



# Conference Book 2022 TUFH Virtual Regional Conference for EMRO



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## 1. Summary

The 2022 TUFH Virtual Regional Conference for EMRO is co-hosted by The Network: TUFH & the University of Gezira (Sudan), partnered with the Student Network Organization, Liaquat National Hospital & Medical College (Pakistan), Suez Canal University (Egypt), and University of Sharjah (UAE).

The conference was hosted on the Zoom platform.

Check out the end of conference video that gives a taste to what the conference was like [here](#) or watch below.



## 2. Date and Time

Day 1: 9 AM – 12 PM UTC – Thursday, May 28, 2022

Day 2: 9 AM – 12 PM UTC – Thursday, June 4, 2022

Day 3: 9 AM – 12 PM UTC – Thursday, June 11, 2022

Day 4: 9 AM – 12 PM UTC – Thursday, June 18, 2022

Day 5: 9 AM – 12 PM UTC – Thursday, June 25, 2022

## 3. Themes

### Theme:

- EMRO coming together to build the Interprofessional Health Workforce

### Subthemes:

- Challenges in the Health Profession during the COVID-19 Pandemic
- Interprofessional Primary Health Care & Education
- Accelerating progress towards achieving Universal Health Coverage
- Collaborative Practices within Social Accountability & Accreditation



## 4. Program

Each session was recorded and is available through YouTube (click on session)

Dates	May 28, 2022	June 4, 2022	June 11, 2022	June 18, 2022	June 25, 2022
Days	Saturday	Saturday	Saturday	Saturday	Saturday
Time	09:00 AM – 12:00 PM UTC	09:00 AM – 12:00 PM UTC	09:00 AM – 12:00 PM UTC	09:00 AM – 12:00 PM UTC	09:00 AM – 12:00 PM UTC
	09:00 - 09:10 AM UTC	09:00 – 09:45 AM UTC	09:00 - 09:45 AM UTC	09:00 - 09:45 AM UTC	09:00 - 09:45 AM UTC
	<a href="#">Opening Ceremony</a>	<a href="#">Keynote Mohi Magzoub</a>	<a href="#">Keynote Charles Boelen</a>	<a href="#">Keynote Iffat Zafar Aga</a>	<a href="#">Keynote Somaya Hosny</a>
	09:10 - 10:40 AM UTC	09:45 - 10:30 AM UTC	09:45 - 11:30 AM UTC	09:45 - 12:00 PM UTC	09:45 - 11:45 AM UTC
	<a href="#">Workshop Working Together: Recognizing and Overcoming the Challenges that Health Professionals face in EMRO</a>	<a href="#">Oral Presentations on Mental Health and Wellbeing</a>	<a href="#">Workshop A Practical Approach to move to support your College to be Socially Accountable in Medical Schools in the Eastern Mediterranean Region: Principles and Practice</a>	<a href="#">Oral Presentations on Interprofessional Primary Health Care &amp; Education</a>	<a href="#">Workshop on Interprofessional Education and Collaborative Practice: Learn Together to work Together</a>
	10:40 - 12:00 PM UTC	10:30 - 12:00 AM UTC	11:30 - 12:00 AM UTC		11:45 - 12:00 PM UTC
	<a href="#">Oral Presentations on COVID-19 Pandemic, Lessons Learned &amp; Way Forward</a>	<a href="#">Regional to Global Journey Session</a>	Brainstorming TUFH EMRO region		<a href="#">Closing Ceremony</a>



## 5. Keynote Speakers

### 5.1. Mohi Magzoub



**Mohi Magzoub** - Mohi Eldin Magzoub is Professor of Medical Education, Chair Department of Medical Education, College of Medicine and health Sciences, United Arab Emirates University. He graduated from Gezira University in 1984. He joined the Faculty of Medicine, Gezira University in 1988 as a Lecturer in Community Medicine, Promoted to a Full Professor in 1997. In 1995, he was assigned Founding Dean of the Faculty of Health Sciences, University of Gezira. Dr. Magzoub was Acting Dean College of Medicine and Health Sciences, United Arab Emirates University and Chair Department of Medical Education and Founding member, College of Medicine, King Saud bin Abdulaziz University for Health Sciences, KSA. Dr. Magzoub was a member of the Executive Committee of The Network and Chairman of the Eastern Mediterranean Regional Chapter of The Network for four years. Dr Magzoub is also worked also as a Regional Advisor for health professions education in the World health Organization during holding of this post he carried out a comprehensive study included more than 180 medical schools in the region, in which challenges were identifies and actionable recommendations were reached in a regional meeting where medical education leaders from the region actively participated. He has served as a consultant in medical education for several Medical Schools worldwide. He published several articles and book chapters in international medical education outlets.

#### **Abstract: IMPACT OF COVID-19 ON MEDICAL EDUCATION**

Covid 19 Pandemic has great implications on all aspects of life including medical education. It affects the way we teach and assess our students as result of social distancing and other measures. The Pandemic disrupted routines in classes, clinical training sites hospitals, medical schools and beyond. The significant impact is the replacement of in-person classes with online distant education which make it is an obvious necessity at this time. It creates a loss of collaborative experiences and student interactions that has the potential to be a significant detriment to education. The cancellation or reduction in clinical exposure, which are important determinants for both clinical skill acquisition and clinical competencies development as well as for relationship building, is a serious issue which students and medical schools must now resolve. In this presentation, we will explore the impact of the

COVID-19 pandemic on the education and assessment of undergraduate medical students, the repercussions on their mental health and future career plans, while exploring their experience as ‘frontline workers’, along with the institutional responses to these challenges. It will also highlight evidence-based successful strategies to face these challenges

To review the PowerPoint, click [here](#).

To review the recorded session, click [here](#).

## 5.2. Charles Boelen



**Charles Boelen** - Charles Boelen is a medical doctor specialized in public health, health system management, and medical education. Having worked for thirty years in the WHO - World Health Organization-, he advised many countries worldwide in developing strategies to create a closer link between health care services and the health workforce. He is known for the invention of the « Five-star- doctor » model, for authoring the WHO monograph « Towards Unity for Health », for working on definition and measurement of social accountability of medical schools, leading to the Global Consensus for Social Accountability of Medical Schools. He promoted and helped develop these concepts across the globe. Throughout his career and currently, he is a strong advocate for partnership among key stakeholders in the health sector. His active involvement in introducing principles of social accountability in the accreditation of medical schools is a strategic move to create a ripple effect on other academic institutions and the whole spectrum of health actors to better respond to health needs and challenges of society, today and in the future. He is currently President of RIFRESS- the International Francophone Network for Social Accountability in Health ([www.rifress.org](http://www.rifress.org)).

