

7th AfHEA Biennial Scientific Conference

ConferenceReport April, 2025

Theme: Resilient and Strong African Health Systems: Contribution of Health Economics and Health Policy

March 10-14, 2025

Kigali Convention Centre, Kigali, Rwanda











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1 INTRODUCTION







1.1 Background to AfHEA's Previous conferences

The African Health Economics and Policy Association (AfHEA) was set up in March 2009 as a membership-based non-profit association of Africans and non-African health economics, health financing and health policy members including students working on Africa-related issues in these related fields. AfHEA supports the improvement of health outcomes in Africa by promoting high quality and standards in the generation of policy-relevant evidence and promoting the use of appropriate health economics, policy and financing tools within the health sector in Africa.

Although there are signs that health sector policy making in Africa appears to be increasingly benefiting from the insights that health economics and health policy evidence and analyses are able to offer (in part due to the greater awareness of the benefits of such evidence and analyses promoted by several stakeholders including AfHEA), it is also clear that both country capacities in these fields and utilization of such tools vary widely across Africa and both are still often woefully inadequate or even absent.

AfHEA conferences contribute to capacity building of, and networking among both experts and early career researchers working in these fields in Africa, as well as promoting the above-mentioned aspirations of high quality and standards in the generation of policy-relevant evidence and the use of appropriate health economics, policy and financing tools in the sector. The conferences attract an average of 250 participants per event from Africa and beyond. Our participants include a mix of policy makers, researchers practitioners and students (Masters and PhD), in the health economics, health policy and health financing and related fields.

Table 1 provides a summary of the 6 conferences that AfHEA has held since 2009:

Table 1: AfHEA's past conferences

	Date	Location	Theme
1	10-12 March, 2009	Accra, Ghana	Priorities of Health Economics in Africa
2	15-17 March, 2011	Saly, Senegal	Towards Universal Health Coverage in Africa
3	11-13 March, 2014	Nairobi, Kenya	The Post-2015 African Health Agenda and UHC: Opportunities and Challenges
4	26-29 September, 2016	Rabat, Morocco	The Sustainable Development Goals (SGDs), the Grand Convergence and Health in Africa
5	11-14 March, 2019	Accra, Ghana	Securing PHC for all: the foundation for making progress on UHC in Africa
6	7-11 March 2022	Fully virtual	Towards Resilient Health Systems in Africa: The Role of Health Economics and Policy Research.









1.2 AfHEA's 7th Scientific Conference

Following on the last AfHEA conference held virtually in March 2022, AfHEA continued the delivery of the bilingual biennial conferences focused on critical themes for the African health sector as identified by its management and scientific committee to stimulate research and provide an outlet for the latest health economics, financing and policy research findings and debates of relevance to Africa. The 7th AfHEA Scientific Conference (#AfHEA2025) was therefore held in March 2025 to facilitate knowledge-sharing among the over 350 participants in attendance.

1.3 #AfHEA2025 Conference host, format and date

The 7th conference was held at the Kigali Convention Centre in Kigali, Rwanda from March 10-14, 2025. The Ministry of Health of Rwanda was the co-host of the conference.

1.4 #AfHEA2025 Conference participation fees

The conference fees varied depending on participants' location and membership status. Table 2 shows the conference participation fees.

Table 2: Conference participation fees

		Members	Non-Members
High-income	Early-bird	USD 450	USD 650
countries	Regular	USD 550	USD 750
Low- and middle-	Early-bird	USD 200	USD 400
ncome countries	Regular	USD 300	USD 500
Students	Early-bird	USD 50	USD 200
	Regular	USD 100	USD 300

1.5 Theme and sub-themes of 2025 scientific conference

The broad theme of the 2025 conference was: **Resilient and Strong African Health Systems: Contributions of Health Economics and Health Policy.**

The sub-themes of the conference were:

- 1. Strengthening Primary Health Care (PHC) for Universal Health Coverage (UHC): PHC as a driver to improving access to services; Evaluating PHC performance; Financing PHC services; and Quality improvement in healthcare delivery.
- 2. Health Financing and Economic Sustainability: Innovative financing models for healthcare in Africa; Public-private partnerships in healthcare funding; and Economic implications of health system resilience.
- 3. Healthcare Access and Equity: Addressing disparities in healthcare access; Strategies for improving healthcare equity; and Tackling social determinants of health, such as poverty, education, gender inequality, and environmental factors, improving education and







