



Wonca
World family doctors. Caring for people.



8th

WONCA AFRICA REGION POST-CONFERENCE

REPORT 2024

Nairobi, Kenya

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



Speech by Conference Chair.

Dr. Joy Mugambi

Conference Chair, 8th WONCA Africa Conference.

President Kenya Association of Family Physicians.



Ladies and Gentlemen, Distinguished Guests, Esteemed Colleagues, and Friends.

It is with great honor and immense pleasure that I welcome you to this groundbreaking conference. As the Chair of this gathering, I am thrilled to see such a diverse and passionate group of individuals come together under the banner of our theme: "Drumming for Change in Africa: Building Resilient Primary Healthcare Systems, A Focus on Innovations and Sustainability."

This conference is more than just a meeting of minds; it is a pivotal moment in our journey towards revolutionizing primary healthcare in Africa. Our theme and sub-themes have guided us in curating a selection of abstracts that promise to not only inspire but to also drive tangible change in the landscape of family physicians and primary healthcare across the continent.

- **Drumming for Change**

The drum, in many African cultures, symbolizes communication, unity, and the heartbeat of the community. It is fitting, therefore, that we use this powerful metaphor to signify our collective efforts to bring about meaningful change in our healthcare systems. We are here to listen to the rhythms of innovation, the beats of resilience, and the harmonies of sustainability.

- **Primary Healthcare Research, Innovation, and Training**

In this conference, we emphasize the importance of research and innovation as the bedrock of primary healthcare. The abstracts we have selected highlight groundbreaking research and innovative practices that are already making a difference. These initiatives, driven by data and cutting-edge technology, are equipping our family physicians with the tools and knowledge necessary to tackle current and future healthcare challenges.

- **Community Engagement and Empowerment**

We recognize that sustainable healthcare systems are built on the active participation and empowerment of our communities. The selected abstracts showcase successful models of community engagement that have resulted in empowered populations taking charge of their health. These stories of collaboration and partnership are a testament to the strength that lies within our communities.

- **Primary Healthcare Delivery Models and Sustainability**

Sustainability is at the core of our discussions. We had a Exchange visit on Tuesday showcasing our Primary healthcare network model in Kenya. At this conference we have curated a selection of abstracts that explore innovative delivery models around Africa designed to be resilient and adaptable. These models are not just theoretical but are being implemented in various regions, proving that sustainable primary healthcare is achievable and can thrive even in the face of adversity.

- **Healthy Aging, Wellness, and Preventive Health**

Our focus on healthy aging, wellness, and preventive health underscores the importance of a proactive approach to healthcare. The abstracts in this sub-theme present strategies and interventions that promote wellness and prevent illness, ensuring that our populations age healthily and with dignity.

- **Health Equity and Inclusivity**

Equity and inclusivity are non-negotiable pillars of resilient healthcare systems. The selected Keynote by a renowned family physician addresses disparities in healthcare access and outcomes, presenting innovative solutions to ensure that no one is left behind. These contributions highlight the importance of policies and practices that promote fairness and inclusivity in healthcare delivery.

- **The Family Practice Services Integration**

Finally, the integration of family practice services is crucial for a holistic approach to healthcare. The abstracts in this area demonstrate how integrated services can enhance patient care, improve health outcomes, and create a more efficient healthcare system. These examples of integration are paving the way for a more cohesive and comprehensive primary healthcare framework.

- **Conclusion**

In conclusion, I am confident that the insights, knowledge, and innovations shared during this conference will significantly impact the future of primary healthcare in Africa. Together, we are drumming for change, building resilient systems, and fostering a culture of innovation and sustainability.

Let us use this opportunity to learn, collaborate, and inspire each other. The future of primary healthcare in Africa is bright, and it is in our hands to shape it.

Karibu...Welcome...Bienvenue

1. Executive Summary

The 8th WONCA Africa Region Conference, held from June 5th to 7th, 2024, in Nairobi, Kenya, was a significant event that brought together a diverse group of stakeholders, including Family Physicians, Primary Healthcare providers, Policy makers, Patient groups, Development partners, NGOs, and Faith-Based Organizations. The theme, "Drumming for Change in Africa: Building Resilient Primary Healthcare Systems with a Focus on Innovations and Sustainability," highlighted the need for resilient Primary Healthcare systems through innovation and sustainability, symbolizing the collaborative efforts needed to achieve these goals.

The conference attracted 207 registered participants and featured a range of activities, including submitted abstracts, workshops, oral presentations, and 71 posters presented. These activities provided a dynamic platform for participants to engage in meaningful dialogue, share insights, and explore innovative approaches to healthcare delivery.



Keynote speakers from Africa and global counterparts working in resource-limited areas contributed to the richness of the discussions. The opening ceremony was graced by Dr. Lenai Joseph, the head of primary healthcare at the Ministry of Health, who represented the Permanent Secretary, Ministry of Health. His presence underscored the importance of the conference and the collective commitment to improving healthcare systems across Africa.

The conference succeeded in fostering collaboration and setting the stage for a healthier future for the continent. The initiatives and discussions held during the event are expected to drive ongoing positive change in healthcare systems across Africa, with the collective efforts initiated at the conference continuing to echo in the pursuit of better health outcomes for all.

2. Introduction

The 8th WONCA Africa Region Conference, themed "Drumming for Change in Africa: Building Resilient Primary Healthcare Systems with a Focus on Innovations and Sustainability," took place from June 5th to 7th, 2024, at the Emara Ole-Sereni Hotel in Nairobi, Kenya. This conference was a pivotal event organized by the Kenya Association of Family Physicians, aiming to bring together key stakeholders from various sectors to address critical issues in primary healthcare across Africa.

Background of the Conference Theme

The theme, "Drumming for Change in Africa," draws on the symbolic power of the drum, an instrument deeply rooted in African culture and tradition. Just as the rhythmic beats of a drum can unite communities and convey powerful messages, the conference sought to unify participants in their efforts to innovate and sustain primary healthcare systems across the continent. This theme encapsulates the spirit of collaboration, resilience, and innovation that is essential for transforming healthcare in Africa.

Importance of the Theme In the Context of Africa's Healthcare Systems

Africa faces unique and significant challenges in its healthcare systems, including inadequate infrastructure, limited access to healthcare services, and a shortage of healthcare professionals. These issues are further exacerbated by economic constraints, political instability, and the burden of communicable and non-communicable diseases. The theme of the conference highlights the critical need for resilient primary healthcare systems that can withstand these challenges and adapt to future demands. By focusing on innovations and sustainability, the conference aimed to explore practical solutions that can enhance the effectiveness, efficiency, and equity of healthcare delivery in Africa.



3. Objectives & Goals

The primary objective of the 8th WONCA Africa Region Conference was to foster a collaborative environment where Family Physicians, Primary Healthcare providers, Policy makers, Patient groups, Development partners, NGOs, and Faith-Based Organizations could come together to share knowledge, experiences, and best practices. The conference aimed to:



Promote Innovation

Encourage the development and adoption of innovative approaches to primary healthcare that can address the unique challenges faced by African countries.



Enhance Sustainability

Identify and discuss sustainable practices that ensure the long-term effectiveness and resilience of primary healthcare systems.



Facilitate Knowledge Exchange

Provide a platform for participants to exchange insights and experiences, fostering a culture of continuous learning and improvement.



Strengthen Partnerships:

Build and strengthen partnerships among stakeholders to support collaborative efforts in healthcare delivery and policy implementation.



