50 years of improving the health of Africa

FAMSA
General Assembly
Ibadan 2018

THEME:

REPOSITIONING HEALTHCARE IN AFRICA FOR SUSTAINABLE DEVELOPMENT

SPONSORS

PLATINUM

Johnson & Johnson

GOLD

World Health Organization

CONTENTS

ORGANIZING CHAIRPERSON'S WELCOME ADDRESS

Dear Delegates,

Ekáàbó, Welcome!

It is our pleasure to officially welcome you to the 32nd FAMSA General Assembly and 50th Anniversary. This general assembly will be held from November 18 to November 24, 2018. Come November, about 1,500 delegates will gather to address some of Africa's most pressing challenges in healthcare.

Our team consists of passionate and committed medical students from all over Africa who are working tirelessly to deliver the most amazing conference ever.

Sustainability is important for healthcare in Africa. As healthcare students and as youths, we have enormous power to bring change to this pivotal aspect of humanity. This conference is poised to help us achieve this. This November 2018, top speakers, healthcare students, professionals, policy makers, researchers, academicians, student experts and government officials will gather from all over the world to discuss Africa's most pressing healthcare challenges under the theme: Repositioning Healthcare in Africa for Sustainable Development. This conference will be a landmark gathering and

will cause a shift into how everyone views the issues of Healthcare, Sustainability and Africa.

Application is open and we strongly encourage intending applicants to apply Early; and for international delegates, this is important in order for you to commence the visa application process as early as possible. We are available every step of the way to help you with registration, payment, visa, travel and much more. Also, the call for abstracts application will soon be launched. We want to hear about your research and high-impact projects, therefore we encourage you to submit your abstracts for presentation.

There will be immersive in-conference trips for you to explore the host city and engage deeply with the African culture, coupled with exciting social events guaranteed to make you have a memorable experience.

Pack your bags and lift your spirits as we are taking you through a journey you will never forget. We will be waiting for you come November 18, 2018.

Welcome to Ibadan, Nigeria, to FAMSA GA 2018 and to a life-changing experience!

At your service,

Jesutofunmi A. Omiye
Organizing Chairperson
FAMSA GA 2018.

On behalf of the Organizing Committee of FAMSA GA 2018.

ABOUT FAMSA

Once upon a time, there arose the need to play a significant role in the improvement of the health of Africans and project the image of African medical students onto the continental and international scene. A body emerged which took on these duties amongst many others. This body is Federation of African Medical Students Association (Federation des Association des Etudiants en Medicine) abbreviated as FAMSA.

FAMSA is an independent, non-political association established in 1968. Recognised by the African union and World Health Organization (WHO) as the official international forum of African Medical Students, FAMSA seeks to impact lives on a global scale. FAMSA operates via five arms namely; the general assembly, the permanent Headquarters, the FAMSA executive council, Medical Student's Associations (MSA) and standing committees.

There are currently twenty five member countries in the association that includes a number of countries from East, North, South and West Africa. Over the years, different countries have hosted the general assembly.

Over the years, FAMSA has been achieving great feats, we are here together once again to make history as she celebrates 50 years of great achievements!!

WELCOME ADDRESS FROM THE FAMSA PRESIDENT

I am very pleased to welcome you all to the 32nd General Assembly and 50th anniversary of the Federation of African Medical Students' Associations (FAMSA).

The theme being; "Repositioning healthcare for sustainable development in Africa" was well thought out being that as medical students in Africa, we play a very important role in our sustainable development.

The most powerful reminders of our responsibility to our continent is in our gathering here today, the look in the eyes of the internally displaced in Nigeria, the families of the Ebola victims in Democratic Republic of Congo, those at risk of Zika virus in kenya, residents scared of the high rate of Hepatitis C in Egypt and HIV patients in South-Africa.

It is at times like this, we come together to acquire knowledge and seek growth in every aspect to enable us achieve a better Africa.

I hope you all enjoy your stay here and receive maximum impact for a healthier, safer and fairer Africa.

Esite E. Winifred

President

WELCOME ADDRESS FROM THE PATRON

Prof. Akinyinka O. Omigbodun

Professor of Obstetrics & Gynaecology,
Faculty of Clinical Sciences, College of Medicine,
University of Ibadan

It is my immense pleasure to welcome all delegates and participants to the 32nd General Assembly of the Federation of African Medical Students' Associations (FAMSA) here in Ibadan. The theme of the Assembly (FAMSA GA 2018), Repositioning Healthcare in Africa for Sustainable Development, is very appropriate for this period as the global countdown to 2030 continues.

The delegates present here for this epochal event represent the best of African youth, knowledgeable, willing to learn, vibrant, optimistic and eager to serve your different communities. You are the future of the continent, not just in healthcare but leadership in all facets of life in your various countries. I hope you will all share your experiences with one another so that new lessons can be learnt about how best to tackle the healthcare challenges facing the continent. The line-up of keynote speakers suggests that a lot of new information will be revealed at this conference. Such new information should set you thinking about how you can apply new approaches to seeking solutions to the peculiar health problems in your various communities

A great amount of work went into the preparations for this conference and I congratulate all members of the Organizing Committee and the host association (the University of Ibadan Medical Students Association) for all the effort that went into making an event of

this magnitude a reality. This assembly is a major milestone in the journey of medical students in Africa making contributions toward safeguarding the future of healthcare on the continent.

As patron of the FAMSA GA 2018, a healthcare professional and experienced health researcher, I strongly believe that repositioning healthcare in Africa towards self-sustenance and development requires the collective and concerted efforts of all key players and stakeholders. Doctors, nurses, other healthcare professionals, scientists, policymakers and, most importantly students, all need to work together to proffer workable solutions to the problems Africa currently faces. You may wonder why students should be considered the most important among the stakeholders. The reason is straightforward: students, as they graduate from training, are likely to be around for much longer than all the other categories mentioned and they are at a stage of their development when their habits are being formed and they are more receptive to new ideas that may be game-changers in healthcare and health system development.

This conference will hopefully emphasise stimulating questions rather than prescriptions, so that participants can leave here in search of innovative solutions. In the plenary sessions, breakout sessions, abstract presentations and the social activities, ground-breaking ideas and vibrant discussions among all participants should be the norm. Ultimately, we hope that the networking opportunity that this Assembly provides will lead to the establishment of lasting relationships collaboration in seeking to solve the problems of healthcare delivery in Africa.

The desire and ambition of Africa to forge a new path for herself to achieve the sustainable development goals by the end of the next decade can only be fulfilled if all the talents and energy of the continent are channelled appropriately. Those of you who are gathered here for this conference are an important part of that pool of talent and strength.

Welcome to the 32nd FAMSA General Assembly. I sincerely wish you a very pleasant and enjoyable stay in Ibadan.

Akinyinka O. Omigbodun, FAS
Professor of Obstetrics & Gynaecology,
Patron and Chair, Board of Advisors

CHIEF HOST & HOST

Prof. Abel I. Olayinka
Vice Chancellor, University of Ibadan
Chief Host

Prof. Emiola O. Olopade-Olaopa
Provost, College Of Medicine, University of Ibadan
Host

UNIVERSITY OF IBADAN

Established in 1948, the University of Ibadan (UI), is the first University in Nigeria. Until 1962 when it became a full-fledged independent University, it was a College of the University of London. The University, which took off with academic programmes in Arts, Science and Medicine, is now a comprehensive citadel of learning with academic programmes in sixteen Faculties.

The main thrust of the University for the 21st century is to be a world-class institution for sound character and academic excellence; all geared towards meeting societal needs. Today, the University is consistently ranked among the most prestigious Universities in the world.

Through its alumni, the University of Ibadan has, in the past six decades contributed significantly to the political, industrial, economic and cultural development of Nigeria. Graduates, staff and students of this prestigious University are making great impact on the world through research, innovations and inventions in science, medicine, agriculture, business and technology.


UNIVERSITY OF IBADAN

BOARD OF ADVISORS

Prof. Mayowa O. Owolabi
Professor of Neurology, Faculty of Clinical Sciences, College of Medicine, University of Ibadan

Mayowa O. OWOLABI (MBBS, MSc (distinction), DrMed (magna cum laude), MWACP, FMCP, FAAN, FAS) is Professor of Neurology in the Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Nigeria. He studied Epidemiology and Global Health at University of Dundee, Scotland, UK and received his Dr. med. degree at Charité University of Medicine; Humboldt University and Free University Berlin, Germany. He has several awards including winner of the 2011 AU-TWAS Young Scientist National Award (Earth and Life Sciences) & 2011 Interacademy Medical Panel (IAMP) International Award for Young Physician Leaders, Berlin, Germany.

Prof. Regina E. Oladokun
Professor of Paediatrics, Faculty of Clinical Sciences, College of Medicine, University of Ibadan

Regina Oladokun is a Professor of Paediatrics in the Department of Paediatrics, College of Medicine, University of Ibadan and Consultant Paediatrician at the University College Hospital, Ibadan, Nigeria. She had one time coordinated the paediatric undergraduate programme in the Department and later served as Sub-Dean (Undergraduate) in the Faculty of Clinical Sciences.

Dr Akintunde T. Orunmuyi
Honorary Consultant, Departments of Radiation Oncology and Nuclear Medicine, University of Ibadan

Dr Orunmuyi is a Lecturer and Honorary Consultant in the Department of Radiation Oncology and the Department of Nuclear Medicine at The University of Ibadan and The University College Hospital (UCH) Ibadan, Nigeria. He completed his undergrad medical studies from the University of Ilorin and obtained Masters in Medicine (Nuclear Medicine) from the University of Pretoria. He also holds a fellowship of the College of Nuclear Physicians of South Africa (FCNP,SA).

Phn. Janvier Kabogo
Professional Intern/ Assistant Public Health Specialist Sustainable Development Goals Center for Africa (SDGC/A)

Kabogo Janvier is a Pharmacist by profession with keen interest in Global Health Policy and Youth Empowerment; he earned his degree in Pharmacy from the University of Rwanda, School of Medicine and Pharmacy. He is currently working with the Sustainable Development Goals Center for Africa (SDGC/A) as a Professional Intern and Assistant Public Health Specialist, first to ever get that placement with an undergraduate degree

PROGRAMME OF EVENTS

DAY 1, MONDAY 19TH NOVEMBER 2018		
TIME	ACTIVITIES	SPEAKERS/FACILITATORS
9:00AM – 11:00AM	OPENING CEREMONY	KEYNOTE ADDRESS GUEST SPEECHES
1:00AM – 11:45AM	TEA BREAK	
12:00PM -1:15PM	PLENARY SESSION I **"THE AFRICAN HEALTHCARE STUDENT AND THE SDGS: WHERE DO WE COME IN?"**	DR. KOFFI HOUNGGBEDI PROF. KAYODE ODUSOTE PHM. JANVIER KABOGO DR. CLEMENT PETER **MODERATOR: DR. SEGUN FATUDIMU**
1:15PM – 2:45PM	LUNCH BREAK	
3:00PM – 4:15PM	PLENARY SESSION II **"OUTBREAK AND DISASTER MANAGEMENT IN AFRICA: GETTING IT RIGHT"**	DR. OLA BROWN MR. ADAM THOMPSON DR. CLEMENT PETER **MODERATOR: IMODOYE ABIORO**
4:30PM – 6:30PM	GENERAL ASSEMBLY	
7:00PM – 9:00PM	CULTURAL NIGHT	

DAY 2, TUESDAY 20TH NOVEMBER 2018	TIME	ACTIVITIES	SPEAKERS/FACILITATORS
	9:00AM – 10:15AM	PLENARY SESSION III **"THE BURDEN OF NCDS: TAKING A QUANTUM LEAP"**	DR. J.M. DANGOU MR. RUNCIE CHIDEBE DR. AHMEDOU YACOUB **MODERATOR: DR. ZAINAB ODUFUYE**
	10:15AM – 11:00AM	**TEA BREAK**	
	11:15AM -12:30PM	PLENARY SESSION IV **"INFECTIOUS DISEASES IN AFRICA: ARE WE REALLY WINNING?"**	DR. STEPHEN OBARO DR. ALI PATE DR. CLEMENT PETER **MODERATOR: SUBOMI OMOLEYE**
	12:30PM – 1:30PM	**POSTER BREAK/ EXHIBITION I**	
	1:30PM – 3:00PM	**LUNCH BREAK**	
	3:15PM – 4:45PM	WORKSHOP 1: **THE BURDEN OF NCDS AND THE YOUNGER GENERATION – TAKING A QUANTUM LEAP**	THE WELLBEING INITIATIVE
		WORKSHOP 2: **EMERGENCY OBSTETRIC AND NEWBORN CARE/ WASH**	THE WELLBEING FOUNDATION AFRICA
		WORKSHOP 3: **MENTAL HEALTH AND THE HEALTHCARE STUDENT**	MENTALLY AWARE NIGERIA INTIATIVE
		RESO-HACKATHON SESSION I	CONTENTS TEAM
	4:45PM – 5:30PM	BREAK	
	5:30PM – 7:30PM	GENERAL ASSEMBLY	

DAY 3, WEDNESDAY 21ST NOVEMBER 2018

TIME	ACTIVITIES	SPEAKERS/FACILITATORS
9:00AM – 10:15AM	PLENARY SESSION V **"MENTAL HEALTH: BREAKING THE SILENCE"**	DR. MICHAEL MWANIKI DR. O.C. OGUN DR JIBRIL ABDULMALIK **MODERATOR: PHARM. RUKAYAT OGUNBIYI**
10:15AM – 11:00AM	**TEA BREAK**	
11:15AM – 12:30PM	PLENARY SESSION VI **"MATERNAL AND CHILD HEALTH IN AFRICA: THE WAGES OF DISCONNECT"**	DR. PETER WAISWA DR. PAULINE BAKIBINGA H. E. MRS. TOYIN SARAKI **MODERATOR: DR. ISAAC OLUFADEWA**
12:30PM – 1:30PM	**SPECIAL SESSION 1**	DR. PAULIN BASINGA "THE YOUNG DOCTORS' POTENTIAL FOR IMPACT IN GLOBAL HEALTH; REFLECTIONS ON A CAREET IN GLOBAL HEALTH"
	SPECIAL SESSION 2	DR. IBRAHEEM BADEJO – "TRANSFORMING HEALTHCARE IN AFRICA THROUGH RESEARCH AND INNOVATION"
1:30PM – 3:00PM	**LUNCH BREAK**	
3:15PM – 4:45PM	WORKSHOP 1: **THE BURDEN OF NCDS AND THE YOUNGER GENERATION – TAKING A QUANTUM LEAP**	THE WELLBEING INITIATIVE
	WORKSHOP2: **EMERGENCY OBSTETRIC AND NEWBORN CARE/ WASH**	THE WELLBEING FOUNDATION AFRICA
	WORKSHOP3: **MENTAL HEALTH AND THE HEALTHCARE STUDENT**	MENTALLY AWARE NIGERIA INTIATIVE
	RESO-HACKATHON SESSION II	CONTENTS TEAM
4:45PM – 5:30PM	BREAK	
5:30PM – 7:30PM	GENERAL ASSEMBLY	

DAY 4, THURSDAY 22ND NOVEMBER 2018			
	TIME	ACTIVITIES	SPEAKERS/FACILITATORS
	9:00AM – 10:15AM	PLENARY SESSION VII **"SOCIAL DETERMINANTS OF HEALTH: CONNECTING THE DOTS"**	H.E MRS. TOYIN SARAKI DR. ADANNA CHUKWUMA PROF. E.T. OWOAJE
			MODERATOR: DR. OPE OKUBO
	10:15AM – 11:00AM	TEA BREAK	
	11:15AM -12:30PM	PLENARY SESSION VIII **"MEDICAL EDUCATION IN AFRICA: CURRICULUM, RESEARCH INCLUSION AND MENTORSHIP"**	DR. ELSIE KIGULI-MALWADDE PROF. A. O. OGUNBIYI PROF. MAYOWA OWOLABI
			MODERATOR: DR. ELIZABETH T. PETERS
	12:45PM – 2:00PM	PLENARY SESSION IX **"HEALTH POLICY AND FINANCING: SAVING THE FUTURE OF AFRICA"**	DR. ADANNA CHUKWUMA DR. ALI PATE DR. PETER WAISWA
			MODERATOR: PHARM. JANVIER KABOGO
	2:00PM – 3:30PM	LUNCH BREAK	
	3:45PM – 4:45PM	ORAL PRESENTATION SESSION	
	5:00PM – 6:30PM	WORKSHOP 1: **THE BURDEN OF NCDS AND THE YOUNGER GENERATION – TAKING A QUANTUM LEAP**	THE WELLBEING INITIATIVE
		WORKSHOP 2: **EMERGENCY OBSTETRIC AND NEWBORN CARE/ WASH**	THE WELLBEING FOUNDATION AFRICA
		WORKSHOP 3: **MENTAL HEALTH AND THE HEALTHCARE STUDENT**	MENTALLY AWARE NIGERIA INTIATIVE
		HACKATHON SESSION III	RESO-HACKATHON
	6:30PM – 7:00PM	BREAK	
	7:00PM – 8:00PM	GENERAL ASSEMBLY	

THE SPEAKERS

THE SPEAKERS

Dr Tedros was elected as WHO Director-General for a five-year term by WHO Member States at the Seventieth World Health Assembly in May 2017.

He is the first WHO Director-General to have been elected from multiple candidates by the World Health Assembly, and is the first person from the WHO African Region to serve as WHO's chief technical and administrative officer.

Immediately after taking office on 1 July 2017 Dr Tedros outlined five key priorities for the Organization: universal health coverage; health emergencies; women's, children's and adolescents' health; health impacts of climate and environmental change; and a transformed WHO.

Prior to his election as WHO Director-General, Dr Tedros served as Ethiopia's Minister of Foreign Affairs from 2012–2016. In this role he led efforts to negotiate the Addis Ababa Action Agenda, in which 193 countries committed to the financing necessary to achieve the Sustainable Development Goals.

Dr Tedros served as Ethiopia's Minister of Health from 2005–2012, where he led a comprehensive reform of the country's health system. All roads lead to universal health coverage for Dr Tedros, and he has demonstrated what it takes to expand access to health care with limited resources.

The transformation he led as Ethiopia's Minister of Health improved access to health care for millions of people. Under his leadership Ethiopia invested in critical health infrastructure, expanded its health workforce, and developed innovative health financing mechanisms.

Beyond Ethiopia, Dr Tedros' global leadership on malaria, HIV/AIDS, and maternal and child health has been immensely impactful. He was elected as Chair of the Global Fund to Fight AIDS, Tuberculosis, and Malaria Board in 2009, and previously served as Chair of the Roll Back Malaria Partnership Board, and Co-chair of the Partnership for Maternal, Newborn and Child Health Board.

Born in the city of Asmara, Eritrea, Dr Tedros holds a Doctorate of Philosophy (PhD) in Community Health from the University of Nottingham and a Master of Science (MSc) in Immunology of Infectious Diseases from the University of London. Dr Tedros is globally recognised as a health scholar, researcher, and diplomat with first-hand experience in research, operations, and leadership in emergency responses to epidemics.

Throughout his career Dr Tedros has published numerous articles in prominent scientific journals, and received awards and recognition from across the globe. He received the Decoration of the Order of Serbian Flag in 2016, and was awarded the Jimmy and Rosalynn Carter Humanitarian Award in recognition of his contributions to the field of public health in 2011.

1

Dr. Tedros GHEBREYESUS

Director-General
World Health Organization WHO

Dr. Matshidiso MOETI

WHO Regional Director for Africa

Dr Matshidiso Moeti from Botswana is the first woman WHO Regional Director for Africa. She is leading health transformation in the African Region through a Transformation Agenda which is building a responsive, effective and results-driven regional secretariat that is advancing efforts towards universal health coverage and accelerating progress toward global development goals, while tackling emerging threats. Strong partnerships will underpin every aspect of the Regional Office's work during her tenure.

Dr Moeti is a public health veteran, with more than 35 years of national and international experience. She joined the WHO Regional Office for Africa in 1999 and has held several senior positions in the Organization, including Deputy Regional Director, Assistant Regional Director, Director of Non-communicable Diseases, WHO Representative to Malawi, and Coordinator of the Inter-Country Support Team for Eastern and Southern Africa.

At the height of the HIV/AIDS epidemic, Dr. Moeti led WHO's "3 by 5" Initiative in the African Region, an Initiative that helped establish systems for the provision of antiretroviral therapy in countries and resulted in a significant increase in the number of HIV-positive individuals accessing antiretroviral drugs.

Under her leadership as Regional Director, in 2016 the Regional Committee for Africa adopted the Framework for Implementing the Global Technical Strategy for Malaria 2016-2030 in the African Region.
Prior to joining WHO, Dr. Moeti worked with UNAIDS as the Team Leader of the Africa and Middle East Desk in Geneva, with UNICEF as a Regional Advisor, and with Botswana's Ministry of Health in various capacities.

Dr Moeti qualified in medicine (M.B., B.S) and public health (MSc in Community Health for Developing Countries) at the Royal Free Hospital School of Medicine, University of London in 1978 and the London School of Hygiene and Tropical Medicine in 1987, respectively.

THE SPEAKERS

H.E. Mrs Toyin SARAKI

Founder-President
The Wellbeing Foundation Africa (WBFA)

As Founder-President of The Wellbeing Foundation Africa (WBFA), Mrs Toyin Saraki is a Nigerian advocate for women's and children's health and empowerment, with two decades of advocacy covering reproductive, maternal, newborn, child and adolescent health; ending gender-based discrimination and violence; and improving education, socio-economic empowerment, and community livelihoods in sub-Saharan Africa.

