



Post-Conference Edition

WONCA AFRICA BOTSWANA 2026

From Gaborone, Forward

Reflections • Connections • Lessons • Country Action

Contents & Editorial Snapshot



9–11 September 2026 | Gaborone, Botswana

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EDITORIAL NOTE

Gaborone became a continental crossroads in September 2026. Over three landmark days - 9 to 11 September - AfriWon members, young and emerging family physicians, academic partners and country representatives from across Africa gathered for the AfriWon Pre-Conference and the 9th WONCA Africa Region Conference. The theme: "We Are One: Africa United to Advance Planetary Health."

This edition captures the learning, leadership, voices and momentum that emerged from Botswana. From tree planting to keynote halls, from clinic exchanges to cultural evenings - Gaborone gave us a starting point. Cape Town 2027 awaits. "We are not alone. We never were."

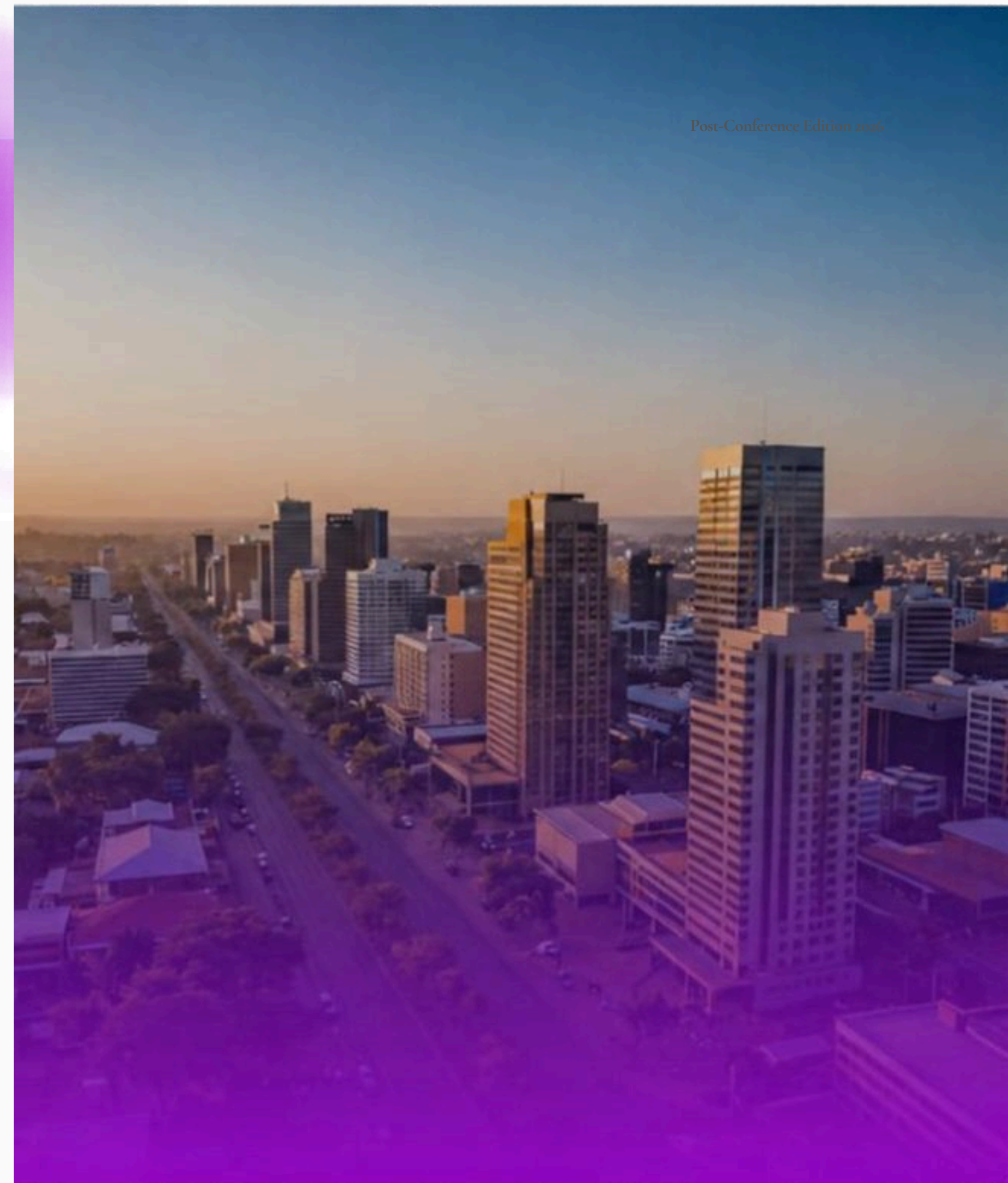


Gaborone The Week in Context



The Week in Context: September 5–11, 2026

- Gaborone became a week-long meeting point for African family medicine, hosting three connected events that built momentum across the continent.
- SEPTEMBER 5–8: PRIMAFAMED/NORHED–PRICE
- Research, education, advocacy, leadership and collaboration activities set the foundation for the week ahead.
- SEPTEMBER 9: AFRIWON PRE-CONFERENCE
- Sir Ketumile Masire Teaching Hospital hosted "Rising Together: Young Family Physicians Shaping Climate-Resilient Primary Care in Africa." US\$10 from each registration supported Green Botswana, with tea breaks featuring tree planting.
- SEPTEMBER 10–11: WONCA AFRICA CONFERENCE
- The 9th WONCA Africa Region Conference united delegates under the theme "We Are One: Africa United to Advance Planetary Health."
- 46 participants joined clinic exchanges at Tlokweng, Bontleng, Extension 2 and Gaborone Central.



Young Doctor's Movement Accomplishments & Events

Best abstract in Wonca Africa I Bernice Enyonam Akpaloo
South Sudan accepted into Wonca Africa
Uganda first national PHC conference on 5th and 6th August 2027





Learning That Travels

- ✓ **RESEARCH & ACADEMIC CAPACITY**
 - Start with local questions. Use FINER, QI and implementation research; strengthen scientific writing, grants, posters, AI literacy, ICPC-3, carbon-footprint work, collaboration and publication mentorship.
- ✓ **PLANETARY HEALTH & QUALITY**
 - Bring climate-health into routine PHC:
 - community-led resilience, waste and resource conservation, quality & safety, NCD screening, adolescent transition care and intrinsic-capacity approaches for older adults.
- ✓ **LEADERSHIP, ADVOCACY & WORKFORCE**
 - Find your compass. Say yes. Lead through agency, reliability, humility and relationships.
 - Advocate with evidence; strengthen recognition, deployment and competency-based training of family physicians.

AFRIWON LEGACY & CONNECTION

Past leaders Dr Nana Kwame Ayisi-Boateng, Dr Innocent Besigye, Dr Bolatito Fatusin, Dr Jessie Mbamba and Dr Pius Ameh traced AfriWon's growth through service, sacrifice, mentorship, research and country-level engagement. Their five words for the future: Innovative. Impactful. Productive. Visible. Resilient.

Dr Adwoa Beecham: serve even when recognition does not come.

Dr Seabe Thupa: PHC is co-created across borders.

Dr Simon Marcus: we gain when we work as a region.

Dr Brenda Maingi: exchange must be two-way.

Ghana's country reflection: AfriWon is a platform for mentorship, research, leadership, advocacy, professional exchange and collaboration.

Rising Together Young Family Physicians Shaping Climate-Resilient Primary Care in Africa

AFRIWON PRE-CONFERENCE PROCEEDINGS - GABORONE, SEPTEMBER 2026

• *Onaopemipo Kolade*

The AfriWon Pre-Conference opened with intention. Delegates from across the continent gathered not merely to exchange knowledge, but to affirm a shared commitment: that young and emerging family physicians in Africa are ready to lead - and that primary care must be climate-resilient to be truly effective.

GREEN BOTSWANA

In a powerful gesture that set the tone for the gathering, delegates participated in a tree-planting ceremony as part of Botswana's Green Botswana initiative. Each sapling planted was a symbol - of roots, of growth, of the long view that primary care demands. "We plant trees whose shade we may never sit under," one delegate reflected. "That is what it means to serve communities."

