PAEDIATRIC SOCIETY OF GHANA

AGSM 2022

ANNUAL GENERAL & SCIENTIFIC MEETING

THEME

Survive and thrive – leveraging the opportunities from the COVID-19 pandemic to improve care of small and sick newborns

HOST: TAMALE, NORTHERN REGION / VIRTUAL

DATES: 4TH - 5TH FEBRUARY 2022

SPONSORS


SANOFI PASTEUR


World Health
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AstraZeneca


NOVARTIS


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PROGRAMME LINE UP

PRE-CONFERENCE WORKSHOP

DAY 1: 2ND FEBRUARY, 2022

TOPIC: Promoting Spirometry and lung function testing in Africa

MC: Dr Kingsley Hattor

TIME	ACTIVITY	PERSON RESPONSIBLE
4:00 – 4:05pm	Opening Prayer and Introductions	Mr George Ayiilaka MC
4:05-4:15pm	Welcome address/Introductory speech: Lung function and spirometry in Ghana	Prof. Emmanuel Addo-Yobo Professor of Child Health School of Medicine and Dentistry, CoHS Kwame Nkrumah Univ. of Science and Technology Kumasi, Ghana Consultant Paediatrician Child Health Directorate, Komfo Anokye Teaching Hospital Kumasi, Ghana
4:15-4:50pm	Introduction to spirometry	Dr. Rafiuk Cosmos Yakubu Senior Specialist Paediatrician Tamale Teaching Hospital Tamale, Ghana
4:50 – 5:05pm	Questions	MC
5:05 – 5:35pm	Interpretation of a spirometry report – Use in the diagnosis asthma and other respiratory ailments	Dr. Sandra Owusu Kwarteng Paediatric Pulmonologist School of Medicine and Dentistry, CoHS Kwame Nkrumah Univ. of Science and Technology and KATH, Kumasi, Ghana
5:35 – 5:50pm	Q &A	MC
5:50 – 6:20pm	Nebulization in Paediatrics-Procedure and current indications	Dr. Sandra Kwarteng Owusu Paediatric Pulmonologist School of Medicine and Dentistry, CoHS Kwame Nkrumah Univ. of Science and Technology and KATH, Kumasi, Ghana
6:20 – 6:35pm	Q &A	MC
6:35 – 6:40pm	The Pan African Thoracic Society (PATS): Role in promoting lung health and spirometry in Africa	Lindsay Zurba Respiratory Nurse Practitioner – Lung Wellness Clinic Director/Training Manager - Education for Health Africa
6:40 – 6:55pm	Q &A	MC
6:55 – 7:00pm	Closing prayer	Miss Stephanie Ajinkpang

PRE-CONFERENCE WORKSHOP

DAY 2: 3RD FEBRUARY 2022

TOPIC: Paediatric ECG interpretation and MISC

MC: Dr. Rafiuk Cosmos Yakubu

TIME	ACTIVITY	PERSON RESPONSIBLE
4:00 – 4:05pm	Opening Prayer and Introductions	Dr Catherine Yiyugsah MC
4:05-4:10pm	Introduction to Paediatric ECG	Prof. Benjamin Acheampong Assistant Professor of Paediatrics University of Nebraska College of Medicine
4:10-4:20pm	Break out session to discuss ECG reports	Groups
4:20 – 5:35pm	Discussion of ECG Reports and cases	Dr.Samuel Blay Nguah Snr. Lecturer in Pediatrics Department of Child Health, School of Medicine and Dentistry Kwame Nkrumah University of Science and Technology Kumasi, Ghana and Prof. Benjamin Acheampong Assistant Professor of Paediatrics University of Nebraska College of Medicine
5:35 – 5:50pm	Q &A	MC
5:50 – 6:10pm	Sponsor presentation by SANOFI	SANOFI representative
5:10 – 6:40pm	Update on COVID-19 and multisystem inflammatory syndrome in children	Prof. Benjamin Acheampong Assistant Professor of Paediatrics University of Nebraska College of Medicine
6:40 – 6:55pm	Q &A	MC
6:55 – 7:00pm	Closing prayer	Dr.Fathea Bani

