



AFRICA CHA PLATFORM

AFRICA CHRISTIAN HEALTH ASSOCIATIONS PLATFORM

10th Biennial Conference

11 – 15 July, 2022
Kigali, Rwanda



Archbishop Thomas Luke Msusa getting vaccinated against COVID-19. Photo | Thoko Chikondi, UNICEF Malawi

Theme

Christian Health Associations and Networks in pandemics: The case of COVID-19

"But I will restore you to health and heal your wounds, declares the Lord." Jeremiah 30:17 (NIV)

Conference Programme

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Welcoming Messages

Peter Yeboah, ACHAP Board Chair



Dear friends and partners

With great pleasure, and on behalf of the ACHAP family, I extend to you a warm and cordial welcome on the occasion of our 10th Biennial Conference in the historic and beautiful city of Kigali. Amidst the ongoing COVID-19 pandemic, which continues to wreak havoc on communities with disruptive effects on global health systems, holding an in-person meeting demonstrates our collective resolve and resilience in tackling common threats to our lives and livelihoods.

For decades, Christian faith-based organisations (FBOs) and networks have responded to public health threats like HIV/AIDS and Ebola in sub-Saharan Africa. And given the unfolding experiences and lessons in managing the COVID-19 pandemic, coupled with the threats and debilitating effects of emerging and re-emerging infectious diseases, a call to action is imminent. In effect, pandemic preparedness and response plan require the urgent attention of all global health stakeholders. Hence, the conference theme: *Christian Health Associations in Pandemics: The case of COVID-19*.

In alignment with the conference theme, therefore, we will recognise our distinct roles, share experiences, reflect on common challenges and, most importantly, harness opportunities for strengthening faith-based health systems in pandemic response and management.

Role and Contributions of Christian Health Associations & Networks

Leveraging our recognition as trusted agents and gatekeepers in the communities, we harnessed our assets (infrastructure, dedicated personnel, convening platforms, reliable networks, community reach) for COVID-19 pandemic response action at all levels.

In response to the universal call for collaborative “all-of-society” action, ACHAP members have been intimately involved in risk communication and community engagements, testing, case management, quarantine, disease surveillance, and fighting misinformation, myths and misconceptions about COVID-19. Indeed, in some settings, Christian FBOs have assumed the frontline role in overcoming vaccine hesitancy and building vaccine confidence. Hence, we complement governments’ efforts to expedite vaccine access and delivery in hard-to-reach areas and underserved communities. Alongside COVID-19 response actions, Christian FBOs ensured the continuity of basic essential routine healthcare service provision, which has significantly helped in containing the spread of, and mitigating the impact of the COVID-19 pandemic.

The Thrust of the 10th Biennial Conference

This conference will significantly elevate and prioritise the indispensable role that Christian FBOs and networks play in effective pandemic response, and more broadly our potential in helping the world to achieve SDGs. Therefore, at this conference, we shall, among others:

- Share our ongoing documented experiences, challenges and lessons learnt in the COVID-19 response actions to enable us plan, prepare and respond to future public health emergencies.
- Highlight better accountability and transparency mechanisms in the use of resources for pandemic crisis management.
- Learn systematic and coordinated approaches in resource mobilisation and collaboration for epidemic/ pandemic response among FBOs and networks with a focus on strengthening community resilience.
- Advocate and foster collaborations, co-creation and partnerships among participants in order to bolster CHAs’ and networks’ role in the global health security agenda.

Outlook and Conclusion

Despite the COVID-19 pandemic crisis, ACHAP’s outlook remains positive. It is time to reposition ACHAP as a major stakeholder in global efforts to achieve Universal Health Coverage and the ambitious Sustainable Development Goals. Hence, at this conference, we shall launch a 5-year Strategic Plan towards making ACHAP more responsive, robust and resilient.

May this conference strengthen ACHAP bonds, enhance social connections and build spiritual solidarity as we promote Jesus Christ’s Healing Ministry.

God bless us all!

Nkatha Njeru, ACHAP Coordinator

Africa Christian Health Associations Platform (ACHAP) is a regional organisation providing a platform for Christian health associations and church health networks from across Sub-Saharan Africa (SSA) established in 2007. ACHAP brings together more than 43 national-level faith-based networks providing health services in 32 countries across SSA to share resources, establish technical working groups (TWGs), and provide ongoing training and technical assistance (TA) to its members. ACHAP also provides a platform for advocacy and networking for its members on matters of health and development. ACHAP derives its strengths from the existing, long-term, and trusted community faith ecosystem independently and in partnership with national Ministries of Health (MOH) to provide critical service delivery at health facility and community levels and contributing to building competent health workforce through health training institutions. As a result, national governments see ACHAP members as critical players and in many African countries partner with them to provide health support services even to government facilities. In many countries, ACHAP members provide 30% to 70 % of health care and health worker training.



This conference, and the learnings from it will help the secretariat in its continued role of supporting our members to carry out their mandate in their respective countries. It Will also serve as a guide in directing our partnership efforts especially in regard to health emergencies. We are excited and look forward to learning from each other. We encourage you to take advantage of the rich experiences that the wide range of participants brings and learn from each other.

Monique Gahongayire, Director General – BUFMAR



It is a pleasure and an honor to host this 10th ACHAP Biennial Conference 2022 in Kigali-Rwanda. I therefore take this opportunity to welcome you all, on behalf of the BUFMAR team and management; it is my firm belief that your stay in Kigali will be greater than your initial expectations. We assure you of our commitment, working hand in hand with the ACHAP Secretariat and Board to provide a conducive environment to make the Conference a success. We are all reminded that the theme for the ACHAP 10th Biennial Conference is **Christian Health Associations in Pandemics: The Case of Covid-19**. I hope and believe we will have fruitful deliberations and issue recommendations that will add extra energy and commitment to serve our common mission and more strategies raised to attain our objective. Once again, a warm welcome to Kigali and Rwanda as a nation, and as Rwanda believes that a guest is a blessing, we are delighted to have the great blessing you represent. We pledge to make sure you have a pleasant stay, and you feel at home.

ABOUT BUFMAR

Bureau des Formations Médicales Agréées du Rwanda (BUFMAR) is a faith-based organization, founded in 1975 by Catholic and Protestant churches. The intent was to set up an organization that will stand for churches to coordinate their respective health facilities all over the country. BUFMAR was appointed as one of the two main Central medical suppliers according to Ministerial order No 20/1658/PTF/2007 of 15th June 2007 on procurement and distribution of medicines and other medical supplies in the national territory. The instruction was amended on March 17th 2022.

BUFMAR's vision is to be the strategic representative of member churches in managing the partnership with government in the field of health.

BUFMAR's mission is to contribute to the well-being of the Rwandan population by providing quality health services.

Currently, BUFMAR has 154 health facilities including 17 hospitals and 137 health centers working throughout the country. We work in collaboration with the government to ensure that our affiliated facilities continue to offer quality health care to the people of Rwanda

As a medical supplier for health products in Rwanda, BUFMAR works in collaboration with government to provide high quality products and reasonable cost to the Rwandan population as a major supplier of government.

In addition to pharmaceutical products purchased for distribution, some drugs are manufactured by the BUFMAR production unit. These includes products for external use including ointments & creams but also disinfectants as well as some laboratory reagents. We are grateful to the Rwanda Government that has continued to partner with us. We are a partner and supplier to the Rwanda Medical Services.

We look forward to a great future as an organization. I am especially grateful to my predecessor Ernest Rwasagana who kept the partnership with ACHAP and member organizations going. As I come in, I look forward to learning with and from all of you.

Thank you!

10th ACHAP Biennial Conference Background

COVID-19 has emerged as one of the most serious global health crises recorded in recent history. Since its outbreak in China (Wuhan) in December 2019, the virus spread to all seven continents, leaving behind devastating social and economic impacts. By 1st February 2022, the World Health Organization (WHO) reported over 376 million COVID-19 confirmed cases and 5.67 million deaths globally. Over 8million confirmed cases and 164, 000 deaths were reported in Africa¹.

Besides the health impacts of COVID-related infections, the pandemic led to restrictions on social gatherings and travel globally, thereby affecting all spheres of life. In SSA, the restrictions resulted in food security issues, disruption of school calendars, and disruption of provision and access to essential health care services. Mental health has been reported as a major concern associated with the pandemic. A WHO report on Global burden of disease 2020 shows a more than 25% increase in the prevalence of mental illness because of the pandemic².

As the COVID-19 outbreak peaked, the fragile health systems in most SSA countries were overwhelmed with the surge in cases. This disrupted the continuity of essential health services, the most affected including routine immunization, facility-based services for non-communicable diseases, antenatal care, family planning and contraception, as well as HIV/TB care and treatment services. This situation was coupled with the fact that many countries lacked pandemic preparedness plans at subnational levels³. This resulted in poorly coordinated public health interventions by key players, including Christian Health Associations (CHAs), in many countries with less impact on reducing transmission.

