African Population and Health Research Center

wellcome

Data Science Without Borders

ANNUAL GENERAL MEETING REPORT

2025

Reflect, Refine, and Reinvent: Strengthening Data Science for Africa's Health Systems

DSWB ANNUAL GENERAL MEETING
FEBRUARY 24-26, 2025

www.dswb.africa

DAY 1 – FEBRUARY 24, 2025

Strategic Alignment and Project Progress

- **Session 1:** Opening Remarks
- **Time:** 9:00 - 10:00
- **Chair:** Dr. Moussa Sarr

- **Summary points:**

  The session was officially opened by Miranda Barasa, who welcomed guests before inviting Dr. Moussa Sarr to speak. Dr. Sarr acknowledged and welcomed key partners, including LSHTM, CODATA, OSPO Now, Makerere AI Lab, Africa CDC, and the pathfinders (DGH, IRESSEF, and AHRI). He then invited Dr. Agnes Kiragga, Dr. Andre Kengne, Dr. Nebiyu Dereje, Ekin Bolukbasi (online), and Prof. Papa Ngom (UCAD) to the podium for further remarks.

> **"** To truly leave no one behind, we must urgently close the data gap in Africa. This means harnessing our data effectively, understanding where it is stored, assessing its quality, and ensuring it is usable for impactful insights.
>
> **Dr. Agnes Kiragga**
> Principal Investigator

- **Speaker:** Dr. Ekin Bolukbasi - Wellcome
- **Summary Points:**

  Dr. Bolukbasi commended APHRC's structured data-sharing efforts and emphasized the importance of strengthening data-sharing agreements. She encouraged the DSWB to expand its scope, highlighting that its collective aims and outputs can enhance impactful data science usage across the continent. Additionally, she advocated for greater representation of Francophone countries in the portfolio.

- **Speaker:** Dr. Nebiyu Dereje - Africa CDC
- **Summary Points:**

  Dr. Nebiyu Dereje emphasized the importance of leveraging data resources for self-sustainability in supporting the research ecosystem, i.e. domestic financing. He highlighted key challenges, including data privacy, security, and governance in global health, as well as the need to build local capacity for data science applications. Additionally, he pointed out infrastructure limitations, urging the DSWB to play a strengthening role, and address concerns related to data access and benefit sharing.

- **Speaker:** Dr. Andre Kengne – APHRC
- **Summary Points:**

  Dr. Kengne acknowledged partners and funders for their contributions to DSWB's success in its first year and emphasized APHRC's commitment to collaboration. He highlighted DSWB's role in harnessing the power of data science and AI, strengthening data systems, fostering collaboration across pathfinder sites, and promoting bilingual inclusion. He concluded by noting that DSWB serves as a foundation for data science applications through data harmonization and the development of standardized vocabularies.

- **Speaker:** Prof Papa Ngom (UCAD)
- **Summary Points:**

  Prof. Papa Ngom emphasized the importance of data in validating hypotheses and answering research questions. He highlighted the need to assess data quality, evaluate the relevance of algorithms in African health systems, and adopt regulatory frameworks to ensure ethical AI use. He further advocated for integrating ML and AI tools into medical systems to build smarter health solutions and train professionals, while showcasing a new technology initiative in Senegal focused on local capacity building.

- **Speaker:** Dr. Agnes Kiragga – APHRC
- **Summary Points:**

  Dr. Agnes Kiragga began by appreciating partners and attendees before outlining APHRC's vision and mission. She emphasized the growing role of data science in Africa, driven by increased mobile internet usage and AI adoption, while highlighting challenges such as data availability gaps, skilling shortages, and siloed infrastructure. She provided updates on DSWB's progress and key highlights, including:

  - **Completion of Needs Assessment Survey**

- Successfully conducted and finalized the needs assessment, highlighting key insights on data availability, infrastructure gaps, governance, and capacity-building needs.
- Established systems and structures to support project implementation.

  - **Data Mapping, Governance & Infrastructure Strengthening**

- Identified data quality issues and infrastructure gaps, with some sites still transitioning to digital platforms.
- Engaged four legal representatives from Pathfinder institutions and APHRC to align policies for data sharing agreements, which are nearing completion.

  - **Capacity Building & Institutional Strengthening**

- Conducted specialized training on standardized vocabularies in September, now being replicated at individual institutions.
- Identified 20 fellows (11 MSc, 9 PhD) whose work will enhance research efficiency and methodology application.

  - **Research Priorities & Stakeholder Engagement**

- The research seminar provided insights into evolving research priorities for Pathfinder institutions.
- Strategic alignment of priorities with project objectives is ongoing.
- Fellows' PhD projects set to launch upon finalization of data-sharing agreements.

○ **Technical Oversight, Open Science & Platform Harmonization**

- Regular biweekly updates foster collaboration among stakeholders.
- Growing interest in open science, documented in an e-report, with ongoing platform harmonization ensuring data interoperability.

- Dr. Kiragga also acknowledged key challenges, including project alignment at pathfinder sites, lack of a Data Sharing Agreement, technological limitations, and language barriers. Concluding, she recognized contributors and underscored the need to position DSWB for long-term sustainability at the continental level.

Insights for Impact

Africa must take ownership of its data science future by strengthening governance, investing in local capacity, and ensuring sustainable, cross-border collaboration. DSWB is not just a project; it is a movement to unlock the full potential of data science for health and development on the continent.

Reflecting on One Year of DSWB; Documentary and Website Launch

- **Time:** 10:00 - 10:30
- **Facilitator:** Miranda Barasa & Christine Ger
- **Summary points:**

  This session featured a documentary that showcased DSWB's milestones in its first year. The documentary reflected the project's journey, highlighting its achievements, future expectations, and the capacity skills needed for further development. The session also emphasized the importance of building an ecosystem that integrates data science tools to create lasting impact beyond the project's completion.

Click here to watch: https://shorturl.at/MQpFc

Session 2: DSWB Project Overview and Key Achievements

- **Time:** 11:00 – 12:30
- **Chair:** Dr. Steve Cygu
- **Topic:** Progress Reports from Pathfinder Countries

Armaeur Hansen Research Institute (AHRI-Ethiopia) - Bethlehem Adnew

Key Points:
- Provided an overview of AHRI, its establishment, and mandates.
- Engaged stakeholders, including the Amhara and Oromia Regional Health Bureaus and Hararge HDSS sites with agreements either finalized or nearing completion.
- Conducted a workshop for data mapping and prioritization, identifying key datasets.
- Successfully recruited two PhD students (AHRI and Bahirdar) and one Master's student from AHRI, with three more Master's students set to be hired from each partner institute.
- Future plans focus on capacity building, including data standardization and harmonization training, federated data usage and analysis training, AI and machine learning workshops, and technical hackathons to address key challenges.

The Institute for Health Research, Epidemiological Surveillance and Training (IRESSEF - Senegal) - Mouhamadou Lamine Daffe

Key Points:
- Recruited project staff and conducted a comprehensive review, including data mapping and research question prioritization.
- Reviewed the Data Sharing Agreement (DSA) and developed a work plan with M&E indicators.
- Successfully replicated the OMOP ETL pipeline following training in Mombasa.
- Planning for a needs assessment for partner institutions to identify gaps and areas for improvement.
- Recruited PhD and MSc students, developed research proposals, and expanded the capacity-building pipeline with 7 candidates submitted and 13 more identified, along with structured capacity-building strategies.
- Expanded collaborations by enrolling new partners, including the Senegal Poison Center.
- Requires support from technical partners to strengthen data collection, storage, and analysis systems at partner institutions.
- Needs Assessment survey tool needs refinement to reduce complexity and length for better usability.
- Sought further clarity on the classification criteria for data maturity matrices; this was addressed using a framework adapted from the UK model, considering people & culture, data activities, and data processes.

