



WORLD  
HEALTH  
SUMMIT

**REGIONAL MEETING AFRICA**  
KAMPALA, UGANDA  
JUNE 28-30, 2021

SCIENCE · INNOVATION · POLICIES



**ABSTRACT BOOK**







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HEALTH  
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**ABSTRACT BOOK**





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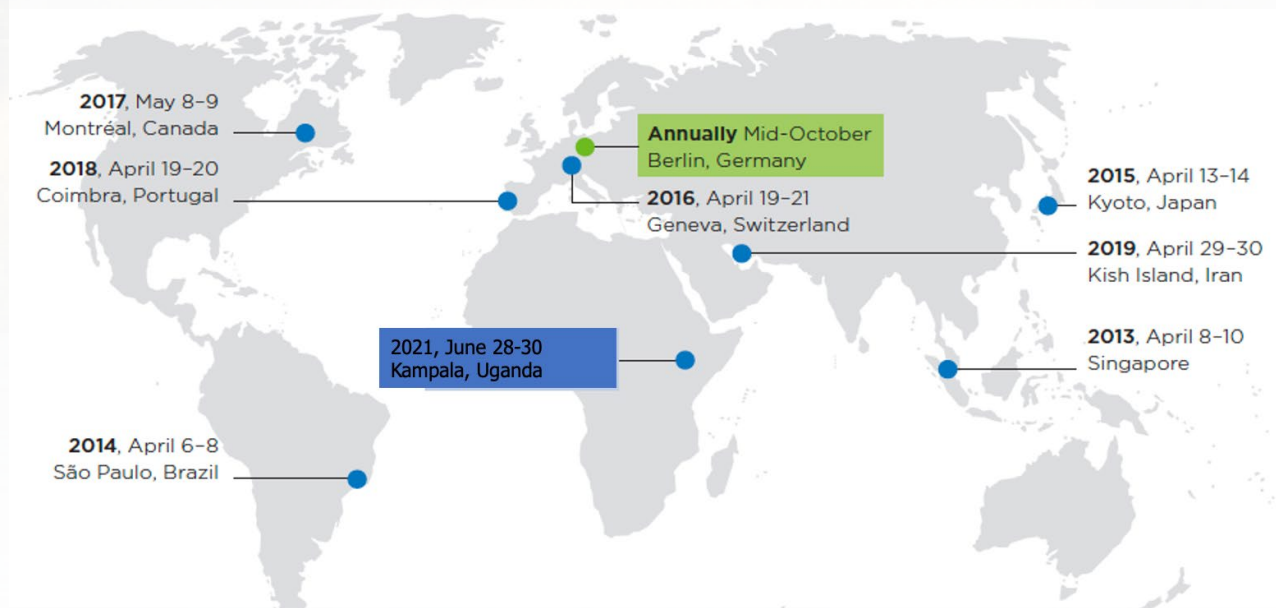
## World Health Summit

The World Health Summit is the world's leading strategic forum for global health. Every October in Berlin, it brings high-level policymakers, academics, healthcare practitioners, and representatives from civil society and the private sector together to set the agenda for a healthier future. The World Health Summit hosts 2,500 participants from over 100 countries. It is built on the academic foundation of the M8 Alliance, an international network of 25 academic institutions in 18 countries.

## World Health Summit Regional Meeting

Each year, the World Health Summit in Berlin is complimented by a Regional Meeting in a different part of the world. Health is a truly global challenge—most health issues affect people everywhere. At the same time, different regions and cultures have different health priorities.

At the World Health Summit Regional Meeting, these local and regional topics come to the forefront. Each meeting is hosted and organized by the M8 Alliance member holding the World Health Summit International Presidency, which rotates every year.





## **REGIONAL MEETING 2021**

### **Date**

June 28-30, 2021

### **Presidents 2020**

#### **Charles Ibingira**

Makerere University

#### **Prof. Axel R. Pries**

Charité – Universitätsmedizin Berlin

### **Host**

Makerere University and the Government of Uganda

### **Venue**

Speke Resort Munyonyo

### **Uganda Government Partners**

Office of the Prime Minister

Ministry of Education

Ministry of Health

Ministry of Science and Technology

Ministry of Tourism

Ministry of Gender and Labor

Ministry of Finance

Ministry of Transport

Ministry of Internal Affairs

Ministry of Foreign Affairs

### **International Organization Partners**

WHO Regional Office for Africa

## Kampala, Uganda

In June 2021, the first World Health Summit Regional Meeting in Africa will draw healthcare stakeholders and decision-makers from all over the world to find solutions global health challenges. With experts collaborating across sectors, expect lively discussion, new ideas, and major progress for global health—in the region and around the world.

### Central Topics

The central themes of the Regional Meeting 2021 are in line with the African journey towards meeting the UN Sustainable Development Goals and achieving universal health coverage. They include:

#### COVID-19 Pandemic in Africa

The COVID-19 pandemic in Africa has been puzzling to many public health experts given the fewer cases and deaths from COVID-19 than predicted. Because of the continent's overstrained and weak health systems, inadequate financing of health care, paucity in human resources, and challenges posed by existing endemic diseases, earlier predictions suggested that up to 70 million Africans would be infected with SARS-CoV-2 by June 2020, with more than 3 million deaths. The opposite has instead happened on the African continent possibly driven by limited testing, a much younger population, climatic differences, preexisting immunity, genetic factors, early implementation of public health measures, and timely leadership.

#### Stemming the tide of NCDs in Low- and Middle-income countries

Non-communicable diseases continue to be the leading cause of death globally. In Africa, they are stretching

already limited resources. Early action will stem the tide.

#### Universal Health Coverage

According to the World Health Organisation, half of the world's population do not have access to health care they need. This is much worse in low- and middle-income countries where the majority are driven into poverty each year through out-of-pocket spending. There remains a need to establish policies that promote universal health coverage. These policies should not only focus on prevention and treatment of disease, but also focus on helping to improve well-being and quality of life especially in low- and middle-income countries.

#### Global Health Security & Infectious Diseases

The threat to global health of infectious diseases remains significant today. Preparedness and response to infectious diseases is a matter of global interest. International health regulations have been adopted to support countries, but few have implemented these.

#### Advancing Technology for Health in Africa

The impact of information and communications technologies in health has grown tremendously. These technologies are a key mediator in service delivery and development in Africa.

#### Intersectoral Action for Health

The SDGs are interconnected and interdependent. Traditional governance and health deliver approaches that are siloed will need to be reviewed. Implementation of the High Commission on Social Determinants of Health recommendations will go a long way in achieving SDGs.



Message from  
the former  
Prime Minister  
of Uganda



**DR. RUHAKANA RUGUNDA**

Former Prime Minister of Uganda

Anything that pertains to the health of individuals should be accorded the highest attention because of the intrinsic value of life. Without a healthy population, no nation can claim to be a progressive state. So, the news that the 2021 World Health Summit Regional Meeting will take place in Uganda, and on African soil for the first time, is exciting news because of the positive impact it is bound to have on the continent majorly in the field of health and the spill over into the economy and tourism industry. As the government, we pledge total support to this important event that has since 2009 done much to ensure that the health of the global community is improved. Uganda is a multi-ethnic country that has had its fair share of trials and tribulations in health; to mention two: the menace of the HIV/Aids pandemic in the 1980s and the Ebola plague in early 2000s.

With the help of global partners, we stemmed the tide but, as Nelson Mandela once said, after climbing a great hill one realizes that there are other hills to climb. Today the threat of lifestyle diseases also known as non-communicable diseases is real not only in Uganda, but in the rest of the world. It is one of the ‘other hills’ we need to conquer. And I believe it’s in such gatherings that interventions are arrived at to guide policymakers and implementers in all must-win, life-threatening struggles. As a country, we remain the world’s second youngest population, with up to 48.7 percent of our populace under the age of 15. As we all know, the future belongs to them, and if we don’t do something that will keep our children and children’s children in ravishing health, then we will have cheated ourselves in the end. So, let us renew our commitment in investing in scientific research and training, exploiting technological innovations, and supporting every agenda that promotes the wellbeing of humanity. Remember: no health, no wealth. It is my pleasure on behalf of the government of Uganda to welcome you to this wonderful country and to wish you fruitful discussions.

For God and my country.

**Dr Ruhakana Rugunda**

Former Prime Minister of Uganda

**Message from  
the Minister of  
Health, Uganda**



**HON. JANE RUTH ACENG**

Minister of Health  
Uganda

I congratulate Makerere University and Uganda upon hosting the World Health Summit Regional Meeting 2021. This is a great opportunity for the world to focus on Africa's health, learn from its successes, and lay strategies for future collaborations. Uganda is committed to expanding frontline health services, with a focus on primary healthcare, training, and deployment of Community Health Extension workers to mobilize and sensitize the communities on health promotion and prevention and expanding pooling arrangements to improve financial protection through establishment of mandatory health insurance for all.

Health is increasingly influenced by factors outside the control of the health ministries, such as trade, education, nutrition and food security, war, migration and climate change health security and public health preparedness to confront and optimally respond to epidemics is of paramount importance. Uganda calls for global solidarity in resourcing and strengthening health systems for the achievement of UHC. UHC gives us a tremendous opportunity to eradicate poverty and diseases and ensure a healthier and more productive society.

**Hon. Jane Ruth Aceng**

Minister of Health, Uganda

Message  
from the Vice  
Chancellor  
of Makerere  
University



**PROF. BARNABAS NAWANGWE**

Vice Chancellor, Makerere  
University

It is a great honor for Africa and Uganda in particular to host the World Health Summit Regional Meeting for the very first time. It shows the giant strides the continent is making in improving health for its inhabitants whilst trying to match the highest global health standards. It goes without saying that life, or health for that matter, is the most precious gift anyone could have, for without life nothing can move. Which is why any forum that concerns itself with guaranteeing the human right of health in its fullness like the World Health Summit has done since 2009, must be applauded.

Although the World Health Summit and Regional Meetings have seen a lot of success over the years, we cannot afford the luxury of resting on our laurels. Emerging new threats, such as non-communicable diseases—today the leading cause of death, especially in third-world countries—along with other health risks must be confronted and counteracted.

Therefore, the 2020 World Health Summit Regional Meeting is timely and hugely important considering that thousands of global health experts and other stakeholders in government, academia, business, and the private sector will converge to share notes and experiences and make recommendations that policymakers can adopt and implement for the well-being of all. The ideas presented during the meeting will certainly draw from the latest scientific research findings and shall be massively edifying.

We must continue to work and intervene together to improve the healthcare system globally, thereby facilitating a long and prosperous life for ourselves, and for our children, and children's children. I therefore call upon you to support this important cause in all ways possible.

I also welcome you all to Uganda, the country whose beauty so mesmerized Sir Winston Churchill that he christened it “the Pearl of Africa.” Looking forward to seeing you all and wishing you a fruitful meeting.

**Prof. Barnabas Nawangwe**  
Vice Chancellor, Makerere University

**Message from  
the World  
Health Summit  
International  
President**



**PROF. CHARLES IBINGIRA**

Makerere University College of Health Sciences  
2020 International President, World Health Summit

As Makerere University College of Health Sciences, we are extremely delighted to be leading the preparations for hosting World Health Summit Regional Meeting 2021. All the busy meetings and endless correspondences are nothing compared to the health rewards that will accrue from such a significant meeting. It is important to remember that this is first World Health Summit Regional Meeting ever to be hosted on African soil. Uganda being the only African member of the M8 Alliance is setting a fantastic precedence for the rest of Africa. Although the health problems that affect us are universal – affecting people even in the developed world, it is important to acknowledge that Africa still has a long way to go in formulating and implementing better health policies for the benefit of its people.

This makes a gathering like the 2021 Regional Meeting so crucial, with over 2,000 health professionals and other stakeholders in government and the private sector coming together to exchange knowledge and ideas on how to invest better in health and maximize that to create wealth for our nations. It is a no-brainer that no nation can make steady economic progress when its people are dying and battling poor health.

I'm optimistic that the meeting will stir us all to think better and work harder to achieve the Sustainable Development Goals, all of which pertain to health, whether directly or indirectly. As a nation, with the help of the global community, we have fought many bruising battles including HIV/AIDS and epidemics like Ebola that have won us a bit of admiration from the world. Yet no nation can fight alone and overcome, especially with ever-emerging new threats. If there was a time when it was most pertinent for nations to work together, that time is now. Only a multilateral cooperation will help us to solve the health issues that affect us all. I applaud the achievements of the World Health Summit since it was inaugurated in 2009; those achievements are many and very inspirational. But there is still a lot to be done. By investing more in scientific research, steadfastly engaging with policymakers, and exploiting technological innovations, we can score more goals. Together, steadily, I believe we shall eventually defeat death, which the Bible says will be the last enemy to be defeated.

Thank you all for identifying with the World Health Summit Regional Meeting 2021; I wish you a wonderful stay and successful discussions.

**Prof. Charles Ibingira**

Makerere University College of Health Sciences  
2020 International President, World Health Summit

**Message from  
the Chair,  
Scientific  
Committee,  
WHS**



**DR BRUCE J KIRENGA**

Chair, Scientific Committee, WHS 2021

We at Makerere University, Kampala are honoured to be the first institution to host and organise the World Health Summit regional meeting on the African continent and its with great pleasure that I invite all our honoured guests, speakers and delegates to this summit. Bringing this advocacy platform to Uganda will offer a unique opportunity to engage more local and regional stakeholders in real time, particularly the end-users of research in ministries who influence programs and policies, that would have otherwise found it difficult to attend the conference in Berlin. This proximity could have an impact on attitudes towards science and unique health interventions: exporting these ideas to their home countries will be a step in the right direction for impactful change. During this summit, we will bring together world experts and leading scientists and we hope these interactions and networking opportunities will generate actionable points for health and opportunities for future research collaborations. Organising a summit during a pandemic did present its challenges, leading its postponement in 2020, but none were insurmountable leading to a revamped program for 2021 with 35 session and over 200 speakers and global health experts.

The COVID-19 pandemic truly shows how we are interconnected as a global community, building on the concepts enshrined in the Sustainability Development Goals. The pandemic in Africa, like in other places across the globe, has led to premature loss of life and debility. Its far-reaching consequences on livelihoods, inequality and education threaten to affecting individual's ability to achieve health and well-being as a basic human right and fuel for development. The World Health Summit provides a forum that brings together international and regional stakeholders

in health from diverse sectors. Now more than ever, such interdisciplinary fora are needed to collate thoughts and ideas on pandemic preparedness and response for past, present and future pandemics.

Another central topic included in the program is Universal Health Care. Affordable, accessible and equitable healthcare still eludes a great proportion of people living in African countries. Reliance on out-of-pocket payments and low budget allocation for health have delayed the achievement of Universal Health Care. It is anticipated that this may worsen in the post-COVID era as the global economic recession affects development assistance that support health care budgets in low- and middle-income countries. Because Africa is a young continent and its youth constitute almost two thirds of its population, we have included a young physician leader's and students' pre-event that will exhaustively cover topics of interest to the youth in Africa and other regions in the world.

In this summit, we will engage members from the civil society, government, academia and the private sector from several countries to promote discussions, debate and partnerships for action to address global challenges with a focus on Africa. In addition to preparing this abstract book, we hope to disseminate key action points from the meeting to diverse health actors, including Ministers of Health, for action on global health challenges discussed during the meeting. I extend my invitation to you on behalf of the Scientific Committee and I wish you a pleasant stay at Speke Resort Munyoyo. If you are joining us virtually, we have taken several steps to ensure you will be able to follow the proceedings seamlessly.

**Dr Bruce J. Kirenga**

**Message from  
the Chair,  
Regional  
Organizing  
Committee,  
WHS**



**PROF. TONNY OYANA**

Chair, Regional Organizing Committee,  
WHS 2021

I am super thrilled to be among active members who have successfully made this World Health Summit Regional Meeting happen despite the numerous constraints caused by the unprecedented Covid-19 global infections and deaths.

As a senior research scientist with professional experience spanning more than 25 years, I am excited to join this meeting and principally learn from three interesting central topics: 1) The Covid-19 pandemic in Africa, 2) universal health coverage, and 3) advancing technology for health in Africa. In my mind, I want to know how new data and knowledge are aligned with the Sustainable Development Goals (SDGs).

I have other fascinating questions that I hope I will get answers to. For example, will Universal Health Coverage be accomplished in light of current strong evidence in health coverage gaps? Will the UN member states accomplish the SDGs despite the widening inequality?

It is striking to note that the G7 met between June 11–13th, 2021 among their agenda was to set up a coordinated and/or collective global response to curb the Covid-19 pandemic with a solid promise to donate one billion doses of vaccine over the next year to resource-constrained countries in the world. Yet, the pandemic has been with us since March 2020. Is this a little too late?

Let me finish on a positive note. I thank our core strategic partners and over 16 sponsors, the Berlin Secretariat, and all participants for your resilience, support, commitment, M8 Alliance, and members of the WHS Regional Meeting Organizing Committee. I also thank the M8 Alliance and colleagues from Italy for giving Makerere University this incredible opportunity. This opportunity will give Makerere University College of Health Sciences a chance to showcase its cutting-edge research.

To all who are participating virtually with a few onsite, we have an incredible opportunity to advance science and technology for health in Africa. The opportunity leaves us with an important question of whether, among the outcomes, this Regional Meeting will culminate into the setting up of an African Health Knowledge Hub to fight persistent pandemics.

On behalf of the WHS Regional Meeting Organizing Committee, I welcome you all to the pearl of Africa. A country that is amazingly gifted by nature. I hope that you will have a rewarding experience during your visit.

**Prof TONNY Oyana**

Chair, Regional Organizing Committee, WHS 2021

**Message from  
the Chair,  
Publicity  
Committee,  
WHS**



**DR. MUHAMMAD MUSOKE  
KIGGUNDU**

Chair, Publicity Committee, WHS 2021

At a time when the World Health Security is at the test of the COVID19, the World Regional Health Summit to be held in Kampala, now takes the central stage to bring together Health experts, Academics, Researchers, Politician, NGOs, Physicians, Government officials, Civil Society and Health care systems to deliberate on key issues of Health. Over 37 Sessions tailored to suit 7 Central topics, will be handled by International Speakers with health expertise including the Director General of World Health Organization: Dr Tedros Adhanom Ghebreyesus. This Meeting is largely Virtue and is expected to attract thousands of participants. Please be part of the history in the making as Africa hosts this important meeting expected to create awareness and build solutions to many Health challenges.

**Dr. Muhammad Musoke Kiggundu**

Chair, Publicity Committee, WHS 2021



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# FINAL PROGRAMME

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## Summary

**June 27, 2021**

### Welcoming Day

- Arrival at the Hotel
- Transfer to Welcome Reception
- Opening Gala and Dinner

**June 28, 2021**

### Day 1 program

- Registration
- Official Opening
- Invited Dignitary Plenary Session
- Keynote Speakers
- Parallel Sessions
- Side events
- Evening: Cultural Gala

**June 29, 2021**

### Day 2 program

- Keynote Speakers
- Parallel Sessions
- Side events
- Afternoon Exhibition
- Evening: Closing Ceremony





Day 1 Program  
**28<sup>TH</sup> JUNE 2021, MONDAY**



## Key note Speech



## KEYNOTE SPEECH 1: The COVID-19 pandemic in Africa

### Session objectives

- 1) To describe COVID-19 experience in the African setting.

### Session abstract

The COVID-19 pandemic in Africa has been puzzling to many public health experts given the fewer cases and deaths from COVID-19 than predicted. As of 22nd November 2020, the continent, comprising 1.3 billion people, had recorded 2,070,953 cases of COVID-19 and 49,728 deaths, representing approximately 3.6% of total global cases. Because of the continent's overstrained and weak health systems, inadequate financing of health care, paucity in human resources, and challenges posed by existing endemic diseases including HIV, TB and malaria, earlier predictions suggested that up to 70 million Africans would be infected with SARS-CoV-2 by June 2020, with more than 3 million deaths. The opposite has instead happened on the African continent possibly driven by limited testing (which limits detection and isolation, and thus public health measures), a much younger population (and thus fewer severe cases and deaths), climatic differences (which could affect transmission), preexisting immunity, genetic factors, early implementation of public health measures, and timely leadership.

# Speakers

1

## MEET THE SPEAKERS



**Speaker 1: Dr. Tedros Adhanom Ghebreyesus** serves as the World Health Organisation, Director General. He was the first WHO Director-General elected from among multiple candidates by the World Health Assembly and was the first person from the WHO African Region to head the world's leading public health agency. Born in the Eritrean city of Asmara, Dr Tedros graduated from the University of Asmara with a Bachelor of Biology, before earning a Master of Science (MSc) in Immunology of Infectious Diseases from the University of London, a Doctor of Philosophy (PhD) in Community Health from the University of Nottingham and an Honorary Fellowship from the London School of Hygiene and Tropical Medicine. He has played a significant role in directing public health measures in fight against COVID-19 pandemic. He will deliver a keynote speech on the topic *"COVID-19 across the WHO African region"*

2



**Speaker 2: Dr. John N. Nkengasong** serves as the Director of the Africa Centers for Disease Control and Prevention (Africa CDC). He is a leading virologist with nearly 30 years of work experience in public health. Prior to his appointment with Africa CDC, he was the Deputy Principal Director (acting) of the Centre for Global Health at the United States Centers for Disease Control and Prevention, and Associate Director of Laboratory Science and Chief of the International Laboratory Branch at the Division of Global HIV/AIDS and TB. Earlier in his career (1993 to 1995), Dr Nkengasong worked as Chief of Virology Laboratory at the Collaborating Centre on HIV Diagnostics at the Department of Microbiology, Institute of Tropical Medicine, Antwerp, Belgium and later joined US CDC in 1994 as Chief of the Virology Laboratory in Abidjan, Cote d'Ivoire. He will deliver a keynote speech on *"The puzzle of the COVID-19 pandemic in Africa"*.



3



**Speaker 3: Dr. Thomas Cueni** is Director General of International Federation of Pharmaceutical Manufacturers (IFPMA), the global association of research-based pharmaceutical companies and associations. Based in Geneva, IFPMA has official relations with the United Nations and contributes industry expertise to help the global health community find solutions that improve global health. Mr. Cueni is Secretary of the Biopharmaceutical CEO Roundtable (BCR), a policy forum of the global CEOs of IFPMA member companies. He is also Chair of the Business at OECD Health Committee and serves on the Board of Directors of the City Cancer Challenge, an initiative aiming to improve cancer care in major cities in low- and middle-income countries. In addition, Mr. Cueni serves as Industry Co-Chair of the APEC Biopharmaceutical Working Group on Ethics and Chair of the Board of the cross-sectoral AMR Industry Alliance, a group comprising more than 100 companies and associations representing Rx pharma, generics, biotech, and diagnostics committed to tackling the threat of antimicrobial resistance. Prior to joining IFPMA he was Secretary General of Interpharma, the association of pharmaceutical research companies in Switzerland, and for many years was a member of the Board and Chair of a key committee of the European Federation of Pharmaceutical Industries and Associations. Prior to his appointment with Interpharma, Mr. Cueni had a career as a journalist, inter alia as London correspondent for the “Basler Zeitung” and “Der Bund”, and he served as a Swiss career diplomat with postings in Paris (OECD) and Vienna (IAEA, UNIDO). Mr. Cueni studied economics and politics from University of Basle, the London School of Economics, and the Geneva Graduate Institute for International Studies.

## Key note 2



## KEYNOTE 2: Pandemic Preparedness in the Era of COVID-19

### The Session objectives

- 1) How to best prepare for pandemics, Lessons from SARS-CoV2 in Africa and the Globe.

### Session abstract

Better preparedness for SARS CoV2 pandemic mitigates its impact. Many countries have implemented national SARS-CoV2 pandemic preparedness plans. However, the level of preparedness varies among countries. Developing countries encounter unique and difficult issues and challenges in preparing for a pandemic. Pharmaceutical interventions such as vaccines and antiviral agents are less likely to be available in developing countries. The public health and clinical infrastructure of developing countries are often inadequate to deal with a widespread health crisis. Such an event will inevitably have a global effect. Therefore, improving pandemic preparedness in every country, particularly developing ones, is urgently needed.

# Speakers

## MEET THE SPEAKERS

1



**Speaker 1: Dr. Yonas Tegegn Woldemariam** serves as the WHO Uganda, Country representative. He is an Ethiopian national and holds a Doctorate degree in Medicine. He has over 30 years of experience in general medicine, disaster management, project development, donor relations at different technical and managerial levels. His international experience includes working with Africa Humanitarian Action (AHA) in Rwanda from 1994-1995, WHO Geneva from 1999-2005, WHO Southeast Asia Regional office from 2005-2009, WHO India from 2009-2011, as WHO Representative to D.P.R Korea from 2011-2013, and as WHO Representative to Thailand from 2013-2015. Before his reassignment to Uganda, he served as Planning Officer at the WHO Regional Office for South-East Asia, in New Delhi, India from 2016-2018. He will deliver a keynote speech on the topic *“The role played by the WHO in Uganda’s preparedness to prevent, detect and respond to COVID-19 pandemic”*

2



**Speaker 2: Dr. Mohammed Lamorde** serves as the Head of Global Health Security Programme at the Infectious Diseases Institute. He is an internal medicine physician trained in Nigeria, United Kingdom, and the Republic of Ireland. He is a member of the Royal College of Physicians of the United Kingdom. Over the past nine years, he has worked at IDI undertaking clinical research in the fields of HIV, tuberculosis, and malaria; plus, health economics evaluations for interventions relevant to public health in developing countries. Dr. Lamorde has also been a clinician facilitator for district-level training in management of medical emergencies and infection prevention and control for emerging infectious diseases. In 2012, he was awarded a PhD at Trinity College Dublin, Ireland in recognition of his work on the clinical pharmacokinetics of medicines used in the management of HIV-infected adults. He will deliver a keynote speech on the topic *“Pandemic preparedness in Africa, Lessons learnt from COVID-19”*



PD 1

## PANEL DISCUSSION 1 (PD1): Mobility & Assistive Technology Access

### The Session objectives

- 1) To clarify what assistive technologies and mobility devices are and why they are critical for health, GDP, and SDG achievement.
- 2) To introduce and discuss strategies and instruments to improve access and quality of care for mobility devices.
- 3) To present and discuss possible country approaches exemplified by Kenya

### Session abstract

The rising need for assistive technology globally, linked to the growing burden of Non-Communicable Diseases (NCDs), represents a major challenge for current health systems. Mobility devices and related rehabilitation are critical to health and well-being, enabling active participation in society and the leading of an independent and dignified life. Nonetheless, today in many low and middle-income countries over 90 percent persons in need do not have access to such products and services, often exposing them to poverty and exclusion. The discussion will explore: What needs to be done to improve access to quality mobility devices and services as part of national public and global health strategies? How can new technologies contribute to scaling up these services?

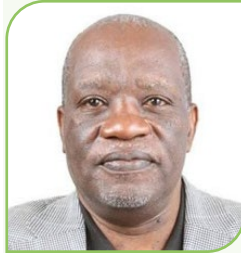
## Speakers

## Session Chair

1

2

## MEET THE SPEAKERS



**Session chair: Professor Khama Rogo** serves as the Lead Health Sector Specialist, World Bank and Head, World Bank Group's Health in Africa Initiative. He is a Professor in Obstetrics and Gynecology and a prominent advocate and global authority on reproductive health issues. He is a visiting professor at several universities and author of over 100 papers and book chapters. He served on the Gender Advisory Panel of WHO, the Advisory Committee of the David and Lucile Packard Foundation, and the board of the Center for African Family Studies. He is currently on the board of INTRAHEALTH, among other responsibilities.



**Speaker 1: Davide Naggi** is the Chief Executive Officer for CoRSU, a rehabilitation hospital established in 2009 in Uganda as a private, non-profit, non-governmental organization. CoRSU's core mandate is to mitigate the debilitating effects of disabling physical conditions, by ensuring accessibility and availability of quality, preventative, curative, rehabilitative services for people with disability in Uganda and neighboring countries. CoRSU provides subsidized treatments (surgery and rehabilitation) for vulnerable patients, and this is carried out through social assessment tools.



**Speaker 2: Dr. Fredrick Kitoogo** serves as the Director Planning, Research and Development at National IT Authority Uganda (NITA-U). He holds a PhD in Computer Science from Makerere University, a Master of Science in Computer Science and Bachelor of Statistics. He has over 20 years of experience in the field of IT, Research & Innovations, ICT Policy & Strategy Development; ICT Governance, Risk and Compliance; Software Engineering; Networking; Information Security; Business Continuity & Disaster Recovery; Business Intelligence & Data Warehousing; e-Government; Content Development; artificial intelligence and Natural Language Processing.



3

## Session Coordinator



**Speaker 3: Dr. Vicent Karuhanga** is a physician, a radio and television personality; Dr. Karuhanga joined KFM in 2003 as the K-Doctor. He also hosted a health programme on NBS TV. A renowned expert on health, Dr. Vincent Karuhanga has written for a couple of newspapers and authors a popular column in Daily Monitor, Ask the Doctor. A sole proprietor of Friends Polyclinic and Ambulance Service, Dr. Karuhanga through medical tourism also connects people to other countries for treatment under Quality Care Health Group. A couple of years ago, one of Karuhanga's legs was amputated and even for a doctor, the circumstances that led to this change are still baffling.



**Session coordinator: Dr. Berit Hamer** serves as the Director Governmental Affairs & International Cooperation at Ottobock. Ottobock is engaged in manufacturing and commercializing prosthetic and orthotic medical devices. Ottobock was founded in 1919. Ottobock's headquarters is in Duderstadt, Lower Saxony, DE 37115. Ottobock has stood for innovation and entrepreneurial success, combined with the calling to provide handicapped people with the best possible quality of life through freedom of movement and independence. Driven by a pioneering spirit, courage, and decisiveness.

PD2

## PANEL DISCUSSION 2 (PD2): Women in Global Health

### The Session objectives

- 1) To discuss the importance and impact of investing in Gender Equality in Global Health Workforce.

### Session abstract

According to WHO, Women comprise almost 70% of health and care workers globally. Yet, women are not equally represented in decision making positions. WHO has been working with partners to redress this gap and ensure that the women who are delivering health are included at all levels of decision making and leadership. In this session, we discuss the importance and impact of investing in Gender Equality in Global Health Workforce.



## Speakers

### Session Coordinator

## MEET THE SPEAKERS



**Session Chair and Coordinator: Dr. Roopa Dhatt** is a passionate advocate for gender equality in global health and a leading voice in the movement to correct the gender imbalance in global health leadership. She is also a practicing Internal Medicine physician. Dr. Dhatt is particularly committed to addressing issues of power, privilege, and intersectionality that keep many women from global health leadership roles and to opening up spaces for the voices of these women to be heard. Determined to build a movement to transform women's leadership opportunities in health, Dr Dhatt co-founded Women in Global Health in 2015. Today, Women in Global Health has more than 25,000 supporters in more than 90 countries and continues to grow. Dr Dhatt leads a staff of 2, supported by 30 volunteers focused on supporting a diverse group of emerging women leaders, engaging global health executives to transform their own institutions, and growing the Women in Global Health movement. With more than 14 chapters on four continents, Women in Global Health is changing the conversation about women's leadership in health at global, national and local levels.



**Speaker 1: Dr Matshidiso Moeti**, from Botswana, is the first woman to be elected as WHO Regional Director for Africa. Over the past five years, Dr Moeti has led the transformation of WHO in Africa to ensure the Organization is accountable, effective and driven by results. A key feature of the Regional Director's leadership is the cultivation of strong partnerships, both with traditional and new partners, including philanthropic foundations, civil society, academia, and increasing engagement with young people and women in global health. To deliver on the WHO Thirteenth General Programme of Work, the Secretariat is supporting countries to achieve universal health coverage (UHC), improve health security, and promote better well-being to make health a reality for all people in Africa. Innovations and digital health are being leveraged as key tools to improve health outcomes and leapfrog national development.

Supported by Dr. Moeti's leadership and advocacy, momentum for UHC is building across the Region. Many countries are undertaking reforms to improve health financing and delivery of essential services. No cases of wild poliovirus have been reported in Africa for over three years and the Region is on track to be certified free of wild poliovirus in 2020. WHO is now faster, better-coordinated and more effective in supporting countries to prepare for and respond to emergencies, with the average time to control outbreaks in the Region, reducing from 418 days in 2016 to 51 days in 2018.

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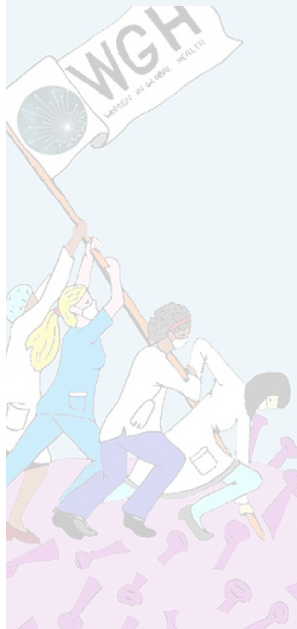


**Speaker 2: Dr. Mwenya Kasonde** is the Chief Executive Officer, Sishima Holdings Ltd. Dr. Mwenya Kasonde is a medical doctor turned entrepreneur. She left a career in emergency medicine to set up Sishima Holdings; an African company dedicated to the advancement and empowerment of the continent and its people. The subsidiary company Sishima Property Ltd is a real estate development firm based in Lusaka. She is an award-winning public speaker and writes extensively on the subject of African business trends and opportunities.

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**Speaker 3: Ms. Vanessa Mungar** is the African Development Bank's Director for Gender, Women and Civil Society. She leads the Group's strategy on gender and investments in women, aiming to accelerate progress on women's economic development and thus Africa's transformation through a more inclusive growth. She is also in charge of the Bank's engagement with the Civil Society, ensuring access in delivering programs to all members of society, as well as enhancing citizen participation, accountability, and transparency in the Bank's work. Previously, she held the position of Senior Manager for Africa at the World Economic Forum between 2013 and 2017, where she led large-scale public-private collaboration efforts, including engaging leaders of African governments, the private sector and civil society and ensuring partnerships across multiple industries – from health and education to extractives, infrastructure, agriculture, and energy. She started her career at AV Consulting, France, which she co-founded in 2004 to support small and medium enterprises in Africa and the Middle East. She holds degrees from INSEEC Paris and Harvard University, and was a WEF Global Leadership Fellow. Ms. Mungar is also a Youth Champion for Africa 2.0, and sits on President Emmanuel Macron's Presidential Council for Africa.



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**Speaker 4: Dr. Bente Mikkelsen** is the Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course at the Regional Office for Europe of the WHO. Dr Mikkelsen was formerly Head of Secretariat for the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (WHO GCM/NCD) at WHO headquarters (Geneva, Switzerland) from its inception in 2014, as well as Chief Executive Officer of the Southern and Eastern Norway Regional Health Authority (70 000 employees, US\$ 8 billion budget). Dr Mikkelsen is trained as a gynaecologist and obstetrician and holds a master's degree in health administration and management from the University of Oslo. Her current focus is on achieving the Sustainable Development Goals through the reduction of premature deaths from noncommunicable diseases and promoting health through the life-course in the context of the WHO General Programme of Work and Health 2020, working across sectors with multiple stakeholders, within and beyond the health sector, using innovation, implementation research, health literacy and new technologies.

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**Speaker 5: Hon. Joyce Moriku Kaducu:** Joyce Moriku (born 21 April 1969), is a Ugandan pediatrician, academic and politician. She is the Minister of State for Primary Health Care in the Ugandan Cabinet. She was appointed to that position on 6 June 2016, replacing Sarah Achieng Opendi, who became State Minister for Health, General Duties. She also serves as the elected Member of Parliament for Moyo District Women Representative in the 10th Parliament (2016 to 2021).



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**Speaker 6: Dr. Desta Lakew** leads global partnerships for Africa. In this role, she has been engaged in securing high level strategic global partnerships for Amref Health Africa. Desta has served on the Executive and Senior Management teams of Amref since 2014. Desta leads thought leadership and external engagements at the corporate headquarters of Amref working closely with global partners and the senior leadership team of Amref Health Africa. She was instrumental in the establishment and leadership of the first biennial Africa Health Agenda International Conference in 2014; leading a global south dialogue knowledge exchange platform on Universal Health Coverage in Africa and Asia; and the launching various campaigns including Communities at the Heart of UHC global advocacy campaign. Prior to joining, she was the Director of Development at a New York based foundation where she also served as Director of Marketing from 2006. She is a founding board member of the NY-Westchester Chapter of the National Association of Fundraising Professionals (AFP). Her experience includes various roles in USA based university teaching hospitals and consulting with international organizations including the UNDP, and Public Health Innovations. Desta holds a Master of Public Health from the State University of New York and currently serves on Acumen East Africa's regional advisory board and the Thematic Working Group on Private Sector of Health Systems Global.



## SIDE EVENT 1

### SIDE EVENT 1: Non-Communicable diseases and COVID-19 (Round table discussion)

#### Background

WHO in 2016 has stated that 71 % of mortality globally is due to NCDs. The year 2020 has shown the link between communicable and non-communicable diseases and the serious effect on life. During the COVID-19 pandemic, it has become evident that people living with an NCD are more at risk of infection; have a protracted and severe course of illness if infected; which may result in death. Overburdened health care systems find it challenging to deal with both, the new pandemic and chronic care management. The WHO pulse survey released in April 2021 revealed that 90 % of essential health services were disrupted in over one year into the COVID-19 pandemic. Among the services severely affected were NCDs including hypertension and diabetes. As most countries in Africa esp. South Africa are starting to experience the 3rd wave of the pandemic it has become clear the constraints that will be faced by the existing health care systems.

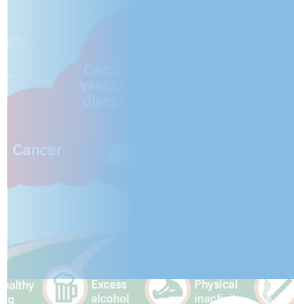
#### The objective of this symposium:

- 1) There has never been a greater need for a call to action to decrease the global burden of NCDs. We hope to stimulate the dialogue along the link of COVID-19 and NCDs and what needs to be done for Africa's health care. A roundtable discussion will be held focused on NCDs/COVID-19 and their implications in the region.