Influence Policy

Develop actionable policy recommendations that can guide the enhancement of primary healthcare systems in Africa.

4. Conference Program Overview

Pre-conference Day 1 – Tues. 4th June 2024			
8:00 am – 8:40 am	Arrival & Registration		Event Managers
9:00 am – 5:00 pm	PrimaFamed Workshop		Emara Ole-Sereni
9:00 am – 5:00 pm	Afriwon Pre-conference Exchange		Field visits – Makadara Sub-County
Pre-conference Day 2 – Wed. 5th June 2024			
8:00 am – 8:40 am	Arrival & Registration		Event Managers
9:00 am – 5:00 pm	PrimaFamed Workshop		Emara Ole-Sereni
9:00 am – 5:00 pm	AFRIWON Pre-Conference		Aga Khan University
2:00 pm – 5:00 pm	WONCA Working Parties’ meetings		Emara Ole-Sereni
3:00 pm – 5:00 pm	WONCA Working Party; Women and Family Medicine Africa Region Evening Fireside Chat		Aga Khan University
8th WONCA Africa Conference Day 1 – Thurs. 6th June 2024			
8:00 am – 10:00 am	Arrival & Registration		Event Managers
8:30 am – 09:30 am	Workshop 1 Venue: Plenary Hall A Global Ultrasound Institute (GUSI) – POCUS – FAST		Workshop 2 Venue: Plenary Hall B Empowering Women's Health - Innovative Service Delivery Models forEquity and Inclusivity Dr. Mercy Wanjala/Dr Jane Namatovu/ Dr.Ajike OlayadinDr. Viviana Martinez-Bianchi
9:30 am – 10:00 am	Tea Break & Poster Presentations		
Session Chair	Dr. Nthusi Nthula	Co-Chair	Dr. Mercy Wanjala
10:00 am – 01:00 pm Opening Ceremony- Plenary Hall A			
10:00 am – 10:10 am	Entertainment		
10:10 am – 10:20 am	Kenya Association of Family Physicians Opening remarks Dr. Joy Mugambi Chair KAFP		
10:20 am – 10:30 am	WONCA Africa Region President Dr. Jane Namatovu		
10:30 am – 10:40am	WONCA CEO Dr. Harris Lygidakis		
10:40 am – 10:50 am	WONCA World President Elect Dr.Viviana Martinez-Bianchi		

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10:50 am – 11:10 am	Keynote Address – Speaker 1 Healthy Equity and Inclusivity		Guest Speaker: Dr. Luke Allen
11:10 am – 11:30 am	Keynote Address – Speaker 2 Drumming for Change in Africa: Building Resilient Primary Healthcare Systems, a Focus on innovations and sustainability		Guest Speaker: Prof. Lukoye Atwoli
11:30 am – 11:40 am	Entertainment TBC		
11:40 am – 12:40 pm	Government Representative		
12:40 pm – 1:00 pm	Group Photo		
1:00 pm – 2:00 pm	Lunch Break		
Session Chair	Dr. Nana Ayisi Kwame	Co-Chair	Dr. Oda Mirimo
2:00 pm – 2:40 pm	Plenary I Keynote address: Venue- Plenary Hall A The Family Practice Services Integration- Guest Speaker: Prof. Jan De Maeseneer (20min) Plenary II Keynote address: Venue- Plenary Hall A Community Engagement and Empowerment Guest Speaker: Dr. Viviana Martinez Bianca (20min)		
2:40 pm – 2:55 pm	Insights From VERIFY: Early Combination Therapy – Dr. Catherine Gathu		
2:55 pm – 3:00 pm	Change over		
Plenary Sessions	Plenary Session I: Oral Presentations Plenary Session I abstracts Venue: Plenary Hall A		Plenary Session II: Oral Presentations Plenary session II abstracts Venue: Plenary Hall B
Hall A Chair	Dr. Nana Ayisi Kwame	Hall B Chair	Dr. Brenda Kananu Maingi
3:00 pm – 3:10 pm	Abstract 1.1 – Dr. Elijah Kameti		Abstract 2.1 – Dr. Temitope Ilori
3:10 pm – 3:20 pm	Abstract 1.2 – Dr. Jean-Pierre Fina Lubaki		Abstract 2.2 – Dr. Muhsin Sheriff
3:20 pm – 3:30 pm	Abstract 1.3 – Chika Egenasi		Abstract 2.3 – Dr. Waad Benbelgacem

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3:30 pm – 3:50 pm	Plenary & group discussion		Plenary & group discussion
3:50 pm – 4:00pm	Change over		
4:00 pm – 5:00 pm	Workshop 3: Venue: Plenary Hall A Brainstorming process on core values and definition of family medicine in African context Dr. Innocent Besigye		Workshop 4: Venue: Plenary Hall B Sharing Family Physicians experiences on women's health Dr. Elizabeth Reji
5:00 pm – 5:05 pm	Day 1 Closing Remarks & Day 2 Briefing		
5:05 pm – 6:00 pm	Tea Break and Poster presentations		
8:00 am – 8:10 am	Opening Prayers – Day 1 Recap & Day 2 Climate Setting		Dr. Daniel Mutonga
Plenary Address Chair(s)	Dr. Jacob Shabani & Dr. Temitope Ilori		
8:10 am – 8:50 am	Plenary III Keynote address: Venue: Plenary Hall A Primary Healthcare Research, Innovation and Training Prof. Klaus von Pressentin Plenary IV Keynote address: Venue- Plenary Hall A Primary Healthcare Delivery Models and Sustainability Dr. Henry Lawson (20 min)		
8:50 am – 9:00 am	Change over		
Hall A Chair(s)	Dr. Jacob Shabani & Dr. Temitope Ilori	Hall B Chair(s)	Dr. Susan Cheruiyot & Dr. Bramwel Simiyu
Plenary Sessions	Plenary Session III: Oral Presentations Plenary Session III abstracts Venue: Plenary Hall A		Plenary Session IV: Oral Presentations Plenary Session IV abstracts Venue: Plenary Hall B
9:00 am – 9:10 am	Abstract 3.1 – Prof. Bob Mash		Abstract 4.1 – Prof. Mosedi Namane
9:20 am – 9:30 am	Abstract 3.2 – Prof. Louis Jenkins		Abstract 4.2 – Dr. Tyler Murray
9:30 am – 9:40 am	Abstract 3.3 – Prof. Gulnaz Mohamoud		Abstract 4.3 – Dr. Ann Scheunemann