DIVERSITY OF DELEGATES

Representing more than ten African nations, the pre-conference brought together family medicine residents, early-career physicians, country leads, academic partners and programme coordinators. Tanzania, Ghana, South Africa, Botswana, Zambia, Uganda and beyond - each voice adding texture to a continental conversation.

"We are not separate silos. We are one ecosystem of care - and the climate crisis demands we act like it."

CONFERENCE TONE

From the opening session, the atmosphere was one of warmth, rigour and possibility. Facilitators encouraged candour. Participants challenged assumptions. The message was clear: climate-resilient primary care is not a future aspiration - it is an urgent, present responsibility for every family physician on the continent.



Pre-Conference II: **Climate Health & Resilience**

DR MANDISA TENEGO'S CLIMATE-HEALTH SESSION

Weather vs Climate: Understanding the distinction between short-term weather events and long-term climate patterns is essential for healthcare planning and community preparedness.

Planetary Health vs One Health: Exploring interconnected frameworks that link human health to environmental sustainability and animal health systems across Africa.

Climate-Sensitive Disease Patterns: Respiratory conditions from air quality changes; gastrointestinal diseases from water contamination; cardiovascular and mental health impacts from extreme heat; infectious disease spread from changing vector patterns.

Clinical Readiness & Resource Conservation: Waste reduction in healthcare settings; energy conservation; sustainable clinical practices; preparing facilities for climate-related health emergencies.

Community-Oriented Primary Care: Building capacity versus building resilience; community-led action as the foundation for climate-resilient health systems; empowering local leadership for sustainable health outcomes.





Demystifying Primary Care Research



PURPOSE, PLACE & DISCIPLINE

- Good research begins with a locally relevant question. Prof von Pressentin challenged delegates to ground their work in community context: understand why research matters in PHC, where it fits within the health system, and how family medicine's discipline shapes the questions we ask and the methods we choose.



FINER & STUDY DESIGN

- A strong research question is Feasible, Interesting, Novel, Ethical and Relevant. From there, design follows the question - not the other way around. QI and implementation research were highlighted as powerful, underused tools for family physicians working in real-world, resource-constrained primary care settings.



MENTORSHIP & PUBLICATION SUPPORT

- Scientific writing, grant applications, poster presentations and AI literacy are skills that can be taught and shared. AfriWon commits to mentorship pipelines that move African primary care evidence from the clinic to the journal - strengthening ICPC-3 use, carbon-footprint research and cross-border collaboration.

SESSION LEAD: PROF KLAUS VON PRESSENTIN

Prof Klaus von Pressentin brought clarity and practical energy to one of the conference's most anticipated workshops. His core message: family physicians across Africa are already generating evidence every day - they simply need the frameworks, language and support to formalise it.

"Start with local questions," he urged. "The most impactful research in primary care does not begin in a laboratory. It begins in the consultation room, the community hall, the antenatal queue." Delegates from Botswana, Ghana, South Africa, Zambia, Tanzania and beyond engaged actively, sharing their own research challenges and ambitions.

The session underscored AfriWon's commitment to building a generation of African family physicians who are not only clinicians but scholars - producing evidence that is relevant, rigorous and rooted in the realities of African primary health care.

The Climate-Health Nexus



Planetary Health • One Health • COPC

WEATHER VS CLIMATE

Dr Mandisa Tenego opened by drawing a clear distinction: weather is what we experience day to day, while climate is the long-term pattern that shapes health systems, disease burden and community resilience. Understanding this difference is foundational to how family physicians frame their clinical response.

PLANETARY HEALTH & ONE HEALTH

The session explored how planetary health and One Health frameworks overlap and diverge. Planetary health centres human wellbeing within ecological limits; One Health emphasises the interdependence of human, animal and environmental health. Both demand that primary care physicians see beyond the individual patient to the community and ecosystem.

CLIMATE-SENSITIVE ILLNESS

Dr Tenego mapped climate-sensitive illness patterns relevant to Africa: rising vector-borne diseases, heat-related illness, worsening respiratory conditions from air pollution, food and water insecurity, and mental health impacts of climate displacement and loss.



Ghana • Zambia • South Africa

RESOURCE CONSERVATION & WASTE REDUCTION — Family medicine clinics were challenged to audit their own environmental footprint. Simple actions — reducing single-use plastics, rational prescribing, energy efficiency and green procurement — were framed not as optional extras but as clinical and ethical responsibilities.

CLINICAL READINESS — Delegates discussed how to prepare primary care facilities for climate-related surges: heat emergencies, flood-related injuries, disease outbreaks and displacement health needs. Protocols, supply chain resilience and staff training were highlighted as priority areas.

COMMUNITY-ORIENTED PRIMARY CARE — The COPC model was positioned as the ideal vehicle for climate-health action: identifying community-level vulnerabilities, engaging local leaders, tracking environmental determinants and designing targeted interventions rooted in place.

RESILIENCE VS CAPACITY — The session closed with a provocation: resilience without capacity is merely endurance. Africa's primary care workforce needs both the adaptability to cope and the systemic investment to truly thrive in a changing climate. "We cannot ask communities to be resilient if we have not built their capacity."

The Compass That Guides Us.

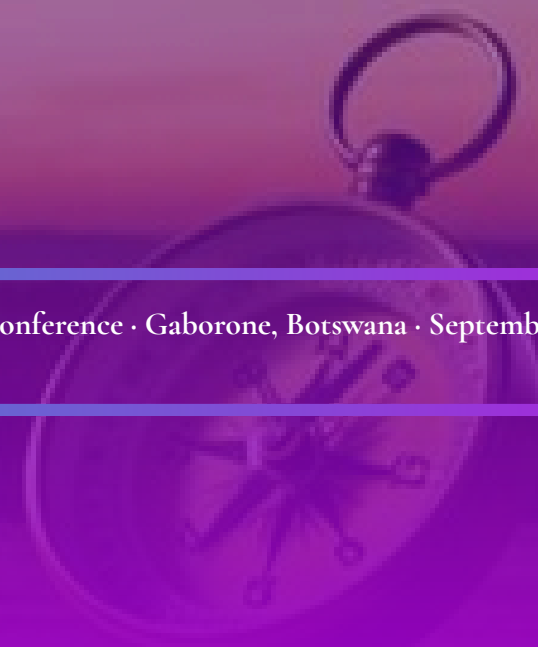
In her keynote address, Prof Viviana Martinez-Bianchi called on every family physician to examine what truly drives them — and who they are called to lead. Leadership, she reminded us, begins at home: in the consultation room, in the community, in the everyday courage of showing up. Patients are our greatest teachers. Belonging is not a gift given to us — it is something we build together. WONCA, she said, starts where you start: with purpose, with humility, and with the willingness to be present. Her closing question echoed through the hall and stayed with every delegate long after the applause faded:

"Who will receive a compass from you?"

Keynote Speaker: Prof Viviana Martinez-Bianchi



AfriWon Pre-Conference · Gaborone, Botswana · September 2026



Leadership Without a Title

Two landmark sessions at AfriWon Botswana 2026 challenged delegates to redefine what leadership means - and who it belongs to. Prof Bob Mash's fireside chat and Prof Karen Flegg's keynote together offered a framework for leading with agency, humility and purpose, regardless of rank or years of experience.



"Leadership is not a title you are given - it is a choice you make every day. Say yes. Show up. Be reliable. Your team, your patients and your continent are watching."

Prof Bob Mash,
Fireside Chat



"The I-We-It framework asks us to hold ourselves, our relationships and our mission in balance. Humility is not weakness - it is the foundation of sustainable leadership. Mentorship is service, and service is leadership."

Prof Karen Flegg,
Keynote Address

Leadership Without a Title



Prof Bob Mash • Insights

AGENCY & RELIABILITY

Leadership begins with personal agency-taking initiative and being someone others can depend on. Humility grounds effective leaders, allowing them to learn continuously and acknowledge the contributions of others.

THE I-WE-IT FRAMEWORK

Balance self-awareness (I), team dynamics (We), and task completion (It). True leadership emerges through relationships, not positions. Service and courage define those who lead authentically.