## Speakers

### Session Coordinator



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## MEET THE SPEAKERS



**Session chair: Mr. Menassie Taddese** is the Regional President, AfME, Pfizer Essential Health. Prior to this role, he served as Regional Lead for Pfizer Innovative Health in AfME. In both roles, he was instrumental in turning around the holistic performance of Pfizer rooted in establishing a winning and organizationally healthy culture. Mr. Taddese began his career with Pfizer in 1997 in the Finance Division and held a series of global roles of increasing responsibility in General Management, Treasury and Corporate and Business Finance. This included serving as the General Manager for Pfizer South Africa before becoming CFO for Pfizer Latin America. In 2011, he joined Primary Care where he was the VP and CFO for Pfizer's largest business, generating \$13 billion in revenue and managing investments of nearly \$3 billion. Complementing his deep experience in the US, Mr. Taddese has significant international and emerging markets experience having led teams in Latin America, Africa, Middle East and Europe. Mr. Taddese was selected as a 2015 Emerging Leader by PharmaExec. He also served as the Chair of the Global Blacks Council at Pfizer and sponsored numerous related efforts in helping to advance Pfizer's diversity and inclusion objectives. Mr. Taddese holds a bachelor's degree in Economics and Accounting from Virginia Tech and an MBA in Finance from The Smeal College of Business at the Pennsylvania State University, where he graduated with distinction.



**Speaker 1: Dr Svetlana Akselrod** is Director of the World Health Organization (WHO) Global Noncommunicable Diseases (NCD) Platform, and leads a coordinated multisectoral and multi-stakeholder action in the fight against major killers of our time – NCDs. The Global NCD Platform brings together the UN Inter-Agency Task Force on NCDs and the Global Coordination Mechanism on NCDs and oversees a number of other cross-cutting initiatives on NCDs at global, regional and country levels. Prior to that, Dr Akselrod held the position of WHO's Assistant Director-General for NCDs and Mental Health, leading WHO's work in tackling NCDs and their major risk factors. She led the preparatory process for the Third United Nations General Assembly High-level Meeting on NCDs, coordinated the work of the WHO Independent High-level Commission on NCDs and co-chaired the WHO Civil Society Working Group on NCDs. Before joining WHO, Dr Akselrod served for more than 11 years in high-level roles at the Ministry of Health of the Russian Federation, holding the position of Deputy Director at the Department of International Cooperation and Public Affairs. Among Dr Akselrod's key professional achievements were the inclusion of NCDs, HIV/AIDS, tuberculosis, maternal and child health, antimicrobial resistance and malaria as key priorities in the national and international agendas of the Russian Federation.



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**Speaker 2: Loyal Barjourn** is the Technical Specialist (Country Support) for the United Nations Institute for Training and Research (UNITAR) as well as the special Assistant to the CEO, The Defeat-NCD Partnership. Loyal has a Doctor of Medicine (M.D.). The Defeat-NCD Partnership is a practical response to the widespread call for action on non-communicable diseases (NCDs). Formally launched alongside the UN General Assembly in 2018, we are a ‘public-private-people’ partnership anchored in the United Nations but extending well beyond to include governments, multilateral agencies, civil society, academia, philanthropies, and the private sector. It’s vision is universal health coverage for NCDs. To achieve this, our core mission focuses on assisting approximately 90 low-resource countries via comprehensive action across four interconnected service pillars: national NCD capacity building, community scale-up of NCD services, affordability, and accessibility of essential NCD supplies, and sustainable NCD financing.



**Speaker 3: Dr. Ratna Devi** is the CEO and Co-founder of DakshamA Health and Education, an organisation that is dedicated to working for access to health, patient education and advocacy. DakshamA aims to create a network of caregivers and patient groups, and work with them on knowledge sharing as well as providing essential feedback for managing long term and chronic diseases. She leads a cross disease Patient Alliance in India called Indian Alliance of Patient Groups (IAPG), Board member HIA (Healthy India Alliance – the National NCD Alliance in India) and I – ORD (Indian Organisation for Rare Diseases). She holds an MBBS degree from Sambalpur University and a dual MBA from SYMBIOSIS and Manipal Institute of Distance Education. Dr. Devi also holds advisory positions at several NGOs and has contributed to research as well as publications.

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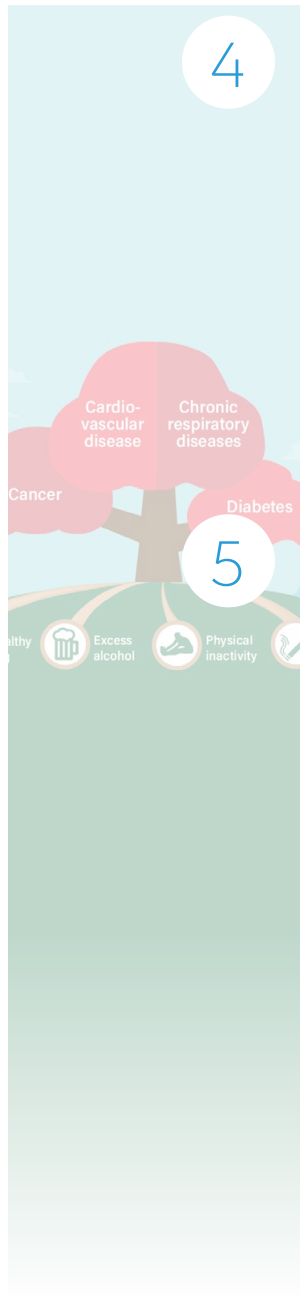


**Speaker 4: Muhammad Ali Pate** is the Global Director, Health, Nutrition and Population (HNP) Global Practice of the World Bank and the Director of Global Financing Facility for Women, Children and Adolescents (GFF), based in Washington DC. Dr. Pate was until recently the Chief Executive Officer of Big Win Philanthropy, based in the UK, and prior to that held several senior positions, including that of Minister of State for Health in the Federal Republic of Nigeria. He was previously in the World Bank Group where he joined as a Young Professional in 2000 and worked on health issues in several regions including Africa and the East Asia and Pacific. Dr. Pate is an MD trained in both Internal Medicine and Infectious Diseases, with an MBA from Duke University. Prior to this he studied at the University College London. He also has a master's in health system management from the London School of Hygiene & Tropical Medicine, UK.

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**Speaker 5: Prof Salim Abdool Karim** is a clinical infectious diseases epidemiologist who is widely recognised for his research contributions in HIV prevention and treatment. He is CAPRISA Professor for Global Health in the Department of Epidemiology at the Mailman School of Public Health at Columbia University. He is also Director of the Centre for the AIDS Program of Research in South Africa (CAPRISA), Pro Vice-Chancellor (Research) at the University of KwaZulu-Natal in Durban, South Africa and Adjunct Professor of Medicine at Weill Medical College of Cornell University. His contributions to microbicides for HIV prevention spans two decades and culminated in the CAPRISA 004 tenofovir gel trial which provided proof-of-concept that antiretroviral drugs can prevent sexually transmitted HIV infection and herpes simplex virus type 2 in women. He is co-inventor on patents which have been used in several HIV vaccine candidates and his clinical research on TB-HIV treatment has shaped international guidelines on the clinical management of co-infected patients. He is Chair of the UNAIDS Scientific Expert Panel, Chair of the WHO's HIV and Hepatitis Scientific and Technical Advisory Group and a member of the WHO HIV-TB Task Force. He is an elected Fellow of the World Academy of Sciences, the African Academy of Sciences, the Academy of Science in South Africa, the Royal Society of South Africa and the American Academy of Microbiology. He is a Foreign Associate Member of the US National Academy of Medicine.





WS1

## WORKSHOP 1 (WS1): Biomedical Innovations to Eliminate Priority Infectious Diseases

### Session objectives

- 1) To present existing African-led innovation initiatives and chart a course for future work; to rally the global health community around African led initiatives.

### Session abstract

Biomedical research in Africa is growing in experience and depth and is focused on producing affordable access to medicines that meet African priority health needs. This panel brings together leading actors from the continent in developing, delivering, and funding current and future research, being led by African researchers, working with affected communities, on the African continent, for Africa and beyond.

Their efforts target some of the most neglected diseases on the planet, which affect large numbers of people, but which do not attract sufficient resources because the people they hit hardest are poor or otherwise vulnerable and stigmatized. Diverse research partnerships have, in African tradition, pooled and harnessed scarce resources to impressive ends, tackling malaria, worm, bacterial and fungal diseases that kill, stunt, and cause disfigurement and stigma. 2021 is a pivotal year for NTDs – the World Health Organization will lay out its global NTD roadmap, to guide multilateral and national efforts for the coming decade. The panellists will share insights from their experience and make proposals for how to extend their success, to ensure that by 2030, in line with the Sustainable Development Goals, neglected tropical diseases will no longer be a public health problem on the continent.

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**MEET THE SPEAKERS**

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**Session chair: Dr. John Amuasi** lectures at the Global Health Department, School of Public Health, Kwame Nkrumah University of Science and Technology (KNUST), Kumasi, Ghana. He is Executive Director of the African Research Network for Neglected Tropical Diseases (ARNTD). He is Group Leader of the Global Health and Infectious Diseases Research Group, at the Kumasi Centre for Collaborative Research in Tropical Medicine which hosts ARNTD. Dr. Amuasi trained as a physician at the KNUST School of Medical Sciences and holds post-graduate degrees, two Masters and a PhD in Health Research and Policy, from the University of Minnesota School of Public Health, USA. From 2007 to 2010, he served as head of the Research and Development Unit at Kumasi's 1,000-bed Komfo Anokye Teaching Hospital. Dr. Amuasi is passionate about research that focuses on improving health systems, services, and outcomes, including policy analyses using both primary and secondary data in low and middle-income countries. His research currently involves field epidemiologic studies on cryptosporidiosis, malaria, and several neglected tropical diseases. Dr. Amuasi is at the forefront of global efforts towards addressing emerging and re-emerging infectious diseases and serves as an Executive Committee member of the African Coalition for Epidemic Research, Response and Training (ALERTT).



**Speaker 1: Dr. Khadija Yahya-Malima** is a Chief Research Officer and a consultant epidemiologist at the Tanzania Commission for Science and Technology (COSTECH). She has over 15 years working experience at both International and national level. In the epidemiology field, she had established the baseline magnitude of HIV/AIDS and STIS in a remote rural setting in Tanzania, promoted MNCH health interventions with focus on HIV/AIDS prevention; Lead HIV/AIDS community prevention and influenced acceptance of voluntary HIV testing and initiated HIV Triple combination therapy in the under-served area. For the past 10 years she has been part of technical teams in health interventions, data analysis and technical adviser for the National AIDS Control Program and at TACAIDS, National Bureau of Statistics on MNCH & Nutrition data and the National Institute of Medical Research and Muhimbili University of Health and Allied Sciences on bioethics.

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**Speaker 2: Dr. Monique Wasunna** is the Director, Drugs for Neglected Diseases Initiative Africa Regional Office. She is a physician, an infectious disease and tropical medicine specialist. She is the Founding Chairperson of the Leishmaniasis East Africa Platform which promotes clinical research and capacity building for this neglected and deadly disease. Prior to joining DNDi, Dr Wasunna worked at the Kenya Medical Research Institute as a Chief Research Officer and the Acting Director and Chief Executive Officer. She holds a Bachelor of Medicine and Surgery degree from the University of Nairobi, an MSc and a PhD in medicine from the London School of Hygiene and Tropical Medicine, University of London, and a diploma in Tropical Medicine and Hygiene from the Royal College of Physicians of London. She is a member of the expert Committee of Clinical Trials of the Pharmacy and Poisons Board and National Bioethics Committee, Kenya. She is a member of the Kenya Medical Association, Kenya Association of Physicians and a fellow of the East Central and Southern Africa College of Physicians. She is a recipient of several local, regional and international awards. Dr Wasunna's research interests are primarily focused on neglected tropical diseases such as visceral leishmaniasis. She is well published in peer review journals. Dr Wasunna is a member of the African Vaccine Delivery Alliance of the Africa Centres for Disease Control and Prevention.

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**Speaker 3: Dr. Hayato Urabe** is the Senior Director of Investment Strategy and Management at the GHIT Fund, where he oversees all portfolio management activities. Previously, Dr. Urabe held several positions across the energy, life sciences, and water treatment sectors, focusing on strategy planning, start-up due diligence, and project management in Silicon Valley. He was also a consultant at Synthetic Genomics for technologies ranging from nutrigenomics to biofuels. Dr. Urabe completed his Bachelor of Science in Molecular Biology, Master of Science in Innovation Management and Entrepreneurship Engineering, and Doctor of Philosophy in Biomedical Engineering from Brown University. In addition, Dr. Urabe earned a Master's degree from the School of Global Policy and Strategy at University of California, San Diego.

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**Speaker 5: Dr. Janet Byaruhanga** is a qualified medical doctor and public health expert that obtained her postgraduate diploma in public health research from the University of Edinburgh and has over 13 years of experience in international development with special focus in human and social sectors. Served as health policy officer at the African Union Commission since 2007 where she provided technical leadership and oversight in development and delivery of key strategic continental policy frameworks, programmes and initiatives geared towards strengthening the continent's healthcare delivery system, food security and nutrition, and promoting the social well-being and rights of women and children. Dr. Byaruhanga since 1st September 2017 joined the African Union Development Agency- NEPAD as a Senior Programme Officer-Public health. She is in charge of coordinating and facilitating development and implementation of policies on health and medical products and ensuring their alignment with industrial development; trade; science, technology and innovation polices in advancement of the African Union's African Health Strategy and the Pharmaceutical Manufacturing Plan for Africa (PMPA).

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**Speaker 6: Dr. Alfred Mubangizi** an Assistant Commissioner Health Services -Vector Borne and Neglected Tropical Diseases (VB &NTD) Division at the Ministry of Health Headquarters and a national coordinator for NTD programs. As a National Program manager for NTDs, he coordinates all NTDs implementing partners and NTDs Specific Disease Programs at a national level. Dr. Mubangizi Alfred holds a Master of Public Health (MPH) from Makerere University, Kampala obtained in 2009, Bachelor of Medicine and Bachelor of Surgery Degree of Mbarara University of Science and Technology obtained in 2003. He also holds a post graduate diploma in project planning and management of Uganda Management Institute (UMI) obtained in 2013. He has attended several short-term skills improvement courses and holds various certificates of Merit and of attendance. He has spearheaded elimination of Neglected Tropical diseases through preventive chemotherapy, Individual Case Management, Vector Control, Water, Sanitation and Hygiene (WASH), Veterinary Public Health and operational research.

Alfred has spearheaded the development of NTD programs sustainability plan which was launched by the health minister. He has also guided the team in the development of NTD Monitoring and evaluation plan in accordance with WHO global framework and NTD road map 2030. Dr. Mubangizi 's working experience spurns for 15 years in senior management level both in Public and private sector. He is self-motivated and hardworking person with very good interpersonal skills and able to multitask to different tasks at hand.



## WORKSHOP 2 (WS2): Rural Health Centers of Excellence

### Session objectives

- 1) The session explores new ideas and models contributing to universal health coverage in rural areas, especially in low- and middle-income settings. This includes community-based professional training to improve retention rates, village health teams helping patients to manage their non-communicable diseases and establishing rural health centres of excellence through cooperation between community-based organizations and universities that attract talented global health clinician scientists.

### Session abstract

Half the world's population still lacks access to essential health services. Access (e.g., geographic distance and associated transport cost), availability (of qualified health workers, drugs, equipment), affordability (cost and price of services and opportunity costs) and acceptability (e.g. users' attitudes and expectations) are important barriers to access to health services. Rural areas are especially affected. Globally, approximately one half of the population lives in rural areas, but less than 38% of the nurses and less than 25% of the physicians work there. The session explores cross-sectoral approaches to address these challenges.



## Speakers

### Session Chair

### Session Co-chair

## MEET THE SPEAKERS



**Session chair: Dr. Rhoda Wanyenze** is a Professor and Dean of Makerere University School of Public Health (MakSPH). She has vast experience in infectious diseases research, capacity building and program management, especially in HIV and TB and has also conducted several studies in maternal and child health. Prior to joining MakSPH, Dr. Wanyenze was the Program Manager for the Makerere University Joint AIDS Program. Her work has been funded by the NIH, CDC, Global Fund, among others. She has developed and sustained several national and international research and service collaborations. Dr. Wanyenze is very active in public health policy leadership in Uganda, has served on various technical committees of the MoH and other agencies, and boards of several organizations.



**Session co-chair: Prof Felix Knauf** was born in Freiburg, Germany, and studied medicine at the University Freiburg, Paris, and Berlin. He completed his doctoral thesis in the Department of Physiology and Internal Medicine at Yale University. Felix completed his medical training in Internal Medicine and Nephrology at Yale University and joined the faculty in 2011. Felix first started working in Uganda in 2007 as a Johnson & Johnson Global Health Scholar. At this time Felix friendship with Robert Kalyesubula began and his love for Uganda. Trishul and Felix started to apply for funding and work on a joint mission to participate in patient care, education, and research at ACCESS in 2012. Felix has returned to Germany in 2013 and is currently a faculty member of Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, and Berlin Institute of Health.





**Speaker 1: Dessislava Dimitrova** is Head of Healthcare Transformation at the World Economic Forum. Prior to the Forum, she served as Deputy Minister of Health and chair of the National Health Insurance Fund in Bulgaria where she managed the country's health financing portfolio and led the pricing negotiations with providers. She will discuss the topic *“How Government and World Bank created a public-private platform”*



**Speaker 2: Dr. William Checkley** is a professor of medicine at Johns Hopkins University. Checkley's research has focused on characterizing the prevalence of, and risk factors and biomarkers for COPD in resource-limited settings in low- and middle-income countries. Specifically, he is leading observational studies on the association between household air pollution and lung function, as well as intervention trials of improved cookstoves to reduce household air pollution and improve cardiovascular and pulmonary outcomes. Dr. Checkley is involved in NIH-sponsored networks of Non-Communicable Chronic Diseases including the National Heart, Lung and Blood Institute sponsored Global Health Initiative and in the Global Alliance for Chronic Diseases and is Principal Investigator in two household air pollution intervention trials using liquefied propane gas stoves and fuel distribution as an approach to mitigate pollution exposure. He also has research interests in critical care medicine and has ongoing research projects on the use of mechanical ventilation and clinical outcomes in the United States and abroad. Specifically, his research interests in critical care have focused on observational studies as a basis to establish best practices and/or interventions. Dr. Checkley has led observational studies in Peru and the United States to examine the role of patient and ICU organizational factors that may help identify interventions or changes in practice to improve patient-centered outcomes. Dr. Checkley has authored 200 publications in peer-reviewed journals and is a member of the editorial board of six medical journals and serves as a frequent peer reviewer in multiple high-impact journals. He will discuss the topic *“Research and training partnerships for the prevention and control of NCDs in rural areas in LMICs”*



**Speaker 3: Dr. Robert Kalyesubula** serves as the chair, Department of physiology, Makerere University College of Health Sciences and the executive Director, ACCESS Uganda. Dr. Robert Kalyesubula graduated from Makerere University College of Health Sciences (MUCHS) in medicine. He completed his Master of Medicine from MUCHS and a nephrology fellowship and research training from Yale University (USA). He also has special training in Health Management from Manchester University, UK. He is currently a PhD student of NCD epidemiology at the London School of Hygiene and Tropical Medicine. He has practiced as a consultant nephrologist at Mulago Hospital, the founding president of the Uganda Kidney Foundation, a senior lecturer, and a member of ethics review board at MUCHS. In addition, he is an Adjunct assistant clinical professor for McMaster University, Canada & Section of Nephrology, School of Medicine, Yale University, USA. His major interest is the field of hypertension, HIV, and kidney diseases along with global health; areas in which he has over 50 peer-reviewed publications and has made over 100 presentations both nationally and internationally. He will discuss the topic *“NCD management in rural Uganda- the experience of a community organization with local roots and global networks”*



**Speaker 4: Dr Harald Nusser** has been leading Novartis Access since June 2015. Since October 2016, he has also taken on the responsibility for the Novartis Malaria Initiative, the Novartis Healthy Family programs and SMS for Life which have been combined with Novartis Access into a newly formed unit called Novartis Social Business. Mr. Nusser started his career at Schering AG in 2000 as a mathematician in the global R&D function. Having worked in both exploratory research as well as clinical research, he held positions of increasing responsibility in Corporate Strategy and Strategic Planning in both Schering AG and as of 2006 in Bayer. As Head of Portfolio Management, he managed the Holistic R&D Portfolio Review for Bayer Pharma and the annual Strategic Planning Process for Bayer HealthCare, lead restructuring activities and became Managing Director for Bayer spol. s r.o. in Slovakia in 2010. Starting in 2012, Mr. Nusser lead the Bayer HealthCare business (comprising Animal Health, Radiology, Diabetes Care, OTC and Pharmaceuticals) in Sub-Saharan Africa, Uruguay, Paraguay, Bolivia, Peru, Laos, Myanmar and Cambodia before joining Sandoz International in June 2015 as Global Head, Novartis Access. Mr. Nusser is a member of the Novartis Access to Medicines Committee. He graduated with a Ph.D. in mathematics from the Free University of Berlin in 1998 and with a MBA from the University of Bradford, UK in 2003. He will discuss the topic *“Bringing affordable treatments for key chronic diseases in lower-income countries”*.



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## Session Coordinator



**Speaker 5: Dr. Valerie Luyckx** is currently an associate lecturer in the Renal Division at the Brigham, and Women's Hospital, Harvard Medical School and works as a nephrologist at the Kantonsspital Graubünden in Chur, Switzerland. Dr Luyckx's primary interest is in Global Health, specifically the ethical and practical challenges of managing non-communicable diseases and kidney disease in underserved populations in resource limited environments. She is a strong global advocate for patients with kidney disease and is passionate about mentoring future leaders in nephrology globally. Her ongoing interests in Developmental Origins of Adult Disease and the renal effects of Alternative/Traditional Medicine complement her interest in the global and population health aspects of kidney disease. She has served as a consultant for the World Health Organization working on projects relating to ethics in Health Policy and Systems Research, public health ethics, radiation safety and strengthening of research ethics committees. She is the current Scientific Secretary of the Swiss medical Board, a body which performs independent Health Technology Assessments for Switzerland. Additionally, she serves as a member of the Executive Committee of the International Society of nephrology and is a member of the Swiss Zentrale Ethikkommission (Central Ethics Committee).



**Session coordinator: Dr. Trishul Siddharthan** is assistant professor of medicine at University of Miami. He completed a post-doctoral fellowship in the Division of Pulmonary and Critical Care at Johns Hopkins University School of Medicine as well as medical training and chief residency at Yale-New Haven Hospital, during which time he conducted clinical work and research in Uganda as a Johnson & Johnson Global Health Scholar and a Fulbright Scholar. He subsequently studied the epidemiology of chronic respiratory diseases in urban and rural settings of Uganda as a Fogarty Global Health Fellow. His research interests include the prevalence, management, and economic burden of noncommunicable diseases in low- and middle-income countries. Active sponsored investigations include estimating the prevalence of obstructive lung disease among urban and rural Ugandan populations, implementing novel, low-cost spirometry for the diagnosis of lung disease, and patient-centered approaches to NCD management.

## Key Note 3



## KEYNOTE 3: Africa's Journey Towards Achieving the SDGs and Universal Health Coverage

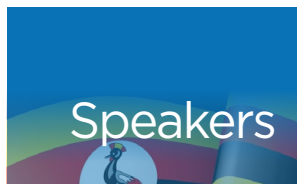
### Session objectives

- 1) To discuss challenges and lessons learnt from Africa's journey towards achieving SDGs and Universal Health Coverage.

### Session abstract

According to the World Health Organization, African countries have registered significant improvements in population health outcomes over the past two decades, although these gains still fall short of global and regional set targets and are not uniform across or within countries. Because of major transitions occurring in Africa coupled with health security and environmental threats, the health systems in Africa have been overstretched due to greater demand.

In response to these challenges and to guide African member states in strengthening their health systems towards achieving universal health coverage and the sustainable development goals, the WHO Regional Office for Africa has developed a framework of actions which builds on various prior frameworks. It is rooted in an integrated approach to systems strengthening, a focus on communities and districts, and appropriate sequencing of actions for the best possible outcomes. In this session, we discuss Africa's journey towards achieving the SDGs and Universal Health Coverage, focusing on lessons learnt and challenges faced during the journey so far.



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## MEET THE SPEAKERS

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**Speaker 1: Dr. Thomas Cueni** is Director General of International Federation of Pharmaceutical Manufacturers (IFPMA), the global association of research-based pharmaceutical companies and associations. Based in Geneva, IFPMA has official relations with the United Nations and contributes industry expertise to help the global health community find solutions that improve global health. Mr. Cueni is Secretary of the Biopharmaceutical CEO Roundtable (BCR), a policy forum of the global CEOs of IFPMA member companies. He is also Chair of the Business at OECD Health Committee and serves on the Board of Directors of the City Cancer Challenge, an initiative aiming to improve cancer care in major cities in low- and middle-income countries. In addition, Mr. Cueni serves as Industry Co-Chair of the APEC Biopharmaceutical Working Group on Ethics and Chair of the Board of the cross-sectoral AMR Industry Alliance, a group comprising more than 100 companies and associations representing Rx pharma, generics, biotech, and diagnostics committed to tackling the threat of antimicrobial resistance. Prior to joining IFPMA he was Secretary General of Interpharma, the association of pharmaceutical research companies in Switzerland, and for many years was a member of the Board and Chair of a key committee of the European Federation of Pharmaceutical Industries and Associations. Prior to his appointment with Interpharma, Mr. Cueni had a career as a journalist, inter alia as London correspondent for the “Basler Zeitung” and “Der Bund”, and he served as a Swiss career diplomat with postings in Paris (OECD) and Vienna (IAEA, UNIDO). Mr. Cueni studied economics and politics from University of Basle, the London School of Economics, and the Geneva Graduate Institute for International Studies.

2



**Speaker 2: Prof. Francis Omaswa** is a Ugandan cardiovascular surgeon, academic and administrator. He is the Chief executive officer for the African center for global health and social transformation (ACHEST). Following his internship, Omaswa worked as a medical officer from 1970 until September 1974, when he left for further studies in the United Kingdom. He trained as a cardiothoracic surgeon. He then worked for the National Health Service (NHS), eventually becoming a Senior Registrar in cardiothoracic surgery there. In 1979, he accepted an invitation by the

Kenyan Government to become the head of cardio-thoracic surgery at Kenyatta National Hospital and the University of Nairobi. He worked in that capacity until 1982. From 1983 until 1986, he served as the Medical Director and Chief of Surgery at Ngora Freda Carr Hospital, in Ngora, Teso sub-region. From 1987 until 1992 he served as the first Medical Director of Uganda Heart Institute, which he helped to establish. He concurrently served as Professor of Surgery at Makerere University School of Medicine. From 1992 until 1999, he served as the Chief Government Surgeon and head of the Quality Assurance Program that he established at the Ministry of Health. In April 1999, he became the Director General of health services at the Uganda Ministry of Health, a position he held until 2005 when the WHO director general, Dr. Margaret Chan, invited him to set up the Global Health Workforce Alliance (GHWA). He moved to Geneva, Switzerland to set up the Alliance. He returned to Uganda in 2008 and was appointed chancellor at Busitema University in 2009. Head



**Speaker 3: Dr. Bernd Ohnesorge**, President Europe Middle East and African Region, Siemens Healthineers



PD3

## **PANEL DISCUSSION 3 (PD3): Research Capacity Strengthening in the Era of UHC & SDGs**

### **Session objectives**

- 1) To illustrate the importance of strengthening capacity for research on infectious diseases of poverty in contribution towards achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).
- 2) To highlight the role of TDR in supporting researchers and institutions with opportunities to strengthen capacity for research and establish collaborations and networks.
- 3) To illustrate the TDR CRDF programme supported by the BMGF as a model of partnership between private sector (pharmaceutical companies), non-profit research institutions (PDPs) and research institutions in LMICs.

### **Session abstract**

While all countries stand to benefit from research, there is considerable variation among countries in their capacity to undertake research. National capacity for research is particularly important for the sorts of research which provide context-specific solutions in addressing local problems. Closing the health research capacity gap in sub-Saharan Africa requires considerable and sustainable efforts to strengthen capacity at individual and institutional levels, in contribution to building robust national systems of health research. While the region faces a wide range of changing health problems, the continuing burden of infectious diseases necessitates ongoing and expanded efforts for the control of endemic and epidemic infectious diseases.

The Special Programme for Research and Training in Tropical Diseases (TDR) plays a catalytic and galvanizing role for effective and sustainable global health research, aimed at improving access to interventions that reduce the burden of infectious diseases in the most vulnerable populations. TDR supports research and training activities that strengthen the capacity of individuals and institutions to generate and utilize research evidence to reduce the burden of infectious diseases of poverty in low- and middle-income countries (LMICs).

The panel brings together researchers from different regions and countries in sub-



Saharan Africa who TDR has supported, to share their diverse experiences of capacity strengthening and career development in research on infectious diseases of poverty. This will provide encouragement, through awareness of opportunities and through networking, for more researchers to pursue careers in research on infectious diseases of poverty. Strengthening capacity for this research will help narrow the gaps and contribute towards achievement of UHC and the SDGs.



## Speakers

## Session Chair

## Session Co-chair

## MEET THE SPEAKERS



**Session chair: Dr. Freddy Eric Kitutu** serves as the acting Dean School of Health Sciences, Makerere University College of Health Sciences. Mr. Freddy Eric Kitutu is a pharmacist from Makerere University with advanced training in clinical epidemiology and biostatistics from the same University and clinical pharmacy from National University of Ireland. He has undertaken additional courses in public health ethics at the Johns Hopkins School of Public Health, Public Health implications of Quality of Medical Products at London School of Hygiene and Tropical Medicine.



**Session co-chair: Dr. Brenda Okech** serves as the Director at UVRI-IAVI vaccine program in Entebbe, Uganda. UVRI-IAVI works with the fishing communities around Lake Victoria which is a key population in the fight against HIV. UVRI-IAVI HIV vaccine program has a vision of a world free of AIDS. Her major interests are in understanding natural immunity, Clinical Trials and prevention of Infectious Diseases like HIV and Malaria. Her long-term goal is to have impact in reducing poverty through contributing to capacity building and promoting good health. She has experience in managing multiple country projects and was Project Manager for the EDCTP funded GMZ2 consortium for 5 years. The GMZ2 consortium involved a vaccine trial in 4 countries with partners from 7 countries. Brenda has over 20 years' experience in human health research and management. Brenda has a PhD in Immunology from the London School of Hygiene and Tropical medicine. She had a TDR sponsored career development fellowship at Glaxo Smith Kline (GSK) in Belgium on Management of Clinical trials for 1 year. Brenda has previously worked with Med Biotech Laboratories Uganda, African Malaria Network Trust and Makerere University. She has also worked as a consultant for European Vaccine Initiative, Statens Serum Institute, Glaxo Smith Kline, and TDR/WHO.

1



**Speaker 1: Dr. Kazyoba** is a Chief Research Scientist with a Medicinal Chemistry background. He obtained his PhD (Phytomedicine) in 2007 from the University of Fort Hare, South Africa and a Postdoctoral fellowship (2007-2008) in the School of Pharmacy at Tshwane University of Technology, South Africa. Prior to joining NIMR in 2012, Dr Kazyoba was a Research Fellow at the Institute of Traditional Medicine, Muhimbili University of Health and Allied Sciences (MUHAS) where he coordinated research projects and involved in teaching and supervision of MSc and PhD students. Between 2014 and 2016, Dr Kazyoba was involved in the teaching and supervision of MSc students at Nelson Mandela African Institute of Science and Technology (NM-AIST). With over 10 years of working experience, He has been actively involved in research activities, collaborating with both local and international scientists earning him over 30 research articles. From 2014 to-date, he has been coordinating coverage surveys for Mass Drug Administration (MDA) for the Neglected Tropical Diseases Control Programme (NTDCP). Prior to his current position, Dr Kazyoba was the Head of Department of Innovations, Commercialization and Technology Transfer. He is also a serving Member of the Board of Trustees for Ifakara Health Institute (IHI), and a Member of Executive Committee for Medicine and Public Health of the Commission for Science and Technology (COSTECH). He will discuss the topic *“Strengthening national capacity for implementation research: the role of the Access and Delivery Partnership”*

2



**Speaker 2: Adam Silumbwe** is Lecturer in the Department of Health Policy and Management, School of Public Health, University of Zambia. His main research interests are in Health Policy and Systems Research, and Implementation Research. He will discuss the topic *“Research career development: externally supported postgraduate training in sub-Saharan Africa”*.

3



**Speaker 3: Teresa Eduarda Machai** serves as the Head of Training Unit, Manhica Health Research Centre (CISM), Mozambique – satellite Regional Training Centre supported by TDR. She will discuss *“Organizational challenges for the development and dissemination of training tools for implementation research.”*

4



**Speaker 4: Dr. Dermot Maher** is a medical doctor and researcher with extensive international experience, serving as TDR's coordinator of research capacity strengthening. Dr Maher helped build capacity for operational research to control tuberculosis (TB) in Malawi and expanded capacity for epidemiological research on HIV and noncommunicable diseases in Uganda. At the Wellcome Trust, a leading funder of science, he was involved in the international activities team to build research capacity in Africa and India. He has expertise in clinical research, operational research, epidemiology, research methodology, and health systems research. He will discuss *The TDR CRDF programme*.

5



**Speaker 5: Dr Opokua Ofori-Anyinam** is a clinical researcher with over 20 years' experience in clinical development. She is a Director, Global Clinical Development at GSK Vaccines, Belgium. She has led and worked with cross functional teams across Africa, Asia, US and Europe. She has worked on various development programmes including among others malaria, tuberculosis and more recently influenza vaccines. She has been involved in various training and capacity building programmes for African scientists in collaboration with NACCAP, EDCTP and WHO-TDR. She runs the GSK /WHO-TDR trainee fellowship programme at GSK Vaccines. She will discuss *"Public-private partnership in clinical research training"*

6



**Speaker 6: Dr. Wilfried Mutombo** serves as the Project Coordinator for Drugs for Neglected Diseases Initiative (DNDi), DR Congo. He will discuss *sustainable capacity for research in disease-endemic countries*

7



**Speaker 7: Dr. Ewurama Owusu** serves a lecturer in the Department of Medical Laboratory Sciences, School of Biomedical and Allied Health Sciences, College of Health Sciences, University of Ghana, Accra, Ghana. Ewurama does research in Public Health, Epidemiology, and Infectious Diseases. She will discuss *Career development in clinical research*



PD4

## **PANEL DISCUSSION 4 (PD4): Perspectives on Sustainable Health**

### **Session objectives**

- 1) To introduce the concept of Sustainable health and discuss how it can be used to tackle complex health challenges of today and tomorrow in the African region within the framework of the Sustainable Development Goals.
- 2) To demonstrate and discuss the ideas behind and on-going work related to the virtual Centre of Excellence for Sustainable Health.
- 3) To obtain concrete ideas related to Sustainable health that can be brought forward to the larger meeting.

### **Session abstract**

More than five years have passed since the 2030 Agenda and the SDGs were adopted and the rate of progress towards the goals remains suboptimal. Investigating and instigating new ways of operationalizing a holistic and sustainable take on health in the 21<sup>st</sup> century requires new kinds of partnerships, enabling the pursuit of critical and mutually beneficial multisectoral research and development of innovative health promoting tools for implementation across social, political and commercial determinants.

In this session we use the definition for sustainable health which stresses that sustainable development implies a development that ensures that development meets the needs of the present without compromising the ability of future generations to meet their own needs. The concept implies a vision of the best possible health and well-being for all, according to the 2030 Agenda, within the relative limitations imposed by the present state of technology and social organization on environmental resources and by the ability of the biosphere to absorb the effects of health-related human activities. It can be illustrated by putting the health of people in the centre of the SDGs.

We will in the session get input from key stakeholders in; academia, policy/government, civil society, private sector and multilaterals to get different perspectives and discuss possibilities, but also limitations with the proposed approach to sustainable health.

We hope that you join the session and bring your voice to the discussions how we can ensure best possible health to current and future generations.

Speakers

Session  
Chair

Session  
Co-chair

## MEET THE SPEAKERS



**Session chair: Dr. Rhoda Wanyenze** is a Professor and Dean of Makerere University School of Public Health (MakSPH). She has vast experience in infectious diseases research, capacity building and program management, especially in HIV and TB and has also conducted several studies in maternal and child health. Prior to joining MakSPH, Dr. Wanyenze was the Program Manager for the Makerere University Joint AIDS Program. Her work has been funded by the NIH, CDC, Global Fund, among others. She has developed and sustained several national and international research and service collaborations. Dr. Wanyenze is very active in public health policy leadership in Uganda, has served on various technical committees of the MoH and other agencies, and boards of several organizations.



**Session co-chair: Associate Prof. Tobias Alfvén**, Karolinska Institutet, Stockholm, Sweden. Tobias Alfvén works as senior clinical lecturer at the Department of Global Public Health at Karolinska Institutet and as a pediatrician at Sachs' children and youth hospital in Stockholm. Tobias Alfvén is a medical doctor, associate professor with a PhD in Epidemiology and a BSc in Business Administration and Political Science. He has for the last 20 years combined research, clinical medicine in pediatrics and work for the United Nations both in the field at HQ. He is currently leading projects in Asia, Africa and Europe. At the Department of Global Public Health at Karolinska Institutet he is chairing the research team Global Child Health and the Sustainable Development Goals. He has over 50 scientific articles published, 3000 citations and is regularly taking part in the current debate related to global and child health, both in Sweden and internationally. Further he is a member of the Steering Committee of the Coalition of Centres in Global Child Health and chair of the Swedish Society of Medicine, where he previously was the chair of the Swedish Medical Society's Committee of Global Health. He will discuss the topic "*Sustainable health – what is it and why?*"

## Session Coordinator



**Session coordinators:** **Dr. Charles Batte** is the Founder & Executive Director of Tree Adoption Uganda (TAU), a youth-centric organization powered by the vision to create communities where people and nature flourish. He is a member of the Pathfinder International Climate Advisory Council. Named among the top 100 young African Conservation Leaders by the African World life foundation (AWF) and Worldwide Fund (WWF), his work focuses on ecosystem restoration, the intersection of climate & health and fostering climate resilience for women & children in vulnerable communities. He holds an MD from Makerere University and MPH from the University of Liverpool.



**Speaker 1:** **Dr. Soumya Swaminathan** has served as the Chief Scientist at the World Health Organization. Dr Soumya Swaminathan was most recently WHO's Deputy Director-General for Programmes. A Paediatrician from India and a globally recognized researcher on tuberculosis and HIV, she brings with her 30 years of experience in clinical care and research and has worked throughout her career to translate research into impactful programmes. Dr Swaminathan was Secretary to the Government of India for Health Research and Director General of the Indian Council of Medical Research from 2015 to 2017. In that position, she focused on bringing science and evidence into health policy making, building research capacity in Indian medical schools, and forging south-south partnerships in health sciences. From 2009 to 2011, she also served as Coordinator of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases in Geneva. She will discuss *Research for Sustainable Health-the role of WHO and academic partnerships*.