- **4. Community Engagement and Empowerment**: Community-based health interventions; Strengthening community health systems; The impact of community engagement on health outcomes; and Building community resilience.
- 5. Health Infrastructure and Workforce: Investing in healthcare infrastructure, including hospitals, clinics, laboratories, and medical supply chains, is crucial for providing quality healthcare services. Additionally, addressing healthcare workforce shortages, improving training and retention, and supporting community health workers can enhance healthcare delivery.
- 6. Health Information Systems and Digital Health Technologies: Strengthening health information systems and data collection mechanisms is necessary for evidence-based decision-making. Relatedly, digital technologies play a role in improving the timely availability of quality data. Of importance is the collection and use of quality data for monitoring progress, decision making and effective targeting of interventions. Assessing Telehealth and its economic implications; Digital health tools for cost-effective healthcare; and Technological advancements for efficient health data management provide valuable lessons for improving service delivery and monitoring.
- **7. Public Health Emergency Preparedness**: Pandemic response and preparedness; Economic implications of health emergencies; and Building resilient health systems as a means to ensuring health security.
- **8. Health Outcomes and Performance Measurement**: Metrics for assessing health system performance; and Economic evaluation of health interventions.
- **9. Strengthening Health Systems Governance**: Policy reforms to enhance health system resilience; Governance and regulatory frameworks in health; Collaborative efforts among African countries for health system improvement; Regional health policies and their impact; and Lessons learned from successful regional health initiatives.

2 CONFERENCE PROGRAM

2.1 Conference Program Overview

The conference program comprised of:

Table 3: Summary Conference Program Sessions

	Program	Frequency
1	Pre-conference workshops	10 sessions
2	Opening and closing ceremonies	1 session each
3	Plenary sessions	5 sessions
4	Parallel sessions consisting of oral and	69 sessions (16 organized
	organized sessions	sessions)
5	Poster sessions	3 sessions
6	Networking event (Gala Dinner)	1 session

The conference program can be viewed on this link: https://afhea.confex.com/afhea/2025/meetingapp.cgi/ModuleProgramBook/0









2.2 Pre-conference events

There was a total of 10 pre-conference events, held between Monday March 10 and Tuesday March 11, 2025. Table 3 shows the titles of the pre-conference events and their organisers.

Table 4: Pre-conference events' titles and organisers

	Pre-conference event title	Organisers
1	How to strengthen public financial management to enable effective and	World Bank, World Health Organization (WHO) and United
	sustainable health systems	Nations Children's Fund (UNICEF)
2	Transforming and Investing in Africa's Health Workforce for Universal Health Coverage and Health Security through the Africa Health Workforce Investment Charter	World Health Organization- Regional Office for Africa (WHO- AFRO)
3	Scaling up integration of HIV, TB and Malaria service delivery through health insurance schemes: Early lessons from Global Fund pilots in Zambia and Nigeria	Global Fund and World Health Organization-Regional Office for Africa (WHO-AFRO)
4	Strengthening Community Health Systems for Universal Health Coverage in Low Resource Settings	Financing Alliance for Health
5	Finalisation and launch of the harmonized curriculum in Health Economics developed by AfHEA and Africa CDC	AfHEA and Africa CDC
6	Financing Health for All in the African Region: Measurement issues, policy responses and learnings.	World Health Organization- Regional Office for Africa (WHO- AFRO)
7	How can primary health care deliver efficient, effective and equitable outcomes for communities?	Management Sciences for Health (MSH), Africa Center for Disease Prevention and Control (Africa CDC), and United Nations Children's Fund (UNICEF)
8	Institutionalizing HTA in Africa: What can we learn from real life examples of low- and middle-income countries?	Management Sciences for Health (MSH)
9	Better data for better policy: emerging experiences of implementing and utilising digital data systems in health financing	Initiative (CHAI), Thinkwell, Ghana Health Service and Ministries of Health of Burkina Faso, Ethiopia and Uganda
10	Sustainable Health Economics and Health Financing Capacity Strengthening in Africa	Clinton Health Access Initiative (CHAI), AfHEA, Africa CDC, University of Rwanda School of Public Health, and University of Ghana School of Public Health

2.3 Opening ceremony

The official opening ceremony took place on Tuesday March 11, 2025 from 5-6pm Kigali time. The Permanent Secretary for the Ministry of Health of Rwanda, Mr. Zachee IYAKAREMYE, was the chief guest and gave the official opening remarks on behalf of the Minister of Health.



