Repositioning Healthcare In Africa For Sustainable Development

FAMSA General Assembly
University of Ibadan, Nigeria

Conference Report on the 32nd FAMSA General Assembly & 50th Anniversary.
November 18 - 24, 2018
Our Mission

“To inspire a generation of healthcare students and participants to take charge and play active roles in structuring the future of healthcare in Africa for sustainability.”
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Dear All,

More than 600 participants from over 10 countries came together from November 18 to 24, 2018 at the International Conference Center, University of Ibadan to focus on finding ways to reposition healthcare in Africa for sustainable development. When the idea of this historical Pan-African healthcare event was conceptualized about 14 months prior, our goal was to organize a strategic event that would inspire a generation of healthcare students and participants to take charge and play active roles in structuring the future of healthcare in Africa for sustainability.

We wanted an event that would provide a premier ground breaking discussions concerning healthcare issues in Africa, and stimulate youths to cause catalytic change and significantly accelerate Africa’s development. Through this event, we have learnt that a sustainable healthy Africa would have to be built on youth development, Pan-Africanism, innovation, novel policies and funding.

This report summarizes some of the insights from all the sessions in the official programme of this strategic event, as well as outcomes from our novel reso-hackathon organized by the contents committee. To build on the conference momentum and in the spirit of sustainability, we have started working on the following:

- Making the conference materials freely available to the general public and archiving the rich content of the event on the website.
- Exploring how to make the next conference in Kenya better and more impactful via more action-able and innovative steps.
- Distributing conference report to sponsors, African governments, Global health organizations, private companies, Educational Institutions and NGOs across Africa and the world at large.
- Continuous engagement with key policy organizations to implement resolutions made at the conference.

I hope this report stimulates further thinking and catalyses actions on repositioning healthcare in Africa for sustainable development. I gratefully acknowledge our grantee, sponsors—Johnson & Johnson and WHO, and partners from all over the world, as well as the members of the organizing committee and faculty advisors for their commitment throughout the process of designing this historical event. Through our passion and commitment to cause change in Africa, FAMSA GA 2018 achieved key milestones that has placed it in history as the best general assembly ever.

On behalf of the organizing committee, thank you for carrying on the vision of a sustainable Africa!

Jesutofunmi A. Omiye
Organizing Chairperson

“FAMSA GA 2018 was really great and I look forward more.”

- David Jolly Muganzi,
  Mbarara University of Science and Technology, Uganda.
Message from the Advisory Board Chair

Dear Stakeholders,

I feel highly privileged to have been part of the 50th Anniversary and 32nd General Assembly of the Federation of African Medical Students’ Associations (FAMSA). Although the preparations were marked with numerous challenges, the planning committee (the students and their faculty advisors) were undeterred and weathered every storm with aplomb.

The Chair of the Organising Committee, Tofunmi Omiye calmly led his peers to navigate the stormy route to the opening of the conference, including the critical four-week period he was away in Chicago for an elective posting. It was obvious that he was leading a group of leaders, as each member of the committee attended to their duties with due diligence and admirable enthusiasm. They were able to mobilize so much in terms of resources for the conference that I wonder what they will do, when they are more mature and experienced than they are now.

It was not much of a surprise to see how events unfolded on the day the conference opened, although I really did not expect that such a big event being organised by medical students could come off so smoothly. The talent that these students had was exemplified by the saxophonist who played during the musical interlude at the opening ceremony. These were not unidimensional swots burying their heads in voluminous medical textbooks, these were multitalented youth that are going to reposition healthcare for sustainable development in Africa.

The other sessions each had their high points and most participants I interacted with were happy to be part of this hugely successful 32nd General Assembly of FAMSA.

I am also glad that I was a small part of it. It left me feeling elated about what was achieved in the face of daunting odds and very optimistic for the future of the continent when this group of youth take over leadership.

Akinyinka Omigbodun
Professor of Obstetrics & Gynaecology,
University of Ibadan, Nigeria
Chair, Board of Advisors
Conference Highlights

Largest conference ever in the 50-year history of the Federation

79% of attendees were students

35 Speakers from all over the world

3 Workshops on Mental Health, NCDs and Obstetric & New Born Care

Over 450% increase in number of attendees compared to the previous meeting

40 Abstract Presentations

92 Scholarships provided including travel and accommodation

2.6 Million impressions on Twitter

$50,000 Johnson & Johnson Africa Innovation Challenge was officially announced

92% of conference attendees rated the conference as Excellent

More than 600 people from over 10 countries participated in this historical event.

6 RESOLUTION PAPERS FROM THE RESO-HACKATHON CHALLENGE

97% of participants stated that they were inspired to play active roles in structuring the future of healthcare in Africa for sustainable development

85%+ of attendees have never attended a FAMSA conference

Over 50 Media Coverages
The Concept, Evaluation and Methodology

Theme: Repositioning Healthcare In Africa For Sustainable Development.
Mission: The mission of the conference was to inspire a generation of healthcare students and participants to take charge and play active roles in structuring the future of healthcare in Africa for sustainable development.
Date: November 18 to 24, 2018

The 32nd General Assembly was the first of its kind in FAMSA; a historic Pan-African Scientific Conference which created a platform for delegates and healthcare professionals across the globe to deliberate on pertinent healthcare issues from November 18 – November 24, 2018 under the theme:

Repositioning Healthcare In Africa For Sustainable Development.

The Federation of African Medical Students’ Associations General Assembly (FAMSA GA) is the largest gathering of African medical students and professionals anywhere in the world. The General Assembly serves as the annual meeting of African medical students under the umbrella of the Federation of African Medical Students’ Associations (FAMSA), an association with the vision of improving the health of the African people.
Objectives of the Conference

- To provide a premier avenue for ground-breaking discussions concerning healthcare issues in Africa.

- To create a balanced platform for healthcare experts and youths from around the continent to shape an integrated perspective on the future of healthcare in Africa.

- To initiate and promote youth engagement in the sustainable development of healthcare in Africa.

- To proffer recommendations to health issues in Africa which can be adopted by the Governments of individual African countries and the African Union (AU).

The specific objectives were:

- To increase knowledge about the Sustainable Development Goals (SDGs) and emphasize the role healthcare plays in achieving them.

- To initiate and promote advocacy among youths towards healthcare in Africa.

- To encourage African governments to involve youths in decision making and policy development.

- To proffer high-impact recommendations that can be directly implemented among participating medical schools across the continent.

- To promote a multi-sectorial, collaborative approach towards solving healthcare problems in Africa.

- To initiate and promote Pan-Africanism

- To promote technology as an important tool in achieving SDG3 “Ensure healthy lives and promote wellbeing for all at all ages.”

To stimulate rational discussions and diverse perspectives on the most critical health issues facing the African continent.

Evaluation

Our evaluation was the beginning of assessing if the conference met its objectives. It is compilation of statistics from session summaries, conference app, registration data, media analysis and feedback from our advisory board. It also includes statistics from surveys sent out to all delegates at the event. The survey questions allowed open-ended suggestions to improve the next event.

The next important question is what will happen in the future? Will Africa achieve sustainable healthcare, and will delegates take actionable steps towards this cause? 98% of delegates said they would, however conference attendees will be re-surveyed in the next event to document exactly what steps they have taken. One thing we are sure of is that the future of healthcare in Africa is brighter than ever.
Overview of the Conference

Based on the above background, a unique strategy was developed to ensure successful planning of a historical event.

The organizing committee was set up after a thorough screening process with over 50 hours of interview sessions, and uniquely structured under 8 key departments with constant evaluation by the monitoring & evaluation board. The committee started working on FAMSA GA 2018 in September 2017 and discussed with key experts on structuring the event for maximum impact. Emphasis was placed on achieving all the objectives set out for the event and catalysing Africa’s progress towards achieving sustainable development in healthcare. Throughout the period of preparation for the event, the committee contacted and worked with the University, Public and Private institutions, NGOs and Global health organizations from all over the world.

Over the course of 14 months, the committee worked tirelessly to secure global partnerships, and strategic funders in order to ensure a highly-impactful world-class event. The conference featured rich and robust scientific component that inspired participants to begin to take active roles in repositioning healthcare on the African continent for Sustainable development. Featuring nine impactful panels involving spirited discussions on some of the most important healthcare challenges facing our continent, the conference provided an opportunity for participants to learn and ask questions from experts on those topics as well as challenge themselves to develop innovative and sustainable solutions to these problems as they returned to their various countries and localities. Sandwiched appropriately between the plenary sessions, the special sessions were an icing on the cake. They featured leaders from two of the biggest healthcare organizations in the world in what most delegates considered truly inspirational moments. From learning about charting a career path in global health to a better understanding of the innovation process, the delegates were charged to take up active roles in solving some of our biggest healthcare challenges.

Furthermore, for three afternoons during the conference, participants got together in smaller groups to dig deeper and further understand a specific topic in our well-structured workshops organized in conjunction with our learning partners who are all active players in the specific fields. In one of such organized by the Mentally Aware Nigeria Initiative (MANI), participants learnt to care for their own mental health despite the rigors of the medical training and also to be mental health advocates. The conference also featured a Reso-Hackathon where some participants brainstormed in groups of five to come up with actionable policy solutions to specific health care issues in Africa. It was clear from these moments that Africa indeed has a bright scientific future.

As we take a backward glance, we are glad that we achieved our key objective of inspiring the next generation of African Healthcare leaders to first understand, and then take active roles in solving our most pressing healthcare challenges ultimately to reposition healthcare in Africa for Sustainable Development.

Subtheme 1: The African Medical Student and the SDGs: Where do we come in?

