



International

CPHIA

Conference on Public Health in Africa

2022

CONFERENCE REPORT

2nd International Conference on Public Health in Africa

13–15 December 2022

Kigali, Rwanda



Hosted by:



Republic of Rwanda
Ministry of Health



FOREWORD

In December 2022, we marked a historic moment for the African continent: the first in-person gathering of the international Conference on Public Health in Africa (CPHIA 2022).

2,800 scientists, policymakers, and advocates from around the world gathered in person in Kigali to spotlight African science and innovation, and strengthen local, regional and global collaboration, with an additional 11,625 participants joining the main conference online. The energy and passion for transforming public health was reflected in dozens of sessions, over 175 poster presentations, 56 accepted oral presentations and 59 side events (56 onsite, 3 virtual) across four days – and it's never been clearer that we are facing a major inflection point for health.

As highlighted in the conference discussions, the future of health in Africa will be a story of hope and obstacles. The continent has come a long way toward realising the African Union's New Public Health Order since 2020 but disease outbreaks are on the rise; climate change, food insecurity, population growth and political instability bring new health risks; and too many lives are still being lost to preventable diseases.

While CPHIA 2021 was focused on lessons learned from the pandemic, CPHIA 2022 built upon those discussions to more concretely identify what we need to secure a healthier future for the continent. The second edition of the conference was an opportunity to check on progress since 2021, including in the areas of vaccine manufacturing capacity, innovative financing solutions like public-private partnerships and digital technologies for health.

CPHIA 2022 also went beyond COVID-19, offering dedicated tracks focused on addressing the unfinished agenda of HIV, tuberculosis, malaria, neglected tropical diseases and other infectious diseases, as well as non-communicable diseases and accidents. It also elevated issues of equity and inclusion, dedicating whole tracks to women in health and expanding Universal Health Coverage (UHC) in Africa.

One key takeaway from CPHIA 2022 is that in order to drive sustainable progress, Africa must own the tools of response. With innovation, respectful partnerships, local ownership and investment, we can take advantage of this critical opportunity to accelerate African-led research into scalable solutions for the continent.

Convenings hosted on the continent, such as CPHIA, are part of the solution. We are grateful to the African Union and Africa Centres for Disease Control and Prevention (Africa CDC) for their leadership in improving public health in Africa, including by spearheading this conference. We also thank the Rwanda Ministry of Health and Rwanda Biomedical Centre for serving as the CPHIA 2022 hosts, and the members of the Scientific Programme Committee and the Secretariat for their constant support and contributions in planning this conference.

We are thrilled that Zambia will serve as the host for CPHIA 2023 so we can keep building on this extraordinary movement. We hope to see you there!

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Professor Senait Fisseha, MD, JD
Co-Chair CPHIA 2022

Vice President of Global Programs
The Susan Thompson Buffett Foundation
Omaha, Nebraska



Professor Agnes Binagwaho, MD, M(Ped), PhD
Co-Chair CPHIA 2022

Retired Vice Chancellor and Professor of Pediatrics
University of Global Health Equity

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ACRONYMS

AU – African Union	SPC – Scientific Programme Committee
AfDB – African Development Bank	DRASA – Dr. Ameyo Stella Adadevoh
ACEGID – African Centre of Excellence for Genomics of Infectious Diseases	EIDB – Emerging Infectious Diseases Branch
ACGT – Africa Centre for Gene Technologies	EDCTP – European and Developing Countries Clinical Trials Partnership
Africa CDC – Africa Centres for Disease Control and Prevention	FCRM – Fondation Congolaise pour la Recherche Médicale
APHRC – African Population and Health Research Center	HCID – High Consequence Infectious Diseases
AIHD – African Institute for Health & Development	IGHD – Institute for Global Health and Development
CAPRISA – Centre for the AIDS Programme of Research in South Africa	MINAFFET – Ministry of Foreign Affairs and Cooperation
CEPI – Coalition for Epidemic Preparedness Innovations	PAMJ – Pan African Medical Journal
CHAI – Clinton Health Access Initiative	PHEICs – A public health emergency of international concern
CHPIR – Centre for Health Policy and Implementation Research	PIH – Partners in Health
CPHIA – International Conference on Public Health in Africa	R&D – Research and Development
DHHS AUC – Department of Health, Humanitarian Affairs and Social Development, African Union Commission	RBC – Rwanda Biomedical Centre
DNDi – Drugs for Neglected Diseases Initiative	RIHSA – Rwanda Integrated Health Systems Activity
EAHP – East African Health Platform	RISA – Rwanda Information society Authority
GHS – Global Health Strategies	RHAP – Rwanda Health Analytics Platform
HERA – Health Emergency Preparedness and Response Authority	NTD – Neglected Tropical Diseases

CPHIA 2022 OVERVIEW

The second international Conference on Public Health in Africa (CPHIA 2022) was held in Kigali, Rwanda, from 13–15 December 2022, with official side events beginning on 12 December. Building on CPHIA 2021, which took place virtually, the conference served as a catalyst to strengthen resilient health systems across the continent and better prepare for and manage emerging health threats while also addressing long-standing diseases.

2,800 scientists, policymakers, and advocates from around the world gathered in person in Kigali to spotlight African science and innovation, and strengthen local, regional and global collaboration, with an additional 11,625 participants joining the main conference online (*For a breakdown of all online participation, please refer to Annex A*). CPHIA 2022 was officially opened by Rt. Hon. Édouard Ngirente, Prime Minister of Rwanda and Guest of Honour. Sessions featured a number of high-level African Ministers of Health and key public health leaders from across the region and around the world, who lent their voices and expertise to fully support the first-ever in-person CPHIA, and amplify the call to realize a New Public Health Order.

The Scientific Programme Committee convened 51 public health experts and leaders from around the world, led by CPHIA 2022 Co-Chairs, Prof. Senait Fisseha, Vice President of Global Programs at The Susan Thompson Buffett Foundation, and Prof. Agnes Binagwaho, Retired Vice Chancellor and Professor of Pediatrics at the University of Global Health Equity. This group was responsible for providing high-level guidance on the conference programme, shaping the scientific sessions, and reviewing abstract submissions while maintaining the highest level of scientific standards.

This committee, fully supported by the CPHIA Secretariat, led by Shingai Machingaidze, Senior Science Officer, Africa CDC, met in full on a weekly basis. It was organized into nine different tracks in accordance with the conference theme of **“Preparedness for Future Pandemics and Post-Pandemic Recovery: Africa at a Crossroads.”** These tracks were presented as plenary sessions during the conference.

-  **Track 1:** Epidemiology, Diagnostics and Clinical Management of Emerging and Re-emerging High Consequence Infectious Diseases (HCID) in Africa
-  **Track 2:** Increasing Local Production in Africa: Advocacy, Research and Development Capacity in Diagnostics, Therapeutics and Vaccine Manufacturing
-  **Track 3:** Strengthening Health Systems for Equitable and Universal Health Coverage in Africa
-  **Track 4:** Women IN Health – from Recipients to Providers to Leaders
-  **Track 5:** The COVID-19 Pandemic – Lessons Learned for Future Health Threats, Prevention, Preparedness and Response
-  **Track 6:** Digitalization – Delivering Universal, Connected, Affordable Care and Building Resilient Health Systems
-  **Track 7:** Whole-of-society – the Power of Engaging Civil Society, Community Actors, and the Private Sector
-  **Track 8:** A Renewed Focus on Africa’s Major Infectious Diseases: HIV, TB and Malaria and NTDs
-  **Track 9:** Non-Communicable Diseases – a Growing Public Health Threat in Africa

In addition to the nine scientific plenaries, there were 14 parallel, nine abstract and two special sessions featuring debates and panel discussions related to the conference tracks. There were also 165 speakers and moderators, 50 oral abstract presentations, over 175 poster presentations and 59 side events (56 onsite, 3 virtual).

Additionally, CPHIA 2022 kicked off with a Youth Pre-conference, which brought together two youth representatives from each AU Member State, as well as representatives of youth-led medical associations, public health institutions and partner organizations. Over the two days, the participants were able to learn, share and network with both their peers and experienced professionals in public health.

OPENING AND CLOSING CEREMONIES

Opening Ceremony

More than 2,000 conference participants attended the opening ceremony at the Kigali International Conference Centre. In his opening remarks, Rt. Hon. Édouard Ngirente, Prime Minister of Rwanda and Guest of Honour, highlighted three important aspects that need to be considered in safeguarding public health in Africa: building more resilient health systems that can detect, and respond effectively to outbreaks; putting in place health systems that will ensure universal access to essential and quality health services; and leveraging existing opportunities in efforts to build resilient systems.

There were also opening remarks from the CPHIA 2022 Co-Chairs Prof. Senait Fisseha and Prof. Agnes Binagwaho; Hon. Dr. Yvan Butera, Minister of State with the Rwanda Ministry of Health; Dr. Ahmed Ogwell Ouma, Acting Director of the Africa CDC; and Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO).



“COVID-19 has shown the shortcomings of our existing systems. As we recover from the pandemic, it’s high time we start building more resilient health systems, increase domestic manufacturing, and tap into the opportunities.”

- Rt. Hon. Édouard Ngirente, Prime Minister, Rwanda

“When the most marginalized rise, the whole world rises. When you are denied a seat at the table, bring your own chair. The age of organizations headquartered in the Global North setting health agendas for the Global South is coming to an end. It’s time to embrace Africa’s human potential and foster mutually beneficial and dignified partnerships. Africa has many lessons to share with the world – and CPHIA is the manifestation of the best of our continent.”

- Prof. Senait Fisseha, CPHIA 2022 Co-Chair



“As our continent recovers, it’s essential that all countries invest in strengthening their health systems, especially primary healthcare, on their journeys toward Universal Health Coverage. That is the best investment in a healthier, safer, and fairer Africa.”

**- Dr. Tedros Adhanom Ghebreyesus,
Director-General, World Health Organization**





“It is time for Africa to take responsibility in shaping its present and future, and create a space to share ideas and turn our innovations into concrete solutions. CPHIA is a conference by Africans for everyone, to solve African and global challenges and guide solutions to make lasting changes to Global Health security.”

- Dr. Ahmed Ogwel Ouma, Acting Director, Africa CDC

“This conference is not only a platform to advance the Africa 2063 Agenda. It’s also a platform to showcase work done across the continent, and facilitate the collaboration that Africa needs to become a knowledge powerhouse to respond to its own needs.”

- Hon. Dr. Yvan Butera, Minister of State with the Rwanda Ministry of Health



“CPHIA aims to contribute to the Africa transformation, bringing everyone together to take stock of our achievements and reflect on the way forward. It’s a forum to shape more resilient health systems that can efficiently respond to crises.”

- Prof. Agnes Binagwaho, CPHIA 2022 Co-Chair



Closing Ceremony

During the closing ceremony, the delegates were presented with a forward-looking perspective by the speakers. Dr. Ahmed Ogwel Ouma, Acting Director of Africa CDC, emphasized the importance of Africa taking ownership and leading the production of response tools to enable swift responses in future pandemics.

Other speakers included H.E. Ali Mrabet, Minister of Health, Tunisia; H.E. Commissioner Minata Samaté Cessouma, Commissioner for Health, Humanitarian Affairs and Social Development, African Union Commission (DHHS AUC); Prof. Roma Chilengi, Director General of the Zambia National Public Health Institute and Presidential Advisor on Health; Hon. Dr. Yvan Butera, Minister of State with the Rwanda Ministry of Health; Dr. Ahmed Ogwel Ouma, Acting Director, Africa CDC; and Shingai Machingaidze, Senior Science Officer, Africa CDC and CPHIA Secretariat Lead.



“Seeing us all here together uniting for common purpose is yet another step towards us building and achieving the Africa we want. In terms of representation, I’m proud to say that Africa was 87% of the delegates at this conference.”

- Shingai Machingaidze, Senior Science Officer, Africa CDC and CPHIA Secretariat Lead

“The second edition of CPHIA was a rich exchange of ideas on health. This contributed to strengthening capacities, competencies, and partnerships with the Africa CDC that will help prevent, detect and respond rapidly and effectively to future health crises.”

- H.E. Ali Mrabet, Minister of Health, Tunisia



“COVID-19 taught us we can move mountains if we come together – across borders, countries, regions, genders, as a united force – we can do it, and we did it. We should never risk a crisis – we should maximize all the opportunities when we encounter challenges. We have the opportunity now to renew and accelerate our efforts to build more robust health systems in Africa, and increase investments to absolve multiple threats and future risks.”

- H.E. Commissioner Minata Samaté Cessouma, Commissioner for DHHS AUC



“Zambia is fully aligned with the Africa CDC’s declaration and drive for the New Public Health Order. It’s important for leaders to be involved in health, and [Zambia] is privileged to have leadership that takes keen interest in public health. In July 2022, President Hakainde Hichilema led the Lusaka Declaration, which called on every African Union Member State to have a functional Emergency Operation Centre.”

- Prof. Roma Chilengi, Director General of the Zambia National Public Health Institute and Presidential Advisor on Health



“CPHIA was an opportunity to highlight and reflect tailored solutions to not only focus on the unfinished agenda - fighting infectious diseases such as HIV, TB, and malaria - but also to recognize the growing burden of non-communicable diseases.”