Douala General Hospital (DGH - Cameroon) – Anicet Onana

Key Points:

- Provided an overview of DGH, its mission, and objectives.
- Participated in data-sharing and stakeholder engagement efforts, including drafting agreements
- Completed 10 out of 16 planned activities in the first year, with six ongoing.
- Conducted a pathfinder site visit for benchmarking and understanding project objectives.
- Performed a desk review of data systems and management policies, identifying that 72% of data is still paper based.
- Engaged in OMOP CDM training to enhance capacity.
- Focused on hospital data digitization, data cleaning, and integration.
- Recruitment of two PhD students and one Masters student.
- Developed a stakeholder engagement plan involving NGOs and research institutions.
- Took part in two hackathons to develop a platform connecting health and government agencies.
- Plans for Year 2 include conducting a situational analysis to identify training needs and leveraging Year 1 experiences for further development

Audience Questions, Discussion and Feedback

Armaeur Hansen Research Institute (AHRI)
1. **Incorporation of feedback from partner institutions after desk reviews**: Identified gaps in skill capacity and infrastructure, budget set to improve some infrastructure and conduct training.
2. **Progress made in migrating data sources to OMOP CDM**: Delay in agreement with partners due to data sharing issues and plans underway to implement it on the training with the partners
3. **Strategy to allow data access to students outside of their institutions**: Highlights the data needs to move in a multidirectional way to facilitate collaboration and need to create a platform for the datasets residing in Ethiopia and allow access depending on the needs.

Douala General Hospital (DGH)
1. **Data sharing agreement plan when working with other partner institutions**: Will make use of the DSWB sharing agreement and develop it further to include partners.
2. **What are the efforts in building capacity among DGH staff**: It's an activity included in the work plan (Data digitization, R/Python)
3. **Given sensitivity of clinical data, what is the Data sharing plan to ensure confidentiality**: Will ensure anonymity of the different datasets before sharing and comply with the data sharing agreement terms.

The Institute for Health Research, Epidemiological Surveillance and Training (IRESSEF)
1. **Intent to incorporate technical partners in training and supervision of training fellows:** There is a need to have research support advisory to align students and technical partners depending on their specialties and needs
2. **Possibility of allowing access to health data for students**: Data Sharing agreement needs to be signed to allow access to data

Progress Reports from Technical Partners

- **Time:** 13:30 – 14:30
- **Chair:** Dr. Samba L. DIATTA

OSPO Now – Precious Onyewuchi
Summary Points:

Precious highlighted key contributions of the Open Science Program Office (OSPO Now) in DSWB. She noted the establishment of a community of practice through co-working calls and working groups, alongside stakeholder mapping to assess skills and engagement within the DSWB community. She also emphasized the centralization of communication channels (Discord) and the standardization of workflows through training and skill-building (GitHub). Precious concluded by highlighting OSPO Now's role in integrating the DSWB pathway into The Turing Way, incorporating a translation workgroup, and collaboratively developing a handbook, stressing the importance of open science and collaboration.

London School of Hygiene and Tropical Medicine, U. of London (LSHTM) – Tathagata Bhattacharjee
Summary Points:

Tathagata Bhattacharjee outlined LSHTM's role in DSWB, emphasizing its contributions to public health epidemiology and data science. He highlighted LSHTM's support for capacity building, technical guidance, and strengthening data systems across collaborator sites. Key activities included supporting training workshops on OMOP CDM, guiding PhD students, and participating in various working groups. He also emphasized LSHTM's commitment to open science by publishing on GitHub and its collaborative initiative with CODATA to develop a data catalog.

Makerere AI (Mak AI) Lab – Dr. Joyce Nabende

Summary Points:

Dr. Joyce Nabende shed light on MakAI Lab's research focus across health, agriculture, language technology, and environmental monitoring. She emphasized the lab's commitment to ethical AI, capacity building, and knowledge transfer. MakAI Lab contributes to the No-Code platform, supports PhD students, and facilitates dataset comparisons across pathfinder sites. Dr. Nabende also highlighted efforts to integrate ethics into DSWB deliverables and develop a responsible AI checklist to ensure FAIR and ethical practices throughout the data pipeline

Committee on Data of the International Science Council (CODATA) – Simon Hodson

Summary Points:

Simon Hudson highlighted CODATA's efforts in advancing Africa-specific data science and supporting pathfinders through mentoring opportunities. He outlined CODATA's three strategic priorities: integrating data from diverse sources for interdisciplinary research, leveraging AI for science and health, and expanding Africa's data science ecosystem. CODATA's contributions to DSWB include defining requirements for Africa-centric data science based on pathfinder research questions, developing a FAIR catalog, and creating platform extensions to support research. Current progress includes testing a platform with HIV data from a Tanzanian HDSS site and contributing to the development of research catalogs. He also announced a call for papers for the SciDataCon Conference 2025.

CODATA

1. Ensuring Platform Interoperability with International Systems: Using standardized metadata (e.g., schema.org).
2. Possibility of In-Country Training & Future Collaborations: To be explored further.
- **Comment:** Emphasize problem-solving over technical complexity.

OSPO Now

1. Ethical & Legal Considerations in Data Privacy & Security: Encouraging responsible data-sharing and ensuring GitHub is not used for sensitive data.
- **Comment:** Establish generalizable methods for long-term sustainability.
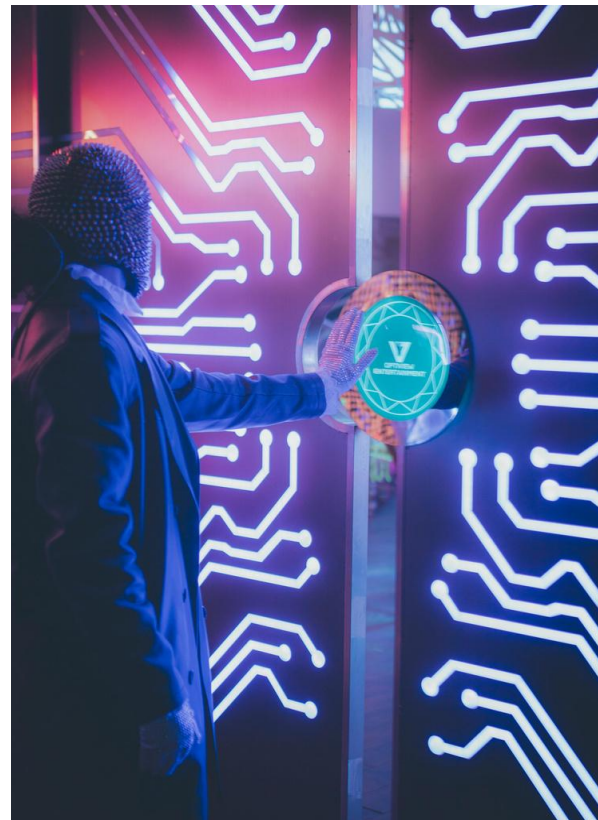
LSHTM

1. Intellectual Property Considerations in Project Outputs: Requires clear guidelines.
- **Comment:** Integrate short courses at LSHTM based on DSWB outputs.

