AFRIWON RENAISSANCE
NEWSLETTER

July 2026 Research Edition

Background

The AfriWon research and clinical audit sub-group has been mandated to strengthen the culture of research, quality improvement, and evidence-based primary care among young and future family physicians across Africa. This article shares the progress of this sub-group in AfriWon and the activities it has accomplished in the last few months.

The core functions of this sub-group are to build capacity, support clinical audits, promote scholarly collaboration, improve primary care, and inform policy. It is Africa's network of young family physicians charged with generating strong evidence-based studies that improve primary care.

Key Objectives

- *Build research capacity among young family physicians*
- *Conduct clinical audits and quality improvement projects*
- *Provide mentorship and peer support for emerging researchers*
- *Influence health policy through evidence-based research*
- *Foster collaboration across African countries*
- *Secure funding and partnerships for research initiatives*

The research subcommittee

The Research Subcommittee is led by a chairperson and secretary, supported by an executive committee. Membership is open to all AfriWon members who express interest in research. The group follows a structured workflow for research topic selection, proposal writing, ethics approval, and funding applications.

Costs are shared among group members, and all financial contributions must specify the currency used. The subcommittee coordinates across multiple time zones and countries to ensure inclusive participation.

- There is an executive committee consisting of 9 members, the group leaders, and secretaries.
- A call for people interested in research is sent out in AfriWon groups, and then they register.
- The current theme leads have groups consisting of 10–13 people from different African countries.
- A chairperson is normally a practising family physician, and a secretary may be a family physician or a resident in Family Medicine.
- Each group produces at least 7 topics, and then, through the voting process, they decide on one topic that will be conducted as their research topic.
- The chairperson is responsible for scheduling meetings and times for writing the proposal, with the assistance of the secretary.
- Committee members are delegated to a group to encourage output, with the theme lead in all groups to ensure progress, quality, and scheduled meetings according to the needs of the group.
- Group members share costs for ethics approval, data entry, research assistants, and analysis.
- Total money required for data collection ranges between 1000 and 1500 dollars.
- The group will be maintained as a research lab and will produce more research.
- New members and new groups are formed to ensure continuity and build research capacity continentally.
- Continuous mentorship support is provided.

Join the Movement. Shape the Future of Family Medicine in Africa.

Become part of a growing continental network of family medicine trainees, residents, young family physicians, and early-career general practitioners committed to advancing Family Medicine, strengthening Primary Health Care, and improving outcomes across Africa.

https://docs.google.com/forms/d/e/1FAIpQLSd1AYyHT_bPl7Crh-ijwJjGSExTI_JHV8j3Xtwnssm3w6Eg9Q/viewform

Instagram: @afriwonrenaissance
Twitter (X): @theRealAfriWon
LinkedIn: AfriWon Renaissance
Facebook Group: AfriWon Renaissance

AfriWon
The future of WONCA Africa

Progress of the Theme

- *Participation from 20 African countries*
- *8 active research labs established*
- *3 newsletters published*
- *8 meetings held*
- *2 webinars conducted*

Current Research Group Progress

Group	Type of Study	Reg.	Proposal	Ethics	Data Coll.	Analysis	Manuscript	Submitted	Publication
1A	Cross-sectional	✓	✓	✓	✓	✓	✓	☐	☐
1B	Cross-sectional	✓	✓	☐	☐	☐	☐	☐	☐
2	Cross-sectional	✓	✓	✓	☐	☐	☐	☐	☐
3A	Systematic review	✓	✓	✓	✓	✓	☐	☐	☐
3B	Systematic review	✓	✓	✓	✓	✓	☐	☐	☐
4	Cross-sectional	✓	✓	✓	✓	☐	☐	☐	☐
5	Cross-sectional comparative	✓	✓	☐	☐	☐	☐	☐	☐
6	Qualitative	✓	✓	✓	☐	☐	☐	☐	☐
7	Cross-sectional	✓	✓	☐	☐	☐	☐	☐	☐

Challenges and Needs

- Limited access to e-libraries and research databases
- Need for institutional partnerships and collaborations
- Mentorship gaps for early-career researchers
- Requirement for CPD points linked to research activities
- Need for small grants to support research projects

Leading Across Borders: Lessons from building a Research Team

- ***Dr Onaopemipo Omoniyi KOLADE, Consultant Family Physician, University College Hospital, Ibadan, Nigeria***
- ***Deputy theme lead for research and clinical audit***

Over the past few months, I've had the privilege of leading one of the Afriwon Research Groups, a diverse group of clinicians and researchers working together across multiple African countries.