- Hon. Dr. Yvan Butera, Minister of State with the Rwanda Ministry of Health

“Before COVID-19, Africa produced less than 1% of the vaccines it consumed, and 95% of all medicines used on the continent were imported. Equitable access to safe, effective, quality assured and affordable medicine is a question of social justice.”

- Hon. Michel Sidibé, AU Special Envoy, African Medicines Agency



“Excellent science is the foundation of strong public health. And [CPHIA 2022] has shown that excellent science lives here in Africa... Let us not end the stories in Kigali. Let’s carry these stories and our minds forward from this conference, and go fill them with more innovative, and even better ideas.”

- Dr. Ahmed Ogwell Ouma, Acting Director, Africa CDC

MEDIA SUMMARY



MEDIA SUMMARY

Traditional and Digital Media

Science journalism plays a crucial role in advancing the public health agenda by effectively communicating scientific knowledge, research findings, and health-related information to the general public. Additionally, it plays a vital role in shaping policies, fostering a more knowledgeable society, and promoting public health.

At CPHIA 2022, the media coverage was extensive and impactful. With over 40 on-site reporters from local outlets and numerous international and regional reporters, the conference garnered significant attention. The published media articles mentioning the conference generated over 700 articles and broadcast pieces, reaching approximately 250 outlets across 100 countries worldwide. The coverage focused on big announcements made during the conference, promoting Africa-driven solutions to the continent's challenges and spotlighting the topics of the conference tracks.

To ensure widespread dissemination, official press releases were distributed in English and French to a network of more than 1,500 journalists, with releases occurring on days one and three of the conference. This extensive media presence played a crucial role in amplifying the impact and reach of CPHIA 2022.

Journalist Scholarship Programme and Media Partnerships

To support coverage of CPHIA 2022, 15 scholarships were offered to journalists from 13 countries to support their participation in and coverage of the conference. These journalists attended CPHIA in-person in Kigali and each produced at least 3 articles related to the conference and its themes during and after the conference. (All media scholarship recipients are listed in Annex G).

Media partnerships were also secured with 10 outlets, including *Devex*, *The Conversation Africa*, *Pan African Medical Journal (PAMJ)* and *SciDev.net* (a full list of media partners can be found in Annex H). These outlets publicized the conference to their networks and published articles and op-eds by CPHIA 2022 SPC members on their websites. Key pieces of coverage authored by members of the SPC include:

- **SciDev.Net** (Regional), [Q&A: Africa's new order for achieving health security](#) (9 January)
- **The Conversation Africa** (Regional), [HIV remains a leading killer in Africa despite medical breakthroughs – how to eliminate it](#) (8 January)
- **The Conversation Africa** (Regional), [Hypertension, diabetes, stroke: they kill more people than infectious diseases and should get a Global Fund](#) (13 December)
- **The BMJ** (Global), [Africa needs to take the lead in shaping the future of health on the continent](#) (13 December)
- **The Conversation Africa** (Regional), [Hypertension, diabetes, stroke: they kill more people than infectious diseases and should get a Global Fund](#) (13 December)
- **CGTN Africa** (Regional), [Africa needs more women leaders in public health](#) (12 December)
- **Jornal Notícias** (Mozambique), [África busca soluções para fortalecer sistemas de saúde](#) (5 December)
- **The New Times** (Rwanda), [Emerging threats should not hinder progress in HIV fight](#) (01 December)
- **CNBC Africa** (Regional), [Ending AIDS for the Next Generation](#) (01 December)
- **Global Health Now** (Global), [Africa's New Approach to Public Health](#) (29 December)
- **PAMJ** (Global), [Noncommunicable diseases, injuries, and mental health: the triple burden in Africa](#) (30 November)
- **Forbes Africa** (Regional), [Sharing Rwanda's experiences to help build Africa's public health systems](#) (28 November)
- **Africa.com** (Regional), [The Whole Of Society Approach In Health](#) (28 November)
- **Espace Manager** (Tunisia), [Pr Nissaf Ben Alaya: "L'Afrique doit tirer des leçons du Covid-19 pour la prévention de futures menaces sanitaires"](#) (21 November)

Pre-conference Media Briefing

More than 50 journalists attended a hybrid pre-conference media briefing to officially launch the 2022 conference, set the scene for the conference and meet the following objectives:

- Re-emphasise CPHIA's boldness in building a new order for public health in Africa, shaped by the voices of African scientists and leaders
- Highlight the scale of the support for CPHIA as a premium convening to define the continent's public health architecture, supported by key agencies, global expert voices and key heads of state
- Generate interest and excitement in the conference presentations

Spokespeople included CPHIA 2022 Co-Chair Prof. Agnes Binagwaho; Hon. Dr. Yvan Butera, Minister of State with the Rwanda Ministry of Health and Dr. Ahmed Ogwel Ouma, Acting Director of the Africa CDC.

Pre-conference Media Workshop

The Africa CDC and the Government of Rwanda, in partnership with *SciDev.Net* and *The Conversation Africa*, conducted a 90-minute virtual and in-person workshop led by experts in global health communications. The workshop, which drew in over 50 journalists from across the continent, focused on how to translate and communicate science-related data and broadly create an enabling environment for consistent reporting on public health in Africa.

Facilitators included:

- **G. Nekerwon Gweh**, Communication Officer, Policy, Health Diplomacy & Communication, Africa CDC
- **Ina Nzama**, Health & Medicine Editor, The Conversation Africa
- **Dr. Candice Bailey**, Strategic Initiatives Editor, The Conversation Africa
- **Noella Bigirimana**, Deputy Director General, Rwanda Biomedical Centre
- **Julien Niyingabira**, Division Manager, Rwanda Health Communication Centre (RHCC)
- **Charles Wendo**, Training Coordinator, SciDev.Net

BY NUMBERS

10+

op-eds/editorials
authored by
members of the SPC

40+

on-site
reporters

20+

conference
spokespeople

700+

unique articles,
op-eds and
broadcast mentions

100+

countries covered
CPHIA 2022

50+

in-person and virtual attendees
at a media workshop on
science communications

ENGLISH
FRENCH
PORTUGUESE
SWAHILI
ARABIC

CPHIA 2022 received
coverage in all five
official AU languages

MEDIA COVERAGE

CPHIA 2022: Women's access to health, how to reduce inequalities and discrimination!

Published on December 14, 2022 - 10:15


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Q&A: Africa's new order for achieving health security



انطلاق أشغال المؤتمر الدولي الثاني للصحة العمومية بإفريقيا بمشاركة المغرب

بوادسة لخيرتنا المغربية - 15:34:00 13/12/2022

آخر الأخبار

- قد يبدأ الانتقال من شمال المغرب إلى "الغرب" لأن يستغرق الأمر من 15 دقيقة
- في زمن قياسي... أين يتسلسل بنك آخر صنفية ستار تذاها "المتد" بوحدة شعوب الأمان
- هل بدأت موبينها الاقتراف بحرفية الصخر؟
- ويشتمل الجزائر في تطيلها والهيال تقرير تونس "التون" بنناء مغرب عربى بدون عملة وبمغرب ملك الصخر! مضمومة استراتجية طبقا
- قد يظهر بقاعه عن الأمان بعبارة حزب



Stakeholders confront public health system in Africa

13-15 DECEMBER 2022, KIGALI CONVENTION CENTRE

SECOND INTERNATIONAL CONFERENCE ON PUBLIC HEALTH IN AFRICA

PREPAREDNESS FOR FUTURE PANDEMICS AND POST-PANDEMIC RECOVERY: AFRICA AT A CROSSROADS



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Conference on Public Health in Africa underway

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PHIA 2022 2ND INTERNATIONAL CONFERENCE ON PUBLIC HEALTH
Preparedness for Future Pandemics and Post-Pandemic Recovery: Africa at a Crossroads
13-15 DECEMBER 2022



L-R: Dr. Ahmed Ogwail Ouma, Prof. Semat Fizeha, Édouard Ngirente, Prime Minister of the Republic of Rwanda, and Dr. Yvan Rutaremwa, State Minister of Health, Rwanda

NEWS - INTERNATIONAL

Africa Needs More Investment For Resilient Universal Health Care- Experts

By Emory Nwamaka, December 14, 2022 at 12:19 am

3-15 DECEMBER 2022 KIGALI RWANDA



Prime Minister Édouard Ngirente officiating the opening of the conference

thebmj covid-19 Research Education News & Views Campaigns

Opinion

Africa needs to take the lead in shaping the future of health on the continent

BMJ 2022 ; 379 doi: <https://doi.org/10.1136/bmj.o2999> (Published 13 December 2022)

Cite this as: *BMJ* 2022;379:o2999

noticias
Quinta-feira, 13 Janeiro, 2023

HOME NACIONAL ECONOMIA POLÍTICA CIDADES OPINIÃO & ANÁLISE 1º PLANO

ÁFRICA NUMA ENCRUZILHADA: Continente repensa estratégias para saúde pública

3 de Janeiro, 2022

THE CONVERSATION



HIV remains a leading killer in Africa despite medical breakthroughs – how to eliminate it

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Home > News > "Rwanda Is Committed to Supporting Advancement of Innovative Public Health Initiatives Across the Continent" – Says Rwanda Prime Minister

"Rwanda Is Committed to Supporting Advancement of Innovative Public Health Initiatives Across the Continent" – Says Rwanda Prime Minister

By Nita Kariuki | Last updated Dec 16, 2022



SOCIAL MEDIA SUMMARY



SOCIAL MEDIA SUMMARY

On social media, during the week of the conference, there were more than 6.6K tweets using “#CPHIA2022,” reaching 19M users and generating 138M impressions – this is notable growth from CPHIA 2021. In 2021, throughout the week of the conference, #CPHIA2021 generated 3.1K mentions from 1.3K unique authors reaching 12M users and generating 97M impressions.

BY NUMBERS

6.5K

total tweets using #CPHIA2022

2.2K

unique authors of posts using hashtag

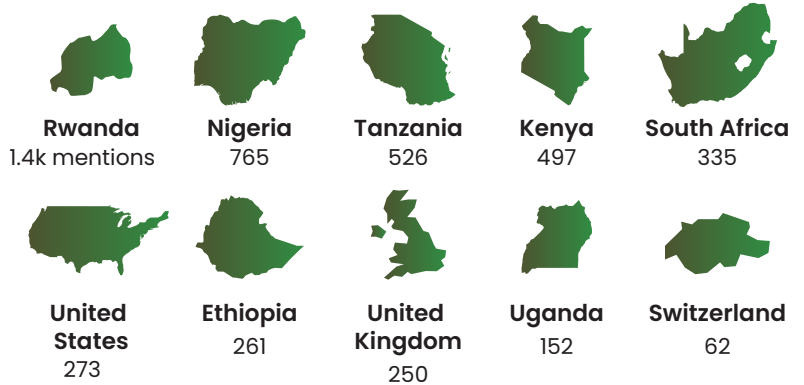
19M

total reach of tweets using hashtag

138M

total impressions of hashtag

TOP COUNTRIES BY AUTHOR



TWITTER SNAPSHOT

Magda Robalo @MagdaNRobalo

Kigali and Washington are the capitals of Africa's global health this week: #CPHIA2022 & #USAfricaLeadersSummit are stages for agreeing on the path to Africa's sovereign, pandemic proof future, harnessing the power, energy, innovation and smartness of its youth and women.

Africa CDC and 3 others

Dr Ebere Okereke @DEmeruzamjr

At #CPHIA2022 I took a quiet moment to view the posters & was invited by Hilda Turube to view hers. She explained her study & the follow up actions eloquently. I was impressed & look forward to hearing more from this Tanzanian colleague. #FutureLeaders #womeninhealth #Africa

Sara Jervig @sajervig

African proverb I've heard on repeat this week at #CPHIA2022 in Kigali: "If you want to go fast, go alone. If you want to go far, go together"

Chikwe Ihekweazu @Chikwe_I

At the Conference on Public Health in Africa @CPHIA_AfricaCDC, I shared @WHO's framework for a strengthened health emergency preparedness, response, and resilience.

Our collective success depends on strong regional & national public health institutes.

#CPHIA2022

World Health Organization (WHO) and 8 others

Dr. Ahmed Ogwalli - FAPH @laktar001

On the last day of #CPHIA2022 we closed the exciting program with Commissioner @AmbSamate of @AU_HHS. Excellent week of intellectual engagements. #NewPublicHealthOrder @AfricaCDC @CPHIA_AfricaCDC @AfricanUnion

Madhu Pal, MD, PhD @pamsdhu

Wow. This conference seems amazing and I wish I was in Kigali

For once, a global health event where people get visas, are treated with respect and where people with lived experience set the agenda and speak!

CPHIA Official @CPHIA_AfricaCDC · Dec 12, 2022
Just ONE more day to go until the #CPHIA2022!

From 13 - 15 December, we will create a new benchmark for collective efforts and participation as we advance public health practice, education, and research in Africa, for Africa.

Learn more: CPHIA2022.com

Vivianne Ihekweazu @VivIhekweazu

I spent an amazing few days at #CPHIA2022, learnt so much from many brilliant minds on the continent, reshaping the public health narrative. Reconnected with many old friends, connected with new friends. This one was special, it was HOME.

Look forward to #CPHIA2023 in #Lusaka

PM Nyang @pmnyang

As #Morocco, #CPHIA2022, & #USAfricaLeadersSummit22 are highlighting Africa; We are the 2nd largest & most populous continent, with 54 countries, and varying systems of govt - and we are able to do 54 different things concurrently, more if we go down subnational levels

Farhan Yusuf @faryus88

O young person of #Africa, when you are in rooms where your voice can make a positive difference (focus on the positive), don't shy away from raising it.