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9:40 am – 9:50 am		Abstract 3.4 – Mrs. Tirsit Mehari Abate	Abstract 4.4 – Prof. Louis Jenkins	
9:50 am – 10:00 am		Abstract 3.5 – Dr. Innocent Besigye	Abstract 4.5 – Dr. Eric Oduro	
10:00 am – 10:10 am		Abstract 3.6 – Dr. Fathia Nour	Abstract 4.6 – Dr. Kefilath Belo	
10:10 am – 10:20 am		Abstract 3.7 – Dr. Christian Lueme Lokotola	Abstract 4.7 – Dr. Mercy Wanjala	
10:20 am – 10:30 am		Abstract 3.8 – Dr. Abena Tannor	Plenary & Group discussion	
10:30 am – 11:00 am		Tea Break and Poster Presentations		
Hall A Chair(s)	Dr. Jacob Shabani & Dr. Temitope Ilori		Hall B Rapporteur	Dr. Maureen Kamau
11:00 am – 11:10 am		Abstract 3.9 - Dr. Michael Kapitene Kamuanga	Workshop 5: Time: 11:00 am-12:00 pm Venue: Plenary Hall B	
11:10 am – 11:20 am		Abstract 3.10 – Dr. Aisha M. Mwatuwano		
11:20 am – 11:30 am		Abstract 3.11 – Miss. Fatima Mohammed	Mental Health Working Party Dr. Adenkule Ariba	
11:30 am – 11:40 am		Abstract 3.12 – Dr. Kaya Belknap		
11:40 am – 11:50 am		Abstract 3.13 – Dr. Katy Linley		
11:50 pm – 12:00 pm		Abstract 3.14 – Dr. Karen Tu		
12:00 pm – 1:00 pm		Plenary & group discussion	Change over 12:00pm-12:10pm	
			Workshop 6: Time: 12:10 pm-1:10 pm Venue: Plenary Hall B Global Ultrasound Institute (GUSI) – POCUS	
1:00 pm – 2:00 pm		Lunch Break		
Plenary address Chair(s)		Dr. Emily Tumwakire & Dr. Seun Olusola		
2:00 pm – 2:20 pm		Plenary V Keynote address: Venue- Plenary Hall A Healthy Aging, Wellness and Preventive Health Dr. Aysha Edwards (20 min)		
2:20 pm – 2:30 pm		Change over		
Hall A Chair(s)	Dr. Emily Tumwakire & Dr. Seun Olusola		Hall B Rapporteur	Dr Peter Kioko

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2:30 pm – 2:40 pm	Abstract 5.1 – Dr. O. Muyabala Munachitombwe-Muna	Workshop 7: Time: 3:00 pm- 4:00 pm Venue: Plenary Hall B Strategies to scale up Family Medicine Resident Recruitment Dr. Jane Namatovu
2:40 pm – 2:50 pm	Abstract 5.2 – Dr. Yen Fu Chen	
2:50 pm – 3:00 pm	Abstract 5.3 – Dr. Adunga Deboch	
3:00 pm – 3:10 pm	Abstract 5.4 – Dr. Waad Benbelgacem	
3:10 pm – 3:20 pm	Abstract 5.5 – Mr. Duncan Kwaitana	
3:20 pm – 4:00 pm	Plenary & Group discussion	
4:00 pm – 4:05 pm	Change over	
4:05 pm – 4:20 pm	Dermatology presentation Venue Plenary Hall A	
4:20 pm – 4:30 pm	Closing Remarks – Dr. Joy Mugambi Venue: Plenary Hall A	
4:30 pm – 5.00pm	Tea Break and Poster Presentations	
6:30pm	Arrival and registration for dinner (cocktails served)	
7:00 pm till late	Gala & Awards Dinner Dress Code: ‘Elegant with a touch of African’	

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Through the objectives and Sessions, the conference aimed at driving transformative changes in primary health care across Africa, ensuring that the continent's healthcare systems are resilient, innovative, and sustainable for the future.

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5. Sub Themes Analysis

5.1 Primary Healthcare Research, Innovation & Training

The keynote address on Primary Healthcare (PHC) Research, Innovation and Training was provided by Prof Klaus von Pressentin, Associate Professor & Head: Division of Family Medicine, University of Cape Town; Editor-in-chief: South African Family Practice.

He highlighted the typology of research namely basic research, clinical research, health services research, health systems research and educational research. He described the key framework to support research, measurement and policy actions jointly released by WHO and UNICEF on February 22, 2022.

Detailing the matrix he walked the audience through the domains of the PHC monitoring conceptual framework. He engaged the audience on the PRIMAFAMED research priorities and research capacity-building priorities for the next decade. He concluded by calling for a shift from primary care to PHC-orientated research and sought a keenness for investment in PHC-orientated research. He reiterated that investing in PHC-oriented research, including implementation research, was critical to adjusting health systems that met population health needs and advocated that we should contribute to priority-setting exercises.



5.2 Health Equity & Inclusivity

The keynote address on Health Equity and Inclusivity was delivered by Dr Luke Allen a family doctor and global health advisor working at the interface of research, policy and practice. He has worked with the WHO, World Bank, UNICEF, G7, NHS England, and UK Health Security Agency and studied at Bristol, Oxford, Harvard, MIT, and the London School of Hygiene & Tropical Medicine where he currently leads international mixed-methods studies on improving equitable access to primary care including in Botswana, Libya, Sudan and Kenya.

- Discussions on health equity
- Inclusive practices and policies
- Challenges and recommendations for improvement

5.3 Community Engagement & Empowerment

The keynote address for Community Engagement and Empowerment was provided by Dr. Viviana Martinez-Bianchi is a family doctor, fellow of the American Academy of Family Physicians, Associate Professor and the Director for Health Equity at Duke University's Department of Family Medicine and Community Health.

- Approaches discussed for community engagement
- Success stories and case studies
- Strategies for empowering communities



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5.4 Primary Healthcare Delivery Models & Sustainability

The keynote address for Primary Healthcare (PHC) Delivery Models and Sustainability was provided by Dr Henry Lawson, Vice Rector Ghana College of Physicians and Surgeons and a pioneer consultant in Family Medicine in Ghana who has had extensive experience in medical education at the undergraduate and postgraduate levels. He is a Fellow of the West African College of Physicians, a senior lecturer and Head of the Family Medicine Unit, University of Ghana Medical school in Accra.

In his presentation he emphasized the aim of PHC models of care that ensure people receive the right care at the right time by the right team and in the right place.



He highlighted the key domains of any PHC model should satisfy the following key four domains:

- (i)** selection and planning-defines roles & functions of service delivery platforms and setting,
- (ii)** service design-person centered and evidence based from first contact through the entire referral process.
- (iii)** organization and management.
- (iv)** community linkages and engagement-through enhanced community-based service delivery.

Key characteristics of PHC-oriented models of care:

- First contact care
- Strong referral and linkages
- Multidisciplinary care teams with all cadres involved
- Longitudinal health care coordination for chronic diseases
- Optimized care pathways that guide people's journey through the health system.

He gave examples of models of care like the traditional PHC model, people-centered medical homes, community-centered models, retail clinics, mobile clinics, tele-medicine. He focused on Community Oriented Primary Care (COPC) in South Africa and Community Health Planning and Services (CHPS) in Ghana as examples of successfully launched and functional PHC models. He emphasized that even with their successes these models have challenges such as health financing for certain services, issues on reimbursements with some services requiring out-of-pocket payments as well as limited human resources for health and interrupted supply chain for health products and technologies. He summarized by providing strategies for ensuring sustainability of models of care with a focus on ensuring the inclusion of the aforementioned five key characteristics and the value of integrating these models of care into existing systems with a well thought-out transition plan that factors empanelment, continuous monitoring, evaluation and quality improvement matrices. He concluded by emphasizing the need for political goodwill and dedicated health systems financing.

