to health behavior. It can have an impact when the individual is ready to change behavior.The recommendations from health professionals and health policy makers are accepted if they are shared in an appropriate way.
Conclusions: Peoples health choices are more influenced by their habits and experiences than by scientific evidence.
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A better lifestyle favors the adoption of integrative and complementary therapies: the Brazilian national health survey

Thiago Matias[1], Thiago Matias[2], Leticia de Almeida[1], Marcus lopes[1], Julianne alves[1], Gislaine nienov[1]
[1]Federal university of santa catarina Brazil, [2]Federal university of santa catarina rua desembargador pedro silva 2100 Brazil

Background and objective: Physical activities, diet, and sedentary behavior are essential predictors in understanding the binomial lifestyle-health outcomes. Thus, a poor lifestyle may be associated with the demand for health services such as integrative and complementary therapies. This study aimed to investigate the association between clusters of lifestyle behaviors and adherence to integrative and complementary therapies in a representative sample of Brazilians.
Methods: A cross-sectional study with secondary data analysis from the 2019 National Health Survey. 90,814 Brazilians over 15 years of age were analyzed. Independent variables were lifestyle domains; the dependent ones were the adoption of adherence to integrative and complementary therapies in primary health care. Data were obtained through questionnaires and analysis by descriptive and inferential statistics. A Two-step cluster analysis was used to identify the populations lifestyle profiles. The Rao-Scott chi-square test and logistic regression models were used for the inferential analysis.
Results: Three clusters were observed: the "Active-green diet" (26.73%; CI95%: 26.22 - 27.26), the "Inactive-health diet " (42.15; CI95%; 41.59 - 42.72), and the "At-risk" (31.11; CI95%; 30.54-31.69). Sedentary behavior was high to very high for cluster profiles. Individuals with an "Active-green diet" were more likely to adhere to integrative and complementary therapies (OR = 1.55; CI95%: 1.34 – 1.81).
Conclusion: A healthier lifestyle favor Brazilians choice for integrative and complementary therapies in the primary health care system. New studies are needed to understand whether there are inequities in access to complementary therapies in Brazil.
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Analysis of medicines provided by court order in a children's hospital in Rio de Janeiro, Brazil

Nathália Alvarez[1], Miriam Ventura[2]
[1]FIOCRUZ Brazil, [2]Universidade Federal do Rio de Janeiro

Background and objective: The Brazilian Federal Constitution confers on health the status of a fundamental right of the citizen and duty to the State, marking an advance in the field of Public Health in the country and taking the first steps towards the creation of the Unified Health System (SUS). However, it's in the interpretative divergences about how SUS managers must comply with the duties established in the laws that the judicial demand against public entities arises. The phenomenon of judicialization of health can be defined as the search for the Judiciary to ensure access to medicines and other health benefits not foreseen or unavailable in SUS. The analysis of the effects of this judicial demand on the hospital environment is still understudied. The objective of this work is to analyze the medications resulting from court warrants administered by the Institute of Pediatrics Martagão Gesteira, a university hospital in Rio de Janeiro, from May 2021 to May 2022.
Methods: This is a retrospective cross-sectional descriptive study carried out in the form of documentary research using as data sources the documents available in the hospital about the drugs administered in the period studied.
Results: Five drugs provided by court order were found, where flow analysis pointed to challenges for responsible health professionals and the need for specific knowledge. The analysis of the characteristics related to the drugs pointed to failures of management of high-cost drugs available in SUS, motivating the lawsuits. All drugs found are used for treatment of rare diseases, evidencing the scarcity of medicines destined for these diseases.
Conclusion: The research allowed the discussion about judicialized drugs and the particularities of the pediatric hospital environment. Furthermore, the research showed the need for education of health professionals responsible for these drugs and the demand for health public policies.
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Equally improving human, animal, plant, and environmental health through 'One Health' approaches in the LMICs