Some key challenges have been recorded regarding the response to the COVID-19 pandemic in SSA countries. Most of the countries are ranked as low- or middle-income and are often poorly prepared for such severe disease outbreaks. For example, over a year after the outbreak of COVID-19, Kenya had only 600 intensive-care unit (ICU) beds for its entire population⁴. Reliable management of COVID-19 cases is more likely to be found in urban setups. Social media misinformation, conspiracy theories, and sometimes, unavailability of government information in remote areas have resulted in non-compliance with safety protocols. In some countries, the government openly denied the existence of the pandemic or the severity of the virus⁵. Lack of domestic capacity in scientific research, biotechnology, and local manufacturing capacity has prevented most SSA countries from adequate testing, research in virus transmission, and vaccine development. The ACT Accelerator⁶ and COVAX facility⁷ are global initiatives that offer hope for SSA countries to access COVID-19 tests, treatment, and vaccines. Despite this, less than 30% of the population in most SSA countries has received the 1st dose of the vaccine to date⁸.

At community level, efforts to curb the spread of COVID-19 were affected by misinformation. Numerous myths and misconceptions have been peddled globally since the outbreak of the pandemic. In SSA some of the miscommunication has come from governments and faith leaders⁹. It is important for faith leaders and CHAs to have clear communication and advocacy strategies to help address such misinformation during pandemics.

Experience from previous crises has shown that churches are particularly well-placed to build trust and hope, to counter fear, and to build community resilience as well as individual mental and spiritual resilience. Integral to this are CHAs which have been shown to contribute significantly in response to demographic and epidemiological transitions, especially in fragile settings in SSA. Hence, CHAs have always served as buffers of country health systems. Generally, the faith-based health systems, spearheaded by CHAs, are noted for innovations with potential assets that could be leveraged to optimize primary health services, deliver public value, and complement national health systems. Therefore, CHAs could significantly contribute to pandemic preparedness and response if they are properly engaged and supported.

Hence, the conference theme: **“Christian Health Associations in pandemics: The case of COVID-19”**

1 WHO Coronavirus (COVID-19) Dashboard | WHO Coronavirus (COVID-19) Dashboard with Vaccination Data.

2 Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific brief, 2 March 2022 (who.int)

3 WHO, COVID-19 strategic and response plan for the WHO African Region. April 2021.

4 Ouma, P. N., Masai, A. N., Nyadera, I. N. (2020). Health coverage and what Kenya can learn from the COVID-19 pandemic. *Journal of Global Health*, 10(2), 1–6.

5 Orso, D., Federici, N., Copetti, R., Vetrugno, L., Bove, T. (2020). Infodemic and the spread of fake news in the COVID-19-era. *European Journal of Emergency Medicine*, 27(5), 327–328.

6 A global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines

7 COVAX is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi and the World Health Organization (WHO), alongside key delivery partner UNICEF. Its aim is to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world

8 Latest updates: COVID-19 vaccination charts, maps and eligibility by country (reuters.com). Accessed on 2nd February 2022.

9 Orso, D., Federici, N., Copetti, R., Vetrugno, L., Bove, T. (2020). Infodemic and the spread of fake news in the COVID-19-era. *European Journal of Emergency Medicine*, 27(5), 327–328.

Conference Objectives

Based on the foregoing, ACHAP needs to use lessons from the COVID-19 response and other epidemics in sub-Saharan countries to review what roles CHAs have played, successes realized, challenges experienced and opportunities for them to play a greater role in the face of future pandemics.

Accordingly, the Conference shall cover the following thematic areas:

- 1. Pandemic preparedness:** This will explore ways in which CHAs were engaged in the development and implementation of national pandemic preparedness and response plans. Using Case studies of other emergencies (e.g., Ebola), CHAs will share lessons learnt in preparation, implementation, and mitigation of health emergencies.
- 2. Pandemic response and recovery:** CHAs and FBOs will share experiences on prevention of disease spread, disease surveillance, case management and recovery. The discussions will shed light on collaborations with the government, communities, and other faith-based health systems, highlighting challenges and opportunities during distinct phases of the pandemic.
- 3. Communication and advocacy:** Sessions will cover Risk Communication and Community Engagement (RCCE) during COVID-19 response. CHAs will share experiences on ways they countered misinformation and disinformation in the community including social and mainstream media. Sessions will also explore the engagement of religious leaders and other community owned resource persons in advocacy for prevention, care seeking and vaccination.
- 4. Collaboration and partnerships:** The conference will explore the opportunities for North-South and South-South collaborations in strengthening pandemic response - leveraging both local and international partnerships and collaborations. The sessions will highlight strategic partnership mechanisms that were leveraged among CHAs, government and partners and communities and how these can be effectively adopted and enhanced in future responses

Order of Events

ARRIVAL DAY: MONDAY 11 JULY 2022			
Time	Session	Facilitator/Moderator	Venue
9:00 – 17:00	Registration and Hotel Check-in	ACHAP-Rachel Wambui	Hotel Lobby
18:00 – 19:00	Interdenominational service (open to all conference participants)	<i>In remembrance of health workers who died of Covid in the line of duty.</i>	St. Famille Hotel Chapel
19:00 – 21:00	Dinner	All	Restaurant
<i>*8pm preparatory meeting for day 1 – Moderators & facilitators</i>			
DAY 1: TUESDAY, 12 JULY 2022 – PRECONFERENCE WORKSHOPS			
Time	Session	Facilitator/Moderator	Venue
7:30 – 8:00	Late registration	ACHAP – Rachel Wambui	Big Hall Lobby
8:00 – 08:20	Opening prayer & devotion	Rebecca Waugh – IMA World Health	Big Hall
8:20 – 08:30	Welcome note and introduction of pre-conference workshops	Nkatha Njeru – ACHAP Coordinator	Big Hall
8:30 – 12:45	Workshop 1: Health Service delivery in Pandemics Sponsored by USAID's ACHAP AFYA Project <i>COVID-19 pandemic caused significant disruption in the continuity of health services. The biggest disruptions were seen in health routine immunization, facility-based services for non-communicable diseases, antenatal care, family planning and contraception, as well as HIV/TB care and treatment services. In Nigeria, OPD attendance dropped by 13%, Fully Immunized <1 year dropped by 16%, and ANC attendance by 15% between 2019 and 20<sup>20</sup>.</i> <i>Reasons for disruptions were driven by decreased patient demand and access due to lost income, movement restrictions, concerns about COVID-19 transmission, and reallocation of medical staff</i>	Moderator: Dr. Josephine Balati Presenters UPMB – David Balikitenda CHAK – Rose Odeny ACHAP AFYA-Winnie Nyabenge UCMB – Janet Komagum UPMB – Allison Amongin	Big Hall
	Workshop 2: Faith in pandemics: Exploring the Faith Leader experiences related to overcoming COVID-19 misinformation; vaccine confidence, vaccine equity, lessons learned during the pandemic, and steps taken in preparation for the next pandemic. Sponsored by IMA World Health in Concert with Corus International This session will start from Monday for IMA sponsored participants under the CoV-FaB project	Moderator: Dennis Cherian (IMA World Health) Presenters: CCIH – Doug Fountain ZACH – Dr. Chidzwere Nzou WCC – Dr. Mwai Makoka AACC – Dr. Lesmore EPN – Jane Ng'ang'a	Small Room A
	Workshop 3: Community Involvement- Adaptation and resilience in pandemics <i>ACHAP will leverage the pre-conference session to actively engage community health actors to share experiences and lessons on how communities adapted, and managed shock and stressors cause by COVID-19 and other pandemics like Ebola. The session will also explore ways in which communities can be more resilient in preparation for future pandemics.</i>	Moderator: Florence Bull Presenters: CBCHS UCMB –Janet Komagum CHAK – Evelyn Gathuru CHAN – Pastor Onomoase Omorebokhae CSSC – Agnes Kosia	Level 2 hall
12:45 – 13:45	Lunch break	All	Hall upstairs
14.00 – 1500	Workshops wrap up and Take-Home message		
15:00 – 17:00	Field Visit	Group 1: Nyarugenge District Hospital (Dennis Kinyoki) Group 2: Cor Unum Health Centre (Dr. Alex) Group 3: King Faisal referral Hospital (Dr. Mukabi)	Transport leaves at 1510hrs
18:00	Closing prayer in each group		