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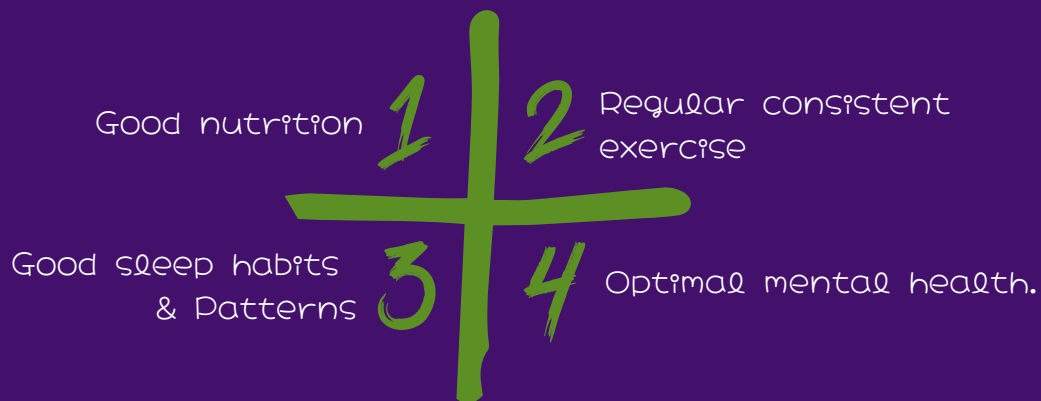
5.5 Healthy Aging, Wellness, and Preventive Health

The keynote address on Healthy Aging, Wellness, and Preventive Health was provided by Dr Aysha Edwards, Chief Executive Officer at AAR Hospital and has an impressive track record of success in the healthcare industry having served in various leadership positions in Kenya and abroad.

She began her presentation with engaging the audience in dance emphasizing the importance of including physical activity into our everyday moments and activities. She stated that it is essential for healthcare providers (HCPs) to recognise that healthy aging and wellness includes physical health, mental health and social wellbeing. She stated that wellness is imperative for HCPs to be productive and begin emphasizing lifestyle choices that optimize physical and mental health and encompass four key health tenets:



LIFESTYLE CHOICES THAT OPTIMIZE PHYSICAL AND MENTAL HEALTH



She stated that HCPs need not go too far to achieve this and should consider starting these communities of healthy living even within the workplace and environment. Seeking mental health counseling and therapy was emphasized and encouraged to ensure brain health, memory enhancement and aid in adapting coping mechanisms to challenges that develop one's resilience. By adopting an approach that consists of the above four mentioned health tenets she suggested the use of complementary treatments like medications and relaxation techniques. She concluded with the importance of optimizing age related longevity discoveries that are available, embracing research advancements on health aging, utilizing technological innovations in health and adopting varied holistic approaches to healthy aging for continued health that enhances the quality of one's life as they age.

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5.6 The Family Practice Services Integration

The keynote address on the Family Practice Services Integration was provided by Prof Jan De Maeseneeris Professor Emeritus at Ghent University is a Belgian family physician who was Head of the Department of Family Medicine and Primary Health Care of Ghent University (1991–2017).

- Integration of family practice services
- Benefits and challenges of integrated services
- Future directions for family practice integration



EXAMPLES OF PREVENTATIVE HEALTH PRACTICES

Health screening

1

2

Healthy Recreational activities

Regular vaccinations & immunizations

3

4

Community engagements & socialization



6. Workshops & Training Sessions

Empowering Women's Health; Innovative Service Delivery Models for Equity and Inclusivity

Session Chair(s): Dr. Bramwell Wekesa, Dr. Brenda Maingi

Speakers: Dr. Jane Namatovu, Dr. Mercy Wanjala, Dr. Viviana-Martinez Bianchi

Agenda Setting

The session began with an equity exercise led by Dr. Viviana Martinez-Bianchi, who artfully engaged participants in a reflective activity highlighting the importance of equitable healthcare delivery. This set a collaborative tone, encouraging participants to think deeply about the systemic barriers women face in accessing quality care and how these can be dismantled through innovative service models.

Diverse experiences from Across The Globe

Cuba and Kenya:

Dr. Mercy Wanjala shared compelling insights into how a comprehensive person and family centred approach to primary care in countries like Cuba health is transforming women's healthcare. Her presentation highlighted existing historical and current gaps that have led to systemic barriers to holistically addressing women's; health and how technology and a comprehensive person-centred approach, with a sharp equity lens can bridge gaps in service delivery and improve health outcomes for women.

The Nairobi Declaration on Women's Health



A significant highlight of the workshop was the presentation and initial discussion of the draft WONCA Declaration on Women's Health. Facilitated by Dr. Mercy Wanjala, this session invited participants to provide their first comments and contributions. The draft declaration aims to chart a course towards a future where women's health in Africa is advanced through innovative, equitable, and gender-responsive service delivery models. The enthusiastic feedback and rich discussions underscored the collective commitment to making this vision a reality.

Uganda:

Dr. Jane Namatovu presented innovative service delivery models from Uganda, showcasing successful strategies that prioritise women's health needs all the way from school health programs that focus on girls and adolescents' health to the program focusing on women's health in Uganda and drive significant health improvements.

Looking Ahead: Conclusion & Next Steps

The workshop concluded with a summary of key points and an invitation to all to make their voices heard on the document on what they would like to change on the current approach to women's health. Participants left with a sense of purpose and a roadmap for furthering the dialogue and action on women's health. The interactive and engaging format of the session ensured that everyone's voice was heard, setting a strong foundation for ongoing collaboration and advocacy. The WONCA Declaration will be taken forward for discussion and stakeholder consultation by the WONCA Africa Region and to potential adoption by WONCA world.

Challenges and Issues:

- The presentations and discussion sessions had to be cut short, because the workshop started later leaving very little room for discussion and exploration.

Recommendations:

- Better planning and timing of workshops to ensure they start on time.

Workshops & Training Sessions Ctd...

Sharing Family Physicians experiences on women's health.

Session Chair: Dr Jane Namatovu

Speakers: Dr Elizabeth Reji, Dr Temitope Ilori

Rapporteur: Dr Peter Kioko

Discussion Highlights.

Discussions were held over barriers to accessing women's health, highlighting cultural and societal taboos surrounding women's health topics and how to overcome them. The importance of culturally sensitive consultations was encouraged. Low insurance uptake and economic disadvantage among many women remains a great barrier to health access, given the cost. Various initiatives to subsidize health access have proven successful. However, more women's economic empowerment is still needed.

Gender-specific health matters were discussed. Low awareness among women about age-appropriate cancer screening needs to be addressed to improve health outcomes. Challenges related to menopause are hardly seen as concerning enough to seek medical attention by African women, family physicians are urged to ask their patients about menopausal symptoms and thereby address them.

Session Output.

- 1 Family physicians should be proactive in addressing women's health concerns over the whole reproductive health spectrum.
- 2 Family physicians should utilize existing collaborative networks to share best practices in women's health.
- 3 There is a need for more collaborative, multidisciplinary care models to improve the comprehensive management of women's health including mental health.
- 4 Family physicians should actively advocate for policy changes that are pro-women's health to reduce health disparities.

Challenges and Issues:

- Last-minute workshop venue changes occasioned by an extended plenary session negatively affected the spirit of the workshop

Recommendations.

- Stricter time management of plenary sessions to ensure adequate workshop time.

Workshops & Training Sessions Ctd...

Workshop 5: Plenary Hall B

Session Chair: Dr. Brenda Maingi Kananu

Rapporteur: Dr. Sarah Kiptinness

Speakers: Dr. Adenkule Ariba, Prof. Christos Lionis, Prof. Christopher Dowrick & Dr. Marilena Anastasaki

Session Objectives

- Discuss and identify strategies to enhance the integration of mental health services into primary healthcare settings.
- Address challenges Primary Care Practitioners face in Africa in providing optimal care for mental illness.

Discussion highlights

Prevalence and Treatment Gap.

There is a significant gap in mental health care, with the majority of individuals needing mental health services not receiving adequate care. Key barriers to integrating mental health into primary healthcare (PHC) include insufficient funding, lack of training, shortage of human resources, and stigma.