Subtheme 2: Medical education in Africa: Curriculum, research inclusion and mentorship.

Subtheme 3: Maternal and Child Health in Africa: The wages of disconnect.

Subtheme 4: The Burden of NCDs: Taking a quantum leap

Subtheme 5: Infectious Diseases in Africa: Are we really winning?

Subtheme 6: Sustainable vaccination schemes in Africa: Getting it right.

Subtheme 7: Outbreak and Disaster Management in Africa: Identifying and overcoming the barriers.

Subtheme 8: Mental Health: Breaking the silence.

Subtheme 9: Health Policy and Financing: Saving the future of Africa.

Subtheme 10: Social Determinants of Health:- Connecting the Dots
Organising Committee of the 32nd FAMSA GA.

Distinguished Participants, Ladies and Gentlemen.

I would like to start by expressing apologies for not being able to address you in person, in spite of my earlier commitment. This has been occasioned by a request for me to accompany the WHO Director-General to a high-level meeting on Global Health.

I am however, honoured to have the WHO Country Representative in Nigeria to address this 32nd General Assembly and 50th Anniversary of the Federation of African Medical Students’ Association on my behalf. I would like to congratulate the University of Ibadan Medical Students’ Association for the exceptional arrangements for this General Assembly. Special thanks goes to the Organising Committee who have tirelessly prepared for this General Assembly.

I am particularly pleased with the theme: Repositioning Healthcare in Africa for Sustainable Development. This relates accurately with my agenda for transformation of health in the Africa Region, captured in the Africa Transformation Programme 2015 – 2020.

Good health and development are considered fundamentally connected. Better health is regarded as a pre-condition for development, as well as an outcome of sustainable development. Health is essential for achieving all the social, commercial and environmental pillars of development. Health contributes to development, as well as benefits from development, and can be used as a measure of development.

Indeed, this connection is well articulated in the global Sustainable Development Agenda agreed by all countries in 2015. The 17 Sustainable Development Goals (SDGs) which are regarded as critical for assuring global sustainable development by 2030 all have targets that influence health of populations. This connection recognises that health and wellbeing runs across the entire fibre of sustainable global development. It is up to us, as health sector stakeholders, to take advantage of this unique opportunity and drive forward a health agenda that benefits populations, not only through improving their health, but also supporting their development aspirations.

At present, many African countries are on an improving trajectory for health and wellbeing. This was largely driven by the progress made since 2000 as a result of the focus of the Millennium Development Goals. The burden of diseases such as HIV, Malaria and TB has significantly reduced, with the prevalence of HIV and Malaria, for example, declining by 57% and 42% respectively. These achievements have been mirrored by improvements in funding for health, arising from better funding from governments, private sector and external health partners.

However, progress is not at a pace needed to attain the health and wellbeing our populations deserve, and has been uneven across and within countries, with persistent inequalities observed globally. Funding for health is still low, compared to other regions of the world. Health systems are still grappling with inefficiencies and inequities, reducing further the impacts of the limited resources available. Sustain health challenges.

In addition, our populations in Africa are undergoing demographic, social, economic and cultural changes that at times raise or sustain health challenges.
For us to effectively reposition healthcare in Africa for sustainable development, we need to explore new and innovative ways of addressing old problems. My African Transformation Program proposes a number of priority areas where we should place emphasis.

- Firstly, we need to tackle the health security challenge we face. Disease outbreaks and disasters are too frequent, and are eroding the health gains we are making, placing unnecessary strain on our health provision capacity. We need to focus unequivocally on building community and health system resilience to improve our capacity to respond to threats.

- Secondly, we need to focus on targeted system strengthening, aimed at ensuring equity and universal health coverage. Targeted system strengthening implies we shift our focus from processes and activities, and instead identify and invest in those interventions that will improve access, quality of care, community engagement and build resilience of systems. There are currently too many initiatives being promoted, which have an unclear relationship to the health and wellbeing results our people deserve.

- Thirdly, we should not forget the effort needed to sustain and further improve gains made in tackling deadly diseases, particularly HIV, TB and Malaria. In the MDG era, we managed to drive down the burden of these diseases. This effort should be continued, until these conditions are no longer of any public health importance and are not associated with significant avoidable mortality.

- Fourth and finally, we need to ensure health and wellbeing is approached from a determinants perspective. We do recognise health starts in the home, but is influences by factors way beyond the home – and is only repaired in health facilities. We should address the social, commercial, environmental and political determinants that are influencing attainment of health results at an individual and population level.

It is my belief that, by addressing these simple actions, we will be on the path to reposition health for sustainable development in Africa. It is not easy, and will need new and unique innovative approaches to addressing the health challenges, but it is something that is feasible. You young people represent the future of health in the continent. It is my plea that, as you join us on this battlefront, you will be effectively positioned to play your part in building sustainable health and wellbeing in the continent. I look forward to the outcomes of your deliberations.

Thank you very much for your kind attention and I hope the General Assembly will be a great success. Thank you.
Plenaries - Summary and Call to Action

Each session featured two to four speakers and a moderator and began with a short keynote power-point presentation delivered by one of the panellists followed by a 2-minute introductory video made by the organising committee to set the tone for the discussion. The remaining part of the session was “Davos-style” and casual. Each speaker delivered a 3-minute introduction of the topic, this then culminated into a lively, open debate as the moderator further engages the speakers by asking pertinent questions. The floor was then open to the audience for questions, opinions, and clarifications.
1. The African Healthcare Student and the SDGs; Where Do We Come In?

Session summary and call to action: Medical students all over Africa can help achieve the SDGs, especially SDG3, through acquiring knowledge of the challenges facing the African continent in terms of health, having an understanding of what the SDGs entail, creating awareness about it and carrying out actions on it. The African medical student needs to engage innovatively and politically in terms of advocacy to contribute to achieving the global goals by 2030 and especially so that Africa will not be left behind.

2. Outbreak and Disaster Management in Africa; Getting it Right

Session summary and call to action: Three basic areas are involved in carrying out Emergency management; Infrastructure (including facilities, power, transportation, laboratories etc.), Management systems (people, skills, management structure, decision making and community management) and Information (Data systems for planning, monitoring and evaluation). Major challenges to outbreak and disaster management are financial constraints and lack of political will. The African medical student can actively participate in the conversation by disseminating the right information to the community as community participation is key in outbreak and disaster management.

3. Infectious Diseases in Africa; Are We Really Winning?

Session summary and call to action: A lot still needs to be done regarding the control of infectious diseases in Africa and identified hindrances include incessant strike actions by health workers, lack of PPEs for health workers, poor surveillance systems, lack of diagnostics amongst others. We need to move from a syndromic approach to using an aetiological approach in achieving good surveillance in Africa and these can only be achieved by improving diagnostics. As medical students in Africa, we need to improve our knowledge of surveillance and be innovative in terms of diagnostics. There is a need to gain exposure and access to technologies necessary to understand and diagnose these diseases better. We need to also continue to spread awareness and push for compliance for infectious disease control measures such as safe handwashing practices.

4. The Burden of Non-Communicable Diseases in Africa; Taking a Quantum Leap

Session summary and call to action: Four major global Non Communicable Diseases: Cardiovascular diseases, Cancer, Diabetes Mellitus and Chronic Respiratory Diseases, share four main risk factors: Tobacco use, Alcohol, Physical inactivity and Unhealthy diet. In Africa, we are very far from achieving our set indicators. Obstacles to implementation include: political choices, health systems, finances, an impact of the economy. We can come in as youth by being champions of NCDs; gathering facts, advocating for prevention in our communities and helping to implement laid down policies in the communities. We recommend a specified national budget (as part of national plan of action to tackle NCDs) to be allocated to research studies concerned with the knowledge, attitude and practice of NCDs risk factors at the community level.

5. Mental Health in Africa; Breaking the Silence

Session summary and call to action: Taking a look at the statistics of mental health problems, we see that 1 in 4 people i.e. 25% are affected worldwide,
3 in 4 people living with severe mental health illness are in our region (Sub-Saharan Africa). It is therefore imperative that we break the silence. Some identified challenges to mental health in Africa is a lack of awareness about mental health, inadequate funding, as well as paucity of mental health professional as even those that are trained here move out of the continent in a bid to seek greener pastures. The African medical student needs to speak up, we need to be vocal. We must help the patients through advocacy and agitation for their rights.

6. Maternal and Child Health in Africa; The Wages of Disconnect

Session summary and call to action: Globally in the SDG era, we want to ensure that no woman dies while giving life, no baby is stillborn, no child dies or is stunted and we have healthy adolescents. To achieve all of these by 2030, we need to improve our efforts. Five things that could be done differently include: Integrated plans (such as integrated services delivery, continuum of care and coordination), Investment for impact (through governance, community participation and partner alignment), Implementation (with innovation), Improving our indicators and metrics (data and indices) and Intentional leadership development. Medical students can start by getting interested in and looking into maternal and child mortality indices, finding out the causes of these/what went wrong and looking for innovative ways to help tackle such problems.

7. Social Determinants of Health; Connecting the Dots

Session summary and call to action: Urbanization, globalization, employment conditions, gender equity, health systems, social exclusion are some major social determinants of health. Worthy of note is also the bilateral relationship between health and development. The social determinants of health should be enshrined in the “Health for All Policies” mantra by the Government and leaders around the world, especially in the low and middle income countries. To combat addiction to things like smoking and harmful alcohol use for instance, African countries need to first strengthen their tax system. Education is another aspect that we need to look into, and this doesn’t have to be formal education. We could go into the community and teach them basic things in their own language. We need to look at our environment, identify the most prevalent challenges and think of ways to best combat our own problems. We medical students can begin by creating awareness and campaigning for better opportunities, socially and economically, to allow everyone thrive.