2



**Speaker 2: Dr. Theresa Piloya- Were** Thereza Piloya is currently an Assistant Lecturer in Department of Paediatrics and Child Health - School of Medicine, College of Health Sciences, Makerere University-Kampala. She graduated with a Bachelor of Medicine and Surgery (MBChB) at Makerere University, Faculty of Medicine in 2002, and MMED Paediatrics (2010) and currently she is a European Society of Paediatrics Endocrinology Fellow at the Paediatrics Endocrinology Training Centre for Africa in Nairobi. Her current research focus is on Non communicable diseases (NCDs) and its association with the common infectious diseases in children and adolescents. She has research experience in HIV/AIDS particularly in clinical research in Children and Adolescents. She has been involved in various studies including the Bill Gates Grant Project 5a under the Academic Alliance for AIDS Care and Prevention in Africa in 2004 which involved 5 different studies aimed at development of Clinical Algorithms for use in resource limited centers for care of HIV infected patients with Headache, visual, liver, and cognitive problems, inpatient central nervous system infections and care of Adolescents. The results from these studies were published and the results continue to be used in care of HIV infected children and adults in our setting. She has published papers on care of HIV infected Adolescents, Clinical care of HIV in infected adults and adverse effects of HAART in children particularly metabolic effects of HAART. She will discuss *Sustainable health -perspectives from civil society and patient organizations*.

3



**Speaker 3: Dr. Kennedy Njau** serves as the Medical Director – Sub Sahara Africa, AstraZeneca. He will discuss the role of the private sector in the transformation of health systems in the 21<sup>st</sup> century

4



**Speaker 4: Dr. Gerald Mutungi** is the current head of NCDs prevention and control program at Ministry of Health, Uganda. His roles include coordination of all efforts geared to prevent and control NCDs in the country. Dr. Mutungi is a medical doctor and a public health specialist having qualified with a Bachelor of Medicine and a bachelor surgery from Makerere University and a Master of Public Health from the University of New South Wales, Australia. He also holds a Master of Health Services Management of the University of New South Wales, Australia. He has worked both in public and private sectors. He is conversant with Uganda's health system having worked as head of a sub district in Luwero district for over five years, deputized the District Health Officer for a year. He has headed different programs at the Ministry of Health headquarters including Nodding disease program, School Health and NCDs. He worked with Infectious Diseases Institute of Makerere University before he joined the Ministry of Health. Dr. Mutungi has travelled extensively to contribute to global policies, guidelines and other documents for prevention and control of NCDs including monitoring. His research interest is in NCDs, especially prevention and early detection. He will discuss how sustainable health can support Uganda to reach the SDGs.

5



**Speaker 5: Dr. Roy William Mayega** is a Lecturer in the Department of Epidemiology and Biostatistics at Makerere University School of Public Health. He holds a Bachelor's Degree in Medicine and Surgery and a Master's Degree in Public Health from Makerere University. He holds a PhD in Medical Science from Karolinska Institutet, Sweden. He is also the Deputy Chief of Party for ResilientAfrica Network, a network of 26 universities in Africa, focused on furthering resilience research and innovations to address major development challenges in the region. Dr. Mayega is a member of Uganda's working group for the Center-of-Excellence in Sustainable Health (CESH), of which Makerere University (Uganda) and Karolinska Institutet (Sweden) are the main partners. He has over 20 years of experience in Public Health related work



SE1

## SIDE EVENT (SE1): The Lancet NCD commission

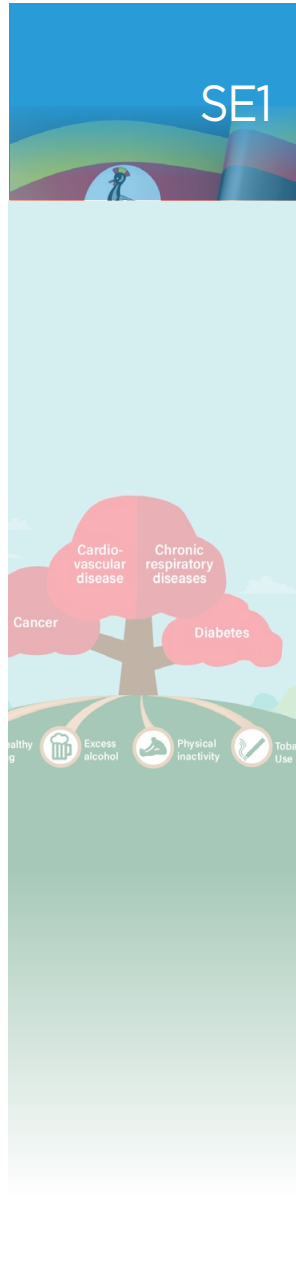
### Session objectives

- 1) Officially launch the NCDI Commission report
- 2) Discuss findings of the NCDI Commission
- 3) Share lessons from other commissions
- 4) Next steps after the NCDI Commission

### Session abstract

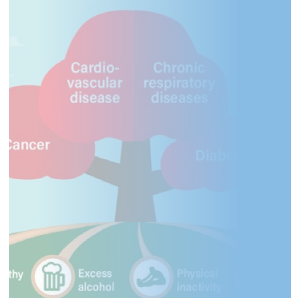
The Uganda NCDI Commission is part of other national commissions collectively making up the global Lancet NCDI Poverty Commission whose focus is to reframe the agenda for NCDs and Injuries for the world's poorest. The global Commission recognizes that the endemic burden of NCDs in populations living in poverty compared to other populations is less dominated by the WHO preventable lifestyle risk factors and their associated diseases. It therefore calls for frameworks that address material poverty as well as integrated health service delivery strategies which complement the existing WHO agenda.

The global Commission brings together cross-sectoral experts to analyze the NCDI burden, service delivery and access, financing, and policy at global and national levels. The Commission additionally determines priority strategies to address this burden and documents the relevant resource gaps in terms of finances, human resources, and governance. The Commission will use these findings to influence policies and priorities and mobilize resources for NCDs at both the global and national levels. This session will officially launch the Uganda NCDI Commission report and discuss its findings with a wide range of experts. The global Commission representative will provide a global context for these findings and share experiences from other commissions. Ample opportunity will be allocated to address questions from the audience.



## Speakers

### Session Chair



### Session moderator

## MEET THE SPEAKERS



**Session chair: Dr. Gerald Mutungi** is the current head of NCDs prevention and control program at Ministry of Health, Uganda. His roles include coordination of all efforts geared to prevent and control NCDs in the country. Dr. Mutungi is a medical doctor and a public health specialist having qualified with a Bachelor of Medicine and a bachelor surgery from Makerere University and a Master of Public Health from the University of New South Wales, Australia. He also holds a Master of Health Services

Management of the University of New South Wales, Australia. He has worked both in public and private sectors. He is conversant with Uganda's health system having worked as head of a sub district in Luwero district for over five years, deputized the District Health Officer for a year. He has headed different programs at the Ministry of Health headquarters including Nodding disease program, School Health and NCDs. He worked with Infectious Diseases Institute of Makerere University before he joined the Ministry of Health. Dr. Mutungi has travelled extensively to contribute to global policies, guidelines and other documents for prevention and control of NCDs including monitoring. His research interest is in NCDs, especially prevention and early detection.



**Session moderator: Dr. Isaac Ssinabulya** is a lecturer in the Department of medicine, Makerere University College of Health Sciences and currently works at the Uganda Heart Institute, Kampala. Isaac does research in HIV and Cardiology. Dr. Ssinabulya co-chairs the Uganda NCDI Poverty Commission. Other Commission members hail from the Ministry of Health and a broad array of civil society partners. The Commission focuses on analyzing data to better understand the burden of NCDs and injuries in Uganda, with particular attention to conditions that disproportionately impact the poor, and to recommend interventions and policies to address it, based on a priority-setting framework that takes account of both cost-effectiveness and equity. Dr. Ssinabulya's current projects include *"mHealth in Heart Failure Self Care, Hypertension control in Uganda, HIV and cardiometabolic outcomes, HIV and Hypertension integrated management"*

1



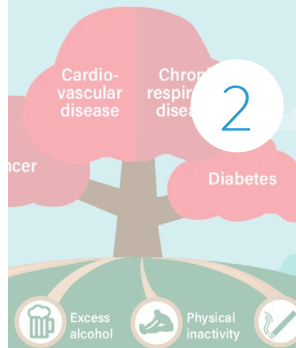
**Speaker 1: Dr. Ann Akiteng** serves as the Deputy Director of UINCD, a Uganda-based research partnership between faculty at Makerere University College of Health Sciences (Uganda) and Yale School of Medicine (US), Mulago National Referral Hospital (Uganda) leadership, and the Uganda Ministry of Health Programme for Control and Prevention of Non-Communicable Diseases. She is a public health expert in Non-communicable diseases in Uganda and provides mentorship and project support to UINCD scholars/fellows. She will discuss the topic *“Redefining the agenda for NCDs in Uganda”*

2



**Speaker 2: Dr David Okello** serves as the director for non-communicable diseases and health aging at African Centre for Global Health and Social Transformation (ACHEST). He is retired World Health Organisation (WHO) expert, who in the past 5 years was serving as Head of Mission and Representative of WHO to Zimbabwe where he was responsible for the activities of WHO in the country. He joined ACHEST on 17<sup>th</sup> January 2018 to add his wealth of expertise to the pool of the existing health Think Tanks.

Prior to this, Dr Okello served as WHO Representative in Nigeria, Kenya, and Swaziland; and for a period of about one year in 2006 was also responsible for overall oversight of the WHO Country office in South Africa. The work of WHO Country Representative involved working with top Government officials to provide policy advice on matters of health and development and directing the work of WHO – including in-country coordination of WHO technical support using resources available in the country offices and in liaison with the Regional Office and the Global HQ. He will discuss the topic *“What next: Building on the gains of the NCDI commission”*



## WORKSHOP 3 (WS3): COVID-19 Variants

### Session objectives

- 1) To discuss the Impact of COVID-19 variants in Africa.

### Session abstract

Since its emergence in late 2019, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has given rise to a global pandemic that remains uncontrolled, in part related to the virus' ability to adapt. Through genomic surveillance of SARS-CoV-2, several variants have recently been identified. Although the emergence of viral variants is anticipated with RNA viruses such as SARS-CoV-2, it is critically important to determine the impact of these variants on pandemic control and on therapeutics and vaccines.

## MEET THE SPEAKERS



**Session chair: Dr. Misaaki Wayengera** is a medical doctor with graduate training (MSc, Fellowship, PhD) in a diverse array of basic science fields (Immunology, Vaccinology, Clinical Microbiology, Genetics and Filovirology). He holds expert skills-training in Bioentrepreneurship and R & D. Over the past 10 years, he has served as In-Charge of the Unit of Genetics & Genomics. He is a member of the African Society for Human Genetics (AfSHG) and Ex-Chair of the Education and Coordinated Working Group (ECTWG) of the H3Africa Consortium. His research interests' center on pathogen OMICS:-with a focus on identifying new molecular targets for research and development of diagnostics, therapeutics and vaccines. His group has identified, patented, and validated reagents (B cell-epitopes, synthetic peptides, recombinant EBOV glycoprotein, monoclonal and polyclonal antibodies, and aptamers) for the R & D of 3 prototypes of a pan-filovirus rapid diagnostic tests-RDTs (Ag, IgM and IgG).



**Speaker 1: Professor Moses Joloba** serves as the current Dean School of Biomedical Sciences, Makerere University College of Health Sciences. He was Head of Department of Medical Microbiology (2005 – 2014). Professor Moses Joloba has developed skills in conducting clinical microbiology and molecular biology, laboratory-based research, and training as well as building laboratory capacity in Uganda and other countries. Initially he graduated as a physician at Makerere Medical School in 1994 and later as a clinical microbiologist at Case Western Reserve University (graduated in May 1996, MS Degree). after which he returned to Uganda and took a faculty position at Makerere university Department of Medical Microbiology. He also helped to establish a TB laboratory for the Tuberculosis Research Units (TBRU) and became its technical director and later a scientific director site (1996 – 1999). In 2000 – 2003, Professor Joloba undertook a Ph. D course at Case Western in Microbiology and Molecular Biology. After his return Professor Joloba, he established a Molecular Biology, immunology and mycobacteriology laboratories and a Biorepository at the University. He became the Director of the National TB Reference laboratory now a supranational laboratory Prof. Joloba has won many grants and published over 200 peer reviewed papers, he is a reviewer for 6 journals and trained over 25 PhDs to completion. He will discuss *Prevalence of COVID-19 variants in Africa. and Hypertension integrated management*



2



**Speaker 2: Professor Pontiano Kaleebu** serves as the Director Uganda Virus Research Institute based in Entebbe, Uganda. He holds a medical degree from Makerere University and a PhD from Imperial College, London. He is a professor of immunovirology at the London School of Hygiene and Tropical Medicine, Department of Infection Biology; a Fellow of Royal College of Physicians-Edinburgh and a Fellow of Imperial College London, Faculty of Medicine. As UVRI Director, he sits on the top and senior management of the Ministry of Health. He leads several national and regional networks including the EDCTP East African Networks of Excellence. He is a co-Director of the African Partnership for Chronic Disease Research (APCDR). He is co-director of the Uganda Medical Informatics Center (UMIC), a computational resource offering data storage and analysis capacity. He chairs the national HIV drug resistance technical working group under the Ministry of Health and a member of the National Antiretroviral Treatment committee. He will discuss *Impact of COVID-19 variants in Africa*.

## WS4

### WORKSHOP 4 (WS4): Dealing with Falsified & Substandard Medicines in Africa

#### Session objectives

- 1) Description and fact-based analysis of the problem and the issues of the fight against falsified and substandard medicine
- 2) Demonstration of different approaches to reduce falsified and substandard drugs entering the distribution chain with a focus on needs specific for African markets
- 3) Illustrate the intense work and commitment of research-based pharmaceutical companies together with other stakeholders to detecting falsified and substandard products, e.g., by fostering the use of the Minilab and building a strong network around it
- 4) Improved safety for patients can only be achieved by the sound operation of many stakeholders.

#### Session abstract

Falsified and substandard medicines are a global problem that endangers the health and lives of patients. The WHO estimates that about ten percent of all medicines in low- and middle-income countries are falsified or substandard, and in some regions the situation is even much worse. High-quality medicines are essential to protect patients and prevent treatment failure. Risk reduction measures focus on identifying and elimination of falsified and substandard medicines in pharmaceutical markets. The purpose of this session is to first give an overview and to analyze the scope of the problem with a focus on Africa. Practical and locally appropriate options to reduce the risk of falsified and substandard medicine entering the market will then be identified and discussed between different stakeholder groups from Africa and Europe.

## Speakers

### Session Chair

## MEET THE SPEAKERS



**Session chair: Prof. Dr. Lutz HEIDE:** Prof. Dr. Lutz Heide (\* 1955) studied pharmacy at the University of Münster. After receiving his doctorate, he worked for three years in the Ministry of Health of Somalia, where he managed the supply of essential medicines for primary health care in refugee camps. After a postdoctoral period at the University of Kyoto, Japan, he became an assistant and then an associate professor at the Pharmaceutical Institutes of the Universities of Bonn and

Freiburg. Since 1994, he has been a full professor at the Pharmaceutical Institute of the University of Tübingen. On leave from this university and under a contract with the German Development Cooperation (GIZ/CIM), he worked for two years (2014/2015) at the Pharmaceutical Institute of the University of Malawi. There he taught Drug & Medical Supplies Management and carried out research on the quality of essential medicines in Malawi. Since 2016 he has been responsible at the University of Tübingen for research and teaching in the field of Pharmaceutical Global Health. Specifically, he investigates the problems of substandard and falsified medicines drugs, the availability and pricing of medicines as well as the challenges of health supply chain management in low- and middle-income countries



1



**Speaker 1: Dr. Bahijja Raimi-Abraham** leads her research group “The Raimi-Abraham Group”. The core pillars of Dr Raimi-Abraham’s research are Ageing and Global Health with cross cutting themes which build on her research pillars themes are: Pharmaceutical Materials and Innovative Manufacture; therapeutic and Multimorbidity Aspects of Infection o Find out more about our “Malaria in Africa: What’s next?” event ; nano-facilitated Strategies in Infection Prevention and Treatment; substandard and Falsified Medicines: Implementing Solution Focused Pathways to Impact. Prior to her current position as Lecturer in Pharmaceutics at the King’s college London, Abraham held positions at University College London (UCL) as an Engineering and Physical Sciences Research Council (EPSRC) postdoctoral researcher position and at the European Medicines Agency (EMA) as a seconded Quality National Expert. Dr. Raimi-Abraham is the first graduate of the University of East Anglia School of Pharmacy to be awarded a Ph.D. and was the 2018 recipient of the Outstanding Woman in STEM Precious Award. Dr Raimi-Abraham is also a member of the Academy of Pharmaceutical Sciences (APS) Board. Dr Raimi-Abraham has an extensive and original public engagement portfolio which includes uniquely exploring the use of street art to engage public with Science, Technology, Engineering and Mathematics (STEM) research through her social enterprise STEAM:ED. More recently hosting a weekly podcast, Monday Science which discusses the latest in Science, Health and Technology. Dr Raimi-Abraham’s work in research informed teaching has also been recognised by the Nuffield Foundation.

2



**Speaker 2: Dr. Kerlijn Van Assche** joined the Medicine Quality Research Group at Oxford University as a research pharmacist in 2020. Initially, she was trained as a hospital pharmacist and after fieldwork in Guinea she obtained a master’s in International Health at Charité, Germany. During and after her Msc, she conducted research at the Antwerp Institute of Tropical Medicine in Belgium on data of QUAMED, a North-South Network that promotes universal access to quality-assured medicines. Before joining the MQRG, Kerlijn worked as a quality assurance pharmacist with Médecins Sans Frontières, ensuring the use of quality medicines and medical devices in their projects across the world.

3



**Speaker 3: Dr. Zahra Mansoor** is the Global Brand Protection Manager for Johnson & Johnson (Middle East, Africa & Pakistan) supporting Medical Devices, Pharmaceuticals and Consumer Health products. In her role, Zahra is responsible to combat illicit trade activities such as counterfeiting, tampering as well as parallel trade for all J&J's products to ensure patient and consumer safety. She is responsible to partner with Health Authorities, Law Enforcement Agencies as well as key institutions to address illicit trade issues within the industry. Prior joining Johnson & Johnson, Zahra was in GE Corporate covering regional responsibilities. Zahra has a double major degree in Finance & Management from the American University in Dubai.

4



**Speaker 4: Dr. Richard Neci** is the executive director of Ecumenical Pharmaceutical Network (EPN) and is based at the Secretariat office in Nairobi, Kenya. He holds a Bachelor's degree with Honors in Pharmaceutical Sciences from the University of Kinshasa, an advanced diploma in humanitarian Logistics from ISS-DRC and a Postgraduate Certificate of Management from Cumbria University. Born in Eastern Democratic Republic of Congo, Richard is bilingual (French and English). He has demonstrated leadership and management abilities that made him becoming Managing Director of the Dépôt Central Médico-Pharmaceutique 8e CEPAC (DCMP 8th CEPAC). During his 10 years tenure as the Director of DCMP 8th CEPAC, Richard took the company to an unexpected level, making it one of the largest Drug Store Organizations in DR Congo today. He worked closely with Dr. Denis Mukwege - Nobel Peace Prize 2018 and Head of the Medical Department of CEPAC, and implemented different Projects in DRC with DIFAEM and the EPN. Richard NECI is passionate about fighting fake and substandard medicines for the overall goal of ensuring patient safety. From 2013, he was responsible for monitoring the quality of medicines in health facilities of the Church of Christ in Congo, by using the GPHF Minilab in partnership with DIFAEM and training of users in DRC and Burundi to monitor the quality of medicines supplied in church health systems. In his position started in 2016, as President of the Provincial Council of Pharmacists, Richard succeeded in influencing by his leadership, pharmacists, colleagues and health authorities, to get involved in the sanitation of the pharmaceutical sector and the fight against fake and substandard medicines in the eastern region of the Democratic Republic of Congo. Furthermore, EPN under his leadership continues to strengthen the pharmaceutical services of the church health systems in sub-Saharan Africa, including faith-based Drug Supply Organizations (DSOs) especially in the area of access to good quality pharmaceutical products, by promoting joint supply through exchange among the DSOs and further technical support. In addition, EPN is currently conducting various projects in different countries with its members in IPC, NCD, AMR, MCH including capacity development in supply chain management and governance. Richard has developed servant leadership and management skills demonstrated through his work results.



5



**Speaker 5: Mr. Freddy Eric Kitutu** serves as the acting Dean School of Health Sciences, Makerere University College of Health Sciences. Mr. Freddy Eric Kitutu is a pharmacist from Makerere University with advanced training in clinical epidemiology and biostatistics from the same University and clinical pharmacy from National University of Ireland. He has undertaken additional courses in public health ethics at the Johns Hopkins School of Public Health, Public Health implications of Quality of Medical Products at London School of Hygiene and Tropical Medicine.

## Keynote 4

### KEYNOTE 4: Advancing Technology for Health in Africa

#### Session objectives

- 1) To understand the key elements in fostering an enabling environment for innovations in digital health through to scale up and widespread implementation, using examples of novel collaborations, national/ supranational policies, regulations, and infrastructure.

#### Session abstract

As we move into the 4<sup>th</sup> industrial revolution, Africa has a chance to use new and emerging technologies to transform its health sector through innovation and creativity. However, currently the health sector has not realized the transformative power of digital technologies that other industries have (e.g. mobile money in banking).

In order to take advantage of the new technologies to health, new collaborations between public and private sectors, young entrepreneurs and large traditional organizations, medical professional and technologists will need to occur. We will explore examples of national and global policies which support innovation and collaborations for all those working in health (across government, non-governmental, private sector). The session will also explore how to create a balance that allows for regulation to protect the data and rights of citizens without unnecessary restrictions to innovation. Finally, the panelists will discuss ways to ensure that no-one is left behind in the drive for technological progress for health.

## Speakers

## Session Chair

### MEET THE SPEAKERS



**Session chair: Mr. Kenneth Muhangi:** Kenneth specializes in intellectual property, technology, media, telecommunications and dispute resolution. Kenneth holds a master's degree, LLM (International Commercial Law) from The University of South Wales, Bachelor's Degree in Law LLB (Hons) from Uganda Christian University and a Diploma in Legal Practice from the Law Development Centre. He is licensed to practice law in Uganda & the greater commonwealth. In the area of intellectual property & technology, Kenneth is a renown award winning author and trainer and this has cemented his credentials as a specialist in the aforementioned practice areas. He has conducted specialized trainings in areas of ICT such as, block chain technology, digital banking & data protection among others. Kenneth represents and advises government & international entities such as World Bank, World Economic Forum, Ministry of ICT among others. Kenneth is also a visiting lecturer of intellectual property & Cyber Law at Uganda Christian University and has also conducted lectures on Cyber Law at Makerere University, Law School. He heads the ICT Cluster of the Uganda Law Society & is a member the Intellectual Property Cluster, Uganda Law Society. Kenneth is also a member of The Africa List, an exclusive community of next generation CEOs building Africa's top 100 companies, supported by the CDC Group.

1



**Speaker 1: Dr Rosalind Parkes-Ratanshi:** Rosalind is a clinical academic with a research interest in sustaining HIV and STI care using innovation in Africa. She is the Director of the Ugandan Academy for Health Innovation and Impact and also a lecturer at the University of Cambridge in Public Health at Cambridge Institute of Public Health since 2015. She trained as a Clinical Lecturer in Genito-urinary Medicine at St Mary's Hospital, Imperial College, London and holds an Honorary Contract at Cambridge University Foundation Hospital. She has over 13 years' experience working in Uganda and completed her PhD from the Liverpool School of Tropical Medicine in the prevention of cryptococcal disease in HIV positive Ugandan adults in 2009. In 2011 she joined the Infectious Diseases Institute, at Makerere University in Kampala, where she served as head of the clinical services. During this time, she was responsible for introduction of new services such as a co-pay clinic, HIV-hepatitis services and elderly persons HIV clinic. She also headed a systems strengthening project for over 50,000 patients in care in government hospitals across Uganda.

2



**Speaker 2: Prof. Dr. Tobias Kowatsch:** Dr. Tobias Kowatsch is Assistant Professor for Digital Health at the University of St.Gallen and the Scientific Director of the Center for Digital Health Interventions ([www.c4dhi.org](http://www.c4dhi.org)), a joint initiative of the Department of Management, Technology and Economics at ETH Zurich and the Institute of Technology Management at the University of St.Gallen. In close collaboration with his interdisciplinary team and research partners, Tobias designs digital health interventions (“digital pills”) at the intersection of information systems research, computer science and behavioral medicine. He helped initiate and participates in the ongoing development of MobileCoach ([www.mobile-coach.eu](http://www.mobile-coach.eu)), an open source platform for ecological momentary assessments, health monitoring and digital health interventions. He is also co-founder of the ETH Zurich and University of St.Gallen spin-off company Pathmate Technologies that creates and delivers digital clinical pathways.

3



**Speaker 3: Ms. Nunu Ntshingila-Njeke** is Facebook Africa's regional director, with responsibility for leading the team that engages with agencies and brands in Africa.

4



**Speaker 4: Mr. Lawrence Muthoga:** Lawrence Muthoga is the Azure Developer Audience Lead covering Africa where he specializes in developing, nurturing and growing the Microsoft developer ecosystem across the African continent. He manages Microsoft's engagement with African technical communities, startups and developers and is responsible for their growth and success. This role is aligned with Microsoft's mission to empower every person and every organization on the planet to achieve more. To achieve this, Lawrence works with Innovation Partners, Hubs and technical communities to deepen existing relationships and come up with new strategies to enable technical growth across the board. Prior to this role, Lawrence worked as a Breadth and Community manager in Microsoft 4Afrika which was preceded by his role as Technical Evangelist in Microsoft 4Afrika. His role was to empower and inspire Independent Software Vendors, and developers with tools and technologies that allow them to unlock new and unique opportunities across cloud technologies and build scalable solutions. Lawrence has held multiple customer and partner-facing roles at Microsoft. From an Office365 Solution Sales Professional to a Partner Technology Strategist to a Technology Solutions Professional for Dynamics 365.

5



**Speaker 5: Dr Matshidiso Moeti**, from Botswana, is the first woman to be elected as WHO Regional Director for Africa. Over the past five years, Dr Moeti has led the transformation of WHO in Africa to ensure the Organization is accountable, effective and driven by results. A key feature of the Regional Director's leadership is the cultivation of strong partnerships, both with traditional and new partners, including philanthropic foundations, civil society, academia, and increasing engagement with young people and women in global health. To deliver on the WHO Thirteenth General Programme of Work, the Secretariat is supporting countries to achieve universal health coverage (UHC), improve health security, and promote better well-being to make health a reality for all people in Africa. Innovations and digital health are being leveraged as key tools to improve health outcomes and leapfrog national development.

Supported by Dr. Moeti's leadership and advocacy, momentum for UHC is building across the Region. Many countries are undertaking reforms to improve health financing and delivery of essential services. No cases of wild poliovirus have been reported in Africa for over three years and the Region is on track to be certified free of wild poliovirus in 2020. WHO is now faster, better-coordinated and more effective in supporting countries to prepare for and respond to emergencies, with the average time to control outbreaks in the Region, reducing from 418 days in 2016 to 51 days in 2018.

6



**Speaker 6: Dr. Wairagala Wakabi**, serves as the Executive Director International ICT policy for East and Southern Africa. Wakabi has led and coordinated ICT policy research across various countries in east and southern Africa. As Executive Director at CIPESA, he continues leading policy research and driving efforts for cohesive approaches in advocating for online rights and for the use of ICT in democratic processes and civic participation, and in promoting the right to information. He holds an MSc in Informatics (Örebro University, Sweden) and an M.A in Journalism & Media Studies (Rhodes University, South Africa) and a PhD in informatics with a specialisation in e-Government at Örebro University. Wakabi has also been involved in various collaborative researches with African, Asian and North American think tanks and NGOs.



7



**Speaker 7: Dr. Francis Gurry** is an Australian lawyer who has served as Director General of the World Intellectual Property Organization (WIPO) since October 1, 2008. He holds law degrees from the University of Melbourne, a Ph.D from the University of Cambridge and is an honorary professor of, and holds honorary doctorates from, universities in a wide range of countries. He is the author of a number of publications, one of which has become a standard legal text in the UK and is published by Oxford University Press as Gurry on Breach of Confidence.

8



**Speaker 8: Mr. Christopher Burns** is the Director for the Center for Digital Development. In this role, he leads technical teams focused on Digital Finance, Development Informatics, Digital Inclusion and advanced data and geospatial analysis, and the role they play in driving an inclusive digital economy

9



**Speaker 9: Dr. Matthew Gould** serves as the chief executive officer (CEO) for NHSX, a joint unit between the Department for Health and Social Care and NHS England, set up to ensure that staff and patients have the technology they need. Matthew was the government's Director General for Digital and Media Policy for 3 years, until May 2019.

## PD 5

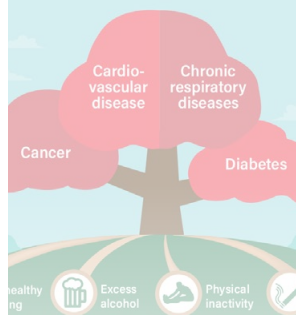
### PANEL DISCUSSION 5 (PD5): Building Sustainable Partnerships for Addressing the burden of NCDs

#### Session objectives

- 1) To discuss how to build sustainable partnerships for Addressing the burden of NCDs.

#### Session abstract

Evidence from Global efforts to fight HIV have demonstrated that international, national, and local partnerships are effective in combating the epidemic, yet such progress is yet to be realized for the control of NCDs. Through application of their respective strengths, partnerships have been effective in mobilizing resources, providing technical support, driving innovation in biomedical and implementation science as well as engaging with governments and communities in countries with high burdens of targeted diseases at a scale previously unprecedented in global health. We believe that adoption of such approaches to NCD will significantly improve on NCD management and reduce on the burden of NCDs in Africa. In this session, we will discuss the how to build strong, impactful and sustainable partnerships for addressing NCDs in Africa.



## Speakers

### Session Chair

Cancer

Unhealthy  
eating

### Session Moderator

## MEET THE SPEAKERS



**Session chair: Dr. Gerald Mutungi** is the current head of NCDs prevention and control program at Ministry of Health, Uganda. His roles include coordination of all efforts geared to prevent and control NCDs in the country. Dr. Mutungi is a medical doctor and a public health specialist having qualified with a Bachelor of Medicine and a bachelor surgery from Makerere University and a Master of Public Health from the University of New South Wales, Australia. He also holds a Master of Health Services

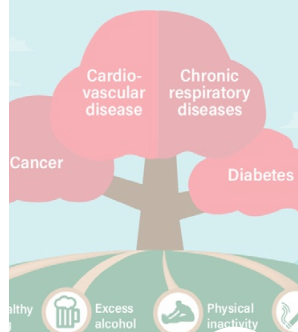
Management of the University of New South Wales, Australia. He has worked both in public and private sectors. He is conversant with Uganda's health system having worked as head of a sub district in Luwero district for over five years, deputized the District Health Officer for a year. He has headed different programs at the Ministry of Health headquarters including Nodding disease program, School Health and NCDs. He worked with Infectious Diseases Institute of Makerere University before he joined the Ministry of Health. Dr. Mutungi has travelled extensively to contribute to global policies, guidelines and other documents for prevention and control of NCDs including monitoring. His research interest is in NCDs, especially prevention and early detection.



**Session moderator: Dr. Isaac Ssinabulya** is a lecturer in the Department of medicine, Makerere University College of Health Sciences and currently works at the Uganda Heart Institute, Kampala. Isaac does research in HIV and Cardiology. Dr. Ssinabulya co-chairs the Uganda NCDI Poverty Commission. Other Commission members hail from the Ministry of Health and a broad array of civil society partners. The Commission focuses on analyzing data to better understand the burden of NCDs

and injuries in Uganda, with particular attention to conditions that disproportionately impact the poor, and to recommend interventions and policies to address it, based on a priority-setting framework that takes account of both cost-effectiveness and equity. Dr. Ssinabulya's current projects include *"mHealth in Heart Failure Self Care, Hypertension control in Uganda, HIV and cardiometabolic outcomes, HIV and Hypertension integrated management"*

1



2



**Speaker 1: Dr Maggie Kigozi** is a Ugandan medical doctor, business consultant, educator, and sportswoman. She is a consultant at the United Nations Industrial Development Organization (UNIDO). She formerly served as the Executive Director of the Uganda Investment Authority (UIA), from 1999 until 2011. Following a one-year internship in Uganda, she migrated to Zambia in Southern Africa, where she practised as a physician, from 1977 until 1979. She returned to Uganda in 1979 following the removal of Idi Amin from power, but had to flee to neighbouring Kenya, after Milton Obote seized power in 1980. She continued to practice medicine in Kenya until 1986, when she again returned to Uganda, following another change of government in Kampala. She worked as the physician to members of the Parliament of Uganda and their families, from 1986 until 1994. She has been reported to have had a passion for paediatrics during her medical career. In 1994, she joined Crown Bottlers Uganda Limited (Pepsi), as the Marketing Director. During her tenure at Crown Bottlers, she was appointed board member of Uganda Manufacturers Association. She worked at the bottling company until she was appointed Executive Director at Uganda Investment Authority (UIA) in 1999. She is the first person and first woman to serve in that position at UIA.



**Speaker 2: Dr. Richard Idro** is a Consultant Paediatrician and Paediatric Neurologist at Uganda's Premier hospital, Mulago hospital and Senior Lecturer at Makerere University. He trained in medicine and general paediatrics at Makerere University, obtained a PhD in Clinical Neuroscience from University of Amsterdam and trained in paediatric neurology with the Royal College of Paediatrics and Child Health at the Great Ormond Street hospital in London. Dr Idro joined Uganda Medical Association as an intern doctor in 1995 and in 1996 was elected Deputy General Secretary. He rejoined the National Executive Committee of UMA in 2015 as the Chair for Continuing Professional Development. It was during this time that Dr Idro innovated the first Grand Doctors Conference and doctors fellowship dinner that brought together doctors of all specialties under one room. In 2018, he led the first multidisciplinary camp that over a one-week, offered specialist medical and surgical care to over 15,000 patients in West Nile.

3



**Speaker 3: Dr. Ann Akiteng** serves as the Deputy Director of UINCD, a Uganda-based research partnership between faculty at Makerere University College of Health Sciences (Uganda) and Yale School of Medicine (US), Mulago National Referral Hospital (Uganda) leadership, and the Uganda Ministry of Health Programme for Control and Prevention of Non-Communicable Diseases. She is a public health expert in Non-communicable diseases in Uganda and provides mentorship and project support to UINCD scholars/fellows. She will discuss the topic *“Redefining the agenda for NCDs in Uganda”*

4



**Speaker 4: Dr. Akinwumi Adesina** serves as the 8<sup>th</sup> elected President of the African Development Bank Group. He was first elected to the position on May 28, 2015 by the Bank’s Board of Governors at its Annual Meetings held in Abidjan, Côte d’Ivoire. Dr Adesina is a globally renowned development economist and agricultural development expert, with more than 30 years of international experience. He graduated with a bachelor’s degree in Agricultural Economics (First Class Honours) from the University of Ife (now Obafemi Awolowo University), Nigeria, in 1981. He was the first student to obtain a First Class Honours in Agricultural Economics in the history of the university. He holds a master’s degree (1985) and a PhD in Agricultural Economics (1988) from Purdue University, USA, where he won the Outstanding PhD thesis award for that year. Dr Adesina won the prestigious Rockefeller Foundation Social Science Fellowship in 1988, which launched him into his international career. A bold reformer, as Minister of Agriculture in Nigeria from 2011-2015, Dr Adesina turned the agriculture sector of Nigeria around within four years. Under his tenure, Nigeria ended 40 years of corruption in the fertilizer sector by developing and implementing an innovative electronic wallet system, which directly provides farmers with subsidized farm inputs at scale using their mobile phones. Within the first four years of its launch, this electronic wallet system reached 15 million farmers, dramatically transforming their lives.





PD 6

## PANEL DISCUSSION 6 (PD6): AFRICA COVID-19 Response; Successes & Challenges

### Session objectives

- 1) To discuss successes achieved and challenges faced during the AFRICA COVID-19 response.

### Session abstract

Despite predictions that the number of deaths in Africa due to COVID-19 would reach 10 million, overall, the continent reported relatively fewer cases compared to the rest of the world. Many African countries have been successful in containing initial outbreaks by rapidly using evidence-based interventions through implementation strategies including promoting and facilitating handwashing, social distancing, testing, contact tracing, and lockdowns. They have learned these interventions from Asian and European countries earlier on in the pandemic and from prior epidemics including SARS and Ebola. The difference from the previous epidemics and this pandemic is that Africa is adapting implementation strategies to reflect their own contextual factors or developing new implementation strategies appropriate to the country and region. Despite weak health systems, evidence shows that the ability to identify and address the right contextual factors in the African setting, with strong leadership, when rapidly and effectively implementing evidence-based interventions is key in containing the outbreak.

### MEET THE SPEAKERS

Incident commanders/ Minister's of Health from African countries

Speakers



## SIDE EVENT 3: Youth in Africa Digital Health and Connectivity

### Session objectives

- 1) The Lancet and Financial Times Commission Governing health futures 2030: Growing up in a digital world explores the convergence of digital health and AI with UHC, focusing especially on improving and safeguarding the health and well-being of children and young people. Multi stakeholder dialogue hearings are a central piece of the Commission's work, bolstering meaningful interactions between the digital and health sector. Representation from countries with the highest youth populations must be involved, many of which are in low- and middle-income countries located in Africa. This representation could include government, civil society and youth representatives, industry (telecom operators, tech start-ups), academia, and development agencies active in the region.

### Session abstract

The total number of children and young people is set to increase between now and 2030. In 2030, the global population will be 8.55 billion, of which 3.31 billion (39%) will be young people under 25 and 2.03 billion (24%) will be children under 15. Almost one-third of all children under 15 will live in Africa, and it will be the only continent where the population of children under five is greater than the population of people over aged 65. Africa will also be home to the countries with the highest proportions of the population under age 25.

Countries with the most youthful populations in the world are facing a double disadvantage of high child mortality – a strong indicator of weak health systems – and low access to digital technology – a potential resource for health system strengthening and universal health coverage (UHC). In other words, while digital technology can play a role in reducing mortality and improving health systems, connectivity is at its lowest in the countries that most need this support. Without a shared, integrative approach to digital transformation of health futures, these countries risk digital exclusion and face an increasingly large digital divide. Within these countries, children, young people, and children remain most disconnected and thereby more vulnerable, posing a barrier to economic growth and sustainable development.

Digital connectivity and inclusion are important factors that determine and enable economic growth and development in order to achieve SDGs.

