



International

**CPHIA**

Conference on Public Health in Africa

**2023**

# CONFERENCE REPORT

**3<sup>rd</sup> International Conference  
on Public Health in Africa**

**27–30 November 2023  
Lusaka, Zambia**

## FOREWORD

There was tremendous progress for health in Africa in 2023. Several African countries eliminated infectious diseases thanks to dedicated national efforts and collaboration across borders. Advocates and innovators drummed up attention on cross-cutting issues like climate change and gender equity. Extraordinary leaders raised their voices on the global stage to advocate for health independence, breaking barriers to take greater ownership in areas such as manufacturing and health financing.

The past year also showed that the International Conference on Public Health in Africa (CPHIA) has become the platform for accelerating health progress by showcasing world class science and innovation, for Africans and by Africans.

The third edition of this conference, CPHIA 2023, attracted 5,100 participants to the Mulungushi International Conference Center in Lusaka, Zambia, and more than 30,000 online – more than double the number of people who participated in 2022. The abstracts and side events programmes also increased considerably in size and scope from the year before and, for the first time, CPHIA featured a buzzing exhibition hall where 50 exhibitors were able to showcase their work. There were other firsts with CPHIA 2023 too: a robust pre-conference programme held virtually the week prior to the in-person convening, and the launch of a new 6-month media fellowship to nurture African science journalism in the lead-up to the event.

The content of the conference also evolved to reflect Africa's most pressing challenges and priorities. In the face of increasing climate-driven disasters such as cyclones and drought, we added climate change to the agenda. Amid tightening health budgets and stagnating donor contributions, we explored solutions for innovative financing mechanisms. As advocates across Africa demand greater gender equity and bodily autonomy, we spotlighted women at the helm of the reproductive health movement to invite dialogue and allyship.

It has never been more clear that CPHIA is advancing Africa's health revolution. It's been a pleasure and honor to be a part of this meeting's growth, and we look forward to its continued transformation.

We thank the African Union and Africa Centres for Disease Control and Prevention (Africa CDC) for their continued stewardship of public health, including convening this conference. We are also grateful to the Zambia Ministry of Health (MoH) and Zambia National Public Health Institute (ZNPPI) for serving as the CPHIA 2023 hosts, and the members of the Scientific Programme Committee and the Secretariat for their extraordinary leadership in bringing CPHIA to life.

We look forward to continuing the momentum at CPHIA 2024 in Morocco this year. See you in Rabat!



**Professor Senait Fisseha, MD, JD**  
CPHIA 2023 Co-Chair



**Professor Margaret Gyapong, MD**  
CPHIA 2023 Co-Chair

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## ACRONYMS

**ACEGID** – African Centre of Excellence for Genomics of Infectious Diseases

**ACGT** – Africa Centre for Gene Technologies

**AfCFTA** – Africa Continental Free Trade Area

**AfDB** – African Development Bank

**Africa CDC** – Africa Centres for Disease Control and Prevention

**AHAIC** – Africa Health Agenda Conference

**AI** – Artificial intelligence

**AIHD** – African Institute for Health & Development

**AMA** – African Medicines Agency

**AMR** – Antimicrobial resistance

**APHRC** – African Population and Health Research Center

**AU** – African Union

**BIRCH** – Building Integrated Readiness for Community Health

**CAPRISA** – Centre for the AIDS Programme of Research in South Africa

**CEPI** – Coalition for Epidemic Preparedness Innovations

**CHAI** – Clinton Health Access Initiative

**CHPIR** – Centre for Health Policy and Implementation Research

**CHW** – Community health worker

**CPHIA** – International Conference on Public Health in Africa

**DHHS AUC** – Department of Health, Humanitarian Affairs and Social Development, African Union Commission

**DIBs** – development impact bonds

**DNDi** – Drugs for Neglected Diseases Initiative

**EAHP** – East African Health Platform

**EDCTP** – European and Developing Countries Clinical Trials Partnership

**EIDB** – Emerging Infectious Diseases Branch

**FCRM** – Fondation Congolaise pour la Recherche Médicale

**FIND** – Foundation for Innovative Diagnostics

**GHS** – Global Health Strategies

**HCID** – High Consequence Infectious Diseases

**HERA** – Health Emergency Preparedness and Response Authority

**IGHD** – Institute for Global Health and Development

**JEAP** – Joint Emergency Preparedness and Response Action Plan

**JPHIA** – Journal of Public Health In Africa

**LMIC(s)** – low- and middle-income country/ies

**MINAFFET** – Ministry of Foreign Affairs and Cooperation

**NCD(s)** – non-communicable disease(s)

**NTD** – Neglected Tropical Diseases

**PAMJ** – Pan African Medical Journal

**PAVM** – Partnerships for African Vaccine Manufacturing

**PHC** – primary health care

**PHEIC(s)** – A public health emergency of international concern

**PIH** – Partners in Health

**PPPs** – public-private partnerships

**R&D** – Research and Development

**SIBs** – social impact bonds

**SPC** – Scientific Programme Committee

**UHC** – Universal Health Coverage

**UNECA** – United Nations Economic Commission for Africa

**WASH** – Water, Sanitation and Hygiene

**ZNPHI** – Zambia National Public Health Institute

## OVERVIEW

The 3rd international Conference on Public Health in Africa (CPHIA 2023) was held in Lusaka, Zambia, from 27 – 30 November, with official virtual side events and a virtual abstracts programme taking place 22 – 24 November 2023. Building on CPHIA 2022, which was held in Kigali, Rwanda, and CPHIA 2021, which took place virtually, the conference cemented CPHIA as a critical platform to move the needle on health in Africa.

5,100 scientists, policymakers, and advocates from around the world gathered in person in Lusaka to spotlight African science and innovation, and strengthen local, regional and global collaboration, with an additional 30,000 participants joining the main conference online.

CPHIA 2023 was officially opened by H.E. Hakainde Hichilema, President of the Republic of Zambia and Guest of Honour. Sessions featured a number of high-level African Ministers of Health and key public health leaders from across the region and around the world to amplify and uplift African science.

The CPHIA 2023 Scientific Programme Committee (SPC), which spearheaded planning for the conference, convened 86 public health experts and leaders from around the world. The group was led by CPHIA 2023 Co-Chairs, Prof. Senait Fisseha, Vice President of Global Programs at the Susan Thompson Buffett Foundation, and Prof. Margaret Gyapong, Director of the Institute of Health Research and Coordinator of the Centre for Health Policy and Implementation Research at the University of Health and Allied Sciences in Ghana. This group, which met on a weekly basis, was responsible for providing high-level guidance on the conference programme, shaping the scientific sessions, and reviewing abstract submissions while maintaining the highest level of scientific standards. This SPC was guided and supported by the CPHIA Secretariat, led by Shingai Machingaidze, Ag. Chief Science Officer at the Africa CDC, and Dr. Mazyanga Mazaba Liwewe, Director of Public Health Policy, Health Diplomacy and Communication at ZNPHI.

During the four days of the in-person conference, in addition to the nine scientific plenaries, there were 18 parallel, 18 abstract and three special sessions featuring debates and panel discussions related to the conference tracks. There were also more than 200 speakers and moderators, 106 oral abstract presentations, 197 poster presentations, 97 side events and 50 exhibition booths. The virtual programme featured 18 abstract sessions with 100 presentations, and 33 virtual side events.

Additionally, CPHIA 2023 kicked off with a Youth Pre-conference, which brought together two youth representatives from each AU Member State, as well as representatives of youth-led medical associations, public health institutions and partner organisations. Over the two days of the Youth Pre-conference from 25–26 November 2023, the participants were able to learn, share and network with both their peers and experienced professionals in public health.

The CPHIA 2023 scientific programme was organized into nine (9) different tracks aligned with the conference theme of “Breaking Barriers: Repositioning Africa in the Global Health Architecture.” These tracks were presented as plenary sessions during the conference:



**Track 1:** Pandemic Preparedness and Resilient Financing Mechanisms for Africa



**Track 2:** Fostering African-led Innovation: Advancing Local Production in Vaccines, Diagnostics and Therapeutics



**Track 3:** Delivering Universal Health Coverage in Africa – Strengthened and Equitable Health Systems



**Track 4:** For Women by Women: Access to adequate healthcare for young girls and women in Africa



**Track 5:** Safeguarding Africa's Health Security: health emergencies, biosecurity, climate change, and multi-sectoral response mechanisms



**Track 6:** Transforming Health in Africa through Digital Innovation



**Track 7:** Whole-of-society – the Power of Engaging Civil Society, the Private Sector and Local Philanthropy



**Track 8:** Combating Infectious Diseases, NTDs and Antimicrobial Resistance in Africa



**Track 9:** Unmasking the Silent Epidemics: NCDs, Mental Health and Injuries

## OPENING AND CLOSING CEREMONIES

### Opening Ceremony

CPHIA 2023 was officially opened by H.E. Hakainde Hichilema, President of the Republic of Zambia, and H.E. Saara Kuugongelwa, Prime Minister of the Republic of Namibia.

The ceremony included remarks from the co-hosts Hon. Sylvia Masebo, Minister of Health in Zambia, and H.E. Dr Jean Kaseya, Director-General of the Africa CDC. Blen Sahilu also spoke on behalf of CPHIA 2023 Co-Chair Prof Senait Fisseha.

A panel moderated by CPHIA 2023 Co-Chair Prof Margaret Gyapong focused on the importance of strategic partnerships. The panel featured Dr Tedros Adhanom Ghebreyesus, Director General, WHO; Ms Julie Gichuru, Chief Public Affairs and Communications Officer at the Mastercard Foundation (representing Ms Reeta Roy, CEO of the Mastercard Foundation); Mr John-Arne Røttingen, Ambassador for Global Health, Norwegian Ministry of Foreign Affairs; and Mr David Marlow, Interim CEO of Gavi.

H.E. Dr Jean Kaseya, accompanied by Dr Matshidiso Moeti, Regional Director, WHO Africa Regional Office (WHO AFRO) also presented the Lifetime Achievement in Public Health Award to Dr Tedros Adhanom Ghebreyesus.

The Opening Ceremony reminded participants that the future of health in Africa will be defined by Africans, together. As such, leaders emphasized the importance of investing in the public health institutions that train scientists and clinicians, in African-led agencies and partnerships that share knowledge and work together across borders, and in the youth of the continent who will carry the torch. They left participants with a reminder to turn challenges into opportunities, take collaborative efforts over isolated actions, and leverage their collective power and responsibility to shape a healthier, more prosperous continent.

“COVID taught us something – it does not matter who you are or where you live. There is no territorial boundary when it comes to health. When we work together, we achieve a lot.”

**-H.E. Hakainde Hichilema, President, Republic of Zambia**



“To advance health security for all, we must forge partnerships that transcend borders.”

**-H.E. Saara Kuugongelwa, Prime Minister, Republic of Namibia**

“Breaking barriers requires us to think beyond the confines of traditional health care models, to leverage new technologies and innovations, to embrace equity and social justice principles, and to foster robust collaborations... And in doing so, we can forge a New Public Health Order for Africa – one that will be resilient and capable of meeting the challenges of the future.”

**-H.E. Dr Jean Kaseya, Director General, Africa CDC**



“It’s a source of pride for Zambia to host this platform for exchange of ideas. [We will all] benefit from the collaboration, innovation and partnerships forged at this important conference.”

**-Hon. Sylvia Masebo, Minister of Health, Republic of Zambia**

“Health is not a product of strong and prosperous nations – it is the foundation. The African people are the future of our great continent and they must be the focus of our investments now.”

**-Dr Tedros Adhanom Ghebreyesus, Director General, WHO**



“Strategic partnerships help us to dream bigger; to execute faster; and to achieve so much more than we ever could alone. African institutions can build on decades of strong partnerships with international entities – while still holding true to the promise of decolonizing global health.”

**-Prof Margaret Gyapong, Co-Chair, CPHIA 2023**

“What’s changing today is where the solutions will come from: They are coming from African institutions, startups, entrepreneurs, scientists, researchers and leaders...CPHIA is a testament to the seismic shift that has happened and what can happen when we invest in our public health workforce and institutions.”

**-Blen Sahilu speaking on behalf of Prof Senait Fisseha, Co-Chair, CPHIA 2023**





“My message to Africa is that you can also rely on each other. Take different parts of the [medical manufacturing and R&D] ecosystem. Full independence is inefficient, we need to trust each other, we need the full continent.”

**-Dr John-Arne Røttingen, Ambassador for Global Health, Norwegian Ministry of Foreign Affairs**

“We must look for where the value sits and enable that value – I see the greatest value in young people.”

**-Ms Julie Gichuru, Chief Public Affairs and Communications Officer at the Mastercard Foundation**



“It is the voices of the countries that matter. [As multilateral institutions] we need to listen to their priorities and needs, and build that into the work we do in a collaborative way.”

**-Mr David Marlow, Interim CEO, Gavi**





## Closing Ceremony

The closing ceremony opened with a presentation by Ms Shingai Machingaidze, Ag Chief Science Officer and CPHIA Secretariat Lead, providing a brief history of the journey of CPHIA since the first editions, and summarizing the key conference outcomes. It was followed by a poetry performance by spoken word artist Ms Vanessa Chisakula, and an Abstract Awards ceremony facilitated by Prof Margaret Gyapong.

The ceremony concluded with closing remarks from Hon. Sylvia Masebo, Minister of Health, Zambia; H.E. Dr Jean Kaseya, Director General, Africa CDC; and Hon. Mrs. Mutale Nalumango, Vice President, Zambia. Hon. Prof Khalid Aït Taleb, Minister of Health and Social Protection, Morocco, announced that CPHIA 2024 will be held in Morocco.

Speakers underscored the importance of committed and diverse leadership to build more resilient health systems, advance local manufacturing and increase investment in healthcare. They urged delegates to take forward the conversations and connections from CPHIA, and turn them into action, to ensure that the research, solutions and discussions from the conference continue beyond the four days.

“So much has been learned and shared, but what will be the most important is the implementation of the solutions. A whole-of-society approach is key to safeguarding health security...I am confident that the insights gained here will resonate far beyond these walls.”

**-Hon. Mutale Nalumango, Vice President, Zambia**



“CPHIA 2023 is a critical platform for us to infuse momentum into our work and launch new initiatives... Three of these include a Joint Action Plan with the US government to strengthen health systems and better respond to outbreaks, a US\$700 million investment from the Mastercard Foundation for the second phase of the Saving Lives and Livelihoods project with MasterCard Foundation, and a new partnership with STBF focused on PHC and SRHR.”

**-H.E. Dr Jean Kaseya, Director General, Africa CDC**

“This conference has provided a unique platform for African leaders to define common public health problems that affect Africa. We learned lessons from each other on how to finance and implement public health solutions to improve the health security of the continent. We will not be the same going forward - we will be better leaders.”

**-Hon. Sylvia Masebo, Minister of Health, Zambia**





“Investment in research represents the wisest collective investment for stronger public health, better institutions, and more prosperous societies.”

**-Prof Margaret Gyapong, Co-Chair, CPHIA 2023**

“CPHIA 2024 will be an opportunity for us to come together on different topics and promote continental sovereignty in public health. We’re excited to carry the torch forward, and welcome all of you to Morocco.”

**-Hon. Prof Khalid Ait Taleb, Minister of Health and Social Protection, Morocco**



“Having a major conference like CPHIA on the continent means we can change the narrative – we can lead the conversation. We change it by centering what matters most to African communities, and spotlighting extraordinary science coming from African researchers – science that might otherwise go unnoticed.”

