



KIT Royal
Tropical
Institute

 **Amsterdam UMC**
University Medical Centers

Amsterdam Public Health
research institute



DGOTC

GOLAMA course

49th edition

Programme

6-10 April, 2020

Health in fragile environments for the general military doctor

GOLAMA

Gezondheidszorg in Ontwikkelingslanden voor de Algemeen Militair Arts

MINDEF, BGGZ, Defence Health Organisation

AMC, Department of Infectious Diseases, Tropical Medicine and HIV/AIDS

KIT, Department Development Policy & Practice

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Organisation GOLAMA course

AMC, Department of Infectious Diseases, Tropical Medicine and AIDS
KIT, Department Development Policy & Practice, Area Education
MINDEF, BGGZ, Instituut Defensie Geneeskundige Opleidingen

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Administrative support

Loan Ngo
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E-mail: l.ngo@amc.uva.nl
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Course location

The course will take place in a training room of the Royal Tropical Institute (KIT),
Mauritskade 64, Amsterdam

Telephone use

You are kindly requested not to use your mobile phones during sessions. You can be reached via the secretary 020 568 8239; Meta Willems will take messages and notify you at the end of the day. Urgent calls may be answered outside the training room.

Course information

1. Introduction

Medical-military units, whether as part of a larger military unit or self-supporting, may be deployed globally in peacekeeping operations. Thus, a deep knowledge of infectious diseases, epidemiology and management of infectious diseases is required of the general military doctor in different situations with challenging climate and infrastructure. Military health care may not be limited to the troops, but extended to the local population. Understanding specific health problems and health care system in low-income fragile and conflict-affected states is essential to success in such a mission. In 1993, the Ministry of Defence requested the department of Tropical and Travel Medicine of the Academic Medical Centre (AMC) in Amsterdam to develop an educational program to provide this knowledge to general military doctors.

This course, the GOLAMA, is part of the 2-year training program of the general military doctor (AMA). The BIUPAMA and HPGAMA are related courses in the AMA training program, covering Infectious Diseases and Force Health Protection respectively and, therefore, require a short introduction.

2. BIUPAMA

The BIUPAMA is a two-week course on infectious and tropical diseases, focusing on epidemiology, diagnosis and treatment. It is organized and hosted by the Department of Infectious Disease of the AMC. Over the course, the focus changes from a disease-based approach to a clinical (symptom-based) approach. Each class is taught by a regional, national or even international expert, and many afternoons are spent in the laboratory of the parasitology and bacteriology department.

This course is of great interest to general military doctors due to deploy, but also to the GP's at home to recognize tropical disease in the returning military patient.

Like the GOLAMA, the BIUPAMA is held twice yearly: the first in March, in Dutch: and the second in October, in English. The latter is open to general military doctors from NATO countries, but we also welcome participants from Eastern Europe as well as African and Asian countries.

3. HPGAMA

HPGAMA is a course on Force Health Protection, focusing on prevention. Many aspects of preventing disease are dealt with in syndicates, an educational form also used in the GOLAMA. This course includes hygienic measures in organizing a military camp, vector-control and prevention and management of snake-bites and bites from other dangerous animals, prevention of high-altitude disease and medicine in extreme climatological circumstances.

It is a one-week, twice yearly, course hosted by the Military Institute for Medical Training (DGOTC) in Hilversum. Several military and civilian experts contribute to the HPGAMA, including AMC staff from the department of Tropical and Travel Medicine.

4. GOLAMA

The GOLAMA, a one-week, full-time course on health in fragile environments, is part of the 2-year training program for general medical doctors (AMA) in the Dutch military. The course is co-hosted by the AMC and the Royal Tropical Institute (KIT) in their historical building in the centre of Amsterdam. The GOLAMA focuses on planning and implementation of humanitarian and medical aid as part of an international military operation. It covers outbreak detection and control, setting and management of a refugee camp, cooperation with local authorities and NGO's, intercultural communication. Also ethical and legal aspects of military presence are extensively discussed and practised. Additional tools are presented, such as health care assessment methodologies and problem prioritization. Participants work in syndicates of 4-6 people, covering a diversity of issues arising in theatre, with guidance provided by facilitators with extensive international experience, from either a civilian or military background.