What a productive way to end the year! So much excitement for #2023.

#CPHIA2022 #YPC2022 #NewPublicHealthOrder @AfricaCDC

CPHIA 2022 SCIENTIFIC AWARDS



CPHIA 2022 SCIENTIFIC AWARDS

Africa CDC – DRASA Continental Award for Emergency Health Workers

On behalf of the CPHIA 2022 Scientific Programme Committee, Dr. Ahmed Ogwel Ouma conferred the first-ever Africa CDC – DRASA Continental Award for Emergency Health Workers. The award was handed to Nigeria’s Dr. Ameyo Stella Adadevoh posthumously for her contribution in averting the spread of Ebola in the West African outbreak of 2014 with her exceptional fearlessness and leadership. The award named in her honour recognises the important role of emergency health workers in reducing the spread of infectious diseases and promoting public health in the community. This will be an annual award in subsequent CPHIA convenings that will be managed collaboratively with the DRASA Health Trust.

Achievement in Global Health Leadership Award

Following the inaugural Achievement in Global Health Leadership Award presented at CPHIA 2021, this year’s Achievement in Global Health Leadership Award was given to health expert Professor Rose Leke.

Throughout her extensive career, Prof. Leke has made significant contributions to academia and the advancement of public health in Africa. Notably, she has held prominent positions such as Chair of the Africa Regional Certification Commission for Poliomyelitis Eradication, Chair of the Cameroonian National Immunization Technical Advisory Group (NITAG), and Co-Chair of the Advisers to WHO on the Development of the Framework for Allocation of Malaria Vaccine Supply. She has also served as a member of various influential bodies, including Harvard University’s Defeating Malaria Initiative, WHO’s Malaria Policy Advisory Group (MPAG), Malaria Elimination Oversight Committee and the Global Certification Commission (GCC).

Furthermore, she has been recognized with prestigious awards, including the African Union’s Kwame Nkrumah Scientific Award for Women in 2011 and being named one of the nine “Heroines of Health” by Women in Global Health in 2018. The Cameroon Medical Council identified her as “Queen Mother” of the Cameroonian medical community in 2019. Forbes magazine featured her on their list of “100 Innovations, Inventions & Icons from Africa” in 2021. In 2022, she received the Africa CDC’s “Achievement in Global Health Leadership” recognition for her outstanding contributions to the science and public health sectors in Cameroon and globally. Prof. Leke has also served as Head of the Department at the Faculty of Medicine and Biomedical Sciences at the University of Yaounde and Director of the Biotechnology Centre. She is a distinguished fellow of the Cameroon Academy of Sciences, the African Academy of Sciences, and The World Academy of Sciences, further highlighting her remarkable achievements and influence in the field of global health leadership.

Abstract Awards

The Abstract Award recognises scientific excellence, with a merit-based selection of the winner adjudicated by a panel of judges from the Scientific Programme Committee.

The conference’s Best Oral Abstract Presentation award went to Ms. Gorreti Marie Zalwango of Uganda for her presentation titled “Risk factors for death among children with severe malaria in Namutumba District, Eastern Uganda, September 2021 – February 2022.” Ms. Gorreti is a fellow with the Uganda Public Health Fellowship Program.

The conference’s Best Abstract Poster Presentation award went to Dr. Mutia Kehwalla Aza of Cameroon for her abstract titled “Persistence of Plasmodium falciparum DNA in Saliva Stored at Room Temperature for One Year.” Dr. Mutia currently practices in the HIV treatment center at Mfou District Hospital in Cameroon.

Dr. Ahmed Ogwel, Acting Director of Africa CDC, presenting the DRASA Continental Award to Dr. Ameyo Stella Adadevoh posthumously, the Best Poster Abstract Award to Dr. Mutia Kehwalla Aza, the Best Oral Abstract Award to Ms. Gorreti Marie Zalwango and the Achievement in Global Health Award to Prof. Rose Leke.



PLENARY AND PARALLEL SESSION SUMMARIES



PLENARY AND PARALLEL SESSION SUMMARIES

Plenary: Epidemiology, Diagnostics and Clinical Management of Emerging and Re-emerging High Consequence Infectious Diseases (HCID) in Africa (Track 1)

Track leads: Prof. Francine Ntoumi and Dr. Trevor Crowel

This plenary session served as a platform for renowned researchers, esteemed scientists, and influential policymakers to provide a comprehensive overview of the epidemiology of high-consequence infectious diseases (HCIDs) in Africa. The discussions delved into various aspects, including the prevailing challenges and advancements in the diagnosis and management of HCIDs within the unique African context. Furthermore, the plenary explored the critical areas that demand further research in the African setting and explored the potential of the One Health approach to revolutionize and optimize research endeavors across the continent.

Africa has endured numerous outbreaks of infectious diseases over the past two decades, with notable examples such as Ebola, Lassa Fever, and the recent COVID-19 pandemic, which escalated to the level of Public Health Emergency of International Concern (PHEIC). The speakers underscored the pressing need to address the identified challenges to mitigate the risk of increased mortality, morbidity, and economic disruption caused by infectious diseases in Africa. Drawing insights from the lessons learned during the responses to COVID-19, monkeypox, and viral hemorrhagic fevers, the presenters outlined innovative approaches aimed at enhancing Africa's resilience against HCIDs.

The discussions emphasized the imperative of proactive measures to prevent and control future outbreaks, with a particular focus on strengthening surveillance systems, improving diagnostic capabilities, and enhancing healthcare infrastructure. It was highlighted that early detection and accurate diagnosis are crucial for effective containment and management of HCIDs.

Moderators:

- **Prof. Francine Ntoumi**, Founder, Chair and Executive Director, Fondation Congolaise pour la Recherche Médicale (FCRM)
- **Dr. Trevor Crowell**, Director, Clinical Research Directorate, Henry M. Jackson Foundation for the Advancement of Military Medicine

Speakers:

- **H.E. Dr. Geraldine Mukeshimana**, Minister of Agriculture and Animal Resources, Republic of Rwanda
- **Prof. Salim Abdool Karim**, Director, Centre for the AIDS Programme of Research in South Africa (CAPRISA)
- **Dr. Michael Iroezindu**, Director Research, Emerging Infectious Diseases Branch (EIDB), Walter Reed Program
- **Dr. Matshidiso Moeti**, Regional Director, WHO AFRO
- **Dr. Fiona Braka**, Emergency Operations Manager, WHO AFRO

Recommendations and Conclusions:

- **Strengthen epidemiological surveillance:** Zoonotic diseases account for 32% of outbreaks reported during the last two decades in Africa, a 66% increase compared to the previous decades. COVID-19 drew the focus away from other HCIDs such as monkeypox, chikungunya, and lassa fever which have been endemic in different parts of Africa. African countries should invest in real-time data collection, analysis, and reporting, fostering collaboration between national health agencies, research institutions, and international partners. This will enhance early detection, targeted interventions, and evidence-based decision-making, safeguarding public health in Africa.
- **Strengthen research and development:** Africa should prioritize collaborative research and development efforts to address the unique challenges and dynamics of infectious diseases in the African context. By adopting a multidisciplinary One Health approach that encompasses human, animal, and environmental health, Africa can forge a path towards more robust and comprehensive research initiatives.
 - ◆ There is need for more research to understand the risks of monkeypox virus transmission and

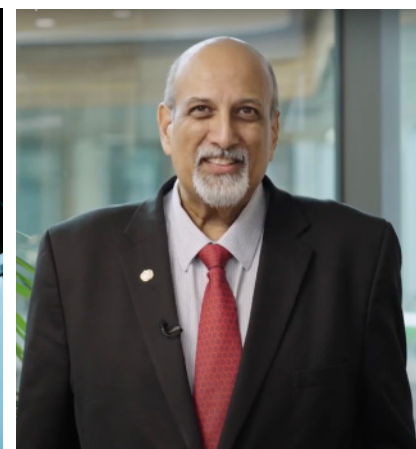
other HCIDs and mode of transmission so as to put in place counter measures.

- ◆ There is also a need to study African wildlife as a potential reservoir for COVID-19 and other outbreak-causing pathogens, to avoid the emergence of new variants.
- **Improve clinical management and healthcare capacity:** Investing in healthcare capacity-building is vital to enhance clinical management of HCIDs. This includes training healthcare workers on infection prevention and control, case management protocols, and the use of appropriate protective equipment. Additionally, ensuring access to essential treatments and therapeutics is crucial for effective patient care.
- **Foster collaboration and knowledge sharing:** Sharing knowledge, experiences, and best practices and collaborating with national, regional, and international stakeholders can significantly strengthen Africa's response to high consequence infectious diseases. Platforms for information exchange, such as regional networks and global partnerships, should be fostered to facilitate collaboration and cooperation

The conclusions drawn from this plenary session highlight that there is an urgent need for a multi-faceted and collaborative approach in addressing the epidemiology, diagnostics, and clinical management of emerging and re-emerging HCIDs. Africa must take charge of the research to address diseases that affect its population - and that includes building up the capacity to do research and development in vaccines for diseases like COVID-19, monkeypox and Ebola.

“ No one is safe until everyone is safe from COVID-19.”

-Prof. Salim Abdool Karim, Director, CAPRISA



Plenary: Increasing Local Production in Africa: Advocacy, Research and Development Capacity in Diagnostics, Therapeutics and Vaccine Manufacturing (Track 2)

Track leads: Prof. Charles Wiysonge and Noella Bigirimana

The COVID-19 pandemic has starkly exposed the extreme inequality in access to essential medical tools, laying bare the vulnerabilities faced by many low-income countries. In the wake of the crisis, it became painfully evident that numerous nations in Africa lacked adequate supplies of vaccines to protect even their most vulnerable populations. This disparity in access to life-saving interventions has been exacerbated by the heavy dependence on imported drugs, with a staggering 90% of medications in Africa being sourced from other regions. As a result, African countries have faced significant challenges in procuring and distributing crucial medical resources during the pandemic. Compounding the issue, research and development (R&D) in the field of healthcare in Africa have received meagre investment, with a mere 1.3% of global funding allocated to the continent.

This plenary session sought to address these pressing concerns and shed light on the path forward to strengthen Africa's capacity to manufacture essential medical tools locally. By examining the current landscape of biomanufacturing for diagnostics, therapeutics, and vaccines, the session aimed to assess the existing capabilities and challenges faced by African countries in this critical area. The devastating consequences of relying heavily on imports for medical supplies were laid bare during the pandemic, prompting a pressing need to build robust local manufacturing capacities. The speakers who shared their insights and experiences, discussed strategies to bolster research and development efforts across the continent. Emphasis was placed on the urgent need for advocacy to mobilize support and resources, enabling Africa to accelerate the development and expansion of its own manufacturing capabilities.

Moderators:

- **Prof. Charles Shey Wiysonge**, Senior Director, South African Medical Research Council
- **Noella Bigirimana**, Deputy Director General, Rwanda Biomedical Centre

Speakers:

- **Prof. Claude Mambo Muvunyi**, Director General, Rwanda Biomedical Centre
- **Prof. Hassan Sefrioui**, Director & Member of the Executive Board; Moroccan Foundation for Advanced Science, Innovation and Research
- **Dr. Michael Makanga**, Executive Director, European and Developing Countries Clinical Trials Partnership (EDCTP)
- **Dr. Nicaise Ndembi**, Senior Science Advisor, Africa CDC
- **Dr. Amadou Sall**, Director, Institut Pasteur de Dakar, Senegal

Recommendations and Conclusions:

- **Increase investment in research and development:** To build local capacity for biomanufacturing, African countries must invest more in research and development. Currently, only 1.3% of global funding for research and development is invested in Africa. This needs to change in order to build the necessary infrastructure and expertise for local production.
 - ◆ **Support and strengthen African researchers:** There are already many African researchers conducting incredible research, and efforts to connect them and foster collaboration must be supported and strengthened.
 - ◆ **Expand clinical trial capacity:** To unlock Africa's potential further, more countries must be enabled to conduct rigorous clinical trials and advance the development of mRNA vaccines. Rwanda and other countries are already looking to expand their capacity beyond South Africa.

- **Advocate for policy changes:** Policy changes at the national and international levels can help facilitate the development of local manufacturing capacity. For example, governments can provide tax incentives or other incentives to attract private investment in the biotech sector, and international organizations can provide funding and technical assistance to support these efforts.
- **Build partnerships:** Collaboration between governments, industry, and academia can help to build the necessary infrastructure and expertise for local production. This includes partnerships between universities and industry to train scientists and engineers in biomanufacturing, as well as partnerships between countries to share knowledge and expertise.
- **Address regulatory challenges:** Developing local manufacturing capacity requires navigating complex regulatory environments. African countries need to work with regulatory agencies to ensure that the necessary approvals are in place for local production, while also ensuring that safety and quality standards are met. Additionally, Africa must own the knowledge, licensing, royalties, and intellectual property rights to their own tools in order to respond to health challenges.
- **Prioritize capacity building for diagnostics, therapeutics, and vaccines:** The COVID-19 pandemic has highlighted the urgent need for local production of essential medical tools, including diagnostics, therapeutics, and vaccines. African countries must prioritize capacity building in these areas to ensure that they are better equipped to respond to future health crises.
- **Build a strong workforce:** The transformation of African medical manufacturing depends on a strong workforce of skilled scientists, technicians, and regulators. Countries must invest in the next generation of researchers to ensure that efforts are sustained.