**-Ms Shingai Machingaidze, Ag Chief Science Officer and CPHIA Secretariat Lead, Africa CDC**



## **SPECIAL MINISTERIAL SESSION**

A Special Ministerial Session on Transformative Leadership for Health in Africa served as an opportunity for high-level leaders across the continent to come together and discuss how their countries strive to break barriers, drive progress on health, and accelerate the realisation of the New Public Health Order.

The session opened with reflections from Ambassador Lewis G. Brown, Former Permanent Representative to the United Nations, Minister for Information, Cultural Affairs and Tourism, Liberia, who shared his vision for Africa. Mr Symerre Grey-Johnson, Director of Human Capital & Institutional Development of AUDA-NEPAD, representing CEO Ms Nardos Bekele-Thomas, spoke about the importance of leadership in driving the continent’s development.

Ministers from across the continent then gave their reflections on how they are driving progress on health in their own regions and countries in a panel moderated by Ms Zain Verjee, Founder & CEO, TheZVG. The panel featured H.E. Dr. Sabin Nsanzimana, Minister of Health, Rwanda; H.E. Sylvia Masebo, Minister of Health, Zambia; H.E. Prof. Awa Marie Coll Seck, Minister of State to the President, Senegal; H.E. Prof Khalid Ait Taleb, Minister of Health, Morocco and Dr Ngashi Ngongo, Chief of Staff and Head of Executive Office, Africa CDC, representing Director General H.E. Dr Jean Kaseya.

The session emphasized how entrepreneurs and policymakers from across the continent are demonstrating extraordinary leadership and ingenuity in addressing longstanding and emerging health challenges. Whether through groundbreaking technologies or new cross-sector collaborations, Africans are reaffirming the continent as a powerhouse in science and innovation, a generator of new knowledge and health products and an exemplar of progress.



“We need to invest in and pay attention to politics for health, as much as we do for science and research...This is our future to shape. Let us act for better healthcare. Let us declare this decade as the decade for health.”

**-Amb. Lewis Brown, Former Permanent Representative to the United Nations; Minister for Information, Cultural Affairs and Tourism, Liberia**

“We need to make sure we are transforming our health commitments into action. We need leadership to mobilize resources for health, and to ensure there is accountability to commitments made.”

**-Mr Symerre Grey-Johnson, Director Human Capital & Institutional Development, AUDA-NEPAD, representing Ms Nardos Bekele-Thomas, CEO, AUDA-NEPAD**



“The most important thing is to have a clear vision of what we want to achieve, and that is stronger health systems. That means investing in cross-cutting issues. We have to start with building the foundations, which means strengthening health systems. We should all be open to new technologies that can help advance health progress, like AI.”

**-H.E Dr. Sabin Nsanzimana, Minister of Health, Rwanda**



“Our gathering here signifies a shared commitment to tackle the challenges that obstruct the health of our people across the continent. Transformative leadership is not only a concept – it is a call to action. Innovation is the cornerstone of progress. Political will shall continue to be the key factor required for health financing.”

**-H.E Sylvia Masebo, Minister of Health, Zambia**





Women often serve as the first point of care for health – within families, communities, and health systems. Women have the same capacity as men to be great leaders, and we need to invest in them. We need to ensure women have the opportunity to hold leadership positions in health as well.

**-H.E. Prof. Awa Marie Coll Seck, Minister of State to the President, Senegal**

We have to create the ecosystems that enable innovation. We also need to invest in the health workforce – through development of human capital; that's how we can reposition Africa in the global health architecture.

**-H.E. Prof Khalid Ait Taleb, Minister of Health, Morocco**



Digital health is a game changer for the continent. This year, Africa CDC came up with the continental digital transformation agenda... What we need now, to see the impact, is scale. And for us to achieve scale, leadership is critical, and collaboration is key.

**-Dr Ngashi Ngongo, Chief of Staff and Head of Executive Office, Africa CDC, representing H.E. Dr Jean Kaseya, Director General, Africa CDC.**



A man in a white shirt and glasses is shown in profile, wearing large black headphones and holding a smartphone up to take a photo. The background is a blurred crowd of people. The top half of the image features a decorative pattern of light-colored hexagons on a light beige background. A dark red rectangular box is centered in the upper half, containing the text "Media Summary" in white.

# Media Summary

## MEDIA OVERVIEW

Strong media engagement has continued to be an integral part of CPHIA's success. At both [CPHIA 2021](#) and [CPHIA 2022](#), media engagement enabled the amplification of the conference. This engagement provided crucial platforms for scientists and policymakers to share insights on various topical issues. Moreover, it offered journalists and media houses unique opportunities for coverage and reporting, facilitated through numerous scholarships and accreditations.

Building on this foundation, CPHIA 2023 took significant strides by introducing innovative media segments. The inclusion of the CPHIA 2023 Journalism Fellowship and the CPHIA 2023 Creative Contest exemplifies the conference's commitment to further enhance diverse forms of media involvement. This progressive approach underscores CPHIA's dedication to continuous improvement and the promotion of meaningful dialogue at the intersection of science, policy, media and various creative expressions.

## MEDIA OUTPUTS

CPHIA 2023 had extensive media coverage, with over 1,000 media outputs published before, during and after the conference. Select members of the SPC were interviewed on television, radio, newspaper and online platforms such as X (Twitter) spaces and podcast series in the lead-up to the conference. In alignment with conference programming, they also authored opinion pieces on critical public health issues affecting the continent, highlighting specific interventions and innovations by Africa CDC, governments and partner institutions. These editorials were published by regional and international media outlets, some of which were official media partners of CPHIA 2023.

### By the numbers

**10+**

op-eds and editorials were published, authored by members of the SPC

**139+**

accredited on-site reporters

**30+**

conference spokespeople

**150+**

countries covered CPHIA 2023

**800+**

unique articles, op-eds and broadcast mentions

**48**

media fellows supported through scholarship

**4**

in-person and virtual media training workshops conducted on science communication

**50+**

journalists attended media training workshops

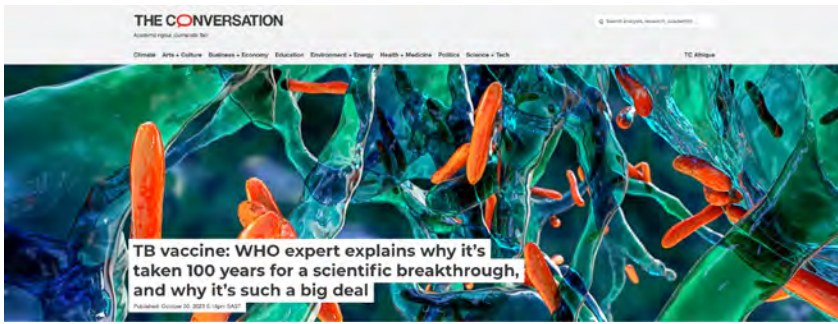
Coverage in five of six official AU languages

ENGLISH  
FRENCH  
PORTUGUESE  
SWAHILI  
ARABIC

Media outputs were published in 5 of the 6 official AU languages of English, Portuguese, French, Swahili and Arabic. This multifaceted media approach and linguistic diversity ensured a diverse range of perspectives reached the public and solidified CPHIA as a focal point for critical discussions and knowledge dissemination in the field of public health.

Click [here](#) for the full media report.

# Highlights of key CPHIA 2023 coverage



## MEDIA PARTNERSHIPS

Similar to the previous editions of the conference, CPHIA 2023 partnered with 9 outlets including All Africa, Nigeria Health Watch, Radio France International (RFI), SciDev.Net and The Conversation Africa (a full list of media partners can be found in figure H). These outlets publicized the conference to their networks and published articles and op-eds by CPHIA 2023 SPC members on their websites.

Additionally, Radio France International (RFI), a CPHIA 2023 media partner, provided live coverage of the conference from the Mulungushi International Conference Centre, holding interviews with experts and organisers and providing commentaries on the numerous discussions. RFI's coverage was broadcasted across its network of 120 syndicated radio stations across Africa.



Some key media op-eds and articles authored by the members of the SPC include:

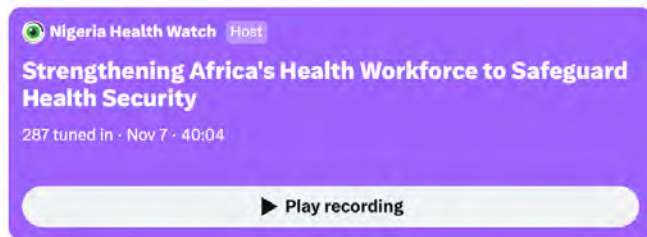
- **BMJ (Global)**, [How African countries can prepare for the next pandemic](#) (23 November)
- **The Conversation Africa (Regional)**, [Malaria: two groundbreaking vaccines have been developed, but access and rollout are still big stumbling blocks](#), (21 November)
- **SciDev.net (Regional)**, [Pooled procurement to transform Africa's vaccine market](#), (13 November)
- **Health Policy Watch (Global)**, [Africa's Complicated Path to Global Health Equity](#), (31 October)
- **The Conversation Africa (Regional)**, [TB vaccine: WHO expert explains why it's taken 100 years for a scientific breakthrough, and why it's such a big deal](#), (30 October)
- **Agência de Informação de Moçambique (Mozambique)**, [Health emergencies and climate change are deeply connected – we need collaborative responses to address these challenges](#), (17 October)
- **Agência de Informação de Moçambique (Mozambique)**, [Emergências sanitárias e impactos das mudanças climáticas exigem soluções conjuntas](#), (12 October)
- **Espace Manager (Tunisia)**, [Pr Halima Benbouza: "Ouvrons pour une Afrique plus saine et plus prospère, c'est un devoir envers nos populations et générations futures"](#), (6 October)
- **CGTN Africa (Regional)**, ['One Health' approach to overcome public health challenges in Africa](#), 29 September
- **AllAfrica.com (Regional)**, [Science Skepticism Fuels Vaccine Hesitancy, Climate Denial](#), (29 September)
- **The Africa Brief (Regional)**, [New HIV innovations could help reduce cases in Africa, official says](#), (25 September)



# Break it Down

CPHIA2023 in Focus: Unpacking Africa's New Public Health Order

NOVEMBER 10, 2023 NIGERIA HEALTH WATCH SEASON 1 EPISODE 5



Health emergencies and climate change are deeply connected – we need collaborative responses to address these challenges



## PRE-CONFERENCE MEDIA BRIEFING

More than 70 journalists attended a pre-conference media briefing to officially launch the 2023 conference, set the scene for the discussions and meet the following objectives:

- **Highlight the remarkable growth and achievements of the CPHIA brand** since 2021, as well as the Africa CDC's vision in building a New Public Health Order for Africa
- **Highlight the scale of the support for CPHIA** as a premium convening to define the continent's public health architecture, supported by key agencies, global expert voices and key policy makers
- **Introduce the concepts of repositioning Africa in the global health architecture** and how CPHIA is breaking barriers by engaging leading African voices, elevating cutting-edge science by African researchers and giving space to forge new cross-sector partnerships
- **Generate excitement and build awareness** around the conference theme, tracks, and other events

Spokespeople included:

- **H.E Dr. Jean Kaseya**, Director-General, Africa CDC
- **Hon. Sylvia Masebo**, Minister of Health, Zambia
- **Prof. Margaret Gyapong**, CPHIA 2023 Co-Chair, Director of the Institute of Health Research, University of Health and Allied Sciences

## SOCIAL MEDIA SUMMARY

On social media, during the week of the conference, there were more than 7.5K tweets using “#CPHIA2023,” reaching 27M users and generating 216M impressions. This is notable and continued growth from each of the past two conferences.



	CPHIA 2021	CPHIA 2022	CPHIA 2023
<b># of Tweets</b>	3.1K	6.6K	<b>7.5K</b>
<b>Unique Authors</b>	1.3K	2.2K	<b>3K</b>
<b>Reach</b>	12M	19M	<b>27M</b>
<b>Impressions</b>	97M	138M	<b>216M</b>

### Top Countries by Author

Mentions of #CPHIA2023



# Twitter Snapshot

**Dr Matshidiso Moeti** @MoetiTshidi · Nov 29, 2023  
 At #CPHIA2023 I spoke about the importance of women's representation in leadership positions in #Africa and globally. Women play a critical role in all stages of life to ensure the #health of our populations and carry the burden of most of the unpaid care and domestic work.



**Jean Kaseya** @JeanKaseya2 · Jan 22  
 Today marks a historic milestone in public health.  
 RTS,S malaria vaccine is finally introduced after 30+ years of development. Cameroon is the first in Africa to roll out this vaccine.  
 I encourage @AfricanUnion Member States to join Cameroon in rolling out this vaccine.



African Union and Africa CDC

**Ministry of Health | Rwanda** @RwandaHealth · Nov 28, 2023  
 Today at #CPHIA2023, Minister @nsanzimanasabin spoke on pandemic preparedness and financing mechanisms for Africa, outlining the urgency for African countries to prioritize investments & policies that strengthen pandemic preparedness & response while building resilient systems.



**Tedros Adhanom Ghebreyesus** @DrTedros · Nov 29, 2023  
 Always a pleasure to see my brother Jerome Walcott, #Barbados' Health Minister. And I'm really glad to see close cooperation between Caribbean and African countries in their efforts to deliver #HealthForAll. #CPHIA2023



PAHO-WHO Caribbean

**Chikwe Ihekweazu** @Chikwe\_I · Nov 30, 2023  
 Strengthening surveillance systems is one of the key priorities for improving pandemic preparedness and response. #EIOS is putting #CollaborativeSurveillance into practice. Delighted to see so many partners and #EIOS champions at #CPHIA2023



World Health Organization (WHO) and 9 others

**Dr Ebere Okereke** @DrEberuemJnr · Nov 6, 2023  
 Visa on arrival provided for all registered attendants to #CPHIA2023 This is how you enable equitable participation. Well done @ZMPublicHealth & @AfricaCDC & #GovernmentOfZambia  
 What are you waiting for? Register! More info on the conference website



Travel & Accommodation - CPHIA 2023  
 From cphia2023.com

**Boltena Minyahil** @Minyahil · Dec 12, 2023  
 #CPHIA 2023 was a compelling continental platform to have connected with scientists and policy makers who are shaping public health order in #AfricanCDC

— CPHIA Official @CPHIA\_AfricaCDC · Dec 12, 2023  
 It is not too early to reminisce #CPHIA2023!  
 Watch highlights from Day 1 below, including the Opening Ceremony & WHO's @DrTedros receiving the CPHIA Lifetime Achievement Award. @HHichilema @JeanKaseya2 @Iaktarr001 @DrSenait  
 Show more



**SciDevNet SS Africa** @SciDevNetSSA · Nov 30, 2023  
 At the 2023 #CPHIA, AfricaCDC, we meet with Dr Lydia Adong from the Ministry of African in Uganda and she shares how they are managing anthrax with the one health approach.



So, when we are adopting the aspect of Our Health

**Michel Sidibé** @MichelSidibe · Dec 2, 2023  
 Félicitations à @AwaMCollSeck pour notre riche discussion à Lusaka avec les ministres de la santé africains #CPHIA2023 ! Leadership politique, leçons du SIDA, systèmes de santé robustes, R&D & production locale sont clés pour l'agenda santé en Afrique @Macky\_Sall @AUC\_MoussaFaki



Jean Kaseya and 9 others

**Dr Richard Mihigo** @RichardMihigo · Nov 29, 2023  
 Important meetings and bilateral conversations going on at the sidelines of the CPHIA 2023 in Lusaka. Thanks @nsanzimanasabin and @R\_Amandin from Rwanda delegation. Good discussions between @gavi and countries (Togo & Zambia Ministers) led by David Marlow.



