MOVING TOWARDS SELF-RELIANCE TO ACHIEVE UNIVERSAL HEALTH COVERAGE AND HEALTH SECURITY IN AFRICA

CPHIA 2024 Abstract Submission Overview

About CPHIA

The annual Conference on Public Health in Africa (CPHIA), an initiative of the Africa Centres for Disease Control and Prevention (Africa CDC), offers a unique African-led platform for leaders and scientists across the continent to share the latest in scientific advancements, lessons learnt in the delivery of quality health care, and innovative, evidence-based public health solutions to address Africa's health challenges.

CPHIA 2024 will convene in Rabat, Morocco, from 26-29 November 2024, with expected participation from up to 10,000 political leaders, health policymakers, innovators and champions in health, entrepreneurs, research scientists, health practitioners, civil representatives and young people. The event, co-convened by Africa CDC and the Ministry of Health and Social Protection of the Kingdom of Morocco, will highlight Africa's progress on the global stage under the theme "Moving Towards Self-reliance to Achieve Universal Health Coverage and Health Security in Africa" and organised around eight thematic tracks.

This marks the fourth iteration of the conference, initially held virtually in 2021 and then in-person in 2022 and 2023 in Kigali, Rwanda, and Lusaka, Zambia, respectively. As African countries accelerate the realisation of universal health coverage, annual CPHIAs are helping define how Africa can be more self-reliant in the delivery of quality health care to achieve a healthier, more prosperous Africa – for the continent, and the world.

Abstract Submission

The CPHIA 2024 organisers are pleased to invite abstracts for all conference tracks from any and all interested parties.

Authors should upload their abstracts via the web-based **Oxford Abstracts submission platform.** Should you have difficulties navigating the platform, please contact CPHIAabstracts@africacdc.org.

Important dates:

Submission deadline	The abstract submission deadline is **23 September 2024 at 23:59hrs EAT [20:59hrs UTC].** ***No abstracts will be accepted past the deadline.***
Acceptance notices	Applicants will be notified of acceptances by **18 October 2024.**
Presentation	Accepted abstracts will be presented at the conference, **26 – 29 November 2024.**

Topics: Abstracts will be accepted for the following conference tracks and subthemes:

1. ***Track 1:*** The journey to building health security in Africa through the continent's ability to manufacture all health products.
   Subthemes:
   a. Secure the demand through new procurement channels (pooled procurement platforms, Public Private Partnerships and innovative reform of healthcare expenditure and health insurance).
   b. Sustained investments: Bankable projects and an environment conducive for financially sustainable business. Attracting foreign direct investment and leveraging of domestic resources.
   c. Building resilient regulatory systems: Strengthened Africa National Regulatory Authorities (NRAs) and harmonized operating models throughout the continent including the role of AMA?
   d. End-to-End R&D development including Active Pharmaceutical Ingredients (APIs): Research, innovation, and all the levels of clinical trials.
   e. Identify, build and nurture critical talent to work and advance health product manufacturing capabilities in Africa.

f. Funding and the role of the private sector and start-ups.

2. **Track 2:** Advancing self-reliance and health security through innovative and sustainable health financing for universal health coverage in Africa.
   Subthemes:
   a. Bridging the gap: Exploring and evaluations of innovative health financing mechanisms for universal health coverage.
   b. Sustaining health for all: Promoting innovative pathways to sustainable health financing in Africa.
   c. Securing health for all: Strategic resource mobilisation for UHC and health security in Africa.
   d. Building trust and resilience: Fostering financial governance and accountability for health systems in Africa.
   e. Synergy for success: Integrating financing strategies with health priorities to transform Africa's health systems.

3. **Track 3:** Revisiting primary health care to advance universal health coverage in Africa.
   Subthemes:
   a. Strengthening primary health care equity via whole-of-society engagement.
   b. Enhancing primary health care through technology: AI, health information systems, and innovative care models.
   c. Building a fit-for-purpose health workforce: Bridging the gap in Africa.
   d. Harnessing the resilience of primary health care (PHC) to meet emerging health and well-being challenges.
   e. Addressing social and environmental determinants for achieving UHC.
   f. Implementing 'Health in All Policies': Realising the Astana declaration's vision.
   g. Leveraging partnerships to enhance health regulatory systems.