Makerere AI Lab

1. Engagement with Pathfinders: Encouraging two-way collaboration.
2. Linking Air Quality & Health Research: Still in early stages, with plans for deeper exploration.

Insights for Impact

- This session highlighted the remarkable progress and strategic advancements achieved across pathfinder institutions and technical partners. DSWB is evolving into a transformative force, bridging data science, AI, and public health while strengthening capacity building, governance, and open science collaboration.

- Despite challenges in data sharing, infrastructure, and capacity gaps, the commitment to interdisciplinary research, technical innovation, and policy alignment is setting a strong foundation for a sustainable and scalable data science ecosystem across Africa. Collaboration, standardization, and ethical AI remain at the heart of this initiative, ensuring impactful data-driven decision-making and research.

Session 3: DSWB Health Information Exchange

- **Time:** 14:30 – 15:30
- **Chair:** Dr. Samuel Iddi

Perspectives from Africa CDC
Presenter: Dr. Bekure Tamirat & Moses Bamutura

Key Points:

1. Digital Health Systems & HIE Implementation
Digital health system adoption is increasing across Africa, improving healthcare access and real-time decision-making.
Implementation remains fragmented, requiring structured coordination and governance.

2. Africa CDC's HIE Initiative
Established a 32-member task force comprising global experts.
Developed AU HIE Guidelines & Standards, officially launched in March 2023 in Nairobi, Kenya.
Guidelines include policy frameworks, technical standards, and an implementation roadmap for African Union (AU) Member States.

3. HIE Maturity Assessment

Developed a continental framework to assess HIE implementation across Africa.
Objectives:
- Determine HIE maturity levels across Member States.
- Identify areas of strength and improvement in HIE domains.
- Develop a roadmap to advance HIE adoption.

Adapted global digital health maturity models for the African context.
Four key HIE domains identified:
- Leadership & Governance – Policy frameworks, compliance, and governance structures.
- Management & Workforce – Workforce capacity, financial management.
- ICT Infrastructure – Operations, maintenance, and communication networks.
- Standards & Interoperability – Data exchange, core HIE services.

Implemented a 5-level Likert scale (from Emerging/Ad Hoc to Optimized) to measure HIE progress.

4. Roadmap & Future Commitments

Phase 1 implementation covered Mauritania, Ethiopia, Nigeria, Zambia, Kenya, Gabon, and Tunisia.

Africa CDC committed to:
- Institutionalizing the HIE maturity assessment model as a foundational reference.
- Providing technical and financial support to enhance data exchange across Africa.
- Encouraging broader HIE adoption and continuous system improvements.
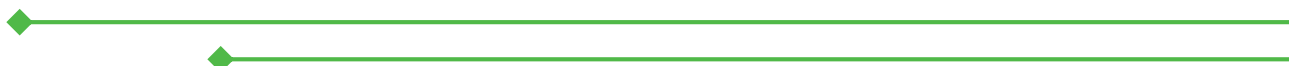
Questions & Feedback on Health Information Exchange (HIE) – Africa CDC

1. Alignment & Integration with DSWB

How does HIE align with existing country frameworks? Is there a preferred **technical stack** that Africa CDC supports?

Global Alignment: The primary focus is to address intra-African challenges before aligning with the broader global health community.

If a member state has clear data policies, the technical stack becomes less relevant—many African countries lack data protection awareness, so the priority is to establish a strong foundation.

Africa CDC is not prescribing specific tools but rather supporting basic data governance frameworks.

Not all AU member states have adopted the HIE toolkit due to lack of awareness and frequent changes in administration

How can **DSWB integrate** its ecosystem with HIE, and what are the potential **partnership opportunities**? Multiple areas of collaboration exist, including developing ML models and strengthening HIE implementation.

How can DSWB contribute to implementing HIE maturity levels, particularly in areas such as machine-readable data and AI-driven insights? AI and machine-readable data are recognized as crucial but will be addressed in future phases after foundational elements are established. Infrastructure and platform support will be provided on a need basis, starting with the HIE toolkit for member states.

Health Information Exchange in Senegal

- **Presenter:** Dr. Tidiane Gadiaga – DSISS/MoH Senegal

Key Points:
- The DHIS2 platform is used by 20 countries, including Senegal since 2014, for storing both individual and aggregated health data.
- Hosted on Senegal's national data center (SENUM-SA) as part of the national digital sovereignty strategy.
- The system supports multiple trackers, including HIV, MPOX, COVID-19, TB, mortality, NCDs, and addiction, along with an event tracker for cross-border collaborations.
- Integrated with various national health platforms, including IHIRIS, ERPX3, OWOD, and PARSYL.
- Requires a registered account for access, with data requests routed through the relevant office; includes built-in tools for data quality, validation, and analysis.
- Provides dashboards that track key health indicators and outbreak trends, supporting epidemiological surveillance and decision-making

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Questions & Feedback

1. **Do all health facilities in Senegal make use of the DHIS2 (public & private):** All public health facilities use DHIS2, while some private institutions have been trained and onboarded. Of 100 private health facilities, approximately 60-70 actively use DHIS2, while others rely on their own data collection systems.

2. **Does it collect data from lowest health system:** Challenges are at the community health centers due to low literacy levels, but it has been implemented.

3. **How do they ensure completeness of the datasets**: Efforts are ongoing to improve data entry compliance across all health levels.

4. **Unique identification of people seeking health in public & private**: A pilot project is underway to assign digital health identifiers, but it has yet to be fully institutionalized.

5. **Is there an automated integration between collected hospital data and DHIS2 to avoid human involvement**: Currently, only two authorized personnel are permitted to edit hospital data to minimize human errors and enhance data integrity.

Comment: DHIS2 is a versatile platform that can be utilized across various sectors and implemented down to the lowest administrative levels. However, to ensure data continuity and prevent loss, it is essential to establish reliable backup mechanisms and enable offline access capabilities.

Insights for Impact from Session 3
This session underscored the critical role of Health Information Exchange (HIE) in strengthening Africa's digital health ecosystem. With increasing adoption of digital health systems, the focus is on enhancing interoperability, governance, and real-time decision-making across the continent.

Insights for Impact

☑ HIE is a transformative tool for health system integration, interoperability, and real-time surveillance.

☑ Africa CDC and DSWB can collaborate to drive AI and data standardization efforts.

☑ Scaling DHIS2 in Senegal showcases the potential of national data centers and cross-sectoral health tracking.

☑ Ensuring long-term sustainability requires strong policy frameworks, technical training, and offline data capabilities.