It's been one of the most rewarding leadership experiences I've had, but it has also stretched me in ways I didn't fully appreciate at the outset.

The research itself has been exciting. Bringing together brilliant minds to pursue a common goal has been a privilege. What has challenged me most, however, has been sustaining the energy of the team...not because anyone lacks ability or passion, but because we're all trying to squeeze research into lives already filled with clinics, ward rounds, residency training, teaching, family responsibilities, and countless competing priorities.

I've learnt that leadership in research is rarely about giving instructions. It's about creating momentum. Some days the group chat is buzzing with ideas. People are suggesting improvements, debating methodology, sharing literature, volunteering for different sections, and challenging each other's thinking.

Other days... silence...just silence! And that's when leadership really comes to play.

It means sending another reminder, not because people don't care, but because life happens. It means organising another meeting, checking in on teams, celebrating small milestones, thanking people publicly, encouraging those who are falling behind, and gently reminding everyone that this is our project, not my project.

I've discovered that accountability and empathy aren't opposite; they go hand in hand.

One of the biggest lessons has been resisting the temptation to do everything myself. It would certainly be faster.

But collaborative research isn't about producing a paper as quickly as possible; it's about building researchers. Sometimes that means slowing down enough to let others think, contribute, make mistakes, and grow. The journey wasn't without frustrations. There have been delayed timelines, unanswered messages, changing schedules, and moments when I wondered whether the vision was still shared by everyone.

Yet there have also been incredibly rewarding moments...Watching colleagues from different institutions and countries build something together, seeing rough ideas evolve into well-crafted scientific work, watching team members take ownership of tasks, encourage one another, and celebrate each other's progress. Those moments remind me why collaborative research matters.

Above all, this experience has taught me patience, clearer communication, better organisation, and the importance of consistency. I've realised that leadership isn't found in the big moments; it's found in the quiet, repetitive work of showing up - repeatedly, even when progress feels slow. We're still on the journey, and there's plenty of work ahead.

But if there's one lesson I'll carry forward, it's this: Research builds evidence, but collaborative research builds people. And building people may be the most meaningful outcome of all...and this we will achieve in addition to building solid evidence through quality research.

Experiences of Subgroup Leaders

My experience in the AfriWon Research Collaborative has been both enriching and rewarding. As a participant, I benefited greatly from the well-structured and in-depth modules, which progressively built my understanding of primary care research. The sessions on problem statement development, formulation of research questions, literature searching, research aims and objectives, quantitative and qualitative methods, and protocol development were especially useful in strengthening my research thinking and confidence.

Dr. Mteeve B. Amugune
Group 7 Secretary

Serving as Secretary of Group 7 added a valuable leadership dimension to the experience. Coordinating communication among busy physicians across different African countries and time zones was initially challenging, but it became manageable through teamwork, commitment and mutual respect. I appreciated the dedication of group members, the guidance from mentors and the support from peers, which created a positive environment for learning and collaboration.

This journey also required balancing several responsibilities, including my clinical and academic work, third-year Master of Family Medicine studies, Group 7 leadership duties and personal life. Although demanding, the experience improved my time management, communication, organisation, and collaborative leadership skills.

In summary, ARG has been a rewarding platform for research capacity-building, mentorship and professional growth. Going forward, it may be useful to strengthen peer accountability systems and create more opportunities for participants to share evolving research ideas across groups. I am grateful for the learning, mentorship and teamwork experienced throughout this journey.

Future Collaborations

The ARG seeks to establish partnerships with the following groups and organisations:

- PRIMAFAMED (Primary Care/Family Medicine Education Network)
- ECSA-CFP (East, Central and Southern Africa College of Family Physicians)
- Education and Rural Health Theme Groups within AfriWon
- Funding bodies and research councils across Africa
- Family Physician Academies and public health research groups
- NORHED-PRICE project for collaborative research capacity building

AfriWon Research Collaborative (ARC) Update

The AfriWon Research Collaborative (ARC) is a virtual mentorship programme founded in 2018 to support Family Medicine residents in sub-Saharan Africa to develop research skills. The programme provides structured training through 10 online modules, peer mentorship, and faculty supervision.