• Workshop Discussion Questions:

- What is the current state of mental healthcare in our countries?
- What gaps exist in mental healthcare services?
- What challenges are encountered in integrating mental health into PHC?
- What role can Family Physicians play in improving this integration?

SWOT Analysis:

- **Strengths:** The workshop effectively fostered discussion on critical issues related to integrating mental health services into PHC.
- **Weaknesses:** Technical difficulties with the hybrid format led to approximately 35 minutes of lost time, impacting the session's effectiveness.
- **Opportunities:** The session highlighted the need for capacity-building initiatives and advocacy efforts to support mental health care integration.
- **Threats:** Technical issues with virtual participation affected the overall experience and delivery of the workshop.

Challenges and Issues:

- Though the discussion sessions were a bit short, it was clear that early detection of mental health disorders and proper management leads to better outcomes for the patient.

Recommendations.

- Enhance technical infrastructure and pre-workshop testing to ensure smoother hybrid sessions.
- Consider alternative formats or backup plans to mitigate the impact of technical disruptions.
- Better time management, to leave room for discussion from the attendees.

Workshops & Training Sessions Ctd...

Strategies to Scale up Family Medicine Resident Recruitment

Session Chair: Dr Jane Namatovu

Rapporteur: Dr Peter Kioko

Speakers: Dr. Jane Namatovu, Dr Martha Makwero

Discussion Highlights

Participants were divided into two groups, to tackle the two discussion points below, for which each group chose a representative to present their findings.

Barriers to Family medicine resident recruitment

Some of the barriers to family medicine recruitment were lack of undergraduate exposure to family medicine, long duration of the training, high cost of training and unavailability of scholarships, unclear career paths post family medicine residency, lack of perceived value of a family physician, inappropriate training sites that lead to loss of identity of a family medicine resident and lower pay vs other specialists after graduation, in some jurisdictions.

Strategies used in one's setting to affect family medicine resident recruitment:

include use of family medicine mentors for undergraduate medical students, clarity on the role of a family medicine physician, undergraduate exposure to family medicine and government policies that ensure a mandatory number of doctors enroll to family medicine and are funded to do so, family medicine scholarships, having family medicine physicians in positions of authority to influence policy and visibility.

Strategies to scale up Family Medicine Resident Recruitment.

- Governments should put into law a minimum percentage of graduates who must do family medicine residency and have funding for those positions.
- Introduction of family medicine in the undergraduate program, and it be done in the formative years (1st or 2nd year)
- Ensuring proper nomenclature of the family medicine rotations e.g. during the medical internship in Kenya to make it clear that it's not community health or public health but a rotation in family medicine.
- Ensuring government buy-in to the need of family physicians, without government support, efforts will be futile.

Challenges and Issues:

- The discussion sessions had to be cut short, leaving some ideas unexplored.

Recommendations.

- Stricter time management of plenary sessions to ensure adequate workshop time.

7. Panel Discussions & Speakers

Day 1

- Began with 2 workshops on POCUS/FAST and Empowering Women's health. We were taught on how to use the probes and using live models and slides we practiced FAST for positive and negative tests.
- The Conference Chair, Dr. Joy Mugambi, Chair KAFP informed delegates that attendees were drawn from diverse groups, and emphasized on the theme of drumming for change in Africa, Building Resilient Primary Healthcare Systems, a Focus on innovations and sustainability. And then went through the five themes for the conference, and highlighted the role of inclusivity and gender in WONCA leadership.

1. Primary Healthcare Research, Innovation and Training.

2. Community Engagement and Empowerment.

Day 2: Primary Health Care Delivery Models and Sustainability.

Speakers.

- Prof Mosedi Namane, Prof Louis Jenkins, Dr Eric Oduro, Dr Kefilath Belo, & Dr Mercy Wanjala.

Discussion Highlights

- We had presentations on the different roles and areas of practice of Family Physicians in Africa; the care of osteoarthritis patients, palliative care services and in basic preventive care service provision at lower-level facilities.
- Representation from different countries across Africa was evident; Prof Mosedi and Prof Louis Jenkins from South Africa, Dr Belo from Benin and Dr Wanjala from Kenya.
- Dr Eric Oduro, a Family Medicine resident, possibly the youngest presenter and junior in research, did a commendable job in his presentation of the findings of a study focused around the quality-of-service-delivery.
- Two presenters, Dr Kefilath Belo and Dr Mercy Wanjala, spoke about the role of Primary Care Providers (PCPs), and offered insights into a framework and policy that could be used to offer guidance on the role and integration of PCPs into Africa's health care system.
- The plenary session was well attended, with a very engaging question-and-answer session at the tail end. Here, attendants from both Hall A and B were combined in order to have a more enriching conversation and greater audience participation.

Challenges and Issues:

- Time constraints were evident, with the session extended by about 15 minutes.
- 2 of the 6 speakers slated in the program were not able to attend the session.

Recommendations.

- Early abstract submission; Dr. Eric Oduro's study abstract was missing from the abstract booklet.
- Better time management.

Plenary Speakers

PAGE 18



WONCA Africa Regional President.

- WONCA Africa Regional President, Dr. Jane Namatovu began by introducing her committee members for Africa, and thanked the Conference organizers. Dr. Jane highlighted the need to draw more countries to join the 13 member states.
- During his address, WONCA CEO Dr. Harris Lygidakis discussed the mission of WONCA to improve global health and quality of life. WONCA has 132 members and has 3 main focus areas: 29 expert groups, project incubators and advocacy, and has a close relationship with WHO. Dr. Harris called on members to embrace values of human touch, empathy, compassion, and advocacy.
- WONCA President-elect Dr. Viviana Martinez-Bianchi gave her talk on Health for all. And health equity, which is defined as “everyone should have an equal chance to access the highest attainable level of health”. Family practice should tackle challenges on inequalities such as poverty, education, employment and systemic challenges HRH and health resources distribution. Dr. Viviana encouraged family practitioners not to work in silos and use their discipline as an approach to achieve health outcomes. The principles of family medicine (comprehensive, continuous, coordinated), the role of preventive care, and training & retention of healthcare professionals. ”

Government Representative Dr. Joseph Lenai.

- The government representative Dr. Lelai called on Family Physicians to take up their role as an interphase between clinical and community work and echoed that there were key positions in governments’s PHC structure that should be reserved for Family Physicians. Delegates were reminded that Kenya has recently passed 4 Bills, one on Primary Healthcare.
- He then went on to read a Welcome message from the Principal Secretary, Mary Muthoni who began by thanking WONCA for selecting Kenya as the host of the 8th WAR. who stated that through PHC, Every Kenyan should have essential healthcare at a cost they can bear. Kenya has rolled out Primary Healthcare networks, which are patient-centred for early detection, diagnosis and management. There is use of technology, e.g. mobile health and community health units. Comprehensive primary health is a collaborative process through health care providers, civil society and government. She called on family doctors to be a Beacon of Hope, catalyst for further collaborative advancements. ”

Key Note Addresses

Dr. Luke Allen



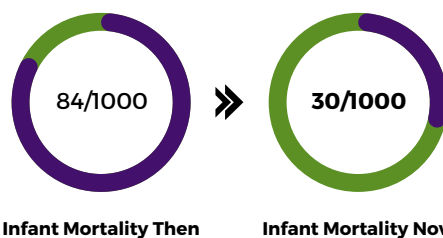
- Dr. Luke Allen kick-started the conference on Health equity and Inclusivity. “We may have different religions, different languages, different colored skin, but we all belong to one human race” by Kofi Annan. He then backtracked to the historic Alma Ata, the 1978 International Conference of PHC and its focus on fundamental human rights. He mentioned there is no “voicelessness” preferable unheard or deliberately silenced.
- He noted that there were differences existing across communities, across and within countries, health inequalities & social justice.
- He went ahead to implore delegates that “leave no one behind, we will endeavor to reach the furthest first” and discussed the FAIR ACCESS Model, and how in Nigeria, young men were left out.
- Closed with the “future is not where we are going but what we are creating”. We all have equal values but we are not all looked equally.

