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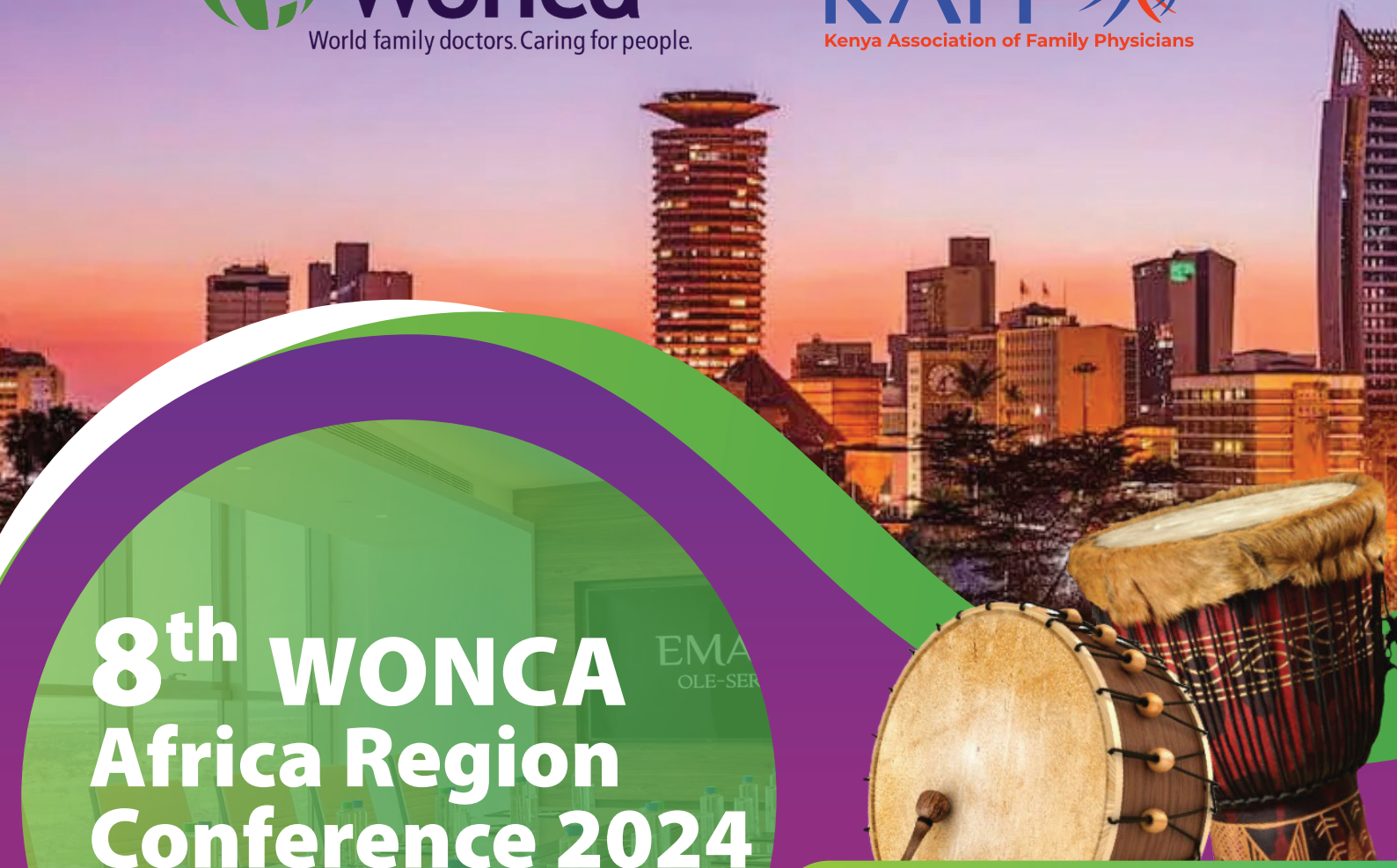
KAFP
Kenya Association of Family Physicians



8th WONCA Africa Region Conference 2024

5th - 7th June 2024

Emara Ole Sereni Hotel
Nairobi, Kenya

DRUMMING FOR CHANGE IN AFRICA: BUILDING A RESILIENT PRIMARY HEALTH CARE SYSTEM. A FOCUS ON INNOVATIONS AND SUSTANABILITY.

ABSTRACT BOOKLET

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PHCFM | AFRICAN JOURNAL OF PRIMARY HEALTH CARE & FAMILY MEDICINE

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ABOUT THE JOURNAL
The journal is the official journal of WONCA (World Organization of Family Doctors) Africa Region. It provides a platform for scholarly exchange between family medicine and primary health care researchers and practitioners across Africa. It provides a contextual and holistic view of family medicine and primary health care as practised across the continent.

PUBLICATION FREQUENCY
Articles are published online when ready for publication and then compiled into a full issue at the end of the year.

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KAFP CHAIRPERSON'S WELCOME REMARKS

Dr. Joy K. Mugambi, Family Physician

Kenya Association of family Physicians welcome's you to the 8th WONCA Africa Region Conference, themed "Drumming for Change in Africa: Building resilient Primary Health Care systems with a focus on innovations and sustainability." It is an honour to extend a warm and heartfelt welcome to Family Physicians, Primary Healthcare providers, Policy makers, Patient groups, Development partners, Non-Governmental Organizations, and Faith Based Organizations. The venue will be Emara Ole-Sereni Hotel in Nairobi, Kenya, a city renowned for its rich culture, diversity, and innovation. This remarkable venue will serve as the backdrop for our conference from the 5th to the 8th of June 2024.

The theme of this conference encapsulates our collective vision for a brighter and healthier Africa. Just as the rhythmic beat of a drum reverberates through the heart and soul of our communities, we, too, seek to resonate with innovative and sustainable solutions that will shape the future of Primary Healthcare on our continent. Our goal is clear: to build resilient Primary Health Care systems that can withstand the challenges of today and tomorrow.

Family Physicians and Primary Healthcare providers are at the forefront of healthcare delivery, ensuring that individuals and communities receive the care they need. Policy makers play a crucial role in shaping the healthcare landscape, while patient groups provide invaluable insights into the lived experiences of those we aim to serve. Development partners, NGOs, and faith-based organizations are critical allies in our mission to improve health and well-being.

Throughout the course of this conference, we will engage in meaningful dialogue, share insights, and explore innovative approaches that can transform healthcare delivery across Africa. We will address pressing issues, exchange knowledge, and forge partnerships that can lead to impactful changes.

Together, we can create a harmonious symphony of ideas, experiences, and expertise that will resonate far beyond the confines of this conference. Our collective knowledge and dedication to building resilient Primary Health Care systems will pave the way for a healthier and more vibrant Africa.

I encourage all of you to actively register, send in abstracts to share your thoughts and experiences. Let us learn from one another and inspire change through collaboration. Together, we will beat the drum of transformation, and the rhythm of our collective efforts will echo across the African continent. Once again, welcome (Karibu) to the 8th WONCA Africa Region Conference at the Emara Ole-Sereni Hotel in Nairobi, Kenya.

Best regards,

Dr. Joy K. Mugambi, Family Physician,

Chair, Kenya Association of Family Physicians (KAFP).

CHAIR 8TH WONCA AFRICA REGION CONFERENCE 2024.

MESSAGE FROM WONCA AFRICA REGION PRESIDENT

Dr. Jane F. Namatovu, PRESIDENT , WONCA

Dear Colleagues,

I welcome you all with great pleasure to East Africa in Nairobi, Kenya for the 8th WONCA Africa Regional Conference. We all join the theme of "Drumming for change in Africa: Building resilient primary health care systems, a focus on innovations and sustainability". The training of family doctors has steadily grown and we are now enough to effectively drum for change! Thank you for being part of the drumming. It is now or never!

We are proud of our host, the Kenya Association of Family Physicians led by Dr. Joy Mugambi for their tireless efforts organising this conference. Whilst it is a conference for WONCA Africa Region, it is also a conference for Kenyan family doctors that gives them the opportunity to reflect on their primary health care system and be able to serve the nation's population effectively and efficiently. This is also the time for all the other African countries to reflect on the status of their primary care services. We further hope to impact on the budding careers of medical students with the rich experience in primary care practice and research as we recruit the next generation of primary care doctors on the African continent.

Family doctors must be engines for creative and innovative thinking aimed at addressing the pressing primary health care challenges in our society. This conference presents an opportunity for Wonca member organisations in Africa and beyond to reach new heights regarding quality, quantity and relevance of the family doctors with whom we network. Sincere appreciation is to everyone that will come and share their experiences in plenaries, presentations, posters and workshops. Special thanks to all the key note speakers for their time and much valued experience in the field of primary care.

The Wonca Africa Executive Committee through the Local Organising Committee promises an eventful 8th Wonca Africa Regional conference. I wish you all a memorable and enjoyable stay in Nairobi, Kenya.

Asante Sana!

Dr. Jane Frances Namatovu

PRESIDENT (2023-2025), WONCA AFRICA REGION.

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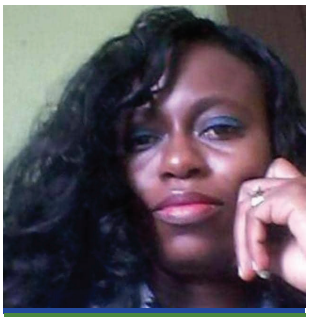
Afriwon President



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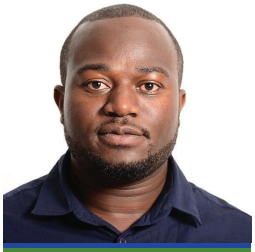

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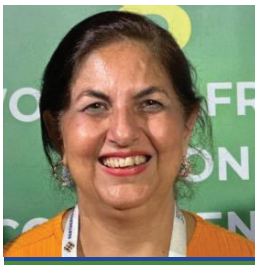

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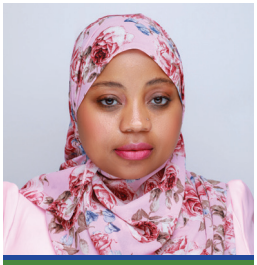

Dr. Aisha M. Mwatuwano
MEMBER

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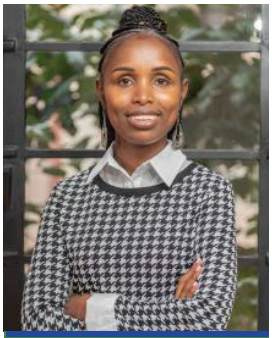
Dr. Oda Conny Mirimo
MEMBER



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MEMBER

Dr. Jacob Shabani
MEMBER

Dr. Daniel Mutonga
MEMBER

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Dr. Joy Mugambi

CONFERENCE VENUE

The onsite conference will take place at the Emara Ole-Sereni Hotel, one of the top award-winning hotels near JKIA airport (12 km), Wilson Airport (6 km), and the City Center (10 km) for that unique feeling of being somewhere very special in the heart of the business and civic district.

Venue Contacts:
Emara Ole Sereni Hotel in Nairobi, Kenya,
P.O. Box 18187 – 00500,
Nairobi, Kenya
Tel: +254 732 191 000
Fax: +254 720 3910 400
Email: enquiries@ole-serenihotel.com

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CONFERENCE EVENT MANAGER

P.O Box 19963 - 00100 Nairobi. Kenya.
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LANGUAGE
The official language of the conference will be **English**. No simultaneous translation service will be provided.

INSURANCE
The conference organizers cannot accept liability for personal injuries sustained, or for loss of, or damage to property belonging to conference participants (or their accompanying persons), either during or as a result of the congress. Please check the validity of your own insurance.

CELL PHONES, PAGERS AND OTHER ELECTRONIC DEVICES
Electronic devices must be operated in silent/vibrate mode within educational sessions. No phone conversations will be permitted within the meeting rooms.