MAIN CONFERENCE

DAY 1: MORNING SESSION (4TH FEBRUARY 2022, 9AM- 12 NOON)

MC: Dr. Parbie Abbeyquaye and Dr. Rafiuk Cosmos Yakubu

TIME	ACTIVITY	FACILITATOR/SPEAKER
9:00-9:05	Opening prayer	Dr. Esinam A. Edenam
9:05- 9:10	Welcoming of Participants and introduction of Chairperson	MC
9:10-9:15	Acceptance and brief remarks from Chairperson	Dr. John B. Eleeza Regional Director of Health Services-NR
9:15-9:20	Welcome address by the LOC Chairperson	Dr. Alhassan Abdul-Mumin UDS school of Medicine, Tamale
9:20-9:25	PSG president's welcome address	Dr. John Adabie Appiah Komfo Anokye Teaching Hospital, Kumasi
9:25-9:45	Fraternal messages from professional bodies	GMA, SOGOG, GRNMA
9:45-10:05	Keynote address: Survive and thrive- leveraging the opportunities from the COVID-19 pandemic to improve care of small and sick newborns	Dr. Mrunal Shetye UNICEF-Ghana, Chief of Health and Nutrition
10:05- 10:25	Sponsor presentation	Sanofi representative
10:05-10:15	Message from UNICEF	UNICEF-Ghana representative
10:15-10:25	Message from GHS	GHS representative (family division)
10:25-10:35	Message from WHO	WHO representative
10:35-11:15	Dissemination of standards of care for newborns, children and adolescents in Ghana	Dr. Marie-Charlyne Fatima Kilba &Dr. Larko Owusu Representatives, expert group (PSG)
11:15-11:30	Sponsor presentation	Sysmex West and Central Africa representative
11:30-11:40	Q & A	MC
11:40- 11:59 am	Closing remarks and prayer	MC/Chairperson

MAIN CONFERENCE

DAY 1: AFTERNOON SESSION (4TH FEBRUARY 2022; 1PM-3PM)

MC: Dr. Parbie Abbeyquaye and Dr. Esinam A. Edenam

TIME	ACTIVITY	FACILITATOR/SPEAKER
1:00-1:00	Introductions	MC
1:05-1:15	**Oral Abstract 1:** Contribution of a model for improvement to maternal and newborn care in the quality of care network	**Matthew Y. Konlan** Newborn focal person, NR Ghana Health Service, Northern regional Health Directorate, Tamale, NR
1:15-1:25	**Oral Abstract 2 :** Weight estimation in two groups of Ghanaian children with chronic diseases using Broselow, Mercy, PAWPER XL and PAWPER XL-MAC tapes	**Rafiuk Cosmos Yakubu** Senior specialist Paediatrician Tamale Teaching Hospital
1:25-1:35	**Oral Abstract 3:** Family caregiver's abilities and motivations in home-based care for preterm babies during COVID -19 crisis in Ghana	**Georgina Yevu** Neonatal Nurse Specialist Legon Hospital
1:35-1:55	Sponsor presentation	Representative, GE Healthcare
1:55-2:05	Sponsor presentation	Representative, Novartis
2:05-2:10	Q & A	MC
2:10-2:20	**Oral Abstract 4 :** Comparison of paediatric weight estimation methods at a tertiary hospital in Ghana	**Nedda Ayi-bisah** Paediatrics Resident Komfo Anokye Teaching Hospital, Kumasi Tamale Teaching Hospital, Tamale and
2:20-2:30	**Oral Abstract 5:** Effect of the COVID-19 pandemic on perinatal health: a retrospective study in a tertiary hospital in northern Ghana	**Alhassan Abdul-Mumin** University for Development Studies School of Medicine and Tamale Teaching Hospital, Tamale
2:30-2:40	**Oral abstract 6**: Newborn Screening for Sickle Cell Disease in the Tamale Teaching Hospital- Preliminary Findings from a Pilot Program	**Joyce Fatima Kanton** Neonatal Nurse Specialist Tamale Teaching Hospital
2:40-2:50	**Oral Abstract 7:** Expected economic impact, on the national immunization delivery costs of Ghana, from the potential introduction of a hexavalent (DTwP-HepB-Hib-IPV) vaccine	**Olivera Gustavo** Sanofi Pasteur, Lyon. France
2:50-3:00	Oral Abstract 8: Investigating a case of human rabies- a case report from the Teiman community in the Ga East Municipality, Ghana	Louisa Ademki Matey Public Health Resident, GCPS Director, Ayawaso West Municipal Health Directorate, GHS, GAR
3:00-3:10	Q & A	MC
3:10-3:15	Closing remarks and announcements	MC
	Closing prayer	Mr. Mustapha Mahama