The course also welcomes medical logistic officers/medical planners and staff nurses in order to foster cooperation between different disciplines. One of the 2-yearly GOLAMA courses is held in English and is open to NATO partners.

5. Pre-deployment briefing

A work-up period is scheduled in preparation for deployment. Part of this program is a briefing by the Department of Tropical and Travel Medicine. This briefing aims to provide an actual situation report and discuss necessary preventive measures based on the epidemiological situation at the destination site. Depending on the mission's mandate, scenarios for humanitarian military-medical deployment are also discussed. When feasible, a laboratory refreshment course in parasitology will be planned separately.

6. GOLAMA course: training objective, teaching methods and content

The general medical doctor is charged during a deployment mission to:

- Prepare the delivery of the necessary medical care for the unit during deployment;
- Assess the medical situation on the ground after arrival and act in accordance with the findings;
- Set and maintain a military medical service delivery system;
- Administer and manage a medical information system at the level of primary care and public health;
- Attend and advise on all medical problems;
- Assess and plan medical aid intervention for the local population appropriate for the local setting;
- Organize closing of the health facility and transfer of materials;
- Organize redeployment;
- Provide debriefing sessions;
- Organize post-mission medical care to the unit.

The objective of GOLAMA training is to equip the general medical doctor with the skills necessary to perform his/her tasks in the context of peacekeeping operations in fragile and conflict-affected states.

Teaching methods

GOLAMA training is organised as a simulation exercise that lasts through the whole course. Each session is structured as follows:

- Introduction by an expert in the field;
- Group assignment (max. 5 people per group-syndicate led by a facilitator);
- Summary made by the expert or the facilitator.

Training materials

Each trainee will receive:

- WHO book "*Communicable disease control in emergencies*", 2006;
- Digital version of the Reader which contains obligatory reading to prepare for the course;
- Cases, exercises and answer sheets. Those will be distributed during sessions.

A small library will be made available during the course to enable completion of the assignments.

Audio-visual materials will be used during the course and made available for self-study.

Course evaluation

At the end of each day the trainees will be asked to evaluate each training session and reflect on the content and the format. The outcomes of this evaluation are an important source of information on the congruence between the course and the needs, and may lead to changes in the program.

Examination

There is no examination during this course.

Location of the course

KIT has more than a century of experience in the field of healthcare in low and middle income countries, including in countries with fragile environments, and is well-known as a renowned international training centre. It offers the trainees an opportunity to meet (formally and informally) different experts and provides facilities for evening sessions, as the hotel and restaurant are on site.

7. Description of main topics

The topics addressed during GOLAMA are directly related to the tasks of the general military doctor. A number of public health aspects in low-income fragile and conflict-affected states are not or insufficiently addressed in BIUPAMA. Within GOLAMA more attention is paid to outbreak management of diarrhoeal diseases and other infectious diseases that are more common in these settings. Topics such as water, hygiene, (mal)nutrition, deficiency diseases and aspects of food aid, shelter, aspects related to immunization and mental and psychosocial issues are discussed. We also address the use of medical information systems and surveillance.

Epidemiology and health assessment during calamities

Which health related problems (morbidity, mortality) would need to be dealt with among refugees and internally displaced people during calamities, famine and/or armed conflict? And how to decide on priorities? Which interventions would need to be implemented? Prior to discussing this topic there is a need to refresh some basic concepts from epidemiology. An important task of the general military doctor after arrival is the assessment of the situation on the ground based on previously-obtained information. This requires knowledge of "rapid assessment" methods.

Health care

We discuss where and how the military health unit could contribute to the health of the local population through collaboration with relief organisations (NGOs) and local government. This requires some basic knowledge of the health care structure in often fragile low-income countries. Explanations will be given by discussing the elements and principles of Primary Health Care (PHC).