SPEAKERS' READY ROOM
All speakers are required to submit their presentation a day before their scheduled to speak to ***conference@kafp.or.ke or info@kafp.or.ke***

CURRENCY INFORMATION
The currency will be Kenya Shillings (KES) and United States Dollars (USD)

NAME BADGE
A name badge will be available for all physical participants. Please wear your badge at all times during the conference.

SAFETY AND SECURITY
All physical participants are kindly requested not to leave personal belongings unattended at any time, whether inside or outside the meeting venue. Please contact the bell captain in the hotel lobby to store any of your personal belongings.

REGISTRATION AND CHECK-IN
All participants are required to register in advance via the registration portal provided, and visit the registration desk on-site on arrival for check-in. Check-in begins on **June 5, 2024 at 0900 hours.**

LOST AND FOUND
Please return any found items to the information desk located in front of the meeting room.

ACCOMMODATION
Delegates are encouraged to book their accommodation in any of the facilities within the locality of the convention. We advise delegates to also consider short stay apartments in the area that can be booked using the various accommodation booking websites available.

CONFERENCE THEME

Drumming for change in Africa: Building Resilient Primary Healthcare Systems, A Focus on Innovations and Sustainability.

SUB THEMES

1. Primary Healthcare Research, Innovation and Training.
2. Community Engagement and Empowerment.
3. Primary Healthcare Delivery Models and Sustainability.
4. Healthy Aging, Wellness and Preventive Health.
5. Health Equity and Inclusivity.
6. The Family Practice Services Integration.

PRE-CONFERENCE PROGRAM

Pre-conference Day 1 – Tues. 4th June 2024		
8:00 am – 8:40 am	**Arrival & Registration**	**Event Managers**
9:00 am – 5:00 pm	**PrimaFamed Workshop**	**Emara Ole-Sereni**
9:00 am – 5:00 pm	**Afriwon Pre-conference Exchange**	**Field visits – Makadara Sub-County**
Pre-conference Day 2 – Wed. 5th June 2024		
8:00 am – 8:40 am	**Arrival & Registration**	**Event Managers**
9:00 am – 5:00 pm	**PrimaFamed Workshop**	**Emara Ole-Sereni**
9:00 am – 5:00 pm	**AFRIWON Pre-Conference**	**Aga Khan University**
2:00 pm – 5:00 pm	**WONCA Working Parties' meetings**	**Emara Ole-Sereni**
6:00 pm – 8:00 pm	**WONCA Working Party; Women and Family Medicine Africa Region Evening Fire-side chat**	
8th WONCA Africa Conference Day 1 – Thurs. 6th June 2024		
8:00 am – 10:00 am	**Arrival & Registration**	**Event Managers**
8:30 am – 09:30 am	**Workshop 1:** ***Venue: Plenary Hall A*** ***Global Ultrasound Institute (GUSI) – POCUS*** *– FAST*	**Workshop 2:** ***Venue: Plenary Hall B*** ***Empowering Women's Health - Innovative Service Delivery Models for Equity and Inclusivity*** Dr. Mercy Wanjala & Dr. Viviana Martinez-Bianchi
9:30 am – 10:00 am	**Tea Break & Poster Presentations**	
Session Chair	**Dr. Nthusi Nthula**	**Co-Chair** **Dr. Mercy Wanjala**
10:00 am – 01:00 pm	**Opening Ceremony- Plenary Hall A**	
10:00 am – 10:10 am	**Entertainment TBC**	
10:10 am – 10:20 am	**Kenya Association of Family Physicians Opening remarks** Dr. Joy Mugambi Chair KAFP	
10:20 am – 10:30 am	**WONCA Africa Region President** Dr. Jane Namatovu	
10:30 am – 10:40am	**WONCA CEO** Dr. Harris Lygidakis	

CONFERENCE PROGRAM

10:40 am – 10:50 am	**WONCA World President Elect** Dr. Viviana Martinez-Bianchi		
10:50 am – 11:10 am	**Keynote Address – Speaker 1** ***Healthy Equity and Inclusivity*** **Guest Speaker:** Dr. Luke Allen		
11:10 am – 11:30 am	**Keynote Address – Speaker 2** ***Drumming for Change in Africa: Building Resilient Primary Healthcare Systems, a Focus on innovations and sustainability*** **Guest Speaker:** Prof. Lukoye Atwoli		
11:30 am - 11:40 am	**Entertainment TBC**		
11:40 am – 12:40 pm	**Governor Nairobi County** – H.E. Hon. Johnson Arthur Sakaja **Cabinet Secretary Ministry of Health** – Hon. Susan Nakhumicha **Chief Guest of Honor – His Excellency the President Dr. William Samoei Ruto**		
12:40 pm – 1:00 pm	**Group Photo**		
1:00 pm – 2:00 pm	**Lunch Break**		
Session Chair	**Dr. Nana Ayisi Kwame**	**Co-Chair**	**Dr. Oda Mirimo**
2:00 pm - 2:40 pm	**Plenary I Keynote address:** ***Venue- Plenary Hall A*** ***The Family Practice Services Integration-*** **Guest Speaker:** Prof. Jan De Maeseneer **(20min)** **Plenary II Keynote address:** ***Venue- Plenary Hall A*** ***Community Engagement and Empowerment-*** **Guest Speaker:** Dr. Viviana Martinez Bianca **(20min)**		
2:40 pm – 2:55 pm	**Insights From VERIFY: Early Combination Therapy –** Dr. Catherine Gathu		
2:55 pm – 3:00 pm	**Change over**		
Plenary Sessions	**Plenary Session I:** **Oral Presentations** Plenary Session I abstracts ***Venue: Plenary Hall A***	**Plenary Session II:** **Oral Presentations** Plenary session II abstracts ***Venue: Plenary Hall B***	
Hall A Chair	**Dr. Nana Ayisi Kwame**	**Hall B Chair**	**Dr. Brenda Kananu Maingi**
3:00 pm – 3:10 pm	Abstract 1.1 – Dr. Elijah Kameti	Abstract 2.1 – Dr. Temitope Ilori	
3:10 pm – 3:20 pm	Abstract 1.2 – Dr. Jean-Pierre Fina Lubaki	Abstract 2.2 – Dr. Muhsin Sheriff	
3:20 pm – 3:30 pm	Abstract 1.3 – Chika Egenasi	Abstract 2.3 – Dr. Waad Benbelgacem	

CONFERENCE PROGRAM

3:30 pm – 3:50 pm	Plenary & group discussion	Plenary & group discussion
3:50 pm – 4:00pm	**Change over**	
4:00 pm – 5:00 pm	**Workshop 3:** ***Venue: Plenary Hall A*** ***Brainstorming process on core values and definition of family medicine in African context*** Dr. Innocent Besigye	**Workshop 4:** ***Venue: Plenary Hall B*** ***Sharing Family Physicians experiences on women's health*** Dr. Elizabeth Reji
5:00 pm – 5:05 pm	Day 1 Closing Remarks & Day 2 Briefing	
5:05 pm – 6:00 pm	**Tea Break and Poster presentations**	

8th WONCA Africa Conference Day 2 – Fri. 7th June 2024			
8:00 am – 8:10 am	Opening Prayers – Day 1 Recap & Day 2 Climate Setting	Dr. Daniel Mutonga	
Plenary Address Chair (s)	**Dr. Jacob Shabani & Dr. Temitope Ilori**		
8:10 am – 8:50 am	**Plenary III Keynote address:** ***Venue- Plenary Hall A*** ***Primary Healthcare Research, Innovation and Training-*** Prof. Klaus von Pressentin **(20 min)** **Plenary IV Keynote address:** ***Venue- Plenary Hall A*** ***Primary Healthcare Delivery Models and Sustainability-*** Dr. Henry Lawson **(20 min)**		
8:50 am – 9:00 am	**Change over**		
Hall A Chair(s)	**Dr. Jacob Shabani & Dr. Temitope Ilori**	**Hall B Chair(s)**	**Dr. Susan Cheruiyot & Dr. Bramwel Simiyu**
Plenary Sessions	Plenary Session III: Oral Presentations Plenary Session III abstracts *Venue: Plenary Hall A*		Plenary Session IV: Oral Presentations Plenary Session IV abstracts *Venue: Plenary Hall B*
9:00 am – 9:10 am	Abstract 3.1 – Prof. Bob Mash		Abstract 4.1 - Prof. Mosedi Namane
9:20 am – 9:30 am	Abstract 3.2 – Prof. Louis Jenkins		Abstract 4.2 – Dr. Tyler Murray
9:30 am – 9:40 am	Abstract 3.3 – Prof. Gulnaz Mohamoud		Abstract 4.3 – Dr. Ann Scheunemann
9:40 am – 9:50 am	Abstract 3.4 – Dr. Innocent Besigye		Abstract 4.4 – Prof. Louis Jenkins
9:50 am – 10:00 am	Abstract 3.5 – Dr. Fathia Nour		Abstract 4.5 – Dr. Eric Oduro

CONFERENCE PROGRAM

10:00 am – 10:10 am	Abstract 3.6 – Dr. Christian Lueme Lokotola		Abstract 4.6 – Dr. Kefilath Belo
10:10 am – 10:30 am	Management of Hypertension in African patients Dr.Catherine Gathu.		Abstract 4.7 – Dr. Mercy Wanjala Plenary & Group discussion
10:30 am – 11:00 am	Tea Break and Poster Presentations		
Hall A Chair(s)	**Dr. Jacob Shabani & Dr. Temitope Ilori**	**Hall B Rapporteur**	**Dr Emma Khabure Dr Alex Makau Dr Sarah Kiptinness**
11:00 am – 11:10 am	Abstract 3.7 - Dr. Michael Kapitene Kamuanga		**Workshop 5: Time: 11:00 am-12:00 pm *Venue: Plenary Hall B*** ***Mental Health Working Party*** – Dr. Adenkule Ariba
11:10 am – 11:20 am	Abstract 3.8 – Dr. Aisha M. Mwatuwano		
11:20 am – 11:30 am	Abstract 3.9 – Miss. Fatima Mohammed		
11:30 am – 11:40 am	Abstract 3.10 – Dr. Kaya Belknap		
11:40 am – 11:50 am	Abstract 3.11 – Dr. Katy Linley		
11:50 pm – 12:00 pm	Abstract 3.12 – Dr. Karen Tu		
12:00 pm – 1:00 pm	Plenary & group discussion		**Change over 12:00pm-12:10pm** **Workshop 6: Time: 12:10 pm-1:10 pm *Venue: Plenary Hall B*** ***Global Ultrasound Institute (GUSI)*** – *POCUS*
1:00 pm – 2:00 pm	**Lunch Break**		
Plenary address Chair(s)	**Dr. Emily Tumwakire & Dr. Seun Olusola**		
2:00 pm – 2:20 pm	**Plenary V Keynote address: *Venue- Plenary Hall A* *Healthy Aging, Wellness and Preventive Health*** Dr. Aysha Edwards (20 min)		
2:20 pm – 2:30 pm	**Change over**		
Hall A Chair(s)	**Dr. Emily Tumwakire & Dr. Seun Olusola**	**Hall B Rapporteur**	**Dr Mary Kimanthi Dr Peter Kioko Dr Brenda Kananu**
2:30 pm – 2:40 pm	Abstract 5.1 – Dr. O. Muyabala Munachitombwe-Muna		**Workshop 7: Time: 3:00 pm- 4:00 pm *Venue: Plenary Hall B***
2:40 pm – 2:50 pm	Abstract 5.2 – Dr. Yen Fu Chen		
2:50 pm – 3:00 pm	Abstract 5.3 – Dr. Adunga Deboch		