“Doctors are the natural advocates for the poor.”

Dr. Luke Allen kick

Prof. Lukoye Atwoli

- Prof. Lukoye Atwoli on the other hand dissected the Conference Theme: Drumming for Change in Africa: Building Resilient Primary Healthcare Systems, a Focus on innovations and sustainability. In his keynote address, He began with an interesting story from his past and the role of midwifery (TBA) and the recent dilemma in decentralisation of health services and its challenges. The countries health statistics have only slightly changed over the last half of the century.
- The health statistics previously were dismal 84/1000 Infant mortality, Life expectancy 56yrs Budget 6%. To date there has been a slight improvement with a growth rate of 2%, infant mortality rate 30/1000. Life expectancy 61 yrs.
- We were informed “not to mop the floor when the roof is still leaking.” What is the missing ingredient? and the value of Task-shifting. Poor medicine for poor people.



Prof. Lukoye Atwoli

8. Poster Presentations

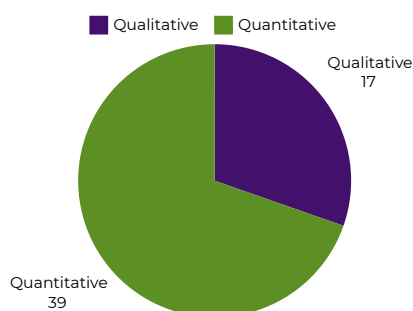
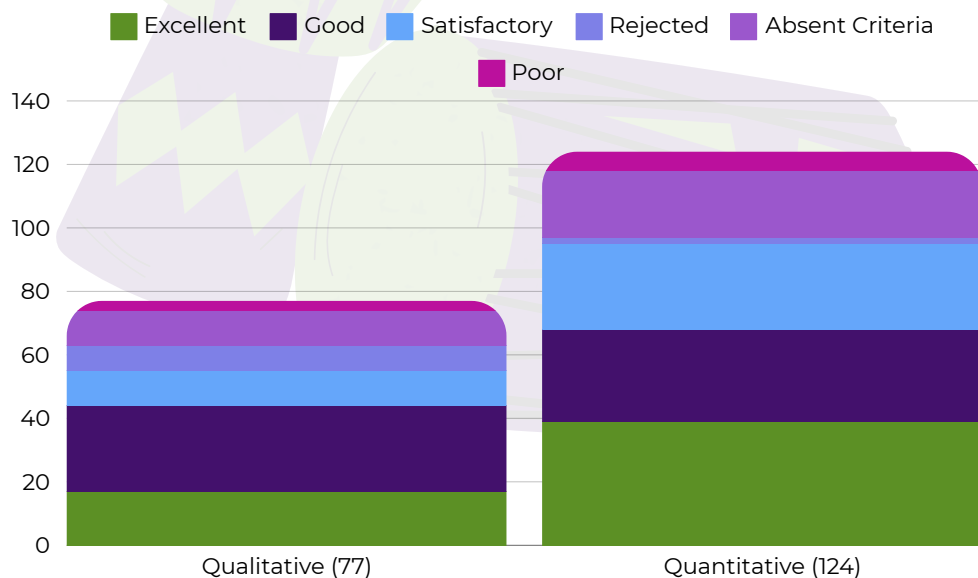
- Total 71 poster presentations were made as video reels running for approximately 2.5minutes each per reel during all the breaks throughout the entire duration of the conference.
- Three posters were rated as outstanding by the reviewers:
 - 1.**Dr. Yen Fu Chen** Abstract 5.2.
 - 2.**Dr. Fathia Nour**-Abstract 3.6.
 - 3.**Dr. Michael Kapitene Kamuanga**-Abstract 3.9.

Qualitative n=77

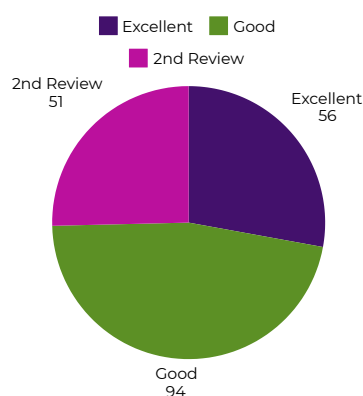
- 17= Excellent
- 27= Good
- 11= Satisfactory
- 8= Rejected those that did not meet criteria i.e. N/A
- 11=Absent criteria
- 3=Poor

Quantitative n=124

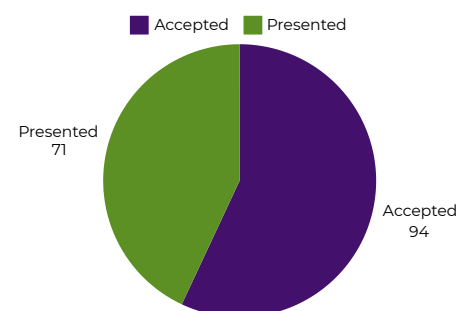
- 39=Excellent
- 29=Good
- 27=Satisfactory
- 2=Rejected those that did not meet criteria i.e. N/A=2
- 21=Absent criteria as in did not fit category
- 6=Poor



1st Review: 201 Received



Second Review



Final Numbers

Best Abstract Presentations



Dr. Yen Fu Chen Abstract 5.2.

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

Abstract:

- Insulin resistance (IR) has been found to be significantly involved in the development of atherosclerosis. Recently, the triglyceride glucose (TyG) index, derived from fasting triglyceride and glucose levels, has been proposed as a reliable indicator of IR. It remains unclear whether the TyG index can effectively predict atherosclerosis in individuals without pre-existing health conditions. Hence, our study aims to explore the relationship between the TyG index and early-stage subclinical atherosclerosis (SA) across different genders and age groups. Additionally, we seek to determine the optimal cutoff point for the TyG index in predicting subclinical atherosclerosis.
- In this study, we recruited a total of 10,039 participants (5,598 men and 4,441 women) aged over 18 years from Xiamen Chang Gung Hospital. The TyG index was categorized into quartiles, and subclinical atherosclerosis (SA) was assessed by measuring brachial-ankle pulse wave velocity (baPWV). The cutoff point for the TyG index was determined using receiver operating characteristic curve (ROC) analysis. The prevalence of subclinical atherosclerosis rose with increasing TyG index among both men (from 5.929% in group I to 10.579% in group IV; $p < 0.001$) and women (from 2.074% in group I to 14.955% in group IV; $p < 0.001$). Multivariate linear regression analysis, adjusting factors such as age, HDL-C, and LDL-C levels, revealed that higher TyG index was associated with an elevated risk of subclinical atherosclerosis in men (odds ratio 4.028) and women (odds ratio 2.599). ROC curve analysis showed that the area under the curve was 0.572 for men and 0.694 for women. The optimal TyG index cutoff points for predicting subclinical atherosclerosis were 8.961 for men and 8.254 for women. The TyG index emerges as a significant and independent marker for predicting subclinical atherosclerosis even in individuals conventionally considered healthy, irrespective of gender.



Dr. Fathia Nour-Abstract 3.6.