8. Medical Education in Africa; Curriculum, Research, Inclusion and Mentorship

Session summary and call to action: Some of the challenges facing medical education in Africa include fragmented/outdated static curricula, total absence or lack of efficient accreditation systems, physician migration, insufficient supervision of clinical experiences and most especially supervision of community based internship to ensure objectives are attained and also meets to the health needs of the communities. All these aspects need to be worked upon to improve medical education in Africa. It is very important for the African medical education system to define what/who a doctor is to be. Some important skills include social skill, team working skills, communication skills, entrepreneurship skills, research skills, learning skills, research skills, critical reasoning or critical thinking skills and all these
need to be incorporated into the curriculum and we students should also take deliberate efforts to imbibe this. Medical students training should also include learning in the primary health facilities and not just in tertiary hospitals and overall, the goal of medical education should be to produce medical students who can respond appropriately to the needs of their local environment while they continue to be globally relevant and this can be achieved through improving curriculum and pedagogy to be relevant and adaptable, inculcating mentorship and international exchanges to give medical students a great learning experience.

9. Sustainable Vaccination Schemes; Saving the Future of Africa

Session summary and call to action: 9.8 million children are not yet reached in terms of vaccine coverage in Africa, so we need to continuously strive to meet the global vaccine action plan target, in which all individuals and communities enjoy lives free from vaccine preventable disease. We believe this can be achieved by;

A sustainable vaccination program that considers maximizing the joint forces of all stakeholders; policy makers, government, private, NGOs, healthcare personnel including nurses, laboratory students, medical students to ensure corporate investments in building a solid platform; a nation immunization plan that makes clear statements of specific role of each stakeholders towards reaching Global Vaccine Action Plan 2020 vision.

Opportunities for student interns to join immunization programs should consider involving all healthcare students so that all health personnel would value vaccination and also encourage their patients and families to go for it.
Attendance in Fact and Figures

Audience Breakdown

- Students: 78.7%
- Healthcare Professionals: 8.8%
- Researchers: 4.99%
- NGOs: 2.95%
- Leaders, Policy Makers & Industry Experts: 2.58%

Countries Represented

- Nigeria
- USA
- Sudan
- Botswana
- Kenya
- Cameroon
- Sierra Leone
- Rwanda
- Uganda
- Ethiopia
- Somaliland

Gender Representation

- Male: 51.8%
- Female: 48.2%

Attendees: 600+
Countries: 11
Speakers: 35
Exhibitors: 3
**Special Sessions Report**

### Session I

**The Young Doctors’ Potential for Impact in Global Health; Reflections on a Career in Global Health**

The session included a first part that summarized the areas of works of the Bill & Melinda Gates foundation in developing countries viz a viz polio eradication, primary healthcare strengthening, nutrition, agriculture, financial inclusion and women and girls.

In the second part of the session, Dr Paulin gave twelve incredible suggestions to guide the young healthcare student in forging a world-changing career. Dr Paulin’s pieces of advice are as follows:

- Ground your study in patient care
- Understand your context
- Gain experience in the “last mile delivery”
- Become an informed consumer of the literature
- Make the patient at the centre of your practice
- Commit to a live of continuous learning
- Find your North Star
- Explore new opportunities; do not be afraid to take the road less travelled
- Cultivate a relationship with a mentor
- Be the change you seek
- Keep your integrity
- Be thankful and remain positive

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### Session II

**Transforming Healthcare in Africa Through Research and Innovation**

The session began by introducing Johnson & Johnson as the largest comprehensive healthcare company in the world whose purpose is simply blending science and ingenuity to profoundly change the trajectory of healthcare.

Dr Badejo went on to highlight the challenges that face healthcare, ranging from chronic diseases, poor access to surgical care and a myriad of others and how patients are waiting for us to come up with solutions to this big challenges. He, however, noted that these solutions will come only through research and innovation, explaining that innovation is the process of transforming creative ideas into desired outcome and it moves beyond creativity which is only generation of new ideas.

Furthermore, the session elucidated the innovation process as in three stages; **Identify, Invent** and **Implement**.

As he ended the session, Dr Badejo announced the launch of the Johnson and Johnson Africa innovation challenge with prize up to $50,000 and encouraged all delegates to participate.
The Africa Innovation Challenge 2.0 is designed to address the critical unmet needs of the continent and local communities in Africa while providing support to Africa-based entrepreneurs in creating innovative health care products and services. Among the selection criteria, entries must demonstrate the potential for scale from proof of concept stage to long-term sustainability.

The six Challenge areas include:

- Mental Health
- Packing Innovations
- Digital Health Tools
- Botanical Solutions
- Health Worker Support
- Essential Surgical Care

Submit your ideas for a chance to receive up to US$50,000 in funding and mentorship from the global network of scientists, engineers and business managers within the Johnson & Johnson Family of Companies.

To apply and review the applicable terms and conditions, please visit the Africa Innovation Challenge website: [www.jnjinnovation.com/africachallenge](http://www.jnjinnovation.com/africachallenge).
Reso-Hackathon Challenge

The Reso-Hackathon Challenge was designed as an avenue for conference participants to contribute practically to proffering sustainable solutions to Africa’s healthcare challenges and to significantly increase the impact of the FAMSA GA 2018.
The Reso-Hackathon involved delegates coming together in small groups to research and discuss specific problems under various subthemes, proffer achievable and sustainable solutions to these problems and come up with Resolution Policy Papers to be passed across to key policy organizations as well as African governments as contribution of African youth in combating some of the important challenges facing healthcare in the region. The papers will also be used as a resource for others in Africa and international development.

Participants were allowed to begin deliberations on their topic, formulating a plan and assigning specific roles and tasks to each member of the team.

A panel of 3 speakers made comments on each team’s work. The panelists were Pharm. Janvier Kabogo (Sustainable Development Goals Center for Africa), Dr Luther-King Fasehun (Well-being Foundation Africa) and Dr Mwaniki Kivwanga (Johnson and Johnson Global Health). The final drafts of their resolution papers are included in this report.

Participants were grouped randomly into 6 groups of 5 members each. Each team worked on one of the specific topic listed below:

- Sustainable Vaccination Schemes In Africa: Ineffective Immunization Cold Chain Storage And Logistics In Sub-Saharan Africa
- Mental Health In Africa: Africa’s Opioid Crisis.
- Outbreak And Disaster Management: Ebola Outbreak In DRC
- Infectious Diseases In Africa: The Rising Scourge Of Multi-Drug Resistant Tuberculosis In Africa
- Maternal And Child Health: Poor Access To Maternal And Child Healthcare Services In Sub-Saharan Africa
- The Burden Of NCDs In Africa: Africa And The Tobacco Epidemic
Achieving sustainable vaccination schemes in Africa will only be possible provided that processes dealing with the procurement of vaccines, their storage and the logistics involved in the delivery of those vaccines to the larger population are optimized fully and extrapolated to cater for the unique climes of the sub Saharan Africa. The “cold chain” is a system of storing and transporting vaccines at recommended temperatures from the manufacturers to the health centers where the vaccines would be used. This system of storage is not without its shortcomings, particularly within the context of the developing countries using the sub Saharan African region as a case study. This paper aims to bring to the fore, the problems faced with cold chain storage, logistics and possible solutions to combat the problems that would be achievable and sustainable within the African continent.

**Identified Problems**

Problems in the sub Saharan Africa are problems which revolve around the developing nature of the region. For ease, the problems have been broadly categorized into three main groups. They are:

1. Disruption of Material Flow
2. Information Gaps
3. Decision Making

**Inefficient Immunization Cold Chain Storage And Logistics In Sub Saharan Africa**

Immunization supply chains are becoming outdated and unable to cater to the demands of the growing population of the sub Saharan African region. Coupled with the myriad of problems that plague the region, ranging from poor leadership, erratic power supply, bad road networks, poor communication networks and a host of other problems, these have meant that the recommended cold chain storage system has proven ineffective in providing vaccines to the region.

The lack of reliable cold storage and inefficient cold chain management results in high waste rates and poor immunization coverage. Polio outbreaks in South Africa have resulted from vaccine damaged by cold chain breakdowns. Vaccines that are exposed to too hot or too cold temperatures may not only lose their effectiveness but also prove deadly to the vulnerable populations they are intended to protect.

**Background and Significance**

For ease, the problems have been broadly categorized into three main groups. They are:

1. Disruption of Material Flow
2. Information Gaps
3. Decision Making
A recent incident has once more focused the global humanitarian community’s attention on the importance of vaccine cold chains: in May 2017, 15 children died of “severe sepsis” and “toxicity” from contaminated vaccines in Kapoeta in South Sudan. It also is important to note that as prices for vaccines continue to rise, there would be in large quantities, a loss of vials due to defective cold chains. This increases without a doubt the precariousness of the global vaccination effort, and justifies the importance in looking into the ineffective immunization cold chain storage system and other logistics.

**Identified Problems**

Disruption of Material Flows:
- Critical infrastructure failure e.g.: power blackouts, disruption of road networks, closed warehouses.
- Failure of equipment e.g.: lack of fuel, spare parts and back up energy.

Information Gaps:
- Failure of tracking and monitoring systems; no tracking of minimum and maximum temperatures.
- Breakdown of information and communication systems.
- Lack of ability to manage the complex information streams, and work with delayed lacking or uncertain information

Decision Making:
- Deficiencies in vaccine storage and handling and lack of training.
- Lack of mitigation and management options for possible disruptions and lack of planning.
- Lack of operational decision support (bureaucracy and policies).
  - Government funding delays.