**Abstract: How can « excellence » be best recognized? What makes the couple « social accountability and accreditation » so powerful?**

Excellence in the health sector should be gauged by the capacity of making a sustainable impact on people’s health and well-being. Four basic values should serve as guiding principles: the quality of attention given to a person by taking into account its living environment; the equity to ensure that everyone in society benefits from an optimal health service regardless of gender, race, religion, or social-economical status; the relevance to determinants of health as diversified as social, economical, cultural and environmental; the cost-effectiveness which pleads for more reasonable use of resources and therefore for a reconfiguration of health care delivery strategies. Those four values are the pillars of « social accountability ». While the viral pandemic is an additional demonstration of fragmentation in health systems and the lack of synergy between actual and potential forces of systems, it becomes increasingly obvious

that health stakeholders need to be bound by a common set of principles to optimize their contribution to social justice for a better well being for all. Health, beyond the bio-medical aspect, is becoming a beacon to assess national as well as individual development. It is probably the biggest challenge for mankind as it will condition survival, peace, and solidarity. The recognition of « excellence » must be granted by an assessment of compliance to a spectrum of standards and their pertinent metrics, illustrating an implementation of social accountability, and inspired by well-established international studies. Also, national accreditation systems based on these standards must ensure that external evaluators are chosen among a sample of well-briefed representatives of health actors in a concerned society.

To review the PowerPoint, click [here](#).

To review the recorded session, click [here](#).

### 5.3. Iffat Zafar Aga



**Iffat Zafar Aga** – Dr. Iffat Zafar is the Co-Founder and Chief Operations Officer for Sehat Kahani, a telemedicine startup based in Pakistan. She did her medicine from Ziauddin Medical University and did her MSC in Global E-Health from the University of Edinburgh. She is a Commonwealth scholar, She is the MIT Elevate Prize Winner (2020), She is also the GCC Innovator (2020) for her work in telemedicine with the support of GCC. She was recently featured by Microsoft4Africa 2020 for the women-led success stories in South Asia. She has been a winner of the GSMA Accelerator (2018-19), & a Good Fund Fellow 2017-18.

**Abstract: “Healthcare access using Telemedicine in Low - Middle Income Countries through Sehat Kahani - A success Story”**

Excellence in the health sector should be gauged by the capacity of making a sustainable impact on people’s health and well-being. Four basic values should serve as guiding principles: the quality of attention given to a person by taking into account its living environment; the equity to ensure that everyone in society benefits from an optimal health service regardless of gender, race, religion, or social-economical status; the relevance to determinants of health as diversified as social, economical, cultural and environmental; the cost-effectiveness which pleads for more reasonable use of resources and therefore for a



reconfiguration of health care delivery strategies. Those four values are the pillars of « social accountability ». While the viral pandemic is an additional demonstration of fragmentation in health systems and the lack of synergy between actual and potential forces of systems, it becomes increasingly obvious that health stakeholders need to be bound by a common set of principles to optimize their contribution to social justice for a better well being for all. Health, beyond the bio-medical aspect, is becoming a beacon to assess national as well as individual development. It is probably the biggest challenge for mankind as it will condition survival, peace, and solidarity. The recognition of « excellence » must be granted by an assessment of compliance to a spectrum of standards and their pertinent metrics, illustrating an implementation of social accountability, and inspired by well-established international studies. Also, national accreditation systems based on these standards must ensure that external evaluators are chosen among a sample of well-briefed representatives of health actors in a concerned society.

*To review the PowerPoint, click [here](#).*

*To review the recorded session, click [here](#).*

#### 5.4. Somaya Hosny



**Somaya Hosny** - Prof. Somaya Hosny is a board member of National Authority of Quality Assurance and Accreditation in Education (NAQAAE) in Egypt. She is a Prof. of Histology and cell

biology at Faculty of Medicine, Suez Canal University (FOM/SCU) in which she served as the Dean from 2010 to 2014. She has established the quality assurance unit and led the development of an internal quality system that enabled FOM/SCU to be the first national accredited school in May 2010 and to be re-accredited in 2015 and 2021.

She got a Master Degree in Health Professions Education from University of Illinois, Chicago, USA in 1987. She has publications in leading medical education journals. She is an EMRO/WHO consultant in Medical Education, and a senior editor for the international journal “Health Profession Education” and an editor for the regional Journal of Microscopy and Ultrastructure. She has long experience in quality assurance and accreditation where she shared, as a chair and as a member in many institutional and program accreditations reviews inside and outside Egypt. She has also worked as consultant for higher education quality assurance projects, and she is a member of the committee of reform of undergraduate Medical educational in Egypt. In her speciality, she has many international publications and

currently, she is the head of the national histology promotion committee. Among her major areas of interest are quality assurance and accreditation, leadership and management, student assessment, problem-based learning, community-based education, interprofessional education and social accountability.

### **Abstract: “Interprofessional Education: Advantages and Challenges”**

The WHO Framework for Action on Interprofessional Education and Collaborative Practice (2010) recognizes that health systems throughout the world are disjointed and work to manage unmet health needs. WHO and its partners recognize interprofessional collaboration in education and practice as an innovative strategy that will play a valuable part in alleviating the world health workforce challenges. Thus, to effectively meet the health needs and enhance the quality of care, graduates of the different professional schools should be prepared to work in teams. Several advantages of Interprofessional Education (IPE) have been reported including the enhancement of the mutual respect and trust among the health team, improving the understanding of professional roles and responsibilities, making the communication more effective. Consequently, patients will receive safer and high-quality care when health professionals effectively collaborate and communicate, and when each understands their own as well as others’ responsibilities. Several challenges were reported for IPE implementation, among them are the lack of: common vision, educational programs in IPE, leadership support, coordination between competency and certification requirements and financial resources. Added to the previous is the faculty resistance. Solutions should be sought for all the encountered challenges.

*To review the PowerPoint, click [here](#).*

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## 6. Workshops

### 6.1. Working Together: Recognizing and Overcoming the Challenges that Health Professionals face in EMRO

#### **Description:**

The health workforce status of the Eastern Mediterranean Region (EMR) differs immensely, as its 22 member states constitute of low-, middle- and high-income countries. Few countries rely on expatriate health professionals while others produce inadequate number or face inequitable geographic distribution and health mix. EMR faces conflicts, refugees’ influx, and issues arise of shortages, safety and security of health workers. According to WHO Framework for action , the EMR common challenges pertain availability, accessibility, and quality. Thus, countries need to develop policies that address poor HRH governance, paucity of data, imbalanced overall production and availability, the outflow of health professionals, challenges of deployment and retention of health care workers, work environment and health professions competencies mismatched with health system needs.

By 2030, EMR countries progress towards achieving the Universal Health Coverage will require a health workforce that is aligned with population and community health needs and capable of responding to the growing demand for health care driven by rapid demographic, epidemiological, economic, social and political changes in the region. The Covid 19



pandemic experience provides direction at strengthening of primary health care which require training of healthcare telemedicine along with team-based healthcare for the primary health care system. The workshop aims to discuss the major health workforce challenges relevant to participants' context, and propose strategic solutions in line with the WHO Framework on actions for EMR health workforce Development. The format includes presentations, discussions and summarization.

**Presenters:**



Nighat Huda is Professor and Director of Health Professions Education at Liaquat National Hospital and Medical College Karachi. She is the pioneer of health professions education in Pakistan and has continued her career for more than thirty years. She has been instrumental in introducing Problem-Based Learning and assessment system in medical schools. She has worked as consultant in academia and international organizations. She has special interest in community-based initiatives and women's health. She has been associated with TUFH for nearly twenty-five years. Currently she is TUFH Board member and founding member of Women & Health Together for Future. She serves National Committee on Maternal and Neonatal Health (NCMNH) Pakistan as Education & Training.



