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# ACKNOWLEDGEMENT



**NOGUCHI MEMORIAL INSTITUTE  
FOR MEDICAL RESEARCH**

UNIVERSITY OF GHANA, LEGON



**SOCIETY FOR AIDS IN AFRICA,  
ORGANIZERS OF ICASA**

## WELCOME ADDRESS BY SYMPOSIUM SCIENTIFIC COMMITTEE CHAIRS.



**PROF. WILLIAM AMFOFO**  
Head of Virology Department  
Noguchi Memorial Institute for  
Medical Research  
Ghana  
Chair of 3rd SAA Symposium 2016

Welcome Address by Symposium Scientific Committee Chairs. On behalf of the scientific committee we are indeed delighted to welcome you all to this first symposium on Africa's preparedness for any eventual epidemic diseases outbreaks, being held in Accra, Ghana.



**PROF. SENI KOUANDA**  
Secretary General  
Society For AIDS in Africa  
Co-chair of 3rd SAA Symposium 2016

The Society for AIDS in Africa (SAA) is hosting this scientific gathering during the first week of August, 2015, to discuss measures to pre-empt the spread of emerging viral infections in Africa following the recent devastating outbreak of the Ebola virus disease in West Africa. Such fora are in line with the need for constant vigilance as the African continent is quite vulnerable to viral epidemics with its weak health systems and socioeconomic challenges.

The ongoing fight against HIV/AIDS in Africa, the response to the Ebola epidemic in West Africa, present the opportunity to utilize the valuable lessons learned to manage any emerging infectious diseases. Thus, the Society for AIDS in Africa (SAA) is a formidable platform for African stakeholders to take early steps to pre-empt and also to contain the spread of these infections. The symposium is in line with SAA's core mandate "to promote an enabling policy and research environment, to support individual and government response to epidemics in the continent".

The theme of the symposium is therefore **AFRICA'S PREPAREDNESS FOR EMERGING VIRAL INFECTIONS: LESSONS FROM HIV/EBOLA AND THE OUTLOOK FOR ZIKA & LASSA**".

The goal will be to position Africa for effective preparedness and response

## WELCOME ADDRESS



to emerging viral diseases such as Lassa fever, yellow fever and Zika. The meeting will advocate for sustained commitment to adequate resources and systems strengthening, shared responsibility and a stronger African commitment. The experts will gather to propose strategies and applicable mechanisms for epidemic prevention and control that will enhance community resilience and preparedness for epidemics. Subject matter specialists will document relevant community experiences and practices for appropriate communication towards prevention and impact mitigation. It is expected that inputs will be provided to strengthen advocacy, policy, research and monitoring & evaluation for an effective risk assessment and response.

The symposium thus seeks to analyze current scientific and epidemiological evidence in humans, animals and the environment under the 'One Health' concept. The meeting will enable critical discussions on resource mobilization and systems strengthening for an effective epidemic response when required. There will be deliberations on improved strategies for prevention and socio cultural communication for impact mitigation in affected urban and rural communities. Sessions on advocacy, policy, research, monitoring and evaluation will promote suitable models best informed by current evidence and recent lessons learned.

The Symposium Scientific Committee is most grateful to Health and Other International Development partners who have joined with SAA to organize this timely symposium. We look forward to an exciting and productive meeting to better position Africa for more effective preparedness and response to emerging viral diseases of public health importance.

Finally and very importantly, we on behalf of the scientific committee appreciate SAA for the excellent planning, organization and hosting of this symposium. Once again, we welcome you all and wish you exciting moments in Ghana.



# ORGANIZING COMMITTEE



## SAA BOARD 2014 - 2017



**DR. AHMED IHAB**  
**PRESIDENT**

Dr. Ihab Ahmed Abdelrahman, MD, Ph.D. with a major in health policy, epidemiologist with fellowship in applied field epidemiology with CDC Atlanta and Atlanta University, over 23 years' experience in the medical field with 17 years' experience in epidemiology and over 14 years' experience in HIV and AIDS response, had over 30 years' experiences in management, training, computer, electronics engineering, authoring and research fields, a former Consultant to the assistant of the Health Minister, National AIDS program manager, and Vice President of SAA, a member of WHO HIV Clinical Guideline Development Group 2012 to 2013.



**DR. AMISSA**  
**BRIANA BONGO**  
**VICE PRESIDENT**

Amissa Briana BONGO ONDIMBA, née le 27 septembre 1982 à Long Beach (Etats-Unis), poursuit ses études universitaires à l'Université de Georgetown aux Etats-Unis où elle obtient son diplôme de Bachelor. Titulaire d'un Master en Santé Publique de l'Université de Southern California, elle intègre le Ministère de la Santé du Gabon en 2007. En 2012, elle est nommée Directeur Général à la Direction Générale de la Prévention du Sida. Aujourd'hui, elle continue à diriger cette Direction qui protège la population gabonaise contre les IST et le VIH/sida et qui lutte contre toute discrimination et stigmatisation des personnes vivant avec le VIH.



**PROF. SENI KOUANDA**  
**SECRETARY GENERAL**

Seni KOUANDA is a Medical epidemiologist, senior research fellow and coordinator of HIV and reproductive health unit, Public Health Department at Institute of research in health Sciences (IRSS). Seni is the deputy director of African Institute of Public Health (IASP) based in Ouagadougou and President of HIV epidemiological surveillance committee, MOH. He is also the president of National Ethic Committee, Burkina Faso.



**DR. NAMWINGA**  
**CHINTU**  
**TREASURER**

Dr. Namwinga Chintu a pediatrician by training is the Executive Director of Population Services International's local affiliate Society for Family Health. Prior to joining SFH, Dr. Chintu was the Deputy Director at the Centre for Infectious Disease Research in Zambia where she was responsible for strategic leadership and of a large NGO involved in research and health care delivery. She received her medical degree from the University of Zambia and later specialized in Pediatrics and Child Health. As a Beit Fellow, she received her second Masters degree in Tropical Pediatrics from the University of Liverpool.

She has served as Associate Professor under the Department of Pediatrics University of Alabama at Birmingham. As a program technical lead she was responsible for overseeing the support of a large prevention of mother to child transmission of HIV (PMTCT) program whose impact and research findings helped to influence and inform policy and practice in Zambia. She actively participates in research around HIV in relation to maternal and child health, HIV prevention and primary care.

## ORGANIZING COMMITTEE



**PROF.  
SERGE PAUL EHOIE**  
DEPUTY TREASURER

Professeur Titulaire des Universités au Département de Dermatologie-Infectiologie de l'Unité de Formation et de Recherche des Sciences Médicales d'Abidjan, Côte d'Ivoire

Praticien Hospitalier au Service des Maladies Infectieuses et Tropicales du Centre Hospitalier Universitaire de Treichville, à Abidjan, Côte d'Ivoire

Spécialiste en Maladies Infectieuses et Tropicales

Coordonnateur Adjoint du site en Côte d'Ivoire de l'Agence Nationale Française de Recherche sur le SIDA et les Hépatites Virales (ANRS)

Formateur aux cours et séminaires organisés par le Programme National de Prise en Charge des Personnes Vivant avec le VIH en Côte d'Ivoire (PNPEC) sur la prise en charge médicale des personnes vivant avec le VIH



**PROF. JOHN IDOKO**  
MEMBER

Professor John Idoko trained in internal medicine, infectious diseases and immunology of infections and has been an HIV physician since 1995.

He was Principal Investigator of the Harvard University/AIDS Prevention Initiative Nigeria (APIN) Presidential Emergency Plan for AIDS Relief (PEPFAR) program at the Jos University Teaching Hospital (JUTH), situated in Jos, the capital of Plateau State in the north-central region of Nigeria. The antiretroviral clinic (ART) at JUTH cares for about 12,000 patients with HIV, representing one of the largest clinics in Nigeria. The program in JUTH has a "Hub and Spoke" network of decentralized and integrated services delivering comprehensive HIV services TB, Malaria and sexual and reproductive health.

Professor Idoko was President Nigerian AIDS Research Network, Chairman Nigerian National Antiretroviral Committee and currently Director General, National Agency for the Control of AIDS (NACA). In addition, he was Vice-Chancellor of the University of Jos (1994-1998) and Special Consultant to the Petroleum Special Trust Fund (PTF). He is Co-Chair of the newly established West African Infectious Diseases Institute (WAIDI) and serves on several boards including the Governing Council of the International AIDS Society (IAS).

His research interests include clinical trials of antiretroviral drugs, adherence to ART, Tuberculosis, hepatitis co-infection, resistance to ART, social and behavior issues in HIV and models for scaling out comprehensive HIV services. He has over 70 publications in peer reviewed journals and contributed to several books.



**Mrs. Lois Chingandu**  
MEMBER

Lois Chingandu is the executive director of SAFAIDS. A nurse and midwife by profession, Lois has a Masters in community development from the University of Zimbabwe and a post graduate certificate on managing health programs in developing countries from Harvard University.

Lois has over 25 years of experience in designing, managing and implementing HIV, SRH and Gender and culture programs in Africa. Lois has worked for Profit, PACT, Futures International and for SAFAIDS in varying capacities. Lois is recognized internationally as an advocate for women's rights and is the Vice Chair of the UN High Level task force for Women and Girls that engages with the highest political leaders and first ladies in Africa to improve the lives of women and girls. Lois has a passion for building community capacities to address their own challenges with support from development organizations.

## ORGANIZING COMMITTEE



**DR. YIGEREMU ABEBE**

**MEMBER**

Dr. Yigeremu was born in Ethiopia, in March 15, 1953. Received his undergraduate degree at Addis Ababa University medical faculty in 1982. He was assigned to work in the Military Health services as general practitioner for 2 years and joined a postgraduate program in internal medicine in the same medical school and received his postgraduate diploma in internal medicine in 1988. When he was working his residency program he presented for the first time in the country about the potential threat of HIV/AIDS epidemic to Ethiopia. Since that time he have dedicated my life to fight this epidemic. He have been working in HIV/AIDS sector at all levels: policy level, treating patients, teaching medical students, training medical professionals and others, research, program management, governance and advocacy.

In the Army Health services he started working as general practitioner, then as internist, as medical director of the referral hospital in Addis Ababa and finally for 5 years as head of the health services of the Ethiopian Army. In the Army, he made all efforts to show that the defense members and their families are under continuous threat of the epidemic. He organized the best prevention and treatment program for the Army. He wrote AIDS policy for the Army. He was working with different partner organizations such as JHU, DOD, CDC, UNFPA, etc to effectively implement the Army AIDS program. At the national level he led a number of committees that wrote the national policy on AIDS, the ART policy, a number of guidelines and protocols of HIV/AIDS.



**DR. OMONGE ENOCH**  
**DEPUTY**  
**SECRETARY GENERAL**

Dr Enoch Omenge is a Senior lecturer in the department of Clinical Medicine and Therapeutic, University of Nairobi.

He has been the Head of Clinical Pharmacology for 12 years. He has post graduate qualification in Internal Medicine and training in advanced HIV care as a visiting scholar, New York University.

He has contributed significantly in HIV patient care and training in Kenya.

Dr. Omenge is currently Secretary of the HIV Clinicians Society of Kenya.

His publication portfolio in mainly in the Area of HIV associated co-infections and co-morbidities.



# ORGANIZING COMMITTEE



## SAA PERMANENT SECRETARIAT



**LUC ARMAND BODEA**

Coordinator of the permanent secretariat of Society for AIDS in Africa and Director of ICASA.



**CLEMENCE ASSOGBA**

Head of Admin / Finance of the permanent secretariat of Society for AIDS in Africa.



**ELVIS KASAPA**

IT / Web Administrator of the permanent secretariat of Society for AIDS in Africa.



**NANA YAW OSAM MENSAH**

Operations Officer of the permanent secretariat of Society for AIDS in Africa.



**CHRIS KWASI NUATRO**

Partnership & Marketing Officer of the permanent secretariat of Society for AIDS in Africa.



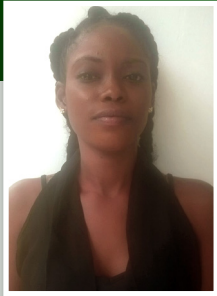
**GORDON TAMBRO**

Program Officer of the permanent secretariat of Society for AIDS in Africa.

# ORGANIZING COMMITTEE



## SAA SECRETARIAT



**Marie Noelle Atta**

Marketing & Partnership  
Intern of the permanent secretariat of the  
Society for AIDS in Africa.



**Jacque Saa Tolno**

Program intern of the permanent secretariat  
of the Society for AIDS in Africa.



**Abdul Manaf**

Technical Support of the permanent secre-  
tariat of Society for AIDS in Africa.