Cooperation and coordination

The general military doctor should know what to expect from other organisations (IGO, NGO) that may be present on site. Knowledge of objectives and working methods of NGO and IGO is needed, as well as the knowledge of the strengths and weaknesses of his own medical unit.

Intercultural communication

Communication skills are important at different levels: population; local partner; authorities; and media. It is important to take into account the differences in perceptions about diseases and death when working with people in low-income countries. Cross-cultural differences might be related to management style, media and relations with local authorities. It is important to identify these cultural sensitivities and find respectful ways to deal with them.

Re-deployment

The last day of the course is dedicated to the tasks related to re-deployment and transfer of the equipment and facilities, and the planning of follow-up care after returning home.

Biographies of the experts and facilitators

Beeloo, T. (Tessa)

Present: IHL Coordinator of the Netherlands Red Cross
Past: Education specialist at the Humanity House in The Hague
IHL volunteer for the Netherlands Red Cross
Project leader for YUA, aiming to provide job opportunity for students by organizing cultural events in Mitrovica, Kosovo
Project manager for several cultural exchange programs by Erasmus+ in Eastern Europe
Specialization: Bottom-up approach, governance, leadership, cultural development

Ghafoerkhan, R.S. (Rina)

Present: Researcher, Psychologist and Trainer at Equator Foundation, the Netherlands
Past: Mental Health Manager, Medicins sans Frontiers, based in Syria and Occupied Palestinian Territories
Mental Health consultant, War Child Holland, based in Occupied Palestinian Territories and Lebanon
Lecturer & Facilitator, Leiden University dep. Developmental Psychology, the Netherlands
Project coordinator, trainer and therapist, vivo, Gulu Uganda
Expertise: Displaced traumatized populations - victims of sexual violence, sexual exploitation, asylum seekers and refugees
Publications: Scholte, W.F., Verhaak, L.M., & Ghafoerkhan, R.S. (submitted). Identity and Resilience among Victims of Trafficking for Sexual Exploitation. In Resilience and Identity. Eds B. Maisha.
Ghafoerkhan, R., Scholte, W., de Volder, E., & de Brouwer, A-M. (2019). The nexus between conflict-related sexual violence and trafficking for sexual exploitation in times of conflict. Journal of Trafficking and Human Exploitation, 3(1), 9-33.

de Graaf, P. (Pim)

Present: Public Health consultant in Anti-Microbial Resistance (WHO), public health training and evaluations of health projects and programs in Asia and Africa. Chair of the Supervisory Board of North Star Alliance.
Past: Different positions within Doctors without Borders: operations, medical support and lastly as chair of the Board of the Amsterdam Operational Centre and member of the International Board;
Director of the International Centre of the Dutch National Institute for Care and Welfare;
Medical officer in charge in rural clinics in Mozambique and Rwanda;
Specialization: Medical Doctor, Public Health, Primary Care, Governance.

Groen, A.L. (Ad)

Present: Freelance MD tropical medicine (not practising), lecturer, writer
Past: Medical Officer in Charge Turiani Hospital, Tanzania
General Practitioner (locum) Krimpen a/d IJssel, Muscat (Oman) and Dar es Salaam (Tanzania)
Lecturer clinical systemic skills Erasmus University Rotterdam
Medical Officer in Charge Ndala Hospital, Tanzania
Crew doctor TV-production 'From Cairo to Cape Town'
Emergency Relief Doctor Chabalisa II Refugee Camp, Tanzania
Interim Medical Officer in various church hospitals in Tanzania

Course Facilitator NTC, Royal Tropical Institute, Amsterdam
Health consultant to travellers, Tropical Centre AMC, Amsterdam
Publications: Dagboek van een Memisa-arts, *short stories*
Vijftig maanden zwaar, *short stories*
Vertrapt Gras, *novel*
Kruisbestuiving, *novel*
Trommelhart, *novel*
Overlander, *novel*
Halen en brengen, *short stories*

Hopperus Buma, A.P.C.C. (Adriaan)