The conclusions drawn from this plenary session highlight that the transformation of African medical manufacturing is a multi-faceted effort that requires support and strengthening of African researchers, expansion of clinical trial capacity, prioritization of five major priorities, and investment in a strong workforce. Additionally, Africa must own the knowledge, licensing, royalties, and intellectual property rights to their own tools in order to respond to health challenges. By addressing these priorities, Africa can unlock its potential and become a major player in the global biomanufacturing industry.

“ We cannot talk about vaccine manufacturing without good project research in the pre-clinical phases. ”

-Prof. Claude Mambo Muvunyi, Director General, Rwanda Biomedical Centre

Parallel Session: Harnessing the potential for Vaccine Manufacturing in Africa (Track 2A)

This session focused on the landscape for vaccine manufacturing across Africa with panelists emphasizing the urgent need for the continent to accelerate its vaccine manufacturing capacity. To achieve this, the speakers emphasized the importance of timely and quality data, local sources of the base products used to produce vaccines, and technological know-how to leverage emerging processes such as mRNA vaccine production.

Overall, the session concluded that by taking bold steps to enhance local vaccine manufacturing capabilities, Africa can become more self-sufficient, reduce dependence on foreign aid, and be better equipped to protect its citizens during health emergencies.

Speakers:

- **Dr. Matthew Downham**, Director of Manufacturing and Supply Chain Network, Coalition for Epidemic Preparedness Innovations (CEPI)
- **Dr. Lwazi Manzi**, Head of Secretariat, AU COVID-19 Commission

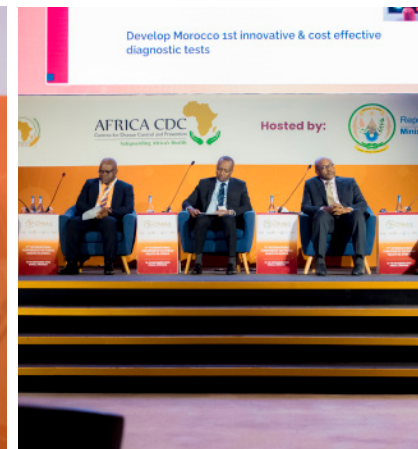
- **Dr. Duduzile Ndwandwe**, Pan African Clinical Trials Registry, South Africa
- **Dorcus Noertoft**, Director of Procurement Services, UNICEF Supply Division, Uganda
- **Prof. Padmashree Gehl Sampath**, Senior Advisor on Pharmaceuticals and Health, Office of the President of the African Development Bank (AfDB), Abidjan, Cote d'Ivoire
- **Prof. Charles Shey Wiysonge**, Senior Director, South African Medical Research Council, South Africa

Parallel Session: Advancing Innovative Drug Discovery & Access to Optimal Therapeutics (Track 2B)

This session explored advancements in innovative medicines and drug discovery in Africa, and enablers for improving access. Speakers reflected on the need for Africa to adopt a continent-wide, market-based approach to accelerate drug discovery, and emphasized the importance of strong political will in implementing existing policies and sustaining existing manufacturing efforts.

Speakers:

- **Ms. Noella Bigirimana**, Rwanda Biomedical Centre
- **Ademola Osigbesan**, Technical Manager (Strategic Sourcing and Supply), Unitaid, Geneva, Switzerland
- **Pierre Hugo**, Medicines for Malaria Venture, Geneva, Switzerland
- **Tiwadayo Braimoh**, Medicines Patent Pool, Geneva, Switzerland
- **Prof. Abderrahmane Maaroufi**, Directeur, Institut Pasteur du Maroc, Casablanca, Morocco



Plenary: Strengthening Health Systems for Equitable and Universal Health Coverage in Africa (Track 3)

Track leads: Dr. Githinji Gitahi and Dr. Brenda Kateera

This plenary delved into the critical goal of achieving Universal Health Coverage (UHC) as an integral part of health systems reform. UHC holds the promise of advancing equity, improving access to healthcare services, and ensuring affordability for all individuals. While countries such as Kenya and Ethiopia have made commendable strides towards achieving UHC through practical measures, it is crucial to acknowledge the persisting gaps in supply and funding that hinder progress across the continent.

During the session, speakers highlighted the importance of building upon existing investments made towards UHC and leveraging the transformative potential of The New Public Health Order framework. This involves mapping and evaluating current frameworks that drive equity within health systems, identifying key drivers necessary to establish a robust UHC approach, and engaging in a thoughtful discussion about the effective components of primary healthcare delivery within the context of UHC.

By drawing on the collective expertise and experiences of the participants, the plenary aimed to generate actionable insights and practical recommendations for strengthening health systems in Africa. The discussions revolved around exploring innovative financing mechanisms, fostering multi-sectoral collaborations, enhancing health workforce capacity, and leveraging digital health technologies to improve healthcare access and delivery.

Moderators:

- **Dr. Githinji Gitahi**, Group Chief Executive Officer, Amref Health Africa
- **Dr. Brenda Asiimwe Kateera**, Country Director, Clinton Health Access Initiative (CHAI) Rwanda

Speakers:

- **Dr. Ahmed Ogwel Ouma**, Acting Director, Africa CDC
- **Dr. Solange Hakiba**, Chief of Party, USAID- Rwanda Integrated Health Systems Activity (RIHSA)
- **Dr. Adelheid Onyango**, Director for Universal Health Coverage/Health Populations, WHO AFRO
- **Madame Ambassador Anne-Claire Amprou**, Global Health Ambassador, France
- **Louise Kanyonga, Deputy CEO**, Rwanda Social Security Board
- **Dr. Christopher Elias**, Bill & Melinda Gates Foundation
- **Hon. Dr. Dereje Duguma**, State Minister, Ministry of Health, Ethiopia
- **Dr. Ephrem T. Lemango**, Associate Director of Immunization, UNICEF

Recommendations and Conclusions:

- **Explore innovative financing mechanisms:** Countries like Kenya and Ethiopia have made progress towards achieving UHC, but challenges like weak governance, out-of-pocket payments, and over-reliance on donor funding remain, according to an AHAIC Commission Report. African countries should prioritize health sector budget allocation and increase domestic resources dedicated to healthcare. Additionally, they should also ensure good utilisation of alternative financing models, such as social health insurance schemes or public-private partnerships, to expand funding for Universal Health Coverage (UHC).
- **Fostering multi-sectoral collaborations:** Promote the establishment of platforms for dialogue and coordination among diverse stakeholders, including governments, civil society organizations, private sector entities, and communities, to foster multi-sectoral collaborations in advancing UHC. By embracing these partnerships, countries can adopt a holistic approach to address social determinants of health and strengthen health systems for improved healthcare outcomes.

- **Enhancing health workforce capacity:** To bolster the capacity of the health workforce and cultivate a community of African UHC advocates, the Africa CDC has implemented various leadership programs. These initiatives include the Kofi Annan Fellowship, Leadership Program for Nurses in partnership with Harvard University, and Ministerial Executive Leadership Program. By fostering interdisciplinary collaboration, the skills and capabilities of the health workforce can be optimized, empowering them to contribute effectively to the advancement of UHC in Africa.
- **Leveraging digital health technologies to improve healthcare access and delivery:** At least 41 African countries have developed digital health strategies to enhance the delivery of healthcare services and bridge gaps in health coverage. In a significant development, the Africa CDC unveiled its inaugural digital health strategy in March 2023, with the goal of establishing the organization as an informatics-savvy entity. This strategy aims to provide comprehensive support to African nations in harnessing the power of technology to elevate healthcare delivery across the continent.
- **Community engagement and participation:** It is important to involve communities in the design, implementation, and evaluation of UHC initiatives to ensure they meet the unique needs and preferences of diverse populations. Additionally, programs that promote health literacy and empower individuals to actively participate in decision-making processes related to their health should be embraced.

The conclusions drawn from this plenary session highlight the vital role of the private sector and the critical need for strong political commitment and government investment in safeguarding and advancing UHC in Africa. By emphasizing the key drivers of UHC and effective primary healthcare delivery, the plenary sought to contribute to ongoing discussions and ignite transformative actions to strengthen health systems and promote equitable access to quality healthcare throughout the continent.

“ UHC is not a moment, it is a process. ”

-**Dr. Amit N. Thakker**, Executive Chairman of Africa Health Business, President of Africa Healthcare Federation, Chairman of the Kenya Healthcare Federation

Parallel Session: Digital health information system for PHC performance measurement (Track 3A)

In this session, partners working in the UHC space shared lessons learned from implementing new digital tools to enable the expansion of primary healthcare systems. Speakers reflected on how digital tools helped optimize and consolidate data reporting systems, allowing household health data to be quickly reported to centralized, web-based databases to inform decision-making. Local ownership – from the national level to the individual healthcare provider level – was crucial to ensure sustainable adoption of these new tools.

Speakers:

- **Peter Otieno**, Technology Lead, Amref
- **Dr. Evelyn Gitau**, Director of Research Capacity Strengthening, African Population and Health Research Center (APHRC)
- **Dr. Yekoyesew Belete**, Senior Program Manager, Health Systems, CHAI-Rwanda
- **Dr. Jean Paul Uwizihwe**, Regional Director of Delivery – Rwanda Health Analytics Platform (RHAP), Zenysis Technologies
- **Dr. Florence Sibomana**, Senior Program Officer on NCDs, PATH

Parallel Session: Private Sector Engagement for UHC through PHC: Opportunities, Challenges and Way Forward (Track 3B)

This session explored the role of the private sector in expanding UHC. Speakers underlined government engagement with the private sector as crucial to expand access to healthcare, and reflected on the need to make a business case for health. Panelists also emphasized the importance of building mutual trust between private and public partners.

Speakers:

- **Dr. Juliet Nabyonga-Orem**, HSS Lead, WHO AFRO
- **Dr. Justice Nonvignon**, Ag. Head of Health Economics Unit, Africa CDC
- **Dr. Ama Pokuaa Fenny**, Senior Research Fellow, University of Ghana
- **Lisa Rooney Slater**, Head of Public Policy for Africa, African Genomics Program Office Lead, Roche
- **Dr. Amit N. Thakker**, Executive Chairman of Africa Health Business, President of Africa Healthcare Federation, Chairman of the Kenya Healthcare Federation



Plenary: Women in Health – From Recipients to Providers to Leaders (Track 4)

Track leads: Dr. Ebere Okereke and Madam Winnie Byanyima

While women's health has always been a focus of global health, the role of women as advocates and leaders in health gets less consideration and the disproportionate impact of public health on women is less extensively studied.

This plenary sought to move beyond the traditional focus on women as recipients of health interventions to include women as the shapers, providers and leaders of a gender inclusive health system, recognizing that there is no UHC without gender equity. For the first time, a live debate was elevated to the CPHIA plenary stage: panelists shared their perspectives on gender equity in health leadership in Africa, discussing whether today's industry has made progress or gone backwards on elevating women into positions of leadership.

Participants also heard from the panelists on how Africa can develop gender inclusive health systems and policies to improve the quality and impact of interventions to improve women's health experience.

Moderator:

- **Dr. Ebere Okereke**, Senior Technical Adviser, Tony Blair Institute for Global Change

Keynote:

- **Prof. Awa Marie Coll Seck**, Minister of State to the Président of the Republic of Senegal

Speakers:

- **Ms. Winnie Byanyima**, Executive Director, UNAIDS
- **Oyeronke Oyebanji**, Policy and Partnerships Manager, CEPI
- **Dr. Mary Muchekeza**, Kofi Annan Global Health Leadership Fellow Provincial Medical Director, Ministry of Health and Child Care, Zimbabwe
- **Vivianne Ihekweazu**, Managing Director, Nigeria Health Watch
- **Dr. Magda Robalo**, Former Minister of Health, President, Institute for Global Health and Development (IGHD)
- **Dr. Lwazi Manzi**, Head of Secretariat, AU COVID-19 Commission
- **Ida Hakizinka**, Executive Director, Aidspan
- **Dr. Esmehan Elkheir**, Director, Mother and Child Health, Federal Ministry of Health of Sudan
- **Dr. Norah Obudho**, East Africa Program Director, WomenLift Health
- **Faith Nfii**, Programme Coordinator, Public Health Workforce Development, Africa CDC
- **Dr. Stellah Bosire**, Executive Director, Africa Center for Health Systems and Gender

Recommendations and Conclusions:

- Women experience specific health vulnerabilities:
 - ◆ Patriarchal norms and gendered violence affect women's ability to access healthcare.
 - ◆ Access to sexual and reproductive health services and maternal health care is still precarious – some 50% of women still do not have access to essential health services during pregnancy and childbirth.
- Women make up 70% of the world's health workforce, and most of the world's frontline nurses and community health workers:
 - ◆ Women spend triple the amount of time doing unpaid labor in both the home and the workplace, in comparison to men.

- ◆ Young women and disabled women often encounter increased difficulty finding employment, not only in the public health sector but across various workspaces.
 - ◆ The gap in educational attainment between women and men is present in many contexts, but it's even more wide for women with disabilities.
- Public health policymaking is dominated by men. Without the perspective of women, young people and disabled people, health policies do not take into account these groups' specific needs, and contribute to a cycle of marginalization.
 - ◆ When women are given the chance to lead, public health succeeds. For example, in South Africa's COVID-19 vaccine rollout, women were among the first groups to take the vaccine. These women then were able to serve as advocates for the vaccine, and helped get the men and boys in their communities vaccinated against COVID-19.