Programme Structure & Mentorship Model

- 10 modules covering research methodology from concept to publication
- Three-tier mentorship: mentee, peer mentor, and faculty mentor
- Online delivery with asynchronous and synchronous components
- Evaluation is feedback-based with no formal grading or academic credit
- Free participation; participants self-fund technology requirements
- No research grants currently available through the programme

Current Progress

- 28 mentees enrolled across 26 research teams
- Participants primarily from Malawi and Zambia
- 12 mentees have progressed to Module 7
- Collaboration established with ECSA-CFP and NORHED-PRICE projects
- Time commitment: approximately 4-6 hours per week

Course Structure

- *10-module curriculum delivered via short didactics.*
- *Learning materials include reference texts, quizzes, and assignments.*
- *Final output is a completed research proposal or protocol.*

Mentorship Team

- *Three-tier design links a mentee, peer mentor, and faculty mentor.*
- *Flexible sizing allows one to two people per role.*
- *Peer mentors check in with mentees at least weekly.*
- *Full teams meet together on a monthly basis.*
- *Mentoring style emphasizes motivational interviewing and wellness support.*

Evaluation & Credit

- *No formal grading is used during the course.*
- *Constructive feedback is provided directly by mentors and faculty.*
- *Local evaluation remains the responsibility of institutional supervisors within respective departments of Family medicine (where applicable).*
- *No academic credit or CME units are granted.*
- *Completion certificates are issued to participants and mentors.*

Time Commitment

- *Participants spend about three hours per week.*
- *Peer mentors dedicate roughly two hours per week.*
- *Faculty mentors invest about one hour per week.*
- *Flexible scheduling accommodates individual needs.*

Logistics & Funding

- *Free participation with no tuition fees.*
- *Self-provided technology required for devices and internet.*
- *No research funding is currently provided by ARC.*
- *Publication support is under consideration for select 2026 candidates.*
- *Post-cycle support is available through virtual Work-in-Progress meetings.*

Conclusion

The AfriWon Research Collaborative has demonstrated that structured virtual mentorship can effectively build research capacity among Family Medicine residents in sub-Saharan Africa. Despite funding limitations and technological challenges, the programme has successfully supported participants through multiple stages of the research process.

The combination of peer support, faculty guidance, and a modular curriculum provides a scalable model for research training in resource-limited settings. Continued investment in partnerships, small grants, and institutional support will be essential to sustaining and expanding this important work across the continent.

MEET OUR RESEARCH SUBTHEME LEADERS

Our research subtheme leaders drive excellence, collaboration and impact across all AfriWon research initiatives.

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MEET OUR SMALL ONLINE GROUPS FOR EFFECTIVE RESEARCH (SOGER) LEADERS

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Group 3	 Micheal Kelechi	 Wachikuku Bowa
Group 4	 Femi Ajayi	 Nana Akua Abraquah
Group 5	 Idowu Odekunle	 Winnie Namakando
Group 6	 Abimbola Rebecca	 Andriana Adams
Group 7	 Akosua Nfodwaa Opoku-Asare	 Mteeve Brian

AFRIWON RESEARCH SUBTHEME COMMITTEE

I would like to take this opportunity to thank our committee members, group leaders, and every group for the work you continue to put into this journey.

This has been a journey that has tested our ability to work as teams, our resilience, and our discipline, carving out time for research in the middle of busy clinics and demanding academic schedules, all in the name of generating evidence that matters.

Let us not give up. There are great days ahead.

For me, it was never about energy or time. It is diligence. It is passion. It is a heart that can look ahead — five...ten... fifteen years from now — and see young family physicians across our various research laboratories producing evidence that will shape the future of health systems in Africa.

It has not been a smooth journey, but it's a call for highly motivated people who know how to lead and manage their teams effectively.

To our dear authors and co-authors: keep up the good work. Great days are coming. Together, we shall do great things.

Dr Peace Nantale

- *Research Subtheme lead*
- *Assoc. Consultant Public Health - Moroto Regional Referral*
- *Head Community Health Department Karamoja region*
- *Family physician*

AFRIWON

RENAISSANCE

NEWSLETTER

THE TEAM BEHIND

Dedicated storytellers. Passionate about Family Medicine in Africa. Committed to truth. Inspired by impact.

NANTALE ATANGWA PEACE

EDITOR IN CHIEF

RESEARCH THEME LEAD

Leads the editorial vision with clarity, courage, and a deep commitment to amplifying Africa's voice.

THANDO AGAPE DUBE

CO-EDITOR

IMAGE & GRAPHICS THEME LEAD

Shapes powerful narratives and ensures every story reflects purpose, integrity, and excellence.

THE STORY CONTINUES.

THE IMPACT LIVES ON.