18:30 – 20:30	Welcome Dinner and Networking (African Wear) (Preparatory meeting for Day 2: moderators and facilitators)	All	Restaurant
DAY 2: WEDNESDAY, 13 JULY 2022			
Time	Session	Facilitator/Moderator	Venue
8:00 – 8:30	Opening prayer and morning reflection	BUFMAR Religious Leader- Archbishop of Kigali	Big hall
8:30 – 08:40	Short message from Host – BUFMAR	Monique Gahongayire (DG- BUFMAR)	Big Hall
08.40 – 9:00	Conference Overview & Welcome Address	Nkatha Njeru – Coordinator Peter Yeboah – Chairman, ACHAP Board	Big Hall
9:00 – 9:30	Keynote address: <i>Response to pandemics in Africa and the role of faith-based health systems as perceived by Africa CDC</i>	Ag Director AFRICA CDC- Dr. Ahmed Ogwell Ouma	Big Hall
9:30 – 10:00	Official opening address: <i>Lessons learned from Rwanda: Innovative strategies for prevention and containment of COVID-19</i>	The Honorable Minister of Health- Rwanda (Dr. Ngamije Daniel)	Big Hall
10:00 – 10:30	Group Photo	All (<i>coordinated by ACHAP comms</i>)	Hotel Compound
	Health Break	All	Hall upstairs
10:30 – 11:30	Plenary session 1 (Panel discussion) <i>FBO-Health systems and Faith actors in emergencies; building resilience</i> <i>Faith-based health services providers have been at the forefront of recent responses to health pandemics in Africa and have applied lessons learned to the COVID-19 response. They have uniquely engaged local communities and governments and leveraged their reach and trust at country level to provide preventive and curative services to mitigate the impact of the pandemic. Faith based service providers are key players in providing health care services during pandemics such as HIV, Ebola, Cholera and now COVID-19. The panel will explore the role FBO health systems have played in the recent health pandemics in Africa, as well as the opportunities that exist to enhance their role, and how best to build resilient systems for future pandemics.</i>	Moderator: Dr. Samuel Mwenda Panelists: MOH – Rwanda COVID-19 response Africa CDC – Dr. Ahmed Ogwell Ouma AACC – Rev. Dr. Lesmore, CHAZ – Ms. Karen Sichinga, ACHAP – Peter Yeboah	Big Hall
11:30 – 12:30	Plenary session 2: (Panel discussion) <i>FBO- partnerships to enhance effective response at country, regional and global level: The role of ACHAP</i> <i>Faith actors have been at the forefront of recent responses to health pandemics in Africa and have applied lessons learned to the COVID-19 response. FBOs have uniquely engaged local communities and governments and leveraged their reach and trust at country level to mitigate the impact of the pandemic. FBOs make effective partners in responding to pandemics such as HIV, Ebola, Cholera and now COVID-19. How have FBOs partnered and engaged governments, local partners, development partners in their response to covid 19 pandemic? What other opportunities exist</i>	Moderator: Dr. Mwai Makoka Panelists: IMA World Health – Dennis Cherian CCIH – Dough Fountain DIFEAM – Carina Dinkel Novartis – Beth Gikonyo MOH – Rwanda	Big Hall
12:30 – 13:30	Lunch	All	Hall Upstairs
	Concurrent breakout sessions		

13:30 – 15:30	<p>Break out Session1: Emergency preparedness: lessons learnt from COVID-19 and previous pandemics</p> <p><i>FBOs have played a vital role in maintaining primary healthcare services during humanitarian and health emergencies. In some areas they are the only source of health services available in such times. COVID-19 was not different. This session will explore how FBO structures were affected by COVID-19 and how FBOs adapted various facets of the health system to survive through the pandemic, challenges faced, and lessons learned.</i></p> <p><i>Lessons from previous emergencies will provide valuable insight into this discussion</i></p>	<p>Moderator: Dr. Tonny Tumwesigye</p> <p>Presenters:</p> <p>CHAL – Patricia Kamara</p> <p>CHASL – Florence Bull</p> <p>CHAM – Elled Mwenyekonde</p> <p>CBCHS – Kongyu Emmanuel</p> <p>World Vision Rwanda – Alice Muhimpundu</p>	Big Hall
	<p>Break out Session 2: Health workforce in emergencies</p> <p><i>The health workforce issues and challenges in Africa are contributing slow response to health pandemics. Planning for the health workforce in the context of pandemics by key stakeholders is important, as health workers are critical in planning, service delivery, supervision, coordination and evaluation of health pandemics. The availability of well-trained and skilled health workers is key to improving health outcomes during health pandemics. Ensuring multisector engagement of health workforce This session will explore the strategies and mechanisms to increase, maintain and protect human resources for health (HRH), to assure their availability, training, protection, welfare, remuneration and financing during pandemics.</i></p>	<p>Moderator: Michael Idah</p> <p>Presenters:</p> <p>CHAG – Dr. James Duah</p> <p>ZACH – Dr. Chidzwere Nzou</p> <p>CHAM – Elled Mwenyekonde</p> <p>CSSC – Adam Machalila</p> <p>EPN – Jane Ng’ang’a</p>	Level 2 hall
	<p>Break out Session 3: Gender and youth perspectives in pandemics</p> <p><i>Gender inequality and gender-based violence increased because of the pandemic. In addition, due to the closure of schools, many young people in addition to dropping out of school were exposed to various health challenges that included mental health, alcoholism, HIV infections, and early pregnancies</i></p> <p><i>To navigate these complex issues, a panel discussion has been organized to share experiences of CHAs and Faith-based NGOs, and to document lessons learned. Lessons from this session will guide CHAs on how to better prepare to deliver gender-sensitive and youth-focused programs in future health crises.</i></p> <p>Questions for discussion:</p> <ol style="list-style-type: none"> 1. <i>In what ways were youths affected by COVID-19 in your country? What youth-led initiatives were implemented by CHAs/FBO to address this challenge?</i> 2. <i>What challenges did your organization meet in delivering gender and youth focused services?</i> 3. <i>What role did faith actors play in mitigating Gender-based violence during COVID 19 pandemic? What lessons can faith actors draw from the COVID 19 pandemic to ensure continuous integration of gender perspectives during the crisis?</i> 	<p>Moderator: Dr. Richard Neci</p> <p>Presenters:</p> <p>ACHAP – Dr. Alex Muhereza</p> <p>UPMB – Dr. Dan Mugisha</p> <p>WCC – Ezra Chitando</p> <p>World Vision Rwanda – Betty Murerwa</p>	Small Room A
	<p>Break out Session 4: COVID-19 Response in Francophone regions – experiences, challenges and lessons (In French)</p>	<p>Moderator: Dr. Ndilita Djekadoun</p> <p>ASAD</p> <p>ICPH – Bamba Mamadou)</p> <p>ReCoSAG</p> <p>BUFMAR</p> <p>FJKM – Madagascar</p> <p>ASSOMESCA – Julien Basile</p> <p>Gounouman</p>	TBD
15:30 – 18:00	Field Visit – Kigali Genocide Memorial	All	Bus leaves at 15:40
18:00	Closing Prayer		
18:00 – 20:30	Dinner and networking (Preparatory meeting for Day 2: Moderators and facilitators – coordinator Dr. Alex Muhereza)	All	Restaurant

DAY 3: THURSDAY, 14 JULY 2022-

Time	Session	Facilitator/Moderator	Venue
8:00 – 8:20	Opening prayer and morning reflection	AEST – Dr. Ndilita Djekadoun (In French)	Big Hall
8:20 – 9:30	<p>Plenary session 3: Communication and advocacy in pandemics: The role of FBOs</p> <p><i>Religious Leaders, FBOs, CHAs, and faith communities at all levels are considered important stakeholders have played a key role in health emergency preparedness and response, and the COVID-19 pandemic has magnified this role.</i></p> <p>This session will answer the following questions.</p> <ul style="list-style-type: none"> * How did the CHAs engage and coordinate with the respective governments in developing and rolling out health messaging, the buy-in from leadership/gatekeepers, and understanding of their operations? * What strategies have been put in place to ensure continuous and strengthened collaboration with respective governments and other partners? * What has been the role of media- print, radio, social media, interpersonal communication, and interfaith network in the surveillance of misinformation and disinformation, and dispelling myths about COVID-19 vaccination and prevention? * What has been the role of Faith leaders in advocating for vaccine equity, access, and uptake? Participants will also share their experience of Vaccine hesitancy and how it has been countered through targeted advocacy and SBC. Are there CHAs that developed sermon guides, toolkits, and advocacy packages? 	<p>Moderator: Ms. Vuyelwa Chitimire</p> <p>Presenters:</p> <p>UPMB – James Mwesigwa</p> <p>IRH – Marie Mukabatsinda</p> <p>World Vision Rwanda – Alice Muhimpundu</p> <p>DIFAEM – Carina Dinkel</p> <p>IMA/LWR-Rebecca Waugh</p>	Big Hall
9:30 – 10:30	<p>Plenary session 4: Supply chain systems and health technologies in pandemics.</p> <p>Drug Supply Organizations played a critical role in maintaining a steady supply of health commodities including the COVID Vaccine cold chain throughout pre and post pandemic period.</p> <p>This session will highlight:</p> <p>The in-depth experience of CHAs/CHNs as well as other partners have in the supply chain systems with keen focus on the adaptations and adoptions during the COVID-19 pandemic. The presentation will give an overview of their supply systems, innovations and best practices implemented as well as partnerships with the government and direct procurement that was undertaken</p>	<p>Moderator: Dr. Ndilita Djekadoun</p> <p>Presenters:</p> <p>JMS-Uganda (Dr. Bildard Baguma)</p> <p>EPN (Dr. Richard Neci)</p> <p>BUFMAR (Ernest Rwagasana)</p> <p>MEDS (Titus Munene)</p>	Big Hall
10:30 – 11:00	Health Break	All	Hall upstairs
11:00 – 11:30	Plenary feedback from breakout session and pre-conference sessions	Moderator	Big Hall
11:30 – 12:30	<p>Round table: Adaptation and resilience: What next in terms of preparedness</p> <p>High level discussion/presentation on infectious diseases and way forward to wrap up the conference</p> <p>Take-Home Message</p>	<p>Moderator: Peter Yeboah</p> <p>All Conference participants</p>	Big Hall
12:30 – 13:00	<p>Call for action/Conference Communique</p> <p>Closing session</p>	ACHAP Board Chair	
13:00	Conference Closing Prayer		
13:00 – 14:00	Lunch Break	All	Hall upstairs
14:00 – 18:00	ACHAP AGM	ACHAP paid up members	TBD
18:00 – 21:00	Dinner and Dance	All	Big Hall

