

 Compendium Of **5th Global Nepali Health Conference**

5TH GLOBAL NEPALI HEALTH CONFERENCE
September 15-17, 2023
Tokyo, Japan

MIGRANT HEALTH MATTERS, UNIVERSAL CARE FOR ALL



IN COLLABORATION WITH



Embassy of Nepal
Tokyo, Japan

EVENT PARTNER



Aangan

Newari Khaja & Thakali Bhanchha Ghar
ネパール民族料理アーガン

ORGANIZED BY



Global Health Committee of NRNA



BOOK OF ABSTRACTS

Message from Minister of Health & Population



I am profoundly delighted to write for the compendium featuring scientific abstracts and programs of the 5th Global Nepali Health Conference being held in Tokyo, Japan from September 15th to 17th, 2023.

For over half a decade, the Global Health Committee of the Non-Resident Nepali Association (NRNA) has been organizing the prestigious Global Nepali Health Conference, an annual event traversing various countries. Having graced the United States, United Kingdom and Australia in the preceding years, this year's conference finds its esteemed venue in Japan.

I am delighted to learn that previous similar conferences in the past had inspired and encouraged hundreds of Nepali academics, scientists, and researchers to share their findings and work, ultimately benefiting the Nepali residing in different parts of the world and within Nepal itself.

Nepali migrant workers across different countries often face several health issues, which underscores the pressing need for attention to their health-related challenges. Hence, the theme of this conference centers upon the migrant's health and endeavors to explore the dimensions of Universal Health Coverage for this segment of the population. I hope that this conference will discuss and conclude to addressing the ways and means to improve the health of Nepali migrants.

I take this opportunity to extend my heartfelt congratulations to the Global Health Committee of NRNA and extend my appreciations to its chairperson, Dr. Sanjeeb Sapkota and his team for their commitment to bringing the fore the paramount issue of health and well-being of Nepali migrants worldwide.

I extend my best wishes for the conference to be a great success.

Best regards,

Mohan Bahadur Basnet

Minister for Health and Population

Message from NRNA Executive President



We are immensely pleased that NRNA ICC Global Health Committee is organizing the 5th Global Nepali Health Conference in Tokyo, Japan during September 15-17, 2023. The conference will have several scientific presentations including a panel discussions, workshop, and other activities during three-day long intensive program. Global Health Committee has been organizing the Conference each year since 2019.

This conference is bringing together people of Nepali origin from the diaspora working in diverse fields to share their knowledge, expertise, and experience and united them and encouraged them to transfer technology in numerous areas of health sector. The theme of the Conference is very fitting this year 'Migrant Health Matters, Universal Health Care for All.' Hundreds of thousands of migrants of Nepali origin work in the diaspora in over 100 countries. Their Health and wellbeing has not received the adequate attention it deserves. We are delighted that the Global Health Committee has placed a spotlight on Migrant Health. Migrants face numerous health issues such as Chronic Disease, Infectious Disease and Mental Health Issues. We are confident this conference will address those issues and the burden of disease on them could be lessened.

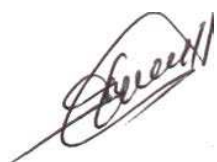
We understand that organizing a conference of this size and nature takes huge planning, preparation and resources. We express our appreciations for the chairperson of the Global Health Committee Dr. Sanjeeb Sapkota who has been continuously and diligently working over several years in uplifting the health of Nepali diaspora through numerous events and activities such as this conference.

We also express our gratitude Dr. Aliza KC Bhandari, the chair of the 5th Global Nepali Health Conference, Dr. Lushun Chalise the chair of the Scientific Committee and many members of the Conference organizing committee, subcommittee, and volunteers for putting their effort and dedication to make this conference a reality. We sincerely thank Nepal Government, its concerned Departments, and the Nepal Embassy in Japan for providing cordial support and cooperation for the success of this conference.

We are hopeful that the conference will bring out the best recommendations on the specific themes and sub theme of public health which will support the benefit the entire Nepali diaspora and communities.

We wish for the great success of the Global Health Conference.

Date: 8\30\2023

A handwritten signature in black ink, appearing to read 'Dr. Badri KC'.

Dr. Badri KC
Executive President

Message from Chair of the Global Health committee, NRNA



Warm welcome to you all at the 5th Global Nepali Health Conference in Tokyo, Japan!

This conference is the largest gathering of people, stakeholders, organizations who have stakes in the health of Nepali outside and inside Nepal, and I am never tired of mentioning this! This conference makes utmost attempt to bring together the health force both outside and in Nepal

who addresses the health of millions of Nepali working and residing around the world.

Since 2019, we have been organizing such conferences each year. The first two conferences were held in the United States in 2019 and 2020, the third was in London, United Kingdom in 2021, the fourth next was in Sydney, Australia in 2022 and the current one, the 5th, in Tokyo, Japan.

These conferences have strived to reach out to over 30,000 health professionals of Nepali origin outside of Nepal-- over 5000 medical doctors, 15,000 nurses and 15,000 allied health workers that include pharmacist, health policy makers, health economists, public health professionals.

'Migrant Health Matters, Universal Health Care for All', the theme of the conference is very fitting to the current scenario. Thousands of Nepali migrants leave their homes and loved one in search of better job to earn better income to support their family. The health service they deserve is not adequately catered to them. The primary purpose of this conference is to address the health needs of these migrants. This has been highlighted in Tokyo Nepali Health Declaration that will be declared at the conference.

This compendium includes scientific abstracts and programs presented at the conference. They are presented in Tokyo and online and cover myriad of topics on prevention, treatment, research and in general improving the health of Nepali.

A long list of people deserves high level of appreciation who have made the conference a grand success. I thank His Excellency Ambassador from Nepal to Japan Dr. Durga Bahadur Subedi, Executive NRNA ICC President Dr. Badri KC, NRNA Vice-President Dr. Hem Raj Sharma, General Secretaries Dr. Keshab Poudel and Mr. Gauri Joshi and the member-secretary Dr. Devi Basnet.

Members of Organizing Committee who worked diligently for the success of conference deserve a huge shoutout include Dr. Aliza KC Bhandari (Japan), Mr. Nabin Neure (Japan), Dr. Sunil Shah (UK), Dr. Lushun Chalise (Japan), Ms. Anisha Bhandari (Nepal), Dr. Bodharaj Subedi (Poland), Mr. Chiran Sharma (UK), Dr. Sagar Poudel (Nepal), Dr. Padam Simkhada (UK), Dr. Bikash Lamsal (Japan). I know there are many others who deserve mention, and I am missing them because of space in this message. I am collectively thanking each of you, you know who you are!

I encourage you to take the maximum from this conference to enhance your knowledge, skills and continued education by participating in our scientific sessions, workshops, seminar, webinar, symposium and training as well in walk & fun run.

Enjoy the 5th Global Nepali Health Conference.

Regards

Dr. Sanjeeb Sapkota

Chair, Global Health Committee, NRNA

Message from President of NRNA-Japan



On behalf of Non-Resident Nepali Association National Coordination Council Japan, I would like to welcome all delegates, speakers and participants to the fifth Global Nepali Health Conference jointly organized by the global health committee of NRNA ICC and NRNA Japan. I am pleased to host this conference in the capital city of Japan this year and would like to thank Dr. Aliza K C Bhandari, vice-president of NRNA Japan for her immense efforts in organizing and managing the activities of this conference.

Tokyo is one of the most beautiful and vibrant cities in the world offering uniquely eclectic mix of traditional and contemporary attractions. Japan is now home for more than 150,000 Nepalese including but not limited to students, high skilled professionals, etc. and the number is still rising. Moreover, the theme of the conference being on mental health makes much more sense regarding the current trends in the health issues faced by Nepalese community in Japan. NRNA Japan is highly concerned with the kind of mental health issues like suicide, depression, domestic violence, work stress, etc. that our community is facing after the pandemic. Hence, we believe that the programs, panel discussions and scientific papers that would be presented into this conference will help to enhance the quality of life of Nepalese residing in Japan and support us in our mission to safeguard the health and welfare of Nepalese living in Japan.

I would like to thank Embassy of Nepal in Tokyo for their immense support in organizing this conference and helping us in coordinating with Nepal and Japan Government. Similarly, I would like to appreciate the efforts of the global health committee, Dr. Sanjeeb Sapkota, chair of the committee, Dr. Lushun Chalise, chair of the scientific committee, Dr. Bikash Lamsal and other healthcare professionals including the entire team of NRNA Japan for supporting the vision of Dr. K C Bhandari and working in unity for the successful implementation of this grand event. Furthermore, I extend my gratitude to our sponsors who have supported this event with their kind contributions.

I wish the team all the best and look forward to meeting you all soon.

Regards,

Nabin Neure

President

NRNA Japan

nneure@gmail.com

Message from Chair of 5th Global Nepali Health Conference



It is a great honor and pride to present myself as a chair of the 'Fifth Global Nepali Health Conference' and host this event in the land of rising sun, Japan, Tokyo with the extremely impeccable theme on '*Migrants Health Matters, Universal Care for All*'. The key objective of this conference is to provide a common platform to share experiences, knowledge and expertise among medical, public health and allied healthcare professionals including but not limited to Nepalese. The conference aims at facilitating an environment where young researchers and professionals with interest in migrants' health

could explore areas on health and related topics, discuss ideas and share innovative thoughts among themselves that can be a rewarding experience of their career. Unlike last year, we have increased our in-person programs. At the same time, to provide equal opportunities for people trying to attend the conference virtually, we have adopted hybrid modality. We have wonderful array of keynote presentations by renowned professionals which is sure to inspire and be informative. Our participants will have a wide range of programs to choose from as we have enriched the conference with several panel discussions, workshops, training programs on cardiopulmonary resuscitation and continuous professional development.

It is gratifying to observe that the number of quality papers presented at the Global Nepali Health Conference continues to increase. This year we received a large number of quality submissions in the form of scientific abstracts and programs. I would like to thank our extremely efficient members from the scientific committee for reviewing all abstracts and working tirelessly on ensuring the quality of the abstracts received. I would also like to extend my gratitude to the Non-Resident Nepali Association, National Coordination Council Japan, and their regional committees for their immense support in the organization and implementation of this conference. Likewise, I would like to thank Embassy of Nepal to Japan for their active support as a collaborator of this conference and providing us with their valuable insights whenever needed. Additionally, I would like to thank our event partner Mr. Robin Sherchan, travel partner Mr. Mahesh Shrestha and all the media partners for their kind support in smooth implementation of this conference. I also would like to appreciate the efforts of Dr. Sanjeeb Sapkota chair of global Nepali health committee, Dr. Lushun Chalise chair of scientific committee 5GNHC and all global health leaders, experts and researchers who supported the conference with their kind participation.

We wish all the attendees of the '5th Global Nepali Health Conference' an enjoyable scientific and professional gathering. I hope that the experiences you gain from this conference will be highly productive and sustainable for the development of your career. We look forward to seeing you all at our next conference too.

Thank you

Sincerely,

Dr. Aliza K C Bhandari (DrPH)

Chair, Fifth Global Nepali Health Conference

Vice-president, NRNA Japan

Message from the Chair of Scientific Committee



I am deeply honored to welcome you to the 5th Global Nepali Health Conference, a landmark event focused on migrant health, hosted for the first time in Japan.

This compendium encapsulates the essence of our conference, themed 'Migrant Health: Universal Care for All,' which convened researchers, healthcare professionals, and enthusiasts from around the world to explore and address the health challenges faced by migrants, particularly the Nepalese community.

Within these pages, you will find a collection of scientific insights and research findings from more than 30 scientific abstracts presented across a spectrum of scientific sessions, ranging from clinical and basic medicine to public health. The diversity of topics and the participation of esteemed invited speakers and session chairs promise an enriching experience for all.

Additionally, we are hosting keynote lectures and special sessions addressing crucial issues like "Migrant Access to Healthcare in Japan", "Health Education for Migrant Children in Japan", and "Prevention of HIV and TB" to name a few. These sessions, featuring on-site presentations and virtual talks via Zoom with prominent experts and representatives from various sectors, encompass a diverse range of topics, reflecting our commitment to advancing scientific knowledge.

Together, we aim to foster meaningful scientific discussions and hope to generate innovative ideas to address the healthcare challenges faced by migrants in Japan and the global Nepalese diaspora. I eagerly anticipate the insights and solutions that will emerge from our collective efforts.

This conference is a testament to the dedication and collaboration of numerous individuals and organizations, namely His Excellency the Ambassador and Nepalese Embassy in Japan, past and present NRNA NCC Japan president and executive committee members and NRNA Global Health Committee to mention a few.

The scientific committee extends its gratitude to all participants, speakers, and contributors who came together to make this conference a resounding success. Your dedication and enthusiasm have enriched this compendium, making it a valuable resource for anyone committed to improving migrant health worldwide.

Finally, I extend my heartfelt gratitude to each member of the scientific committee whose invaluable contributions were instrumental in ensuring the authenticity and scholarly nature of this conference.

May these proceedings serve as a lasting testament to our shared commitment to 'Universal Care for All' and inspire future endeavors in the realm of migrant health.

Regards

Dr. Lushun Chalise, MD, PhD
Chair, Scientific Committee

Message from the Editor-in-Chief of the Compendium



First, I would like to welcome you all to the 5th Global Nepali Health Conference, going to be held at Tokyo, Japan. This conference will help you to enhance your knowledge, experience and skills related to the health of the Nepalese people living inside and outside of the country.

In this Conference, we are launching a compendium that includes scientific abstracts, Messages, description of the programs and events. This compendium reflects the essence of our conference, themed 'Migrant Health: Universal Care for All,' which convened researchers, healthcare professionals, and enthusiasts from around the world to explore and address the health challenges faced by migrants, particularly the Nepalese community.

In this Compendium, there are more than 30 scientific abstracts received from the people all around the world. The received abstracts are highly recognized from the scientific committee members which includes several research insights and findings related to the topics ranging from the clinical and basic medicine to public health. Some abstracts also focus on the advanced IT technologies in support of the health sector like AI, Computer vision and so on. There are three Keynote speeches and special sessions along with the workshops related to the Health of the Nepalese people.

The messages from the Health and Population Minister of Nepal, President of the NRNA ICC, President of the NRNA NCC along with the organizing and scientific committee are also included for motivating the participants of the Global health Conference. The compendium includes the Title, Abstract, Keywords, Authors name and affiliation, contact email and short profile of the presenting author.

We aim to foster the scientific discussions and share about the scientific research related to the health of the Nepalese people, The innovative ideas and findings are always helpful for solving the various problems related to the health sector.

I am very much honored to be the part of this organizing committee as the editor in chief, I would like to thank Dr. Lushun Chalise, Dr. Sanjeeb Sapkota, Dr. Aliza KC Bhandari for trusting on me and providing me this opportunity to serve this conference and launch a Compendium for the enhancement of knowledge, skills and experience related to the health of Nepalese People.

Finally, I extend my heartfelt gratitude to each member of the scientific committee whose invaluable contributions were instrumental in ensuring the authenticity and scholarly nature of this conference.

May this compendium serve as a lasting testament to our shared commitment to 'Universal Care for All' and inspire future endeavors in the realm of migrant health.

Regards

Dr. Bikash Lamsal (Ph.D, Eng.)

