



POLYGEIA GLOBAL HEALTH CONFERENCE 2016

Brochure



POLYGEIA
STUDENTS SHAPING GLOBAL HEALTH POLICY

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Agenda

Time	H. Wellcome Auditorium	Franks Room	Steel Room	Dale Room - Posters
9:30 - 10:00	Registration			
10:00 - 10:15	Introductory Remarks			
10:15 - 10:45	Sarah Jones (IGHI)			<i>Posters will be on display throughout the day.</i>
10:45 - 11:00	<i>Break</i>	<i>Break</i>	<i>Break</i>	
11:00 - 11:45	Prof Alan Fenwick (SCI)			
11:45 - 12:30	Poster Sessions	Poster Sessions	Poster Sessions	London Healark
12:30 - 13:30	<i>Lunch + Poster Sessions</i>	<i>Lunch + Poster Sessions</i>	<i>Lunch + Poster Sessions</i>	Global Sugar Taxes
13:30 - 13:50	Migrant Health and Pregnancy	mHealth and Neglected Tropical Diseases	Politics and Medicine	Global Health Exchange
13:50 - 14:10	Mental Health of Female Refugees	Oxford Lepra	Global Obstetric Surgery	Mental Health of Child Refugees
14:10 - 14:30	Oxford FWD UK	Cambridge Healark	Cambridge FWD UK (workshop)	Zika Virus
14:30 - 14:45	<i>Break</i>	<i>Break</i>	<i>Break</i>	Climate Change and Tropical Diseases
14:45 - 15:30	Naana Otoo-Oyortey, FWD UK			Breast Cancer Screening
15:30 - 16:15	Richard Dowden (Royal Africa Society)			
16:15 - 16:30	Closing Remarks			

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This brochure was designed by Ali Abdaal for the Polygeia 2016 Conference.

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Dear members & guests...

I am delighted to welcome you to Polygeia's third annual conference. Today's schedule includes talks from our research teams, as well as leading public health figures, which have kindly agreed to speak at this conference. We are very privileged to be able to host this year's event at the prestigious Wellcome Collection venue in London. In the breaks, you are invited to explore the fascinating exhibitions on display.



Our teams have worked tremendously hard this year to produce the thorough research they will be presenting to you today. Polygeia's success relies on the dedication of our student researchers for producing outstanding and impactful public health policy recommendations. Through discussion of these pressing topics, we at Polygeia hope to encourage debate and discourse that will resonate into the highest level of policy making.

This year we have had the pleasure of working with multiple commissioners, and our teams have benefited from the advice and guidance of prominent mentors. On behalf of everyone at Polygeia, I would like to thank these organisations and individuals for placing their trust in our researchers.

I also wanted to take this opportunity to thank you for your support of our organisation and I hope you enjoy the day!

Inesa Rozenman
Polygeia Director

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The Unofficial Guide to Medicine

The Unofficial Guide to Medicine is a textbook series that follows a peer-led publishing model. Students and junior doctors write the material, specialists check for factual accuracy, and students review the effectiveness as a learning resource.

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- International Journal of Clinical Skills

Speakers

Naana Otoo-Oyortey (Forward UK)

Naana Otoo-Oyortey MBE is Executive Director of FORWARD, the lead organisation in the UK tackling female genital mutilation. Forward is committed to gender equality and safeguarding the rights of African girls and women, tackling discriminatory practices including FGM and child marriage. In addition, Forward works towards the prevention of obstetric fistula, a condition

that goes untreated in approximately 2 million young women in Asia and Sub-Saharan Africa, but which can be treated effectively by simple surgery in 80-95% of cases. Naana provides expert advice to the UK government on women and girls and the European Parliament on FGM and has over 30 years' experience on gender and women's human rights. She was honoured for women's human rights by the Queen in 2009, is a board member of ACORD and President of the Board of the End FGM European Network, based in Brussels. In the UK, Forward runs workshops and events aimed at both the training and development of professionals in health, education and social services and enabling young people to make a positive difference within their community.



Prof Alan Fenwick OBE

Professor Alan Fenwick OBE is the Professor of Tropical Parasitology at the Imperial College London School of Public Health, where he has directed the Schistosomiasis Control Initiative (SCI) since 2002.