Mrs Saraki is the inaugural Global Goodwill Ambassador for the International Confederation of Midwives (ICM); special adviser to the Independent Advisory Group (IAG) of the World Health Organizations (WHO) Regional Office for Africa (AFRO), was named by Devex as UHC Global Champion, is the Save the Children Newborn Health Champion for Nigeria; and is a Global Champion for the White Ribbon Alliance for Safe Motherhood. She is also the Wife of the President of the Senate of the Federal Republic of Nigeria.

Dr. Paulin Basinga serves as the Foundation's country director for Nigeria, where he leads a growing team in the development and execution of the country plan, which fulfills the foundation's programmatic priorities in Nigeria. His work involves complex coordination across the foundation's divisions and programs.

As such, he acts as the principal Nigerian liaison with key program leads and program strategy teams (PSTs) in Seattle.

Before joining the foundation in 2012, Dr. Basinga served as Deputy Director in charge of Research and Consultancies at the National University of Rwanda's School of Public Health. There, he spent years designing, implementing and evaluating public health interventions for HIV, TB and maternal and child health. He also led research into ways to strengthen the country's health systems.

Dr. Paulin BASINGA

Country Director for Nigeria,
Bill & Melinda Gates Foundation

Dr. Basinga joined the foundation as a senior program officer on the HIV team (under the Global Health program). He worked on the HIV Efficiency and Effectiveness Initiative, where he led the development and execution of strategies to make the foundation's HIV investments more efficient and effective. In June 2013, he joined the newly formed Integrated Delivery team as a senior program officer, developing and managing a portfolio of investments in community and child health.

In 2015, Dr. Basinga went for a year-long secondment to the Ministry of Health in Rwanda. Working with Rwanda Biomedical Center (RBC), he supported efforts to maximize data use for decision making, and developing the Rwanda Health sustainability plan. Upon returning to Seattle, he served as deputy director in the Integrated Delivery team's Country Primary Healthcare Initiative. The initiative focused on integrating primary health care to provide treatment, prevention, and other essential services in Ethiopia and Nigeria (mainly in the states of Kaduna and Niger).

Dr. Basinga completed his medical degree at the National University of Rwanda and holds a masters' degree and PHD in international development from Tulane University in the United States.

4

Dr Clement Lugala PETER

Team Lead, WHO Health Emergencies Program

Professor Adebola OGUNBIYI

Honorary Consultant, Department of Medicine, University College Hospital, Ibadan

Dr Clement Lugala Peter (MD, MPH) is the Team lead for the WHO Health Emergencies Program in Nigeria. He is a Public Health Expert with over 20 years' experience in humanitarian and development work. He has worked extensively in the area of health emergencies including disease outbreaks, other humanitarian crisis and disease prevention and control.

He brings a wealth of experience in combining health emergencies and disease prevention and control.

5

Runcie C.W. CHIDEBE

Executive Director, Project Pink Blue

Runcie C.W. Chidebe, 31, a cancer control advocate, researcher, psychologist, a fighter for cancer patients and one of the leading voices advocating for Nigeria to make cancer control a national health priority. He is engaged in supporting people battling with cancer, fundraising for indigent patients, cancer awareness and established Nigeria's first patient navigation.

In 2015, Union for International Cancer Control (UICC) awarded him Young Cancer Leader Award at World Cancer Leaders' Summit (WCLS), Istanbul, Turkey; he was honoured with the U.S. Department of State International Visitor Leadership Program (IVLP) in 2016 and was recently named Champion for Cancer Care in Nigeria by the U.S. Department of State. He has won several awards across the globe and won several grants including Nelson Mandela Graca Machel Innovation Award, South Africa; Catherine Peugeot Award, France; UICC - Pfizer SPARC Metastatic Breast Cancer challenge, Lisbon, Portugal; U.S. Embassy Public Affairs Section (PAS) Grant and many others.

He was the Best Graduating Student in Psychology in 2012 and also the Best Graduate in Social Work in 2006 from the prestigious University of Nigeria. He is the Founder & Executive Director, Project PINK BLUE; and Founder, Abuja's first Breast Cancer Support Group (ABC-SG).

7

Dr.Ola OREKUNRIN

Founder, Flying Doctors Nigeria

Dr. Ola Orekunrin is a medical doctor, a trainee helicopter pilot and an entrepreneur who founded West Africa's first indigenous air ambulance service, The Flying Doctors Nigeria which saves hundreds of lives across the region every year. She is extremely passionate about healthcare/ entrepreneurship in Africa and works with various foundations, charities and governments to improve standards of healthcare.

Dr. Ola was born and raised in the UK. She studied medicine and surgery at the Hull-York Medical School after which she worked in Acute Medicine across the UK. She then went on to be awarded the Japanese MEXT scholarship which allowed her to further her studies in Tokyo, Japan. She has published two medical textbooks 'EMQ's in Paediatrics' and 'Pre-Hospital Care for Africa' as well as articles in the British Medical Journal, New York Times and the Huffington Post. She returned to Nigeria to start the air ambulance service which uses a pool of aircrafts and doctors to save lives across West Africa.

She is an international speaker who has received multiple awards and nominations. These include the Mouldbreaker's Award, the THIS Day Award, The Future Award as 'Entrepreneur of the Year', New Generation Leader for Africa, Ladybrille 'Personality of the Month', and Vanguard WOW Awards. She is also a TED fellow and has been honoured by the world economic forum as a Young Global Leader. She is a member of the American College of Emergency Physicians and an editor of the Journal of Emergency medical services. She is a board member of & investor in tech-focused angel investment fund, Greentree Investment Company.

THE SPEAKERS

Prof. Kayode Adetola ODUSOTE graduated from the University of Ibadan in 1971 with MB; BS and intercalated B.Sc. (Med Sci.). In 1975, he started his residency training in Internal Medicine at the Lagos University Teaching Hospital, from where he proceeded for his specialty training in Neurology at the Montreal Neurological Hospital, Montreal, Canada and the National Hospital, Queen Square, London.

Professor Kayode A. ODUSOTE

Chairman, Foundation for Sustainable Health Development

In 1984, he was appointed Associate Professor of Medicine in the Department of Medicine, University of Lagos. In 1985, he served as Teaching Fellow (Clinical Neurology) at the University of Vancouver, Canada. In 1986, he was elected Fellow of the West African College of Physicians (WACP) in the Faculty of Internal Medicine and in 1987, he was appointed Professor of Medicine (Neurology) in the Department of Medicine, University of Lagos

In 1992, he was appointed Secretary of the West African Postgraduate Medical College, an Agency of the West African Health Community. In this capacity, he worked with the West African Postgraduate Medical Colleges in building specialist medical work force for the five Anglophone countries of West Africa.

In 2001, he became Director of Human Resources Development of West African Health Organization (WAHO), a Specialized Institution of ECOWAS and his work on building capacity of human resources for health (HRH) was extended to all the 15 countries of the Economic Community of West African States (ECOWAS) region.

He retired from WAHO in 2010 and since then he has been independent Consultant to International Organizations including WHO (Afro), IntraHealth Inc., WAHO and HelpMeSee Inc. He is currently the Chairman of the Foundation for Sustainable Health Development, a not-for-profit organization committed to promoting health informatics for the improvement and advancement of health care delivery services.

THE SPEAKERS

Adam THOMPSON

Executive Director/Co-Founder, eHealth Systems, Africa

Adam co-founded eHealth Africa in 2009. As Executive Director, Adam provides executive management for the entire organization, leveraging his expertise in global health and informatics to strategically innovate and lead eHA's business development, research, private sector engagement, and health information technology initiatives. Furthermore, he heads eHA's country office in Nigeria and the Global Health Informatics Team, which is inclusive of GIS, Software, and IT Systems.

During the 2014-2016 Ebola outbreak, Adam rapidly built emergency response teams consisting of 300+ staff across Sierra Leone, Liberia, and Guinea in less than two months. Furthermore, with less than one week's notice, he created an Ebola response team in Lagos, Nigeria. Adam spearheaded the CDC's Ebola vaccine trial program in Sierra Leone, which was conceived, designed, and became operational in less than two months. Over the course of just one year, the Vaccine Direct Delivery program that Adam developed in Nigeria decreased stock out rates of vaccines and related commodities from the extremely high rate of over 90% to an impressive 10%.

Prior to founding eHA, he served as the Associate Director for Programs and Instruction for the Global Information Internship Program (GIIP) at the Center for Global, International and Regional Studies, University of California, Santa Cruz. He holds a BSc in Information Systems and Technology Management from the University of California, Santa Cruz.

Jean-Marie Dangou has an international reputation for his work in Non-communicable diseases (NCDs) and cancer in particular. He became the Regional Advisor for Cancer Prevention and Control at the WHO Regional Office for Africa in July 2007, and later on the Team Lead for the NCDs Integrated Management programme and, Coordinator of the NCDs Primary Prevention Programme Area. Jean-Marie worked as WHO Representative in Zambia, in Guinea and in The Gambia.

Before joining WHO, Professor Dangou held various positions on the academia and the Ministry of health of Senegal. Jean-Marie developed and implemented at the Ministry of Health of Senegal a national cancer control programme. For more than 20 years, Professor Dangou was the Head of the Pathology department at Grand-Yoff General Teaching Hospital in Dakar (Senegal) and at the Dakar Pasteur Institute. Jean-Marie teaches Health Sciences at the Faculty of Medicine of C. Anta Diop University of Dakar, and he participated in research activities. He is member for several medical societies and he has been Vice-President for Africa at the International Academy of Pathology (IAP) and President of the African French Speaking Division of the IAP. He has membership of editorial board for medical journals, and published at least 90 articles on different topics including cancer and for more than 80% of them in peer-reviewed journals.

Professor Jean-Marie DANGOU

WHO Team Lead for the NCDs Integrated Management programme

Jean-Marie is a Medical Doctor, specialized in Histopathology, Cytology and Cytogenetic and, in Epidemiology. He received his training at the Free University of Brussels (Belgium), at the University of Bordeaux II (France) and, at the University C. Anta Diop of Dakar (Senegal). Among other, Jean-Marie undertook professional training and continuing education in different domains such as Cancer diagnosis, Cancer epidemiology and surveillance, Ultra structural pathology, Cytogenetic and antenatal diagnosis, Pedagogy including e-learning, Research methodology, Epidemiology, Communications, Global Health Diplomacy, Leadership and Management.

THE SPEAKERS

Dr. Ahmedou YACOUB

Medical officer, WHO AFRO/IST/WA
Non-communicable diseases (NCDs)

Dr. Yacoub is a Mauritanian-born Doctor with experience in Public Health and Epidemiology. He received the Doctor of Medicine degree from the University Frères Mentouri, Constantine, Algeria in 1988 and Public Health Qualification and Health Services Management certification from the National School of Administration, Journalism and judiciary in 1996. He went ahead to obtain Diplomas in Specialized Studies in Health Services Management (D.E.S.S) and Epidemiology at the African Center for Management Studies, Dakar, Senegal (2003) and Université de Bordeaux 2, France 2008 respectively.

With a vast work experience, he has served as the Chief Medical Officer, Boghé Health District, Mauritania from 1991 to 1994, he went on to take up the duty of Director of Aleg's Regional Hospital (1994-2000) in Mauritania. He joined his country's Ministry of Health as the Head of Service and Supervision at the Directorate of Hospital Medicine at the Ministry of Health/Mauritania (2000-2007) after which he joined the WHO as the National Professional officer (NPO) in Mauritania WHO country office, Disease Prevention and Control Advisor (DPC) (2007-2013).

He currently serves as the Medical officer at WHO AFRO/IST/WA Non-communicable diseases

1.2

Dr. Chizoba WONODI

Nigeria Country Director at the Johns Hopkins International Vaccine Access Center (IVAC)

Dr. Chizoba Wonodi is public health physician with over twenty-seven years' experience on projects in Africa, Asia and America. She is the Nigeria Country Director at the Johns Hopkins International Vaccine Access Center (IVAC) based in Baltimore. She is also the Founder and Convener of Women Advocates for Vaccine Access, a coalition of Civil Society Organizations in Nigeria advocating for increased uptake of vaccines and sustainable financing of immunization programs.

Dr. Wonodi splits her time between Abuja and Baltimore conducting research and leading a portfolio of work to improve immunization service delivery and primary health care systems in Nigeria, through operations research, technical assistance and policy advocacy.

Dr. Wonodi obtained her medical degree from the University of Benin, Nigeria; her masters and doctorate in public health from the Johns Hopkins Bloomberg School of Public Health. She has received many awards, including, the Bill and Melinda Gates Institute scholarship for masters and doctorate studies, the Carolyn Cochrane Fellowship award and the Population Reference Bureau Fellowship. She currently serves on the steering committee of the Gavi CSO Constituency Platform at the global level and the interim steering committee of the Gavi CSO Platform in Nigeria.

THE SPEAKERS

Professor Eme OWOAJE

Honorary Consultant, Department of Community Medicine, University College Hospital, Ibadan

Professor Eme Owoaje is a public health physician by training and has been working as lecturer in the Department of Community Medicine, University of Ibadan since 1998. She is also an honorary consultant to the University College Hospital, Ibadan. Her area of specialization is Rehabilitative and Social Medicine, which focuses on the needs of disadvantaged populations such as orphans and vulnerable children, the elderly and urban slum residents.

As a researcher she has participated in several collaborative health related research projects with other researchers in the United States, United Kingdom, other African countries and Nigeria. She also possesses excellent interpersonal and leadership skills. She is currently the head of department of Community Medicine.

Dr Adanna CHUKWUMA

Health Economist, World Bank Group

Adanna Chukwuma is a Health Economist at the World Bank Group, where she leads the health team in Armenia, and supports the design, implementation, and evaluation of projects in Tajikistan, Sri Lanka, Sierra Leone, and India.

She was awarded a Bachelor of Medicine, Bachelor of Surgery by the University of Nigeria, a Master of Science in Global Health by the University of Oxford, and a Doctor of Science in Health Systems and Economics by Harvard University.

Dr. Peter WAISWA

Founder and Coordinator of the INDEPTH Network Maternal and Newborn Research Group

Peter Waiswa is a Ugandan medical doctor trained in Public Health. He graduated with a joint PhD and later a Post-Doctoral fellowship; both as joint degrees/fellowships from Makerere University, Uganda and Karolinska Institutet, Sweden.

Currently, Dr Waiswa is an Associate Professor at Makerere University School of Public Health, College of Health Sciences, Uganda and also a visiting Researcher at Karolinska Institutet, Sweden. Prior to joining academia he worked as a district medical officer with Ministry of Health for 8 years in Uganda. He is the Founder and Coordinator of the INDEPTH Network Maternal and Newborn Research Group in Accra, Ghana and the Makerere University Maternal and Newborn Centre of Excellency in Uganda. His research interests include health systems, implementation research, and evaluation with a special focus on maternal, newborn and child health.

Dr Waiswa is one of the leading African researchers on maternal, newborn and child health and he is widely published. He also regularly engages in policy debates, advocacy and planning at local, national, Africa and at the global level. Within a difficult setting, Dr Waiswa works to build capacity, improve policy and health systems in Uganda and Africa. He is a former awards winner and active member of FAMSA where he ran the refugee project with IFMSA in Uganda

THE SPEAKERS

Dr. Elsie KIGULI-MALWADDE

Director, Health Workforce Education and Development at the African Center for Global Health and Social Transformation (ACHEST)

Dr. Elsie Kiguli-Malwadde the Director Health Work force Education and Development at the African Center for Global Health and Social Transformation (ACHEST) 2016 to date. She was the Director of the African Coordinating Centre for the Medical Education Partnership Initiative MEPI at African Center for Global Health and Social Transformation (ACHEST) from 2011 to 2016. She is an Honorary Associate professor of Radiology at Makerere University.

In her current position she provides internal leadership of the Education Initiatives at ACHEST. As the Director to the MEPI project at ACHEST, her role included developing and documenting policies and procedures, managing ACHEST's daily operations, and serving as liaison with the Cluster Working Groups and Technical Working groups as well as communication with 13 medical schools that are grantees on the same project. She conducted site visits at these schools yearly for monitoring an evaluation of their projects and was responsible for identification and giving technical assistance in the area of Health Professions Education. She convened the Technical Working Group that was tasked to develop Competency Based Education. She represented MEPI as a speaker at numerous international conferences. She was also responsible for MEPI research activities at ACHEST.

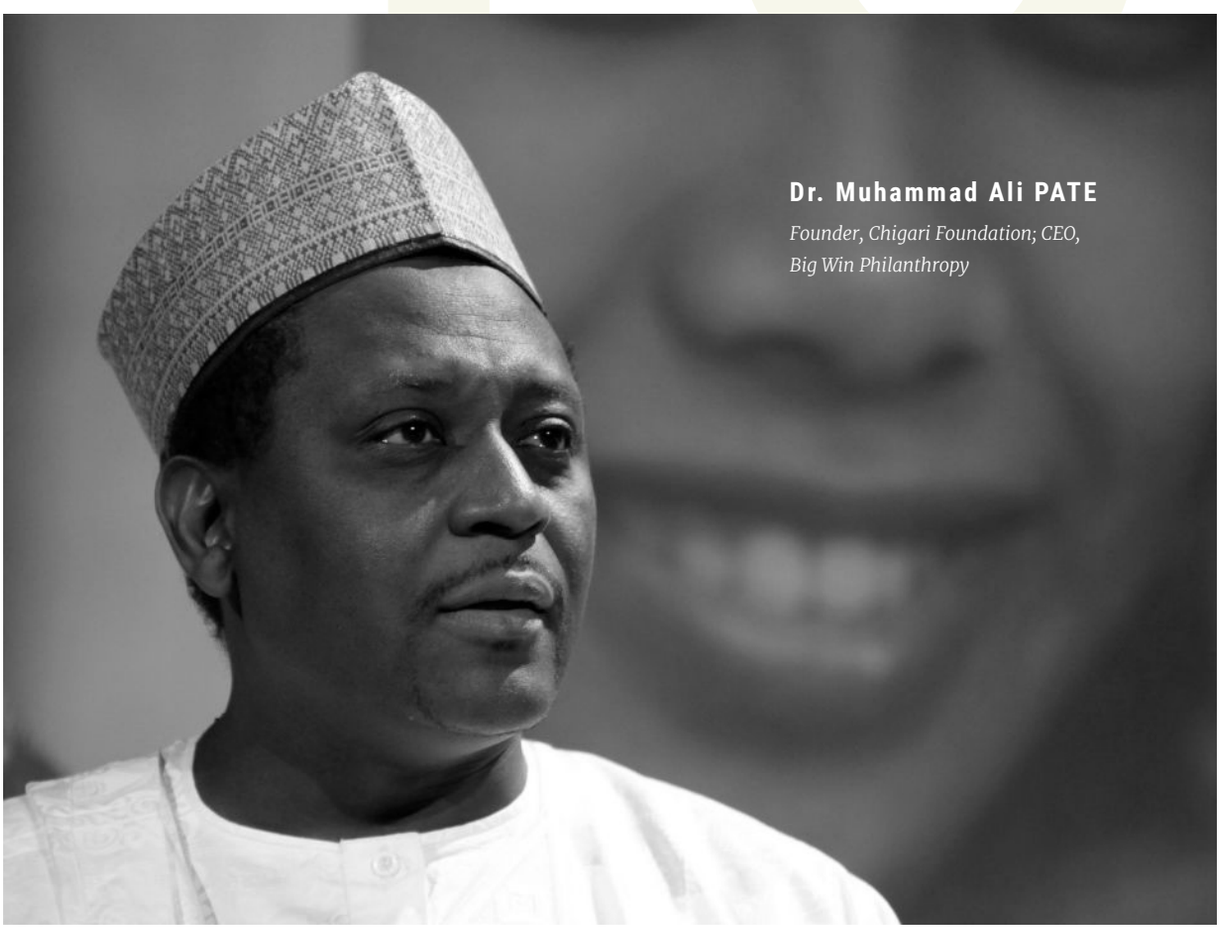
She had until December 2010 been an associate professor and head of the department of Radiology at the College of Health Sciences, Makerere University. She worked with Makerere University for 14 years, rising through the ranks, and understands very well the challenges of Medical Education in sub-Saharan Africa and globally. Apart from her radiology training, she is a Fellow of the Foundation for the Advancement of Medical Education and Research (FAIMER). She also holds a Masters in Health Professions Education from Maastricht University in the Netherlands. She has been a Global Faculty discussant and advisor in Philadelphia (USA). She has been a member of the Faculty for the South African FAIMER Institute (SAFRI).She is a hands-on educator, and a special interest in innovative education.

Dr. Kiguli-Malwadde is a graduate of Makerere University where she received both her MBChB and Masters in Medicine in Radiology. She has been at the forefront of promoting and enhancing quality health professions education in Radiology, General Medicine, Medical Radiography, and other health professions within Uganda and in Sub-Saharan Africa. She has published many journal articles in Radiology and Imaging, as well as in Medical Education, and has presented papers at many international workshops and conferences.

Dr Muhammad Ali Pate is Founder/Chair of the Board of Chigari Foundation and CEO of Big Win Philanthropy. He served in the past as Minister of State for Health in Nigeria. Prior to serving as Minister of State, he was the Executive Director/CEO of the National Primary Health Care Development Agency (NPHCDA), in Abuja, Nigeria where he launched several successful and innovative national programs to improve health outcomes.