SAYING YES

Embrace opportunities even when uncertain. Growth comes from stepping forward, accepting challenges, and supporting colleagues through mentorship and genuine teamwork.



Prof Karen Flegg • Wisdom

MENTORSHIP & TEAMWORK

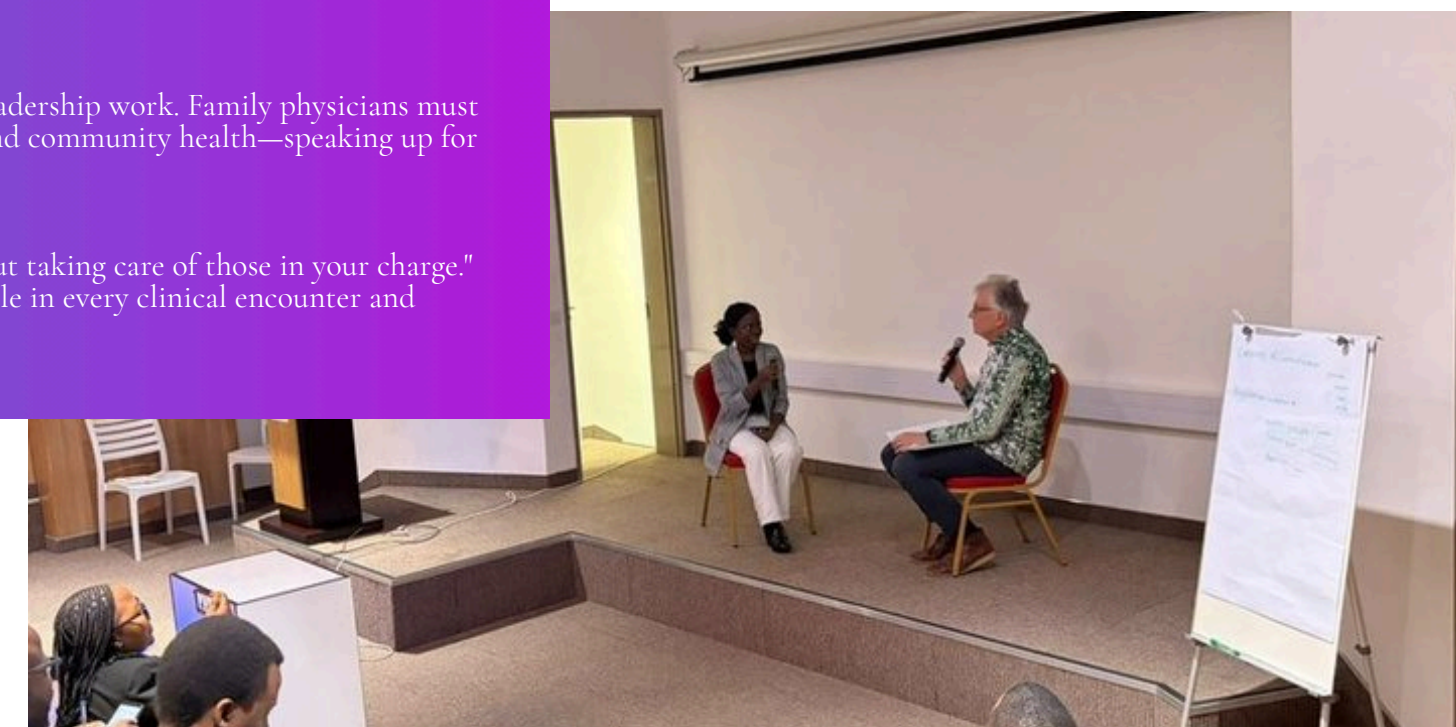
Leadership transcends age and formal titles. Young physicians can lead through dedication, reliability, and willingness to serve. Experienced leaders multiply impact by investing in emerging colleagues.

ADVOCACY AS PRIORITY

Looking forward, advocacy emerges as essential leadership work. Family physicians must champion primary care, workforce recognition, and community health—speaking up for patients and systems alike.

LEADERSHIP THROUGH SERVICE

"Leadership is not about being in charge. It is about taking care of those in your charge." Build teams, nurture potential, and lead by example in every clinical encounter and community engagement.





Five leaders. Five countries. One unwavering commitment to family medicine across Africa. Dr Nana Kwame Ayisi-Boateng, Dr Innocent Besigye, Dr Bolatito Fatusin, Dr Jessie Mbamba and Dr Pius Ameh were honoured at the Past AfriWon Leaders' Plenary in Gaborone - recognised for years of volunteer service, research mentorship, country-level engagement and the quiet sacrifices that built AfriWon into the continental platform it is today. Together they embody five words: Innovative, Impactful, Productive, Visible, Resilient.

"We did not build AfriWon for recognition. We built it because Africa's patients deserve family physicians who will not give up."

- Past AfriWon Leaders' Plenary, Gaborone 2026

AfriWon Through the Years



Voices From Tanzania & Botswana



"Coming to Gaborone, I was told: find your compass. I did not fully understand what that meant until I sat in a room full of family physicians from across Africa - each carrying the same questions, the same burdens, and the same fire. The keynotes challenged me to lead with purpose. The planetary health sessions opened my eyes to the climate threats already reshaping primary care in my community. And the networking - informal, warm, generously African - reminded me that we do not have to solve these problems alone."

Dr Keabetswe Solomon,
Botswana

Finding Your Compass: Three voices share how Gaborone 2026 reinforced their commitment to primary health care as a continental mission—through research momentum, NCD clinic data, intrinsic-capacity learning, and regional collaboration in mentorship and policy dialogue.

Dr Sumayyah N. Saudin attended WONCA Africa 2026 in Gaborone as a first-time delegate. Her reflections capture the spirit of the conference: the courage to say yes, the discovery of shared continental purpose, and the profound realisation that across borders, Africa's family physicians are united in mission.



"My biggest takeaway is that we are not alone. Across borders, we are united by a shared passion for family medicine, stronger primary health care and advocacy for our communities. I came to Gaborone uncertain. I leave with a compass, a network, and a renewed sense of what is possible when young African physicians simply say yes."

Dr Sumayyah N. Saudin,
Tanzania

Attendee Voice

Dr Adwoa N. A. Beecham



Ghana • Family Physician • Delegate

"I came to Gaborone to learn, to connect, and to contribute - and I found all three in abundance."

For Dr Adwoa N. A. Beecham, the journey to Botswana was not simply about attending a conference. It was about showing up for a continent, for a profession, and for the next generation of family physicians who are quietly, often without recognition, reshaping primary care across Africa.

Service without the spotlight is something Dr Beecham knows well. She spoke of colleagues who give of their time, expertise and passion - mentoring, organising, advocating - without ever seeking acknowledgement. "The work gets done because people believe in it," she reflected. "Not because someone is watching."



Reflection • Community • Leadership

The Past AfriWon Leaders' Plenary was a defining moment. Hearing from those who built AfriWon from the ground up — navigating resource constraints, geographic distances and institutional resistance — reinforced just how much has been achieved through collective will.

"Young physicians are making a difference," Dr Beecham said. "We are not waiting for permission. We are building, researching, leading — and we are doing it together." For her, Gaborone confirmed that community is not a backdrop to the work of family medicine in Africa. It is the work. The informal conversations, the shared meals, the cross-border friendships formed in corridors and clinics — these are the connective tissue of a movement that is growing stronger with every conference.

"AfriWon gave me a room full of people who understand exactly what I am trying to do. That is rare. That is everything."





Reflections on My WONCA Africa Experience



INNOVATIVE FAMILY MEDICINE ACROSS AFRICA

- What struck me most was witnessing the breadth and creativity of family medicine practice across the continent. From community-based NCD screening in West Africa to nurse-led ophthalmology in Botswana, each country delegation brought evidence of locally adapted, patient-centred care that defied resource constraints.



ADOLESCENT TRANSITION CARE WORKSHOP

- The workshop on transition care for adolescents with chronic health conditions was a highlight. Young people living with conditions such as sickle cell disease, Type 1 diabetes and HIV face a critical gap when moving from paediatric to adult services. Family physicians are uniquely positioned to bridge this gap through continuity, relationship and coordination.