SCI assists Sub-Saharan countries to control schistosomiasis, a parasitic disease affecting 210 million people worldwide, as well as other neglected tropical

diseases. SCI was awarded the prestigious Queen's Anniversary Prize in 2008 and has assisted in the delivery of 140 million treatments to those affected by Schistosomiasis in Africa and the Middle East. Professor Fenwick also runs an annual course on Global Health in June every year stimulates both professionals and students to explore issues such as the impact of climate change, globalisation, migration and conflict on Global Health. Professor Fenwick spoke at our first conference in November 2014.



Sarah Jones

Sarah Jones is a research postgraduate at Imperial College London, and is currently working on her PhD project at the Institute of Global Health Innovation, supervised by Professor Lord Ara Darzi. In the next 20 years, mental health conditions are projected to cost the global economy \$16 trillion through loss of labour and a reduced capital output. As one-on-one psychological

therapy is too labour intensive and costly to keep pace with the increasing demand for mental health interventions, Sarah's PhD project aims to develop alternative means of delivering mental health care. With 85% of the world's populations now having mobile signal coverage, there is an unprecedented opportunity to utilise mobile



communications for patient self-care. Sarah's research explores how mobile technologies are changing the way mental health is being delivered to users, and what users say they want in a mobile anxiety app; such as supporting behaviour change that relieves anxiety symptoms through geo-location of triggers, and bias modification.

Richard Dowden

Richard Dowden is a British journalist specialising in African issues. Richard began his journalistic career in 1975, and is the author of the book *Africa: Altered States, Ordinary Miracles*. Richard Dowden has held the position of Executive Director of the Royal African Society since 2002, which works to promote relations between African countries and Great Britain, and is part of the Editorial Board of *African Affairs*, the journal of the Royal African Society. Richard coordinates *African Arguments*, an organisation committed to the analysis of African current affairs and which produces a series of short books aimed at readers who interested in learning more about the continent. Richard also promoted the creation of the Africa Asian centre in 2007 and now works to promote interdisciplinary research between the Royal African Society and the School of Oriental and African Studies to development better understanding of the relationship between the two continents.



"I have just three things to teach: simplicity, patience, compassion. These three are your greatest treasures."

- Lao Tzu

Women's Health



“Communities and countries and ultimately the world are only as strong as the health of their women.”

- Michelle Obama

Cambridge - Forward UK

Presenting Authors: Anna Murray, Bhavna Ramachandran, Rebecca Walshe, Amy Welch (editor)

Other Contributors: Maria Jose Oomen, Sophie McManu (editor)

Commissioned by FORWARD UK (Foundation for Women’s Health Research and Development; a leading African diaspora women’s campaign and support organisation committed to gender equality and safeguarding the rights of African girls and women), our team’s focus is on finding evidence for how best to reduce the practice of Female Genital Mutilation (FGM) in African communities in the UK. Specifically, our aim is providing quantitative analysis of FGM cases reported in Cardiff in Somali and Sudanese communities. The structures in place for reporting and collecting data on cases of FGM require significant attention in the UK, and notably in Wales. Our efforts are centred on examining current mandatory reporting laws, in conjunction with community attitudes, to make comprehensive policy recommendations that can change attitudes and reduce the prevalence of FGM.

Oxford - Forward UK

Presenting Authors: Charlotte Albury (editor), Peggy Fooks (editor), Jolet Mimpfen

Other Contributors: Alice Ahn, Shannon Lacombe

The UK Government's strategy in preventing FGM and prosecuting perpetrators, relies heavily on information gathering from health and social care professionals. Since 2014 the Government has been collecting data on rates of FGM in England, and 2015 saw a move to a newer, more detailed method of data collection known as The Female Genital Mutilation (FGM) Enhanced Dataset. This dataset stores information that has been collected by healthcare providers in England which concerns rates of FGM. Our team has explored the creation and use of the HSCIC enhanced dataset for reporting of female genital mutilation (FGM) in England, and the separate legislation concerning girls under the age of eighteen. Particular attention has been paid to the type of data which are collected (including patient identifiable data) and how these data are used; whether the data quality is sufficient to achieve the Government's aims, and whether sufficient steps are being made to mitigate any unintended negative consequences of such information gathering.