Present: Rear Admiral (lh) (ret.). Current appointments to NSPOH (Utrecht) and Travel Clinic Havenziekenhuis (Rotterdam). Deputy Convener of the Society of Apothecaries of London's Diploma in the Medical Care of Catastrophes (DMCC).
Past: Navy doctor 1982-2012 incl. Fleet Surgeon and Medical Plans Officer, NATO HQ Northwood (UK).
Deployments: Ivory Coast 1995: international XO 212th MASH US Army (212 MASH). St Martin 1999: CO-FDS after Hurricane Luis. Albania 1999: Dep. Force Med. Adviser AFOR (Albania Force) during Kosovo crisis.
Publications: PhD thesis 1999: Epidemiological Studies on Morbidity and Preventive Strategies during a Peace Support Operation in Cambodia. Co-author 2000: "Textbook of Military Medicine: Preventive Medicine", Borden Institute, Walter Reed Army Medical Centre, Washington D.C. (USA). Lead Editor 2015: "Conflict and Catastrophe Medicine", 3rd Edition, Springer-Verlag London (UK). Several articles (inter)national peer-reviewed (military) medical journals.
Specialisation: Senior consultant in Public Health, senior consultant in Travel Medicine.

Janse, J. (Jacobine)

Present: Staff officer Military Health Care Operations at the office of the Surgeon General and at the Military Joint Headquarters (DOPS/JMED)
Past: Flight surgeon at the airbases Leeuwarden and Gilze Rijen.
Project officer aeromedevac at the Air Force HQ, medical branch Breda.
Member aeromedevac-crew NLRAF
Deployments: Afghanistan Kandahar (2010-2011), flight surgeon Role 1 African east coast (2013) ATALANTA, aeromedevac-crew
Specialisation: Public Health (arts Maatschappij & Gezondheid)
Operational military health care system

Pratley, P. (Pierre)

Present: Health Advisor at KIT, Royal Tropical Institute. His work focuses on the intersection of empowerment as a key social determinant of health, and essential component of sustainable development and health systems strengthening. His doctoral dissertation and related publications examine the linkages between women's empowerment and maternal and child health, measurement of empowerment at individual, community and national level and health systems evaluations.
Past: WHO, Health Systems and Services Advisor for Suriname
Specialisation: Women empowerment, Health system strengthening
Publications: P. Pratley Associations between quantitative measures of women's empowerment and access to care and health status for mothers and their children: A systematic review of evidence from the developing world Social Science of Medicine 169, August 2016

Stijnis, C. (Kees)

Present: Consultant Infectious Diseases. Department of Internal Medicine, Infectious Diseases, Centre for Tropical Medicine and Travel Medicine, AMC, Amsterdam. Consultant to the Ministry of Defence.

Past: 1990-present medical doctor Royal Netherlands Navy.
Several maritime operations and deployments Marine Corps, including Cambodia (UNTAC 1992-1993) and Iraq (2003, Senior Medical Officer).
General practitioner Naval Base Parera, Curacao (Dutch Caribbean, 1999-2003).
2005-2011 Resident Internal Medicine and Infectious Disease, Leiden University Medical Centre.
2012 Consultant (3 months) Queen Elizabeth Central Hospital, Blantyre, Malawi. Gorgas expert course, Lima, Peru.

Publications: Echinococcosis, Rabies, S. Aureus, Biological Warfare, Malaria, Leptospirosis, Dengue, Sarcocystis, Zika.

Research: Echinococcosis, Rabies. vaccination schemes.

Wagner, I. (Irina)

Present: Senior advisor and Lecturer at KIT

Past: Researcher at Erasmus University and the Dutch Research Institute for Health Care Research (Nivel)
Advisor at Dutch Health Care Inspectorate
Advisor and manager for projects aiming to improve health care in different countries of Central and East Asia, Africa, the Caucasus and East Europe in various international NGOs

Specialisations: Medical Doctor, Researcher

Publications: More than 40 publications in Dutch and international journals in the area of social determinants of health.