MESSAGE FROM PSG PRESIDENT


Dr. John Adabie Appiah

Greetings!
This year, we eagerly looked forward to an on-site Annual General and Scientific Meeting. Unfortunately, it was not going to be as another wave of a variant more transmissible swept through the country. We took the painful decision of going virtual because the safety of every Ghanaian was paramount and leading by example, informed the Local Organisating Committee's decision.

The pandemic has heightened awareness of health issues across board in the world. Essential Health Service including preventive and primary care suffered a big blow in the first wave of the pandemic and we are barely catching up with interventions such as immunisation, breastfeeding etc.

On the flip side, there has been slow progression to strengthen health systems, especially with the inclusion of oxygen on the Essential Medicines List by the World Health Organisation. Many partners are working to increase production, distribution, storage and utilization. Additionally, the government of Ghana, MOH, GHS, and the tertiary facilities are procuring equipment. We need to make our voices heard for Child Health on these.

Paediatric Society of Ghana continue to lead with advocacy, education and service provision in the current dispensation. We relentlessly look ahead to an AGSM and the year ahead oriented to taking advantage of the opportunities available to strengthen our place of work. This fits into the theme of the AGSM "Survive and thrive- Leveraging the Opportunities from the Covid-19 Pandemic to Improve the Care of Small and Sick Newborns''. PSG is committed to advancing the health of children in Ghana through the SDG framework.

This week, think about how and what role you are going to play. It must be bigger, better, bolder through your branch, institution, leaders and managers.
Every child should live a long, healthy and full life. Your actions now may help save lives.

Thank you

Long live PSG!

MESSAGE FROM LOC CHAIR

Dr. Alhassan Abdul-Mumin

Dear participants,
On behalf of the Local Organizing Committee (LOC), it is my pleasure to welcome you to the 2022 Annual General and Scientific Meeting (AGSM) of the Paediatric Society of Ghana. We are glad you have registered to participate and contribute to the success of the meeting.

We started the planning for this AGSM with the hope of delivering a hybrid conference with an in-person component. After two years of virtual meetings occasioned by the COVID-19 pandemic, this would offer the opportunity to fraternize in person and showcase the beautiful scenes of the Northern Region of Ghana.

However, this hope was dashed with the onset of the 4th wave of the pandemic driven by the Omicron variant. This setback meant a revision of the planned activities for the AGSM. For instance, we canceled the preconference workshop on advanced newborn resuscitation, which would have fit well into the theme of the meeting. We also limited the 'spirometry and lung function testing' workshop to mostly theoretical presentations, delivered virtually, as it would be unsafe for the practical sessions amid rising COVID-19 cases.

Despite these initial setbacks, the expert faculty we put together for the preconference workshops (spirometry and lung function testing and ECG interpretation) have devised innovative strategies to deliver the workshops for the benefit of delegates. We deliberately spread the workshops over two days to ensure that participants benefit from each of these topics. Therefore, I entreat you to take your seats early not to miss a single moment of the workshops.

The theme for the AGSM reflects the possible hidden effects of the COVID-19 pandemic on small and sick newborns. Although this population has largely been spared the scourge, the numerous indirect effects are likely to derail the gains made before the pandemic. The opening ceremony and scientific session will provide the platform for participants to deliberate on this important theme. It will also offer the opportunity for an expert team to share with participants the World Health Organization's quality-of-care standards for newborns, children, and young adolescents, adapted for use in Ghana.

We also received abstracts related to the theme on various topics. Those abstracts accepted will be presented during the scientific session of the AGSM. We are grateful to all the authors for their contributions to the success of the meeting.