CONFERENCE PROGRAM

3:00 pm – 3:10 pm	Abstract 5.4 – Dr. Waad Benbelgacem	***Strategies to scale up Family Medicine Resident Recruitment -*** Dr. Jane Namatovu
3:10 pm – 3:20 pm	Abstract 5.5 – Mr. Duncan Kwaitana	
3:20 pm – 4:00 pm	Plenary & Group discussion	
4:00 pm – 4:05 pm	**Change over**	
4:05 pm – 4:20 pm	**Dermatology presentation** ***Venue- Plenary Hall A***	
4:20 pm – 4:30 pm	Closing Remarks – Dr. Joy Mugambi ***Venue: Plenary Hall A***	
4:30 pm – 5.00pm	**Tea Break and Poster Presentations**	
6:30pm	Arrival and registration for dinner (cocktails served)	
7:00 pm till late	**Gala & Awards Dinner** Dress Code: ***'Elegant with a touch of African'***	

8th WONCA Africa Conference Day 3 – Sat. 8th June 2024
Conference Safari

DAY	THEME	VENUE	ABSTRACT NUMBER/ PRESENTER	ABSTRACT TITLE
DAY 1: 6th June, 2024	***The Family Practice Services Integration***	***Hall A***	Abstract 1.2 – Dr. Elijah Kameti	Preparedness of Primary Healthcare facilities in Management of Hypertension in Tharaka Nithi County, Kenya
			Abstract 1.3 – Dr. Jean-Pierre Fina Lubaki	Consensus on potential interventions for improving glycaemic control among patients with type 2 Diabetes in Kinshasa, Democratic Republic of Congo: a Delphi study
			Abstract 1.4 – Chika Egenasi	Experience of the new seizure diary in the Free State and Northern Cape of South Africa
	Community Engagement and Empowerment	***Hall B***	Abstract 2.1 – Dr. Temitope Ilori	Dietary behaviours, decision-making, and food consumption patterns of households in two urban slums in Ibadan, Nigeria; a lived experience of food preparers
			Abstract 2.2 – Dr. Muhsin Sheriff	Building resilience in rural Kenya – opportunities for integration of Primary Health Care and Public Health
			Abstract 2.3 – Dr. Waad Benbelgacem	Exploring the Connection between Healthy Eating, Physical Activity, and Mental Health among teenagers
DAY 2: 7th June, 2024	Primary Healthcare Research, Innovation and Training	Hall A	Abstract 3.1 – Prof. Bob Mash	Family practice research in the African region 2020–2022
			Abstract 3.2 – Prof. Louis Jenkins	Medical interns in district health services: an evaluation of the new family medicine rotation in the Western Cape, South Africa.
			Abstract 3.3 – Prof. Gulnaz Mohamoud	Evaluation of the quality-of-service delivery in primary-care facilities in the private sector in Nairobi, Kenya.
			Abstract 3.4 – Dr. Innocent Besigye	Preparing for your PhD
			Abstract 3.5 – Dr. Fathia Nour	Beyond a decade: Successes and challenges of Family Medicine in Somaliland
			Abstract 3.6 – Dr. Christian Lueme Lokotola	Climate change and primary health care in Africa: a scoping review
			Abstract 3.7 - Dr. Michael Kapitene Kamuanga	A cross-sectional study of the sociodemographic and serological characteristics of homosexuals, bisexuals, and transgender people in Kinshasa, the Democratic Republic of the Congo.
			Abstract 3.8 – Dr. Aisha M. Mwatuwano	Assessing Depression in Diabetic and Hypertensive Patients at JM Kariuki Memorial County Referral Hospital, Nyandarua.
			Abstract 3.9 – Miss. Fatima Mohammed	The Perspectives of The Medical Students in Africa Toward Non-communicable Diseases (NCDs) Integration within Universal Health Coverage (UHC) Policies
			Abstract 3.10 – Dr. Kaya Belknap	Primary Care Guideline Formulation and NCD course development
			Abstract 3.11 – Dr. Katy Linley	CME+: increasing the impact of evidence-based training in NCDs with quality improvement in frontline primary healthcare
			Abstract 3.12 – Dr. Karen Tu	Changes in primary care visits during the COVID-19 Pandemic: An international comparative study by INTRePID
	Primary Healthcare Delivery Models and Sustainability	***Hall B***	Abstract 4.1 - Prof. Mosedi Namane	Perspectives on challenges for implementing best-evidence Osteoarthritis care in LMICs
			Abstract 4.2 – Dr. Tyler Murray	Population-Based Trends in Complexity of Hospital Inpatients: Implications for Predictive Modeling using Artificial Intelligence
			Abstract 4.3 – Dr. Ann Scheunemann	Integrating mental health into a center of excellence in primary health care in Lesotho

DAY	THEME	VENUE	ABSTRACT NUMBER/ PRESENTER	ABSTRACT TITLE
	Primary Healthcare Delivery Models and Sustainability	***Hall B***	Abstract 4.4 – Prof. Louis Jenkins	Palliative care in a rural sub-district in South Africa: a 4-year critical review
			Abstract 4.5 – Dr. Eric Oduro	Determinants of Client Satisfaction of Services at a Primary-level Facility in Kumasi, Ghana
			Abstract 4.6 – Dr. Kefilath Belo	Policy actions to improve the primary care physicians' practices in Benin: presenting a cocreated policy framework
			Abstract 4.7 – Dr. Mercy Wanjala	Synergizing for UHC in Africa: Crafting the Optimal Primary Health Care Team
	Healthy Aging, Wellness and Preventive Health	Hall A	Abstract 5.1 – Dr. O. Muyabala Munachitombwe-Muna	The role and impact of nutritional supplementation in the clinical management of disease: Observational case studies in Eswatini and Botswana.
			Abstract 5.2 – Dr. Yen Fu Chen	Relationship of Fasting Triglyceride Glucose Index (TyG Index) with Subclinical Atherosclerosis Vary by Age and Gender
			Abstract 5.3 – Dr. Adunga Deboch	Time to adjuvant chemotherapy and its predictors among postoperative breast cancer patients at cancer treatment centre of Hawassa University comprehensive specialized hospital, Hawasssa, Ethiopia 2022: A retrospective follow up study.
			Abstract 5.4 – Dr. Waad Benbelgacem	Social Phobia and School Avoidance among School Adolescents: Exploring the relationship with obesity
			Abstract 5.5 – Mr. Duncan Kwaitana	Navigating primary health care challenges - Insights from older people with multimorbidity in Malawi

KEY SPEAKERS

Prepare for an unparalleled intellectual journey as we unveil the distinguished lineup of key speakers for the upcoming WONCA Africa Region Conference 2024. These visionary leaders, trailblazers in their respective fields, are set to ignite discussions, inspire change, and shape the future of medicine.

KEY SPEAKERS

Prof. Lukoye Atwoli (MBS, MBChB, MMed Psych, PhD, IFAPA The Jena and Hasanali Ajanee Endowed Chair in Medicine Deputy Director, Brain and Mind Institute Professor and Dean, Medical College East Africa)

Drumming for change in Africa: Building Resilient Primary Healthcare Systems, A Focus on Innovations and Sustainability

Prof. Lukoye Atwoli
KEYNOTE SPEAKER

Lukoye Atwoli is a Professor of Psychiatry and the Dean of the Aga Khan University Medical College, East Africa. He is also the Deputy Director of the Brain and Mind Institute at AKU. He also practices psychiatry at the Aga Khan University Hospital in Nairobi. Prof Atwoli is an Honorary Professor in the department of Psychiatry and Mental Health at the University of Cape Town, and collaborates with colleagues all over the world in research and teaching in psychiatry and mental health.

Prof Atwoli trained in medicine (Bachelor of Medicine and Bachelor of Surgery, MBChB) at Moi University before undertaking specialist training in psychiatry (Master of Medicine in Psychiatry, MMed Psych) at the University of Nairobi, where his MMed dissertation explored posttraumatic stress disorder among Mau Mau Concentration Camp survivors in Nairobi. He later earned a Doctor of Philosophy (PhD) degree from the University of Cape Town in South Africa, focusing on the epidemiology of trauma and posttraumatic stress disorder in South Africa.

Prof Atwoli is widely published, and his current research interests are centered on trauma and posttraumatic stress disorder and the genetics of mental disorders, although he also leads and participates in research on children's and youth mental health, and on HIV and Mental Health. He is a member of the World Mental Health Surveys Consortium that carries out cross-national psychiatric epidemiological research that informs practice and policy globally.

Prof Atwoli is the President of the African College of Neuropsychopharmacology (AfCNP), and the Secretary-General of the African Association of Psychiatrists (AAP). He sits on several advisory boards nationally and internationally. Since 2020, he serves as the Chairperson of the Board of the Mathari National Teaching and Referral Hospital, the only specialized mental health care facility in Kenya, and also co-chairs the Board on Global Health of the US National Academies of Sciences, Engineering and Medicine. Prof Atwoli is also the Chair of the Steering Committee of the Association of Academic Health Centers International (AAHCI).

Prof Atwoli is a social and health rights advocate, and has influenced policy and programmes in the health sector as well as in the political sphere. He has been a strong mental health campaigner and advocate who constantly speaks out for the rights of the disadvantaged in society. As a result of his work in mental health and psychiatry, Prof Atwoli is an International Fellow of the American Psychiatric Association (IFAPA), and has also been awarded one of the highest national honours in Kenya, the Moran of the Order of the Burning Spear (M.B.S.). in October 2023, Prof Atwoli was elected to the US National Academy of Medicine (NAM) as an International Member.

KEY SPEAKERS

Dr. Luke Allen

Health Equity and Inclusivity.

Dr. Luke Allen
KEYNOTE SPEAKER

Dr Luke Allen is a family physician and PHC policy advisor to the WHO and World Bank. He has worked and studied at Oxford, Harvard, MIT, and the London School of Hygiene & Tropical Medicine where he currently leads international mixed-methods studies on improving equitable access to primary care (including in Botswana, Libya, Sudan, and Kenya). He has authored over 100 publications and his work has been featured in the BBC News, the New Scientist, China Global TV, and the Wall Street Journal. Luke sits on the RCGP Thames Valley Faculty board and is a board member at the British Journal of General Practice. He led on many of the supporting documents for the Declaration of Astana and has advised multiple health ministries around the world. Luke was chosen to co-lead the writing of the G7 initiative on PHC and is currently starting a new role as co-director of Oxford's Centre for Global Primary Care. Luke has three boisterous tweenagers and is married to Jo – a dynamic Anglican vicar.

President-elect of WONCA 2023-2025.

(Associate Professor and the Director for Health Equity at Duke University's Department of Family Medicine and Community Health, in North Carolina, USA.)

Community Engagement and Empowerment.

Dr. Viviana Martinez-Bianchi
SUBTHEME SPEAKER

Dr. Viviana Martinez-Bianchi is a family doctor, President-elect of WONCA 2023-2025. She is Associate Professor and the Director for Health Equity at Duke University's Department of Family Medicine and Community Health, in North Carolina, USA.

Originally from Argentina, she is a Diplomat of the American Board of Family Medicine, a fellow of the American Academy of Family Physicians, and award recipient of the Society of Teachers of Family Medicine. She served as Executive Member-at-Large of the World Organization of Family Doctors (WONCA) from 2016-2021 and WONCA liaison to the World Health Organization, and chair of the Organizational Equity committee. She is founder and co-director of LATIN-19, the Latinx Advocacy Team and Interdisciplinary Network for COVID-19, a multisector group addressing Hispanic health during the COVID-19 Pandemic and beyond. She participates in many boards and advocacy teams including the US President's Council on Sports, Fitness & Nutrition.