# SCIENTIFIC COMMITTEE



## CHAIR

### **PROFESSOR WILLIAM AMPOFO**

Head of Virology  
Noguchi Memorial Institute for  
Medical Research

## CO-CHAIR

### **PROFESSOR SENI KOUANDA**

Secretary General  
Society For AIDS in Africa

## MEMBERS

### **DR. OWEN LAWS KALUWA**

The Country Representative  
World Health Organization  
WHO  
Accra- Ghana

### **PROFESSOR MIKE WILSON**

Noguchi Memorial Institute for Medical  
Research  
Legon- Ghana

### **PROFESSOR FRED BINKA**

Vice Chancellor  
University of Allied Health Sciences  
Ho-Ghana

### **PROFESSOR ELLIS OWUSU DABO**

Director  
Kumasi Center for Collaborative Research in  
Tropical Medicine  
Kumasi –Ghana

### **DR. BABATUNDE AHONSI**

The Country Representative  
United Nations Population Fund  
UNFPA  
Accra Ghana

### **DR. DAVID OPARE**

Head  
National Public Health & Reference  
Laboratory Accra Ghana

### **MR. GIRMAY HAILE**

The Country Director  
United Nations Joint Program  
on HIV/AIDS  
UNAIDS  
Accra Ghana

### **DR. GER. STEENBERGEN**

First Secretary Health  
Embassy of the Kingdom of Netherlands  
Accra – Ghana

### **PROFESSOR KWADWO KORAM**

Director  
Noguchi Memorial Institute for  
Medical Research  
Legon- Ghana

### **DR.COL. ALAIN AZONDEKON**

Head- Pediatric Department  
Military Teaching Hospital  
Cotonou- Benin





## MEMBERS

### **PROF YAW ADU SARKODIE**

Dean  
School Of Medical Sciences  
KNUST  
Kumasi- Ghana

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### **DR. STEPHEN AYISI ADDO**

National Program Manager: HIV/AIDS  
Ghana Health Service  
Ghana

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### **PROFESSOR FRANCIS OFEI**

Dean  
School Of Medical Sciences  
University of Cape Coast  
Ghana

---

### **DR. KWAMENA SAGOE**

Head of Microbiology Department  
School of Biomedical & Allied Health  
Sciences  
University of Ghana

---

### **DR. LUCIEN TOKO**

Manager des Programmes de Santé  
Spécialiste en contrôle des Maladies  
Tropicales Négligées.  
Directeur National Adjoint  
De la sante publique  
Ministère de la sante bénin  
Cotonou Benin

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### **MR. KYEREMEH ATUAHENE**

Head  
Monitoring & Evaluation  
Ghana AIDS Commission  
Ghana

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### **DR. HENRY NAGAI**

Public Health  
Ghana

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### **DR. YAW BADU SARKODIE**

Ghana Health Service  
Accra-Ghana

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### **MAD. GLORIA DEI-TUTU**

President  
Society for Women & AIDS in Africa  
Accra-Ghana

### **DR. CHARLES OKOT**

WHO Regional Office  
Ghana

# SCIENTIFIC COMMITTEE



## MEMBERS

### **DR. AMBROSE TALISUNA**

WHO Afro  
Congo Brazzaville

### **PROF. KWASI TORPEY**

School of Public Health  
University of Ghana  
Legon-Ghana

### **DR. IBRAHIMA SOCE-FALL**

Director of Health Security &  
Emergencies for African Region  
WHO  
Congo Brazzaville

### **AKUA KWATENG-ADDO**

Health Office Director  
USAID/Ghana



The 3rd Symposium Rapporteurs was supported mainly by the Society for AIDS in Africa (SAA) and Noguchi Memorial Institute for Medical Research (NMIMR)

## CHAIR

### **DR. ALAIN AZONDEKON**

Head- Pediatric Department,  
Military Teaching Hospital,  
Cotonou- Benin

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### **MR. RAYMOND YEKEYE,**

Director of Operations, National AIDS Council,  
Zimbabwe

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### **DR. ELIZABETH AGYARE-**

Microbiology Dept. UGMDS,  
College of Health Sciences Korle Bu,  
Ghana

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### **MR. TANGUY BOGNON -**

HIV Program Manager,  
Military Teaching Hospital,  
Cotonou- Benin

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### **DR. EDGENE TETTE H-WAYO**

Noguchi Memorial Institute for Medical Research



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## CONFERENCE VENUE

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La Palm Royal Beach Hotel

The 3rd SAA Symposium 2016 is taking place in Accra, Ghana at the La Palm Royal Beach

Hotel. The full Address is:  
La Palm Royal Beach Hotel  
Labadi Beach Road  
Accra, Ghana

Should you have any problems, or require any additional information, please as one of the conference staff or volunteers, or visit our General Information Desk, which is located in the Registration Area near the Casino.

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## CERTIFICATES OF ATTENDANCE

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Certificates will be issued upon request at the registration desk, starting 10:00am, 5th August, 2016

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## OPENING HOURS:

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Wednesday, 3rd August: 15:00PM - 19:00 PM

Registration 10:00AM -

Thursday, 4th August: 08:30AM - 17:15PM

Friday, 5th August: 08:30AM - 16:15 PM

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## REGISTRATION:

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The Registration Area is located on the ground floor and near the Casino.

# GENERAL INFORMATION



Conference delegates must wear their badges at all times in order to gain access to the session rooms and exhibition area. Conference volunteers and the venue security will not allow anyone to enter the symposium venue without a valid badge. If you have lost your badge, please contact the registration desk. Replacement badges will be issued at a cost of \$50 each (including VAT).

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## INFORMATION DESKS

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A General information Desk is situated in the Registration Area. There are additional area-specific information counters in the Exhibition areas. Volunteers will be stationed throughout the conference to assist participants with any queries.

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## INTERNET/WI-FI

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The La Palm Beach Hotel wireless internet is available in all conference venues free of charge. If you need help to access the internet with your device, please visit the General Information Desk.

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## INTERPRETATION (EN/FR)

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The official languages of the symposium are English and French. Simultaneous interpretation from English to French and from French to English will be provided in the session room. To avoid a long wait, Please obtain headsets during the break before the session. Please return the headset equipment at the end of each day to ensure they can be recharged for use the following day.



## PARTICIPATION GUIDELINES/ CODE OF CONDUCT

The conference acknowledges the freedom of expression of speakers, participants and exhibitors. It does, however, subscribe to the widely-held principles associated with exercising such freedom of expression, i.e. that such expression may not lead to any harm or prejudice to any person or damages to any property. If anyone abuses these principles, Ghanaian law applies.

## PRESENTERS, SPEAKERS, CHAIRS AND FACILITATORS

The Speakers' Room is located on the ground floor near the registration. All speakers, chairpersons, moderators, facilitators and oral presenters are requested to report to the Faculty immediately after registration to sign consent forms, confirm their presentation date, time and venue and receive specific security information relevant to their session.

The Faculty is THE ONLY PLACE where slide presentations can be uploaded onto the system. All presenters are requested to do so at least six hours before their session. The organizers cannot guarantee projection in the session room if presenters upload their slides later.

Presenters will not be able to upload their presentation in the session's room. Please note: Failure to report to the Faculty on time may result in the conference organizers appointing replacement.

## PARTICIPATION GUIDELINES/ CODE OF CONDUCT

Thursday, 4th August, 2016:	7:30 AM - 17:15 PM
Friday, 5th August, 2016:	7:30 AM - 16:15 PM





## POSTER EXHIBITION

The Exhibition booths are located in the Exhibition Hall on the ground level, offering delegates a chance for dynamic interaction with exhibitors. There are few of exciting exhibitors at 3rd symposium and delegates are encouraged to visit all stands to discover the latest news from our supporting organizations..

### *Opening Hours*

Thursday, 4th August, 2016: 9:20 AM – 17:00PM

Friday, 5th August, 2016: 9:20 AM - 17:00PM

## INSTRUCTIONS FOR POSTER PRESENTERS

The posters will be displayed for two days. During breaks the presenters are required to stand by their posters and answer questions and provide further information on their study results. The Poster Exhibition will take place within the Exhibition Hall. All authors are responsible for mounting and removing their own posters. Your paper poster should be mounted and removed at the following times:

- **Poster should be mounted 7:30 AM – 8:30 AM**
- **Poster must be removed 6:30 PM**

When removing your poster, please make sure to also remove all poster-mounting material from the board. The Congress staff will remove all posters not taken down on time. The symposium organizers will not take any responsibility for posters or other material left in the Poster Exhibition area. Presenting authors should stand by their poster during the following break times on one day only.



## SECURITY

The Safety and Security Office is located on-site and can be contacted on our emergency lines: +233 244663335, +233 522 2959

For security reasons, access to all the symposium venues will be controlled. Access to the session rooms and Exhibition Hall of The La Palm Royal Beach Hotel will be accessible only to registered delegates displaying symposium badges. In the interest of personal safety and security, delegates should only display their symposium badges on the La Palm Royal Beach Hotel premises. Neither the SAA Secretariat, nor any of their contracted service providers, will be responsible for the safety of any articles brought into the conference facilities by conference participants, whether registered or not, their agents, contractors, visitors and/ or any other person/s whatsoever. The conference participant shall indemnify and hold neither the organizers not associates and subcontractors liable in respect of all cost, claims, demands and expenses as a result of any damage, loss or injury to any person howsoever caused as a result of any act or default of the Conference Secretariat or a person representing the Conference Secretariat, Their contractors or guests. In addition, the conference participant shall take all necessary precautions to prevent any loss or damage to his/her property with special regard to mobile phones, carry/ handbags and computing equipment.

## PARTICIPATION GUIDELINES/ CODE OF CONDUCT

Smoking is not permitted anywhere in the building. When smoking outside please show respect for the environment, fellow conference delegates and other venue guests by properly disposing of cigarette buds and other waste in the bins provided.

## SOCIAL MEDIA

Connect with SAA through our social media platforms and stay abreast with happenings during the conference. Follow us on Twitter (@Saafrica) and like our Facebook page (Society For AIDS in Africa)



## LOGISTICS MEMO: 3<sup>RD</sup> SYMPOSIUM 2016

Date of Symposium: 4<sup>th</sup> to 5<sup>th</sup> August, 2016

**Arrival date:** 2<sup>nd</sup> August, 2016

**Departure date:** 6<sup>th</sup> August, 2016

**City:** Accra, Ghana

**Venue:** La Palm Royal Beach Hotel, Accra, Ghana

**Contact focal person:** Clemence Assogba

**Email:** [clemence\\_saa@yahoo.fr](mailto:clemence_saa@yahoo.fr)

**Tel:** +233 (0) 265985725

**Contact focal person:** Marie-Noelle Atta

**Email:** [marie@saafrica.org](mailto:marie@saafrica.org)

**Tel:** +233 (0) 541430391

Dear Delegates,

We are pleased to welcome you in Ghana the Host Country of the 3rd Symposium on, "Africa's preparedness for emerging viral infections: Lessons from HIV/AIDS and EBOLA and outlook for ZIKA & LASSA" Accra has been selected as the venue of this prestigious Symposium that we are sure will be a success with your participation to this timely event. The Symposium has negotiated rate for accommodation.

## DIRECTIONS: FROM KOTOKA INTERNATIONAL AIRPORT TO THE LA PALM ROYAL BEACH HOTEL

From the airport, head west towards the Ghana International Trade Fair Road. The hotel is across from the Ghana International Trade Fair Center.

- ❖ Airport to Hotel: 10 minute drive without traffic
- ❖ Main City to Hotel: 5 minute drive without traffic

## TRANSPORTATION & VISA

Free transportation from the airport to the various hotels will be available. There will be a help desk at the airport to assist delegates.

NB: For non-sponsored members kindly send us your itinerary, it will help us to facilitate group

# GENERAL INFORMATION



transportation.

For visa people who are not from west Africa should send us their passport to facilitate visa at the entry point at the Kotoka international airport. Visa fee is \$150

Necessary documentation for visa: yellow card, valid passport, letter of invitation and hotel accommodation.

Focal Person for Visa and Transportation:

Name: Marie-Noelle Atta

Email: marie@saafrica.org Mobile: +233 (0) 541430391

## HOTEL ACCOMMODATION

Please note that the Society for AIDS in Africa (SAA) was able to negotiate a discounted rate for accommodation with two hotels.

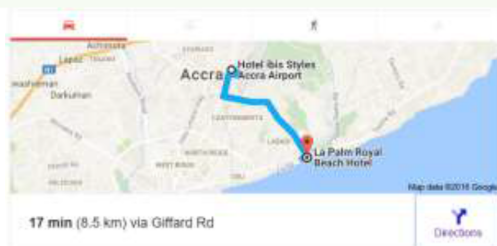


IBIS STLYES HOTEL

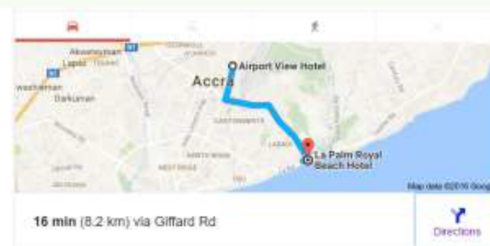


AIRPORT VIEW HOTEL

IBIS STLYES HOTEL



AIRPORT VIEW HOTEL



### RATES:

- ❖ **AIRPORT VIEW HOTEL:** single standard room: 140 USD/person/day  
(the code for booking is SA Africa/3<sup>rd</sup> Symposium conference)

### CONTACT:

Theodora Boakye-Sarpong

Sales Executive

Email: salesandmarketing@airportviewhotel.net

Hotel main line: 0302 780 341,0302 769594,0540 122 555

Direct line: 020 330 1619

Web: www.airportviewhotel.net

# GENERAL INFORMATION



## ❖ IBIS STYLES HOTEL:

	VALIDITY PERIOD	
	26 <sup>TH</sup> JUNE 2016 –8 <sup>TH</sup> AUGUST 2016	
	STANDARD	DOUBLE
STANDARD ROOM	\$150	\$170
JUNIOR SUITE	\$250	\$270

### CONTACT

Patricia Adu-Amoako - Sales Executive  
 Address - Plot 24, Airport City Area, Accra  
 Tel.: +233 (0)302 742 747 - Mobile : +233(0)54 1918 290  
 ibisstyles.com - accorhotels.com  
 Email: HAOK0-SL2@accor.com/HAOK0-SL@accor.com



LA PALM ROYAL BEACH HOTEL

**NB:** Booking can also be done with La Palm Royal Beach Hotel (the venue for the Symposium)  
 Clement Owusu, Reservation Agent.