He is a Visiting Professor at Duke University Global Health Institute, R. L. Menschel Senior Leadership Fellow (2016) at Harvard's Chan School of Public Health and Co-chair of The Lancet Global Commission on High Quality Health Systems. He is founder and served in the Boards of several health care organizations globally, including Private Sector Health Alliance of Nigeria and the American International Health Alliance in Washington DC.

Dr. Pate is Board Certified by the American Board of Internal Medicine in Specialty of Internal Medicine and Infectious Diseases. He holds a Medical Degree from Ahmadu Bello University, Zaria (1990), Masters in Health Systems Management at London School of Hygiene and Tropical Medicine (UK) and Masters in Business Administration with Health Sector Concentration from Duke University (US).



Dr. Muhammad Ali PATE

Founder, Chigari Foundation; CEO, Big Win Philanthropy

THE SPEAKERS

Dr. Pauline BAKIBINGA

Associate Research Scientist, African Population and Health Research Center (APHRC)

Dr Pauline is medical doctor and international public health specialist with a passion for health systems strengthening, with a bias towards reproductive, maternal, newborn and child health. Currently, she is an Associate Research Scientist at the African Population and Health Research Center (APHRC), in Nairobi (Kenya). She holds a PhD in International Health Promotion from the University of Bergen (Norway), and Bachelor's degree in Medicine and Surgery from Mbarara University of Science and Technology (Uganda).

Her passions include health systems strengthening for reproductive, maternal, newborn and child health and qualitative research methodology. She believes that mobile and electronic technologies have the potential to bridge systemic gaps needed to improve access to, and use of, health services, particularly among underserved populations. The current high and ever growing mobile penetration coupled with investments from technology companies that provide accessible platforms onto which innovations can establish and offer value-based products can be harnessed to improve maternal, newborn and child health services and outcomes.

She has previously worked as a physician and researcher (2005-2013) at St. Francis Hospital, Nsambya, Kampala, in Uganda. She is currently the project manager of an intervention project promoting sustainability of health care investments for better maternal, newborn and child health. This project builds on previous work, the Partnership for Maternal, Newborn and Child Health project, implemented in two Nairobi (Kenya) slums, to assess the impact of strengthening public-private partnerships for the delivery of health care on the health of mothers, newborns and young children in underserved settings. This was funded by Comic Relief, UK. The intervention by APHRC sought to strengthen the health system to be more responsive to the needs of mothers, neonates and children under the age of five.

Stephen Obaro MBBS, FWACP, MRCP(UK), FRCPCH, FAAP, PhD, FIDSA, FPIDSA is Professor of Pediatrics, Director of International Pediatric Research Program and Adjunct Professor with the Department of Microbiology and Pathology at the University of Nebraska Medical Center. He obtained his basic medical training at Ahmadu Bello University, Zaria, where he commenced his postgraduate training in Pediatrics before relocating to the United Kingdom. In addition to further training in clinical pediatrics, he obtained a PhD in Immunology at Imperial College, University of London.

Upon completion of his clinical and graduate training in pediatrics and immunology, he worked with the UK Medical Research Council Research Laboratories in The Gambia, as Head of Field Station where his team established surveillance program for pneumococcal disease in children that contributed substantive data to the formulation of the pneumococcal conjugate vaccine for developing countries and the understanding of the epidemiology of invasive pneumococcal disease in children. He obtained additional graduate training in the US in general pediatrics at Pittsburgh Children Hospital and pediatric infectious disease fellowship at Brown University, Providence, Rhode Island.

He has established field studies in Nigeria to understand the epidemiology of bacteremic syndromes in children and the risk factors associated with these infections, through funding support from the National Institutes for Health and the Bill and Melinda Gates Foundation. He is a trustee and co-founder of International Foundation Against Infectious Diseases in Nigeria (IFAIN), a non-governmental, not-for-profit organization that has established a platform for multidisciplinary projects in infectious disease and training for graduate students. The IFAIN laboratory network is also supporting research projects in Liberia, Ghana through the Joint West Africa Research Group (JWARG) and Rwanda.

Dr. Stephen OBARO

Professor of Paediatrics, Director of International Paediatric Research Program, University of Nebraska Medical Center

18

Dr Jibril Omuya ABDULMALIK

Consultant Psychiatrist, Department of Psychiatry, University College Hospital, Ibadan

Abdulmalik, Jibril Omuya is a Lecturer in University College Hospital, Ibadan. He finished his education in Master of Science (MSc), International Mental Health Policy and Services in 2015 in Universidade Nova de Lisboa. He holds a Master's degree, Child and Adolescent Mental Health in University of Ibadan from 2013 – 2014 and also a Master's degree, Health Planning and Management in University of Maiduguri in 2007 with a comprehensive Masters in Health Planning and Management that covered resource utilization and planning especially in resource constrained settings. He finished his Bachelor of Medicine, Bachelor of Surgery (MBBS) from 1995 – 2002 in University of Ibadan. He is currently working as a Lecturer and Consultant Psychiatrist University of Ibadan College of Medicine.

He is honored as a Member, Nigerian Medical Association in 2002 2005- Member, Association of Psychiatrists in Nigeria 2007- Member, Nigerian Postgraduate Medical College (Psychiatry) 2009- Fellow, West African College of Physicians (Psychiatry) 2009- Member, Medical and Dental Consultants Association of Nigeria 2010- Co-Cordinator, Young, Early and Aspiring Professionals of the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) 2011- Member, Child and Adolescent Section of the World Psychiatry Association (WPA), Representing Sub-saharan Africa.

THE SPEAKERS

Dr Mwaniki Kivwanga is a Medical doctor and public health specialist with more than 15 years' experience in clinical practice, public health and public health programs management, as well as clinical and operational research with a focus on Maternal, newborn and child health, HIV/AIDS, TB, Mental Health, Health Policy & Healthcare Management.

Dr Mwaniki has leveraged his skills to support diverse project across multiple organizations. From 2004 to 2010 he was a senior medical Research officer at Kenya Medical Research Institute-Kemri. From 2010-2016 he worked on various large-scale health integrated projects from diverse organizations including USAID, DFID and UNFPA.

Mental Health/Illness may affect 1 out of every 4 individuals in their lifetime. Importantly nearly 80% of persons with mental illness in resource limited regions may never access appropriate/adequate care. Changing this prevailing narrative on Mental Illness is a key pillar of JJGPH. From 2017 as part of JJGPH, Mwaniki supports the mental health program activities as well as research capacity building and innovation.

Dr. Mwaniki KIVWANGA

(MBChB, MPH, PhD),
Global execution Lead, Mental Health and special Johnson & Johnson Global Public Health-JJGPH.

THE SPEAKERS

Dr. Oluwayemi OGUN

MBBS, MSC, FWACP, APD (hosp.mgt), MNIM , FACGP

She is the Medical Director of the Federal Neuro-Psychiatric Hospital, Yaba, Lagos and a Chief Consultant Psychiatrist and Consultant Child and Adolescent Psychiatrist. She is a graduate of the College of Medicine, University of Lagos.

She had her residency training at the Federal Neuro-Psychiatric Hospital, Yaba, Lagos, became a Fellow of the West African College of Physicians in 1997 and was appointed as a consultant in 1998. She became the pioneer Psychiatrist of the Child and Adolescent Mental Health Services of the Hospital in May 1999 . This became the first multidisciplinary Child and Adolescent mental health service centre in Nigeria.

The Centre which is involved in the care of various mental health challenges of children and adolescents has become a reference point in the country for child and adolescent mental health services.

Dr. Ogun has been involved in outreach programmes in advocacy and mental health education and training of community members in mental health. Such places include churches, schools, Youth forum, markets and Motor Parks. In addition she has been the Convener of a training programme for professionals and community members in child and adolescent mental health for the last five (5) years.

She has attended both local and international conferences on child mental health and has presented scientific papers in such places. She has also published about thirty (30) research papers on child and adolescent mental health and general Psychiatry. She is a reviewer of some International journals.

She remains committed to the promotion of good mental health and well-being among children, adolescents and adults in Nigeria and Africa.

Dr. Ogun is happily married and the marriage is blessed with children.

Dr. Ibraheem BADEJO

Ph.D. - Senior Director - New Ventures (Med Devices), Johnson & Johnson Innovation Center, Boston.

Ibraheem (Ib) leverages his expertise in smart materials and biomaterials to support the medical device sector of Johnson & Johnson. From 2010 to 2013, Ib was a Research Fellow at Global Surgery Group of Johnson & Johnson, where he was responsible for external and front-end innovations and intellectual property for Ethicon Biosurgery. From 2006 to 2010, he was the Director of Applied Research & New Technology Assessment of novel biomaterials. Prior to that, he was the Chief Scientist of Closure Medical Corp (acquired by Johnson & Johnson in 2005). Ib has held various positions at Bayer, North Carolina State University, and the College of Charleston. He currently serves as an Adjunct Professor of Biomedical Engineering at Drexel University.

During his career, Ibraheem has led teams in the development of commercialized biomaterials-based products and new technology / products licensed or acquired. Ib received his PhD in organic chemistry from the University of Toledo, where he was the Robert Whiteford Memorial Scholar for Outstanding Graduate Research and a Petroleum Research Fund Fellow. Ib received the Science Alumni Award, Avila University in 2014. Ib is also the recipient of 24 US patents, he's also well published in many peer review journals.

Ib spends some of his spare time meeting the needs of others and giving back to the world. He has participated and led mission trips – rural North Carolina, Mexico, Kenya, Haiti, Trinidad and Tobago and also serves in Boston Rescue Mission – meeting the needs of homeless in the Boston.

He currently serves as board of trustee of Avila University, board member of MedShare – a not for profit medical mission organization, member of the executive committee and board member of Southeast Medical Device Association (SEMDA) and M2D2. He also supports Coulter Foundation Programs at Georgia Tech / Emory Univ, Drexel Univ, Univ of Michigan, Univ of Pittsburgh and the Science Center – QED Program on advisory role.

Dr. Koffi HOUNGBEDJI

MD, MPD - Senior Public Health Specialist, SDG Center for Africa based in Kigali/Rwanda

Dr. Koffi Ange HOUNGBEDJI is currently SDG Advisor – Senior Public Health Specialist in SDG Center for Africa based in Kigali/Rwanda.

Dr Koffi has more than 20 years of experience in public health in Africa setting. He has worked in leading Heath programs in stable and emergency settings with focus on in primary Heath care, reproductive Health care, Environmental Health, communicable disease, health system strengthening, and epidemiological surveillance system. Dr Koffi has worked with the international organizations as Medecins Sans Frontieres, UNICEF, and International Rescue Committee and in various countries as Benin, Democratic Republic of Congo, Mozambique, Niger, Chad and Cote d'Ivoire and Rwanda.

Dr Koffi hold a Master's of Public Health in Health Systems Management and Policy from the Prince Leopold Institute of Tropical Medicine, a University Degree in Community Health in Tropical Environments from the Catholic University of Lille in France and University of Benin, and a Medical Degree (MD) from the University of Abomey-Calavi in Benin.

Dr Fiona BRAKA

Immunization Team Lead, World Health Organization, Nigeria Office

Dr Fiona Braka from Uganda is the Immunization Team Lead at the World Health Organization (WHO) Country Office in Nigeria. She leads a team that works closely with the Federal Government of Nigeria, the 36 State Governments and the Federal Capital Territory to strengthen the routine immunization programme, introduce new vaccines, interrupt poliovirus transmission and implement accelerated disease control initiatives.

Dr Braka is a Public Health professional with over fifteen years of national and international experience in the field of vaccines. She joined WHO in 2003 and has served in different capacities in the immunization programme including Team Lead in Uganda and Ethiopia. She supported the Uganda programme towards successful declaration of polio-free status in 2006. She also supported the Ethiopia programme in interruption of wild poliovirus transmission following a large outbreak in the Horn of Africa in 2013, introduction of pneumococcal conjugate and rotavirus vaccines, and achievement of elimination of maternal and neonatal tetanus. She has further supported several countries in the African Region in development of comprehensive multi-year strategic plans for Immunization.

Dr Braka holds a Medical Degree from Makerere University in Kampala, Uganda and a Masters of Public Health from the Johns Hopkins Bloomberg School of Public Health in Maryland, USA.

THE SPEAKERS

Mayowa O. OWOLABI

Professor of Neurology, Faculty of Clinical Sciences, College of Medicine, University of Ibadan

Mayowa O. OWOLABI (MBBS, MSc (distinction), DrMed (magna cum laude), MWACP, FMCP, FAAN, FAS) is Professor of Neurology in the Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Nigeria. He studied Epidemiology and Global Health at University of Dundee, Scotland, UK and received his Dr. med. degree at Charité University of Medicine; Humboldt University and Free University Berlin, Germany. He has several awards including winner of the 2011 AU-TWAS Young Scientist National Award (Earth and Life Sciences) & 2011 Interacademy Medical Panel (IAMP) International Award for Young Physician Leaders, Berlin, German

Janvier KABOGO

Professional Intern/ Assistant Public Health Specialist Sustainable Development Goals Center for Africa (SDGC/A)

Kabogo Janvier is young professional with demonstrated experience working in the non-profit sector. Skilled in Pharmaceutical Sciences, Public Health, youth empowerment, strategic planning and leadership. He is the health columnist at the NewTimes (Rwanda's leading English Daily) covering global public health, health advocacy, health policy, diseases and recent innovations and breakthroughs in healthcare. He worked with Sustainable Development Goals Center for Africa (SDGC/A) as a professional intern/ Assistant Public Health Specialist. Prior to that he served as the chair-person of the World Healthcare Students Symposium (WHSS), promoting multidisciplinary collaboration among healthcare students and professionals. He is a Pharmacist by profession.

MODERATORS

MODERATORS

Dr Segun FATUDIMU

African Medical Students and SDGs

Segun Fatudimu is a dentist practicing in Ibadan, Nigeria. Alongside his private practice, he has 9 years of experience in the development sector as a youth development strategist and community mobilizer with extensive experience in creating youth platforms that engage youth in playing active innovative roles in community development. He has a keen insight into various issues and he is able to apply knowledge from various sources towards problem-solving. He is skilled in ideation, concepts and program development, curriculum development, strategic planning, grant writing, training and training development, program management, public speaking and business development. He is the director of the Sozo leadership Institute- a social enterprise that has provided support, training and consultancy services to youth-oriented social enterprises and civic organizations in Nigeria, Uganda, South Africa and the United States. He is also the founder of the Sozo Networks; a non-profit that is raising competent youth leaders by preparing teenagers for life, leadership and career before they turn 18. The network has over 100 youth volunteers who serve as mentors for over 5000 teenagers from low-income communities across 4 states in Nigeria.

Segun is a Mandela Washington Fellow, Associate Fellow of the Royal Commonwealth Society and he is the former President of the MWF Alumni Association of Nigeria, where he led the Mandela Washington Fellows and the over 170,000 YALI Network members in Nigeria in championing various projects and initiatives that are capable of redefining the socio-economic landscape of Nigeria and the African continent. Segun holds a Bachelor's degree in Dental Surgery from the University of Ibadan, Nigeria and certifications in Civic Leadership from Appalachian State University and Leadership and Management in Health from the University of Washington. His vision is to become a major contributor to youth development globally.

Rukayat OGUNBIYI

Mental Health in Africa

Rukayat Ogunbiyi is the founder of Sane Mind Advocacy organization. A mental health advocacy created to fil the paucity of information and services around mental health in Nigeria. She became passionate after her internship as a pharmacist at the federal neuropsychiatric hospital in Yaba. During her service she organized a 3-day workshop for teachers and artisans on" Early signs of mental health problems in Children". This project earned her a state commendation from the State coordinator of NYSC.

She proceeded to the University College Hospital, Ibadan to obtain a Master's degree in Child and Adolescent Mental health where she got 5 awards of excellence. She has with her wealth of knowledge trained over 100 teachers in Lagos State on early signs of mental disorders and created parenting and school mental health programs aimed at promoting mental wellness in children and adolescents.

When she's not reading, discussing mental health researches, she coils up on a sofa watching DIY videos on YOUTUBE in a cold room.

Dr Elizabeth T. PETERS

Medical Education in Africa

Dr. Elizabeth T. Peters has many years of experience in civil society management in different organizations and roles. She has been an invited speaker at the World Health Organization, United Nations Youth Assembly, and the GIMAC Pre-Africa Union Summit. Currently, Dr. Elizabeth T. Peters is the co-founder of a non-profit non-governmental organisation, Inspire Young Leaders (Nigeria), the founder and editor in chief of www.ElizabethTPeters.com, the International Federation of Medical Students Association (IFMSA) Pre World Health Assembly Social Media and Public Relations Coordinator; and the two-time IFMSA Regional Assistant for Africa for the Standing Committee on Human Rights and Peace.

At her over three-year old website, she writes a new blogpost weekly, has featured writers and runs adverts to her growing audience. Dr. Peters holds an MBBS degree. She is interested in Youth Leadership as she sees a vacuum in Nigeria for young people that are pregnant with motivation and innovation to fill; she believes strongly in leading by example and thus has sought out leadership positions from which she mentors many younger people either directly or through her blog.

Dr Isaac OLUFADEWA

Maternal and Child Health

Isaac Iyinoluwa Olufadewa is a recipient of several awards for his distinction in leadership and community development, including the Award of Excellence presented to him by the then Vice-Chancellor of Nigeria's premier university (University of Ibadan) during "Jaw War" finale in November, 2015, Scholarship Award for a Post-graduate Degree by the African Union in 2017, and the US-based Gilead Sciences Organisation Scholarship Award to attend the One Young World Summit 2018 (the largest summit in the world) in the Hague, Netherlands.

Dr. Isaac, as he is fondly called, is a reproductive health advocate, medical doctor, social entrepreneur, author, multiple award-winning orator and One Young World Ambassador. He is a young leader in healthcare and an African Union Scholar currently on his Master's degree in Reproductive Health Sciences on a fully-funded scholarship in Pan African University, Africa's premier continental university. He is the General Secretary of Pan African Reproductive Health Young Scientists Association (PARHYSA) and the Founder of Slum to Slum Health Initiative (SSHI) Network (sshinetwork.org), an organization that works at the intersection of health and technology envisioning an Africa where healthcare information is available to everyone, everywhere.

Dr. Imodoye ABIORO

Outbreak and disaster

Dr. Abioro is a graduate of the University of Ibadan. A physician and avid computer programmer who is passionate about improving healthcare delivery in Nigeria, especially to those living in hard-to-reach-areas, firmly believing in bridging this access gap with appropriate technology. He is the founder of "project #LendAnArm" - a youth-focused voluntary blood donation awareness campaign and blood drive in Oyo State. Currently working with project partners the project hopes to combat blood shortages in the Nigerian healthcare delivery system helping the country achieve 100% voluntary blood donation as encouraged by the WHO. He has international experience volunteering with SOS Children's Villages International, an organization supporting children without parental care and families at risk in 135 countries.

Dr Subomi OMOLEYE

Infectious Diseases in Africa

Dr. Olasubomi Jimmy Omoleye is an avid researcher and medical education enthusiast who is deeply passionate about the application of technology in medicine. He is the current Publicity Director, C.H.E.C.K (Creating Healthier Communities and Kinship) Medical Missions Inc., a non-governmental organization that is committed to the provision of healthcare, advocacy, and education to underserved communities.

He completed his medical education at the University of Ibadan in 2018 with an impressive academic record, and was one of the four finalists for the Blair Aitkens Prize in General Surgery in 2018. Due to his exceptional academic performance in medical school, he was selected as a Student Representative for DOKSTA, a medical education company that provides the full spectrum of online educational services for the Nigerian medical student. He is now an expert reviewer in DOKSTA.

He currently works with APMIS (All Purpose Medical Information Systems) Health Management Ltd., an innovative digital healthcare platform, where he assists with the implementation of electronic medical records in hospitals across Nigeria.

Olasubomi Omoleye is also a public speaker with several awards to his name. He won the Leadership and Excellence Global Conference Debate Competition in 2018. He is also a talented freelance voice-over artist and vocalist. In his spare time, he enjoys singing, farming and taking care of pets.

Dr Noimot BALOGUN

Sustainable vaccination schemes in Africa

Dr Noimot Abisola Balogun is a Public health communicator and the founder of Linka.NG, a health relationship company that interfaces between colleagues in the health system and the people they serve.

She graduated from Dentistry at the College of Medicine, University of Lagos in 2006, as well as a Master's of Science degree in Public health in the same institution in 2012. With the realization of the potential of communication as an innovation for health care delivery in the 21st century, Noimot went on to do a postgraduate diploma in Media and Communication at the Pan- Atlantic University where she finished as the best graduating student in Community relations option. She is also a recipient of a 7 months online training in Reproductive health organized by WHO/ UNFPA/World Bank program in 2015.

In January 2018, Noimot was one of the 57 African researchers selected to participate in the 4 years Re-circulate project in Health and Sanitation by the Lancaster University, Ghana. An invitation she got based on her activities in health and communication on the LinkedIn professional platform. She is also among the 70 applicants that recently completed a residency program in Water, Health and Sanitation (WASH) Research engagement at the Lancaster university in United Kingdom.

Dr Balogun is the youngest member of the 10-man Advisory board for HCP-Space, a platform powered by IQVIA to connect all health care professionals in Africa and the Middle East.