Dr. Khalifa Elmusharaf is a Senior Lecturer in Public Health at University of Limerick. He was trained and began his career as an obstetrician and gynaecologist. He has worked for more than fifteen years as a researcher, project manager, lecturer and health system specialist in academia, ministries of health, and international organizations. Dr Elmusharaf is a consultant in maternal and reproductive health, with experience in biostatistics, qualitative research, community based initiatives, and health system & service research.

*To review the PowerPoint, click [here](#).*

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## 6.2. A Practical Approach to move to support your College to be Socially Accountable in Medical Schools in the Eastern Mediterranean Region: Principles and Practice

### **Description:**

**Aim:** The concept of social accountability (SA) obligates medical schools to serve societies' priority health needs. Medical schools and accreditation bodies have increasingly adopted SA as a paradigm for medical education. The Eastern Mediterranean (EM) region's medical schools are also adopting the concept as part of an international momentum. The objective of this workshop is to introduce the concept of social accountability and to equip participants with measures to support their colleges to be Socially accountable.

**Methods:** The workshop will discuss the 7 key themes of moving medical schools towards social accountability, these themes including: mission and governance, communication with stakeholders, a community-oriented and community-based curriculum, provision of health services, responding to emerging community health needs, impactful faculty and student research and gaps to be addressed. Training exercise will be provided to the participants to consolidate the application of those themes into their contexts.

Pre-workshop reading materials will be provided in advance and breakout rooms for discussion will allow the participants to share their experience and to communicate with the facilitators in small groups.

**Results:** The concept of social accountability will be clarified and the approach and the tools to support your college for being social accountable will be provided. Moreover, the leadership role and competencies for managing change in participant context will be explored and discussed.

### **Presenters:**



Mohamed Elhassan Abdalla Elsayed, MB.BS, MHPE, PhD, FAcadMed is a Senior Lecturer in Medical Education, School of Medicine-University of Limerick, Ireland. Graduated with an MB.BS from Faculty of Medicine, University of Gezira, Sudan and then got a master's and PhD degrees in Health Professions Education. He is a fellow of the Academy of Medical Educators, UK. He has work experience in Medical Education in Sudan, Saudi Arabia, United Arab Emirates and Ireland with a contribution to medical education in other different countries. He has memberships and affiliations to regional and international organizations that work in Health Professions Education such as the Network-TUFH, International Reference Group on Social Accountability of Medical Schools, Association of Medical Education in the Eastern Mediterranean Region and the Society of Cost and Value in Health Professions Education. His publications and research interests in Medical Education are in the areas of social accountability, Teaching and learning, Accreditation and Cost and Value."



Mohamed H. Taha, M.B.B.S., MSc HPE, PhD is an assistant professor at the University of Sharjah's Medical Education Centre and College of Medicine. He earned an MB.BS degree from the Faculty of Medicine at the University of Gezira in Sudan and then earned master's and doctoral degrees in Health Professions Education. He has work experience in medical education in Sudan, Saudi Arabia, and the United Arab Emirates, where he contributed to curriculum development and competency framework development these countries and other countries the region. He is a member and affiliate of regional and international organizations working in the field of Health Professions Education, including the Network-TUFH, the International Association of Medical Education (AMEE), ASPIRE Award for collaboration and partnership expert pannel. He has conducted and published researches in the areas of Curriculum Development, social accountability, teaching and learning, and learning environment and online learning.

To review the PowerPoint, click [here](#).

To review the recorded session, click [here](#).

### 6.3. Interprofessional Education and Collaborative Practice: Learn Together to work Together

#### **Description:**

Innovative approaches that help develop policy and programs to bolster the global health workforce are needed. Interprofessional collaboration in practice is recognized as an innovative strategy and one of the most promising solutions to help mitigate the global health workforce crisis. Collaborative practice in health care occurs when professionals with different backgrounds provide comprehensive services by working with patients, their families, and communities to deliver the highest quality of care across settings. Practice includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management, and sanitation engineering. (*Framework for Action on Interprofessional Education and Collaborative Practice WHO 2010*).

Interprofessional healthcare teams understand how to optimize the skills of their members to provide holistic, patient-centered, and high-quality health services. In this regard, interprofessional education (IPE) is a necessary step in preparing a health workforce that is well prepared to respond to local health needs in a dynamic environment. IPE is defined as "Occasions when members or students of two or more professions: learn with, from and about each other, to improve collaboration, and the quality of care and services." (*The Centre for Interprofessional Education (UK) Definition (2002, modified 2017)*) Thus, IPE is considered an important strategy to improve human resource for health capacities and health outcomes, and ultimately to strengthen health system.

Workshop objectives are; the concept of IPE and collaborative practice and how these should align with the provision of health and social care services at your context, how you can shape

or influence the process of implementing IPE at your ecosystem. Contents are presentations, small groups work, large group discussions and summarization.

**Presenters:**

Ala Khalid,  
Medical Student, Faculty of Medicine, Gezira University.

Fadwa Hashim,  
Assistant Professor of Ophthalmology, Health Professions Educationist,  
Education Development Center, Gezira University.

John H.V. Gilbert,  
Professor Emeritus, University of British Columbia

*To review the PowerPoint, click [here](#).*

*To review the recorded session, click [here](#).*

#### 6.4. Regional to Global Journey (TUFH 2022)

**Description:**

At TUFH 2012 the Thunder Bay Communiqué was published. Reflecting on the goals that were set at TUFH 2012 we have identified 4 overarching themes that have undergone a journey in the last 10 years. We are seeking your help shaping this with us by bringing your perspective on the journey we are on together in improving global health equity. During the last decade, some themes that were mentioned in Thunder Bay have come to the forefront, particularly empowering Indigenous peoples with proactive antiracism movements including Black Lives Matter, and empowering women/societal behaviour change including the Me-Too movement. Also during the decade: the UN adopted Sustainable Development Goals that are intended to be truly global and address many major issues through a comprehensive cross-sectoral approach; the global Climate Crisis has accelerated triggering regular extreme weather events with multiple health consequences; and the Covid-19 Pandemic has changed the world for everybody. Below is our initial attempt and starting a framework to see the impacts and evolution of the 2012 statement to where we are today in order to lay a foundation of a conversation on where we might want to be in 2032.

In this session the participants reviewed the four teams and provided input and suggestions that were implemented and discussed at the TUFH 2022 Pre Conference Day. The results of the Pre Conference Day and these sessions during the regional conferences is the TUFH 2022 Declaration: [The Vancouver Vision](#).