The conclusions drawn from this plenary session emphasize the importance of integrating gender considerations into health programming. This goes beyond viewing women solely as recipients of healthcare and instead recognizes their crucial role as leaders in promoting gender-equal health systems. It is essential to engage men and boys as allies in this endeavor, advocating for the success of the women in their lives both at home and in the workplace. Furthermore, achieving equity requires adopting an intersectional approach, considering not only gender but also factors such as disability and other dimensions of diversity when diversifying leadership positions.

DEBATE HIGHLIGHTS

Have we made progress on gender equity in health leadership in Africa?

"We've made progress"

- More and more people are recognizing the problem and discussing solutions. The fact that CPHIA features a track dedicated to women in health and has an entire plenary panel composed of women leaders in health is a sign of progress
- "Women in health" used to be a topic relegated to side events - now it's the subject of entire tracks and conferences.

"We've backtracked"

- There are few women in positions of leadership at the national level, yet women make up the majority of frontline health workers.
- Workplace norms still fail to take into account gender equity



“Much has been learned about the role of women in COVID-19 pandemic, be it in health service delivery or at home. Women should be placed at the center of health if we need to provide effective results.”

-Prof. Awa Marie Coll Seck, Minister of State to the President of the Republic of Senegal



Plenary: The COVID-19 Pandemic – Lessons Learned for Future Health Threats, Prevention, Preparedness and Response (Track 5)

Track leads: Dr. Krishna Udayakumar and Prof. Claude Muvunyi

The COVID-19 pandemic has made apparent the need for stronger preparedness and response measures in healthcare systems globally. The speakers in this plenary analyzed Africa's response to COVID-19, and highlighted progress and challenges regarding access to COVID-19 vaccines and treatment. They also discussed opportunities and pathways to integrate pandemic response into primary healthcare and to strengthen surveillance systems including looking at the role of regional and global partnerships to support pandemic prevention, preparedness, and response.

Dr. Chikwe Ihekweazu, Assistant Director-General, Division of Health Emergency Intelligence and Surveillance Systems, World Health Organization boldly reminded participants that everyone has to contribute the resources to invest in R&D, or we will perish today. The future of Africa is dependent on R&D in health.

Moderators:

- **Prof. Claude Mambo Muvunyi**, Director General, Rwanda Biomedical Centre
- **Dr. Krishna Udayakumar**, Founding Director, Duke Global Health Innovation Center

Speakers:

- **Dr. Ahmed Ogwel Ouma**, Acting Director, Africa CDC
- **Dr. Chikwe Ihekweazu**, Assistant Director-General, Division of Health Emergency Intelligence and Surveillance Systems, World Health Organization
- **Dr. Magda Robalo**, Former Minister of Health, President, Institute for Global Health and Development (IGHD)
- **Dr. Solomon Zewdu**, Senior Executive Resident for Strategy, Planning, Mastercard Foundation
- **Prof. Christian Happi**, Director, African Centre of Excellence for Genomics of Infectious Diseases (ACEGID), Redeemer's University

Recommendations and Conclusions:

- African ownership and leadership is essential to mount an effective, coordinated response to the next pandemic:
 - ◆ COVID-19 showed that Africa is on its own during a global crisis.
 - ◆ Smaller outbreaks show that Africa is still on its own. Countries prioritize mounting a local rather than regional or continent wide response.
- The COVID-19 pandemic revealed specific vulnerabilities in Africa's health systems that need to be addressed:
 - ◆ Clinical care must be an essential part of pandemic preparedness and response planning – in some places, the public health response was robust, but the clinical response needed more support.
 - ◆ Essential health services and primary healthcare – like childhood immunization, family planning care, and services for chronic conditions like HIV – must be maintained and supported even in times of emergency.
 - ◆ Data must be collected and collated in consistent and centralized ways, so that leaders can quickly analyze real-time data to make public health decisions.
 - ◆ Coordination between levels is essential. Countries must find better processes for national agencies to work with state agencies, and state agencies with local agencies so that an appropriate level of response can be activated for any health emergency event.

The conclusions drawn from this plenary session underscore the urgent need for Africa to address the challenges and prepare for future pandemics effectively. Key recommendations include increasing domestic investment and encouraging African philanthropic institutions to invest in health, strengthening and investing in national, regional, and continent-wide public health institutes to facilitate a coordinated response, engaging in Africa-led partnerships with external actors, and building up the capacity to develop and produce vaccines, diagnostics, and therapeutics. By taking these actions, Africa can reduce reliance on external supply chains and ensure timely access to essential medical supplies, thereby enabling a more robust pandemic response and safeguarding the continent's population.

“ If we want to respond quickly, we must own the tools of response. ”

-Dr. Ahmed Ogwel Ouma, Acting Director, Africa CDC

Parallel Session: Optimizing Pandemic Preparedness and Response to Health Threats and Emerging Pandemics Through Data Sciences and Innovations (Track 5A)

This session focused on exploring innovations in data sciences that could improve countries' abilities to detect and respond to new pandemic threats. Speakers reflected on the challenges of collating and analyzing data quickly and accurately, considering that many health facilities use different methods, formats and technology to collect health data. To address this issue, speakers underscored the urgency of improved collaboration to standardize and centralize the way that data is collected and analyzed. Advancements in machine learning and artificial intelligence could also be leveraged to glean insights from data more quickly.

Speakers:

- **Dr. Vincent Mutabazi**, Lead Epidemiologist, AFENET- Rwanda
- **Prof. Marc Twagirimukiza**, Professor of Medicine Cardiovascular Clinical Pharmacology and Therapeutics Ghent University. Honorary Professor of Medicine, University of Rwanda
- **Prof. Jeanine Condo**, Associate Professor of Public Health, Chief Executive Officer, CIIC-HIN
- **Dr. Krishna Udayakumar** Founding Director, Duke Global Health Innovation Center and Associate Professor of Global Health and Medicine, Duke University

Parallel Session: Building Resilient Health Systems for future pandemics: Learning from Past Pandemics and Readiness for the Future Era (Track 5B)

This session explored what makes health systems truly 'resilient', drawing on the experiences of national, regional and global authorities to unpack what we've learned from the COVID pandemic and what priorities we need to jointly set in order to prepare for future shocks to the African health system. Speakers reflected on the importance of strengthening primary healthcare systems now, rather than investing in health only in crisis situations. The session emphasized that countries must adopt entrepreneurial approaches to engage private sector partners, ensure that health is a priority in the national budget, and invest in the health workforce.

Speakers:

- **Ms. Nicole Jabo**, Advisor to Minister of Health, Government of Rwanda
- **Pierre Delsaux**, Director-General, Health Emergency Preparedness and Response Authority (HERA), European Commission
- **Dr. David Turatsinze**, Specialist Physician / Internist and Medical Oncologist, CHUK and Legacy Clinic
- **Dr. Paul Ngwakum**, Regional Adviser Health, UNICEF
- **Prof. Abderrahmane Maaroufi**, Directeur, Institut Pasteur du Maroc, Casablanca, Morocco
- **Prof. Nadine Rujeni**, Associate Professor, Dean, School of Health Sciences, University of Rwanda



Plenary: Digitalization – Delivering Universal, Connected, Affordable Care and Building Resilient Health Systems (Track 6)

Track leads: Jean Philbert Nsengimana and Dr. Edem Adzogenu

The global public health landscape is increasingly embracing digital solutions, and Africa, with its expanding mobile connectivity and tech-savvy population, is poised to reap significant benefits. The rising demand for active participation in personal health and care among the continent's digital natives further underscores the need to leverage digital technologies for advancing healthcare.

During the session, Jean Philbert Nsengimana, Senior Digital Health Advisor at Africa CDC, revealed that the organization's digital strategy, launched in March 2023, represents a pivotal milestone in Africa CDC's journey towards becoming a digitally empowered and informatics-savvy institution.

The plenary aimed to shed light on the transformative potential of digitalization in the field of public health to achieve universal, connected, and affordable care while building resilient health systems. The future of public health lies in harnessing the power of digital technologies to empower individuals, enhance access to healthcare services, improve health outcomes, and drive innovation. Africa CDC's digital strategy marks a significant step forward, signaling the commitment to leverage technology for transformative change. By embracing digitalization and investing in robust digital health infrastructure, African nations can position themselves at the forefront of digital healthcare, ensuring the delivery of efficient, equitable, and patient-centered care to their populations.

Moderator:

- **Jean Philbert Nsengimana**, Senior Digital Health Advisor, Africa CDC

Speakers:

- **Dr. Ahmed Ogwel Ouma**, Acting Director, Africa CDC
- **Yves Iradukunda**, Permanent Secretary, Ministry of ICT and Innovation Government of Rwanda
- **H.E. Amb Minata Samaté Cessouma**, Commissioner for Health, Humanitarian Affairs and Social Development, African Union Commission
- **Mapula Bodibe**, Chief Executive Officer, MTN Rwanda
- **Mohamed M. Aburawi**, Founder and CEO, Speetar
- **Dr. Ann Aerts**, Head of Novartis Foundation

Recommendations and Conclusions:

- **Enhance digital infrastructure:** African nations should prioritize the development of robust digital infrastructure, including reliable internet connectivity and accessible mobile networks. Member States must ramp up funding to strengthen the national digital infrastructure, finance the adoption of new digital tools, and equip the health workforce with the training and knowledge to use those new tools. This will ensure the seamless implementation of digital health solutions and enable widespread access to healthcare services, especially in remote and underserved areas.
- **Collaborate across sectors:** Building resilient health systems requires multi-sectoral collaboration. Governments, healthcare institutions, technology companies, and civil society organizations should forge partnerships to leverage their respective expertise and resources. Collaborations can foster innovation, facilitate knowledge sharing, and drive the sustainable development of digital health solutions.
- **Prioritize user-centered design:** Digital health solutions should be designed with a user-centered approach, considering the unique needs, preferences, and contexts of diverse populations. This involves engaging end-users, including patients, caregivers, and healthcare providers, throughout the design and implementation process to ensure the usability, acceptability, and effectiveness of digital solutions.

- **Scale up digital solutions:** Successful digital health interventions should be scaled up and replicated across different regions and countries in Africa. Sharing best practices, lessons learned, and success stories can accelerate the adoption and implementation of proven digital solutions, leading to the widespread delivery of universal, connected, and affordable care.
- **Leverage mobile technology:** At the peak of COVID-19, MTN supported a number of countries by availing their vast facilities to enable information sharing at subsidized rates. Given the high mobile penetration rates in Africa, leveraging mobile technology is instrumental in expanding healthcare access and delivery. Mobile health applications, telemedicine platforms, and SMS-based health programs can reach populations in remote areas, facilitate health education, enable remote consultations, and support preventive and primary healthcare services.

The recommendations drawn from this plenary serve as a powerful guide to propel the advancement of digital health initiatives in Africa. By prioritizing the enhancement of digital infrastructure, investing in training and capacity-building, and fostering collaboration among stakeholders, African nations can unlock the full potential of digitalization to revolutionize healthcare delivery. Embracing these recommendations will empower African countries to harness the transformative power of technology, improve health outcomes, and ultimately contribute to the achievement of UHC and the well-being of all their citizens.

“There is a lot already happening in the digital sphere, but there was no strategy. Africa CDC came to a point where we realized it’s high time and really urgent to go back and rethink our approach to using technology for public health.”

–**Jean Philbert Nsengimana**, Senior Digital Health Advisor, Africa CDC

Parallel Session: HealthConnekt Africa – Connecting Africa’s Health Facilities and Workforce to the Internet by 2030 (Track 6A)

This session explored the objectives and goals of HealthConnekt Africa, an initiative aimed at connecting 100,000 health facilities and 1,000,000 health workers to the internet by 2030. Such a network of connected care would enable real time surveillance of communicable diseases, enhance equity, affordability and quality of healthcare delivery while strengthening the resilience of public health systems across the continent. Speakers reflected on the need for multi-stakeholder collaboration in mapping out the location and existing connectivity of health facilities; mobilizing domestic and global resources; designing and deploying technology and business models; ensuring network sustainability and developing applications and services; and increasing the use of smartphones.

Speakers:

- **Amb. Hon Kazungu Dan**, Non-executive director, Caracal Gold PLC
- **Sean Blaschke**, Co- founder and coordinator, digital health center of excellence (DICE), UNICEF
- **Sr. Suzan Okwakol**, Midwifery professional
- **Josephine Nyiranzeyimana**, Government chief information officer, Rwanda Information society Authority (RISA)
- **Zvichapera Katiyo**, Group Chief Executive Officer, Delta Philanthropies
- **Onica Nonhlanhla Makwakwa**, Head of Africa Region, Global Digital Inclusion Partnership

Parallel Session: Africa CDC Digital Transformation Strategy – Digital CDC: Purpose, Priorities and Partnerships (Track 6B)

This session focused on the Africa CDC’s initiative to develop a digital transportation strategy for the continent with two key objectives: (i) Transform Africa CDC into an “informatics-savvy organization” capable of making use of advanced digital capabilities and data to accomplish its mission of advancing Africa’s health security. (ii) Identify priority areas and investments needed to accelerate digitization of public health and healthcare among its 55 Member States. Speakers reflected on the challenges ahead, and underlined the importance of multisectoral collaboration, ensuring solutions cater to the end-user, and leveraging new technologies to build upon existing digital platforms.