This session reinforced the vision of a unified, data-driven health system for Africa, where HIE and DHIS2 serve as foundational pillars for digital transformation in public health.
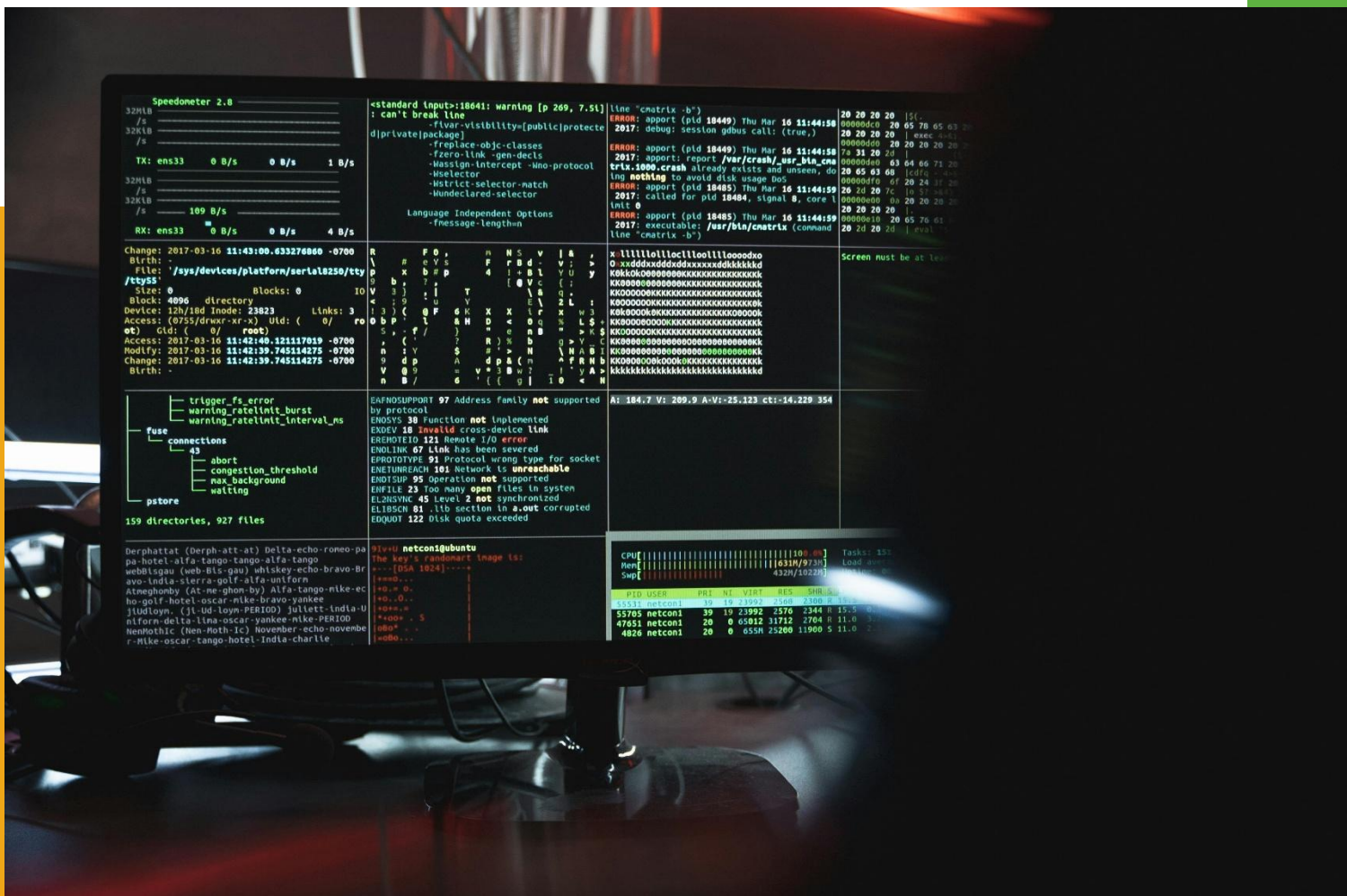
DAY 2 – FEBRUARY 26, 2025

Session 4: Findings from the Needs Assessment: Opportunities for Capacity Building and Infrastructure

- **Time:** 9:00 - 10:30
- **Chair**: Dr. Eubert Espira
- **Presenter:** Abel Wilson Walekhwa

Summary points

Key Findings from the Needs Assessment Survey:

1. Data Capability Levels & Findings
Institutions categorized into three levels:
- **Proactive:** AHRI (**3.32**)
- **Stable:** DGH (**1.84**)
- **Reactive:** IRESSEF (**1.46**)

Major training needs identified in data governance, big data analysis, ML/AI, and ethics. Challenges included self-reporting biases and lack of qualitative insights.

Future focus:
Refining assessment tools and engaging national institutions for improvements.

2. Key Recommendations

- Develop frameworks for sustained collaboration between academic and data science institutions for ML/AI capacity building.
- Organize specialized training programs in machine learning (ML) and AI.
- Offer short courses and capacity-building programs to strengthen expertise.

3. Methodology & Results

- Assessment based on the Data Ecosystem Framework, covering four pillars: Governance, Data, Users and Platforms
- Cameroon had the highest response rate. Senegal and Ethiopia followed, with Ethiopia scoring highest in data maturity due to widespread electronic data systems.

4. Action Required

Invest in:

- Data governance, infrastructure (on-site servers, internet, stable electricity).
- Capacity building, including workforce training and cultural shifts in data use.
- Strengthen data collection, community engagement, and protection mechanisms.
- Develop data mapping tools for all participating countries.

5. Strengths & Limitations

- **Strengths:** The tool was co-designed with policymakers at Africa CDC, translated into French for improved accessibility, and adapted from the HESA tool in other sectors to fit health datasets.
- **Limitations:** The online self-assessment format resulted in self-reporting biases, and the lack of qualitative data will be addressed in future efforts.

6. Next Steps

• Refining the HESA tool to capture national-level insights.

• Disseminating results to in-country institutions.

• Conducting qualitative research to complement quantitative findings.

7. Key Questions Raised

i. **How can we align datasets for interoperability?** Data standardization is a priority to improve integration and interoperability. A comprehensive assessment inventory is needed to track existing datasets, storage, access rights, and usability.

ii. **What infrastructure investments are needed to support data digitization? How can we strategically strengthen partnerships?** Governance and infrastructure assessments are needed to ensure the right policies and leadership structures. Partnerships in AI & ML can drive funding opportunities Internet access, data management improvements, and research support are key investment areas. Investment in infrastructure and proof of funding allocation must be documented for sustainability.

Panel Discussion: Addressing Gaps in Capacity and Infrastructure

The panel discussion, moderated by Dr. Eubert Espira featured insights from Dr. Agnes Kiragga (APHRC), Aminata (IRESSEF), Simon Hudson (CODATA), Dr. Bekure Tamirat (Africa CDC), and Dr. Bertrand Hugo (DGH). The discussion focused on key gaps, opportunities, and strategic approaches to strengthening capacity and infrastructure for data science in Africa.

Insights for Impact

- **Gaps in Data & Skills:** While Africa has vast data resources, its digital footprint remains limited. Standardizing data storage formats is essential for quality, and AI adoption requires early integration into education systems.

- **Infrastructure & Leadership:** Government and institutional buy-in are critical for implementation. Investments in connectivity, sustainability, and data standards should be tailored to institutional needs.

- **Opportunities in Capacity Building:** Interest is growing in FAIR principles, Open Science, AI/ML, and interdisciplinary collaboration. Training efforts should focus on both immediate skill development and long-term infrastructure planning.

- **Strengthening Data Utilization:** Institutions should conduct data inventories, invest in infrastructure (internet, data processing), and implement policies to enhance data collection and management. Community engagement is key to ensuring data relevance.

- **Strategic Positioning of DSWB:** Leveraging expertise across health, statistics, and data science, DSWB should promote cross-institutional knowledge exchange and prioritize practical outputs for policymakers and health practitioners.