4. **Track 4:** Empowering a healthier Africa through digital innovation and artificial intelligence.
   Subthemes:
   a. Digitalising primary health care: Leveraging digital transformation and AI for improved service delivery.
   b. Precision health and AI: Enhancing decision making and service delivery.
   c. Addressing health disparities through digital health: Gender, equity, and

inclusion.

 d. Innovative financing models for digital health solutions.

 e. Telemedicine and AI: Extending reach and access to health care services.

5. ***Track 5:*** Climate change and One Health: Strengthening African health security.

Subthemes:

 a. Research for climate change and health outcomes.

 b. Policy frameworks for One Health and UHC.

 c. Digital tools for health security and climate preparedness.

 d. Community engagement in climate change and One Health.

6. ***Track 6:*** Women and youth in Africa: Driving health and innovation.

Subthemes:

 a. Women and youth as users and providers of health care.

 b. A life course approach to enhance maternal mortality rates and life trajectories of infants, children and youth.

 c. Harnessing the power of youth in Africa: Modernising health care systems through digital platforms.

 d. Health impacts of climate change, violence and forced displacement of women and youth.

 e. The rapidly growing substance use epidemic in Africa – threats to women and youth.

 f. Strengthening primary health care to bolster child health.

7. ***Track 7:*** New horizons in disease responses.

Subthemes:

 a. Integrated health systems for disease responses in the context of primary health care: Challenges and opportunities in Africa.

 b. Innovative solutions and partnerships to prevent and control the rising burden of non-communicable diseases (NCDs) and injuries.

 c. Lessons from the investment and management of historically high-burden diseases (HIV/AIDS, Malaria, and TB) to enhance current strategies and inform new horizons for other disease responses.

 d. Mental health and substance use disorders: Successful public health initiatives as case studies that can be replicated with contextualisation.

 e. Neglected tropical diseases: Lessons learnt to accelerate the elimination agenda.

8. ***Track 8:*** Pandemic resilience and health systems preparedness for optimal prevention, surveillance and response in Africa.
   Subthemes:
   a. Vaccines as the most effective way to prevent the spread of pandemics: Manufacturing, acceptance and uptake.
   b. Advancing disease surveillance to cope with epidemic and pandemic situations.
   c. Role of laboratory in pandemics: Towards multiple point of care tests for epidemic prone diseases.
   d. Global and regional collaboration for health security, including pandemic response.
   e. Addressing misinformation and disinformation in pandemic response.
   f. Innovations for enhanced multi sectoral surveillance and response to emerging and re-emerging diseases.
   g. National and sub-national public health institutions.

Eligibility of Abstracts and Authors: Only abstracts with original work within the above tracks will be accepted for the conference. The primary author must have participated in the activities showcased in the abstract and obtained the necessary government approvals where sensitive data is used in the paper, as well as any necessary ethical clearance documents.

While a person may submit more than one abstract, only one abstract per person (primary author) will be accepted. Research should have been conducted within the 2021-2024 period to ensure relevance to the current African landscape. Abstracts that have been previously presented elsewhere will be considered at the Abstract Committee's discretion, but priority will be given to abstracts that have not yet been presented at any other scientific conference. Authors should emphasise how the work undertaken was used to create a positive impact on the healthcare landscape and/or how the research will change the course of public health practice in the future.

Conflict of Interest: Authors of accepted abstracts will have to submit a disclosure of conflict-of-interest form that will be shared with the acceptance letter.

Abstract Scholarships: There may be a limited number of scholarships available to

cover registration, travel and accommodation expenses for early career abstract presenters. Must be 40 years or younger, be a Masters/PhD student or have obtained an MD, Masters or PhD in the last 5 years to be eligible. Should you wish to apply for a scholarship, you will be prompted during the submission process to check a box if you would like to be considered for this support.

To request this support, a statement of need is required to accompany your abstract. However, please note that indicating your interest in such support *does not guarantee* selection for a scholarship. No scholarships will be awarded to abstract applicants whose abstracts are not selected for oral or poster presentations. Applicants will be notified if any scholarships are awarded along with the notification of the acceptance or rejection of their abstracts.