Detailed Conference Sessions Programme and Synopsis

Day 1: Tuesday 12 th July 2022 – Pre-Conference Workshops			
Opening Prayer & Reflection	Rebecca Waugh (IMA world Health)		
Workshop 1	Health service delivery in pandemics: Experiences, innovations and recommendations		
Synopsis	<p>Session objectives:</p> <ol style="list-style-type: none"> 1. Document health systems strengthening measures used by CHAs/other partners during pandemic outbreaks such as COVID-19. 2. Highlight key innovations employed to ensure continuity of service delivery during pandemics 3. Document experiences of CHAs and other partners from other health emergencies such Ebola 4. Document key challenges faced in service delivery during pandemics and mitigation measures 5. Document lessons learnt and opportunities for CHAs and other partners to effectively mitigate the negative impacts of pandemics on delivery of quality health services. <p>COVID-19 pandemic caused significant disruption in the continuity of health services. The biggest disruptions were seen in health routine immunization, facility-based services for non-communicable diseases, antenatal care, family planning and contraception, as well as HIV/TB care and treatment services. In Nigeria as an example, OPD attendance dropped by 13%, Fully Immunized <1 year dropped by 16%, and ANC attendance by 15% between 2019 and 2020^{<?>}.</p> <p>Reasons for disruptions were driven by decreased patient demand and access due to lost income, movement restrictions, concerns about COVID-19 transmission, and reallocation of medical staff.</p> <p>Strong health systems need to be in place to ensure that health service delivery is uninterrupted by pandemics. These include ensuring strong governance and leadership for health, adequate human resources for health, adequate health care financing, strong health information systems, and adequate health commodities and technologies.</p> <p>This session will answer the following questions:</p> <ol style="list-style-type: none"> 1. What health systems strengthening measures did CHAs/other partners put in place to ensure that delivery of key health services was not hampered by the COVID-19 pandemic? 2. What worked well in ensuring continuity in delivery of health services during the pandemic? Please describe any existing collaborations/ partnerships with Governments/ other partners that facilitated this. 3. What innovative measures did CHAs/other partners use to ensure continuity of health service delivery? 4. What key health systems challenges did CHAs/other partners experience in delivering health services during the pandemic, and how did they mitigate them? 5. Were there any unique experiences from previous pandemics (such as Ebola) that helped CHAs/ other partners to cope well with the COVID-19 pandemic? 6. What key lessons/ best practices can be shared on providing health services during pandemics? 		
Facilitator: Dr. Josephine Balati	Presenters: UPMB – David Balikitenda CHAK – Rose Odeny ACHAP AFYA – Winnie Nyabenge UCMB – Janet Komagum UPMB – Allison Amongin	Venue: Big Hall	Time: 8:30am – 12:45pm

Workshop 2		Faith in pandemics: Exploring the faith leader experiences related to overcoming COVID-19 misinformation/ disinformation, vaccine confidence, vaccine equity, lessons learned in the pandemic, and steps taken in preparation for the next pandemic.	
Synopsis	Session objectives: <div><div><div>1. Share experiences on the current CHA efforts with Faith leaders as ‘champions’ for high impact interventions for COVID-19 response including their contribution to vaccine demand and equity.</div><div>2. Share experiences on evidence-based messaging on Covid-19, including faith-based messaging (particularly on Vaccination) and discuss opportunities for integration engaging communities on Misinformation (an “infodemic”), Distrust, Disinformation, and vaccine barriers.</div><div>3. Discuss ways that CHAs can strengthen engagement with government and Church structures as effective partners for meaningful collaboration on future Pandemics</div></div><div>Faith-based organizations (FBO) and Faith leaders are critical partners in addressing many known barriers to the uptake of health and other essential services, including vaccines. ACHAP recognizes the central role and influence of religious leaders and their diverse structures in behavior and social change communication. Some religious leaders and institutions are on the frontlines in their local communities responding to the COVID-19 health crisis and building awareness and public trust in the safety and efficacy of COVID-19 vaccines. These efforts help to build vaccine confidence. As they have in responding to previous health threats like HIV/AIDS and Ebola, faith-based outreach that supports science-based approaches can encourage vaccine acceptance and reassure communities of the trustworthiness of subject matter experts.</div><div>In the light of this, ACHAP and IMA World Health will take the opportunity to engage actively in the preconference session “Faith in Pandemics” to explore and outline the unique and critical role that faith actors are already playing, shared evidence and learning from past responses, and make key recommendations on the role they must continue to play during the vaccine phase of the response and beyond.</div><div>The session will answer the following questions:</div><div><div><div>1. What are the current faith leader efforts and high impact interventions for COVID-19 response including their contribution to vaccine demand and equity?</div><div>2. What are the current information and misinformation surrounding Covid-19 Vaccines?</div><div>3. What are the available opportunities for integration and touchpoints for engaging communities on Misinformation (an “infodemic”), Distrust, and vaccine barriers?</div><div>4. How can faith leaders be leveraged to support health emergency recovery through engaging faith leaders as; effective collaborators who promote positive social norms; Natural and trusted communicators; Catalysts for change and Mobilizers community structures.</div><div>5. What are the existing reference materials used by faith leaders in the pandemic response e.g., existing sermon guides from different countries and how can these be adopted/adapted into a single toolkit for use during health emergencies?</div><div>6. What is the most important message that you would like to convey from what you’ve learned during this learning process? (If possible, please could you reflect on one of the recommendations to external organizations in the report and how it connects to your experiences during COVID-19?)</div><div>7. What is the most important lesson you’ve learned from the last two years about faith-based COVID-19 response that you will be taking forward in your own work?</div><div>8. What are the existing co-creation strategies between the government and church in COVID-19 response including vaccine demand and equity</div></div></div></div>		
	Facilitator: Dennis Cherian	Presenters: CCIH – Doug Fountain ZACH – Dr. Chidzwere Nzou WCC – Dr. Mwai Makoka AACC – Dr. Lesmore EPN – Jane Ng’ang’a	Venue: Small Room A

Workshop 3		Community involvement: Adaptation and resilience in pandemics	
Synopsis	Session objectives: <div><div>1. Share experiences on how communities were affected by COVID-19, and how they coped.</div><div>2. Share experiences on coping mechanisms from previous health crises such as Ebola and lessons learned</div><div>3. Discuss ways in which communities can be more resilient in preparation for future health crises</div></div> <p>COVID-19 pandemic has affected all segments of the population, causing human, economic, and health crises, and is particularly detrimental to members of those social groups in the most vulnerable situations.</p> <p>Besides the health impacts of COVID-related infections, the pandemic led to restrictions on social gatherings and travel, thereby affecting all spheres of life. The restrictions resulted in food security issues, disruption of school calendars, and disruption of provision and access to essential health care services. Mental health has been reported as a major concern associated with the pandemic.</p> <p>ACHAP will leverage the pre-conference session to actively engage community health actors to share experiences and lessons on how communities were affected, how they adapted and managed shock and stressors caused by COVID-19 and other pandemics like Ebola. The session will also help document lessons learned and explore ways in which communities can be more resilient in preparation for future pandemics.</p> <p>The session will touch various facets of community – faith communities, community members, CSOs and local leaders. To explore these experiences, the moderator will guide power Point presentations and facilitate interaction with participants through a QA at the end of presentations. Rapporteurs will document key issues and summarize them at the end of the session</p> <p>The session will answer the following questions:</p> <div><div>1. In what ways were communities affected by COVID 19? Looking at all aspects of society - education, faith communities, community leaders, health system etc, how this your communities adapt to minimize the impact of COVID-19?</div><div>2. Share experiences of how information or disinformation affected your communities during COVID-19</div><div>3. Share some experiences, if any, of the community coping mechanisms from previous crises e.g. Ebola</div><div>4. What are some of the factors that facilitated quicker recovery from the effects of the pandemic?</div><div>5. What role did the faith leaders play in containing or exacerbating the effects of the pandemic?</div><div>6. Based on the lessons from learnt this experience, in what ways can communities build more resilience to better handle future health crises.</div></div>		
	Facilitator: Florence Bull	Presenters: CBCHS UCMB – Janet Komagum CHAK – Evelyn Gathuru CHAN – Pastor Onomoase Omorbokhae CSSC – Agnes Kosia	Venue: Level 2 hall