La Palm Royal Beach Hotel  
[www.gbghana.net/la-palm](http://www.gbghana.net/la-palm)  
 P.O. Box OS 3000, Osu – Accra  
 Main Tel: +233 (0) 302 215100  
 Reservation: +233 (0) 302 215111  
 Mobile: +233 (0) 577 665960

Email: [lapalm@gbghana.net](mailto:lapalm@gbghana.net) /  
[lapalmres@gbghana.net](mailto:lapalmres@gbghana.net)  
 Skype address: lapalmres  
 Fax: +233 (0) 302-771-717

**NB:** All speakers sponsored by the symposium will be lodged at La Palm Royal Beach Hotel.

## ONSITE REGISTRATION

Onsite Registration: La Palm Beach Hotel near the Casino  
 Wednesday 3<sup>rd</sup> 2016  
 Open hour: 10: 30 AM - 2:00 PM  
 Thursday 4<sup>th</sup> 2016  
 Open hour: 7:30 AM- 2:00 PM

# GENERAL INFORMATION

## SYMPOSIUM EVENT

Wednesday 3<sup>rd</sup> Opening Ceremony 3:00 PM-7:00 PM Followed by cocktail

Thursday 4<sup>th</sup> Session start at 8:30 AM to 6:00 PM

Friday 5<sup>th</sup> Session start at 8:30 AM to 4:15 PM

**NB: There could be an incredible traffic if you are not lodged in La Palm Beach Hotel, the venue of the Symposium. To avoid any inconvenience we advise delegate to start moving from their various hotel at least 1 hour 30 minutes before sessions start**

## TRANSLATION

There would be simultaneous translation in English and French

## SECURITY

Accra is very calm and safe

## TEMPERATURE

Provisional Temperature for Accra

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Aug 1	2	3	4	5	6
					
More clouds than sunshine	Rather cloudy, a little rain	Considerable cloudiness	An a.m. shower; mostly cloudy	Mostly cloudy	An a.m. shower; partly sunny
27° Lo 22°	27° Lo 22°	28° Lo 22°	28° Lo 22°	28° Lo 22°	29° Lo 21°
Hist. Avg: 27° Lo 22°	Hist. Avg: 27° Lo 22°	Hist. Avg: 27° Lo 22°	Hist. Avg: 27° Lo 22°	Hist. Avg: 27° Lo 22°	Hist. Avg: 27° Lo 22°

## HAVE A SAFE TRIP

### Luc Armand Bodea

SAA Coordinator / ICASA Director

Permanent Secretariat

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**3<sup>RD</sup> SYMPOSIUM 2016**  
**EBOLA, LASSA FEVER & ZIKA**

AFRICA'S PREPAREDNESS FOR EMERGING VIRAL INFECTIONS:  
 LESSONS FROM HIV/EBOLA AND THE OUTLOOK FOR ZIKA & LASSA

Venue: La Palm Royal Beach Hotel Accra, Ghana      Date: 4-5 August 2016

 Society for AIDS in Africa  
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The **SAA AWARD 2016** Ceremony is scheduled to take place on 3rd August, 2016, at the La Palm Royal Beach Hotel. The Event is earmarked to award various personalities that played major roles in the fight against HIV/AIDS in Africa in the last decade.

Among the Recipients of the meritorious awards is include;

- Prof. Souleymane Mboup (Senegal),
  - Dr. Pierre Mpele (Congo Brazzaville),
  - Professor James Gita Hakim (Zimbabwe)
  - Dr. Angela El-Adas (Ghana)
-

# SAA MERITORIOUS AWARD



## Dr PIERRE M'PELE

Dr M'PELE is an African AIDS activist and pioneer, SAA founder, HIV/AIDS researcher and programme manager, he described and notified the first HIV/AIDS case in Brazzaville, Congo in 1984. He headed the National AIDS Control Programme from 1987 to 1998 as a Director and coordinated the National Scientific and prevention HIV/AIDS Committee from 1985 to 1998 as Executive Secretary.

Dr. M'PELE was simultaneously Director of the National Laboratory of Public Health, Cité Louis Pasteur where he led the National HIV/AIDS research Programme, Medical Chief of the first HIV/AIDS Treatment Center at the Teaching Medical Hospital of Brazzaville and Advisor in charge Health including HIV/AIDS, Social Protection and Science to the Presidency of the Republic of Congo.

In 1995, Dr. M'PELE was elected President of the African Society against AIDS during the ICASA held in Kampala until 2005.

Member of President of South Africa Thabo Mbeki Presidential AIDS Advisory Panel (2000)

From 2000 to 2004, Dr. M'PELE led the UNAIDS Inter-country Technical Support Team for West and Central Africa (25 countries) based in Abidjan (Ivory Coast), and UNAIDS Country Director for Nigeria from 2004 to 2007 where he contributed to boost the Federal and States HIV/AIDS Programme with Dr Babatunde Osotimehim Chairman of the Nigeria National Action Committee on AIDS and current UNFPA Executive Director.

From April 2007, Dr. M'Pelé served as WHO Representative in Equatorial Guinea, Togo, Ethiopia and currently in Benin Republic.

Dr M'PELE is the author and co-author of numerous books and published more than 100 scholarly and scientific articles on HIV/AIDS. He led significant research on HIV/AIDS to contribute to better understanding of the epidemic and the disease in Africa such as Sexual transmission of Kaposi sarcoma, HIV and Herpes zoster co-infection, HIV and TB co-infection, Mother to child HIV transmission, innovative strategies on prevention, etc....

The New York Times in September 1988 about HIV/AIDS, quoted Dr M'Pelé: ' If there is no vaccine, it will be like a war for us ' as a - quote of the day-

Dr. M'PELE has received several scientific awards such as the 1988 Noury Lemarrié Award from the French Society of Exotic Pathology "the best young researcher of the year". He is also Commander of the French Legion of honor (1996).

Dr M'Pelé has been honored: Knight of the Senegalese National Order of the Lion (1998) and Knight of the National Order of Burkina Faso (2000) in recognition of his leadership as SAA President.

Public Health Medal of Honor of the Republic of Congo and Knight of the Congolese merit (1989) for his national contribution to HIV/AIDS Response.

Health development Hero of Ethiopia (2015).



## PROF. JAMES GITA HAKIM

James Gita Hakim MBChB, MMed, MMedSci, FRCP(UK), DSc(HC) PGDipHPE

James G. Hakim is Professor of Medicine; formerly Chair of Medicine at the University of Zimbabwe College of Health Sciences. He is Director of the UZ Clinical Research Centre and a Co-PI in the UZ-UCSF Collaborative Research Program. Hakim is the Principal Investigator of the UZ Medical Education Partnership Initiative-NECTAR (Programmatic, Cardiovascular and Mental Health awards). He is PI of a recent NIH/Fogarty award (PERFECT), an initiative for advanced research training of junior academic staff.

James Hakim trained at Makerere University, Uganda (MBChB), University of Nairobi, Kenya (MMed-internal medicine), UK (MRCP-UK); University of Newcastle, Australia (MMedSci-Clinical Epidemiology) University of Cape Town (Health Professions Education). He did post-doc in Cardiology at Aachen, Germany. He is a fellow of the Royal Colleges of Physicians of London and Edinburgh. In 2016 he was awarded a Doctor of Science Degree in Medicine (HC) by University College London.

He has diverse research interests including HIV/AIDS, Opportunistic Infections and Cardiovascular Diseases. He has been involved in seminal HIV research through funding and collaboration with MRC-CTU (UK), UK aid, NIH (USA), EDCTP (Europe), etc. He has authored/co-authored more than 150 articles, book chapters and scientific communications. He is a member of several national and international organizations encompassing regulatory, advisory, programmatic and scientific portfolios.



## PROF. SOULEYMANE MBOUP

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Professor Souleymane Mboup born in 1951 in Dakar Senegal is an internationally renowned scientist. Co-discovered HIV-2 virus; has conducted extensive AIDS research with Senegalese prostitutes since 1980s;

Making a significant contribution to the fight against AIDS, Souleymane Mboup has greatly expanded scientific knowledge of the disease in Africa and has collaborated with top AIDS researchers in the United States. He is credited as one

of the discoverers of the HIV-2 virus, and has done extensive work in developing epidemiological studies of AIDS.

Professor Souleymane Mboup received a Pharm D degree at the University of Dakar in Senegal in 1976, an Immunology MS degree at Pasteur Institute in France in 1981 and a PHD in Bacteriology Virology in 1983 in TOURS (France).

Professor Mboup is distinguished for his important contributions to the analysis and control of HIV/AIDS in West Africa, particularly Senegal. He was instrumental in the initial identification of HIV-2 and also contributed to the finding that this virus is less virulent and less transmissible than HIV-1. He maintains active research collaboration with several academicians in France, the US and the UK. Several of his trainees now hold influential positions at international agencies such as the WHO. He was thus a natural choice as a member of the Partnership Board on the European and Developing Countries Clinical Trial Partnership (EDCTP).

He has a growing contribution in malaria and tuberculosis which like HIV/AIDS, are major public health problems that are exceedingly difficult to control. He has undertaken very elegant molecular studies of genetics and transcriptomics of the malaria parasite that contribute to the choice of drugs for control of malaria. He has recently undertaken state of the art immuno-monitoring of the prevalence and incidence of tuberculosis infection and disease in Dakar using improved ELISPOT-based assays for the diagnosis of tuberculosis infection and also provides baseline data for the assessment of new TB vaccines. Professor MBOUP has authored or co-authored 250 publications and 20 books.



## DR. ANGELA EL- ADAS

**DR. ANGELA EL- ADAS, MB CHB, MPH**

Director General

Dr. Angela El-Adas has been the Director General of the Ghana AIDS Commission (GAC) since July 2009.

As Director General of the GAC, she has led, among others, the development of national strategic documents including the National Strategic Plan for HIV and AIDS (NSP) 2011-2015 and 2016-2020; a National Strategy and Standard Operation Procedures for Key Populations; as well as the revision of the Ghana HIV & AIDS/STI Policy, which currently guide Ghana's response to HIV and AIDS. She is responsible for coordinating the implementation, monitoring and evaluation of the country's HIV programme, guiding advocacy, as well as the generation of strategic information and financing.

Dr. El-Adas holds a Bachelor of Medicine and Surgery from the University of Ghana Medical School and a Masters of Public Health degree with a certificate in Women's and Reproductive Health from the Johns Hopkins Bloomberg School of Public Health. She is trained for strategic leadership in population and reproductive health programmes and has worked as an independent consultant to the Department of International Health at the Johns Hopkins University and a Senior Research Technologist at the Pennsylvania State University.

She combined a multidisciplinary clinical practice with research, while championing the sexual and reproductive health needs of women and other vulnerable populations at the Regional Institute of Population Studies, University of Ghana.

Dr. El-Adas is driven by a personal commitment to make a positive difference in the lives of all infected and affected by HIV and AIDS. She is committed to ensuring that access to comprehensive and integrated HIV prevention, treatment, care and support is guaranteed for every citizen; through an effective, efficient and sustainable national response, competently steered under the leadership of the Ghana AIDS Commission.

She is married with three daughters.

# OPENING CEREMONY PROGRAM



## OPENING CEREMONY PROGRAM

TIME	ACTIVITY	CHAIRPERSON
15:00 -16:00	INSTALLATION OF ALL DELEGATE	Prof. William Ampofo & Prof. Seni Kouanda
16:00 -16:10	MOH Ghana welcome speech	
16:10 -16:20	SAA President Key note address	
16:10 - 16:30	MOH Cote d'Ivoire , In country approach	
16:30 – 16:45	Poem Title: Zika, Lassa & Ebola	
16:45-16:55	MOH Zimbabwe Guest Speaker	
16:55 – 17:15	WHO Rep Key note address	
17:15 – 17: 55	SAA 2016 Award	
17:55- 18:15	Entertainment – JB ART Alliance	
18:15	Welcome Cocktail	

## PROGRAMME DE LA CEREMONIE D'OUVERTURE

HEURES	ACTIVITES	PRESIDENT
15:00 -16:00	Mise en place Officielle des DELEGUES	Prof. William Ampofo & Prof. Seni Kouanda
16:00 -16:10	Discours de Bienvenu : Ministre de la Santé du Ghana	
16:10 -16:20	Président de la SAA : Discours d'ouverture	
16:10 - 16:30	Ministre de la Santé Côte d'Ivoire : Approche National	
16:30 – 16:45	Poème Titre : Zika, Lassa & Ebola	
16:45-16:55	Ministre de la Santé du Zimbabwe: orateur invité	
16:55 – 17:15	OMS Afro RD: Discours d'ouverture	
17:15 – 17 55	SAA 2016 Award (Cérémonie Honorifique)	
17:55- 18:15	Troupe théâtrale – JB ART Alliance	
18:15	Cocktail de bienvenu	





## **SOCIETY FOR AIDS IN AFRICA-ICASA, SYMPOSIUM, ACCRA GHANA, 4-5 AUGUST 2016- LA PALM ROYAL BEACH HOTEL**

### **THEME:**

Africa's preparedness for emerging viral infections: Lessons from HIV/AIDS and EBOLA and outlook for ZIKA & LASSA.