Editor in Chief of the Compendium

5th Global Nepali Health Conference

Timetable for the 5th Global Nepali Health Conference

5th Global Nepali Health Conference, Tokyo, Japan, Sept 15-17, 2023			
FRIDAY (Venue: Nakameguro Atlas Tower 6F, 1-26-1 Kamimeguro, Meguro City, Tokyo)			
Date	Nepal Time Zone	Japan Time Zone	PROGRAM SCHEDULE
FRIDAY Sept 15	13:45 - 14:15	17:00 - 17:30	Review of Sydney Declaration (in-person) Dr. Sanjeeb Sapkota/ DrPH. Aliza K C Bhandari/ Dr. Lushun Chalise
	14:15 - 16:15	17:30 - 19:30	Round table discussion: Migrants health issue in Japan (in-person): Dr. Aliza K C Bhandari/ Dr. Sanjeeb Sapkota
	16:15 - 17:45	19:30 - 21:00	DINNER

5th Global Nepali Health Conference September 15-17, 2023, Tokyo, Japan

Date	Nepal Time Zone	Japan Time Zone	PROGRAM SCHEDULE	
SATURDAY (Venue: Shinjuku Bunka Center, 6-14-1 Shinjuku, Shinjuku City, Tokyo)				
SATURDAY Sept 16	5:45 - 6:30	9:00 - 9:45	Conference Registration	
	6:45 - 7:45	10:00 - 11:00	OPENING CEREMONY (Hybrid), Zoom ID: 770 327 8234 Passcode: 2023	
	7:45 - 8:45	11:00 - 12:00	Keynote presentation (in-person): Dr. Lushun Chalise/ DrPH. Aliza K C Bhandari	
	8:45 - 9:30	12:00 - 12:45	LUNCH BREAK & NETWORKING	
	9:30 - 10:30	12:45 - 13:45	On-site Symposium on Migrant Health Dr. Sanjeeb Sapkota/ Dr. Sunil Sah	
	10:30 - 11:30	13:45 - 14:45	On-site Symposium on Medicine and allied Dr. Melissa Ranjit/ Dr. Sandeep Shakya	
	11:30 - 12:30	14:45 - 15:45	Remarks from conference partners/ sponsors	
			Zoom Room 1 Zoom Meeting https://us02web.zoom.us/j/81920633689?pwd=Y2wyUGNvS1RSSkE3dVcxb25ENWVLQT09 Meeting ID: 819 2063 3689 Passcode: 565805	Zoom Room 2 Zoom Meeting https://us02web.zoom.us/j/83353546604?pwd=R3IPQndQUE9NV TJQMm9LcFhrcGZzd09 Meeting ID: 833 5354 6604 Passcode: 2023
	8:30 - 10:00	11:45 - 13:15	Yoga, meditation and mental health: Rekha Ghimire	Health education for migrant children in Japan: Prof. Bishwa Kandel
	10:15 - 11:45	13:30 - 15:00	Oral Session on Migrant Health: Dr. Suman Shrestha / Dr. Subash Adhikari	Symposium on Public/Migrant: Dr. Sagar Paudel / Dr. Santosh Shrestha
	12:00 - 13:30	15:15 - 16:45	Workshop on literature search: Dr. Richa Shah	Symposium on Status Health and Medical Progress in Nepal: Dr. Prakash Raj Neupane / Dr. Laxmi Kumar Parajuli
	13:45 - 15:15	17:00 - 18:30	Oral session on Health Awareness: Dr. Rachana Manandhar Shrestha / Dr. Laxmi Kumar Parajuli	Symposium on Healthcare System and Practices: Dr. Saseem Paudel / Dr. Sushila Paudel
	15:30 - 17:00	18:45 - 20:15	Activities of ASHA: Dr. Sandeep Shakya	Advancing Healthcare through Diagnostic Innovation, Total Quality Management in evolving laboratory landscape: Dr. Bodhraj Acharya
	17:15 - 17:45	20:30 - 21:00	Networking (online, zoom ID:)	

5th Global Nepali Health Conference
September 15-17, 2023, Tokyo, Japan

Date	Nepal Time Zone	Japan Time Zone	PROGRAM SCHEDULE	
SUNDAY (Venue: Daiwa Nishi-Shinjuku Building 8F, 1-14-11 Nishishinjuku, Shinjuku Tokyo)				
SUNDAY Sept 17	3:45 - 5:15	7:00 - 8:30	Global Health Walk & Fun Run Event at Yoyogi park, Tokyo (in-person)	
			Zoom Room 1 Zoom Meeting https://us02web.zoom.us/j/88188227714?pwd=N3NaSzMyVmVNSzRHdUhFNWZsVE40UT09 Meeting ID: 881 8822 7714 Passcode: 176320	Zoom Room 2 Zoom Meeting https://us02web.zoom.us/j/83316510099?pwd=TnhYK3ZCYIArSCtRcWJPRnMrTzU1dz09 Meeting ID: 833 1651 0099 Passcode: 2023
	6:45 - 8:15	10:00 - 11:30	Breaking Barriers-Improving Healthcare Access for Migrants (in Japan): Dr. Lushun Chalise	Challenges and opportunities for Health care workers working out of Nepal and General Health problems of Nepalese migrants: Dr. Nitesh Aryal / Ms. Anisha Bhandari
	10:15 - 11:45	13:30 - 15:00	Access to HIV and TB related healthcare for Nepalese living in Japan: Dr. Prakash Shakya	
	9:15 ~	12:30 ~	In-person session starts	
	9:45 - 9:55	13:00 - 13:10	Nepalese students' health issues in Japan (in-person): Ms. Asmita Lama	
	10:00 - 11:00	13:15 - 14:15	CPD and CPR training (in-person): Dr. Sunil Sah/ Dr. Sanjeeb Sapkota	
	11:15 - 14:45	14:30 - 18:00	Closing ceremony & Tokyo Declaration (Hybrid), Zoom ID: 770 327 8234 Passcode: 2023	
	15:45 - 17:45	19:00 - 21:00	Charity Dinner	

KS	Keynote Speech
Venue	Shinjuku Bunka Center, 6-14-1 Shinjuku, Shinjuku City, Tokyo
Sep. 16	07:45-08:45 (NPT) 11:00-12:00 (JST)
Chair	Dr. Lushun Chalise, Dr. Aliza KC Bhandari

KS-1 ***Medical Situation in Japan- To Receive Medical Care in Japan***
Hiroyuki Izumi

KS-2 ***Migration and Health: Exploring challenges and assessing health-related impact***
Rachana Manandhar Shrestha

KS-3 ***Navigating Health Challenges: The Well-being of Nepali Migrant Workers***
Padam Simkhada

SS	On-site Symposium on Migrant Health
Venue	Shinjuku Bunka Center, 6-14-1 Shinjuku, Shinjuku City, Tokyo
Sep.16	09:30-10:30 (NPT) 12:45-13:45 (JST)
Chair	Dr. Sanjeeb Sapkota, Dr. Sunil Shah

SS-1 ***The Challenges of Health Support for Nepalese Residents in Japan and the Role of NGOs***
Hiromi Kitamura

SS-2 ***Multilingual HIV and syphilis testing events for international migrants in Tokyo***
Tsutomu Kitajima, Takashi Sawada, Hiroko Miyakubi, Tran Thi Hue, Supriya Shakya

SS-3 ***Development of a health handbook for migrant workers in Japan: Migrants' Neighbor Network & Action (MINNA) Project***
Sudo Kyoko, Kanda Miwa, Iwamoto Azusa, Nagai Mari, Sano Masahiro, Abe Yu, Kusaka Keiko, Lee Sangnim, Nguyen Quy Pham, Sawada Takashi, Takada Yukako, Takeda Yuko, Tanaka Hiroshi, Tanaka Masako, Kaji Aiko, Fujita Masami

SS	On-site Symposium on Medicine and allied sciences
Venue	Shinjuku Bunka Center, 6-14-1 Shinjuku, Shinjuku City, Tokyo
Sep.16	10:30-11:30 (NPT) 13:45-14:45 (JST)
Chair	Dr. Sandeep Shakya, Dr. Melissa Ranjit
SS-4	<i>Structural changes in the brain during Parkinson's disease and in learning and memory processes</i> Laxmi Kumar Parajuli
SS-5	<i>Development of a system for detecting the tiredness and drowsiness based on the visible properties of Human eyes and Facial Expression</i> Bikash Lamsal, Bimal Kumar KC, Youbaraj Poudel, Matteo Sardellitti
SS-6	<i>Constitutive secretion of GLP-2 to promote intestinal regeneration</i> Strahil Iv. Pastuhov
SS-7	<i>Effect of Nutrition Intervention on dietary intention among adolescent of public school in Kathmandu Valley, Nepal</i> Aashray Manandhar, Sampurna Kakchapati
SZ	Symposium on Public/Migrant Health
Zoom	Meeting ID: 833 5354 6604
Room 2	Passcode: 2023
Sep. 16	10:15-11:45 (NPT) 13:30-15:00 (JST)
Chair	Dr. Sagar Paudel, Dr. Santosh Shrestha
SZ-1	<i>Health Disparities and Social Determinants of Health Among Nepali Migrants</i> Aassmi Poudyal, Rupesh Mishra, Aliza Shrestha
SZ-2	<i>COVID-19 and its impact on the mental health of the migrant population: a study on Nepalese migrants living in Japan</i> Bharat Singh Negi, Minato Nakazawa
SZ-3	<i>Challenges in Improving Healthcare for Migrants in Japan: Experiences from activities to support the Vietnamese community</i> Pham Nguyen Quy, Sangnim Lee, Takeshi Yoshinaka, Yoshimoto Inoue
SZ-4	<i>Can a school and home garden intervention in schools of rural Nepal bring a positive impact in school children's and their caregivers' food choices: a mixed method study.</i> Rachana Manandhar Shrestha, Pepijn Schreinemachers, Ghassan Baliki, Dhurba Raj Bhattarai, Ishwori P Gautam, Puspa Lal Ghimire, Bhishma P Subedi, Tilman Bruck
SZ-5	<i>Barriers and Facilitating Factors to Healthcare Accessibility among Nepalese Migrants during COVID-19 Crisis in Japan: An Exploratory Sequential Mixed Methods Study</i> Sushila Paudel, Aliza K C Bhandari, Stuart Gilmour, Hyeon Ju Lee, Sakiko Kanbara

SZ	Symposium on Status Health and Medical Progress in Nepal
Zoom	Meeting ID: 833 5354 6604
Room 2	Passcode: 2023
Sep. 16	12:00-13:30 (NPT) 15:15-16:45 (JST)
Chair	Dr. Prakash Raj Neupane, Dr. Laxmi Kumar Parajuli
SZ-6	<i>Aging and social security of older people in Nepal</i> Hom Nath Chalise
SZ-7	<i>Transferring Technologies: Surgical Education in Nepal</i> Saseem Poudel
SZ-8	<i>Clinical trials and drug development in Nepal - Potential and practicality</i> Subash Adhikari
SZ-9	<i>Recent neurointerventional advances in the management of acute ischemic stroke</i> Manoj Bohara
SZ	Symposium on Healthcare System and Practices
Zoom	Meeting ID: 833 5354 6604
Room 2	Passcode: 2023
Sep. 16	13:45-15:15 (NPT) 17:00-18:30 (JST)
Chair	Dr. Saseem Paudel, Dr. Sushila Paudel
SZ-10	<i>The Work Scheme of the Healthcare System in Costa Rica: A Model of Success</i> Raj Chapagain
SZ-11	<i>Effect of Postpartum Depression and Role of Infant Feeding Practices on Relative Weight of Child at 1 and 3 Years of Age</i> Drishti Shrestha, Aliza KC Bhandari, Kohei Ogawa, Hisako Tanaka, Chiharu Miyayama, Reiko Horikawa, Kevin Y. Urayama, Naho Morisaki
SZ-12	<i>Japan's NP Education: A Case at Fujita Health University Hospital</i> Chisato Fuseya
SZ-13	<i>The evolution of medical tourism in Japan and its potential lessons for Nepal's healthcare industry</i> Bishnu Khanal

OZ	Oral Session on Migrant Health
Zoom	Meeting ID: 819 2063 3689
Room 1	Passcode: 565805
Sep.16	10:15-11:45 (NPT) 13:30-15:00 (JST)
Chair	Dr. Suman Shrestha, Dr. Subash Adhikari
OZ-1	<i>Mental Health Literacy Program on Anxiety Problems: Creating a global Nepali Online Community</i> Avilasha Singh, Sanjay Yadav
OZ-2	<i>Improvising and emphasizing on mental health of migrant workers and their families back home</i> Deeya Malla
OZ-3	<i>HOW CAN RAM BE BACK HOME WITH HAPPINESS -NOT LOANS AND ILLNESS</i> Dipak Malla
OZ-4	<i>Migrants' Right to Basic Healthcare</i> Dissanayake, I.S.
OZ-5	<i>Mental Health Challenges Among South Asian Immigrants: Understanding Prevalence, Contributing Factors, and Culturally Sensitive Interventions</i> Fahima Rasid, Kiran Sapkota
OZ	Oral session on Health Awareness
Zoom	Meeting ID: 819 2063 3689
Room 1	Passcode: 565805
Sep. 16	13:45-15:15 (NPT) 17:00-18:30 (JST)
Chair	Dr. Rachana Manandhar, Dr. Laxmi Kumar Parajuli
OZ-6	<i>TOBACCO CONTROL IN NEPAL: COLLABORATIVE EFFORT OF GOVERNMENT OFFICIALS, MEMBERS OF PARLIAMENTS, NRN, CIVIL SOCIETY AND MEDIA</i> Bhisa Kafle
OZ-7	<i>Rights to reproductive and Sexual Health</i> Rima Maharjan
OZ-8	<i>Prevalence of Alcohol Consumption in a Rural Community of Nepal – 2023</i> Samriddhi Subedi, Anu Mehta
OZ-9	<i>Health promotion of Elderly: Enhancing Well-being and Quality of Life in Nepal</i> Youraj Roka

Scientific Committee

Chair:

Dr. Lushun Chalise, Nagoya Central Hospital, Nagoya, Japan

Scientific Committee Members:

Dr. Bikash Lamsal Kajima Corporation Technical Research Institute, Japan & B&B Tech., Nepal

Dr. Melissa Ranjit, Nagoya University, Nagoya Japan

Dr. Prakash Raj Neupane, President, Surgical Oncology Society of Nepal

Dr. Sagar Poudel, Physician and Public Health Expert, Nepal

Dr. Santosh Shrestha, Tokatsu Hospital, Japan

Dr. Saseem Poudel, Hokkaido University, Japan

Mr. Subash Adhikari, Pharm D, Clinical Research Specialist, & The Univ. of Tokyo

Ms. Sujata Adhikari, The University of Tokyo, Japan

Dr. Suman Shrestha, Gunma University, Japan



Dr. Lushun Chalise



Dr. Bikash Lamsal



Dr. Melissa Ranjit



Dr. Prakash Raj Neupane



Dr. Sagar Poudel



Dr. Santosh Shrestha



Dr. Saseem Poudel



Mr. Subash Adhikari



Ms. Sujata Adhikari



Dr. Suman Shrestha

Migrant Health Absolutely does Matter



Dr. Sanjeeb Sapkota

Chair, Global Health Committee, NRNA

Sanjeeb Sapkota

Over a decade ago more than 520,000 labor permits were issued to Nepalis planning to work abroad by the Labor department. This has increased by many folds almost a decade after in 2023. Malaysia is now the number one destination country for Nepali migrants, closely followed by Qatar, Saudi Arabia, UAE and Kuwait.

These migrants, mostly male, are exposed to numerous health issues that have not been addressed adequately. Inequitable access to health has been a major concern among the migrants. Isolated studies have shown diseases related to the heart and kidney are common among migrants so is the infectious diseases as well as diseases and injury related occupational health.

Studies also shows Mental depression, suicide ideation are common among migrants in any country. In fact, there is hardly any country where migrant have been working where mental health issue is not a problem. Unfortunately, we do not see mental depression in the community as people tend to keep those hidden. What we hear is that suicide is a likely outcome of the extreme mental health issue. Over 1000 suicides took place among Nepali migrants over the years, particularly during the pandemic.