Plenary 1		FBO – Health systems and faith actors in emergencies: Building resilience	
Synopsis	Session Objectives: 2. Highlight the roles played by FBO health systems/faith actors in pandemic responses 3. Document collaborations between FBO-health systems/ faith actors and governments (MoH)/ key stakeholders during pandemics and opportunities for further engagement 4. Highlight key challenges faced by FBO-health systems and faith actors during pandemic outbreaks 5. Document best practices and lessons learned in building resilience of FBO-health systems and faith actors during pandemics COVID-19 pandemic has affected all segments of the population, causing human, economic, and health crises, and is particularly detrimental to members of those social groups in the most vulnerable situations. Besides the health impacts of COVID-related infections, the pandemic led to restrictions on social gatherings and travel, thereby affecting all spheres of life. The restrictions resulted in food security issues, disruption of school calendars, and disruption of provision and access to essential health care services. Mental health has been reported as a major concern associated with the pandemic. ACHAP will leverage the pre-conference session to actively engage community health actors to share experiences and lessons on how communities were affected, how they adapted and managed shock and stressors caused by COVID-19 and other pandemics like Ebola. The session will also help document lessons learned and explore ways in which communities can be more resilient in preparation for future pandemics. The session will touch various facets of community – faith communities, community members, CSOs and local leaders. To explore these experiences, the moderator will guide power Point presentations and facilitate interaction with participants through a QA at the end of presentations. Rapporteurs will document key issues and summarize them at the end of the session The session will answer the following questions: 1. In what ways were communities affected by COVID 19? Looking at all aspects of society - education, faith communities, community leaders, health system etc, how this your communities adapt to minimize the impact of COVID-19? 2. Share experiences of how information or disinformation affected your communities during COVID-19 3. Share some experiences, if any, of the community coping mechanisms from previous crises e.g., Ebola 4. What are some of the factors that facilitated quicker recovery from the effects of the pandemic? 5. What role did the faith leaders play in containing or exacerbating the effects of the pandemic? 6. Based on the lessons from learnt this experience, in what ways can communities build more resilience to better handle future health crises.		
	Facilitator: Dr. Samuel Mwenda	Presenters: MOH – Rwanda COVID response Africa CDC – Dr. Ahmed Ogwell Ouma AACC – Rev. Dr. Lesmore CHAZ – Ms. Karen Sichinga ACHAP – Peter Yeboah	Venue: Big Hall
Plenary 2		FBO – Partnerships to enhance effective response at country, regional and global level: The role of ACHAP	
Synopsis	Session objectives: 1. Share the experiences from partners that have been supporting FBOs or ACHAP. 2. Document collaborations these partners and governments (MoH) along the timelines of COVID-19 response 3. Highlight key challenges faced with FBO-health systems and faith actors’ partnerships during pandemic outbreaks 4. Document best practices and lessons learned partnerships with FBO-health systems and faith actors during pandemics Partnerships are key in combating cross-border challenges. This can be in form of sharing financial and technical resources. Due to limited domestic financing, FBOs often rely on partnerships with government, charities and CSOs to deliver low-cost services to poor population. As COVID-19 overwhelmed health systems across countries, financial resources were affected and sharing of technical resources was difficult due to limitation in movement. Question: What partnerships with ACHAP, CHAs and FBOs establish to combat challenges occasioned by COVID-19? What opportunities existed to collaborate globally, regionally, and at country levels? To answer these questions: 1. We expect to get experiences from partners that have been supporting FBOs or ACHAP. 2. We will also explore a partnership with the government and how that evolved along the various stages of the pandemic.		

Facilitator: Dr. Mwai Makoka	Presenters: IMA World Health – Dennis Cherian CCIH – Dough Fountain DIFEAM – Carina Dinkel Novartis – Beth Gikonyo MOH – Rwanda	Venue: Big Hall	Time: 11:30am – 12:30pm
Breakout Session 1			
Emergency preparedness: Lessons learnt from COVID-19 and previous pandemics			
Synopsis	<p>When pandemics strike, most countries are often unable to meet the needs of affected persons. Support and care needed is often beyond the capacity of most health care systems. While progress has been made in emergency preparedness and response, COVID-19 pandemic showed us that more needs to be done. CHAs/CHNs are key partners in building resilient health care systems that would withstand future emergencies including pandemics. It is for this reason that ACHAP looks to engage actors in the breakout session on “Emergency preparedness and response” to share experiences, lessons, and best practices.</p> <p>This session brings together CHAs/CHNs to share experiences in emergency preparedness and response including supporting national and regional pandemic preparedness and response plans. Some contributed to emergency teams, equipment, and training centers and participated in government-led Taskforce units.</p> <p>Session Objectives:</p> <ol style="list-style-type: none"> 1. Learn about current practices and lessons in emergency preparedness and response: Case for COVID-19, Ebola and other emergencies. 2. Learn about some of the ways to leverage on and support national and regional pandemic preparedness and response plans. 3. Identify opportunities for collaboration. <p>Session Questions:</p> <ol style="list-style-type: none"> 1. How have CHAs/CHNs and other actors been involved in the development and implementation of national pandemic preparedness and response plans? How did the experience of Ebola outbreak affect the COVID-19 preparedness by CHA and Government? 2. What lessons have they learnt in execution of emergency preparedness and response plans for benefit of future emergencies? How did they adapt? <p>Outcome: At the end of this session, participants will receive a set of lessons drawn from past epidemics and COVID-19 regarding preparedness and response, highlighting the role of FBOs. Participating CHAs will get resources to help them come up with emergency preparedness plans</p> <p>Activities will include:</p> <p>Presenters will make a PowerPoint presentation, each maximum of 15minutes each including Q and A. Subsequently, they will be group sessions to discuss two key questions. Common issues and key lessons learnt will be documented and shared by group leads with larger team in plenary,</p>		
Facilitator: Dr. Tonny Tumwesigye	Presenters: CHAL – Patricia Kamara CHASL – Florence Bull CHAM – Elled Mwenyekonde CBCHS – Kongyu Emmanuel World Vision Rwanda – Alice Muhimpundu	Venue: Big Hall	Time: 13:30 – 15:30

Breakout Session 2		Health workforce in emergencies	
Synopsis	<p>Globally, there was an acute shortage of health workforce to combat the raging COVID-19 pandemic. Health workers were overworked, some contracted the disease with some reported deaths and while others simply burned out. In many countries, travel restrictions affected movement of health workforce especially during curfew hours.</p> <p>Session Questions:</p> <ol style="list-style-type: none">1. How did CHAs cope with chronic shortage of human resources with increasing demands for more workforce?2. Who cared for the carers when they got sick or burned out due to heavy workload or loss of colleagues?3. With reducing revenue on cost-share due to low patient turn up, how did CHAs maintain a stable workforce? <p>Presentations will shade more light on the experiences of CHAs on the management of human resources in emergencies, and the implications for the future amidst chronic health workforce shortage.</p> <p>The session will also address neglected areas – Care for the health worker, including supporting mental health of caregivers.</p>		
	<p>Facilitator:</p> <p>Michael Idah</p>	<p>Presenters:</p> <p>CHAG – Dr. James Duah</p> <p>ZACH – Dr. Chidzwere Nzou</p> <p>CHAM – Elled Mwenyekonde</p> <p>CSSC – Adam Machalila</p> <p>EPN – Jane Ng’ang’a</p>	<p>Venue:</p> <p>Level 2 Hall</p>
Breakout session 3		Gender and youth perspectives in pandemics	
Synopsis	<p>Session Objectives:</p> <ol style="list-style-type: none">1. Share experiences on how the COVID-19 pandemic affected youths and sexual reproductive health services delivery. Participating CHAs and FBOs will share innovations around youth-led initiatives to mitigate the impacts of COVID-19.2. Share experiences on gender issues that resulted from COVID 19, challenges faced in delivering gender-responsive programs3. Discuss the role of the faith community in averting gender-based violence during the pandemic and document lessons for future health crises. <p>Gender inequality and gender-based violence increased because of the pandemic. In addition, due to the closure of schools, many young people in addition to dropping out of school were exposed to various health challenges that included mental health, alcoholism, HIV infections, and early pregnancies.</p> <p>To navigate these complex issues, a panel discussion has been organized to share experiences of CHAs and Faith-based NGOs, and to document lessons learned. Lessons from this session will guide CHAs on how to better prepare to deliver gender-sensitive and youth-focused programs in future health crises.</p> <p>Questions for discussion:</p> <ol style="list-style-type: none">1. In what ways were youths affected by COVID-19 in your country? What youth-led initiatives were implemented by CHAs/FBO to address this challenge?2. What challenges did your organization meet in delivering gender and youth-focused services?3. What role did faith actors play in mitigating Gender-based violence during COVID 19 pandemic? What lessons can faith actors draw from the COVID 19 pandemic to ensure continuous integration of gender perspectives during the crisis? <p>This session will start with an introductory presentation on Gender and youth perspectives during the pandemic, drawing from global and regional literature. This will be followed by a panel discussion on the above questions</p>		
	<p>Facilitator:</p> <p>Dr. Richard Neci</p>	<p>Presenters:</p> <p>ACHAP – Dr. Alex Muhereza</p> <p>UPMB – Dr. Dan Mugisha</p> <p>WCC – Ezra Chitando</p> <p>World Vision Rwanda – Betty Murerwa</p>	<p>Venue:</p> <p>Small room A</p>

