

European Congress on Tropical Medicine and International Health (ECTMIH)

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Liverpool

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From Sept 16 to 20 the 11th European Congress on Tropical Medicine and International Health (ECTMIH) took place in the beautiful city of Liverpool. We were lucky to be selected to organise a NRSGH-sponsored panel on “Quality of Care for women and adolescent girls – from policy to practice, or the other way around?” We all recently defended/submitted our PhD dissertations at a Norwegian university (UiO and NTNU), and each of us got the chance to present one of our papers. Johanne Sundby, who has been involved in most of our work as a supervisor, moderated the panel.

Summary of presentations

Andrea presented the ongoing work for a paper reflecting on 30 years of Safe Motherhood. Based on fieldwork of the authors as well as a desktop review a quick overview of the changes of priority settings within the field of maternal health, from a global perspective shows the promotion of an increasingly medicalized model of childbirth, while at the same time many local settings are unable to ensure the health system is capable of receiving women at the respective institutions. The traveling of international models of care provision has resulted in a one-size-fits-all approach, that in some settings has done more harm than good.

Cynthia Wangamati presented work from her Master’s thesis which was conducted in Homa Bay County, Kenya where she assessed quality of post rape care. Part of her research work entailed interviewing health providers, reviewing medical records and following up young girls who had experienced sexual abuse and had sought treatment from the a health facility in her study area. She found that health providers had little knowledge and training on post rape care. Victims of sexual violence (mostly young girls) experienced delays whilst seeking care. The health providers were insensitive to the privacy and confidentiality needs of survivors. In addition, the health facility was ill equipped as it lacked equipment and experienced medical supplies stock outs. She recommended that health providers be trained on caring for victims of abuse and health facilities be equipped to cater for needs of victims in Kenya.

Hanneke Pot presented a paper on the ‘falling apart’ of free maternity care in Malawi. Based on ethnographic fieldwork in rural Malawi, she analysed the case of the temporary reintroduction of user fees at a health facility against the aim of improving maternal health. She discussed the politics of how this came about and the dynamic responses of village chiefs, midwives, health centre management, and pregnant women. Hanneke made the case for analysing power relations at various ‘levels’ and how these interact with maternal health policy in order to understand how inequity is shaped.

Maria Lisa presented her work from her PhD thesis which was done on post abortion care in Malawi. After spending time in Malawi as a medical student she realised that unsafe

abortions were causing many complications that needed to be treated in the impoverished health system. Incomplete abortion were not treated according to the guidelines, but were in most cases treated using old fashioned curettage which is more expensive and leads to more complications. She therefore did an intervention study to try an increase the use of the recommended method of manual vacuum aspiration (MVA) by training health care personnel. The intervention was successful and there was a 20% increase the use of MVA over curettage in the intervention hospital. Still, qualitative focus group discussions revealed that the health personnel were still experiencing many obstacles to doing MVA such as lack of equipment, time and support. Hence, introducing more medical treatment of incomplete abortions could be the way forwards in Malawi.

Johanne presented on behalf of Sara who was not able to come. The presentation was focussed on the health provider and women's experience of the Moyo, a handheld doppler device, which assists in monitoring the fetal heart rate during birth. A study implemented in Tanzania. Overall experiences were positive, and some women would believe the moyo in itself increase a woman and babies safety. The study addresses some challenges regarding the implementation of the Moyo, and suggests increased attention should be given to training, refresher training and ensuring proper information provision on the working mechanisms of the device.

Panel discussion

We engaged in very interesting discussions with the audience. Many of the people who asked questions had worked in Kenya, Tanzania, or Malawi and acknowledged the importance of social science research in global health. Despite the wide variety of topics addressed in the panel, all panel members received questions and the audience was able to grasp the importance of a diverse use of research methods within the field of sexual and reproductive health.

After closing of the session, several members of the audience remained for individual discussions. Some participants had expressed that the panel had been an 'eye opener' and that medicine and social science should really collaborate more. Also, there were some people present that had previously worked for the WHO and were responsible for putting misoprostol (medical treatment of incomplete abortions) on the standard equipment list which lead to some interesting discussions about the implementation of surgical methods versus medical treatment in low-resource settings.

Conference experience

Apart from the many interesting panels - starting at 8am and ending at 6.30pm - the conference also offered plenty of networking opportunities. In between sessions there were coffee breaks and lunch breaks allowing for meeting other conference participants. We were invited to join a dinner together with the Norwegian group from Bergen, which helped to further strengthen the national relations, discuss ongoing research projects, teaching methods and possible avenues for future collaboration. Also we were informed of the plans for the conference in Bergen next year. We also attended the conference dinner and

Hanneke further expanded her network in the Netherlands by meeting a group of tropical doctors and researchers interested in maternal health.

Liverpool offered beautiful scenery: the newly built conference centre is located along the Mersey river, the weather was warm and sunny, some of us visited the slavery museum, and Johanne and Hanneke took a photo shoot with the Beatles statue ☺

We strongly encourage NRS GH students to attend this congress, especially because the next edition will be held in Bergen!



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