This compendium or book of abstract has numerous studies, presentations and articles that address health issues among migrants. We believe this provides the knowledge and excellence in science on migrant health.

Happy Reading!

Tokyo Declaration

5th Global Nepali Health Conference (5th GNHC)

Sept 15-17, 2023

Tokyo, Japan

Theme: Migrant Health Matters, Universal Health Care for All

We, the participants of the 5th Global Nepali Health Conference, gathered in Tokyo, Japan, physically and virtually, from September 15-17, 2023, representing expert individuals, organizations, associations, and agencies from Japan, Nepal, and around the world. We acknowledge our unique role and accountability in improving the health and well-being of Nepalese migrants working globally and their access to basic healthcare. We affirm to the following realities and commitments for maintaining health and improving it for the Nepali people around the world:

1. Health as a universal human right is a priority for all individuals, communities, states, and nations. We affirm the importance of ensuring that no Nepalese person is left behind in accessing health information and services worldwide.
2. We call upon governments of host countries, where Nepalese reside, study, or work, to guarantee access to basic universal health care for Nepalese migrants. We also urge bilateral and multilateral agencies, organizations, and associations to recognize and address the health needs of migrants.
3. Integrated medical care, nursing care, and public health management are essential for effectively addressing diseases and their risk factors. We acknowledge the significant role of health advocates and activists in this integrated approach.
4. Migrants face unique health challenges, and we recognize the need for tailored approaches to address these challenges effectively.

5. We note the alarming increase in migrant suicides and its socio-economic impact. We call upon Nepali mental health professionals around the world to unite and provide support for those affected.

6. We advocate for integrated healthcare provision to maximize health benefits, whether for diseases like diabetes, depression, cancer, or COVID-19, and their risk factors such as obesity, malnutrition, or physical inactivity.

7. Achieving comprehensive health management requires collaborative effort of clinicians, public health experts, nurses, and social health workers. This conference aims to bring these healthcare professionals together for holistic health care.

8. We acknowledge the essential role of each participant, partner, individual, agency, and organization in providing healthcare to Nepalese globally.

9. Recognizing health inequity as a cause of health disparities, we emphasize the need to discuss and address its root causes effectively.

10. We pledge to unite in a global network of health professionals to improve healthcare delivery for the Nepalese community. We also call upon Nepali-origin nurses, whether affiliated with health teams worldwide or working independently, to join a network of Nepalese nurses to enhance healthcare for the Nepalese community.

11. We are delighted to witness the launch of the Japan Nepali Medical Association, which aims to strengthen networking among Nepalese health professionals and provide services to medically marginalized Nepalese migrants in Japan.

12. We acknowledge the main barriers to migrants' access to healthcare are language, culture, legal and financial status, education level, and unseen biases. This conference takes a significant step towards removing these barriers and improving healthcare for migrants by providing a solid platform for various individuals and organizations working on migrants to connect to relevant experts and agencies.

13. Recognizing the importance of mental health in overall well-being, we commit to addressing mental health issues within our healthcare initiatives.

14. We highlight the significance of research in the development of the health sector and pledge to support Nepalese researchers worldwide.

15. The health of women, including preventive, curative, and promotive care, is crucial for families, communities, and nations. We call upon all stakeholders to prioritize and enhance the health of Nepalese women worldwide.

16. We strive to establish telehealth, language services, referrals, and online translation services for community members in need.

17. Collaboration among healthcare professionals can enhance our efforts and lead to improved health outcomes for Nepalese people around the globe.

18. We recognize the growing need for a scientific journal dedicated to the health of global Nepali communities. We have committed to creating a compendium of the scientific sessions of the 5th Global Nepali Health Conference as a valuable scientific reference.

19. We recognize the need for a safe working environment for medical practitioners to give their best to save patients' lives and ensure their welfare. The global Nepalese community should condemn any kind of violence against health workers in the strongest words.

20. Universal healthcare cannot be achieved by the health sector alone. We emphasize the importance of collaboration and partnership across related sectors to optimize health outcomes for Nepalese all around the world.

On behalf of the 5th Global Nepali Health Conference in Tokyo,

Dr. Lushun Chalise, MD, PhD

Chair

Scientific Committee, 5th GNHC

Dr. Aliza KC Bhandari, DrPH

Chair

Organizing Committee, 5th GNHC

Dr. Sunil Sah

Co-chair

Global Health Committee, NRNA

Dr. Sanjeeb Sapkota

Chair

Global Health Committee, NRNA



Keynote Speech

Session Chair

Dr. Lushun Chalise

Dr. Aliza KC Bhandari

Medical Situation in Japan - To Receive Medical Care in Japan



Hiroyuki Izumi, M.D., Ph.D.

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Nihon University School of Medicine, Tokyo, Japan

Hiroyuki Izumi

Abstract:

Medical system in Japan is thought to be one of the best in the world in terms of its easy access for medical care and its level.

This is largely due to the public health insurance system. This makes it possible for us to see a doctor without worrying about medical expenses when we are in sick.

However, it is not always easy to receive medical care for foreign nationals in Japan, because of unfamiliarity with the medical system. In particular, there seems to be a lot of confusion in case of pregnancy and delivery or sudden illness of children.

I will speak about situation of medical care in Japan including medical insurance and emergency medicine.

Keywords: medical system in Japan, health insurance, emergency medicine

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Presenting Author's Profile: Dr. Hiroyuki Izumi received his Doctorate degree in Medicine from Nihon University in 1993. He currently works for the Department of Pediatrics, Itabashi Medical Association Hospital. He is the Clinical Professor of Nihon University School of Medicine.

Migration and Health: Exploring challenges and assessing health-related impact



Rachana Manandhar Shrestha

Dr. Rachana Manandhar Shrestha

Department of Epidemiology and Prevention, National Center for Global Health and Medicine, Shinjuku, Tokyo, Japan

Abstract:

Migration poses multifaceted challenges that significantly affect the health and well-being of both migrants and those left behind. Given the sharply increasing trend of migration in Nepal, there is a need to understand diverse health challenges migrants encounter, ranging from difficulty in healthcare access to occupational hazards to mental health problems, and reproductive health issues, particularly in women. While remittances from migrants strengthen Nepal's economy, their health-related challenges cannot be overlooked. This presentation will explore such challenges experienced by Nepalese migrants in Japan. It will also draw a connection between parental migration and its health-impact with studies from rural Vietnam, which assessed the impacts of parental absence, including due to parental migration, on various physical and mental health outcomes. It will particularly focus on the potential negative health consequences faced by the families left behind. Migration, especially when it results in parental absence, can leave children in environments that may negatively influence their overall growth and well-being, with lasting health impacts extending into adulthood. The connection between parental absence, a significant component of adverse childhood environments, and its impact on children's and adult's health has been a topic of significant interest in developed countries. However, evidence is scarce in low-and middle-income countries, where parental absence due to migration is more common. Set against the backdrop of Vietnam war, our studies among middle-aged Vietnamese adults revealed the strong association between parental absence, especially from parental migration during childhood and depressive symptoms in adulthood. Parental absence was also marginally associated with being underweight in adulthood, though no significant association with metabolic syndrome was observed. Drawing conclusions from previous studies, personal narratives, and my research experience, it's evident that comprehensive research and interventions that focus on Nepalese migrants as well as their families are indispensable to mitigate short and long-term health impacts on both groups.

Keywords: challenges, depressive symptoms, migration, parental absence.

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Presenting Author's Profile: Dr. Rachana Manandhar Shrestha is a global health researcher. Currently, she is affiliated with the Department of Epidemiology and Prevention at the National Center for Global Health and Medicine. Her recent projects include COVID-19 research among Japanese healthcare workers, studies on colorectal cancer among Japanese people, and cardiovascular disease risks in rural Vietnamese communities, occupational health focusing on life-style related diseases and work-family conflict among Japanese workers working across various companies.

Navigating Health Challenges: The Well-being of Nepali Migrant Workers



Padam Simkhada

Prof. Padam Simkhada

School of Human and Health Sciences, University of Huddersfield, UK

Abstract:

Nepal has witnessed a significant outflow of its citizens in pursuit of better economic opportunities abroad. While these migrant workers contribute substantially to the national economy through remittances, their sacrifices come at a steep cost - their health and well-being. This presentation delves into the several health challenges confronting Nepali migrant workers, highlighting the physical, mental, and social aspects of their health.

Nepali migrant workers often find themselves in demanding and hazardous work environments, particularly in Middle East and Malaysia, leading to occupational injuries and illnesses. Lack of access to healthcare and limited awareness further exacerbate their physical health concerns. This presentation will explore the prevalence of injuries, infectious diseases, and the impact of long working hours on their overall well-being. Furthermore, the psychological toll of migration, separation from families, and the harsh living conditions abroad take a significant toll on the mental health of Nepali migrant workers. Mental health issues such as depression, anxiety, and trauma often go unnoticed and untreated. The socio-economic determinants of health among Nepali migrant workers, including their living conditions, access to education, and financial stability, will also be explored. The presentation will underline how these factors intersect with their physical and mental health outcomes. To address the health challenges faced by Nepali migrant workers, this presentation will propose a set of policy recommendations, including improved access to healthcare, mental health support services, pre-departure training, and stronger labour protection laws.

In conclusion, this presentation seeks to raise awareness about the pressing health challenges confronting Nepali migrant workers, drawing attention to the urgent need for comprehensive solutions and policy reforms. By prioritizing the well-being of these individuals, we can not only protect their rights but also harness the full potential of their contributions to Nepal's development. The 5th Global Nepali Health Conference serves as a crucial platform for initiating a meaningful dialogue and collaboration towards improving the health and well-being of Nepali migrant workers.

Keywords: Nepal, Migrant workers, Health challenge, Remittances, Policy recommendations

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Presenting Author's Profile: Prof. Padam Simkhada is an Associate Dean International and Professor of Global Health at the University of Huddersfield. Prof Simkhada is an active researcher, having authored over 200 peer reviewed articles and book chapters. His current research are on health system research in Nepal and health issues of migrant workers. He is internationally known in public health field. He has received many prestigious awards of public health field such as Global Health Award.



On-site Symposium on Migrant Health

Session Chair

Dr. Sanjeeb Sapkota

Dr. Sunil Shah

The Challenges of Health Support for Nepalese Residents in Japan and the Role of NGOs



Hiromi Kitamura

Hiromi Kitamura

Tabunka Kyosei Center HYOGO
Graduate School of law, Meijo University

Abstract:

As of the end of 2022, there are approximately 3 million foreigners living in Japan. Among them, Nepalese nationals make up 140,000 people, ranking as the sixth-largest group among all foreign residents. When categorized by residency status, the majority of Nepalese are under the “Dependent (family stay)” status, followed by “Student,” “Engineer/specialist in humanities/international services” and “Skilled labor” in that order.

According to the Migrant Integration Policy Index (MIPEX), the “HEALTH” score is high, indicating that there are healthcare services guaranteed for foreign residents in Japan as per the policies. However, there are still lots of “barriers” and the severest one is, in the author's opinion, the accessibility to the healthcare service due to lack of mutual understanding. The commitment of Japanese healthcare professionals is generally low, and foreign residents also lack opportunities to understand the healthcare system different from their home country. Some local governments and certain medical institutions have interpreters available, but many people are unable to find them, and even if they could access the services, Nepali language interpreters are very rare. What may be a small step for Japanese can be a significant hurdle for foreign residents.

In such a situation, NGOs that provide support for the lives of foreign residents play a role of empathizing with them and providing assistance. The activities include various services such as assisting in finding hospitals that accept foreign residents, arranging interpreters, and providing support for consultations, among others.

For this presentation, I will be reporting on the practical efforts in the Kansai region (west area in Japan), where I am actively involved, and examine the features and challenges of these initiatives.

Keywords: Health Support, Migrants, Role of NGOs

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Presenting Author's Profile: After obtaining a midwifery license, Ms. Kitamura continued her clinical work and engaged in activities as a JICA volunteer in Senegal. Since 2002, she has been providing support for foreign residents in Japan through Tabunka Kyosei Center-Hyogo (an NGO). In 2005, she completed her master's degree from the Graduate School of Human Sciences at Osaka University and has been involved in teaching and activities at various colleges in Japan.

Currently, she is focused on activities supporting foreign residents and talent development mainly within the Kansai region. She is also pursuing a doctoral degree in the Graduate School of Law at Meijo University. Her main research theme is the reproductive rights of foreign residents in Japan.

Multilingual HIV and syphilis testing events for international migrants in Tokyo



Tsutomu Kitajima

Tsutomu Kitajima¹, Takashi Sawada², Hiroko Miyakubi³, Tran Thi Hue⁴, Supriya Shakya⁵

1. Faculty of Social Sciences, Kyorin University 2. Minatomachi Clinic, 3. Faculty of Foreign Studies, Kyorin University, 4. Faculty of Literature, Kobe Women's University, 5. Japan Foundation for AIDS Prevention

Abstract:

The number of international migrants in Japan was approximately 3 million in 2022, 40% of whom live in the Tokyo metropolitan area, and 80% are from neighboring countries. Nearly 30% of them did not know about their HIV infection until they developed AIDS. In Japan, public health centers offer free anonymous HIV tests but mostly in the Japanese language. Thus, it may not be easily approachable for international migrants. As a part of the research project to improve access to HIV testing and medical services among international migrants, we have been organizing free and anonymous multilingual HIV and syphilis testing events in Tokyo. From November 2021 to January 2023, we conducted the testing events six times. Fifty-three people with 17 different nationalities took the test. Ninety-one percent were male; 85% were in their 20s or 30s; 91% had been living in Japan for more than two years. Forty percent took the test for the first time, and 76% took the test "to know my status." No HIV-positive cases were identified, but two new syphilis cases were referred to medical facilities. Most participants were able to communicate in either Japanese or English. We had a few Nepali participants, which was small relative to the Nepali population in the Tokyo Metropolitan area. Thus, it may be necessary to investigate the barriers to participate in the events. We also hypothesize that some may still feel uncomfortable taking the in-person tests. Therefore, we need to investigate the possibility of conducting multilingual non-facility-based HIV testing.

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Presenting Author's Profile: Dr. Tsutomu Kitajima is a Faculty of Social Sciences professor at Kyorin University and he teaches "Introduction to Global Health Issues" among others. Improvement in healthcare access is one of his main areas of research and has published numerous scientific articles on HIV/AIDS and other infectious diseases of global concern.

Development of a health handbook for migrant workers in Japan: Migrants' Neighbor Network & Action (MINNA) Project



Kyoko Sudo

**SUDO Kyoko^{1,2,3} KANDA Miwa^{1,2,3} IWAMOTO Azusa^{1,2,3} NAGAI Mari^{1,2,3}
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Pham² SAWADA Takashi² TAKADA Yukako² TAKEDA Yuko² TANAKA
Hiroshi² TANAKA Masako² KAJI Aiko⁴ FUJITA Masami^{1,2,3}**

1. National Center for Global Health and Medicine, 2. Health Handbook writing team
3. Migrants Neighbor Network & Action 4. Intl. Org. for Migration Viet Nam

Abstract:

The health issues of migrant workers are on the global agenda.