WHAT WE CARRY HOME

- Gaborone reminded me that our challenges are shared and our solutions can travel. The energy of young physicians, the wisdom of established leaders, and the warmth of Botswana's hospitality reinforced that AfriWon is not just a conference — it is a living community of practice committed to Africa's health future.

"The workshop on transition care was the session I did not know I needed. In Ghana, adolescents with chronic conditions often fall through the cracks between paediatric and adult services. Seeing how other African countries are tackling this - with structured handover protocols, family physician continuity and peer-support networks - gave me a practical toolkit to take home."

Attending WONCA Africa 2026 was a reminder that family medicine in Africa is not struggling in isolation - it is innovating in community. From the opening plenary on climate-resilient primary care to the closing gala, every session reinforced that locally relevant evidence, person-centred approaches and cross-border mentorship are not aspirational ideals but active realities being built by physicians like us, right now.

The adolescent transition care workshop, facilitated by delegates from multiple countries, drew attention to a population too often overlooked in primary health care planning. Structured transition frameworks, clear communication between paediatric and adult teams, and the family physician as a consistent anchor - these are achievable steps that our Ghana team is now committed to piloting. AfriWon is a platform. What we do with it is up to us.





Arriving in Gaborone burned out and uncertain, Dr Keabetswe Solomon (Family Physician, North West District Primary Health Care) found the conference a turning point. Prof Martinez-Bianchi's compass keynote reoriented her sense of purpose. Sessions on Quality & Safety and Women and Family Medicine gave her practical frameworks, while PAULAS introduced a new lens on intrinsic capacity. Networking with Bergen colleagues reignited her NCD screening research plans.

- "I came depleted. I left with direction." -

Burnout • Compass keynote • Quality & Safety • Women & Family Medicine • NCD research • PAULAS •
Bergen network • Research momentum

Finding My Compass:

Dr Keabetswe Solomon



Networking & Community:

How Peers Across Africa Changed My View



Dr Seabe Thupa • 4th Year FM Resident •
University of Botswana

TLOKWENG CLINIC EXCHANGE

Participating in the AfriWon clinic exchange at Tlokweng was a formative experience. Walking through a familiar primary care setting alongside colleagues from Ghana, South Africa, Tanzania and Zambia revealed how much we share - and how much we can learn from one another. NCD management, referral pathways and coordination structures that I had taken for granted were suddenly subjects of rich, cross-continental dialogue.

NCDs & REFERRAL COORDINATION

Colleagues from Ghana shared how community health workers are integrated into NCD follow-up, reducing the burden on clinic staff. South African peers described task-sharing models that redistribute care responsibilities across cadres. These examples challenged me to think differently about how Botswana's primary health care system could evolve - not by copying, but by adapting with intention.

TASK-SHARING AS SOLIDARITY

What struck me most was that the challenges we face are not uniquely Botswanan. Workforce shortages, under-resourced facilities, fragmented referral systems - these are continental realities. Recognising that shared burden transformed it into shared purpose.



Tlokweng Clinic Exchange • Continental
Solidarity

"Primary health care is not a local problem to be solved in isolation. It is a continental mission, and AfriWon is the platform that makes us remember that."

- Dr Seabe Thupa, University of Botswana

PHC AS A CONTINENTAL MISSION

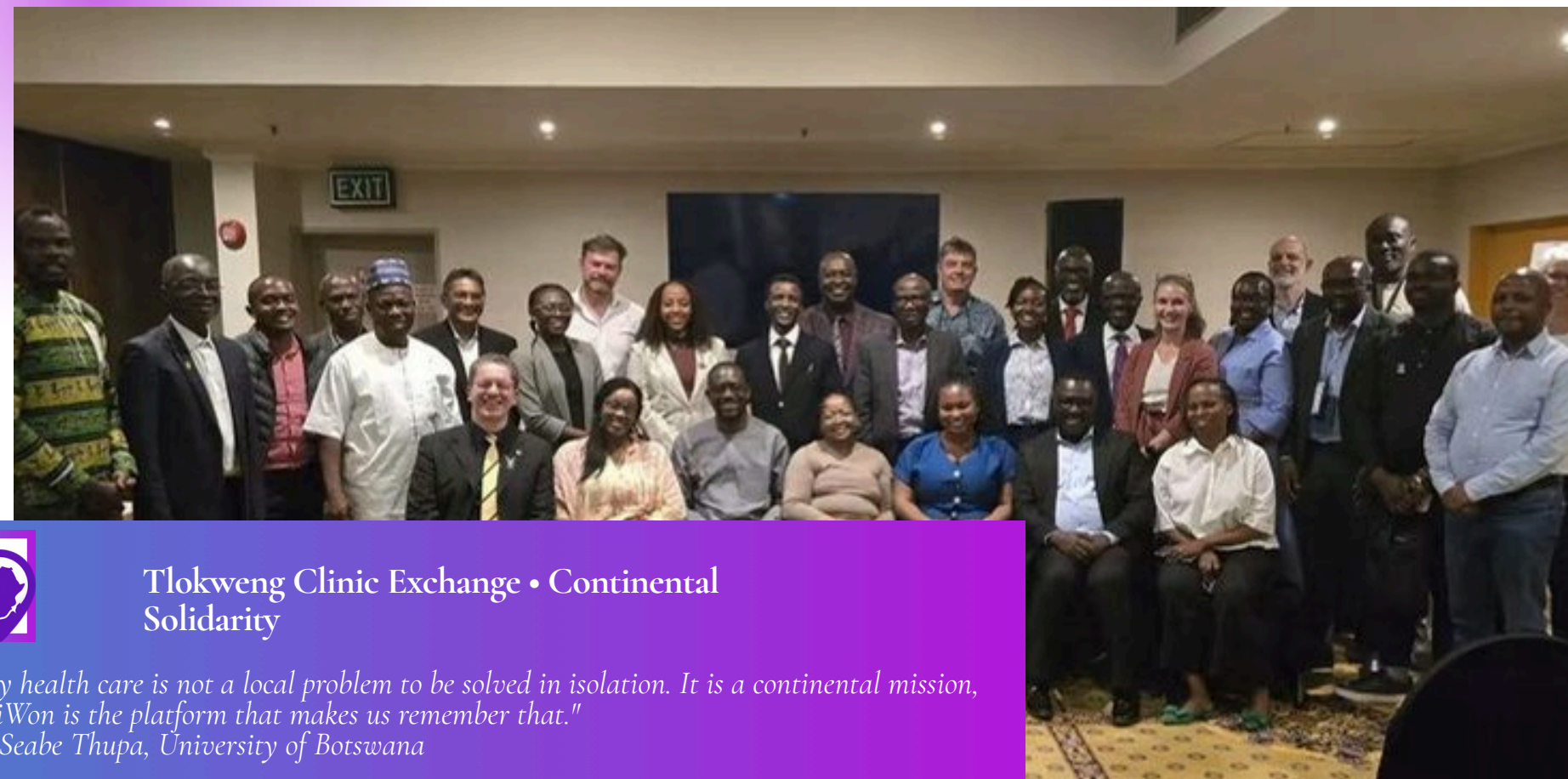
Engaging with peers across Africa reshaped my understanding of what primary health care can be. The conversations at AfriWon - in plenary sessions, clinic corridors and over dinner - reminded me that our individual practice is part of a much larger movement. The family physician in Accra, the resident in Lusaka, the nurse-clinician in Cape Town: we are all building the same foundation.

RESEARCH, MENTORSHIP & POLICY

AfriWon also opened my eyes to the research and mentorship infrastructure being built across the region. Discussions on locally relevant evidence, NCD screening research, and policy dialogue showed me that residents like me have a role to play - not just as future clinicians but as future advocates, researchers and mentors.

GOING FORWARD

I return to Botswana with a clearer professional identity and a wider community. The AfriWon Exchange & Partnerships Framework is not just a document - it is a commitment to two-way learning that I intend to honour. Primary care strengthened here strengthens the continent.