Breakout Session 4		COVID-19 response in Francophone region:- Experiences, challenges and lessons (Session In French)	
Synopsis	Session Objectives: 1. Discuss CHA’s engagement with governments (Ministries of Health) during the health emergencies (Pandemic response) 2. Share experiences and best practices on effective health messaging 3. Discuss the critical role of media and faith leaders during health emergencies To control the COVID-19 pandemic, mere scientific understanding of the disease is not sufficient, a much broader and holistic approach focusing on health behaviors, and social and cultural aspects in a multi-faceted nature is required. Throughout history, Religious Leaders, FBOs, CHAs, and faith communities at all levels have played a key role in health emergency preparedness and response, and the COVID-19 pandemic has magnified this role. This session aims to answer the following questions: 1. How did the CHAs engage and coordinate with the respective governments in developing and rolling out health messaging, the buy-in from leadership/gatekeepers, and understanding of their roles and operations? 2. What strategies have been put in place to ensure continuous and strengthened collaboration with respective governments and other partners? 3. What has been the role of media- print, radio, social media, interpersonal communication, and interfaith network in the surveillance of misinformation and disinformation, and dispelling myths about COVID-19 vaccination and prevention? 4. What has been the role of Faith leaders in advocating for vaccine equity, access, and uptake? Participants will also share their experience of Vaccine hesitancy and how it has been countered through targeted advocacy and Social Behavioral Change and Communication (SBCC). Are there CHAs that developed sermon guides, toolkits, and advocacy packages?		
	Facilitator: Dr. Ndilta Djekadoun	Presenters: ASAD ICPH – Bamba Mamadou ReCoSAG BUFMAR FIKM – Madagascar ASSOMESCA – Julien Basile Gounouman	Venue: TBD
Plenary 3		Communication and advocacy in pandemics: The role of FBOs	
Synopsis	Session Objectives: 1. Discuss CHA’s engagement with governments (Ministries of Health) during the health emergencies (Pandemic response) 2. Share experiences and best practices on effective health messaging 3. Discuss the critical role of media and faith leaders during health emergencies To control the COVID-19 pandemic, mere scientific understanding of the disease is not sufficient, a much broader and holistic approach focusing on health behaviors, and social and cultural aspects in a multi-faceted nature is required. Throughout history, Religious Leaders, FBOs, CHAs, and faith communities at all levels have played a key role in health emergency preparedness and response, and the COVID-19 pandemic has magnified this role. This session aims to answer the following questions: 1. How did the CHAs engage and coordinate with the respective governments in developing and rolling out health messaging, the buy-in from leadership/gatekeepers, and understanding of their roles and operations? 2. What strategies have been put in place to ensure continuous and strengthened collaboration with respective governments and other partners? 3. What has been the role of media- print, radio, social media, interpersonal communication, and interfaith network in the surveillance of misinformation and disinformation, and dispelling myths about COVID-19 vaccination and prevention? 4. What has been the role of Faith leaders in advocating for vaccine equity, access, and uptake? Participants will also share their experience of Vaccine hesitancy and how it has been countered through targeted advocacy and Social Behavioral Change and Communication (SBCC). Are there CHAs that developed sermon guides, toolkits, and advocacy packages?		

Facilitator: Ms. Vuyelwa Chitimire	Presenters: UPMB – James Mwesigwa IRH – Marie Mukabatsinda World Vision Rwanda – Alice Muhimpundu DIFAEM – Carina Dinkel IMA world Health – Rebecca Waugh	Venue: Big Hall	Time: 8:30 – 9:30
Plenary Session 4 Supply chain systems and health technologies in pandemics			
Synopsis	<p>The COVID-19 pandemic has posed significant challenges for supply chains globally. It slowed or even temporarily stopped the flow of raw materials and finished goods. The pandemic brought to light previously unseen vulnerabilities to supply chain. Drug Supply Organizations played a critical role in maintaining a steady supply of health commodities including the COVID Vaccine cold chain throughout pre and post pandemic period.</p> <p>This session will highlight:</p> <p>The in-depth experience of CHAs as well as other partners involved in the supply chain systems with keen focus on the adaptations and adoptions during the COVID-19 pandemic. The presentation will give an overview of their supply systems, innovations and best practices implemented as well as partnerships with the government and direct procurement that was undertaken.</p> <p>This session aims to answer the following questions:</p> <ol style="list-style-type: none"> 1. What lessons do we draw from financing, partnership, and management of stocks in an emergency? 2. What are the key learnings, best practices, and adaptation mechanisms of implementation during COVID-19? 		
Facilitator: Dr. Ndilta Djekadoun	Presenters: JMS-Uganda – Dr. Bildard Baguma EPN – Dr. Richard Neci BUFMAR – Ernest Rwagasana MEDS – Titus Munene	Venue: Big Hall	Time: 9:30 – 10:30

Presenters' Bios

Dr. Patrick Chanda Kabwe (MD) – Africa Centre for Disease Control and Prevention



Dr. Patrick Chanda Kabwe, MD, is a medical doctor with postgraduate qualifications in Field Epidemiology. He is the graduate of the first cohort of the advanced Field Epidemiology Training program in Zambia. He has over 12 years' experience working in public health. He joined the Africa CDC as the COVID-19 Event Based Epi-Analyst.

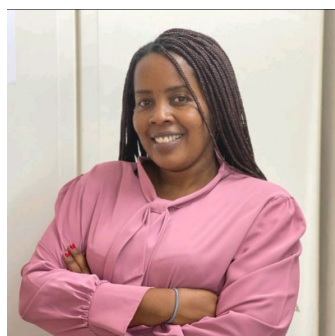
He is currently working as a technical officer, country engagement, for the Africa CDC Saving Lives and Livelihood Program, which aims to accelerate COVID-19 vaccination programs in African Union Member States.

Doug Fountain – Christian Connections for International Health

Doug Fountain is Executive Director of Christian Connections for International Health, a global network that supports over 100 organizations and hundreds of individuals through networking, fellowship, advocacy, and capacity building. Doug previously served as Vice President for Strategy and Impact with Medical Teams International (MTI). For over eight years, Doug worked at Uganda Christian University, where he helped establish health science programs and then served as a Deputy Vice-Chancellor for the 11,000-student system. Doug has consulted on numerous programs and projects ranging from medical volunteer strategies to establishing the Christian Journal for Global Health. Earlier in his career, Doug managed research programs in US-based mental health and substance abuse services as well as a community reforestation program in Tanzania that was pivotal in his life course. Doug holds a Master's in Public Administration and a bachelor's in Political Science and Economics and lives near Washington DC.



Alice Muhimpundu Umubyeyi – World Vision Rwanda



Alice Muhimpundu Umubyeyi is a Social Behavior Change (SBC) expert with 11 years of experience in water, sanitation and health at community and school level. She also has 7 years' experience in environmental health services in health care facilities and public premises. Her skills include SBC program management, capacity building, community health and SBC material development for both emergencies and development.

She currently works for World Vision Rwanda as WASH & Health behavior Change Communications manager.

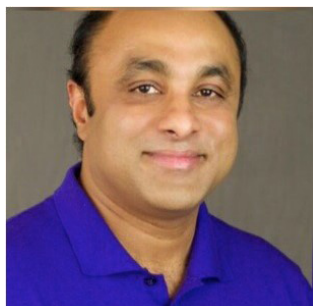
Dr. Mwai Makoka – World Council of Churches

Dr. Mwai Makoka is Programme Executive for Health and Healing at the World Council of Churches in Geneva since 2016. He received medical training from the University of Malawi (2002) and post-doctoral training in medical and public health microbiology from the University of North Carolina at Chapel Hill, USA (2007). Besides clinical work, he has taught in the University of Malawi medical school and worked in the national HIV programme.



He was previously head of the Christian Health Association of Malawi, an ecumenical network providing up to one-third of the healthcare services in the country, especially to rural poor communities, and training of frontline healthcare workers. In his current role, Dr Makoka works with WCC member churches to support their hospitals, congregation-based health promotion programmes as well as national and international Christian health networks. He has published several scientific papers in peer-reviewed journals. He has recently published "Health-Promoting Churches" Volumes I and II. Dr Makoka serves as WCC liaison with WHO and other international health organizations and serves on boards of Ecumenical Pharmaceutical Network (EPN), Africa Christian Health Associations' Platform (ACHAP) and Christian Connections for International Health (CCIH), and on several WHO working groups.

Dennis Cherian – IMA World Health/Corus International



Dennis Cherian, Associate Vice President, Global Health and Nutrition, oversees Corus International's health, nutrition and WASH work, and serves as its global practice lead. Dennis is passionate about health equity and integrating health in multi-sectoral platforms. Dennis brings over 25 years of global health leadership and experience in non-profit organizations and government to Corus International. Prior to joining Corus International, Dennis was the Senior Director of New Program Development at Jhpiego, where he supported the growth and diversification of new business development activities. As the Senior Director of Health at World Vision, Dennis led a team responsible for advancing the organization's technical profile and for the acquisition and implementation of a broad range of health programs worldwide.