**Possible Solutions**

The solutions for the identified problems will be highlighted and grouped, as they overlap in most situations.

**Material Flow**
- The use of solar powered devices to power the facilities and the devices involved in the cold chain.
- The use of trained community members in order to open up the last mile delivery to the cold chain workers by providing routes that they are familiar with, that might be faster and even safer.
- Centralizing the warehouses and limiting their number is a proven method of improving efficiency.
- Preventive maintenance should be taught and applied throughout the cold chain.
- The use of drones to make vaccine schemes, storage more reactive than predictive preventing waste.

**Information Flow**
- The use of data information systems to track vaccine stock at warehouses, local health posts in real time.
- The use of satellite phones can overcome the unreliability and uncertainty of cellular network.
- Temperature monitoring technologies to monitor temperature of cold chain equipment.
- Training on proper handling and management of data with community involvement being key.

**Decision Making**
- Improving knowledge of government as regards the improvement of the chain to improve immunization coverage.
- Reducing the bureaucratic processes involved in procuring funds, or restocking warehouses.
- Continuous retraining of cold chain staff to be worthy managers of equipment, data and steps in chain.

**Success and the Cons**

Majority of the solutions mentioned have been tried above in various ways with special mention to the DLS (Dedicated Logistics System) approach in Mozambique and some efforts in Kano, Nigeria to centralize the cold chain system. One particular system worthy of note is the effort of the Energize The Chain foundation which stores the refrigerators with cell towers where there is surplus energy. This initiative which is ongoing in Zambia, while simple and innovative, poses a challenge when the cell towers are not close to local centers or not in remote regions. All of these solutions have the similar cons in being expensive and also requiring technical knowhow.

**Recommendations**

Recognizing that the goal is to provide sustainable vaccinations schemes, our recommendations focus solely on manpower which is an abundant resource in sub-Saharan Africa, where we possess the largest population of youth in the world.

- **Capacity Building/Community Participation:** Community participation is a necessary tool in ensuring sustainability. Capacity building offers not only the cold chain workers, but the members of the community the opportunity to be involved actively in each stage of the cold chain. This makes them aware of the need for vaccines and able to demand for it.
- **Drones:** The use of drones technology presents an opportunity to greatly increase the total capacity of material flow, and when coupled with capacity building and community participation becomes a very achievable and sustainable means of facilitating and enhancing the cold chain. In Rwanda, where this technology is already in use successful, attempts should be made to do studies and indeed assess the reasons for their success. Our innovation with drones is to make the idea scalable across the sub Saharan region coupled with capacity building to strengthen the cold chain and improve immunization coverage.
Africa’s Opioid Crisis

One important health issue which has always ranked low on the list of priorities of the disease burden in the African region, but has slowly wreaked havoc particularly, among the teeming youth population is mental health disorders.

For the purpose of this paper, we will be looking at the interrelationship between substance abuse, particularly opioids and its impact on mental health.

Over 40% of people who live with an addiction also have another mental health challenge of some kind. This further underlines the correlation between the misuse of opioids and other abused substances and one of its strongest and most prominent consequences, mental illness.

A recent BBC documentary by Ruona Meyer unravelled the depth of the opioid crisis in Nigeria as a short video clip that went viral highlighted the suffering of addicts in poor rehabilitation centres, and impact of corrupt marketers in the distribution of these illicit drugs.
Possible Solutions

- Raising more awareness on the increasing incidence of mental health problems and consequences of opioid abuse by incorporating it into primary and secondary education curriculum, social media campaigns, the use of mass media, and outreaches to rural communities.

- Use of prescription drug monitoring programmes that ensure a balance between opioid prescriptions and dispensations.

- Identification and prosecution of health workers who operate ‘pill mills’. Erring law enforcement agencies should also be prosecuted.

- Setting up numerous youth empowerment skill acquisition, and capacity building sessions as well as establishment of Youth Friendly Centres.

- Incorporation of rigorous training of medical doctors and other health care professionals in the management and treatment of addicts. Medication-assisted treatment (the effective management of opioid use disorders using the combination of psychological and FDA-approved medication e.g. naloxone) should be inculcated as practiced in countries such as the United States of America and Canada.

- Building of adequate and properly equipped correctional centres aimed at rehabilitating opioid addicts, and reforming them to conform to societal norms and deal well with stressors that might lead to relapse.

- Focused awareness campaigns to reduce the appeal of addictive substances

- Integration of mental health and opioid addiction discussion into the curriculum of primary and secondary education.

- Identification and prosecution of doctors, pharmacists, and clinics who illegally prescribed or dispense opioids by coming up with strong criminal laws against such practices.

- Revision of medical education curriculum by Medical and Dental Councils across Africa with more emphasis on the training of doctors and other healthcare workers in the management of mental health conditions and addiction problems.

- Institution of effective health information systems which include electronic health records, health databases to adequately monitor prescriptions which will translate to proper monitoring of opioid distribution.

- Effective rehabilitation programs and treatment of opioid overdose by training healthcare workers and ensuring availability of naloxone.

Recommendations

Considering the limitations that exist on the continent in terms of resources, it is best for concerted efforts to be concentrated on the following solutions:
The Ebola virus is an aggressive pathogen from the filovirus family that causes a highly lethal haemorrhagic fever syndrome in humans and in primates. It was first described near Ebola River valley during an outbreak in Zaire, now the Democratic Republic of Congo (DRC), in 1976. Over the past 40 years, a total of nine outbreaks have occurred at different regions in the DRC and, according to the World Health Organization, have claimed 704 lives altogether till date.

Efforts have been made in an attempt to combat the spread of this disease and manage the outbreaks to prevent a pandemic. Despite these commendable efforts by the Ministry of Health for the Democratic Republic of Congo with the World Health Organisation and other partners outbreaks traced to the Ebola Zaire type unique to the DRC Ebola outbreaks have occurred in Central Africa and West Africa and have claimed a total of 12,961 lives till date (www.who.int/news-room/fact-sheets/detail/ebola-virus-disease).

1. Continuous occupational related exposure to the virus as seen in jobs like lumbering and hunting which are very lucrative in the Zaire basin.

2. Difficulties in contact tracing and in collecting data from the community due to poor record system.

3. The displacement of people within the nation and across the border due to civil unrest in the DRC and her neighbouring countries encourages the spread of the EVD.

4. Violence against health workers and peacekeepers in the region due to misconceptions about EVD and lack of motivation through prompt payment of salaries by the government.

The DRC sits in the centre of Africa and is surrounded by developing countries. It was first recorded in 1976 in Zaire of the occurrence of a fatal haemorrhagic fever in a remote village near the Ebola River from which the name is derived.
The current outbreak of Ebola in the DRC has been a challenging one considering the rate of reoccurrence, transmission, and the prevailing social and political structure despite the implementation of surveillance, vaccination using vaccination rings, clinical management, risk communication, community engagement, social mobilization, safe and dignified burials (SDB), deployment of preparedness officers (http://www.who.int/csr/don/18-october-2018-ebola-drc/en/). Investigations of outbreaks help understand and provide effective management procedures and strategies to employ.

Managing these outbreaks in the DRC would help prevent the inability to exchange human resources among African nations, the complication of existing migration policies, the loss of human lives, stigmatization which reduces the quality of living of EVD victims, the dissemination of information that would help sensitize the public on EVD, and ultimately provide an avenue to put an end to reoccurrences.

Possible Solutions

- Training health workers to use educative animations and videos to sensitize and gain the cooperation of Ebola patients in Ebola Treatment Centres (ETCs); videos and news medium should contain information from EVD survivors to help dispel the disbelief among some people in the public and even under suspicion that they have not contracted EVD even when its symptom are present. However, survivors might face stigmatization in communities with and without prior knowledge of Ebola's epidemiology for reasons such as fear (https://www.vanguardngr.com/2014/09/survived-ebola-den-nis-akagha/)

- Promotion of public awareness strategies that includes literature and art in local communities to sensitize target groups especially children, women, and school teachers on the disease. According to data derived from UNICEF, in the 2014-2016 West African EVD outbreak nearly 1/5 of those infected were children.

- In DRC, water transportation remains the most entertained form of transportation. In conjunction with the ministry of transportation and channels of communication in DRC, protocols should be established to pre-empt the spread. Although this will prove very effective, the current state of Government and perceived feasibility as a result of man power and resources if financial aid is not available are considered challenges in its implementation.

- Vaccination of people particularly at risk because of their occupation e.g. hunters and timbermen. Vaccination of animals especially the vectors of the virus and animals in frequent contact with humans.

- A "Better things to eat campaign" should be implemented. The program would advocate consumption of alternative healthy and nutritious wholesome food that could be eaten apart from consuming probable infected animal and fruits. This would be done in conjunction with stakeholders like food companies and dieticians.

Recommendations

- Implementation of literature in local languages all over Africa as means to properly sensitize target groups such as children and women in districts where the virus has not yet reached. Also, training health workers to use these mediums to educate and gain the cooperation of Ebola patients in treatment centres and utilization of information from EVD survivors can help dispel the disbelief and misconception among already diagnosed patients and suspected cases.

- Ministry of transport and channels of communication with her partners can establish and promote protocols such as sensitizing drivers and transporters and displaying banners and attached posters on and in their vehicles, promotion on the part of the ministry of transport to drivers and transporters on the dangers of overcrowding their vehicles with passengers, even manning entry points and exit points with infrared thermometer checks.