Speakers

Session  
Chair

## MEET THE SPEAKERS



**Session chair: Dr. Ilona Kickbusch** is the Director of the Global Health Programme at the Graduate Institute of International and Development Studies, Geneva, Switzerland. Before returning to Europe, she was head of the global health programme at Yale University, New Haven, CT, United States of America. Professor Kickbusch has had a distinguished career with the World Health Organization, at both the regional and global levels, and was responsible for the Ottawa Charter for Health Promotion, a seminal document in public health. She developed the “settings” approach and initiated programmes such as Healthy Cities, health-promoting schools, healthy workplaces, health-promoting hospitals and health in prisons. She also initiated WHO’s Health Behaviour in School-aged Children (HBSC) Study. She has contributed significantly to developing the concept of health literacy and most recently has spearheaded the field of global health diplomacy. Professor Kickbusch has published and advised widely on health in all policies (HIAP) approaches and is considered one of the global leaders in this field. Most recently, she conducted a study on governance for health for WHO/Europe and has been deeply involved in the development of Health 2020, the European health policy framework. She is developing training materials for WHO on HIAP and was engaged in the global HIAP conference in Finland in 2013. She is also a member of a commission that advises on the future health of Portugal and serves on the boards of the Careum Foundation and the Foundation for Innovative New Diagnostics (FIND).



## Session Coordinator



**Session coordinator: Dr. Aferdita Bytyqi** has over 20 years of progressive and relevant programme experience of implementing international research, development and regeneration programmes on behalf of multilateral and bilateral agencies and private donors. Aferdita, before joining the Secretariat, was the Director of Finance and Operations at ICS Integre and has also worked with MBM, FAO, WHO. She has worked in emergency, conflict and post-conflict environments, as well as with developed and developing countries. Aferdita has process expertise in UN, EU, DFID, Gates Foundation, Norad procedures and regulations in regard to the disbursement and management of financial grants. She has successfully supported the delivery of multi-stakeholder projects. Her role in the delivery of these projects was from inception to final delivery – from the coordination for the expressions of interest and bidding process to the collaboration with the designers for the publication on the reports and the quality control of the translations and final editing of the reports. Selected publications include The State of the World’s Midwifery 2014 (SOWMY 2014; SOWMY 2011) report as part of UNFPA’s High Burden Countries Initiative, Analysis of the Midwifery Workforce in Selected Arab Countries (2015) and The Lancet Special Series on Midwifery (2014). Aferdita is an Architect and has a MSc. in Urban Development and Planning from the UCL Development Planning Unit.



**Speaker 1: Dr. Chikwe Ihekweazu** is the Director General of the Nigeria Centre for Disease Control (NCDC) and was, until January 2018, the Acting Director of the West Africa Regional Centre for Disease Control. Dr. Ihekweazu trained as an infectious disease epidemiologist and has over 20 years’ experience working in senior public health and leadership positions in several national public health institutes, including the South African National Institute for Communicable Diseases (NICD), the UK’s Health Protection Agency, and Germany’s Robert Koch Institute (RKI). Dr. Ihekweazu has led several short-term engagements for WHO, mainly in response to major infectious disease outbreaks around the world. Dr. Ihekweazu is a graduate of the College of Medicine, University of Nigeria, and has a master’s in public health degree (MPH) from the Heinrich-Heine University, Dusseldorf, Germany. In 2003, he was awarded a Fellowship for the European Programme for Intervention Epidemiology Training (EPIET) and subsequently completed his public health specialisation in the UK. He is widely published in medical peer-reviewed journals.

2



**Speaker 2: Dr. Nanjira Sambuli** is a researcher, policy analyst, and advocacy strategist who works to understand the intersection of information and communications technology (ICT) adoption with governance, media, entrepreneurship, and culture through a gender lens. Nanjira led policy advocacy to promote digital equality in access to and use of the web at the World Wide Web Foundation (2016-2020). She previously worked at the iHub in Nairobi, where she provided strategic guidance for growth of technology innovation research in the East Africa region. Nanjira is a Commissioner on the Lancet & Financial Times Global Commission (Governing Health Futures 2030), a board member at The New Humanitarian, Development Gateway and a member of the DFID's Digital Advisory Panel. In addition to other advisory roles, Nanjira also served as a panel member on the United Nations Secretary General's High-Level Panel on Digital Cooperation (2018-19) and as a deputy on the United Nations Secretary General's High-Level Panel for Women's Economic Empowerment (2016-17).

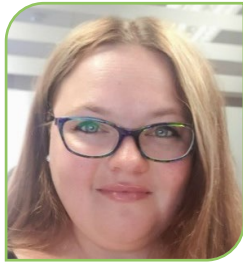
3



**Speaker 3: Ms Njide Ndili** is the Country Director for PharmAccess Foundation, an International NGO dedicated to facilitating affordable access to quality health care in Africa by stimulating investments in the healthcare industry through partnerships with the private sector and government institutions. She directs activities that support demand-side financing, supply-side quality improvement using SafeCare© Methodology, and activities to improve access to financing for healthcare small- and medium-sized enterprises (SMEs) through the Medical Credit

Fund. Ms Ndili's experience in the healthcare industry spans decades in the United States and Nigeria, and she has worked as a consultant to several healthcare organisations. She has an MSc in Health Economics, Policy, and Management from London School of Economics, an AMP from INSEAD Business School, MBA from the University of Houston, Post Graduate Diploma in Finance, and B.Sc. in Computer Science from the University of Nigeria. Ms Ndili is currently serving as a Commissioner for the Governing Health Futures 2030 Commission.

4



**Speaker 4: Dr Angela Harrison** serves as the Medical and Scientific Affairs Manager at Sysmex South, Southern and East Africa. Dr Harrison spent 12 years researching in the discipline of oncology, virology, and microbiology specialising in HIV, TB and Malaria. Her time was spent researching the biochemical functioning of pathogens and drug discovery in these areas. Her passion evolved into a deep care for the patient and advancing healthcare in these areas. She then took up the role of Scientific and Medical affairs Manager for Sysmex covering the regions of South, Southern and East Africa, and is currently advancing her knowledge with a Diploma in Public Health

5



**Speaker 5: Dr. Roger Assemien** serves as the Head, Medical and Scientific Affairs, Sysmex West and Central Africa. With a doctorate in general medicine and graduated from the University of Abidjan, Côte d'Ivoire, Dr Roger Assemien has strengthened his managerial capacities by improving his skills in management of healthcare industry, with a master's degree obtained at the Dijon Business School in France. He also specialized in clinical drug research, at the University of Paris XI, Pierre and Marie Curie. After several experiences at a primary care level in Ivory Coast, in France (clinical drug research) and in West Africa in the pharmaceutical industry, he is now the head of the scientific affairs department at Sysmex West and Central Africa.



Speakers



Session  
Chair



Session  
Moderator

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## Meet the speakers

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**Session chair:**

**Session moderator:**

## KEY 05



### KEY 05: Stakeholder's role in achievement of Universal Health Coverage

#### Session objectives

- 1) To appreciate the key stakeholders (state and nonstate) to achieve UHC.
- 2) To realize that UHC calls for interventions that prevent ill health such as health promotion and health prevention.
- 3) To realize that new technologies should be cost effective, affordable and feasible to use to ensure UHC.
- 4) To appreciate the importance of addressing both communicable and non-communicable diseases as we strive to achieve UHC.

#### Session abstract

UHC has been fronted as a way of providing health service interventions at affordable cost, without impoverishing households, communities and countries. Currently, government financing is one of the most effective models to advance coverage for population health and wellbeing. In low-and middle- income countries (LMICs), health system strengthening and resilience have been traditionally focused on the medical model, with less investments in health promotion at community level which would save large amount of resources and contribute the most to the wellbeing of communities. As we focus on UHC, we need to factor in the social determinants of health, Primary Health Care (PHC), as well as consider effective coordination between state and nonstate agencies for UHC goals. Escalating costs arising from new technologies, quality enhancements, broadening health care entitlements, and expanding workforce readiness can inadvertently make UHC a distant reality for many LMICs. As we advocate for speedy UHC advancements, there is need to consider cost-effective, affordable technologies and innovations that are feasible to be scaled up. Community level actions to promote health and address the prevention, prompt diagnosis and care programs for diseases – both communicable and non-communicable, is vital. Programmes to improve health by addressing social and economic determinants need effective partnerships that go beyond the health system to embrace other agencies, sectors and development actors at all levels. How can healthy-lives and well-being of all people be central to all development policies, programmes and agendas?

## Speakers

### Session Chair

### Session Coordinator

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## Meet the speakers



**Session chair: Dr Freddie Ssengooba** is an Associate Professor of Health Economics and Health Systems Management with over 20 years of teaching and research in health policy and systems. He is the Chair of Health Policy Planning & Management (HPPM) department and Director SPEED Project and the Center for Health Policy and Systems Development (CHPSD) at Makerere University School of Public Health. Dr. Ssengooba has background training as a medical doctor and has worked in a clinical setting,

as a hospital director and as a District Health Officer in Uganda's health system. He has a doctorate covering the intersection of public health policy and institutional economics from the University of London. In the last 17 years, Dr Ssengooba's teaching and research scholarship have focused health policies, program design and implementation and health system developments. Dr Ssengooba has led a multi-disciplinary team undertaking Health Systems Assessment for Uganda, National Maternal Health Review and consultative study to operationalize national plans such as safe male circumcision for HIV prevention, reproductive health and health workforce and financing reforms. Dr Ssengooba is well embedded in the national and regional health and development discourses, think-tank taskforces and as advisory boards for health agencies like National Planning Authority, WHO-Afro, Wellcome Trust, KEMRI and Health Systems Global.



**Session Coordinator 1: Dr. David Musoke** is a Lecturer in the Department of Disease Control and Environmental Health at Makerere University School of Public Health. He holds a Bachelors degree in Environmental Health Sciences from Makerere University, MSc in International Primary Health Care from University of London (UK), and PhD in Public Health from Cardiff Metropolitan University (UK). He is involved in vast research in Uganda which has been disseminated extensively including in publications, conferences,

blogs and stakeholder workshops. He is the Coordinator of the short course in Water, Sanitation and Hygiene (WASH). His research interests include communicable diseases (particularly malaria), environmental health (including water, sanitation and hygiene), health systems (such as health-seeking behavior, and human resources for health particularly Community Health Workers - CHWs), non-communicable diseases, One Health, and antimicrobial resistance. He has also used photovoice, a community based

Session  
Coordinator

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participatory research methodology, in his research including among youth and CHWs. He spearheaded organisation of the 1st International Symposium on CHWs (2017), and the 3rd International Federation of Environmental Health (IFEH) World Academic Conference (2019) both held in Kampala. He is a member of many professional associations including the Chartered Institute of Environmental Health (CIEH), UK. Currently, he is the Secretary of the International Federation of Environmental Health (IFEH) Africa group, Co-chair of the Health Systems Global Thematic Working Group on CHWs, as well as Chair of the Africa Academy of Environmental Health. He is also a Senior Visiting Fellow at Nottingham Trent University (UK) as well as External Examiner at the University of Malawi, National University of Science and Technology (Zimbabwe), Uganda Martyrs University - Nkozi, and Visiting Lecturer at Nkumba University (Uganda).

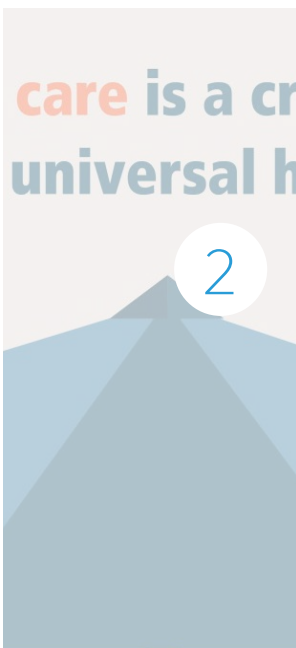


**Session Coordinator 2: Dr. Aloysius Ssenyonjo** is a lecturer at Makerere University School of Public Health and the project manager for the SPEED Project. Aloysius has broad interest in critical appraisal and analysis of complex health systems and policy issues at global, national and subnational levels. He is particularly interested in governance and health financing for universal health coverage. He is also passionate about building expertise and capacity in the Ugandan health sector such that appropriate innovations, health policies and management approaches are developed and implemented. Aloysius is a medical doctor and public health expert with a MSc. in Global Health from the University of Edinburgh, UK and Postgraduate Diploma in Monitoring and Evaluation (M&E) from Uganda Management Institute. His work experience includes coordinating several research and capacity building projects. He has consulted for several agencies including the MOH, World Bank, IntraHealth Uganda, WHO, BTC, UNFPA, Rutgers WPF and Cordaid.



**Speaker 1: Dr. Diana Nambatya Nsubuga** leads the Global Health Corps (GHC) operation in Uganda by recruiting, training, and supporting leaders to implement family planning programs and reproductive health services. Through her work with GHC, Diana directly fosters and supports the leadership development of young Ugandan and American health advocates. For example, she has mobilized men, women, and young people to take advantage of

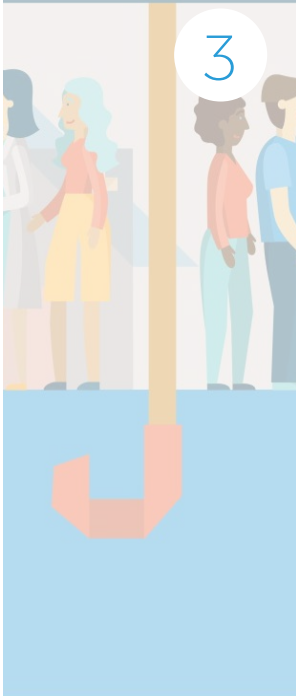
cost-effective technologies such as Kangaroo Mother Care, otherwise known as skin-to-skin care where a newborn is immediately held against the mother's skin. The technique has been shown to prevent hypothermia especially in premature infants. Through her advocacy work and information sessions, she was also able to ensure that women in her community are now about six times more likely to use skilled attendance – trained health professionals



– when giving birth, leading to more healthier pregnancies and reduced maternal deaths in her community. In addition to her professional endeavors, Diana and her husband own a farm where she includes reproductive health education and family planning services as part of the training for men, women, and young people who participate in agriculture and health skills building sessions.

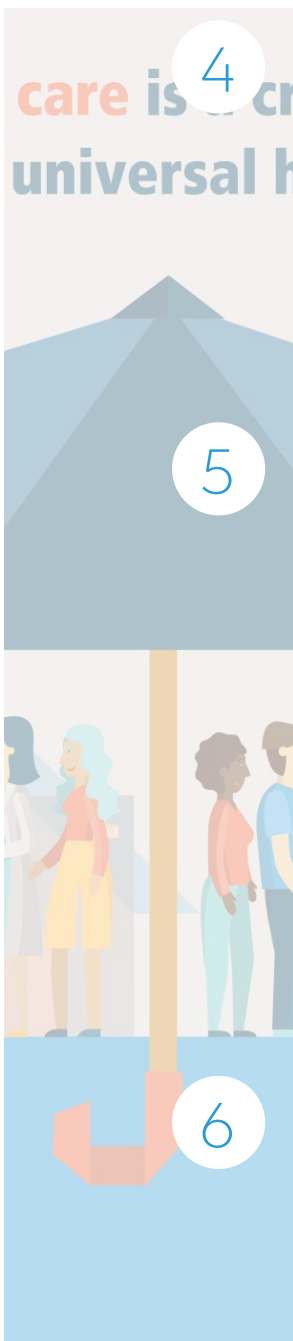


**Speaker 2: Dr. Mabel Nangami** is the professor and dean of the Moi University School of Public Health. She is a graduate of the University of North Carolina at Chapel Hill and a distinguished Kenyan scholar. Her research is featured in 23 peer reviewed journals, and has led to the development of 31 public health-related training manuals. Currently, Dr. Nangami serves as deputy project leader on the 1st Moi University research chair project in health systems research. She is the Co-PI on “How to Improve Access to Healthcare for Cross Border Communities in East Africa.” She is leading the investigation of impacts of disease and treatment on household welfare in Kenya, the impact of nutrition programs for AMPATH patients on ARVs, and their ability and willingness to pay for family planning services.



**Speaker 3: Dr. Githinji Gitahi** is a passionate advocate for pro-poor Universal Health Coverage, Githinji Gitahi joined Amref Health Africa as the Global Chief Executive Officer in June 2015. Amref Health Africa, founded in 1957, is the largest African-led international organization on the continent and reaches more than 11million people each year through 150 health-focused projects across 35 countries. Until his appointment to Amref Health Africa, Dr Gitahi was the Vice President and Regional Director for Africa, Smile Train International. Prior to that, Dr Gitahi was Managing Director for Monitor Publications in Uganda as well as General Manager for Marketing and Circulation in East Africa for the Nation Media Group. He held progressively senior positions at GlaxoSmithKline and worked at the Avenue Group and in the insurance industry. Dr Gitahi is Co-Chair of the UHC2030 Steering Committee, a global World Bank and World Health Organization (WHO) initiative for Universal Health Coverage (UHC). He is member of the Board of Directors of The Standard Group in Kenya, and was recently appointed as a member of the Board of Trustees of Safaricom Foundation. He is also a member of the Governing Board of the Africa Centre’s for Disease Control and prevention (Africa CDC), a specialized technical institution under the African Union. Dr Gitahi Bachelor’s Degree in Medicine from the University of Nairobi; a Master’s degree in Business Administration, majoring in Marketing, from United States International University and has a Certificate for Strategic Perspectives for Nonprofit Management from Harvard University.





**Speaker 4: Dr. Yonas Tegegn Woldemariam** serves as the WHO Uganda, Country representative. He is an Ethiopian national and holds a Doctorate degree in Medicine. He has over 30 years of experience in general medicine, disaster management, project development, donor relations at different technical and managerial levels. His international experience includes working with Africa Humanitarian Action (AHA) in Rwanda from 1994-1995, WHO Geneva from 1999-2005, WHO Southeast Asia Regional office from 2005-2009, WHO India from 2009-2011, as WHO Representative to D.P.R Korea from 2011-2013, and as WHO Representative to Thailand from 2013-2015. Before his reassignment to Uganda, he served as Planning Officer at the WHO Regional Office for South-East Asia, in New Delhi, India from 2016-2018.



**Speaker 5: Dr. Amit N Thakkar** is a visionary entrepreneur and an industry captain. Dr. Amit N. Thakker, has been a groundbreaking pioneer in the integration of private sector within the health system in Africa. Dr Thakker actively supports governments, corporates, health organisations and development partners to foster effective Public Private Partnership initiatives towards improved health outcomes. He is the Executive Chairman of Africa Health Business, President of Africa Healthcare Federation, Chairman of the Kenya Healthcare Federation and currently serves as a Director with LumiraDx & Ghanima Limited As an active member of several institutions including international business group YPO Gold (Nairobi Chapter), Dr Thakker also chairs the University of Nairobi Alumni Medical Chapter & serves as an advisor to Asia Africa Investing & Consulting Ltd. Dr Thakker founded Avenue Healthcare, a Kenyan based integrated private health service provider in 1995 which led him to receive the “Best Male Entrepreneur of the year” award by Rotary International in 1999. He also won the “Best CEO” award by Titans Global in the Business & Professional Services category in 2017 & proudly received the Chairman’s Award by Kenya Medical Association in 2004. Africa Health Business is an African health consultancy, advisory and investment firm that aims to improve access to quality affordable healthcare in Africa.



**Speaker 6: Bonifacia Benefo Agvei** serves as the SafeCare Country Manager, Ghana

## PANEL DISCUSSION 8: Ebola and vaccines

### Session objectives

- 1) To educate through simulation how responsible Ministry of Health and Partners across Sub Saharan Africa can use the new Ebola vaccine Communication, Community Engagement and Compliance Management (3C) Gap Analysis Tool for assessing their country's preparedness, scoring readiness, identifying gaps, prioritizing and action planning for Ebola vaccine related communication, community engagement and compliance management (3C) in emergency and non-emergency scenarios for optimal Ebola vaccine deployment, acceptance and compliance.

### Session abstract

We will stage a simulation exercise of the Public Health Emergency Operations Centre (EOC) and its Sub-Committee for Communication and Social Mobilization (CSM) of Ministry of Health, Ebola National Taskforce conducting an assessment of Uganda's preparedness, scoring her readiness, identifying gaps, prioritizing and action planning for Ebola vaccine related communication, community engagement and compliance management (3C) using the new Ebola vaccine 3C Gap Analysis Tool. Under the Chairmanship of a responsible MoH official (usually the Head of Health Promotion, Education and Communication), the Chair of EOC and CSM Sub-Committee will conduct an interactive country's preparedness assessment and gap identification, prioritization and action planning for Ebola vaccine communication, community engagement and compliance management using the Ebola vaccine 3C Gap Analysis Tool. They will ask participants from the audience around the table to be part of running of the gap analysis. Participants around the table will comment or talk on how they think country as a Uganda would come of a particular gap or challenges identified the assessment. At the end, we will invite commitments from all participants to run the Ebola Vaccine 3C Gap analysis when they return to their home countries or talk to their MoH to run it.

## Speakers

### Session Chair

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## MEET THE SPEAKERS



**Session chair: Dr. Edward Kumakech** serves as the EBODAC Team Leader for the Ebola Vaccine Communication, Community Engagement and Compliance Management (3C) Gap Analysis Project.



**Speaker 1: Richard Kabanda** serves as the Uganda Ministry of Health Commissioner Health Promotion, Education and Communication



**Speaker 2: Dr. Isa Makumbi** Manager, Public Health Emergency Operations Centre – Uganda Ministry of Health.



**Speaker 3: Dr. Alfred Driwale** serves as the Programme Manager Uganda Expanded Programme for Immunization – Uganda MoH



**Dr. Tabley Bakayita** serves as the Assistant Commissioner, Health Promotion, Education and Communication, MoH Uganda



W5

## WORKSHOP 5: Paediatric NCDs

### Session objectives

- 1) To discuss the burden of pediatric NCDs in LMICs.

### Session abstract

NCDs are a major cause of preventable mortality, morbidity and disability amongst children in Low- and Middle-Income Countries (LMICs). Many affected children die prematurely because of late diagnosis and/or lack of access to appropriate treatment; those fortunate to survive often experience significant hardship and disability as a result of living with a chronic health condition that is not optimally managed. It is predicted that the global profile of childhood NCDs in LMICs will continue to emerge as infectious conditions are increasingly brought under control. The WHO reported that total deaths from non-communicable diseases are projected to increase by a further 17% over the next 10 years. The impact of a growing trend of NCDs has other secondary impacts upon children. In many LMICs where provision of chronic care is under-developed, children growing up in a family where a parent lives with an NCD are likely to experience major economic and social effects. Children can be expected to act as carers for parents who are unwell, or may be expected to work to bring in an income to the family home. Such examples have gross impacts upon a child's social and educational development. The emotional impact upon a child growing up with a parent with a chronic condition (particularly if that condition becomes palliative), can also be significant if they are not in receipt of necessary support. In this session, we discuss pediatric NCDs in LMIC settings.

## MEET THE SPEAKERS



**Session Chair & Speaker 1: Dr. Richard Idro** is a Consultant Paediatrician and Paediatric Neurologist at Uganda's Premier hospital, Mulago hospital and Senior Lecturer at Makerere University. He trained in medicine and general paediatrics at Makerere University, obtained a PhD in Clinical Neuroscience from University of Amsterdam and trained in paediatric neurology with the Royal College of Paediatrics and Child Health at the Great Ormond Street hospital in London. Dr Idro joined Uganda Medical Association as an intern doctor in 1995 and in 1996 was elected Deputy General Secretary. He rejoined the National Executive Committee of UMA in 2015 as the Chair for Continuing Professional Development. It was during this time that Dr Idro innovated the first Grand Doctors Conference and doctors fellowship dinner that brought together doctors of all specialties under one room. In 2018, he led the first multidisciplinary camp that over a one-week, offered specialist medical and surgical care to over 15,000 patients in West Nile.



**Speaker 2: Dr. Theresa Piloya-** Were Thereza Piloya is currently an Assistant Lecturer in Department of Paediatrics and Child Health - School of Medicine, College of Health Sciences, Makerere University-Kampala. She graduated with a Bachelor of Medicine and Surgery (MBChB) at Makerere University, Faculty of Medicine in 2002, and MMED Paediatrics (2010) and currently she is a European Society of Paediatrics Endocrinology Fellow at the Paediatrics Endocrinology Training Centre for Africa in Nairobi. Her current research focus is on Non communicable diseases (NCDs) and its association with the common infectious diseases in children and adolescents. She has research experience in HIV/AIDS particularly in clinical research in Children and Adolescents. She has been involved in various studies including the Bill Gates Grant Project 5a under the Academic Alliance for AIDS Care and Prevention in Africa in 2004 which involved 5 different studies aimed at development of Clinical Algorithms for use in resource limited centers for care of HIV infected patients with Headache, visual, liver, and cognitive problems, inpatient central nervous system infections and care of Adolescents. The results from these studies were published and the results continue to be used in care of HIV infected children and adults in our setting. She has published papers on care of HIV infected Adolescents, Clinical care of HIV in infected adults and adverse effects of HAART in children particularly metabolic effects of HAART. She will discuss Sustainable health -perspectives from civil society and patient organizations.



## WORKSHOP 6: Young African Public Health Leadership

### Session objectives

Panellists will discuss and provide their advice on the following:

- 1) Hear voices from Africa.
- 2) Promote the young generation of African leaders.
- 3) Opportunity to get a 'temperature check' from emerging leaders on the ground.
- 4) Get the African perspective from researchers with different areas of expertise and from different geographies within the continent.

### Session abstract

The Africa Public Health Leaders Fellowship supports the development of the next generation of public health leaders in Africa. The fellowship helps participants to build the knowledge, insight and skills to develop and deliver national public health programmes, strategies, plans and policy in their own countries. The programme is geared towards Africans, working in Africa, who have a background in mid-level or senior public health management and who want to strengthen their public health leadership skills and knowledge in order to effect real and lasting change.

## Speakers

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### MEET THE SPEAKERS



**Speaker 1: Ms. Vivianne Ihekweazu** is the Managing Director of Nigeria Health Watch, a health communication and advocacy organization based in Nigeria. She is responsible for working with development partners to structure health communications strategies to bolster health advocacy in Nigeria. This includes being the Programme Director for the Bill & Melinda Gates Foundation Global Policy & Advocacy project. Vivianne has over 15 years' experience as a health communications professional, having worked at some of the world's leading communications and research agencies. Vivianne was a mentor on the Goldman Sachs 10,000 Women Initiative and other enterprise development programmes, providing women entrepreneurs with business and management training. She received an MA in Development Economics from the University of Sussex, an MBA from the Gordon Institute of Business Science (University of Pretoria) and is an Associate of the Chartered Institute of Marketing (ACIM).

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**Speaker 2: Mr. Brian Kermu Ngwatu** is an infectious diseases specialist. His global health work began with clinical training and work in post conflict northern Uganda, a region that provided early foundations for, and nurtured his understanding of, the gross inequities in access to health. He today also works with the Clinton Health Access Initiative's Clinical Sciences Team as Senior Clinical Advisor, where his work majorly focuses on emerging issues in access to optimal diagnostics and treatment, and related health policies and programs in LMICs.

He is also a member of the WHO Global TB Program's Collaborative Group on Digital Health Technology for TB care. Kermu is a British Foreign and Commonwealth Office Chevening alumnus, and a fellow/ recipient of awards from the Union against TB and Lung Disease, the World Society for Paediatric Infectious Diseases, and the Global Health Corps.

## Session Co-chair

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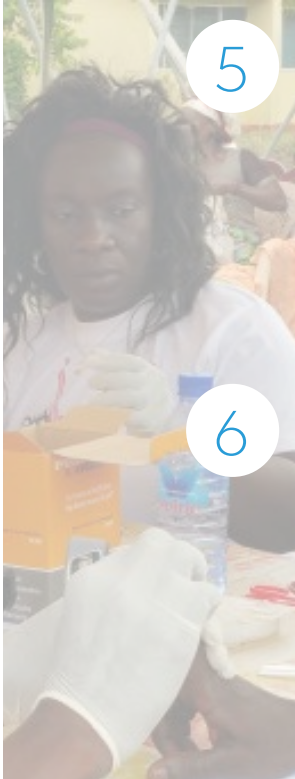
**Speaker 3 and Co-chair: Dr. Abdulaziz Mohammed** is the Head of Disease Control and Prevention of the Africa Centers for Disease Control and Prevention in Addis Ababa, Ethiopia. He holds MBBS and MPH-FE degrees. He is a foundation fellow of the Africa CDC/African Union fellowship for leadership in public health in Africa and a fellow of the West African College of Physician (psychiatry). He is a graduate of the Nigerian Field Epidemiology Program and a Commonwealth fellow. Before joining Africa CDC, He was a Chief Consultant Psychiatrist in Nigeria and worked in integrating mental health into primary healthcare and psychosocial support for IDPs in Kaduna, Nigeria. He has public health experience working in West and Central Africa including being the coordinator for Africa CDC's first health system strengthening project. Dr Mohammed has over 40 publications in peer review journals like the Lancet, AJP, BMJ Global Health, BMC public health, and scientific reports.



**Speaker 4: Dr. Ritgak Tilley-Gyado** has a decade of experience in public health programme delivery, research and innovations. Her research at Chatham House explores the role of private industry in public health emergencies.

Ritgak is a technical adviser to Nigeria's minister of health. From 2013, she worked at the World Bank in Nigeria on government's results-based financing for primary healthcare. She was strategist and curator at the Private Sector Health Alliance, driving the growth of a marketplace for healthcare innovations and social enterprises. Ritgak has worked on various initiatives including the Informed Decisions for Action to Improve Maternal and Child Health project, Participatory Ethnographic Evaluation and Research on Female Genital Mutilation and HIV/AIDS projects. She is author of the World Bank case study, When Institutions Work: Nigeria's Ebola Response, and has co-authored several peer-reviewed publications. She is a Doctor of Medicine with a Master's in Culture and Health from University College London.





Session  
Co-chair



**Speaker 5: Dr Adesola Yinka-Ogunleye** is an Epidemiologist at the Nigeria Centre for Disease Control (NCDC), Abuja, Nigeria. She is a 2018/2019 Fellow of the African Public Health Leaders Fellowship, Chatham House, United Kingdom. Adesola has extensive experience in disease surveillance and public health response to infectious diseases. Her research interest includes infectious disease transmission and One Health Approach in Disease control. She leads One Health and the monkeypox

Technical Working Group at the NCDC. Her works are published in peer-reviewed journals.



**Speaker 6: Dr Valerian Mwenda** is medical epidemiologist; with a special focus on the synergies and relationships between communicable and non-communicable diseases, especially cancer. He endeavours to build effective partnerships in cancer control through collaborations spanning the academic, research, technical, political, governance, management and leadership domains, as well as ensuring citizen empowerment and participation in the research/planning/public health programming cycle. Currently, he

is the lead, Monitoring, Evaluation and Research at the National Cancer Control Program, Ministry of Health, Kenya.



**Co- Chair: Ms. Belinda Bhoodoo** has over 18 years of experience in the pharmaceutical industry, having started her career as a sales representative. Belinda joined Lilly in 2004 as a district sales manager and was responsible for leading and managing a sales team focusing on the CNS product group (bipolar, depression and ADHD). She then took an assignment in marketing and managing Lilly's men's health products. Belinda then became the affiliate's Six Sigma Black Belt, leading

various projects across the affiliate and region. Belinda had been responsible for Eli-Lilly's expansion into sub-Saharan Africa for three and a half years before taking up her current role as Corporate Affairs Director where she oversees government affairs, market access, key accounts, public relations, advocacy and communications as well as corporate social responsibility projects. Belinda has a BSc in Botany and Zoology as well as Honours in Pharmacology from the University of the Witwatersrand.

A scenic view of a tropical resort road. The road is paved and curves to the left. On the right side of the road, there is a large, circular flower bed filled with vibrant red flowers. The background is filled with lush greenery, including several tall palm trees and other tropical plants. The sky is a clear, bright blue. A street lamp is visible on the right side of the road. The overall atmosphere is bright and sunny.

Day 2 Program

**29<sup>TH</sup> JUNE 2021, TUESDAY**

## KEY 6

### KEY 6: Air pollution, Urbanization and Health in the cities

#### Session objectives

- 1) To highlight the importance of air pollution as a driver of non-Communicable and Diseases and children's health.
- 2) To elucidate the key urban health challenges particularly in low-and middle-income countries.
- 3) To propose solutions to address urban health challenges using a multi-disciplinary approach.
- 4) To demonstrate the importance of multi-sectoral engagement and collaboration in improving urban health.

#### Session abstract

With over 55% of the global population currently living in urban areas, urban health remains an essential facet of global health especially in low-and middle- income countries (LMICs) where population growth is fastest. With a focus on Africa, it is projected that by 2050, 35-40% of children and adolescents globally will be living in Africa, and nearly 60% of the population of the continent will be living in urban areas. In the context of an increasingly urban and young population in African cities are challenges which make urban settings the epicenters of infectious and non-communicable disease epidemics. These challenges include inadequate housing and transport, poor waste management, low air quality and other forms of pollution such as noise, inadequate water, poor sanitation and hygiene, road traffic accidents, poor nutrition, violence, alcohol and substance abuse, and a shortage of space for walking among others. Urgent attention is therefore required to ensure the health and well-being of the population in urban settings in line with sustainable development goal (SDG) 3. Development of a participatory and collaborative urban health planning process, and increasing urban health stakeholders including policy makers, scholars and practitioners is key towards achieving sustainable urban development.

Urban air pollution due to rapidly developing economies, urbanization and persistent use of household solid fuels in Africa is causing a public health emergency. In this session, we will explore this emerging public health threat in the context of rising non-



communicable diseases and children's health and discuss ways we can address this emerging public health challenge. We shall also discuss the key concerns affecting urban health, with particular emphasis on proposed solutions to addressing the vast challenges affecting the urban society. Presenters comprise both international and local experts in government, academia, and the private sector who will provide a wide range of perspectives on urban health and development and discuss their relevant research findings, lessons learned, and possible policy remedies that may be broadly applicable for sub-Saharan Africa.

## Speakers

Session  
Chair

Session  
Moderator

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### Meet the speakers



**Session Chair: Dr. Sarah Byakika** is the commissioner, Department of Planning, Financing and Policy, Ministry of Health Uganda. She will discuss *Multi-sectoral, multi-disciplinary approach to health in cities*.



**Session Coordinator: Dr. David Musoke** is a Lecturer in the Department of Disease Control and Environmental Health at Makerere University School of Public Health. He holds a Bachelor's degree in Environmental Health Sciences from Makerere University, MSc in International Primary Health Care from University of London (UK), and PhD in Public Health from Cardiff Metropolitan University (UK). He is involved in vast research in Uganda which has been disseminated extensively including in publications, conferences, blogs and stakeholder workshops.



**Speaker 1: Dr. Kiros Berhane** is the Cynthia and Robert Citron-Roslyn and Leslie Goldstein Professor and Chair of the Department of Biostatistics at the Mailman School of Public Health, Columbia University. He received his BSc in statistics from Addis Ababa University, an MS in statistics from University of Guelph, a PhD in biostatistics from University of Toronto, and he completed a postdoctoral fellowship at Johns Hopkins University. Dr. Berhane is a widely published international expert on the development of statistical methods for complex and correlated data structures and their application to a wide range of public health topics with a focus on environmental health. Prior to joining Columbia in January 2020, Dr. Berhane was Professor and Director of Graduate Programs in Biostatistics and Epidemiology at the University of Southern California. He served on several national and international advisory and review panels, including committees of the Institute of Medicine (US



National Academies), the US-EPA Science Advisory Board, Health Effects Institute Review Committee and Science Advisory Panel of the Western Interprovincial Scientific Studies Association (WISSA - Calgary, Canada). He served as a member of (and chaired for one year) the Fisher Lecture and Award Selection Committee of the Committee of Presidents of Statistical Societies (COPSS) and is currently serving as a member of its working group on diversity, equity and inclusion (COPSS-DEI). Dr. Berhane currently serves as a member of the Review Committee and the Global Health Oversight Committee of the Health Effects Institute (HEI). He recently joined Science magazine's Board of Reviewing Editors. He was a Fulbright Scholar in 2016-2017. He will be serving as a member of the newly formed committee of the National Academy of Science, Engineering and Medicine (NASEM) on Assessing Causality from a Multidisciplinary Evidence Base for National Ambient Air Quality Standards. Dr. Berhane is an elected fellow of the American Statistical Association. He will discuss *Air Pollution and Health: The Global Perspective*.



**Speaker 2: Lynn Atuyambe, Ph.D.**, (Public Health Sciences International Health) teaches at the Makerere University School of Public Health-Department of Community Health and Behavioural Sciences. He obtained his doctorate from Karolinska Institutet in Stockholm, Sweden and Makerere University in Kampala, Uganda. His thesis was largely qualitative and all the 4 papers are published in peer reviewed Journals. The thesis is on adolescent reproductive health. He has had opportunity to teach both undergraduate medical students and postgraduates. He has also supervised Master of Public Health students and mentored several HIV/AIDS fellows in the MakSPH/CDC fellowship program. In fact, He won the Distinguished Mentorship Award in 2012 for outstanding guidance and support to the MakSPH-CDC HIV/AIDS Fellows 2010/2012 at Makerere University School of Public Health MakSPH-CDC HIV/AIDS

## KEY 7

### KEY 7: Impact of Covid-19 on access to essential health care services

#### Session objectives

- 1) To raise awareness on the need to maintain access to essential health care services during the COVID-19 pandemic
- 2) To identify shared challenges and priority needs across for essential health care services during the COVID-19 pandemic.
- 3) To discuss un-met needs among vulnerable populations
- 4) To support dialogue at national and international level on strategies for maintaining essential services.

#### Session abstract

The COVID-19 pandemic has disrupted essential health care services across the globe by limiting availability, access and demand of these services. Measures put in place to limit the spread of the disease such as lockdowns are believed to have limited access to essential health care services. The supply shock brought on by transport disruptions from lockdowns and closed borders was met with a demand shock that saw the demand rise for COVID-19 medicines and infection, prevention and control (IPC) material leading to supply-chain disruptions that negatively impacted essential health care services. Re-arrangement of health care services within facilities to meet the increased demand put on the health care systems by COVID-19 patients such as the redeployment of staff to COVID-19 units further limited the availability of several essential health care services. WHO's Pulse survey on continuity of essential health services during the pandemic found that immunization services, noncommunicable disease diagnosis and treatment, family planning and contraception, treatment for mental health disorders, antenatal care and cancer diagnosis and treatment were some of the most affected services; mobile services including public health campaigns were the most affected mode of service delivery; and elective services were cancelled or suspended in most countries. Disruption of economic activities during the pandemic has placed financial hardships on families that utilise out-of-pocket payments, particularly in low- and middle-income countries, and this may have contributed to a reduced demand for essential health care services. It is of utmost importance that COVID-19 containment measures take into account the potential impact on essential health services, particularly among vulnerable populations.