### **GOAL:**

POSITIONING AFRICA FOR EFFECTIVE PREPAREDNESS & RESPONSE TO EMERGING VIRAL DISEASES

### **SUB THEMES:**

1. Broadening Scientific & Epidemiological Evidence in Humans, Animals & The Environment (One Health Concept)
2. Resource Mobilization & Systems Strengthening
3. Epidemic Response & Prevention, Socio Cultural Communication, Control & Impact Mitigation
4. Advocacy, Policy Review, Research, Monitoring & Evaluation

### **OBJECTIVES:**

1. **BROADENING SCIENTIFIC & EPIDEMIOLOGICAL EVIDENCE IN HUMANS, ANIMALS & THE ENVIRONMENT (ONE HEALTH CONCEPT)**
  - Gathering & harnessing/assembling available Evidence
  - Generating evidence to inform preparedness
  - Creating a platform for identifying challenges
2. **RESOURCE MOBILIZATION & SYSTEMS STRENGTHENING**
  - Advocate for Sustained Commitment to adequate Resources and Systems Strengthening
  - To advocate for shared responsibility & African Commitment
3. **EPIDEMIC RESPONSE & PREVENTION, SOCIO CULTURAL COMMUNICATION, CONTROL & IMPACT MITIGATION**
  - To propose strategies and applicable mechanisms for prevention of outbreak.
  - To enhance community resilience and preparedness in the prevention of the epidemic.
  - To document relevant community experiences & practices for appropriate communication towards prevention and impact mitigation
4. **ADVOCACY, POLICY REVIEW, RESEARCH, MONITORING & EVALUATION**
  - To provide inputs for developing a framework for advocacy, policy, research & monitoring & evaluation

## PROGRAM

Time	Activity	Responsible/Speaker/Chairperson
<b>Day 0: 3rd August, 2016</b>		
3:00PM	<ul style="list-style-type: none"> <li>• Arrival and registration</li> <li>• Open Ceremony</li> </ul> <p>MOH Ghana: Welcome Address (10min) SAA President: Key Note Address (10min) MOH Cote D'Ivoire: In Country Approach (10min)</p> <p>Crespo the Poet : Zika Lassa &amp; Ebola Drama Group: JB ART Alliance (20min) MOH Zimbabwe : Guest Speaker</p> <p>WHO Rep: Keynote Address (30 min) SAA 2016 Award Ceremony Welcome Cocktail</p>	Prof. William Ampofo & Prof. Seni Kouanda
<b>Day 1: 4th August, 2016</b>		
	<b>Broadening the scientific and epidemiological evidence in humans, animals and the environment (one health concept)</b>	<b>Session Chair:</b> MOH Zimbabwe & Dr. Enoch Omonge
8:30-9:00	<b>Positioning Africa for effective preparedness and response to emerging Viral Diseases</b>	Dr. Olushayo Olu
9:20-9:40	Zika Epidemic In Cape Verde, 2015-2016	Dr. Maria de Lourdes Monteiro (Cape Verde)
10:00-10:20	One Health Concept- Enhancing community of practice in One Health for Infectious Diseases	Prof. Phyllis Addo ( Ghana)
10:20-10:40	One Health – A New Paradigm In Fighting Infectious Diseases	Prof. Bashiru Koroma (Sierra Leone)
10:40-11:00	The Impact Of Animal Health Clubs	Dr. Roland Suluku (Sierra Leone)
11:00-11:20	Contact Tracing during an Outbreak of Ebola Virus Disease in the Western Area Districts Of Sierra Leone: Lessons For Future Ebola Outbreak Response	Dr.Olushayo Olu (WHO)
11:20-12:00	Round Table Discussion	<b>Session Chair:</b> Dr. Chastity L. Walker (CDC) & Prof. John Idoko (NACA)
12:00-12:20	<b>Coffee/Tea Break</b>	
12:20-12:40	<b>Resource mobilization and systems</b>	<b>Session Chair:</b> Dr. Namwinga

# PROGRAM



	<b>strengthening (WHO, AU, WAHO response to prevent and control infection diseases. Lessons learnt from Ebola)</b>	Chintu & Dr. Owen Laws Kaluwa
12:40-13:00	Health systems strengthening to respond to emerging infections and epidemics	Dr. Abdoulaye Kaba
13:00-13:20	Sustaining preventive measures in order to control emergent viral infection in healthcare facilities, are we so alert pre-empt future outbreaks? Lessons learnt from Lassa/Ebola Outbreak in Benin	Mr. Tanguy Bognon (Abstract)
13:20-13:40	Laboratory systems strengthening in West Africa	Prof William Ampofo
<b>13:40-14:00</b>	<b>Lunch Break</b>	
14:00-14:20	Enhancing laboratory capacity during Ebola Virus Disease heightened surveillance in Liberia: Lessons learnt and Recommendations	Ms. Victoria Katawera (Abstract)
14:20-14:40	Strategic Partnership Portal: Building Stronger Health Systems for Sustainable Health Security	Dr John Ojo (Abstract)
14:40-15:00	Strengthening International Health Regulations through Joint External Evaluation	Dr. Ali Ahmed Yahaya WHO
15:00-15:20	Special Session: Antimicrobial Resistance (AMR) Research and Development update on drugs and vaccine trials.	<b>Prof. Zeliba Tarnada</b> Dr. Ali Ahmed Yahaya WHO Prof. Yaw Adu – Sarkodie (Ghana)
15:20-16:20	Special Session: Zoonoses, emerging and re-emerging infectious & vector borne diseases	Prof. Zeliba Tarnada KCCR –Dr. Augustina Annan PREDICT-2 – Prof. James Brandful FSS- Prof. Guy Apollinaire Mensah
16:20-16:40	Poster: Comprehensive Knowledge and preventive practice if HIV/AIDS among Female Sex Workers in Bahir Dar, North West Ethiopia, 2015 Poster:Honeymoon effect in preventing emerging infectious diseases: how it's experienced in the community for Lassa fever case of in Benin  Poster: Study of Knowledge, Attitude and Practice of Six Communities of south Benin Republic about Lassa Fever Hemorrhagic Disease: The Cases of Toffo, Allada, zèin the Atlantic Department, and Adjarra, Avrankou, Akpro-Misserete in the Department of Ouémé.	Mr. Dessie Kassa (Abstract)  Mr. Tanguy Bognon (Abstract)  Mr. Patrick Charles
17:00-17:15	<b>Coffee/Tea Break</b>	

# PROGRAM



17:15-17:35	End of HIV/AIDS Epidemic in Africa. Myth or Reality?	Dr. Pierre Mpele
17:35-17:55	Update on care and treatment for HIV & Hepatitis	Prof. Serge Eholie

Day 2: 5th August, 2016		
	<b>Africa's preparedness for emerging viral infections: Lessons from HIV/AIDS and EBOLA and outlook for ZIKA, LASSA &amp; YELLOW FEVER</b>	<b>Session Chair:</b> Rep of MOH Cote D'Ivoire & Prof. Seni Kouanda
8:30-9:00	Response to the Yellow Fever outbreak in WHO Afro Region: What has been done?	Dr. Charles Okot – WHO Ghana
9:00-9:20	Response to Emerging diseases in Benin:- Lassa fever	Dr. Kohossi Leon WHO Benin
9:20-10:00	Epidemic response & prevention, socio cultural communication, control & impact mitigation: Post Ebola Syndrome	Ms. Wede Himiede Wilson (Abstract) Mr. Bernard Seytre
10:00-10:20	Strategies and applicable mechanisms for prevention of outbreaks: Health Worker Preparedness for Ebola Virus Diseases (EVD's)	Dr. Augustina Annan Mr Nicholas N. C. Blidi
10:20-10:40	Treatment, Gaps & Options	Prof. Ellis Owusu-Dabo
10:40-11:00	Ghana's Response to Ebola in preparedness for Emerging Infections	Dr. Badu Sarkodie
11:00-11:20	The Ebola Virus Disease Outbreak In West Africa: a wakeup call to revitalize implementation of the International Health Regulations	Dr. Olushayo Olu (WHO)
<b>11:00-11:30: Coffee/Tea Break</b>		
	Session 4: Research & Monitoring and Evaluation	<b>Session Chair:</b> Prof Yaw Adu – Sarkodie & Prof Serge Eholie
11:30-11:45	Experience of NMIMR - JICA	Prof. William Ampofo
11:45-12:00	Research on Arboviruses as emerging health threats	Dr. Kofi Bonney
12:00-12:20	Key Challenges for Research during Outbreaks: Entomological Surveillance of Arboviruses in Ghana.	Dr. Abdoul Habib Beavogui
12:20-12:40	Outbreak Research Preparedness: A pragmatic approach in Outbreak preparedness and response	Mr. Emmanuel Benyeogor (Abstract)
12:40-13:00	Emerging and re-emerging infectious & vector borne diseases	NMIMR SATREPS Dr Samuel Dadzie
13:00-13:15	Poster: Strategy to assess county Ebola response capacity and future outbreaks prevention in Liberia	Dr. April Baller (Abstract)  Mr. Benjamin Lutimba

# PROGRAM



	Poster: Uganda Military Data Management challenges for HIV care & treatment (C&T) interventions	Mutebi(Abtract)
	Poster: Strategies that work at reaching the most 'at risk' adolescents girls and young women in Nairobi Kenya	Ms. Betty Adera (Abstract)
<b>13:15-14:15 - Lunch Break</b>		
14:15-15:15	Symposium Discussions &Recommendations	Rapporteurs
15:15-16:15	<b>Closing Ceremony</b>	MOH Ghana, SAA President, WHO & Symposium Chairs



## SOCIÉTÉ AFRICAINE ANTI-SIDA-ICASA, SYMPOSIUM, ACCRA GHANA, 4-5 AOUT 2016 - LA PALM ROYAL BEACH HOTEL

### THEME:

ETAT D'ALERTE DE L'AFRIQUE FACE A L'EMERGENCE DES INFECTIONS VIRALES:  
LEÇONS APPRISSES DU VIH/EBOLA ET PERSPECTIVES EN CAS DE ZIKA & DE LASSA

### SOUS- THEMES:

1. integration scientifique et preuve épidémiologique chez l'homme, les animaux et l'environnement (un concept de santé)
2. mobilisation des ressources et renforcement des systemes
3. réponse epidemique et prevention, communication socio culturelle, contrôle et atténuation de l'impact
4. plaidoyer, examen des politiques, recherche, suivi et evaluation

### OBJECTIFS:

1. INTEGRATION SCIENTIFIQUE ET PREUVE ÉPIDÉMIOLOGIQUE CHEZ L'HOMME, LES ANIMAUX ET L'ENVIRONNEMENT (UN CONCEPT DE SANTÉ UNIQUE)
  - Partager et exploiter / assemblage de preuves disponibles
  - Générer / Rassembler des preuves pour informer l'état de préparation
  - Créer une plate-forme pour identifier les défis
2. MOBILISATION DES RESSOURCES ET RENFORCEMENT DES SYSTEMES
  - Plaider pour un engagement soutenu des ressources adéquates et un renforcement des systèmes
  - Plaider pour la responsabilité partagée et l'engagement africain
3. RÉPONSE EPIDEMIQUE ET PREVENTION, COMMUNICATION SOCIO CULTURELLE, CONTRÔLE ET ATTENUATION DE L'IMPACT
  - Proposer des stratégies et mécanismes applicables pour la prévention et le contrôle épidémique.
  - Pour renforcer la résilience des communautés et l'état de préparation à la prévention de l'épidémie.
  - Documenter les expériences communautaires pertinentes et pratiques pour une communication appropriée en matière de prévention et d'atténuation des effets
4. PLAIDOYER, EXAMEN DES POLITIQUES, RECHERCHE, SUIVI ET EVALUATION
  - Fournir des pistes pour l'élaboration d'un cadre pour la prévention, le plaidoyer, la recherche le suivi et l'évaluation