- Programs for vaccination of people particularly those with occupational risks e.g. hunters and timbermen should be organized and prioritized. Vaccination of animals especially those with high probability of being exposed and are in frequent contact with humans. These should be of utter importance.
Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis. The bacteria usually attack the lungs, but it can attack any part of the body. Two TB-related conditions exist: latent TB infection and TB disease. Multi-drug resistant tuberculosis (MDR-TB) refers to resistance in vitro to at least Isoniazid (INH) and Rifampin (RIF) [Amukoye, 2008].

Tuberculosis is still the number one cause of death from infectious disease globally and drug-resistant forms of the disease are a major risk to global health security [Cadmus et al., 2018]. All age groups are affected by tuberculosis of which 2017 estimate found that 90% of cases were adults with majority being males (72% of them in Africa).

A study in Angola in 2014-2015 showed that there was a high prevalence of MDR TB among retreatment (71.1%) and new (8.0%) cases. This is 4 times more than previous prevalence rates. The rates described represent the highest rates of MDR TB reported in sub-Saharan Africa [Rando-Segura et al., 2018].

Identified Problems

1. Healthcare: Under diagnosis, Healthcare providers prescribe the wrong treatment, slow diagnostic time leading to delay in starting treatment, Poor storage of drugs, Treatment failure due to poor drug quality, Unavailability of drugs for proper treatment.

2. Individuals: Poor drug compliance, drug abuse, cultural and religious beliefs, Immunosuppression, Redevelopment of TB after being previously treated.

3. Government: Poor transport systems, Poor funding, Withdrawal of foreign support that aid the treatment of TB.

Background and Significance

Tuberculosis is still the number one cause of death from infectious disease globally and drug-resistant forms of the disease are a major risk to global health security [Cadmus et al., 2018]. All age groups are affected by tuberculosis of which 2017 estimate found that 90% of cases were adults with majority being males (72% of them in Africa).
According to WHO Global Tuberculosis Report 2018, there are 30 countries with high burden of MDR-TB in the world. Of these 30, 10 are African countries and of these 10, 7 (Angola, Ethiopia, Mozambique, Nigeria, South Africa, Zimbabwe) are plagued also by high rates of HIV/TB co-infection as well. There were 1.6 million deaths from tuberculosis in 2017, including 300,000 deaths among people co-infected with HIV.

An estimated 53 million deaths were averted through successful treatment. However, major gaps in care and prevention remain. In 2016, only one in five of the estimated number of people with drug-resistant tuberculosis was enrolled in treatment (Floyd et al., 2018).

Possible Solutions

- Health education and awareness (putting posters in strategic places in the community) especially in indigenous languages and active involvement of community leaders.

- Implementation of TB hotlines to ensure active participation of members of the community.

- Provision of incentives to CHEWS and CHOs based on the number of diagnosed MDR-TB cases in their community.

- SIAT-TB developed by ASPAT in Peru.

- Work with network providers so SMS are sent as reminders to patients.

- Systems for improved access to pharmaceuticals and services (SIAPS).

- Nanotechnology

Apart from the solutions listed above, we have highlighted some solutions that we believe are innovative and should be looked into:

- Regarding technology in Africa, we believe that it is essential that it is incorporated into improving the diagnosis and treatment of MDR-TB and so our main focus would be on nanotechnology. Dr. Hu, a researcher at Arizona State University’s Bio-design institute, describes the development of several new methods for TB diagnosis that will improve the speed, accuracy and cost of TB detection. It should also dramatically improve TB treatment.

- Hu’s group has developed an inexpensive nanotechnology approach to detect another factor released into the blood in patients with active TB disease. This method requires very little equipment or supplies and is read by a mobile phone. Hu’s group has developed a rapid test that is suitable for blood-based diagnosis of TB and other infectious disease in resource limited settings, and which uses mobile phone as a microscope to read the signal from this assay. It currently costs about $2,000. However, his team hopes to produce a more robust system with improved sensitivity that costs about $200, and weighs half as much. The goal is the diagnosis of all forms of TB, including HIV-TB co-infection seeing as it is more difficult to diagnose TB in HIV patients with the current diagnostic tools available. We believe that this innovative technology is scalable and can be applied to countries in Africa as health care workers and community health workers can be easily taught how to use it.

Challenges we may face include: IT personnel, poor internet connection and sustainability, Government bureaucracy.

Recommendations

- Training and retraining of healthcare workers at the different levels of care.

- Policies should be put in place by the Government that ensure an improved health indices in terms of eradicating TB.

- Adequate funding from the Government.

- Active involvement of community leaders in the decision making.

- Commend the efforts of Johnson and Johnson, Target TB, TB Alert, Damien Foundation in curbing MDR-TB, however more funding is required from foreign bodies as some may eventually pull out.
Sub-Saharan Africa remains plagued by myriads of difficulties that ensure a growing disparity relative to the rest of the world. Access to health care remains a big challenge and certainly is a pivot that must be established for the region to move ahead and establish itself as a giant, not just in words or number, but in fact.

The challenges women and children face in accessing healthcare in Sub-Saharan Africa are generally identical but there are unique issues associated with each sub-region and nation that must be taken into consideration when proffering solutions. With the increased enthusiasm among young people about the possibility of surmounting these challenges, there is a however bright beacon of hope for Sub-Saharan Africa.

The Sustainable Development Goal 3 aims at achieving universal health coverage with a global reduction of maternal mortality to less than 70 per 100000 live births. In, sub-Saharan Africa, there was a decline between 1990 and 2015 in maternal mortality rate from 385 to 216 deaths per 100,000 live births – a percentage decline of about 44%.

### Poor Access To Maternal And Child Health Care Services In Sub-Saharan Africa

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### Identified Problems

- Primary Delay
- Secondary Delay
- Tertiary Delay

### Background and Significance

The Sustainable Development Goal 3 aims at achieving universal health coverage with a global reduction of maternal mortality to less than 70 per 100000 live births. In, sub-Saharan Africa, there was a decline between 1990 and 2015 in maternal mortality rate from 385 to 216 deaths per 100,000 live births – a percentage decline of about 44%.
With a seemingly impressive 2.3% decline in maternal mortality, it however falls short of the global decline rate of 5.5%. In sub-Saharan Africa, only between 20 and 70% of deliveries occur in health facilities; 5-15% of all new-borns are resuscitated by a skilled health worker trained in neonatal resuscitation and between 10-15% of these babies are born in facilities with resuscitation equipment. Whatever solutions will work must be tailored to influencing practices and attitudes in these various sub-regions.

Identified Problems

**Primary delay:**
- Lack or low level of education and awareness among mothers.
- Poverty level and insufficient healthcare financing in sub-Saharan Africa.
- Maternal factors – young age, multiparity.
- Highly patriarchal society that restricts women making decisions themselves.
- Previous negative experiences with the health care system.

**Secondary delay:**
- Transportation challenges.
- Resident area inaccessible to health care.
- High rural-urban gap.

**Tertiary delay:**
- Quality of care delivered at the health care facilities.
- Inadequate emergency obstetric and neonatal care.
- Inadequate comprehensive obstetric care with emphasis on family planning services.
- Inadequate manpower and equipment for healthcare – incubators, SCBU units, and personnel.
- Bad attitude of health care workers.

**Possible Solutions**

- Investing in educating the girl child; introducing the concept of GOBIFF-FETH and female empowerment into the primary and secondary school curriculum.
- Health education, to encourage good health habits and health seeking behaviour.
- Task shifting: shifting simpler and basic tasks to community levels – training of Community Health Extension Workers, Traditional Birth Attendants. Such tasks include immunization services, contraceptive services or case management of community childhood illnesses.
- The use of social and mass media to correct myths as regards maternal and child health care.
- Empowering leaders of faith based organizations to encourage and direct their members to access and use adequate health care.
- Advocating for the government and non-governmental organizations to help with financing of primary health care centres in providing adequate care and community intervention.
- Adjusting the medical curriculum to accommodate volunteering.
- Regular monitoring and evaluation of complementary and alternative health practices.
- Developing the National Health Insurance Scheme (NHIS) to involve both formal and informal settings.
- Detailed and regularly updated database of health indices by evidence based research.
- Use of technology: the use of applications in urban settings and USSD codes for rural settings to link up persons with family planning clinics and emergency obstetric centres. Integrating the use of these technologies into the activities of the ministry/department of health.

**Recommendations**

- More policies should be made to remove financial barriers to accessing skilled maternal and child health care.
- A better informed and proactive populace who would hold the elected officials accountable. Political will power and desire to achieve the sustainable development goals is a major step.
- Enforcing corporate social responsibilities from companies and businesses in maternal and child healthcare.
- Volunteering in rural areas should be strongly advocated and encouraged.
- Liaison with Traditional Birth Attendants in rural communities to encourage referral of women and children with

There should be more support and opportunities for research in maternal and child health in sub-Saharan Africa.

- Actively using social media as means of advocacy for child and maternal health.
The burden of Non-communicable diseases (NCDs) in Africa cannot be overemphasized. One of its major risk factors is the use of tobacco. The tobacco epidemic, although a global one, hits Africa really hard. According to World Health Organization (WHO), about 80% of the world’s estimated 1 billion tobacco users are in low and middle income countries, many of which are in Africa. Tobacco use remains the leading preventable cause of NCD-related deaths.

The challenges women and children face in accessing healthcare in Sub-Saharan Africa are generally identical but there are unique issues associated with each sub-region and nation that must be taken into consideration when proffering solutions. With the increased enthusiasm among young people about the possibility of surmounting these challenges, there is a however bright beacon of hope for Sub-Saharan Africa.