KEY SPEAKERS

Dr. Henry J Lawson (MBChB FWACP FGCP ChPA)

Primary Healthcare Delivery Models and Sustainability

Dr Henry Lawson
KEYNOTE SPEAKER

Dr Henry Lawson is a Family Physician who trained, lives and works in Ghana. He is a Fellow of the West African College of Physicians (WACP) and the Ghana College of Physicians and Surgeons (GCPS). He has been a trainer and examiner for these two institutions. He has trained several Family Physicians for these colleges and supports in supervision of their research. He is a past Secretary, past International Officer and current Member of the Examination Committee and Host Examiner for the Accra Examination centre, Faculty of Family Medicine, WACP. He has received awards for his work with the Ghana Chapter of WACP and the Faculty of Family Medicine at the 43rd AGSM of the WACP in Benin Republic. He is the current Vice Rector of the Ghana College of Physicians and Surgeons in Accra, Ghana. He is a senior lecturer and Head of the Family Medicine Unit, University of Ghana Medical School in Accra where he leads a team to teach Family Medicine at the undergraduate level. He supervises research for medical students and postgraduate students of the university. His research interests are medical education and non-communicable diseases in primary care. He has several publications in peer reviewed journal across the world. Henry has served on the Wonca World By-laws Committee and is a current member of the Wonca World Membership and Voting Taskforce. He is a past Secretary for Wonca Africa region Executive and a past Wonca Africa Regional President. Henry is a winner of the Scholars award of the Society of Teachers of Family Medicine in April 2012. He is a Direct Member of Wonca and a member of the Wonca Working Party on Research. He contributed to a Chapter of the book titled Anxiety and Depression in Primary Care: International Perspectives from the Working Party in April 2024. He has been a member of the Primafamed network in Africa since inception, and an Editorial Board Member of the Africa Journal for Primary Health Care and Family Medicine. He is a certified trainer of the Royal College of Physicians of London. He is also a chartered professional administrator.

Associate Prof Klaus von Pressentin (Head: Division of Family Medicine, Department of Family, Community and Emergency Care (FaCE) Faculty of Health Sciences, University of Cape Town, South Africa)

Primary Healthcare Research, Innovation and Training.

Prof Klaus Von Pressintin
SUBTHEME SPEAKER

Associate Prof Klaus von Pressentin is an academic, primary care researcher, and clinician-educator based in Cape Town, South Africa. He is the head of the Division of Family Medicine and the deputy head of the Department of Family, Community and Emergency Care (FaCE) in the Faculty of Health Sciences of the University of Cape Town. His research focuses on primary care service strengthening (including chronic conditions and palliative care in primary care), human resources for health, as well as health professions education. He teaches primary care research methods, leadership development, clinical governance, evidence-based practice, and consultation skills. His current volunteer activities include serving as the Editor-in-Chief of the South African Family Practice Journal, serving on the Council of the College of Family Physicians of South Africa and serving on the Education and Training Committee of the South African Academy of Family Physicians.

KEY SPEAKERS

Dr. Aysha Edwards

Chief Executive Officer (CEO)- AAR Hospital

Dr. Aysha Edwards
SUBTHEME SPEAKER

Dr. Aysha Edwards has over a decade of leadership experience and expertise, with an impressive track record of success in the healthcare industry having served in various leadership positions in Kenya and abroad.

Her expertise in strategic planning, operational excellence, and patient-centered care aligns perfectly with AAR Hospital's mission and values.

In her previous role as Head of Clinical Services, Dr. Edwards played a pivotal role in the commissioning of AAR hospital, which has seen a remarkable emphasis on patient satisfaction, operational efficiency, and expanding the hospital's reach into new service areas.

Prior to joining AAR Hospital in 2020, Dr. Edwards served at The Nairobi Hospital as an Emergency Medicine Doctor and as the Acting Director of Medical Services and Research. She expertly guided that institution through the beginning of the COVID-19 pandemic and oversaw the establishment of a separate private wing dedicated to the management of COVID-19 patients before joining us in October 2020.

Dr. Edwards has an unwavering commitment to fostering a culture of excellence and engagement within AAR hospital, and firmly believes in empowering employees at all levels to contribute to our collective success.

SUB THEME 1:

THE FAMILY
PRACTICE SERVICES INTEGRATION

ABSTRACT 1.1

PREPAREDNESS OF PRIMARY HEALTHCARE FACILITIES IN MANAGEMENT OF HYPERTENSION IN

Author: Dr. Elijah Kameti

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Tharaka Nithi County

Abstract:

Background: Hypertension is a leading contributor to the global burden of non-communicable disease (NCD). The effective management of hypertension is an urgent need in developing countries, where its prevalence is on the rise. To this end, the preparedness of primary healthcare facilities in Tharaka Nithi County, Kenya, towards managing hypertension was evaluated. The study aimed to determine the prevalence of primary healthcare facilities utilizing hypertension management guidelines, examine the availability of functional equipment for blood pressure measurement in primary healthcare facilities, determine the staffing composition in primary healthcare facilities, and assess the availability of essential medicines for the management of hypertension.

Methods: The study involved 93 health care facilities which were sampled using a multi-stage sampling technique. Data was collected using the modified World Health Organization (WHO) Service Availability and Readiness Assessment (SARA) questionnaire. The collected data was analyzed using the Statistical Package of Social Sciences (SPSS) version 27 for both descriptive statistics and inferential statistics.

Findings were displayed in the form of tables and graphs. Results: The majority (64.5%,n=60) of health facilities reported unsatisfactory utilization of guidelines in the management of hypertension. Only, 26.9% (n=25) had adequate equipment that were functional and whose efficiency was supervised. Approximately 62.4% (n=58) of the health facilities had satisfactory staffing composition. For essential medicine availability, 73.1% (n=68) had satisfactory score.

Conclusion: Findings suggest a lack of preparedness towards hypertension diagnosis and management in Tharaka Nithi County primary healthcare facilities.

Keywords: Hypertension, Blood pressure, non –communicable diseases, primary healthcare facilities, preparedness.

ABSTRACT 1.2

CONSENSUS ON POTENTIAL INTERVENTIONS FOR IMPROVING GLYCAEMIC CONTROL AMONG PATIENTS WITH TYPE 2 DIABETES IN KINSHASA, DEMOCRATIC REPUBLIC OF THE CONGO: A DELPHI STUDY

Author: Dr Jean-Pierre FINA LUBAKI

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Protestant University of Congo

Abstract:

Background: Poor glycaemic control is a multifactorial and complex problem with dire clinical and economic implications. In the Democratic Republic of the Congo, recent studies have shown alarming poor control rates. There is no policy framework to guide corrective actions. Aim To build a consensus on interventions to improve glycaemic control among patients with type 2 diabetes in Kinshasa, Democratic Republic of the Congo.

Methods: This was a two-round electronic Delphi study involving 31 local and five international experts. The experts rated proposed interventions from previous studies on glycaemic control in sub-Saharan Africa and Kinshasa on a 4-Likert scale questionnaire. In addition, the experts were asked to suggest other recommendations useful for the purpose. The mode, mean, and standard deviation of each statement were calculated for each round.

Results: Participants reached consensus in six domains that included 39 statements on how to improve glycaemic control in Kinshasa: strengthening

the health system, enhancing the awareness of diabetes, alleviating the financial burden of diabetes, enhancing the adoption of lifestyle modifications, reducing the proportion of undiagnosed diabetes, and empowering healthcare providers.

Conclusions: Improved glycaemic control needs to be considered within the broader framework of managing noncommunicable diseases in a more integrated, coordinated and better financed healthcare system. Further studies are needed to operationalize the interventions identified for successful implementation.

ABSTRACT 1.3

EXPERIENCE OF THE NEW SEIZURE DIARY IN THE FREE STATE AND NORTHERN CAPE OF SOUTH AFRICA

Author: MD, PhD Chika Egenasi

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: University of the Free State, Faculty of Health Sciences

Abstract Key Words: Epilepsy, a neurological condition impacting individuals globally, seizure diaries are used to track seizures. This study explores the feedback and experiences of individuals in the Free State and Northern Cape regions of South Africa who utilized a new seizure diary.

Abstract:

Background: Epilepsy, a neurological condition impacting individuals globally, seizure diaries are used to track seizures. This study explores the feedback and experiences of individuals in the Free State and Northern Cape regions of South Africa who utilized a new seizure diary.

Methods: Adult epilepsy patients attending Universitas Academic Hospital epilepsy clinic in Bloemfontein and clinics in Kimberley and the casualty department of Robert Mangaliso Sobukwe Hospital were provided with the new seizure diary. After six months of diary use, participants, including patients, relatives, or caregivers, completed a questionnaire.

Results: Out of 139 epilepsy patients who received the new seizure diary, 67 were previously diary unexposed participants, and 33 had prior exposure to a seizure diary. The majority (91% of previously unexposed and 84.9% of those with prior exposure to the seizure diary) understood the new seizure diary. While participants with previous exposure were largely positive about the new diary due to additional information, 21.2% preferred the old one, citing its ease of completion.

Conclusion: Participants from both groups utilized the new seizure diary and shared valuable insights about their experiences. Despite some reservations, most participants who had previous exposure expressed a preference for the new seizure diary. This study helped inform general practitioners about the participant's opinions about using a new seizure diary.

SUB THEME 2:

COMMUNITY
ENGAGEMENT AND EMPOWERMENT

ABSTRACT 2.1

DIETARY BEHAVIORS, DECISION-MAKING, AND FOOD CONSUMPTION PATTERNS OF HOUSEHOLDS IN TWO URBAN SLUMS IN IBADAN, NIGERIA; A LIVED EXPERIENCE OF FOOD PREPARERS

Author: Dr Temitope ILORI

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: University of Ibadan/University College Hospital, Ibadan, Nigeria

Abstract:

Background: Food insecurity is a major public health challenge disproportionately affecting urban slum communities in sub-Saharan Africa. Little is known about how households navigate hunger in such contexts. This study explored the dietary behaviors, decision-making processes, and food consumption patterns through the lived experiences of household food preparers in two urban slums in Ibadan, Nigeria.

Methods: In-depth interviews with 30 purposively sampled adults responsible for household food preparation in the context of moderate to severe food insecurity were conducted in the local languages. After transcription, data were analyzed thematically using a mixed-inductive deductive, iterative approach.

Results: Women were predominantly responsible for food procurement and preparation. Decision-making regarding food consumption involved consulting household members, particularly spouses and children for their preferences. Participants also considered the nutritional value of foods, cost, preparation time, and dietary variation. Traditional "swallow" dishes, made from staple starches, remained popular for cultural familiarity and perceived fullness. However, rice and noodles were increasingly consumed, especially by children, due to convenience and relative affordability. Restrictive coping strategies for food insecurity included reducing meal portions, frequency, and quality and purchasing cooked street foods despite sanitation concerns.

Conclusions: Notwithstanding financial constraints, participants demonstrated agency and creativity in dietary decision-making by providing nutritious options while accommodating household preferences. However, the workload for food procurement and preparation was highly gendered. Effective interventions to reduce the adverse effects of the nutrition transition in favor of more processed foods and to bolster community-driven food security initiatives should build upon existing resources and resilience within these urban slum settings.

ABSTRACT 2.2

BUILDING RESILIENCE IN RURAL KENYA – OPPORTUNITIES FOR INTEGRATION OF PRIMARY HEALTH CARE AND PUBLIC HEALTH

Author: Dr. Muhsin Sheriff

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Centers for Health and Education Programmes

Abstract:

Introduction: Chakama is a rural location in Kilifi County, Kenya. It comprises 5,000 households over 46 villages. They suffer from poverty, low literacy, poor health and education services. Illnesses and disease outbreaks are frequent. Quality primary health care can play a greater role in building community resilience through better integration with Public Health services.