## PROGRAMME

Heures	Activités	Responsables/Orateurs/Présidents
<b>JOUR 0: 3 Août 2016</b>		
15h00	<ul style="list-style-type: none"> <li>- Arrivée et inscription</li> <li>- Cérémonie d'ouverture</li> <li>Ministre de la Santé du Ghana: Discours de bienvenu (10min)</li> <li>Président de la SAA: Discours d'ouverture (10min)</li> <li>Ministre de la Santé de la Côte d'Ivoire: Approche Nationale (10min)</li> <li>Poeme : Titre Zika, Lassa et Ebola (Crespo the poet)</li> <li>Ministre de la Santé du Zimbabwe : Orateur invité</li> <li>OMS Afro RD: Discours d'ouverture (30 min)</li> <li>SAA Merit Award (Cérémonie Honnorigue)</li> <li>Troupe théâtrale-JB ART Alliance</li> <li>Cocktail de bienvenu</li> </ul>	Prof. William Ampofo and Prof. Seni Kouanda
<b>Jour 1: 4 Août 2016</b>		
	<b>Elargissement des Preuves Scientifiques &amp; Epidémiologique des Humains, Animaux et à l'Environnement (concept d'une seule santé)</b>	<b>Président de session:</b> Ministre de la Santé du Zimbabwe & Dr Enoch Omenge
8:30-9:00	<b>Positionnement de l'Afrique pour une préparation et une réponse efficace à l'émergence des maladies virales</b>	Dr. Olushayo Olu
9:20-9:40	Epidemie de ZIKA au Cap vert (2015-2016)	Dr Maria de Lourdes Monteiro
10:00-10:20	Le concept d'une seule santé - Renforcer les communautés dans la pratique d'une seule santé en cas de maladies infectieuses	Prof. Phyllis Addo (Ghana)
10:20-10:40	Un concept de santé – Un nouveau paradigme dans la lutte contre les maladies infectieuses	Prof. Bashiru Koroma (Sierra Leone)
10:40-11:00	L'impact des Clubs de Santé pour les Animaux	Dr. Roland Suluku (Sierra Leone)

# PROGRAM



11:00-11:20	Rechercher les contacts au cours de l'épidémie de la maladie à virus Ebola dans les formations sanitaires des zones occidentales en Sierra Leone: Leçon apprise pour une future réponse aux épidémies (d'Ebola)	Dr. Olushayo Olu (OMS)
11:20-12:00	Discussions Table-ronde	<b>Président de session:</b> Dr. ChastityL.Walker (CDC) & Prof. John Idoko (NACA)
12:00-12:20 <b>Pause café</b>		
12:20-12:40	<b>Mobilisation de ressources et renforcement des systèmes (réponses de l'OMS, de l'UA, de l'OAS pour prévenir et lutter contre les infections. Leçons apprises d'Ebola)</b>	<b>Président de session:</b> Dr. Owen Laws Kaluwa et Dr Nawminga Chintu
12:40-13:00	Renforcement des systèmes de santé pour répondre à l'émergence des infections et des épidémies	Dr. Abdoulaye Kaba
13:00-13:20	Mesures préventives durables pour lutter contre l'émergence des infections virales dans les infrastructures sanitaires, sommes-nous assez alertes pour anticiper sur les futures épidémies? Leçons apprises des épidémies de Lassa/Ebola au Benin	M. Tanguy Bognon (Abstract)
13:20-13:40	Renforcement des systèmes de laboratoire en Afrique de l'Ouest	Prof William Ampofo
13:40-14:00 <b>Pause déjeuner</b>		
14:00-14:20	Améliorer la capacité des laboratoires pendant la très haute surveillance de la maladie à virus Ebola au Libéria: Leçons apprises et recommandations	Mme Victoria Katawera (Abstract)
14:20-14:40	Portail de partenariat stratégique: Bâtir des systèmes de santé résistant pour une sécurité durable de la santé	Dr John Ojo (Abstract)
14:40-15:00	Renforcer la réglementation internationale en matière de santé par le biais de l'évaluation externe conjointe	Dr. Ali Ahmed Yahaya (OMS)
15:00-15:20	Session spéciale: Résistance Antimicrobienne (AMR) Informations sur la recherche et les progrès en matière de médicaments et d'essais de vaccins.	Dr. Ali Ahmed Yahaya WHO Prof. Yaw Adu-Sarkodie (Ghana)

15:20-16:20	Session spéciale: Zoonoses, les maladies infectieuses et à transmission vectorielles émergentes et ré-émergentes	IRSS Zekiba Tarnada KCCR –Dr. Augustina Annan PREDICT-2 Prof. James Brandful FSS- Prof. Guy Apollinaire Mensah
16:20-16:40	Affiche: Connaissance approfondie et pratiques préventives du VIH/SIDA chez les professionnelles du sexe à Bahir Dar, Nord-Ouest de l’Ethiopie, 2015  Affiche: effet lune de miel dans la prévention de l’émergence des maladies infectieuses: comment il est expérimenté dans la communauté en ce qui concerne la fièvre de la Lassa cas du Bénin  Affiche: Etude des connaissances, attitudes et pratiques des six communautés du sud de la République du Bénin à propos de la fièvre hémorragique de Lassa: Les cas de Toffo, Allada, Zein du Département de l’Atlantique, et Adjarra, Avrankou, Akpro - Misserete dans le département de l’Ouémé	M. Dessie Kassa (Abstract)  Mr. Tanguy Bognon (Abstract)  Mr. Patrick Charles
17:00-17:15	<b>Pause-café</b>	
17:15-17:35	Fin de l’épidémie du VIH/SIDA en Afrique: mythe ou réalité?	Dr. Pierre Mpele
17:35-17:55	Mise à jour sur les soins et le traitement du VIH et de l’hépatite	Prof. Serge Eholie

	<b>Jour 2: 5 août 2016</b>	
	<b>Etat d’alerte de l’Afrique face à l’émergence des infections virales: Leçons apprises du VIH/SIDA et d’EBOLA et perspectives en cas de ZIKA, de LASSA &amp; de FIEVRE JAUNE</b>	<b>Président de Session:</b> Representant du Ministre de la Santé de la Côte d’Ivoire & Prof. Seni Kouanda
8:30-9:00	Réponse à l’épidémie de fièvre jaune dans la région OMS Afro: Qu’est-ce qui a été fait?	Dr. Charles Okot – WHO Ghana
9:00-9:20	Réponse aux maladies émergentes au Benin:- fièvre Lassa	Dr. Kohossi Leon WHO Benin
9:20-10:00	Réponse & prévention de l’épidémie, communication socio-culturelle, lutte & atténuation de l’impact: Syndrome post Ebola	Mme Wede Himiede Wilson (Abstract) M. Bernard Seytre

# PROGRAM



10:00-10:20	Stratégies et mécanismes en vigueur pour la prévention des épidémies : Préparation des agents de santé aux maladies à virus Ebola (EVD's)	Dr. Augustina Annan Mr Nicholas N. C. Bliidi
10:20-10:40	Traitement, Gaps & Options	Prof. Ellis Owusu-Dabo
10:40-11:00	Réponse du Ghana à Ebola dans la préparation aux infections émergentes	Dr. Badu Sarkodie
11:00-11:20	L'épidémie de la maladie à virus Ebola en Afrique de l'Ouest: un appel à se réveiller pour revitaliser la mise en œuvre de la réglementation internationale en matière de santé.	Dr. Olushayo Olu (WHO)
<b>11:00-11:30: Pause café</b>		
	Recherche & Suivi et Evaluation	<b>Président de session:</b> Prof Yaw Adu – Sarkodie & Prof Serge Eholie
11:30-11:45	Expérience de Recherche sur NMIMR - JICA	Prof. William Ampofo
11:45-12:00	Arbovirus comme nouvelles menaces pour la santé	Dr. Kofi Bonney
12:00-12:20	Principaux défis pour la recherche pendant les épidémies Le cas d'Ebola en Guinée	Dr. Abdoul Habib Beavogui
12:20-12:40	Préparation à la recherche en cas d'épidémie: Une approche pragmatique dans la préparation et la réponse à l'épidémie	M. Emmanuel Benyeogor (Abstract)
12:40-13:00	Maladies infectieuses & à transmission vectorielle émergentes et re-émergentes	NMIMR SATREPS Dr Samuel Dadzie
13:00-13:15	Affiche: Stratégie pour évaluer la capacité de la réponse nationale à Ebola et prévention des futures épidémies au Libéria	Dr. April Baller (Abstract)
	Affiche: Défis de la gestion des données militaires ougandais pour les interventions de prise en charge et de traitement du VIH (C&T)	M. Benjamin Lutimba Mutebi (Abstract)
	Affiche: Stratégies visant à atteindre les adolescentes et les jeunes femmes les plus 'à risque' à Nairobi, au Kenya	Mme Betty Adera (Abstract)
<b>13:15-14:15 – Pause déjeuner</b>		
14:15-15:15	Discussions & Recommandations du Symposium	Rapporteurs
15:15-16:15	<b>Cérémonie de Clôture</b>	Ministre de la Santé du Ghana, Président de la SAA, de l'OMS & Présidents du Symposium

**SESSION CHAIR:**  
Rep of MOH Cote  
D'Ivoire & Prof.  
Seni Kouanda

Africa's preparedness for emerging viral infections: Lessons from HIV/AIDS and EBOLA and outlook for ZIKA, LASSA & YELLOW FEVER



**Dr. Olushayo Olu**

**8:30-9:00** |

Contact Tracing during an Outbreak of Ebola Virus Disease in the Western Area Districts of Sierra Leone: Lessons for Future Ebola Outbreak Response

**ABSTRACT AUTHOR:**

Olushayo Olu, Margaret Lamunu, Miriam Nanyunja, Foday Dafaie, Thomas Samba, Noah Sempira, Fredson Kuti-George, Fikru Zeleke, Benjamin Sensasi, Alexander Chimbaru, Louisa Ganda, Khoti Gausi, Sonia Gilroy, James Mugume

**INTRODUCTION:**

Contact tracing is a critical strategy required for timely prevention and control of Ebola virus disease (EVD) outbreaks. Available evidence suggests that poor contact tracing was a driver of the EVD outbreak in West Africa, including Sierra Leone. In this article, we answered the question as to whether EVD contact tracing as practiced in Western Area districts of Sierra Leone from 2014 to 2015 was effective.

**METHODS:**

Mixed methods comprising secondary data analysis of the EVD case and contact tracing data sets, key informant interviews of contact tracers and a review of available reports on contact tracing were implemented to obtain data for this study.

**RESULTS:**

During the study period, 3,838 confirmed cases and 32,706 contacts were listed in the Viral Hemorrhagic Fever and contact databases for the district (mean 8.5 contacts per case). Only 22.1% (852) of the confirmed cases in the study area were listed as contacts at the onset of their illness which indicates incomplete identification and tracing of contacts. Challenges associated with effective contact tracing included lack of community trust, concealing of exposure information, political interference with recruitment of tracers, inadequate training of contact tracers and incomplete EVD case and contact database.

**CONCLUSIONS:**

In future outbreaks, early community engagement and participation in contact tracing, establishment of appropriate mechanisms for selection, adequate training and supervision of qualified contact tracers and establishment of a well-managed and complete contact tracing database are recommended as measures to enhance effective contact tracing.



**Dr. Maria de  
Lourdes Monteiro  
(Cape Verde)**

**9:20-9:40** |

Zika Epidemic In Cape Verde, 2015-2016

**Prof. Phyllis Addo  
(Ghana)**

10:00-10:20 |

One Health Concept- Enhancing  
community of practice in One Health  
for Infectious Diseases.



**Prof. Bashiru  
Koroma  
(Sierra Leone)**

**10:20-10:40 | One Health – A New Paradigm In Fighting  
Infectious Diseases**

**ABSTRACT AUTHOR:** Bashiru Koroma and Roland Suluku, Njala University,  
Sierra Leone Linda Oskam, KIT Biomedical Research,  
The Netherlands Kwadwo Koram, Kofi Bonney and  
William Ampofo, Noguchi Memorial Institute for  
Medical Research, Ghana

**ABSTRACT**

Health laboratory services are essential for the efficient delivery of quality and cost-effective healthcare. Training in laboratory services has long been a neglected part of the health system in Sierra Leone. Perceived by the fact that it is one of the eight core capacities of the International Health Regulations, necessitated the urgency for this project at Njala University. The laboratory system is crucial for rapid detection and safe sample management, timely and accurate sample testing and timely results communication. Less attention is given to building capacity of laboratories in the second and third tier institutions to enable rapid diagnosis for possible emerging diseases in the country. The Royal Netherlands Embassy (RNE) in Ghana has, therefore, provided a 22-month project support otherwise known as the "Post-Ebola Resilience Project." In keeping with the activities for the work package 2 (WP2), training has been accomplished on Bio-safety, Bio-security and Good Laboratory Practices for laboratory staff. A workshop on research methods for mini project writing on Ebola, Lassa fever, Rift Valley fever, Rabies and Avian influenza; as well as polymerase chain reaction for analysis of samples commence in the ensuing period. Departments of Animal Science and Environmental Health Sciences of Njala University are actively working together, further reinforcing the One Health Concept by focusing on both human and animal health and its interface.

**KEY WORDS:**

Post-Ebola resilience project, Laboratory capacity strengthening, Infectious Diseases, Njala University, Department of Animal Science, Department of Environmental Health Sciences that over 15 million USD was mobilized between 2014 and 2015 from donors and main activities supported were preparedness, surveillance, response and risk communication. The key areas that the country needs support seem to be laboratory, food safety and zoonoses.