The AGSM is strongly supported by our partners and sponsors. Thanks to their support, we are organizing the meeting at almost no cost to participants. I use this opportunity to express our profound gratitude for their interest and support.

Finally, I am grateful to all the LOC members and the National Executive Committee for their diverse contributions to the planning and delivery of this AGSM.
I believe you will enjoy every single event at the AGSM and pray that we can meet in person for the next AGSM in 2023.

Thank you, and stay safe.

BIODATA OF DR. JOHN ADABIE

John Adabie Appiah, BSc, MBChB, Dip DPDM, MWACP, MGCPS, Cert. Crit. Care (Paeds), MPhil (UCT), MSc in Strategic Management and Leadership

Dr John Adabie Appiah is a Senior Specialist, Critical Care (paed) at the Komfo Anokye Teaching Hospital, Kumasi, Ghana.

A graduate of School of Medicine and Dentistry, KNUST. Completed his Residence at KATH and pursued subspecialty at Red Cross War Memorial Children's Hospital. And also completed MPhil in 2015 (UCT).

He established the first PICU in Ghana and is head the of the Unit. Dr. Adabie is the Assistant Secretary of the Africa Sepsis Alliance.

He is a Board member of World Federation of Pediatric Intensive and Critical Care Societies. As a fervent fundraiser he lobbied and raised funds in support of Child Health of KATH with projects including construction and equipping of PICU of the unit. He is the President of PSG and Little Steps Foundation, KATH

Dr. Appiah is member of the WHO rapid Guidance Development Group producing "Living Guidance", COVID-19 Therapeutics Interim Clinical Management Guidance and COVID-19 Chest Imaging Guidance. Former Lead of WHO Africa Regional Office COVID-19 Case Management Pillar, Emergency Prepared and Response Cluster providing technical assistance to Member states.

He has special interest in sepsis, fluid management, non-invasive ventilation and traumatic brain injury in Resource Limited Settings.

BIODATA OF
DR. ALHASSAN ABDUL-MUMIN

Dr. Alhasan Abdul-Mumin is a Senior Lecturer, Consultant Paediatrician and head of Paediatrics and Child Health at the School of Medicine, University for Development Studies and the Tamale Teaching Hospital (TTH). He has worked in these institutions for a decade now.

Dr. Abdul-Mumin received both his undergraduate (Gazi University, 2005) medical education and postgraduate training in Paediatrics (Hacettepe University, 2010) in Ankara, Republic of Turkey. He is a fellow of the Ghana College of Physicians and Surgeons.

As a clinician he has played a key role in expanding specialist child health services in the TTH and in northern Ghana. Key among these is the establishment of neonatal services, the paediatric sickle cell disease clinic and other specialist clinics. He has also worked with Ghana Health Service and partners to establish neonatal units in district and regional hospitals in northern Ghana.

As a medical educator, he has contributed to the training of >1000 medical students and junior doctors to augment the medical doctor work force in Ghana.

His research interests include General Paediatrics, Neonatal Medicine and Infectious Diseases. To this end, he has about 40 publications in peer-reviewed journals and numerous presentations at scientific meetings and symposia. He has contributed significantly to COVID-19 research since the declaration of the pandemic.

He is a member of the Ghana Medical Association, Paediatric Society of Ghana and the University Teachers Association of Ghana.

PRE-CONFERENCE FACILITATORS

1

Benjamin Acheampong, MD, MPH

He is a Fellow of the West African College of Physicians. He is a Master of Public Health, paediatric cardiologist and has an advanced imaging fellowship certificate from the Vanderbilt University Medical Centre in Nashville, Tennessee.

He is an Assistant Professor at the Department of Paediatrics, University of Nebraska College of Medicine. He was a clinical instructor at the Division of Paediatric Cardiology, Vanderbilt University School of Medicine as well as at the Department of Child Health, Kwame Nkrumah University of Science and Technology.

He is a board certified Paediatrician with a sub-board certification in Paediatric Cardiology. He currently consults at the Children's Hospital and Medical Centre in Omaha, Nebraska and supports several other hospitals with his expertise. He is a member of the American Academy of Paediatrics, American College of Cardiology, American Heart Association, American Society of Echocardiography and the Society of Cardiovascular MRI.