Intervention: A local organization, together with government agencies, undertakes innovative measures to build community resilience and health. Universal education and access to skilled health services is encouraged. Engagement is done through community meetings and defining a common aim, and empowerment done by providing supplies and skills for education, nutrition, improved water and sanitation. Data is provided through Community Health Promoters who report vertically to the Dispensary level through Community Health Extension Worker. The nurse and clinical officer at the dispensary level are the primary contact for treatment of illnesses.

Results: All households have been trained on improved water and sanitation. Open defecation in the location reduced from 93% to less than 50% from 2022-2024. There is greater awareness of education and increase in school enrolment. There is greater demand for improved primary health care and public health services together with perceived reduction in disease incidence especially among the children.

Recommendation: Community resilience for improved health can be built through engagement for common understanding and setting aim, and empowerment through knowledge, supplies and skills while aligned to policies. Opportunities for integration of Primary Health Care and Public Health should be determined and appropriate measures taken.

ABSTRACT 2.3

EXPLORING THE CONNECTION BETWEEN HEALTHY EATING, PHYSICAL ACTIVITY, AND MENTAL HEALTH AMONG TEENAGERS

Author:
Dr Waad Benbelgacem

Cadre: Medical Doctor
Specialization: General Practitioner
Phone Number: 216-54430750
Institution: Department of Epidemiology and Medical Statistics Farhat Hached University Hospital.

Abstract Key Words: Healthy Eating Physical Activity Mental Health Teenagers

Abstract:

Objective: Adolescence is a critical period marked by physiological and psychological changes, rendering teenagers at risk of developing eating disorders. Additionally, physical activity (PA) offers fundamental benefits for adolescent health, including maintaining a healthy weight and psychosocial advantages. We aim to investigate the association between eating disorders PA, depression, and anxiety among adolescents attending schools in Sousse.

Methods: A cross-sectional study conducted among high school students in Sousse (Tunisia) in 2019. Participants were selected through a two-stage proportional sampling method. Depression and anxiety were assessed using the Beck Depression Inventory and SCARED-C score, respectively. The level of PA was evaluated according to WHO recommendations.

Results: In our study, 1153 teenagers were included. The majority were female (62.4%). Among depressed adolescents, only 38.4% engaged in PA according to WHO recommendations ($p < 0.001$), and the same was for anxiety disorders, with 37.3% meeting the recommended PA level ($p < 0.001$). Eating disorders were significantly more prevalent among adolescent with anxiety disorders than those without (69.1% vs. 56.3%; $p < 10-3$). Eating disorders were also significantly more common among adolescent with depression than those without (67.2% vs. 60.4%; $p = 0.02$). Those with depression combined with anxiety disorders were more likely to have eating disorders than those without this combination (70.1% vs. 58.2%; $p < 0.001$).

Conclusion: Eating disorders were notably prevalent among adolescents with mental health disorders. Conversely, engaging in PA demonstrated positive impacts on the mental well-being of adolescents, with lower prevalence observed among those who regularly participated in PA.

SUB THEME 3:

PRIMARY HEALTHCARE
RESEARCH, INNOVATION AND TRAINING

ABSTRACT 3.1

FAMILY PRACTICE RESEARCH IN THE AFRICAN REGION 2020–2022

Author: Prof Bob Mash

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Stellenbosch University

Abstract:

Background: The African region produces a small proportion of all health research, including primary health care research. The SCOPUS database only lists the African Journal of Primary Health Care & Family Medicine (PHCFM) and the South African Family Practice Journal (SAFP) in the field of family practice.

Aim: To review the nature of all original research (2020–2022) published in PHCFM and SAFP. Setting: African region.
Method: All 327 articles were included. Data were extracted into RED Cap, using a standardised tool and exported to the Statistical Package for Social Sciences.

Results: The median number of authors was 3 (interquartile range [IQR]: 2–4) and institutions and disciplines 1 (IQR: 1–2). Most authors were from South Africa (79.8%) and family medicine (45.3%) or public health (34.2%). Research focused on integrated health services (76.1%) and was mostly clinical (66.1%) or service delivery (37.9%). Clinical research addressed infectious diseases (23.4%), non-communicable diseases (24.6%) and maternal and women's health (19.4%). Service delivery research addressed the core functions of primary care (35.8%), particularly person-centredness and comprehensiveness. Research targeted adults and older adults (77.0%) as well as health promotion or disease prevention (38.5%) and treatment (30.9%). Almost all research was descriptive (73.7%), mostly surveys.

Conclusion: Future research should include community empowerment and multisectoral action. Within integrated health services, some areas need more attention, for example, children, palliative and rehabilitative care, continuity and coordination. Capacity building and support should enable larger, less-descriptive and more collaborative interdisciplinary studies with authors outside of South Africa.

Contribution: The results highlight the strengths and weaknesses of family practice research in Africa

ABSTRACT 3.2

MEDICAL INTERNS IN DISTRICT HEALTH SERVICES: AN EVALUATION OF THE NEW FAMILY MEDICINE ROTATION IN THE WESTERN CAPE, SOUTH AFRICA.

Author: Prof Louis Jenkins

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Stellenbosch and Cape Town Universities

Abstract:

Background: In 2021, South Africa introduced a new 6-month internship rotation in family medicine and primary care. This study aimed to assess the new rotation at district health facilities in the Western Cape.
The objectives included describing training models, supervision, clinics rotations, and preparedness for community service.
Methods: A descriptive survey of interns and supervisors, as phase-two of an exploratory sequential mixed methods study. Questionnaires were developed from a descriptive exploratory qualitative study. Data were analysed with the Statistical Package for Social Sciences.

Results: Questionnaires were completed by 72 interns (response rate 21%) and 36 supervisors (response rate 80%), across ten training programmes. Interns were more independent (97.2%), confident (90.3%) and resilient (91.6%). They learnt to manage undifferentiated and chronic conditions (91.6%), to refer patients (94.3%) and conduct procedures (77.8%). Interns were not exposed to community-based services (68.0%) and continuity of care (54.1%). Supervision was mostly adequate during the day (79.1%) and afterhours (80.6%). Many i

nterns reported no structured teaching programme (41.7-55.6%). Most supervision was from medical officers and registrars. Supervisors saw interns as valuable members of the clinical team (100.0%), who required extra support and administration (42.5%). The majority of interns (75.0%) and supervisors (72.7%) thought the rotation was the right length and the best preparation for community service (67.6%).

Conclusions: The rotation met most expectations of the Health Professions Council of South Africa. Programmes need to improve exposure to community-orientated primary care, public health medicine, palliative and ongoing care. Attention is needed to adequate supervision and orientation.

ABSTRACT 3.3

EVALUATION OF THE QUALITY-OF-SERVICE DELIVERY IN PRIMARY-CARE FACILITIES IN THE PRIVATE SECTOR IN NAIROBI, KENYA.

Author:
Professor Gulnaz Mohamoud

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Aga Khan University Nairobi, Kenya

Abstract:

Introduction: Measurement of core functions of primary-care (PC): first-contact access, continuity, comprehensiveness, coordination and person-centredness is key for performance evaluation. This study aimed as a first-ever, to measure these key elements in primary-care clinics in the private sector in Nairobi, Kenya.

Methods: Five descriptive cross-sectional studies measured PC performance. Firstly, a survey of patient perceptions on comprehensiveness of care (N=162). Secondly, a survey of patient satisfaction using the General Practice Assessment Questionnaire (N=378). Thirdly, an evaluation of recorded consultations using the Stellenbosch University Observation Tool (N=23). Fourthly, an evaluation from the patient's perspective, using the Kenyan validated Primary Care Assessment Tool (KE-PCAT) (N=412). Lastly, a survey measured clinical skills of the General Practitioners (N=25).

Results: Primary-care doctors were mostly young, without postgraduate training in family medicine, and lacked basic skills. First-contact access was good for acute minor problems, although older patients/those with chronic conditions, appeared to seek care with specialists at the tertiary hospital. Informational continuity was well supported by electronic patient records linked with the associated tertiary hospital, that enabled care-coordination. Care comprehensiveness showed gaps in management of chronic conditions, women's health, and preventative care. There was little need for sequential care coordination. Consultations were brief, of low-to-moderate complexity and doctor-centred. The mean PC score was 2.64 (SD=0.23) implying poor overall performance.

Conclusion: The studies confirmed this private health care system was not offering comprehensive and high-quality primary-care. Re-designing the care model, deploying family physicians, and training general practitioners would improve performance. Quality improvement cycles using KE-PCAT is recommended.

ABSTRACT 3.4

PREPARING FOR YOUR PHD

Author:
Besigye K. Innocent1,3, Klaus von Pressentin 2 and Robert Mash 3,1.

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Department of Family Medicine, School of Medicine, Makerere University College of Health Sciences 2. Department of Family Medicine and Public Health, University of Cape Town 3. Division of Family Medicine and Primary Care, Faculty of Medicine and Health Sciences, Stellenbosch University
Corresponding

Abstract:

Background: Primary care research is important for generating evidence for primary care advocacy and policy formulation. Research capacity is key in the development of primary care research. Sub Saharan Africa suffers limited research capacity more so for primary care. There are available opportunities for doctoral training within and outside Africa. For successful doctoral training, adequate preparation is necessary.

Objective: This workshop aims to explore the key areas for preparation for doctoral studies to improve the success/completion of PhD training. Methods: An interactive 2 hours' workshop will be conducted. Participants will be introduced to what a PhD is and its purpose. Various models of doctoral studies will be described. A brief personal reflection on the experience of preparing for a PhD from a PhD candidate will be shared. A PhD supervisor will also share the supervisor's perspectives on preparing for a PhD. Participants will be divided into groups to discuss the key areas of preparation for PhD studies highlighting the rationale and approaches.

Target audience: Prospective PhD students thinking about starting their doctoral studies and PhD supervisors

Workshop Outcome: At the end of the workshop, participants will be able: a) To describe the key areas of a PhD study journey) To appreciate the different approaches of getting a PhD supervisor c) To discuss the process of identifying a research question for PhD studies d) To describe the process of writing a PhD research proposal e) To discuss approaches and sources to PhD funding.

ABSTRACT 3.5

BEYOND A DECADE: SUCCESSES AND CHALLENGES OF FAMILY MEDICINE IN SOMALILAND

Author:
Dr. Fathia Nour

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Hope Family Medicine/Amoud University

Abstract:

In 2012 Amoud University in Somaliland established the family medicine residency program as the first postgraduate specialty training in the country, and it is the only family medicine program till present. The program was started to address the shortage of highly trained primary care doctors and specialists in the country as it developed from its years of conflict. Over the last decade, family medicine graduates of the program are serving to strengthen the quality of healthcare in Somaliland as highly trained family physicians. The establishment of family medicine has been successful in impacting primary healthcare yet has also faced numerous challenges. Connecting with other family medicine programs in Africa can promote collaboration, as we learn from each other.
Objectives: 1. Understand the historical context of family medicine development in Somaliland. 2. Appreciate the placement of family medicine graduates across the country in different healthcare settings. 3. Identify the strengths and challenges of family medicine in Somaliland. 4. Recognize how the family medicine program in Somaliland can connect to and learn from others in Africa.

ABSTRACT 3.6

CLIMATE CHANGE AND PRIMARY HEALTH CARE IN AFRICA: A SCOPING REVIEW

Author:
Dr Christian Lueme Lokotola

Cadre: Medical Doctor

Abstract:

Background: Climate change is one of the biggest threats to global health and primary health care (PHC). In Africa, building a climate resilient PHC is a challenge as there is little evidence to inform health systems and policymakers.

Objective: To determine the extent of the literature on climate change and PHC in the African context and identify knowledge gaps.