Zeeman, J. (Jolanda)

Present: Trainer Intercultural Communication and advisor at KIT, Department of Intercultural Professionals

DAY-BY-DAY PROGRAMME

Monday

Objectives:

Peacekeeping operations and medical services

The participant can describe:

- the process of decision-making regarding deployment
- possible tasks of the health services in various types of deployment

Priorities in disaster relief

The participant is able to:

- distinguish between types of disasters and determinants
- identify priorities for aid
- define a disaster in relation to context and coping

The Order (exercise 1)

The participant is able to:

- give a summary of the steps taken within the armed forces at various levels prior to the operation order
- identify relevant information from an operation order
- search for and select additional information in preparation for deployment
- understand the role of senior medical officer (SMO) and the relationship with C2

Preparing for deployment (exercise 2)

The participant is able to:

- ensure preparation and monitoring of the medical unit to be deployed, based on the information obtained from the assessment and the resulting guidelines
- prepare the military unit in the medical field for deployment in the targeted area
- develop a prevention (health education and immunisation) strategy on behalf of the unit
- explore medical and public health components of potential humanitarian activities

Experiences from the field

The participant is able to relate a practical example of recent deployment to the course material

Study recommendations for Monday:

Do:

- Disaster Strikes! Test your knowledge and ability to react appropriately.

Read:

- The Order (OPORD). Study classification and which information is of importance to the general military doctor of the unit. Read the documentation on the context: Intelligence
- Operational Planning (see Reader).
- For Dutch participants: the Dutch version of Operational planning (Operationele Geneeskundige Plannings Richtlijn and CDC aanwijzing) is included in the Annex of Reader.

Monday

Time	Subject	Speaker
09.00	Registration (at Tropen Hotel)	
09.30 – 09.45	Welcome	C. Stijnis
09.45 - 11.00	Operations and military medical services	R. Blom/D. Verschoor
11.00 – 11.15	Coffee break	
11.15 – 11.40	Under the banner of the United Nations	Film
11.45 – 12.30	Priorities in disaster relief	A. Hopperus Buma
12.30 – 13.30	Lunch	
13.30 – 14.00	Introduction to the operation order	J. Janse
14.00 – 15.00	Simulation exercise 1: The Order (Opord)	Group work
15.00 – 15.15	Tea break	
15.15 – 17.00	Simulation exercise 2: Preparing for deployment	Group work
17.00 – 17.30	Simulation exercise 2: Presentations	Syndicate presentations
17.30 – 19.00	Dinner	
19.15 – 20.45	Experiences from the field	Invited speakers
20.45 – 21.00	Evaluation	C. Stijnis
	Additional reading	

Tuesday

Objectives:

Health care in low income countries

The participant is able to:

- name the most common health problems in low income countries and their relationship to poverty
- describe the components of the healthcare system and its main challenges
- recognize current global health objectives and programs

Assessment methodology

The participant is able to:

- name the principles of 'rapid assessment'
- apply the triangulation concept to (the planning of) information collection
- determine the validity of information
- recognize the relevant surveillance systems

Assessment and priorities (exercise 3)

The participant is able to:

- identify healthcare problems from various sources of information
- apply rapid appraisal techniques in information gathering
- recognize bias in information sources
- use tools to set objective and reproducible priorities based on given criteria and a list of problems

Co-operation in the field

The participant is able to:

- understand potential barriers to co-operation between NGOs and the military in a context of humanitarian aid
- explore the possibilities of co-operation between NGOs, IGOs and the military
- understand the code of conduct rules

Case study diarrhoeal disease

The participant is able to:

- use the terminology related to outbreaks, case definition and case management
- understand what action is required at the presumption of an outbreak
- describe the information that is required to confirm a possible outbreak
- calculate supplies for the treatment of populations threatened by an outbreak
- assess the need for a treatment centre, its design and plan the resources required

Study recommendations for Tuesday:

Read in reader:

- Camp or integration into the local population? Advantages and Disadvantages
- Civil-Military Co-operation
- WHO, CDCinE, Chapter 1: Rapid assessment pp. 5-8.
- Code of conduct

Tuesday

Time	Subject	Speaker
8.30 – 8.45	Summary day 1/Overview day 2	C. Stijnis
08.45 – 10.00	Health care in low income countries	P. de Graaf
10.00 – 10.15	Coffee break	
10.15 – 11.00	Assessment methodology	I. Wagner
11.00 – 12.30	Simulation exercise 3: Assessment & priorities	Group work
12.30 – 13.30	Lunch	
13.30 – 14.30	Simulation exercise 3 continued: Assessment & priorities	Group work
14.30 – 15.00	Simulation exercise 3: Presentations	Syndicates
15.00 – 15.15	Tea break	
15.15 – 15.30	Co-operation in the field	C. Stijnis
15.30 – 17.30	NGOs and Military Discussion with NGO representatives	Group work C. Stijnis
17.30 – 19.00	Drinks and Dinner	
19.00 – 20.45	Case study: diarrhoeal disease	Group work
20.45 – 21.00	Evaluation	I. Wagner
	Additional reading	

Wednesday

Objectives:

Malnutrition, surveys and nutrition interventions (case nutrition)

The participant:

- can analyse a health problem by using a problem tree
- is familiar with the clinical features of severe malnutrition at individual and population level
- is able to assess the nutritional status of a population
- understands the components of the treatment plan for children with severe malnutrition
- is familiar with WHO field guides for population screening on malnutrition
- recognises the different types of nutrition intervention in a population affected by a disaster

A health post in a refugee camp

The participant is able to:

- identify various functional units in a healthcare centre
- make an assessment of the health needs in a given refugee population
- specify criteria for the selection of a suitable location for a healthcare centre in a camp

Communication with local partner

The participant:

- is aware and can give examples of differences in communication styles in an intercultural setting
- can make an assessment of the impact of the cultural setting on communication
- is aware of hidden assumptions, perceptions and ways of communicating and develops sensitivity in inter-cultural situations

Simulation exercise 4: Coordination

The participant is able to:

- acknowledge the complexity of coordination in a humanitarian aid situation
- understand the different interests of the parties involved (Local authorities, NL-BAT, NGO's, EU and UNHCR)
- describe the role and position of UNHCR in relation to a number of relief issues

Study recommendations for Wednesday:

Read in reader:

- Ad Groen "Malnutrition in Children"
- Humanitarian organizations and their coordination in humanitarian assistance

Wednesday

Time	Subject	Speaker
08.30 – 08.45	Summary day 2 / Overview day 3	C. Stijnis
08.45 – 09.05	A Refugee Camp. Films and discussion	P. de Graaf
09.05 – 10.20	Case nutrition: Problem Tree	Group work / presentations
10.20 – 10.30	Coffee break	
10.30 – 11.05	Malnutrition in children: diagnosis and treatment	A. Groen
11.05 – 11.45	Case nutrition: Assessment and Plenary assessments Betaland	P. Pratley / Group work
11.45 – 13.00	Case nutrition: Surveys and Plenary discussion on Surveys and nutrition interventions	P. Pratley / Group work
13.00 – 15.00	Lunch Visit to The Tropenmuseum	
15.00 – 15.30	A health post in a refugee camp. Film and discussion	P. de Graaf
15.30 – 16.00	Communication with local partner	J. Zeeman
16.00 – 16.15	Tea break	
16.15 – 17.15	Communication with local partner	J. Zeeman
17.15 – 17.45	Simulation exercise 4: Coordination <i>Preparation</i>	Role play A. Hopperus Buma
17.45 – 19.00	Dinner	
	Simulation exercise 4: Coordination	A. Hopperus Buma
19.00 – 19.45	<i>Lobby</i>	
19.45 – 20.30	<i>Meeting</i>	Role play
20.30 – 20.45	<i>Discussion</i>	
20.45 – 21.00	Evaluation	C. Stijnis
	Additional reading	