**Dr. Roland Suluku  
(Sierra Leone)**

**10:40-11:00 |**

The Impact Of Animal Health Clubs

**ABSTRACT AUTHOR:** Roland Suluku, Bashiru.M.Koroma, Moinina.N. Kallon,  
Abdulia.M.Conteh, David.H.Jojo





**Dr. Olushayo Olu  
(WHO)**

**11:00-11:20 |** Contact Tracing during an Outbreak of Ebola Virus Disease in the Western Area Districts Of Sierra Leone: Lessons For Future Ebola Outbreak Response

**ABSTRACT ATHOR:** Olushayo Olu, Margaret Lamunu, Miriam Nanyunja, Foday Dafaie, Thomas Samba, Noah Sempira, Fredson Kuti-George, Fikru Zeleke, Benjamin Sensasi, Alexander Chimbaru, Louisa Ganda, Khoti Gausi, Sonia Gilroy, James Mugume

### INTRODUCTION:

Contact tracing is a critical strategy required for timely prevention and control of Ebola virus disease (EVD) outbreaks. Available evidence suggests that poor contact tracing was a driver of the EVD outbreak in West Africa, including Sierra Leone. In this article, we answered the question as to whether EVD contact tracing as practiced in Western Area districts of Sierra Leone from 2014 to 2015 was effective.

### METHODS:

Mixed methods comprising secondary data analysis of the EVD case and contact tracing data sets, key informant interviews of contact tracers and a review of available reports on contact tracing were implemented to obtain data for this study.

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During the study period, 3,838 confirmed cases and 32,706 contacts were listed in the Viral Hemorrhagic Fever and contact databases for the district (mean 8.5 contacts per case). Only 22.1% (852) of the confirmed cases in the study area were listed as contacts at the onset of their illness which indicates incomplete identification and tracing of contacts. Challenges associated with effective contact tracing included lack of community trust, concealing of exposure information, political interference with recruitment of tracers, inadequate training of contact tracers and incomplete EVD case and contact database.

### CONCLUSIONS:

In future outbreaks, early community engagement and participation in contact tracing, establishment of appropriate mechanisms for selection, adequate training and supervision of qualified contact tracers and establishment of a well-managed and complete contact tracing database are recommended as measures to enhance effective contact tracing.

**SESSION CHAIR:** **10:20-10:40 |** Round Table Discussion

Dr. Chastity L. Walker  
(CDC)

Prof. John Idoko  
(NACA)

**SESSION CHAIR:** 12:20-12:40 | Resource mobilization and systems strengthening (WHO, AU, WAHO response to prevent and control infection diseases. Lessons learnt from Ebola)

**Dr. Namwinga Chintu & Dr. Owen Laws Kaluwa**

**Mr. Gwenjeng Isaac Mabosung Tita** 12:40-13:00 | Community Response to Viral Infections



**Mr. Tanguy Bognon**

13:00-13:20 | Sustaining preventive measures in order to control emergent viral infection in healthcare facilities, are we so alert pre-empt future out breaks? Lessons learnt from Lassa/Ebola Outbreak in Benin.

### TITLE

Sustaining preventive measures in order to control emergent viral infection in health care facilities, are we so alert to preempt further outbreaks? lessons learnt from Lassa/Ebola outbreaks in Benin.

### AUTHORS/AFFILIATIONS:

T.Bognon<sup>1</sup>, C.kassa<sup>6</sup>, E.Azagba<sup>3</sup>, H.Dokponou<sup>1</sup>, S.Sesso<sup>8</sup>, R.Boton<sup>1</sup>, M.Bodéoussè<sup>4</sup>, A.Barre<sup>6</sup>, R.Mankou<sup>9</sup>, E.Zitti<sup>2</sup>, F.Nassouhouede<sup>2</sup>, E.Linssoussi<sup>2</sup>, D.Medebaho<sup>2</sup>, T.Cheho<sup>1</sup>, A.Azondekou<sup>1</sup>

1-Military Teaching Hospital -Cotonou , 2- Military Teaching Hospital -Parakou, 3-National Hospital-Benin, 4-Police Health Center, 5-Ministry of Health-Togo, 6-Regional Hospital- Djougou, 7-Rgional Hopital of Ouidah, 8-Regional Hospital of Tsévié-Togo; 9-Hygiene center-Benin

### INTRODUCTION

Health workers paid a heavy tribute during outbreaks by contracting infections when taking care of patients. Health system Strengthening is a very important challenge for care and preempt Lassa/Ebola. Benin is not yet harmless outbreaks this year since LF has become cyclical in the past two years. In this study, we evaluate the state of alert of HC for LF/Ebola spreading in post epidemics to anticipate for more appropriate actions.

### METHODS

During the second trimester of 2016, health center actions after outbreaks, basics hospital hygiene and knowledge on emerging infectious diseases (Lassa/Ebola) were assessed comparing to actions that have been taken during outbreaks. HC were national, regional and districts and located in the 12 departments. Semi-structured interviews with caregivers(1 per HC) and direct observation of HC environment were done. We used SPSS for quantitative analysis and contents analysis for qualitative variables. A comparison was made between outbreaks and post-epidemics periods.



## RESULTS

In total 60 health centers were concerned, districts level (50%), publics (75%). Compare to outbreaks period, functional washing devices for patients at the main entrance of HC decreased (63.7% vs 6.6%); functional water facilities at consultation room (78% vs 13%) and hydro alcoholic at Emergency Rooms or admission rooms (87.4 % vs 8.4%). Posters/algorithms on LF/Ebola (72% vs 13.3).

Among the 60 caregivers: doctors(44%), nurses(56%), none trained on LF/Ebola, able to identify lassa/Ebola suspected case (4.5% vs 71%). Hand washing before/after contact with patients decreased (89.8% vs 35%) despite 35% know that LF is endemic in Benin but not Ebola. There is no statistical difference in findings in professional categories, level of HC, are similar.

## CONCLUSION

Actions took during outbreaks had drastically diminished and therefore is a factor of spreading of Lassa/Ebola. Health system strengthening is highly recommended to mitigate damages of emerging infectious diseases Lassa/Ebola within health worker.

**Prof William Ampofo**

**13:20-13:40** |

Laboratory systems strengthening in West Africa



**Ms. Victoria Katawera**

**14:00-14:20** |

Enhancing laboratory capacity during Ebola Virus Disease heightened surveillance in Liberia: Lessons learnt and Recommendations

### ABSTRACT AUTHOR

Victoria Katawera

### ABSTRACT CO-AUTHORS

Henry T Kohar, Nuha Mahmoud, Philomena Raftery, Philip K Sahr, Christine Wasunna, Tolbert Nyenswah, Orla Condell, Nicole K Durski, Patrick Hardy, Laetitia Gahimbare, Francis N Kateh, Dhamari Naidoo, Peter Nsubuga, Pierre Formenty, Alex N Gasasira

### BACKGROUND:

Following the interruption of Ebola virus transmission in Liberia in May, 2015, the country entered a period of enhanced surveillance. The number of alerts had significantly reduced prior to the interruption, leading to closure of some laboratories. Enhanced surveillance yielded an increase in number of alerts, ultimately leading to increased demand for laboratory diagnostics, again. We report interventions explored, achievements registered, lessons learned and recommendations drawn from enhancing laboratory capacity during this period.

### METHODS:

Using data from Epi-surveillance and laboratory records, we reported laboratory capacity as defined by; number of EVD testing laboratories, competent staff, specimens tested, specimen backlog, testing capacity, and turnaround time; before and after interventions including increasing number of laboratories, recruiting and training staff, implementation of new diagnos-

tic techniques and working longer hours. Microsoft Excel was used for analysis. Median and trends were reported for all variables.

### RESULTS:

From May to December, 2015, interventions including recruitment and training of eight staff, establishment of a new laboratory, implementation of six Ebola-GeneXpert machines, and establishment of longer working shifts, yielded an 8-fold increase in number of specimen tested, clearance of specimen backlog and reduction in turn-around time to less than 24 hours. This efficient surveillance system facilitated timely detection and containment of two Ebola clusters, thereafter.

### CONCLUSION:

Effective enhancement of laboratory services requires a combination of context-specific interventions. Building and retaining local capacity during outbreak response is an integral part of effective surveillance and facilitates response to future outbreaks of the same nature and scope, in similar settings.



**Dr John Ojo**

**14:20-14:40 | Strategic Partnership Portal: Building Stronger Health Systems for Sustainable Health Security.**

**ABSTRACT AUTHOR** Dr John Ojo

### ABSTRACT

The 2-year Ebola outbreak in West Africa continues to galvanize global attention and resources to establish global capacity to prevent, detect, and respond to public health emergencies including biological threats and all hazards. Currently, there are multiple initiatives that have made commitments to address global health security, including the G7's commitment to support the implementation of IHR in 76 countries, the Global Health Security Agenda (GHSA), the Global Health Security Initiative (GHSI), USAID's Emerging Pandemic Threats 2 Program (EPT2), One Health, health system strengthening, Influenza partnership and the G8 Global Partnership's Biosafety Biosecurity group, G20 health security and the World Bank's framework for financing preparedness and other frameworks.

In the past, these initiatives ran the risk of overlapping investment as a result of the lack of visibility of country needs and interagency coordination. By using the Strategic Partnership Portal (SPP) however, and linking with WHO's network of over 100 donor contacts, the investments made by these initiatives can be better aligned to contribute to a country's real needs and gaps, while avoiding duplications and redundancy. The SPP is a WHO coordination tool mandated by Member States at the Cape Town 'Building Global Health Security Beyond Ebola' meeting in July 2015. The tool allows countries, donors, partners, international agencies and other health security stakeholders to discern the activities and initiatives that are being carried out in countries in building International Health Regulations (IHR) capacities. The SPP provides comprehensive, up-to-date reporting of the contributions made by donors and partners, notes the collaborations between various stakeholders, and identifies the specific needs and gaps each country faces in building its IHR capacities.



In Ghana, the SPP is able to capture and regularly update the countries' needs and gaps – based on the outcomes of measuring tools – as well as the contributions of partners to address identified gaps in the implementation of the IHR. Preliminary data collected on allocations, and use made of from various stakeholders in public health emergencies in Ghana and the justifications for use of the SPP in Ghana and other countries is presented on behalf of the WHO country team. Findings show that over 15 million USD was mobilized between 2014 and 2015 from donors and main activities supported were preparedness, surveillance, response and risk communication. The key areas that the country needs support seem to be laboratory, food safety and zoonoses.

**Dr. Ali Ahmed  
Yahaya WHO**

**14:40-15:00** |

Strengthening International Health Regulations through Joint External Evaluation.

**Dr. Ali Ahmed  
Yahaya WHO**

**15:00-15:20** |

Special Session: Antimicrobial Resistance (AMR) Research and Development update on drugs and vaccine trials.



**Prof. Yaw  
Adu-Sarkodie  
(Ghana)**

Yaw Adu-Sarkodie is Professor of Clinical Microbiology and Dean of the School of Medical Sciences at the Kwame Nkrumah University of Science and Technology (KNUST) in Kumasi, Ghana.

He obtained his primary medical qualifications (MChB) at KNUST in 1988, having previously obtained a BSc Human Biology from the same University in 1983 and intercalated in Medical Microbiology (BMedSci Hons) at the University of Sheffield, UK in 1984. In 1993 and 2004 he obtained MSc (Medical Microbiology) and PhD (Infectious and Tropical Diseases) from the London School of Hygiene and Tropical Medicine. He holds Fellowships of the Ghana College of Physicians (FGCP) and the West Africa College of Physicians (FWACP).

After training in Genitourinary Medicine at the then Westminster Hospital and the St. Bartholomew Hospital in the UK and obtaining a Diploma in Genitourinary Medicine in 1991, he returned to Ghana and established the Sexually Transmitted Infections Clinic at the Komfo Anokye Teaching Hospital in Kumasi, Ghana. This clinic was dedicated to the care of HIV/AIDS patients and patients with Sexually Transmitted Infections and currently serves as the Anti-Retroviral Treatment (ART) Center at the Teaching Hospital.

Prof Adu-Sarkodie is Consultant Clinical Microbiologist at the same Hospital is actively involved in the training of undergraduate and Postgraduate students of Medicine, Nursing and Medical Laboratory Technology. He mentors students at both Masters and PhD level. He has long standing research collaborations with the London School of Hygiene and Tropical Medicine where he has been part of the Distance Learning Faculty. He regularly receives students from LSHTM for their summer projects.

He has authored over 110 publications in peer reviewed journals and has consulted widely for the WHO on the Africa continent on many STI/HIV issues. He serves on the WHO STI Guidelines Review Committee and in Ghana on the National Expert Committee on HIV Drug Resistance.

In 2009 Prof Adu-Sarkodie was elected onto the Executive Committee of the International Union against Sexually Transmitted Infections and served as its Africa Regional Director until June 2016. His research interests are in antimicrobial resistance mechanisms, HIV Key Populations, and Neglected Tropical Diseases.





**PROF. ZEKIBA  
TARNADA**

**15:20-16:20 |**

Special Session: Zoonoses, emerging and re-emerging infectious & vector borne diseases.

