



PRIMAFAMED

Primary Care and Family Medicine Network for sub-Saharan Africa

PRIMAFAMED network meeting Radisson Blu Conference Centre 24-25 June 2025 Lusaka, Zambia

Programme

Day 1

08h30-10h00 Main venue: Chair: Innocent Besigye

Welcome from our hosts – Hikabasa Halwindi (Dean) and Mpundu

Makasa 08h30-08h45

Introduction to the meeting and programme – Bob Mash 08h45-

09h00

Postgraduate training in Africa and how family medicine fits in – Nelson

Sewankambo, Afrehealth 09h00-10h00

10h00-10h30 Tea and coffee

10h30-12h30 Parallel sessions workshops

Small Dome room: Leadership development in family medicine and primary care PRICE Project: Thomas Mildestvedt, Luckson Dullie, Henry Lawson, Wilson Mbewe	Meeting Room 2: Postgraduate curriculum design and revision: ECSA: Innocent Besigye, Gulnaz Mohamoud	Meeting Room 3: How to develop entrustable professional activities for workplace based assessment: Louis Jenkins
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12h30-13h30 Lunch

**13h30-14h30 Small Dome, Meeting Rooms 2 & 3: Interactive poster session:
Chair Bob Mash, Riha Mukhinindi, Martha Makwero**

Poster presentations on innovative strategies to strengthen and go to scale with postgraduate family medicine training – sharing lessons

**14h30-15h30 Small Dome: Feedback on collaborative research and projects:
Chair Mpundu Makasa**

- Feedback on development of WHO Collaborating Centres for PHC in Africa and PCAT: Bob Mash, Innocent Besigye, Klaus von Pressentin
- Feedback on TEAM project and climate change and primary health care: Bob Mash
- Feedback on Afriwon Research Collaborative: Pius Ameh and Bola Fatusin

15h30-16h00 Tea-coffee

16h00-18h15 Small Dome: Evaluating primary care performance (PCAT study)

Meeting of the research team involved in this NIHR funded study [closed session]

Day 2

08h00-09h30 Small Dome: Chair: Gulnaz Mohamoud

Lessons from the PRICE project on developing leadership in primary care education in Malawi and Zambia: Martha Makwero, Mpundu Makasa, Thomas Mildestvedt 08h00-08h45

The WHO action plan to improve clinical trials and implications for family medicine and primary care in sub-Saharan Africa: Chris Butler 08h45-09h30

09h30-10h00 Small Dome: Feedback on implementation of ECSA-CFP:

Innocent Besigye and Sunanda Ray

10h00-10h30 Tea and coffee

10h30-12h30 Parallel sessions workshops

Meeting room 3: The PEN-Plus project: Colin Pfaff and Yolanda Marcelino	Meeting room 2: Design Science Research in Primary Health Care: From Insight to Artefact: Robin Dyers	Small Dome: Implementing the WHO action plan for clinical trials Chris Butler
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12h30-13h30 Lunch

13h30-15h30 Parallel sessions workshops

Meeting room 3: Rational prescribing in Sub Saharan Africa: Jan de Maeseneer, Bianca De Sá e Silva, Oliver van Hecke, Michael Pather	Meeting room 2: Implementation research: Joseph Zulu, Choolwe Jacobs	Small Dome: How to write a successful grant application: Bob Mash
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15h30-16h00 Small Dome: Closure Bob Mash

16h00-17h00 Meeting room 2: PRIMAFAMED Board Meeting

17h00-19h00 Small Dome: Evaluating primary care performance (PCAT study)

NIHR funded study Klaus von Pressentin [closed session]

Workshop abstracts

Day1 10h30-12h30

Leadership development in family medicine and primary care

PRICE Project:

Thomas Mildestvedt, University of Bergen, Norway

Luckson Dullie, Partners in Health, Malawi

Henry Lawson, University of Ghana, Ghana

Wilson Mbewe, University of Zambia, Zambia

In the first half of the workshop the presenters will share different perspectives on leadership development in family medicine and primary care from Malawi, Ghana and Zambia. Participants will discuss the topic and share their own leadership experiences.

In the second half of the workshop the participants will focus on how to support leadership training in primary care for the next decade and how members of the PRIMAFAMED network can collaborate in achieving this.

Postgraduate Curriculum Design and Revision

East Central and Southern African College of Family Physicians:

Innocent Besigye, Makerere University, Uganda

Gulnaz Mohamoud, Aga Khan University, Kenya

Hussein Elias, Moi University, Kenya

The PRIMAFAMED network aims to promote high-quality family medicine and primary care training across sub-Saharan Africa. In response to the need for scaling up family medicine training in the region, the Eastern, Central and Southern Africa College of Family Physicians was established. The College advocates for capacity building through the development of appropriate curricula that meet institutional and regulatory requirements, while also providing guidance on training fit-for-purpose graduates equipped to address the diverse needs of the communities they serve.