**Africa And The Tobacco Epidemic**

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**Background and Significance**

Tobacco contains more than 7,000 chemical compounds, many of which are toxic with more than 69 of them established to be known carcinogens and they include polyaromatic hydrocarbons and tobacco-specific nitrosamines. 11.6% of youths in the African region currently use tobacco products other than cigarette compared to the 6.5% who currently smoke cigarette (A total of 18.1% of youths consume tobacco).
48.2% of youths in the region also are exposed to second-hand tobacco smoke in public places. The male-female ratio of smokers in the adult population still shows a wide gap with a male preponderance but this gap is reducing in younger generations.

NCDs are the leading killers globally and are increasing in all regions of the world including Africa. Scientific evidence overwhelmingly shows that tobacco use is a major cause of poor health and mortality from both communicable diseases, such as Tuberculosis and lower respiratory infections, and NCDs, including cardiovascular diseases, chronic respiratory diseases, and several types of cancer. Tobacco kills more than 7 million people each year. More than 6 million of those deaths are the result of direct tobacco use while around 890,000 are the result of non-smokers being exposed to second-hand smoke. About 80% of these premature deaths occur in low and middle-income countries.

Tobacco use costs the world hundreds of billions of dollars each year. Smoking kills up to half of all lifetime users, most in their productive years (30-69) and this reduces national productivity. Addiction to tobacco exacerbates poverty such that basic needs are neglected in favour of tobacco consumption. Comparing with other regions of the world, Africa is at greatest risk in terms of future growth in tobacco use. If no further policy action is taken, smoking prevalence is expected to increase by nearly 39% by 2030, the largest expected regional increase globally.

Possible Solutions

Education and public awareness:
- Tobacco education should be incorporated in the primary education curriculum. Emphasis should be laid on children aged 5 and above because at this stage, they are highly impressionable and tend to stick with what they learn early on in life. Health personnel and non-governmental organizations are well suited to get to the rural communities and bring this education to them in their own language. Regular visits would also help with data collection and progress monitoring. This should go hand-in-hand with mass and social media awareness through bulk SMS from ministry of health in collaboration with service providers. Thus, we get to the children and youth before the tobacco companies (#notofuture-smokers). Some possible challenges include possible costs in transportation to rural communities and language barrier.

Government policies:
- Government policies banning indiscriminate smoking of tobacco in public places and implementation where they already exist. This will prevent second-hand exposure to tobacco smoke. There should be designated areas for smoking which should have good ventilation and should be sited away from dense populations. Legislation on tobacco not being sold with other things, and not being sold near schools.

Increase in taxes and tariffs on tobacco products:
- This will ultimately lead to increase in their prices and by such lower their demand. The availability of tobacco products will reduce and less people will be able to afford it. The downside, however, is that an aggressive implementation of this policy, which we advocate, may lead to the packing up or reduction in activities of tobacco companies, which constitute some of the internally generated revenues. This, however, is a small price to pay for better health, a price that will even be paid back by a healthier population.

Improvement of rehabilitation facilities:
- Improvement of rehabilitation facilities and incentives to attract personnel. Here provision could be made for bupropion, varenicline and other drugs that help patients dealing with withdrawal syndrome, at subsidized rates.

Promotion of alternatives to tobacco:
- Nicotine replacement therapy, e-cigarette, etc. While the use of nicotine still raises concerns, research has established that nicotine is safer and more preferable to tobacco that has more toxic chemical compounds and carcinogens.

Recommendations

- Incorporation of education on tobacco in the primary education curriculum (#notofuturesmokers).
- Firmness and constancy in the implementation of already laid-down policies especially the WHO Framework Convention on Tobacco Control.
- Improvement of rehabilitation facilities and provision of rehabilitation services at affordable rates.

Incorporation of education on tobacco in the primary education curriculum (#notofuturesmokers).
Key Events

Workshops
3 scientific workshops that fit strategically into the core theme of the conference were organized for delegates. Over a period of 3 days, workshop participants were immersed in the topics of: The burden of NCDs and the younger generation, Mental health and the healthcare student, and Emergency obstetrics and new born care. The workshops were organized by our learning partners and featured hundreds of conference attendees.

Cultural Night
The cultural night was designed for the purpose of promoting Pan-Africanism amongst conference attendees, and also increasing knowledge of the African culture. It featured various countries displaying their unique traditions, dancing styles and music. Conference participants had the opportunity of immersing themselves in other African cultures.

Abstract Presentations
Over 40 scientific abstracts both oral and poster were presented at the event. Healthcare students took to the stage to effectively deliver their research projects. This was a very exciting aspect of the conference, and further reinforced the role of research by Africa in Africa as a key tool in achieving sustainable development.

Excursion
The excursion allowed FAMSA GA 2018 participants to immerse themselves in the historic traditional city of Ibadan. It was so much fun for conference attendees, as it also provided further opportunity for them to network amongst each other.

Exhibition
WHO and Johnson & Johnson were the key exhibitors at the event. Delegates flocked to this exhibition stands after each session and engaged with the team on their role in transforming healthcare, and also internship opportunities. The WHO team also demonstrated its outbreak surveillance and response technology to conference attendees. There were resource materials made freely available for delegates. An exhibitor also displaying African traditional wears was also present.
Impact: Did FAMSA GA 2018 Deliver?

98% of respondents said they have been inspired to take active roles and cause change in healthcare in Africa.

Many participants mentioned that the conference has caused them to shift career goals towards accelerating Africa’s progress in achieving sustainable development.

92% of respondents rated FAMSA GA 2018 conference organization as excellent.

90.9% responded that the conference increased their knowledge about SDGs and their role in achieving them.

80.5% rated logistics as excellent.

100% of the conference survey respondents agreed that the conference stimulated them to view a multi-sectorial collaborative approach towards solving healthcare problems in Africa.

97.7% of respondents stated that the conference initiated and promoted advocacy among youths towards healthcare in Africa.
What Conference Attendees Had to Say About the Event

“I would like to congratulate our medical students and the FAMSA Organizing Committee on the recently concluded conference. I was truly inspired by the high quality of organisation and content of the sessions I attended. The speakers were from leading national and international public organisations within and outside Africa and the sessions were relevant to our current health needs. This was one of the best conferences I have attended in Nigeria! I was really impressed by the level of maturity and innovation demonstrated by our students. Africa’s future is definitely bright because this younger generation is rising up to the challenges and is not limited by the traditionally restrictive mindset. Keep dreaming and aiming for the highest goals of excellence. Together, we will bring about the changes required to improve the health of Africans.”

- Professor Eme Owoaje, Honorary Consultant, Department of Community Medicine, University College Hospital, Ibadan, Nigeria.

“Attending the FAMSA GA was an amazing experience. It was a well-organized conference, not only was I able to learn so much and be inspired from the different speakers via their informative and insightful sessions and workshops, I particularly liked the way the conference resonated around placing Africa as a focus in healthcare, it went a long way in ensuring hope is not lost and healthcare services can get better with commitment from health providers and the African community as a whole.”

- Iyanuoluwa Odole, Final year Dental Student, University of Ibadan, Nigeria.

“Attending the FAMSA General Assembly in Ibadan this year was deeply rewarding for me. It offered a rich opportunity where I could network and interact with other students and young healthcare professionals from and outside Nigeria which is highly commendable, and no doubt needed to better foster inclusion of all members on the healthcare team.”

- Temitope Ben-Ajepe, International Pharmaceutical Students’ Federation (IPSF) Representative.

“The FAMSA GA 2018 was an experience of a lifetime, really. From the deeply insightful plenary sessions encompassing a deep wealth of knowledge bequeathed to delegates by the panelists and Moderators alike, to the huge platform it provided for me especially, to interact and exchange ideas with healthcare students and professionals across Africa. I am indeed rejuvenated, from my experience at the conference to play more strategic roles in repositioning Healthcare for Sustainable development in the continent.”

- Abdullah Khalil-ur-Rahman, Medical Student, University of Ilorin, Nigeria.

“The FAMSA GA 2018 was a wonderful experience. The plenary sessions had much impact and broadened my scope. As a medical student in Cameroon I will advocate for optimal healthcare delivery in my community, country and across the globe.”

- Temitope Ben-Ajepe, International Pharmaceutical Students’ Federation (IPSF) Representative.
If you have ever doubted the abilities of young people, go online and check out FAMSA GA 2018.

Few professional event planning companies would pull off such a well-organized conference with such a huge impact under limited resources and many more challenges this team of young people have faced throughout the organizing and preparation period. Single handedly organized by medical students, the event was both informative and inspiring with groundbreaking discussions on the most pressing health problems in Africa.


I am proud to say that this General Assembly was not just great, it was extraordinary. Trust me, if you went to any place across the world, this GA will be the best because you cannot find this African spirit anywhere. Interesting plenary sessions, great speakers, beautiful posters, every single detail was beautiful. I saw dedication, commitment, and very well organized people who work with such harmony. Those are the people who will make Africa better and proud...and hey! not to forget, if we talk about the dancing wow! Nobody can dance better than the African people.

- Ayman Salih, Sudan

FAMSA 2018 was a very well planned congress! Congratulations to the organizers for an excellently executed program and to all the attendees. The expression of curiosity by the medical students at this forum depicts a generation of future doctors with a thirst for knowledge and excellence! It was clear that the current medical school curriculum may not be meeting their needs. This calls for an urgent overhaul of the current system of training in our medical schools. This will not only improve the quality of future health care in the continent but also bolster the confidence of future doctors in the continent. Opportunities for south-south and north-south student exchange opportunities will likely impact this vision positively.