**CO- AUTHOR:**

Zékiba Tarnagda<sup>1</sup> Dieudonné Tialla<sup>1</sup> and Séni Kouanda<sup>2</sup>

### **EMERGING ZOOSES IN WEST AFRICA**

Zékiba Tarnagda<sup>1</sup> Dieudonné Tialla<sup>1</sup> and Séni Kouanda<sup>2</sup>

<sup>1</sup>Unité des Maladies à potentiel épidémique, maladies émergentes et zoonoses (UMEMEZ), Laboratoire National de Référence-Grippes, Institut de Recherche en Sciences de la Santé (IRSS), Bobo-Dioulasso, Burkina Faso

<sup>2</sup>Unité du VIH/sida et maladies associées, Institut de Recherche en Sciences de la Santé (IRSS), Ouagadougou, Burkina Faso

### **ABSTRACT**

Any disease or infection that is naturally transmissible from vertebrate animals to humans and vice-versa is classified as a zoonosis according to WHO definition. Zoonoses have been recognized for many centuries, and over 200 have been described. They are caused by all types of pathogenic agents, including bacteria, parasites, fungi, viruses and unconventional pathogens. It has been estimated that nearly 2/3 (61%) of all human infectious diseases and 75% of all emerging diseases are of animal origin. The WHO is engaging in an ever-increasing number of cross sectoral activities to address health threats at the human-animal-ecosystem interface. These threats include existing and emerging zoonoses as well as antimicrobial resistance, food-borne zoonoses, and other threats to food safety. In developing countries, urbanization and the production of food within and around cities is increasing dramatically. West Africa, with an urban growth rate of 6.3% per annum is no exception. In this region subsistence, small-holder and commercial scale production systems all play a role in satisfying the growing urban food demand. While these urban production systems have the potential to improve both household food security and welfare, they also pose risks to both humans and animals in the form of zoonotic infections and environmental contamination. However, the deficiency in baseline epidemiological data on the occurrence of zoonotic diseases in humans and animals in West Africa poses a challenge in identifying zoonotic infections of primary importance. The following zoonotic diseases occurred in West African countries: shigellosis in Côte d'Ivoire and Burkina Faso in 1999; High pathogenic avian influenza in five countries (Nigeria, Burkina Faso, Niger, Burkina Faso and Côte d'Ivoire) in 2006, in Ghana and Togo (2007); brucellosis in Senegal in 2012, Q fever in Mali in 2009; toxoplasmosis, tuberculosis and cysticercosis



in Burkina Faso (2012-2015); nontuberculous tuberculosis, brucellosis and Buruli Ulcer in Ghana (2012-2015); Ebola virus disease in Guinea, Liberia and Sierra Leone (2014-2016). Going through all these occurred zoonotic diseases, we will try to highlight the importance of their economical and sanitary burden to convince health authorities to promote their diagnostic, control and prophylaxis in the concept of "One Health".

**15:20-16:20 |**

**Mr. Dessie Kassa**

**POSTER:** Comprehensive Knowledge and preventive practice of HIV/AIDS among Female Sex Workers in Bahir Dar, North West Ethiopia, 2015

**Mr. Tanguy Bognon**

**POSTER:** Honeymoon effect in preventing emerging infectious diseases: how it's experienced in the community for Lassa fever case of in Benin

**Mr. Patrick Charles**

**POSTER:** Study of Knowledge, Attitude and Practice of Six Communities of south Benin Republic about Lassa Fever Hemorrhagic Disease: The Cases of Toffo, Allada, zèin the Atlantic Department, and Adjarra, Avrankou, Akpro-Misserete in the Department of Ouémé.



**Dr. Pierre Mpele**

**17:15-17:35 |**

End of HIV/AIDS Epidemic in Africa: Myth or Reality?



**Prof. Serge Paul Eholie**

**17:35-17:55 |**

Update on care and treatment for HIV & Hepatitis.

**SESSION CHAIR:**  
Rep of MOH Cote  
D'Ivoire & Prof.  
Seni Kouanda

Africa's preparedness for emerging viral infections: Lessons from HIV/AIDS and EBOLA and outlook for ZIKA, LASSA & YELLOW FEVER

**Dr. Charles Okot**  
- WHO Ghana

**8:30-9:00**

Response to the Yellow Fever outbreak in WHO Afro Region: What has been done?



**Dr. Kohossi Leon**  
WHO Benin

**9:00-9:20**

Response to Emerging diseases in Benin:-Lassa fever.

Résumé de la présentation du Dr Léon G. KOHOSSI

Thème : Réponse aux Maladies émergentes survenues au Bénin : cas de la fièvre hémorragique Lassa.

#### **INTRODUCTION :**

le Bénin a été secoué par deux épisodes épidémiques de fièvre hémorragique Lassa ; l'une, en novembre 2014 à Tanguéta au nord-ouest et l'autre à Papanè à Tchaourou au nord-est du Pays. Comment ces deux épisodes ont respectivement été découverts et gérés ? quelles sont les leçons apprises et les perspectives ?

Objectifs de la présentation : revisiter les circonstances de découverte de chaque épisode et, -étudier les différentes péripéties de la gestion : prise en charge, surveillance des contacts, surveillance et laboratoire, communication et sensibilisation, surveillance communautaire (suivi des contacts)

Dégager les points forts ainsi que les insuffisances à améliorer

- Les leçons à tirer et les perspectives
- Quelques questions méritent d'être posées : la cartographie des gîtes de rats mastomyx a révélé une répartition dans tout l'espace de notre pays. Sont-ils infestés par le virus du Lassa ? si oui, où ?
- Un laboratoire P3 est en construction à Cotonou grâce à l'appui technique et financier de la coopération allemande, pouvons-nous garantir à ce joyau précieux la pérennité ?
- Comment faire pour garder haute et pour longtemps le seuil des prestations dispensées dans nos formations sanitaires ?

Faire des recommandations en vue d'une meilleure préparation les jours à venir car tout porte à croire que le Bénin n'est pas du tout à l'abri d'un nouvel épisode de Lassa. Notre pays, à l'instar d'autres dans la sous-région endémique pour cette maladie.



**Ms. Wede  
Himiede Wilson**

**9:20-10:00** |

Epidemic response & prevention, socio cultural communication, control & impact mitigation: Post Ebola Syndrome

## INTRODUCTION

An increased number of survivors have emerged from the 2014 West African Ebola Virus Disease outbreak. Fifty percent of survivors, have reported a combination of physical and psychological symptoms termed Post-Ebola Syndrome. However, these physical and psychological symptoms reported by survivors during convalescence is not well understood. This is due to the high case fatality rates of previous outbreaks, fewer patients surviving and the existence of limited literature that has contributed to the phenomenon of Post-Ebola Syndrome. Also, 58% of survivors in Liberia resides in Montserrado County. A county of which the magnitude of Post-Ebola Syndrome among EVD survivors is unknown. Therefore, the study aim was to estimate the prevalence of Post-Ebola Syndrome among EVD survivors in Montserrado County.

## METHOD:

An assessment was conducted to determine the prevalence of Post-Ebola Syndrome, types, onset, duration and socio-economic challenges of Post-Ebola Syndrome among survivors. The study adopted a cross-sectional design. Quantitative data was collected using semi-structured questionnaire while, qualitative data was collected using focus group guide. A total of 300 respondents were stratified by the health districts and randomly selected from the seven health districts in Montserrado County. Variables were collected on Ebola survivors demographic, prior and post Ebola health history, and socio-economic status.

## RESULT

Prevalence of Post-Ebola Syndrome among study participants was estimated to be  $n=274/300$  (91.3%). The commonest symptoms were reported from the following systems of the human body; Neurological System (eyes problem, headache, sleep disorder, unusual tiredness) and Musculoskeletal System (abdominal pain, chest pain, and joints pains). The onset of Post-Ebola Syndrome occurred between the first 1-12 weeks after discharged from a treatment unit. Symptoms were intermittent and persist up to 12 months after discharged from a treatment center. Fifty five percent  $n=165/300$ , of Ebola survivors were unemployed and  $n=197/274$  (72%) had accessed health care. Of those accessing health care  $n=99/197$  (50%) have never improved with treatment due to inadequate drugs, limited health facilities and lack of hired specialists, while  $n=23/197$  (11.6%) had somehow improved. Fifty eight percent  $n=173/300$  of survivors had been stigmatized upon discharge from the ETU.



### CONCLUSION:

Due to the newness of Post-Ebola Syndrome in Liberia, I recommend to the Ministry of Health, Liberia and its Partners to provide adequate drugs for appropriate health conditions, and hired specialists for the commonest reported symptoms at facilities rendering health services to EVD survivors.

**Mr. Bernard Seytre**

### LESSONS FROM EBOLA CRISIS: DESIGNING A COMMUNICATION STRATEGY TO GET ADHESION FROM COMMUNITIES

For two reasons, communication is one of the major tools in the fight against any Ebola epidemics. Firstly, because Ebola is one of the most easily preventable of all infectious diseases and the thorough application of health-protection measures by the community of the sick persons would immediately stop any Ebola epidemic. Secondly, because during the two dozens of known Ebola epidemics health care workers have often met with people's skepticism, or even hostility.

However, our review of Ebola communication, as defined by WHO since 2013, shows that it has been marked by a series of errors, as well from a strategic perspective as in its concrete deployment.

The same communication messages and tools have been used in non-epidemic and epidemic countries. A general ban on hunting has been promoted, while only 2% of sub-Saharan Africans live in areas inhabited by the bats that are the reservoir of the Ebola virus. This has deprived millions of people of their main source of proteins and contributed to raise doubts about the prevention messages. Erroneous or inappropriate messages have contributed to doubts and created anxiety.

To be effective, Ebola communication should be based on education about the disease, meaning explanation of its cause, its transmission and its prevention.

We will present a communication kit based on this analysis.

Bernard Seytre, [seytre@bnscom.fr](mailto:seytre@bnscom.fr)  
Health communications consultant  
bnscommunication, Paris



**Dr. Augustina Annan**

**10:00-10:20 |**

Strategies and applicable mechanisms for prevention of outbreaks: Health Worker Preparedness for Ebola Virus Diseases (EVD's)

### **Health Care workers indicate ill preparedness for Ebola Virus Disease outbreak in Ashanti Region of Ghana**

Augustina Angelina Annan<sup>1\*</sup>, Denis Dekugmen Yar<sup>1</sup>, Michael Owusu<sup>1,2</sup>, Eno Akua Biney<sup>2</sup>, Paa Kobina Forson<sup>2</sup>, Portia Boakye Okyere<sup>1</sup>, Akosua Adumea Gyimah<sup>3</sup>, Ellis Owusu-Dabo<sup>1,4</sup>

#### **AFFILIATIONS:**

1Kumasi Centre for Collaborative Research in Tropical Medicine, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana; 2Komfo Anokye Teaching Hospital, Kumasi, Ghana; 3Kumasi South Hospital, Ghana Health Services, Kumasi, Ghana; 4School of Public Health, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana;

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#### **ABSTRACT**

**Introduction:** The recent Ebola Virus Disease (EVD) epidemic that hit some countries in West Africa underscores the need to train front line high-risk health workers on disease prevention skills. Although Ghana is yet to record any case, and several health workers have received numerous training schemes, there is no record of any study that assessed preparedness of healthcare workers (HCWs) regarding EVD and any emergency prone disease in Ghana. We therefore conducted a hospital based cross sectional study involving 101 HCWs from two facilities in Kumasi, Ghana to assess the level of preparedness of HCWs to respond to any possible EVD.

**Methods:** We administered a face-to-face questionnaire using an adapted WHO (2015) and CDC (2014) Checklist for Ebola Preparedness and assessed overall knowledge gaps, and preparedness of the Ghanaian HCWs in selected health facilities of the Ashanti Region of Ghana from October to December 2015.

#### **RESULTS:**

A total 92 (91.09%) HCWs indicated they were not adequately trained to handle an EVD suspected case. Only 25.74% (n=26) considered their facilities sufficiently equipped to handle and manage EVD patients. When asked which disinfectant to use after attending to and caring for a suspected patient with EVD, only 8.91% (n=9) could correctly identify the right disinfectant ( $\chi^2 = 28.52, p=0.001$ ).

#### **CONCLUSION:**

Our study demonstrates the ill preparedness in terms of knowledge and use of right tools to handle a case of EVD among selected health facilities in Ghana. Beyond knowledge acquisition, there is the need to perform practical dummy exercises from time to time to fully prepare the Ghanaian health worker to handle any possible EVD case.



**Mr Nicholas N. C. Bliidi**

### **TITLE:**

Determinants of Ebola Virus Disease Infection among Health care Workers in Montserrado County

Fulton Q. Shannon II<sup>1</sup>, Dikena G. Jackson<sup>2</sup>, Joseph Asamoah-Frimpong<sup>2</sup>, Samuel Sackey<sup>1</sup>, Donne Ameme<sup>1</sup> and Ernest Kenu<sup>1</sup>

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### **BACKGROUND:**

Ebola Virus Disease (EVD) is a zoonotic and fatal illness. The fatality rates in outbreaks have ranged from 25 to 90%. An outbreak EVD hit West Africa in 2014, claiming more than 2000 lives, including health care worker. EVD infection among healthcare workers in Montserrado County was devastating. This research sort to determine risk factors associated with Ebola Virus Disease infection among health workers in Montserrado County.