**Tedros Adhanom Ghebreyesus** @DrTedros  
 I am beyond touched to accept the #CPHIA2023 Lifetime Achievement in Public Health Award with a mixture of pride and humility, on behalf of all my colleagues at @WHO, who work every day, sometimes in difficult and dangerous situations, to protect and promote the health of the world's people.  
 My deepest thanks to my brother @JeanKaseya2, President @HHichilema and Prime Minister @comradesaara for this great honour.



**Amref Health Africa** @AmrefWorldwide · Nov 29, 2023  
 It's extremely important for civil society organizations to play a key role in determining immunization services that come to the communities, demand of those services and drive policy making to ensure that we reach the last mile - @BeinjLolem #AmrefAICPHIA23 #CPHIA2023



Gavi CSO Constituency and 6 others

# Awards



## LIFETIME ACHIEVEMENT IN GLOBAL HEALTH LEADERSHIP AWARD

The 2023 Lifetime Achievement in Global Health Leadership Award was conferred by H.E. Dr Jean Kaseya to Dr Tedros Adhomom Ghereyesus, Director-General of the World Health Organization (WHO).

Dr. Tedros' storied career in global health has transcended borders and exemplified transformative leadership. His commitment to ensuring access to health care, promoting equity, and tackling emergencies has left an undeniable impact on the life of millions around the world.

From 2005 to 2012, Dr Tedros served as Ethiopia's Minister of Health and transformed the country's health system to focus on universal health coverage. Under his leadership, Ethiopia saw a 60% reduction in child and maternal mortality compared to 2000, and created a new primary health care system that employed more than 40,000 women health workers throughout the country. He later served as Minister of Foreign Affairs for Ethiopia, Chair of the Global Fund, Chair of the Roll Back Malaria Partnership, and Co-Chair of the Partnership for Maternal, Newborn and Child Health Board.

Dr Tedros has leveraged this experience in his current role, becoming the first person from WHO's African Region to lead the WHO. After taking office as WHO Director-General on 1 July 2017, Dr Tedros initiated the most significant transformation in the organisation's history. He unified WHO's work under new mission statement, to "Promote health, keep the world safe and serve the vulnerable" and a set of three ambitious "triple billion" targets: 1 billion more people benefiting from universal health coverage; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being. He has been at the helm of the WHO, and a tireless health advocate through countless global emergencies such as the 2014 Ebola epidemic and the COVID-19 pandemic.



## SCIENTIFIC ABSTRACT AWARDS

The Abstract Awards recognise scientific excellence, with merit-based selection of the winners scored by a panel of judges from the Scientific Programme Committee. The awards were conferred by Prof Margaret Gyapong, CPHIA 2023 Co-Chair.



### Best Oral Abstract Presentation

The conference's Best Oral Abstract Presentation award went to Dr Namubiru Saudah Kizito of Uganda for her presentation titled *"Increasing trends of antibiotic resistance, Uganda: an analysis of National antimicrobial resistance surveillance data, 2018-2021."*. Dr Namubiru is an Advanced Field Epidemiology Fellow at the Uganda National Institute of Public Health (UNIPH).



### Best Abstract Poster

The best abstract poster award went to Dr Joseph Fokam of Cameroon for his abstract titled *"Emerging integrase resistance in dolutegravir-treated individuals calls for more cautious use of dolutegravir-containing regimens in resource limited settings."*. Dr Fokam is a Virologist at the Chantal BIYA International Reference Centre for Research on HIV/AIDS Prevention and Management (CIRCB/FHS-UB).

All abstract award finalists and accepted abstracts are published in the official CPHIA 2024 Abstract Book.

# Plenary and Parallel Session Summaries



## Plenary: Pandemic Preparedness and Resilient Financing Mechanisms for Africa (Track 1)

### Track Leads: Prof Francine Ntoumi, Prof Placide Mbala, Dr Ngashi Ngongo & Dr Angela Gichana

Africa continues to face outbreaks of high consequence infectious diseases (HCIDs) like Ebola, Lassa Fever, Chikungunya, COVID-19, and most recently, Marburg. Each year, the continent reports over 100 health emergencies, 70% of which are zoonotic disease outbreaks.

At the same time, gaps in surveillance systems for infectious diseases persist and so no country is well-prepared for the next major outbreak. Africa also continues to find itself reliant on global funding for pandemic preparedness, and has often been the last to access the tools it needs to respond to crises. The continent has limited manufacturing capacity – countries cannot respond effectively to disease outbreaks if they do not have the diagnostics, vaccines and medicines they need.

It is increasingly urgent to prevent and control future outbreaks, with a particular focus on developing sustainable financing models to create more resilient public health preparedness infrastructures. Track 1 explored how a combination of strengthened disease surveillance systems, increased multisectoral and cross-border collaboration, and more resilient financing structures can improve Africa's capacity to detect, respond to, and mitigate the spread of infectious diseases. With lessons learned from COVID-19 and other outbreaks, this track also focused on the importance of quick response efforts and strong healthcare systems to better handle serious infectious disease outbreaks and minimize their impact.

#### Moderators:

- **Dr Angela Gichaga**, Founder and President, Financing Alliance for Health and Co-Executive Director, Africa Frontline First
- **Dr Richard Mihigo**, Director, COVID-19 Vaccine Delivery, Coordination & Integration –COVAX, GAVI

#### Speakers:

- **H.E. Dr Jean Kaseya**, Director General, Africa CDC
- **Dr Matshidiso Moeti**, Regional Director, Africa, World Health Organization (WHO)
- **Prof Placide Mbala**, Virologist, Head of Epidemiology and Global Health Department, Institut National de la Recherche Biomédicale
- **Hon Dr Sabin Nsanzimana**, Minister of Health, Government of Rwanda
- **Dr Pascale Ondoa**, Director of Science and New Initiatives, African Society for Laboratory Medicine (ASLM)
- **Dr Merawi Aragaw Tegegne**, Head of Surveillance and Disease Intelligence, Africa CDC
- **Ms Adda Faye**, Chief Financial Officer, Global Fund
- **Ms Gwen Mwaba**, Director & Global Head, Trade Finance, Afreximbank

#### Recommendations and Conclusions:

- Africa must work together, across all levels and all sectors, to be prepared for the next crisis. Local, national, regional and continental agencies and institutions must work together to coordinate surveillance and response efforts, freely share data and research, and align funding mechanisms to be effective in the face of multiple ongoing emergencies. The Global Fund serves as an example partnership model that brings together different sectors, donors, and technical partners to harmonize efforts in the fight against HIV, TB and malaria – as well as strengthening health systems in addressing these vertical health challenges. New initiatives, such as the Africa CDC and WHO's Joint Emergency Preparedness and Response Action Plan (JEAP), align the efforts of regional institutions working across similar issues to ensure that duplication is limited and impact can be maximized.



- Africa must encourage its own funders to finance its needs first, and go to external sources only when needed. During the pandemic, it became clear that the continent could not rely on external support when many African countries were pushed to the end of the queue when negotiating with vaccine suppliers. The COVID-19 Africa Vaccine Acquisition Task Team, established by H.E. President Cyril Ramaphosa in his capacity as Chairperson of the African Union at the time, was able to bring together the AU and Africa CDC, UNECA and Afreximbank to provide a financing mechanism that amalgamated countries' individual demands to attain enough vaccines for 60% of the continent's population. This collective bargaining mechanism showed that unified action has more financial power than an individual country. The experience from COVID-19 also showed that there is untapped financial potential across the continent.
- The continent must focus on strengthening the innovation pipeline – from funding, to discovery, to scaling new tools. Institutions, schools, and publications, the originators of many innovations, must work together on peer review and accountability mechanisms to ensure that African countries continue to produce quality research to drive innovation. However, the public health labs where new tools originate often lack the administrative structures to apply for funding to scale their innovations. As African economies grow and evolve, so too should the health innovation sector. Government and private sector actors must join the process to aid in bringing safe, new tools to market. This also includes investing in strengthening local manufacturing.

“ One resounding truth emerges – our strength lies in unified action. If African countries Come together and commit to a unified approach, we can overcome the fragmented efforts that have long stood in the way of progress.”

**-Dr Matshidiso Moeti, Regional Director, World Health Organization Regional Office for Africa**



## Parallel Session: Who Pays? Domestic Resources as an Anchor to Resilient and Sustainable Financing for Frontline Defense Mechanisms (Track 1A)

Today, millions of people across Africa do not have access to health services because they are unable to afford quality health care. The economy is a major determinant of health financing, and with many countries on the brink of fiscal crisis after the COVID-19 epidemic, most are far from reaching the 15% GDP health spending target set by the Abuja Declaration. Many countries still depend on international aid and their own citizens' out-of-pocket expenditures to cover health costs.

Health funding typically increases substantially in times of emergency, both from external and internal sources. Establishing a pre-existing defense infrastructure that can be quickly scaled up for pandemic preparedness represents a more sustainable approach and should be financed through domestic resources. However, given competing priorities, the question always comes down to what budgetary allocation will cover the expenses, particularly in the context of the One Health approach. This session explored how various government ministries can coordinate to contribute to this critical endeavor.

### Moderator:

- **Mr Bioma Kamara**, Health Financing Advisor, Africa CDC Health Economics Program (HEP)

### Speakers:

- **Dr Saurabh Sinha**, Chief, Social Policy Section, Gender, Poverty and Social Policy Division, UNECA
- **Ms Sara Hersey**, Director, Collaborative Intelligence, WHO Hub for Pandemic and Epidemic Intelligence
- **Dr Ngashi Ngongo**, Chief of Staff and Head of Executive, Africa CDC

### Conclusions:

- National governments must pay for health first. Countries must understand that investing in health will contribute to a more fulfilled, productive workforce that can stimulate economies. Governments can be intentional about this process by earmarking funds from certain revenue sources, like sin taxes on unhealthy products like alcohol, tobacco and sugary drinks. Innovative financing mechanisms, like the Global Health Fund's Debt2Health conversation program, Development Impact Bonds (DIBs) and Social Impact Bonds (SIBs) serve as additional ways for governments to raise capital for health initiatives from sources outside of taxation.
- Invest in efficient and coordinated ways to avoid duplication of spending, and reduce costs in the long run. The best way to respond to a pandemic is to prevent it from happening. As such, regional technical institutions such as the Africa CDC are supporting governments to focus on the first line of defense, the primary health system. A strong primary health system will be more resilient in the face of crises, and could reduce spending required on emergencies down the line.



## Parallel Session: Impact of Innovative Financing Approaches that Leverage Pandemic Preparedness Funding as a Lever to Strengthen Health Systems (Track 1B)

For years, development banks, donors and governments have been exploring innovative financing mechanisms to supplement domestic resources for health. The COVID-19 pandemic saw unprecedented speed and innovation in not only diagnostics, vaccines and drugs, but also in the funding structures required to finance the response.

Today, some countries and institutions are reinvesting unspent pandemic response funding into pandemic preparedness efforts. This session explored the impact of one such program, the Global Fund's Building Integrated Readiness for Community Health (BIRCH) program.

### Moderator:

- **Dr Angela Gichaga**, President and Chief Executive Officer, Financing Alliance for Health

### Speakers:

- **Dr Stavros Nicolaou**, Group Senior Executive, Strategic Trade, Aspen Pharma Group
- **Mr Eric D'Ortenzio**, Head, Department of Strategy and Partnerships, ANRS, Maladies infectieuses émergentes
- **Mr Jules Souleymane Gaye**, Burkina Faso Country Lead, Living Goods and BIRCH implementor
- **Ms Prossy Muyingo**, Community Health Worker
- **Mr Robert Agyarko**, Lead Advisor, Outbreaks and Epidemics, African Risk Capacity
- **Mr Nicholas Oliphant**, Senior Specialist, The Global Fund
- **Mr Nan Chen**, Co-Executive Director, Africa Frontline First

### Recommendations and Conclusions:

- Governments must take early action to prevent outbreaks and be financially prepared for the next pandemic. One innovative financing mechanism for pandemic preparedness is to reinvest unspent funds for the COVID-19 response into health system strengthening for pandemic preparedness. For example, the Global Fund's BIRCH programme reinvested funds earmarked for COVID-19 into initial projects to integrate community health worker (CHW) programs. Despite serving as the first and main health provider for many communities, CHWs are often funded and trained through siloed programs that make them specialized towards one disease or health area. In Burkina Faso, the BIRCH Programme has enabled CHWs to respond to a broader range of concerns within their community.
- Funders have a responsibility to ensure that any successful initial projects continue to secure financing to scale up. The BIRCH Programme aims to help countries access funding to continue the integration project through the Africa Frontline First Catalytic Fund, a US\$100 million fund, hosted by the Global Fund and designed in partnership with the Africa Frontline First Initiative. This fund, financed by Private sector and philanthropic partners, underscores the importance of diverse donors.
- Collaboration is key when determining how funds should be allocated. Countries require a way to systematically track financing flows, and funders should coordinate amongst each other, with national authorities, and with providers and community members to ensure that resources are allocated appropriately at the local level.



## Plenary: Fostering African-led Innovation: Advancing Local Production in Vaccines, Diagnostics and Therapeutics (Track 2)

### Track Leads: Prof Charles Wiysonge, Prof Petro Terblanche & Ms Akhona Tshangela

Africa has a pressing need for self-sufficiency, evident in the challenges faced even before the pandemic. For far too long, the continent has grappled with the lack of infrastructure, production capabilities, and expertise necessary to establish a robust ecosystem for manufacturing medical products. This recognition has spurred concerted efforts to overcome these obstacles, with a particular focus on two critical fronts: vaccines and diagnostics.

Less than 1% of vaccine doses utilized in Africa are currently produced locally, emphasizing the continent's heavy reliance on imports. Similarly, only 30% of the diagnostics used by the continent are produced locally. The challenges to scaling up manufacturing remain the same across vaccines and diagnostics. Human capacity shortages, distribution barriers, and weak regulatory systems hinder the ability to bring Africa's innovation to scale in the market. Still, concerted efforts across various fronts signal a collective commitment to transforming Africa's health manufacturing landscape.

Over the past few years, Africa has steadily been building capacity and expertise on local production of medical commodities – with a specialized focus on vaccines. A continent-wide mechanism has been established to reshape the relationship between local production of health commodities in Africa, with a special focus on vaccines. Africa CDC's Partnerships for African Vaccine Manufacturing (PAVM) initiative aims to meet 60% of the continent's vaccine needs through locally produced products by 2040.

In this session, panelists discussed setting a goal for diagnostics analogous to the PAVM goal. Speakers explored what it would take to continue the momentum for a medically independent Africa, not only striving for vaccine self-sufficiency but also contemplating an ambitious target for diagnostics.