Madhumita Dobe[1], Arista Lahiri[2], Sweety Jha[2]
[1]Foundation for Actions and Innovations Towards Health Promotion, India, [2]Dr. B. C. Roy Multi-Speciality Medical Research Centre, Indian Institute of Technology Kharagpur, India

The 17th World Congress on Public Health coincides with a time when the COVID-19 pandemic revealed the complex interconnectedness and interdependence of all living species in a shared environment. The pandemic was a wake-up call for the urgency to pay much more attention to the root causes of global risks and find new ways of mitigating threats, including the spread of new and re-emerging diseases. This is perhaps most important in the context of low- and middle-income countries (LMICs). Heading into an uncertain future, Public Health policy reforms and enabling actions to address societal impacts (socio-economic, political, environmental), including climate change, emerging and re-emerging infections, and other risks, are essential. The focus is now to integrate human and animal health with environmental health and climate issues into One Health. With the theme being A world in turmoil: Opportunities to Focus on the Publics Health, the Congress provides a timely and unique opportunity for the global health community to work together, dismantling disciplinary and professional silos for interdisciplinary and transdisciplinary collaboration and capacity building to generate solutions in the Publics Health through the One Health approach. Foundation for Actions and Innovations Towards Health Promotion (FAITH), jointly with One Health for One Planet Education International (1HOPE) and the Indian Institute of Technology Kharagpur (IIT Kharagpur), would like to propose a workshop in the form of a debate on the topic: "Is One Health really about equally improving the health of humans, animals, and the environment?" The debate will be between two teams, one for and one against the motion. Each team member of each side will speak for five minutes, thus allowing 10 minutes for each group. This will be followed by a rebuttal of 5 minutes per team. A 20 minutes Discussion period, "open cross-examination" time will follow, and then a 10-minute wrap-up. The teams will consist of experts in public health, Veterinary health, and social sciences/ Anthropology with geographical representation across world regions with the majority of speakers from low-middle income countries. Gender and age balance with appropriate representation of young professional and female speakers are also ensured. Specific Aims/ Objectives: 1. To raise awareness regarding the difficulties for equally improving human, animal, plant, and environmental health through synergistic and holistic One Health approaches, particularly in the context of the LMICs. 2.To discuss the ethical dilemmas that originate from policies and One Health strategies in zoonotic disease control, antimicrobial resistance, etc., focusing on the LMICs. 3.To suggest possible roadmaps in advocacy and capacity building for moving forward and addressing the problems in implementing One health approaches, particularly in LMICs. Key questions that the workshop will address: 1. Can the One Health approach be applied synergistically and holistically to tackle existing and future health challenges in LMICs? 2. What ethical dilemmas originate from policies and One Health strategies in zoonotic disease control, antimicrobial resistance, etc., in LMICs? 3. How can we move forward and address the problems of One Health in LMICs in an equitable manner?
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Developing a critical global public health agenda for traditional, complementary and integrative health care

Jon Wardle[1], Alana Gall[1], Daniel Gallego[2], Peter James[1], Jon Wardle[1]
[1]Southern Cross University Australia, [2]University of North Carolina Chapel Hill, United States

Background: A wide range of practices not historically associated with biomedicine constitute traditional, complementary and integrative health care (TCIH) and are prevalent in all cultures across the globe. The 2018 Declaration of Astana on primary health care acknowledges the need to include traditional

