



THE AMREF INTERNATIONAL UNIVERSITY (AMIU) 1ST PRIMARY HEALTH CARE CONGRESS

THEME: Aligning practice to evidence in strengthening PHC for lasting health change in Africa

Background

It has been 45 years since the landmark 1978 Alma-Ata Declaration, which defined Primary Health Care (PHC) as “essential healthcare based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford¹.”

The goal of PHC is to provide better health services for all, making it an integral part of a country’s health system and the central function for the community’s overall social and economic development. The aim is to achieve the highest possible level of health and well-being, ensuring equitable distribution and a sustainable healthy life without financial burden on patients.

Despite the promulgation of the PHC agenda after the Alma-Ata Declaration, its actualization has remained elusive. The declaration outlined eight key elements and four pillars necessary to support the actualization of the vision of improved health outcomes for the population. The eight elements include (1) Health education; (2) Nutritional promotion including food supply; (3) Supply of adequate safe water and sanitation; (4) Maternal and child health care; (5) Immunization against major infectious diseases; (6) Prevention and control of endemic diseases; (7) Appropriate treatment of common diseases and injuries; and (8) Provision of essential drugs². The four pillars emphasized Community Participation,

¹ International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978

² The knowledge, ability, and skills of primary health care providers in SEANERN countries: a multi-national cross-sectional study | BMC Health Services Research | Full Text (biomedcentral.com)

Inter-sectoral Coordination, Appropriate Technology, and the availability of Support Mechanism. Additional declarations such as the Abuja Declaration, Maputo Declaration, Ouagadougou Declaration and Bamako Declaration have also been made.

These notwithstanding, the PHC agenda is yet to be fully realized, and the scientific foundation of PHC requires further examination. The implementation of PHC in Africa could be more impactful if it is based on evidence that is contextualized. Much of the researches that informs PHC is not Africa-led, and even when evidence is generated within Africa, its translation to programs and policy remains dismal. In light of these challenges, Amref International University together with its research partners from Africa and beyond have convened to deliberate on the extent to which PHC practices in Africa are evidence-based and to share recent evidence that can enhance PHC practice.



**Amref International University Main
Campus, Langata Road, Nairobi**



**Nov 29, 2023 to
Dec 1, 2023**

Sub-themes and Tracks

1. Evidence-based community approaches - models that strengthen equitable access to PHC services.

This sub-theme focuses on evidence-based approaches and models that improve access to PHC services.

The elements of this sub-theme include evidence based:

- 1.1 *Community Participation and Engagement of community health workforce*
- 1.2 *Models for Universal Health Coverage*
- 1.3 *Quality Service Delivery*
- 1.4 *Digital information for PHC*

2. Social determinants of health - evidence-based interventions that improve health in communities.

Social Determinants of Health (SDH) are crucial in addressing the increasing burden of disease. This sub-theme focuses on evidence-based interventions that focus on modifying social determinants of health thereby improving uptake of PHC. The subtheme focuses on the following.

- 2.1 *Resilience: dimensions of resilience and its impact on health outcomes within the context of social determinants*

2.2 *Livelihoods: Interplay between livelihoods and health, exploring factors such as employment opportunities, income inequality, social support, and access to essential resources influence health outcomes and contribute to health disparities*

2.3 *Education: innovative strategies and interventions that leverage education as a tool for promoting health equity and improving population health*

3. Priority PHC service delivery interventions that transform the health of communities (RMNCAH, mental health, NCDs, etc.)

This sub-theme focuses on facility-based services at PHC level. It interrogates the best evidence for improving services in the following areas:

3.1 *Adolescents & sexual reproductive health*

3.2 *Maternal, child health & Nutrition*

3.3 *Mental Health & gender-based violence*

3.4 *Non-communicable diseases, including hypertension, diabetes, cancers, etc.*

3.5 *Water Sanitation and Hygiene, Neglected tropical diseases and Communicable diseases*

4. Interventions to leverage emerging global issues to improve PHC: Climate change; Advances in technology; Global health security.

This sub-theme explores evidence in areas that have emerged and that affect PHC after the Alma-Ata Declaration. It focuses on evidence on the following areas:

4.1 *Improving PHC in the face of climate change; maintaining health system resilience*

4.2 *Zoonoses and evidence on the one Health approach*

4.3 *Use of technology to improve reach of communities with healthcare services*

4.4 *New evidence on management of infectious diseases including environmental drivers of antimicrobial resistance*

5. Evidence for systems strengthening: Social accountability, health leadership, and management; health financing and entrepreneurship.

This sub-theme will allow participants to share evidence for improving PHC on the following areas:

5.1 *Role of citizen's voices in improving access to PHC services*

5.2 *Effective health leadership and governance approaches and Practices*

5.3 *Financing and entrepreneurship models, including public-private partnerships and cost-effective healthcare financing for PHC*

Abstract Submission Guidelines

Abstracts should focus on scientific evidence generated from either research or project/ programme evaluations. The abstract text should not exceed 300 words, in either of the two formats described below. Please choose the track which best describes the subject of your abstract. The submitting author will receive an email message confirming receipt of the abstract. All abstracts must be submitted in English language. Abstracts will be accepted for either oral or poster presentations.

Abstracts structure

The Conference will accept abstracts in two formats: Scientific and Best Practices (programme/ project).

1. Scientific format

Track: Choose the sub- theme and track which best suits your abstract

Title: Use a title that will speak to the audience regardless of technical expertise.

Background: Should describe the problem/knowledge gap being addressed as well as the objectives/ study questions. Further, it should provide the significance of the study.

Methods: Describe the setting/location for the study, study design, study population, sampling, data collection and methods of analysis used.

Results: Clearly present the most compelling findings/outcomes of the study, with specific results in summarized form.

Conclusions and Recommendations: Should summarize the key take away from the study and recommended applications of the findings.

2. Best Practices (Project/Programme) format

Indicate the sub-theme and Track which best suits your abstract

Title: Use a title that will speak to the audience regardless of technical expertise.

Background: Should describe the intervention and what it aimed to achieve

Implementation: Key activities in the project, beneficiaries, stakeholders

Outcomes: Achievements of the intervention, lessons learnt

Conclusions and recommendations: Summary of take away and recommendations for scale up

Abstract submission dates

Opening of call for abstracts

June 2, 2023

Abstracts submission deadline

Aug 30, 2023

Notification of acceptance

On an on-going basis

Full Paper Submission deadline

Oct 31, 2023

Abstracts blinding and review

All submitted abstracts will go through a blind peer-review process carried out by an independent reviewing committee. The reviewing committee will post reviewer's comments to the corresponding authors through emails

Abstracts publication

All abstracts accepted for the conference will be published in the Amref Journal of Primary Health Care. Corresponding authors will be requested for consent before publication of the abstracts.

Please contact the abstracts support team at PHCongress@Amref.ac.ke in case you have questions regarding abstracts submission. For more about the AMIU PHC conference, visit www.phcongress.com

EARLY BIRD	KES 15,000	CONGRESS REGISTRATION FEES:
STUDENTS	KES 5,000	
INTERNAL DELEGATES (EARLY BIRD)	USD 150	
INTERNATIONAL STUDENTS	USD 50	



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