#### Moderators:

- **Ms Akhona Tshangela**, Programme Coordinator for Partnerships for African Vaccine Manufacturing (PAVM), Africa CDC

#### Speakers:

- **H.E. Dr Jean Kaseya**, Director General, Africa CDC
- **Ms Heidy Rombouts**, Belgian Director General for Development Cooperation and Humanitarian Aid at the Belgian Ministry of Foreign Affairs, Foreign Trade and Development Cooperation
- **Prof Petro Terblanche**, CEO, Afrigen
- **Dr Adamu Isah**, Director, Medical and Health Services, African Union
- **Mr Dennis Choguya**, Sales Director, Varichem Limited
- **Dr Frederik Kristensen**, Deputy CEO, CEPI
- **Dr Kassoum Kayentao**, Epidemiologist, University of Sciences, Techniques and Technologies in Bamako
- **Prof Abderrahmane Maaroufi**, Director, Institut Pasteur Maroc (National Public Health Institute)
- **Dr Joseph Kayaya**, Country Project Director, PATH
- **Prof Charles Wiysonge**, Regional Adviser for Immunisation and Head of the Vaccine-Preventable Diseases Programme, WHO-AFRO
- **Ms Shingai Machingaidze**, Ag. Chief Science Officer, Africa CDC

#### Recommendations and Conclusions:

- Africa must continue setting – and holding itself – to ambitious goals. Panelists proposed setting a goal for Africa to produce 80% of the diagnostics that the continent needs locally by 2040, analogous to the

PAVM goal. In a similar vein, Africa Diagnostics Initiative was developed for regional manufacturing of diagnostics, aiming to set up a pooled procurement mechanism and a centre of excellence for diagnostics manufacturing. While local production is still in its infancy, lofty goals and continent wide initiatives help provide energy to keep up the momentum.

- Local government and private sector engagement is crucial to success. In Morocco, a private-public partnership under the leadership of the King serves as a model for scaling up manufacturing. In Zimbabwe, the home-grown company Varichem Pharmaceuticals Limited now sells their products across most SADC countries. With WHO certification, the company has now expanded to bid on international tenders. Africa already has a vibrant ecosystem of innovators and research institutions, but needs private partnership and political commitment at all levels, and across borders, in order to bring new innovations to market. For example, companies like Afrigen Biologics in South Africa have partnered with institutions in Senegal to accelerate vaccine development, and are now jointly researching eight vaccines in the production pipeline.
- Africa must invest in building a strong regulatory ecosystem that can support the growing medical R&D and manufacturing sectors. The COVID-19 pandemic underscored how weak regulatory systems can lead to delays in obtaining essential medicines, vaccines and diagnostics. Strong regulation can help ensure solidarity and promote resource pooling. It will also enable this sector to develop faster and more safely, giving innovators and manufacturers the guardrails to scale new tools and bring them to market. The continent must operationalize the Africa Medicines Agency (AMA) to harmonize health regulations across borders as soon as possible.
- Global partners must be a part of the vaccine revolution in Africa, and learning is a two-way street. While Africa is looking for self-sufficiency, it will not be able to achieve it alone. Global partnerships with entities like CEPI can help build up capacity and infrastructure to conduct clinical trials in Africa, specifically for diseases of importance to the continent. In late November for example, CEPI signed an agreement with the Gambia for a Lassa fever vaccine candidate. Similarly, countries from outside Africa, such as Belgium, which will take over the European Union Presidency in 2024, have expressed their commitment to prioritizing public health in Africa.

“ We need to institutionalize science. Science drives agendas and we need to support it with financing. We have to shift from engaging in project-focused R&D to longer-term programme focused R&D. ”

**Ms Shingai Machingaidze, Ag. Chief Science Officer, Africa CDC**



## Parallel Session: Strengthening End To End Research, Development And Manufacturing Capacity And Capabilities (Track 2A)

African governments are committed to fostering African-led innovation and self-sufficiency to guard against potential shortfalls of critical medical commodities. Building on progress made in 2022-2023 and the Track 2 plenary session, this session holistically examined the state of Africa's vaccine manufacturing landscape, from early stage development to the regulatory ecosystem. The session also assessed progress towards the PAVM goal of producing 60% of vaccines used in Africa locally by 2040, and surfaced three main challenges.

First, considerable progress has been made on the continent in building up world class research institutions specializing in the fundamental science behind vaccines, such as immunology, microbiology and virology; however, there is still a pressing need to ensure that talent trained in African institutions is retained in the continent. There is also a need to develop greater technical capacity in fields like formulation science, chemical and bioprocess engineering, and supply chain and regulatory expertise to support large-scale vaccine production.

Second, there are several projects happening simultaneously across the continent focused on different stages of vaccine development for different diseases. In recent years, new centers of excellence for discovery research, clinical trial management, and fill-and-finish manufacturing have been established across Africa. However, greater coordination between these different nodes is required in order to build a true end-to-end pipeline from vaccine R&D to manufacturing.

Finally, while the continent has made great progress in recent years on building up fill-and-finish capacity, Africa still relies on imports to supply many of the basic ingredients needed to make vaccines, such as adjuvants and substrates. Reliance on imports also makes key materials difficult to obtain at every stage of vaccine development, from discovery research to end-stage clinical trials.

### Moderator:

- **Ms Akhona Tshangela**, Programme Coordinator, PAVM, Africa CDC

### Speakers:

- **Dr Simon Agwale**, CEO, Innovative Biotech
- **Dr Thomas Nyirenda**, Head of Africa Office, Strategic Partnerships & Capacity Development Manager, The European & Developing Countries Clinical Trials Partnership (EDCTP)
- **Dr Bernhards Ogutu**, Chief Research Officer, Kenya Medical Research Institute (KEMRI)
- **Dr Tigistu Adamu Ashengo**, Chief Medical Officer, Jhpiego
- **Mr Adriaan Kruger**, Co-Founder and CEO, NuvoteQ
- **Dr Kayla Laserson**, Director, Global Health Center (GHC), Centers for Disease Control and Prevention

### Recommendations and Conclusions:

- Africa has incredible potential to generate novel interventions against global health threats, as evidenced by the vast number of individual projects in vaccine manufacturing currently happening across the continent. There needs to be a concerted effort to connect all these partners, and turn the current energy in funding small scale projects towards a longer-lead vision: developing a resilient, sustainable end-to-end R&D to manufacturing pipeline.
- Building a pan-African vaccine manufacturing ecosystem provides an opportunity to center sustainability and create a more circular bioeconomy. This includes shifting away from traditional "make-use-discard" models of consumption towards a more eco-friendly model that maximizes the use of renewable bio-based feedstock and the recycling of traditional waste materials. There is a need for a whole government approach to outline a more climate-friendly research agenda. For example, researchers can try to find new platform chemicals that have the greatest potential to have greener production methods that reduce GHG emissions.
- Building an end-to-end vaccine manufacturing ecosystem in Africa also requires planning for the future,

and a key part of that is investing in developing the youth. There are twenty years left to reach the PAVM goal of 60% local production by 2040, and the young scientists in school today will help Africa reach that finish line. Government entities and research institutions have a responsibility to develop strategies to retain talent, and convey accurate information. Private sector entities can be important partners in developing incubation programs to further empower youth and civil society organizations to contribute to growing the vaccine manufacturing capabilities in Africa.

## Parallel Session: Strengthening Supply Chains Through Trade Policies (Track 2B)

Developing an end-to-end vaccine manufacturing industry in Africa requires ensuring that any new tools that make it to the end of the development process can be safely assessed and equitably traded on the market. In recent years, there has been great momentum around strengthening health regulatory systems in Africa to ensure the safety, efficacy, and quality of medical products, including vaccines. Regional initiatives such as the African Medicines Regulatory Harmonization (AMRH) programme, led by the Africa Union Development Agency (AUDA-NEPAD) have played a key role in harmonizing regulatory standards across national regulatory agencies. At the moment, Africa is on the cusp of establishing its first ever pan-continental health regulatory institution, AMA, to ensure standardized health regulations across the continent.

The African Continental Free Trade Area (AfCFTA), which is currently the continent's largest trading bloc, is boosting commerce between well-established regional blocs and countries, standardizing and streamlining trade regulations across the continent. Alongside pan-African efforts to harmonize regulations to bring new medical tools to the market, it provides a platform for countries to collaboratively regulate the trade of these new tools across a continental market. This session explored crucial next steps in building up a harmonized regulatory ecosystem in Africa that would ensure that any new medical products developed on the continent are safe, effective, and equitably available.

### Moderator:

- **Ms Chimwemwe Chamdimba**, Programme Head, African Medicines Regulation Harmonization, African Union Development Agency-NEPAD

### Speakers:

- **Prof Charles Wiysonge**, Regional Adviser for Immunisation and Team Lead for the Vaccine-Preventable Diseases Programme, WHO AFRO
- **Mr Johnpaul Omollo**, Africa Regional Lead, R&D Policy and Advocacy, PATH

### Recommendations and Conclusions:

- Partners can take a stepwise approach to standardizing regulations across the continent, starting first with regional harmonization. Progress has been made in building up health regulatory systems in Africa, exemplified by the increase of African regulatory bodies with mature ratings from the WHO from zero in 2006 to five in 2023. There is an urgent need to operationalize the AMA as soon as possible, in a way that is as cost-effective.
- Getting new products through regulatory approval requires significant financial resources, which are usually recouped by selling the final approved product at higher costs to the consumer. However, it should be a distinct priority of the AMA to ensure that the approval process should not lead to higher product costs, and systems should be created to allow quality products even without prequalification. There is a crucial need to research financing models for the AMA that would balance profit against prequalification and manufacturing costs of the product.

## Plenary: Delivering Universal Health Coverage in Africa – Strengthened and Equitable Health Systems (Track 3)

### Track Leads: Prof Krishna Udyakumar, Prof Ketty Lubeya & Dr Landry Tsague

Investing in Africa's health systems is vital for inclusive and sustainable growth. Universal Health Coverage (UHC) has become a cornerstone for health sector reforms globally, with most African countries integrating UHC goals into their national health strategies. Despite these efforts, a recent report by the Africa Health Agenda International Conference (AHAIC) revealed that 52% of individuals in Africa still lack access to essential healthcare services.

There is an urgent need for concerted action to advance UHC in Africa. By prioritizing structural reform, strengthening primary health care (PHC), enhancing health financing, and leveraging innovations and partnerships, African countries can accelerate progress towards UHC and improve health outcomes for all populations.

In this session, the speakers highlighted the need to address structural and legal impediments inherited from colonial history to ensure equitable access to healthcare for all, leaving no one behind. The session reiterated the adage that “the health of the people is the wealth of the people,” emphasizing the interconnectedness between health and community prosperity.

Drawing from successes, including the achievement of seven African countries with a UHC Service Coverage Index (SCI) greater than 60/100, the discussion emphasized the centrality of PHC in strengthening health systems and achieving UHC. The speakers also showcased innovative approaches across delivery, financing, digital health, and public-private partnerships that hold promise in supporting UHC goals in Africa.

#### Moderators:

- **Dr Landry Tsague**, Senior Health Adviser, UNICEF office to AU & UNECA
- **Dr Richard Chivaka**, Chief Executive Officer, Spark Health

#### Speakers:

- **Prof Maha El Rabbat**, Professor of Public Health and Former Minister of Health and Population, Egypt, Cairo University
- **Dr Lu Wei Pearson**, Associate Director, Maternal and Newborn Child Health, UNICEF (New York)
- **Dr James Matthew Guwani**, Special Advisor, Office of the Director, Africa CDC
- **Mr Cheikh Oumar Seydi**, Director, Africa, Bill & Melinda Gates Foundation
- **Dr Shakira Choonara**, Technical Specialist, WHO & UNFPA Portal on SRHR & UHC, WHO
- **Dr Paul Ngwakum**, Regional Health Adviser, UNICEF Eastern and Southern Africa
- **Prof Nicolas Meda**, Professor and Epidemiologist, Department of Public Health, University of Ouagadougou
- **Prof Justice Nonvignon**, Ag. Head of Health Economics Programme, Africa CDC
- **Dr Raji Tajudeen**, Head of Division, Public Health Institutes & Research, Africa CDC
- **Dr Krishna Udayakumar**, Founding Director, Duke Global Health Innovation Center, Duke University
- **Dr Ahmed Al Mandhari**, Regional Director for Eastern Mediterranean, WHO

#### Recommendations and Conclusions:

- Policymakers must deliberately reform legal frameworks and infrastructure to ensure inclusive and sustainable health systems that leave no one behind. Legal and structural barriers inherited from colonial history exacerbate disparities in healthcare delivery across Africa. For example, rural areas that were historically underdeveloped still have low access to health centres and hospitals today. Governments should center efforts to improve UHC in these areas, working with the communities to ensure that new initiatives are meeting their needs. Additionally, policymakers should be mindful to prioritize the perspectives and unique



healthcare needs of historically disenfranchised populations, such as women, children, and those living with non-communicable diseases or infectious diseases.

- Governments must invest in PHC infrastructure, workforce development, and service delivery to ensure that all citizens have access to quality healthcare close to home. This includes increasing the availability and accessibility of essential medicines and diagnostics, strengthening community health systems, and empowering CHWs as frontline providers. Furthermore, efforts should be made to integrate PHC into broader health system strengthening initiatives and leverage innovative approaches, such as digital health solutions and public-private partnerships, to expand access to PHC services.
- The budget line for health must be fully funded. Ensuring equitable access to essential health services for all populations, particularly marginalized communities, requires financial commitment. This includes increasing domestic investment in health, mobilizing additional resources through innovative financing mechanisms, and improving the efficiency and effectiveness of health spending. Efforts should be made to address structural barriers that hinder equitable health financing, such as insufficient funding for goods and services, overreliance on donor funding, and inefficient allocation of resources. Additionally, governments should also engage key stakeholders, including Ministers of Finance, to advocate for increased investment in health, ensuring they see health as an investment that will support socioeconomic growth, rather than a cost that must be borne.
- Innovative approaches and tools must be scaled up to address the unique health challenges facing African countries. There are great examples of ingenuity in UHC, including digital health solutions, public-private partnerships, and community-based interventions like the Community based health insurance. This includes investing in digital health infrastructure, training health workers in the use of technology, and integrating digital health solutions into existing health systems. Furthermore, partnerships between the public and private sectors can facilitate the development and implementation of innovative financing mechanisms, service delivery models, and health technologies.

“ UHC in Africa is achievable with better prioritization, community engagement, and equity as our foundation. Let’s prioritize planning, engage the right stakeholders, amplify community voices, and embed equity in our UHC efforts. ”

- Dr. Landry Tsague, Senior Health Adviser, UNICEF office to AU & UNECA

### **Parallel Session:** Accelerating UHC Through Innovation (Financing, Delivery Modes, and Digital Solutions) (Track 3A)

Universal Health Coverage (UHC) is an important part of health systems reform as it advances equity, access and affordability of healthcare services. Addressing the current \$2 billion healthcare financing gap requires innovative strategies. Thinkwell’s survey identifies various models, including results-based and catalytic funding, as well as impact investing and ‘sin’ taxes. Achieving equitable access involves balancing supply and demand, requiring community understanding of available services and the pivotal role of Community Health Workers (CHWs). Digital health technology also holds vast potential for enhancing primary healthcare. Projections from the Global System for Mobile Communications (GSMA) suggest that nearly 750 million individuals in Sub-Saharan Africa will own mobile phones by 2030, up from the current 489 million. Additionally, the adoption of 4G technology in the region is expected to more than double over the next five years, reaching 45%.

This session provided a comprehensive exploration of strategies, challenges, and perspectives in advancing healthcare access and delivery across Africa. Speakers underscored the importance of leveraging innovative financing mechanisms, community-centered delivery modes, and digital solutions to bridge healthcare disparities.