and complementary medicine knowledge and technologies in the delivery of primary health care. The World Health Assembly has also called member states to integrate TCIH into national healthcare systems, providing the base for the development of international frameworks such as the World Health Organization's Traditional Medicine Strategy, the framework on integrated, people-centred health services and self-health care, among others. The inclusion of TCIH of international agreements governing public health is significant, however member states have noted difficulties in implementation and insufficient guidance to assist appropriate integration of TCIH into their national health services, while ensuring its quality, safety and efficacy. This is compounded by the fact that to date there has been little attention on developing a public health agenda around TCIH. TCIH holds many potential challenges and opportunities for addressing current and future public health concerns at local, regional and global levels. This workshop will facilitate an inclusive debate amongst all participants regarding the necessity and benefits of advancing a critical public health agenda focused upon TCIH. Maximizing the potential of TCIH approaches, minimizing risks, and understanding how they can synergistically intersect with biomedical perspectives is required to ensure the sustainability of health systems and the achievement of the Astana Declaration's goals and SDG Goal 3. The workshop will follow an innovative mix of brief introductory presentations and town-hall style discussions/Q & A format whereby presenters will introduce brief overviews of multi-disciplinary perspectives upon this topic on issues such as recognition and regulation of traditional knowledge, medical pluralism, regional perspectives from Africa and Latin America, and Indigenous and migrant health perspectives. Participants will be able to question and discuss the various disciplinary perspectives, opportunities and next steps for the public health agenda of TCIH.
Objectives: The workshop aims to help instigate and advance critical public health thinking around TCIH, how it can contribute to our understanding of pressing global health challenges, and how issues of TCIH safety, quality, equity and effectiveness can be addressed. Workshop participants will have learned the essential features of a critical public health approach to TCIH as well as being introduced to the fundamental issues, opportunities and challenges of investigating this topic at the local, national, regional, and global levels.
Key questions: * What are the key and emerging areas of focus for developing a critical public health agenda on TCIH for health promotion and maintenance, disease management, and rehabilitation that manifest? * What multidisciplinary approaches and multilevel collaborations are needed to achieve a critical public health agenda for TCIH? * What collaborative platforms, such as the creation of a TCIH Working Group at the WFPHA, are fundamental to advance a global critical public health agenda, facilitate dialogue, exchanges, and collaboration among stakeholders of the several world regions to ensure safety, quality and efficacy when integrating TCIH?
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Plumbing poverty, plumbing violence: water security, gender based violence, and SDG 6

Susan Elliott[1], Abraham Nunbogu[2], Maurice Dogoli[3]
[1]Department of Geography & Environmental Management, University of Waterloo, Canada, [2]Department of Geography and Environmental Management, University of Waterloo, Canada, [3]Department of Geography and Environmental Management, University of Waterloo, Waterloo, Canada
This paper asserts achieving health and wellbeing for all by 2030 (SDG 3) is not possible without first attaining universal access to safe water and adequate sanitation (SDG 6) and neither is possible without SDG 5 (empowering women). Access to water, sanitation, and hygiene (WaSH) is recognized as an important pathway to health and wellbeing. Despite progress made in Low-and Middle-Income Countries (LMICs), inequities exist across space and place. Furthermore, inequalities in WaSH access heighten women's vulnerability to violence when meeting their WaSH needs. Several methods were used to address this research problem (international document review; systematic literature review; in-depth interviews with immigrants to Canada from Ghana - one of the poorest and water stressed areas of sub-Saharan Africa - to explore perceptions of WaSH experiences over the lifecourse). The policy review revealed virtually no mentions of protection of women and girls from GBV in the context of water security. The systematic review of the literature informed a taxonomy of four types of GBV related to water security: physical, sexual, psychosocial and structural. The interview Results revealed participants' perceptions and experiences of water-related GBV are socially and context-dependent, organized around the four dimensions of water-related violence. These dimensions are not mutually exclusive and are experienced through multiple scales of gender and power relations from the household to the community level. These relationalities are important determinants of WaSH inequities and influence the extent to which women's bodies are subjected to violence or protected from it. Expressions of violence in the search for adequate WASH represents a significant barrier to achieving the Sustainable Development Goals. The global community of WaSH practitioners, policymakers, and public health actors has yet to adequately address women's vulnerability; there is much work to be done across all spatial scales, from the local to the global.
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Effectiveness of household measures for the disinfection of water for human consumption in the context of Santarém, Pará, Amazônia, Brazil