- Dr Stephen Obaro, Professor of Paediatrics, Director of International Paediatric Research Program, University of Nebraska Medical Center, USA.

Through FAMSA GA I have witnessed first-hand the power, energy and passion of fellow young people to change the status quo and inspire necessary changes for improving healthcare in Africa. I can only congratulate the entire team on a wonderful job done in providing medics and other healthcare students with such a great platform and opportunity to interact with each other about health issues and try to find innovative solutions to address them. I can’t wait for the next edition #FAMSAGA2019 that will be held in Kenya. See you in Kenya next year 2019.


The end of one adventure is the beginning of another. Ibadan has been the greatest adventure of my life so far, I met the FAMSA fam, you guys are the best, the kindest and the sweetest the memories I have, will be cherished forever.

The food was just amazing, I’ve learnt so much about people and myself, I would not trade this experience for anything...hope to see you in Kenya.

Traditional Media

Over 50 Media Coverages

Online
- Pulse ng
- Bella Naija
- Linda Ikeji
- YNaija

Newspaper
- Punch
- Business Day
- Daily Times
- The Guardian

Television
- TVC
- Arise News

Radio
- Nigerian Info
- CoolFM
- BeatFM Ibadan

Bella Naija

The Guardian

Linda Ikeji
Social Media & Conference App Report

In ensuring global reach and maximum impact for our conference, there was active engagement of social media throughout the conference. We also pioneered a novel conference application to further immerse delegates in a unique high-impact conference environment.
The goal of #FAMSAGA2018 is to inspire a generation of healthcare students and participants to take charge and play active roles in structuring the future of healthcare in Africa for sustainable development as it is expected to host about 1,500 delegates from all over the world.

Being part of the Federation of African Medical Students’ Associations General Assembly #FAMSAGA2018, shows me that Africa has a future in healthcare sector. Congratulations #FAMSA and thank you for having the @WHO team.

It’s been a great week at #FAMSAGA2018 and it was more beautiful because you came around. Wishing you safe trip back to your various destinations

African medical students are the future of health on the continent. I wish you a fruitful 32nd General Assembly and I look forward to hearing the outcomes of your deliberations #FAMSAGA2018

It was an honor to be part of this week’s #FAMSAGA2018 in Ibadan. The first part of my address shared how @gatesfoundation partners with Nigeria to invest in human capital to secure a positive future for all its citizens. #ahealthyafrica #ibadan2018.
# Challenges and Recommendations

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<tr>
<td>We made a big leap by pioneering the conference mobile app and actively encouraging social media use amongst conference attendees. Moving forward, live feeds should be provided coupled with fast unlimited internet for delegates. We need to explore making the sessions more interactive and more structured networking by using tools provided by technology.</td>
<td>Government, Public and Private institutional support is important in orchestrating a historical event like this one. Many conference attendees felt not much of this was available at the conference and are encouraging host countries to take events like this as priority, especially as it provides numerous benefits to the country, Africa and the world at large.</td>
<td>The event was the first of its kind, it had the vision of inspiring young African health care students to change their world. To achieve this, the organizing committee needed a group of individuals who were driven to ensure that the vision comes to life.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travels and Visas</th>
<th>Building a Larger Movement</th>
<th>Easier accessibility to funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are still significant visa issues and some prospective conference attendees were unable to make the event due to this. The amount of time and expense in obtaining visas should be taken into account in our choice of venues. Government support is also important in fixing this significant challenge and we encourage African governments to go the extra mile in aiding conference attendees with the visa situation. Coupled with visa challenges are travel prices, more travel support and discounted tickets for the event are recommended.</td>
<td>The idea behind FAMSA GA 2018 was to inspire conference attendees to take charge and play active roles in structuring Africa’s future. This should become a movement. The days of conferences occurring as a single moment in time are gone, now they must be part of a larger movement to sustain impact. Campaigns should be launched to further increase impact of the conference.</td>
<td>Liquid capital inaccessibility was one of the major challenges the organizing committee. As a result, productivity was severely hampered, timelines were adjusted frequently which lead to missing deadlines. In the future, organizing committees in conjunction with the supervisory board should endeavour to work on feasible and easier methods of liquid funds transfer for impromptu transactions during the conference. Banking partners should also provide innovative methods of relieving bottlenecks in this regards.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continued Improvement of the Program</th>
<th>Innovation for Maximum Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In order to further increase the impact of the event, we need to identify new programs and approaches early in the planning stage and invite key stakeholders in curating program content for the event.</td>
<td>Many attendees suggested they will have love to see more youths attend the event and suggestions on high-impact publicity and more scholarships were suggested in order to enable as many healthcare students as much as possible partake in strategic events like this.</td>
</tr>
</tbody>
</table>
Finances
FAMSA GA 2018 is a pan-African healthcare conference held from 18th - 24th November 2018 at the International Conference Centre, University of Ibadan, Nigeria with the theme Repositioning Healthcare in Africa for Sustainable Development.

To process key financial transactions for the success of this event, corporate current naira and domiciliary USD accounts were opened with our official bank partner, Access bank PLC.

An overview of the financials for this hugely successful event is presented below.

**Income**: for the conference was from sponsorship by organizations and individuals and from the delegates’ registration fee. Summary is as found below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount ($)</th>
<th>Amount (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorships and Exhibition</td>
<td>70,894.47</td>
<td>25,353,490</td>
</tr>
<tr>
<td>Delegate fee</td>
<td>10,440.77</td>
<td>3,758,675.41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81,335.24</strong></td>
<td><strong>29,112,165</strong></td>
</tr>
</tbody>
</table>

The major funding included a Global Policy & Advocacy grant, Johnson & Johnson (Platinum sponsors) and The World Health Organization (Gold sponsors). There were also other donations from individuals and organizations.

Details of the sponsorships are as below:

<table>
<thead>
<tr>
<th>Details</th>
<th>Amount ($)</th>
<th>Amount (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue</td>
<td>19,730.56</td>
<td>7,103,000</td>
</tr>
<tr>
<td>Transportation</td>
<td>11,076.10</td>
<td>3,987,396</td>
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<tr>
<td>Accommodation</td>
<td>3,879.90</td>
<td>1,396,764</td>
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<tr>
<td>Refreshments</td>
<td>9,655.22</td>
<td>3,475,880</td>
</tr>
<tr>
<td>Publicity and PR</td>
<td>8,838.64</td>
<td>3,181,909</td>
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<tr>
<td>Printing and Design</td>
<td>13,074.77</td>
<td>4,786,917</td>
</tr>
<tr>
<td>Content development</td>
<td>6,118.06</td>
<td>2,202,500</td>
</tr>
<tr>
<td>Operational costs</td>
<td>2,865.43</td>
<td>1,031,555.31</td>
</tr>
<tr>
<td>Post conference expenditure</td>
<td>4,690.45</td>
<td>1,688,562</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>79,929.13</strong></td>
<td><strong>28,774,483.31</strong></td>
</tr>
</tbody>
</table>

Total income that came in dollars was $68,200 and income in Naira was N 970,000.

Apart from monetary contributions, we also received in-kind donations from GlaxoSmithKline and Sanofi Ltd. All monies that came in in Naira were converted to the dollar equivalent using a rate of $1 to N 360. All other income in dollars was converted to the naira equivalent by the bank using the rate at that point in time.

Balance in the account reflects funds in NGN and USD accounts.

The excess of income over expenditure of NGN 554,398.50 has been remitted to the FAMSA account as expected.
## Organizing Committee Directory