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

Abstract:

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



Dr. Michael Kapitene Kamuanga-Abstract 3.9.

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

Abstract:

- **Background:** It has been established that homosexuality plays a considerable role in the persistence of the Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus infections, but data related to their extent remains paradoxically fragmentary.
- **Objectives:** This study aimed to determine the prevalence and determinants of viral infection (Human Immunodeficiency Virus and hepatic viral infections) among homosexuals, bisexuals, and transgenders in Kinshasa, Democratic Republic of the Congo.
- **Methods:** Between February 1 and March 30, 2022, an analytical cross-sectional study was conducted among Kinshasa's homosexual, bisexual, and transgender populations. The snowball method was used to choose participants from homosexuals' organisations. Sociodemographic information and the prevalence of viral infections (HIV, HBV, and HCV) were included as study parameters. The determinants of viral infections were found using multivariate logistic regression.
- **Results:** A total of 555 participants (mean age: 28.5 ± 7.8 years, unmarried: 44.9%) were enrolled. Human immunodeficiency virus, hepatitis B, and hepatitis C infection rates were, respectively, 31.5%, 6.3%, and 9.7% prevalent. HIV-HCV, HIV-HBV, and HIV-HBV-HCV coinfection rates were 4.7%, 4.1%, and 0.7%, respectively. HIV and HBV infection had the same risk factors namely piercing, incarceration, prostitution, and non-condom usage. HCV infection was more pronounced among individuals with piercing, STIs and a previous occurrence of jaundice.
- **Conclusion:** In Kinshasa, HIV, HBV, and HCV infections were widespread among homosexuals, bisexuals, and transgender people. Actions targeting LBGTs are essential to reduce HIV, HCV and HBV infections transmission in the community

9. Young Doctors Events by Afriwon at the 8th WONCA Africa Region Conference

A Journey Through Compassionate Care: PCN Visit to Makadara in Nairobi County

On the morning of the 4th of June, a team of international delegates embarked on a visit to Makadara, a vibrant health centre offering primary care services to an underserved community in the lower wealth quantiles in Nairobi County. This visit was not just a tour but an immersion into the heart of community health and primary care, where dedicated workers and compassionate care intersect to create a robust healthcare system. The primary health care system has been organised into a primary care network with a hub and spoke model connecting level 2 and 3 facilities referred to as spokes, to a level 4 facility referred to as a hub.

Makadara Health Centre: The Hub of Hope

Our first stop was the Makadara Health Centre, the hub- a beacon of hope and wellness for the local community. As we entered the facility, we were greeted by a vibrant mural depicting scenes of health and vitality, a testament to the community's commitment to wellness. We began with a presentation and discussion with the multidisciplinary team gaining and understanding of the organization, functions and activities, as well as success stories of the PCN. The bustling corridors echoed with the sounds of healthcare in action—nurses attending to patients, doctors consulting with families, and the hum of medical equipment in the background.

We were introduced to the community health workers (CHWs)- Community Health Assistant and Community health Promoters, stationed at the community desks. Their smiles and warm greetings were the first indication of the incredible work they do. These desks serve as the frontline of health education, providing vital information on disease prevention, maternal and child health, and chronic disease management.

Here, we were privileged to accompany a Community Health Promoter (CHP) on a home visit. The sun was high as we walked through the narrow, lively streets of Jericho, greeting locals along the way. Our destination was the home of a client under home-based care, who had suffered a stroke. The CHP, with kit in hand, greeted the family with warmth and familiarity, reflecting a sense of trust with the community health promoter and the accompanying multidisciplinary team.

Engaging with the CHWs, we learned about their pivotal role in the community. Their day starts early, often with home visits to the most vulnerable. They spoke passionately about their work, describing how they conduct health assessments, provide basic medical care, and educate families on maintaining a healthy lifestyle. The dedication of these workers was palpable, each story they shared highlighted the significant impact they have on their community.



Young Doctors Events by Afriwon at the 8th WONCA Africa Region Conference

Jericho Health Centre: The Spoke of Support

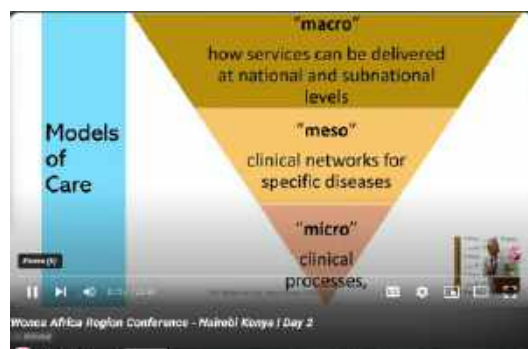
Our journey continued to the Jericho Health Centre, a spoke in the PCN model, where we witnessed the seamless extension of care from the hub. This smaller but equally important facility caters to a wide array of health needs, ensuring that even the most remote community members have access to quality healthcare.

A Home Visit: Compassion in Action

The home visit was a humbling experience. We saw firsthand the challenges faced by the client and her family. The CHW not only provided a key connection to medical care but also emotional support, answering questions and offering reassurance. This visit underscored the holistic approach of the PCN model, where care extends beyond physical health to encompass emotional and psychological well-being. We are grateful to the Makadara PCN multidisciplinary team and the Nairobi County leadership for hosting this learning exchange.

Check Conference Recaps on Youtube

Wonca Africa Region Conference – Nairobi Kenya | Day 2



Youtube 8th WONCA Africa Region Conference – Recap Video



Family Medicine
Undergraduate
Financing
Research

Contextual Evidence
Integration of Care
Descriptive Work
Local Evidence

10. Speakers & Affiliations

Prof. Lukoye Atwoli

Keynote Speaker

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



Professional Roles and Affiliations

- Professor of Psychiatry and Dean at Aga Khan University Medical College, East Africa.
- Deputy Director of the Brain and Mind Institute at AKU and practicing psychiatrist at Aga Khan University Hospital.
- Honorary Professor at the University of Cape Town and collaborates globally in psychiatric research and teaching.

Education and Research

- Trained in medicine (MBChB) at Moi University and psychiatry (MMed Psych) at the University of Nairobi.
- PhD from the University of Cape Town on trauma and PTSD epidemiology.
- Research interests include trauma, PTSD, genetics of mental disorders, children's and youth mental health, and HIV and mental health.

Leadership and Advocacy

- President of the African College of Neuropsychopharmacology (AfCNP) and Secretary-General of the African Association of Psychiatrists (AAP).
- Chairperson of the Board of Mathari National Teaching and Referral Hospital and co-chair of the Board on Global Health of the US National Academies of Sciences, Engineering, and Medicine.
- Social and health rights advocate, awarded Moran of the Order of the Burning Spear (M.B.S.) and elected to the US National Academy of Medicine (NAM) as an International Member.

Dr. Luke Allen

Keynote Speaker

Health Equity and Inclusivity.

Professional Profile

- Family physician and PHC policy advisor to WHO and World Bank.
- Leads studies on equitable primary care access in various countries.
- Authored over 100 publications, featured in major media outlets.

Leadership and Advisory Roles

- Board member at British Journal of General Practice and RCGP Thames Valley Faculty.
- Co-led writing of G7 initiative on PHC, advised multiple health ministries.
- Co-director of Oxford's Centre for Global Primary Care.

Personal Life

- Married to Jo, an Anglican vicar, with three tween children.



Dr. Klaus Von Pressentin

Subtheme Speaker

Division of Family Medicine, Department of Family, Community and Emergency Care (FaCE) Faculty of Health Sciences, University of Cape Town, South Africa) Primary Healthcare Research, Innovation and Training.