Dennis also held senior technical advisor and program management roles with Plan International, Medical Care Development International, and the New York State Department of Health, Division of Tuberculosis. He has extensive experience designing and implementing integrated child health and development, tuberculosis/HIV, nutrition, WASH, Global Health Security, and NTDs projects. He currently serves as the Secretary of the Christian Connection in International Health (CCIH) Board and is the Co-Chair of the CORE Group board.

Dr. Chidzewe Nzou – Zimbabwe Association of Church-related Hospitals

Dr. Chidzewe Nzou is a public health epidemiologist currently working as a Programme Manager with the Zimbabwe Association of Church-related Hospitals (ZACH). Dr. Nzou has special interest in public health epidemiology, promoting equity and good health for marginalized communities. Has over 18 years of post-graduation experience in public health programming. Experience gained through working with the Ministry of Health and Child Care, John Snow International, University of Zimbabwe Clinical Research Centre, HIV and AIDS quality of Care Initiative (HAQOCI) and ZACH. Accomplishments include programme design, planning, implementation, monitoring, evaluation, training, coaching, demonstration of evidence-based interventions and implementation/operational research, among others. Chidzewe Nzou is a qualified Medical Doctor and holds the Doctor of Medicine and master's in clinical Epidemiology degrees.



Vuyelwa Tenjiwe Sidile-Chitimire – Zimbabwe Association of Church-related Hospitals



A graduate from Adelphi University and Arnold and Marie Schwartz School of Sciences N.Y. Long Island USA, Vuyelwa holds a BA degree in Biology with a Minor in Psychology and a double degree in MSc and MBA. She is the Executive Director for The Zimbabwe Association of Church-related Hospitals (ZACH) and has more than 30 years' experience in the health sector. Vuyelwa specializes in the management, planning, appraisal, and reform of the health sector, including systems analysis, change management, institutional strengthening, and project management. She is also the co-founder and past president of the Zimbabwe National Institute of Consulting (ZNIC) and the First Female Certified Management Consultant (CMC) in Zimbabwe. She sits in five boards regionally and locally and is the current chair for HOSPAZ Zimbabwe. Her experience expands across the public and private sector.

Vuyelwa is a dynamic and passionate leader in both health and humanitarian management and has worked in several hospitals and NGOs in the USA, namely, Lydia E Hall Hospital, Freeport Long Island and CWU 475 Riverside Drive, New York City USA before returning to Zimbabwe in 1983. She also worked in the Ministry of Health and Child Welfare then, as the Senior Health Services Administrator cum Mentor and as the Under Secretary for Planning Monitoring and Evaluation and in the Ministry Local Government and National Housing as the Deputy Director for Administration in close liaison with the Minister's office and that of the Permanent Secretary.

Peter Kwame Yeboah – ACHAP Board Chair

Peter Yeboah is the current ACHAP Board Chairperson and Executive Director of the Christian health association of Ghana (CHAG). CHAG is the largest private-not-for profit and non-state provider of health services in Ghana. With over two decades of experience in the faith-based and normal health systems, his expertise includes health systems strengthening/development, social policy, health policy planning and financing, community based primary health care. He holds two post-graduate degrees: a joint Master of Science in health policy, planning and financing from the London School of Economics and London School of Hygiene and Tropical Medicine, and a Master of Public Health/ICHD from the Royal Tropical Institute (KIT) in Amsterdam, the Netherlands.



Dr. Tonny Tumwesigye – Uganda Protestant Medical Bureau



Dr. Tonny Tumwesigye, M.D. (MUK), DPH (LSHTM), Msc.PH (LSHTM), is the Executive Director of the Uganda Protestant Medical Bureau (UPMB). Prior to his time at UPMB, Dr. Tumwesigye served for 10 years as the CEO and medical superintendent of Kisiizi Hospital, a 250-bed mission hospital in rural Uganda, and a Director of the Joint Medical Store and its subsidiary for-profit companies co-owned by UPMB and Uganda Catholic Medical Bureau (UCMB). His work has included speaking and promoting healthy timing and spacing of pregnancies (FP), health systems strengthening, strengthening partnerships, and scaling up innovative interventions to ensure attainment of the Sustainable Development Goals (SDGs). Dr. Tumwesigye holds, among others, a Presidential Honor: “The Presidential Distinguished Services Award for his outstanding contribution to health services in Uganda.”

Nkatha Njeru – ACHAP Coordinator

Nkatha Njeru, MPH is an experienced public health specialist who has worked with the faith sector in Kenya and regionally for the past 15 years. Nkatha has extensive experience in health systems strengthening, where she has worked to support non-profit organizations (especially the faith-based sector) in organizational development, policy formulation, strategic planning, human resources for health, as well as aspects of health financing.

She is experienced in project design, coordination, and management, having provided project leadership and oversight for funding from various donor agencies and governments.

She heads the ACHAP Secretariat



Dr. Djékadoum Ndilta – Association Evangélique pour la Santé au Tchad



In addition to his medical degree, Dr. Djékadoum Ndilta holds a Master's Degree in Public Health and has been managing the Evangelical Hospital of Koyom, a rural district hospital, for 18 years. He was a member of the EPN Network Board from 2008 to 2014. Very involved in solving grassroots health problems in the community, Dr. Ndilta has coordinated several health projects covering the areas of HIV/AIDS, malaria, hygiene, pharmaceutical management in church health facilities and the project on maternal and child health. He is involved in various field research projects, focusing on malaria and geohelminths in rural areas. He is the Executive Director of the Evangelical Association for Health in Chad, Association Evangélique pour la Santé au Tchad (AEST)

Dr. Samuel Mwenda – Christian Health Association of Kenya

Dr. Samuel Mwenda is the General Secretary of the Christian Health Association of Kenya (CHAK). Prior to his time at CHAK, Dr. Mwenda served for six years at the CEO of the 250-bed mission hospital (Maua Methodist Hospital) in rural Kenya. He has also worked as a medical officer for the Kenya Ministry of Health.

He is a member of Board of Directors of MEDS and chairs the Board of the Institute of Family Medicine in Kenya, and has previously served as a board member of IMA World health.



Michael Idah – Christian Health Association of Nigeria



Michael Idah is the Country Director / Secretary General of the Christian Health Association of Nigeria (CHAN). He holds Bachelor's and Master's degrees in Public Health Administration and has extensive experienced in public health, disability inclusion, and community development.

Dr. Richard Neci – Executive Director of the Ecumenical Pharmaceutical Network (EPN).

Dr. Richard Neci is the Executive Director of the Ecumenical Pharmaceutical Network (EPN). He holds a bachelor's degree with Honors in Pharmaceutical Sciences from the University of Kinshasa, an advanced diploma in humanitarian Logistics from ISS-DRC and a Postgraduate Certificate of Management from Cumbria University.

He also serves as President of the Provincial Council of Pharmacists and was previously Managing Director of the Dépôt Central Médico-Pharmaceutique 8e CEPAC (DCMP 8th CEPAC) in DRC.



Florence Bull – Christian Health Association of Sierra Leone



Florence Bull is a public health specialist with over 20 years programmatic experience working in Sierra Leone which is a country that has gone through a lot of public health challenges but remains focused and resilient. She heads the Christian Health Association Sierra Leone (CHASL), a local Christian faith-based organization with a network of 43 health facilities spread across the regions of the country and the second largest service provider of health in the country. Florence develops and guides program implementation working together with a team of senior managers to identify opportunities for adaptation and improvement to meet goals and improve the lives of people in Sierra Leone most effectively. She holds a master's degree international public health specializing in sexual and reproductive health from the University of Liverpool United Kingdom.

Dr. Dan Mugisha – Uganda Protestant Medical Bureau

Dr. Dan Mugisha is a medical doctor by training, with over 10 years' experience in TB and HIV programming. He is currently the TB/HIV Technical Advisor for Infectious Diseases Institute (IDI), Makerere University College of Health Sciences on the Uganda Protestant Medical Bureau (UPMB) led USAID-Local Service Delivery for HIV/AIDS activity (USAID LSDA), a five-year HIV/AIDS and TB consortium award from USAID.

Before joining USAID LSDA, Dr Dan had worked as the PMTCT and Care and Treatment Technical Advisor for the Elizabeth Glaser Pediatrics AIDS Foundation (EGPAF) Uganda for over 8 years. In his leisure time, he loves farming



Elled Mwenyekonde – Christian Health Association of Malawi



Elled Mwenyekonde is a Health Systems Management specialist with more than 10 years of managing health projects and health systems in Malawi. He is results oriented and innovative in finding locally developed strategies to achieve desirable results/outcomes. He is a team Player and good Communicator who motivates team members to achieve their results efficiently and effectively. He is passionate about improving Malawi's health system to contribute to the wellbeing of Malawians. He holds a Master of Philosophy (Maternal and Child Health) degree from University of Cape Town, Bachelor of Science (Health Systems Management) - University of Malawi, College of Medicine, and Diploma in Clinical Medicine- Malamulo College of Medical Science. Elled is currently the Director of Health Programmes (DoHP) at Christian Health Association of Malawi (CHAM).