The Vietnam Migrant Health Working Group (MHWG), co-chaired by the Ministry of Health and IOM Vietnam Office and joined by the Ministry of Labor, WHO, and other agencies, conceived a handbook to protect Vietnamese migrant workers' health in Japan. The National Center for Global Health and Medicine (NCGM) and Migrants' Neighbor Network & Action (MINNA) drafted the handbook building upon many years of international experiences and networks. MHWG identified subjects of the handbook, including medical facilities and health insurance systems in Japan, occupational health, mental health, tuberculosis and HIV and sexual and reproductive health. NCGM and MINNA formed a writing team comprising relevant experts and consulted with NGOs, Vietnamese health professionals and other organizations. Since over 80% of Vietnamese workers in Japan are students and technical intern trainees, the contents and descriptions were designed to be understandable using a Q&A format and characters. In the developing process of the handbook, we learned that health information on many websites in Japan was un-friendly and consultation services were difficult to access for migrants. This is one of the first handbooks specifically on healthcare for migrant workers in Japan. Moreover, the development process provided collaboration opportunities for both sending and host countries and expanded and strengthened networks in multilateral partnerships through UN agencies and multilevel sectors. The health handbook has been released on the website to further innovation and will be translated into several languages such as English, Indonesian, Myanmar and Nepalese.

Keywords: health handbook, migrant worker, host country, Vietnam, Japan

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Presenting Author's Profile: Kyoko Sudo is a Japanese researcher and works at National Center for Global Health and Medicine, Bureau of International Health Cooperation. She is also a member of MINNA (Migrants' Neighbor Network & Action) project and expanding her academic network in Asian countries. The major research area is community elderly care, health workforce especially nurses, and migrant health. She acquired a Master of Science in Nursing in 2007, and a Doctor of Public Health in 2018. She has teaching and training experiences as lecturer of public health nursing and international nursing at Keio University and National College of Nursing, Japan, and WHO EPI officer in Nigeria and Cambodia country office.



On-site Symposium on Migrant Health

Session Chair

Dr. Melissa Ranjit

Dr. Sandeep Shakya

Structural changes in the brain during Parkinson's disease and in learning and memory processes



Laxmi Kumar Parajuli

The University of Tokyo, Japan.

Laxmi Kumar Parajuli

Abstract:

Basic science research serves as the foundation for clinical discoveries. Revealing the structure function relationships of neurons is an important step towards understanding the neuronal disorders. In the brain, neuronal communication is believed to occur through the specialized structures called synapses. Based on my research data, I will discuss about the age-dependent structural changes in the synaptic structures of normal mouse. Further, by comparing and contrasting the data from normal mouse with that obtained from the Parkinson's Disease (PD) mouse model, I will present evidence that PD is accompanied by abnormal development of synapses. In addition, PD related structural changes of synapses start much earlier than the manifestation of clinical symptoms, such as movement related disorders. Furthermore, using the data obtained from two-photon microscopy and glutamate uncaging techniques, I will also discuss about the structural changes that undergo in the brain during the learning and memory processes. Through my talk, I aim to highlight how basic research is an indispensable tool for clinical therapeutics.

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Presenting Author's Profile: Dr. Laxmi Kumar Parajuli received his Ph.D. in physiological sciences from the National Institute of Physiological Sciences (NIPS), The Graduate University for Advanced Studies Japan in 2012. Thereafter, he worked as a postdoctoral researcher in the University of California, Davis and as a JSPS research fellow in the Graduate School of Medicine, The University of Tokyo. Dr. Parajuli worked as an assistant professor in the Department of Cell Biology and Neuroscience at Juntendo University, Japan from July 2017 to December 2020. Currently, Dr. Parajuli is working as a Project Associate Professor in the Data Science Research Division, Information Technology Center at the University of Tokyo.

Development of a system for detecting the tiredness and drowsiness based on the visible properties of Human eyes and Facial Expression.



Bikash Lamsal^{1,2}, **Bimal Kumar KC**², **Youbaraj Poudel**², **Matteo Sardellitti**²,
Lushun Chalise³

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2 B&B Tech., Pokhara, Nepal

3 Nagoya Central Hospital, Nagoya, Japan

Bikash Lamsal

Abstract:

In this paper, we present a robust system for identifying and predicting physical conditions like sleeplessness, tiredness, and potential unwellness by observing the visible properties and movement pattern of the human eyes. We rely on the fact that the above-mentioned physical conditions directly affect the visible properties of human eyes like color, and eye movement. Our approach collects individual eye data over time to determine a normal point for the said individual and tries to find the deviation from the normal point to identify any abnormalities which might be a direct result of sleeplessness or tiredness. The system detects and recognize the human face, extract the properties of the eyes, detect facial expression, and results the output. For this purpose, we propose an original algorithm. Then we have successfully built and deployed a system that identifies human physical condition reading the properties of their eyes supported by the facial expression detection helps to increase the accuracy of our system. The system has been tested and implemented in the Japanese construction sites and offices.

Keywords: Computer Vision, Eye Aspect Ratio, Eye redness, Face Detection, Facial expression, Physical Condition

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Presenting Author's Profile: Dr. Bikash Lamsal received his Doctorate degree in Information and Manufacturing Engineering from the Ashikaga Institute of Technology (now Ashikaga University), Japan in 2017. He currently works for the Technical Research Institute of Kajima Corporation. Currently he is doing his research related to Computer vision, Biometrics, Image Processing and VR/AR. His main research topic includes Physical condition detection by using the Face detection technology, Artificial Intelligence in Medicine, Indoor positioning system and so on. He usually works on advanced IT technologies and holds several patents on Face recognition, VR/AR applications and so on.

Constitutive secretion of GLP-2 to promote intestinal regeneration



Strahil Iv. Pastuhov

Strahil Iv. Pastuhov

Department of Integrated Medicine and Biochemistry
Keio University

Abstract:

Glucagon-like peptide-2, GLP-2, is a peptide hormone with intestinal growth factor properties. GLP-2 promotes crypt cell proliferation and inhibits enterocyte apoptosis, resulting in increased surface area of the intestinal mucosal epithelium, improved barrier function, digestion and absorption. These properties make GLP-2 an attractive option for treating conditions of impaired intestinal epithelium functions such as short bowel syndrome (SBS). Indeed, the synthetic GLP-2 analogue teduglutide is available for treating SBS patients, but its annual cost upwards of \$300, 000 is prohibitive for many patients. An alternative source of GLP-2 could be enhanced endogenous production. However, endogenous GLP-2 secretion is restricted in several ways – it follows the regulated secretory pathway, requiring a number of posttranslational modifications specific for the relatively rare enteroendocrine cells. Moreover, its meal-induced secretion is impaired in SBS patients - precisely the people who could benefit from increased GLP-2 secretion. Rerouting GLP-2 from the regulated to the constitutive secretory pathway would make GLP-2 synthesis and secretion available for a much broader range of intestinal cells, and it should also bypass the secretion impairment in SBS patients. Altogether, this would increase the local concentration of GLP-2, activate the intestinal growth pathway and promote intestinal epithelium regeneration.

Keywords: GLP-2, short bowel syndrome, intestinal regeneration.

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Presenting Author's Profile: Dr. Strahil Iv. Pastuhov is a medical researcher and Asst Professor at Keio University. He is originally from Bulgaria and came to Japan as a MEXT scholar in 2002. He obtained his PhD in 2012 from Nagoya University where he continued as a faculty to work on the mechanisms of axon regeneration using *C. elegans* as a model system before transferring to do research on colorectal cancer metastasis with organoid cell lines in 2022. His love for photography, nature, and hiking balances his scientific expertise with a profound connection to the outdoors.

Effect of Nutrition Intervention on dietary intention among adolescent of public school in Kathmandu Valley, Nepal



Aashray Manandhar¹, Sampurna Kakchapati²

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2 Research Manager, HERD International, Kathmandu, Nepal

Aashray Manandhar

Abstract:

Adolescence is the phase of transition that requires adequate and diverse diet to ensure physical, biological, physiological, and cognitive development. This study aims to investigate the effect of Health Belief Model (HBM) based nutrition intervention on diet improvement intention among adolescents in public schools in Kathmandu, Nepal.

Quasi-experimental study was carried out among 224 students comprising 101 students in the intervention and 123 in the control groups, using a self-administrated questionnaire. Intervention group participated in a nutrition education program. Mann-Whitney U test was performed to compare the mean score of the diet improvement intention, nutrition knowledge, and HBM constructs between the intervention and control group before and after the intervention. Wilcoxon signed-rank test was used for comparing mean score in each group separately before and after the intervention. Multiple linear regression was used for assessing change in diet improvement intention and its associated factors.

Mean score of the diet improvement intention, nutrition knowledge, and HBM constructs (perceived susceptibility, perceived severity, perceived benefit, and perceived barrier) significantly increased in the intervention group compared to the control group. Wilcoxon Signed Rank test revealed a statistically significant positive increase in diet improvement intention following participation in nutrition intervention, $p < 0.0001$. Furthermore, no significant change was observed in control group. Multivariate analysis showed that changes in perceived benefit, change in perceived barrier, change in self-efficacy, and change in nutrition knowledge were associated with change in diet improvement intention (p value < 0.05) of intervention groups.

Results indicated a significant increase in mean score of diet improvement intention and HBM constructs in the intervention group after implementation of nutrition intervention. Nutritional interventions based on HBM can positively influence students' dietary behavior.

Keywords: adolescent, health belief model, nutrition intervention.

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Presenting Author's Profile: Aashray Manandhar earned her master's in public health with a specialization in Health Promotion and Education from Nobel College affiliated to Pokhara University in 2021. She worked as the Research Officer for Nepal Health Research Council and has accumulated five years of valuable experience in the public health sector across various organizations. She is a dedicated public health professional with hands-on experience in nutrition, health promotion, maternal health and WASH sector.



Symposium on Public / Migrant Health

Session Chair

Dr. Sagar Paudel

Dr. Santosh Shrestha

Health Disparities and Social Determinants of Health Among Nepali Migrants



Aassmi Poudyal

Aassmi Poudyal¹, Rupesh Mishra², Aliza Shrestha¹

¹ Department of Health Science, University of New Haven, United States

² Civil Service Hospital, Kathmandu, Nepal

Abstract:

Nepal is developing countries situated in South Asia, witnesses significant emigration due to economic challenges and limited employment opportunities. This research paper aims to explore the health disparities faced by Nepali migrants and investigate the social determinants of health that underlie these disparities.

Methodology: This research paper has used a systematic literature review methodology. The study has conducted a comprehensive search in databases like PubMed, and Google Scholar published between 2000 and 2023, The extracted information was critically reviewed and analyzed.

Findings: The paper highlight that Nepali migrants face multiple health disparities, including physical health issues, mental health challenges, and maternal and child health disparities. These disparities are influenced by various social determinants of health, such as socioeconomic status, language barriers, cultural factors, discrimination, and limited access to healthcare services. Addressing these health disparities requires policy interventions focused on improving healthcare access, enhancing cultural competence, and community engagement. Enhancing healthcare access through migrant-friendly clinics, interpretation services, and health insurance schemes tailored to migrants' needs is essential. Cultural competence training for healthcare providers and community engagement initiatives can promote trust, communication, and better health outcomes. Empowering Nepali migrant communities through community-based interventions enhances health equity and fosters social support networks.

Conclusion: Further research should explore the cumulative impact of social determinants on health outcomes, examine the long-term effects of migration, and evaluate the effectiveness of interventions targeting health disparities. Prioritizing health equity and addressing social determinants can enhance the well-being and overall health of Nepali migrants.

Keywords: Nepali Migrants, Health Disparities, Social Determinants, Physical Health Disparities, Mental Health Disparities, Emigration

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Presenting Author's Profile: Aassmi Poudyal completed her Master's in Public Health, with a focus on Epidemiology, from the University of New Haven in May 2023. She has experience serving as a COVID-19 Health Ambassador at the University of New Haven and as a Public Health Officer in Nepal, where she contributed to various pandemic response initiatives. Her primary research interests encompass community health issues such as infectious diseases and substance abuse. She has multiple publications in peer-reviewed journals and holds a volunteer role in COVID-19 contact tracing the Connecticut Department of Public Health.

COVID-19 and its impact on the mental health of the migrant population: a study on Nepalese migrants living in Japan



Bharat Singh Negi

Bharat Singh Negi¹, Minato Nakazawa¹

Division of Global Health, Department of Public Health,
Kobe University Graduate School of Health Sciences

Abstract

The COVID-19 pandemic has significantly affected international migrants worldwide, leading to challenges such as job losses including a range of mental health issues. A study on the Brazilian community in the US has reported that they were vulnerable due to financial insecurity, fears about documentation status, language barriers, and higher rates of COVID-19 infections, mental health problems, and domestic violence.

Research has shown that lower socio-economic status and social isolation are risk factors for depression and anxiety during the pandemic. Psychological distress during COVID-19 has been influenced by individual resilience, experiences of discrimination, and perception of racial discrimination towards Asians.

The purpose of the survey discussed is to assess the impact of COVID-19 on Nepalese migrants, with a specific focus on mental health issues. The research design involved a cross-sectional study using an online survey through Google questionnaires, reaching participants through social media platforms like Facebook, messenger, and Tik Tok, using chain-referral sampling.

Findings from the survey indicate a high prevalence of anxiety and depression among Nepalese migrants in Japan. Social support was associated with lower anxiety and depression, and gender differences showed higher anxiety levels in females compared to males. Meta-analysis studies also support an increase in anxiety and depression among migrants during the pandemic.

The study recommends further research to understand the mental health situation of migrants in Japan and the need for an integrated social protection policy to support migrants in leading stress-free lives in the country.

Keywords: Nepalese Migrants, mental health, COVID-19, social support.

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Presenting Author's Profile: Dr Negi is a public health professional with more than 10 years of work experience in public health. He graduated with a Masters from the University of Tokyo and PhD from Kobe University in Japan. His research is focused on minority populations such as migrants, people living with HIV, disaster affected people, and people living with disabilities. Mental health and access to health services are the areas of his study. Currently, he is working at Kobe University as a postdoctoral researcher.

Challenges in Improving Healthcare for Migrants in Japan: Experiences from activities to support the Vietnamese community



Pham Nguyen Quy

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4 Dept. of Cardiology, Kyoto Miniren Central Hospital, Kyoto, Japan

5 Dept. of General Internal Medicine, Kyoto Miniren Central Hospital, Kyoto, Japan

Abstract:

The issue of immigrant health poses unique challenges for both migrants and host countries. This review highlights the challenges faced by Vietnamese migrants in accessing healthcare services and achieving optimal health outcomes in Japan, a country known for its homogeneous society.

As of 2022, there were approximately 1.82 million foreign workers in Japan, of which Vietnamese had the largest number by nationality with more than 460,000 people. Since the technical intern trainees account for 40% of the Vietnamese population, the primary obstacles in healthcare access include language barriers, limiting effective communication with healthcare providers. Moreover, limited access to healthcare services due to legal status, financial status and the lack of social support to navigate the complex healthcare system also pose difficulties for migrants. Health literacy and cultural stigma may discourage them from seeking healthcare, resulting in delayed diagnoses and compromised outcomes. Lack of cultural competence and communication skills among healthcare providers also contributes to misunderstandings and inadequate care. In addition, mental health challenges are prevalent among Vietnamese migrants, requiring culturally sensitive mental health services.

To address these issues, Japan needs to improve multilingual medical services, ensure fair access to healthcare, and provide appropriate health education and support for migrants. It is also important to strengthen supervision of working conditions and protect the rights of migrant workers. By recognizing and tackling these challenges, Japan can develop a more inclusive and equitable healthcare system for its diverse immigrant population.