General Questions & Discussions from the Audience

- **Frameworks for Cross-Collaboration:** Proposed solutions included creating avenues for responsible data use and enabling cross-institutional data sharing to enhance research impact.
- **Ethical Considerations in Data Sharing:** The discussion emphasized balancing data accessibility with privacy and governance concerns.
- **Infrastructure & Investment Priorities:**
  - Identifying key areas of need, strengths, and challenges to develop cost-effective, long-term solutions.
  - Avoiding redundancy by ensuring strategic and well-planned investments.

Call to Action

- **Strengthen Data Governance & Standardization –** Establish clear policies, frameworks, and interoperable systems to improve data quality, integration, and ethical sharing.
- **Invest in Digital Infrastructure & Connectivity –** Expand access to on-site servers, stable internet, and sustainable power solutions to support data-driven decision-making.
- **Enhance Capacity Building & AI/ML Training –** Develop structured programs, including short courses, mentorships, and interdisciplinary collaborations, to equip professionals with the skills needed for the evolving data landscape.
- **Foster Cross-Institutional Collaboration –** Strengthen knowledge exchange between academia, government, and private sector stakeholders to build an inclusive and sustainable data ecosystem.
- **Leverage Funding & Strategic Partnerships –** Position data science initiatives within the broader AI and ML agenda to attract funding, technical expertise, and policy-level support.

> **"** The future of data science in Africa depends on bold investments, inclusive strategies, and a shared commitment to innovation. Now is the time to act—to build a resilient, data-driven Africa that harnesses its wealth of information for impactful decision-making and transformative change.

Session 5: Technical Session: Ethical AI and Data Governance

- **Time:** 11:00 – 12:00
- **Chair:** Dr. Eubert Espira
- **Presenter**: Dr. Joyce Nabende

Summary Points

Dr. Joyce Nabende highlighted the ethical challenges of AI in healthcare, emphasizing key risks such as bias, transparency, and privacy concerns. She underscored the importance of developing Africa-specific AI models to mitigate biases in healthcare algorithms and ensure fairness and trustworthiness. A multidisciplinary approach to responsible AI governance and policy development is crucial in building ethical AI systems.

- AI models are broadly categorized into discriminative and generative models, both requiring careful ethical considerations and bias detection to prevent unfair or inaccurate decision-making.
- AI is transforming medicine, with models like RAD-DINO and Ubenwa demonstrating promising applications; however, bias in AI models is inevitable, can have harmful consequences if unchecked, and may develop over time due to shifts in training data, necessitating proactive mitigation strategies.
- AI supports decision-making in healthcare, but addressing bias is crucial to ensuring fair and equitable outcomes.
- AI bias can stem from underrepresented populations (representation bias), mismatched training data (distributional shifts), or non-medical influences like race and gender (evaluation bias).

- AI development follows a structured process: problem definition, data collection, population sampling, algorithm development, and impact assessment.
- Barriers include limited access to data, infrastructure challenges (electricity, internet), and a lack of localized AI tools.
- Ensuring transparency, explainability, and strong governance is essential to minimize bias and promote fairness in AI systems.
- Key Misconceptions about AI & LLMs: AI does not think, have opinions, or intentions, but rather mimics data patterns, and while it does not intend harm, it can still cause it.
- Effective governance protects patient data, prevents bias, enhances public trust, and enables ethical data-sharing and interoperability.
- AI ethics require input from philosophy, social sciences, economics, law, medicine, and engineering to ensure responsible development and deployment.

For AI to be ethical, effective, and beneficial, it must be transparent, fair, and contextually relevant. The African healthcare landscape requires AI systems tailored to its unique data realities, with strong governance frameworks, stakeholder collaboration, and capacity-building efforts to ensure trustworthy and responsible AI deployment.

General Questions & Discussions from the Audience

- **Guidance on AI Adoption & Vendor Selection:** How can institutions navigate AI adoption given the presence of multiple vendors?
- **Ensuring Data Security & Ethical AI Use:** What measures are in place to secure data while using AI, and how can we balance open-source access with security and ethical considerations?
- **Sustainability & Local AI Capacity:** How can we ensure long-term sustainability of AI tools by developing local capacity, including training models in African languages to cater to the continent's 2,000+ languages?
- **Redefining the Value of Data:** Simon suggested replacing the phrase *"Data is the new oil"* with a more sustainable analogy like *"renewable energy"*, as data can be reused.
- **Access to Local Datasets:** A local dataset exists at APHRC, but not all researchers use it; plans are underway to make metadata publicly available and establish a mechanism for full data access.
- **Centralized Data Repository:** Abel proposed creating a central repository where datasets can be uploaded for better accessibility and collaboration.

Insights for Impact

The discussion underscored the **critical need for secure, ethical, and sustainable AI adoption** across African institutions. As AI continues to revolutionize healthcare and research, institutions must **navigate vendor-driven AI ecosystems**, ensuring that **data security, governance, and ethical considerations** remain at the forefront.

Call to Action:

- **Strengthen AI Governance & Security** – Institutions must develop clear frameworks for AI adoption, ensuring data security, ethical AI deployment, and governance structures that align with Africa's research priorities.
- **Build Local AI Capacity** – Prioritize AI training programs that focus on local languages, context-specific datasets, and indigenous knowledge systems to create AI tools that are truly African-centric.
- **Balance Openness with Security** – Foster open science and AI transparency, while implementing robust security measures that protect sensitive data and ethical considerations.
- **Enhance Data Accessibility & Collaboration** – Establish a centralized data repository where datasets can be securely uploaded, accessed, and shared while ensuring proper governance and accountability.
- **Reframe Data as a Renewable Resource** – Move beyond the "Data is the new oil" mindset and adopt sustainable, long-term strategies for leveraging data to benefit communities and researchers across Africa.

By taking these actions, we can ensure a future where AI is not just an imported technology but an African-led, ethically governed, and sustainable solution for addressing the continent's unique challenges.

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Session 6: Data Sharing within DSWB

- **Time:** 12:00 – 13:00
- **Chair:** Dr. Eubert Espira
- **Perspective on Data Sharing - Dr. Andre Kengne**

Summary Points

Dr. Andre Kengne emphasized the need to incentivize data sharing in Africa, establish data sharing plans before data collection, and create a consortium for pooled data analysis. He underscored the importance of metadata sharing, clear accessibility procedures, and proposed a DSWB microdata portal for secure data sharing within pathfinder sites.

- **Partner views on Data Sharing within DSWB - Bethlehem Adnew**

Summary Points

Bethlehem Adnew reflected on the Data Sharing Agreement, addressing key issues around equitable data sharing and the need for alignment among partners

- o Equitable data sharing is the key for data sharing.
- o Data sharing agreements should be about access and sharing,
- o Data flow should be multidirectional and flow across different pathfinders, all pathfinders should be able to make their own capacity building.

- **Overview of the DSWB Data Sharing Agreement Terms Key provisions of the Data Sharing Agreement** – Miranda Barasa

Summary Points:

Miranda Barasa provided an overview of the DSWB Data Sharing Agreement. The Data Sharing Agreement (DSA) provides a structured framework to ensure ethical, secure, and effective data sharing among partner institutions, promoting data accessibility, interoperability, and cross-border collaboration for improved health decision-making.