*To review the PowerPoint, click [here](#).*

*To review the recorded session, click [here](#).*



## 7. Oral Presentations

### 7.1. Oral Presentations on COVID-19 Pandemic, Lessons Learned & Way Forward

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

#### 7.1.1. Knowledge, Attitudes, and Practices (KAP) about COVID 19 vaccine among patients attending GIAD hospital Gezira State, Sudan October 2021

**Author:** Mohammed Anwar Mohammed Saeed

**Abstract:** Background: COVID-19 is a disease caused by a new coronavirus strain called SARS-CoV-2, first recognized by the World Health Organization (WHO) on 31 December 2019 and declared it as a pandemic in 11 march 2020. Objectives: The study was conducted to address the knowledge, attitude and practice toward COVID-19 vaccines among patients attending GIAD hospital, Gezira State, Sudan October 2021. Methods: This is a cross sectional descriptive study, conducted in GIAD hospital, Gezira state, Sudan, October 2021. The sample (49 patient) was obtained from the patients attending GIAD hospital after verbal consent. Data was collected by simple randomization using a structured questionnaire formed of 45 questions in google forms, which offered the analysis results of the study. Main results: This study revealed that Most of the participants heard about the vaccine(96%) but have poor knowledge about its details as participants didn't know the types of the vaccine (56%) and its potential side effects (42%). Only 50% thought it's effective and 60% thought it's safe. When considering the attitude of the participants towards the vaccine, 64% was willing to get vaccinated if it became available in their area .Regarding the actual practice, 60 % of participant didn't try to get vaccinated at all. Conclusion: The study conclude that there is relatively poor knowledge regarding COVID-19 vaccine which is reflected negatively in their attitude, practice and the actual turnout of participant towards getting the vaccine. This obligates organizing extensive health education campaigns towards COVID-19 and its vaccines.

#### 7.1.2. Prevalence, Patterns of use, and Perceptions about Herbal Remedies Among Adults in the United Arab Emirates Regarding COVID-19 Infection

**Authors:** Razan Ibrahim Faris, Amenah Ibrahim Zaidan, Eman Mohamad El Khatib, Jennat Alamara, Mohammed Rahim Hossain, and Hashim Sallam Taha Al-Mishhadany

**Abstract:** Background: Concerns surrounding COVID-19 have prompted research into alternative methods of prevention and treatment, including herbal remedies (HRs). Aim: To determine the prevalence, patterns of use, and perceptions of HRs for the prevention and/or treatment of COVID-19 among adults in the United Arab Emirates (UAE). Methods: In this cross-sectional study, a self-administered questionnaire, consisting of three parts; demographics, practices, and perceptions, was distributed via social media. Adults aged 18+ living in the UAE were eligible. Data was analyzed using SPSS 26. Results: Of the 382 responses, 43.5% (n=166) reported using HRs. Among users, 63.9% reported using HRs for the prevention of COVID-19. HR usage was significantly more prevalent among females (47.1%, p=0.011), individuals aged 40+ (52.4%, p=0.045), and those infected with COVID-



19 (80.4%,  $p=0.000$ ). Among users, the preference for natural options, followed by belief in the safety of HRs—with most users reporting no side effects (89.2%)—and familial influence were the top motives for using HRs. Lemon, ginger, and honey were the most used HRs. The mean score for perceived effectiveness of HRs decreased from 4.72/7 to 4.11/7, pre- and post-pandemic onset. 41.6% and 52.9% view HRs as not at all/slightly effective in the prevention and treatment of COVID-19, respectively. 78.8% view HRs as not at all/slightly risky. Conclusion: The prevalence of HR usage was high. The UAE population perceives HRs as not at all/slightly risky, and effective, and supports the need for awareness/outreach programs surrounding HRs. Authorities should research the effects of the most used HRs on COVID-19.

### 7.1.3. Challenges of Accessing Covid-19 Laboratory Diagnostic Services

**Author:** Tarteel Mohammedahmed

**Abstract:** Introduction: Sudan has faced many obstacles during COVID-19 pandemic especially with providing healthcare services. A lot of rumors and thoughts about COVID-19 have discourage people from getting COVID-19 test or vaccine. Objectives: The study aims to determine the challenges that prevent people from getting COVID-19 test through assess their knowledge, attitude and practice towards access of COVID-19 laboratory diagnostic services.

**Methodology:** A cross-sectional study. an online survey was distributed among 155 Sudanese citizen based across Aljazeera state. To analyze the information, the data were run into statistical package for the social sciences (SPSS).

**Result:** Out of 155 participants, 59.7% of respondents were studying in a medical field and 67.1% were females. 47,1% and 65.8% of the participants were having high knowledge and high attitude about COVID-19 respectively. Practice percentage was 77.4%, indicating a high level of practice. 24.4% of study participants has evaluate the laboratories results with low accuracy and 66.9% is preferring ministry of health laboratories than private ones. Significant and positive linear correlations between attitude and study field ( $P$  value= -0.010,  $p < 0.05$ ), and attitude and family history with past COVID-19 infection ( $P$  value= 0.020,  $p < 0.05$ ) were observed. Conclusion: Knowledge of preventive factors that result in difficulty in accessing covid-19 test is important and vital role in developing control measures against COVID-19.

### 7.1.4. Appraisal of Human Resources for Health Management and Governance under COVID-19 in Sudan: A qualitative study

**Authors:** Reem Gaafar, Maisa ElFadul, Malaz Albashir, and Yousef Khader

**Abstract:** Background The COVID-19 pandemic exposed serious challenges to health systems around the world, particularly in developing countries like Sudan. Human resources for health have borne the brunt of these challenges, yet their needs for support and safety have rarely been fulfilled. With the continuously evolving situation and the already overwhelmed health system, managing this vital health system component amid competing priorities becomes increasingly complicated. Objective This study aimed to appraise how human resources for health were managed during the first wave of COVID-19 in Sudan. Methods A qualitative study was conducted through a series of in-depth interviews with informants from different levels of the health system guided by the WHO Interim Guidance





Note. Results While the Federal Ministry of Health made significant efforts to ensure the availability, wellbeing and safety of health workers, a wide variation in human resource management capacities across states and facilities was evident. Availability of personal protective equipment was a significant challenge, and there was poor coordination overall which impeded efficient workforce deployment. A gap was also observed in the health worker surveillance system, and there was no institutionalized reward system. Most evident was the lack of mental health support for health workers despite its perceived importance. Conclusion It is necessary to revise policies related to recruitment, deployment and surge capacity building, establish efficient coordination mechanisms between federal and state levels and between different sectors involved in the response to COVID-19, and to develop a holistic mental health support framework.

#### 7.1.5. Perception of Online Health Services During Covid-19 in UAE

**Authors:** Raghad Abbas, Yasmeen Saleh, and Sara Qadheeb

**Abstract:** During Covid-19 pandemic when people were forced to manage all aspects of life online, E-health became a necessity to provide a safer option to the public. Therefore, the aim of this study is to assess the perception, barriers, and enablers of online health services among adults living in the UAE during covid-19 pandemic. A cross-sectional study was conducted by distributing an online questionnaire to different groups of the population. Technology acceptance Model (TAM) was used in developing the questionnaire. Furthermore, demographics were incorporated into the questionnaire. People who were outside the UAE between March 2020 and March 2021 and those who are less than 19-years were excluded from the study. Total number of participants who were included in the research was 442, where 357 did not use the E-health services in contrast to only 85 who did. Knowledge about E-health's existence was the main reason behind this little usage of it. Other contributing factors like lack of trust was also reported. Out of 85 participants who used E-health, the vast majority agreed that COVID-19 made them aware of the existence of E-health services, however there was no significant association between COVID-19 and the usage of E-health services. Finally, half of the participants (50.6%) that used E-health services preferred using it only during the pandemic. People perceived E-health services as a good alternative to traditional healthcare delivery during the pandemic, however people need to become aware of the services that are offered to them by E-health and the benefits they provide.