## Speakers

### Session Chair

### Session Co-chair

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## Meet the speakers

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**Session Chair: Dr. Rhoda Wanyenze** is a Professor and Dean of Makerere University School of Public Health (MakSPH). She has vast experience in infectious diseases research, capacity building and program management, especially in HIV and TB and has also conducted several studies in maternal and child health. Prior to joining MakSPH, Dr. Wanyenze was the Program Manager for the Makerere University Joint AIDS Program. Her work has been funded by the NIH, CDC, Global Fund, among others. She has developed and sustained several national and international research and service collaborations. Dr. Wanyenze is very active in public health policy leadership in Uganda, has served on various technical committees of the MoH and other agencies, and boards of several organizations.



**Session Co-chair: Olufunmilayo I. Fawole** is a Consultant Community Physician with the University College Hospital (UCH), Ibadan. She is a Professor of Epidemiology and immediate past Dean of the Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria.

She is an Epidemiologist of international repute and is an adjunct Professor with the School of Public Health, San Diego State University, USA. She worked as a National Surveillance Officer with the WHO Nigeria, where she was involved in immunisation activities, disease surveillance and outbreak investigations. She has been involved in the training of field Epidemiologists in Nigeria and sub-Saharan Africa for over 25 years, under the AFENET programme and with the University. Her research interest includes prevention of infectious diseases and gender based violence.



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**Speaker 1: Gil Shapira** is an Economist in the Human Development Team of the Development Research Group. He received his B.A. in Economics from Columbia University in 2005, and his Ph.D. in Economics from the University of Pennsylvania in 2011. His current research focuses on analysing demographic and health issues in developing countries, with an emphasis on Sub-Saharan Africa. More specifically, in his current research he studies decision-making in the context of the HIV/AIDS epidemic, the transition from adolescence to adulthood in Malawi, and the impact of interventions to improve maternal and child health in different countries.

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**Speaker 2: Dr Teshome Desta Woldehanna** is a Medical Officer at World Health Organization based in Geneva, Geneva. Previously, Teshome was a Medical Officer at Office General.

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**Speaker 3: Dr Kasonde Mwinga**, was appointed as the new World Health Organization (WHO) Representative in Rwanda from 1 May 2019. She joined WHO in 2001 and has served in various capacities in several countries. Dr Mwinga is a pediatrician and public health specialist. Her previous roles include Team Leader in WHO India and Acting WHO Representative, Eritrea. She has worked in WHO African Regional Office, in Brazzaville and in WHO Zambia. Before joining WHO, she worked as a paediatrician/lecturer in Zambia. She holds a Master in Public Health from the University of Alabama at Birmingham in the United States, Health Management postgraduate certificate from Birmingham University in the United Kingdom and medical degrees (MBChB, MMed-Peadi and B.Sc. HB) from the University of Zambia.

**Speaker 4: Steven Kabwama**

**Speaker 5: Dr. Alemayehu Amberbir UGHE**

**Speaker 6: Jean Rusatira World Bank / GFF**

**Speaker 7: Dr. Tashrik Ahmed World Bank / GFF**

**Speaker 8: Dr. Teshome Desta Woldehanna WHO**

**Speaker 9: Dr. Kurbachew Abera WHO**

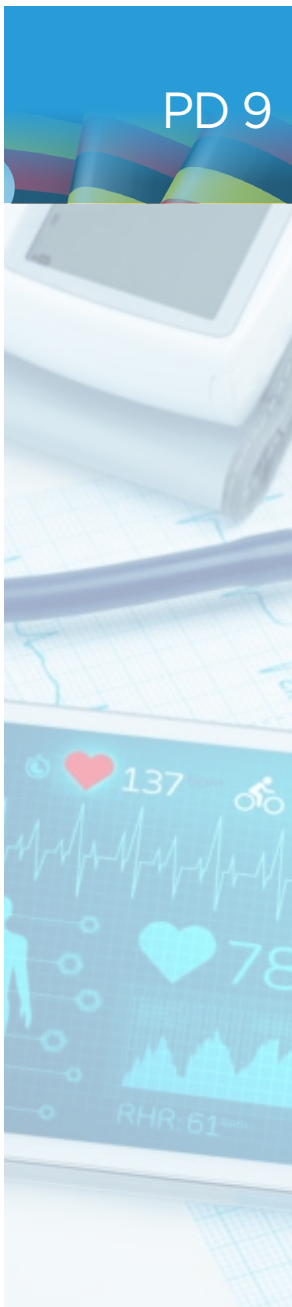
## PD 9: Digital Health: Promises and Challenges towards SDGs

### Session objectives

- 1) To outline possibilities but also the challenges and pitfalls of digital health, to discuss political frameworks and to show what is required to scale-up existing solutions and make them sustainable.

### Session abstract

Digital methods are playing a rapidly increasing role in health care and are already used in virtually all areas of medicine: from electronic health records to telemedicine applications, portable devices, app-based decision support systems to payment systems for medical services. These developments will be further fuelled by novel methods from the field of artificial intelligence or new generations of sensors. The meeting will discuss the diverse possibilities but also challenges and risks (lack of standardization, incomplete data protection, poor quality assurance, problems of the last mile). In order to do justice to the complexity of the topic, representatives from politics, industry, academia and civil society will be involved in this session.



## Speakers

### Session Chair

### Session Co-chair

1

## Meet the speakers



**Session Chair: Evelyn Akello** is a Social Scientist by profession with a wealth of knowledge and experience in the health sector; with specific focus on Strategic Information and Monitoring and Evaluation. She is the Program Manager of the Monitoring and Evaluation Technical Support (METS) Program at Makerere University School of Public Health. METS provides technical assistance to the Uganda Ministry of Health to establish coordinated and effective national and district systems for management of strategic information for the HIV response. Through her leadership, she has promoted the use of e-Health platforms such as DHIS2 and OpenMRS. In Uganda, OpenMRS has been customized as UgandaEMR and currently 528 health facilities are using it and the target is to have 1000 health facilities using this system by end of 2017. Efforts are on-going to have DHIS2 and UgandaEMR integrated and this will greatly improve the quality of data capture and reporting by the country.



### Session Co-chair: Prof. Titus Kuehne

Director, Institute for Computer assisted Medicine, Charité Medical University Berlin, Germany



### Speaker 1: Alexandros Paschos

Project Manager at SES Networks.

He will discuss the following topic; *“Improve standardization and interoperability of eHealth by single sign on platform SATMED”*

2



**Speaker 2: Dr. Joseph Olajide Adebola** is the Chief Technology Officer / Partner at Home Plus Medicare Services Limited, a telemedicine and eHealth company, with experience in all aspects of telemedicine, eHealth and health ICT. Manage the designing, development and implementation of telemedicine, eHealth & health ICT programmes. Perform pilot and developmental project management. Founder & pioneer President, Society for Telemedicine and eHealth in Nigeria. Manage the day-to-day operations of the society. Support the development of national telemedicine and eHealth programs, promote the cause of telemedicine and eHealth within public and private health institutions within Nigeria and abroad, contribute to the dissemination and exchange of knowledge. Elected as Chair, National Mirror Committee ISOTC215-Health Informatics, Standards Organization of Nigeria, currently coordinating the adoption of 33 International Organization for Standardization (ISO) Standards, Technical Reports and Specifications for digital health standardization in Nigeria (April, 2019). He was the team physician to the football U-23 male team at the Beijing Olympic games. Currently, member of the Medical and Scientific Commission of the Nigeria Olympic Committee and Head Medical Nationwide League One, third tier of the Nigerian Football Federation football league. Specialties: Digital health/eHealth consultancy services, project design and implementation and workforce capacity building. He will present *Do's and don'ts for implementing a successful tele-health network*.

3



**Speaker 3: Jai Ganesh Udayasankaran**, works as the Senior Manager of Healthcare Information Technology and Telehealth at Sri Sathya Sai Central Trust, a Public Charitable Trust based in India. He has been involved in the planning, procurement, implementation of a wide spectrum of digital health projects like web-based Hospital Information Systems (HIS), Picture Archiving and Communication Systems (PACS) for medical image management, telemedicine, tele-education, mobile point-of-care, minimum data set and standardization in Electronic Health/Medical Records, Hospital Management Information Systems (HMIS) for mobile hospitals providing rural outreach services, web portal for proactive and continuous monitoring of patients with chronic ailments, capacity building and technical assistance in e/mHealth. He has been a resource person for various national eHealth convergence missions and Health Information Systems (HIS) strengthening workshops in South East Asia and Western Pacific Regional countries organised by Ministries of Health along with World Health Organisation (WHO), Asian Development Bank (ADB) Asia eHealth Information Network (AeHIN). He is an active participant in several online discussion groups, communities of practice and working groups including Digital Health and Interoperability from the Health Data Collaborative. He has also been a mentor for students and clinicians pursuing research on health informatics and innovative applications of information and communication technology (ICT) tools in health care services. Ganesh will present *Asian-African bridges: Lessons learned at the Asia eHealth Information Network (AeHin)*

4



**Speaker 4: Steven Wanyee Macharia**, is a digital health specialist with over 20 years' experience designing, developing, implementing, supporting, maintaining and using digital health interventions in research for health and health service delivery in low- and medium-income countries. His work has seen him directly work in and support more than 10 countries across Africa. Macharia will discuss *How to scale-up and make digital health solutions sustainable*.

3



**Speaker 5: Béatrice Garrette** is currently the CEO of the Pierre Fabre Foundation ([www.fondationpierrefabre.org](http://www.fondationpierrefabre.org)), a foundation recognized as a public utility whose mission is to improve access to medicines and quality healthcare in less developed and developing countries. The Pierre Fabre Foundation acts in 20 countries, mainly in Africa and South-East Asia, within four main areas: training of drugs specialists, struggle against sickle cell disease, dermatology, access to quality healthcare and e-health, which led to the creation in 2016 of the Global South eHealth Observatory ([www.odess.io](http://www.odess.io)), designed to identify, document, and promote eHealth initiatives that improve access to quality healthcare and medicines for the most disadvantaged populations in resource-limited countries.

Prior to joining the Pierre Fabre Foundation in 2013, Béatrice Garrette acted as CEO of several media companies including Malesherbes Publications, belonging to Le Monde group and the photojournalism agency Sipa Press. She began her career as a Publisher in the Bayard group (1986-2002), where she has developed youth education press worldwide and special interest magazines about science and nature.

## PD 10: Improving Non-Communicable Diseases through Pharmaceutical Care

### Subtitle: Pharmaceutical Care Innovations to Improve Access to Medicine and Patient Outcomes for Non-Communicable Diseases

#### Session objectives

- 1) Describe the current burden of NCDs and challenges to improving access to medicines and patient health outcomes.
- 2) Explain the pharmaceutical care role of the pharmacist as a key component of team-based healthcare solutions for the management of NCDs.
- 3) Describe innovations in pharmacy education and community engagement in healthcare programs that address improve access to medicines and address the challenges of NCDs.

#### Session abstract

According to the World Health Organization (WHO), 41 million people die annually from non-communicable diseases (NCDs), representing 71% of deaths worldwide. NCDs impose social and public health problems that increase economic burdens to patients and nations. Despite many effective medications for NCDs, such as cardiovascular disease and diabetes, it is not likely that low- and middle-income countries (LMIC) will meet the United Nations Sustainable Development Goal (SDG) 3.4 by 2030 of reducing premature mortality from NCDs by one-third. With the critical shortage of healthcare workers in LMICs, interprofessional collaboration within the health sector is critical for achieving SDG 3.4. Pharmacists remain a highly trained and under-utilized resource in most LMICs. Rational and equitable access to quality medicines is a key challenge in achieving reducing morbidity and mortality. Today's pharmacists are not only well-positioned to improve access to quality and affordable medicines but to also positively impact patient health outcomes from NCDs. Pharmacy education has evolved worldwide to train pharmacists with the skills to provide pharmaceutical care, and evidence from research has shown pharmacists contribute significantly to the screening, prevention, treatment, and monitoring of NCDs through services provided, such as medication therapy management. The goal of this panel presentation and discussion is to provide the audience with an overview of the pharmaceutical care role of the pharmacist and explain innovative approaches to improving access to medicines and patient outcomes from NCDs.

## Speakers

### Session Chair

### Session Co-chair

### Session Coordinator

## Meet the speakers



**Session Chair: Dr. Richard Odoi Adome**, a Professor of Pharmacy is the immediate past and pioneer Dean of School of Health Sciences from 2008 to Nov 2010, a position he took up after serving as Head of Pharmacy Makerere University Medical School for over 15 years. He was founder Head of the program of Pharmacy, which began in 1988. Professor Odoi has devoted many years of his professional life to the advancement of pharmacy education, research and capacity development. He is currently an active member of the Education Task Force FIP. This strengthened his involvement in the change from a teacher centered lecture based medical-pharmacy curriculum to student centered education grounded in Problem Based Learning and Community Based Education and Service at Makerere University.



**Session Coordinator: Dr Pakoyo Fadhiru Kamba** is currently working as a Lecturer in the Department of Department of Health Sciences, Makerere University, Uganda. His research interests include Health Sciences. He is serving as an editorial member and reviewer of several international reputed journals. Dr. Pakoyo Fadhiru Kamba is the member of many international affiliations. He has successfully completed his Administrative responsibilities. He has authored of many research articles/books related to Health Sciences.



**Session Coordinator: Winnie Nambatya**

Pharmacy Department, Makerere University College of Health Sciences

1



**Speaker 1: Jocelyn Chaibva, BPharm**

Vice President of the African Pharmaceutical Forum International Pharmaceutical Federation Zimbabwe. Chaibya will present *Overview of the Pharmaceutical Care Role of the Pharmacist and Improved Patient Outcomes from NCDs globally*

2



**Speaker 2: Dr. Susie Crowe** is the Experiential Education Director and an Assistant Professor in the Department of Pharmacy Practice at the Bill Gatton College of Pharmacy. She grew up in southern Indiana and first became acquainted with the East Tennessee region through Milligan College (BS, 1997). Dr. Crowe began working as a pharmacy technician at Union Prescription, an independent community pharmacy

in Elizabethton, TN, following graduation. Her love for serving the patients at this pharmacy motivated her to pursue further education, and she graduated with a PharmD from Purdue University in 2005. Dr. Crowe also completed a PGY-1 residency at University of Louisville Health Care and a PGY-2 residency in global health with the Purdue Kenya Partnership. For the first six years of her career, she practiced as a critical care clinical pharmacist at University of Louisville Health Care where she precepted APPE students and pharmacy residents. Prior to coming to Gatton, Dr. Crowe spent four years of her career working with the Purdue Kenya Partnership in Eldoret, Kenya, where she precepted internal medicine APPE students for Purdue University and also helped to develop and implement clinical pharmacy training programs for interns and post-graduates within Kenya. She also worked with Duke University cardiologists to develop one of the only public cardiac intensive care units in all of Kenya. She is passionate about training students to become competent practicing pharmacists through experiential learning. Susie will discuss *Innovative Clinical Pharmacist Training Programs Designed to Impact Patient Health Outcomes in Western Kenya*

3



**Speaker 3: Tina Tran, PharmD**, is an assistant professor in the Purdue University College of Pharmacy. Tran is a clinical pharmacist and global health researcher based in Eldoret, Kenya, and co-leads the Bridging Income Generation through group Integrated Care (BIGPIC Family) program Tina will present *An Innovative Community-Based Approach to Increase NCD Medication Adherence*.

4



**Speaker 4: Karen Beth Bohan**, originally from Laurel, Md., received her Doctor of Pharmacy degree from the University of Maryland. Before joining the ranks of academia, she spent many years in clinical pharmacy practice in acute adult medicine and infectious diseases, including the development and co-management of the Antimicrobial Utilization Program at a large quaternary care medical center in rural central Pennsylvania. In the same region at a smaller hospital, Bohan also served as the director of pharmacy and long-term care consultant. She will discuss *Educational Innovations at Makerere University Department of Pharmacy to Enhance Pharmaceutical Care Skills Training*



## WS 8

### WS 8: Medical Education, Training tools for implementation research

#### Session objectives

- 1) To discuss the role of post graduate training in quality improvement of care
- 2) To discuss the importance of quality assurance and setting standards in the delivery of post graduate training
- 3) To present currently available training tools on implementation research and increase awareness among researchers and other stakeholders of their role in strengthening research capacity.
- 4) To promote the dissemination and utilization of the training tools by researchers and their teams, as part of overall efforts to strengthen capacity for implementation research.
- 5) To provide an opportunity for feedback to inform review and development of updated versions of the training tools.

#### Session abstract

Medical professionals in the region are taking on a more active role in the design and delivery of medical education. In the ECSA region alone, health professionals have formed colleges and designed curricula with the aim of delivering medical education through a collegiate system. With the rapid changes taking place, it is imperative that quality assurance matters are considered and the role of these new models in general quality improvement duly examined. In this session, we question what the role of governments should be in the light of rapid changes in the delivery of medical education. We also examine how innovations are improving and contributing to changing trends in the delivery of medical education.

There is an increasingly recognized need for sustainable capacity for implementation research to identify and address bottlenecks that impede effective implementation of effective interventions. Opportunities to acquire the requisite skills may be limited in low-and middle-income countries (LMICs) where there is the greatest need for strengthening research capacity. In collaboration with partners in the disease-endemic countries, TDR has developed a set of training tools to strengthen the skills and research capacity of individuals and institutions in LMICs, particularly capacity



for implementation research. The tools target a wide range of health professionals including researchers, health care providers, policy makers and academics.

Workshop participants will become familiar with the range of training tools available in diverse formats and languages: A Massive Open Online Course (MOOC) on implementation research on infectious diseases of poverty; a course on the basic principles of implementation research; the TDR online implementation research toolkit, and a training course on the ethics of implementation research. This workshop will promote the uptake of these tools to equip researchers with skills to identify and address health system barriers through implementation research. The training tools also cover skills for communication, advocacy and uptake of research findings into policy. While the training tools focus on implementation research on infectious diseases of poverty, they are applicable to implementation research on a wider range of health problems. In addition to increasing awareness of the range of training tools, this workshop will provide an opportunity for feedback to inform review and development of updated versions.

## Speakers

Session  
Chair

Session  
Coordinator

## MEET THE SPEAKERS



**Session Chair: Kuteesa Job**



**Session Coordinator: Dr. Fred Semitala Collins** (MBChB, MMED, MPH-EPI, IMS), is a lecturer in the Department of Medicine School of Medicine, Makerere University College of Health Sciences (MakCHS) and a senior researcher. He is also the Head of Research at MJAP. He trained as a physician at Makerere University, Evidence-Based Medicine from the Institute of Tropical Medicine, Belgium 2008 and obtained MPH in Epidemiology from the University of California Berkeley, USA. He has 15 years of experience in HIV-care and training and has over eight years of experience in HIV programming & research. His research interests are in implementation aspects of the HIV care cascade, diagnosis, and care for HIV associated TB.



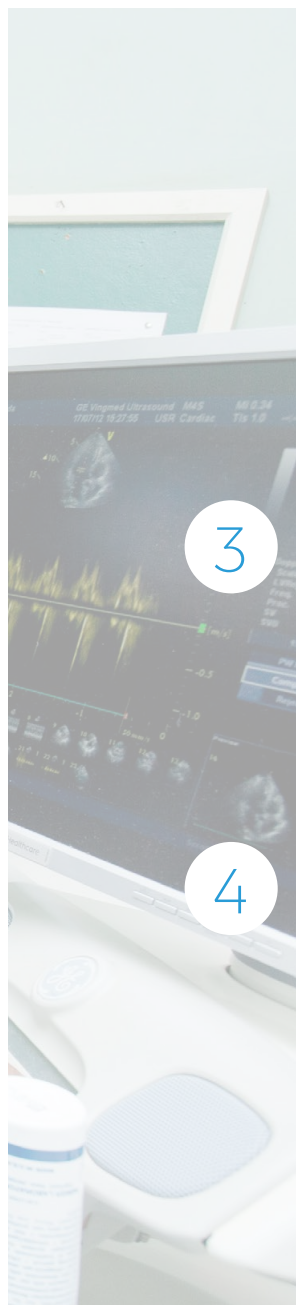
**Speaker 1: Dr. James Kayima** is a Senior Lecturer at Makerere University School of Medicine and a Consultant Cardiologist at the Uganda Heart Institute. A graduate of Makerere University, Dr. Kayima completed residence in Internal Medicine at Makerere University. He further trained in Cardiology and Interventional Cardiology at Yale School of Medicine, New Haven Connecticut and University Hospitals' Case Medical Centre, Cleveland Ohio. Dr.

Kayima is an expert in the field of diagnosis and management of cardiovascular disease. As a cardiologist, he specializes in both diagnostic and interventional cardiology, with a special interest in cardiac failure, hypertension, cardiomyopathies, interventional management of ischemic heart disease and the use of devices to manage rhythm disorders and advanced heart failure. Dr. Kayima is the founding Registrar of the East, Central and Southern Africa College of Physicians (ECSACOP). As registrar, he is responsible for the secretariat which runs the administrative issues of the College. Kayima will present *Addressing Health Professional shortages: The role of emerging colleges*



**Speaker 2: Dr. Amirhossein Takian** (MD MPH PhD FHEA) is Chair and Professor at the Department of Global Health & Public Policy, and Vice-Dean for International Affairs at the School of Public Health (SPH)-Tehran University of Medical Sciences (TUMS), Iran. He is also Advisor for Medical Education Reform and Member of the National Examination Board for Health Policy, Economics and Management, at the Ministry of Health and Medical Education (MOHME)-Iran. Amir is Chief Research

Officer at the Health Equity Research Centre (HERC)-TUMS and TUMS' focal point at M8 Alliance, serving as a member of World Health Summit (WHS) Executive Committee since 2017, and Secretary of 7<sup>th</sup> World Health Summit Regional Meeting, 2019. From 2013-2018, he was Deputy for International Organizations at the MOHME-Iran, overseeing the relationship between Iran and global organizations, i.e., WHO, UNDP, UN, UNICEF, UNFPA, etc. Dr. Takian is a member of National Committee for Prevention and Control of Non-Communicable Diseases, MOHME, Iran; member of National Academy of Medical Sciences, Iran; member of Steering Committee for National Health Assembly-Iran; member of advisory committee on health information technology (HIT), Academy Health-USA; member of editorial board at the International Journal of Health Policy and Management; and Associate Editor at the International Journal of Public Health. A physician by training, Prof. Takian has a track record research in health policy analysis



in the field of primary care, global health, non-communicable diseases, universal health coverage, and ehealth. He has published over 80 peer reviewed journal articles, 14 books, 3 book chapters, and 18 commissioned national and international reports. Amir has been a principal investigator in several collaborative research projects at the national and international levels, with the value equivalent to over six million Euro. Dr. Takian has supervised/advised over 35 MSc and 42 PhD students, plus two Post-doctorate fellows in Iran and other countries. He has been an invited keynote speaker in tens of global events, i.e., the United Nations, WHO, World Health Assembly, World Health Summit, PMAC, etc., and a frequent Ted speaker. Prof. Takian was awarded the best educational national award of Iran in the field of medical sciences in 2017, the global AMEE award in 2018, the best teacher award of SPH-TUMS in 2019, and the common international figure of TUMS and Tehran University in 2019. Dr. Takian is a lifetime fellow of Higher Education Academy of the United Kingdom.



Medicine and Public Health Network for Southeast Asia.

**Speaker 3: Professor Yik-Ying Teo** is the Dean of the Saw Swee Hock School of Public Health at the National University of Singapore. Prior to his Deanship, he was the Founding Director of the School's Centre for Health Services and Policy Research (CHSPR) and also served as the Director of the Centre for Infectious Disease Epidemiology and Research (CIDER) from 2015 to 2017. He is presently a member on the Council of Scientists for the International Human Frontier Science Program, as well as a governing board member of the Regional Centre for Tropical



(ITM), MUHAS, and Secretary, Gender Program Unit, Muhimbili University of Health and Allied Sciences. He is professional member of SSI-TDR alumni, Tanzania Chemical Society, DAAD Alumni, and NAPRECA-Tanzania. He has published 27 research articles in journals contributed as author/co-author. From last 3 years he has completed 3 funded research projects. He also participated in international workshops. Kazyoba will present *Implementation Research Toolkit*

**Speaker 4: Dr. Paul Erasto Kazyoba** is currently working as Chief Research Scientist at National Institute for Medical Research. He has completed his Ph.D. in Phytomedicine from University of Fort Hare, Alice, South Africa. Previously he was appointed as Research Fellow at Institute of Traditional Medicine, Member of MUHAS Institutional Review Board, Senate committee for Research and Publications at MUHAS, Head, Department of Natural Products Development and Formulations, Institute of Traditional Medicine

5



**Speaker 5: Phyllis Dako-Gyeke** teaches and conducts social science research on gender, sex, maternal health and HIV and AIDS within developing world contexts. Her current research projects include a study on health seeking patterns of pregnant women within the Ga East Municipality in Accra. She is also involved in a study that is looking at health inequities across Ghana.

Trained as a Communications scholar, with specialization in Health Communication, Phyllis has studied widely HIV and AIDS media campaign messages within developing world contexts. She has also done work on sex and gender disparities evident in ART utilization as well as HIV testing in Ghana for the past few years. She is currently a member of the School of Public Health team that collaborates with other institutions to provide training for HIV and AIDS Monitoring and Evaluation professionals in Ghana. Dr. Dako-Gyeke is also a member of the SHAPE in research network that seeks to promote health and participation through research. Phyllis will present *Basic Principles of Implementation Research*.



## KEY 8

### KEY 8: Global Health Workforce Crisis

#### Session abstract

Healthcare systems should be founded on equality, quality and social responsibility. To improve health conditions in low-resource countries, it is crucial that national healthcare services be able to provide free and high-quality medical treatment replete with competent medical staff. The goal is a full application of the universal human right to healthcare: if someone is sick, regardless of their disease, they shall have the right to access the proper level of care. Creating centers of excellence that can offer specialized training, will help in the movement towards a more resilient health workforce and contribute to the ‘brain drain to brain gain’ phenomenon. The UN Commission on Health Employment and Economy growth has projected the creation of over 40 mil new health sector jobs by 2030, globally. This is critical for health but also means that more people will receive a regular salary, thus contributing to the stabilization of economies. Moreover, since women represent approx. 70% of health workforce this means also investing in gender equality. A functional and resilient health sector can help consolidate regional cooperation and will inspire confidence in a national health system capable of facing outbreaks and new emergencies.

A successful example of this approach is the Salam Centre for Cardiac Surgery in Khartoum, run by the international NGO EMERGENCY in cooperation with the Sudanese Federal Ministry of Health. It ensures treatment at a regional level and is the only completely free cardiac hospital in an area of over 300mn people. Today, EMERGENCY is replicating this model in Uganda. Currently, there is a new Centre of Excellence in Paediatric Surgery ready to be operational in spring 2021.

Through recognizing the importance of these centers, both Sudanese and Ugandan authorities have committed to providing human and economic resources that will help guarantee free, high-quality healthcare that can facilitate future autonomy. A vision that goes beyond the ‘North-South’ cooperation model will help establish equal partnerships between recipient countries and the international community. The benefits obtained through this holistic approach go beyond the provision of basic care and make it possible to offer highly specialized training to local professionals. Ultimately, a long-term investment strategy will grant sustainability and resilience,



moving beyond emergency and humanitarian responses to the creation of stronger, more stable and more efficient health systems. In particular, the emphasis on training and enhancing local staff capacity is an integral part of the accountability toward local communities and the sustainability of the initiative, which will facilitate the ultimate handover of the Centre to local authorities and its eventual integration in the National Healthcare System.

The aim is for this model to be replicable in other African countries, to provide high standards of medical treatment through secondary and tertiary facilities, complementing efforts towards disease prevention and PHC delivery. The realization of a health facility providing high quality and specialized health care - a hospital in which the quality is ensured by the presence of highly specialized health professionals, equipment and diagnostic services completely free of charge - will contribute to guaranteeing a proper and stimulating environment for the training of the next generation of health workforce. Keeping human capital development as a guiding principle, by ensuring access to high quality essential health services and in the meantime providing ad hoc training in highly specialized healthcare sectors is crucial. By doing so it will be possible to respond to one of the most urgent needs in Africa and in the whole world: reducing preventable deaths by investing in the development of the next generation of qualified and committed health work force.



## Speakers

### Session Chair

### Session Co-chair

## MEET THE SPEAKERS



**Session Chair: Prof. Francis Omaswa** is a Ugandan cardiovascular surgeon, academic and administrator. He is the Chief executive officer for the African center for global health and social transformation (ACHEST). Following his internship, Omaswa worked as a medical officer from 1970 until September 1974, when he left for further studies in the United Kingdom. He trained as a cardiothoracic surgeon. He then worked for the National Health Service (NHS), eventually becoming a Senior Registrar in cardio-thoracic surgery there. In 1979, he accepted an invitation by the Kenyan Government to become the head of cardio-thoracic surgery at Kenyatta National Hospital and the University of Nairobi. He worked in that capacity until 1982. From 1983 until 1986, he served as the Medical Director and Chief of Surgery at Ngora Freda Carr Hospital, in Ngora, Teso sub-region. From 1987 until 1992 he served as the first Medical Director of Uganda Heart Institute, which he helped to establish. He concurrently served as Professor of Surgery at Makerere University School of Medicine. From 1992 until 1999, he served as the Chief Government Surgeon and head of the Quality Assurance Program that he established at the Ministry of Health. In April 1999, he became the Director General of health services at the Uganda Ministry of Health, a position he held until 2005 when the WHO director general, Dr. Margaret Chan, invited him to set up the Global Health Workforce Alliance (GHWA). He moved to Geneva, Switzerland to set up the Alliance. He returned to Uganda in 2008 and was appointed chancellor at Busitema University in 2009.



**Session Co-chair: Dr Matshidiso Moeti**, from Botswana, is the first woman to be elected as WHO Regional Director for Africa. Over the past five years, Dr Moeti has led the transformation of WHO in Africa to ensure the Organization is accountable, effective and driven by results. A key feature of the Regional Director's leadership is the cultivation of strong partnerships, both with traditional and new partners, including philanthropic foundations, civil society, academia, and increasing engagement with young people and women in global health. Dr Moeti is a public health veteran, with almost 40 years of national and international experience. She joined the WHO Regional Office for Africa in 1999 and has served as Deputy Regional Director, Assistant



Regional Director, Director of Noncommunicable Diseases, WHO Representative for Malawi, Coordinator of the Inter-Country Support Team for the South and East African countries and Regional Advisor for HIV/AIDS. Prior to joining WHO, Dr Moeti worked with the Joint United Nations Programme on HIV/AIDS (UNAIDS) as Team Leader of the Africa and Middle East Desk in Geneva (1997-1999); with the United Nations Children's Fund (UNICEF) as Regional Health Advisor for East and Southern Africa; and with Botswana's Ministry of Health as a clinician and public health specialist.



**Speaker 1: Dr. Prosper Tumusiime** was born in Uganda in 1958. His areas of expertise are Epidemiology, Health Policy Development, Health Reform, Programme Management and Public Health Planning. He is currently Team Leader and oversees Health Service Delivery for the governments of the 47 Member Countries of the World Health Organization Regional Office for Africa in Brazzaville, Congo. He has been with WHO since 2000 and has held several senior positions in his areas of expertise within that Organization. Before Dr Tumusiime joined WHO, he served the Government of Uganda as Senior Programme Officer, Assistant Commissioner for Health Services, Deputy Director of Rural and Urban Health Services, and Medical Officer. He graduated from Case Western Reserve University in the USA with an M Sc and a PhD in Epidemiology and Biostatistics. He holds the Doctor of Medicine and a postgraduate diploma in Public Health from Makerere University in Uganda and a certificate in Planning and Management of District Health Services from the Royal Tropical Institute in Amsterdam, The Netherlands. Dr Tumusiime has served on scores of taskforces, has consulted for dozens of international bodies active in health development and management, and is a member of many professional societies. He has published 27 papers in his areas of expertise. He is married, has 4 children, and lives and works in Brazzaville, Republic of Congo. Tumusiime will present *Health workforce status in Africa*.

2



**Speaker 2: Dr. Bonaventure Ahaisibwe**, MBChB, MPH is a physician and public health specialist holding an MPH and MBChB from the University of Manchester and Makerere University, respectively. Currently, he is the Uganda Country Director for Seed Global Health. Previously, he had worked as Program Manager for the Global Health Service Partnership (GHSP) with Peace Corps in Uganda. Dr. Ahaisibwe started his career as a medical officer at Nakivale refugee settlement under the GTZ/UNHCR partnership leading a clinical team of 42 health workers providing therapeutic and preventive health interventions to a population of 10,000 refugees. He spearheaded the establishment of the first HIV clinic and male medical circumcision program. He has grown through progressively complex technical (clinical, training, programming), leadership and management positions at University Research Co. LLC, UNHCR/BMZ/GIZ partnership, Kampala International University and Peace Corps. He has participated in and led team interventions on quality improvement, clinical care, health workforce capacity development, and health systems strengthening. As a national mentor, trainer and coach on several in service training courses on HIV, he has provided training and mentorship to over 500 health workers. Dr. Ahaisibwe joined Peace Corps in 2012 as a backup Peace Corps Medical Officer before assuming the role of program manager, Global Health Service Partnership. (GHSP). He was also the backup director for programming and training and Sexual Assault and Response Liaison for over 160 Peace Corps Volunteers in Uganda. Bonaventure will present *Financing Health workforce*.

3



**Speaker 3: Vanessa Kerry** is the director of the Program in Global Public Policy and Social Change in the Department of Global Health and Social Medicine at Harvard Medical School. The program helps examine the underutilization of healthcare as a tool to address economic, social, and cultural disparities that define poor health domestically and internationally. The Program's signature initiative is the Threatened Health System Initiative which specifically focuses on the opportunities for protecting health systems in crisis response especially by security and military actors. The Initiative's goal is to strengthen policies around crisis response, to develop networks between security actors, health providers, iNGOs and others to improve problem solving, to engage in research to better understand the health systems' vulnerability and the subsequent opportunities for improved response, and to provide technical support to build capacity in in these systems. Dr. Kerry is the founder and CEO of Seed Global Health, a non-profit that invests in health system strengthening by training needed health professionals in resource limited settings; through her work at Seed Global Health, she examines the role for and impact of improving human resources for health in these countries. Vanessa will present *Financing Health workforce*.

4



**Speaker 4: Prof. Marietjie de Villiers** is a professor in Family Medicine and Principal Investigator Stellenbosch University Collaborative Capacity Enhancement in Districts (SUCCEED), Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa. Family physician, medical educator, researcher. Experienced in family medicine and health professions education research. Special interest areas include training for rural practice, improving and maintaining competence of practitioners in rural practice with an interest in effective and relevant continuing professional development, clinical communication skills training, teaching postgraduate students to become effective teachers themselves. Marietjie will present *“New directions in health workforce education and Training in Africa: Lessons learnt and visions for the future.”*

5



**Speaker 5: Dr Delanyo Dovlo** is the Director of Health Systems and Services Cluster in the WHO Regional Office for Africa (AFRO). He was previously the WHO Country Representative in Rwanda and Health Systems Adviser at WHO headquarters. A Ghanaian public health physician with over 30 years of clinical and public health experience, he has been a consultant to various countries on Health Systems and Health Sector Reforms. He has an MB CHB from the University of Ghana, an MPH from University of Leeds, a Membership of the West Africa College of Physicians and is a Fellow of the Ghana College of Physicians & Surgeons. Delanyo will present *“Partnerships for health workforce in Africa”*

6



**Speaker 6: Ibadat Dhillon** (Health Workforce Department, WHO)

Ibadat will present *“Health workforce Migration: Implications for Africa and the role of the WHO Code on International Recruitment.”*

Session  
Coordinator

**Session Coordinator: Dr. Elsie Kiguli- Malwadde**

## PD 11: COVID-19 & Healthcare financing

### Session objectives

- 1) To discuss the potential impacts of the COVID-19 pandemic on healthcare financing.

### Session abstract

The COVID-19 pandemic strained countries' public health infrastructure, exposing their strengths and weaknesses, including the ways in which these systems are financed. The resilience of several healthcare systems was put to the test by in-country waves of COVID-19 associated with peak numbers of people utilising the healthcare system. Given that national responses to COVID-19 have financial implications, they were in part influenced by the financing policies for the health sector. In high-income countries like the United States, uninsured individuals and their families faced uncertainties in accessing healthcare services for COVID-19 and this led to subsequent policy changes that expanded coverage for COVID-19 testing. In Africa, health budgets increased and up to 100 billion was requested in financial aid at the start of the pandemic.

The relationship between health inequalities and healthcare financing models that are reliant on private expenditure is established and a similar picture was displayed for COVID-19. A cross country analysis showed that COVID-19 prevalence and mortality rates increased as a country's private health expenditure increased. Health systems with more public health expenditure, that focuses on universal health coverage, seemed to have better COVID-19 responses.

Global economic contraction brought on by the pandemic may continue to have reverberations on healthcare financing long after the pandemic. Since it is anticipated that the global economic recovery will be slow, several governments will experience fiscal shortages, impacting service delivery. Unless corrective action is taken, public spending on health is projected to go into recession. The economic downturn in high-income countries may lead to re-prioritization of financial resources with reduced development assistance for health spending. Furthermore, as livelihoods are lost and household income reduces, out-of-pocket spending on health is expected to decline.

## Speakers

### Session Chair

## MEET THE SPEAKERS



**Session Chair: Nelson K. Sewankambo** is a professor of Internal Medicine at Makerere University, a physician and clinical epidemiologist, a former Dean at Makerere University Medical School, Uganda, and a past Principal Makerere University College of Health Sciences. He is President of Uganda National Academy of Sciences, a Fellow of The World Academy of Sciences (TWAS) and of The African Academy of Sciences (AAS), and external Affiliate of the US National Academy of Medicine.

In the last 21 years he has focused on the advancement of medical education and research capacity development. He is committed to the development of sustainable equitable partnerships.

He leads NURTURE: Research training and mentoring program for career development of junior and mid-level faculty at MakCHS and Principal Investigator (PI) for Training Health Researchers into Vocational Education in East Africa consortium of 7 African institutions and two UK universities. He is founding Principal Investigator in Uganda of the internationally renowned Rakai Health Sciences Program (RHSP). He continues to be an active RHSP researcher/investigator in HIV/AIDS and has contributed to the large volume of scientific publications in peer reviewed journals.