Ope OKUNBOR BDS(IB)

Social Determinants of Health

A practicing Dental surgeon with an interest in Public Health. Graduated from the University Of Ibadan in 2014 making the Deans List and winning the Provost Award, He has certifications in Advance Trauma and Life Support -American Heart Society; Health Management and leadership, HIV management and Health Economics, all from The School Of Global Health, University Of Washington,USA; A certified HSE 1&2 from The Chartered Institute Of Environmental Health, UK and still on a zigzag journey to being a global expert in Public Health.

He is a Professional Photographer, a Chef and a writer in his spare time.

Dr Zainab ODUFUYE

The Burden of NCDs

Zainab Oyindamola Odufuye was born in Lagos State, Nigeria. She is a graduate of the University of Ibadan, Ibadan. During her undergraduate days, she was an active member of the University of Ibadan Medical Students' Association as well as other student organisations where she was part of and headed several committees. She is currently a medical house officer at the University College Hospital, Ibadan. She is interested in working towards the achievement of affordable healthcare for all. Outside her medical career, she enjoys public speaking, sightseeing and volunteering with non-profit organisations.

THE FIRST SKYSCRAPPER IN TROPICAL AFRICA

Cocoa House

Ibadan

SELECTED ABSTRACTS – FAMSA GA 2018

SUBTHEME I - THE AFRICAN MEDICAL STUDENT AND THE SDGS

POSTER #26:

TOWARDS UHC2030: BARRIERS AND FACILITATORS TO ACHIEVING SDG3 IN NIGERIA

Agboola Progress Obaloluwa[1]; Adebisi Yusuff Adebayo[2]

[1]Faculty of Clinical Sciences, Ladoke Akintola University of Technology, Ogbomoso, Nigeria;

[2]Faculty of Pharmacy, University of Ibadan, Ibadan, Nigeria

Correspondence: agboolaprogress@gmail.com

Introduction: Sustainable Development Goal 3 (SDG 3) demonstrates a renewed global commitment to health, underpinned by target 3.8 for Universal Health Coverage (UHC). In a developing country like Nigeria, we still have a long way to go in achieving UHC. The aim of our study was to identify the barriers and facilitators towards achieving Sustainable development goal 3 in Nigeria.

Methods: The study utilized a qualitative based method and exploratory design research. Data utilized for the research were gotten from journal articles, newspaper, conference abstracts, country national reports, interaction with medical practitioners, civil society organizations, surveys and internet. Data collected were related to healthcare, UHC and SDG 3 in Nigeria. The resulting data were analysed and the factors and the barriers were summarized.

Results: The identified barriers to achieving SDG 3 in Nigeria are inadequate healthcare financing in Nigeria, inefficiencies and inequities in the Nigeria heath system, poor co-ordination, integration and implementation of health policies, projects, Poor Health Human Resource (HHR) Development Plans and Reward System in the health sector. The facilitators in achieving SDG 3 in Nigeria are financial prudence and accountability, reinvigoration of the nation's primary health care system, implementation of sustainable poverty reduction schemes to reduce household poverty, expansion of the National Health Insurance Scheme with commitment to Universal Health Coverage and improved remuneration and welfare packages with universal application of wages in the health sector. There is need for effective collaboration with international agencies, civil society organizations, increase health care financing from the government, implementation of health policies and promotion of good health via sustainable education in communities and individuals.

SUBTHEME II - OUTBREAK AND DISASTER MANAGEMENT IN AFRICA

ORAL #02:

GOOGLE EARTHTM: A LOW-COST GEOSPATIAL TOOL FOR THE OUT-BREAK MANAGEMENT OF LASSA FEVER IN POOR-RESOURCE SETTINGS

C G Ike[1]; J A Momoh[1]; Y Ogbetere[1]; E Oisakede[2]; JO Ogedegbe[2]; JO Okhiria[2]; JO Okosun[2]; SO Okosun[2]; E Obomhense[2]

[1]Department of Community Medicine, Irrua Specialist Teaching Hospital, Irrua, Edo State, Nigeria;

[2]College of Medicine, Ambrose Alli University, Ekpoma, Edo State, Nigeria

Correspondence: emmanuel.oisakede@gmail.com

Purpose: To demonstrate that where there are no funds and no expertise to employ a Geographical Information System (GIS)as a decision-support system for the control of Lassa fever outbreak in a Poor-resource setting, Google EarthTM could be used to as an alternative tool to locate and track the spread of the disease.

Materials and Methods: Satellite imagery and feature-making tools in Google EarthTM were utilized for the location and visualization of hotspot locations of 2008-2013 Lassa fever outbreaks in Edo Central District area of Nigeria. Georeferencing was done with a Garmin eTrekGlobal Position System (GPS) handheld device. A published cluster and hotspot data of geographical coordinates of the 2008-2013 Lassa fever hotspots in Edo Central Senatorial District of Nigeria were used as baseline data to locate the house locations where the outbreaks occurred. Six Medical students with no previous knowledge of GPS and Google Earth TM but with minimal supervision and hands-on exercise, handled the location tools.

Results: With the use of Google Earth tools, and with little expertise, 31 out of the 33 previously located hotspot zone of Lassa fever in Edo Central Senatorial District of Nigeria, (X coordinates = 6.14057; Y-coordinate 6.74169 (decimal degrees)) were used successfully traced using a GPS device. With Google EarthTM Tools, a satellite imagery of the 2008-2013 Lassa fever hotspots was generated. The Google EarthTM map was comparable to the ArcGIS hotspot map of the study area.
Conclusion: Where it is not economically feasible to use a Geographical Information System (GIS) software to generate and represent locations of hotspots of Lassa fever and other diseases with the same spatial characteristics, Google Earth may be an alternative and cost-effective technology to locate the same areas of increased clustering of the disease.
More so, the spatial information generated from the study may be more understandable than a GIS map to those without mapping or GIS geospatial skills.

ORAL #05:

INTEGRATION OF FAMILY PLANNING SERVICES FOR HUMANITARIAN CRISIS POPULATION IN THE NATIONAL FAMILY PLANNING PROGRAM IN RWANDA: CASE OF NYABIHEKE REFUGEE CAMP

Joseph Desire Nyirimanzi[1] Marie Claire Iryanyawera[2]; Bernard Ngabo Rwabufigiri[3]; Stella Matutina UMUHOZA[3]; Mutarabayire Wibabara Vestine[2]; Michael MUGISHA[3]; Pierre Claver KAYUMBA[3]; Diane Mutamba[2]

[1]Ministry of Health/Gatsibo District Pharmacy; [2]United Nation Population Fund-Rwanda; [3]University of Rwanda/ College of Medicine and Health Sciences/ School of Public Health

Correspondence: jodeny09@yahoo.fr

Background: Although governments sign conventions on cessation of wars, armed conflict is still a challenge globally. The United Nations report states that one person among 113 is a refugee worldwide. In most humanitarian crisis, reproductive health issues are poorly addressed due to competing priorities resulting in unwanted pregnancies and poor spacing. Since 1997, Rwanda hosted refugees from neighboring countries and majority lived in camp. This abstract describes Rwanda's experience of integrating demand and supply of FP commodities for Nyabiheke camp into national system to strengthen access to comprehensive services.

Project description: The program intervention responds to poor quality of FP services in refugee camps in Rwanda. The aim was to integrate the aforementioned services in the national program to ensure that camps receive all FP commodities and consequently utilize methods of their choice at any time. From January to December 2017, FP commodities were supplied as follows: IUD (20), Depo-Provera (800), Male condoms (6000), ImplanonNXT (200), Oral Contraceptives(720) and migrant women used following contraceptive methods: Depo-Provera (3789), Oral Contraceptives (612), Implanon NXT (85), IUD (2) and Male condoms (1968).

Impact/lessons learned: In many settings, the provision of FP services is generally aligned with donor priorities, resulting in immature program. However, through integration of FP services for refugees in the existing national FP programs, Rwanda was able to improve and sustain the level and quality of FP service provided to refugees. Countries hosting refugees are encouraged to integrate FP services in their national programs and foster partnership between national as well as international humanitarian actors to sustain access to quality FP services in camps.

Conclusion: The results of this intervention indicate that it is possible to offer a broad range of FP methods and maintain quality Family Planning services in refugee camps as it may increase access to available services, hence reducing discontinuation and unintended pregnancies.

We're the broadest and most diversified family of healthcare companies

Johnson & Johnson

More than 125 years

SERVING OUR CUSTOMERS THROUGH 3 SECTORS

janssen
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

- Portfolio includes Neuroscience, Oncology, Vaccines, Immunology, Infectious Disease, Metabolism and Pulmonary Arterial Hypertension

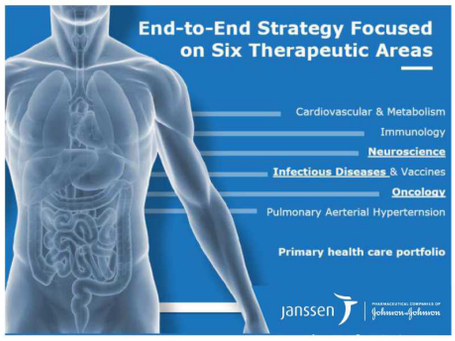
Johnson & Johnson

MEDICAL DEVICES

- Advanced surgical products through Ethicon, DePuy Synthes and Biosense Webster
- Innovations for surgical purposes
- Advancing the future of surgery

Johnson & Johnson
CONSUMER PRODUCTS COMPANY
DIVISION OF JOHNSON & JOHNSON CONSUMER COMPANIES, INC.

- Johnson's baby
- Listerine
- Benylin
- Savlon



Nizoral ketoconazole Imodium™ Daktarin miconazole Gyno-Daktarin

Johnson & Johnson Medical Devices brings together strong and complimentary franchises

DePuy Synthes
PART OF THE Johnson & Johnson FAMILY OF COMPANIES

ETHICON
PART OF THE Johnson & Johnson FAMILY OF COMPANIES

Biosense Webster
PART OF THE Johnson & Johnson FAMILY OF COMPANIES

PHNG/JMI/1118/0001

SUBTHEME III - THE BURDEN OF NCDS

POSTER #04:

A SYSTEMATIC REVIEW OF FACTORS INFLUENCING MORTALITY DUE TO NON COMMUNICABLE DISEASES IN NIGERIA

Oluwatoyin Alice TELLA; Christy Iyanuoluwa ALAGBE;

University of Ibadan, Ibadan, Nigeria

Correspondence: tellanin@gmail.com

Background: The economic implications of diseases cannot be overemphasized. Not only do diseases reduce the quality of one's life, but they also lead to an outright termination of the life. The enormous amount of financial, material and non-material resources which is spent on the management of non-communicable diseases (NCDs) yearly in Nigeria is alarming. More so, the World Health Organization (WHO) estimated a total of 2 128 000 deaths in 2016 in the country, 29% of which are due to NCDs. This statistic makes NCDs the leading cause of premature deaths in Nigeria. We aim to identify the factors leading to preventable deaths due to NCDs in Nigeria.

Method: A search for peer reviewed publications was done in PubMed and African Journals Online using MeSH with the keywords 'factors', 'mortality', 'non communicable diseases' and 'Nigeria' which also serve as the inclusion criteria. The literatures used were those published between 2012 and 2018. Data were extracted and summarized to highlight factors leading to deaths resulting from NCDs in Nigeria.

Result: Tobacco use, dependence on vehicular transport which leads to physical inactivity are all factors that lead to sudden death resulting from non-communicable diseases. Noncompliance with medications regimen as well as diagnosis only at the late stages of diseases lead to death which are largely preventable.

Conclusion: These factors pose a public health problem which puts the Nigerian population and economy at risk. For every life lost, productivity is reducing in the country. We hereby urge healthcare professionals to work together with the government, organizations, patients and the general public to reduce mortality due to NCDs as much as possible.

POSTER #06:

INVESTIGATING THE ASSOCIATION BETWEEN DIETS AND HIGH CANCER INCIDENCE RATE AMONG PEOPLE LIVING IN HARARE, ZIMBABWE

Alikali M[1]

[1]General Board of Global Ministries-Global Health

Correspondence: mosesalikali@gmail.com

Background: Cancer is a major cause of morbidity and mortality in Zimbabwe with over 5000 new diagnoses and over 1500 deaths per year, the number of people developing cancer is expected to increase due to unhealthy lifestyle choices, HIV & AIDS, and other infections, and an aging population. The eating patterns in Zimbabwe are shifting towards the Western lifestyles especially in urban areas like Harare, a situation that is termed the "Nutrition Transition"; a decrease in staple foods rich in starch and dietary fiber, plant protein sources; an increase in foods such as red meat, energy-dense snack foods, refined food, carbonated sweetened beverages, and alcoholic beverages.
The overall objective of the study is to investigate the association between diet and the increasing cancer incidence in Harare, Zimbabwe.

Methods: Harare cancer incidence statistics from 2005 to 2015 were obtained from the Zimbabwe National Cancer Registry (ZNCR). Analysis of the data was done using CanReg4 cancer registration software and ICD-10.

Eighty-six participants were selected using non-probability sampling technique, quantitative data were collected using dietary history questionnaire and qualitative using semi-structured interviews with open-ended questions to investigate their eating habit. Both quantitative and qualitative data were analyzed using SPSS and Microsoft Excel.

Results: The leading types of cancer among people living in Harare Zimbabwe are prostate cancers, cervical cancer, Kaposi sarcoma (KS) cancer and breast cancer. There is high consumption of foods such as red meat, processed food, energy-dense snack foods, refined food and carbonated sweetened beverages among people living in Harare.

Conclusion: The unhealthy eating habit of people living in Harare could be associated with the high incidence rate of cancer in Harare, Zimbabwe. Interventions that promote healthy eating habits and lifestyle are highly recommended.

POSTER #07:

PROXIMAL FEMUR GEOMETRY IN ADULT KENYAN POPULATION AND ITS IMPLICATION IN ORTHOPEDIC SURGERY

Lakati KC[1]; Ndeleva BM[2]; Mouti N[3]; Kibet J[3]

[1]Department of Human Anatomy, Egerton University; [2]Department of Surgery and Orthopedics, Kenyatta University; [3]Medical Student, Egerton University

Correspondence: nilsonmouti9175@gmail.com

Background: Numerous orthopedic procedures are carried out on the proximal femur. For optimal hip function, these procedures must restore the anatomy of the proximal femur to near normal. There are currently no local studies that have described the normal anatomy of the proximal femur and its implications in orthopedic surgery.
Objective: The aim of this study was to determine the neck-shaft angle, femoral neck ante version angle, femoral neck width and femoral head diameter in adult femora, compare the results with other studied populations and examine the implications of the same in operations on the proximal femur.

Methods: Femoral neck ante-version angle and the neck-shaft angle were determined from digital photographs of 70 cadaveric femora. Femoral neck width and femoral head diameter were determined by measurement using a digital Vernier caliper. The dimensions of available implants were searched from local suppliers of the implants.

Results: Mean femoral neck-shaft angle was found to be 129.21°, while the mean femoral neck ante version angle was found to be 23.06°. Mean neck-shaft angle was found to be 128.67° on the left while on the right side, it was 129.03°. This difference was not statistically significant. Mean femoral neck ante version angle was found to be 23.97° on the left side, and 23.03° on the right side, but this difference was not statistically significant. Mean femoral neck width was found to be 29.36mm, with mean width of the left side being 28.67mm and that of the right being 29.36mm. The difference was not statistically significant. Mean femoral head diameter was 42.6mm, with mean diameter of the left side being 41.2mm and that of the right side being 42.6mm. The difference was not statistically significant.

Conclusion: The current study has shown that the femoral neck-shaft and anteversion angles in the Kenyan femora vary from those of other populations. The available implants have angles which may not be suitable for a significant proportion of the local population. It would be prudent to avail a range of implants with different angles to improve the choices available to the surgeon when faced with a patient who requires an operation on the proximal femur.

POSTER #09:

BEHAVIOR AND HEALTH AWARENESS TOWARDS PREVENTION OF CATARACT DISEASE AFTER EYE DISEASE CAMP IN THE VILLAGE 31 AL FAO - GEZIRA STATE – SUDAN

Mohammed Adil Elhussein, Hajhamed[1]

University of Gezira, Faculty of Medicine Wad Madani, Gezira state, Sudan

Correspondence: m.adil.elhussein@gmail.com

Background: A cataract is a clouding of the lens in the eye which leads to a decrease in vision, About 20 million people are blind due to cataracts. Blindness affect 7% of the population aged 50 years and above in Sudan according to the WHO.

Methods: This is randomized controlled trials used for the patients who discovered during eye disease screening program in the village 31 Al Fao– Gezira state – Sudan, which followed by eye camp and treat cases surgically.

Results: The most age of cataract patients is between 60 and 75 years old, increasing the incidence of disease among males by 55% and females 45%. 55% of the patients did not go to an ophthalmologist before. The most common cause are economic problems, disability and neglect. 85% have poor vision, ranging from bad to medium to very bad, about 29% of cataract patients have diabetes and more than half of them for less than 10 years. 55% of the patients described the treatment in the eye camp as excellent and 45% as good, 50% of the patients. Cataract had a great effect on life, 40% with moderate effect and 10% had no effect on life. 55% of the patients were treated free of charge at Sheikh Al-Saa'im hospital for Ophthalmology – Wad Madani, while 45% refused the surgery.

Conclusion: People in villages are away from ophthalmologist care, the eye camps will early screen cataract and treat it. We must health educate older people to visit an ophthalmologist regularly specially on blurring of vision, and important of surgery if indicated, Eye examination should be done for patients above 60 and for diabetic patients.

POSTER #18:

REVAMPING THE HEALTH SYSTEMS OF AFRICA BY EMPHASIZING ON TWO WEAPONS FOR COMBATING NCDS BURDEN.

Ndayishimiye, M[1]

[1]Medical Student at University of Rwanda

Correspondence: ndayishimiye1mick@gmail.com

Background: The Non Communicable Diseases (NCDs) continues to be the leading cause of death globally accounting for 38 million (68%) of the world's death annually (WHO, 2014 global status report). Sadly, almost three quarters (¾) of all NCDs death occur in low and middle income countries most of which make up our beloved Africa. Currently, the health systems of Africa are battling with communicable diseases where limited effort is being put against NCDs. Consequently, WHO projects that about 46% of all mortality in Africa will be attributed to NCDs in 2030. This abstract presents project that can reduce the NCDs burden.

Project description: The youth NCDs Early Screening and Prevention (NESP) project is being started in Rwanda and should be extended to whole continent. It emphasizes on 2 weapons in a battle with NCDs which are prevention and early screening. In prevention medical students helped by governments and private sectors reach the community to address the major 4 modifiable risk factors of NCDs: Physical inactivity, by organizing monthly sport day in colleges and car free day in communities, Unhealthy diet by building kitchen gardens in schools, community and public gathering places, Harmful use of alcohol raising awareness, and advocacy on establishment of smoking areas, ban of public smoking habit as well as rehabilitation centers for tobacco quitters. Moreover, youth conduct mass screening on blood pressure, blood glucose and BMI to depict NCDs as early as possible.

Impact/lesson learned: The impact of youth NESP project is reduce if not to eradicate the burden of NCDs in an efficient and comprehensive way. Africa will learn that the power of youth can be used for social welfare.

Conclusion: Africa health systems workers should involve youth (medical students) in igniting the prevention and early screening flame as weapon of removing the NCDs burden.

POSTER #23:

AGGRESSIVE MYCOSIS FUNGOIDES/SÉZARY SYNDROME IN NIGERIA: CASE REPORT AND LITERATURE REVIEW

Oreoluwa Arowojolu[1,2]; Mutiu Jimoh[2,3]

[1]College of Medicine, University of Ibadan, Nigeria; [2]Lakeshore Cancer Center, Lagos, Nigeria; [3]Department of Radiation Oncology, University College Hospital, Ibadan, Nigeria

Correspondence: oreon2007@yahoo.com

Background: Mycosis Fungoides (MF) and it's more aggressive variant, Sézary Syndrome (SS) belong to a group of rare skin neoplastic disorders known as Cutaneous T-cell Lymphomas. MF has an incidence of approximately 0.36 per 100,000 persons, with a male to female ratio of approximately 2:1. The incidence of Sézary syndrome has been reported to be about 0.8 to 0.9 cases per million persons per year. Median age of occurrence for MF/SS is 55 years.

MF typically begins as slowly progressive dermatitis-like patches and plaques, when untreated evolves to nodules and eventual systemic dissemination. Researchers hypothesize that Sézary syndrome can evolve gradually from mycosis fungoides or occur spontaneously.

In Nigeria, cases of MF and SS are largely unreported due to paucity of medical specialists and equipment to carry out accurate diagnosis. Other problems facing the management of MF include shortage of radiotherapy facilities, high cost of chemotherapy drugs which an average patient cannot afford to buy.

Case Report: We present a fatal case of aggressive Mycosis Fungoides/Sézary Syndrome in a 55-year old Nigerian man. The patient initially developed pruritic hyperpigmented spots on his skin which progressed over the course of 5 years despite being managed with PUVA, TSEB, local electron-beam radiation, oral bexarotene, oral prednisolone and chlorambucil (Winklemann regimen), resulting in mortality.

Conclusion: Cutaneous T-cell Lymphomas, including Mycosis Fungoides and Sézary syndrome are rare conditions with similar clinical, histological and histochemical features, and as such are not always clearly classifiable. More awareness of the condition among dermatologists and oncologists in Nigeria, and appropriate diagnostic equipment are required for prompt diagnosis and management.