Methods: A scoping review searched the published and grey literature (2010-2021) including six databases (Scopus, Pubmed, Cinahl, Africa Wide, Web of Science, and Open Grey) and research repositories from prominent African universities. A comprehensive search strategy and data extraction from included studies were used. Data were analysed both quantitatively and qualitatively. Results: A total of 1242 studies were identified and 12 included. Most of the articles were published from 2016 onwards. Publications came from five countries, with South Africa and Ghana having more than one. Most studies were narrative reviews or descriptive studies, using qualitative interviews or surveys. PHC services in Africa will experience increasing challenges of malnutrition, infectious diseases, heat-related conditions, injuries, non-communicable diseases, mental health problems and migration. However, there is an absence of actual surveillance or monitoring data. Only one study focused on the use of renewable energy as a means of resilience and mitigation.

Conclusion: The literature is accruing on climate change and health in the African context, but there is a lack of evidence on climate resilient PHC. Recommendations: Ten priority research questions were identified. Future research should address the knowledge gaps across the 10 point WHO framework for climate-resilient health systems.

ABSTRACT 3.7

A CROSS-SECTIONAL STUDY OF THE SOCIODEMOGRAPHIC AND SEROLOGICAL CHARACTERISTICS OF HOMOSEXUALS, BISEXUALS, AND TRANSGENDER PEOPLE IN KINSHASA, THE DEMOCRATIC REPUBLIC OF THE CONGO.

Author:
Dr. Michael Kapitene Kamuanga

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Department of Family Medicine, School of Medicine, Makerere University College of Health Sciences 2. Department of Family Medicine and Public Health, University of Cape Town 3. Division of Family Medicine and Primary Care, Faculty of Medicine and Health Sciences, Stellenbosch University
Corresponding

Abstract:

Background: It has been established that homosexuality plays a considerable role in the persistence of the Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus infections, but data related to their extent remains paradoxically fragmentary.

Objectives: This study aimed to determine the prevalence and determinants of viral infection (Human Immunodeficiency Virus and hepatic viral infections) among homosexuals, bisexuals, and transgenders in Kinshasa, Democratic Republic of the Congo.

Methods: Between February 1 and March 30, 2022, an analytical cross-sectional study was conducted among Kinshasa's homosexual, bisexual, and transgender populations. The snowball method was used to choose participants from homosexuals' organisations. Sociodemographic information and the prevalence of viral infections (HIV, HBV, and HCV) were included as study parameters. The determinants of viral infections were found using multivariate logistic regression.

Results: A total of 555 participants (mean age: 28.5±7.8 years, unmarried: 44.9%) were enrolled. Human immunodeficiency virus, hepatitis B, and hepati

tis C infection rates were, respectively, 31.5%, 6.3%, and 9.7% prevalent. HIV-HCV, HIV-HBV, and HIV-HBV-HCV coinfection rates were 4.7%,4.1%, and 0.7%, respectively. HIV and HBV infection had the same risk factors namely piercing, incarceration, prostitution, and non-condom usage. HCV infection was more pronounced among individuals with piercing, STIs and a previous occurrence of jaundice.
Conclusion: In Kinshasa, HIV, HBV, and HCV infections were widespread among homosexuals, bisexuals, and transgender people. Actions targeting LBGTs are essential to reduce HIV, HCV and HBV infections transmission in the community.

ABSTRACT 3.8

ASSESSING DEPRESSION IN DIABETIC AND HYPERTENSIVE PATIENTS AT JM KARIUKI MEMORIAL COUNTY REFERRAL HOSPITAL, NYANDARUA.

Author:
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Cadre: Medical Doctor
Specialization: Family Medicine
Institution: 1&2. JM Kariuki Memorial County Referral Hospital; 1. Family Physician 2. Clinical Psychologist

Abstract:

Introduction: Depression, a prevalent mental disorder, poses a significant burden on individuals with non-communicable diseases like diabetes and hypertension, exacerbating their condition.
Objectives:
Main:
To establish prevalence of depression among patients with diabetes and hypertension

Specific: To assess severity of depression among diabetic and hypertensive patients visiting JM Kariuki Memorial County Referral Hospital.
To identify associating factors that contribute to depressive symptoms in DM/HTN patients.

Methodology: Conducted as a cross-sectional study, we enrolled 110 patients with diabetes and/or hypertension from JM Kariuki Memorial County Referral Hospital. The research utilized a simple random sampling, where two questionnaires were administered (pre-designed, semi-structured, interview-based questionnaire and the Patient Health Questionnaire-9 (PHQ-9)) with findings analyzed through SPSS software version 24.0.

Results: The prevalence of depression stood at 50.9% (n=56), predominantly featuring moderate (12.8%), moderately severe (8.5%), and severe (4.5%) cases. Multivariate analysis underscored significantly elevated odds of depression among individuals from lower socioeconomic backgrounds (Adjusted Odds Ratio [aOR]: 2.9, Confidence Interval [CI]: 1.2-7.0), with uncontrolled diabetes/hypertension (aOR: 2.5, CI: 1.0-6.3), comorbidities (aOR: 5.9, CI: 2.1-16.7), and with sedentary lifestyles (aOR: 7.8, CI: 2.1-29.0).
Conclusion: There is considerable prevalence of depression among diabetic and/or hypertensive patients, thus, routine screening for depression and clinical follow-up interventions are imperative to mitigate future complications enhancing disease prognosis.

Keywords: Hypertension, Diabetes, Depression, Mental Health, non-communicable diseases.

ABSTRACT 3.9

THE PERSPECTIVES OF THE MEDICAL STUDENTS IN AFRICA TOWARD NON-COMMUNICABLE DISEASES (NCDS) INTEGRATION WITHIN UNIVERSAL HEALTH COVERAGE (UHC)POLICIES

Author:
Dr Fatima Mohammed

Cadre: Medical Doctor
Institution: The International Federation of Medical Students Associations (IFMSA)

Abstract:

Background: The Universal Health Coverage Monitoring Report 2023 documented the urgent need to accelerate the integration of non-communicable diseases (NCDs) into primary health care (PHC). The International Federation of Medical Students' Associations (IFMSA) conducted a qualitative study to collect the perspectives of African medical students on the integration of NCDs in PHC.

Methods: The data for this qualitative study was collected through a focus group discussion and with a group of medical students who lead the African National Member Organizations of IFMSA. Sociodemographic data were collected through a questionnaire. The focus group discussion was subjected to thematic analysis through ATLAS software.

Results: 10 medical students from 5 countries participated in the study. Five themes were identified: "Youth-friendly NCDs services in PHC," "Role of technology in developing NCDs services," "Medical students advocacy to integrate NCDs services in PHC," "Challenges faced by medical students in NCDs advocacy," "Medical students' call to action to decision-makers." Participants emphasized the use of mobile and digital health as essential for developing youth-friendly NCDs services in PHC, along with their potential to address financial and accessibility barriers in their communities. The challenges mentioned in NCDs advocacy included community knowledge and accessibility gaps in technology use, and funding constraints for youth-led initiatives. The participants highlighted the urgency for their governments to invest in developing evidence-based NCDs policies aligned to their national context.

Conclusion: We call governments and policy-makers to produce NCDs policies aligning with national contexts, considering young people as essential stakeholders through investment in youth-led innovations.

ABSTRACT 3.10

PRIMARY CARE GUIDELINE FORMULATION AND NCD COURSE DEVELOPMENT

Author:
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Cadre: Medical Doctor
Specialization: Family Medicine

Abstract:

Primary Care Providers and Family Physicians in Kenya have no central repository of guidelines for commonly encountered conditions. We appreciate and use MOH guidelines, but these can be impractical for everyday use by frontline providers. Family Medicine Consultants based at AIC Kijabe Hospital (KH) set a technical working group (TWG) in 2021 to update their 2016/17 guidelines.

Formulation was informed by national and international references. Guidelines are written to fit clinical and investigation capabilities at KH (level 6 facility) but also to be useful in lower-level facilities. We currently have 77 guidelines for commonly encountered conditions which are housed online since January 2024 at https://kijabehospital.org/guidelines. These guidelines represent the preferred standard of care for midlevel primary care providers. The TWG prioritized the balance between cost effectiveness, limited resources, and evidence-based practice to produce concise and clear guidelines. From January to end March 2024, we recorded 426 views of the guidelines.

Hypertension and diabetes were the most commonly viewed guidelines, consistent with the rise of non-communicable diseases (NCDs) in our setting and the lack of quality education for the same. Seeing this need, the TWG developed a 5-day NCD course for midlevel providers. The course covers DM, CVD, cancer, COPD/asthma, epilepsy, mental health, risk factor management, communication skills and basic quality improvement skills. It has been offered twice since September 2023.

Following the course we have seen improvement in adherence to the guidelines. We present this as an example of how primary care knowledge can be disseminated, especially to mid-level cadres, and could be scaled up by family medicine associations.

ABSTRACT 3.11

CME+: INCREASING THE IMPACT OF EVIDENCE-BASED TRAINING IN NCDS WITH QUALITY IMPROVEMENT IN FRONTLINE PRIMARY HEALTHCARE

Author:
Dr Katy Linley

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: AIC Kijabe Hospital

Abstract:

IIntroduction: The Family Medicine team at AIC Kijabe Hospital recognised the need for training of primary care practitioners in non-communicable diseases (NCDs). How could we ensure that training would lead to improvement in clinical practice? Purpose To produce an NCD short course which will improve clinical practice.

Methods: The first project cycle began in September 2022 with a five-day diabetes course for doctors, nurses and clinicians. 28 candidates from 16institutions attended. An 'introduction to Quality Improvement (QI)' was embedded into the course. An opportunity was provided to take part in a six-month QI longitudinal study. Interested teams received training and mentorship throughout their projects. Teams presented posters at AIC Kijabe Hospital Research Day in2023 and had an official graduation. The second project cycle is now underway, starting with five-day NCD courses in November 2023 and January 2024.Adjustments to strengthen the QI introduction were made.

Results: From October 2022 to April 2023, three teams undertook QI projects in diabetes clinics. Teams showed application of the CME with improved diabetes care. Teams also grew in confidence and knowledge of QI. During the second cycle, six QI projects are underway in AIC Kijabe Hospital OPD. A secondary PDSA cycle has occurred as learners from the first cycle are now coaches on the second cycle.

Conclusion: It is possible to increase and measure the impact of CME by introducing QI during the course and following up with training and support to carry out QI projects. This also develops a second skill set in QI methods.

ABSTRACT 3.12

CHANGES IN PRIMARY CARE VISITS DURING THE COVID-19 PANDEMIC: AN INTERNATIONAL COMPARATIVE STUDY BY INTREPID

Author:
Dr Karen Tu
Cadre: Medical Doctor
Institution: University of Toronto

Abstract:

Introduction: The COVID-19 pandemic reshaped healthcare delivery worldwide. The International Consortium of Primary Care Big Data Researchers (INTRePID) examined changes in primary care visits during the pandemic.

Methods: We conducted a cross-sectional, retrospective study from 2018-2021, comparing pre-pandemic and pandemic periods. We examined visit volume, modality, and reasons for visits to primary care in Argentina, Australia, Canada, China, Peru, Norway, Singapore, Sweden, and the USA.

Results: We studied more than 215 million visits from over 38 million patients in INTRePID primary care settings. Most INTRePID countries experienced a decline in monthly visit rates during the first year of the pandemic, with rate ratios (RR) and 95% confidence intervals (CI)ranging from RR:0.57 (95%CI:0.49-0.66) to RR:0.90 (95%CI:0.83-0.98), except for in Canada (RR:0.99, 95%CI:0.94-1.05) and Norway (RR:1.00, 95%CI:0.92-1.10), where rates remained stable and in Australia where rates increased (RR:1.19, 95%CI:1.11-1.28). Argentina, China, and Singapore had limited or no adoption of virtual care, whereas the remaining INTRePID countries varied in the extent of virtual care utilization. Canada had the greatest uptake of virtual care during the pandemic where it reached 75.8% (SD:6.6%) in the first year and 62.5% (SD:9.3%) in the second year. Diabetes, hypertension and/or hyperlipidaemia and general health exams were in the top 10 reasons for visits pre-pandemic for all countries. Anxiety/depression were among the top 10 reasons for virtual visits in all countries that had virtual care.