Figure 1: High-level delegates at the opening ceremony

AfHEA Executive Director, Prof. John Ataguba (left), Permanent Secretary for the Ministry of Health of Rwanda, Mr. Zachee IYAKAREMYE (centre), and African Union Special Envoy for the African Medicines Agency, Dr. Michel Sidibe (right)

2.4 Plenary sessions

The conference had five plenary sessions, whose details are provided in Table 4.

Table 5: Plenary sessions' titles and speakers

	Plenary sessions' titles	Speakers
1	Building resilient and strong African systems	 Dr. Michel Sidibe Dr. Lesong Conteh Mr. Sibusiso Sibandze Prof. John Ataguba – moderator
2	Sector-Wide Approach (SWAp) in Nigeria: One-Year Implementation Experiences and Emerging Achievements	 Dr. Adamu Abubakar Ashiru Dr. Opeyemi Fadeyibi Dr. Parfait Uwaliraye Prof. Ama Fenny – moderator
3	Private Sector Engagement for a Resilient Health System: Lessons from Rwanda	 Dr. Muhammed Semakula Mr. Aneto Okeke Ms. Homeida Susan Ms. Loyce Bamwine Dr. Thierry Sebakunzi – moderator

4	Accelerating Progress towards Universal Health Coverage and Universal Sexual and Reproductive Health and Rights through Resilient Primary Health Care Systems	 Dr. Adelakin Olugbemiga Gareth Lafferty Dr. Kelechi Ohiri Prof. Ama Fenny Marie Claire Iryanyawera
5	High-Level Policymakers' Perspectives	 Dr. Virgil LOKOSSOU Dr. Thiane GUEYE Prof. Laurent MUSANGO Dr. Juliet Nabyonga – moderator

2.5 Parallel sessions

There were 69 parallel sessions organised over three days, Wednesday March 12 to Friday March 14, 2025. Each session had between 3 and 5 individual presentations. Out of the 69 sessions, 16 sessions were organised sessions. This was the highest number of organised sessions AfHEA's conferences have ever had.

2.6 Poster sessions

There were 3 poster sessions with an average of 9 poster presentations in each session. The poster sessions were scheduled during the coffee/tea breaks.

2.7 Gala dinner

As is the norm with all AfHEA conferences, a networking event (Gala dinner) was held for the participants at Atelier du Vin in Kigali on Thursday March 13, 2025. The Gala dinner provided an informal networking opportunity and offered a much-needed break from the highly technical and scientific discussions held throughout the conference.



Figure 2: Participants enjoying the Gala dinner at Atelier du Vin

2.8 Closing ceremony









The closing ceremony began with key messages report from Dr. Regis Hitimana, the co-Chair of the conference Scientific Committee. This was followed by closing remarks by Dr. Regis on behalf of the Ministry of Health of Rwanda and the Local Organising Committee. Prof. John Ataguba, the ED of AfHEA also gave his closing remarks, followed by vote of thanks from Dr. Stella Umuhoza one of the LOC members.

3 CONFERENCE PARTICIPANTS

The conference had 398 participants from different countries and regions. The number of participants was highest on day 1 and day 2 of the conference due to the pre-conference events which were open to both paid and non-paid participants.

3.1 Participants by gender

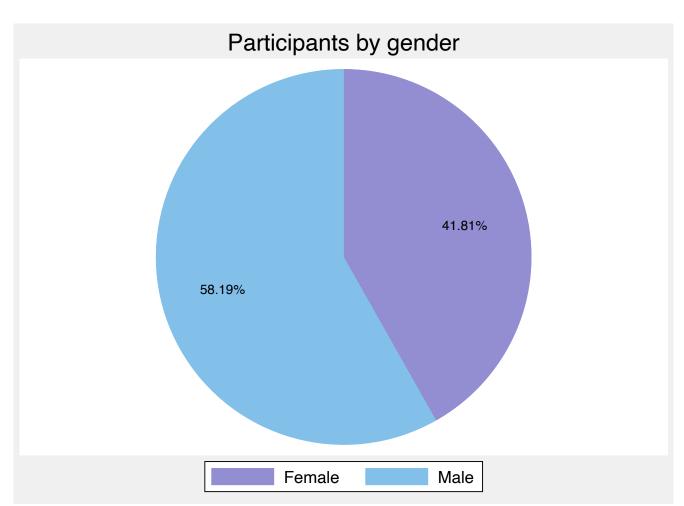


Figure 3: Participants by gender

Figure 3 shows the composition of the participants by gender. Male participants made up 58 percent of the total participants, while female participants were 42 percent. This was a slight increase of female participants from the previous conferences.