From Framework to First Steps

EXCHANGE FEATURE

Dr Brenda Maingi, AfriWon Exchange Theme Lead

The AfriWon Exchange & Partnerships Framework was not designed to remain on paper. In Gaborone, it came alive. Forty-six participants from across Africa stepped into Botswana's primary care clinics, Tlokweng, Bontleng, Extension 2 and Gaborone Central - for a structured, two-way learning exchange that marked the first major implementation of the Framework in the field.

"The exchange was never about observation alone. It was about reciprocal learning - bringing what we know, absorbing what we find, and building something together."

Each site offered a distinct window into Botswana's primary health care system: from NCD management and task-sharing models to nurse-led services and community-oriented care. Participants arrived with questions and left with partnerships. The Framework provided the scaffold; Botswana provided the starting point.

SITES: Tlokweng • Bontleng • Extension 2 • Gaborone Central

PARTICIPANTS: 46 across all sites

FOCUS AREAS: Workforce organisation, task-sharing, service delivery, longer-term collaboration



Bontleng Clinic: A Model of Reciprocal Learning



Exchange Feature Continued - Bontleng Clinic, Gaborone, Botswana

Bontleng Clinic stood out as one of the most instructive sites in the AfriWon Exchange - not only for what visiting physicians observed, but for what the exchange revealed about sustainable, community-rooted primary health care.

WORKFORCE ORGANISATION & TASK-SHARING

- Family physicians, medical officers and family nurses worked in clearly defined, complementary roles - each contributing to a seamless patient journey from triage to consultation and follow-up.
- Nurse-led ophthalmology services demonstrated the power of task-sharing: trained nurses conducted eye screening and basic visual acuity assessments independently, freeing physicians for complex case management.
- The team model at Bontleng offered a living example of how workforce organisation, when intentional, multiplies capacity without multiplying cost.

TWO-WAY LEARNING

- Visiting AfriWon delegates shared approaches from their home contexts - including community health worker integration models from Ghana, South Africa and Tanzania - sparking dialogue about what is transferable and what must be locally adapted.
- Botswana clinicians welcomed the exchange as a mirror: seeing their own systems through fresh eyes prompted reflection on both strengths and areas for growth.
- "We did not come to teach," one delegate noted. "We came to learn together - and that is exactly what happened."

SERVICE DELIVERY & LONGER-TERM COLLABORATION

- Bontleng's patient volume, NCD burden and referral pathways closely mirror challenges faced across the continent, making it an ideal anchor site for ongoing collaboration.
- Participants left with concrete commitments: shared research questions, joint quality improvement proposals and plans for follow-up virtual exchanges in 2027.

Botswana gave us a starting point - not an endpoint, but a foundation from which AfriWon's Exchange & Partnerships Framework can grow into something lasting and continent-wide.





Ghana Country Representative

- ✓ **MENTORSHIP & RESEARCH**
 - AfriWon is a living platform where emerging family physicians find mentors, co-investigators and collaborators. The Ghana delegation witnessed this firsthand - from keynote halls to corridor conversations, every interaction carried the potential for a new research partnership or a career-defining connection.
- ✓ **LEADERSHIP & ADVOCACY**
 - The AfriWon Through the Years plenary reminded delegates that leadership is built through sacrifice and service. Young Doctors' Call to Action on Climate Resilience placed Ghana's voice at the centre of a continental conversation - one that links planetary health to everyday PHC practice.
- ✓ **ROAD TO CAPE TOWN 2027**
 - The 2026 Montegut Global Scholar carried Gaborone's energy home with a mandate: document, share and return stronger. Exchange must be two-way. Ghana's story - its innovations, its challenges, its family medicine workforce - belongs on the regional stage.

GHANA COUNTRY REPRESENTATIVE / 2026 MONTEGUT GLOBAL SCHOLAR Bernice Enyonam Akpaloo

Gaborone was not simply a destination - it was a demonstration. A demonstration that AfriWon works, that Africa's family physicians are rising, and that platforms built on mentorship, research and professional exchange produce real, lasting change. As Ghana's Country Representative and the 2026 Montegut Global Scholar, attending WONCA Africa 2026 meant arriving with both a personal learning agenda and a collective responsibility. The keynotes - on leadership, planetary health and primary care research - confirmed what many already knew: the questions being asked in Accra, Nairobi, Lusaka and Gaborone are the same questions. The answers, however, must be locally grown.

AfriWon Through the Years offered something rare: institutional memory. Hearing past leaders speak of sacrifice, mentorship and country-level engagement grounded the ambition of younger delegates. Their five words - Innovative, Impactful, Productive, Visible, Resilient - are not aspirations. They are a standard. The Young Doctors' Call to Action on Climate Resilience made clear that Ghana's family physicians are ready to meet it. Cape Town 2027 is the next step. Accra 2028 is the horizon.



Ghana at WONCA Africa: Research, Culture & Pride

The main WONCA Africa 2026 conference offered Ghana delegates rich scientific and cultural engagement. Three research abstracts were presented, with the standout being the Best Poster Presentation on hypertension prevalence among KNUST students - local evidence that speaks directly to the growing NCD burden among young Africans. Quality and safety sessions reinforced the importance of systems thinking in primary care, while workshops on local evidence generation inspired delegates to document and share Ghana's own family medicine innovations. Botswana's warmth was felt beyond the lecture halls. Delegates savoured Seswaa, joined the social evening and were moved by the gala cultural night - a celebration of African identity and solidarity. The Ghana delegation left Gaborone with renewed pride, stronger continental connections and clear momentum. Eyes are now firmly set on Cape Town 2027 and Accra 2028 - a landmark moment when Ghana hosts AfriWon on home soil.

Best Poster: Hypertension among KNUST students • Local evidence • Quality & Safety •



South Africa & The Road to 2027



Dr Simon Mashudu Marcus: The Road to 2027

Dr Simon Mashudu Marcus represented South Africa with distinction at the Botswana gathering, engaging deeply with PRIMAFAMED research capacity-building initiatives that are strengthening African family medicine scholarship.

His participation in the Quality & Safety workshop reinforced commitment to evidence-based practice improvement, while the WHO AFRO workforce discussion highlighted critical conversations about family physician recognition, deployment and sustainable health systems across the continent.

KEY REFLECTIONS

- Strong research foundations built through PRIMAFAMED networks inspire young-doctor confidence in generating locally relevant evidence.
- Quality & Safety methodologies provide practical tools for continuous improvement in primary care settings.
- WHO AFRO workforce dialogue advances recognition of family medicine's essential role in African health systems.

Dr Marcus expressed heartfelt appreciation for Botswana's warm hospitality and acknowledged the invaluable contributions of Dr Thando Agape Dube and Dr Peace Nantale to the conference's success. As momentum builds toward WONCA World 2027 in Cape Town, South Africa stands ready to welcome the global family medicine community home to Africa.



South Africa Attendee Voice

Dr Simon Mashudu Marcus

Chair, WONCA World Young Doctors' Movement Pre-Conference 2027 |
AfriWon South Africa Representative.

Reflections on PRIMAFAMED, leadership workshops, WHO AFRO
workforce discussions, Quality & Safety, and the road to Cape Town 2027.

"Gaborone reminded me why we do this work. Meeting AfriWon colleagues face-to-face - colleagues I had only known through screens - transformed my sense of what regional solidarity truly means. PRIMAFAMED gave us the language; Botswana gave us the momentum. The leadership and education workshops pushed me to think beyond my own context and consider what quality, safety and workforce advocacy look like at a continental scale. The WHO AFRO workforce discussion was a defining moment: our voices as young family physicians were heard at the highest level. I leave with renewed purpose and a clear mandate - Cape Town 2027 must build on everything Gaborone started."

"I want to acknowledge Dr Thando Agape Dube and Dr Peace Nantale - their generosity, mentorship and quiet leadership shaped this conference experience profoundly. AfriWon is strongest when we lift each other. Research collaboration, quality improvement and workforce recognition are not abstract goals; they are the daily work of family physicians across this continent. South Africa is ready to host the next chapter. We move forward together."