The aim of this workshop is for participants to reflect on the approaches to curriculum design and revision and to share lessons on enablers and barriers to the process. The workshop will involve brief presentations on the steps and approaches to curriculum development, key components of the curriculum using the ECSA curriculum as an example, followed by group work and feedback. At the end of the

workshop, participants should be able to design and revise curricula to meet institutional and regulatory requirements as well as meeting the training needs of a fit-for-purpose graduate.

How to develop entrustable professional activities for workplace-based assessment

Louis Jenkins, Stellenbosch University, South Africa

Mergan Naidoo, University of Kwa-Zulu Natal, South Africa

Aim: At the end of the workshop participants will have written at least one EPA for their training program and hopefully have clear ideas for a few more EPAs.

Overview: This workshop will give a brief overview of how family medicine in South Africa developed entrustable professional activities (EPAs) and discuss how international trends should be contextualised for low resources countries in sub-Saharan Africa. Participants are encouraged to think beforehand what EPA titles they would consider for their training programmes. During the workshop participants will be guided how to finalise and unpack these titles or adapt EPAs from other programmes. At the end of the workshop participants will have written one complete EPA and may have started on a few more.

Day2 10h30-12h30

A Mutually Beneficial Partnership: Integrating Postgraduate Family Medicine Training in Mozambique with PEN-Plus

Dr. Yolanda Marcelino – Head of Family Medicine Department, Universidade Eduardo Mondlane, Maputo, Mozambique

Dr. Colin Pfaff – Associate Director of Programs, Center for Integration Science, Division of Global Health Equity, Brigham and Women's Hospital

This workshop presents the story of Mozambique's postgraduate Family Medicine (FM) training program. It also describes a partnership with PEN-Plus—a WHO-endorsed model for the care of severe non-communicable diseases (NCDs) at district hospitals. This partnership enabled the establishment of Mozambique's first rural FM training site, aligning with long-standing national goals to decentralize medical education.

For FM trainees, this provided opportunities for enhanced clinical learning through case discussions with specialists, mentorship from local and international experts, and hands-on training in skills such as echocardiography. Importantly, it also

supported the development of community-based competencies including home visits, school outreach, and screening programs. In turn, the involvement of FM physicians enriched PEN-Plus services by bridging clinical and social aspects of care, offering mentorship, and fostering community engagement—areas often overlooked in disease-specific models.

The session will explore at what lessons can be learned from this story, looking at questions such as whether we can harness NGOs to strengthen the growth of family medicine training in countries, whether family medicine can position itself to be a leader in the growing movement around NCDs, and also the potential to replicate this model in other countries implementing PEN-Plus, including Malawi, Uganda, Zimbabwe, and Lesotho.

Design Science Research in Primary Health Care: From Insight to Artefact

Robin Dyers, Department of Health and Wellness, Western Cape, South Africa & Division of Health Systems and Public Health, Stellenbosch University, South Africa

Design Science Research (DSR) has its origins in engineering, particularly within the field of information systems, where innovation is achieved through the design, development, and evaluation of artefacts that address real-world problems. In primary health care, DSR complements the familiar Quality Improvement (QI) approach by focusing on the creation and testing of digital or information system artefacts that improve care delivery.

This interactive workshop introduces DSR as a rigorous yet practical methodology for family physicians, educators, and primary care teams. It is particularly relevant in decentralised or resource-limited contexts, where clinicians often need to adapt or build solutions in the absence of formal structures. Examples of artefacts include:

- Referral applications tailored to local service contexts
- Data visualisation dashboards for chronic disease management
- Clinical decision support tools
- Remote learning or supervision platforms for registrars

Participants will explore how DSR draws on three complementary perspectives:

- **Design Thinking** to frame challenges from a user perspective
- **User Experience (UX) Design** to ensure artefacts are intuitive and meaningful
- **Systems Thinking** to account for context, interdependencies, and sustainability

The session combines theory, case examples, and hands-on exercises. Participants will reframe a challenge from their own setting, sketch a possible artefact, and identify ways to pilot and evaluate its effectiveness. DSR provides a pathway to generate local solutions that are both user-informed and evidence-based, while also contributing to scholarly knowledge in the field of primary health care innovation.

Implementing the WHO Global Action Plan for clinical trials in sub-Saharan primary care and family medicine

Chris Butler, Primary Care Clinical Trials Unit, Oxford University, United Kingdom

This workshop will consider how the WHO Global Action Plan for strengthening clinical trials can be taken forward in sub-Saharan Africa. We will discuss opportunities and challenges specific to the region around strengthening and embedding clinical trials into primary health care structures, to ensure that our health services are always learning and adapting to improve care. Ahead of the workshop, we ask participants to think about their priority trial questions and the design and implementation challenges and solutions that apply to their context, and we will brainstorm ways forward together!

Day 2 13h30-15h30

Studying rational drug prescribing in Africa – ‘state of the art’ and opportunities for research and action: Reflecting on past submitted proposals and preparing for future grant writing

Oliver van Hecke, Ghent University, Belgium
Jan de Maeseneer, Ghent University, Belgium
Bianca De Sá e Silva, Ghent University, Belgium
Michael Pather, Stellenbosch University, South Africa

Rational prescribing – using medicines appropriately, safely and cost-effectively – is essential to delivering high-quality primary care. One of the tools developed to support this is the WHO 6-step Guide to Good Prescribing, designed to improve the quality of prescribing decisions which has not yet been largely implemented in Africa.

