the future and experiencing various nonspecific symptoms revealed strong associations in both datasets. Between the datasets, notable associations were found with ongoing suffering from COVID-19-related experienced events in the panel data and with primarily demographic variables in the social media sampling data. The significantly lower MHI-5 score persisted after matching the participants based on demographics.

Conclusion: Findings underscore the importance of taking precautions with interpreting the findings from social media-based sampling methods, as they run an increased risk of producing biased information for public health policy-making.

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The Belgian Incident Tracking System as an Integrative Health Tool

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Summary: In Belgium, the Ministry of Health is responsible for the medical-psychosocial disaster care. One of the tasks is registering all those affected, wounded, and not-wounded. The evaluation of the Brussels Bombings (2016) showed that registration, collecting, processing, and disseminating data about those affected was difficult and became almost impossible in complex multi-site incidents.

This was the start of the Belgian Incident Tracking System (BITS) project. This system now collects, processes, and generates data on persons involved in an emergency situation. It traces and identifies those affected throughout both the medical and the psychosocial chain in a simple way.

Each relief worker can, based on their specific profile, complete the pathway and file of those affected step by step, through a mobile or web-based application, online and offline. This applies to the relief workers who are dispatched to the incident, the advanced medical units, the hospitals to which the injured are taken, and all the relief workers in the reception centers.

With BITS, psychosocial workers in a call center or at a reception center can look up missing persons within the relief chain. If the missing person is not found, a thorough registration of the search query is filed. This data can contribute to the identification of unknown persons, those seriously injured/unconscious, or deceased. For those who leave the scene without seeking help. BITS will enable an online "I Am Safe" counter.

Finally, a wide variety of lists, according to European privacy regulations, can be generated and shared with partners within a crisis center or with actors responsible for the aftercare. Whereas BITS is in production and is being used in incidents right now, the developments are still ongoing, including lessons learned after every exercise and/or incident.

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Navigating Generosity of Medicines (Gen-MED): A Delphi Study to Prioritize Research Questions from the Environmental, Economic, Social Science and Humanities, and Health Perspectives

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Introduction: News of disasters often prompts individuals, organizations, and countries to seek ways to support affected areas. However, the notion that "any donation is a good donation" can lead to unintended consequences, particularly with inappropriate pharmaceutical donations. The practice of inappropriate donations can burden recipient countries with the need to manage, store, and dispose of unwanted or expired medicines, wasting valuable resources, which leads to adverse effects on the environment, the economy, health, and quality of life. This study aimed to develop a prioritized list of research questions (RQs) to investigate donated medicines, drawing on insights from international interdisciplinary experts.

Methods: There were 46 people invited from over 10 countries and 15 disciplines to participate through an asynchronous Delphi study conducted in four rounds using an online questionnaire platform (Qualtrics) from May to September 2024. Round 1, participants suggested RQs; in Round 2, they ranked and commented on draft questions using a 9- point Likert Scale. Consensus was defined as a mean score of ≥ 7, with an interquartile range (IQR) ≤ 3, with no answer ≤ 3. Round 3 involved controlled feedback for participants to re-rank questions that did not achieve consensus on a 4-point Likert Scale; Round 4 sought final approval for the generated list.

Results: Twenty-four experts participated, representing seven countries,14 areas of research expertise, and 10 types of methodology expertise. The panel reached consensus on 21 RQs from an initial list of 29, encompassing seven social science and humanities, six environmental, four health, three economic questions, and one interdisciplinary perspective.

Conclusion: This study successfully identified key research priorities concerning donated medicines, emphasizing the need for a coordinated approach to mitigate harm and enhance the effectiveness of pharmaceutical donations. Future research should focus on addressing these questions to develop best practices that balance humanitarian assistance with responsible resource management, ultimately supporting disaster-affected communities more sustainably.

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