The University of Zambia delegation arrived in Gaborone with clear objectives: to reflect on the NORHED/PRICE partnership, strengthen advocacy for family medicine, and deepen regional research capacity. Delegates engaged workshops on scientific writing, AI in primary care, grant development and planetary health integration. Sessions on patient-centred research and workforce recognition resonated deeply - affirming Zambia's commitment to community-responsive family medicine. Curriculum harmonisation across PRIMAFAMED institutions emerged as a shared priority, with delegates exchanging frameworks and exploring competency-based outcomes that can be measured and reported. The Gaborone gathering offered rare space for honest dialogue: how do we document what Zambia's family medicine programme has built, and how do we share it with the continent?

Advocacy • Research capacity • Scientific writing • AI • Grants • Planetary health • Workforce • Curriculum harmonisation

Zambia at WONCA Africa 2026

NORHED-PRICE & The Road Ahead





Zambia: What We Take Home



STRONGER EVIDENCE-BASED ADVOCACY

- Document and disseminate Zambia's family medicine experience through peer-reviewed publications, policy briefs and regional platforms. Build the evidence base that positions family physicians as essential to universal health coverage and primary health care strengthening across the continent.



REGIONAL RESEARCH & PLANETARY HEALTH INTEGRATION

- Deepen collaboration with AfriWon partners on patient-centred, locally relevant research. Integrate planetary health and climate-resilient care into training curricula and CPD programmes. Pursue NORHED/PRICE-supported scientific writing, AI literacy, grants and competency-based measurable outcomes.



SUSTAINING PARTNERSHIP MODELS

- Maintain the momentum of curriculum harmonisation, workforce recognition and task-sharing frameworks initiated in Gaborone. Ensure that exchange, mentorship and policy dialogue translate into concrete institutional commitments - and that Zambia's voice continues to shape the Road to Cape Town 2027 and Accra 2028.

ZAMBIA DELEGATION - UNIVERSITY OF ZAMBIA & PRIMAFAMED

"We came to Gaborone with questions about our place in African family medicine. We leave with collaborators, a clearer research agenda, and the conviction that what we build at home matters beyond our borders. The work does not end here - it begins here."

- University of Zambia Delegation Reflection, AfriWon Botswana 2026

Key recommendations endorsed by the delegation: integrate planetary health into all levels of family medicine training; establish measurable, competency-based outcomes for postgraduate programmes; formalise regional research partnerships under NORHED/PRICE frameworks; advocate for family physician workforce recognition in national health policy; and sustain the AfriWon Exchange model as a two-way learning platform. Zambia's next milestone: presenting outcomes at WONCA Africa Cape Town 2027.



From a Casual Conversation to Gaborone

My WONCA Africa 2026 Experience

“

Never underestimate those casual conversations. Sometimes they are the beginning of life-changing opportunities.

”

By Dr Maria Nakitende

*Senior Resident, Department of Family Medicine, School of Medicine,
College of Health Sciences, Makerere University, Kampala, Uganda*

My journey to the WONCA Africa 2026 Conference began long before the publicity, registration deadlines and excitement around Gaborone.

It started with a casual conversation after my research dissertation defence in May 2025. My external examiner, Prof. Billy, mentioned that Botswana would host the WONCA Africa Conference in 2026 and encouraged us to submit abstracts from our research when the call opened.

At the time, my research focused on primary care performance, and I was involved in student capacity building under the PCAT project. Attending WONCA Africa felt like an exciting possibility: a chance to present my work and perhaps finally meet some of the researchers I had previously known only through online meetings.

When an opportunity becomes real

Fast-forward to 2026. I submitted an abstract and was fortunate to receive support through the NIHR CADA Award under the PCAT project, together with additional financial support from sponsors of the Association of Family Physicians Uganda (AFPU). Suddenly, what had begun as a simple conversation was becoming a real journey. On 6 September, I travelled from Uganda to Botswana with my mentors, Drs Jane and Innocent.

As I made that journey, I kept thinking about how something mentioned almost casually more than a year earlier had eventually brought me to one of the most important family medicine gatherings on the continent.



PRIMAFAMED: Learning, writing and reconnecting with purpose

Even before the formal conference began, the experience was rich with connection. From the layover in Addis Ababa to our arrival in Botswana, I began meeting colleagues whom I had previously encountered only through virtual platforms.

The PRIMAFAMED meeting brought together family physicians, researchers and educators from different countries. Its programme of workshops, presentations, TED-style talks and project meetings highlighted both the diversity of our health systems and the remarkable similarities in the challenges we face.

The scientific-writing workshops were particularly valuable to me. I am actively developing my academic writing, and the storyboard approach to manuscript writing offered a simpler and more engaging way of organising research findings.

“

Sometimes an opportunity arrives before you feel ready. Saying yes may be how you discover what you are capable of.

”

The small-group discussions also challenged me to think about research communication differently—not simply as publishing results, but as communicating evidence in ways that people can understand and use. The leadership sessions and multicountry project discussions reinforced another lesson: regional collaboration requires consistency, patience, communication and teamwork. By the end of PRIMAFAMED, my enthusiasm for family medicine had been renewed.



An unexpected seat beside Prof Bob Mash

The AfriWon pre-conference brought another defining moment.

I had the privilege of moderating a fireside conversation with Prof Bob Mash, whose work has been important in shaping my own understanding of family medicine.

What makes this memory especially significant is that, just 10–20 minutes before the session, I had no idea I would be moderating it. I had expected to sit in the audience and listen. When my colleague Dr Eva was unexpectedly required elsewhere, she asked me to step in.

I was shocked and anxious—but I said yes.

The questions had already been prepared, so I reviewed them quickly, settled my nerves and went ahead. What began as an uncomfortable surprise became an opportunity to discover a skill I had doubted I possessed.

One message from Prof Mash stayed with me: when we recognise something that needs to change, and know that our expertise can contribute to that change, we need the courage to act and the reliability to follow through.

“

a simple conversation can open a door you did not even know was waiting for you.

”

Learning beyond the conference room

The pre-conference also took us into primary care practice. My clinic-exchange team included young family medicine doctors from Malawi, Kenya, Ghana, Botswana and Uganda. Our visit offered insight into Botswana's service-delivery model, particularly the role of inter-facility referral in supporting coordination and continuity of care.

The day ended socially, with networking, music, food and conversations outside the formal conference environment. Those informal moments mattered too; relationships often develop differently when people have space simply to talk.

WONCA Africa: Seeing the bigger family medicine picture

Then came the long-awaited WONCA Africa Conference. Plenaries, oral presentations and workshops created opportunities to learn from colleagues working in different contexts but pursuing similar goals. I had the opportunity to present my own research and support the ECSA-CFP stall, encouraging others to become part of a growing community of family physicians.

The lifestyle medicine workshop was another personal highlight. It reawakened an interest I had carried even before entering family medicine.

Most importantly, the conference allowed me to see the discipline beyond my own Ugandan context. I realised how many of our challenges are shared and how much becomes possible when family physicians connect across borders. There was culture too. The gala evening gave us an opportunity to experience Botswana through its food, traditional performances and crafts.



What We Take Home

Coming home with more than I carried there

On 12 September, we began our journey home.

I returned to Uganda with new knowledge, new professional relationships, potential collaborations and renewed passion for family medicine, lifestyle medicine and research.

I remain deeply grateful to the NIHR CADA Award through the PCAT project, the AFPU sponsors, my mentors Drs Jane and Innocent, my AFPU colleagues Drs Patricia, Anna, Eva and Brenda, and the PRIMAFAMED and Botswana organising teams for helping make the experience possible.

But perhaps the simplest lesson is the one I will remember longest:

“Never underestimate the power of a casual conversation. Sometimes, a simple conversation can open a door you did not even know was waiting for you.”

Gaborone was more than a conference destination. It became a reminder to remain open to conversations, relationships, opportunities and the unexpected places they may lead.

Learning That Travels

Cross-Cutting Synthesis



Research • Care • Workforce

LOCALLY RELEVANT RESEARCH

Generate evidence that addresses African contexts; primary-care research as foundation for policy and practice improvement.

PERSON-CENTRED PRIMARY CARE

Place patients at the heart of care delivery; adolescent transition care ensuring continuity; NCD screening and chronic disease management.

INTRINSIC CAPACITY & OLDER ADULTS

Assess and support functional ability in ageing populations; integrate geriatric principles into primary care.