He steered the development of an East African effort that led to an internationally acclaimed institutional brokerage mechanism for linking research to policy and action, 'The REACH Policy Initiative' under the East African Community. He continues to spearhead initiatives for research on knowledge translation to advance the use of evidence-based policies and practice in sub-Saharan Africa.

He is currently a PI on the NIHR Global Health Research Group on Developing Psycho-Social Interventions.



1



**Speaker 1: Dr. Catherine Kyobutungi** – Executive Director at the African Population and Health Research Center

Dr. Catherine Kyobutungi is the Executive Director of the African Population and Health research Center (APHRC). She was formerly the Center’s Director of Research and has served APHRC in several leadership roles over the past 15 years, having joined as a post-doctoral fellow in 2006. She holds a Ph.D. in Epidemiology and a Master of Science in Community Health and Health Management from the University of Heidelberg. Prior to her graduate studies, Catherine studied medicine at Makerere University, Kampala, after which she worked as a medical officer in Western Uganda for three years. In 2018, Catherine was elected as a Fellow of the African Academy of Sciences and in 2019, she was selected as a Joep Lange Chair at the University of Amsterdam; a position in which she investigates chronic disease management in African countries. She is the co-director of the Consortium for Advanced Research Training in Africa (CARTA), a program that seeks to build and strengthen the capacity of African. Catherine will present *“Financing the COVID-19 response in low- and middle-income countries”*

2



**Speaker 2: Prof. Freddie Ssengoba** is an Ass. Prof of Health Economics at Makerere University, School of Public Health.

Ssengoba will present *“Post-pandemic health care reforms and national health insurance”*

## PD 12: Eliminating Viral Hepatitis in the context of Universal Health Coverage

### Session objectives

- 1) Improve understanding of viral hepatitis and its impact on the African region
- 2) Highlight the part viral hepatitis plays in achieving Universal Health Coverage
- 3) Demonstrate that a comprehensive hepatitis response which is integrated and decentralized will strengthen health systems, in particular at the primary care level
- 4) Discuss the importance of patient centered care and the role of integrated programmes which are designed in partnership with the affected community in achieving that.

### Session abstract

Hepatitis B and C affect 325 million people worldwide, 70 million in the African region, and claim 1.4 million lives annually, with mortality rising. This is despite the fact that solutions exist: a vaccine and effective treatment for hepatitis B and a cure for hepatitis C. At the World Health Assembly in 2016, countries adopted the Global Health Sector Strategy on Viral Hepatitis and made the historic commitment to eliminate hepatitis by 2030. However, progress to date has been slow with many of the barriers to elimination amplified in the African region.

Efforts to eliminate hepatitis should be considered within the context of Universal Health Coverage (UHC). The high-level declaration on UHC calls on to countries to address communicable diseases, including hepatitis, as part of UHC efforts and to advance 'comprehensive approaches and integrated service delivery'. These commitments by countries must now be implemented on the ground. This session will demonstrate that integrated hepatitis programmes strengthen multiple aspects of a health care system, including maternal and child health services, infection control and improving the capacity of primary health care services, a key aspect of achieving UHC. It will also highlight that integrated services are cost-effective and promote patient centered care, ensuring that no one is left behind. The elimination of viral hepatitis can drive efforts towards UHC but action must be accelerated if this is to become a reality. This session will celebrate successes within the region, address the challenges and call on all stakeholders to help drive the response.



## Speakers

### Session Chair

## MEET THE SPEAKERS



**Session Chair: Kenneth Kabagambe** is the Founder and Executive Director of the National Organization for People Living with Hepatitis B (NOPLHB), the only patient driven non-governmental organization advocating for the rights of Hepatitis B patients in Uganda. He has been a tireless advocate for people living with hepatitis B and his efforts have directly led to expanded national and regional government commitments to hepatitis prevention, testing, and treatment across the region.

In 2014, he staged a hepatitis B charity walk to rally domestic political support, inviting high-level political figures, including Parliament members, the Prime Minister, and the President. As a result, the following year, Parliament allocated domestic funding to the hepatitis B program for the first time, at about US\$ 3 million annually. Mr. Kabagambe is now a Member of the Hepatitis Technical Working Committee of the Ministry of Health. In 2019, he organized the first African Hepatitis Summit 2019, which convened over 600 regional and global leaders and led to the Egyptian government's commitment to support HCV treatment for 1 million Africans in 14 countries. The second African Hepatitis Summit is being planned for 2021 in Ethiopia in collaboration with the African Union and World Health Organization African Office.

Mr. Kabagambe is also the Vice President of the African Liver Patients Association (ALPA) in Uganda and founded the Africa Hepatitis Initiative (AHI), a Pan-African organization with a vision of mitigating the impact of viral hepatitis in Africa through collaborations with key stakeholders in viral hepatitis.

1



**Speaker 1: Manal El-Sayed, MD**, is Professor of Paediatrics at Ain Shams University, Cairo, Egypt, where she trained in medicine and subsequently completed her masters and doctorate in Paediatrics. Since 1990 she has worked in paediatric haematology and oncology teams developing a program for the management of liver disease in children with haematological disorders, malignancies and recipients of bone marrow transplantation at Ain Shams University, National Cancer Institute and 57357 Children's Cancer Hospital. She is an active member of the Egyptian National Committee for Control of Viral Hepatitis since 2006 charged with planning and implementing a program for prevention and management of viral hepatitis. She contributed to development of the national strategy for control of viral hepatitis and programmatic treatment of more than hundreds of thousands of patients with hepatitis C. In addition to, hepatitis awareness in adults (including hepatitis B vaccination) and children in collaboration with various organisations, including Johns Hopkins. Professor El-Sayed authored and co-authored numerous journal articles on hepatitis and liver diseases. She is an active board member and secretary general of the Egyptian Liver Care Society, a non-governmental organisation supporting needy patients undergoing liver transplantation or treatment of hepatitis. She is also the clinical director of the national HCV Paediatric treatment program. Since 2011 Professor El-Sayed has been appointed as Vice Chair of the WHO's Technical Advisory Group for Prevention and Control of Viral Hepatitis in Egypt 2012 through 2018 and by the Minister of Health as the supervisor (oversight) of the Egyptian national program for control of viral hepatitis at Ministry of Health. Manal will present *"100 million healthy lives – hepatitis C elimination as a catalyst to improve health."*

2



**Speaker 2: Dr Alioune Coulibaly**

President, APSAD/MALI, Mali.

Alioune will present *"The role of civil society in strengthening integrated approaches."*



3



**Speaker 2: Ponsiano Ocama** is currently an Associate Professor, Department of Medicine and an academic hepatologist at Makerere University College of Health Sciences in Kampala, Uganda, where he supervises the clinical services for GI/hepatology at the teaching hospital, Mulago. He also leads several clinical studies focused on HIV, HBV and HCC and schistosomiasis induced liver diseases. Previously, he completed an academic research hepatology fellowship at UT-Southwestern in Dallas, under direction of William M. Lee, a fellowship as a clinical research scholar on HIV and hepatitis at the Infectious Disease Institute, Kampala, and obtained PhD through Antwerp University under the direction of Dr. Robert Colebunders focused on understanding hepatitis B, C, and HIV in the etiology of liver diseases in Uganda. Ocama will present *“The landscape for viral hepatitis in the African Region.”*



## SE 5

### **SE 5: How public-private partnerships can advance universal health coverage goals in Africa –ROCHE**

#### **Session abstract**

The United Nations Sustainable Development Goals (SDGs) and Political Declaration for the UN High-Level Meeting on Universal Health Coverage (UHC) outlined an ambitious plan to provide access to quality, affordable health care for all by 2030. Now, less than a decade away from that target date, the world is facing unexpected challenges that are making this bold vision more difficult to achieve. The COVID-19 pandemic has exacerbated burdens on health systems around the world and created new hurdles on the path to achieving UHC.

In Africa, the pandemic is threatening progress that has already been made toward these global health goals and governments are seeking out new solutions to meet population health needs. The private sector has an important role to play in helping countries across Africa get back on track to reach the SDGs and meet national UHC goals. Initiatives, such as the SDG Partnership Platform in Kenya, that convene all stakeholders involved in the health ecosystem are a strong foundation for public-private partnerships and multi-sectoral collaboration.

By leveraging the unique expertise and strengths of each sector, public-private partnerships can be a more efficient and effective means to finance care, launch and operate new healthcare facilities and improve the delivery of innovative diagnostics, treatments and services, ultimately improving patients' lives.

In March 2021, Roche launched the FutureProofing Healthcare Africa Sustainability Index, which highlighted the financial, political and socio-economic conditions faced by many African nations as they strive for truly sustainable healthcare systems and underscored the necessity of information and data-gathering.

The Roundtable discussion at the WHS Regional Meeting will build on the solutions proposed by the panel of experts who helped analyze and launch the FutureProofing Index, to consider what partnership models can be used to uplift the health sector across Africa and accelerate progress on UHC goals.

## WS 10

### WS 10: Global Surgery: Drawing from successful experiences to advance universal access to safe surgical care

#### Session objectives

The panel discussion objective is to highlight the success stories in advancing universal Health Coverage for safe surgery particularly in Africa and leverage these experiences to create sustainable surgical systems that will achieve the SDG 3 of safe health care for all.

Specifically, this session is intended to create a direction on:

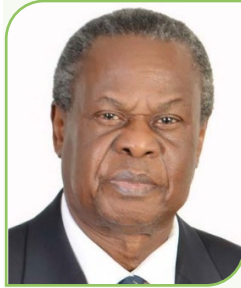
- 1) Building adaptive and relevant training methodologies to meet the growing surgical and trauma disease burden in LMICs.
- 2) Discussing approaches for the integration of essential and emergency surgical care as a priority in the all national and continental health care strategies
- 3) Understand the impact of existing global surgery initiatives especially on the African continent
- 4) Discuss the role of the civil society organizations and professional associations in advancing the universal access to safe surgery agenda.

#### Session abstract

Progress in attaining the SDG 3 of universal health coverage has greatly been affected by the lag in universal access to safe surgical care. The last decade has seen an increase in awareness about the burden of surgical diseases especially among academics and policy makers with a call for adaptation of surgical care as a critical component of the universal health care package. While highly impactful strategies have been described and published, their uptake, adaptation and scale up has been markedly slow. LMICs particularly in Africa still grapple with unprecedented surgical care disparities with preventable deaths and complications of easily treatable conditions such as trauma, cancer and congenital conditions contributing to the biggest burden. Multisectoral approaches to address these disparities have gained traction with calls for national strategic plans and inclusion of surgical care on national essential health care packages. Other strategies bridging disparities in human resource availability, training, financing have been piloted and described and implemented across LMICs with varying success rates.

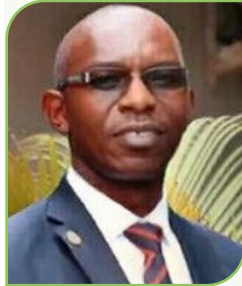
With this session, we shall bring together academics, government officials, clinicians and policy makers from organizations that have conducted successful programs in advancing safe surgical care with the hope that the linkages and networks established and the contextual exchange of knowledge and practices shall fuel the continued agenda of advancing universal access to safe surgical care and achievement of the SDG 3.

### MEET THE SPEAKERS



**Session Chair: Prof. Francis Omaswa** is a Ugandan cardiovascular surgeon, academic and administrator. He is the Chief executive officer for the African center for global health and social transformation (ACHEST). Following his internship, Omaswa worked as a medical officer from 1970 until September 1974, when he left for further studies in the United Kingdom. He trained as a cardiothoracic surgeon. He then worked for the National Health Service (NHS), eventually becoming a Senior Registrar in cardio-thoracic surgery there. In 1979, he accepted an invitation by the Kenyan Government to become the head of cardio-thoracic surgery at Kenyatta National Hospital and the University of Nairobi. He worked in that capacity until 1982. From 1983 until 1986, he served as the Medical Director and Chief of Surgery at Ngora Freda Carr Hospital, in Ngora, Teso sub-region. From 1987 until 1992 he served as the first Medical Director of Uganda Heart Institute, which he helped to establish. He concurrently served as Professor of Surgery at Makerere University School of Medicine. From 1992 until 1999, he served as the Chief Government Surgeon and head of the Quality Assurance Program that he established at the Ministry of Health. In April 1999, he became the Director General of health services at the Uganda Ministry of Health, a position he held until 2005 when the WHO director general, Dr. Margaret Chan, invited him to set up the Global Health Workforce Alliance (GHWA). He moved to Geneva, Switzerland to set up the Alliance. He returned to Uganda in 2008 and was appointed chancellor at Busitema University in 2009.

## Session Co-chair



**Session Co-chair: Prof. Patrick Edrin Kyamanywa** is the Deputy Vice-Chancellor at the Kampala International University - Western Campus. Prior to that, he served as the Executive Director - University Teaching Hospital and Dean, School of Medicine and Dentistry at the same institution. He is currently a Clinical Professor of Surgery at the Tulane University School of Medicine in New Orleans-USA. He holds a Bachelor of Medicine and Bachelor of Surgery (MBChB) from Makerere University, a Diploma in Business Administration (Human Resource Management) from the College of Professional Management in Jersey-UK, a Master of Medicine from Makerere University, a Master of Public Health from the University of Leeds, UK, and a PCAP in Academic Practice. Also, he is presently pursuing a Master's of Business Administration degree from the York St. John's University, UK. He has also participated in training like the Editorial Processes for Journal Editors by INASP, and the Epidemiology and Biostatistics Summer School at the University of Rwanda, sponsored by the THRiVE consortium (Training Health Researchers into Vocational Excellence in East Africa).



**Speaker 1: Dr. Charles Olaro** is the Director Health Services-Office of the Director of Curative Services, Ministry of Health, Uganda. Dr Olaro is a Senior Consultant Surgeon who obtained his medical degree from Makerere University in 1994 and a Master's Degree in Surgery from the same university in 1999. He also possesses a Master's degree in Health Services Management and a Master's in Business Administration (MBA) of ESAMI. He has served as a Director of Fort Portal Regional Referral Hospital from 2010 – 2017, having initially served as a Medical Superintendent of the same hospital from July 2008 – October 2010. He played an excellent role in developing Fort Portal Regional Referral Hospital, promoting sanitation and hygiene, curbed staff absenteeism and relationship with leaders. He has also served as a Senior Consultant Surgeon in the same hospital since July 2009. He still services in this capacity, in addition to heading the hospital. Prior to this, he served in government as a Medical Superintendent and Consultant Surgeon at Arua RRH from April 2001 – June 2008.



**Speaker 2: Prof. Emiola Oluwabunmi Olapade-Olaopa**

(MBBS, MD, FMed.Ed., DUrol., FRCS, FWACS, ACI Arb, FAS) is an alumnus of the University of Ibadan. His academic and professional careers span urology, molecular biology, medical education and health systems research and development. As regards the latter two disciplines, he has contributed to several initiatives nationally and internationally. These include directing the development of the first homegrown undergraduate competency-based medical/dental education curricula in Sub-Saharan Africa (the 2010

University of Ibadan MBBS and BDS curricula) which has been adopted as the template for medical and dental curricula in Nigeria.



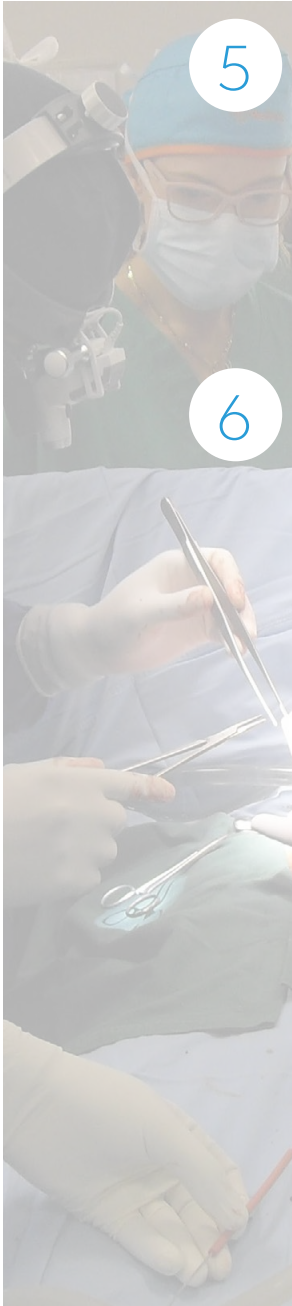
**Speaker 3: Dr. Doruk Ozgediz** M.D., MSc is Associate Professor of Surgery at UCSF, Director of the UCSF Center for Global Surgery and Health Equity, and in the leadership team of the Institute for Global Health Sciences. He trained in medicine at UCSF and completed a general surgery residency at UCSF before pursuing a paediatric surgery fellowship at the Hospital for Sick Children, University of Toronto. Dr. Ozgediz also completed a Master's of Science in Public Health in Developing Countries at the London

School of Hygiene and Tropical Medicine.



**Speaker 4: Dr. Jane Fualal Odubu** (MBChB, M.MED [surg], FCS [ECSA], Dip. HLM) is a Senior Consultant Surgeon, Head Breast and Endocrine Surgical Unit at Mulago National Referral Hospital, Past president Association of Surgeons of Uganda, Current COSECSA Treasurer. Hon. Lecturer Department of Surgery. Awarded Model of Excellence by FAWE-U, and Community Service by Rotary Club of Luzira Kampala. Special Interest in Endocrine Surgery. Member of International Association of Endocrine Surgeons.





**Speaker 5: Scott Corlew's** focus is on surgical development and the economic value of surgical services in the developing world. He is a plastic surgeon, and previously practiced primary care in the National Health Service Corps and practiced general surgery prior to plastic surgery training. He served as Chief Medical Officer of Resurge International where he worked to develop surgical capacity and delivery in South Asia, Central and South America, and sub-Saharan Africa. He has degrees from Vanderbilt (BA), Emory (MD), and Harvard School of Public Health (MPH).



**Speaker 6: Prof. Moses Galukande** is a professor of surgery and the chair of the Department of Surgery in the School of Medicine at the College of Health Sciences, Makerere University, Uganda. His work has a strong focus on breast cancer, including risk factors, mutation patterns, overexpression of heat shock proteins, and triple-negative breast cancer. Dr Galukande is an advocate for strengthening health-care systems and improving the delivery of health services, to better achieve public health results.

His work has examined how to tackle these challenges in different ways, such as by implementing actions that ensure the preparation of the inputs needed for the provision of services, by addressing issues at both the individual level and the population level, and by taking various stages of health care into account – from health promotion and disease prevention activities to aspects related to treatment, rehabilitation, and palliative care. He has a Bachelor of Medicine and Bachelor of Surgery (MBChB), a Masters of Medicine (M. Med) in Surgery degree from Makerere University, and also a Master of Science in Health Professional Education (MSChPE) from Maastricht University, Netherlands. He has numerous publications in international peer-reviewed journals, seen at his research profile on this link [https://www.researchgate.net/profile/Moses\\_Galukande](https://www.researchgate.net/profile/Moses_Galukande), and has won several research grants. He is open to collaborative research to move his agenda forward.

## Session Coordinator



**Session Coordinator: Dr Mbiine Ronald** is a general surgeon and lecturer of surgery with specific interest in gastro-intestinal surgery, endoscopy and minimal access surgery. He is directly involved in undergraduate and graduate surgery training at Makerere University in addition to clinical care on the gastro-intestinal surgery unit of Mulago National Referral Hospital. Dr. Mbiine is the program lead for the MakGlobal surgery program which is a key advocacy arm aimed at advancing universal access to safe surgical care on the African continent through the establishment and strengthening of essential surgical systems with key emphasis built on surgical education and research. He is a 2019 World Health Summit (WHS) Young Physician Leader (YPL). This is a highly coveted and globally recognized award at the Annual World Health Summit by the inter-academy partnership (IAP) and M8 Alliance. The IAP and M8 Alliance are the founding bodies of the World Health Summit. His academic interests include the investigation of adipose derived stem cells as potential key therapies in the emerging field of Regenerative Medicine and he's currently the Principal investigator (PI) of the "Center for Stem Cell and Regenerative Medicine" program at Makerere University. Dr. Mbiine sits on the National executive council of the Association of Surgeons of Uganda (ASOU) where he is the secretary of information, research and development. He has also been a member of several scientific committees including the College of Surgeons of East Central and Southern Africa (COSECSA) 2019 conference, 2020 World Health Summit Africa region meeting, Association of Medical Schools in Africa (AMSA) among others. He's major dream is the attainment of universal access to safe surgical care through capacity building in medical education, research and innovation.

## KEY 9

### Key 9: COVID-19 Vaccine Equity

#### Session objectives

- 1) To discuss vaccine nationalism and vaccine equity
- 2) National vaccine roll-out plans to ensure equity

#### Session abstract

The nationalism displayed when countries sought to secure COVID-19 treatments for their population invariably spread to vaccines, limiting their access and availability in low-income countries. Vaccine pre-orders by the UK, Canada, Japan, European Union and the USA meant vaccines had essentially run out before regulatory approval and mass production started. While some countries ordered doses to vaccinate their population several times over, vaccine costs hindered countries with lower purchasing power from placing orders until cheaper alternatives came on the market. The World Health Organisation has used its mandate to encourage cooperation between countries as emerging new variants of SARS-CoV-2 could hamper COVID-19 control even among vaccinated populations. Furthermore, disruptions to international trade as a result of inequitable vaccine access and closed economies will slow down the global economic recovery. WHO, alongside GAVI (The Vaccine Alliance) and CEPI (Coalition for Epidemic Preparedness Innovations) co-lead COVAX, the vaccine pillar under the Access to COVID-19 Tools (ACT) Accelerator, that was formed to ensure equitable access by developed and developing countries. They have mobilized for funds to support vaccine development and through pricing agreements, they aim to avail 2 billion doses by December 2021 to countries under the scheme.

In October last year, South Africa and India called for the World Trade Organization (WTO) to temporarily suspend patents for vaccines, drugs and equipment used for COVID-19. Although this move was met with resistance from several high-income countries, it has received support from the USA and over 50 countries, most of which are in Africa. Its opponents, argue, that waiving vaccine patents alone will not increase the supply of vaccines and may even be detrimental if sub-standard products enter the market.

Within countries, vertical equity underlies national vaccine roll-out plans that prioritise individuals with the highest potential to benefit. This includes populations that face higher mortality risks such as the elderly and people with comorbidities. Other priority vaccine recipients include frontline workers such as healthcare and care home facility workers. Although such strategies ensure those with the highest risk will get protection first, queue-jumping may lead to delays in vaccinating these groups.

## MEET THE SPEAKERS

1



**Speaker 1: Dr Seth Berkley** is the CEO, Gavi, The vaccine Alliance. A medical doctor and infectious disease epidemiologist, Dr Seth Berkley joined Gavi, the Vaccine Alliance as its CEO in August 2011, spearheading its mission to protect the world's poorest children by improving access to new and underused vaccines. In its 20 years of existence, Gavi has reached more than 820 million children in the 73 poorest countries. In 2015, Dr Berkley led Gavi to its second replenishment, raising US\$7.5 billion in donor commitments. In June 2020, Dr Berkley led Gavi to its third successful replenishment, raising US\$8.8 billion and exceeding the ask of at least US\$7.4 billion in the presence of 42 heads of state.

The ambitious goals for the 2021–2025 strategic period are to reach 300 million more children, preventing an additional 7–8 million deaths and contributing to a further US\$ 80–100 billion in economic benefits. Dr Berkley is co-leading the Vaccines Pillar of the Access to COVID-19 Tools (ACT) Accelerator, working to develop and distribute a SARS-CoV-2 vaccine globally. In July 2020, Fortune honoured him with a leadership award at Brainstorm Health, calling Gavi “arguably the most productive multilateral health collaboration in history.” Under Dr Berkley's leadership, Gavi, the Vaccine Alliance received the 2019 Lasker-Bloomberg Public Service Award for providing sustained access to childhood vaccines in the world's poorest countries, as well as the Princess of Asturias Award for International Cooperation 2020. Prior to Gavi, in 1996, Dr Berkley founded the International AIDS Vaccine Initiative (IAVI), the first vaccine product development public-private sector partnership, where he served as President and CEO for 15 years. Under his leadership, IAVI created a virtual vaccine product development effort involving scientists from low-income countries, industry and academia –developing and testing HIV vaccines around the world. He also oversaw a global advocacy programme that ensured HIV vaccines received prominent attention in the media and in forums such as the G8, the European Union and the United Nations. Previously, Dr Berkley served as an officer of the Health Sciences Division at The Rockefeller Foundation. He has worked for the Center for Infectious Diseases of the US Centers for Disease Control and Prevention (CDC); the Massachusetts Department of Public Health; and the Carter Center, where he was assigned as an epidemiologist at the Ministry of Health in Uganda. Dr Berkley played a key role in Uganda's first national HIV sero-survey and helped develop its national AIDS Control Program. He has been featured on the cover of News week magazine; recognised by TIME magazine as one of “The TIME 100 –The World's Most Influential People”; and named by WIRED magazine as among “The WIRED 25—a salute to dreamers, inventors, mavericks, leaders.” His TED talks have been viewed by more than 2.3 million people, and he has published over 250 articles and opinion pieces. He has consulted or worked in more than 50 countries in Africa, Asia and Latin America. Dr Berkley



sits on a number of international steering committees and corporate and not-for-profit boards, including those of Gilead Sciences and the New York Academy of Sciences, and is an Adjunct Professor at the University of Geneva's Institute of Global Health in the Faculty of Medicine. Dr Berkley received his undergraduate and medical degrees from Brown University and trained in internal medicine at Harvard University. In 2013, he was awarded an Honorary Doctorate by Nelson Mandela University in Port Elizabeth, South Africa, for services to global public health and advancing the right to healthcare for all. Dr. Seth will discuss *"COVAX: Progress in ensuring equitable vaccine access."*



**Speaker 2: Dr David Serwadda** is Professor in the department of Disease Control and Environmental Health Makerere University School of Public Health and was Dean from 2003-2009. He has a Bachelor of Medicine and Surgery degree (1982) from Makerere University; Masters in Metabolic Medicine (1986) from University of Newcastle upon Tyne, Masters in internal Medicine (1990) from Makerere University, Masters in Public health (1991) Johns Hopkins University and an honorary doctorate (2011) Johns Hopkins University. He was elected Fellow of the National Academy of Medicine in 2011.

His fields of specialty are infectious disease epidemiology and research interests include evaluation of population-based HIV intervention and clinical management of HIV.

He is the founder of the Rakai Health Science Program, RHSP, which has pioneered research of HIV and how it is transmitted. Today the program includes 650 support staff and multidisciplinary investigators that have conducted high impact research with huge public health implication. Dr. Serwadda has published over 350 publication in medical journals and book chapters. He is the international Principal investigator to HIV Prevention Trial Network, HPTN and an investigator in several projects in the school, including METS, Fellowship program. He is a member of the international editors of the Lancet HIV, a regular reviewer for the New England Journal of Medicine and AIDS journals. Dr Serwadda is a member of Board of trustee on several international organizations.

He is a receipt of numerous local and international awards. Previously he worked as Head of department of disease control and environmental health and Dean of the school of public health.

Professor Serwadda was in December 2019 appointed to the Board of Trustees of the Population Council. In the same month, was elected together with 36 others among the world's most accomplished scientists living in or focused on the developing world by The World Academy of Sciences (TWAS). The globally recognized HIV scientist and founding member of Rakai Health Sciences Research Program, was the first to identify "Slim disease" as AIDS in Uganda in 1982; he conducted several landmark studies that have informed the test and treat concept, circumcision for prevention, and population level impact on reducing new HIV infections. Dr. Serwadda will present *"Prioritizing vulnerable population in National Deployment and Vaccination Plans"*

3



**Speaker 3: Dr. Catherine Kyobutungi** – Executive Director at the African Population and Health Research Center. Dr. Catherine Kyobutungi is the Executive Director of the [African Population and Health research Center](#) (APHRC). She was formerly the Center’s Director of Research and has served APHRC in several leadership roles over the past 15 years, having joined as a post-doctoral fellow in 2006. She holds a Ph.D. in Epidemiology and a Master of Science in Community Health and Health Management from the University of Heidelberg. Prior to her graduate studies, Catherine studied medicine at Makerere University, Kampala, after which she worked as a medical officer in Western Uganda for three years. In 2018, Catherine was elected as a Fellow of the [African Academy of Sciences](#) and in 2019, she was selected as a [Joep Lange](#) Chair at the University of Amsterdam; a position in which she investigates [chronic disease management](#) in African countries. She is the co-director of the Consortium for Advanced Research Training in Africa ([CARTA](#)), a program that seeks to build and strengthen the capacity of African research leaders and has trained more than 230 PhD fellows in eight African universities. Catherine will present *“Vaccine supply chain improvements for equitable distribution of vaccines.”*

4



**Speaker 4: Nelson K. Sewankambo** is a professor of Internal Medicine at Makerere University, a physician and clinical epidemiologist, a former Dean at Makerere University Medical School, Uganda, and a past Principal Makerere University College of Health Sciences. He is President of Uganda National Academy of Sciences, a Fellow of The World Academy of Sciences (TWAS) and of The African Academy of Sciences (AAS), and external Affiliate of the US National Academy of Medicine.

In the last 21 years he has focused on the advancement of medical education and research capacity development. He is committed to the development of sustainable equitable partnerships.

He leads NURTURE: Research training and mentoring program for career development of junior and mid-level faculty at MakCHS and Principal Investigator (PI) for Training Health Researchers into Vocational Education in East Africa consortium of 7 African institutions and two UK universities. He is founding Principal Investigator in Uganda of the internationally renowned Rakai Health Sciences Program (RHSP). He continues to be an active RHSP researcher/investigator in HIV/AIDS and has contributed to the large volume of scientific publications in peer reviewed journals.

He steered the development of an East African effort that led to an internationally acclaimed institutional brokerage mechanism for linking research to policy and action, ‘The REACH Policy Initiative’ under the East African Community. He continues to spearhead initiatives for research on knowledge translation to advance the use of evidence-based policies and practice in sub-Saharan Africa.

He is currently a PI on the NIHR Global Health Research Group on Developing Psycho-Social Interventions.

### Session objectives

- 1) To review Africa's critical care response to the COVID-19 pandemic
- 2) To explore the ethical dilemmas in providing critical care

### Session abstract

Although the surge of COVID-19 patients requiring healthcare services affected all aspects of the healthcare system, none was put to the test as critical care services. The gaps in critical care services lay bare as healthcare facilities experienced shortages in ventilators, oxygen, intensive care unit (ICU) beds among other critical care resources. Despite 5% of all COVID-19 patients necessitating critical care, African countries have a low capacity to provide these services and a global survey on critical care beds found that most African countries have less than 5 ICU beds per 100,000 population. Underfunding of the healthcare sector left it less prepared to absorb the pressures put upon it by the pandemic. This was aggravated by underfunding in other sectors such as energy with lack of a steady supply of electricity, particularly in rural areas, constraining the critical care response.

Compared to other regions, the mortality rate for COVID-19 critically ill patients is highest in Africa. The presence of comorbidities is a risk factor for ICU admission and mortality. African countries face a dual burden of infectious diseases, particularly HIV/AIDS and non-communicable diseases such as diabetes, chronic liver and chronic kidney disease which played a role in the observed excess mortality.

As the pandemic dragged on, with mounting numbers of patients spending several days in hospital, ethical dilemmas arose in determining allocation of these scarce services. ICU units developed admission criteria to make beds available, reserving these facilities for those who need critical care the most with the rest of the patients absorbed into other hospital units.

The pandemic leaves several lessons for countries in Africa. To lessen the impact from potential supply chain disruptions, national emergency preparedness plans need to prioritise building strategic reserves for critical care equipment, medicines and consumables, including personal protective equipment. Furthermore, critical care services need to be organized in a manner that allows scalability during emergencies such as rapid recruitment of additional staff and task shifting to cater for increased demand during public health emergencies. Digital solutions have also shown potential to improve consultation and monitoring among healthcare workers and to facilitate communication with family members.

## Speakers

Session  
Chair

Session  
Chair

## MEET THE SPEAKERS



**Session Chair: Dr Bruce Kirenga** is a Senior Lecturer (Pulmonology) and founding Director of the Makerere University Lung Institute. Bruce formally trained in internal medicine at Makerere University and completed specialty registrar training in Pulmonary Medicine at Mulago Hospital and proceeded to complete an additional year of clinical and research training in the Section of Pulmonary and Critical Care Medicine at Yale University, USA. Dr. Kirenga also completed a 2-year Masters clinical research fellowship of the University of Amsterdam offered at the University of Rwanda, School of Public Health in Rwanda. Bruce's main interest are in clinical and epidemiological research in the areas of obstructive lung diseases and their determinants as well as tuberculosis. He is a mentor of several junior physicians in Pulmonary Medicine and Epidemiology.



**Session co-chair: Dr Henry G. Mwebesa** Director General Health Services Ministry of Health, Uganda.



1



**Speaker 1: Dr Amsalu Bekele Bindegdie** is a dedicated clinician, academician and research at College of Health Sciences, Addis Ababa University, Ethiopia with the rank of Associate Professor & Consultant Pulmonologist. His area of research interest is TB and post TB complication, Asthma and other Air way diseases. He published more than 30 articles on reputable Local and International Journals. He has more than 20 years of experience on Clinical care, academics and research in the field of Medicine.

He serviced as Deputy Head of the department of Internal Medicine from 2010-2012G.C and Head of Chest Unit which later developed to Division of Pulmonary and Critical care Medicine from 2008-2017 G.C. Currently He is director of research at Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, College of Health Sciences, Addis Ababa University, from 2017G.C till now. He was the founder & the President of Ethiopian Thoracic Society (ETS) for two terms from 2014-2019G.C He started the pulmonary and Critical Care Fellowship training in Ethiopia in 2013 in collaboration with East African Training Initiatives which is one of the successful fellowship programs in Addis Ababa University and more than 15 Pulmonary and Critical Care Medicine specialists graduated till now. He is currently the Executive member of the Pan-African Thoracic society (PATS) and a member of different International societies (ATS, ERS, IUATLD...)

2



**Speaker 2: Bruce Biccard** is Professor and Second Chair in the Department of Anaesthesia and Perioperative Medicine at Groote Schuur Hospital and the University of Cape Town, South Africa. His research interests include perioperative medicine, perioperative outcomes and global surgery. He is a proponent of international collaborative research. He collaborates with the African Perioperative Research Group (APORG) network, where he has led the African Surgical Outcomes Study (ASOS), the ASOS-2 Trial, and co-led the African Covid-19 Critical Care Outcomes Study (ACCCOS).



3



**Speaker 3: Dr Arthur Kwizera** is a Senior Lecturer in Anaesthesia and Intensive care at Makerere University College of Health Sciences and a staff intensivist at the Mulago National Referral Hospital Intensive care unit. After completing his specialist anaesthesia and intensive care training in Uganda, he received further training from the University of British Columbia in Canada in 2009 and critical care interventional pulmonology fellowship in 2018 in Venice, Italy.

He is part of international collaborations looking at acute care in resource-limited settings with particular emphasis on acute care human resource and infrastructure capacity building, clinical management of acute illness and anaesthesia/intensive care education. He has spoken at different critical care congresses including the European society of intensive care medicine (ESICM), International fluid academy (IFAD) and Society of critical care medicine of America (SCCM). He is founder president of the Intensive Care Society of Uganda, and member of the association of Anaesthesiologists of Uganda (AAU). He is a foundation fellow and examiner of the college of Anaesthesiologists of East Central and Southern Africa (CANECISA). He is member of the surviving sepsis campaign (SSC) guidelines taskforce; member of a number of World Health Organization (WHO) panels focused on respiratory influenza, COVID19 clinical guidelines development, respiratory care panel, and a member of the World federation of anaesthesia (WFSA) intensive care committee.

He has also participated in Uganda's COVID19 response on the scientific advisory committee, case management, Oxygen taskforce as well as building ICU capacity at national level. His research work is centered on epidemiology, pathophysiology and management of acute organ dysfunction and corresponding life support interventions in low resource settings. His current research focus is on Acute Lung disease with a particular emphasis on epidemiology of Acute Respiratory Failure (ARF) and Acute Respiratory Distress Syndrome (ARDS) in Uganda and low-middle income countries. He plans to focus various cost-effective strategies to manage acute respiratory failure and other organ dysfunction in the low resource acute care setting.

4



**Speaker 4: Dr. George Nyale** is the current President of the Respiratory Society of Kenya (RESoK), An Internal Medicine Physician and Pulmonologist who trained in Witwatersrand South Africa and has worked in the research field too. He is based at the National Teaching and Referral Hospital, Kenyatta Hospital, Nairobi, Kenya. A member of the editorial board for the Journal of Kenya Association of Physicians (JOKAP). Recently he was one of the lead investigators on a major study on Asthma in East Africa, the African Severe Asthma Project (ASAP) and published articles on the Phenotype and atopic features of East African Asthmatics. Member of the technical working group on the revision of Kenyan Asthma guidelines 2021 and a member of the technical working group of Kenya national COVID-19 treatment guidelines.

5



**Speaker 5: Byanyima Kusaba Rosemary** is a Senior Consultant Radiologist and Deputy Executive Director of Mulago National Referral Hospital. Rosemary holds an MBChB and Master's Degree in Radiology from Makerere University and an Executive MBA from Eastern and Southern African Management Institute (ESAMI). She holds a Diploma in Human Resource Management for Health from the Galilee College, Israel and another Diploma in Telemedicine from University of La Laguna Spain. Rosemary is passionate about improving healthcare in Uganda through provision of appropriate medical equipment with equitable distribution as a Chairperson of the National Advisory Committee of Medical Equipment (NACME). She has also actively supported Radiology training at several institutions in Uganda. Byanyima will present *"Allocation of scarce health resources in the COVID-19 pandemic"*

6



**Speaker 6: Dr. Annet Alenyo Ngabirano.** Dr. Annet Alenyo Ngabirano is a Ugandan Emergency Physician and Technical advisor on Emergency Medical services at SEED Global Health on secondment to the Ministry of Health Uganda. She has clinical experience in Uganda and South Africa where she did her specialty training. She is also the current President of the African Federation for Emergency Medicine ([www.afem.africa](http://www.afem.africa)) and immediate past President and co-founder of the Emergency Care society of Uganda. Her interests lie between disaster medicine and critical care. She is a strong advocate for children and women's rights, equity and justice in health care and believes emergency care in Africa can and should be better.

*"It always seems impossible until it is done"* (Nelson Mandela)

## PD 14: Paradigm shift in one health and One Health in Action: Regional Rabies Elimination

### Session objectives

- 1) To raise awareness of the feasibility of eliminating all human deaths from rabies and the 'Zero by 30' strategy led by WHO, OIE and FAO.
- 2) To discuss the value of a coordinated One Health approach for combating this Neglected Tropical Disease, and potential benefits extending well beyond rabies control.
- 3) To discuss the need for regional roadmaps for rabies elimination in Africa and elsewhere.