3.2 Participants by country of origin

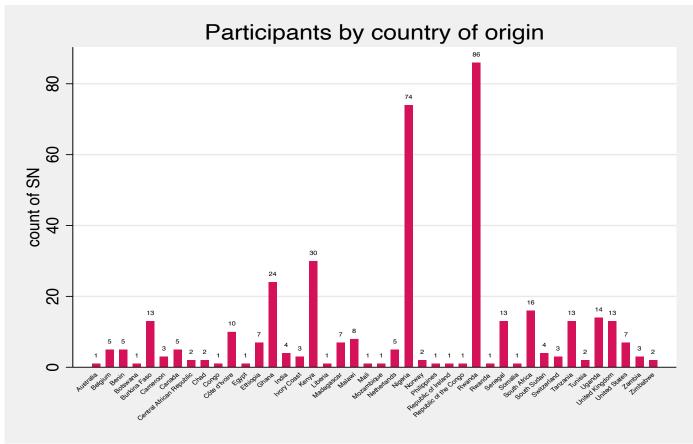


Figure 4: Participants by country of origin

Figure 4 shows the composition of the participants by country of origin. Participants from Rwanda made up the highest number of participants with good reasons. To begin with, majority of the participants from Rwanda attended the pre-conference events which were free of charge. Secondly, being the host country, Rwanda had an agreement with AfHEA to give free passes to some participants from Rwanda especially from the Ministry of Health, various MOH agencies and the Rwanda Social Security Board. Besides Rwanda, other countries with high number of participants were Nigeria, followed by Kenya, Ghana, and South Africa, all of which are Anglophone countries. Francophone countries with high number of participants included Senegal, Burkina Faso and Cote d'Ivoire.









3.3 Participants by geographical region

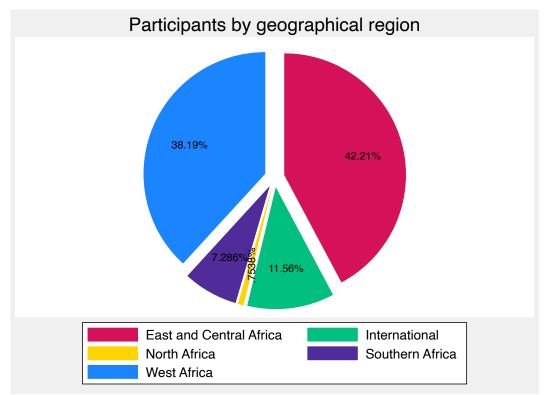


Figure 5: Participants by geographical region

Figure 5 shows the distribution of the participants by geographical region. East and Central Africa led with the highest number of participants at 42 percent, followed by West Africa (38 percent), international participants (12 percent), Southern Africa (7 percent), and lastly North Africa at 1 percent.

KEY MESSAGES FROM THE CONFERENCE

A committee of rapporteurs was instituted to collate and compile the key messages from each session on a daily basis. The key messages from the conference can be accessed on this link: https://afhea.org/conferences/

CONFERENCE EVALUATION 5

At the end of the conference, an evaluation form was circulated to the participants seeking their feedback on the different aspects of the conference. A total of 124 participants filled in the evaluation form. Of the 124 participants, 52 percent were male and 48 percent were female. Additionally, 32 percent of the participants had attended AfHEA's previous conferences while for the majority (68 percent), the 2025 conference was their first AfHEA conference.

Level of satisfaction with various aspects of the conference

5.1 Level of satisfaction with various aspects of the conference







The results from the evaluation are discussed below.

Satisfaction with the abstracts' selection process

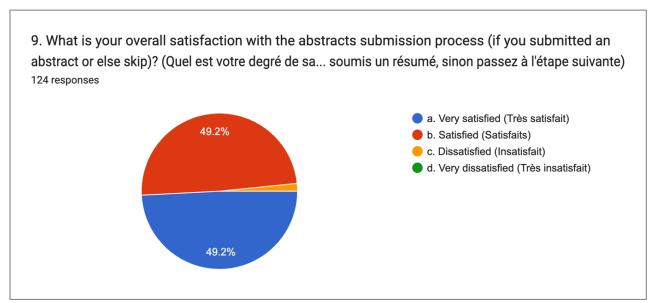


Figure 6: Satisfaction with the abstracts' selection process

Ninety-eight (98) percent of the respondents were either satisfied or very satisfied with the abstracts' selection process.