He has a lot of publications to his name.

2

Prof. Emmanuel Addo-Yobo

He is an associate Professor of Child Health at the School of Medical Sciences, College of Health Sciences, Kwame Nkrumah University of Science and Technology (KNUST), and Honorary Consultant Paediatrician at the Child Health Directorate, Komfo Anokye Teaching Hospital (KATH), Kumasi, Ghana.

He established the Paediatric Asthma Clinic at KATH in 1992.

He has conducted a series of large field studies as Principal Investigator (PI) or Co-investigator over many years on childhood asthma in Ghana in collaboration with the North-West Lung Centre, Manchester, United Kingdom (1993-95 and 2002-04) sponsored by the Tropical Health and Education Trust (THET) (1993-95) and the Welcome Trust (2002-04), from which a number of novel publications on childhood asthma epidemiology in West Africa emerged.

He was a co-investigator for the ISAAC Phase Two Studies in Ghana which was conducted with the Kintampo Health Research Centre (KHRC) in collaboration with the North-West Lung Centre, Manchester, United Kingdom.

He has also been involved as Site PI for USAID and WHO sponsored international multi-centre collaborative research on treatment options for childhood pneumonia (Amoxicillin-Penicillin Pneumonia International Study (APPIS) and common young infant infections in developing countries (Young Infant Study (YIS).

He is currently the PI in 2 major studies involving lung function: the Triclosan study and the Achieving Control of Asthma in Children in Africa (ACACIA) study.

3

Dr. Sandra Kwarteng Owusu

She is a Fellow of the West African College of Physicians (FWACPS) and a Fellow of the Ghana College of Physicians and Surgeons (FGCPS).

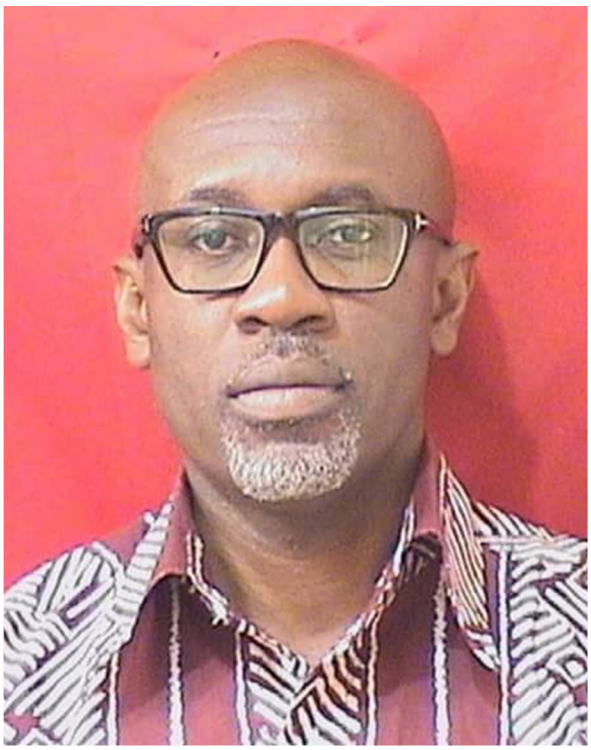
She is a certified paediatric pulmonologist from the Colleges of Medicine of South Africa (CMSA). She also has a Master of Philosopy (MPhil) in Paediatric Pulmonology from the University of Cape Town (UCT).

She is currently with the Kwame Nkrumah University of Science and Technology and the Komfo Anokye Teaching Hospital (KATH) both in Kumasi where she supervises the running of the respiratory and asthma clinics at the Directorate of Child Health – KATH.

She has been involved in quite a number of research work involving paediatric lung function and currently the co-Principal Investigator (co-PI) in both the triclosan and Achieving Control of Asthma in Children in Africa (ACACIA) studies.

4

Dr. Samuel Blay Nguah



He is a Fellow of the West African College of Physicians (Paediatrics). He is a Consultant Paediatrician, the head of the Paediatric Cardiac Unit, and the immediate past Lead Clinician of the Directorate of Child Health, Komfo Anokye Teaching Hospital.