### Session abstract

Rabies still kills an estimated 60,000 people a year. Those most vulnerable to rabies tend to be the poorest communities, mainly in Africa and Asia, and almost half of all deaths are children.

Rabies is almost always transmitted to humans by domestic dogs. It is 100% vaccine-preventable, but unless treated immediately, it is almost always fatal. The tools exist to eliminate rabies – primarily consisting of mass dog vaccination, rapid access to post exposure vaccine for humans and successful public education and community engagement. Despite the proven pathway to rabies elimination, there is a lack of political engagement and resources for achieving it in most endemic countries.

Rabies elimination is an important goal in itself, but could have much wider benefits. Around 75 per cent of new human diseases are zoonotic in origin. Recent examples include HIV/AIDS, Ebola, avian flu and MERS, as well as COVID-19. The COVID-19 pandemic has highlighted the catastrophic global consequences a novel pathogen can have on every aspect of society and reinforced the links between human and animal health. Although rabies does not have high pandemic potential, action on rabies (and other endemic diseases) using a One Health approach could provide a powerful tool for strengthening capacity for response to many other emerging and zoonotic diseases.

There is considerable global interest in strengthening global pandemic preparedness. However early warning systems are of limited use unless they are linked with capability for an effective response. This capability can rarely be constructed in a crisis situation – effective surveillance, diagnostic capacity, procurement, intersectoral communication and community engagement must be developed in 'peace time'. Programmes to tackle emerging disease threats are therefore best supported by strengthening core capacities to respond to ongoing, endemic infectious disease problems.



# Speakers

## Session Chair

1

2

3



## MEET THE SPEAKERS



**Session Chair: Dr Clovice Kankya**, BVM, MVPM, PGD Rural Planning and Development, PhD, MA Rural Development, Makerere University

Dr Kankya is a multifaceted expert with Veterinary Public Health, Field Epidemiology, community development interests for over 20 years with vast experience in Field epidemiology, rural development risk assessment, food safety, zoonotic diseases management and biosecurity.



**Speaker 1: Dr. Rose Ann Ademun**, Commissioner for Animal Health and Chief Veterinary Officer at the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF).

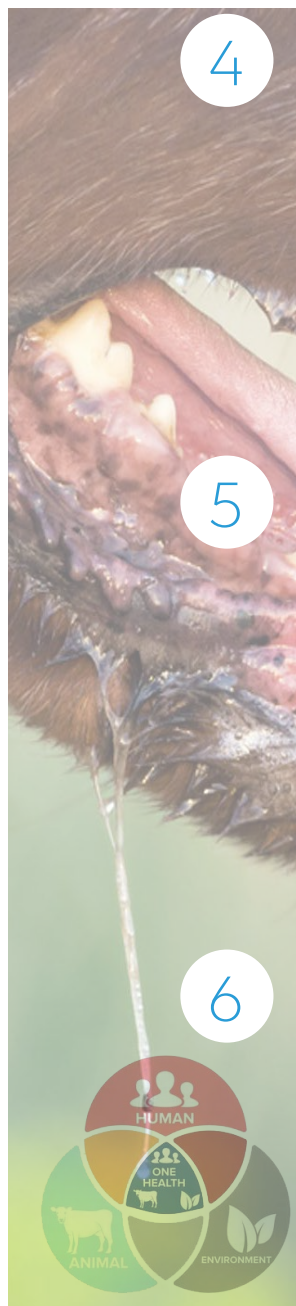


**Speaker 2: Professor Sarah Cleaveland** OBE BSc VetMB PhD MRCVS FRSE FMedSci FRS

Professor Sarah Cleaveland, a veterinary epidemiologist at the University of Glasgow, UK, leads an inter-disciplinary One Health research program addressing zoonotic and livestock diseases affecting human and animal health. Her PhD focused on rabies, which continues to be a major area of interest. Cleaveland is a member of the US National Academy of Medicine and Fellow of the Royal Society.



**Speaker 3: Dr Thumbi Mwangi**, Director of Rabies Free Kenya, Washington State University. Thumbi Mwangi is associate professor at Washington State University with joint appointments at Universities of Nairobi and Edinburgh. Based in East Africa, his research is on transmission and control of zoonotic diseases including science of rabies elimination, and use of data to improve speed and quality of decision-making in health." Thumbi will discuss "*Civil society and operational perspective on the elimination challenge*"



**Speaker 4: Dr. Cyprien Biaou**, Livestock Development Officer, FAO Subregional Office for Central Africa (FAO-SFC)

Dr. Biaou is a native of Benin and veterinary doctor who also holding two Master Degrees in Tropical Animal production, and Environmental

Sciences. In 1998, as a lecturer at the Veterinary School of Dakar he was the lead expert establishing the Laboratory for Quality Control of Veterinary Medicines. From 2012, he was the Coordinator for FAO Livestock programme in Somalia, winning the B. R. Sen Award, 2013. Since 2015 he has been the lead for FAO on animal disease control in Central Africa, including rabies control using the One Health approach.



**Speaker 5: Dr Alasdair King**, Director of International Veterinary Health, MSD Animal Health

Alasdair King qualified as a veterinary surgeon from Glasgow University in 1990. After 11 years in mixed practice, he joined Intervet UK as livestock veterinary advisor. In 2012 he joined MSD Animal Health and in 2014 he was appointed Director of Intergovernmental Veterinary Health. He has developed a number of communication tools, both on general transboundary disease, such as the eMergence newsletter and website. He works with a number of governments and organisations on rabies control plans and strategies, with a focus on vaccine accessibility and education. Alasdair will present *“Private sector perspective, particularly around the challenge of securing supply of quality dog vaccine.”*



**Speaker 6: Professor the Lord Trees**

Lord Trees is a veterinary surgeon and crossbench peer in the House of Lords. He was a Professor of Veterinary Parasitology at the Liverpool School of Tropical Medicine. In 2021, was appointed Chair of the Steering Committee of the United Against Rabies Forum. He will share on the topic titled; *“To provide a forward-looking perspective on the opportunities of the GAVI replenishment and CHOGM in Kigali and the need for new innovative financing tools for rabies elimination specifically addressing the challenge of dog vaccination”*

SE 6

## SE 6: Inter-Africa Health Ministers Plenary Discussion

### Session objectives

- 1) An expansive discussion on health covering leadership/governance, service delivery, health workforce, health information systems, access to essential medicines and health financing in Africa.

Speakers

### MEET THE SPEAKERS

1



**Speaker 1: Dr. Jane Ruth ACENG** Dr. Jane Ruth Aceng is the Minister of Health- Uganda. Dr. Aceng holds a Bachelor's Degree in Medicine (MBChB), MMED (Pediatrics), Masters in Public Health and a Diploma in Health System Strengthening. She is a pediatrician expert and is currently at the level of Senior Consultant Pediatrics. She is also a Public Health expert. She has vast experience both as a manager and practicing medical personnel, which she accumulated while serving in various capacities as Medical Officer, Senior Medical Officer, Medical Officer Special Grade, Medical Superintendent, Consultant Pediatrician, Senior Consultant Pediatrician, Hospital Director and formerly as the Director General Health Services where she was responsible for coordinating technical functions for the delivery of Health services, a role she has fulfilled until her appointment as the Minister for Health. As Minister of Health, she possesses the Constitutional Powers and functions of spearheading the Ministry. Among them are Administration, Policy Formulation and Direction. She is also responsible for defending the Ministerial budget and issue orders and statutory regulations on the sector. In addition, she initiates and presents to Cabinet, the Ministry memorandums and accounts for the State, operations, function and achievements of the health sector.

2



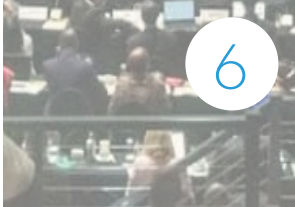
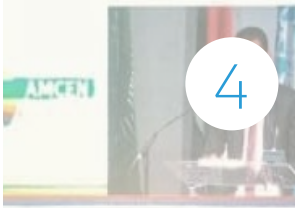
**Speaker 2:** Cabinet Secretary for Health, **Hon. Mutahi Kagwe**, EGH is a former member of the Senate of the Republic of Kenya, as first Senator to represent the County of Nyeri. Previously served as Cabinet Minister for Information and Communications, and Member of Parliament for Mukurweini Constituency. Worked to develop, craft and pass legislative actions, bills and amendments that advanced the interests of the Kenyan people. Pioneered the laying of innovative technologies such as The East African Marine System (T.E.A.M.S) – The Fibre Optic Project for Eastern Africa that has transformed the information and telecommunications industry in Kenya and was Minister at the launch of the first global mobile money system - the now famous Mpesa. Previously served as the Chairman of the Senate Standing Committee on Information and Technology, Member Senate Standing Committee on Education and Senate Standing Committee on Finance, Commerce and Budget. Other past positions also include Committee Member, The Commonwealth Parliamentary Association, Member, the parliamentarian network of the [World Bank](#) and Chair, The Finance, Trade, Tourism and Planning Parliamentary Committee

3



**Speaker 3: Dr. Ngamije Daniel** is the Rwanda Minister of Health since February 2020. In June 2018 he joined World Health Organization (WHO) Rwanda Country Office as National Programme Officer, and his duties among others were to provide technical assistance to the Ministry of Health on the development of Malaria and Neglected Tropical Diseases policies, strategies, guidelines, standards and norms -Support and assist to define programme implementation modalities, provide assistance to conduct periodical program review and resources mobilization. From Feb 2007 to June 2017, he served as the Coordinator of the Project Implementation Unit (PMU) which later converted to the Single Project Implementation unit (SPIU), where he Coordinated and supported the process of funds mobilization, Grant negotiation with partners such the Global fund, World bank and bilateral MoH partners such as USA, UK, Belgium among others. He coordinated successfully implementation of some project components and proceeded with periodical disbursement of funds to several implementing agencies and institutions country wide. Finally, he set and led a Monitoring and Evaluation System, reviewed and submitted consolidated financial and Programmatic reports for approval by MOH Partners prior subsequent disbursement of approved budget. During 10 years managing annual portfolio of around 150 Million USD, he regularly obtained clean audit opinion from the Office of the Auditor General and other international private audit firms. Prior to the above, Dr. Ngamije held various positions at the Ministry of health that





include; Coordinator of the Malaria National Program (PNLP, Regional Director in Charge of Health and Social affairs in GITARAMA Province where he oversaw the Planning and Budgeting Process for all Health Facilities across the province and one of his Health District served to pilot Community Health Insurance (CBHI) from 1998-2002. Before being in management positions, he served first as Physician and later as Medical Doctor at Kabgayi Hospital from 1995-1997. Dr. Ngamije completed Bachelor of Medicine and Surgery at Université de Kinshasa, DRC and Masters of Medicine in Public Health from Université Libre de Bruxelles, -Brussels, Belgium



**Speaker 4: Dorothy Gwajima**, Minister for Health, Community Development, Gender, Elderly and Children (Tanzania)



**Speaker 5: Rt. Hon. Robinah Nabbanja** is a Ugandan educator and politician, who is the Prime Minister-designate of Uganda, after being nominated to the office on 8 June 2021.



**Speaker 6: Rt. Hon. Ruhakana Rugunda** is a Ugandan physician and politician who was the Prime Minister of Uganda from 2014 to 2020.



**Speaker 7: Monica Musenero Masanza** is a Ugandan veterinarian, microbiologist and epidemiologist, who serves as a consultant epidemiologist to the government of Uganda and serves as an advisor to the president of Uganda on epidemics and pandemics. She previously served as the Principal Epidemiologist and Assistant Commissioner for Epidemiology and Surveillance in the Uganda Ministry of Health. She has previously played leading roles in the control of Ebola epidemics in Uganda, the Democratic Republic of the Congo and in the West African country of Sierra Leone.



**Speaker 8: Hon. Dr. Moriku Joyce Kaducu** is the Minister of State for Health (Primary Health Care)



### Session objective

1) .

### Session abstract

Gene therapy technology has made impressive recent progress and has potential for treating a wide range of diseases, many of which are important to Africa. Conditions that are of serious public health importance in Africa like HIV and Sickle Cell Disease are amenable to treatment and CURE using gene therapy, thus making the technology of significance to the management of disease on the continent. Furthermore, treatment of viral infections, cancers, inherited diseases and immunotherapy are now all within the realm of gene therapy and likely to be feasible in the long term.

Unfortunately, most gene therapy research aimed at treating conditions that are common to Africa have been performed outside of the continent. Despite its potential importance, direct research on the topic in Africa has been limited as a result of lack of direct public funding and skilled personnel among other reasons.

Participation of African researchers in these exciting developments is currently limited, but their involvement is important to address health problems, develop capacity and enhance economic progress of the continent. Ensuring appropriate legislation is in place for implementing gene therapy is paramount to eventually realizing the potential of this field in Africa. Involving African countries in the process will improve the capacity for modern medically applied molecular biology, assist with tackling health problems of the continent effectively, and enable knowledge-based economies to develop. Strengthening the endeavor should be a priority that will be of extensive benefit to the continent

In 2020, the Global Gene Therapy Initiative (GGTI) was formed to tackle the barriers to inclusion in gene therapy development, for countries in Africa. This working group includes diverse stakeholders from all sectors and has set a goal of introducing two gene therapy Phase I clinical trials in two countries, Uganda and India, by 2024. GGTI is working with the selected sites to provide knowledge transfer and training including developing new cost effective and sustainable technologies that support place -of-care gene therapy manufacturing infrastructure for clinical trials and eventually therapeutics.

## Speakers

### MEET THE SPEAKERS

1



**Speaker 1: Dr. Brian Doehle**, PhD, is a Senior Program Officer with the Bill & Melinda Gates Foundation in the Global Health Division. There he works on innovative emerging technology with an eye on transformative curative therapies for SCD and HIV. Dr. Doehle received a master's degree in microbiology from Ohio University in Athens Ohio prior to doctoral studies at Duke University in Durham North Carolina specializing in molecular genetics and microbiology. His research has focused on curing persistent viral diseases such as HIV and HCV in both academic and drug development settings.

Doehle will discuss *"Bringing Accessible Cures for HIV Disease to Resource-Limited Parts of the World."*

2



**Speaker 2: Professor Jennifer Adair**, PhD received her PhD from Washington State University and is an Associate Professor and the Fleischauer Family Endowed Chair in Gene Therapy Translation at the Fred Hutchinson Cancer Research Center. She is also a Research Associate Professor in the Department of Medical Oncology and an Adjunct Associate Professor in the Department of Laboratory Medicine and Pathology at the University of Washington in Seattle, Washington. She has more than 12 years of experience translating phase I clinical trials of blood cell gene therapy for multiple diseases including hemoglobinopathies and HIV infection, from the bench to the bedside. In 2016, her laboratory reported the first demonstrated use of off-the-shelf technology to perform closed-system manufacturing of lentivirus modified blood stem cell gene therapies without the need for clean-room infrastructure. Her laboratory more recently developed a next-generation nanoparticle to deliver genetic modifications with minimal manipulation which is currently being evaluated preclinically.

Jennifer will present *"Strategies for delivery of genetic therapies in vivo"*



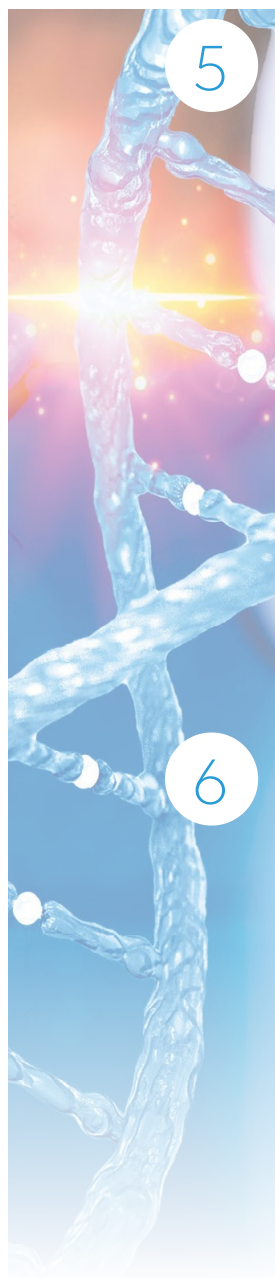
**Speaker 3: Dr Boro Dropulic**, PhD, MBA received his PhD from the University of Western Australia and his MBA from the Johns Hopkins University (JHU). After a Fogarty Fellowship at the NIH, he joined the faculty at JHU. After 4 years in academia, he founded his first company ViRxSys and led the team that first demonstrated the safety of lentiviral vectors in humans with his University of Pennsylvania colleagues. Later he founded Lentigen, which first developed the lentiviral vector used to produce Kymriah™, the first FDA-approved gene therapy product. Later, Boro spearheaded the acquisition of Lentigen by Miltenyi Biotec. The integration has resulted in development of multiple successful CAR-T cell candidates that are manufactured at the place-of-care. Boro has been the GM and CSO of Lentigen and currently serves as the Executive Director of Caring Cross. Boro will present *“Using technology to create sustainable models for global access of genetic therapies.”*



**Speaker 4: Professor Julie Makani**, MD, PhD, FRCP, FTAAS is a Consultant Physician and Scientist in the Department of Haematology and Blood Transfusion at Muhimbili University of Health and Allied Sciences (MUHAS), where Tanzania established one of the world’s largest single-center study cohorts for sickle cell disease. She serves as Principal Investigator of the Sickle Cell programme in MUHAS and Sickle Pan African Research Consortium (SPARCO) Clinical Coordinating Centre (CCC) within SickleInAfrica network. This network is strengthening health, education, advocacy and research in sickle cell disease, with partners at different levels - sites, countries and within Africa and across different sectors. There is progress in establishment of platforms for health (Centres of Excellence; National Blood Transfusion Programmes) and genomic research (H3Africa, SickleGenAfrica). These are available for gene therapy research and are potential opportunities for introducing curative therapies within the health systems in countries in Africa in an equitable manner.

Professor Makani trained in Medicine (Tanzania), specialized in Internal Medicine (UK), and completed her PhD in clinical epidemiology of SCD (UK). She has received several national and international awards for her academic and scientific achievements. She was a Wellcome Trust Research Fellow [2003 – 2009; 2012 - 2017], Tutu Leadership Fellow (2009) and Honorary Visiting Research Fellow, University of Oxford (2003- 2016). She received the 2011 Royal Society Africa Award on the application of genomic research to improve health and find a cure for sickle cell disease. She is a Fellow of the Royal College of Physicians of UK and Fellow of the Tanzania Academy of Sciences.

College of Physicians of UK and Fellow of the Tanzania Academy of Sciences. Julie will present *“Preparedness of countries in Africa for Gene Therapy for Sickle Cell Disease.”*



**Speaker 5: Dr. Cissy Kityo Mutuluza**, MBChB, MSc, PhD, FUNAS is a Ugandan medical doctor, Public Health expert and seasoned researcher with over 30 years' experience in conducting and coordinating AIDS research and care for HIV patients. She is currently the Executive Director of Joint Clinical Research Centre (JCRC). Starting circa 1992, she is among the pioneers of Antiretroviral Therapy (ART) use in sub-Saharan Africa and has been one of the proponents and movers of scaling up treatment in Uganda. Cissy has served as Principal Researcher/Investigator (PI), Co-PI or Investigator in >100 clinical, epidemiological and operational trials of HIV treatment and related infections. She has also been closely involved in studies of prevention of HIV transmission and in the preparation for HIV vaccines. Dr. Kityo has published widely with over 200 publications in peer reviewed journals. She is keen to be involved in gene therapy as the new exciting frontier in medical research and care. From 2020, Cissy catalysed the alliance of experts in gene therapy to support bridge the existing gaps. The Global Gene Therapy Initiative (GGTI) was subsequently formed to tackle the barriers to LMIC inclusion in gene therapy development.

Cissy will share on the following topic; *“Towards Access for All: The Global Gene Therapy Initiative (GGTI) Working Group.”*



**Speaker 6: Evelyn Harlow Mwesigwa** is a Ugandan Community/patient Advocate, a Program Officer for sickle cell at the National Health Laboratory and Diagnostic Services/ Ministry of Health. She is the Founder and Executive Director of Sickle Cell Network Uganda, an organisation raising awareness and sensitisation, and bringing parents and caregivers together. She is a member of the National Sickle cell steering committee and a member of The Global Gene Therapy Initiative. She has participated in the writing of the National Sickle Cell Guidelines. She is a trainer at the national level in the management of sickle cell and has been lead in establishing over 45 sickle cell clinics in the country. She is a mother to a 14-year-old son who has just undergone a bone marrow transplant where she was also the donor of the stem cells.

Evelyn will present *“Personal Testimony about Bone Marrow Transplant Experiences.”*

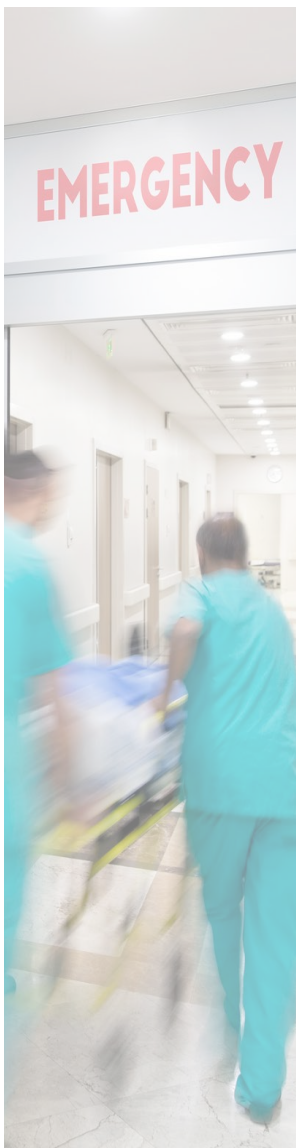
## WS 12: Emergency care: An essential component of universal health coverage

### Session objective

- 1) Raise awareness of resolution 72.16 *Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured* by discussing its background and current implementations of actions defined in the resolution
- 2) Identify shared challenges and priority needs across countries to ensure access to timely care for the acutely ill and injured
- 3) Identify effective mechanisms and partners to advocate for emergency care as an essential component of universal health coverage
- 4) Identify strategies have proven effective for strengthening emergency care systems
- 5) Discuss potential contributions from international partners and agencies in this arena. Raise awareness of resolution 72.16 *Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured* by discussing its background and current implementations of actions defined in the resolution
- 6) Identify shared challenges and priority needs across countries to ensure access to timely care for the acutely ill and injured
- 7) Identify effective mechanisms and partners to advocate for emergency care as an essential component of universal health coverage
- 8) Identify strategies have proven effective for strengthening emergency care systems
- 9) Discuss potential contributions from international partners and agencies in this arena

### Session abstract

Emergency care is an integrated platform to deliver time-sensitive health care services for acute illness and injury across the life course. The emergency care system that delivers these services extends from care at the scene through transport and emergency unit care, and it ensures access to early operative and critical care when needed. Emergency care responds to a range of acute conditions in children and adults, including injuries, infections, acute exacerbations of noncommunicable





diseases, mental health conditions and complications of pregnancy. It is the first point of contact with the health system for many people, providing timely recognition of time-sensitive conditions, resuscitation and referral for severely ill patients, and the delivery of definitive care for many others.

More than half of deaths in low- and middle-income countries are from conditions that could be treated by emergency care. However, because it is neither disease- nor population-specific, emergency care is frequently a blind spot, neglected in international policy and funding initiatives. All Member States, regardless of available resources, can take steps towards strengthening their emergency care systems.

In May 2019, the 72<sup>nd</sup> World Health Assembly unanimously passed resolution 72.16 *Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured*, which calls for global efforts to strengthen the provision of emergency care as part of universal health coverage and urges all Member States to undertake specific actions to do so. Strategies to implement these efforts will be discussed by the panel.



## Speakers

Session  
Chair

Session  
Coordinator

## MEET THE SPEAKERS

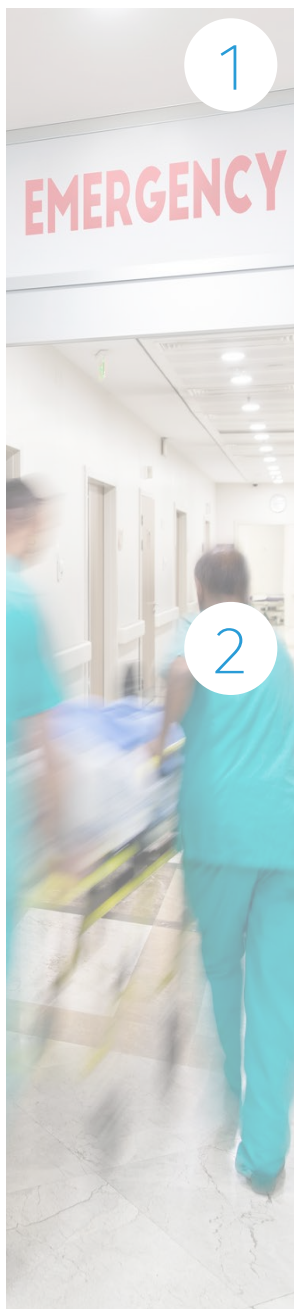


**Session Co-chair: Dr Teri Reynolds**, a citizen of the United States, completed her MD, MS in Global Health Sciences, and fellowship in Emergency Ultrasound at the University of California, San Francisco; emergency medicine specialisation at Highland Hospital in Oakland, California; and PhD in literature at Columbia University in New York. She was Associate Professor and Director of Global Health for the Department of Emergency Medicine, University of California, San Francisco, and directed the Emergency Medicine Residency and research programmes at Muhimbili National Hospital in the United Republic of Tanzania. As chair of the African Federation for Emergency Medicine (AFEM) Scientific Committee, she developed the AFEM Emergency Care Curriculum and the AFEM regional Trauma Data Project.

Dr Reynolds, who has served previously as both consultant and staff Technical Officer at WHO, joined the WHO Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention (NVI) in May 2015 to lead the emergency and trauma care programme. The programme focus is the strengthening of integrated emergency care systems to address a range of acute illness and injury. Current initiatives include the WHO Emergency Care Systems Framework, the Emergency and Trauma Care Systems Assessment Tool, the Basic Emergency Care Course, the Trauma Care Checklist, and the Minimum Data Set for Injury. Dr Reynolds also coordinates the Global Alliance for Care of the Injured.



**Session Coordinator: Dr. Kalanzi Joseph** is the Emergency Medicine Chief Resident at Makerere College of Health Sciences and Mulago National Referral Hospital. He continues to serve in various roles in strengthening Emergency Care systems in Uganda with the Emergency Care Society of Uganda (ECSU) and with the African Federation of Emergency Medicine (AFEM). His areas of work include Emergency Medicine education, Out of Hospital Emergency Care (EMS), and Emergency care systems.



**Speaker 1: Professor Lee Wallis** (MBChB, MD, FCEM) is Head of Emergency Medicine for the Western Cape Government, and Head of the Division of Emergency Medicine at both the University of Cape Town and Stellenbosch University (SU). He became full Professor at SU in 2011 and at UCT a year later. After graduating MB ChB from Edinburgh University in 1993, he undertook his training in the Royal Navy. In 2003 he qualified as a Fellow of the College of Emergency Medicine in London and obtained his Doctorate in paediatric disaster triage in 2006. He moved to Cape

Town in January 2002.

Professor Wallis was the founding president of African Federation for Emergency Medicine (AFEM), and currently serves as the President of the International Federation for Emergency Medicine (IFEM). In the Western Cape, he is responsible for clinical governance for the provincial EMS system. As Chief Operating Officer of AFEM, he is excited to use his expertise in clinical governance, systems development, and research to build strong emergency care systems across Africa.



**Speaker 2: Dr. Bonaventure Ahaisibwe**, MBChB, MPH is a physician and public health specialist holding an MPH and MBChB from the University of Manchester and Makerere University, respectively. Currently, he is the Uganda Country Director for Seed Global Health. Previously, he had worked as Program Manager for the Global Health Service Partnership (GHSP) with Peace Corps in Uganda. Dr. Ahaisibwe started his career as a medical officer at Nakivale refugee settlement under the GTZ/UNHCR partnership leading a clinical team of 42 health workers providing therapeutic

and preventive health interventions to a population of 10,000 refugees. He spearheaded the establishment of the first HIV clinic and male medical circumcision program. He has grown through progressively complex technical (clinical, training, programming), leadership and management positions at University Research Co. LLC, UNHCR/BMZ/GIZ partnership, Kampala International University and Peace Corps. He has participated in and led team interventions on quality improvement, clinical care, health workforce capacity development, and health systems strengthening. As a national mentor, trainer and coach on several in service training courses on HIV, he has provided training and mentorship to over 500 health workers. Dr. Ahaisibwe joined Peace Corps in 2012 as a back-up Peace Corps Medical Officer before assuming the role of program manager, Global Health Service Partnership. (GHSP). He was also the back-up director for programming and training and Sexual Assault and Response Liaison for over 160 Peace Corps Volunteers in Uganda.



**Speaker 3: Tore Laerdal** is Executive Director of the Laerdal Foundation, chairman of Laerdal Medical, and managing director of Laerdal Global Health.

Ever since modern lifesaving techniques were established around 1960, Laerdal Medical has developed training products and educational systems for resuscitation and patient simulation. It is a mantra of Laerdal that innovation is about impact that impact is best achieved through collaboration. To that effect the Laerdal family has a long tradition in pursuing its mission of helping save lives through partnering with professional associations, including collaboration with WFSA on the publication and global distribution of three editions of the WFSA CPR Manual by the late professor Peter SAFAR.

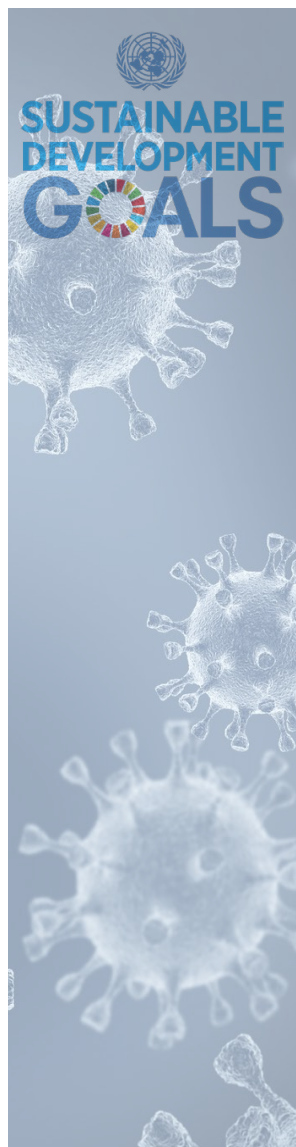
In recent years Mr Laerdal has focused literally all of his time on helping reduce maternal and newborn mortality in low resource settings. For this purpose, he established the not-for-profit company Laerdal Global Health, which has partnered with USAID, NIH, Save the Children, the American Academy of Pediatrics, ICM and others in the Helping Babies Breathe alliance and the Survive & Thrive alliance.

Mr Laerdal serves as Chairman of the Board of two external research foundations in Norway. He holds an MSc degree from the Norwegian School of Economics and Business Administration and is an honorary member of several professional associations, including the American Academy of Pediatrics, and the European Patient Simulation organization SESAM. He has received an Honorary Doctorate in Science from the University of Hertfordshire in the UK and is also a 2016 Oslo Business for Peace Honoree.



**Speaker 4: Dr Annet Alenyo Ngabirano** MBCHB(MUST), MScDisMed (EMDM), MMedEM (SUN), FCEM(SA) is a Ugandan Emergency Physician. Her career has taken her from medical school in rural Uganda to working in Uganda's public and private facilities, training as an Emergency Physician in South Africa's public system and currently supporting faculty at the EM Residency program at Makerere University. She believes African emergency healthcare can, should and will be better.

## Key 10



## Key 10: Impact of COVID-19 Public Health Control on SDG implementation progress

### Session objectives

- 1) To discuss the impact of COVID-19 Public Health Control on SDG implementation progress

### Session abstract

The 2030 Agenda for Sustainable Development was made on the foundation of leaving no one behind and culminated in the development of 17 Sustainable Development Goals (SDGs). COVID-19 and the containment strategies introduced to break the chain of transmission have had an impact on health, food stability, education and livelihoods.

The SDGs recognise poverty as a hindrance for sustainable development and prioritize its eradication under SDG one. Border closures, lockdowns and quarantines threatened the livelihoods of individuals across sectors. The impact though, was hardest on the poorest individuals in society engaged in informal trade who could not afford to stay at home and continued to work despite the risks posed by contracting the virus. This population also has a high prevalence of comorbidities that increases the risk of adverse health outcomes from COVID-19.

On a global scale, health care systems in both high- and low-income countries struggled to provide health care amid mounting pressures imposed by the surge of patients with COVID-19. Countries also reported increases in non-covid deaths during the pandemic. The low purchasing power among low- and middle-income countries for COVID vaccines and treatments also impacted their ability to achieve good health and wellbeing.

Lockdowns disrupted the academic year for several school-going children. While digital technology provided an alternative for on-line learning, students in developing countries with reduced access to digital learning were most affected by school closures.

Although it is impossible to predict the origin of the next pandemic, encroachment on wildlife habitats increases the risk of zoonotic diseases jumping species. The pandemic highlights the need to protect ecosystems and our role as individuals in the global community.

## Speakers

### Session Chair

1

  
SUSTAINABLE  
DEVELOPMENT  
GOALS

## MEET THE SPEAKERS



**Session Chair: Gareth Presch**, Founder and CEO World Health Innovation Summit. Gareth is a global healthcare thought leader and the Founder and CEO of the World Health Innovation Summit. He is the Expert Lead on SDG<sup>3</sup>/<sub>4</sub> for the UNGSII Foundation, Founder of the Global Social Prescribing Alliance, and a Member of Pope Francis's Vatican COVID19 Commission Group 2 Looking to the Future.



**Speaker 1: Dr. Manuela Boyle**, Manuela Malaguti Boyle MPhil-PhD, MPH MHSc is a clinician and a Certified Practitioner of Functional Medicine with special interest in public health nutrition. With over 20 years of clinical experience. Manuela is an engaging national and international keynote speaker, published author and has appeared in several documentaries, youtube videos and live events. Manuela is a popular author of several peer-reviewed papers. Manuela is an expert advisor to WHIS on both national and international public health policies concerning SDG<sup>3</sup> and SDG<sup>4</sup>.

2



**Speaker 2: Mr. Ingold Wunder** (born in 1985) is an Austrian pianist, multi-prize winner of the 2010 International Chopin Piano Competition, conductor, composer, public speaker and entrepreneur living in Switzerland. He started his musical adventure on the violin at the age of 4. After his talent for the piano was accidentally discovered by a piano teacher from Linz, Wunder gave up violin and switched to the piano at the age of 14. He began intensive piano studies at the Music Conservatory Linz and only few months later he participated in his first youth competition and won the 1st Prize (VII Concorso Internazionale di Musica, Cortemilia). Soon after he won several other competitions, including the 63. Steinway Piano Competition in Hamburg. About one year after switching to the piano he made his debut at the Vienna Konzerthaus. Two years later he already played in concert some of the most demanding piano works, including Liszt's all Transcendental Etudes. He continued his piano studies at the Music University in Vienna. In 2008 he started collaboration with the Polish pianist and the winner of the 1955 Chopin Competition, Adam Harasiewicz. One year later he decided to take part in a piano competition for the very last time. The 2010 International Chopin Piano Competition in Warsaw brought uproar, recognition, the 2nd Prize, a few special prizes and many devoted listeners around the world, who saw in him the real winner of the competition. Next to playing concerts and touring, he undertook conducting studies in Cracow to widen his musical horizons. He obtained his diploma in the end of 2012, but it wasn't until 2019 when he started to appear in concerts in a double-role: pianist and conductor, conducting piano concerti as well as symphonies. He recorded several albums for Deutsche Grammophon, he performed in Europe, Asia and both Americas, including such prestigious halls as Musikverein Vienna, Carnegie Hall (NYC), Berlin Philharmonie, Queen Elizabeth Hall (London), Tonhalle Zurich, Rudolfinum (Prague), Moscow Conservatory, Mariinsky Theater (St. Petersburg), Suntory Hall (Tokyo), LOTTE Concert Hall in Seoul, National Concert Hall in Taipei etc. In 2017 together with his wife, he launched Appassio.com – a remote teaching platform for music and arts. From 2018 he is appearing as a public speaker focusing on the importance of human creativity and music education in the world of AI and singularity, presenting his speeches at events such as: SDG Lab at the Davos World Economic Forum, the biggest education summit ASU+GSV in San Diego, TED Talk etc. In 2020 he co-founded his second education platform – Appassimo.com, created for music institutions. He shares his time between playing concerts, advocating for music and arts and developing startups, always with the same goal: promotion of artistic education and increasing the awareness how important it actually is for the generations to come. Privately he is an admirer of Romanticism and Impressionism in music and fine arts.

He also has a great interest in neuroscience, quantum mechanics and technology.

3



**Speaker 3: Dr. Nasibu Mwande** - Emergency Medicine Physician at North Cumbria Integrated Care NHS Trust and Vice-president of TUHEDA (Tanzania UK Healthcare Diaspora Association).