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizing Chairman</td>
<td>Mr. Jesutofunmi Omiye</td>
<td></td>
</tr>
<tr>
<td>Monitoring and Evaluation Board</td>
<td>Mr. Chinedu Nwaduru</td>
<td></td>
</tr>
<tr>
<td>Monitoring and Evaluation Board</td>
<td>Mr. Muhammad- Bashir Yahya</td>
<td></td>
</tr>
<tr>
<td>Monitoring and Evaluation Board</td>
<td>Miss Roseben Anyanwu</td>
<td></td>
</tr>
<tr>
<td>VC [Secretariat]</td>
<td>Miss Mayowa Adefuye</td>
<td></td>
</tr>
<tr>
<td>Translation &amp; Documentation</td>
<td>Mr. Sherif Mustapha</td>
<td></td>
</tr>
<tr>
<td>Translation &amp; Documentation</td>
<td>Mr. Aremu Peter Seyi</td>
<td></td>
</tr>
<tr>
<td>VC [Contents]</td>
<td>Mr. Oluwasegun Afolaranmi</td>
<td></td>
</tr>
<tr>
<td>Scientific Programme Officer</td>
<td>Miss Ismat Ghazal</td>
<td></td>
</tr>
<tr>
<td>Scientific Programme Officer</td>
<td>Miss Halimah Ogunbiyi</td>
<td></td>
</tr>
<tr>
<td>Workshop Coordinator</td>
<td>Mr. Kehinde Olatunde</td>
<td></td>
</tr>
<tr>
<td>Workshop Coordinator</td>
<td>Mr. Babalola Sayo</td>
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</tr>
<tr>
<td>Exhibition Officer</td>
<td>Miss Jummai Sadiku</td>
<td></td>
</tr>
<tr>
<td>VC [Programmes]</td>
<td>Mr. Oreoluwa Morakinyo</td>
<td></td>
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<tr>
<td>Exhibition Officer</td>
<td>Mr. Joseph Edun</td>
<td></td>
</tr>
<tr>
<td>Exhibition Officer</td>
<td>Miss Oluwakami Olalude</td>
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<tr>
<td>VC [Programmes]</td>
<td>Miss Bolanle Adebowale</td>
<td></td>
</tr>
<tr>
<td>Accounts &amp; Payments</td>
<td>Mr. Mubaraq Oduwale</td>
<td></td>
</tr>
<tr>
<td>Accounts &amp; Payments</td>
<td>Miss Oluwakumi Olalude</td>
<td></td>
</tr>
<tr>
<td>VC [Programmes]</td>
<td>Miss Eghonghon Okojie</td>
<td></td>
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<tr>
<td>Partnership Officer</td>
<td>Miss Adenike Adegeye</td>
<td></td>
</tr>
<tr>
<td>Procurement Officer</td>
<td>Mr. Femi Lawal</td>
<td></td>
</tr>
<tr>
<td>Corporate Relations Manager</td>
<td>Miss Julia Igwe</td>
<td></td>
</tr>
<tr>
<td>VC [LOGISTICS]</td>
<td>Mr. Obinna Amaji</td>
<td></td>
</tr>
<tr>
<td>Excursion Officer</td>
<td>Mr. Chukwuma Nwaze</td>
<td></td>
</tr>
<tr>
<td>Accreditation Officer</td>
<td>Mr. Abiodun Akintayo</td>
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<tr>
<td>Excursion Officer</td>
<td>Miss Anne Akerele</td>
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</tr>
<tr>
<td>Social Events Coordinator</td>
<td>Miss Oluwatoyn Akintola</td>
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<tr>
<td>Social Events Coordinator</td>
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<tr>
<td>VC [Logistics]</td>
<td>Mr. Abdulbasit Fehintola</td>
<td></td>
</tr>
<tr>
<td>VC [Logistics]</td>
<td>Mr. Edwin Cole</td>
<td></td>
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<tr>
<td>Transport Officer</td>
<td>Miss Omodasola Ogunsiji</td>
<td>Hospitality &amp; Accommodation Officer</td>
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<tr>
<td>Hospitality &amp; Accommodation Officer</td>
<td>Miss Immanuella Yisa</td>
<td>Hospitality &amp; Accommodation Officer</td>
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<tr>
<td>Human Resource Officer</td>
<td>Miss Modupeola Savage</td>
<td></td>
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<tr>
<td>Human Resource Officer</td>
<td>Miss Mary Eseyin</td>
<td></td>
</tr>
<tr>
<td>Welfare Officer</td>
<td>Miss Judith Ebengho</td>
<td></td>
</tr>
<tr>
<td>Welfare Officer</td>
<td>Miss Chika Ukachukwu</td>
<td></td>
</tr>
<tr>
<td>Social Media Officer</td>
<td>Mr. Oluwaferanmi Omitoyin</td>
<td></td>
</tr>
<tr>
<td>Public Relations Officer</td>
<td>Mr. Oluolua Olorunfemi</td>
<td></td>
</tr>
<tr>
<td>Public Relations Officer</td>
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<td></td>
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</table>

*FAMSA General Assembly 2018*
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Folajimi Adesanya</td>
<td>Venue Manager</td>
</tr>
<tr>
<td>Mr. Ayodeji Ademola</td>
<td>Transport Officer</td>
</tr>
<tr>
<td>Mr. Boluwatife Aderounmu</td>
<td>VC (Publicity &amp; Communications)</td>
</tr>
<tr>
<td>Mr. IK Ebengho</td>
<td>Website Manager</td>
</tr>
<tr>
<td>Miss Chika Ukachukwu</td>
<td>Social Media Officer</td>
</tr>
<tr>
<td>Mr. Oluwaferanmi Omitoyin</td>
<td>Social Media Officer</td>
</tr>
<tr>
<td>Mr. Olaoluwa Olorunfemi</td>
<td>Public Relations Officer</td>
</tr>
<tr>
<td>Mr. Titus Adekunle</td>
<td>Productions Officer</td>
</tr>
<tr>
<td>Mr. Ugochukwu Okeke</td>
<td>Design Manager</td>
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<tr>
<td>Mr. Segun Oniyide</td>
<td>Design Manager</td>
</tr>
<tr>
<td>Mr. Olumayowa Ogunsanya</td>
<td>VC (Registrations)</td>
</tr>
<tr>
<td>Mr. Joseph Onumeguolor</td>
<td>Local Registration Officer</td>
</tr>
<tr>
<td>Mr Onyedika Chukwuelobe</td>
<td>Local Registration Officer</td>
</tr>
<tr>
<td>Miss Febisola Akanbi</td>
<td>International Registration Officer</td>
</tr>
<tr>
<td>Mr. Folajimi Adesanya</td>
<td>Venue Manager</td>
</tr>
<tr>
<td>Miss. Epum Frances</td>
<td>International Registration Officer</td>
</tr>
<tr>
<td>Mr. Boluwatife Aderounmu</td>
<td>VC (Publicity &amp; Communications)</td>
</tr>
<tr>
<td>Miss Ebubechukwu Eriobuna</td>
<td>Professionals Registration Officer</td>
</tr>
<tr>
<td>Mr. Oloruntoba Ogunfolaji</td>
<td>VC (Security)</td>
</tr>
</tbody>
</table>

Mr. Abiodun Adegbesan  
Security Personnel  
Mr. Obinwanne Enemuo  
Security Personnel  
Mr. Michael Okonkwo  
Security Personnel  
Mr. Akintoba Akingbade  
VC (Regionals)  
Mr. Tunde Oyebamiyi  
VC (Regionals)  

University of Ibadan  
Medical Students' Association  
Students' Secretariat,  
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College of Medicine,  
University College Hospital,  
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Email  
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Web: famsaga2018.com
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Department of Medical Microbiology
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University College Hospital, Ibadan

Dr J Balogun
Consultant Neurological Surgeon
Department of Surgery
University College Hospital, Ibadan

Dr A.M. Adebayo
Consultant
Department of Community Medicine
University College Hospital, Ibadan

Dr J.I. Afolami
Department of Human Nutrition and
Dietetics,
Faculty of Public Health
University of Ibadan

Dr F.A. Bello
Consultant Obstetrician &
Gynaecologist
Department of Obstetrics &
Gynaecology
University College Hospital, Ibadan

Dr T.O. Oluwasola
Consultant Obstetrician &
Gynaecologist
Department of Obstetrics &
Gynaecology
University College Hospital, Ibadan
## Speakers and Moderators

<table>
<thead>
<tr>
<th>Speakers</th>
<th>Moderators</th>
</tr>
</thead>
</table>
| **Dr Matshidiso Moeti**  
WHO Africa Regional Director | **Dr Chizoba Wonodi**  
(Nigeria Country Director at the Johns Hopkins International Vaccine Access Center) represented by Dr Obinna Ebirim |
| **Dr Tedros Ghebreyesus**  
WHO Director General | **Dr Segun Fatudimu** |
| **Dr Paulin Basinga**  
(Bill & Melinda Gates Foundation Country Director for Nigeria) | **Dr Imodoye Abioro** |
| **Speakers**                                                              | **Dr Zainab Odufuye** |
| **Dr Koffi Houndgbedji**  
(Senior Public Health Specialist, SDG center for Africa, Kigali, Rwanda) | **Dr Olasubomi Omoleye** |
| **Prof Kayode Odusote**  
(Chairman and Founder, Sustainable Health Foundation) | **Dr Isaac Olufadewa** |
| **Mr Janvier Kabogo**  
(Assistant Public Health Specialist, SDG center for Africa, Kigali, Rwanda) | **Dr Ope Okunbor** |
| **Mr Adam Thompson**  
(Co-founder/ Executive director, eHealth Systems Africa) | **Dr Elizabeth T Peters** |
| **Dr Ola Brown**  
(Founder, Flying Doctors Nigeria) | **Dr Noimoh Balogun** |
| **Dr Stephen Obaro**  
(Director of International Pediatric Research Program and Adjunct Professor with the Department of Microbiology and Pathology at the University of Nebraska Medical Center) | |
Cross Section of Delegates
Research Presentation Workshops
Reso-Hackathon
Student Speaker Engagement
Dignatories
Top Speakers
Key Interactions
Acknowledgement

This piece of work could not have been made possible without the dedication, vision and energy of the organizing committee, faculty advisors, volunteers sponsors/partners, our colleagues and friends. Everyone that contributed positively to this historical project have our special thanks.

Further Information

The website of the conference will be archived and all conference materials will be made freely available to the general public, in order to maintain sustainable impact of this event. The webpage will provide access to the rich content made available at the meeting including videos, photographs, keynote presentations and casts of dedicated sessions. (https://famsaga2018.com/). This report is also available for download in PDF format.

Contributors

This report was written by Jesutofunmi Omiye, Mayowa Adefuye and Oluwasegun Afolaranmi. Every member of the contents subcommittee of the conference, Julia Igwe and Oluwakemi Olalude are well appreciated for compiling key sections of the document. The Organizing Committee will like to thank the official writer of the meeting, Goodluck Nwachukwu for her hard work and dedication.
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Brief on the event

FAMSA GA 2018 was a hugely successful event that brought together African youths and key stakeholders together to proffer solutions to the various issues that plague Africa’s healthcare. The conference was a historical one sponsored by a $50,000 grant from a top firm based in Washington D.C., USA, Johnson & Johnson- the largest healthcare company in the world and World Health Organization amongst others. The conference was also supported by global health organizations from all over the world from Geneva to Brazzaville.

To find out more about the conference, scan this code using a QR code scanner app on your mobile or tablet or visit www.famsaga2018.com