QUALITY & SAFETY

Embed continuous improvement; measure outcomes; create systems that protect patients and support providers.



Leadership • Climate • Exchange

WORKFORCE & RECOGNITION

Advocate for family physician employment, deployment and career pathways; strengthen training pipelines across the continent.

CLIMATE-RESILIENT PHC

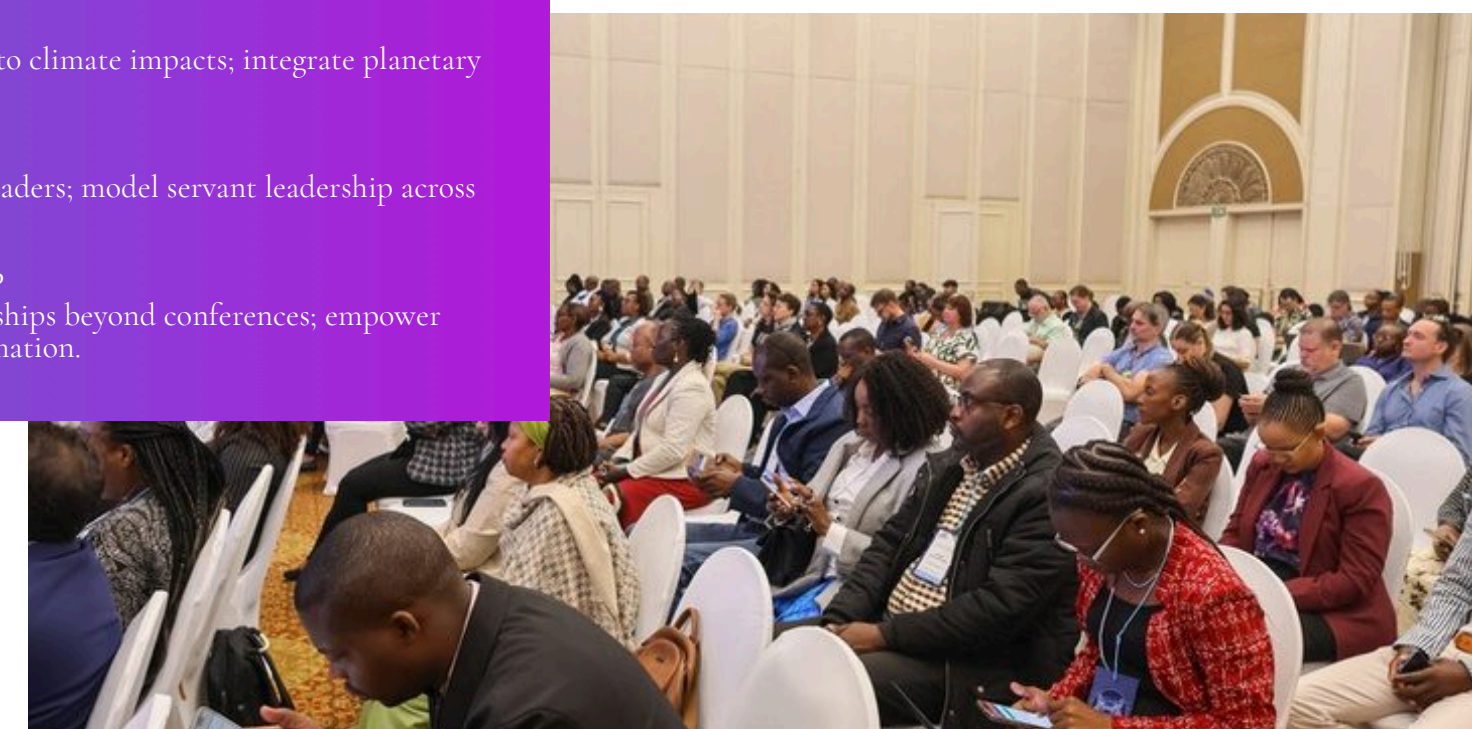
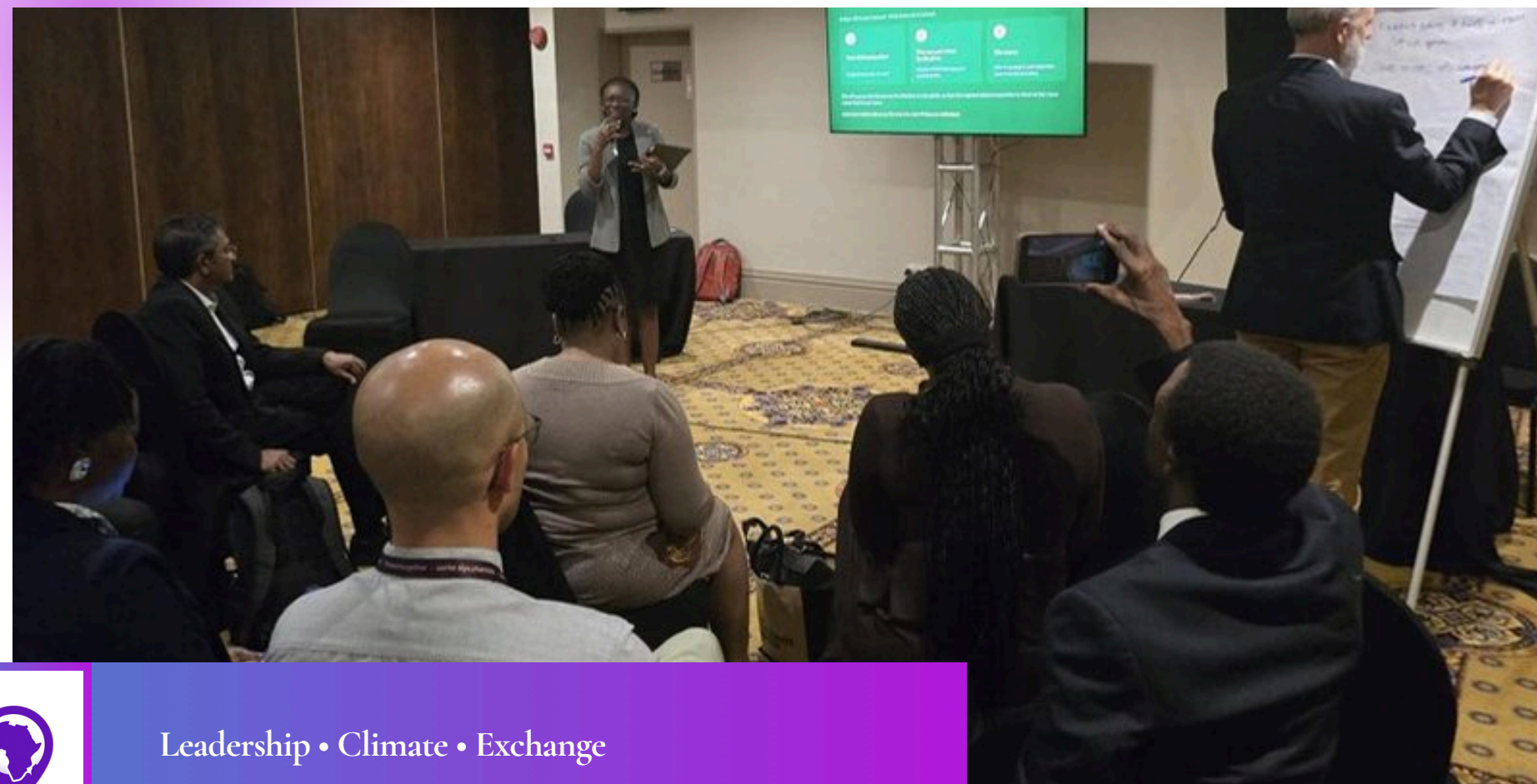
Build health systems that anticipate and adapt to climate impacts; integrate planetary health into curricula and practice.

MENTORSHIP & SERVICE

Pass the compass forward; invest in emerging leaders; model servant leadership across generations.

EXCHANGE & COMMUNITY LEADERSHIP

Deepen cross-country learning; sustain partnerships beyond conferences; empower communities to lead their own health transformation.





We Are One. We Move Forward.