Data Providers retain full ownership of both raw and derived data, with strict restrictions on unauthorized transfers, ensuring that all data use remains exclusive to the DSWB project. Access and transfers require written authorization, compliance with legal and confidentiality standards, and limited third-party use beyond the project's scope. For students and researchers, access is granted only after submitting formal requests, obtaining prior consent, and signing Non-Disclosure Agreements (NDAs) to ensure compliance and responsible usage.

To uphold data security and governance, all transfers must be encrypted, following FAIR principles and GDPR standards, with any breaches reported immediately to the Lead Institution. Intellectual Property (IP) remains with Data Providers, while research findings must be open-access, ensuring proper acknowledgment and adherence to ethical guidelines to prevent discrimination and misuse. The agreement is valid for three years, after which data must be returned or securely deleted, with non-compliance subject to legal action.

This session emphasized the importance of governance, accountability, and compliance in fostering a trusted and sustainable data-sharing ecosystem, highlighting the need for continuous refinement of access procedures and enhanced technical infrastructure to support seamless and secure data exchanges.

Questions and Discussions

1. **Country-Specific & Agreement-Specific Policies:** Policies vary by country, and each partner is expected to share relevant legal frameworks to ensure proper representation in the agreement. Compliance should be framed within national regulations, rather than being limited to institutional policies.

2. **Need for Standardized Definitions:** A suggestion was made on the need for clear definitions and discussions to standardize the usage of these terms.

3. **Evolving Nature of the DSA:** The DSA should remain a dynamic document that adapts to evolving country regulations, ensuring flexibility for future legal changes.

4. **Withdrawal & Data Anonymization:** Partners have the right to withdraw their participation, but the process must be properly documented, including justification and conditions. The expectation is that only anonymized data will be shared, safeguarding participant privacy and ethical standards.

Dr. Espira concluded the session by encouraging the audience to reflect on these key questions:

01. What are the key benefits/challenges of data sharing in your institution/organization?

02. How do you ensure data privacy and security when sharing data with external partners?

03. What policies and regulations must be adhered to when sharing data across different regions, institutions with regional data sharing?

04. How can data sharing improve decision-making or drive innovation within your institution?

05. What technologies/tools are more effective for facilitating data sharing?

Insights for Impact

This session highlighted the critical role of structured, secure, and equitable data sharing in advancing collaborative research and health decision-making across Africa. The need for incentivized data sharing, predefined data-sharing plans, and a consortium approach for pooled data analysis was emphasized. The discussion reinforced the importance of clear accessibility procedures, metadata sharing, and the proposed DSWB microdata portal to streamline data exchange within pathfinder sites. Additionally, equitable and multidirectional data flow was identified as a key priority, ensuring that all pathfinder institutions can both access and contribute to data-driven capacity-building efforts.

The DSWB DSA was presented as a foundational framework that ensures ethical, secure, and FAIR-compliant data exchanges, with governance structures that protect data ownership, uphold confidentiality, and regulate data access. The session concluded with a call for continued refinement of data-sharing policies, alignment with national regulations, and enhanced technical infrastructure **to** foster a sustainable and trusted data-sharing ecosystem.

Call to Action

- **Strengthen Institutional Policies & Compliance:** Partners must align data-sharing practices with national policies and international standards, ensuring compliance with evolving regulations while maintaining flexibility for future legal adaptations.
- **Foster a Culture of Equitable & Multidirectional Data Flow:** Encourage open collaboration among pathfinders, ensuring equal access to shared data resources to build collective research capacity.
- **Invest in Secure Data Infrastructure & Technologies:** Support the development of centralized platforms, such as the DSWB microdata portal, and implement advanced encryption methods to facilitate seamless and secure data exchanges.
- **Enhance Training & Capacity Building:** Provide ongoing training on data governance, security, and sharing protocols, ensuring that institutions are equipped to manage and utilize shared data responsibly.
- **Drive Innovation through Data Sharing:** Leverage cross-institutional collaborations to enhance decision-making, support innovation, and enable impactful research through efficient and ethical data use.

By committing to secure, transparent, and inclusive data-sharing practices, institutions can maximize the value of shared data, strengthen research collaborations, and advance scientific discovery and public health solutions across Africa.

Session 7: Data Science Landscape in Africa

- **Time: 14:00 – 15:00**
- **Chair: Dr. Moussa Sarr**
- **Presenter:** Anguissa Jean Pierre - Jembi Health Systems (Cameroon)

Summary Points:

Jean Pierre presented on Jembi Health Systems' collaboration with Cameroon's Ministry of Health to implement and support electronic medical record (EMR) systems. He highlighted Jembi's role in providing technical expertise for a user-centric EMR solution and its adoption at DGH.

General Questions

- Challenges in the use and adoption of the EMR
- Can the EMR capture retrospective data: It is not designed to capture retrospective information
- Where is the system being hosted (concerns on patients' privacy): All data remains within the health facility
- Is there a provision for loading vocabulary concepts in the system: Currently not a supported feature

Presenter: Ousmane Sy Bodian - MSI/UCAD (Senegal)

Summary Points:

Ousmane's presentation covered recruitment in data science, essential skills (R, Python, ML), and career pathways. He outlined data science composition as statistics (30%), computer science (30%) and professional knowledge (40%) emphasizing real-world applications. Ousmane concluded by emphasizing the need for collaboration between data scientists and field practitioners to ensure impactful solutions, with deliverables including studies, reports, dashboards, and publications.

Presenter: Eliane R Fankem - AIMS Senegal

Summary Points:

Eliane R. Fankem presented on AIMS Senegal, and its commitment to training young Africans. She highlighted the institution's mission, values, and academic programs, including master's and PhD opportunities. She also showcased AIMS' tailored capacity-building programs for DSWB, designed to address specific research questions.

General questions

- Ability to modify curriculum for specialized groups: based on their mission to empower young Africans AIMS has the capacity to provide that platform.
- What does it take for the African Data Scientist to grow to the level of global data scientists

Insights for Impact:

This session highlighted the intersection of digital health systems, data science, and capacity building in Africa, emphasizing the importance of technology-driven solutions and specialized training. Discussions focused on enhancing digital health infrastructure, equipping future data scientists with essential skills, and fostering collaboration between technical experts and field practitioners. Key themes included the adoption of electronic medical records (EMRs), the role of data science in health and research, and the need for structured academic and professional development programs. The session underscored the importance of interdisciplinary learning, adaptable curricula, and stronger partnerships to advance data-driven innovation and elevate African expertise to global standards.

Call to Action

1. **Strengthen EMR Adoption & Usability:** Address challenges in implementation, retrospective data capture, and vocabulary integration to enhance system functionality and user engagement in healthcare facilities.
2. **Invest in Data Science Skills Development:** Promote training in R, Python, ML, and applied statistics, ensuring data scientists have the practical and technical expertise needed for impactful careers.
3. **Enhance Collaboration Between Data Scientists & Practitioners:** Encourage cross-disciplinary teamwork to ensure that data-driven solutions align with real-world needs, improving healthcare, research, and decision-making.
4. **Expand Capacity-Building Initiatives:** Support institutions like AIMS Senegal in developing specialized training programs, ensuring young African data scientists can compete at the global level.
5. **Leverage Institutional Partnerships:** Strengthen partnerships between academic institutions, research organizations, and governments to foster sustainable, scalable solutions for Africa's digital and data-driven transformation.

By focusing on education, collaboration, and technological advancement, Africa can equip its next generation of data scientists and health informaticians to drive impactful, data-driven solutions across the continent.