### Moderator:

- **Dr Richard Chivaka**, Founder & CEO, Spark Health Africa

### Speakers:

- **Dr Ngozi Erondu-Manyonganise**, Technical Director, Global Institute for Disease Elimination (GLIDE)
- **Mr David Marlow**, CEO (interim), Gavi
- **Ms Eva Mwai**, Director, North Star Alliance
- **Ms Lieke van de Wiel**, Deputy Regional Director, East & Southern Africa, UNICEF
- **Dr Anne Musuva**, Regional Director, East & Southern Africa, Thinkwell
- **Dr Richard Gakuba**, Program Director, Commons Project Foundation Africa

### Recommendations and Conclusions:

- Governments should adopt innovative financing models such as results-based funding and impact investing to bridge the \$2 billion health care financing gap in Africa. These models can address market failures and incentivize social impact while ensuring sustainability and equity in health care access. Collaboration between public and private sectors, as well as with international organizations, is encouraged to leverage expertise and resources in advancing UHC.
- Health Ministries and international organizations should ensure equitable access to health care by balancing supply and demand. On the supply side, governments should empower health providers closest to communities, such as CHWs. This includes providing CHWs with adequate training, predictable funding, and clear roles to serve as effective bridges between communities and health care services. On the demand side, this involves addressing gaps in health care infrastructure and services to ensure that services and resources provided meet the needs of all communities, particularly those in remote or underserved areas.
- The potential of digital health technologies to improve primary health care should be recognized and embraced. With the projected increase in mobile phone ownership and 4G adoption in Sub-Saharan Africa, prioritize the integration of digital health solutions into health systems to enhance access, efficiency, and effectiveness of health care delivery.



## Parallel Session: Leadership and Public-Private Partnerships to Improve Health Equity (Track 3B)

UHC serves as a cornerstone for health sector reforms globally, with many African nations incorporating UHC goals into their national health strategies. Despite a doubling of health spending in Sub-Saharan Africa over the last two decades, the region still falls behind, as highlighted by the pandemic's impact. In 2022, health spending in 22 out of 41 African Low-Income Countries (LICs) and Lower Middle-Income Countries (LMICs) fell back below pre-COVID-19 levels. A 2023 report by the Africa Health Agenda Conference (AHAIC) revealed that 52% of Africans still lack access to necessary healthcare, with 90% of households facing catastrophic out-of-pocket expenses when seeking health services.

The session assessed progress towards UHC, focusing on PPPs, PHC, and innovations in delivery, financing, and digital health. The new healthcare ecosystem must address various aspects, including the demand side, standard protocols, pooled procurement, and curbing inefficiencies. Effective leadership is crucial for policy reforms and collaboration between public and private sectors. To bolster the continent's health system resilience, African leaders were urged to embrace PPPs and prioritize healthcare as a key sector in economic development. Health should be viewed as a business, not just a social endeavor, with a focus on creating value for money. The African Development Bank (AfDB), for instance, has developed a [Practical Guide to Value for Money in the Health Sector](#), offering a framework for enhancing allocation and spending efficiency, along with IT efficiency.

### Moderators:

- **Dr Alex Lwando**, Director, National Health Insurance Management Authority

### Speakers:

- **Prof Dhally Menda**, Health Systems Management Specialist, Churches Health Association of Zambia (CHAZ)
- **Hon Dr Austin Demby**, Minister of Health, Sierra Leone
- **Mr Greg Perry**, Assistant Director General, IFPMA
- **Mr Tseganeh Amsalu Guracha**, Senior Health Specialist, Health, Nutrition and Population Global Practice, World Bank
- **Dr Babatunde Omilola**, Head of Public Health, Security and Human Development Division, African Development Bank
- **Dr Brenda Asimwe Kateera**, Country Director, Clinton Health Access Initiative
- **Ms Jane Karonga**, Lead, AfCFTA Anchored Pharma Initiative, UN Economic Commission for Africa

### Recommendations and Conclusions:

- African governments should increase domestic health spending and prioritize healthcare as an essential sector for economic development. Integrate Universal Health Coverage (UHC) goals into national health strategies to ensure equitable access to healthcare services. Health ministries must strengthen primary healthcare systems to improve health system effectiveness, equity, quality, and resilience with a focus on preventive measures to reduce the burden on health systems and ensure more equitable access to healthcare services.
- Regional bodies must advocate for policies that promote local pharmaceutical manufacturing to reduce reliance on imports and create job opportunities locally.
- Public and private sectors should collaborate to enhance healthcare delivery through innovative financing mechanisms, digital health solutions, and public-private partnerships (PPPs). Social health can be reframed as a business opportunity to drive sustainable investments in the sector.



## Plenary: For Women by Women: Access to Adequate Healthcare for Young Girls and Women in Africa (Track 4)

### Track Leads: Dr Ebere Okereke, Dr Tlaleng Mofokeng & Dr Magda Robalo

Women drive the health decisions in families and communities, deliver most of the formal and informal health care, yet remain underrepresented in health system decision making. In fact, women constitute 70% of the health workforce globally and contribute an estimated \$3 trillion annually to global health, but they only make up 25% of leadership roles in health. Specifically in the WHO AFRO Region, 28% of physicians are women, compared to 72% men.

As a consequence, women's specific health needs are under-resourced and disproportionately affected by shocks such as pandemics and financial crises. During COVID-19, gender-based violence spiked and access to family planning services was disrupted, resulting in millions of unintended pregnancies. The status quo also perpetuates these challenges – there are limitations of the current system for women's health and women are disadvantaged by discrimination rooted in cultural factors, particularly in Africa. A woman in Africa has around 130 times higher risk of dying from complications in pregnancy or childbirth compared to a woman in Europe or North America.

Track 4 addressed the challenges hindering women's access to quality healthcare and their representation in decision-making spaces, highlighting the urgency to improve access to healthcare for women and girls in addition to ensuring their active participation in shaping health policies and programs. Panelists emphasized the important role of allyship, mentorship, and focusing on policy implementation to increase women in decision-making roles. Key themes included addressing cultural and structural barriers, empowering women in leadership through mentorship and workshops, and advocating for policy and legal reforms to support women's health and rights. The session concluded with a call to action for policymakers and stakeholders to prioritize gender equity, with specific commitments to address gender disparities in healthcare and governance.

#### Moderators:

- **Prof Nkandu Luo**, Former Minister of Health, Zambia
- **Dr Ebere Okereke**, CEO Africa Public Health Foundation (APHF), Kenya

#### Speakers:

- **Dr Matshidiso Moeti**, Regional Director, Africa, WHO
- **Dr Magda Robalo**, President and Co-Founder, Institute for Global Health & Development
- **Ms Kerigo Odada**, Legal Consultant, Researcher and SRHR Advocate, University of Pretoria
- **Prof Agnes Binagwaho**, Former Vice Chancellor, University of Global Health Equity
- **Dr Tlaleng Mofokeng**, Special Rapporteur on the Right to Health, United Nations
- **Prof Catherine Burns**, Associate Professor of Medical History, WITS
- **Dr Abdulaziz Mohammed**, Head, Division of Disease Control and Prevention, Africa CDC
- **Dr Ana Baptista**, Senior Project Director, Jhpiego
- **Ms Vanessa Chisakula**, Spoken Word Artist

#### Recommendations and Conclusions:

- Policymakers must prioritize women's health and rights by reforming the legal system and implementing laws effectively. Policy and legal frameworks that focus on empowering women have led to improvement in women's health. Governments with a higher sense of women in parliament are more likely to pass sensitive laws, as seen with the Rwandan government. Policy makers in Africa must evaluate the equity of their policies, apply a gender lens to the development of programmes and invest in research on women's health issues for evidence-based decision making. Additionally, women need to be at the center of governance to collaboratively shape an equitable Africa through proactive policymaking. Women in Africa must have the space and authority to make decisions at the policy level.

- Countries must leverage education to harness potential. By harnessing female capital through access to education, Africa will experience robust economic and health prosperity. Women and girls must have access to education in their communities, particularly in STEM. The social benefits of investing in girls' education have been recognized for many years. Studies conducted in many African countries over the past two decades found that each year of additional schooling for girls reduced infant mortality by 5-10%. By empowering young girls to participate in STEM and leverage technology, they can use that knowledge to learn more about the issues affecting them. Access to education is the key to unlock potential for women and girls.
- There must be commitment to dismantle patriarchy at all levels of society. Empowering women in their households, communities and societies has the potential to make women healthier and in turn, make African societies more vibrant, resilient and responsive. At the household and community level, this starts with empowering women and investing in health promotion so that women can drive self care, especially around mental health. In the workforce, women face violence, sexual harassment and discrimination. Male allyship and mentorship is essential to dismantling these power structures. Men as allies can bring change, speak up as role models and support women by engaging others. Dismantling the patriarchal society at the household, community and professional level will lead to a better Africa.

“ Today we celebrate the women who walked on glass and left their footprints so that others could walk on smoother floors. They are the women ensuring health and security, they are ensuring universal health coverage, they are doing it all. When Africa is repositioning itself in the global health architecture – it cannot happen without us. ”

**-Ms Vanessa Chusakula, Spoken Word Artist**



## Parallel Session: Shifting Power and Advancing Gender Equity: Who Listens to Women and Girls? (Track 4A)

Despite constituting roughly 50% of the population in Africa, women remain vastly underrepresented in decision-making roles. Societal norms continue to perpetuate gender disparities, which impacts women and girls' access to leadership positions and results in less access to healthcare.

This session focused on addressing critical themes hindering gender equity and women's empowerment across Africa. It highlighted the lack of tangible legislation to help amplify women's voices and deep-rooted societal stereotyping that perpetuates marginalization. The overwhelming presence of men in decision-making positions further compounds these issues, underscoring the urgent need for transformative action to dismantle existing power structures and advance gender equity on the continent.

### Speakers:

- **Dr Ebere Okereke**, CEO, APHF
- **Dr Tlaleng Mofokeng**, Special Rapporteur on the Right to Health, United Nations
- **Dr Ana Baptista**, Senior Project Director, Jhpiego
- **Ms Vivianne Ihekweazu**, Managing Director, Nigeria Health Watch
- **Ms Asanda Ngoasheng**, Gender, Youth and GBV Activist
- **Ms Lydia Saloucou Zoungrana**, President, Pathfinder
- **HE Dr Zainab Shinkafi-Bagudu**, Pediatrician, Global Cancer Advocate, Founder, Medicaid Cancer Foundation

### Recommendations and Conclusions:

- Empower girls through education and research. In many societies, the role of women and girls is defined by their relationship to men in their communities, and their educational and career goals are not prioritized or supported. Access to quality and safe education is a right, and it can break cycles of impoverishment and poor health. There is a vast body of literature that finds girls with higher educational attainment are more informed about healthcare, more likely to participate in the formal labor market and have higher incomes, and raise healthier children.
- Engage community leaders as allies. Leverage community gatekeepers and traditional leaders to challenge societal norms, and foster grassroots advocacy efforts. The buy-in of existing leaders, male allies and female role models alike, can help dismantle normative or cultural structures that are holding women and girls back.

## Parallel Session: Self-care Strategies for Comprehensive SRHR - Contraception, Safe Abortion, Menopause, Safe Sex, Information (Track 4B)

While progress has been made in protecting sexual and reproductive health rights (SRHR) in Africa, significant challenges remain. Maternal mortality in Africa has decreased since 2000, yet hundreds of thousands of women still die each year. Additionally, over 20 million people are living with HIV across Africa. Women and girls in particular experience stigma in healthcare settings while accessing care.

This session explored the challenges individuals and communities face in accessing SRHR services. This includes lack of comprehensive coverage in national policies, persistent stigma among HIV/AIDS activists and prevalent misinformation and myths surrounding SRHR. Panelists discussed potential solutions including policy advocacy, awareness campaigns, and the implementation of communications strategies to promote accurate information and foster stronger understanding of SRHR issues.

### Speakers:

- **Prof Catherine Burns**, Associate Professor Of Medical History, WITS
- **Ms Kerigo Odada**, Legal Consultant, Researcher and SRHR Advocate
- **Prof Agnes Binagwaho**, Former Vice Chancellor, University of Global Health Equity
- **Dr Magda Robalo**, President, Co-founder, Institute for Global Health & Development
- **Ms Saily Brown**, HIV/AIDS Activist
- **Ms Goodness Odeyi**, SRHR Advocate and Researcher

### Recommendations and Conclusions:

- There is a need to review existing policies within countries to ensure comprehensive coverage of sexual and reproductive health rights. This includes actively engaging with policymakers to address gaps and promote inclusivity within national frameworks.
- It's important to implement awareness campaigns to combat stigma surrounding SRHR issues, particularly within the HIV/AIDS community. The goal of these campaigns is to educate and empower individuals with the intention of fostering a more supportive and understanding environment. Open dialogue and communications strategies are key ways to promote accurate information around SRHR in communities.

## Plenary: Safeguarding Africa's Health Security: Health Emergencies, Biosecurity, Climate Change, and Multi-Sectoral Response Mechanisms (Track 5)

### Track Leads: Dr Githinji Gitahi, Prof Roma Chilengi

Africa faces multifaceted challenges posed by health emergencies, biosecurity threats, and the adverse effects of climate change on public health across the continent. With 56% of 2,000 public health events in Africa attributed to climate change, the increased vulnerability to climate-induced natural disasters such as droughts, cyclones, and floods has exacerbated the impact of these events on disease outbreaks, highlighting the urgent need for comprehensive responses. An analysis of the International Health Regulations (2005) revealed significant disparities in health security capabilities among countries, underscoring the imperative of multisectoral action and enhanced coordination between various components of the health system. The session emphasized the critical importance of addressing Africa's diverse health challenges through a holistic approach that integrates biosecurity measures, climate change adaptation strategies, and robust multi-sectoral response mechanisms to effectively safeguard public health across the continent.

Context-specific solutions were highlighted, focusing on scalable and high-impact strategies at the nexus of climate and health. The discussion encompassed strategic investments for climate-resilient health systems in Africa, drawing from recommendations stemming from the Africa Climate Summit and inputs to COP28. The speakers also explored the importance of multisectoral collaboration and coordination, advocating for the integration of One Health principles into public health security strategies for the effective management of health emergencies across the continent.

### Moderators:

- **Ms Desta Lakew**, Group Director of Partnerships and External Affairs, Amref Health Africa

### Speakers:

- **Ms Sara Hersey**, Director, Collaborative Intelligence, WHO Hub for Pandemic and Epidemic Intelligence
- **Dr Talkmore Maruta**, Acting Director of Programs, African Society for Laboratory Medicine (ALSM)
- **Dr Githinji Gitahi**, Group CEO, Amref Health Africa
- **Hon Dr Austin Demby**, Minister of Health, Sierra Leone
- **Prof Roma Chilengi**, Director General and Presidential Advisor on Health, Zambia National Public Health Institute (ZNPPI)

- **Dr Eduardo Samo Gudo**, Director General, National Institute of Health, Ministry of Health, Mozambique
- **Ms Eloise Todd**, Executive Director and Co-Founder, Pandemic Action Network

### Recommendations and Conclusions:

- African countries should prioritize investment in strengthening capacities for health emergency response, particularly in national public health agencies and institutes, building on positive changes witnessed during the COVID-19 pandemic. This includes strengthening National Public Health Institutes (NPHI) through both technical and financial support, focusing on establishing robust surveillance systems and enhancing preparedness for health emergencies.
- There is a need to enhance biosafety and biosecurity systems across Africa through legislative measures and targeted capacity-building initiatives. This includes advocating for the adoption of regional frameworks such as that by the Africa CDC to standardize requirements and ensure the availability of appropriately trained human resources equipped to manage biosecurity risks effectively.
- Countries should invest in climate-resilient health systems, tailored to the continent's unique context and vulnerabilities. This involves integrating climate change considerations into health planning and policy frameworks, leveraging data-driven approaches such as vulnerability assessments and climate change observatories to inform adaptation strategies, and strengthening supply chains and infrastructure to ensure continuity of health services during crises.
- Multisectoral collaboration and coordination across diverse stakeholders, is important to enhance the management of health emergencies. This includes bringing together academia, private sector, and community leaders, guided by the principles of One Health, to develop context-specific solutions and mobilize resources for collective action.
- Sustained engagement and investment in pandemic preparedness, risk communication, and community engagement efforts fosters a culture of trust and cooperation to navigate complex health security challenges effectively. This involves promoting continuous dialogue and collaboration among stakeholders, leveraging advocacy tools to garner political and financial support, to eventually build resilience against health threats.