London - Global Obstetric Surgery

Presenting Authors: Lotte Elton (editor), Ranya Mulchandani, Harvinder Power, Sachin Sharma, Frederick Stourton (editor)

The World Health Organisation recommends that in any country the rate of births by Caesarean section should be between 5 and 15%, yet in many countries, particularly middle-income countries (MICs), the rate of Caesarean births is much higher. Given that Caesarean section is associated with increased risk of adverse perinatal outcomes, such surgery should be performed judiciously. Caesarean sections performed unnecessarily are thus a cause for public health concern. Our work focuses on Nicaragua, a middle-income country with a Caesarean section rate of 29.7% (2012, WHO), and assesses the role of policy interventions to reduce this rate.

Our findings identify three main areas for action. First, healthcare providers and medical students require improved training in patient-centered communication skills as well as in obstetric simulation experience to increase confidence in the clinical management of vaginal delivery. Secondly, the dissemination of inaccurate and misleading information around Caesarean section in Nicaraguan popular media should be countered with awareness-raising advertisements including online media. Finally, investment in facilities with basic emergency obstetric capabilities should be prioritised ahead of those facilities with comprehensive emergency obstetric capabilities.

Health, Policy & Politics



Cambridge - Global Health Education

Presenting Authors: Rosie Freer (editor), Gabriel Lambert (editor)

Other Contributors: Ali Abdaal, Zlatina Dobрева, Courteny Landers, Alex Lau-Zhu, Tania Saheed, Luke Smith, Justin Yang, Xin Ya Lim, Joanna Klaptocz

With communities across the globe experiencing unprecedented interaction and integration, the necessity for global health education is more apparent than ever. In this context, there has been much recent work to begin establishing a global health education framework for those studying to become medical professionals. We propose that to achieve this framework, students themselves should be brought into the dialogue, to establish how this vital educational component can be taught in way which is both engaging and meaningful to them.

To execute our survey, final year medical and pharmacy students from 15 UK institutions were surveyed for their opinions on the current global health content of their course. Data was collected via a questionnaire, and through in depth interview. We found a strong appetite amongst both pharmacy and medical students in the UK for more global health content in their degree. It is important to students that this content is interactive, engaging, and made relevant to their specialty. Students would like to understand the broader issues which impact on global health, such as politics, in addition to issues which directly relate to patients. Medical students report that electives abroad improved their competence to practice both in the UK and abroad.

Cambridge - Global Sugar Taxes

Presenting Authors: Colin Berry (editor), Sarah Flaherty, Jenny Frazer, Ankeet Tanna (editor), Emma Thorley

Upon finding that there was no literature that set out to understand sugar taxes in their entirety - from policy points, to revenues, to efficacy - our team has been working on writing a guide to the literature surrounding sugar taxes across the globe. Deciding that a broad digest of material may be of benefit, we started by collecting information on the social and economic backgrounds of countries with a sugar tax, and those which plan to impose one within the next few years. We then reviewed data on the revenues that these taxes generate, and whether there are any policies for the uses of these revenues. Thoroughly evaluating the efficacy of the sugar tax was a large part of our research, and we also touched on the many limitations in measuring the impact of a highly specific tax on such broad public health measures. It is clear that a direct sugar tax is not the single cure-all for obesity rates in countries, so our research also led us to evaluate the complementary policies that countries may have in place, and how well they work together with sugar taxes. After compiling this information, we discuss whether all countries should consider a sugar tax, and how the most successful sugar taxation policy may differ depending on a country's social and economic status.