Speakers:

- **Dr. Ahmed Ogwel Ouma**, Acting Director Africa CDC
- **Jean-Philbert Nsengimana**, Chief Digital Health Advisor, Africa CDC
- **Dr. Diane Karusisi**, CEO Bank of Kigali
- **Shami Benimana**, General Manager, Rwanda, Zipline
- **Dr. Francis Ohanyido**, Director General, West African Institute of Public Health
- **Mohamed M Fall**, Regional Director, East and Southern Africa, UNICEF
- **Rahul Mullick**, Senior Vice President, Resolve to Save Lives
- **Rebecca Distler**, Strategist for AI, Data, and Digital Health, Patrick McGovern Foundation
- **Dr. Daniel Kyabayinze**, Study Coordinator at FIND (Foundation for Innovative New Diagnostics)
- **Lacina Kone**, Director General and Chief Executive Officer of Smart Africa
- **Dr. Jennifer Mbabazi**, Senior Economist at the International Monetary Fund
- **Georgie Ndirangu**, Consultant, Portland



Plenary: Whole-of-Society – The Power of Engaging Civil Society, Community Actors, and the Private Sector (Track 7)

Track leads: Dr. Amit Thakker, Dr. Monique Wasunna and Kedest Tesfagiorgis

The Whole-of-Society plenary session shed light on the crucial role of public-private partnerships in combating new and emerging health threats, with a particular focus on the challenges posed by COVID-19 and the subsequent recovery efforts. Panelists noted that the active involvement of the private sector during the pandemic played a vital role in enabling rapid and innovative solutions to strengthen existing health systems, even in the face of limited financial resources.

Throughout the session, it became evident that public-private partnerships have the potential to leverage the expertise, resources, and innovation of both sectors, creating a powerful synergy that can enhance the overall health response. By fostering collaborations between civil society, community actors, and the private sector, countries can effectively address complex health challenges and build resilience in the face of future pandemics or health crises.

The discussion underscored the critical need to view public-private partnerships as an integral part of the recovery strategy. Failure to acknowledge and prioritize these partnerships in Africa's preparedness plans will leave the continent ill-prepared to confront the next pandemic or health threat. It was evident that the engagement of the private sector brings about significant advantages, including access to advanced technologies, expertise in supply chain management, financial resources, and the ability to drive innovation.

Moderators:

- **Kedest Tesfagiorgis**, Deputy Director, Global Partnerships & Grand Challenges, Bill & Melinda Gates Foundation
- **Dr. Amit N. Thakker**, Executive Chairman, Africa Health Business

Keynote:

- **Cheikh Oumar Seydi**, Director, Africa, Bill & Melinda Gates Foundation

Panelists:

- **Dr. Moses Aloba**, Programme Manager, Science for Africa Foundation
- **Mokgadi Mashishi**, Business Unit Director, Organon
- **Njide Ndili**, Country Director, PharmAccess Foundation, Nigeria
- **Dr. Monique Wasunna**, Director, Drugs for Neglected Diseases initiative

Recommendations and Conclusions:

- **Prioritize clear, tangible, and sustainable partnerships:** African countries should assess past and existing partnerships and prioritize projects that have clear objectives, tangible outcomes, and long-term sustainability. This approach ensures that resources are directed towards initiatives that have a significant impact on public health and address the specific needs of the population.
- **Foster intentional partnerships:** To improve public health outcomes, intentional collaborations must be established between academia, grant-making organizations, government entities, communities, and the private sector. These partnerships should be designed to leverage the unique strengths and expertise of each sector, promoting innovation, knowledge exchange, and shared resources for effective health interventions.
- **Strengthen the investment environment:** Well-designed and well-managed public-private partnerships can enhance the investment environment in Africa, attracting foreign direct investments that are crucial for sustainable health systems. Efforts should be made to create an enabling environment that encourages private sector involvement, reduces regulatory barriers, and promotes transparency and accountability.

- **Support biotech innovations and market linkages:** Universities and academic institutions have played a pivotal role in driving biotech innovations in Africa. However, these institutions often lack the financial resources to support investigators in bringing their solutions to market. Grant-making organizations can act as accelerators by linking researchers and innovators to the private sector, facilitating market access and scaling of health products.
- **Balance profit and equitable health services delivery:** When introducing new health products to the market, it is essential to strike a balance between profit generation and ensuring equitable access to healthcare. Governments should collaborate with the private sector to establish governance frameworks that prioritize the delivery of essential health services to all, ensuring financial accessibility and avoiding disparities in healthcare provision.
- **Engage the next generation of health leaders:** African countries must actively engage and empower the next generation of young scientists and public health leaders. This includes providing mentorship opportunities, capacity-building programs, and platforms for their meaningful involvement in shaping and building sustainable health systems. By nurturing young talent, Africa can cultivate a pool of future leaders dedicated to advancing public health and driving positive change.

The insights drawn from this plenary session highlight the imperative of fostering strong partnerships between civil society, community actors, and the private sector. By harnessing the power of collaboration and leveraging the diverse strengths of each sector, Africa can forge a collective response to health challenges, strengthen health systems, and enhance resilience. It is vital that African nations actively integrate public-private partnerships into their strategies, ensuring the involvement of all stakeholders to shape a more inclusive, innovative, and sustainable future for healthcare on the continent.

“Leveraging what we already have, connecting people who are making the same efforts – that’s how we will go far together.”

–**Kedest Tesfagiorgis**, Deputy Director, Global Partnerships & Grand Challenges, Bill & Melinda Gates Foundation

Parallel Session: The Africa We Want; Agenda 2063 (Track 7A)

Agenda 2063; The Africa We Want is a strategic framework for Africa towards achieving an all inclusive, sustainable development that manifests African values. Speakers in this session reflected on progress made towards and the remaining work that must be done to realize this framework. The New Public Health was later drawn out as a roadmap for Africa towards sustainable health outcomes and security.

Ultimately, achieving and implementing the five pillars of The New Public Health Order below will put Africa on the road to achieving The Africa We Want.

- **Strong African Public Health Institutions** that represent African priorities in global health governance and that drive progress on key health indicators.
- **Expanded Manufacturing of Vaccines, Diagnostics, and Therapeutics** to democratize access to life-saving medicines and equipment.
- **Investment in Public Health Workforce and Leadership Programs** to ensure Africa has the workforce it needs to address health threats.
- **Increased Domestic Investment in Health**, including the domestic mobilization of financial resources, human capital, technical resources, and networks; and
- **Respectful, Action-Oriented Partnerships** to advance vaccine manufacturing, health workforce development, and strong public health institutions.

Speakers:

- **Dr. Nicaise Ndembi**, Senior Science Advisor, Africa CDC
- **Jonathan Keytel**, Head of Healthcare Transformation at Roche Diagnostics – Africa
- **Dr. Evans Amukoye**, Chief Research Officer, Ag Deputy Director Research and Development, Kenya Medical Research Institute (KEMRI)
- **Janet Muriuki**, Senior Director of Health Workforce Development (interim), Intrahealth
- **Nyawira Njeru**, Director Market Access –Middle East & Africa at Hologic, Inc.

Parallel Session: Community and Youth Engagement for Quality Health (Track 7B)

This session explored the importance of engaging young people in Africa to set the continent's health agenda. Speakers noted that young people make up a majority of Africa's population, and are contributing to Africa's workforce, serving as important advocates for their own health needs and the health needs of their communities. Panelists reflected on the need for policymakers and public health leaders to recognize the untapped potential of the younger generation, and engage young people to shape Africa's future.

Speakers:

- **Lolem Ngong**, Chief of Staff, Amref Health Africa
- **Aloyce Urassa**, Chairperson, Alma Youth Advisory Council
- **Moses Mulumba**, Founding Director General, Afya na Haki
- **Ibraheem Sanusi**, Head of Project, Strengthening Crisis, and Pandemic Response in Africa GIZ Office to the African Union
- **Delafrida Ukaga**, Project Specialist, Strengthening HIVST in the private sector (SHIPS), Society for Family Health Nigeria
- **Aya Chebbi**, Former AU Special Envoy on Youth, Founder and Chair, Nala Feminist Collective



Plenary: A Renewed Focus on Africa's Major Infectious Diseases: HIV, TB, Malaria and NTDs (Track 8)

Track leads: Dr. Thomas Nyirenda & Prof. Rose Leke

In Africa, the burden of infectious diseases like HIV, TB, malaria, and neglected tropical diseases (NTDs) remains high, posing significant challenges to achieving global health targets. The urgency to address these diseases and bridge the gaps in progress was a key focus of the panel discussion.

The panelists emphasized the importance of maintaining prevention and care for HIV patients, while also actively seeking out cases of TB and providing effective treatment to reduce its prevalence. To combat drug-resistant TB, the panelists suggested developing integrated care and epidemiological data collection systems. For Malaria, strategies such as training healthcare providers, implementing integrated point-of-care approaches, and engaging communities in control efforts are essential for successful control and eventual eradication.

The burden of neglected tropical diseases in Africa was also acknowledged, and the panelists emphasized the power of collaboration and strong partnerships between communities and donors. While challenges remain, particularly in eradicating canine Guinea worm, the One Health approach was emphasized as a vital tool in prioritizing canine control efforts.

Overall, the panelists' discussions underscored the pressing need for renewed focus and sustained efforts to combat Africa's major infectious diseases. Addressing these diseases requires comprehensive strategies, strengthened healthcare systems, collaborative partnerships, and community engagement to achieve significant progress in improving the health and well-being of the continent's population.

Moderators:

- **Prof. Rose Leke**, Professor of Immunology and Parasitology, University of Yaoundé
- **Dr. Thomas Nyirenda**, Strategic Partnerships & Capacity Development Manager, European and Developing Countries Clinical Trials Partnership (EDCTP)

Speakers:

- **Dr. Mohammed Abdulaziz**, Head, Division of Disease Control and Prevention, Africa CDC
- **Prof. Agnes Binagwaho**, Co-Chair, CPHIA 2022, Retired Vice Chancellor and Professor of Pediatrics, University of Global Health Equity
- **Prof. Marielle Bouyou**, Professor Parasitology Mycology & Tropical Medicine, Université des Sciences de la Santé (USS)
- **Dr. John Amuasi**, Leader, Global Health and Infectious Diseases Research Group, Kumasi Centre for Collaborative Research in Tropical Medicine, KNUST
- **Prof. Moffat Nyirenda**, Professor of Medicine (Global NCDs), London School of Hygiene and Tropical Medicine

Recommendations and Conclusions:

- **Strengthen prevention strategies:** Focus on comprehensive prevention measures tailored to each disease. This includes promoting awareness and education, encouraging behavior change, providing access to preventive tools (such as condoms and insecticide-treated bed nets), and implementing vaccination programs where applicable.
- **Improve early detection and enhance treatment and care services:** It is crucial to improve early detection and diagnosis through healthcare system enhancements such as strengthening laboratory capacities, implementing robust surveillance systems, providing diagnostic training to healthcare workers, and promoting point-of-care testing. Additionally, access to high-quality treatment and care services must be ensured by expanding healthcare infrastructure in underserved areas, scaling up the availability of affordable medications, and equipping healthcare professionals with the necessary training to deliver effective care.

- **Innovating health service delivery:** Embracing innovation in health service delivery is essential to prevent setbacks during future health emergencies. Leveraging telemedicine and digital health solutions can enhance accessibility to healthcare, particularly in remote areas. Building on successful programs and lessons learned from previous experiences can inform the integration of services for HIV, TB, malaria, and other infectious diseases.
- **Sustained commitment:** Governments and donors need to maintain their commitment to addressing HIV, TB, malaria and NTDs. Adequate and consistent funding is also crucial to sustain progress and ensure continuous access to prevention, treatment, and care services.
- **Equity-focused approach:** Health systems should be built with an equity-focused lens, ensuring that vulnerable populations are prioritized. This involves addressing social determinants of health and tailoring interventions to reach marginalized communities. By adopting an equity approach, the disparities in access and outcomes related to these diseases can be effectively reduced.
- **Building public trust:** Governments should prioritize building public trust in the healthcare system. Transparent communication, community engagement, and accountability are essential to establish and maintain trust. When individuals trust the healthcare system, they are more likely to seek timely care, adhere to treatment regimens, and engage in preventive measures.

The conclusions drawn from this plenary session emphasize the importance of improving early detection and diagnosis through strengthened healthcare systems, while also enhancing treatment and care services to ensure access to high-quality care. Sustained commitment from governments and donors, innovation in health service delivery, equity-focused health system building, and fostering public trust in the healthcare system are essential for achieving significant progress in combating these diseases. By adopting an equity-focused approach in building health systems and fostering public trust in healthcare, we can forge a path towards alleviating the burden of these diseases and enhancing health outcomes for individuals and communities worldwide.