### **METHOD:**

A 1:3 case control study design was employed. A cases was defined as health-care workers reported as confirmed EVD cases in the Epi-surveillance and survivor database within the period of the outbreak. Controls included health-care workers working (within the same one year period) in the same health facility or environment as the case subjects but did not have EVD. All the cases were selected from the survivors database and structured questionnaire was administered to both selected cases and controls on the host related, health facility and environmental factors. A total of 42 cases, and 126 controls were selected. Data entry and analysis with logistic regression to determine factors associated with EVD.

### **RESULT:**

Mean age was 31.6 years (SD- 7.1). The odds of being exposed to EVD in a health facility were 5.3 (95%CI 2.2-12.9) times higher in the cases compared to the controls. Maternity ward (OR 6.6, 95% CI 2.1-21.0) and inpatient room/ ward (OR 5.2, 95%CI 1.9-14.1) were the places with the highest and significant odds of exposure to EVD in cases compared to their controls. Functions which had very high and significant odds among the cases compared to their controls include providing injection (OR 29.4, 95%CI 3.5-243.4) placing intravascular device (OR 18.4, 95%CI 4.9-68.7), providing medication (OR 16.9, 95%CI 3.5-82.1), and emptying bedpan (OR 12.4, 95%CI 2.5-62.4). Hand hygiene and wearing of PPEs was relatively poor.

### **CONCLUSION:**

Health care workers were at high risk for EVD infection during service provision especially when providing injection, placing intravascular device, providing medication, and emptying bed pan. Therefore, the need to address these risks and others cannot be overemphasized, as measures to prevent and manage future outbreaks and consequences that come along. Thus health authorities at all levels must ensure heightened vigilance and improved occupational safety measures, especially in the health facilities to prevent and management EVD infection among health care workers.





**Prof. Ellis  
Owusu-Dabo**

**10:20-10:40** | Treatment, Gaps & Options

**Dr. Badu Sarkodie** **10:40-11:00** | Ghana's Response to Ebola in preparedness for Emerging Infections



**Dr. Olushayo Olu  
(WHO)**

**11:00-11:20** | The Ebola Virus Disease Outbreak In West Africa: a wakeup call to revitalize implementation of the International Health Regulations.

**ABSTRACT AUTHOR** Olushayo Olu

#### **ABSTRACT CO-AUTHORS**

The 2014/15 Ebola virus disease (EVD) outbreak in West Africa has highlighted the inherent weaknesses associated with the implementation of the International Health Regulations (IHR). In this perspective article, the lessons learnt from the outbreak are used to review the challenges impeding effective implementation of the IHR and to propose policy and strategic options for enhancing its application. While some progress has been achieved in implementing the IHR in several countries, numerous challenges continue to impede its effectiveness, especially in developing countries such as those affected by the West Africa EVD outbreak. Political and economic sensitivities associated with reporting public health emergencies of international concern (PHEICs), inadequate resources (human and financial) and lack of technical know-how required for implementation of the IHR are weaknesses that continue to constrain the implementation of the regulations. In view of the complex socio-political, cultural and public health dimensions of PHEICs, frameworks such as the IHR, which have legal backing, seem to be the most effective and sustainable option for assuring timely detection, notification and response to such events. Renewed efforts to strengthen national and global institutional frameworks for implementation of the IHR are therefore required. Improvements in transparency, commitment and accountability of parties to the IHR, mainstreaming of the IHR into national public health governance structures, use of multidisciplinary approaches and mobilization of the required resources for the implementation of the IHR are imperative.



**SESSION CHAIR:**  
Prof Yaw Adu -  
Sarkodie &  
Prof. Serge Eholie

## Session 4: Research & Monitoring and Evaluation

**Prof. William Ampofo**

**11:30-11:45** |

Experience of NMIMR - JICA

**Dr. Kofi Bonney**

**11:45-12:00** |

Research on Arboviruses as emerging health threats

**Dr. Abdoul Habib Beavogui**

**12:00-12:20** |

Key Challenges for Research during Outbreaks A case of Ebola in Guinea

### **TITLE: CLINICAL RESEARCH DURING THE EBOLA VIRUS DISEASE OUTBREAK IN GUINEA: LESSONS LEARNED AND WAYS FORWARD**

Beavogui AH1, Delamou A2, Yansane ML3, Konde MK4, Diallo AA5, Aboulhab J6, Bah-Sow OY7, Keita S8

Objective: This study report on a portfolio of clinical research conducted in Guinea during the Ebola epidemic and draw the lessons learnt for the future from our perspective as Guinean medical researchers.

#### **METHODS:**

We conducted a qualitative review of clinical research conducted in Guinea from June 2014 to July 2015, with a focus on vaccine and treatment studies. We also met with key stakeholders to discuss their views on the lessons learnt.

#### **RESULTS:**

Between June 2014 and July 2015, there was an increase in clinical research activities in Guinea. Three main types of clinical studies were undertaken during this period in Guinea: treatment studies (5 studies), vaccine studies (2 studies) rapid diagnosis test studies (9 studies) and natural history cohort studies (3 studies). Randomization was only possible in the WHO sponsored vaccine trial and with the JIKIMAPP trial (NIH/INSERM sponsored trial). The remaining trials (JIKI trial, Ebola\_Tx trial and Interferon trial) used historical controls at their study sites for comparisons. Strong political will enabled a supportive environment for clinical research. Good complementarity between ethics and regulatory bodies reduced delays in the review processes for research consortia and communities (survivors for instance) were strongly involved in the research projects.



The challenges included incorrect communication at the beginning of the outbreak, lack of proven treatment for Ebola, the debate about randomization, the high number of infections among health care workers, the lack of qualified human resources and sociocultural barriers and stigmatization against Ebola survivors along with governance issues.

### **CONCLUSION:**

The lessons learned from this experience, along with strengthening of existing and newly established collaborations will further expand Guinean contributions to medical research on emerging infectious (and other) diseases.

**Mr. Emmanuel  
Benyeogor**

**12:20-12:40** |

Outbreak Research Preparedness:  
A pragmatic approach in Outbreak  
preparedness and response.

**ABSTRACT AUTHOR** Emmanuel Benyeogor

### **OUTBREAK RESEARCH PREPAREDNESS:**

A pragmatic approach in Outbreak preparedness and response  
Emmanuel I. Benyeogor, MScPH (candidate), BSc

Planning and conducting clinical research during outbreaks can be difficult, protracted, and cumbersome, during which time the pathogens quickly adapt to human host and transmit rapidly as seen during the Ebola virus disease and Zika epidemics. Clinical research responses during at these times are usually fragmented and too late. In addition to control ongoing outbreaks, prevent future outbreaks and advance knowledge about a disease. When the time available for decision-making and response may be compressed from days or weeks to a matter of hours, minutes and possibly seconds we ought to prepare for outbreak research. It is important that all researchers and stakeholders work together and prepare for the next opportunity to do priority research during an outbreak to avoid delays and missing unique opportunities for research as seen during the recent disease epidemic. More so the international community should be committed to strengthening health care systems in the long term, making the system resilient and stronger to resist the future epidemics or any disasters in the future. Outbreak preparedness thrives on a strengthened health system. Efforts should be done at par with its preparedness to strengthen the health system.

Keywords: Public Health, Outbreak, research.



**NMIMR SATREPS**  
**Dr Samuel Dadzie**

**12:40-13:00** |

Entomological Surveillance of  
Arboviruses in Ghana

**13:00-13:15** |

**Dr. April Baller**

**POSTER:**

Strategy to assess county Ebola response capacity and future outbreaks prevention in Liberia

**ABSTRACT AUTHOR** April Baller

**ABSTRACT CO-AUTHORS:**

Philip Bemah, Thelma Nelson,  
Dr Vonhm, Alex Gasasira

**PURPOSE:**

Locally adapted WHO Emergency Preparedness and Response (EPR) assessment tools provide Ebola county preparedness and response capacity overview.

**Methods & Materials:**

Two-day county assessments comprised of discussion, standardized check-lists completion (WHO Technical Guidelines for EPR in the African Region adaption) and site visits to border points-of-entry, clinics, and health facilities with isolation capacity. Key stakeholders included the County Health Team (CHT), EPR implementing partners and national MOH.

**RESULTS:**

Two of the three counties scored 80%, one scored 68%, indicating partial response capacity. Total county isolation bed capacity was 33; 7 in county 1, 11 in county 2 and 15 in county 3.

Common shared strengths: response and isolation capacity, motivated and committed CHT, Ebola Treatment Unit experienced staff, and partner engagement. Crosscutting gaps: i) routine service human resource shortage compounded by additional responsibilities consequential to outbreak, such as screening, isolation ii) lack of county EPR operational budget iii) inadequate isolation structures; lack of water supply, waste management, holding space, donning/doffing areas iv) Point of entries lacked holding space v) undocumented referral pathway. Recommendations were provided to the CHT, visited sites and specifically to national level MOH: allocate staff to triage and isolation wards, provide county contingency EPR funding, ensure EPR incorporated into county planning, permanent regional hospital isolation wards advocacy.

**CONCLUSION:**

Standardized EPR assessments tools are a rapid, effective methodology to evaluate baseline county preparedness and response capacity for outbreak or non-outbreak settings.



## Mr. Benjamin Lutimba Mutebi

### POSTER:

Uganda Military Data Management challenges for HIV care & treatment (C&T) interventions.

### ABSTRACT AUTHOR

Benjamin Lutimba

### ABSTRACT CO-AUTHORS

Bwayo Denis, JB Ddamulira,  
Wamundu Cassette,  
Akao Juliet

### BACKGROUND:

Quality data are important to attain national and global HIV/AIDS care and prevention goals. Ensuring quality data collection through military health information systems is a challenge due to capacity gaps and the nature of military medical facilities. RTI with support from US Department of Defense, supports the monitoring and evaluation for the HIV/AIDS services within Uganda's military. This abstract highlights the data management challenges related to C&T at Uganda's military ART sites.

### DESCRIPTION:

Since 2010, RTI has trained data focal staff at 17 facilities in data management, supplied national data tools and oriented health workers on their use, and trained staff on indicator definitions and their program importance. Periodic onsite technical assistance and DQAs were also conducted. Key informant interviews with 17 clinic managers that focused on data management systems (DMS) and after-analysis done in MS Excel.

### LESSONS:

Medical Records Assistants were the main data focal staff identified at each military facility. However, 50% have inadequate computer skills. These staff are frequently transferred, hampering the building of data management capacity. Security clearance processes to access military sites restrict the utilization of district biostatisticians for ongoing support and there is an inconsistent supply of data tools at military sites from their respective districts.

### NEXT STEPS:

Innovative approaches to deal with frequent data staff transfers, including ways to minimize transfers altogether, are crucial for maintaining DMSs. Mentoring alternate health workers on data management is key. Further, introduction of electronic data capture with inter-site connectivity is critical to improve military patient tracking.



## POSTER:

Strategies that work at reaching the most 'at risk' adolescents girls and young women in Nairobi Kenya

## ABSTRACT AUTHOR

Betty Adera

## INTRODUCTION

If girls are given a chance to stay in school, get access to health services, delay marriage and childbirth, it's not only them who benefit - so do their children, families, communities, and countries. The issues that girls face are specific to their age, where they live, their culture and other life circumstances. It is important to find concentrations of the most excluded "off-track" (and often invisible girls) and design HIV prevention programs in such a way that will enable them to participate.

## METHODS

DREAMS is a PEPFAR funded HIV prevention program targeting adolescent girls and young women. Implemented in Nairobi, Kenya it entails to reach the most at risk and off-track Adolescent Girls and Young Women. Through conducting a rapid household assessment the program enumerated the entire universe of girls and identified the hardest to reach and most at risk. This was done using a mobile phone platform with non-sensitive questions administered to collect demographic information on AGYW.

## RESULTS

A total of 5,477 households were interviewed, with 2,962 being AGYW aged 10-24 years old. Further disaggregated data showed 770 AGYW age 10 to 14; 851 AGYW age 15 to 19; and 1,340 AGYW age 20-24. Those living with neither parents and those married with children were determined to be most off-track. 42% of the AGYW had children and 48% were living without parents.

## CONCLUSION

Conducting a rapid household assessment using mobile technology can help to identify the most off-track AGYW who might be invisible and often left out

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**RAPPORTEURS**    **14:15-15:15** |    Symposium Discussions & Recommendations

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**MOH GHANA,  
SAA PRESIDENT,  
WHO &  
SYMPOSIUM  
CHAIRS**    **15:15-16:15** |    Closing Ceremony





## SOCIETY FOR AIDS IN AFRICA ICASA INTERNATIONAL SECRETARIAT

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- |  |  |
|--|--|
| <p><b>1</b> Access the SAA database</p>  | <p><b>6</b> Frequent electronic Membership update with the latest news.</p>                                      |
| <p><b>2</b> Access to personal page in the Member's Area where other members can be contacted.</p> | <p><b>7</b> Opportunity to decide the membership of the SAA Governing Council Election.</p>                      |
| <p><b>3</b> Eligibility to be part of Various ICASA Committee</p>                                  | <p><b>8</b> 5% discount on forth coming ICASA for SAA paid registered/paid members.</p>                          |
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VISITE [WWW.SAAFRICA.ORG](http://WWW.SAAFRICA.ORG)  
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ONLINE PAYMENT









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