African health systems have experienced an increased availability of medications recently. This good news carry with it new responsibilities for all actors involved in the drug prescribing ecosystem. In this context, educational interventions become

necessary to improve the quality of prescriptions, along with research to evaluate its effects on prescription behaviour.

This workshop seeks to assess the way participants experience this problem in primary care and the current state of implementation of the WHO Guide to Good Prescribing in Africa. By engaging participants in reflective dialogue on their own experiences, challenges and institutional practices, we aim to identify both shared obstacles and context-specific strategies. We will reflect on our past experience of preparing a research project on this topic and will define next steps to achieve the goal of improving rational drug prescribing in Africa.

Implementation Science Strategies to Strengthen Primary Health Care

Dr Choolwe Jacobs and Prof Joseph Zulu, Public Health, University of Zambia, Zambia.

Background: Despite the growing body of evidence supporting best practices and effective interventions in primary health care (PHC), implementation strategies for effectively delivering PHC in low-resource settings have not been fully described. Yet, implementation science provides structured and systematic approaches to identify and overcome barriers and strategies to promote the uptake, integration, and sustainability of innovations in PHC.

Objectives: We propose an interactive workshop that aims to build capacity in implementation science among researchers and clinicians interested in applying implementation science to improve health outcomes and system performance in PHC. Participants will gain foundational knowledge of implementation outcomes, theories/frameworks, as well as practical skills for defining and specifying common implementation strategies used in delivering PHC.

Methods: The workshop employs active learning methodologies including case-based discussions, interactive presentations, small-group exercises, and peer learning activities. Participants will be introduced to key implementation frameworks such as the Consolidated Framework for Implementation Research (CFIR), Implementation Outcomes as well as the Expert Recommendations for Implementing Change (ERIC) compilation of implementation strategies. The session will emphasize interdisciplinary collaboration, practical application, and real-world problem-solving. Through interactive case studies, small-group exercises, and peer-to-peer learning, attendees will learn about successful implementation strategies and common pitfalls. By the end of the workshop, attendees will:

- Understand the relevance of implementation science in addressing practice gaps in PHC.
- Define and specify common implementation strategies used in delivering PHC.

Significance: This workshop addresses the critical need for implementation strategies in primary healthcare by building on ERIC implementation strategies. This knowledge will support efforts to improve care quality, reduce health disparities, and optimize healthcare system performance through evidence-informed practice transformation.

How to write a successful grant application

Bob Mash, Stellenbosch University, South Africa

The workshop will explore people's experiences and the "does and don'ts" of successful grant writing. The seven key steps in writing a grant application will be described and discussed. Participants will have an opportunity to review a small grant application, using six typical criteria given to reviewers.

Poster presentations

Group A, Small Dome (5 mins presentation, 2 mins Q&A)

Chair: Keshena Naidoo

1. KE Hlabyago, Sefako Makgatho Health Sciences University, South Africa
2. Jacob Shabani, Aga Khan University, Kenya
3. Henry Lawson, Ghana College of Family Physicians, Ghana
4. Mpundu Makasa, University of Zambia, Zambia
5. Innocent Besigye, Makerere University, Uganda
6. Modai Mnenula, Kamuzu University, Malawi
7. Klaus von Pressentin, University of Cape Town, South Africa
8. Edward Chagonda, University of Zimbabwe, Zimbabwe (not submitted)
9. Josemar De Lima, College of general and Family Medicine, Angola (not submitted)

Group B, Meeting Room 2 (5 mins presentation, 2 mins Q&A)

Chair: Musa Dankyau

1. Riaz Ratansi, Aga Khan University, Tanzania
2. James Amisi, Moi University, Kenya
3. Ts'epo Motsohi, Stellenbosch University, South Africa
4. Abraham Gyuse, Edward Francis Hospital, The Gambia
5. Fina Lubaki, Protestant University, DR Congo
6. Riha Mukhinindi, University of Limpopo, South Africa
7. Felicia Christians, University of Namibia, Namibia
8. Sebaka Malope, Leboha, Lesotho (not submitted)

Group C, Meeting Room 3 (5 mins presentation, 2 mins Q&A)

Chair: Hussein Elias

1. Mubarak Magan, Amoud University, Somaliland
2. Yolanda Sabino, Universidade Eduardo Mondlane, Mozambique
3. Kennedy Ouna, Maseno University, Kenya
4. Bola Fatusin, Federal Medical Centre, Nigeria
5. Keneilwe Motlathledi, University of Botswana, Botswana
6. Daniel Machour Arok, South Sudan
7. Edith Madela-Mntla, University of Pretoria, South Africa
8. Meseret Zerihun, University of Addis Ababa, Ethiopia (not submitted)