Oxford - Politics & Medicine

Presenting Authors: Bryan A. Adriaanse (editor), Clare Hyde, Katherine Noonan

Other Contributors: Alice Hawryszkiewicz, Thomas Gardiner

The Polygeia Politics and Medicine team is a diverse group of science students aiming to investigate relevant problems encountered daily by key players in the UK political landscape (i.e. Councillors, MPs and Ministers) when making policy. We chose to focus on mental health as we are inherently interested in it and because this topic has gained significant attention over the last year in the media. After determining key topics through evaluating hurdles encountered by several MPs and ministers, we decided to address the topic of depression and why it is specifically important in old age. We focused on questions of how physical health comorbidities influence depression; how

loneliness impacts depression; how depression and dementia are related, as well as what the critical policy challenges are. These efforts will result in a comprehensive white paper that we hope will inform discussions held in parliament and give an objective direction to mental health policy making in the UK.

Oxford - Breast Cancer Screening

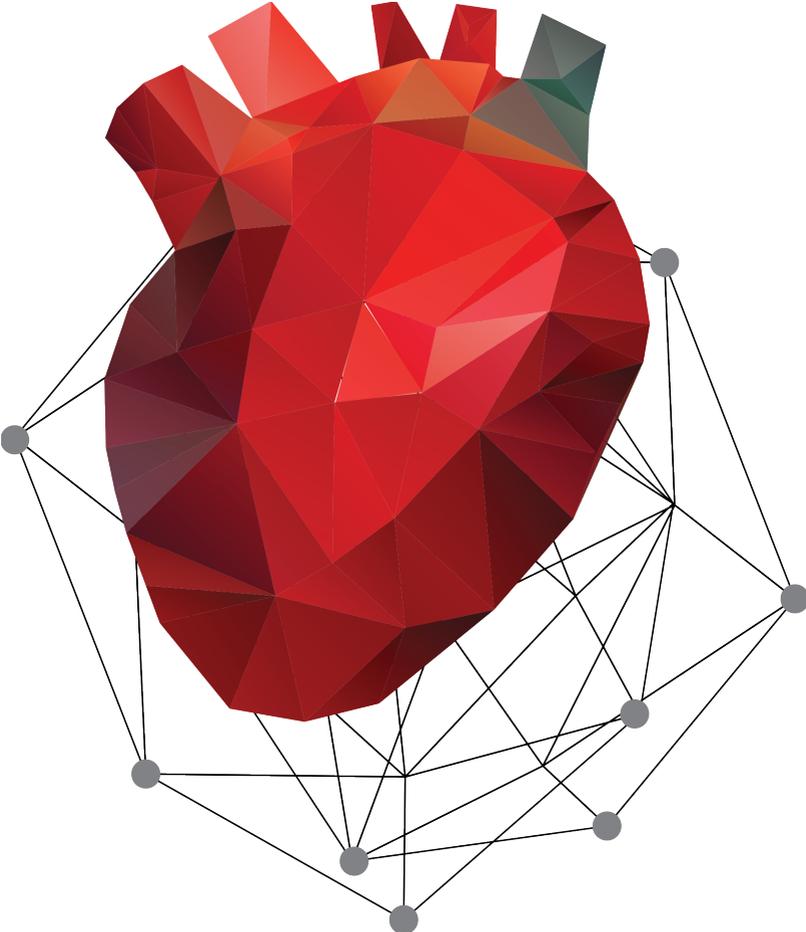
Presenting Authors: Sophie Caseby (Editor), Alex Astley (Editor), Yasmine Bark, Aishah Prastowo, Kritica Dwivedi, James Whitehouse (Cambridge).

The national breast cancer screening programme, introduced in 1988, promised to reduce mortality of the most common cancer in the UK. The programme invites women aged 50-70 to triennial mammographic screening aimed at detecting cancers at the earliest stage possible, hence improving prognosis and ultimately seeking to reduce the number of breast cancer deaths. The programme has led to an estimated 20% reduction in breast cancer mortality, saving 1320 lives each year. However, whether breast screening does more harm than good has been a subject of continual debate. Our team's focus has been on exploring these controversies, which include inadequate cost effectiveness, overdiagnosis and overtreatment, and drawbacks in clinical trial design. Our policy recommendations aim to address some of these criticisms. Additionally, we discuss a proposed restriction of screening to high-risk subpopulations of women, which could do much to overcome both the clinical and economic costs of breast cancer screening.

"I've been asked a lot for my view on American health care. Well, 'it would be a good idea,' to quote Gandhi."