Satisfaction with the conference registration and payment process

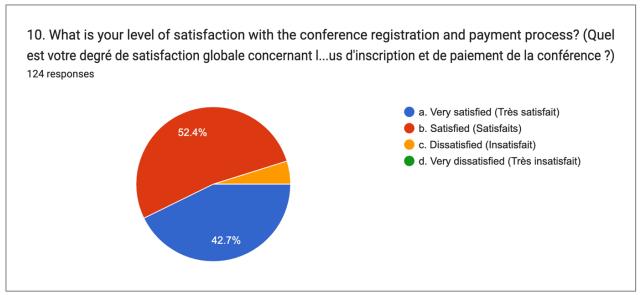


Figure 7: Satisfaction with conference registration and payment process

Ninety-five (95) percent of the respondents were either satisfied or very satisfied with the conference registration and payment process.







Satisfaction with the pre-conference side events

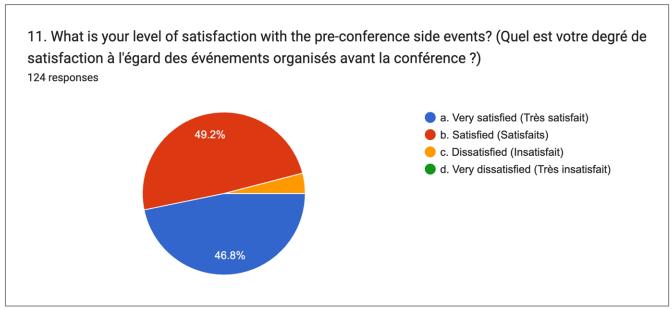


Figure 8: Satisfaction with pre-conference events

Ninety-six (96) percent of the respondents were either satisfied or very satisfied with the preconference side events.

 Satisfaction with the technical content of the conference oral presentations/breakout session

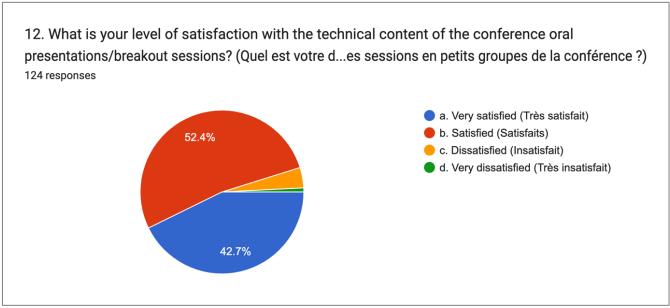


Figure 9: Satisfaction with technical content of parallel sessions

Ninety-five (95) percent of the respondents were either satisfied or very satisfied with the technical content of the parallel/breakout sessions.







Satisfaction with the poster presentations sessions

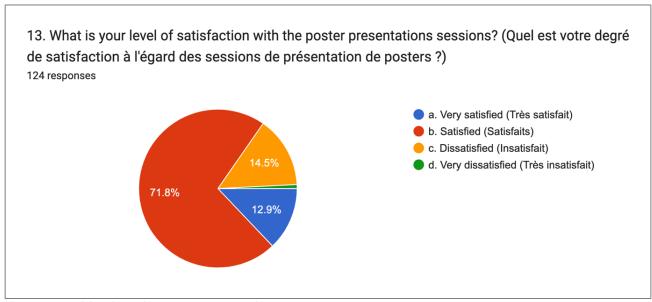


Figure 10: Satisfaction with poster presentations

Eighty-five (85) percent of the respondents were either satisfied or very satisfied with the poster presentations sessions.

Satisfaction with the technical content of the plenary sessions

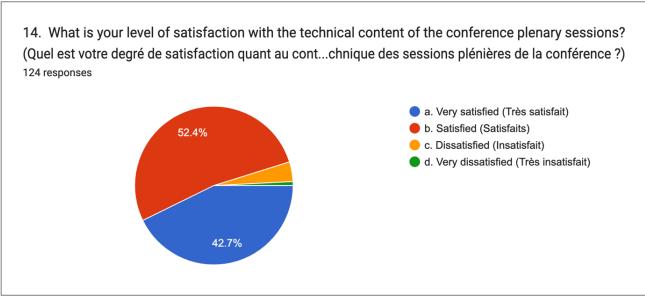


Figure 11: Satisfaction with technical content of plenary sessions

Ninety-five (95) percent of the respondents were either satisfied or very satisfied with the technical content of the plenary sessions.