Thursday

Objectives:

Case study meningitis

The participant is able to:

- assess if there is a meningitis outbreak using clinical and epidemiological data
- propose a list of interventions and identify the contribution of the military
- take the first steps towards organizing a vaccination campaign

Communication local partner (role play)

The participant is able to:

- make an assessment of the impact of the cultural setting on communication
- adjust communication style based on anticipated problems in communication

Primary care in low income countries: A rural clinic

The participant is able to:

- recognise the role and main activities of a rural clinic in a low income country
- describe tools and strategies that support quality of care

Case study: Primary care in low income countries

The participant is able to:

- assess his/her role in providing curative care in a primary setting;
- use protocols and guidelines on curative care in low income countries

Health and disease in other cultures

The participant:

- has knowledge of cultural differences in perception of health, disease, death and misfortune
- is aware of cultural differences in help-seeking behaviour with regard to presentation of complaints and expectations towards treatment

Study recommendations for Thursday:

Read in reader:

- WHO: communicable disease control in emergencies, Chapter 5: Acute respiratory diseases, diarrhoeal diseases, HIV/AIDS, malaria, measles, tuberculosis.

Thursday

Time	Subject	Speaker
08.30 – 08.45	Summary day 3 / Overview day 4	C. Stijnis
08.45 – 10.30	Case study: Meningitis	Group work
10.30 – 10.45	Coffee break	
10.45 – 12.15	Communication with local partner: Role play	JK. Krugu
12.15 – 13.15	Group photo and Lunch	
13.15 – 14.00	Primary care in low income countries: A rural clinic	P. de Graaf
14.00 – 14.15	Introduction to case study	C. Stijnis
14.15 – 15.00	Case study: Primary care in low income countries	Group work
15.00 – 15.15	Tea break	
15.15 – 16.00	Case study: Primary care in low income countries (continued)	Group work
16.00 – 17.00	Health and disease in other cultures	A. Groen
17.00 – 17.45	Crossroads	Film/P. de Graaf
17.45 – 18.00	Evaluation	I. Wagner
18.00 – 21.00	World buffet	Hotel lounge

Additional reading

Friday

Objectives:

Case study: Mother and child care

The participant:

- is able to assess the nutritional and vaccination status of children using the Under Five Card
- is familiar with the WHO guidelines regarding the treatment of HIV-infected people and the prevention of vertical HIV-transmission
- can use current protocols for preventive Mother and Child health care
- can cooperate in a vaccination campaign

Sexual violence

The participant is able to:

- understand the nature of sexual violence in armed conflict
- consider and implement practical measures aimed at preventing and responding to sexual violence in conflict areas

International humanitarian law in armed conflict

The participant is able to:

- identify and describe ethical dilemmas related to IHL
- explain the origin, purpose and relevance of the IHL principles
- identify and discuss current challenges to contemporary humanitarian action
- understand how the ICRC applies humanitarian principles in practice.

Redeployment

Upon termination of the deployment the participant is able to:

- prepare a plan for the transfer of ongoing humanitarian activities, including patient care
- contribute to the different types of reporting
- consider potential health risks for the troops during and after redeployment

Study recommendations for Friday:

Read in reader:

- WHO, EPI vaccines in HIV- infected individuals
- Humanitarian law of armed conflict

Friday

Time	Subject	Speaker
Before 08.45	Check-out from the hotel	
08.45 – 09.00	Summary day 4 / Overview day 5	C. Stijnis
09.00 – 11.00	Case study: Mother and child care	A. Groen/ P. de Graaf Group work
11.00 – 11.15	Coffee break	
11.15 – 13.00	Conflict related sexual violence	R. Ghafoerkhan
13.00 – 14.00	Lunch	
14.00 – 15.30	International humanitarian law in armed conflict, case study	T. Beeloo Group work
15.30 – 15.45	Tea break	
15.45 – 16.30	Simulation exercise 5: Redeployment	Group work
16.30 – 17.00	Evaluation and Closure	C. Stijnis