Conclusion: The pandemic resulted in changes in reasons for visits to primary care, with virtual care mitigating visit volume disruptions in many countries.

SUB THEME 4:

PRIMARY HEALTHCARE
DELIVERY MODELS AND SUSTAINABILITY

ABSTRACT 4.1

PERSPECTIVES ON CHALLENGES FOR IMPLEMENTING BEST-EVIDENCE OSTEOARTHRITIS CARE IN LMICS

Author:
Prof Mosedi Namane

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: University of cape Town

Abstract:

In 2021, 3 clinician-researchers experienced in treating osteoarthritis (including the author) were requested by the 'Joint Effort Initiative' (JEI) under the auspices of 'Osteoarthritis Research Society Initiative (OARSI) to address the following questions: 1. How are people with osteoarthritis in your country/region usually managed? 2. What challenges and opportunities are there for implementing programs that deliver best evidence osteoarthritis care in your country/region? 3.What contextual factors (e.g., system/political, cultural, and individual) should be considered when developing strategies to deliver best evidence osteoarthritis care in your country/region?

The presenters (from South-Africa, Brazil and Nepal) also participated in a panel discussion. The presentations and the panel discussion were then qualitatively analysed. The five themes of barriers to high-value care for OA that emerged were: inequitable, unaffordable, uncoordinated, unimportant, and inexperienced. These themes were further explored through the literature. The 3 themes for opportunities to improve care were: provide high-quality education and training to upskill health professionals; leverage current national health priorities in non-communicable diseases and leverage existing resources and innovations. Lastly the eight pillars of the Global Alliance for Musculoskeletal Health (GMUSC) were used as a framework to discuss future considerations for the implementation of best evidence osteoarthritis care in South Africa, Brazil and Nepal.

ABSTRACT 4.2

POPULATION-BASED TRENDS IN COMPLEXITY OF HOSPITAL INPATIENTS: IMPLICATIONS FOR PREDICTIVE MODELLING USING ARTIFICIAL INTELLIGENCE

Author:
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Cadre: Medical Doctor
Specialization: General Internal medicine
Institution: University of British Columbia, CANADA

Abstract:

Objective: To assess whether measures of hospital inpatient complexity have increased over a 15-year period in British Columbia, Canada, and to highlight the potential for predictive modelling using artificial intelligence in this context. Methods: This cohort study utilized population-based administrative health data from nonelective hospitalizations between April 1, 2002, and January 31, 2017. The study included 3,367,463 hospital admissions among 1,272,444 unique individuals aged 18 years and older. Logistic regression was employed to estimate the relative change in complexity measures over the 15-year study interval.

Results: Relative to the beginning of the study interval, hospital inpatients at the end of the study interval were more likely to have been admitted via the emergency department, present with multimorbidity, polypharmacy, and experience an in-hospital adverse event. The likelihood of intensive care unit stay and in-hospital death declined, but the risks of unplanned readmission and death within 30 days after discharge increased.

Conclusion: By most measures, the complexity of hospital inpatients has increased over time. Health system planning should account for these trends, and predictive modelling using artificial intelligence may play a crucial role in managing this growing complexity. Future Directions: The increasing complexity of hospital inpatients underscores the need for predictive modelling using artificial intelligence to improve patient care, reduce readmissions, and optimize resource allocation. Future research should explore the development and validation of explainable AI-driven predictive models to enhance clinical decision-making and population health management in this context.

ABSTRACT 4.3

INTEGRATING MENTAL HEALTH INTO A CENTRE OF EXCELLENCE IN PRIMARY HEALTH CARE IN LESOTHO

Author:
Dr. Ann Scheunemann

Cadre: Medical Doctor
Specialization: Applied Social and Community Psychology
Institution: Lesotho-Boston Health Alliance

Abstract:

Though an integral piece of holistic health that impacts all aspects of wellbeing, mental health has been long neglected globally. Additionally, mental health has been conceptualized individually despite mental wellbeing being impacted by environmental as well as intrapersonal factors. In Lesotho, there has been a dearth of mental health research to better understand the confluence of factors affecting wellbeing.

This study sought to fill that gap by providing a situational analysis and needs assessment of mental health in Lesotho, through a series of focus groups with health and mental health professionals and community members. The series of focus group questions focused on meanings of mental wellbeing and mental illness, adversity and coping strategies, and resources and recommendations for improving prevention and supports. Findings displayed similar framings between mental health and family medicine, that account for the person as a whole and situated within a particular context.

Participants highlighted adversities and recommendations at individual, family, and community levels that suggest points of integration between family medicine and mental health. Chronic illness (through concern for loved ones and loss of income), family conflict (through emotional and physical harm), and poverty (through mental distress, malnutrition, and risky behaviours) affect the mental health not only of the individual patient, but are stressful for entire families. These findings suggest that family-centered and community-centered as well as patient-centered approaches to mental health should be applied to a newly developed Family Medicine Center of Excellence (COE) in primary health care, to improve overall patient wellbeing.

ABSTRACT 4.4

PALLIATIVE CARE IN A RURAL SUB-DISTRICT IN SOUTH AFRICA: A 4-YEAR CRITICAL REVIEW

Author:
Prof Louis Jenkins

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Stellenbosch and Cape Town Universities

Abstract:

Background: Palliative care (PC) is a priority in South Africa, focussing on integrating PC into primary healthcare. Few examples exist showing how this is done. In 2018 a rural PC project was implemented, which subsequently evolved into an integrated service between the hospital and the community.

Aim: The aim was to review the PC project over four years. Setting The setting was the George sub-district of the Garden Route district in South Africa. Community-based services were offered to all patients with PC needs by three non-governmental organizations who deliver home community-based care via community health workers. They were supplemented by primary healthcare clinics, an intermediate care facility and two hospitals.

Methods: This was a retrospective descriptive study. Inpatient ward round data and patient referrals between 2018 and 2022 were analysed using descriptive statistics. Variables included patient demographics, diagnosis, home visits, and place of death. #

Results: A total of 819 patients were referred. Inpatients were reviewed on weekly ward rounds by a multi-disciplinary team. The most common diagnosis was cancer (57%). Home visits enabled patient follow-ups, of which 152 were recorded. Success factors included dedicated staff, using simple tools, and continuous training.

Conclusion: The program has become sustainable and integrated in the public healthcare system. The findings may be useful to PC programs in similar contexts elsewhere. Contribution This work adds new knowledge to the field of PC in an under-resourced rural healthcare environmental in sub-Saharan Africa, by describing how system-wide integration of a new service was navigated to become sustainable.

ABSTRACT 4.5

DETERMINANTS OF CLIENT SATISFACTION OF SERVICES AT A PRIMARY -LEVEL FACILITY IN KUMASI, GHANA

Author:
Eric Kojo Nsa Oduro, Douglas Aninng Opoku, NanaAkua Abruquah, Nana Kwame Ayisi-Boateng

Institution: KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

Abstract:

Background: Target 3.8 of the Sustainable Development Goals (SDGs) by the United Nations involves the achievement of Universal Health Coverage (UHC) with access to quality primary health care as a bedrock. Providing an avenue for recipients of care to assess their satisfaction with service received is a useful means of ensuring service quality. However, data on this is lacking, particularly in African primary care facilities. Thus, this study was conducted to assess clients' satisfaction with services at a primary care facility in Ghana.

Methodology: This was a cross-sectional study conducted at the University Hospital, Kwame Nkrumah University of Science and Technology (KNUST), a district-level hospital in Kumasi, Ghana. A standardized questionnaire was randomly administered to staff of the University over a period of 6 months. Data was analysed descriptively and inferentially to establish correlations.

Results: 345 clients consented to and completed the questionnaire. The mean age of the study participants was 45.5 (±10.5) years with a range of 23 years to 80 years. Approximately 69.9% of respondents were satisfied with the health-care service they received. Sources of client dissatisfaction included long waiting time (73.3%), lack of continuity of care (51.0%) and frustration with consultation process (39.1%). In multivariable analysis, factors associated with higher odds of client satisfaction were lack of frustration with the consultation process (AOR: 2.36, 95%CI: 1.08 – 5.14) and poor-quality service (AOR: 4.20, 95%CI: 1.80 – 9.81). Study participants who reported a fairly clean hospital environment (AOR: 0.26, 0.07 – 0.92), uncomfortable waiting area (AOR: 0.29, 95%CI: 0.12 – 0.69), 61 to 120 minutes waiting time for consultation (AOR: 0.09, 95%CI: 0.03 – 0.30), poor nurses' attitude (AOR: 0.15, 95%CI: 0.03 –0.67) and fair doctors' attitude (AOR: 0.39, 95%CI: 0.16 – 0.91) were associated with lower odds of client's satisfaction with healthcare delivery.

Conclusion: Client satisfaction surveys provide essential quality-improvement data for health service managers. Identifying sources of dissatisfaction such as long waiting time, discomfort with hospital environment and poor staff attitude stimulate innovation and mitigating measures.

ABSTRACT 4.6

POLICY ACTIONS TO IMPROVE THE PRIMARY CARE PHYSICIANS' PRACTICES IN BENIN: PRESENTING A COCREATED POLICY FRAMEWORK.

Author:
Dr Kefilath Bello

Cadre: Medical Doctor
Specialization: Public Health
Institution: Centre de Recherche en Reproduction Humaine et en Démographi

Abstract:

Context: In Benin, primary care physicians (PCPs) are poorly prepared and barely considered in national health policies. A cocreation process was setup to develop a policy framework to guide the PCPs' practices in Benin. Materials and methods: The cocreation was a long-term process culminating in a two-day workshop in Cotonou in October 2022. Health professionals, policymakers and community members were engaged before and after the workshop. Empirical data from Benin and international literature supported the cocreation.

Results: The stakeholders agreed that PCPs in Benin should work in multidisciplinary teams, serving a well-defined population. The cocreated policy framework comprises four dimensions: the objectives assigned to the PCPs, their roles, their professional identity and the required governance actions. The objectives include ensuring the quality and accessibility of care, ensuring good coordination of care, and contributing to the improvement of health indicators. Six roles are assigned to the PCPs: care provider, guarantor of the quality of care, interface between the population and other health system actors, planner and coordinator of health activities for a given population, health educator, and leader of the care team. Regarding professional identity, fundamental values were identified: empathy, integrity, community orientation, etc. Finally, ten elements of governance were identified, including support for PCPs to obtain the necessary resources, establishment of appropriate accountability mechanisms, and others. The PCPs should also operate in accordance with their local context.

Conclusion: This policy framework is a starting point for a better orientation of PCPs' practices in Benin and potentially other African countries.

ABSTRACT 4.7

SYNERGIZING FOR UHC IN AFRICA: CRAFTING THE OPTIMAL PRIMARY HEALTH CARE TEAM

Author:
Dr. Mercy Wanjala

Cadre: Medical Doctor
Specialization: Family Medicine
Institution: Africa Forum for Primary Health Care

Abstract:

Introduction: Achieving Universal Health Coverage (UHC) in Africa demands a reinvigorated focus on the backbone of healthcare delivery— the primary health care team. "Building the Primary Health Care Team for UHC in Africa" is a policy document developed by the African Forum for Primary Health care as an advocacy tool and policy guide aimed at catalysing discussions on redefining primary health care teams to meet the continent's unique challenges. This initiative aligns with global aspirations towards UHC, emphasizing inclusivity, quality, and equity in health services.