“We have to start speaking a common language. Sustaining energy is key as we head back to our countries and institutions, driving our agenda and reshaping our approach. To break barriers, we have to change. Let’s engage our MoHs and MoFs to allocate resources where they’re needed most. We have an opportunity to bring the agenda forward.”

– **Prof Roma Chilengi, Director General and Presidential Advisor on Health, Zambia National Public Health Institute (ZNPFI)**





## Parallel Session: Fostering Collective Vision and Actions for Climate-Resilient Health Systems in Africa (Track 5A)

Climate change poses significant challenges to global health, particularly in Africa, where the impacts are often felt most acutely. The continent is increasingly vulnerable to a range of climate-related health risks, including the spread of infectious diseases, food and water insecurity, and extreme weather events. These challenges are exacerbated by existing health inequalities and limited resources, highlighting the need for urgent action to build climate-resilient health systems.

Mainstreaming climate change considerations into health policies and actions is therefore essential to protect public health and promote sustainable development. This session focused on fostering a collective vision and actions to address these challenges, emphasizing the importance of context-specific, high-impact solutions and collaboration across sectors. By exploring best buys and strategic investments, as well as fostering collaborations, the session aimed to chart a course towards building resilient health systems capable of mitigating and adapting to the impacts of climate change.

### Moderator:

- **Ms Lolem Ngong**, Chief of Staff, Amref Health Africa

### Speakers:

- **Dr Yewande Alimi**, AMR and One Health Unit Lead, Africa CDC
- **Prof Philip Baba Adongo**, Head, Department of Social and Behavioural Science, School of Public Health, University of Ghana
- **Mr Mazen Malkawi**, Regional Advisor, Environmental Health, WHO-EMRO
- **Dr Simon Antara**, Director, AFENET
- **Dr Lieve Fransen**, Advisory Council Member, VODAN Africa
- **Ms Renee Ngamau**, Chairperson and Global Board Director, Amnesty International Kenya & Amnesty International

### Recommendations and Conclusions:

- Promote broader awareness of climate change and its effects across all of society. Adapting to and mitigating climate change requires a collective effort from all people. Governments and partners should develop and fund climate change education programs tailored to young Africans to increase awareness and build capacity for climate resilience. Climate change advocates and NGOs must increase efforts to raise awareness among Africans about the impacts of climate change, highlighting the urgency of action and the importance of individual and collective responsibility.
- Update our policies and practices, at all levels of the health system. National policy makers and legal experts must conduct a comprehensive review of the application of environmental laws in Africa to ensure they effectively protect ecosystems and promote climate resilience. Health ministries and public health agencies must implement strategies to build climate resilience in African communities, focusing on infrastructure, agriculture, and public health systems.
- The African Union and Member States should drive extensive multilateral action on climate change issues, including collaboration with international organizations and other African nations to address shared challenges. International development partners and investors must mobilize resources to support climate resilience initiatives in Africa, including funding for research, infrastructure development, and capacity building. Agricultural organizations and trade bodies must strengthen value chains in Africa to enhance food security and economic stability in the face of climate change impacts.

## Parallel Session: Strengthening Multi-Sectoral Response and Governance to Efficiently Manage Public Health Threats (Track 5B)

In today's interconnected world, managing public health threats requires a multifaceted approach beyond traditional healthcare systems. Public health threats, such as disease outbreaks and the impacts of climate change, are not confined to one country or sector. They require a comprehensive approach that involves governments, international organizations, health workers, and communities working together to mitigate risks and improve health outcomes.

Decentralizing funds and creating a holistic framework could help governments respond more effectively to health threats. The need for a robust legal framework, new infrastructure to facilitate the free movement of goods and skills, adequate political guidance and investment were deemed necessary to drive these initiatives forward.

This session focused on the critical importance of multisectoral collaboration for holistic health security, the necessity of robust governance systems to ensure public health resilience, and the potential for region-wide collaboration in establishing centers of excellence and technical expert pools. The session also explored the role of health workers in climate mitigation efforts, emphasizing their pivotal contribution to building resilience against the health impacts of climate change.

### Moderator:

- **Ms Jackline Kiarie**, Regional Programme Manager – Global Health Security Unit, Amref Health Africa

### Speakers:

- **Dr Mazyanga Liwewe Mazaba**, Director, Public Health Policy, Diplomacy and Communication, Zambia National Public Health Institute
- **Dr Ahmed Ogwel Ouma**, Deputy Director General, Africa CDC
- **Dr Raji Tajudeen**, Head, Division of Public Health Institutes & Research, Africa CDC
- **Ms Carol Milambo-Mufana**, Workforce Development Advisor, United Kingdom Health Security Agency
- **Prof Roma Chilengi**, Director General and Presidential Advisor on Health, Zambia National Public Health Institute

### Recommendations and Conclusions:

- Governments and international organizations should decentralize funds to regional and local levels for more effective and timely responses to public health threats. Simultaneously, they should establish a robust legal framework supporting multisectoral collaboration in public health emergency responses, and invest in new infrastructure to facilitate the free movement of goods and skills, enabling faster and more efficient responses to public health emergencies. This investment should be accompanied by increased political guidance and investment in public health systems.
- Health ministries must ensure they have the human capacity in place to address emergencies. This means prioritizing the education and training of health workers at all levels to ensure they are equipped with the necessary knowledge and skills to respond to emerging health threats, including those related to climate change. Health ministries can also establish centres of excellence and technical expert pools to enhance regional collaboration and support in managing public health threats. This initiative should be part of a holistic framework that integrates health into all policies to address the root causes of health threats.

## Plenary: Transforming Health in Africa Through Digital Innovation (Track 6)

### Track Leads: Dr Edem Adzogenu, Mr Jean Philbert Nsengimana & Ms Abimbola Adebakin

Africa has seen major progress in healthcare, yet disparities persist. Technology has the potential to revolutionise healthcare in Africa. From telemedicine and AI-powered diagnostics to electronic health records and mobile health platforms, digital technologies are redefining the way healthcare is delivered and accessed across the continent.

Continental initiatives like Africa CDC's Digital Transformation Strategy have been initiated to accelerate the adoption and mainstreaming of digital tools, and ensure they are being used in a coordinated and efficient way.

This session identified challenges, insights, and actionable strategies for driving progress, and was aimed at understanding the digital health landscape, clarifying the roles of the African Union and Africa CDC, showcasing success stories, and facilitating networking for future partnerships. Diverse panelists explored how to drive a more resilient, inclusive, and sustainable health landscape in Africa.

#### Moderator:

- **Dr Edem Adzogenu**, Senior Innovation Advisor, Africa CDC

#### Speakers:

- **Dr Egbe Osifo-Dawodu**, Founding Partner, Anadach Group
- **Dr Wasunna Owino**, Country Director, Kenya, PharmAccess Foundation
- **Dr Manal Hamdy El-Sayed**, Professor of Pediatrics and President, Ain Shams University and the Society on Liver Disease in Africa (participated virtually)
- **Mr Symerre Grey-Johnson**, Director, Human Capital & Institutional Development, AUDA-NEPAD
- **Prof Mosa Moshabela**, Associate Professor and Acting Deputy Vice-Chancellor of Research and Innovation, University of KwaZulu-Natal
- **Hon Sylvia Masebo**, Minister of Health, MOH Zambia
- **Ms Abimbola Adebakin**, Founder and CEO, Advantage Health Africa

#### Recommendations and Conclusions:

- Embrace mobile technologies to reach the last mile and expand UHC. Cell phones are becoming a powerful way to connect people in rural or underreached areas. Telemedicine has the potential to greatly expand the reach of care providers. Mobile payment apps can also help expand access to insurance schemes and facilitate smoother payment processes. For example, in Kisumu Kenya, PharmAccess, Safaricom and Carepay launched the M-TIBA mobile payment solution that allows people to keep a mobile "health wallet" - which they can use to save funds, make payments, and share money for healthcare costs. M-TIBA offers sliding scale payment options to certain segments of the population, and donors and insurers can also offer financing products, offering a safe and transparent one-stop shop for health financing. These kinds of solutions have great potential to expand UHC.
- Explore the responsible and ethical use of AI for health. AI shows great potential to help accelerate discoveries in health by allowing researchers to process large quantities of data more efficiently and effectively. The use of AI is already being explored in the field of diagnostics, to aid health workers to more quickly analyze and identify symptoms associated with specific diseases. Still, researchers looking to explore AI must ensure they are training their algorithms in ethical ways, and that the data being used by any AI tools is sourced and managed responsibly.
- Continue to invest in the Africa CDC Digital Transformation Strategy. The updated strategy has already produced success stories, demonstrating the impact of digital innovations in healthcare. Financial investment and stakeholder collaboration will be key in ensuring that digital health solutions reach every corner of Africa.

“ For cross-nationalization, quality of care, access to services and sharing data, digital health presents the only solution. Africa must do better with digital transformation by learning from our own models, mobilizing support for last-mile access for populations. ”

- Dr Edem Adzogenu, Senior Innovation Advisor, Africa CDC



### Parallel Session: Developing Digital Health Workforce (Track 6A)

Digital technologies are increasingly vital for improving accessibility, efficiency, and quality of care in the healthcare landscape in Africa, and it is necessary to cultivate a skilled digital health workforce to fully leverage these advancements. Enhancing curricula, providing hands-on training, and fostering collaboration among stakeholders to standardize training programs can effectively strengthen the digital health workforce in pursuit of an improved healthcare landscape.

Key objectives of this session included identifying challenges and opportunities, sharing best practices, formulating actionable recommendations, and securing commitments from decision-makers around these issues. Creating a sustainable ecosystem for digitally competent clinicians and non-clinicians will ensure Africa is equipped to harness the benefits of digital health effectively.

#### Moderator:

- **Ms Nelly Wakaba Ale**, Head of Health Ecosystems, Mastercard Foundation

#### Speakers:

- **Mr Fred Swaniker**, Founder, Sand Technologies
- **Dr Esperance Luvindao**, Health Advocate
- **Mr Jean Philbert Nsengimana**, Chief Digital Advisor, Africa CDC
- **Ms Valentine Dushimiyimana**, Ag. Strategic information specialist, Research Innovation and Data Science Division, Rwanda Biomedical Centre
- **Mr Wycliffe Waweru**, Head of Digital Health & Monitoring, Population Services International

## Recommendations and Conclusions:

- Developing standardized competencies and training programs for health workers is crucial for effective implementation of digital health tools in Africa. The strength of the health system is dependent on the strength of the health workforce. Effective digital health infrastructure requires that health workers have the proper skills and training to harness those technologies.
- Efforts to enhance the interoperability and integration of digital systems are necessary. This means that new digital tools will need to be compatible with existing devices and tools, and should share networks to facilitate easier movement and control of data across different apps or platforms.
- Political will is required to enable a digital revolution in health. Engaging policymakers to advocate for political support will help convert political will into tangible action to advance digital health.



## Parallel Session: Unleashing Digital Innovations (Track 6B)

Innovation is occurring across the continent in the digital health space. However, barriers such as regulatory constraints and limited investment have slowed growth.

This session explored strategies for fostering innovation-friendly environments. Participants discussed collaborative approaches, policy development, and tailored resource allocation. Key objectives included outlining actionable steps to overcome challenges, promoting locally-driven innovation, and securing commitments from decision-makers.

### Moderator:

- **Ms Caroline Mbindyo**, Chief Executive Officer, Amref Health Innovation, Amref Health Africa

### Speakers:

- **Ms Abimbola Adebakin**, Founder & CEO, Advantage Health Africa
- **Dr Justin M. Maeda**, Ag. Head of Division, Management and Administration, Africa CDC
- **Ms Ngasuma Kanyeka**, Doctoral Candidate, Harvard T.H. Chan School of Public Health
- **Ms Sharon Batamuriza**, Program Director, Bridge for Billions

## Recommendations and Conclusions:

- Shift the narrative so investors see health as a smart investment. Healthcare innovation is often undervalued. Increased recognition programs, mentorship and media coverage of exciting new tools could help reframe health innovation as an exciting space for investment. Bringing more local investors into the space can help drive homegrown solutions and reduce reliance on foreign grants.
- Reform policies and regulatory systems to reward innovation. Policy direction deficiency led to calls for collaboration with policymakers and dedicated task forces to determine local policies and strategies. This includes everything from policies around data sharing, to policies ensuring adoption of new tools. Administrative reforms to streamline public sector processes that innovators must undertake to bring new tools to market can reduce the risk of investing in innovation.

## Plenary: Whole-of-Society the Power of Engaging Civil Society, the Private Sector and Local Philanthropy (Track 7)

### Track Leads: Prof Amit Thakker, Ms Kedest Tesfagiorgis & Ms Claudia Shilumani

Many African countries have limited financial and human resources in their health sectors, as well as inadequate healthcare infrastructure, such as a lack of well-equipped facilities and a trained health workforce. This can affect the delivery of healthcare services and the ability to respond to health crises. By embracing a 'whole-of-society' approach, countries can effectively tackle complex health challenges and enhance resilience in the face of future pandemics and health crises.

This response includes leveraging the transformative power of civil society in driving change in the health sector; public-private partnerships for pandemic recovery, future preparedness, health system strengthening; and African Philanthropy, an increasingly pivotal catalyst for empowering local initiatives and fostering sustainable development and bridging the financial gap in health across the continent.

This session emphasized the importance of respectful, action-oriented, and multi-sector partnerships that span the continent, aligning with the conference theme of breaking barriers and repositioning Africa in the global health architecture. By combining expertise, resources, and innovation across sectors, the session focused on how innovation in creating new partnerships can create powerful synergies to improve health across Africa.

#### Moderators:

- **Dr Ahmed Ogwel Ouma**, Deputy Director General, Africa CDC

#### Speakers:

- **Ms Claudia Shilumani**, Vice President, Partnerships & Impact, VillageReach
- **Prof Nicki Tiffin**, Professor & Calestous Juma Science Leadership Fellow, University of Western Cape
- **Ms Kedest Tesfagiorgis**, Deputy Director, Global Partnerships & Grand Challenges, Bill & Melinda Gates Foundation
- **Dr Precious Moloi-Motsepe**, Cofounder & CEO, Motsepe Foundation, Motsepe Foundation
- **Dr Amit Thakker**, Executive Chairman, Africa Health Business
- **Dr Githinji Gitahi**, Group Chief Executive Officer, Amref Health Africa
- **Dr Souhail Alouini**, Health governance Expert. Pediatric surgeon, European Trauma Course Organisation(ETP)
- **Ms Wadzanayi Muchenje**, Director, Africa Regional Office and Health Initiatives, The Rockefeller Foundation

#### Recommendations and Conclusions:

- Investing in emerging leaders will help foster strong, cross-sector partnerships that are key to tackling health challenges. There is a need for respectful, action-oriented partnerships across various sectors to address health challenges effectively. Maintaining these partnerships requires investing in the emerging leaders at the helm, and encouraging strong relationships among them. Respectful, trusting human relationships drive success and foster synergy, efficiency, and innovation. Integrating efforts across sectors and investing in innovation, particularly in areas like climate change and genomics, is crucial for addressing cross-sector challenges that impact health challenges.
- African governments should be intimately involved in the co-creation and implementation of initiatives to strengthen their health systems. Providing healthcare is primarily the responsibility of governments, but they often lack resources and capacity. Sustainable solutions involve co-creating and implementing initiatives with governments as partners, rather than imposing programs from outside sources. Outside partners should support African governments to take ownership of their health priorities and financing their own development.