#### 7.1.6. Stress level Assessment Among Health Care Workers During COVID-19

**Author:** Einas Ismail A Saeed

**Abstract:** Background: COVID19 pandemic had a huge impact on people's mental health healthcare workers, because of the nature of their work and their constant contact with patients they were among the most affected by the pandemic. This study aims to assess the stress level among health care workers in an effort to highlight the mental health state of Sudanese health care workers and explore some possible factors contributing to it. A cross-sectional study using an online survey was conducted. The data were collected from 42 healthcare professionals with their various specializations in the Gezira State, Sudan. Results: More than half of the respondents (64.3%) had moderate perceived stress, while (19 %) had slightly low perceived stress levels and (16.7%) High perceived stress. Concerns about transmitting the COVID-19 infection to their families and those close to them had been reported to be the biggest stress factor from all these participants while (71.4%) were stressed because of Increased work pressure, more than half of the respondents(66.7%) were afraid to



get infected with Covid19. Conclusions: During public health emergencies, health care workers are at higher risk for developing mental health problems, their mental state and well-being are essential for the quality of services they provide. More efforts are needed to ensure the well-being of healthcare workers and to prepare them and their families for such situations.

## 7.2. Mental Health and Wellbeing

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

### 7.2.1. Knowledge, Attitudes, Practices and Perceived Barriers among Mental Health Professionals in Sudanese Psychiatric Hospitals regarding COVID-19 Outbreak

**Author:** fajr Elhashimi

**Abstract:** Background: Since March 11, 2020, COVID-19 has been declared as a pandemic by WHO, it has caused substantial morbidity and mortality globally thus knowledge, attitude, and practice (KAP) related to the COVID-19 outbreak are one of the priorities in such a pandemic. KAP in a non-COVID facility, such as a psychiatric institution needs to be addressed. Methods: A cross-sectional self-administered questionnaire targeting the whole population of MHPs which is 141, was conducted at three psychiatric facilities in Khartoum state, Sudan. 89 agreed to participate consisting of psychiatrists, psychologists, social workers, and nurses. Results: 70.8% of MHP's in this study had adequate knowledge of COVID-19 symptomatology, transmission, management, and preventive measures. 44.9% were not willing to take the COVID19 vaccine. Good practices like maintaining quarantine during the outbreak and wearing a medical mask were observed. The significant difference found in Spearman's correlation was between knowledge and attitude which was a negative correlation. Findings showed that MHPs (37.1%,N=33) had positive Practice,(57.3%,N=51) had positive attitude regarding COVID-19. MHPs perceived that lack of an official specialized in infection control, overcrowding in psychiatric patients' rooms, and Lack of policy procedures of infection control practice were the major barriers to infection control. Conclusions: Mental health professionals tend to have proper knowledge toward COVID19 transmission but it does not apply to their practice, therefore Special needs by the government toward facilities' infection control materials are required.

### 7.2.2. A Cross-sectional Survey of Burnout in a Sample of Resident Physicians in Sudan

**Authors:** Abdelmunem Siddig Mohamed Ahmed, Yasir Ahmed Mohamed Elhadi, Elhadi B. Salih, Osman S. Abdelhamid, Mohamed Hayder Hamid Ahmed, and Noha Ahmed El Dabbah

**Abstract:** Background: Resident physicians in Sudan suffer multiple physical and psychological stressors. Nevertheless, the prevalence of burnout among this critical population remains unknown. Aims: The purpose of this study was to estimate the prevalence of burnout and its related factors in a sample of Sudanese resident physicians. Methods: A cross-sectional design was used to assess burnout among resident physicians at the teaching hospitals of Wad-Medani, Gezira state in Sudan. All resident physicians across nine hospitals were asked to join the study. The Arabic version of Maslach Burnout Inventory was distributed to respondents from July to October 2021. Results: Out of 300 resident physicians 69.3% responded. The study population had a mean age of  $29.99 \pm 3.01$  years, more than half were females (56.7%) and single (59.6%). In total, 86.1% met the criteria for burnout in at



least one dimension, and 13.9 % in all three dimensions. 70.7% suffer from a high level of burnout on the dimension of emotional exhaustion (EE), while 44.2% reported a high level on depersonalization (DP) and 73.1% experienced a sense of decreased professional accomplishment (PA). There were significant differences in the levels of burnout, EE and DP among different specialties. Burnout syndrome was associated with working hours per single duty; with participants working for more than 24 hours had experienced higher levels of burnout, EE and DP. Conclusions: High prevalence of burnout syndrome was found in this sample of resident physicians in Sudan. Stakeholders should urgently implement effective remedies to protect the mental health of resident physicians.

### 7.3. Interprofessional Primary Health Care & Education

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

#### 7.3.1. Introducing the Interprofessional Education culture among students at University of Gezira

**Authors:** Ala Khalid and Dr. Fadwa Hashim Binnawi

**Abstract:** BACKGROUND: The World Health Organization (WHO) defines Interprofessional Education as innovative strategy that occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. IPE involvement in medical education undergoes barriers such as timetabling, learner-level matching, funding, preparation and teaching resources, besides lack of knowledge, skills and documentation. In this study we aimed to implement Interprofessional Education culture among students of University of Gezira, and to assess their perceptions towards IPE readiness. METHOD Forty students from six different medical professions have completed the IEPS Inter disciplinary Education Perception Scale as part of IPE Introductory workshop, as pre and post assessment forms. 18-item with 6 point scale about perception of student's own profession and the relationship of that profession to others. SPSS Likert scale was used to analyze the data. RESULTS: In term of respect from other professions, majority of students changed their answers from 'moderately disagree' (m=4.34) to 'strongly agree' (m=3.64). Cooperation descriptor changed from 'moderately disagree' (m=5.22) to 'moderately agree' (m=5.28), positivity in accomplishments changed from 'strongly agree' (m=4.10) to 'moderately agree' (m=4.44). Sharing knowledge changed from 'strongly agree' (m=3.88) to 'moderately agree' (m=4.50). Both dependence upon other professions and teamwork descriptors changed from 'somewhat disagree' to 'moderately agree'. However, other descriptors remained unchanged. CONCLUSION There was a significant change in attitudes of University of Gezira students towards Interprofessional Education in comparison between before the workshop and afterwards; this indicates student's readiness.