Satisfaction with the level of interaction and engagement

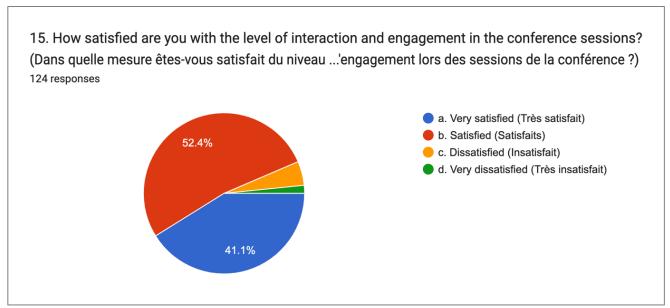


Figure 12: Satisfaction with interaction and engagement

Ninety-four (94) percent of the respondents were either satisfied or very satisfied with the level of interaction and engagement during the conference sessions.

Satisfaction with the format of the conference sessions

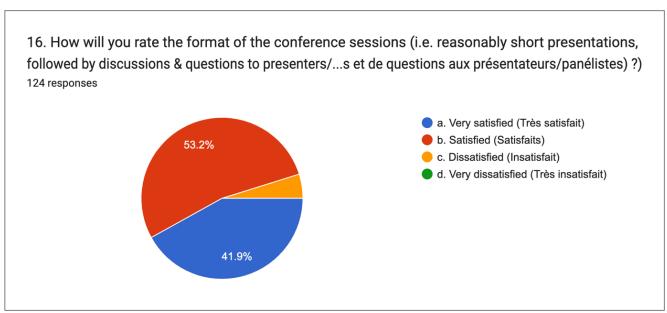


Figure 13: Satisfaction with the format of conference sessions

Ninety-five (95) percent of the respondents were either satisfied or very satisfied with the format of the conference sessions.







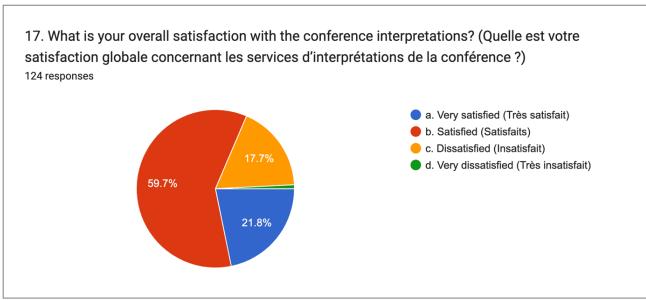


Figure 14: Satisfaction with the conference interpretations

Eighty-two (82) percent of the respondents were either satisfied or very satisfied with the conference interpretations. On the other hand, 18 percent of the respondents were not satisfied with the conference interpretations.

Satisfaction with the conference venue and catering arrangements

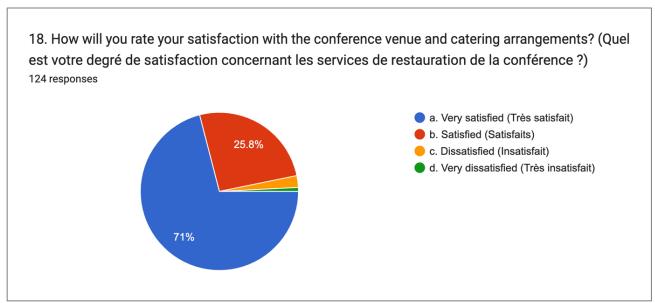


Figure 15: Satisfaction with the conference venue and catering

Ninety-seven (97) percent of the respondents were either satisfied or very satisfied with the conference venue and catering arrangements.