POSTER #25:

CHANGING TRENDS OF COLON CARCINOMA IN NIGERIA

Eromosele, O.B[1]; Irabor, D.O[2]

[1]Final year medical student, Faculty of Clinical Sciences University of Ibadan, Nigeria; [2]Consultant Gastro-Intestinal Surgeon, Division of Gastro-Intestinal Surgery, Department of Surgery, University College Hospital, Ibadan, Nigeria.

Correspondence: beromosele106@stu.ui.edu.ng

Background: Typically referred to as a disease of Caucasians, the incidence of colon carcinoma is growing in Nigeria. In this review, factors that may be accounting for this trend are looked at, as well as the peculiarities of the disease in Nigeria and Africa at large.
The aim of this study is to examine the possible factors that may be accounting for the increasing incidence of colon carcinoma in Nigeria.

Methods: This is a review research article, with data from existing literature related to the subject matter, with data input from the Ibadan Cancer Registry and the WHO Global Report.

Results: Due to absent exact figures, the relative frequency of **colorectal carcinoma** is not represented, but **as at this time, it was the 6th most common malignancy in Ibadan.**

Data shows that the incidence of colorectal cancer has been rising over the years. Data from 1960-1980 places colorectal cancer as the 6th most common cancer in Nigeria. In the data gotten between 1981-1995, colorectal cancer ranked 5th most common malignancy in Nigeria. Between 2001-2005, the relative frequency of colorectal cancer rose to 4th place in Nigeria. It is probable that if a more recent study on the relative frequency of cancers in Nigeria is done, it may even rank higher, due to increasing adoption of 'Westernized lifestyle' like intake of food high in fats, red meat, adoption of sedentary life style and the likes, in recent time. There is also an increasing number of people taking up tobacco smoking, as well as increasing obesity among Nigerians, which are important risk factors for colon carcinoma, with projections showing an increase in the near future.

Conclusion: Colon carcinoma a major cause of morbidity in the developed climes and is gradually taking its root in Nigeria in particular, and Africa as a whole. This has been largely due to adoption of westernized lifestyle due to increasing affluence among Nigerians. Control and preventive measure must be put in place to stem this growing problem which has the potential to take its toll in Africa.

POSTER #30:

KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT BREAST CANCER EARLY DETECTION TOOLS AMONG WOMEN IN ARBAJI VILLAGE IN GEZIRA STATE, SUDAN

Ayman Abdelkarim[1],

[1]Student in Faculty of medicine, University of Gezira, Sudan

Correspondence: aymansalih16@gmail.com

Background: Breast cancer is a worldwide disease resulting in many deaths. Although breast cancer incidence is lower in Sub-Saharan African countries than in developed countries, African women are more likely than women in the developed world to be diagnosed at later stages of the disease and, thus, are more likely to die from it. This is due to the lack of awareness by women, accessibility to screening methods. The aim was to assess the knowledge, attitude, and practice (KAP) regarding early breast cancer detection tools.

Material and Methods: This community-based cross-sectional study was conducted in Arbaji village, located in Gezira state in Sudan in 2018. The sample included 80 women aged 15-90 years, samples were taken from females above 15 who came to the outpatient of the rural hospital. The data were collected using a self-administrative questionnaire (34 Questions) and analyzed using SPSS software version 22.

Results: About (20%) of the participant have family history of Breast cancer.

The knowledge of Breast Cancer was (90%), while knowledge of Breast Self-examination and Clinical breast examination was (43% and 81%) respectively, while less than (8.8 %) had heard about Mammography. Regarding the practice only (16.3%) practice Breast Self-examination, and none of them ever did a mammography. (5%) of the participant had discover an abnormality while doing Breast self-examination, all of them went to the doctor. It is noticed that most of the information about screening methods were from medical students' campaign

Conclusions: Rural women have poor knowledge about breast cancer early detection tools, Breast self-examination is hardly practiced, though the willing to learn is high. It is important to increase awareness about Breast Cancer early detection methods in the community through health education campaigns and screening programs. This would have an overall positive impact on reducing the disease burden.

SUBTHEME IV - INFECTIOUS DISEASES IN AFRICA

POSTER #02:

KNOWLEDGE, ATTITUDE AND PRACTICE OF HAND WASHING AMONG HEALTH WORKERS IN A TERTIARY HEALTH INSTITUTION IN IRRUA, EDO STATE

Correspondence: nduka465@gmail.com

Introduction: Hand washing is one of the several effective ways of controlling the spread of infection disease. Hand washing is a brief rubbing together of all surfaces of soap lathered hands for 20 seconds or more, followed by rising under a stream of clean water. It is a very simple and important way of reducing nosocomial infection. Hence the study was carried out amongst doctors and nurses in Irrua specialist teaching hospital because of their frequent contact with patients. The study was carried out to To assess the knowledge, attitude, practice and factors associated with hand washing practice among doctors and nurses in Irrua specialist teaching hospital.

Methodology: The study was carried out in Irrua specialist teaching hospital. a total of 180 health worker were sampled using self-administered questionnaire. Data collected was then analyzed using statistical package for scientific solution (SPSS) version 21.

Result: The findings showed good knowledge, attitude and practice of hand washing.

Conclusion: It is important to emphasize the importance of hand washing as well as provide materials which will aid a good practice such as provision of water, antiseptic, washing hand basin, and hand cleaning towels.

POSTER #10:

IN VITRO EVALUATION OF THE ANTIMICROBIAL ACTIVITY OF EXTRACTS FROM THE SEEDS OF MORINGA OLEIFERA AGAINST BACTERIA AND FUNGI

Akpo C. O[1]

Dept. of Pharmaceutical Microbiology, Faculty of Pharmacy, Delta State University, Abraka.

Correspondence: oreva72@yahoo.com

Background: A good number of plant extracts have been reported to possess antimicrobial activity against a wide range of bacteria and fungi. In an effort to discover new antibacterial and antifungal agents from natural products, extracts of the seeds of Moringa oleifera were investigated in vitro for their activities against two gram positive bacteria and two fungi.

Methods: The aqueous, ethanol and oil extracts of the seeds of Moringa oleifera were evaluated against Lactobacillus spp, Staphylococcus aureus, Candida albicans and Trichophyton rubrum. The agar well diffusion technique was employed in Mueller Hinton agar and Sabourand dextrose agar for the antibacterial and antifungal assay, respectively. The organisms were inoculated and the extracts introduced at concentrations ranging from 25mg/ml-200mg/ml, in triplicates. The zones of inhibition were recorded after 24-hour incubation at 370C.

Results: The results obtained showed that the ethanolic extract was effective against S. aureus, Lactobacillus spp. and Candida albicans at all the concentrations used while Trichophyton rubrum was resistant. The oil extract was also effective against Lactobacillus spp. However, the aqueous extract was inactive against all the test organisms.

Conclusions: The results have shown that the seeds of Moringa oleifera possess specific antimicrobial activity against Lactobacillus spp., Staphylococcus aureus and Candida albicans.

POSTER #19:

MILIARY TUBERCULOSIS FOLLOWING AN APPENDECTOMY, A CASE REPORT

Eromosele, O. B[1]; Ige, O.M[2]

[1]Final year medical student, Faculty of Clinical Sciences University of Ibadan, Nigeria; [2]Consultant Pulmonologist, Division of Pulmonology, Department of Medicine, University College Hospital, Ibadan, Nigeria.

Correspondence: beromosele106@stu.ui.edu.ng

Background: Miliary tuberculosis (MTB) is a type of disseminated and active tuberculosis that presents with radio-pathologic signs of tuberculous micronodules as well as microbiologic evidence from growth of Mycobacterium tuberculosis or other Mycobacterium strains in cultures or detection through polymerase chain reaction tests. It is the most severe form of disseminated tuberculosis. This case report examines the somewhat rare presentation of military tuberculosis occurring five 5 weeks after an appendectomy.

Methods: This is a case report, which was done after getting an approval from the Ethical Committee of the Hospital where the patient was cared for.

Results: I report a 21year-old patient, a 4th year medical student, who presented with weight loss, high grade fever, chills, productive cough without hemoptysis, malaise, lassitude, anorexia, with no chest pain all of 5 weeks' duration. There is no history of headache, neck stiffness, loss of consciousness, abdominal pain, abdominal distension, bone pains or fractures. There is also no history of a prior occurrence of any form of tuberculosis or ingestion of unsterilized milk. She was febrile (Tmax 39.3 degree Celsius), blood pressure was normal, with no generalized lymphadenopathy or hepatosplenomegaly.

She had an appendectomy 5 weeks prior to presentation, following complains of migratory right iliac fossa pain and fever. She resides in an overcrowded dormitory of 15 students.
Laboratory investigations including Human Immunodeficiency Virus (HIV), Hepatitis B and C virus assay (HBV and HCV) serologic tests were negative. The complete blood count showed mild anaemia and leukocytosis. Erythrocyte sedimentation rate was high (110mm/hr). Chest radiograph showed diffuse miliary infiltrates and reticulonodular opacities in both lungs fields. She was diagnosed with miliary tuberculosis (MTB) following radiologic demonstration in a chest radiograph and a positive XpertMtb/Rif (gene Xpert) of a sputum sample. She was placed on fixed-dose combination (FDC) of anti-tuberculosis drugs (rifampicin, isoniazid, pyranzinamide and ethambutol) and is improving clinically and radiologically.

Conclusion: In this report, possibilities are that the surgical stress with its attendant immunosuppression, may have caused a reactivation of a prior primary pulmonary tuberculous infection; or there was a haematogenous dissemination of Mycobacterium tuberculosis in the appendix following manipulation of the appendix during surgery (even though the iliocaecal region is a more common site for the occurrence of abdominal tuberculosis).

POSTER #32:

EFFECT OF NON-NUTRITIVE SWEETENERS ON GUT MICROBIOTA OF ADULT WISTER MICE

[1]EHWARIEME Daniel Ayobola; [1]EGBULE Olivia Sochi; [2]AKPO C.O.

[1]Department of Microbiology, Delta State University, Abraka
[2]Department of Pharmaceutical Microbiology, Delta State University, Abraka

Correspondence: ayoboladaniel@gmail.com

Background: The incorporation of non-nutritive sweeteners (NNS) into food substances is on the increase. They are used by the food industry to avoid the use of common sugar, while at same time, retaining the sweetness that allure consumers. This research was intended to investigate the possible effect of some common NNSs on the gut microbiota of mice because of the relationship a dysbiosis will have on overall health.

Methods: Four NNSs; Saccharine (Sa), Sucralose (Su), Aspertame (Asp) and Acesulfame potassium (Ace-K) were administered to mice housed in cages, maintained at constant room temperature and humidity for a period of eight (8) weeks. Administration were in two treatments of High dose and Low dose, based on their Recommended daily intake (RDI) per body weight. The total aerobic bacterial count per gram of stool samples along with the determination of bacterial diversity, were conducted weekly for the 8-week period. A control group was not administered any NNS.

Results: For treatments with Sa, Su, Asp and Ace-K at high dose, mean log CFU/g of mice stool increased from 3.65 to 3.75, 3.60 to 3.72, 3.62 to 3.72 and 3.63 to 3.70 respectively, from day 0 to day 56. At low dose, treatment with Sa, Su, Asp and Ace-K, mean log CFU/g of mice stool increased from 3.65 to 3.70, 3.60 to 3.68, 3.62 to 3.70 and 3.63 to 3.68 respectively, for the 8 week period. For the control group of mice not treated with any NNS, the mean log CFU/g of mice stool samples did not noticeably increase or decrease during the 8-week period. Furthermore, though total CFU/g of stool seemed to increase with NNS administration, the bacterial species recovered reduced during the period of experiment.

Conclusion: This observation suggests a gut dysbiosis due to intake of the NNSs. The increasing use of NNS may not be truly "generally regarded as safe", as we are made to believe.

SUBTHEME V - MENTAL HEALTH: BREAKING THE SILENCE

POSTER #14:

MENTAL HEALTH LITERACY AMONGST ADOLESCENTS IN A RURAL COMMUNITY IN OYO STATE, NIGERIA

Kowe T. F[1]; Akpoghene-Adaiah O. O[1]; Igwe J. O[1]; Obisesan D. S[1]; Badejo A. B[1]; Adebayo D[1]

[1]College of Medicine, University of Ibadan, Nigeria

Background: Mental health challenges remain an issue of great public health importance. Mental health disorder has been reported as one of the biggest challenges facing every country including Nigeria with young people considered to be especially at risk (Omi Jack ide, 2016) Adolescence is a fluid concept: the traditional age-bound definition of this phase of life (10–19 years) is greatly influenced by social, environmental, and cultural factors" (Patel et al., 2007) Considering the vulnerability of the adolescent population to mental disorders, it is of great importance that the adolescent population be educated about mental health. Studies have shown that a large number of the adolescent population have little or no knowledge about mental health (Adeosun et al., 2015), hence, this necessitates the need for mental health literacy. The aim of the study is to assess the mental health literacy of adolescents in Igbo Ora community.

Method: A descriptive Cross-sectional study was done.

Result: The study on Mental Health Literacy amongst adolescents in a rural community was conducted amongst 467 correspondents. In the assessment of Mental health literacy, two parameters were used which include the level of insight into mental health problems and appropriate decision as to source of help for mental problems. About 3.6% of the respondents had adequate mental health literacy.

Conclusion: Mental health literacy amongst adolescent is an important area that requires an increased level of research. An increase in mental health literacy would lead to proper health seeking behaviour on mental health issues.

POSTER #15:

PREVALENCE OF USE OF PSYCHOACTIVE SUBSTANCES IN NIGERIA AND UNITED STATES OF AMERICA

Miracle A Adesina, BPT[1, 2]

[1]Department of Physiotherapy, University of Ibadan, Ibadan, [2]Cephas Health Research Initiative Inc, Ibadan

Correspondence: miracleadesina5@gmail.com

Introduction: To compare the prevalence of use of cannabis, opioids, cocaine, solvents and inhalants, hallucinogens, opiates, ATS and tranquilizers and sedatives in Nigeria and the United States of America

Methods: This study made use of the most recent data obtained from the United Nations Office on Drugs and Crime (UNODC). Data on the prevalence of use cannabis, opioids, cocaine, solvents and inhalants, hallucinogens, opiates, ATS and tranquilizers and sedatives among individuals treated for drug problems were obtained from the database (UNODC). The findings are presented in sentences and tables.

Results: All the subjects were within age range, 15 – 64.The most used psychoactive substance within the year of the report in Nigeria was cannabis (61.2%) while opioids (42.1%) were the most use psychoactive substance in the United States of America. Solvents and inhalants were the least use psychoactive substance in both nations. Also, 3766 persons were treated for drug problems in Nigeria and 1,756 persons in the United States of America within the year of report.

Conclusion: This study showed that cannabis, opioids, cocaine, solvents and inhalants, hallucinogens, opiates, ATS and tranquilizers and sedatives cigarette, marijuana, and local stimulant tea were commonly used psychoactive substances among Nigerians and Americans. Also, there are variations in use of the different psychoactive substances and the total population using them. There is a need for intensive advocacy and campaign against the use of these psychoactive substances. There is also need for strict policies against the use of these substances.

POSTER #16:

SUICIDE IN THE ELDERLY IN NIGERIA: A REVIEW OF LITERATURE

J.U. Egbedimame[1]

College of Medicine, University of Ibadan, Ibadan, Nigeria.

Correspondence: egbedimamejoshua@gmail.com

Background: Predicting suicide accurately is very difficult as suicide is a complex phenomenon, involving numerous associated factors which may be Psychosocial, Biological or even an Inter-Play of these factors. It is the most common and arguably the most important psychiatric emergency, and it is a priority condition in the Mental Health Gap Action Programme. Elderly persons with suicidal intentions are less likely to communicate this to people around them. More so, the determination with which the elderly carry out their suicidal thoughts, coupled with the fact that lethal techniques are employed to act out their suicidal intentions, increases the risk of suicide in them. It is therefore imperative to determine the peculiarities of suicide in the elderly in Nigeria, so as to promote early detection and prevention.

Aims: To explore the peculiarities of suicide in elderly, how common elderly suicide is in Nigeria, what role do culture and religion play in elderly suicide in Nigeria, and if elderly suicide prevention is achievable in Nigeria.

Methods: A review of existing literature, summarizing and organizing information from numerous relevant sources.

Results: In this review I found that suicide in the elderly in Nigeria is very common, and that culture and religion affect the way it is reported. However, the available studies are few in Nigeria, and a need for more research to be done.

Conclusion: Suicide in the elderly in Nigeria is very common, difficult to recognize, and usually goes unnoticed, coupled with the fact that suicidal intentions are executed with strong determination. A challenge is the fact that, it is still under reported, due to the peculiarities of the Nigerian culture, as suicide carries a significant level of stigma in our culture and religion, therefore the true picture of elderly suicide rate in Nigeria is masked and more research still need to be done.

POSTER #17:

CYBERBULLYING AND PHYSICAL BULLYING AMONG YOUNG PERSONS IN A RURAL COMMUNITY

Arowojolu O; Afolaranmi O; Otor V; Nwachukwu G; Egbeyemi T; Ojo J; Omoniyi O; Savage M; Arinzechi P; Adesanya O[1]

[1]College of Medicine, University of Ibadan, Nigeria

Correspondence: oreon2007@yahoo.com

Introduction: Bullying among young persons is a very old phenomenon. Despite many strategies put in place to curb it, the problem still exists. The World Health Organization (WHO), defines bullying as a threat or physical use of force aiming at the individual, another person, a specific community or group which can result in injury, death or physical damage, some developmental disorders or deficiency. A wide range of physical or verbal behaviour of an aggressive or antisocial nature are encompassed by the term bullying. These include insulting, teasing, abusing verbally or physically, threatening, humiliating, harassing and mobbing. Cyberbullying is defined as "willful and repeated harm inflicted through the medium of electronic text" (Wiseman, 2011).

Objective: The objective of this study is to know the awareness, prevalence and factors associated with cyberbullying and physical bullying among adolescents in Igbo-Ora.

Study design and method: This is a cross-sectional study conducted among young persons in the rural town of Igbo-Ora, Ibarapa Central Local Government, Oyo State, South-Western Nigeria in July, 2017. Using the Leslie Kish formula for minimum sample size estimation, N= (Z)2pq/d2, where; n is the sample size, Z is the standard normal deviation corresponding to level of significance (5%), p is the prevalence of physical bullying in a study done in Ekiti, Nigeria31.6% (Owuamanam and Makinwa, 2015), q=1-p, and d is the level of precision (0.05). This brings the minimum sample size to 548.

Results: We had a total of 544 respondents. The lifetime prevalence of cyberbullying was found to be 51.5% while the current prevalence was found to be 25.3%. Lifetime prevalence of physical bullying was 78% while the current prevalence was 45.5%.

Conclusion: Since majority of respondents have experienced some form of physical or cyberbullying in their lifetime, urgent and effective intervention is required in order to curb this menace.

POSTER #20:

PREVALENCE AND CORRELATES OF MENTAL DISORDERS IN UNDERGRADUATES: A GLOBAL REVIEW

Anazor S. O; Nwaze C. E.[1]

[1]Final year medical student, College of Medicine, University of Ibadan, Ibadan, Nigeria.

Correspondence: sandraanazor@gmail.com

Introduction: Mental disorders affect the society as a whole and no group of persons are exempted. However, undergraduates are exposed to various levels of stress due to a combination of demanding academic activities, and other negative factors, hence may be predisposed to developing mental disorders as these factors combine to cause distress to the student. This study reviewed the prevalence and correlates of mental disorders amongst undergraduates globally as well as their consequences on students' school performance.

Methods: A search for related articles published between 2007 and 2017 was done using Google Scholar, Pubmed and ScienceDirect in July and August 2018.

Results: Prevalence of mental disorders in undergraduates ranged from 8.3 – 40%.Most studies revealed higher prevalence of mental disorders in undergraduates when compared to their non-university attending counterparts. Depression was cited as the most prevalent mental disorder among undergraduates in some studies, while substance use disorders were reported as the most common in other studies. Most reports revealed a higher prevalence of depression in females and substance abuse in males. Engineering, Education and Medicine were associated with higher prevalence of mental disorders when compared with other courses. Extreme socio-economic conditions, poor family background, marriage, living off-campus with parents or guardians and poor academic performance all correlated significantly with depression.

Conclusion: Mental disorders are common health challenges faced by undergraduates at different points in their study. It therefore requires that students are made aware of potential mental disorders. Universities and colleges should ensure they have adequate facilities/resources for students to seek help from when necessary. There is paucity of literature on mental disorders amongst undergraduates in Nigeria. More research on this topic needs to be done as this will help to identify potential and prevalent mental health disorders in Nigeria.

POSTER #21:

PREVALENCE AND PREDICTORS OF DEPRESSION AMONG MEDICAL STUDENTS OF EBONYI STATE UNIVERSITY, ABAKALIKI, EBONYI STATE, NIGERIA

Una AF[1], Agbor C[2], Ugota I[2]; Ngwu S[2]

Department of Community Medicine, Federal Teaching Hospital, Abakaliki, Ebonyi State, Nigeria; College of Health Sciences, Ebonyi State University, Abakaliki

Correspondence: alfreduna@yahoo.com

Background: Depression is a global public health issue, often chronic, with both direct and indirect economic and health burden to the individual and society; youths and students inclusive. There is no known published study on depression among Medical students of Ebonyi State University.

Method: A descriptive cross-sectional study design in which subjects were selected using stratified random sampling techniques. Information was collected using an adapted self-administered 9-item Patient Health Questionnaire (PHQ-9) version of the Primary Care Evaluation of Mental Disorders (PRIME-MD) tool. Data analysis was done using SPSS statistical software version 23. Chi square test was used to assess association while level of statistical significance was set at P-value<0.05.