— Paul Farmer

Personalised Healthcare



Cambridge - Healark

Presenting Authors: Saskia Bunschoten-Binet, Dimitris Garyfallos, Jakub Nagrodzki, Parth Patel (Editor)

Other Contributors: Sebastian Mann, Jane Phea

Fatigue is the most common symptom affecting cancer patients globally. Whilst cancer-related fatigue (CRF) is well researched, an effective intervention is yet to be identified. After thoroughly scoping the field, our team identified two interventions where the increasingly abundant literature is demanding to be reviewed: resistance training and mindfulness-based therapy. Our aim was to produce two literature reviews which would go on to inform two full systematic reviews.

Our literature reviews have provided us with a thorough understanding of resistance training and mindfulness-based interventions in CRF. We have found that, despite variation in the quality of the literature as well as methodological differences in the studies, both techniques have been found to be effective in reducing CRF. Our work so far will go on to inform two systematic reviews, which we hope will contribute understanding to this expanding field.

London - Healark

Presenting Authors: Konyin Aromolaran, Emily Bugden (editor), Anne Mirabella

Other Contributors: Catherine Garnett, Sophie Legg, Maria Rojec

Our project aims to analyse the determinants of fatigue in cancer patients via a systematic literature review. We investigated three key areas: psychosocial determinants (e.g. socio-economic context and psychological factors), treatment related determinants and behavioural determinants. The data we gathered forms part of a wider set of research that will be used to develop and build a cancer lifestyle management app that enables cancer patients and survivors to manage a range of adverse side-effects. We are still in the process of gathering our results, but so far we have concluded that whilst a broad range of factors contribute to fatigue, there are some key components that may be targeted therapeutically through interventions such as tailored exercise programmes.

“Nature can do more than physicians”

- Oliver Cromwell

Tropical Diseases



Cambridge - Climate Change & Tropical Diseases

Presenting Authors: Hollie French, Emma Pope, Caitlin Turner (editor), Su Ling Yeoh (editor), Silvana Talisa Wijaya

Affecting an estimated 390 million annually in over 100 endemic countries, Dengue fever has enjoyed a frightening resurgence to become one of the most important human arboviral diseases worldwide. The outcome of Dengue infection occupies a broad spectrum; whilst most survive with no consequences, over 2 million each year develop Dengue haemorrhagic fever which can be fatal. Global warming as well as increasing levels of urbanisation and international migration have contributed to the spread of Dengue and now poses unprecedented challenges to the coping capacities of affected health systems. One such country is the Kingdom of Thailand, which reported 140,000 cases of infection last year. With a record number of cases anticipated in 2016, the need to efficaciously predict, prevent and manage Dengue has never been a greater priority for its health system. Despite the recent introduction of Dengvaxia®, the world's first vaccine against dengue fever, surveillance, early outbreak detection and effective vector-control remain critical to a multi-pronged approach to fight the disease.

We have undertaken a narrative literature review, examining the impact increasing Dengue may have on the health system of a country which has undergone significant demographic and epidemiological transitions over the last century. Additionally, we have assessed the current surveillance and interventional strategies employed by Thailand in enhancing its resilience against endemic Dengue. We found that there has been much success in the appropriate management of confirmed cases, with case mortality maintained at an extremely low level. Despite intensive vector control programmes, suppression of dengue transmission has not been fully achieved and building on community-based education programmes could play an important role in Dengue eradication. Furthermore, strengthening systems for early outbreak detection will allow

the country to predict and prepare for future epidemics, ensuring resources can be directed towards the most vulnerable.

Oxford - Zika Virus

Presenting Authors: Abby Fraser

Other Contributors: Rebecca Pullon (editor)

The rapid rise of an infectious disease to epidemic proportions will always spur heightened and prolonged public and academic interest. The recent Zika virus epidemic, which broke out in 2015, has been no exception. Zika is a mosquito-borne flavivirus that evokes mild flu-like symptoms in infected adults, but which has devastating neurological consequences, most notably the confirmed association with microcephaly for fetuses exposed *in utero*. The public accesses information about Zika, and other public health issues, predominantly through popular media channels. The media thus holds an important role in communicating information to the public and facilitating their response. This study aimed to determine the extent to which mass media, social media, and academic publications correlated with each other when reporting on public health issues, and to what extent they can influence public opinion, focusing on the U.S. media reporting of the 2015-2016 Zika virus outbreak as an example. These findings were used to draw up key public health policy recommendations as to how the media could best be used by public health officials during the outbreak of an infectious disease.