Session 8: Datathon Presentations

- **Chair**: Dr. Steve Cygu

Summary Points

This session featured presentations from five groups that participated in the DSWB Bootcamp that took place from February 22-23, 2025.

Participants showcased their Datathon outputs as follows:

Group	Title and Key highlights
Group 1	Serological Dynamics and Predictive Modeling of COVID-19 in Senegal • Predicting COVID-19 Seropositivity in Senegal: Developed a classification model to predict IgG antibody presence using demographic factors such as age, sex, and city of residence, based on 925 observations. • Model Performance: Random Forest achieved the highest AUC-ROC (0.666), with city of residence identified as the strongest predictor, followed by age, while sex had minimal predictive power. • Impact & Future Directions: The study provides a scalable tool for COVID-19 surveillance in resource-limited settings, highlighting geographic variability in seropositivity and the need for expanded variables to improve model accuracy.
Group 2	Machine Learning for Early Diabetes Detection: A Behavioral Surveillance Approach • ML for Early Diabetes Detection: Used behavioral and socio-demographic data as a cost-effective, non-invasive alternative for early diabetes screening. • Model Performance: Gradient Boosting outperformed nine ML models, achieving an AUC-ROC of 0.831 for accurate diabetes prediction. • Key Predictors & Impact: General health status, high blood pressure, and age were the most influential factors, highlighting ML's potential for proactive diabetes management.

Group 3	Predicting Hospital Length of Stay (LOS) in Patients with Respiratory Diseases: A Machine Learning approach using TB patients' data
	• ML for predicting LOS: Developed a model using clinical, demographic, and lifestyle factors to improve hospital efficiency for TB patients. • Model Performance: Linear regression performed best, with age, recent surgery, and history of viral hepatitis as key predictors. • Impact & Future Work: Supports resource optimization and personalized care, with potential improvements through expanded data and expert input.
Group 4	Predicting stroke susceptibility and in-hospital mortality • ML for Stroke Prediction & Mortality Risk: Developed predictive models using clinical risk factors to identify individuals at risk of stroke and in-hospital mortality, aiding early intervention and better patient outcomes. • Model Performance: Random Forest outperformed other models (AUC-ROC = 0.99999), demonstrating high sensitivity and specificity, making it the most reliable model for deployment in stroke risk prediction. • Challenges & Future Directions: Addressing data imbalance, missing data issues, and computational limitations, with future work focused on real-time data integration, multi-modal datasets, and improved computational efficiency for enhanced model performance.
Group 5	Determinants of Hypertension Management Outcomes in Senegal: A Prospective Cohort Study
	• ML for Hypertension Management in Senegal: The study used automated machine learning (AutoML) to analyze determinants of hypertension management outcomes, identifying key predictors for targeted public health interventions. • Model Performance & Significant Predictors: Logistic Regression and Support Vector Machines performed best (AUC-ROC = 0.942), with systolic arterial pressure, blood sugar levels, and abdominal obesity identified as the most significant predictors of hypertension. • Impact & Future Directions: The findings emphasize the need for tailored hypertension interventions, with future research focusing on longitudinal studies and additional variables like socioeconomic status and healthcare access

Day 3 – February 26, 2025

Sustainability and Collaboration

- **Session 9:** Lighting Talks: PhD and MSc Students' Concept Presentations
- **Time:** 9:00 – 14:30
- **Chair:** Prof. Bertrand Hugo

Summary Points:

This session featured presentations from MSc and PhD students across Pathfinder institutions, with six Master's and eight PhD students sharing their research concepts, objectives, and methodologies. The projects covered diverse health challenges, including early detection of cervical cancer, predictive modeling for tuberculosis outcomes, maternal mortality analysis, air pollution and health risks, environmental impacts on health systems, and infectious disease modeling.

The presentations introduced advanced AI and data science applications, such as climate change and health linkages, federated learning for AI analytics in standardized datasets, deep learning for stroke segmentation, AI-driven disease diagnosis, and optimizing hemodialysis care using data science. Feedback focused on enhancing project novelty, improving slide preparation, and integrating explainable AI to ensure transparency and real-world applicability in research. The session underscored the importance of AI and machine learning in addressing complex health issues, reinforcing the need for collaborative research, interdisciplinary approaches, and scalable AI-driven solutions in Africa.

- **Session 11: Roadmap for the Future: Strategic Planning Session.**
- **Chair:** Dr. Agnes Kiragga

Summary Points
Each pathfinder site presented their roadmap and strategic plans:

- **AHRI** focused on capacity building through OMOP and federated data analysis training, recruitment of MSc students, strengthening local partnerships, hosting hackathons, procuring equipment, and acquiring data from partners.

- **DGH** highlighted key activities including capacity building, stakeholder engagement, data management, digitalization, and data standardization. They emphasized training students and staff, certification courses, recruiting stakeholders through MOUs, organizing hackathons, and disseminating research outcomes.

- **IRESSEF** presented efforts in capacity building through fellowships and academic programs, creating a data science cohort, training initiatives, and establishing a Research Advisory Board for student-expert matching. They also outlined plans to strengthen Senegal's health system through strategic partnerships, data harmonization, interoperability, and developing a no-code platform, along with organizing hackathons.

Key Discussion Points, Questions, and Recommendations

1. Strengthening Mentorship & Capacity Building
- Establish student working groups for peer learning and mentorship.
- Steering Committee members should be included in training and mentorship efforts.
- Capacity-building initiatives should prioritize tangible outcomes that contribute directly to project impact.
- Harmonize training sessions across pathfinders to avoid duplication and optimize resource use.

2. Enhancing Resource Allocation & Infrastructure
- Resources should be allocated based on identified gaps in each pathfinder site.
- Key infrastructure needs include data storage, backup systems, and reliable internet access.
- Investment is needed in on-site servers, high-powered computing devices, and dedicated office spaces for data scientists.
- Data management policies should be established to build analytical capacity and ensure effective data presentation to leadership.

3. Monitoring & Evaluation (M&E) for Project Alignment

- M&E efforts should incorporate both monitoring and evaluation, ensuring that project activities are tracked in real time.
- Develop a centralized work plan that aligns with project objectives and ensures all pathfinders operate under a unified framework.
- Coordination is key to ensuring that reports, activities, and deliverables are implemented as planned.

4. Ensuring Effective Collaboration & Communication

- Encourage better responsiveness to emails and survey requests from project teams.
- Organize structured feedback sessions to facilitate open discussions between students, experts, and institutions.
- Ensure all pathfinders have equal access to information, aligning activities across institutions for consistency.

5. Defining Key Outcomes & Future Focus Areas

- Clearly outline expected project outcomes for the next year, ensuring alignment with long-term goals.
- Develop a model Data Sharing Agreement (DSA) that can be adapted across different institutions.
- Implement no-code solutions for greater accessibility in pathfinder projects.
- Strengthen federated research approaches and develop models to measure inequality.
- Soft skills development should be included in capacity-building plans to enhance leadership and collaboration.

6. Commitment to Supporting Institutional Growth

- Institutional-level data management must be reinforced to ensure sustainability.
- Future funding and project success depend on how well identified needs are addressed.
- All partners should focus on advancing from their current capacity levels through strategic investment and structured collaboration.