Result: Mean age of the students was 22+/-3 years. There were more male students (59.8%) than females. Over 60% had experience remarkable life events commonest of which were loss of relation (77.3%) while 7% of them regretted studying medicine. Approximately half of the students had a form of depression; 34.1% were mildly depressed and 4.8% were severely depressed among other forms. Students less than 19 years of age (47.8%), 400 level students, females (54.6%) and those with a remarkable life event (50.4%) suffered more depression than their respective counterparts. Depression had statistically significant association with age, gender, class and remarkable life events. Significant predictors of depression were gender, 400 level and remarkable life events (p<0.05)

Conclusion: Depression among Medical Students of Ebonyi State University is high and is associated with age, gender, class and major life events which call for the need to establish functional youth friendly center with counseling units for the students in the preclinical campus and in the Teaching Hospital.

ORAL #01:

FAMILY CHARACTERISTICS AND MENTAL HEALTH STATUS OF SECONDARY SCHOOL STUDENTS IN A RURAL COMMUNITY IN SOUTH WESTERN NIGERIA.

Adeyeye V.B; Akingbade A.E; Alade O. O; Adesina A. A; Ashimolowo Y. A; Ekong A. P; Ikwunne B. N; Kuza P. B; Nwachukwu C. E; Odefemi O. F; Ojo O. O; Olufunmilayo E. O; Oyebamiji T. A

Ibarapa Posting, Sub Group 2, 2015 Clinical Intakes.
Department of Community Medicine, College of Medicine, University College Hospital.

Correspondence: iboluwatife@yahoo.com

Background: Mental health issues in the adolescent age group are of serious public health importance. Mental health problems affect 10-20% of children and adolescents worldwide (Kieling et al., 2011). Both retrospective and prospective research has shown that most adulthood mental disorders begin in childhood and adolescence. This highlights the importance of gaining understanding of the specific family characteristics that may contribute to the prevalence of mental health (Schulte-Koerne., 2016)

Method: The study was a cross-sectional descriptive study. The sample size was calculated based on a prevalence of clinically significant mental health problems of 10% found from a study in Sub-Saharan Africa by Melissa et al. A total of 279 students in the age group of 10-19 provided the information via Interviewer-Assisted Questionnaires. Data management was done using Statistical Package for Social Sciences (SPSS) Version 21. Data was summarized using frequency tables, bi-variant analysis, Chi square test and Logistics Regression Model.

Result: A total of 279 respondents were assessed. The prevalence of clinically significant mental health problems among secondary school adolescents was found to be 38%. Significant associations were found to exist between mental health status and Mothers' level of education($X2=6.369$, $P=0.041$), Fathers' occupation ($X2=7.624$, $P=0.022$), Mothers' occupation($X2=14.458$, $P=0.001$), Household population($X2=7.624$, $P=0.022$), Family support($X2=10.136$, $P=0.001$) and Family functionality($X2=19.276$, $P=0.000$). Following Logistics Regression Analysis, Family functionality (CI= 1.267-3.885 and Odds Ratio= 2.219) and Mothers' occupation (CI= 0.159-0.995 and Odds Ratio= 0.392) were found to be significant predictors of mental health problems.

Conclusion: Our study showed that one of the most important family characteristics which influence adolescent mental health is family functionality. This was in keeping with a cohort study in Sweden (Journal of Psychiatric Research). Another important family characteristic which influences adolescent mental health is mother's level of education. This is comparable to a report of the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, which showed that adolescents whose parents are highly educated (tertiary and above) had a higher prevalence of mental health problem. Mental health disorders are a common occurrence in our society, the study of which is particularly important in the adolescent group of any society's demographic as they are in the formative stages of their lives. All attempts to reduce the incidence should start at the level of the family.

POSTER #28:

IN UNION THERE IS STRENGTH: RISK AND PROTECTIVE FACTORS FOR BURDENSOMENESS AND BELONGINGNESS AMONG ATHLETES

Kala J. Allen[1]

[1]Miami University Graduate '16, US Fulbright Research Scholar

Correspondence: kala.allen16@gmail.com

Background: Nigeria has the 30th highest suicide rate in the world, with a rate of 42 deaths by suicide per 100,000 males and 9.9 deaths per 100,000 females (World Health Organization, 2015) Suicidal ideation and behavior are particularly serious concerns among college-aged individuals and college athletes in particular world-wide (Maron, 2014). According to the Interpersonal Psychological Theory of Suicide (Joiner, 2005; Van Orden et al., 2010), experiencing perceived burdensomeness and thwarted belongingness leads to suicidal ideation. Thus, the purpose of the present study was to examine potential risk factors for perceived burdensomeness and thwarted belongingness that are relevant to athletes. Specifically, we were interested in testing relations between type of sport played (individual vs. team) and burdensomeness and belongingness. We predicted that athletes who played on an individual team sport would have greater burdensomeness and thwarted belongingness than athletes who played on a team sport.

Methods: We recruited collegiate athletes (n = 105). Male (30.6%) and female collegiate athletes were recruited from Miami University by means of flyers and emails. Participants completed the Eating Disorder Examination Questionnaire (Fairburn & Beglin, 1994), the Exercise Dependence Questionnaire (Ogden, Veale & Summers, 1997) and the Interpersonal Needs Questionnaire (Van Orden et al., 2012). The Interpersonal Needs Questionnaire was used to measure perceived burdensomeness and thwarted belongingness.

Results: As predicted, athletes involved in an individual sport (n = 55) had greater perceived burdensomeness ($F[1, 85] = 4.02$, $p = .048$) and thwarted belongingness ($F[1, 85] = 4.35$, $p = .04$) than team sport athletes (n = 32).

Conclusion: Athletes who participated in an individual sport reported greater perceived burdensomeness and thwarted belongingness than athletes who participated in a team sport. Team sport athletes may have greater belongingness and decreased burdensomeness than individual sport athletes because team sport athletes participate in structured and collaborative team events.

SUBTHEME VI - MATERNAL AND CHILD HEALTH IN AFRICA

POSTER #11:

AWARENESS AND PERCEPTION OF ASSISTED REPRODUCTIVE TECHNIQUES AMONG WOMEN PRESENTING TO TWO GYNECOLOGICAL CLINICS IN IBADAN, NIGERIA.

Ezegwui CO[1]; Ogungbe JM[1]; Oyibo ST[1]; Adeoye AR[1]; Adebayo OI[1]; Egbedimame JU[1]; Akinsiju OM[1]; Adegoke AT[1]; Amusa AO[1]; Jerry-Ogeme OO[1]; Onimisi FO[1]; Obiadazie AJ[1]; Ajakaye IO[1]; Okoye IE[1]; Salami KM[1]; Chukwuonwe AE[1]; Onwuatuegwu IJ[1]; Fasanya OA[1]; Sadiq AA[1]; Yusuf TD[1]; Omigbodun DP[1]; Olasupo VD[1]; Oyagbile ST[1]; Ukachukwu CC[1]; Maduoma OI[1]; Nwannadi DF[1]; Anyanma PU[1]; Adeyemo MO[1]; Obajimi GO[2]

Correspondence: akinsijuomojadesola@gmail.com

[1]Medical Student, College of Medicine, University of Ibadan; [2]Department of Obstetrics and Gynaecology, College of Medicine, University of Ibadan and University College Hospital, Ibadan.

Introduction: Infertility among couples in Africa could have profound social implications as a result of the premium placed on children and fertility in these climes. Assisted Reproductive technology (ART) has received recognition worldwide as a satisfactory means of conception with successful cases of in vitro fertilization since the 1970s. However, in Nigeria the level of acceptance reported, varies across studies.

The sociocultural beliefs and economic status peculiar to this environment have been found to affect acceptance. This study aims to assess the awareness and perception of assisted reproductive techniques using women attending gynaecological clinics in Nigeria's premier hospital and a secondary health center in Ibadan.

Methods: A cross sectional study of 278 antenatal clinic attendees in two public hospitals in Ibadan using interviewer-administered questionnaires was conducted. The data was analyzed using bivariate analysis.

Results: The prevalence of infertility amongst the respondents was 48% with a mean duration of 3.85 years. Only 64.3% of the respondents were aware of assisted reproductive techniques with in-vitro fertilization being the most common method known (49.8%). Artificial insemination, surrogacy, donor egg and donor sperm followed suit in that order. Fifty-four percent were not willing to use ARTs. Religious (15.5%) and ethical (11.9%) beliefs were major reasons attributed to the unwillingness. Most of our respondents had not used any assisted reproductive technique despite being unable to achieve conception. Respondents with a high level of education and skilled occupation were more willing to accept and undergo assisted reproductive techniques compared to their counterparts.

Conclusion: Our results are comparable to other studies. Awareness of assisted reproductive techniques among women studied was low. Major factors responsible include ethical, moral and religious beliefs. There is a need for enlightenment for both genders with emphasis on debunking myths in order to increase acceptance.

POSTER #12:

ILEOSIGMOID KNOT: A RARE CAUSE OF INTESTINAL OBSTRUCTION IN A CHILD

Ona O. Akpoghene-Adaiah[1], Olumide A. Aladesuru[2], Taiwo A. Lawal[3]

College of Medicine, University of Ibadan
St. Nicholas Hospital, Lagos Island, Lagos State, Nigeria
Department of Surgery, University of Ibadan, Ibadan, Nigeria

Correspondence: ovon4jesus@gmail.com

Introduction: Ileosigmoid knot is a rare cause of intestinal obstruction in any age group including the pediatrics population. The condition is highly associated with intestinal ischemia because of the closed loop obstruction hence requiring a high index of suspicion for diagnosis. We present a case of a young boy with vomiting and abdominal pain who had ileosigmoid knot and reviewed the literature.

Case report: 7-year-old boy who was admitted on account of acute generalized abdominal pain and vomiting of six hours duration. He had his last meal with the rest of his family prior to the onset of symptoms. On examination he was afebrile with a respiratory rate of 30/min, blood pressure was 117/67mmHg and pulse rate was 124/min. The abdomen was flat but he had generalized tenderness. He was resuscitated appropriately. He was started on antibiotics and analgesics. Relevant blood investigations were essentially normal. Abdominal Ultrasound showed moderate peritoneal fluid collection and no peristalsis in the right iliac fossa. The Abdominal CT Scan done showed features that were highly suggestive of a strangulated small bowel obstruction. He had an urgent exploratory laparotomy. The intraoperative findings were in keeping with a diagnosis of ileosigmoid knot (ISK). An ileal resection and anastomosis was done, as well as a sigmoid colon resection and end-to-end anastomosis. Tube caecostomy and a peritoneal lavage were also done. He was discharged home on the 8th post-operative day following appropriate management and was scheduled to commence clinic follow up visits at the out-patient department.

Discussion: This case illustrates the Ileosigmoid knot found in a child. It is a rare and also poorly reported condition in children, with no previous report in Nigeria to the best of our knowledge. The clinical findings are non-specific in a child. Radiographic Investigations done may appear contrary to the clinical finding, thus requiring a good knowledge of the condition. The principles of management include aggressive resuscitation preoperatively, urgent exploratory laparotomy and post-operative support, upon which the survival of the patient is dependent. The prognosis of the condition, if good with prompt recognition and treatment.

POSTER #13:

EPIDURAL ANALGESIA IN LABOR: KNOWLEDGE, PERCEPTION AND PRACTICE AMONG HEALTH-CARE WORKERS IN A NIGERIAN TERTIARY HOSPITAL

Adebowale Bolanle; Adefuye Mayowa; Adesina Aderemi; Afolayan Olakunle; Alade Oluwafolakemi; Ashimolowo Yusuf; Brai Godfrey; Ekong Abraham; Fakiyesi Tosin; Falodun Oluwaseun; Ikwunne Boluwatife; Kuza Philemon; Nwaduru Chinedu; Odefemi Ogooluwatan; Ogunbiyi Halimah; Ojo Othneil Olufunmilayo Edward; Omozojie Emmanuel; Oyebamiji Tunde; Taiwo Abiodun[1]

[1]Group A, 2015 Clinical Intakes, Department of Obstetrics and Gynecology, University College Hospital, Ibadan

Correspondence: iboluwatife@yahoo.com

Background: Childbirth is a painful experience for most women with pain intensity varying from one woman to another. Epidural analgesia is the most reliable form of labour analgesia.

Objectives: To assess the knowledge, perception and practice of epidural analgesia in labour among health-care workers in a tertiary hospital.

Method: A cross-sectional study among health care workers using a semi-structured self-administered questionnaire over a 2-month period in University College Hospital, Ibadan, Nigeria. Data was analysed using SPSS version 20 and level of significance set as $p < 0.05$.

Results: A total of 105 questionnaires were satisfactorily completed and returned. Mean age of respondents was 36 years and about half (51.4%) were nurses. Majority (63.8%) had good knowledge of epidural analgesia and most (82.9%) of them would recommend it. However, about a quarter (23.8%) of respondents believed epidural analgesia should not be made available to all women in labour, and of these, 64% would recommend other methods of pain relief. Medical doctors and respondents with good knowledge, and good perception were more likely to practice the use of epidural analgesia.

Conclusion: Pain relief is of utmost importance and significantly influences a woman's satisfaction during the entire process of labour as well as her immediate and long term emotional and psychosocial status. No woman should be allowed to undergo undue stress during labour and health care workers are to provide adequate analgesia to all women in labor.

POSTER #22:

PERMANENT CONTRACEPTIVE METHODS: INSIGHTS ON WOMEN'S CHOICES

Abioro IA[1]; Oladipupo OR[1]; Bolakale-Rufai IK[1]; Olusoji EB[1]; Quadri GQ[1]; Omotoso EB[1]; Imanlihen E[1]; Adetona G[1]; Ojo ME[1]; Adebodun RO[1]; Usman MY[1]; Orji CK1; Oyegunle AO[1]; Salami MS1; Agboola KO[1]; Ogunbusola OS[1]; Ezeobi-Chris C[1]; Alao AT[1]; Anaege EN[1]; Suulola FM[1]; Lawal KA[1]; Nnamani ET[1]; Nwosu CL[1]; Aribomen S[1]; Akinjare SA[1]; Ebi EB[1]; Bello OO[2]

[1]Medical Student, College of Medicine, University of Ibadan; [2]Consultant, Obstetrics and Gynaecology, University College Hospital, Ibadan.

Correspondence: ikerufai@gmail.com

Background: Nigeria is the most populous country in Africa and has an annual growth rate at 3.5%. Despite this, the contraceptive needs of the populace are largely unmet. The unmet need of the country stands at 16%. Of the available methods pf contraception, permanent contraception (PC) remains unpopular among Nigerian women despite its efficacy and global acceptance. The major aim of this study was to assess insight of women's choices as regarding PC.

Methods: Data was collected from 256 antenatal clinic attendees in two public hospitals in Ibadan using a pre-tested self-administered questionnaire. Bivariate and multivariate analyses were used to investigate the significant association between the variables.

Results: Only 29.7% of the respondents had good knowledge about PC. Factors associated with good knowledge include higher parity, previous fertility problems and presence of co-morbid medical conditions. Commonest reasons why respondents will likely take up PC include; completed desired family size and economic reasons whereas the commonest reasons why they will not undergo PC include poor knowledge and irreversibility. Respondents whose spouses were likely to practice PC were more likely to practice it.

Conclusion: Knowledge about PC is still very low and contributes to its low uptake. Increased awareness and increased male involvement will increase the uptake of PC as a form of contraception.

POSTER #27:

INCIDENCE AND EFFECT OF MALNUTRITION AMONG HOMELESS UNDER-16 ALMA JIRI CHILDREN OF SABO COMMUNITY, IBADAN

Ademola-Popoola Oreoluwa; Bakare Oyinkansola; Muogbo Ifeanyichukwu; Adetona Oluwanifemi

[1]College of Medicine, University of Ibadan, Nigeria

Correspondence: research@panaceaproject.org.ng

Background: The Almajiri community of Ibadan is essentially made up of individuals from both age spectrums who live off begging. The impoverished community migrates from the Northern Nigeria down south to form communities of individual's dependent on alms from members of the larger society. It was expected that the deprived economic status of the Almajiri people would predispose their children to malnutrition - an association seen regularly - and it was the purpose of this study to determine if this association between poverty and malnourishment truly exists in this community and to determine the extent of such an association.

Method: A randomized cross-sectional descriptive study was carried out involving Almajiri children (ages ranging from 5 years to 16 years) of the Sabo Community along Jembewon road, Ibadan. The study involved the creation of questionnaires which were administered by a team of about 50 volunteers, mostly students of the University of Ibadan who had been trained for the purpose. The questionnaires were modelled to collect specific anthropometric data relating to the: height (in metres) and weight (in kg) from which the Body Mass Indices (BMI) of the respondents were calculated in kg/m2. Equipment used include: weighing scales for weight measurement and stadiometers for height measurement. The language barrier between the primarily Hausa speaking respondents and the largely English-speaking volunteers was surmounted by the services of six experienced translators. The BMI-for-age z scores were then derived from the latest CDC Growth Charts. Data obtained was recorded and analyzed using the Statistical Package for Social Sciences (SPSS) Version 25.

Result: We had a total number of respondents of 150 children consisting of 91 girls (60.67%) and 59 boys (39.33%). Of this number a total of 24 children (16%) were underweight; 8 children (5.33%) were overweight; 9 children (6%) were obese and 109 children (72.67%) were of normal weight. Defining this result based on gender: 11.86% of boys and 18.68% of girls were underweight; 6.78% of boys and 4.40% of girls were overweight; 5.10% of boys and 6.60% of girls were obese while 76.27% of boys and 70.33% of girls were of normal weight.

Conclusion: In reference to the results obtained, we realize that there seems to be a male preference in the nutrition of the children with an additional 6.82% of girls found to be underweight. This could depict cultural male preference practices known be widespread in traditional Hausa communities. Interestingly, the results also reveal that the children are generally not more malnourished than children belonging to a higher socio-economic class. This could be explained by the consistent stream of food and alms donated daily by members of the wider community. The resultant effect of this is that there is then little to no motivation for the adults of the community to seek quality education for their children towards their emancipation from the situation of poverty.

POSTER #29:

KNOWLEDGE, ATTITUDE AND PRACTICE OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS IN IMOTA COMMUNITY, IKORODU LOCAL GOVERNMENT AREA, LAGOS STATE

U.I Idio; A.A Roberts; I.P Okafor

Correspondence: uduakidio9@gmail.com

Introduction: Breastfeeding is the simplest, healthiest, inexpensive form of food needed to fulfil the nutritional needs of infants. Exclusive breastfeeding (EBF) has some important protective properties that reduces the risk of diseases in early childhood, thereby increasing survival.
Despite the knowledge of the benefits of breastfeeding infants exclusively, its prevalence is considerably low especially in developing countries. Malnutrition in infants remains a major problem in developing countries.

Methodology: Study design: Cross sectional descriptive study

Study population: 308 breastfeeding mothers at Imota community of Ikorodu LGA of Lagos state
Sampling method: consecutive sampling methodology of breastfeeding mothers who met the inclusion criteria.
Data collection: was collected using interviewer administered questionnaire.
Data analysis: Analysis was made using epi-info 2007 statistical software. Level of significance was set at 5%.

Result: The mean age of respondents was 23.2 years. Majority (70.1%) of mothers interviewed had good knowledge of EBF, 89.4% of mothers had positive attitude towards exclusive breastfeeding.
55.6% exclusively breastfed their children, and these was based on several factors. 41.2% of mothers feed their children based on the advice from health workers/ hospitals, while 19.4%of mothers fed their children based on personal convenience, and also 16.2% of mothers fed their children based on cost factors.

Conclusion: From this study, most of mothers were had good knowledge and attitude of EBF. Therefore, two-thirds of these mothers had practiced EBF for six months of their infants' life. Although it is still not up to WHO recommendation. Factors contributing towards achieving this are good level of education, husband support, positive perception of EBF and good occupation. However, there is need for more promotion, health educational awareness and encourage mothers to further scale up the practice particularly, addressing problems relating to beliefs, customs of mothers who had poor practices of EBF in the study community.

POSTER #31:

ASSESSMENT OF KNOWLEDGE ATTITUDE AND PRACTICE REGARDING MATERNAL HEALTH IN GAZIRA STATE, SUDAN

[1]Huzifa Abdalla Abdelrahman; [2]Athkar Yasir Hussien

[1]Sudan International Universty; [2]Igraa college for science and Technology

Background: Maternal health is a critical topic in global development. Maternal ill health and deaths impacts families, communities and societies and has far reaching effect across socio-economic strata. Despite recent data showing a positive turning point in the battle to keep mothers alive through pregnancy and child birth, the maternal mortality rate are still high in Sudan and significant gender-based health disparities remain in Sudan with limited access to education and employment, high illiterates and increasing poverty level in India making health improvements for women exceedingly difficult. Female disability is especially in attributable to maternal causes and maternal deaths. The present paper is an effort in understanding maternal health and care in rural parts of Gazira state - Sudan.

Material and Methods: We used cross section study in our target group (Women of childbearing age from 15 – 45 years) in Gazira state Sudan (September 2018), in two phases from (5-11) September, we used random simple size sample

Results: In general, we found in the primary survey that there is a good knowledge about maternal health and child care, unfortunately just 52% were know enough information about these. Maternal health knowledge showed that only 43% knew enough information about it and just 35% breast feeding (importance and methods). We did an intervention by health educational program aimed to increase their knowledge about maternal health, we trained a number of women about breast feeding and we did a second survey to assess our intervention. We found a great improvement (75%) of the sample now have good knowledge about maternal health (were 52%), 85% of them now have good information about maternal heath (were 43%) 72% of them can perform BSE properly (were 35%).