Session structure: Drawing upon a wealth of global experiences, the presentation will unveil the policy document, offering a blueprint for assembling effective and dynamic primary health care teams. By examining diverse models from around the world, we aim to distil key lessons and principles that can inform the structuring of such teams in Africa. The document advocates for multidisciplinary teams that leverage the strengths of various health professionals and community health workers, underpinned by robust leadership and clear operational frameworks. The session will outline essential attributes of an effective team, including roles, responsibilities, and the interplay between members to ensure seamless, patient-centered care.

Recommendations will address not only the composition of these teams but also strategies for fostering collaboration, enhancing skills, and leveraging technology to maximize their impact on health outcomes. Outcome: We expect attendees to gain relevant knowledge and experience to apply towards the formation of Primary Health Care Teams to improve quality of care, care coordination and their own well being as physicians.

SUB THEME 5:

HEALTHY AGING,
WELLNESS AND PREVENTIVE HEALTH

ABSTRACT 5.1

THE ROLE AND IMPACT OF NUTRITIONAL SUPPLEMENTATION IN THE CLINICAL MANAGEMENT OF DISEASE: OBSERVATIONAL CASE STUDIES IN ESWATINI ANDBOTSWANA.1, 2 & 3

Author:
1. Dr O. Muyabala Munachitombwe-Muna -Eswatini
2. Dr Phuang Allmon – Botswana
3. Dr Sudesh Rajarandan – India

Cadre: Medical Doctor
Specialization: Wellness Specialist
Institution: MUNA Healthlife Clinic & Institute

Abstract:

Background: Medical Science has understood the Human Sickness State and the use of drugs (pharmaceuticals) to alleviate this state. The wellness state, its maintenance and recovery from sickness is not well understood and considered in patient care. With the advent of chronic communicable and noncommunicable diseases that require maintenance drug therapies, physicians and individual patients have been trying nutrient supplementation in combination with other lifestyle modifications.

The results have been positive with disease reversal in some cases. In Eswatini and Botswana two clinicians have used unique food state formulated nutrient supplementation (foodceuticals) in patients with chronic illnesses. The role and impact of these nutritional supplementation have been significant.

Observational case studies will be presented with discussions of the reasons for these positive findings. 1. The Three Human States The presentation will describe the three known human states (Wellness, Sickness, & Death) that are important in understanding and helping individuals and families by doctors. That Wellness State maintenance has three needs and challenges while the Sickness states has three challenges and need two interventions – medical and wellness. 2.Observed impact of Nutrient Supplementation: Eswatini & Botswana case studies. The presenters will share their observational case studies in Eswatini and Botswana demonstrating the impact and role of food state nutrient supplementation. This information will be used to advocate promotion of wellness intervention as a regular adjunct to patient medical treatment regimen. 3. The Role of Food state Wellness Supplements in Medicine Presenters will share general principles of the role of wellness supplements as enhanced foodceuticals targeting cellular, tissue, and organ anatomy and physiology. Attendees will be encouraged to set similar case study centres around Africa and make wellness supplement studies as part of future WONCA conference theme.

Learning Objectives1: To have a harmonized understanding of Human Wellness State in line with SDG 3 and the need for wellness maintenance and wellness recovery from sickness state.

Learning Objective 2: To appreciate the impact and role of the Food state Wellness Supplements (Foodceuticals) in clinical patient care

Learning Objective 3: Establishment of Health life Wellness Study Centres in Africa for knowledge and good practices cross pollination and promotion of Wellness State in the African region.

BSTRACT 5.2

RELATIONSHIP OF FASTING TRIGLYCERIDE GLUCOSE INDEX (TYG INDEX) WITH SUBCLINICAL ATHEROSCLEROSIS VARY BY AGE AND GENDER

or:
en Fu Chen

e: Medical Doctor
ialization: Family Medicine
tution: Linkou Chang Gung
rial Hospital

Abstract:

Insulin resistance (IR) has been found to be significantly involved in the development of atherosclerosis. Recently, the triglyceride glucose (TyG) index, derived from fasting triglyceride and glucose levels, has been proposed as a reliable indicator of IR.it remains unclear whether the TyG index can effectively predict atherosclerosis in individuals without pre-existing health conditions.

Hence, our study aims to explore the relationship between the TyG index and early-stage subclinical atherosclerosis (SA) across different genders and age groups. Additionally, we seek to determine the optimal cutoff point for the TyG index in predicting subclinical atherosclerosis.

In this study, we recruited a total of 10,039 participants (5,598 men and 4,441 women) aged over 18 years from Xiamen Chang Gung Hospital. The TyG index was categorized into quartiles, and subclinical atherosclerosis (SA) was assessed by measuring brachial-ankle pulse wave velocity (baPWV). The cutoff point for the TyG index was determined using receiver operating characteristic curve (ROC) analysis. The prevalence of subclinical atherosclerosis rose with increasing TyG index among both men (from 5.929% in group I to 10.579% in group IV; $p < 0.001$) and women (from 2.074% in group I to14.955% in group IV; $p < 0.001$). Multivariate linear regression analysis, adjusting factors such as age, HDL-C, and LDL-C levels, revealed that higher TyG index was associated with an elevated risk of subclinical atherosclerosis in men (odds ratio 4.028) and women (odds ratio 2.599). ROC curve analysis showed that the area under the curve was 0.572 for men and 0.694 for women. The optimal TyG index cutoff points for predicting subclinical atherosclerosis were 8.961 for men and8.254 for women.

The TyG index emerges as a significant and independent marker for predicting subclinical atherosclerosis even in individuals conventionally considered healthy, irrespective of gender.

ABSTRACT 5.3

TIME TO ADJUVANT CHEMOTHERAPY AND ITS PREDICTORS AMONG POSTOPERATIVE BREAST CANCER PATIENTS AT CANCER TREATMENT CENTER OF HAWASSA UNIVERSITY COMPREHENSIVE SPECIALIZED HOSPITAL, HAWASSA, ETHIOPIA 2022: A RETROSPECTIVE FOLLOW UP STUDY

Author: Dr Adugna Deboch

Cadre: Medical Doctor
Specialization: General practitioner, CPD and Trainings Officer
Institution: Adwa Partners Consultancy PLC

Abstract:

Background: The incidence of breast cancer is rising and is becoming a major public health problem in Ethiopia, posing a substantial threat to countries with limited oncology centers. Adjuvant chemotherapy is the most important treatment option for breast cancer initiated after definitive surgical management. Adjuvant chemotherapy decreases the risk of breast cancer mortality, reduces the recurrence rate, and improves the long-term overall survival. The time between surgery and the first adjuvant chemotherapy appears to have an impact on the overall survival (OS) and disease-free survival (DFS) in patients with breast cancer.

Objective: This study aimed to determine the time to start adjuvant chemotherapy and its predictors in post-operative breast cancer patients who attended the oncology center of Hawassa University Comprehensive Specialized Hospital between September 2020 and March 2022.

Method: This institution based retrospective follow-up study was conducted at the Hawassa University Comprehensive Hospital Cancer Treatment Center between September 2020 and March2022, among all women with breast cancer. All eligible patients whose medical records were available and accessed in the hospital during the study period were enrolled. The checklists were prepared using Google Forms. The data were then exported to Excel and sent to SPSS software version 26 for data analysis. A stratified Cox regression model was used to identify potential predictors. The adjusted hazard ratio (AHR) with 95% confidence interval (CI) was reported to indicate the strength of the association. This study was conducted between February 22 and April 8, 2022.

Results: In this study, the median time to adjuvant chemotherapy was 69 days Interquartile range (IQR)=26) with a range of 28–157 days. Twenty (12.9%) patients started chemotherapy in less than 30 days, 36 (23.2%) patients waited for 31-60 days, 68 (43.9%) patients initiated chemotherapy within 61-90 days while 31 (20%) patients took more than 90 days to start their adjuvant chemotherapy.

Patients who experienced surgical complications were 1.5 times more likely to initiate adjuvant chemotherapy earlier than those without such complications, with an adjusted hazard ratio (AHR) of 1.512 (95% CI: 1.287-3.140). Patients with a BMI classified as underweight were1.5 times high likely to receive adjuvant chemotherapy earlier (AHR 1.569, 95% CI: (1.336-3.887)). Post-operative breast cancer patients with co-morbidity had a 25% lower likelihood of receiving adjuvant chemotherapy earlier than those without comorbidity (AHR=0.751,95%CI: 0.474-0.817), and illiteracy (AHR=0.829, 95% CI: (0.458-0.950)) was also a significant predictor of time to adjuvant chemotherapy.

Conclusion: The duration of initiation of the adjuvant chemotherapy was longer than the recommended initiation time. Body Mass Index, presence of surgical complications, presence of comorbidity, and educational status were predictors of delayed time to adjuvant chemotherapy

ABSTRACT 5.4

SOCIAL PHOBIA AND SCHOOL AVOIDANCE AMONG SCHOOL ADOLESCENTS: EXPLORING THE RELATIONSHIP WITH OBESITY

Author:
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Cadre: Medical Doctor
Specialization: General Practitioner
Institution: Department of Epidemiology and Medical Statistics Farhat Hached University Hospital.

Abstract:

Objective: Social anxiety disorder ranks as the third most prevalent mental disorder and is notably common among young individuals. School avoidance represents an extreme manifestation of social avoidance behaviour, often associated with social anxiety. In our study, we aimed to examine the correlation between social phobia and school avoidance in obese adolescents residing in Sousse.

Materials and Methods: A cross-sectional study conducted between 2019and 2019, involving 1153 students enrolled in colleges in the governorate of Sousse, Tunisia. All participants completed a questionnaire in the presence of trained investigators. Obesity and overweight were assessed by calculating the BMI Z-score according to the WHO child growth standards, and the SCARED-C (Screen for Child Anxiety Related Disorders) was used for anxiety disorders.

Results: A total of 1153 adolescents participated in the study, with a predominance of females (64.2%). The mean age was 17.19 ± 1.1 years. In our sample, 17.4% of adolescents were overweight and 9.4% were obese. 40.7% (n=469) presented social phobia, of which 10.9% were obese and 16.8% were overweight (p=0.339). 37.6% (n=434) exhibited school avoidance behaviour, with only 9.2% obese and 18% overweight, showing no significant association (p=0.929).

Discussion: Our study demonstrates a low percentage of social phobia and school avoidance among obese adolescents, but an alarming overall percentage of this anxiety disorder, highlighting the necessity for mental health promotion interventions and management of these disorders.

ABSTRACT 5.5

NAVIGATING PRIMARY HEALTH CARE CHALLENGES – INSIGHTS FROM OLDER PEOPLE WITH MULTIMORBIDITY IN MALAWI.

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Abstract:

The global surge in aging populations poses a critical challenge, particularly in Low- and Middle-Income Countries (LMICs), where Primary Health Care (PHC) settings often lack the resources to meet the escalating healthcare demands of older individuals.

This study, conducted in Malawi from July 2022 to January 2023, aimed to explore the experiences of older people with progressive multimorbidity in accessing PHC services. Sixty in-depth interviews were conducted with individuals aged ≥50 years, their caregivers, and healthcare workers across diverse settings. Guided by the Andersen-Newman theoretical framework, the study identified three consistent themes across all sites: (1) clinic environment, addressing inconvenient setups and advocating for reliable PHC services; (2) geographical factors, emphasizing the impact of bad road conditions and the need for local PHC facilities; and (3) social factors, encompassing alternative medicine, transport support, perceived healthcare benefits, and support for small-scale businesses.

These findings underscore the multifaceted barriers and facilitators influencing PHC service utilization among older populations. The study emphasizes the pressing need for nationwide availability of enhanced PHC services and recommends a thorough investigation into successful practices within diverse health facilities in Malawi, with a specific focus on addressing the unique healthcare needs of the aging population.

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