#### 7.3.2. Interprofessional Education: Service Learning; Effective educational Pedagogy

**Author:** Jacqueline Maria Dias and Veena Raigangar

**Abstract:** Interprofessional education is vital for the health professions. This presentation will demonstrate how two courses; project on Health and Wellness and Introduction to Research for Health profession was utilized to incorporate the concepts of Health and Wellness by taking measurements ( height, weight, BMI and fitness and exercise tests) and



calculating the mean, mode and media and basic research concepts. Objectives: 1. To assess the interprofessional teaching and learning strategy employed during a class activity for undergraduate students. 2. Compare/contrast student experiences with collaborative learning across different disciplines and levels of study. 3. Assess the value of reflective journaling for undergraduate students involved in experiential service learning activity. The project began as a class activity. The faculty of the two courses; Introduction to Research and Fitness and Wellness decided to provide the students with an opportunity to participate in a combined class activity in they measured height, weight ,muscle strength and endurance. The hands on activity provided the students with an occasion to practice concepts they had learnt in the classroom. This common sense approach to providing opportunities for students to demonstrate research and physiotherapy skills of fitness and wellness was captured in a service-learning exercise .Following this educational activity a survey was given to the students to reflect on their educational experience. The outcome of this teaching learning activity will be shared drawing upon Interprofessional service learning as the teaching pedagogy . Thematic analysis extracted the following 3 themes; appreciation of colleagues and their roles, integration of theory into practice and simulation as a teaching pedagogy. The students gained an appreciation of the course through hands on activity and were able to see how to bring the learned concepts to life in a simulated environment thereby improving their own health, health of their peers, families and the community.

### 7.3.3. An innovative health professions' education initiative aiming at improving healthcare quality

**Authors:** Salwa Anas Elyas and Khabab Abd Elmoniem

**Abstract:** Evidence shows the need for a collaborative healthcare delivery in the aim of improving patient outcome. Deficiencies in interprofessional healthcare delivery became apparent with several reports published at the beginning of the century from around the world. A proposed solution for these deficiencies was improving interprofessional education with many initiatives recommended to reach this. Interprofessional education is defined as education were two or more health workers from different professions learn from, with and about each other in the grater aim of improving collaboration and quality of care. An innovative initiative was put forth by QRI training center aiming to improve healthcare delivery through strengthening health professions' education, particularly interprofessional education. The rationale for the initiative as an area that needs to be full filled under the goals of its making, some of which are; cultivating the concept of interprofessional education and its pivotal part in team based care, formation of international, regional and national partnerships with organizations, leading Health Professions Education institutions, NGOs, national accrediting bodies and universities and lastly, the accomplishment of the third, fourth and seventeenth SDGs. The initiative consists of online monthly teaching sessions for all health professions' educators. The program will be continuously evaluated to monitor its effectiveness. We call for the partnership of leading organizations in health professions' education to be of significant contribution to our program.



#### 7.3.4. Introduction community-based medical education (CBME) modules in the college of medicine Bisha University, Saudi Arabia: challenges and lessons learned during the ongoing pandemic of COVID-19

**Author:** Elhadi miskeen

**Abstract:** Introduction: Introduction of CBME can lead to building partnerships between the university, stakeholders, community, and the students' learning and service activities, hence positively influencing the community health and preparing students to care for people in the rural communities.

**Objective:** This is a desk review for the current project of CBME introduction in the current curriculum of the University of Bisha. The project's overall goal is to update the existing curriculum by introducing CBME modules and to prepare students, faculty, and stakeholders to participate in CBME activities, including working in community settings. Changes made to the project: 1. All activities shifted to online (6 workshops) 2. Meetings of the curriculum committee and CBME units were also turned online. 3. Introduction of the CBME modules delayed for a while and re-plan to finalize later. 4. Introduce of CBME modules plan in the coming academic year. 5. Project plan re-scheduled due to the current circumstances of the COVID-19 pandemic. **Lessons learned:** 1. Understanding Stakeholders and addressing the tasks in different ways and strategies is essential. 2. The project's flexibility helps me overcome the current circumstances due to the COVID-19 pandemic. 3. It is necessary to show the stakeholders what they think about the plan for better changes and effects. 4.

Clearly understand the stakeholders' requirements to make decisions based on understanding stakeholders' goals and needs. 5. Continuous communication is crucial to project success.

**Conclusion:** Flexibility of medical education projects is required to address challenges during the ongoing pandemic of COVID-19.

#### 7.3.5. Faculty as a Change Agent: Lessons Learned from a Virtual Change management game

**Authors:** Enjy Abouzeid and Nourhan Wasfy

**Abstract:** In response to the dramatic change in the universities learning environment due to COVID pandemic, this study aimed to identify the critical success factors that help academic medical faculty to be a change agent and explore effective ways to manage such a change.

This work utilized a deductive qualitative grounded theory approach. A convenient non-probability sample of thirty faculty members participated in a 2-weeks virtual workshop. The workshop was designed based on two important techniques: the jigsaw technique and change management game. The game consists of 28 questions that were used to identify the factors and effective ways to manage change. While the jigsaw technique encourages cooperation between the participants which is difficult to achieve in virtual activities. The factors were organized under four themes: Individual, Environmental, Organizational, and Network - related factors. The participants agreed that a change agent should have transformational leadership attributes, be a role model and a good communicator having strong social connections. The presence of skeptics and the inability to find the required supportive team were indicated as important network-related barriers while the significant role play in this team is the innovators. Finally, the destination to make people agree to change is developing and communicating a shared vision and change culture.

This study was able to evidence that despite the challenges the faculty are always facing, every faculty can be a change agent in his position and different situations. However, change agent, in addition, aligns internal structures and systems to reinforce all-embracing values and goals. **Keywords** Change agent; Change management; change management game.



### 7.3.6. WhatsApp group as an instructional teaching tool and teamwork regulator among doctors in neurology unit at Wad Medani Teaching Hospital

**Authors:** Dr. Mahmoud Hussien Salih Daoud, Mohammed Hayder Hamid Ahmed, Abubakr Elmotessim Abdulla Elamin, Abdelmuniem Ahmed, Elhadi B. Salih, Abdallah Faisal Hassan Mohammed Ahmed, Ahmed Hassan, Alaa Mohammed Osman, Ala Khalid, and Arif Taha

**Abstract:** Background: After the COVID-19 pandemic, the necessity to adopt alternative non-traditional educational tools became recognizable. Social media platforms, such as WhatsApp, allows learning through texts and audio-visual resources, peer-to-peer exchanges, and group discussions. Objective: This cross-sectional study aims to assess the efficacy of a WhatsApp group as an instructional tool, teamwork regulator, and its role in improving outcomes in hospitals settings. Methods: In June 2021, a WhatsApp group was established among trainees at the Neurology Department at Wad Medani Teaching Hospital, Sudan. Messages and images about patients' status were exchanged, along with consultant feedback. Members share topics, protocols, guidelines, and tasks distributed by the consultant. After eight months, a 15-item online questionnaire was used to gather data using a 5-point Likert scale. Results: The targeted number was 31, and the response was 100%. The majority, 74.2% (23), considered their techniques in using smartphones and WhatsApp are skillful. 90.3% (28) agreed that the WhatsApp group is beneficial in delivering learning information from the consultant, and 87.1% (27) agreed that it is beneficial in discussing cases and making timely decisions. 83.9% (26) thought that WhatsApp cannot replace conventional teaching methods. The majority, 87.1% (27), admitted that WhatsApp can play a significant role in saving lives, despite that 35.4% (11) thought it plays a role in wrong medical decisions. Conclusion: WhatsApp is an effective tool for education, training, organizing, and communication, especially in a low-resource setting facing many obstacles. It has a positive influence on patients' outcomes.