This discussion emphasized the importance of structured coordination, resource allocation, and mentorship to drive sustainable impact across pathfinder institutions. Moving forward, there is a clear need for strengthened infrastructure, improved communication, and alignment of training efforts to ensure long-term success and scalability

Closing Remarks

Dr. Agnes Kiragga expressed appreciation for IRESSEF as the host, the steering committee, pathfinder institutions, Africa CDC, technical partners and all contributors. Dr. Andre Kengne commended the efforts in capacity building and emphasized the need to expand the network globally. The AGM concluded with a final vote of thanks from Dr. Moussa Sarr.

Conclusion and Way Forward

The DSWB Annual General Meeting reinforced the project's critical role in advancing data science, digital health, and AI-driven innovation across Africa. Through insightful discussions and strategic planning, participants identified key priorities, challenges, and opportunities to strengthen data governance, infrastructure, capacity building, and cross-institutional collaboration. The meeting highlighted the importance of structured mentorship, harmonized training efforts, and enhanced resource allocation to ensure sustainable growth and impact. The pathfinder institutions outlined their roadmaps for the future, focusing on capacity-building initiatives, stakeholder engagement, data harmonization, and leveraging AI/ML for healthcare advancements.

Moving forward, DSWB must continue to drive interdisciplinary collaboration, foster open science, and invest in robust data-sharing frameworks to ensure sustainable and scalable data ecosystems. Emphasis should be placed on developing standardized data policies, expanding technical training, and strengthening institutional infrastructure to support high-quality research and evidence-based decision-making. As the initiative progresses, continued engagement with governments, research institutions, and technical partners will be crucial in positioning Africa as a leader in data-driven health solutions. The AGM concluded with a renewed commitment to leveraging data science for impactful, long-term change, ensuring that research and innovation translate into real-world health improvements across the continent.
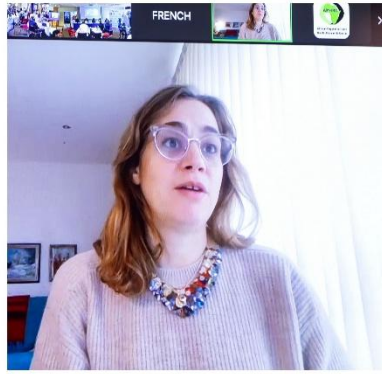
Appendix I: List of Participants

No.	Name	Organization	Country
1	Abdoulaye Samba Diallo	IRESSEF	Senegal
2	Abel Wilson Walekhwa	Data Science Without Borders	United Kingdom
3	Aboubacry Drame	IRESSEF / DSME	Senegal
4	Adam Johansson	IRESSEF	Senegal
5	Agnes Kiragga	APHRC	Kenya
6	Aissatou Diop	IRESSEF	Senegal
7	Alvin Nahabwe	Makerere AI	Uganda
8	Amadou Doucouré	DSME	Senegal
9	Aminata Mboup	IRESSEF	Senegal
10	Andre Kengne	APHRC	Kenya
11	Anguissa Abessolo Jean Pierre	Jembi Health System	Cameroon
12	Anicet Onana	Douala General Hospital	Cameroon
13	Ashiraf Mawanda	Makerere AI	Uganda
14	Bacary Dembo Diatta	IRESSEF	Senegal
15	Bekure Tamirat	Africa CDC	Ethiopia
16	Belayneh Endalamaw Dejena	AHRI	Ethiopia
17	Benjamin Mutuku	APHRC	Kenya
18	Bertrand Hugo	Douala General Hospital	Cameroon
19	Bethlehem Adnew	AHRI	Ethiopia
20	Brenda Bashemera Birungi	Makerere AI	Uganda
21	Cheikhna Ndiaye	IRESSEF	Senegal
22	Chris Fourie	Western Cape Government	South Africa
23	Christine Ochola	APHRC	Kenya
24	Cyrille Brice Foimazou Tchinda	Douala General Hospital	Cameroon
25	Damazo Kadengye	APHRC	Kenya
26	David Amadi	APHRC / LSHTM	Kenya/United Kingdom
27	Dorothy Mailosi	CODATA	France
28	Elhadji Thierno Mbengue	DSME/MoH	Senegal
29	Espira Eubert	APHRC	Kenya
30	Espira Eubert	APHRC	Kenya
31	Festo Mazuguni	Africa CDC	Ethiopia
32	Fikregebriel Aberra	AHRI	Ethiopia
33	Ivan Busulwa	APHRC	Kenya
34	John Mark Bwanika	CADH Africa	Uganda
35	Joyce Nabende	Makerere AI	Uganda
36	Kwenkeu Tondji Tatiana Melissa	Douala General Hospital	Cameroon
37	Lifafa Kinge Kange	Douala General Hospital	Cameroon
38	Maguette Kébé	IRESSEF	Senegal

39	Manemik Tadonlekeu Raissa	Douala General Hospital	Cameroon
40	Marouba Cissé	LUMC/UCAD	Senegal
41	Metasebia Wakgira	AHRI	Ethiopia
42	Michael Ochola	APHRC	Kenya
43	Miranda Barasa	APHRC	Kenya
44	Moctar Gningue	IRESSEF	Senegal
45	More Cissé	Centre Hospitalier Nabil Choucair	Senegal
46	Moses Bamutura	Africa CDC	Ethiopia
47	Mouhamadou Habib Diop	IRESSEF	Senegal
48	Mouhamadou Lamine Daffé	IRESSEF	Senegal
49	Moussa Sarr	IRESSEF	Senegal
50	Moustapha Mane	IRESSEF	Senegal
51	Moustapha Mbow	HMO/UCAD	Senegal
52	Mulugeta Tadele	AHRI	Ethiopia
53	Nebiyu Dereje Abebe	Africa CDC	Ethiopia
54	Ngu Winston Asanga	Douala General Hospital	Cameroon
55	Ousmane Diop	IRESSEF	Senegal
56	Ousmane Diouf	IRESSEF	Senegal
57	Ousmane Sy Bodian	UCAD/MSI	Senegal
58	Papa Ibrahima Ndour	IRESSEF	Senegal
59	Pauline Andeso	APHRC	Kenya
60	Precious Onyewuchi	OSPO Now	Nigeria
61	Prof. Joseph Muliaro Wafula	JKUAT	Kenya
62	Prof. Papa Ngom	UCAD/MSI/IRESSEF	Senegal
63	Raissa Fankem	AIMS Senegal	Senegal
64	Rawleigh Howe	AHRI	Ethiopia
65	Saly Amos Diatta	IRESSEF	Senegal
66	Samba Laobé Diatta	IRESSEF	Senegal
67	Samuel Iddi	APHRC	Kenya
68	Serena Asu Besong Agbor	Douala General Hospital	Cameroon
69	Simon Hodson	CODATA	France
70	Steve Cygu	APHRC	Kenya
71	Suzan Nakasendwa	Makerere AI	Uganda
72	Tathagata Bhattacharjee	LSHTM	United Kingdom
73	Tchapchet Fankoua Luc Baudoin	Douala General Hospital	Cameroon
74	Tidiane Gadiaga	DSISS / MoH	Senegal
75	Valentine Kimiti	APHRC	Kenya
76	Yordanos Sintayehu	AHRI	Ethiopia
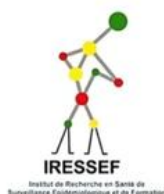
> **"** In science and rational decision-making, only data can validate hypotheses and drive meaningful results.
>
> **Prof. Papa Ngom (UCAD)**

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