Conclusion and recommendations: This work was an example for students work in declining maternal health wrong practices and believes in small population in our city and as the maternal health is a major problem in Sudan, we must have more work regarding the maternal health diseases. And we hope to see them declining around the globe. Me and you and every one of us suffered farewell of a dear or relative because of maternal health, so all of us have an important to play role in health education of this therefore more work should be done in order to increase maternal health mortality and morbidity due to decreased knowledge and wrong believes and health education is our weapon to fight these practices

POSTER #01:

AWARENESS, ATTITUDES AND WILLINGNESS TO DONATE BODIES FOR MEDICAL EDUCATION AMONGST UNIVERSITY OF BOTSWANA STUDENTS

Mpofu N[1]; Chenchi K[1]; Dikgopo K[1]; Seleta T[1]; Hamda S[2], Tlhakanelo JT[2]

[1]Medical students, Faculty of medicine, University of Botswana; [2]Lecturers, Departments of Family Medicine and Public Health, Faculty of Medicine, University of Botswana

Correspondence: nonnym.nm@gmail.com

Background: Without dissection of cadavers teaching and learning of anatomy is nearly difficult; there remains a gap between the practical knowledge and the gathered theoretical knowledge. As more low and middle income countries develop medical education programs, lack of cadaveric donations threatens attainment of world-class anatomy education. Body donations largely depend on communities' high awareness of such programs, positive attitudes and motivation to donate bodies. The aim of the study was to assess the awareness of, attitudes and factors affecting willingness towards body donation.

Methods: A cross-sectional survey was conducted among 288 randomly selected medical and engineering students on the University of Botswana campus using an enumerator-administered pre-tested questionnaire. Data, including participants' socio demographics, was captured and analyzed using Epi info 3.5.3 software.

Results: More than half of the study group (55.6%) was aware of body donation and mainly attributed it to the media (55.6%) as the main source. 55.9% had positive attitudes about cadaveric organ donation while 56.6% of the participants were unwilling to donate their bodies after death. The need for a proper burial (49% of respondents), cultural, religious factors (17%, 15% respondents respectively) and fear of body mutilation (16%) were some of the factors cited as hindrances to willingness to donate bodies.

Conclusion: The present study demonstrates that although awareness about body donation is moderately high amongst university students, there is low willingness to donate bodies after death due to barriers such as needs for dignified burials, cultural, religious factors and fear of body mutilation. The expressed positive impact of the media in raising awareness should be further explored and the same channels used to intensify public education as well as collaboration with cultural and religious leaders in public body donation educational campaigns.

POSTER #24:

KNOWLEDGE, ATTITUDE AND PERCEPTION OF HEALTHCARE BRAIN DRAIN IN NIGERIA AND FUTURE CAREER PROSPECTS AMONG NIGERIAN MEDICAL STUDENTS

Toluwanimi Ademola-Popoola; Ibiyo Morohunmubo; Olasubomi Omoleye; Ona Akpoghene- Adaiah; Oluwasegun Afolaranmi; Tolulope Kowe[1]

[1]College of Medicine, University of Ibadan, Ibadan, Oyo State, Nigeria.

Correspondence: toluwaniademola@gmail.com

Background: The continued mass emigration of healthcare professionals from low-middle income countries to higher income countries poses significant concern. These already underserved regions have become 'factories' of relatively cheap medical education for the higher income countries. This study examines the perception of Nigerian medical students about post-graduate emigration and the factors that affect their decisions.

Methodology: We conducted a cross-sectional survey amongst medical students across 30 medical schools, in 22 states. Participants who were to graduate between 2018 and 2021 were enrolled. Responses were collected via an online questionnaire (Survey Monkey®). We examined individual and family characteristics, motivations to study medicine, postgraduate medical training decisions and determinants of postgraduate emigration. Descriptive and inferential statistics were conducted.

Results: 348 responses were analyzed. Mean age was 22.9 years (SD 2.4 years). 55.7% were female and 87.9% were attending public universities. 247 (71.4%) respondents were aware of the Nigerian healthcare brain drain. 305 (87.6%) respondents intend to practise medicine after graduation. Desire to practise medicine was significantly associated with higher mean motivation scores [MD 1.185, (95% CI 0.329 - 2.041)]. Only 19% of those intending to practice plan to remain in Nigeria. Of those desiring to emigrate, most started considering emigrating during/after the first clinical year (68.4%); 96.4% intend to leave within 5 years of graduation; 16.7% never want to return; 18.3% intend to return post-retirement and 58.1% within productive years. The USA was the most desired destination country.
61 (17.5%) respondents have had personal exposure to foreign healthcare/ medical education, most commonly via electives/ clinical rotations; these respondents showed significantly higher resolve emigrate [MD 10.040, (95% CI 4.989-15.091)]. Availability of funding to process emigration and spousal career prospects were considered the most important factors affecting chances of emigration.

Conclusion: A significant percentage of Nigerian medical students intend to practice outside country. This translates to a bleak future for the health system of Nigeria if nothing is done to stem this trend.

ORAL #03:

PREFERENCES OF CHOICE OF SPECIALTY AMONG FINAL YEAR MEDICAL STUDENTS OF THE UNIVERSITY OF IBADAN.

C.O Ezegwui[1]; O.V Magboh[1]; E.B Olusoji[1]; C.E Nwaze[1]; T.A Lawal[2]

[1]Medical student, College of Medicine, University of Ibadan, Ibadan, Oyo State;
[2]Department of Surgery, University of Ibadan & University College Hospital, Ibadan, Oyo state

Correspondence: dikeegwui@ymail.com

Introduction: The choice of future specialty is challenging for medical students, especially as undergraduate training ends. This study aims to identify the choice of specialty among final year medical students and determine factors influencing these choices.

Methods: This was a cross-sectional study among a convenient sample of 236 final year medical students of the University of Ibadan, using self-administered semi-structured questionnaires. Chi-square analysis at 5% level of significance was used to explore relationships between dependent and independent variables. The data collected was analyzed using SPSS version 21 software.

Results: A total of 236 medical students participated with a mean age of 23.63 (± 1.87) years. Only 112 (47.5%) respondents had received any form of career counselling during their undergraduate training. The commonest first choice specialties were Obstetrics and Gynaecology 54 (22.9%), Surgery 44 (18.6%) and Psychiatry 18 (7.6%). Among males, the most favoured was Surgery 35 (25.9%) while it was Obstetrics and Gynaecology 24 (23.8%) among the females. The commonest factor influencing career choices was personal interest 185 (78.4%). On bivariate analysis, it showed statistical significance for Obstetrics & Gynaecology ($p=0.02$), Family Medicine ($p=0.02$) and public health (0.001). A total of 207 (87.9%) respondents intend to pursue postgraduate training/practice abroad; 88 (42.5%) wish to train and practice abroad, while 83 (40%) plan to return to the country to practice. Poor facilities ($p<0.001$) and fear of not achieving full potential/job satisfaction ($p<0.001$) were leading factors determining emigration. The most preferred practice setting was the public university teaching hospital.

Conclusion: The predominant choices of future specialty among final year medical students were Obstetrics and Gynaecology, Surgery and Psychiatry. Most medical students want to travel abroad for postgraduate training/practice. A considerable proportion of these do not wish to return to Nigeria, equating to brain drain. Leading concerns include poor facilities and the fear of failure to achieve job satisfaction. Measures to encourage retention of graduates are important for our healthcare system which is already understaffed. As suggested by our study, these measures will include improvement in staff welfare/working conditions for doctors and the provision of facilities to ensure maximal practice, hence, job satisfaction.

SUBTHEME VIII - SOCIAL DETERMINANTS OF HEALTH

POSTER #03:

ASSESSMENT OF THE ENVIRONMENTAL HEALTH STATUS OF CHANSO COMMUNITY, MANGU L.G.A, PLATEAU STATE, NIGERIA

CHANSHILIP PJ; DANIEL R; EBI SO; MOHAMMED AJ; ODU-ODEH EO; TYEM LD; YAHAYA AS[1]

[1]UNIVERSITY OF JOS, JOS, NIGERIA

Corresponding author email: afrah.jemal@yahoo.com

Background: The World Health Organization (WHO) estimates that roughly 25% of the disease burden in the developing world is due to environmental factors including deaths and reaching up to 35% in regions such as sub-Saharan Africa. A significant proportion of the overall burden can be attributed to relatively few key areas of interest. These include poor water quality, availability and sanitation, vector-borne diseases and poor refuse and sewage disposal. Malaria kills over 1.2million people annually mostly African children under the age of 5. We aim to assess the environmental health status of Chanso community, Mangu LGA, Plateau State.

Method: This was a cross-sectional study with the study population being the whole village. Cluster sampling technique was used. Data was collected using an interviewer-administered structured questionnaire after a verbal consent was obtained from the respondents. The questionnaire covered the various components of environmental health. The data collected was entered, analysed and summarized using the Epi Info statistical software version 3.5.4.

Results: We identified that Chanso has an approximate population of 2048 people. 87.8% of the houses have through ventilation. Only 51.4% of inhabitants have access to and use sanitary source of water, mainly boreholes. The community has poor refuse collection and disposal practices, with the 93.9% practicing open dumping. 92% of the people sleep under insecticide treated nets (ITN).

Conclusion: A greater proportion of the houses in Chanso community had poor environmental health practices especially with regards environmental sanitation, with a lot of mosquito-breeding sites, waste disposal and assess to sanitary source of water. However, interestingly almost all the households had and used ITNs.

POSTER #05:

A SYSTEMATIC REVIEW OF FACTORS AFFECTING THE ACCESS TO QUALITY HEALTHCARE SERVICES IN NIGERIA

ALAGBE C. I; TELLA O. A[1]

University of Ibadan, Ibadan, Nigeria

Correspondence: christieiyanuoluwa@gmail.com

Background: The economy of any Nation is highly dependent on the health of her people. For humans to live and function to their fullest capacities, the use of health facilities is crucial. However, differences in access to healthcare remains a critical problem facing health care delivery systems in Nigeria. We aim to assess the factors affecting the access to quality healthcare services in Nigeria.

Method: A search for literatures was carried out in PubMed using MeSH with the keywords 'social determinants', 'factors', 'access', 'quality healthcare' and 'Nigeria' which also serve as the inclusion criteria. The literatures used were those published between 2012 and 2018. A total of twelve (12) literatures representing ten (10) qualitative studies and two mixed methods were used. Data were extracted and summarized to highlight factors affecting the access to quality healthcare services in Nigeria.

Result: We identified the social factors that determine or impede access/use of those services. Such factors include low income, low level of education, negative attitudes towards health facilities, gender, beliefs, distance of facility away from neighborhoods, difficult terrains of health facilities, patriarchal social structure and perception of quality of treatment available etc. These factors contribute to difference in access to healthcare causing persons with high socio-economic status(i.e. greater income and higher educational attainment) to use health facilities more than those with poor income and low educational background. However, the systematic review revealed that low income (poverty) ranks higher among other factors that influence use of health facilities in Nigeria.

Conclusion: The extent of development of the society largely determines the quality of her population's health and how fairly health facilities are distributed across the social spectrum. These factors prevent the improvement of the healthcare system and the economy of the nation as a whole. We recommend that access to quality healthcare services be improved in Nigeria by improving the socio-economic status of the citizens.

ORAL #04:

THE ROLE OF SOCIAL DETERMINANTS OF HEALTH ON MALARIA REDUCTION

MOKUOLU, Ayomikun Opeoluwa[1]

[1]College of Health Sciences, University of Ilorin

Correspondence: mikunmoks@gmail.com

Introduction: Nigeria accounts for 24% of the 216 million cases of malaria that occurs globally. The current approach emphasizes malaria prevention using long lasting insecticidal nets (LLINs), diagnosis and treatment through Artemisinin combination therapy (ACTs) with less emphasis on some of the social determinants of health.

Objective: This paper examines the role of social determinants of health particularly infrastructure such as drainage systems as a broad-based strategic approach for the reduction of several communicable diseases particularly malaria.

Methods: A secondary data analysis was conducted work done by Mokuolu et. al; 2017 of Okelele community in Ilorin, kwara state using 500 consented children from 0.3 years-14years from 201 households and additional personal communications. Mathematical model for determining the relationship between malaria prevalence and features of household surroundings was designed using multiple regression models. The children were tested for malaria parasite using Rapid diagnostic test kit.

Results: 1 in 3 (29.9%) children had malaria with 99.0% of the houses having open drainage immediately around their surroundings. 7.1% of the drainages were flowing. 91.9 % of the drainages were stagnant many of which were blocked with solid wastes and weeds. Community mobilisation, Education and Reconstruction of functional drainages reduced malaria prevalence by 15%.
To further strengthen the evidence, a 3year evaluation of severe malaria at University of Ilorin teaching hospital (UITH) showed that 97% of the cases of severe malaria where from areas with poor housing, poor drainages and low socioeconomic status.

Conclusion: This report provides direct evidence for the impact of some of the social determinants of health on malaria prevalence and this should guide the government strategy and approach in eliminating malaria.

POSTER #34:

PROMOTION AND IMPLEMENTATION OF ONE HEALTH ACTIVITIES IN SOROTI DISTRICT, UGANDA.

Muganzi David Jolly[1]; Wagaba, B[6]; Bikaadho, M[2]; Ssengendo, G[3]; Sekitoleko, R[4]; Nsimenta, A.M[2]; Muganzi, E[5]; Kyomuhendo, P[2]; Korugyendo, J[7]; Naigaga, I[3,10]; Achoroi, D[12]; Okadhi, C[13]; Oluka, C[13]; Amulo, G[13]; Kamukama, J[8]; Kaloozi, M[8]; Asio, J. G[1]; Ithungu, E[3]; Emaru, E[1]; Busuulwa, S[3]; Asiimwe, A[4]; Ainomuigisha, E[7]; Muchunguzi, C[7]; Ssekamatte, T[1]; Osingada, C[1]; Kahwa, D[3]; Nalwadda C[1]; Kalibbala P[3]

[1]Faculty of Medicine, Mbarara University of Science and Technology; [2]College of Humanities and Social Sciences, Makerere University; [3]College of Veterinary Medicine, Animal Resources and Biosecurity, Makerere University; [4]College of Engineering, Design, Art and Technology, Makerere University; [5]College of Natural Sciences, Makerere University; [6]College of Health Sciences, School of Public Health, Makerere University; [7]Institutute of Interdisciplinary Studies, Mbarara, University of Science and Technology; [8]College of Agriculture and Environmental Science, Makerere University; [9]College of Business and Management Sciences. Makerere University, [10]One Health Central and Eastern Africa (OHCEA), Ekobo Ave, Kololo Kampala; [11]District Veterinary Office, Ministry of Local Government, Soroti, [13]District Health Office, Ministry of Local Government, Soroti

Correspondence: mdavidjolly@gmail.com

Background: One health recognizes that human, animal and ecosystem health are linked and operate interdependently. Therefore, health challenges need to be handled in an interdisciplinary manner. To champion this, One Health Central and Eastern Africa (OHCEA) initiated the One Health Institute (OHI) project. This project conceptualizes the use of multidisciplinary approach to mitigate health challenges by recruiting students offering various academic programs.

Project description: After two weeks of theoretical training, the project activities started by community entry, which involved meeting district authorities at Soroti district headquarters. The District Health Team offered guidance about areas that needed attention. A community needs assessment was done by visiting Soroti main market, Gweri village, the main abattoir, Ogorai village, Katine cattle market, Kagwara landing site, Pioneer Primary School and Soroti senior secondary school. Assessment in Ogorai village included data collection and analysis. Four intervention sites were chosen basing on priority of need; Ogorai village, Soroti main market, Pioneer primary school and Soroti Senior Secondary School. The interventions carried out in Ogorai village and Soroti main market were sensitization about Water and Sanitation Hygiene (WASH) and waste management. The interventions carried out in the schools included sensitization and inspirational talks to the students.

Impact: Knowledge of the community members about WASH increased based on the lessons they learnt. They learnt how to make tippy taps. There was a remarkable change in the mindsets of students as they verbally expressed the knowledge obtained. The Soroti main market vendors appreciated the skill of making briquettes.

Conclusion: Knowledge of each team member irrespective of their discipline was needed to identify problems and design solutions. Therefore, it cannot be under emphasized that health systems need to incorporate the One health multi-disciplinary approach.

SUBTHEME X - SUSTAINABLE VACCINATION SCHEMES IN AFRICA

POSTER #08:

KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS RABIES AND ANTI-RABIES VACCINATION AMONG DOG OWNERS IN BUNGOMA SOUTH SUB-COUNTY, BUNGOMA COUNTY

Wainaina J. M[1], Mburu S. N[2], Otieno C.A[2]

[1]Initiative to Develop African Research Leaders, Kemri Wellcome Trust Research Program; [2]School of Public Health, Department of Environmental Health, Moi University

Correspondence: jwainaina@kemri-wellcome.org

Background: Though preventable by vaccine, rabies (with 100% case fatality rate) kills ~59000 people globally with majority from Africa and Asia (95%). In Kenya, rabies kills about 560 persons every year. The purpose of this study was to investigate awareness of dog owners on rabies, vaccination practices, and their attitudes towards rabies.

Methods: A mixed method study involving 78 household participants and 3 key informants were conveniently sampled in Kanduyi, Bungoma County. Household questionnaires were administered and KII interviews conducted to complement household quantitative interviews. Descriptive statistics were performed using SPSS v21 while qualitative data was thematically analyzed.

Results: Females responded more at 54% (42/78). Almost half, 42% allowed their dogs to freely roam while 38% housed them. Most (91%, 71/78) had heard about rabies and 49% (38/78) attributed school/friends/neighbors as the source of information. Vaccination was known for rabies prevention by 79% (61/78) respondents. About 79% (61/78) were aware of rabies' zoonotic nature. Few (29%, 22/78) of those who had heard of dog bites (79%, 61/78) reported that at least one of household members was a victim. Of the 59% (46/78) who reported to had vaccinated their dogs in the last 12 months at the time of study, only half of them (50%, 23/46) could produce vaccination certificates. Amazingly, 94% (73/78) considered rabies fatal. Reportedly, dog bites reports were on rise. Inadequate data was attributed to poor surveillance system while low vaccination coverage to low availability of services and high owner cost (~$5/animal). Hospital records shown 20 dog bite cases on average/month.

Conclusion: Dog owners are aware of rabies and dog bite as the major transmission mode. The area is experiencing low vaccination coverage (59%) (<70%, WHO minimum recommended) and poses a risk for rabies outbreak. High cost of vaccination and poor surveillance possibly contribute to low vaccination coverage.

Key terms: rabies, dog bite, coverage, zoonotic, owner cost

POSTER #33:

ACUTE KIDNEY INJURY RECOGNITION AMONG ACUTE ADMISSIONS IN A DISTRICT HOSPITAL CAMEROON

Halle Marie Patrice[1,2]; NjangMbeng Emmanuel[3]; Verla Vincent[3]; Fouda Hermine[2,4]; KazeFolefack François[2]; Ashuntantang Gloria[4]

[1]Faculty of Medicine and Pharmaceutical Sciences; University of Douala, Cameroon; [2]Douala General Hospital, Cameroon; [3]Faculty of Health Sciences, University of Buea, Cameroon; [4]Faculty of Medicine and Biomedical Sciences, University of Yaounde I, Cameroon

Correspondence: njangjr@gmail.com

Introduction: Acute kidney injury (AKI) is frequent among hospitalized patients where it contributes to adverse outcomes. AKI risk factor identification and AKI recognition are essential strategies to reduce this burden

Method: We conducted a cross-sectional study from January- March 2017 in the Muyuka District Hospital Cameroon, including all consenting acute admissions. All patients were screened for AKI risk factors. For patients with AKI risk factors, serum creatinine assay was done on identification of a risk factor and repeated after 48hours: they were equally monitored daily and their medical records reviewed over 72 hours to note if the treating physician requested for serum creatinine assay, uric output, blood pressure monitoring or urinalysis. AKI was defined according to KDIGO 2012 criteria.

Results: We included 201 patients (42.3% males), with a mean age of 46±13.2 years. All participants were treated by general practitioners. About 80% of patients had ≥ 2 AKI risk factors. Volume depletion (30.3%), Age above 65 years (23.3%), malaria (23.8%) and HIV (16.4%) infections were main risk factors. About 42% of participants had at least one form of renal function monitoring method requested. The methods of renal function monitoring used were blood pressure monitoring (47.7%), serum creatinine assay (37.3%), urine output monitoring (23.8%), and urinalysis (14.9%). The prevalence of AKI was 22.9% and only 8% of these were recognized by the attending physician. Treating physician with > 3 years working experience ($p<0.001$) the presence of >2 risk factors ($p<0.001$) and volume depletion ($p=0.002$) were associated with renal function monitoring.

Conclusion: There is a low rate of AKI recognition in the district hospital in Cameroon despite a high burden of risk factors.

World Health Organization in the African Region

The WHO Regional Office for Africa is one of WHO's 6 regional offices around the world. We work with 47 countries in the African Region and development partners to improve the health and well-being of people.