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Presenting Author's Profile: Pham Nguyen Quy, M.D., Ph.D. is the Chief Doctor at the Department of Medical Oncology, Kyoto Miniren Central Hospital and a clinical researcher at Department of Therapeutic Oncology, Graduate School of Medicine, Kyoto University, Japan. He has worked extensively in the area of precision medicine using genomic profiling/Multigene Panel Testing. He is also interested in developing a collaborative network and mobile app to response to patient's individual needs as well as to improve cancer-related literacy in the community. With a strong will to improve early diagnosis and treatment for gastrointestinal cancer, Dr. Quy and his colleagues are transferring knowledge about endoscopy technique from Japan to Vietnam via various activities. He has also delivered medical advices to Vietnamese patients and their family about approaches to standard treatments in Japan.

Can a school and home garden intervention in schools of rural Nepal bring a positive impact in school children's and their caregivers' food choices: a mixed method study.



Rachana Manandhar
Shrestha

Rachana Manandhar Shrestha^{1,2,3}, Pepijn Schreinemachers³, Ghassan Baliki⁴, Dhurba Raj Bhattarai⁵, Ishwori P Gautam⁶, Puspa Lal Ghimire⁷, Bhishma P Subedi⁷, Tilman Bruck^{4,8,9}

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Background:

This study explored the drivers of food choices among school children and their caregivers in rural school of Nepal and determined the impact of school and garden intervention in rural schools in Nepal.

Methods:

This study conducted from 2018 to 2019 in Sindhupalchok district employed a mixed-methods approach. Through key informant interviews and focus group discussions with school children, parents and teachers, the study explored the drivers of food choices. To evaluate the impact of school and home garden project, a randomized control trial was conducted involving 15 treatment and 15 control schools including a matched sample of 779 schoolchildren and their caregivers.

Results:

Cash availability emerged as the main driver, while 2015 Nepal earthquake ranked second, leading to increased consumption of rice, meat, and snack foods. Humanitarian support and rise in local wages post-earthquake made local people habituated to snack foods and meat consumption, resulting in a shift in the food environment. The intervention demonstrated positive outcomes, including a 26% increase in caregivers' food and nutrition knowledge ($p < 0.001$), and a 10% in their liking for vegetables ($p < 0.001$). However, no significant effect on food and nutrition knowledge ($p = 0.666$) was observed among children, although a 6% increase in their liking for vegetables ($p = 0.070$), and healthy food practices ($p < 0.001$) was noted.

Conclusion:

This study highlighted how post-earthquake humanitarian assistance inadvertently contributed to unhealthy eating habits. The school and home garden intervention proved effective in promoting healthier food choices among students and their parents. Our findings underscore the potential of integrated school and home garden interventions in promoting healthier food behaviors and advocate for scaling up of the program throughout the country.

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Presenting Author's Profile: Dr. Rachana Manandhar is a Keynote speaker for this conference. For full profile, please refer to Keynote Speech session.

Barriers and Facilitating Factors to Healthcare Accessibility among Nepalese Migrants during COVID-19 crisis in Japan: An Exploratory Sequential Mixed Methods Study



Sushila Paudel

Sushila Paudel¹, Aliza K C Bhandari^{2, 3}, Stuart Gilmour², Hyeon Ju Lee¹, Sakiko Kanbara^{1,4}

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4 Kobe City College of Nursing, Kobe Japan Department of History, University of Peradeniya, Peradeniya, Sri Lanka.

Abstract:

Background

The COVID-19 pandemic has highlighted the need for global unity and timely access to healthcare for all including multilingual and intercultural societies. This study aimed to identify barriers to healthcare access due to the COVID-19 crisis among Nepalese migrants in Japan and explore ways to counter these barriers, both in routine and crisis situations.

Methods

This study used an exploratory sequential mixed-methods study design. The researchers conducted 11 focus group discussions including 89 participants and an online survey involving 937 respondents. The integration of focus group discussions and logistic regression analysis from the survey was reported via a 'joint display'.

Results

Twenty-six themes on barriers to and six on facilitators of healthcare accessibility were identified by the focus group discussions among which 17 barriers like lack of knowledge of health insurance, language barriers, lack of hotline services, unawareness of available services, fear of discrimination, etc. had a significant association in our logistic regression analysis after adjusting for all confounders. Similarly, the only facilitator that had a significant impact, according to the multivariable logistic regression analysis, was receiving health information from Nepali healthcare professionals (OR = 1.36, 95% CI = (1.01 – 1.82), p-value < 0.05).

Conclusion

The study suggests the need for a crisis information hub that could be coordinated by the Nepal embassy or concerned authorities, flexible policies for active deployment of Nepalese health workers and volunteers, accessible hotlines in the Nepali language, and incorporation of Nepali telehealth services in Japan.

Keywords: barriers, facilitators, healthcare access, migrants, mixed methods.

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Presenting Author's Profile: Dr. Sushila Paudel is a registered nurse of Nepal who received her Doctorate degree in Disaster Nursing Global Leadership (DNGL) Program from the University of Kochi, Japan in 2022; making her the first nurse in Nepal to achieve a degree in this field. She currently works as a research coordinator for the Nepal Intensive Care Research Foundation (NICRF). Her primary research areas include disaster risk reduction, migrant health, primary health care and critical care.



Symposium on Status of Health and Medical Progress in Nepal

Session Chair

Dr. Prakash Raj Neupane

Dr. Laxmi Kumar Parajuli

Aging and social security of older people in Nepal



Hom Nath Chalise, PhD

Faculty Member, Central Department of Population Studies, Tribhuvan University, Nepal

Expert member: WHO (TAG) Advisory Group for Measurement, Monitoring and Evaluation of the UN Decade of HealthyHealty Aging, Geneva, Switzerland

Hom Nath Chalise

Abstract:

Globally population aging is taking place rapidly irrespective of the country's development level. Population aging is taking place rapidly in recent decades in Nepal too. This presentation discusses the aging situation and social security of one of the least developing countries in Asia, Nepal. For the purpose of this paper available secondary data, legal provisions, and published papers are utilized. The 2021 census of Nepal shows, fertility and mortality are decreasing and average life expectancy, as well as the proportion of the older population, is increasing rapidly in Nepal. The aging population has resulted in problems in the social-cultural, economic, demographic, labor, health, and care of the elderly. Demographically, Nepal is rich in having a large working-age population, but the young population is migrating to other countries in search of higher education or job. It seems that Nepal will get older before it will be rich. Traditionally older people were cared for by family members in Nepal. In Nepali society, culturally taking care of parents is considered the children's Dharma (literal duty). On the other hand, modernization, industrialization, and the migration of children have created pressure on the traditional living arrangement and care of older people. Nepal's government also provides Nepalese Rs. 4000 of old age allowances to her citizens without direct contribution for this purpose. The total amount of money spent on the social security (old age allowances) of older persons will exceed more than 10% of the National budget in the coming days. So, the old age allowances although very popular among the elderly but going to be very hard to sustain in the coming days as the number of older persons is increasing. The government needs to utilize the demographic dividend, identify the issues of the elderly through research, and need to develop sustainable policies for social security and quality-of-life-increasing aging populations.

Keywords: Social security in Nepal, Aging population

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Presenting Author's Profile: Dr. Chalise has completed his Ph.D. (Doctoral of Health Sciences) in 2007 from the Department of Social Gerontology, School of Health Sciences and Nursing, Graduate School of Medicine, the University of Tokyo, Japan. MA (Gold Medalist), Population Studies, TU. ISc, BSc-Amrit Science Campus. In 2019, he visited Appalachian State University and studied the service delivery system of old age residential care facilities in North Carolina, USA. He was awarded the Best Oral Presentation Award at the APRU Aging conference held at Keio University, Tokyo, Japan, October 13-14, 2019. He has published more than two dozen papers in peer-reviewed journals in the field of aging and health, especially focusing on Nepalese older persons. He is also actively doing the role of peer reviewer of the articles submitted to the reputed Journal of public health and Aging.

Transferring Technologies: Surgical Education in Nepal



Saseem Poudel

Hokkaido University, Japan

Saseem Poudel

Abstract

Surgical education plays a crucial role in enhancing the capabilities of medical professionals, especially in developing countries like Nepal. Since 2018, the surgical education team from Hokkaido University has been actively involved in conducting workshops in Nepal to address this critical need. These workshops have been designed to focus on two essential aspects: faculty development and the training of surgical skills.

The faculty development workshops aim to equip the surgical faculty with the necessary skills to effectively educate medical students and trainees. Topics covered in these workshops include adult learning principles, curriculum development, teaching in the operation room, and effective feedback techniques. The workshops received a highly positive response, with the participating surgeons expressing a strong desire for the continuation of such programs in the future.

The training of surgical skills is another crucial aspect of these workshops. The team at Hokkaido University utilized a comprehensive curriculum that they had developed, which included disease-specific simulators for laparoscopic inguinal hernia repair (TAPP technique). These simulators proved instrumental in training young surgeons in Nepal, helping them gain proficiency in performing the surgical procedure. Moreover, the team conducted live surgery demonstrations and facilitated video discussion sessions, which were highly appreciated by the participants.

In a collaborative effort, the surgical education team worked with the Kagoshima University Department of Pediatric Surgeons to conduct a workshop on basic laparoscopic surgical skills in 2019. Building on this foundation, in 2023, a specialized simulator for laparoscopic percutaneous extraperitoneal closure (LPEC) technique for laparoscopic repair of inguinal hernia in pediatric patients was introduced. The team not only trained local pediatric surgeons using the simulator but also conducted a live surgery, providing valuable hands-on experience and assistance to the local surgeons.

The impact of these workshops has been significant, as evidenced by the positive feedback received from the participating surgeons. The efforts in transferring surgical education technologies to Nepal have proven to be invaluable in empowering the local medical community with enhanced surgical knowledge and skills. Continued collaboration and support from institutions like Hokkaido University and Kagoshima University can further contribute to the improvement of surgical care in Nepal, ultimately benefiting the broader healthcare landscape of the country.

Keywords: Surgical Education, Laparoscopic surgical skills.

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Presenting Author's Profile: Dr. Saseem Poudel is a GI surgeon practicing in Japan and a visiting associate professor at the Department of Gastroenterological Surgery II of Hokkaido University. His main research interests include surgical education and laparoscopic techniques.

Clinical Trials and Drug Development in Nepal - Potential and Practicality



Subash Adhikari

The University of Tokyo

Subash Adhikari

Abstract

Clinical trials and drug development play a pivotal role in advancing medical knowledge and improving healthcare outcomes worldwide. Nepal, a diverse and developing country with a unique healthcare landscape, holds significant potential for contributing to global clinical research endeavors. This presentation explores the current state of clinical trials and drug development in Nepal, assessing both the opportunities and challenges it presents.

The presentation begins by highlighting Nepal's diverse population, rich cultural heritage, and unique genetic makeup, which can provide valuable insights for researchers and pharmaceutical companies. Additionally, Nepal's burden of various diseases, including infectious diseases, non-communicable diseases, and rare disorders, underscores the need for targeted drug development initiatives.

However, despite the evident potential, the practicality of conducting clinical trials in Nepal poses several hurdles. Key challenges include limited infrastructure, inadequate funding, regulatory complexities, and ethical considerations. Addressing these challenges is crucial to unlocking Nepal's full potential in contributing to global research and ensuring the safety and well-being of trial participants.

Furthermore, the presentation explores how innovative trial designs, such as adaptive trials and virtual trials, can overcome resource limitations and expedite drug development processes in the Nepalese context.

In conclusion, Nepal possesses immense potential for contributing to clinical trials and drug development, given its diverse population and unique healthcare challenges. By addressing practical challenges and promoting ethical conduct, Nepal can foster a conducive environment for clinical research that not only benefits its own population but also contributes to the global pursuit of improved healthcare and medical advancements.

Keywords: Clinical Trials, Drug development in Nepal, Challenges and Practicality

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Presenting Author's Profile: Mr Subash Adhikari has a Pharm D from Toyama University Japan and has worked in drug development and clinical trials with Japanese pharmaceutical industry for many years. He is currently also a PhD scholar at the University of Tokyo, Japan.

Recent neurointerventional advances in the management of acute ischemic stroke



Manoj Bohara

Manoj Bohara MD, PhD

Department of Neurosurgery, Hospital for Advanced Medicine, and Surgery (HAMS), Kathmandu, Nepal

Abstract

The primary goal of acute ischemic stroke management is rapid, safe and effective arterial recanalization to restore blood flow and improve functional outcome. Intravenous recombinant tissue plasminogen activator (rt-PA) was the only evidence-based medical treatment option for intracranial vessel occlusion for a long time. However, five RCTs in 2015 demonstrated that endovascular thrombectomy (minimally invasive procedure) performed within 6-8 hours from the symptom onset led to significant clinical benefits in the selected patients with acute ischemic stroke. More recently, two multicenter RCTs have further widened the therapeutic window up to 16 hours and 24 hours from symptom onset showing that mechanical thrombectomy is safe and effective in carefully selected patients based on advanced imaging criteria. Time of onset, clinical severity, extent of early ischemic damage, pre-stroke functional level and anatomical location of the large vessel occlusion are the most important factors determining the indication for mechanical thrombectomy and outcome. We will here discuss the indications, techniques of mechanical thrombectomy, literature review, initial experience and the challenges to implement this treatment modality in a developing country.

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Presenting Author's Profile: Dr. Manoj Bohara is a consultant neurosurgeon & neurointerventional (neuroendovascular) surgeon at Hospital for Advanced Medicine, and Surgery (HAMS), Kathmandu, Nepal. He completed his medical school from Institute of Medicine, TUTH, Nepal and then finished his neurosurgical training from Kagoshima University, Japan. He has also completed clinical fellowship in neurointerventional surgery from Kagoshima City Hospital and Juntendo University Hospital, Japan. Besides general neurosurgery, his areas of interest in neurointerventional surgery include Cerebral angiography – Acute ischemic stroke treatment (endovascular mechanical thrombectomy) – Brain aneurysm coiling – Carotid artery stenting – Arteriovenous malformation/fistula embolization – Brain tumor embolization.



Oral Session on Migrant Health

Session Chair

Dr. Suman Shrestha

Dr. Subash Adhikari

Mental health literacy program on anxiety problems: Creating a global Nepali online community



Avilasha Singh



Sanjay Yadav

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1 Penn State College of Medicine

2 Nepal Institute of Mental Health

Abstract:

Background: Driving factors for mental health (MH) care gap in Nepal include deepened stigma, lack of MH care resources and underinvestment. Increasing mental health literacy is a critical step in addressing these gaps. The health initiative, Nepal Institute of Mental Health (NIOMH) advances integration of MH care in multiple sectors, promotes access, and MH advocacy.

Aims: NIOMH-Aware, NIOMH's awareness wing, launched a general population focused, awareness program on anxiety disorders, aiming to provide consistent and validated MH information regarding anxiety topics via social media (SM) platforms, reaching out to the Nepali communities worldwide. Additionally, we aimed to create an authentic online space that was accessible to all.

Methods: A 9-month course, "It's okay not to be okay: Let's talk about Anxiety" was designed focusing on distinct anxiety relevant theme designated to each month and delivered using variety of media tools in Nepali and English.

Results: Following a peer reviewed content development and finalizing process, illustrative MHL material is posted weekly as single/multi-slide posters or animated videos. Additionally, interactive webinars, competitions, live broadcasts, and polls deliver content throughout the year. NIOMH media pages receive communication describing promotion of self-efficacy and user's queries and steps towards MH care seeking behavior. The impact is measured through various SM algorithms.

Conclusion: Using SM platforms, a low cost MHL program can be delivered aiming for sustained impact on stigma reduction and promotion of MH care seeking whilst bypassing geographical hindrance and bringing general population under the same umbrella.