“ You don't build a resilient health system in the middle of a pandemic. You prepare ahead of time and build health systems that can absorb shock. ”

–**Prof. Agnes Binagwaho**, Co-Chair, CPHIA 2022, Retired Vice Chancellor and Professor of Pediatrics, University of Global Health Equity

Parallel Session: Expanding Good Practices and Universal Health Coverage Targets Against Common Infections and Epidemics in Africa (Track 8A)

This session emphasized the need to address co-morbidities and emerging threats, such as COVID-19, Ebola, Zika, and climate change. The speakers called for innovation, collaboration, and integration, and coordinated partnerships to address NTDs such as sleeping sickness and other deadly diseases. Strong data management systems were identified as crucial for drug development, and sustainable financing plans were necessary to address NCDs. Sustainable investment in research and innovations for new drugs is also essential to achieving the 2030 NTDs roadmap, SDGs, and overall UHC. The speakers emphasized the need for strengthened partnerships, involving young people and all stakeholders in achieving these goals.

Speakers:

- **Prof. Wilfred Mbacham**, Titular Prof. of Public Health Biotechnology at the Fobang Institutes for Innovations in Science & Technology, Cameroon
- **Prof. Rose Leke**, Professor of Immunology and Parasitology, University of Yaoundé
- **Dr. Monique Wasunna**, Director for Africa, DNDi
- **Dr. Christine Manyando**, Head, Public Health, Tropical Disease Research Centre
- **Dr. Raji Tujadeen**, Head, Division of Public Health Institutes and Research, Africa CDC
- **Dr. Landry Tsague**, UNICEF Senior Health Adviser to the African Union and Economic Commission for Africa

Parallel Session: Conducting relevant and impactful research for common infections and epidemics in Africa (Track 8B)

Discussions on this session focused on conducting relevant and impactful research for emerging and re-emerging threats such as COVID-19, Ebola, Zika, and climate change among others. Panelists stressed the need for resource mobilization and research to halt and eliminate major diseases in the continent. However, lack of skills and expertise in big data science and biotechnology to translate basic research to interventional products and lack of funds were identified as some of the challenges.

Community engagement and increased collaboration with partners, innovative financing to increase investments in research and resource mobilization, fair distribution of clinical studies and trials in Africa, training and building capacity in key subjects such as data science and biotechnology were also recommended to strengthen data systems and impactful research.

Speakers:

- **Prof. Marielle Bouyou**, Professor and Department Head of Parasitology, Mycology, and Tropical Medicine at the Université des Sciences de la Santé
- **Dr. Thomas Nyirenda**, Strategic Partnerships and Capacity Development Manager of the EU-Africa Programme, European and Developing Countries Clinical Trials Partnership
- **Dr. Dorothy Yeboah-Manu**, Noguchi Memorial Institute for Health Research, Ghana
- **Dr. Yewande Alimi**, Antimicrobial Resistance & One Health Program Coordinator, Africa CDC
- **Prof. Nissaf Ben Alaya**, Deputy Director Observatory of New and Emerging Diseases, Africa CDC
- **Prof. Charles Wiysonge**, Senior Director, South African Medical Research Council
- **Dr. Corine Karema**, Interim CEO, RBM Partnership to End Malaria



Plenary: Non-Communicable Diseases – A Growing Public Health Threat in Africa (Track 9)

Track leads: Prof. Kaushik Raimaya, Prof. Taiwo Lateef Sheikh and Dr. Mary Nyamongo

Africa is grappling with a double burden of disease characterized by the coexistence of persistent diseases such as malaria and an escalating burden of NCDs. This plenary reviewed the epidemiology of NCDs, mental health, and injuries on the continent. The discussions shed light on the multifaceted nature of this emerging crisis and underscored the imperative to address it through various lenses.

One key topic explored was the task of achieving UHC for mental health in the African context. The session delved into the unique challenges and barriers that hinder equitable access to mental health services across the region, emphasizing the need for integrated approaches at all levels of healthcare provision, particularly in community-level settings. Recognizing the vital role of grassroots healthcare in addressing NCDs, mental health, and injuries, the plenary sought to identify strategies for seamlessly integrating these aspects into the broader healthcare system, fostering comprehensive care and support.

Moreover, the discussions highlighted the pressing need for increased direct and indirect funding for NCDs, mental health, and injuries programs within African Union Member States. The participants explored opportunities to leverage resources and secure sustainable funding streams, recognizing that effective interventions and initiatives require robust financial backing. By identifying avenues for enhanced funding and strengthening resource mobilization efforts, the plenary aimed to catalyze progress in addressing the growing public health threat posed by NCDs, mental health, and injuries across Africa.

Moderators:

- **Dr. Mary Amuyunzu-Nyamongo**, Executive Director, African Institute for Health & Development (AIHD)
- **Prof. Taiwo Lateef Sheikh**, Member, Africa CDC Advisory Committee on NCDs, Mental Health and Injury, Ahmadu Bello University, Zaria

Speakers:

- **Dr. Ahmed Ogwel Ouma**, Acting Director, Africa CDC
- **Dr. Prebo Barango**, Medical Officer Communicable and Non-Communicable Diseases, Cluster, WHO AFRO
- **Prof. Hassan Ghannem**, Professor of Community and Preventive Medicine, University of Sousse, Tunisia
- **Prof. Ana Mocumbi**, NCDI Poverty Network; Affiliate Associate Professor, Global Health; Associate Professor, Universidade Eduardo Mondlane, Mozambique
- **Dr. Oswald Hervé Goukodadja**, Master Assistant of CAMES, Department of Traumatology & Orthopedics, University of Benin
- **Prof. Jeanine Condo**, Lecturer and researcher at the University of Rwanda, College of Medicine and Health Sciences, School of Public Health
- **Dr. Jibril Abdulmaik**, Psychiatrist, Lecturer, University of Ibadan

Recommendations and Conclusions:

- **Strengthen surveillance and data collection:** Changing demographics, lifestyle factors and new stressors are contributing to the rise of NCDs like cardiovascular disease, chronic respiratory diseases, cancer and mental health disorders in Africa. Countries should prioritize the systematic diagnosis and measurement of NCDs to obtain an accurate understanding of the disease burden at both national and sub-national levels. This data will enable evidence-based planning and resource allocation to tackle NCDs effectively.
 - ◆ Road traffic accidents are responsible for not only deaths and injuries of drivers, but also pedestrians and cyclists. About 44% of pedestrian and cyclist deaths in Africa are due to road traffic accidents.
 - ◆ There is also increasing attention on mental health disorders, which represent 28% of the global burden of NCDs as measured by disability-adjusted life years.

◆ Cancers – and in particular, cervical cancer – are a growing challenge.

- **Increase awareness and screening programs:** Not enough countries systematically diagnose or measure NCDs, and there isn't a good sense of what the true burden of disease looks like at the national level, let alone sub-national level. Public health campaigns should focus on raising awareness about the risk factors and symptoms of NCDs such as hypertension and diabetes. Screening programs can help identify individuals at risk and ensure early diagnosis, leading to timely interventions and improved health outcomes.
- **Enhance access to NCD care:** In light of the disruptions caused by the COVID-19 pandemic, efforts must be made to prioritize and improve the provision of NCD care services. This involves strengthening healthcare systems to recover and adapt, ensuring that NCD care is integrated into primary healthcare settings, and leveraging digital solutions to enhance access to care, especially in underserved areas.
- **Emphasize preventive measures:** Prevention is a key pillar in addressing NCDs. Promoting healthy lifestyles, including regular physical activity, balanced diets, and tobacco and alcohol control, can significantly reduce the risk of NCDs. Investing in road safety initiatives, particularly in urban areas, can also help prevent accidents and reduce related injuries and fatalities.
- **Foster multi-sectoral collaborations:** Collaboration among city planning experts, public health leaders, architects, and construction firms is crucial to design innovative city layouts that prioritize road safety. Such collaborations can lead to the development of urban environments that promote safe transportation and minimize the risk of accidents involving pedestrians, cyclists, and motorists.

The conclusions drawn from this plenary session highlighted the critical insights and perspectives on the rising burden of NCDs, mental health, and injuries in Africa. It emphasized the necessity of comprehensive and integrated approaches, universal access to mental health services, and increased funding to effectively confront this multifaceted challenge. Through comprehensive surveillance, early detection, improved access to care, preventive measures, and multi-sectoral collaborations, Africa can forge a path toward a healthier future, where the burden of NCDs is mitigated, mental health is prioritized, and injuries are effectively prevented and managed.

“Even though poverty is a big issue in developing settings, leadership involvement and correct utilization of resources have been shown as successful strategies to solve the problem of NCDs.”

–**Prof. Jeanine Condo**, Lecturer and researcher at the University of Rwanda, College of Medicine and Health Sciences, School of Public Health

Parallel Session: NCDs, Injuries Prevention & Control, and Mental Health (Track 9A)

During the session, the panelists discussed the continental strategy for NCDs in Africa, as well as the current state of research and interventions for mental health. The panelists emphasized the importance of developing “homegrown and innovative” strategies to address the growing burden of NCDs and mental health issues in Africa. They also urged countries to share their experiences and collaborate on multisectoral approaches, both at the continent and country levels. The panelists recommended the development of specific policies for mental health, along with integrating mental health into primary healthcare programs that are already in place. In addition, the panelists stressed the need for strong local research that takes into account the unique context and challenges of Africa. Finally, the panelists identified political commitment as a crucial component in the fight against NCDs.

Speakers:

- **Dr. Adelard Kakunze**, Technical Officer, Non-communicable Diseases Unit, Africa CDC
- **Dr. Mohammed Abdulaziz**, Head, Division of Disease Control and Prevention, Africa CDC
- **Dr. Carol Labor**, Presidential Advisor on Mental Health, Sierra Leone

- **Dr. Naeem Dalal**, Mental Health Specialist, University Teaching Hospital, Lusaka, Zambia
- **Prof. Margaret Gyapong**, Director of the Institute of Health Research (IHR) and Coordinator of the Centre for Health Policy and Implementation Research (CHPIR) at the University of Health and Allied Sciences (UHAS), Ghana

Parallel Session: The African Cancer Burden (Track 9B)

The session on the cancer burden across Africa highlighted the significant challenges faced by the continent in cancer prevention, diagnosis, and treatment. The lack of disease awareness, limited diagnostic capabilities, and absence of screening and necessary treatment were identified as major obstacles to addressing the burden of cancer in Africa.

The session's audience recommended the integration of mental health as part of the treatment plan for NCDs given the role that it plays in an individual's well-being. The panelists on the other hand noted that it was crucial that governments and health institutions work collaboratively to address cancer challenges. This includes by providing the necessary political will and commitment to research and development and product development to ensure that people in low and middle-income countries have access to cancer care.

Speakers:

- **Prof. Stefan Jansen**, Associate Professor in Neuroscience; Acting Director of Research & Innovation, College of Medicine and Health Sciences, University of Rwanda
- **Prof. Moffat Nyirenda**, Professor of Medicine, Global Non-Communicable Diseases, London School of Hygiene and Tropical Medicine (LSHTM)
- **Marlene Mumukunde**, City Cancer Challenge Representative, Rwanda
- **Qutaiba Al Manaseer**, Senior Director, Corporate Affairs, Middle East & Africa, AstraZeneca
- **Dr. Mary Wambui Moehlmann**, Community Engagement Lead, Access to Medicine Foundation
- **Prof. Eugene Sobngwi**, Professor of Endocrinology and Metabolism, University of Yaoundé



Special Session: A New Era: Africa at the Forefront of Biomedical Research and Development

A special session hosted by the Rwanda Ministry of Health and Rwanda Biomedical Centre featured Hon. Dr. Yvan Butera, Minister of State with the Rwanda Ministry of Health, alongside public health experts, private sector partners, and philanthropists.

All speakers agreed that to move past COVID, Africa must strengthen its own capacity to develop and produce new medical tools, diagnostics and vaccines. Africa relies heavily on vaccine imports: the continent imports over 90% of all medicines used on the continent while only accounting for just 3% of all medicine production globally.

Welcome Speaker:

- **Prof. Claude Mambo Muvunyi**, Director General, Rwanda Biomedical Centre (RBC)

Opening Remarks:

- **Hon. Dr. Yvan Butera**, Minister of State with the Rwanda Ministry of Health

Moderator:

- **Hon. Mark Dybul**, Senior Advisor for the Center for Global Health Practice and Impact, and Professor in the Department of Medicine at Georgetown University Medical Center.

Speakers:

- **Jamie Forrest**, Chief Partnerships Officer, Platform Life Sciences
- **Papa Salif Sow**, Head of Health Initiatives, Mastercard Foundation
- **Joy Phumaphi**, Executive Secretary, African Leaders Malaria Alliance
- **Cristina Niculescu**, Life Science Investment Specialist, European Investment Bank
- **Dr. Andrey Zarur**, CEO, Greenlight Business

Key Takeaways:

In order to propel innovation and fortify Africa's research and development (R&D) ecosystem, it is important for the continent to invest in both infrastructure and skilled individuals. One notable example is Rwanda, which has demonstrated its commitment to advancing biomedical research by successfully conducting numerous clinical trials and establishing itself as a hub for mRNA vaccine development. Recognizing the significance of human capital in driving R&D, the Mastercard Foundation has taken the initiative to launch various programs aimed at investing in the next generation of young scientists in Africa by equipping them with the necessary expertise, particularly in vaccine research and development.

To bolster the clinical trial infrastructure across Africa, a strategic approach involves fostering collaboration between clinical sites of varying capacities. By facilitating real site-to-site learning, partnering institutions can mutually support and enhance their capabilities in conducting clinical trials. Additionally, it is crucial to address the existing gap in expertise by establishing educational institutes within Africa itself. Currently, many institutions equipped to train individuals in the necessary skills for medical tools development are situated outside the continent. Therefore, there is a pressing need for universities and training institutions in Rwanda and other African countries to cultivate their own capacity and expertise in this domain.