### 7.3.7. Assessment of Knowledge, Attitude and Practice towards epilepsy among primary school teachers in Khartoum state, 2020

**Authors:** Malaz Izzaldein Ahmed Yousif, Al-Migdad Imad El-Dein Kamal, and Maab Magdi Hassabo

**Abstract:** Teachers can transfer the knowledge to their students and indirectly to the community by minimizing discrimination against pupils with epilepsy, the study utilizes an observational cross-sectional study design. In a structural self-administered questionnaire, the total number of teachers who took it was 267 from 21 primary school scales for knowledge, attitude and practice was done and scores were obtained. 267 questionnaires were filled by teachers, 79.4% of them were females, the majority of the 65.5% were aged above 35 years old, 41.6% had teaching experience of 20-30 years, and 65.5% were university graduates. 97% heard about epilepsy, 71.5% said that the cause of epilepsy is neurological, 21% believe that cause of epilepsy is demonic and related to superstitious causalities, 17.6% of them believe it can be treated with traditional herbal treatment. The mean score of knowledge was 6.8 with 2.3 SD. 64% of teachers believe that epileptic students deserve to be treated like normal ones, 6.7% said that epileptic patients cannot get married, and 24.3% said that other students are mistreated, epileptics. mean score of Attitude was 6.8 with 2.1 SD. 19.9% receive training about epilepsy 79.4% said that they will check if he is breathing normally, 66.3% would put him on the right side, 92.5% would take away any harmful objects, 81.6% would remove tight clothes, mean score of practice was found to be 3.8 with 1.5 SD, In conclusion, the level of knowledge about epilepsy and its treatment considered intermediate. However,

their attitude towards the affected students was generally positive, although their level of practice toward it was considered inadequate.

#### 7.3.8. Prevalence and risk factors of Female Genital mutilation among women of reproductive age in Altekaina village, Gezira, Sudan, 2021

**Authors:** Aseel Imad Taha Magzoub and Ahmed Kamal Ahmed

**Abstract:** Prevalence and risk factors of Female Genital mutilation among women of reproductive age in Altekaina village, Gezira, Sudan, 2021  
**Introduction:** The high Prevalence of female Circumcision has been a concern in Gezira state. This study was undertaken to estimate its prevalence. **Methods:** Community based cross sectional study among 68 participants age range 15-50 . Sample was collected randomly by interview administered questionnaire at the rural hospital during 5 days as a part of gezira University faculty of medicine rural residency course. **Results:** The prevalence of female Genital mutilation was 90%. Participants who had FGM were classified (55%) who had infibulation done. Out of total participants 24% advocate for FGM while 66% opposed FGM and 10% were clueless. Out of those who believed in FGM 78% said its a custom 11% due to religion reasons and 11% due to peer pressure. All of the Circumcised participants were Circumcised at home by a village attendant at age 4-12 years old. 6% were aware of the types of FGM and 29% knew about FGM complications. All the uncircumcised women were educated and younger than 22 years old however only 50% of the Circumcised participants were educated. 85% of the uncircumcised women were single while 19% of the Circumcised participants were single. **Conclusion:** Female Genital mutilation Prevalence was lower in younger age groups, educated and working women. There is a strong correlation between early marriage and Circumcision .Health education lectures should be done to stop FGM and improve women health.

#### 7.3.9. Job Satisfaction Among Community Pharmacists: A Cross-sectional Study in Sudan

**Author:** Mohammed Ibrahim Mahmoud, Mohammed Fathelrahman Mohammed Ahmed, Amal Abdulbagi Abdulfatah Mohammed, Alanood Elnaem Hasab-alrasoul Mohamed, and Alano Ahmed Mohamed Ahmed Elawad

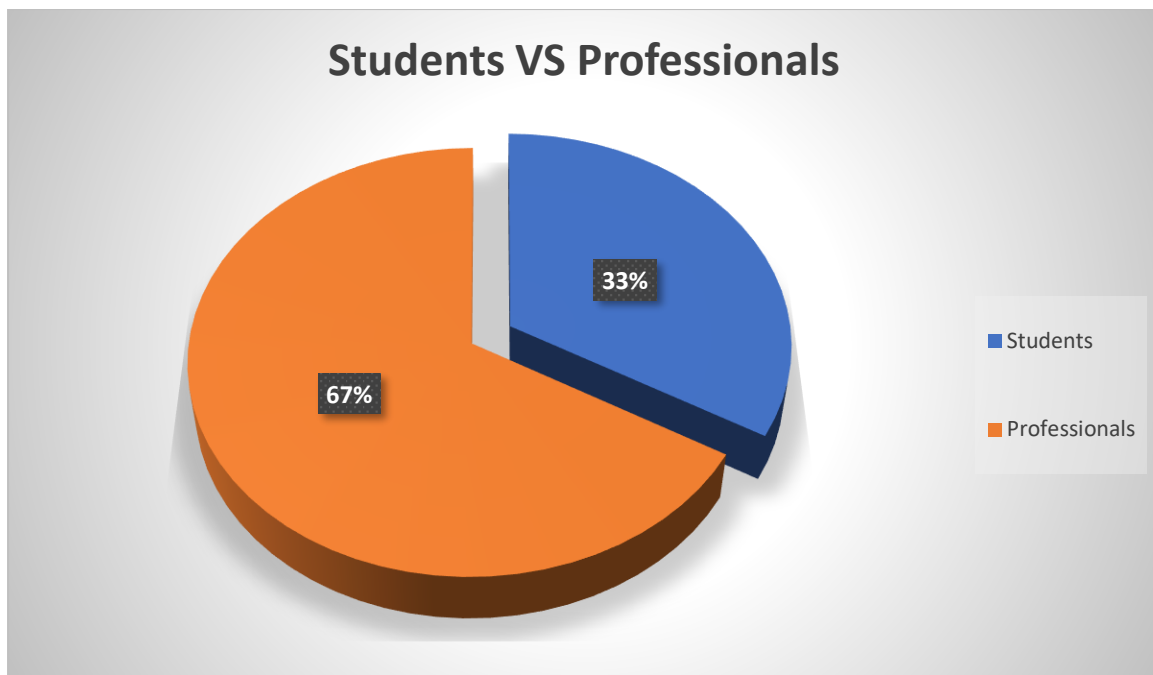
**Abstract:** Background: as pharmacists are increasing in Sudan and taking more roles than ever, there is a need to assess their job satisfaction. **Method:** This study is a prospective online cross-sectional survey. conducted during November to February 2021. The data collected online using Google Form. The structured questionnaire distributed through Facebook and WhatsApp group. The questionnaire consisted of five sections: sociodemographic characteristics, job satisfaction (scored using a 6-point Likert scale ranging from strongly disagree to strongly agree and comprising 15 statements), overall satisfaction with their current job, intention to leave their current job. **Results:** 319 participants were included in the study. The median age was 26 and 76 % of the participants were females. 55% work full-time job while 89.3% work at private pharmacies. Over 80% of community pharmacists reported that they weren't satisfied by the fringe benefits of their jobs and the working conditions. Quarter (25.7%) of community pharmacists reported that they are overall dissatisfied with their current job while 22.6% have reported that they are slightly satisfied with the current work. When asked about the likelihood of leaving the current job, 40.4% reported they are likely to leave their current job. **Conclusion:** some of community pharmacists were dissatisfied with their current job and reported high likelihood of leaving their job. Further studies should focus on ways to improve the job satisfaction.