Previously he has worked with CHAM as Health Services Manager and Department of Obstetrics and Gynaecology- Kamuzu Central Hospital. Ministry of Health, Lilongwe as the Superintendent Clinical Officer. He is a board member Medical Council of Malawi (MCM), Vice Chairperson of National Health Sciences Research Committee (NHSRC)- Safety Committee and member of National Committee on Confidential Enquiry into Maternal Deaths (NCCEMD).

Dr. Alex Muhereza – Africa Christian Health Associations Platform

Dr. Alex Muhereza, MD MPH, is an experienced public health professional with work experience in non-profit organizations, including the faith-based sector for the past 15 years. He has extensive experience in health systems strengthening in HIV, Malaria, TB, family planning, Maternal newborn, and child health programs in Uganda and Kenya. He is passionate about structural and social determinants of health, healthcare quality, and private sector engagement. He currently works as the RMNCAH Senior Advisor for the Africa Christian Health Associations Platform (ACHAP), an umbrella organization for Christian Health Associations (CHAs) with membership in more than 30 African Countries whose mandate is to support health care systems of CHA members.



Dr. Bildard Baguma – Joint Medical Stores Uganda



Bildard is a health professional with wide training and experience in Clinical Medicine, Health Systems, Business and Management. He holds a Bachelor of Medicine and Bachelor of Surgery (MUK); Master of Business Administration (MUK). He is a member of the Chartered Institute of Procurement and Supplies –CIPS (UK). He has management training and experience in a wide range of areas from clinical health practice; humanitarian work with Uganda Red Cross Society where Bildard worked for over 10 years rising through the ranks to the level of Deputy Secretary General. Health logistics and supply chain management where he currently serves as Executive Director/CEO of Joint Medical Store, a leading health solution supply company in Kampala Uganda. Bildard is a member of several governing boards including Malaria Partners Uganda; National Drug Authority, Malaria Free Uganda; Tondeka Metro where he serves in various capacities and has gained a lot of governance experience.

Bildard is the Head of Laity for South Ankole Diocese and serves in various capacities in the church and other charity bodies- School Boards, Health Facility Management Committees. Bildard is a Rotarian and Immediate Past President of the Rotary Club of Muyenga Tank hill; AGE and has served in various capacities in the rotary movement. Bildard is a family man; He is Married to Pamela and together they have 4 children. Bildard is passionate about humanitarian and charity work; enjoys working with underprivileged people to help enhance them economically; in education, he co-owns several education institutions both Primary and secondary schools.

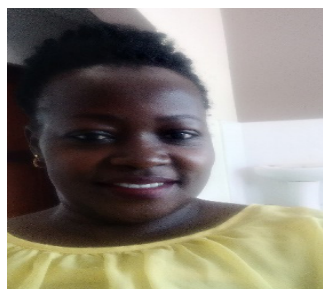
James Mwesigwa – Uganda Protestant Medical Bureau

Prior to joining UPMB, Mr. Mwesigwa successfully, served as a Project Manager for Black Minority Ethnic (BME) Community Mental Health Services, in the United Kingdom. He joined UPMB in 2015, as partnerships lead and advocacy advisor for family Planning, Health financing, Mental Health, Non-Communicable Diseases (NCDs) and Water, Sanitation, Hygiene (WASH), Quality Improvement & Patient Safety.

Mr. Mwesigwa has a clinical & Public Health Dentist. James is a PRINCE2 Practitioner, holds a MSc Health Services Management of London South Bank University as well as a MSc Quality and Safety in Health care of Imperial College London.



Mrs. Opota Janet Komagum – Uganda Catholic Medical Bureau



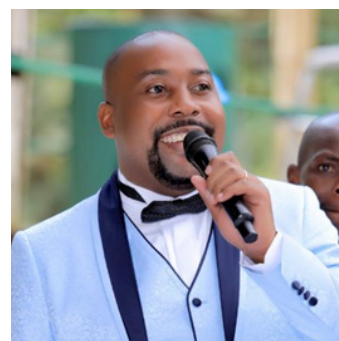
Mrs. Opota is the Regional Project Officer ACHAP-Afya project with the Uganda Catholic Medical Bureau, a health department Under Uganda Episcopal Conference. Has got 18 years work experience in coordinating development programs, with extensive expertise in MNCH, FP, Nutrition and WASH, Financial Management, stakeholder relations, Resource mobilization and establishment of sustainable feedback mechanisms.

She has also outstanding expertise in engaging Faith-Based Organization and Religious bodies in project implementation.

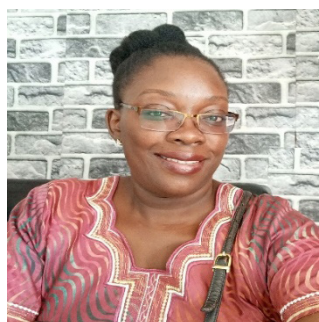
David Balikitenda – Uganda Protestant Medical Bureau

Mr Balikitenda is a Global Health Corps Fellow 2015-16 and member of the Uganda Statistical Society and Uganda Evaluation Association. He is currently working as a Monitoring and Evaluation Advisor at UPMB. He is a seasoned practitioner, coach and mentor for qualitative and quantitative research, M&E best practices, and data demand & use approaches.

David has vast knowledge in monitoring and evaluation for non-communicable diseases, HIV/AIDS, advocacy, MNCH & family planning, and quality improvement, including IPC-WASH and human resources for health.



Ms. Allison Amongin Otim – Uganda Protestant Medical Bureau



Ms. Otim is a reproductive health expert with a bias in fertility awareness methods of family planning. She has over 5 years' experience working with health workers, community health workers and religious leaders in offering FP services to their communities.

She is currently working at UPMB as the Project Lead for the Passages Fertility Awareness Methods Project supported by Georgetown University's Institute of Reproductive Health and funded by USAID. She is a committed Christian and loves to serve at her local church through music.

Rev. Dr. Lesmore Gibson Ezekiel – All-Africa Conference of Churches

Rev. Dr. Lesmore currently serves as the Director of Programs at AACC with its head office in Nairobi, Kenya. He oversees all programs of the continental ecumenical organisation. He is an ordained minister of the Lutheran Church of Christ in Nigeria (LCCN). He served in different capacities in the church before joining the ecumenical and mission-oriented organisations. Before joining the AACC, Rev. Lesmore served as Country Director of an LWF funded project, Symbols of Hope in Nigeria, after serving as programs focal person for Programme for Christian-Muslim Relations in Africa (PROCMURA). He serves in the boards and councils of many agencies and institutions.



Rev. Lesmore holds an NCE in Agricultural Science, Bachelor of Arts in CRS, Bachelor of Theology, Master of Theology, Master of Advanced Studies in Ecumenism, and a PhD in Ecumenical Theology and Ministerial Studies. He has a good number of publications to his credit and is an unrepentant Pan-Africanist influenced by the Afro-ideological philosophy of “Ubuntu”.

Carina Dinkel — Deutsches Institut für Ärztliche Mission e.V. (Difäm)

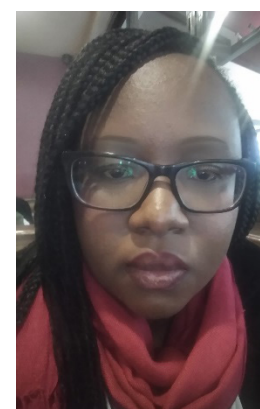


Carina Dinkel is a medical doctor with a German masters equivalent in family medicine and has been working for over 15 years in direct patient care in Germany and Tanzania. There, she was responsible for the practical education of young doctors pursuing their master in family medicine. With her expertise she also has been an advisor for various German mission agencies in the field of medical program support, construction and procurement.

She joined Difäm in 2020 as focal person for clinical care and COVID-19 vaccination programs. She is also currently working with the local churches in Germany introducing global health care as a diaconic issue and strengthening the capacity of church congregations in health and healing.

Evelyn Gathuru – Christian Health Association of Kenya

Evelyn Gathuru is a development professional with 10 years’ experience in Program Monitoring, Evaluation and Learning and Knowledge Management. She has experience leading the generation and consumption of quality data for data-driven decision-making and intentional learning to drive evidence-based adaptive programming for projects supported by various donors including USAID, European Commission, AstraZeneca and Novo Nordisk. She currently works as a Monitoring, Evaluation and Learning Officer at CHAK leading the MEL component for RMNCAH, NCDs and Health Systems Strengthening programs. She holds an Honours BSc degree in Human Biology and Sociology, a post-graduate diploma in Project Management and certification in Monitoring & Evaluation and Gender Analytics and is currently pursuing a Masters’ in Project Management. She is passionate about sexual and reproductive health, human-centred inclusive program design, collaborative learning and adaptation, and knowledge management.



AFRICA CHA PLATFORM