Keywords: mental health literacy, anxiety, Nepali, online community

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Presenting Author's Profile: Dr. Avilasha Singh is a skillful doctor and a passionate researcher in the field of mental health. She received her MBBS degree from Kathmandu Medical College, Nepal in 2023. She is also actively engaged as a medical officer at Rhythm Neuropsychiatry Hospital and Research Center and volunteers at Nepal Institute of Mental Health. Additionally, she provides her editorial support for the Journal of Nepal Medical Association.

Presenting Author's Profile: Dr. Sanjay Yadav is an accomplished and dedicated psychiatrist with a diverse educational background and extensive clinical experience. With an MBBS degree from Tribhuvan University and board certifications in General Psychiatry and Psychosomatic Medicine, he possesses a solid foundation in medical knowledge. His active involvement in professional societies and founding membership in various organizations, including the Nepalese American Psychiatric Association, reflects his commitment to mental health advocacy. Dr. Yadav excels in clinical settings, specializing in Consultation-Liaison Psychiatry, and actively contributes to quality improvement projects, curriculum development, and medical education. Dr. Yadav is a multifaceted professional who continues to make significant contributions to the field of Psychiatry.

Improvising and emphasizing on mental health of migrant workers and their families back home

Deeya Malla

St. Xaviers School, Nepal, Grade 10 Student

Abstract:

With almost 540000 Nepalis migrating abroad for employment in the last 8 months of this financial year, carrying around a burden of financial pressure, social exclusion, legal uncertainty; the prevalence of both depression and anxiety in migrant workers and their families was found to be twice of the general population of Nepal. According to the survey report: "Mental Health Problems in Nepalese Migrant Workers and their Families" of 652 family members of migrant workers living in Nepal; 83% showed signs of anxiety and depression, 7% encountered suicidal ideations, 2% had severe mental illness, and 8% suffered from issues categorized as others. The communication gap, more arduous work then described in their initial contract, low pay, illegal status and violence when working overseas were found to be contributing factors for psychosocial and mental health problems along with the scarce of facilities for psychosocial support for migrant workers.

Overcoming and backlashing this major emerging issue must require multifaceted strategies. Encouraging open discussions, accessibility of identity sensitive and affordable mental health services, support helplines/ hotlines, foster community and home services, financial legal acquaintance, peer group unity and social inclusion among both migrant workers and their families can not only improve the situation but also put an end to it. Provisions and accessing mental health guidelines and support facilities without shame or guilt but with acceptance and faith can easily address this issue faced by many.

Keywords: improvising, emphasizing, mental health, migrant workers, families, home, Nepal

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Presenting Author's Profile: Ms. Deeya Malla (She/Her) is currently a dynamic grade 10 student at prestigious St. Xavier's School, Jawalakhel Nepal. She has her sights firmly set on the captivating realms of medicine and bio-science technology. Born into a legacy of excellence, Deeya is the cherished offspring of two illustrious professionals, Dr. Dipak Malla and Dr. Rima Maharjan. Throughout her decade-long educational journey, Deeya has consistently soared to the pinnacle of achievements. She shines brightly in sports, exhibits a deep passion for literature, maintains a stellar academic record, actively engages in charitable endeavors with many more accomplishments yet to come. Additionally, she has taken the initiative to establish an outreach social service club within her school, highlighting her dedication to making a positive impact on her community.

HOW CAN RAM BE BACK HOME WITH HAPPINESS - NOT LOANS AND ILLNESS



DIPAK MALLA

DIPAK MALLA

NATIONAL ACADEMY OF MEDICAL SCIENCES, Bir Hospital, Nepal

Abstract:

Mr. Ram visited me last week, who was deported back from work for medical issues. The tears and the burden of loan is one part of the coin where other was his poor financial condition to cure the uncontrolled Diabetes and its complications.

Improving the health status of migrant workers requires a multi-faceted approach that addresses various aspects of their well-being.

Awareness and education about common health risks, preventive measures and available healthcare services must be taught to all the migrants before they leave the country.

In addition to this they can utilize different channels such as posters, brochures, community meetings, and mobile applications in Nepali language which can keep them alert in earlier stages of many diseases.

Establishing healthcare facilities or clinics with comprehensive health care services, preventive screening care, mental and reproductive health care can be provided by accessible health care services.

Implementing strict regulations, conduct regular inspection and addressing occupational hazards with education on personal protective equipment can be provided through occupational health and safety educations.

Collaboration between the government, non-governmental organizations (NGOs), and international agencies to address and establish partnerships with employers, recruitment agencies, and community organizations to create a supportive ecosystem for migrant workers' health is very important.

Offering mental health counseling advocating for affordable health insurance plans, conducting research and collecting data on health status might help migrants to live healthy life and bring back home a glow of education and quality of life to their kids and smile on their family in Nepal.

Keywords: Awareness, migrant workers, health risks, mental health counselling, Nepal

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Presenting Author's Profile: Dr. Dipak Malla received his Fellowship in Diabetes and Endocrinology from Christian Medical college, Vellore, India (2018-2019). He is currently an Assistant Professor at National Academy of Medical Sciences, Bir Hospital, Nepal. With extensive work experience spanning multiple roles, including internships and medical officer roles in government and private hospitals of Nepal, he has earned his expertise on various healthcare settings. His international exposure includes roles as a modulator and tutor for certificate courses organized by Diabetes and Endocrine Society of Nepal, as well as presentations at conferences in Australia and Sri Lanka. Furthermore, his dedication to research and publication is evident through a robust list of scientific publications covering endocrine and vascular diseases.

Migrants' Right to Basic Healthcare



Dissanayake, I.S.

Department of History, University of Peradeniya, Peradeniya, Sri Lanka.

Dissanayake, I.S.

Abstract:

According to the Merriam- Webster dictionary migraters are those who are moving from one country, place, or locality to another. People migrate due to various reasons, anticipating good healthcare, excellent education, water, food and great housing facilities. There are human rights for everyone in the world and the same goes for the migrants as well. Health is a fundamental human right and an essential component of sustainable development. Thus, the World Health Organization states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”. However, unfortunately, around the world, millions of refugees and migrants face vulnerable situations, specifically, poorer health outcomes due to physical, economic and psychological challenges. The main objective of this research is to study the main health issues in the contemporary world faced by migrants and how to uplift the technical assistance to the implementation of novel policies on encouraging migrant health. The secondary objective includes a critical analysis of how to ensure and improve the health of migrants as it is basic human needs. The research used secondary data, which was obtained from both published and unpublished sources, with special reference to the reports of the World Health Organization. As further data were gathered, it was brought to light that most of the counties in the world did an amazing work on uplifting the healthcare of migrants with the recent hideous pandemic of COVID.

Keywords: migrants, right, health issues, policies, migrant health

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Presenting Author's Profile: Ms. Dissanayake Ishini Samadhi received her Master's degree in History (Reading) from the University of Peradeniya, Sri Lanka in 2022. She worked as a Temporary Lecturer at the Department of History, University of Peradeniya, Peradeniya, Sri Lanka for more than a year. She is a passionate researcher in the field of global history and culture. Her research is not only limited to Sri-Lankan history but has also been conducted among histories of Japanese, Chinese and other countries. She has already published several papers in international journals and many others have been selected for publication.

Mental Health Challenges Among South Asian Immigrants: Understanding Prevalence, Contributing Factors, and Culturally Sensitive Interventions



Fahima Rasid, Kiran Sapkota

Sam Houston State University, Texas, USA.

Fahima Rasid

Abstract:

Introduction: The mental health concerns of South Asian immigrants have grown increasingly prevalent, with anxiety, depression, and post-traumatic stress disorder (PTSD) being the most frequently encountered issues in this demographic. This abstract explores recent research findings on the prevalence and types of mental health issues faced by this population, identifies the factors contributing to these challenges, and emphasizes the profound impact of cultural values and beliefs on their mental health.

Methods: The abstract relies on recent studies and research to present a comprehensive overview of mental health challenges among South Asian immigrants.

Results: Studies reveal that South Asian immigrants exhibit a higher prevalence of mental health problems compared to the general population. Adult South Asian immigrants experience depression, with a significant proportion experiencing poor mental health. Additionally, the population is affected by loneliness, anger, depression, stress and PTSD, indicating the severity of the mental health challenges in a new land.

Discussion: The high prevalence of mental health issues among South Asian immigrants can be attributed to various contributing factors. The acculturation process, involving the adaptation to the host culture, often leads to increased stress and mental health risks, particularly for immigrants facing difficulties in integrating into the new culture. Discrimination, prejudice, and limited social support further exacerbate psychological distress in this community. The impact of cultural values and beliefs cannot be ignored, as they shape how individuals perceive mental health, experience symptoms, and seek help.

Conclusion: Addressing the mental health challenges faced by South Asian immigrants requires a holistic approach that considers their cultural context. Culturally sensitive interventions, coupled with increased awareness about mental health, are essential in promoting their well-being. Adequate access to mental health services should also be ensured to provide the necessary support.

Keywords: South Asian immigrants, mental health, prevalence, acculturation, cultural values, stigma, culturally sensitive interventions.

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Presenting Author's Profile: Ms. Fahima Rashid received her master's degree in public health (MPH) from North South University in August 2019. She completed her bachelor's degree in science (BSc) from Patuakhali Science and Technology University, Bangladesh. She has worked as a Research Assistant, Field Coordinator and Graduate Assistant in several health institutes and organizations. Her expertise in the field of research includes monitoring and supervision, data analysis, database management, report writing and evaluation.



Symposium on Healthcare System and Practices

Chairs:

Dr. Saseem Paudel

Dr. Sushila Paudel

The Work Scheme of the Healthcare System in Costa Rica: A Model of Success

Raj Chapagain

Costa Rica

Abstract:

The healthcare system in Costa Rica is widely recognized internationally as one of the best in the world. Its focus on equity, solidarity, and primary care has led to remarkable results in terms of the health and well-being of the Costa Rican population. Costa Rica has made significant advances in health indicators, such as life expectancy at birth and infant mortality, surpassing many countries with similar income levels. This essay will explore in detail the work scheme of the healthcare system in Costa Rica, highlighting its main characteristics, achievements, and challenges.

Costa Rica, a small country in Central America, has been a pioneer in implementing health policies and programs that have proven effective in improving the quality of life of its population. The Costa Rican healthcare system has its roots in a series of reforms implemented in the 1940s, known as the "1948 Revolution." These reforms laid the foundation for a model of primary and universal care, which is now considered a reference in the field of public health.

One of the most outstanding features of the healthcare system in Costa Rica is its universal coverage. The country guarantees healthcare to all its citizens and legal residents, regardless of their ability to pay or their socioeconomic status. This has been made possible through the creation of the Costa Rican Social Security Fund (CCSS), an autonomous body responsible for providing healthcare services to the entire population. The CCSS is financed through a social security system based on solidarity, where workers and employers contribute a percentage of their income to finance healthcare services. Another fundamental characteristic of the healthcare system in Costa Rica is its focus on primary healthcare. Health centers and community clinics play a crucial role in health promotion, disease prevention, and the provision of basic healthcare services. Primary care is considered the cornerstone of the system as it provides comprehensive, continuous, and patient-centered care. Health professionals in these centers are responsible for basic care, diagnosis, and referral to specialized services when necessary.

In addition, the healthcare system in Costa Rica is characterized by decentralization and community participation. Active community participation in decision-making and the management of health services at the local level is encouraged. Community Development Committees and Local Health Councils play an important role in planning and implementing health programs, allowing policies and strategies to be tailored to the specific needs of each community.

Keywords: Healthcare systems, Costa Rica

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Presentation format: Virtual

Effect of Postpartum Depression and Role of Infant Feeding Practices on Relative Weight of Child at 1 and 3 Years of Age



Drishti Shrestha

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Abstract:

Background: Childhood obesity has increased and is considered one of the most serious public health challenges of the 21st century globally and may be exacerbated by postpartum depression (PPD) due to the numerous potential negative consequences on the offspring. The purpose of this study was to examine the association between postpartum depression at one and six months, infant feeding practices, and body mass index (BMI) z-score of the child at one and three years of age.

Methods: This study used data from an ongoing perspective maternal-child birth cohort performed at National Center for Child Health and Development (NCCHD) in Tokyo, Japan with the period of recruitment from May 13, 2010 to November 28, 2013 including a total of 1,279 participants. We performed simple and multivariable linear regression analysis to examine the association between PPD at 1 month and 6 months postpartum mothers and child's BMI z-score stratified by the child's age at 1 year and 3 years of age.

Results: The prevalence of PPD at 1 month (17%) was found to be higher than at 6 months (12%). In multivariate linear regression analysis, PPD at 6 months and infant feeding practices were associated with child's BMI z-score at 3 years of age with the result interpreted as children at 3 years who had mothers with PPD at 6 months had, on average, a BMI z-score 0.25 higher than children of mothers who did not have PPD at 6 months (β coefficient 0.25, 95% CI [0.04 to 0.46], p value 0.02), holding all other covariates constant. Also, weaning food before or after six months of age was associated with higher BMI z-score of the child at 3-years of age after adjusting for all covariates (β coefficient = 0.18, 95% CI [0.03 to 0.34], p-value<0.05).

Conclusion: The significant association between PPD at 6 months and child's BMI z-score at 3 years of age, in conjunction with birth trends and high prevalence of PPD, can add to the body of evidence that there is need for multiple assessment across the first postpartum year to rule out PPD as early screening and early interventions may benefit both maternal health and child development outcomes.

Keywords: Postpartum Depression, Infant feeding practices, Child's BMI z-score, BMI

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Presenting Author's Profile: Ms. Drishti Shrestha is a registered nurse in Nepal with a master's degree in Child Development and Gender Socialization from Tribhuvan University and a master's in public health from St. Luke's International University in Japan. Apart from a career as a clinical nurse, she also has experience working as a nursing instructor and clinical supervisor. She has worked on a project at the National Cancer Center Institute for Cancer Control, Tokyo and currently working at Data Co. Limited, Japan.

Japan's NP Education: A Case at Fujita Health University Hospital



Chisato Fuseya *

Bantane Hospital, Fujita Health University

Chisato Fuseya

Abstract:

Doctors' overwork has always been a serious issue in Japan's medical field. To tackle this problem, at times it becomes necessary for doctors to transfer some of their tasks to other medical staff and this is where nurse practitioners (NPs) come in and take on them. As of 2023, 775 NPs are registered with the Japan Society of Nurse Practitioner (JSNP). With the expansion of the NPs workforce, NPs will need to be further equipped with advanced clinical knowledge. The aim of this presentation is to inform you about the NP education in Japan. Fujita Health University Hospital is one of the few university hospitals in Japan that offer NP courses. The School of Health Sciences at Fujita Health University was established in 2012. After completing a graduate school course, NPs usually participate in a two year-long training program at Fujita Health University Hospital where they gain both the technical and non-technical skills through clinical practice in some departments. NPs conduct surgical operations and provide medical treatments within the hospital under the supervision of the doctors. After finishing the program, NPs decide on their specialty and start working with surgeons or physicians. The education program for NPs is crucial in their bid to cooperate with doctors and take on some of their duties.

Keywords: Doctors overwork in Japan, Nurse practitioners work education

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The evolution of medical tourism in Japan and its potential lessons for Nepal's healthcare industry.



Bishnu Khanal

Department of Tourism Science, Tokyo Metropolitan University

Bishnu Khanal

Abstract

This study explores the development of medical tourism in Japan and its implications for Nepal. Japan has become a popular destination for medical tourists due to its advanced medical technology, skilled healthcare professionals, and high-quality patient care. The growth of medical tourism in Japan can be attributed to its investment in research and development, leading to cutting-edge treatments and specialized healthcare services. Additionally, Japan's efficient healthcare system and well-equipped facilities contribute to its appeal as a medical tourism destination.