- Harness the power of African philanthropy. Foundations and philanthropies funded and chaired by African entrepreneurs are emerging forces driving sustainable development on the continent. For example, Safaricom and the mPesa foundation have institutionalized their giving for Amref, Africa's largest health NGO headquartered on the continent. Yet despite the existence of some local philanthropic efforts, there is still a significant reliance on external funding sources for healthcare in Africa. There is a need to engage local philanthropists, engage with corporate social responsibility initiatives, and explore individual giving to create sustainable funding streams for healthcare. Philanthropies can take risks that companies can't, allowing them more freedom to explore innovative, but potentially financially riskier, approaches.
- Ensure that research is co-designed with the people who deliver and receive healthcare services. There's a gap between academic research and the practical needs of healthcare delivery in Africa. Engaging early with healthcare providers and service delivery workers, prioritizing patient-centric approaches, and ensuring inclusivity in governance and participation is essential for progress. It is especially important to focus on voices that are impacted by the problems and solutions, but do not normally have the avenues to participate in shaping health agendas, like women and young people.

“Success or failure depends on human relationships. Science can pave the way for breakthroughs that save lives, but people and partnerships pave the way for science.”

**- Ms Kedest Tesfagiorgis, Deputy Director, Global Partnerships & Grand Challenges, Bill & Melinda Gates Foundation**

“One of the pillars of good governance is inclusion and participation, especially including civil society. One hand cannot clap by itself – you need two hands to clap.”

**- Dr Souhail Alouini, Health Governance Expert, Pediatric surgeon, European Trauma Course Organisation (ETP)**



## Parallel Session: Leveraging the Power of Partnerships with African Philanthropy, Diaspora, Private–Public Sectors to Create Sustainable Impact (Track 7A)

Health programs in Africa are largely dependent on external aid, and it is clear this is an unsustainable solution. Increased local financing would enable governments and communities to exercise greater control over resource allocation and healthcare priorities, targeting health challenges specific to their constituents.

There is a nascent community of homegrown philanthropists and companies with corporate social responsibility programs growing across the continent. Foundations funded by African entrepreneurs like the Higherlife Foundation and investment firms like Future Africa Investments Limited are committing to institutionalizing support to specific initiatives across the continent. However, for the most part, these are still individual efforts that have not yet become a significant source of sustainable financing for health.

This session delved deeper into the power of local financing to drive progress in health, and focused on exploring avenues to institutionalize or scale current efforts, and tap into new sources, such as the African diaspora.

### Moderator:

- **Dr Otto Chabikuli**, Director of East and Southern Africa, FHI360

### Speakers:

- **Mr Gerald Chirinda**, Founder and CEO, Future Africa Investments Limited
- **Ms Claudia Shilumani**, Vice President, Partnerships & Impact, VillageReach
- **Ms Sicily K. Kariuki**, CEO & Founder, Re-Imagine Impact Associates Limited
- **Dr Noel Chisaka**, Senior Health Specialist, World Bank
- **Ms Shiphra Chisha**, Director of Programs, Graça Machel Trust
- **Dr Kennedy Mubaiwa**, Chief Executive Officer, Higherlife Foundation

### Recommendations and Conclusions:

- Create an enabling environment for giving, especially giving across borders. African philanthropies and corporate social responsibility initiatives are largely funding the issues closest to home, but since many health challenges cross borders, there should be a framework created to enable flexible cross-border or regional giving. This means setting regional and continental policies and practices in place to incentivize this type of giving.
- The power of the African Diaspora should be leveraged, both as a brain trust and financial power. Diaspora members can become important investors, advisors, and bridges between their old and new communities, enabling deeper trust and partnerships.

## Parallel Session: Investing in Local Solutions to Strengthen Health Systems in Africa (Track 7B)

Localization has emerged as a buzzword for the global health community in recent years. Prioritizing local solutions ensures that interventions are tailored to the specific needs, cultures and contexts of communities. It fosters a greater sense of responsibility and ownership within communities and contributes to the sustainability of a program for the long term.

Successful localization requires investing decision-making power and directing resources toward local leaders, ensuring that they are creating, designing and owning implementation of health programs. It also requires ensuring that the broader ecosystem of laws, policy and infrastructure encourage local innovation and opportunities for growth. This is especially relevant when governments are financing training or education to build up the health or scientific workforce, and will enable governments to retain local talent and prevent brain drain. This session explored these potential challenges and successes in investing in local solutions for strengthening health systems in Africa.



#### **Moderator:**

- **Dr Daniella Munene**, Head of External Affairs, Africa Health Business

#### **Speakers:**

- **Dr Amit Thakker**, Executive Chairman, Africa Health Business
- **Dr Benjamin Djoudalbaye**, Head of Division of Policy, Health Diplomacy and Communication, Africa CDC
- **Dr Russell Rensburg**, Director, Rural Health Advocacy Project (RHAP)
- **Dr Nicole Spieker**, Chief Executive Officer, PharmAccess Foundation
- **Dr Hakiba Solange**, Chief of Party, USAID-Rwanda Integrated Health Systems Activity (USAID-RIHSA)
- **Mr George Momanyi**, Partnerships Lead, Africa CDC
- **Dr Solomon Zewdu**, Senior Executive Resident for Strategy, Planning and Programming, Mastercard Foundation

#### **Recommendations and Conclusions:**

- Countries must establish national institutions and invest in creating jobs in health in order to strengthen the local health workforce and system as a whole. The public sector, which is often relied on to provide healthcare to the most vulnerable communities, must be strengthened. Some regions have experienced a trend where governments invest in the education and training of health workers, only to see them move to the private sector or other countries with more job opportunities. Building up a local health workforce requires incentivising and engaging new graduates and trainees to stay within the workforce.
- The private sector should be leveraged and public-private partnerships strengthened to maximize the power of existing, local solutions. While strengthening the public local health system is critical, there is also untapped potential in the private sector. Local innovators have leveraged technology to improve access to healthcare providers, reduce paperwork, and make it easier to pay for healthcare services. When choosing which innovations to adopt or invest in, countries should look internally first.

## **Plenary: Combating Infectious Diseases, NTDs and Antimicrobial Resistance in Africa (Track 8)**

### **Track Leads: Prof Thomas Nyirenda, Prof Rose Leke & Dr Christine Manyando**

In the past fifty years, the world has made great strides against infectious diseases. Public health has helped eliminate smallpox, and reduce the incidence of common vaccine-preventable diseases by 90% between 1980 and 2019. The COVID-19 pandemic caused significant setbacks in infectious disease control across Africa in 2020, but national health systems have made significant strides in the last two years to bring progress back on track to pre-pandemic levels, especially in combatting the “big four” – malaria, tuberculosis (TB), HIV and neglected tropical diseases (NTDs).

A well developed understanding of disease epidemiology and the work spearheaded by global partnerships such as the Global Fund to end TB, HIV and malaria (Global Fund) have contributed to gains made against the major infectious diseases.

However, despite available treatments and ongoing drug development efforts, antimicrobial resistance (AMR) poses a growing threat. A recent report from the WHO and the Global AMR R&D Hub found that antimicrobial resistance was associated with the deaths of 4.95 million people worldwide in 2019 – and this threat is growing. Poor prescribing practices, low treatment compliance among patients and sub-standard or falsified medicines contribute to growing AMR and threaten efforts to expand local manufacturing and R&D across the continent. Vaccine resistance and hesitancy are also emerging concerns. Adoption of innovative diagnostic tools, like GeneXpert, remains limited despite investments.

The epidemiology of infectious diseases across Africa is also shifting, as environments and lifestyles change. Climate change is also impacting the spread of disease vectors. More people across the continent are being affected by non-communicable diseases (NCDs) such as cancer, heart disease, chronic obstructive pulmonary disease (COPD), and morbidity and mortality is often related to or impacted by infectious agents. This session aimed to assess the post-pandemic status of infectious diseases, share challenges in treatment and prevention, and explore efforts to accelerate the adoption of new diagnostic tools in Africa. Sustained efforts are needed to combat infectious diseases effectively across the continent.

#### **Moderators:**

- **Dr John Amuasi**, Lead, Global Health and Infectious Diseases Research Group, Kumasi Center for Collaborative Research
- **Dr Richard Mihigo**, Director, COVID-19 Vaccine Delivery, Coordination & Integration –COVAX, Gavi

#### **Speakers:**

- **Prof Marc Mendelson**, Head of Division of Infectious Diseases, University of Cape Town
- **Prof Francisca Mutapi**, Professor and co-Director, Global Health Academy, University of Edinburgh
- **Prof Rose Leke**, Professor Emeritus, University of Yaounde
- **Ms Carol Ruffell**, Southern Africa Director, DNDI and GARDP
- **Dr Thomas Nyirenda**, Strategic Partnerships and Capacity Development Manager – Head of Africa, EDCTP
- **Prof Charles Wiysonge**, Regional Adviser for Immunisation and Head of the Vaccine-Preventable Diseases Programme, WHO-AFRO
- **Mr Yenew Kedebe Tebeje**, Ag. Head of Division, Surveillance and Disease Intelligence, Africa CDC

#### **Recommendations and Conclusions:**

- Strengthen surveillance, especially of AMR, in order to understand where targeted action is needed. Strengthening surveillance capacity not only addresses immediate data gaps but also informs targeted interventions and resource allocation. Access to essential tools such as antimicrobials and vaccines complements surveillance efforts by enabling timely and effective treatment and prevention measures. Integrating diagnostics for NTDs with existing surveillance systems enhances disease detection and response capabilities, ensuring a comprehensive approach to disease control. Improving access to and innovation in diagnostics is a crucial part of strengthening surveillance.
- Focus on decreasing infections through vaccination. Initiatives to restore and strengthen immunization programs contribute to overall disease control and prevention, reinforcing the importance of vaccination as a cornerstone of public health. Vaccines remain some of our best tools against infectious diseases, and initiatives like the Africa CDC's Partnerships for African Vaccine Manufacturing (PAVM) strategy must be supported so the continent can continue to build up its capacity to develop and manufacture its own vaccines. It will be important to pool efforts and foster collaboration to avoid duplication and ensure efficient local manufacturing of vaccines, maximizing resources for improved public health outcomes.
- Promote antibiotic stewardship, especially at the provider level. Empowering frontline health workers with the necessary tools and education to reduce overprescribing of antibiotics and promote responsible use is key to increasing broader public stewardship of antibiotics. Prioritizing preventative measures like WASH and PHC are crucial to limit environmental transmission of infectious diseases.
- Take a holistic, One-Health approach to slowing and reducing the impact of infectious diseases. Climate change, migration, urbanization and development are intertwining human and animal habitats in new ways, bringing an increased risk of zoonotic spillover and driving the spread of animal and vector-borne diseases. Multisectoral collaboration is key to address this risk - public health stakeholders must engage agriculture, climate, animal science and veterinary experts to co-create solutions.
- Sustained leadership, political will and accountability will help ensure that gains made are not reversed. Additionally, increasing Africa's influence in global governance enhances coordination and collaboration efforts to address AMR and combat infectious diseases effectively on a global scale, underscoring the significance of collective action in addressing shared health challenges.

“ We need to prioritize, prevent, reduce spillover events, invest in surveillance, ensure access to tools, and demand much stronger leadership to alter our trajectory of infection. ”

- Prof Marc Mendelson, Professor of Infectious Diseases, and Head of the Division of Infectious Diseases and HIV Medicine, University of Cape Town



### Parallel Session: Diagnostics: Challenges and Opportunities of Adoption of Newer Technologies (Track 8A)

Innovation in diagnostics and improving access to diagnostic tools have the potential to accelerate progress on infectious diseases. It is the first, but often weakest, step in the care cascade, as diagnostic capacity is often centered in specialized laboratories or hospitals. In some LMICs, basic diagnostic capacity is available in less than 1% of primary care clinics in the country.

Additionally, there are major gaps in the diagnostic tools available for many diseases. No rapid diagnostic tests exist for 60% of the infectious diseases that are on the WHO's list of pathogens of highest outbreak potential. When new tools are created, technical and regulatory challenges may prevent them from being adopted and

used broadly. For example, the GeneXpert system, first introduced in 2003, was a breakthrough innovation that significantly shortened the diagnosis of diseases like tuberculosis and Ebola with high sensitivity and specificity. However, two decades later, there are still massive financial, logistical, supply chain and technical capacity challenges to scaling up the use of this tool across the continent, and making it available in the most local primary care clinics. This session explored these challenges, and highlighted the importance of collaborative efforts, policy development, and technological advancements in driving innovation and adoption of new diagnostic tools.

#### Speakers:

- **Prof Francisca Mutapi**, Professor and co-Director, Global Health Academy, University of Edinburgh
- **Prof Mosa Moshabela**, Deputy-Vice Chancellor of Research & Innovation, University of KwaZulu-Natal
- **Dr Christine Manyando**, Head of Public Health Department, Tropical Diseases Research Centre
- **Dr Emmanuel Agogo**, Director Pandemic Threats, FIND
- **Mr Bartłomiej Kurcz**, Deputy Head of Policy & Coordination Unit, European Commission

#### Recommendations and Conclusions:

- Foster an enabling ecosystem for diagnostics innovation and adoption through multisector engagement. More African innovators are beginning to focus their energy on developing diagnostics. However, diagnostics development cannot happen in a silo. Community members must be engaged early in the R&D or rollout process of any locally produced or new diagnostics, in order to foster trust. Local healthcare providers, laboratory technicians, and technical experts must be trained up to use new diagnostics, and have access to strong supply chains that are able to provide them access to the tools, reagents and data they need. Legal and regulatory systems must be in place to facilitate the market entry of new safe diagnostic tools.
- Strengthen access to diagnostics as a key linkage point to the healthcare system and in the care cascade. Distance, time and money are some of the limiting factors contributing the most to inequity in healthcare access. There should be efforts to increase access to diagnostic tools and processes, like point-of-care testing with rapid diagnostic tests and near patient sequencing, to ensure that patients are able to get diagnosed accurately and in a timely fashion in the location most convenient for them. Diagnosis must also be linked to clinical care in order to be an effective public health intervention. Patients should have access to the proper treatments or referral pathways upon receiving a diagnosis.

#### Parallel Session: Drugs: Progress Towards Infectious Disease Elimination with Drugs Including Combating AMR (Track 8B)

There are multifaceted challenges in combating infectious diseases and AMR. Inadequate WASH infrastructure, escalating release of antibiotics into wastewater and increased use of prophylactic antibiotics in animal husbandry contribute to the rise of AMR, but the largest driver is human behavior.