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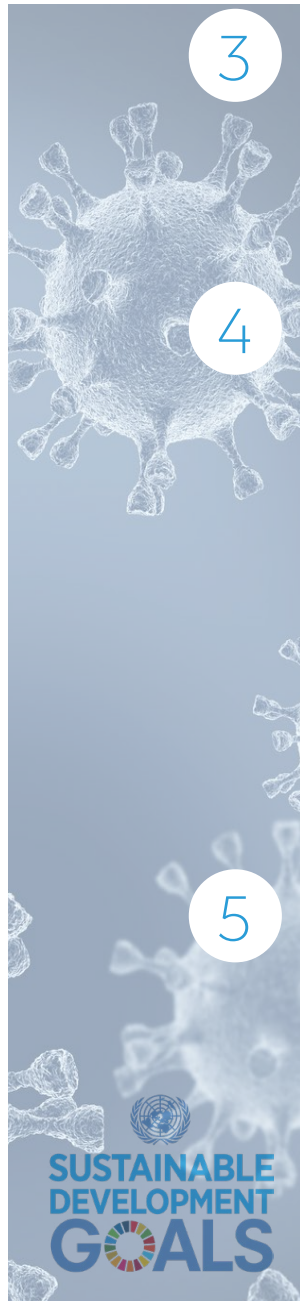


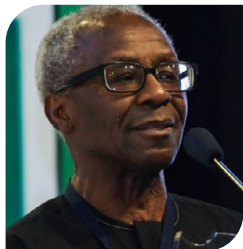
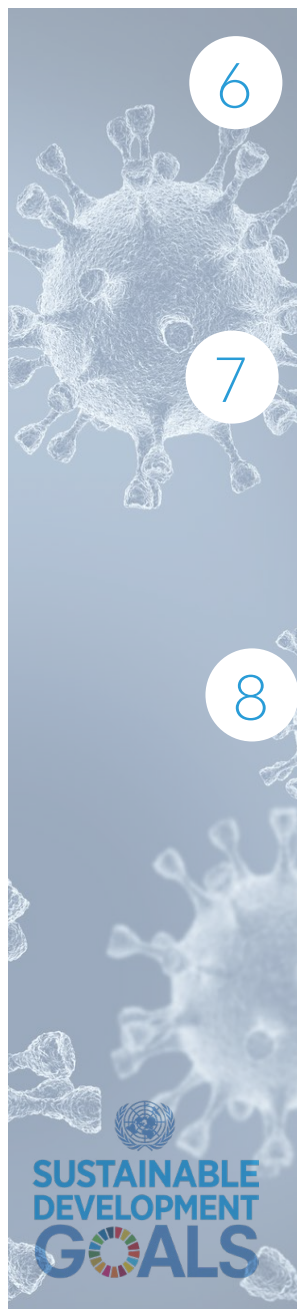
**Speaker 4: Mr. James Sanderson** is the Director of Personalised Care at NHS England and NHS Improvement where he leads on a range of programmes that are supporting people to have greater choice and control over their health and wellbeing. James also became the CEO to the National Academy for Social Prescribing (NASP) in 2019 where James leads on creating partnerships, across the arts, health, sports, leisure, and the natural environment, alongside other aspects of our lives, to promote health and wellbeing at a national and local level. View the NASP [strategy here](#). James joined NHS England in November 2015 and was formerly the Chief Executive and Accounting Officer for the Independent Living Fund (ILF). The ILF was an arm's length body of the DWP and supported disabled people across the whole of the UK to live independent lives through the provision of direct payments enabling the purchase of personal assistance support. Prior to joining the ILF in 2002, James had a career in the motor industry within a number of sales and marketing roles, in both corporate and retail environments. James is a performing arts graduate with a background in community theatre.

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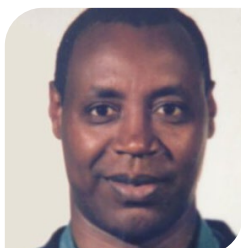


**Speaker 5: Fr. Augusto Zampini Davies,**

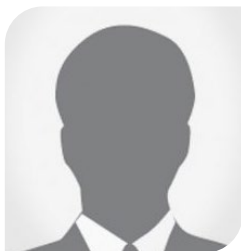




**Speaker 6: Prof. Oyewale Tomori** - Virologist and Former President of the Nigerian Academy of Science (NAS),



**Speaker 7: Dr. Damen Hailemariam** - Public Health Specialist and Executive Director of the Ethiopian Academy of Sciences (EAS),



**Speaker 8: Mr. Joshua Luckow**



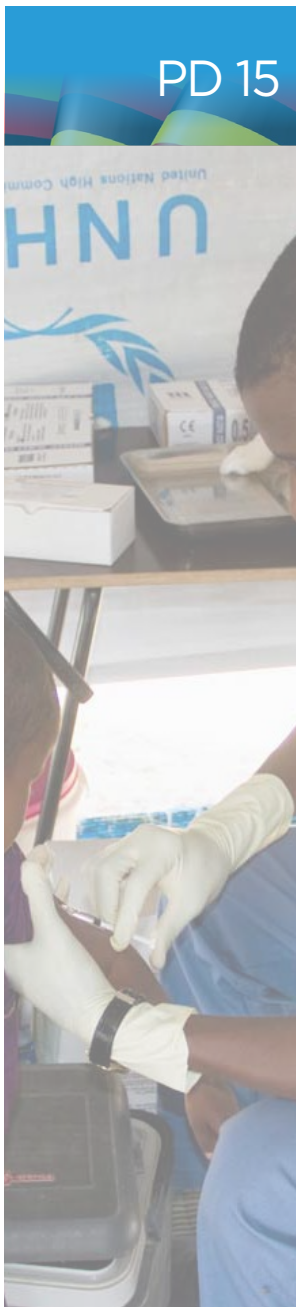
PD 15

## PD 15: Migrant and Refugee Health: an Agenda for Africa

### Session abstract

The M8 Alliance of Academic Health Centres, Universities and National Academies has put Migrant and Refugee Health on the agenda of the World Health Summit since 2015. This Panel focuses on exploring and better understanding context-specific national and regional priorities in migration and health in Africa, towards the strengthening of a collaborative platform for research, policy action, responses and partnership. In particular, panelists from key Organizations will help analyzing what the health needs of vulnerable mobile groups in the Region are, what barriers they face in accessing health services, what gaps exist in policy/capacity/resources, what the role of key actors is, and what measures on a regional and continental level would be necessary to put in place.

Globally, Africa is the region of birth of estimated 36 million migrants, 25 million out of whom (i.e., 10 per cent of the global migrant stock, or 2.08 per cent of the whole African population), have migrated within the region. With Asia, Africa is the region of the world with the highest migration increase over the past two decades; a trend set to grow with the continent's population expected to double by the year 2050, and an overall aspiration enshrined in the African Union Agenda 2063 (The Africa We Want) towards a regional integration, and the free circulation of people, trade, and goods. In 2019, before the impact of the COVID-19 pandemic, migrants in the Sub-Saharan Africa region have sent home through remittances US\$ 48 billion, representing roughly 1.8% of the global Africa GDP; this exceeds the OECD Official Development Assistance (ODA) disbursed to Sub-Saharan Africa by OECD donors in 2019 and totalling US\$ 29 billion. Additionally, UNCTAD estimates that 85 per cent of the benefits of intra-African migration goes to the host country (estimated US\$ 215 billion), with the rest going back to origin countries in trade and remittances. Money sent back home by migrants and refugees are spent by families in healthcare, education, livelihood, and small investments benefitting and stabilizing estimated 100 million people. Thus, migration is - with full rights - recognized by the Migration Policy Framework for Africa (MPFA), the Development Agenda 2030 and the SDGs, as a factor of development. Healthy migrants better unleash their capacity to contribute to the economies of their countries of origin and destination, therefore the enjoyment of





an equitable access to UHC in their countries of origin, transit or destinations not only represents the fulfilment of a human right, but is a critical factor for socio-economic development, a public health good, and a critical step towards realizing in future the Africa integration. Furthermore, sub-Saharan Africa hosts over one-third of the global displacement population, including some 7 million refugees and 18 million people displaced within their own countries (IDPs), because of conflicts, climate-related disasters, and land degradation. Many others are nomadic, pastoralists, and transnational, and move along transhumance corridors in many areas of the continent. Hundreds of thousands of migrants - including women and unaccompanied children - move in mixed irregular flows and through migration hubs along migorridors, towards medium and high-income countries within and outside the Continent; they often face health risks and death, violence, exploitation, incarceration, and xenophobia. Many others are forcibly returned to home countries after being exposed to trauma and illnesses. Finally, the volume of internal migrants within each African State and globally is not fully quantified, yet migration - either international or national - is significantly contributing to the fast-growing urbanization process in the continent, including in the case of refugees; a phenomenon dense of social and health-related challenges. The nexus between migration, population flows and health is conspicuously more apparent at this time of Covid-19 which permeates all spheres of life; it is exacerbated in Africa by the pervasive spectre of conflicts, systemic fragility, climate change, the impact of irregular migration, all compounded by recurrent outbreaks of illnesses of public health concern, and the shortage of health personnel also partially due to outmigration. Yet, a well-defined regional migrant health agenda is still lacking at policy level. For many migrants and displaced people accessing health services remains a challenge, while the conditions within which they migrate, live and work in, too often act as adverse social determinants of health, making them subject to a variety of health risks.

Dr Sabelo Mbokazi from the Department for Health, Humanitarian Affairs and Social Development of the African Union Commission will describe the recently launched new AUC program on Migration and Health aimed at defining Policy and Programming priorities to advance a regional discourse on access to health for migrants and refugees. Dr. Abdou Salam Gueye from WHO/AFRO will discuss the Framework of Principles and Priorities and the WHO Global Action Plan in promoting the health of refugees and migrants, launched by the 72<sup>nd</sup> World Health Assembly in 2019, as well as crisis-related and public health challenges in the context of displacement and migratory flows. Mr Mohammed Abdiker from the IOM, will touch upon health



aspects addressed in the Region by the UN Migration Network (UNMN) in support of Member States implementing the Global Compact for Safe, Orderly, and Regular Migration. Dr. Florine Clomegah, from the International Federation of Red Cross and Red Crescent Societies (IFRC), will present the IFRC operational framework for involvement in migrant health, and the Federation's work along migratory routes to support migrants in need of essential services, information and protection. Dr. Waringa Nganga, and Dr. Doris Mpoumou from Save the Children, will illustrate health challenges faced by millions of African children displaced or migrating within and outside the region. Prof. Paul Bukuluki, of the Makerere University, Department of Social Work and Social Administration and Dr. Ursula Trummer, Center for Health and Migration/Wasagasse-Austria together with various partners, are advancing training, capacity development, and research in the field of migration and health in Africa, and are also joining efforts to establish an Africa Centre of Excellence in Migration and Displacement at Makerere. The Chair of the Session, Dr. Jocalyn Clark will introduce Lancet-Migration, - a global collaboration between The Lancet and researchers, implementers, and others in the field of migration and health, that building on the regional approach recommended by the UCL-Lancet Commission on Migration and Health in 2018, aims at addressing evidence gaps through in depth and context-specific national and regional research and dialogue.

## Speakers

### Session Chair

### Session Coordinator

## MEET THE SPEAKERS



**Session Chair: Prof. Jocalyn Clark** is Executive Editor of The Lancet, the world's leading medical journal, based in London UK. Previously Jocalyn was Executive Editor at the public health research organisation icddr in Dhaka, Bangladesh, Senior Editor at PLOS Medicine, and Assistant Editor at The BMJ (British Medical Journal). She serves as a scientific advisor to the INDEPTH Network of health surveillance systems and to Global Health 5050, which tracks gender representation in the world's health organisations, and is an appointed member of the governance council of the CMAJ (Canadian Medical Association Journal). Since 2006 Jocalyn has been adjunct professor of medicine at the University of Toronto. In 2013 she received an academic residency from the Rockefeller Foundation's Bellagio Center for her work on the (over)medicalisation of global health. In 2014 she was named among the top 100 women leaders in global health and in 2018 she founded the first-ever Canadian Women in Global Health (#CWIGH) List. In 2019 she was elected a fellow of the Royal College of Physicians of Edinburgh and of the Canadian Academy of Health Sciences. Jocalyn holds a BSc in biochemistry & microbiology, and a MSc and PhD in public health sciences (with gender studies), the latter for which she was a Canadian Institutes of Health Research fellow. She is a passionate advocate for global health, the social and political contexts of health, and gender equity.



**Session Coordinator: Prof. Luciano Saso** (Faculty of Pharmacy and Medicine, Sapienza University of Rome, Italy) received his PhD in Pharmaceutical Sciences from Sapienza University in 1992. He is author of more than 250 scientific articles published in peer reviewed international journals with impact factor (SASO-L in [www.pubmed.com](http://www.pubmed.com), total impact factor > 800, H-index Google Scholar 47, Scopus 39). He coordinated several research projects and has been referee for many national and international funding agencies and international scientific journals in the last 30 years. Prof. Saso has extensive experience in international relations and he is currently Vice-Rector for European University Networks at Sapienza University of Rome. In the last 15 years, he participated in several projects and has been speaker and chair at many international conferences organised by the UNICA network of the universities from the Capitals of Europe (<http://www.unica-network.eu/>) and other university associations. Prof. Saso has been Member of the Steering Committee of UNICA



for two mandates (2011-2015) and he is currently President of UNICA (2015-2023). Prof. Saso is a member of the executive committee of the M8 Alliance of Academic Health Centers, Universities and National Academies (<https://www.worldhealthsummit.org/m8-alliance.html>) and Coordinator of the M8 Alliance webinar series on Migrant and Refugee Health <https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee>



**Speaker 1: Dr. Abdou Salam Gueye**, Senegalese citizen, is currently the WHO AFRO Regional Emergency Director. He was previously WHO representative in Mauritania. He holds a medical doctorate and master's degree in public health from the University of Dakar and a PhD in biomedical informatics from the University of Utah. Dr. Abdou Salam Gueye's areas of expertise include Health Security and Emergency Outbreak Response, epidemiology, use of information technology in global health, and health system

strengthening.

A Fulbright fellowship recipient, he has worked for the US CDC for over a decade in a variety of capacities including, US CDC-Benin Country Representative, Strategic Information officer at Atlanta, Associate Director for Science at Cote d'Ivoire, and Director of Global Health Protection Program at DRC. Previously, Dr. Gueye worked in Senegal as a chief medical officer in Kolda District and assistant professor at the University of Dakar and served as a United Nations peacekeeping medical officer in Democratic Republic of Congo (DRC). During the West Africa Ebola epidemic, Dr. Gueye was appointed USCDC Field Response Lead from April 2015 until the end of the epidemic. Since 2017, Gueye is the WHO lead Incident Manager of major outbreaks in Africa; leading grade 3 emergencies. He is co-founder and editorial board member of the Pan African Medical Journal and founded the Institut Mere Enfant de Kaolack (IMEK). He has published dozens of peer-reviewed scientific journals. In 2019, he won the US CDC Charles C. Shepard Science Award: This award is presented to the best manuscript on original research published by a CDC or ATSDR scientist in a reputable, peer-reviewed journal.



**Speaker 2: Mr. Mohammed Abdiker**, is the Regional Director for East and Horn of Africa at the International Organization for Migration (IOM) in Nairobi, Kenya. He leads the Organization's formulation, promotion and implementation of strategic responses to migration issues and trends in support of Member States and migrants in the region. IOM's Regional Office for the East and Horn of Africa covers Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Tanzania and Uganda. Mr. Abdiker has over 20 years of

experience on a range of migration issues in crisis and post crisis settings. Prior to this post, he led IOM's world-wide response to migration crises as the Director of Operations and



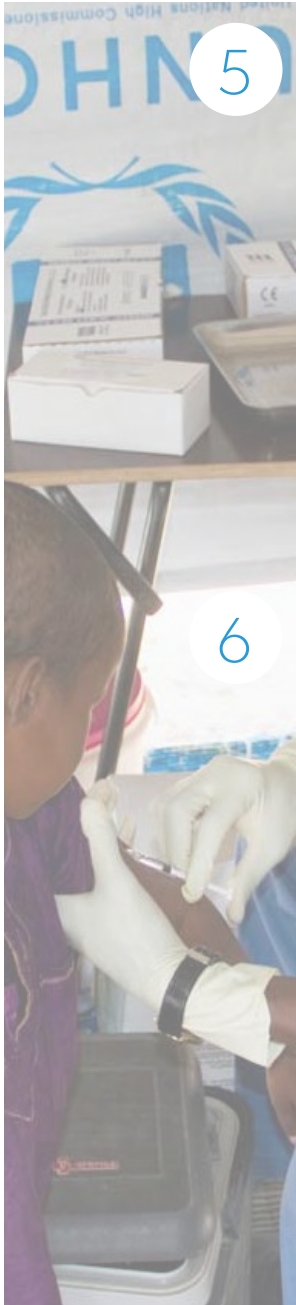
Emergencies at Headquarters in Geneva for 9 years. Under his leadership, the Organization saw a major expansion both in scope and reach of its programmes, covering humanitarian, transition and recovery, and resettlement portfolios, as well as support for land, property and reparations and other dimensions of transitional justice. Mr Abdiker oversaw advances of IOM's policy and technical expertise, through the introduction of new frameworks to guide its field interventions, to navigate and respond to the evolving nature of crises and to global commitments. He began his rich professional career with IOM in 1996, working on refugee resettlement and cultural orientation programmes in Kenya and has served as Chief of Mission in Sri Lanka (2007-2010) and the Chief of Mission in Zimbabwe (2003-2007); as well as covering the return and resettlement of refugees for IOM offices in Ethiopia, Kenya, and West Africa. He has also focused extensively on IOM's Disarmament Demobilization and Reintegration programming.



**Speaker 3: Prof. Paul Bukuluki**, Ph.D., is an Associate Professor at Makerere University, Department of Social Work and Social Administration, School of Social Sciences. He is a social worker and medical anthropologist with more than 15 years of experience in implementation research in the fields of gender, social norms, sexual, reproductive health and rights, violence against women and girls, child protection and social protection in development and humanitarian settings particularly in sub-Saharan Africa. He is the coordinator of the migration and health thematic focus (research and capacity building) in the School of Social Sciences and currently coordinating the online course on health and migration at Makerere University. He is also coordinating efforts to establish the Africa Centre of Excellence in Migration and displacement.



**Speaker 4: Ursula Trummer**, Ph.D Sociology, MSc Organisational Development, Mag.rer.soc.oec. Political Science, is Head of the Center for Health and Migration, Vienna/Austria. Her research focus is on the interfaces of Public Health and Health Promotion, Migration, and socio-economic determinants of health. A special focus of her work is on irregular migration and the management of paradoxical demands in migration and health. She has built up her expertise in developing and conducting interdisciplinary projects on health, migration, and social inclusion over more than 20 years. She lectures at different universities, works as independent expert to the European Commission, and as consultant for IOM. She is active member of the European Public Health Association (<https://eupha.org/>) and the Global Migration Health and Development Research Initiative (MHADRI <https://mhadri.org/>). Ursula Trummer is project director of a Project on Good Migration Governance and Health (2020-2022) which aims at fostering the development of a community of health and migration experts in Africa.



**Speaker 5: Florine Clomegah** is the IFRC Deputy Director for the Africa Region. She is a driven and focused leader with significant experience in managing relations and operations in international organisations and in overseeing large, medium- and small-scale programmes involving a wide array of stakeholders, including donors, partners, and employees.

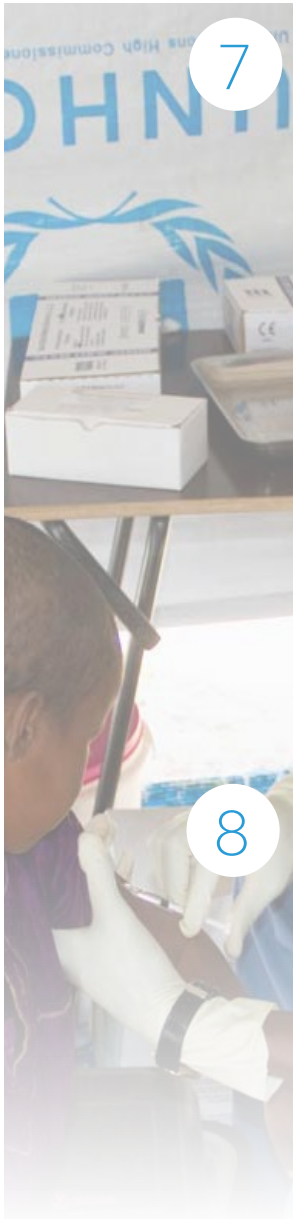
Prior to joining IFRC, she was the Director of Operations at the African Initiatives for Relief and Development (AIRD) - an African International NGO based in Uganda. In this capacity, she led operations covering ten countries across West, Central, East and Southern Africa. Prior to joining AIRD, Florine held leadership roles at the Worldwide Women's Forum, the International Rescue Committee, the International Women's Initiative, and GIABA (an executive agency of the Economic Community of West African States).

In these organisations, she leveraged her management and strategic expertise to supervise complex operations, projects, and programmes. A long-time humanitarian, Florine enjoys volunteering and is keen to help and serve others.



**Speaker 7: Doris Mpoumou** is the AU Representative and Director of Save the Children African Union Liaison and Pan Africa Office. A child rights and social justice advocate, Doris has over 20 years of experience in advocacy, policy analysis, and coalition building on issues as diverse as child and adolescent health, sexual and reproductive health and rights, peace and security including children and armed conflicts, gender equality, violence against children and violence against women and girls. Over the past five years, she has

led Save the Children advocacy at the AU for a stronger protection of children in humanitarian and conflict settings including an emphasis on children on the move. Before joining Save the Children, Doris led the international advocacy portfolio for International Planned Parenthood Western Hemisphere in New York where she helped shape among others, the health and gender equality, violence against women and girls and the sexual and reproductive health and rights communities' recommendations in the post-2015 process. Doris also served as the first Director of the International Coalition for the Responsibility to Protect (RtoP) and co-spearheaded advocacy efforts at Women's Environment and Development Organization (WEDO) that led to the creation of UN Women.



**Speaker 7: Prof. Davide T. Mosca**, is a medical doctor with more than thirty-five years' experience in global and migrant health, humanitarian response and emergencies, with twenty-five years at field level in Africa and the Middle East, first as a surgeon and emergency specialist, shifting later to public health. A former Director of Migration Health at the International Organization for Migration (IOM) – the UN Migration Agency – during his ten years tenure in the position he has contributed in advancing the global migration health agenda participating at the process that led to the adoption of two World Health Assembly resolutions on migrant health (2008 and 2017) and two Global Consultations in Madrid (2010) and Colombo (2017), Prof. Mosca has contributed as well in the mainstreaming of health aspects within the Global Compact for Safe, Orderly and Regular Migration (2018), and the adoption of migration health policies at global level and in several countries. He has published several publications and studies, has contributed to several review panels and international commissions on migration health and global health issues, and has provided training, teaching, and lectures in migrant health world-wide. He was one of the Commissioners of the UCL-Lancet Commission on Migration and Health, and is a Consultant to WHO and the UN Migration Network, and founder of the advocacy network Realizing Health SDGs for Migrants, Displaced and Communities. Prof. Mosca is contract professor with various Universities, an Honorary Associate Professor at the UCL Institute of Global Health, and an affiliate with the Center for Humanitarian Health, John Hopkins Bloomberg School of Public Health



**Speaker 8: Sabelo Mbokazi**. AUC-African Union Commission; Head of Labor, Employment and Migration/Department for Health, Humanitarian Affairs and Social Development.



## WS 13: Trauma and Injury and Care of the injured in LMICs: Remaining Challenges

### Session objectives

- 1) Identify injury prevention interventions for LMICs
- 2) Highlight need for increased investment in prevention by LMICs
- 3) Determine how emergency care systems can be prioritized and set up for success
- 4) Explore the impact of trauma systems on the outcomes of patients suffering injuries
- 5) Address the 'three delays framework' (seeking, reaching, and receiving care) in avoidable deaths after trauma in LMICs.

### Session abstract

Injuries account for an estimated 4.6million deaths per year, 32% more than HIV, malaria and tuberculosis combined. The burden of trauma deaths is largest in low-income and middle-income countries (LMICs), which are also the most ill-equipped to manage this burden. Although there has been a global drive for injury prevention and we are in the 'decade of action for road safety', morbidity and mortality from injuries continue to rise. Alongside injury prevention efforts, optimization of medical care provided after injury occurrence is important. In many LMICs, there are deficiencies in emergency medical services (EMS) and definitive hospital care for the injured. Where present, these are hampered by limited geographical coverage, resources, and trained staff. To improve a health system's ability to manage a large burden of injuries, gaps in care provision must be identified to guide resource allocation.



## Speakers

### Session Chair

### Session Co-chair

## MEET THE SPEAKERS



**Session Chair: Dr. Olive Kobusingye** M.Med(Surg), MSc., MPH, is an Accident & Emergency surgeon and injury epidemiologist. She is a Senior Research Fellow at Makerere University School of Public Health, Uganda, where she heads the Trauma, Injury, & Disability Unit. She is a Distinguished Fellow of the George Institute for Global Health, Australia.

She is the Board Chair of the Road Traffic Injury Research Network, an international agency working to improve road safety through research globally. Previous positions include lecturing in the Department of Surgery, Makerere University, surgeon, Accident & Emergency Department, Mulago Hospital, and Regional Advisor on violence and injury prevention and control, World Health Organization, African Region. Kobusingye has published extensively on road safety, injury surveillance, trauma registries. Olive will present *“Setting the scene in Africa: Assessing the challenges of injury prevention and quality trauma care.”*



**Session Co-chair: Mr. Jim Harrison** is Consultant Trauma and Orthopaedic Surgeon at the Countess of Chester NHS Foundation Trust. He also serves as Africa Regional Director for the AO Alliance, a developmental organisation dedicated to improving Trauma care in Low Income countries (LICs).

Jim trained in Oxford and Newcastle, with a fellowship in Tropical orthopaedics under Chris Lavy in Malawi. On completion of training Jim took a position with Cure International as Foundation Medical Director of the Beit Cure International hospital, Malawi. He also worked in an honorary position in the Malawi Medical College and providing Trauma care in Queen Elizabeth Government hospital. After 11 years in Malawi Jim returned to a post in the NHS at Chester, where he has served for 8 years. Jim’s passion is for supporting the development of Trauma and Orthopaedic care in LICs of sub-Saharan Africa. Through the AO Alliance educational programmes are now active in 28 such countries, and wider country fracture-care initiatives serve in 4 of these.

Jim’s research interests relate to HIV, chronic osteomyelitis, trauma registries in LICs, and he established and supports the only arthroplasty registry in an LIC (Malawi) which is in its fifteenth year of service.



**Speaker 1: Ms. Tawia Addo-Ashong** has been program coordinator for the Global Road Safety Facility since 2010. She is an engineer originally from Ghana and has worked in the Africa and South Asia Regions on road and transport projects.

Tawia will discuss *“Making Africa’s roads safer”*



**Speaker 2: Dr Teri Reynolds**, a citizen of the United States, completed her MD, MS in Global Health Sciences, and fellowship in Emergency Ultrasound at the University of California, San Francisco; emergency medicine specialisation at Highland Hospital in Oakland, California; and PhD in literature at Columbia University in New York. She was Associate Professor and Director of Global Health for the Department of Emergency Medicine, University of California, San Francisco, and directed the Emergency Medicine Residency and research programmes at Muhimbili National Hospital in the United Republic of Tanzania. As chair of the African Federation for Emergency Medicine (AFEM) Scientific Committee, she developed the AFEM Emergency Care Curriculum and the AFEM regional Trauma Data Project. Teri will present *“Pre-hospital care: Challenges and opportunities in Africa”*



**Speaker 3: Dr. Charles Mock** is Project Director of Disease Control Priorities Network, and a Professor of surgery at the University of Washington’s Departments of Global Health and Epidemiology. He previously served as Director of the Harborview Injury Prevention and Research Center at the University of Washington. There he held an appointment as Professor in the Department of Surgery at the School of Medicine with joint appointment in the Department of Epidemiology at the School of Public Health. He earned his MPH and Ph.D from the University of Washington and his M.D. from Brown University.

Dr. Mock also holds his board certification in general surgery and trauma and surgical critical care. His main interests include the spectrum of injury control activities, especially as they pertain to developing countries. He has been engaged in this work along with a network of collaborators in Ghana, India, Mexico and Viet Nam. He will discuss *“Trauma systems do matter for quality trauma care.”*



**Speaker 4: Dr. Alegenta Gebreyesus**

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## WHS Regional Meeting Student's Pre-event

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**WORLD HEALTH SUMMIT**  
**REGIONAL MEETING FOR AFRICA STUDENTS' PRE-EVENT**  
**JUNE 26, 2021**  
**SPEKE RESORT MUNYONYO HOTEL, KAMPALA, UGANDA**

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### Host

MAKERERE UNIVERSITY UGANDA; AFRICA.

### Theme

Harnessing the Potential of Next generation health Leaders to Empower Health Care.

### Summary

The M8-Alliance is a network of 25 outstanding universities, research institutes, and academies from six continents, committed to improve global health. The unique politically neutral network attempts to create an open dialogue, widespread connection, education and research and policy making in order to depict a realistic vision toward global health issues. M8 Alliance also aims at the attainment of sustainable development goals (SDGs) and tackling health inequalities in particular through partnership, advocacy and science throughout the world.

### Introduction

The M8-Alliance Student Network; A Platform to Empower Future Global Health Leaders.

As the future leaders of global health, the role of students is fundamental to the fulfilment of the M8-Alliance vision. Although students have an infinite capacity for education, research, and advocacy, the literature repeatedly emphasizes their role in advancing health policies in their local settings. The M8 Assembly approved unanimously the establishment of M8-Alliance Students' Network during its last meeting, 13 October 2018, in Berlin- Germany. The assembly assigned Tehran University of Medical Sciences (TUMS) to draft the constitution for the network and hold the World Health Summit (WHS)'s first Student event during the 7<sup>th</sup> WHS Regional Meeting in Kish Island, I.R. Iran. Drawing a roadmap for engaging students with M8-Alliance activities in global health is a transcendent goal that requires the active participation of all M8 members. Formation of the M8-Alliance Student Network is the first strategic step in drawing such a roadmap. The network aims at creating open and practical dialogue on current and future issues of global health therefore empowering students to play a role in future planning, education, research, advocacy, healthcare delivery, and health policy making

in both their home countries and globally. It also aims at empowering and mentorship of students and the generations to come in health leadership. Hence, the vision of M8 will be enriched and followed by various generations. This network gathers all students, both health-related and non-health-related -with interest in health and leadership, to address the most important issues of health facing the world, currently and in the years to come and for mentorship.

## Vision

Facilitating the promotion and improvement of global health by creating an open dialogue between students and allowing them to have a role in healthcare agenda setting, policy making, education and research in global health.

## Mission

Empowering next generation global health leaders.

*“8<sup>th</sup> WHS Regional Meeting” in Uganda, 2021.*

For the very first time, the World Health Summit regional meeting will be held on the African continent, in Uganda Kampala hosted by Makerere University on 27<sup>th</sup> to 28<sup>th</sup> June, 2021. Preceding this meeting, the M8 Alliance student network has organized a one-day event on 26<sup>th</sup> June, 2021, aiming at mentorship, empowerment and open dialogue with students all over the world and student involvement in improvement of global health. The subthemes of interest will include; Youth engagement in leadership, Innovation in health and digital health, Covid-19 pandemic and mental health with associated substance abuse. Makerere University will also aim at creating a student think-tank and participation of student representatives from all M8-Alliance member universities aiming to draft the constitution and bylaws for the M8 Alliance students' network. The event will be held virtually via zoom meeting expecting hundreds of students from all over the continent in attendance.

## 26<sup>TH</sup> June 2021, SATURDAY

**08:45-9:30 : OPENING CEREMONY: KEY 1: Role of Youths in achieving the SDGs and their involvement in Global Health**

### Session objectives

To discuss challenges and lessons learnt from Africa's journey towards achieving SDGs and how youths can actively be engaged in achieving SDGs.

Topic	Designated Person	Position/ Organization	Assigned Role
<b>Role of Youths in achieving the SDGs.</b>  <b>Host:</b> World Health Summit Regional Meeting Africa Secretariate	Ms. Racheal Ndaada	Chair Organising Committee WHS RM Students' Pre-event	Chair
	H.E. Ssempijja Ivan	Makerere University Guild President	Speaker 1
	Prof. Nakanjako Damalie	Principal College of Health Sciences Makerere University	Co-Chair
	Prof. Nawangwe Barnabas	Vice Chancellor Makerere University.	Speaker 2
	Prof. Charles Ibingira	International President World Health Summit	Speaker 3
	Prof. Amirhossein Takian	Secretary 7 <sup>th</sup> World Health Summit Regional Meeting	Speaker 4
	Dr. Yonas Tegegn	WHO Uganda Country Director	Speaker 5

### BREAK (05 Minutes)

**09:35:00-10:35**

### PANEL DISCUSSIONS (PD)

**To attend one of the sessions but not all.**

### Session on Mental Health and Substance Abuse

When the subject of drug use comes up, it is often in relation to young people. This makes some sense, for while there are significant drug issues among other populations, it is during the younger years that most substance use begins. If a person in today's world has not begun to use alcohol, tobacco or an illicit substance during this period, it is unlikely he or she ever will.

Topic	Designated Person	Position/organization	Assigned role
<b>Mental Health and Substance Abuse</b>  <b>Host:</b> Department of Psychiatry Makerere University	Dr. Raymond Odokonyero	Lecturer Department of Psychiatry Makerere University	Session Chair
	Mr. Bill Bekunda Kahirimbanyi	Healthy Youth Lifestyles Options (HYLO)	Experience Session (10:00 – 10:20)
	Dr. Kenneth Kalani	Department of mental Health and Substance abuse Ministry of Health Uganda	Panelist 1
	Mr. Wilbroad Kabagambe Mandy	Mental Health Uganda	Panelist 2
	Ms. Jackie Kisakye Nsanze	The Sanctuary Uganda	Panelist 4

### Session on Accelerating Universal Health Coverage

Globally, there has been significant progress towards UHC, but challenges remain immense. Most parts of the world have seen expansion in the access to health services and coverage of key interventions over the last two decades yet, in many other countries, large coverage gaps remain, in particular for the poor and marginalized segments of the population.

Topic	Designated Person	Position/organization	Assigned role
<b>Accelerating Multi-sectoral and Multi-Stakeholder Action and Investments for achieving Universal Health Coverage.</b>  <b>Host:</b> Nilee Africa	Prince Katerega Muteesa Joseph	CEO Nilee Africa, SDC II International Hospital	Session chair
	Dr. George Pariyo	Senior Scientist, Health System Programs, Department of International Health, John Hopkins Bloomberg SPH.	Session co-chair
	Dr. Valerie	Member of International Society of Nephrology, Affiliate Lecturer, Renal Division, Brigham Hospital and Harvard Medical School	Panelist 1
	Dr. Kalyesubula Robert	President Uganda Kidney Foundation and Senior Consultant in Public Health and Urology	Panelist 2
	Prof. Ssebuufu Robinson	Dean Faculty of Medicine – KIU Executive Director of Kampala International University Teaching Hospital	Panelist 3
	Owekitiibwa. Prosperous Nankindu	Health Minister Buganda Kindom	Panelist 4

### Session on Climate Change and Health.

Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhea and heat stress. The direct damage costs to health (i.e. excluding costs in health-determining sectors such as agriculture and water and sanitation), is estimated to be between USD 2-4 billion/year by 2030. Areas with weak health infrastructure – mostly in developing countries – will be the least able to cope without assistance to prepare and respond.

Topic	Designated Person	Position/organization	Assigned role
<b>Climate change dynamics and impact on Health.</b>  <b>Host:</b> Makerere University Centre for Climate Change	Dr. Charles Batte	CEO Tree Adoption Uganda	Chair
	Ms. Vanessa Nakate	Climate Change Activist and Founder Rise Up Climate Movement Uganda.	Panelist 1
	Ms. Leah Namugerwa	Climate Change Activist with Fridays for Future	Panelist 2
	Dr. Gabriel Okello	Founder and Centre Director, African Centre for Clean Air	Panelist 3
	Mr. Sinan Kitagenda	Former Chairman Wildlife Club Makerere University and Production Manager Eco Briks.	Panelist 4

### BREAK (10 MINUTES)

10:45-11:45.

**ACTIVITY FAIR**  
All attendees to attend the session

### Session on Digital Health, Innovations in Health and Connectivity

Under our present system, just doing our best or working harder will not be enough. The healthcare industry is on the brink of massive change. For better results, the sector needs to adopt modern technologies. Payers, patients, and policy makers are demanding better, accurate and reliable results from the sector. For improved healthcare service delivery, there is a strong need to adopt new technologies. Innovation is the only way to achieve better results. There is need for better programs that can enhance diagnosis, treatment, surgical procedures, pharmaceuticals, and medical devices among other aspects.

Topic	Designated Person	Position/organization	Assigned role
<b>Digital Health, Innovations in Health and Connectivity.</b>  <b>Host:</b> Social Innovations in Health Initiative Uganda	Dr. Twinamasiko Nelson	Chair Scientific Committee WHS RM Students' Pre-event	Chair
	Mr. Julius Mugaga	Makerere University Biomedical Engineering Assistant Lecturer	Judge 1
	Mr. Gumisiriza Godfrey	Team Lead Street Diagnosis	Team One Presenter
	Mr. Lubega Martin	Team Lead My Pregnancy Hand book	Team two Presenter
	Ms. Nangobi Mary Immaculate	Team Lead Post-Partum Pads	Team Three Presenter
	Mr. Stephen Tashobya	Team Lead Fetal Monitoring System	Team Four Presenter
	Mr. Waiswa Ronald	Team Lead Digital Visual Assistant	Team Five Presenter

### BREAK (15 MINUTES)



12:00 – 13:00

**WORKSHOP****Session on COVID-19 Dialogue**

The 2030 Agenda for Sustainable Development was made under the premise of leaving no one behind and culminated in the development of 17 Sustainable Development Goals (SDG). COVID-19 and the containment strategies introduced to break transmission chains and flatten the curve have had an impact on health, food stability, education and livelihoods. The SDGs recognise poverty as a hindrance for sustainable development and prioritize its eradication under SDG 1. Border closures, lockdowns and quarantines threatened the livelihoods of individuals across sectors. The impact though, was hardest on the poorest individuals in society engaged in informal trade who could not afford to stay at home and continued to work despite the risks posed by contracting the virus amid a high prevalence of comorbidities. On a global scale, health care systems in both high- and low-income countries struggled to provide health care amid mounting pressures imposed by the surge of patients with COVID-19.

Topic	Designated Person	Position/organization	Assigned role
<b>WS 1: Students' Experiences and Lessons learnt during COVID-19 Pandemic.</b>	Dr Ekwaro Obuku	Africa Centre for systemic reviews and Knowledge Translation and Former President Uganda Medical Association.	Session Moderator
<b>WS 2: Testing, Treatment and Vaccination hesitancy among the youths.</b>	Dr. Misaki Wayengera	Lecturer for Pathology, Immunology, and Molecular Biology. Chair Scientific Advisory Committee on COVID-19 in Uganda	Session Moderator
<b>WS 3: Effect of Covid 19 to health and youth involvement in prevention of spread.</b>	Prof. Rhoda Wanyenze	Dean School of Public Health Makerere University, and Member Advisory Committee on COVID-19 in Uganda.	Session Moderator

13:00-13:30

**CLOSING CEREMONY**

Topic	Designated Person	Position/organization	Assigned role
<b>Host: World Health Summit Regional Meeting Africa Secretariate</b>	Ms. Racheal Ndaada	Chair OC WHS RM Africa Students' Pre-event	Chair
	Dr. Mbiine Ronald	Department of Surgery, Makerere University and Patron OC WHS RM Africa Students' Pre-event	Speaker 1
	Prof. Charles Ibingira	International President World Health Summit	Speaker 2
	Mr. Patrick Mugisha	Commissioner Innovation and Intellectual Property Management (Ministry of science, innovation and Technology Uganda)	Keynote and Awarding best Innovator

**DEPARTURE**





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