He is also a Senior Lecturer in the Department of Child Health of the School of Medicine and Dentistry- Kwame Nkrumah University of Science and Technology (SMD-KNUST).

He has a Master of Science (MSc.) degree in Medical Statistics from the University of Newcastle, Australia.

He is an Online Biostatistics Tutor for Basic R for Epidemiology, Regression Analysis and Advanced Epidemiological Methods which is supported by the World Health Organization Special Programme for Research and Training in Tropical Diseases (WHO-TDR) and organised by the Epidemiology Unit, Faculty Of Medicine, Prince of Songkla University, Thailand since 2008.

5

Dr. Cosmos Rafiuk Yakubu

He is a Fellow of the West African College of Physicians (FWACP) and currently heads the Paediatric Emergency Unit of the Tamale Teaching Hospital (TTH).

He started and runs the cardiopulmonary clinic in TTH which sees a range of cardiac and respiratory diseases including asthma.

He has an interest in paediatric cardiac and respiratory health. He is currently part of two studies in paediatric lung function, the Triclosan study and ACACIA studies - by helping to perform spirometry and Quality Control.

6

Sr Lindsay Zurba

Respiratory Nurse Practitioner – Lung Wellness Clinic
Spirometry in research training, support and quality assurance.
Director / Training Manager - Education for Health Africa.

Background

I have a nursing background with 25 years' experience in the area of respiratory healthcare including degree level modules in Asthma, COPD, Smoking Cessation and Spirometry.

I have been teaching and mentoring Spirometry in South Africa and other African countries for 25 years. I currently manage, mentor and quality assure spirometry for several International Companies, Universities and Research Programmes across Africa. I work on various spirometry committees for organisations around the world.

I am a certified Asthma Educator with a part time private respiratory nurse practice seeing mainly children with asthma for lung function assessment, education and counselling. I currently mentor 4 nurses in 4 other African countries in this area.

I own and direct Education for Health Africa bringing Occupational and Primary Health training to Dr's, Nurses and Allied Health professionals in South Africa and across Africa. The focus of Education for Health Africa has been to create training materials and processes specific to the African context and providing extra ongoing support and mentorship for each individual and team to become the very best they can be.

Qualifications:
RN (Gen, Comm Health (hons), Midwifrey, Psych).
ICU (hons)
Diploma & Degree Modules Spirometry (UK) (hons).
Diploma Module Asthma (SA) (hons)
Diploma Module COPD (UK)
Diploma Module Smoking Cessation (UK)
Diploma in Management Development Programme (GIBS, SA) (hons)

7

Dr. Marie-Charlyne Fatima Kilba

Marie-Charlyne Fatima Kilba, MBChB, MGCPS, MPhil & Cert Paed. Crit. Care.

Dr. Kilba is a Senior Specialist Paediatrician and Paediatric Intensivist at the Greater Accra Regional Hospital.

She is the current treasurer of the Paediatric Society of Ghana (2019 – 2022) and represents the society on the National Newborn Stakeholders Committee.

She was engaged by the World Health Organization Country office in 2021 to work with the Ghana Health Service Family Health Division, the Paediatric Society of Ghana's Expert committee and other key stakeholders in the adaption of the WHO Standards for improving the quality of care for small and sick newborns in health facilities, for Ghana. She is passionate about the well-being of children and loves dogs.

KEYNOTE SPEAKER
MRUNAL S. SHETYE

Mrunal S Shetye is a senior public health strategist with over 20 years of demonstrated experience of working in low and middle income countries across Asia & Africa on health systems strengthening in complex and fragile environments with a special focus on building sustainable, equitable and gender responsive solutions for Governments on delivering quality health care through targeted investments using a data driven approach, and innovations in the areas of skilling health care providers, rational deployment of human resource, digital innovations in service delivery and performance management.

Since 2019, as Chief of Health & Nutrition for UNICEF Ghana, Mrunal is leading the support to the Govt. of Ghana to achieve its SDG's by providing technical assistance in the areas of immunization including cold chain strengthening, pediatric HIV, environmental health, quality of care, malnutrition, health systems resilience and emergency response preparedness, health financing and the COVID-19 response.