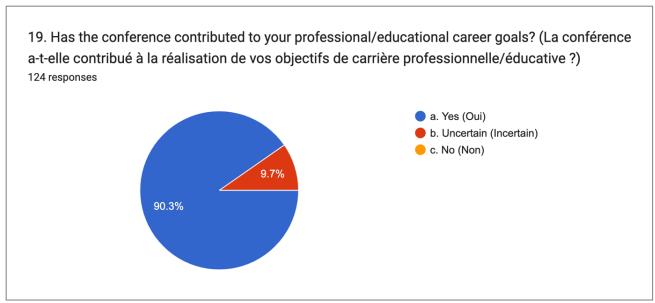


Figure 16: Contribution of the conference to career goals

Ninety (90 percent) of the respondents felt that the conference contributed to their professional/educational career goals, with 10 percent of the respondents uncertain of the contribution.

Likelihood of recommending AfHEA's future conferences to colleagues



Figure 17: Likelihood of recommending AfHEA's future conferences

All the respondents (100 percent) were either likely or very likely to recommend AfHEA's conferences to their colleagues.







Likelihood of participating in the next AfHEA conference

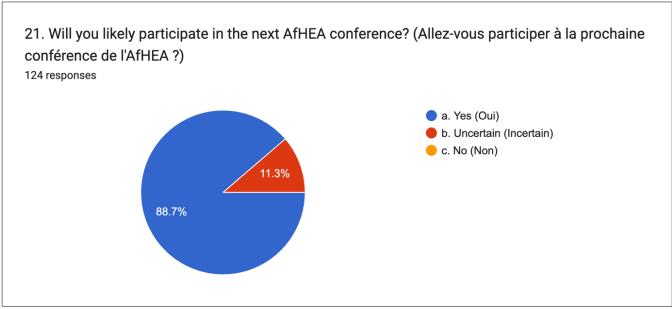


Figure 18: Likelihood of attending the next AfHEA conference

Eighty-nine (89) percent of the respondents were likely to participate in the next AfHEA's conference, with 11 percent uncertain of their participation.

Format preference for the next AfHEA conference

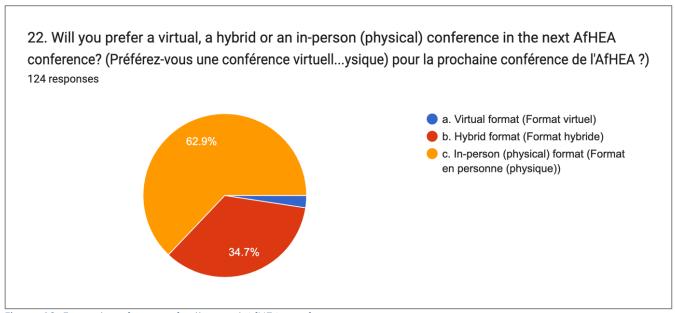


Figure 19: Format preference for the next AfHEA conference

Majority of the respondents (63 percent) preferred the next AfHEA conference to be 100 percent in-person, while 35 percent preferred it to be a hybrid conference. Only 2 percent preferred it to be a fully virtual conference.







Overall satisfaction with the entire conference organization

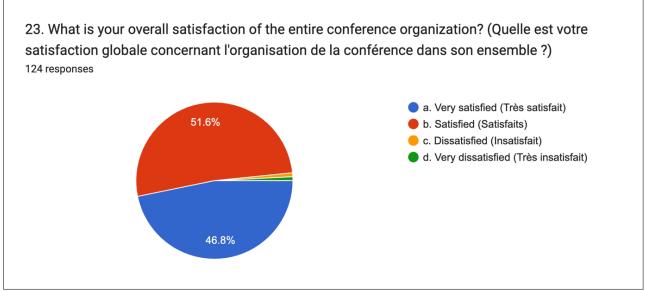


Figure 20: Overall satisfaction with conference organization

Majority of the respondents (98 percent) were generally satisfied with the entire conference organization.

5.2 General feedback and suggestions on areas for improvement

This section presents the results of the open-ended questions on general feedback and areas for improvement for future AfHEA conferences.

Majority of the respondents were happy with the conference organization. Nonetheless, there were recommendations on improvement of a few aspects of the conference including:

- Time management respondents felt that time management was poor especially for the
 morning plenary sessions, which almost always started later than scheduled. The
 recommendation made was to start the morning plenary at 9.00am. Besides the plenary
 sessions, respondents suggested better time management of the parallel sessions to ensure
 adequate time left for questions and answers.
- Conference app (AIO app) there were several complaints with the mobile app that was developed for the app, with many of the complaints focused on the responsiveness and interaction features of the app.
- Interpretation there were several suggestions on the need to improve the quality of simultaneous interpretation.
- Better management of the poster presentations.
- Strict rules on the submission of bios and presentations ahead of the conference.
- Increase funding opportunities for participants.