We found that mass media was highly effective at communicating up to date and accurate information, and content strongly correlated with what was published in academic literature. Social media acted as a forum for users to express their own opinions, and provided windows of opportunity for public health officials to engage with the public to address specific fears and provide relevant information. Mass media and

social media are therefore complementary and both important for policy makers to engage with during a public health epidemic.

Cambridge - mHealth & Neglected Tropical Diseases

Presenting Authors: Anna Katharina Maria Fruhauf (editor), Catherine Hsu, Hattie Hunter, Georgie Girdwood, Charlie Whittaker (editor)

mHealth is the practice of medicine and public health supported by mobile communication devices. With 75% of the world now with access to a mobile phone, and dramatic decreases in production costs of other mobile devices, interest in mHealth approaches - and the potential they may possess to dramatically reshape the way in which diseases are combatted, tracked and treated - is rising rapidly.

Through a systematic literature review we examine and analyse the current diverse range of mHealth approaches being used as part of the fight against neglected tropical diseases (NTDs) in low-resource settings. Despite increasing interest in mHealth, surveys of its use against this set of diseases has, for the most part, been lacking. We explore how these newly developing technologies can be utilised to benefit a wide range of stakeholders, and the opportunities and challenges that their implementation presents for the future of the fight against NTDs.

Despite implementation of a large number of pilot programmes, insufficient evidence regarding efficacy, cost-effectiveness and scalability present major barriers to the realisation of mHealth's potential in this area. We argue that successfully implemented and tested mHealth programmes could tackle critical roots of the NTDs challenge. However, for this potential to be realised, more rigorous analyses of mHealth programmes are required, with a shift in focus from exploration of what is possible to what is worthwhile.

Oxford - Lepra

Presenting Authors: Joanna Laptocz, Laura Makin, Samantha Royston (editor)

Other Contributors: James Maye, Kevin Ray

Our team writes monthly online blogs for the charity Lepra, a UK based charity that helps people with leprosy and other neglected tropical diseases. Leprosy is considered an ancient disease, but more than 200,000 people are diagnosed every year. It is easily curable and treatment is widely available free of charge, however stigma surrounding the disease, as well a lack of education and medical resources, can prevent people seeking and receiving treatment leading to permanent disability.

Our work with Lepra aims to encourage donations from the public to support the charity's work, whilst linking the fight against leprosy with wider global health issues. The topics we have addressed so far include gender equality, poverty and disability and how these are entwined with disease.

At the conference, we will be exploring the advantages of blogging as a tool to educate and engage with the public, as well as the challenges we've faced writing at the interface between the charity and the public. We hope to provide an insight into Lepra's work and the dual role of charities: to support vulnerable people and to encourage public donations.

"The road to health is paved with good intestines."

— Sherry A. Rogers

Migrant & Refugee Health



London - Mental Health of Child Refugees

The current world migration crisis has seen increasing numbers of unaccompanied child asylum-seekers arrive in the UK. It is vital that their basic needs are assessed and policies are put in place to make sure they have the best chance in life in the UK.

Our team has been investigating the mental health needs of unaccompanied young refugees in England. On examination of the existing literature it is clear that unaccompanied asylum-seeking children are at a greater risk of facing mental health problems than the general population, yet engage less with mental health services. Factors contributing to this include fear, stigma, and lack of cultural competency. We have found that despite calls to improve access to mental health services, the mental health needs of these children are still not adequately met.

In response to these findings we have produced a policy paper aiming to improve the mental health outcomes of unaccompanied child refugees based on the experience of young refugees in London. Our recommendations centre on enforcing emotional and psychological assessment for children admitted to the care of local authorities, improving their access and engagement with community mental health services, particularly through schools, and introducing a service-user-led feedback system in order to improve the social support unaccompanied young refugees receive. These policy recommendations should allow unaccompanied young refugees to better navigate the health and social care system and receive adequate mental health care so that they can fully participate and contribute to life in the UK.