## 8. Key Dates

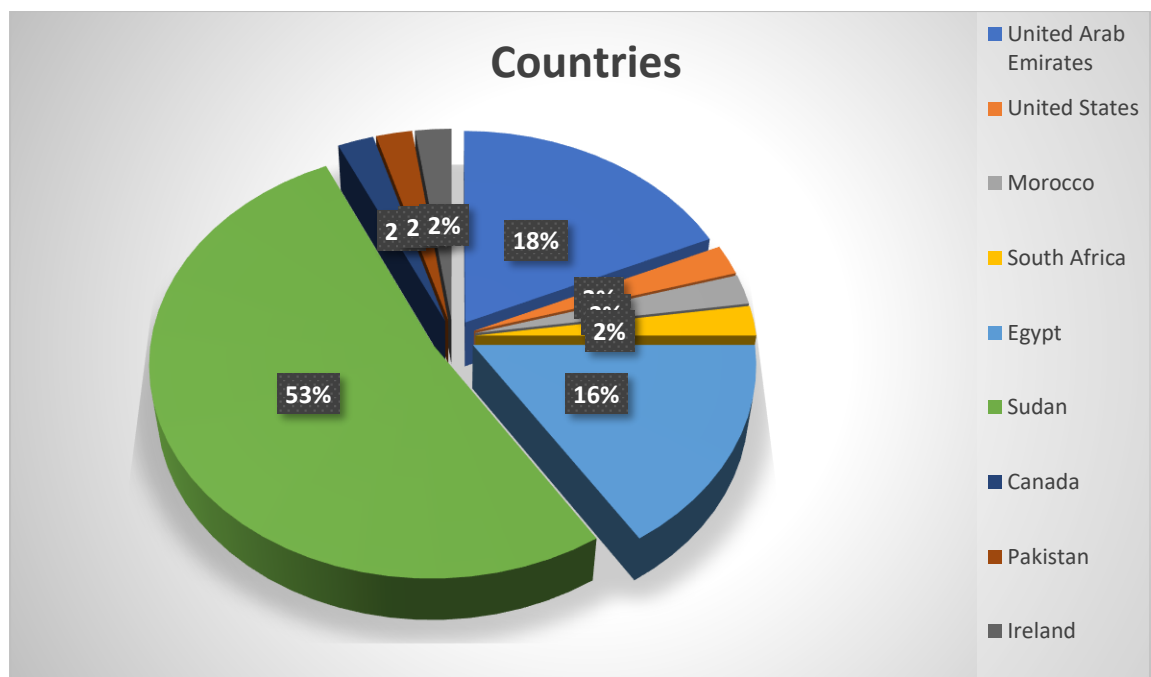
- Call for abstracts: January 12, 2022
- Registrations Open: January 12, 2022
- Abstract Submission Deadline: April 17, 2022
- Registrations Close: April 30, 2022
- Deadline to Upload Posters: April 30, 2022

## 9. Registration

**Number of registrations: 45 from 9 different countries**







### Registration Costs

	Individual			Student			
	HI	MI	LI	HI	MI	LI	
Members	\$100.00	\$66.00	\$33.00	\$33.00	\$22.00	\$11.00	\$ USD
Non Members	\$199.00	\$141.00	\$83.00	\$63.00	\$37.00	\$16.00	\$ USD

### Institutions represented among the attendees

Liaquat National Hospital & Medical College  
 Suez Canal University  
 University of Sharjah  
 Student Network Organization  
 University of Khartoum  
 University of Gezira  
 RAKMHSU  
 New Mexico State University  
 Mohammed VI University of Health Sciences  
 The Network: Towards Unity For Health  
 Faculty of Medicine, Suez Canal University, Ismaïlia, Egypt  
 Faculty of Medicine Helwan University  
 IIPHG  
 QRI training center  
 Ontario Tech University  
 Kasr Al-Ainy Faculty of Medicine  
 Ibrahim Malik Teaching Hospital

## 10. Organization Committee Members

Aricia De Kempeneer	-	The Network: TUFH
Mohamed Elhassan Abdalla	-	EMRO Regional Board Member TUFH
Fadwa Hashim Osman	-	University of Gezira
Nighat Huda	-	Liaquat National Hospital & Medical College
Soha Younes	-	Suez Canal University
Hassan Taha Mohamed	-	University of Sharjah
Sheeba Kunju Retnabai	-	RAK Medical and Health Sciences Uni
Oumnia Bouaddi	-	Student Network Organization
Fatima Elbasri Yagoub	-	University of Khartoum
Mahmoud Saleh	-	University of Gezira
Ala Khalid	-	University of Gezira

## 11. Attendance

**Average Attendance Per Session: 39.39 %**

28-May	% of attendance	4-June	% of attendance	11-June	% of attendance	18-June	% of attendance	25-June	% of attendance
Opening 09:00 - 09:10 AM UTC	52.27	Keynote Mohi 09:00 - 09:45 AM UTC	63.63	Keynote Charles 09:00 - 09:45 AM UTC	40.9	Keynote Iffat 09:00 - 09:45 AM UTC	40.9	Keynote SOMA YA HOSN Y 09:00 - 09:45 AM UTC	27.27
Workshop Nighat 09:10 - 10:40 AM UTC	61.36	Oral Presentations 09:45 AM - 10:30 AM UTC	56.81	Workshop M & M 09:45 AM - 11:30 AM UTC	31.81	Oral Presentations 09:45 AM - 12:00 PM UTC	50	Workshop Ala 09:45 AM - 11:45 AM UTC	27.27
Oral Presentations 10:40 AM - 12:00 PM UTC	50	Regional to Global Journey 10:30 AM - 12:00 PM UTC	54.54	Brainstorming TUFH EMRO region 11:30 - 12:00 PM UTC	27.27			Closing 11:45 AM - 12:00 PM UTC	27.27
Average % of attendance MAY 28	54.54	Average % of attendance JUNE 4	58.33	Average % of attendance JUNE 11	33.33	Average % of attendance JUNE 18	45.45	Average % of attendance JUNE 25	25

## 12. Post Event Survey

Overall satisfaction:	3.7/5
Relevance:	3.6/5
Event Organisation:	3.7/5
Keynote Speakers:	3.4/5
Online Community:	3.2/5
Oral Presentations:	3.4/5
Workshops:	4.5/5

### Future suggestions

- Allow more time for questions for the Oral Presentations
- More keynote speakers
- More participants

## 13. Certificates

Below you can see the designs for the certificates that were issued.