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- Parallel sessions some respondents felt that the parallel sessions were too many which sometimes affected the attendance of some sessions. Some recommended having more keynote speeches and panel discussions around a topical issue.
- Improvement in the payment options and processes for future conferences.
- Need to organise tours of the host city.

6 LESSONS LEARNED

The **7th AfHEA Conference** was a resounding success despite significant challenges arising from global and continental events. Several key lessons emerged from the planning and execution of the conference, which will provide valuable insights for future conferences.

Managing External/Global Socio-political disruptions

The period leading up to the conference saw unexpected shifts that impacted participation, particularly from key stakeholders such as the World Health Organization and individuals and organizations funded by the now defunct United States Agency for International Development (USAID). Additionally, last-minute cancellations from participants in the Democratic Republic of Congo and Belgium due to host country tensions contributed to a decline in attendance. While these challenges affected the conference program, leading to cancelled organized sessions and merged parallel sessions, AfHEA adapted effectively, ensuring continued engagement and enthusiasm among participants. The lesson learned from this experience is the need for flexibility in program design to accommodate unforeseen circumstances selecting an adaptable Professional Conference Organizer (PCO).

Funding Deficits & Financial Constraints

One of the key challenges faced during the conference was funding deficits, which impacted various aspects of execution. Limited financial support strained the ability to provide subsidized or free participation, particularly for key stakeholders and lower-income attendees. Additionally, gaps in financial planning made it difficult to accommodate unexpected costs, such as high venue fees and interpretation expenses. For future conferences, AfHEA should proactively engage in early fundraising, explore diverse sponsorship opportunities, and secure alternative funding streams to mitigate financial risks. Establishing a contingency fund could also help absorb unexpected expenses, ensuring a smoother execution of planned activities.

Conference Logistics & Venue Costs

The high costs of the conference venue and its related costs as well as the very pricey services provided by the PCO (Planitswiss) posed financial constraints to AfHEA given the challenge already highlighted by the cancellations in participation of key stakeholders. Additionally, communication gaps with the Planitswiss presented logistical challenges which were partially dealt with by working with the LOC team to identify a representative to participate in meetings and email exchanges. Similarly, financial limitations faced by the Local Organizing Committee (LOC) of Rwanda coupled with a high number of free participation requests from the LOC affected the overall budget. Going forward, AfHEA should explore more cost-effective vendors,









strengthen communication channels with service providers, and establish clear financial agreements with potential LOCs in a competitive bidding process early in the planning process to avoid budgetary strain.

• Interpretation & Translation Services

The costs associated with interpretation services, which were outsourced from Switzerland via Planitswiss, created financial and logistical hurdles. Ensuring high-quality bilingual interpretation is critical for an inclusive conference experience. For future conferences, AfHEA should prioritize hiring interpretation vendors well in advance, conducting trial runs (such as interpreting Board meetings and webinars) to assess their capabilities, and holding frequent alignment meetings to clarify expectations and standards.

Leveraging Engagement & Enthusiasm

Despite the challenges encountered, the high levels of participant engagement and enthusiasm reaffirmed the value of the conference. The commitment of attendees and organizers ensured a smooth flow of activities and fruitful discussions. Moving forward, AfHEA will capitalize on participant-driven momentum by enhancing interactive elements in conference programming, fostering deeper engagement through structured networking sessions, and ensuring continuous communication with all conference stakeholders.

- Future Improvements & Planning for 2027
- The obstacles faced during this conference provide valuable learning opportunities for the planning of the next AfHEA conference in 2027. Strengthening strategic contingency plans, refining budget allocations, and securing sustainable partnerships will be instrumental in ensuring even greater success.

7 CONCLUSION

The 7th AfHEA conference was a huge success given that several global and continental events happened in the two months leading up to the conference which affected the participation of a good number of participants especially from the World Health Organisation and those funded by the now-defunct United States Agency for International Development. There were also cancellations of participants from the Democratic Republic of Congo and Belgium. These cancellations reduced the number of participants from 500+ to slightly below 400. Additionally, the conference program was affected and several organised sessions had to be cancelled and a number of parallel sessions merged. Despite the enormous challenges encountered, the conference progressed smoothly with high levels of engagements and enthusiasm from those who attended. The challenges also provided AfHEA with great learning opportunities that will enhance the planning of the next conference in 2027.