Associate Prof Klaus von Pressentin

Academic:

- Primary care researcher, and clinician-educator
- Head of Division of Family Medicine and Deputy Head of FaCE at the University of Cape Town

Research:

- primary care service strengthening, human resources for health, health professions education

Teaching:

- Primary care research methods, leadership development, clinical governance, evidence-based practice, consultation skills

Volunteer roles:

- Editor-in-Chief of South African Family Practice Journal, council member of the College of Family Physicians of South Africa, member of Education and Training Committee of South African Academy of Family Physicians.

Speakers & Affiliations Ctd...

Dr. Henry J Lawson

Subtheme Speaker

(MBChB FWACP FGCP ChPA)

Primary Healthcare Delivery Models and Sustainability



Professional Background

- Family Physician in Ghana, fellow of WACP and GCPS.
- Trainer and examiner for WACP and GCPS, involved in research supervision.
- Current Vice Rector of GCPS and Head of Family Medicine Unit, University of Ghana Medical School.

Achievements and Contributions

- Awards from WACP and Faculty of Family Medicine.
- Published extensively in peer-reviewed journals.
- Involved with Wonca World, including serving on By-laws Committee and Membership and Voting Taskforce.

Academic and Research Roles

- Senior lecturer, research supervisor for undergraduate and postgraduate students.
- Research interests in medical education and non-communicable diseases.
- Contributor to a book on primary care anxiety and depression.

Professional Affiliations and Certifications

- Member of PrimaFamed network, Editorial Board Member of the Africa Journal for Primary Health Care and Family Medicine.
- Certified trainer of the Royal College of Physicians of London and a chartered professional administrator.

Dr. Viviana Martinez-Bianchi

Subtheme Speaker

President-elect of WONCA 2023-2025.

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

Community Engagement and Empowerment.

President-elect of WONCA 2023-2025.

- Family doctor and President-elect of WONCA 2023-2025.
- Director for Health Equity at Duke University's Department of Family Medicine and Community Health.
- Diplomat of the American Board of Family Medicine, fellow of the American Academy of Family Physicians, and award recipient of the Society of Teachers of Family Medicine.
- Former Executive Member-at-Large of WONCA (2016-2021) and liaison to the WHO.
- Founder and co-director of LATIN-19, addressing Hispanic health during and beyond COVID-19.
- Member of the US President's Council on Sports, Fitness & Nutrition.



Dr. Aysha Edwards

Subtheme Speaker

Chief Executive Officer (CEO) – AAR Hospital



Leadership and Experience

- Over a decade of leadership in healthcare, both in Kenya and abroad.
- Expertise in strategic planning, operational excellence, and patient-centered care.
- Played a key role in commissioning AAR Hospital, enhancing patient satisfaction and operational efficiency.

Previous Roles and Achievements

- Former Head of Clinical Services at AAR Hospital.
- Guided The Nairobi Hospital through the early COVID-19 pandemic.
- Established a private wing for COVID-19 patients at The Nairobi Hospital.

Commitment and Beliefs

- Advocates for a culture of excellence and employee empowerment at AAR Hospital.

11. List of participants Ctd

Total Number of Delegates Day 1 & 2 – 207

Total Number of Delegates In-Person – 201

Total Number of Delegates Virtual – 6

21+ Countries Represented

Africa

- Kenya (Host)
- Botswana
- Democratic Republic of the Congo (DRC)
- Ethiopia
- Ghana
- Malawi

Africa

- Mozambique
- Nigeria
- Sierra Leone
- Somalia
- Uganda
- Zambia

Europe

- Denmark
- Belgium (België)
- Finland (Suomi)
- Norway (Norge)
- United Kingdom

Asia

- Taiwan
- United Arab Emirates (UAE).

North America:

- United States
- Cuba



13. Conference Photos

Day 1



Day 2



Awarding Ceremony



14. List of Officials

WONCA Leadership

- Dr Frances Jane Namatovu - President, WONCA Africa Region
- Prof Bob Mash President - Elect WONCA Africa Region
- Dr Dan Abubakar - Ex-officio, Immediate Past President WONCA Africa Region
- Dr Mercy Nafula Wanjala - Afriwon President
- Dr. Seun Olusola - WONCA Africa Region, Secretary
- Dr Nana Kwame Ayisi-Boateng Member at Large
- Dr Innocent Besigye - Treasurer, WONCA Africa Region
- Prof. Abraham Ngueikyor Gyuse - Member at Large

KAPF Leadership

- Dr. Mugambi Joy - Chairperson
- Dr. Jonathan Nthusi - Vice Chairperson
- Dr. Mercy Wanjala - Secretary
- Dr. Samuel Mucheru - Treasurer

Governing Council Members

- Prof Gulnaz Mohammad
- Dr. Njeri Nyanja
- Dr. Bramwel Wekesa
- Dr. Jacob Shabani
- Dr. Pete Halestrap
- Dr. Philip Ondeyo

Conference Committee Members

- Dr. Mugambi Joy - Chair Conference Committee
- Dr. Njeri Nyanja - Chair Scientific Committee
- Dr. Mercy Wanjala Chair Communications Committee
- Dr. Samuel Mucheru - Chair Finance Committee
- Emma Kabure - Chair Logistics & Planning Committee
- Dr. Caroline Robai - MEMBER
- Dr. Samuel Ateya MEMBER
- Dr. Jonathan Nthusi - MEMBER
- Prof. Gulnaz Muhamoud - MEMBER
- Dr. Aisha M. Mwatuwano - MEMBER
- Dr. Oda Conny Mirimo - MEMBER
- Dr. Catherine Gathu - MEMBER
- Dr. Jacob Shabani - MEMBER
- Dr. Daniel Mutonga - MEMBER
- Dr. Brenda Maingi - MEMBER

Sub-Committees

Scientific Committee

Chair:

- Dr. Njeri Nyanja

Members:

- Prof Gulnaz Mohammad
- Dr. Daniel Mutonga
- Dr. Shabani Jacob
- Dr. Oda Mirimo
- Dr. Sam Ateya
- Dr. Carol Robai
- Dr. Joy Mugambi
- Dr. Nthusi Nthula
- Dr. Marieclaire Wangari

Logistics & Planning

Chair:

- Emma Kabure

Members:

- Dr. Bramwel Wekesa
- Dr. Brenda Maingi
- Dr. Jeldah Mokira
- Dr. Joy Mugambi

Communications

Chair:

- Dr. Mercy Wanjala

Members:

- Dr. Susan Cheruiyot
- Emma Kabure

Finance & Resource Mobilisation

Chair:

- Dr. Samuel Mucheru

Members:

- Dr. Catherine Gathu
- Dr. Joy Mugambi

Report By



Marie-Claire Wangari (MBChB)

Report Content

+254713835507

mcwangari18@gmail.com



[Marie-Claire Wangari](#)



Kelvin Thiga Muriuki

Report Design

+254799981997

muriukithiga@gmail.com



[Kelvin_Thiga](#)





Wonca

World family doctors. Caring for people.

CONFERENCE PARTNERS

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SAVANNAH
Informatics

KAFP 
Kenya Association of Family Physicians

Kenya Association of Family Physicians

CHAK Complex/ INFA-MED

Musa Gitau Road, Off Waiyaki Way

P. O. Box 63026 - 00200, Nairobi. Kenya

Tel: 0722 319053 / 0733 606492

Email: info@kafp.or.ke or kenyaafp@gmail.com