“If you should speak to anyone affected by a mental illness, the chances are that you will hear stories of hidden suffering, shame, and discrimination in nearly every sector of their lives.”

- Vikram Patel

London - Mental Health of Female Refugees

Presenting Authors: Ashiwani Arvind, Luis Ribeiro (editor), Sarah Sturrock

As over a million migrants enter Europe during the current refugee crisis, questions have arisen as to how healthcare systems might best serve this population. Refugees are at increased risk of mental health disorders, with women in particular being most at risk. Given the trauma and adversity that many refugees and asylum seekers have experienced, and the possibility for specific pressures on women, this review seeks to identify the risk factors for mental health disorders and substance misuse in female refugees and asylum seekers. We found that pre-migration factors associated with poor mental health outcomes included being single, fewer years of education, older age, and pre-migration trauma.

Post-migration factors associated with poor mental health outcomes included a shorter time in the host country, lack of proficiency in the language of the host country, poor self-reported physical health, lack of identification with the new society, and reduced social network. Although unemployment and financial difficulty were associated with poor mental health in male refugees, there was no similar association in female refugees. Our hope is that the modifiable and non-modifiable risk factors identified could aid policy-makers, government agencies and charities to appropriately screen and support female refugees and asylum seekers to enable them to become productive, healthy members of their new society

Oxford - Migrant Health & Pregnancy

Presenting Authors: Caragh Bennet & Georgina Brett

Other Contributors: Valentina Aronica (editor)

Our work focuses on determining the main barriers pregnant migrant women face in accessing the UK healthcare system. Through our review of the literature we identified language barriers; information deficits; recent legal developments in the UK as well as the social invisibility that the 'migrant' status carries (akin to the social invisibility that foreign women often experience in hosting societies) as key contributors to barriers that migrant women face in accessing healthcare. We also discuss medical consequences of the lack of perinatal care, and explore existing efforts by non-governmental organisations and hospitals to ensure access to quality healthcare. Furthermore, we explore how the terminology used in relation to migrants might affect research in this field. There is difficulty in characterising who might be identified as a migrant, and there are social repercussions in attaching a 'migrant' label to subjects. Above all, we found that a targeted political approach is needed to limit the risks associated with shortfalls in reproductive and perinatal care offered to migrants.

"In health there is freedom. Health is the first of all liberties."

- Henri-Frederic Amiel

Others

Cambridge - Healark Blog

Authors: Anna-Lucia Koerling, Anna te Water Naude, Chandhini Suresh, and Julia Simons

Our team was tasked with creating a blog, as one of three teams working with Healark. Healark is a startup aiming to make cancer care a more accessible, integrated process for patients and doctors alike. Behaviour and lifestyle are known to greatly affect the quality of life of cancer patients, and possibly, in many cases, the outcome of treatment. The literature demonstrating this, however, is largely inaccessible to the patient population and in many cases clinicians too. Healark aims to change this situation through the development of an app that provides relevant information in an easily accessible format, as well as a user-friendly platform for patients to track their own data. Particularly if integrated with biometrics from wearable devices, this data could one day feedback to clinicians and provide a starting point for long-term studies on an unprecedented scale.

There have been studies published on a huge variety of lifestyle modifications, and our blog aimed to summarise on a weekly basis one small area of change that patients could make, and the evidence for its purported benefits. This blog will be initially published on the Healark website and subsequently integrated with the nascent app. So far the topics that we have discussed have ranged from the importance of regular sleep cycles through to the possible benefits of yoga.

“To the well organised mind, death is but the next great adventure.”

- Albus Dumbledore

Get Involved

Liked what you've seen in the conference? Fancy getting involved with Polygeia? Great! We're always on the lookout for enthusiastic committee members and researchers to help our with our various global health projects.

You can find more information about this, and loads of other things, on our website: www.polygeia.com

We're also on some of the more popular social networks - just search 'Polygeia' on Facebook, Twitter or LinkedIn (or even all 3 if you're feeling super keen).

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Floor Plan