Nepal has the potential to develop its medical tourism sector by leveraging its cultural heritage, natural beauty, and traditional healing practices. By combining these with modern medical facilities and qualified healthcare professionals, Nepal can carve out a niche in the medical tourism market. Promoting wellness and alternative therapies like Ayurveda and yoga can further enhance its attractiveness. However, Nepal must overcome challenges to develop its medical tourism industry. This includes improving healthcare infrastructure, enhancing regulatory frameworks, ensuring patient safety and satisfaction, and implementing effective marketing strategies.

In conclusion, Japan's experience in medical tourism provides valuable lessons for Nepal. By capitalizing on its strengths, addressing challenges, and creating a conducive environment for international patients, Nepal can tap into the growing medical tourism market and contribute to its economic growth and healthcare sector development.

Keywords: Medical Tourism, Health Tourism, Wellness Tourism, Tourism Development.

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Oral session on Health Awareness

Session Chair

Dr. Rachana Manandhar

Dr. Laxmi Parajuli

TOBACCO CONTROL IN NEPAL: COLLABORATIVE EFFORT OF GOVERNMENT OFFICIALS, MEMBERS OF PARLIAMENTS, NRN, CIVIL SOCIETY AND MEDIA

Bhisha Kafle

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Health Nepal Media Pvt Ltd

Abstract:

Tobacco consumption is one of the public health challenges in Nepal. To combat, Nepal adopted a comprehensive Tobacco Control and Regulatory Act with the provision of 100% smoke-free laws and Tobacco Advertising, Promotion, and Sponsorship ban and mandates the government to enforce at least 75% pictorial health warning (PHW) on tobacco packaging. The enforcement and implementation were established successfully in 2014. The government also added the provision of a sales ban on single sticks. However, enforcement of the 90% PHW across a variety of tobacco products and sales ban on single sticks, minors, and pregnant women is still a challenge. To disclose tobacco interferences (TI) and build pressure in implementation of 90% PHW and sales ban, we carried out different techniques such as monthly market monitoring; diagnosing, documenting, and disclosing TI interference with policymakers through media intervention; policy meetings and interaction with government officials, member of parliaments, doctors, civil society to gain their commitment for enforcement; series of the press release, media mobilization to build pressure on policymakers and registering the case in supreme court against the government for immediate enforcement. Implementation of the 90% PHW has been improved. The Ministries of Industry and Health have made commitments. The lobbying to TI to the Minister of Industry is diluted and minister directed the industries to comply the law and regulation of tobacco control. Almost all media have been engaged in tobacco control with a special focus on the implementation of PHW. The collaborative effort and intersectoral coordination among policymakers, government officials, civil society, and media are paramount in policy development and implementation of 90% PHW for tobacco control. These collaborative efforts need to be sustained.

Keywords: tobacco control, government, media, pictorial health warning, compliance

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Presenting Author's Profile: Mr. Bhisha Kafle is the acting editor of healthawaj.com and Health Nepal Media Pvt. Ltd, an online health media platform.

Rights to reproductive and Sexual Health

Rima Maharjan

Gynecologist, Civil Service Hospital of Nepal, Minbhawan

Abstract:

Let's start with one of the Sustainable Developmental Goals (SDG) 2030 of Nepal that aim to integrate reproductive health into national strategies and ensure universal access to sexual and reproductive health including family planning services.

As majority of females in reproductive age (15- 49) migrate, they are deprived of reproductive and sexual rights. As gynecologist with interest in subfertility, I come across young females who leave country without prioritizing pregnancy. With female's advancing age, fertility starts declining with increased fetal and maternal complications as risk of abortion, congenital anomalous babies and maternal diseases as Hypertension, Diabetes Mellitus. With aim of pursuing career or earning, females don't realize fertility troubles ending up spending treasures in treatment that not only drain them financially but also socially and mentally. Subfertility treatment is one of the most expensive treatments which is almost unaffordable for migrants in the countries they reside.

On the other hand, females come with unwanted pregnancies, unsafe abortions and risks related to them as Sexually transmitted diseases. Different health systems of the countries seem to play major role due to difficult access to health facilities, hesitation of seeking services due to language barrier and delayed referral to specialist clinics.

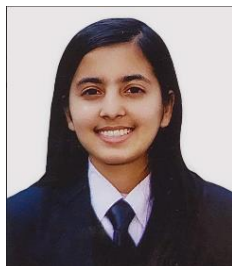
When country is raising voices for improvement of reproductive health, migrant workers seem to be forgotten group. Policy makers should facilitate accessible, approachable and affordable health facilities including regular awareness programs regarding measures to reduce reproductive problems. They should be well informed about the available healthcare services and their right towards them.

Keywords: rights, reproductive, sexual health, Nepal

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Presenting Author's Profile: Dr. Reema Maharjan is a gynecologist at Civil Service Hospital of Nepal.

Prevalence of Alcohol Consumption in a Rural Community of Nepal – 2023



Samriddhi Subedi



Anu Mehta

Samriddhi Subedi, Anu Mehta

Om Health Campus, Purbanchal University

Abstract:

Background: There is no organ systems in human body not adversely impacted by alcohol. Consumption of alcohol is linked to liver cancer, heart disease, stroke and a number of other health conditions. The purpose of the study is to determine the prevalence of alcohol consumption in a rural community in Nepal close to the border of China. This study was conducted during the Community Health diagnosis in chautara Sangachowkgadhi municipality which is in Sindhupalchowk district of Nepal. We performed community diagnosis in ward number 14. The ward has a diverse population with various ethnic groups, including Tamang, Sherpa, Brahmin, Chhetri, Newar, and Dalit.

Methodology: We prepared a questionnaire with questions on health behavior, environmental assessment. We conducted descriptive Cross Sectional survey asking questions to household. The study was conducted using house to house survey. Using the systematic sampling a total of 250 households were visited during the study period of March 30 through April 30, 2023. Sampling technique: Systematic Sampling with interval of two.

Results: Many people, 80%, had consumed alcohol within one year. This reflects high prevalence of alcoholism in the community. Most people (75%) reported they started drinking as early as 15-20 years old. Most of those who consumed alcohol were men (70%). Over 95% said they consumed locally made alcohol because it is easily available and cheaper though some said they consumed imported alcohol occasionally.

Conclusions/Recommendations: Awareness is needed on the harmful effect of alcohol. Alcohol needs to be regulated by the local government as well as the province and central government. By giving sufficient knowledge, awareness, and education to the community people about the preventive measures to reduce or eliminate high prevalence of alcohol benefits the community socially and economically. Proper implementation and supervision of programs, policies and strategies to prevent alcohol consumption need to be strictly followed.

Keywords: alcoholism; rural community; Community Health Diagnosis; Nepal

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Presenting Author's Profile: Ms. Samriddhi Subedi is a senior Public Health Student at Om Health Campus, Nepal. Over the time, she has actively participated in several volunteering, moderating, surveying, and training programs in the field of medical health and science. Besides, she is proactively fond of traveling, public speaking, and such.

Ms. Anu Mehta is a senior Public Health student at Om Health Campus, Nepal. Previously, she worked as a part-time data collector for non-communicable disease survey in Nirmaya Prakritik Hospital, Nepal. She is public speaking, arts and crafts and volunteering. Besides, she has successfully completed training on adolescent health and mental health.

Health Promotion of Elderly: Enhancing Well-being and Quality of Life in Nepal



Youraj Roka

Youraj Roka

Geriatric society of Nepal

Abstract

Quality of life (QOL) is essential in all stages of life; however, It is more important for older people as it can be effective in promoting their health. The study aimed to use secondary data analysis to examine the factors determining the QOL of Nepali elderly in rural and urban contexts. The paper examined their current situation, problems, and needs. Nepal's elderly population is growing every year. Both the government and the private sector have made efforts to manage provisions for the elderly. Senior citizens not receiving adequate food and having disability mental illnesses are two of the several misfortunes listed in the research papers, both of which are public health concerns. They are in dire need of proper nutrition as well as mental health promotion. That is an area where both the government and the private sector need to focus. COVID-19 has the highest Case Fatality Rate among elderly adults, and Nepalese senior citizens have a high mortality rate. The high mortality and fatality rates of COVID among the elderly have prompted policymakers to focus on senior citizens' health and living conditions. There are three tiers of government in Nepal. If they are aware of the situation, they will develop strategies and services to assist elderly citizens. In this changing environment, the public and private sectors at various levels must enhance cooperation to improve the dreadful situation of senior citizens. Also, the importance of family in senior citizen care has become more crucial in recent years. It implies policy implications for the promotion of the overall health of the elderly people in Nepal. Major focus needs to be placed on strengthening our health and health care systems to fulfil the physical and psychological health care needs of elderly people.

Keywords: health promotion, elderly, well-being, quality of life, Nepal

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Presenting Author's Profile: Mr. Youraj Roka is an accomplished and dedicated humanitarian worker with a diverse educational background and work experience. He completed his master's degree in law, majoring in human rights from Tribhuvan University. Currently he is pursuing his doctorate course at the same university. He possesses a solid foundation in program management and evaluation. His active involvement in humanitarian societies and founding membership in various organizations, including the Geriatric Society of Nepal and Child Development organization, reflects his commitment to health advocacy of vulnerable people. He also excels in social sectors, and actively contributes to quality improvement projects and training programs. As a researcher and presenter, he shares his expertise at international conferences and has published numerous peer-reviewed articles, establishing himself as a respected scholar in the field.



Zoom Seminar

Advancing Healthcare through Diagnostic
Innovation, Total Quality Management in
evolving laboratory landscape

Dr. Bodhraj Acharya

Total Quality Management in Clinical Labs: Learning from Developed Nations for Nepal's Healthcare Progress



Bodhraj Acharya

Dr. Bodhraj Acharya, MS, PhD, FAACC

BioreRef Laboratories, NJ, USA

Abstract

Total Quality Management (TQM) in clinical laboratories is a critical aspect of healthcare, ensuring accurate and reliable patient results. For developing nations like Nepal, the integration of TQM poses distinctive challenges, stemming from limited resources, infrastructure, and technical expertise. This discourse explores the barriers that hinder the optimal implementation of TQM in Nepalese clinical labs. By analyzing the methodologies employed by countries with mature healthcare infrastructures, such as the US, Canada, and Australia, we aim to extract transferable best practices. These nations have continually optimized their TQM approaches, emphasizing continuous training, technological advancements, robust quality assurance systems, and stakeholder collaboration. By dissecting their successes, the talk will provide actionable insights and strategies that Nepal, and similar developing countries, can employ to simplify and strengthen their TQM journey in clinical laboratories. This convergence of knowledge seeks to pave a path for more accurate patient diagnostics, elevating the standard of healthcare in emerging economies.

Keywords: Medical Tourism, Health Tourism, Wellness Tourism, Tourism Development.

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Strengthening of health laboratory services in federal context of Nepal.



Dr. Shravan Kumar Mishra

Province Public Health Laboratory Janakpur Madhesh Nepal Ministry of Health
and population Madhesh Province Janakpur Nepal

Shravan Kumar Mishra

Abstract

Federal government of Nepal has three tiers of Governance and in health services human resources are trained in context of non federal state of mindset. As public health services are responsibility of local, provincial and federal government, the shared responsibility and cooperation and coordination among the three along with private sector has started improving. Madhesh Province Public Health Laboratory Services run under PPHL Janakpur Nepal has initiated a strong relationship with local Level government regarding health laboratory services technical support from province government and administrative ownership of local Level health authority as a milestone to improve cooperation and coordination for better health services at community level. The people are getting benefits at their place and at affordable cost so achieving the accessibility and affordability towards healthcare.

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Presenting Author's Profile: Dr. Shravan Kumar Mishra is the Director at MPHL Janakpur, Virologist Genomic Epidemiologist 25 Years of Experience in laboratory services 17 years of experience in Epidemiology 9 years of experience in Genomic epidemiology. Post DOC from INSA DBT New Delhi AMR Surveillance Fellowship, Doherty's Melbourne University PhD in HIV CDBT, TU MS Virology NIV, ICMR, Pune MPH, IoM, MMC TU MS Biochemistry, CMS, KU BMLT, CMLT IoM, MMC TU.

Leveraging Laboratory Medicine Experts to Prevent Diagnostic Errors



Santosh Kadel

Dr. Santosh Kadel DCLS, MS, CC(NRCC), MLS(ASCP)cm

Clinical Architect, Laboratory Medicine at ChristianaCare Health System

Abstract

Diagnostic error is defined as the failure to establish an accurate and timely explanation of the patient's health problem(s) or communicate that explanation to the patient. Diagnostic errors encompass missed, delayed and wrong diagnoses. Diagnostic errors are one of the leading causes of death worldwide. While 70% of medical decisions are based on laboratory test results, laboratory experts such as clinical pathologists and medical laboratory scientists are not always involved in the diagnostic process. This presentation explores the ways to leverage laboratory medicine experts to prevent diagnostic errors which would consequently improve patient safety and patient care.

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Liquid Chromatography Tandem mass spectrometry in clinical laboratory sciences



Rojeet Shrestha

Dr. Rojeet Shrestha, PhD, MLS(ASCP)CM SCCM, FAACC, FACSc

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Abstract

Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS) has emerged as a pivotal analytical tool in clinical laboratory sciences, offering unparalleled sensitivity, specificity, and throughput. This review highlights the fundamental principles of LC-MS/MS, its technological advancements, and its applications in clinical diagnostics. Emphasis is placed on its role in quantifying low abundance biomarkers, detecting drugs and their metabolites, and screening for inborn errors of metabolism. Moreover, the advantages of LC-MS/MS, such as reduced sample volume, decreased turnaround time, and potential for multiplexing, are discussed. However, challenges associated with standardization, method development, and matrix effects are also addressed. The growing adoption of LC-MS/MS in routine clinical labs underscores its significance in enhancing patient care, prognostics, and therapeutic monitoring.

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Other Sessions

Session: Health Education for Migrant Children in Japan



Bishwa Kandel

Moderator: Prof Dr. Bishwa Kandel

Professor, Nagoya University of Foreign Studies, Nagoya, Japan

Abstract

This pivotal session on the health and education of young Nepalese in Japan is moderated by Prof. Dr. Bishwa Raj Kandel, professor of Nagoya University of Foreign Studies. Professor Kandel is an intellectual leader of Nepalese diaspora in Japan and has a deep insight on education and governance issues. Representatives from Nepali Schools in Japan will delve into their role in providing education that harmonizes Nepalese and Japanese contexts. The session will focus on the paramount importance of health education to children of Nepalese migrants, explore student and family well-being, and school strategies. The discussion will be conducted in Nepali, ensuring accessibility for the broader Nepali community in Japan, facilitating a broader and deeper understanding of health matters. This inclusive discourse aspires to empower the Nepalese diaspora with insights for healthier lives in their adopted homeland.

Moderator's Profile: Prof. Bishwa Raj Kandel is originally from Nepal and his current research focus on Corporate Governance, International Management & Culture in South-Asia. He received his PhD in Economics and has worked as a lecturer in Kanagawa University, Kaetsu University and Kyorin University, Japan. He is currently working as a full professor at Nagoya University of Foreign Studies and is also actively involved in educational activities for Nepalese in Japan.

Panelists:

Mr. Bishnu Prasad Bhatt (Principal, Everest International school, Tokyo)

Mr. Kalu Singh Mehta (Principal, Himalayan International Academy, Tokyo)

Ganga Shakya (Vice-principal, Tokai Batika International School, Nagoya)

Session: Breaking Barriers-Improving Healthcare Access for Migrants (in Japan)



Moderator: Dr. Lushun Chalise

Nagoya Central Hospital, Nagoya, Japan

Lushun Chalise

Abstract

This zoom session will be centered around the theme of health access for foreigners in Japan. One of the main issues as the barrier in health care access is language. Therefore, the main discourse will be presented by Prof. Yuko Takeda of Juntendo University with her presentation on “Plain Japanese to promote health among people from overseas in Japan.” Please refer to Prof. Takeda’s presentation abstract. This will be followed by Dr. Manita Shrestha’s talk on “Japan’s Health Insurance System & Life of Migrants.”