From Gaborone, we carry forward a renewed commitment to locally relevant research, person-centred care, and climate-resilient primary health care across Africa. We leave with stronger networks, sharper advocacy, and a shared resolve: to lead with humility, serve with purpose, and build the family medicine workforce our communities deserve. Through mentorship, exchange, quality and safety, and continental solidarity - AfriWon endures. The journey continues in Cape Town 2027, and onward to Accra 2028.

Next: Cape Town 2027

Then: Accra 2028



We Are One: Carrying the Spirit of Gaborone Forward

The WONCA Africa Conference 2026 in Gaborone, Botswana, held under the theme “We Are One: Africa United to Advance Planetary Health,” was more than a gathering of family physicians. It was a powerful reminder of what becomes possible when we meet not simply as professionals from different countries, but as one African family medicine community—connected by common challenges, shared aspirations and a commitment to strengthen primary health care across our continent.

For AfriWon, that spirit began even before the main conference. Our pre-conference, “Rising Together: Young Family Physicians Shaping Climate-Resilient Primary Care in Africa,” deliberately brought together research, climate health, leadership, mentorship and action. It challenged young and emerging family physicians to recognise that the future of African health systems will not be shaped only in lecture halls or policy meetings. It will also be shaped in the communities we serve, the research questions we choose to investigate, the relationships we build and the courage with which we respond to the realities around us.

One message echoed repeatedly throughout Gaborone: our solutions must be rooted in our own contexts. Professor Klaus von Pressentin reminded delegates that much of the evidence we are expected to apply has been generated elsewhere and may not always reflect African realities. Primary care research therefore becomes more than an academic exercise; it is an act of social accountability. We have a responsibility to ask the questions that matter to our patients and communities, generate relevant evidence and translate it into better care.

Planetary health gave that responsibility an even wider meaning. Climate change is no longer a distant environmental discussion. Its effects are already being experienced through changing disease patterns, food and water insecurity, extreme weather events, respiratory illness and pressures on health systems. The challenge presented to us in Botswana was therefore clear: family physicians must be prepared not only to treat illness, but also to help build resilient communities and resilient primary health-care systems.

Yet perhaps the most memorable lessons were also the most personal. Professor Viviana Martinez-Bianchi encouraged us to “find your compass” - to remain anchored in purpose, courage and service. Her question, “Who will receive a compass from you?”, invited every delegate to consider not only where we are going, but whom we are helping to find their way.





That same spirit emerged in the reflections shared by our delegates. Dr Sumayyah Saudin returned to Tanzania reminded that “we are not alone”, recognising that many of the challenges faced in one country are shared across borders. Dr Seabe Thupa described primary health care not simply as a national responsibility but as a continental mission, strengthened through shared learning, advocacy and collaboration. Dr Keabetswe Solomon returned to her district with renewed energy for clinical practice and locally relevant primary-care research. Dr Maria Nakitende’s journey from a casual conversation to presenting, networking and learning in Gaborone reminded us that sometimes the smallest encounter opens the door to an extraordinary opportunity.

The AfriWon Exchange also demonstrated what “We Are One” can look like in practice. Forty-six participants visited four primary-care facilities in Botswana, not simply to observe, but to compare, question, share and learn from one another. The most important lesson was that exchange should never be one-directional. Every health system has something to teach and something to learn.

As we leave Gaborone behind, the real measure of this conference will not be the number of presentations attended, photographs taken or contacts exchanged. It will be what happens after the conference: the research initiated, the mentorship relationships sustained, the health systems strengthened, the young doctors supported, the communities engaged and the partnerships carried forward.

Let us continue the exchange through research, mentorship, and action in our own settings.

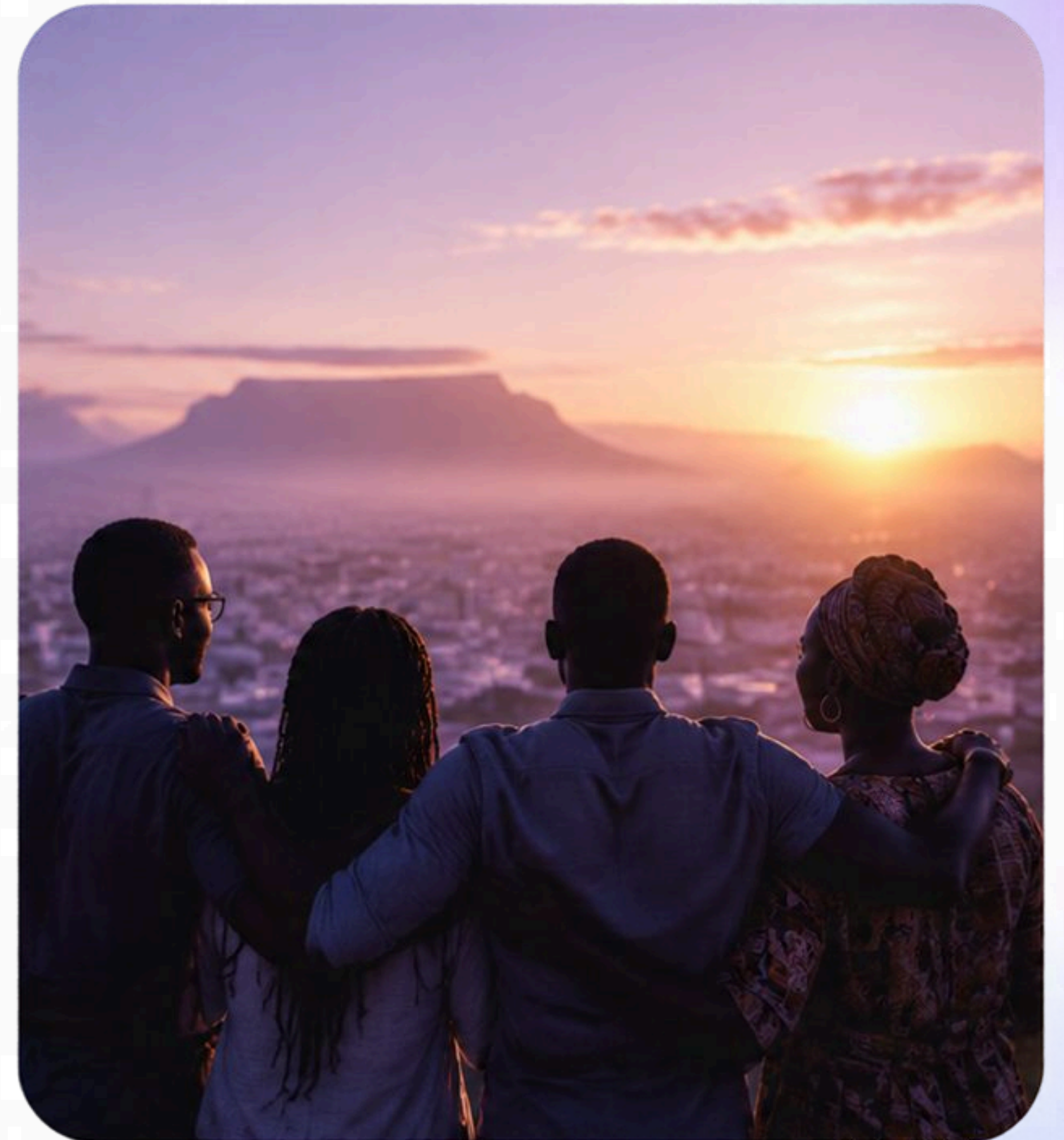


Carrying the Momentum Forward.

AfriWon's story has always been one of generations building upon the work of those before them. Listening to former leaders from Ghana, Uganda, Nigeria, Malawi and Namibia reminded us that strong movements are built slowly, through service, sacrifice, continuity and people willing to contribute even when recognition is not guaranteed.

Gaborone reminded us that we are many countries, but one community; many contexts, but a shared purpose. As we look towards Cape Town 2027 and beyond to Accra 2028, may we carry forward the courage to lead, the humility to learn, the discipline to generate evidence, the responsibility to protect our planet and the conviction that African family medicine is strongest when we rise together.

We are one. And from Gaborone, we move forward together.





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