Overuse and misuse of antibiotics is rampant across many countries in Africa, where the prescription of antibiotics is often not strictly regulated. At the same time, access to essential medicines, including antibiotics, is limited in certain settings, leading to people rationing or not taking a full course of antibiotics when they are needed. These situations lead to the misuse, overuse, or underuse of antimicrobials, contributing to rising AMR. The session emphasized the urgency of collaborative efforts to develop actionable strategies for overcoming these challenges and advancing progress towards infectious disease elimination while combating AMR effectively.

#### Moderator:

- **Dr Oluoma Agiri**, Research Analyst, One Health Trust

## Speakers:

- **Ms Michelle Nderu**, Project Officer, The European & Developing Countries Clinical Trials Partnership (EDCTP)
- **Prof Samuel Kariuki**, Eastern Africa Director, DNDi
- **Dr Yewande Alimi**, AMR and One Health Unit Lead, Africa CDC
- **Dr Evelyn Gitau**, Director of Research Capacity Strengthening, Africa Population and Health Research Centre
- **Ms Chimwemwe Chamdimba**, African Medicines Regulation Harmonization Programme Head, AUDA-NEPAD

## Recommendations and Conclusions:

- Upgrade WASH infrastructure to ensure clean water access and strengthen public health campaigns to educate communities on hygiene practices. Enhance wastewater treatment to reduce the release of antibiotics into water sources, and implement stricter industrial discharge regulations to prevent water source contamination.
- Promote antibiotic stewardship. Increased social science studies are crucial to understand the social drivers of antibiotic misuse, and informing effective interventions and educational programs. Introducing regulations on prophylactic antibiotic use in animals can mitigate AMR development. Encourage the use of evidence-based prescription practices and continuous medical education for healthcare workers. Community-based health education programs, designed and implemented in collaboration with key influencers and health providers, can discourage excessive antibiotic prescriptions. More broadly, strengthened regulatory frameworks for AMR, and enacting policies to limit the misuse of antimicrobials can help control overuse.



## Plenary: Unmasking the Silent Epidemics: NCDs, Mental Health and Injuries (Track 9)

### Track Leads: Dr Mary Nyamongo & Prof Wilbroad Mutale

The burden of non-communicable diseases (NCDs), mental health disorders, and injuries is escalating across Africa, driven by shifting demographics, urbanization, and lifestyle choices. Between 2000 and 2019, deaths from non-communicable illnesses surged by nearly 44%, reaching approximately 3.8 million in the African region. Additionally, fatalities from road injuries have soared by a staggering 84% since 1990, underscoring the urgent need for enhanced systems for triage, emergency medicine, and safe surgery.

This session had two major objectives: first, to review the progress and innovative approaches in addressing NCDs, mental health, and injuries in Africa; and second, to foster discussions on the potential for multi-sectoral action in the region. Specifically, the session aimed to delineate the challenges associated with addressing mental health issues, including depression, anxiety, and suicide, while also exploring opportunities for heightened attention to injuries within the broader NCD, mental health, and injuries agenda.

### Moderators:

- **Dr Naeem Dalal**, Mental Health Specialist, Zambia National Public Health Institute

### Speakers:

- **Dr Mary Nyamongo**, Founder, Director & Technical Advisor, African Institute for Health & Development (AIHD)
- **Prof Julio Rakotonirina**, Director for Health and Humanitarian Affairs, African Union Commission
- **Dr Catherine Karekezi**, Technical Advisor & Medical Director, NCD Alliance Kenya & Kenya Diabetes Management
- **Dr Abdulaziz Mohammed**, Head, Division of Disease Control and Prevention, Africa CDC
- **Prof Kaushik Ramaiya**, CEO, Shree Hindu Mandal Hospital
- **Prof Wilbroad Mutale**, Professor of Public Health, University of Zambia
- **Prof Kaushik Ramaiya**, CEO, Shree Hindu Mandal Hospital

### Recommendations and Conclusions:

- Promote collaboration across sectors and borders. Africa CDC's strategic priorities for NCDs, injuries, and mental health provide a vital roadmap for action. However, effective implementation requires the support of member states and collaboration with experts to translate plans into tangible outcomes. Collaboration across various sectors such as healthcare, agriculture, education, and diagnostics is also crucial to address underlying determinants and prevent and control NCDs effectively. The successful regional cooperation and collaboration seen in the continental COVID-19 response should be leveraged and adapted to address the growing burden of NCDs, injuries, and mental health across member states.
- Invest in and integrate mental health care into primary health systems. Prioritizing mental health integration into public health programs and strengthening the mental health workforce is critical. Initiatives like the Africa CDC Mental Health Leadership Program (AMHLP) demonstrate the importance of investing in mental health to improve outbreak response and overall mental well-being.
- Political commitment and leadership is crucial to increase action on mental health. Advocacy efforts are essential to garner political will and enforce policies that prioritize public health and address the root causes of NCDs. Increased accountability for strategy implementation is crucial to ensure that plans translate into tangible actions and outcomes. There is a pressing need for more information and deliberations on substance use and its impact on health, engaging governments and industries to balance health interests with political and economic concerns.

“Even though we have only 2% of vehicles globally, we contribute 16% of deaths from road traffic accidents globally.”

– Ms Catherine Karekezi, Medical Director, Kenya Diabetes Management and Information Centre, and Technical Advisor, NCD Alliance Kenya



## Parallel Session: Youth Mental Health in Africa (Track 9A)

Mental health in Africa is a social and political issue, driven by a variety of broader issues such as unrest and conflict, poverty and poor living conditions, and socio-political inequalities. In many countries, it remains a taboo topic and it is difficult for people suffering from mental health illnesses to get connected to the right type of care.

Young people are one of the groups most affected by the stigmatization of mental health illnesses. For example, young men are often hesitant to seek help due to norms of masculinity that encourage them not to speak about their problems, or seek help when they need care. Additionally, there is a scarcity of trained psychologists and psychiatrists in Africa who can provide the care that patients would need.

In the post-pandemic period, a new era of loneliness has surfaced mental health as a major area of concern for public health practitioners across the continent. This session explored how more research and data is needed to understand the scale of mental health issues across Africa, and more investment is required to build health system infrastructure and workforces that can support people experiencing mental health illnesses.

### Moderator:

- **Dr Naeem Dalal**, Mental Health Specialist, National Public Health Institute
- **Mr Ibraheem Sanusi**, Head, Project, Strengthening Crisis and Pandemic Response in Africa

### Speakers:

- **Ms Rebecca Cherop**, Founder and Board Member, The Semicolon Nation, Africa CDC Youth Advisory Team for Health
- **Ms Fatima-Zahra Ma-el-ainin**, Commissioner, The Lancet
- **Ms Aviwe Funani**, Senior Policy and Advocacy Officer, United for Global Mental Health
- **Ms Zipporah Iregi**, Registered Nurse and Future league leader, Intrahealth International and African Union Bingwa Initiative
- **Ms Célestine Tsondo**, Chief Operations Office, Bluemind Foundation

### Recommendations and Conclusions:

- Destigmatize mental health. Through dedicated community training programs, destigmatizing initiatives in healthcare facilities and media, mental health can be more normalized and accepted, changing societal norms so that it is acceptable to seek help.
- Step up advocacy to ensure funding for mental health. There is a great need for collective organization to encourage financial partners to prioritize mental health initiatives and secure resources and support for mental health programs.
- Build a strong workforce of mental health care providers across the continent. This includes training specialists like psychologists, psychiatrists, and therapists. It also includes training generalist providers such as primary care physicians and nurses, and CHWs to mainstream mental health care into their practice. This will also be beneficial for the broader stability of the health workforce, as healthcare personnel generally face high levels of burnout and trauma. These initiatives aim to strengthen mental health infrastructure and ensure accessible and quality mental healthcare for all individuals.



## Parallel Session: Multi-Sectoral Action on NCDs, Injuries and Mental Health (Track 9B)

NCDs, injuries and mental health illnesses are causing a growing proportion of deaths and disability across Africa. However, they are usually addressed only in clinical settings, relegated to the doctor-patient relationship. Many countries have not yet developed clear policies and programmes to address societal drivers of these issues, such as stigmatization, unsafe environments, or poor eating and lifestyle habits, and health literacy on NCD prevention is low.

This session explored multi-sectoral actions to address NCDs, injuries and mental health. The panel highlighted cervical cancer prevention and treatment as a case study.

### Moderator:

- Dr Mary Nyamongo, Founder, Director & Technical Advisor, African Institute for Health & Development (AIHD)

### Speakers:

- Dr Wilbroad Mutale, Professor of Public Health, University of Zambia
- Dr Adelard Kakunze, Program Lead, Non-communicable Diseases (NCDs) Injuries and Mental Health, Africa CDC
- Prof Yap Boum II, Executive Director, Institut Pasteur de Bangui
- Dr Justine Laure Menguene, Psychiatrist and Director of Mental Health Services, Ministry of Health, Cameroon
- Ms Bupe Sinkala, Community Health Worker, mothers2mothers Zambia

### Recommendations and Conclusions:

- Invest in community engagement and empowerment to help drive progress. Initiatives such as community re-education and sensitization campaigns aim to change social behaviors and perceptions of NCDs, fostering a life cycle perspective for future generations. Additionally, promoting love, well-being, solidarity, and effective communication within communities can contribute to overall health promotion and disease prevention.
- Create opportunities for multi-sectoral action on injuries and NCD prevention. Engaging communities, sectors, and countries in collaborative efforts and building the capacity of community members to join multi-sectoral actions are crucial steps towards effective NCD prevention and control. For example, collaboration with the education sector is crucial for educating the young population about NCD prevention. Developing curricula focused on NCD prevention can empower young people with the knowledge and skills necessary to adopt healthy lifestyles and prevent NCDs. As another example, collaboration with Ministries of Transportation and Planning can help design safer cities and roads that will reduce the amount of auto accidents.
- Promote early screening and prevention. Simple lifestyle changes and regular checkups can help prevent or mitigate most NCDs. For example, limiting sugar intake can contribute to heart health, and implementing auto-diagnostic test kits for screening breast, cervical, or prostate cancer can facilitate early detection and prompt treatment, ultimately reducing the burden of these diseases.





# Abstracts

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Hosted by:

## ABSTRACTS

CPHIA 2023 received a record 2,314 complete abstract submissions, a 65 percent increase compared to the 1,402 submissions received in 2022. All submitted abstracts underwent a competitive blind review by three members of the Abstract Review Committee, composed of members of the CPHIA 2023 Scientific Programme Committee, Secretariat, and senior technical experts referred by the committees. Of the submissions, 93 percent were submitted by researchers from Africa.

In response to the dramatic increase in submissions, CPHIA 2023 expanded the Abstracts Programme to allow for additional presentations. Abstracts were accepted across all 9 conference tracks for three categories of presentations: an 8-minute oral in-person presentation, an in-person poster presentation, or an 8-minute virtual presentation the week prior to the in-person convening. In total, 430 abstracts were accepted for the CPHIA 2023 Abstracts Program. Of the selected abstracts, 106 were confirmed for oral presentations, 197 were confirmed for the poster hall, and 100 presenters were confirmed for the Virtual Abstracts Programme. The free Virtual Abstracts Programme attracted 1,768 live participants.

The official CPHIA 2023 Abstract Book provides all accepted abstracts for CPHIA 2023, arranged by conference track.



# Media Programme Open Calls



## MEDIA PROGRAMME OPEN CALLS

For the first time, the 2024 CPHIA Media Programme also featured a set of open calls for a journalism fellowship, conference advocates and creative contest.

### CPHIA 2023 Journalism Fellowship

In 2023, CPHIA launched a 6-month Journalism Fellowship in partnership with All Africa to build a network of journalists to enhance public health discourse, promote knowledge dissemination, and strengthen accountability for health policies and programs.



Selected from a competitive pool of over 800 applicants, **40 fellows** from 30 African countries took part in a comprehensive series of virtual and in-person training sessions facilitated by seasoned journalists, researchers and health communications experts. The curriculum featured a range of topics: conference journalism strategies; storytelling using photos, videos and graphics; the foundation of public health reporting; and innovative storytelling techniques. As part of the fellowship, selected journalists were fully sponsored to attend the conference in person, where they were able to interact with public health leaders and report on the deliberations of the sessions.

Facilitators for the CPHIA 2023 Journalism Fellowship training include:

- Juanita Williams, Managing Editor, AllAfrica
- Dr. Bernard Appiah, Director, Centre for Science and Health Communication Ghana, and Assistant Professor, Syracuse University's Department of Public Health, New York
- Dr. Charles Wendo, Training Coordinator, SciDev.net



## Conference Advocates

To enhance conference awareness and regional participation, SPC members, influential health leaders, including youth representatives, and partners were actively engaged. In support of their efforts, a conference advocate social media toolkit was developed, offering ready-made content in all the six African Union languages.



## Creative Contest

In line with the theme for CPHIA 2023, “Breaking Barriers: Repositioning Africa in the Global Health Architecture,” CPHIA held a social media creative contest targeting individuals from across the continent, including photographers, videographers, painters, lyricists, poets and students pursuing science, to participate and showcase their unique interpretation of the conference theme.

From over 160 applicants, 10 winners from 8 countries were competitively selected and fully sponsored to exhibit their work at the conference. Additionally, they had the opportunity to attend the Africa CDC Youth Pre-Conference, where they engaged with young leaders who also attended the conference.



# Side Events



## SIDE EVENTS

The official CPHIA side events programme was significantly larger in 2023 than the previous two years. The third edition of the conference featured an impressive total of 97 events in-person, compared to 56 events the previous year, as well as an additional 33 side events hosted as part of the first-ever virtual programme the week before the in-person convening.

From dynamic virtual sessions in the lead-up to the conference, to vibrant in-person discussions, CPHIA 2023 side events were a hive of activity that brought together diverse voices from every corner of the world.

The topics covered focused on issues related to the conference themes such as the importance of vaccine production in Africa; women's leadership and the pivotal role of the private sector in health; the pursuit of universal health coverage; the status of mental health in the continent; elimination of neglected tropical diseases; digital health and the future of service delivery in Africa.

### By the numbers

# 197

side event applications

# 97

in-person side events

# 33

virtual side events



# Exhibitions





## EXHIBITIONS

In another first for CPHIA, the 2023 conference featured a buzzing exhibition space with companies and organisations showcasing their work to participants. The call for exhibitions received 91 submissions, spotlighting the appetite of the scientific community to engage with the conference. With a remarkable 50 confirmed exhibitors, this initiative marked a pivotal turning point for the conference.

This programme extended the landscape for public health discussions and networking by offering an arena for participants to forge connections with potential partners, clients, and stakeholders. Additionally, the exhibition programme served as a dynamic platform that enriched the conference experience by showcasing creativity and cutting-edge solutions by African innovators, fostering an environment that transcended traditional conference boundaries. This programme also emphasized CPHIA 2023's unwavering commitment to offering diverse and extensive opportunities for engagement and collaboration within the public health community.

Organisations that showcased their work included:





# Annexes

# ANNEXES

## Annex A: Scientific Programme Committee Members

### **Senait Fisseha**

*CPHIA 2023 Co-Chair*  
Vice President of Global Programs,  
Susan Thompson Buffett Foundation  
(STBF)

### **Margaret Gyapong**

*CPHIA 2023 Co-Chair*  
Director of the Institute of Health  
Research, University of Health and  
Allied Sciences (UHAS)

### **Jean Kaseya**

*CPHIA 2023 Co-Host*  
Director General, Africa CDC

### **Roma Chilengi**

*CPHIA 2023 Co-Host*  
Director General, Zambia National  
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