“ We believe that science can unlock the wellbeing of the population and unlock the progress of the economy.”

–**Hon. Dr. Yvan Butera**, Minister of State with the Rwanda Ministry of Health

Special Session: Reflections from African Health Ministers

Five Ministers from across Africa joined Dr. Ahmed Ogwel Ouma to discuss the current state of play in their countries and in our shared region. The leaders engaged in a lively discussion about the most pressing issues facing their countries today, and how we can jointly work towards a New Public Health Order across the continent.

The session was moderated by Dr. Magda Robalo Correia e Silva, former Minister of Health of Guinea Bissau and President and co-founder of The Institute for Global Health and Development. Each Minister reflected on how their countries' health systems rose to meet the unprecedented challenge of COVID-19; and shared lessons learned from their experiences working to recover from the pandemic's impact on primary healthcare services.

Moderator:

- **Dr. Magda Robalo**, Former Minister of Health, President, Institute for Global Health and Development (IGHD)

Speakers:

- **Hon. Dr. Yvan Butera**, Minister of State with the Rwanda Ministry of Health
- **H.E. Prof., Ait Taleb Khalid**, Minister of Health, Morocco
- **H.E. Yolanda Awel Deng Juach**, Minister of Health, South Sudan
- **Dr. Amr Shamseldin**, Chief of Preventive Sector, Egypt
- **Dr. Eduardo Gudo**, Deputy Director General, National Institute of Health (INS) Republic of Mozambique
- **Dr. Ahmed Ogwel Ouma**, Acting Director, Africa CDC

Key Takeaways:

The panelists emphasized the critical need for agile, inclusive, and resilient health systems in Africa. They highlighted that substantial investments in healthcare are essential to realize the vision of The New Public Health Order. However, it was acknowledged that the current level of domestic, international, and private investments remains insufficient. The panelists stressed the importance of building trust within the community as a fundamental step towards achieving the desired healthcare goals. Additionally, they underscored the need for a multi-sectoral approach to health security, emphasizing the significance of collaboration and coordination across various sectors to ensure comprehensive and effective protection.



Hon. Dr. Yvan Butera, Minister of State with the Rwanda Ministry of Health highlighted Rwanda's commitment to health financing, and successes in expanding health coverage. He noted that Rwanda has seen investments in health have returned, and more than 99% of Rwandans have health coverage. He confirmed that Rwanda invests 15% of its budget in health, and also engaged private health insurance companies to contribute to expanding health service delivery.



H.E. Prof. Ait Taleb Khalid, Minister of Health, Morocco, emphasized the importance of enforcing health security across the continent. He noted that this will rely on transitioning to transnational collaboration in manufacturing and procurement, and ended with the thought, "the destiny of Africa is between African hands," calling on all countries to work better together for African Sovereignty.



H.E. Yolanda Awel Deng Juach, Minister of Health, South Sudan highlighted that COVID-19 was addressed through advocacy by the South Sudan Government, which strengthened the pandemic response at the community, grassroots level. But across Africa, long-term domestic, international and private investments are still poor, and she noted that investment in healthcare is highly needed to realize the New Public Health Order.





Dr. Amr Shamseldin, Chief of Preventive Sector, Egypt noted that Egypt took two parallel routes to achieve health security. The first was to increase the classification of the Egyptian Drug Authority, allowing Egypt to start locally manufacturing vaccines. The second was to build trust with the community, and use awareness campaigns starting from the rural to district level to spread information.

Dr. Eduardo Gudo, Deputy Director General, National Institute of Health (INS) Republic of Mozambique, emphasized that Mozambique's COVID-19 response had commitment from the highest level of the government, particularly from the President. He underscored the importance of high-level political leadership in responding to health emergencies, and noted that health security requires a multisectoral approach.



Dr. Ahmed Ogwel Ouma, Acting Director, Africa CDC, noted three major areas that helped Africa CDC support the COVID-19 response effectively. First, strong political leadership within countries allowed us to be involved in guiding the response. Second, reliance on science and data helped guide evidence-based decision-making. And third, strong partnerships between Member States across the continent allowed experts to be deployed to different countries to lend their expertise to their neighbors.



ABSTRACTS





ABSTRACTS

Abstracts were accepted for all nine conference tracks at CPHIA 2022, with a total of 1402 submissions. Each submitted abstract underwent a blind review process conducted by at least three members of the CPHIA Scientific Programme Committee. Of the submissions, 175 were selected for CPHIA’s poster hall, and a further 56 were selected for oral presentations. Nine parallel sessions were organized for oral abstract presentations – Track 1 hosted 2 sessions, while Tracks 2, 3, 4, 5, 6, 8 and 9 each hosted 1 session. All presenters were allocated 10 minutes to share their findings. The CPHIA 2022 Abstracts book will be published in the Journal of Public Health in Africa (JPHIA), the official journal of Africa CDC.

BY NUMBERS



1,400+

submissions from across all regions of Africa and the world

9

abstract-driven sessions

175+

poster presentations

50+

oral presentations by emerging scientific leaders



1,240+

submissions from across Africa



SIDE EVENTS



SIDE EVENTS

Between 12 and 15 December, CPHIA 2022 featured 56 in-person and 3 virtual side events organized by organizations from around the world.

Side events play a pivotal role in enhancing the CPHIA experience by offering platforms for in-depth exploration of specific aspects of public health. These events provide valuable opportunities to foster collaboration and ensure inclusivity within the CPHIA program. The topics covered focused on topics related to the conference themes such as women's leadership, local vaccine production in Africa, the role of the private sector, digital solutions for pandemic preparedness, and health systems strengthening.

BY NUMBERS

100+

side event applications

56

in-person side events

3

virtual side events



ANNEXES



ANNEXES

The CPHIA 2022 conference was held in person, while also providing virtual attendees the opportunity to join select sessions through a live stream. The live stream reached a wide audience of 33,016 viewers across YouTube and Facebook.

Annex A: Virtual Participation

Event	Number of Viewers
AFRICA CDC YOUTUBE CHANNEL	
CPHIA 2022 main events 13th - 15th Dec. 2022	4,841
Youth Pre-conference 10th - 11th Dec.	1,640
CPHIA - Press Conference Dec. 12th	519
Side Events	864
Sub-total	7,864
AFRICA CDC FACEBOOK PAGE	
CPHIA 2022 main events 13th - 15th Dec. 2022	6,784
Youth Pre-conference 10th - 11th Dec.	8,433
Side Events	9,935
Sub-total	25,152
Total	33,016

Annex B: Scientific Programme Committee Members

Agnes Binagwaho (Co-Chair)

Retired Vice Chancellor and Professor of Pediatrics, University of Global Health Equity

Senait Fisseha (Co-Chair)

Vice President of Global Programs, The Susan Thompson Buffett Foundation

Ahmed Ogwel Ouma (Ag. Director Africa CDC)

Sabin Nsanzimana (Host CPHIA 2022)

Minister of Health, Rwanda

Alimuddin Zumla

University College London

Amit Thakker

Africa Health Business

Ayat AbuAgla

Trinity College Dublin

Benjamin Djoudalbaye

Africa CDC

Brenda Asiimwe Kateera

Clinton Health Access Initiative (CHAI)

Charles Wiysonge

South African Medical Research Council (SAMRC)

Christine Manyando

Tropical Diseases Research Centre

Claude Mambo Muvunyi

Director General, Rwanda Biomedical Centre (RBC)

Daniel Bausch

Foundation for Innovative New Diagnostics (FIND)

Daniel Ngamije

Former Minister of Health, Rwanda

Ebere Okereke

Tony Blair Institute for Global Change

Edem Adzogenu

AfroChampions

Esperanca Sevens

Universidade Eduardo Mondlane

Francine Ntoumi

Fondation Congolaise pour la Recherche Médicale

Githinji Gitahi

Amref Health Africa

Glenda Gray

South African Medical Research Council (SAMRC)

Jean Claude Semuto Ngabonziza

Rwanda Biomedical Centre

Jean Philbert Nsengimana

Africa CDC

Kamija Phiri

Kamuzu University of Health Sciences

Kaushik Raimaya

Shree Hindu Mandal Hospital

Kedest Tesfagiorgis

Bill & Melinda Gates Foundation (BMGF)

Krishna Udayakumar

Duke Global Health Institute

Landry Tsague

UNICEF

Leon Mutesa

University of Rwanda

Magda Robalo Correia Silva

Institute for Global Health Development (IGHD)

Man Charurat

University of Maryland School of Medicine

Marie Michelle Umulisa

RINDA UBUZIMA

Mary Nyamongo

African Institute for Health & Development (AIHD)

Monique Wasunna

Drugs for Neglected Diseases Initiative (DNDi)

Margaret Gyapong

University of Health and Allied Sciences

Nissaf Bouaffif

National Observatory of New and Emerging Diseases

Noella Bigirimana

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Regional Director, East and Southern Africa Regional Office, FHI360

Pauline Byakika Kibwika

Makerere University

Placide Mbala

National Institute of Biomedical Research

Raji Tajudeen

Africa CDC

Rose Leke

University of Yaounde II

Salim Abdool Karim

Centre for the AIDS Programme of Research in South Africa (CAPRISA)

Shingai Machingaidze

Africa CDC

Stefan Jansen

University of Rwanda

Theresa Madubuko

Africa CDC

Taiwo Lateef Sheikh

College of Medical Services - Ahmadu Bello - University

Thierry Nyatanyi

Global Health Security Agenda at USAID

Thomas Nyirenda

European and Developing Countries Clinical Trials Partnership (EDCTP)

Tobias Rinke de Wit

University of Amsterdam

Trevor Crowell

Johns Hopkins University School of Medicine

Vedaste Ndahindwa

World Health Organization

Winnie Byanyima

UNAIDS

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Nicole Jabo (Secretariat Co-Lead)

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Annex D: Local Organizing Committee Members

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Aytenew Ashenafi Eshete

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Africa CDC

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Ephrem Sheferaw

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Eric Remera

RBC

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Faith Nfii

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Musafiri Sanctus

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Grace Ren

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Henok Minas Brook

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Howard Nyika

Africa CDC

Justine Umutesi

RBC

Koketso Dlongolo

GHS

Laurence Ntawunga

RBC

Zied Mhirsi

GHS

Annex G: Media Scholarship Recipients

Name	Outlet	Country	Region
Monica Mayuni Kayombo	Daily Mail	Zambia	Southern Africa
Tuyeimo Ndesihalela Ivawa haidula	Namibian Sun	Namibia	Northern Africa
Mae Azango	Front Page Africa	Liberia	West Africa
William Tadum Tadum	Le Calame	Cameroon	West Africa
Patricia Akankwatsa	Independent	Uganda	East Africa
Pauline Ongaji Ogada	Daily Nation	Kenya	East Africa
Kamaldeen Omotayo Oropo	The News Agency of Nigeria	Nigeria	West Africa
Maimouna Gueye	Le Soleil	Senegal	West Africa
Sara Anna Jerving	Devex	Kenya	Global
Syriacus Buguzi	SciDev.Net	Tanzania	Regional
Quitéria Joana Uamusse	Agência de Informação de Moçambique	Mozambique	Southern Africa
Ina Nelisiwe Nzama	The Conversation	South Africa	Southern Africa
El Hadj Oumar Diagana	Espace Manager	Tunisia	North Africa
Mohamed El Fateh Khoukhi	Ma santé Ma vie	Algeria	North Africa
Luchuo Engelbert Bain	PAMJ	Cameroon	West Africa

Annex H: Media Partners

Type of outlet	Language	Media partner
Journal	English	PAMJ
Global	English	Devex
Regional	English	Africa.com
		The Conversation Africa
		SciDev.Net
		EAHP
In Country (Tunisia)	Arabic & French	Espace Manager
In Country (Algeria)	Arabic	Ma santé Ma vie
In Country (Cameroon)	French	Le Calame
In Country (Mozambique)	Portuguese	Agência de Informação de Moçambique

Annex I: Survey Results

Meeting organizers circulated a post-meeting survey to assess participants' experiences and identify areas for improvement for future meetings. 420 participants responded to this year's survey. Based on the responses received, it appears that the majority of participants had a positive experience at CPHIA 2022. Specifically, 92% of respondents rated their overall experience above 4 out of 5, indicating a high level of satisfaction with the conference.

In terms of the topics covered at the conference, three of the most popular topics selected by participants were Epidemiology, Diagnostics, and Clinical Management of Emerging and Re-emerging High Consequence Infectious Diseases (HCID) in Africa, Increasing Local Production in Africa: Advocacy, Research and Development Capacity in Diagnostics, Therapeutics and Vaccine Manufacturing, and Strengthening Health Systems for Equitable and Universal Health Coverage in Africa. These topics were chosen by 40%, 22% and 26% of participants, respectively.

When asked about the likelihood of attending future conferences, 91% of participants rated above 4 out of 5, indicating a strong interest in attending future CPHIA conferences.

Overall, the survey results suggest that CPHIA 2022 was a successful conference that provided valuable insights and information on a range of important public health issues in Africa. The high level of satisfaction among participants and their strong interest in attending future conferences are positive indicators of the conference's success.