Following the primary presentations, the spotlight will shift towards panel discussions, with panelists representing both the medical and non-medical sector in Japan. These discussions will encompass an exploration of various methodologies aimed at enhancing access to universal healthcare for migrants in Japan, while duly acknowledging the varied spectrum of community requirements. The session aims to undertake an in-depth analysis, focusing on strategies that seek to provide support to Japanese medical practitioners in the effective treatment of foreign patients, thereby fostering an environment of inclusivity within the healthcare domain. The insights and contributions provided by participants hold paramount significance in shaping a healthcare landscape characterized by equity. Through collaborative endeavors, the objective is to effectuate a constructive transformation wherein every individual, irrespective of their origin, is bestowed with rightful access to comprehensive healthcare provisions.

Chair: Dr. Lushun Chalise, Nagoya Central Hospital

Speaker: Professor Yuko Takeda, Juntendo University Graduate School of Medicine

Speaker: Dr. Manita Shrestha (Deputy Director of Yokohama International Student House)

Panelists:

Ms. Hiromi Kitamura (Activist and Representative, Tabunka Kyosei Center HYOGO)

Dr. Pham Ngyuen Quy (Medical Oncologist, Kyoto Miniren Central Hospital)

Dr. Kuniaki Tanahashi (Neurosurgeon, Gifu Prefectural Tajimi Hospital)

Dr. Yusuke Shimizu (Department of Obstetrics and Gynaecology, Nagoya University)

Dr. Sandeep Shakya (Cardiologist, Kawakita General Hospital, Tokyo)

Ms. Chisato Fuseya (Nurse Practitioner, Fujita Health University, Aichi)

Dr. Santosh Shrestha (GI Surgeon, Tokatsu Hospital, Chiba)

Dr. Elizabeth Asuka Kropp (Department of Nephrology, Nagoya University)

Representing Nepalese diaspora: Dr. Pradeep Panthi (Economist, Tokyo)

Mr. Bikram Shahi (Automobile Technician, Nagoya)

Observers: Japanese Medical professionals (Doctors, Nurses, students, etc)

Session: Breaking Barriers-Improving Healthcare Access for Migrants (in Japan)

Title: Plain Japanese to promote health among people from overseas in Japan



Yuko Takeda

Yuko Takeda, MD PhD FACP MSc

Juntendo University Graduate School of Medicine

Abstract

There are 3 million registered foreign nationals in Japan as of December 2022. More than 90% of foreign residents came from countries where English was not their native language, such as Asia, Latin America, and EU countries. At the same time, a survey conducted by Immigration Agency revealed that nearly 90% of foreign residents communicate in Japanese (23%: as fluent as Japanese, 33%: fluent enough to study/work, 32%: conversational level). However, due to linguistic, cultural, and institutional barriers, these residents from overseas and their families often face difficulties in daily life. Among many challenges, the language barrier at hospitals is one of the biggest concerns. Ageing adds other challenges, especially in communication due to hearing loss and/or impaired cognitive functions. Since 2018, we have been advocating the use of plain Japanese in healthcare settings for patients with difficulty understanding and hearing. After the Great Hanshin earthquake in 2011, implementing plain Japanese took place in the area of disaster preparedness as there was an increased incidence of injuries and death among foreign residents back then.

In this presentation, the author describes a training session for medical professionals and students in cooperation with international residents who share their experiences living in Japan as foreigners. Since many medical staff believe they have to speak fluent English to communicate with foreign patients, the session seems eye-opening and prepares them to provide patient-centered care. Plain Japanese is also effective when using a translator app or working with an interpreter.

Presenting Author's Profile: Dr. Yuko Takeda is a physician and public health expert currently serving as a professor at Juntendo University Graduate School of Medicine. She received her MD and PhD in 1990 from University of Tsukuba Faculty of Medicine, Japan. She received her training in Internal Medicine Residency at Boston's Beth Israel Hospital in the US in 1994 and did a Pulmonary Fellowship at University of Tsukuba Hospital in 1997. She did her MSc in Public Health at London School of Hygiene and Tropical Medicine in 2011. Her research focus is teaching medical students health inequities and social disparities and curriculum development of social determinants of health. She does outreach activities such as health consultation for people in homelessness. Her current projects include, "Introducing plain Japanese to health professionals to improve care for foreign patients" and "Creating hospital environment to welcome everyone regardless of SOGles". She is the board member of Japan Primary Care Association and Japan Society of Medical Education and the Chief Editor of Journal of Medical Education (Japan).

Session: Access to HIV and TB related healthcare among international migrants in Japan



Moderator: Dr. Prakash Shakya

Prakash Shakya

Abstract

Globally, migration is closely linked with increase in risk of infectious diseases such as HIV and tuberculosis (TB). However, migrants have poor access to health services including HIV testing and tuberculosis diagnosis and treatment, in the host country. There are several system, provider and individual level barriers which prevent the migrants to utilize such health services. In Japan, several factors make international migrants vulnerable to HIV and TB infection and also prohibit them to utilize the health services. These may include socio-economic factors, language barrier, living and working conditions, being from TB endemic countries, risky sexual behaviors, lack of support system, social stigma and lack of knowledge about such services. Thus, there is an urgent need to adjust the current system of HIV and TB prevention and treatment services, so that they are accessible to the international migrants living in Japan.

This panel discussion brings the Japanese and Nepalese experts working in the field of migrants' health to deliberate on challenges and way forward to improve the access to TB and HIV related healthcare for international migrants living in Japan.

About the moderator

Dr. Prakash Shakya is a medical doctor and global health researcher, currently working in Nepal. Prior, he worked as a researcher at Kyorin University, Tokyo, where he undertook research in access to healthcare for immigrants living in Japan. His publication and main areas of research are migrants' health, infectious diseases, systemic reviews, and meta-analysis. Dr. Shakya holds M.B.B.S degree from Kathmandu University and a PhD in global health from The University of Tokyo.

Session: Update about Continuing Professional Development (CPD) in Nepal

Session Moderator: Dr. Sunil Sah

Introduction:

Continuing Professional Development (CPD) refers to a number of educational activities that health professionals undertake to maintain, develop and enhance the knowledge, skills, professional performance, and relationships they use to provide care for patients and the public (Institute of Medicine, 2010). It addresses not only the clinical domain, but also additional professional practice competencies (communication, collaborative and professional), it emphasizes self-directed lifelong learning and learning from practice.

Nepal Medical Council (NMC), in pursuance of its responsibility to protect the health of the people served by the practitioners licensed by it to practice, has made it essential that all the medical and dental practitioners (termed “practitioners” henceforth) continue to develop their professional knowledge and skills. Practitioners who had participated in the Continuing Professional Development (CPD) activities are required to register the record of such activities with medical council. A Continuing Professional Development Board has been established at NMC to oversee the implementation of this requirement.

Similarly, Nepal nursing council recognised the Continuing Professional Development (CPD) is essential to enhance the professional skills and competence of the nursing and midwives professionals. CPD provides a proactive learning opportunity for professionals to learn new knowledge and update the existing ones; CPD is one of the prioritized agenda of the Ministry of Health and Population, Department of Health Services, Nursing and Social Security Division and Nepal Nursing Council to build the skills of nursing professionals. The Nursing and Social Security Division and Nepal Nursing Council in collaboration with the WHO Nepal is providing a free module for nurses and midwives with access to Online CPD module platform.

Aim and Objective: The goal of CPD programme is to keep the practitioners competent, compassionate and confident throughout their career and to augment patient care, outcome and patient satisfaction by setting standards for good medical practice. It helps to reassure the patients and public about the care they are receiving from their medical and dental practitioners.

Participation in CPD activity:

All the CPD providers have been informed by Nepal Medical Council about the process of CPD organization and registration. The CPD provider institutions will register their activities with NMC and receive prior approval of Accreditation Unit of NMC CPD Committee. The CPD providers will record the participant details including the NMC registration number while conducting the CPD programme. After the successful completion of the CPD programme, the CPD providers will upload the list of participants along with their NMC registration number and valid signatures. CPD participants, to ensure that their participation has been registered with NMC, can upload the scanned copies of the certificates they had received at the end of the CPD programmes.

During each five-year licensing cycle, you must earn a minimum of 100 credit points. If you are a Medical Practitioner then 30 credit points of which must be earned from Mandatory Verifiable CPD section and rest from Professional Verifiable CPD section, however if you are a Dental Practitioner then you have to earn 40 credit points from Mandatory Verifiable CPD section and rest from Professional Verifiable section.

Conclusion: CPD is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities.

Session: Activities of ASHA (Affordable and Sustainable Healthcare Access)

Yoshifumi Nin, Takako Morita, Shinnosuke Kitano, Keisuke Hieda, Takahiro Yamane, Dr. Roshan Kumar Mahato, Dr. Sandeep Shakya

Specified Non-Profit Organization, ASHA

Origin and Introduction of the organization:

After the great earthquake in Nepal on April 25, 2015, the two co-chairs of ASHA realized the lack of a robust community healthcare that would prevent people in remote area from getting continuous medical services. Based on this experience, ASHA was established in October 2015 with the goal of creating a self-sustainable system that utilizes technology to improve the community healthcare in Nepal.

ASHA is a non-profit organization based in Japan, run by 50 pro bono members in Japan and 5 full-time workers in Nepal. It delivers a range of project in primary care and primary health care level under its purpose of "Basic Health Rights for all" and its dream of building a system for "Affordable and Sustainable Healthcare Access." Our system and its services are enhanced by potential of community and technology, which enables them to deliver necessary healthcare to people in need even under limited resource and to be maintained by the community in a long run.

Current Projects:

We have four main projects which approach to provider side and patient side at three project sites in Dang and Ramechhap district.

1. Digitalized Primary Health Care: In collaboration with local NPO we employ full-time health workers so-called Community Health Workers and train them constantly so that they can make home visits to people in need and provide proper support. We also develop an original App named ASHACONNECT to support and enhance their activities, which included home visit protocols, risk detection, health education, and activity management modules.
2. First Aid Education: We also provide health education programs consisting of lecture and hands-on training to the students of middle schools to give them basic health knowledge.
3. Electronic Health Record: We are supporting health posts and community health units to manage their health information through originally customized electronic medical record.
4. Data Integration: Lastly, we are working on integrating the data of ASHACONNECT and EMR so that it could enhance the care both in community and facilities and visualize the potential needs of healthcare.

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Efficient Literature Search: A Hands-on Online Workshop with PubMed/Medline



Richa Shah

Dr Richa Shah, PhD, MHSc, MBBS

Post-doctoral Scientist

International Agency for Research on Cancer (IARC/WHO), Lyon, France

Research Associate

Health Action and Research

Kathmandu, Nepal

Overview:

In an era where information is abundant, refining your search techniques is paramount to elevate your research skills. This workshop equips you with the tools and knowledge to conduct an efficient literature search using PubMed/Medline. The sections covered are:

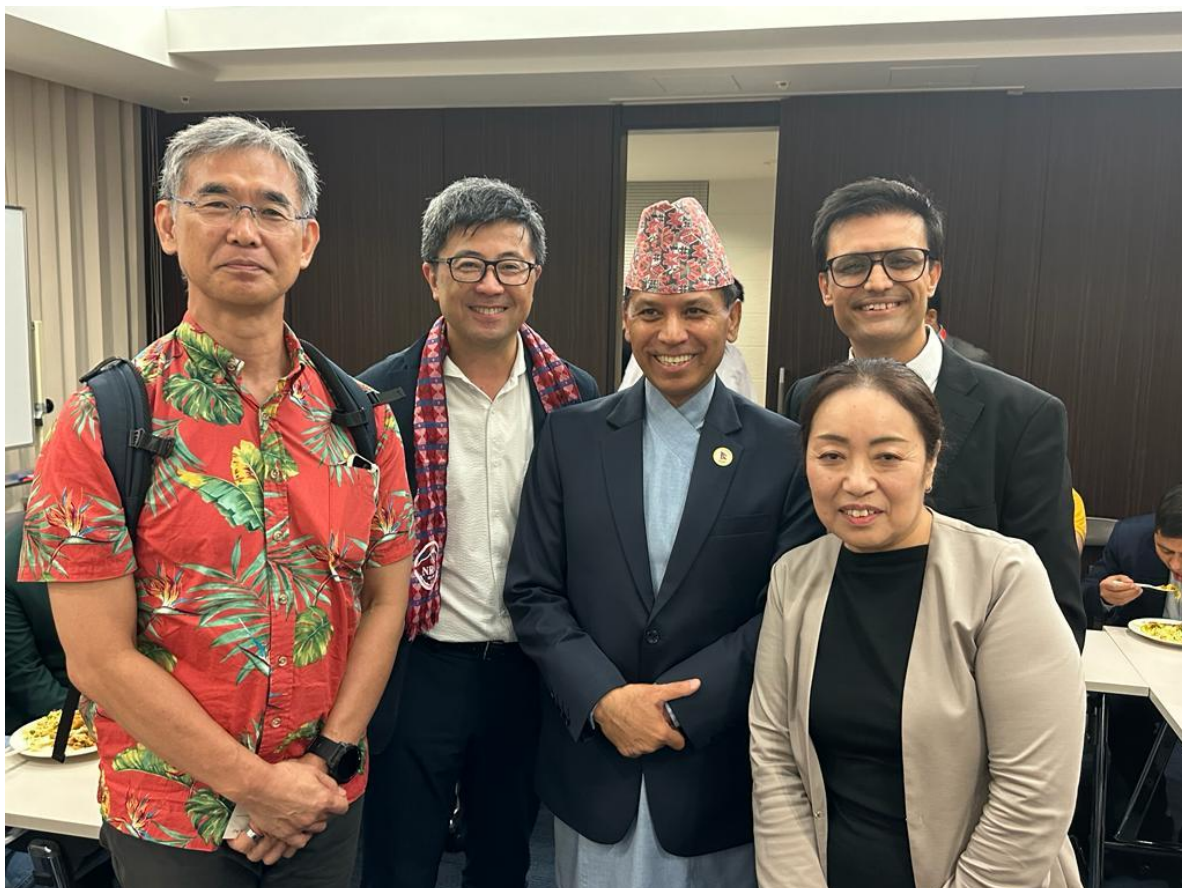
1. Why effective literature searches matter
 - Exploring the impact of accurate searches
 - Trusted databases
2. Introduction to PubMed/Medline
 - Navigating the PubMed/Medline interface
 - Features for efficient searches
3. Search strategies and Boolean operators
 - Understanding Boolean operators
 - Using filters and advanced search features
4. Filtering and refining results
 - Sorting and display options
 - Utilizing MeSH terms
5. Managing search results
 - Saving and exporting citations
 - Citation management tools
6. Conclusion and recap
 - Recap of key takeaways
 - Workshop evaluation and feedback

Presenter's Profile: Dr Richa Shah is currently a Post-doctoral Scientist at the International Agency for Research on Cancer in Lyon, France and a Research Associate at Health Action and Research, Kathmandu, Nepal. Her academic journey commenced in the field of medicine, and she subsequently pursued her passion for global health and gerontology, earning both a masters and a PhD from The University of Tokyo, Japan. She is trained in various research methodologies including primary and secondary research. Her research interests include cancer epidemiology, gerontology, global health, and systematic reviews.

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Photos of the Event





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