Abstract Structure

Word count: The abstract should not exceed **300 words** (which includes sub-headings but does not include the title, key words, list of authors and their addresses).

Authors: Authors should be listed as follows:
- **First author**: Provide first name, initials of the middle name (if any), and the last name (e.g., Henry M. Kuku).
- **Co-authors:** List each co-author in order of contribution by typing their first and middle names as initials, followed by their last name in full (e.g., J.N. Toto, C.H. Kwakweri).
- Provide the organisational affiliations of the first author and all co-authors.
- Indicate the corresponding author with an asterix* and provide their email address and telephone number plus their alternate contacts.

Key words: Please include 4 – 6 key words

Title: The title should be informative but concise with no subtitles or abbreviations/acronyms and should highlight *what* the study/subject is, *where* it was done and *when* it was undertaken (e.g., Cluster of COVID-19 cases in Keke district, August 2021). Write the title in sentence case and only capitalise proper nouns and scientific names where appropriate (e.g., Plasmodium *falciparum*).

AfricaCDC
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Ministère de la Santé et de la Protection Sociale

OPTION 1: For scientific abstracts

Introduction/Background: Address the scientific background, rationale for the study, as well as the public health significance of the subject. Because of the anticipated diversity of the reviewers and those attending the conference, do not assume that everyone will be familiar with your topic. Explain why your study is important and what question(s) it will answer. A clearly stated background sets the stage and should include:
- A brief description of the topic and its public health significance
- Study objectives
- Research questions or study hypothesis if applicable

Methods: Describe the methods used for the study. Essential points to be included are:
- Study design
- Study setting
- Study population
- Eligibility criteria and case definitions, if any
- Sample size and sampling methods
- Data management and analysis

Results: Present the significant findings (both positive and negative) of the study that are directly related to the study objectives. This section should **not** include discussion of the results. Provide both absolute numbers and their percentages/proportions, rates and ratios where applicable. Please note that since an abstract is a stand-alone and citable document, the results section should contain data.

It should not include such statements as "Data will be discussed." If considerable work is still pending before the conference submission, please indicate that the results are preliminary.

Conclusion: Be as concise as possible. Do not re-state data included in the results. This section may include:
- An interpretation of key findings and their implications for public health

practice
- Public health actions that are recommended and/or have been implemented as a consequence of the study
- Concluding statements such as results will be discussed are not acceptable

OPTION 2: For policy and programmatic abstracts

If you have lessons learnt through programmes, projects or implementation of policies and strategies, you may submit an abstract following this alternate structure:

- **Background:** Summarise the purpose, scope of work and objectives of the programme, project, policy or strategy.
- **Description:** Describe the implementation period, setting and location, the structure, key population (if applicable) and activities and interventions undertaken.
- **Lessons Learnt:** Present in detail the findings and/or outcomes of the programme, project, policy, or strategy. Present an analysis or evaluation of key lessons learnt and best practices.
- **Conclusions/next steps:** Explain the significance of the findings and/or outcomes of the programme, project, or policy.

Note: Changes cannot be made to the final abstract after it has been submitted. However, in the event that your abstract is selected for presentation and has undergone significant changes after acceptance, those changes should be highlighted in the abstract presentation or poster.

Evaluation Criteria

Each abstract will be evaluated by independent reviewers using the following criteria:

- Background and rationale of the study
- Appropriateness of methods or description
- Presentation of results
- Conclusion and interpretation of results
- Public health significance
- Overall clarity of the abstract
- Novelty of the study

- Relevance to conference track/theme

Decisions and Next Steps

Publication in official 2024 Abstracts Book: All accepted abstracts will be published in the official CPHIA 2024 Abstracts Book.

Publication in Journal of Public Health in Africa: A select number of accepted abstract authors will also be provided support from the Africa CDC in writing their manuscripts for publication in Africa CDC's Journal of Public Health in Africa.

Live presentations and poster hall: CPHIA 2024 is an in-person meeting. All selected abstract applicants, whether selected for oral or poster presentations, are expected to be able to attend the conference in Rabat, Morocco.

For more information about CPHIA 2024, visit www.cphia2024.com. For questions about the abstracts programme, please email CPHIAabstracts@africacdc.org.