As the lead health authority within the United Nations (UN) system, our work involves translation of global health initiatives into regional plans that respond to the specific needs and challenges of countries in the Region. We support countries to achieve better health outcomes through technical and policy advice, development of norms and
standards, generation and sharing of knowledge and convening health partners. Together with countries, we attain health objectives by supporting national health policies and strategies.

Our main areas of work include health sector development, combating diseases – infectious diseases like TB and HIV, and non-infectious diseases like cancer, diabete and heart disease. We prepare for and rapidly respond to disasters and emergencies and help mothers and children survive and thrive, so they can look forward to a healthy
old age. WHO staff are united in a shared commitment to the Transformation Agenda- a vision of an Organization that is proactive, results-driven, accountable and appropriately resourced to deliver results and make an impact on health.

What makes us unique?

- Our impartiality in setting standards and norms for the improvement of health.
- Our global and regional convening power provides a critical platform to engage stakeholders
- WHO experts are a ready source of technical expertise that countries in the Region can tap into. Renowned for promoting evidence-based/informed data

World Health Organization
REGIONAL OFFICE FOR Africa

SOLIDARITY STATEMENT FROM THE REGIONAL NETWORK FOR EQUITY IN HEALTH IN EAST AND SOUTHERN AFRICA (EQUINET)

(WWW.EQUINETAFRICA.ORG)

FOR THE FEDERATION OF AFRICAN MEDICAL STUDENTS' ASSOCIATIONS (FAMSA) CONFERENCE NOVEMBER 2018

EQUINET as a consortium of diverse policy, technical, social and political actors that networks people to advance shared values of equity in health in the 16 countries of east and Southern Africa congratulates FAMSA on hosting this 32nd FAMSA General Assembly under the theme: Repositioning Healthcare in Africa for Sustainable Development.

Despite the strong social values and policy commitments to ensure health for all in Africa, there are wide, avoidable social inequalities in health and in access to such basic determinants of health as employment, land, food, water and sanitation and housing. Health care, which should deliberately address these inequalities by ensuring that resources for health reach those with greatest health need doesn't always do so. Our health services often reflect the same social inequalities, and may even further impoverish people due to the costs they face in using health services.

Yet our continent has the natural biodiversity, mineral, food and other resources for health, and the people, skills and ideas to improve health and wellbeing. Indeed these resources are often claimed and extracted to improve lives and wealth outside the continent. So a sustainable development agenda calls on us to claim and use our resources more effectively and equitably to improve the lives of all on the continent.
This raises issues beyond the health sector. Many sectors affect health, and the health sector cannot keep treating people and then sending them back to the conditions that made them ill or that trigger epidemics and emergencies. We need to address the causes of the causes!

So in repositioning health care in Africa we need to build and sometimes to revive strong comprehensive primary health care systems that value health workers and that are most capable and effective at the base, where the people are. Remember we are celebrating 40 years of the Alma Ata agreement that launched a global commitment to a comprehensive primary health care (PHC) approach that made and makes a huge contribution to health in our continent. We hope this FAMSA Confer-

ence calls for us to remain true to the original commitments of PHC, even while we find new ways of delivering on them. Our current challenges call for a robust public health leadership, laws, evidence and proactive practice to point to where policies and activities are generating harm to health, to identify what needs to be done to improve health in all policies, and to guide and support people's power to realise their health rights and to improve their health and wellbeing.

While some countries are being encouraged to experiment with selective target funding and privatisation, the histories and evidence in our own countries make clear that we are more likely to address growing health burdens and to achieve universal care and health improvements for the whole population when we adequately fund our public sector health systems, when we meet the Abuja commitment made by heads of state to 15% domestic financing for health; ensure strong, universal and participatory national public sector health systems and ensure mandatory tax or national insurance systems that collect funds fairly from those who can afford it and avoiding payments at point of care.

The conference will no doubt share a lot of useful evidence and innovative practice on health care in Africa. In a context of strong global influences, as EQUINET we hold that our interaction within the continent and in our various regional communities is critical to shaping, implementing and defending self- determined responses to these global forces.

We also understand that we need to look ahead beyond the immediate, to the future, to build and engage proactively with responses that we design and build on our continent. We must move from being reactive to being proactive. This means predicting and planning for responses to future trends. We cannot wait, for example, to be engulfed by chronic diseases or the consequences of climate change. We need now to put in place the policies and measures that prevent these crises for health. This is not just a matter of economic growth or technical solutions. We have seen economic growth with inequality, poverty and intense environmental exploitation, and technologies benefiting a minority in unequal societies.

Across our different disciplines, areas of work and communities, our individual and collective wellbeing depends on building a different, self-determined and more harmonious relationship between society, economy and nature.

So we are excited to see this gathering of medical students fostering co-operation across the continent. We are excited to see young people searching for and exchanging information to think about, discuss, analyse, reflect and advocate on issues related to health and health care, as young people will inherit tomorrow the consequences of what is done today. We are happy to see medical students engaging beyond the biomedical approaches that often fill medical training, to think about the person not the disease, and to discuss the wider determinants, evidence, knowledge and links that need to inform decisions for improved health for today and for tommorow.

As EQUINET we appreciate the dialogue we have had with FAMSA towards this conference and wish you a successful, stimulating conference. Let's continue to build exchanges and links between FAMSA and EQUINET after the conference, to strengthen our learning and practice on health equity, as a key focus for sustainable development.

Thank you for taking us beyond the clouds

We want to thank every single one of you who make the Kenya Airways dream possible. It is through your hard work and passionate resolve that we have managed to win two awards at this year's World Travel Awards:

- Africa's Leading Airline - Business Class
- Africa's Leading Airline – Economy Class

We truly appreciate your effort and commitment to our journey of transformation.

WORLD TRAVEL AWARDS
WINNER
2018

kenya-airways.com

Kenya Airways
The Pride of Africa

IMPECCABLE SERVICE ON OUR CLOUD NINE

www.ethiopianairlines.com

Ethiopian
የኢትዮጵያ

A STAR ALLIANCE MEMBER

BRIEF ON BREAK OUT SESSIONS

Reso-hackathon challenge

The 32nd FAMSA General Assembly and Scientific Conference is set to be a high impact conference bringing together healthcare students, professionals, policy makers, and researchers to discuss key issues and address problems that plague healthcare on the African continent.

To significantly increase the impact of this conference, The RESO-HACKATHON has been designed to enable conference participants contribute practically to developing sustainable solutions to Africa's healthcare challenges.

The Reso-Hackathon will hold on during the break-out sessions on days 2, 3 and 4 of the conference in the Board room of the International Conference Centre and will involve delegates coming together in small groups to research and discuss a specific problem under various subthemes, proffer achievable and sustainable solutions to these problems and come up with a *Resolution Policy Paper* to be passed across to key policy organizations as contribution of African youth in combating some of these most pressing challenges facing us.

Workshop 1: The burden of ncds and the younger generation – taking a quantum leap

Workshop Organizer - The wellbeing initiative
Venue - Gamaliel onosode hall, international conference centre

This workshop will engage participants on how our generation can be a strong voice in combating the scourge of Non-communicable diseases in Africa with the aim of increasing awareness of the burden of and raising foot soldiers and advocates of NCDs in home communities and campuses.

The session will involve Paper presentation on the overview of NCDs burden in Africa and on the growing young population, a training session on social behavioral change communication and open forum on the subject matter.

Workshop 2: Emergency obstetric and newborn (EmONC)

Workshop Organizer - The wellbeing foundation africa
Venue - Gamaliel onosode hall, international conference centre

The Wellbeing Foundation Africa (WBFA) is an NGO, founded in 2004, to improve the sexual, reproductive, maternal, newborn, child and adolescent health and nutrition (SRMNCAH+N) indices of Nigeria, as well as much of sub-Saharan Africa; and to eliminate, as far as possible, all forms of gender-based discrimination, neglect, abuse and violence.

With the kind support of Johnson & Johnson, WBFA in partnership with Liverpool School of Hygiene and Tropical Medicine (LSTM) has implemented an Improving the Quality and Availability of Maternal and Newborn Care project in Kwara State, north-central Nigeria, reaching over 270 healthcare professionals (doctors, nurses and midwives) with advanced, competency-based training in Emergency Obstetrics and Newborn Care (EmONC), as well as over 47,000 expectant and new mothers, through improved quality of maternal/perinatal health services. With committed funding till 2020, to spread over the entire 16 local government areas of Kwara State and associated training in Quality Improvement and Data Management, this project will be ground-breaking in the positive impact it will yield for the reduction of maternal and newborn mortality in Kwara State, and, by extension, Nigeria's goals to achieve maternal and perinatal mortality reduction.

The Workshop is planned as part of activities to mark the 50th Anniversary of the Federation of African Medical Students Associations (FAMSA), and will hold for three days, consecutively, from Tuesday, 20th November, 2018, for 90 mins on each day.

Daily Timetable

Days	Topics
Day 1 (20th November)	Post-partum Hemorrhage
Day 2 (21st November)	Pre-Eclampsia & Eclampsia
Day 3 (22nd November)	Shoulder Dystocia & Newborn Resuscitation

Facilitators

Dr Okesina Shukura
Dr Luther- King Fasehun
Dr Yewande Ayoola

We hope that students and other participants at the FAMSA General Assembly will find this workshop very useful, and we hope that students will be inspired to go into the Obstetrics & Gynaecology speciality, upon completion of their studies.

Workshop 3: Mental health and the healthcare student

Workshop Organizer - Mentally aware nigeria initiative
Venue - Thomas oritsejolomi hall, international conference centre

Healthcare students are a special group of young people who due to the rigours of their education are undoubtedly exposed to stressors that affect their mental health. This workshop aims at bringing these factors to the fore and identify ways of improve the mental health and wellness of the medical student.

This will be done under three (3) main headings which will be addressed on each day of the workshop. The sessions have been designed to be very interactive so as to achieve better outcomes among the workshop attendees.

UNIVERSITY OF IBADAN MEDICAL STUDENTS' ASSOCIATION

THe University of Ibadan Medical Students' Association (UIMSA), established in 1960, is the representative body for all medical students in the College of Medicine, University of Ibadan. UIMSA is composed of over one thousand two hundred (1,200) members from 100 level to 600 level from different religious, socio-cultural and ethnic backgrounds, from every geopolitical region of Nigeria. UIMSA is engaged in health awareness and advocacy issues. UIMSA co-ordinates relevant training and capacity development programmes among Nigerians and also provides opportunities for medical students to undertake exchanges and researches in other institutions worldwide. The association pursues her aims without political, religious, social, tribal or gender discrimination.

Aims and Objectives of the Association are: (1) The promotion of health among Nigerians and contributing to national health and educational policy through youth voluntarism spearheaded by medic production of responsible future physicians. (2) To foster unity among medical students in Nigeria. (3) To promote humanitarian ideals among medical students and thereby facilitate their contribution to medical education, preventive medicine and control of communicable diseases. (4) To work in synergy with other stakeholders within and outside the university for the provision of conducive atmosphere for learning and development of its members. (5) To coordinate opinions and information in the fields of medicine, encourage and publish articles of medical and nonmedical interests. (6)To promote intellectual, social, cultural, and sporting activities of the association.

THE ORGANSING COMMITTEE

NAME	DESIGNATION
Mr. Jesutofunmi Omiye	ORGANIZING CHAIRMAN
Mr. Chinedu Nwaduru	Monitoring And Evaluation Board Member
Mr. Muhammad- Bashir Yahya	Monitoring And Evaluation Board Member
Miss Roseben Anyanwu	Monitoring And Evaluation Board Member
Miss Mayowa Adefuye	VICE CHAIRPERSON (SECRETARIAT)
Mr. Sheriff Mustapha	Translation & Documentation Officer
Mr. Aremu Peter Seyi	Translation & Documentation Officer
Mr. Oluwasegun Afolaranmi	VICE CHAIRPERSON (CONTENTS)
Miss Ismat Ghazal	Scientific Programme Officer
Miss Halimah Ogunbiyi	Scientific Programme Officer
Mr. Kehinde Olatunde	Workshop Coordinator
Mr. Babalola Sayo	Workshop Coordinator
Miss Jummai Sadiq Anani	Exhibition Officer
Mr. Oreoluwa Morakinyo	VICE CHAIRPERSON (PROGRAMMES)
Mr. Obinna Amaji	Excursion Officer
Mr. Oreoluwa Ademola-Popoola	Accreditation Officer
Mr. Abiodun Akintayo	Excursion Officer
Miss Anne Akerele	Social Events Coordinator

Miss Oluwatoyin Akintola	Social Events Coordinator
Mr. Joseph Edun	Exhibition Officer
Miss Oluwakemi Olalude	VICE CHAIRPERSON (FINANCES AND MARKETING)
Miss Bolanle Adebowale	Accounts & Payments Manager
Mr. Mubarak Oduwale	Accounts & Payments Manager
Miss. Eghonghon Okojie	Procurement Officer
Miss. Adenike Adegeye	Procurement Officer
Mr. Femi Lawal	Corporate Relations Manager
Miss Julia Igwe	VICE CHAIRPERSON (LOGISTICS)
Mr. Abdulbasit Fehintola	VICE CHAIRPERSON (LOGISTICS)
Mr. Edwin Cole	Hospitality & Accommodation Officer
Miss Omodasola Ogunsiji	Hospitality & Accommodation Officer
Miss Immanuella Yisa	Hospitality & Accommodation Officer
Miss Modupeola Savage	Human Resource Officer
Miss Mary Eseyin	Human Resource Officer
Miss Boluwatife Adeyeye	Welfare Officer
Miss Judith Ebengho	Welfare Officer
Mr. Folajimi Adesanya	Venue Manager
Mr. Ayodeji Ademola	Transport Officer
Mr. Boluwatife Aderounmu	VICE CHAIRPERSON (PUBLICITY AND COMMUNICATIONS)
Mr. IK Ebengho	Website Manager
Miss Chika Ukachukwu	Social Media Officer
Mr. Oluwaferanmi Omitoyin	Social Media Officer

Mr. Olaoluwa Olorunfemi	Public Relations Officer
Mr. Titus Adekunle	Productions Officer
Mr. Ugochukwu Okeke	Design Manager
Mr. Segun Oniyide	Design Manager
Mr Oluwamayowa Ogunsanya	VICE CHAIRPERSON (REGISTRATIONS)
Mr. Joseph Onumeguolor	Local Registration Officer
Mr Onyedika Chukwuelobe	Local Registration Officer
Miss Febisola Akanbi	International Registration Officer
Miss. Epum Frances	International Registration Officer
Miss Ebubechukwu Eriobuna	International Registration Officer
Mr. Oloruntoba Ogunfolaji	VICE CHAIRPERSON (SECURITY)
Mr. Abiodun Adegbesan	Security Personnel
Mr. Obinwanne Enemuo	Security Personnel
Mr. Michael Okonkwo	Security Personnel
Mr. Akintoba Akingbade	VICE CHAIRPERSON (REGIONALS)
Mr. Abd'Fawaz Oyebamiji	VICE CHAIRPERSON (REGIONALS)

FAMSA EXECUTIVES FOR 2017/2018 TENURE

S/N	NAME	POSITION	SCHOOL
1	EGBEDIMAME, JOSHUA UFUOMA	ADMINISTRATO	UNIVERSITY OF IBADAN, NIGERIA
2	ESITE, EREPADE WINIFRED	PRESIDENT	NIGER DELTA UNIVERSITY, NIGERIA
3	AGBA, JOEL	VICE PRESIDENT	UNIVERSITY OF JOS, NIGERIA
4	OBORO, THEODORE EBIKABOWEY	GENERAL SECRETARY	NIGER DELTA UNIVERSITY, NIGERIA
5	ATTAH, INAINGO AYEBAIFIEMI	TREASURER	NIGER DELTA UNIVERSITY, NIGERIA
6	EZEAMI, VICTOR	ASSISTANT GENERAL SECRETARY	UNIVERSITY OF JOS, NIGERIA
7	MARCELLA, BIYOU	CENTRAL AFRICAL REGIONAL CORDINATOR	UNIVERSITY OF BEAU, CAMEROON
8	OGUNMEFUN, MICHAEL K.	WEST AFRICA REGIONAL COORDINATOR	OLABISI ONABANJO UNIVERSITY, NIGERIA
9	EYUEL ALEMAYEHU	EAST AFRICA REGIONAL CORDINATOR	HAWASSA UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCES, ETHOPIA
10	MUILI, OPEYEMI AMINAT	STANDING COMMITTEE ON POPULA-TION ACTIVITES (SCOPA)	OBAFEMI AWOLOWO UNIVERSITY, NIGERIA
11	JUNAID, SALAMAH ABIMOLA	STANDING COMMITTEE ON HEALTH EDUCATION (SCOHE)	UNIVERSITY OF LAGOS, NIGERIA
12	IKEJIOFOR, PRUDENCE	STANDING COMMITTEE ON PROFESSIONAL EXCHANGE (SCOPE)	UNIVERSITY OF POTHACOURT
13	CHIKEZIE, DANIEL	STANDING COMMITTEE ON MEDICAL EXCHANGE AND RESEARCH (SCOMER)	ABIA STATE UNIVERSITY, NIGERIA
14	NJANG, EMMANUEL	EX-OFFICIO	CAMEROON

LIST OF FAMSA GA 2018 VOLUNTEERS

S/N	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	DESIGNATION
1	Eseosa		Ofumwengbe-evba	Female	Others
2	Jesujuwon	Emmanuel	Olawuyi	Male	User
3	Olanrewaju	Esther	Ajeigbe	Female	Protocol officer
4	. Christabel	Nnenna	Mbachu	Female	Usher
5	Paul	Abayomi	Olapade	Male	Others
6	Tejiri	Great	Napoleon	Female	Usher
7	Ifeoluwa	Banke	Odusanya	Female	Usher
8	Olayinka	Busayo	Olajide	Female	Protocol officer
9	Esther	Ejiroghene	Ajari	Female	Protocol officer
10	Chinonyelum	Rosemary	Igwe	Female	Usher
11	Olorunda		Ogunleye	Male	Protocol officer
12	Quadri	Oluwaseyi	Lawal	Male	Protocol officer
13	Chiamaka	Bianca	Offorbuike	Female	Usher
14	Opeyemi	Temitope	Ilori	Female	Usher
15	Betty	Yetunde	Daodu	Female	Usher
16	Suliyat	Dolapo	Olawuwo	Female	Others

FAMSA GA 2018 VOLUNTEERS

S/N	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	DESIGNATION
17	Ifeoluwapo	Demilade	Fasola	Female	Others
18	Mololuwa		Olumide	Male	Protocol Officer
19	Obiageli	Oluwadamilola	Medebem	Female	Usher
20	Adamma	Chidera	Njoku	Female	Usher
21	Utibe		Effiong	Male	Protocol Officer
22	Queenesther	Uwana	Umoh	Female	Protocol Officer
23	Chilotam	Madeleine	Nwakile	Female	Usher
24	Ibrahim	Momoh	Yakubu	Male	Protocol Officer
25	Similoluwa	Olamide	Oluwalana	Female	Protocol Officer
26	Toba	Oluwatimileyin	Oyebamiji	Male	Protocol Officer
27	Chika	Favour	Nnawuogo	Female	Usher
28	Caroline	Anulika	Nwamadiegesi	Female	Usher
29	Happiness	Chisom	Maduka	Female	Others
30	Goodluck	Amarachi	Nwachukwu	Female	Protocol Officer
31	Oluwatosin	Grace	Adeyinka	Female	Protocol Officer
32	Ayokunmi		Ayodele	Female	Usher
33	Faith		Kowe	Female	Protocol Officer

FACULTY ADVISORS

Prof R. E. Oladokun

MConsultant Paeditrician,
Infectious Disease Unit,
Department of Paediatrics,
University College Hospital, Ibadan

DR. B. Ogunbosi

Consultant Paeditrician,
Infectious Disease Unit,
Department of Paediatrics,
University College Hospital, Ibadan

Dr. Fowotade

Consultant Clinical Microbiologist
Department of Medical Microbiology and Parasitology,
University College Hospital, Ibadan

Dr. O Makanjuola

Consultant Clinical Microbiologist
Department of Medical Microbiology and Parasitology
University College Hospital, Ibada

Dr. A.M Adebayo

Consultant
Department of Community Medicine
University College Hospital, Ibadan

Dr. T.A Lawal

Consultant Paediatric Surgeon,
Department of Surgery
University College Hospital, Ibadan

Dr. M. Kuti

Consultant Clinical Pathologist,
Department of Chemical Pathology,
University College Hospital, Ibadan

Dr. V. Makanjuola

Consultant Psychiatrist
Department of Psychiatry
University College Hospital, Ibadan

Dr. J Balogun

Consultant Clinical Pathologist,
Consultant Neurological Surgeon
Department of Surgery
University College Hospital, Ibadan

Dr. J.I Afolami

Department of Human Nutrition and Dietetics,
Faculty of Public Health
University of Ibadan

SPONSORS/ PARTNERS

111

PLATINUM SPONSOR

Johnson & Johnson

GOLD SPONSOR

World Health Organization

PARTNERS

Kenya Airways
The Pride of Africa

Ethiopian
የኢትዮጵያ

access

YNaija.com
WHAT THE SMARTEST YOUNG PEOPLE READ

printivo.com

IBADAN

mani
Mentally Aware Nigeria Initiative

BenHill & Partners

THE WELLBEING INITIATIVE

EQUINET

The Wellbeing Foundation Africa
Committed To Caring

FAMSA

General Assembly

Ibadan 2018

@famsaga2018

secretariat@famsaga2018.com

www.famsaga2018.com