Marina Meschede[1], Francisca Jesus[2], Valéria Bentes[2], Susana Segura-Muñoz[3]
[1]Institute for Collective Health, Western Pará Federal University, Brazil, [2]Western Pará Federal University, Brazil, [3]Maternal-Child and Public Health Department, Ribeirão Preto College of Nursing, University of São Paulo, Brazil
Background: In the Amazon region, cities like Santarém, state of Pará, still lack water treatment plants to serve the entire population. In these cities, the water is collected from wells and distributed to the population without treatment. There are also places where the drinking water comes from the Tapajós River on the surface. In this context, disinfection measures for domestic water are important to preserve its potability and avoid undesirable health effects.
Objective: The present study experimentally evaluated the effect of household measures on the elimination of Escherichia coli (E.coli) in water samples. The techniques evaluated for this work were: (i) 2.5% sodium hypochlorite; (ii) boiling; (iii) ceramic filter and (iv) sun exposure. The samples were tested, combining different concentrations of E.coli (between 03 and 100 colony forming units/100 mL).
Results: The results showed that the household disinfection measures were effective in eliminating E.coli, with the exception of the ceramic filter, where even after filtration, the water samples were positive for E.coli growth.
Conclusions: Considering that the distribution of treated water does not reach the majority of the population living in Santarém and also in peri-urban areas such as quilombonas and riverside communities, the use of measures such as 2.5% sodium hypochlorite, boiling and sun exposure can favor health promotion and decrease the occurrence of outbreaks of waterborne diarrheal diseases.
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What happened to the M.chimaera contamination of the heater cooler units? An underestimate risk

Benedetta Tuvo[1], Tommaso Cosci[1], Sara Bracaloni[1], Martina Ioppolo[1], Giulia Gemignani[2], Maurizio Petrillo[3], Michele Guarino[4], Sara Semplice[5], Beatrice Casini[1]
[1]Department of Translational Research, N.T.M.S., University of Pisa, Pisa, Italy, [2]Medical Direction, University Hospital of Pisa, Italy, [3]Fondazione Toscana" Gabriele Monasterio", Massa, Italy, [4]Unit of Clinical Perfusion, Fondazione Toscana" Gabriele Monasterio", Italy, [5]Unit of Clinical Perfusion, University Hospital of Pisa, Italy
Background: A global outbreak of invasive Mycobacterium chimaera infections has occurred since 2015 in patients undergoing open chest cardiac surgery. Currently, 15 cases has been reported in Italy. The Ministry of Health issued in 2019, the document contain the recommendations for the prevention of M.chimaera infection, including clinical surveillance and microbiological monitoring of HCUs. In Decree 3822/2019, the Tuscany Region issued recommendations for microbiological surveillance by applying both the cultural and biomolecular methods in order to detect early contamination by M. chimaera
Aim: verify the use of a PMA-Real-Time PCR technique, to assess the efficacy of the disinfection procedure applied to the HCUs and to evaluate the presence of viable but non-culturable state of M.chimaera after water treatment.
Methods: In two Tuscan cardiac surgery centers, water samples collected from HCUs were analyzed according to the regional protocol. All samples were treated by BLU-V Viability PMA kit (Qiagen Germantown, MD, USA), according to manufacture instruction. The extraction and Real-Time was performed using QIAamp DNA Mini Kit a QuantiNova PCR kit (Qiagen), respectively, to amplify a sequence of the ITS1 region.
Results: From November 2018 to July 2019, 24 HCUs were monthly sampled (n.11 3T and n.3 1T LivaNova, n.1 TCM-Sarns Terumo and n.9 HCU40 Maquet) for a total of 82 samples. M.chimaera was detected in 12/82 (15%) (strain CP015272.1). From 2020-2022, with the replacement of all HCUs Livanova with HCUs Maquet,