Earlier, Mrunal lead the Maternal, Newborn & Child Health portfolio and the Uttar Pradesh state program for the Bill & Melinda Gates Foundation's India country office overseeing investments across community engagement for improved health outcomes, innovative approaches for improving quality of care and strengthening human resources and procurement systems.

Earlier, Mrunal lead the design, implementation and monitoring of the HIV Prevention, Care and Support portfolio for the University of Manitoba's (Canada) HIV programs in Maharashtra, India focused on sex workers, men who have sex with men, transgenders and people living with HIV.
Mrunal as WHO polio surveillance officer established a sensitive surveillance system and designed innovative approaches to improve immunization, contributing to the polio eradication effort in India successfully.

Mrunal is a trained clinician with a MD in Dermatology, Venereology & Leprology, and a master's degree in Public Health, from India. He has six peer reviewed publications and has served on various technical public health committees for policy and guideline development.

CHAIRPERSON

DR. JOHN BERTSON ELEEZA

He is an Epidemiologist with 29 years of experience as a clinician and a public health specialist. He holds an MBChB and MPH from the Univerity of Ghana Medical School and the School of Public Health.

He has participated in several continuous development workshops of International repute.

He has done many consultancy works for the World Health Organization (WHO) in many countries and has a number of publications to his name.

He has strong managerial and leadership skills. He has occupied various positions as a result of this.

These includes ; Supervisor and trainer for nineteen clusters during validation of Maternal and Neonatal Tetanus elimination in Ghana, Acting Deputy Director for public health in the Volta Region, Acting Regional Director of Health Services in the Volta Region amidst many other appointments.

He is currently the Northern Regional Director of Health Service for the Ghana Health Service, a position he has held since 2018.

PICTURES OF PREVIOUS EVENTS


PAEDIATRIC SOCIETY OF GHANA
NEWBORN JAUNDICE


PAEDIATRIC SOCIETY OF GHANA
NEWBORN JAUNDICE

PAEDIATRIC SOCIETY OF GHANA

presents

WORLD SEPSIS DAY

Topic

Update on Paediatric Sepsis

DATE: 13TH SEPTEMBER 2021
TIME: 4:00 - 5:30 PM
VENUE: ZOOM

MEETING ID: 884 8961 7344 | PASSWORD: 150701

Proud Sponsor: BD

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NATIONAL CHILD ROAD SAFETY CAMPAIGN
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PAEDIATRIC SOCIETY OF GHANA

BREASTFEEDING AWARENESS WEEK 2020

Covid-19 and Breastfeeding

As a busy career woman, I am extremely proud of having exclusively breastfed my baby and even continued till she was 2 years.

I've had amazing results and no regrets at all. Dear New Mother, even COVID 19 should not stop you from giving your child that 'natural health'. It is worth it.

Oheneyere Gifty Anti

An initiative of Paediatric Society of Ghana, Greater Accra Branch

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28 % reduction in exacerbations *vs.* fluticasone/salmeterol[2]

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Symptom relief as fast as a SABA[3]

SYMBICORT™ Maintenance Therapy in Asthma[4,5,6]

Every morning

1-2 inhalations

Every evening

1-2 inhalations

GINA – Global Initiative for Asthma; ICS – inhaled corticosteroid; LABA – long-acting beta-2 agonist; SABA – short-acting beta-2 agonist

References: 1. GINA. Pocket guide for asthma management and prevention. Updated 2020. Available from https://ginasthma.org/gina-reports/main-pocket-guide_2020_04_03-final-wms/ **2.** Kuna P, Peters MJ, Manjra AI, *et al.* Effect of budesonide/formoterol maintenance and reliever therapy on asthma exacerbations. *Int J Clin Pract* 2007;61(5):725-736. **3.** Seberová E, Andersson A. Oxis® (formoterol given by Turbuhaler®) shows as rapid an onset of action as salbutamol given by pMDI. *Respiratory Medicine* 2000;94:607-611. **4.** Symbicort™ Turbuhaler™ 80/4,5 standard export leaflet. February 2017. **5.** Symbicort™ Turbuhaler™ 160/4,5 standard export leaflet. February 2017. **6.** Symbicort™ Turbuhaler™ 320/9 Inhaler standard export leaflet. November 2008.

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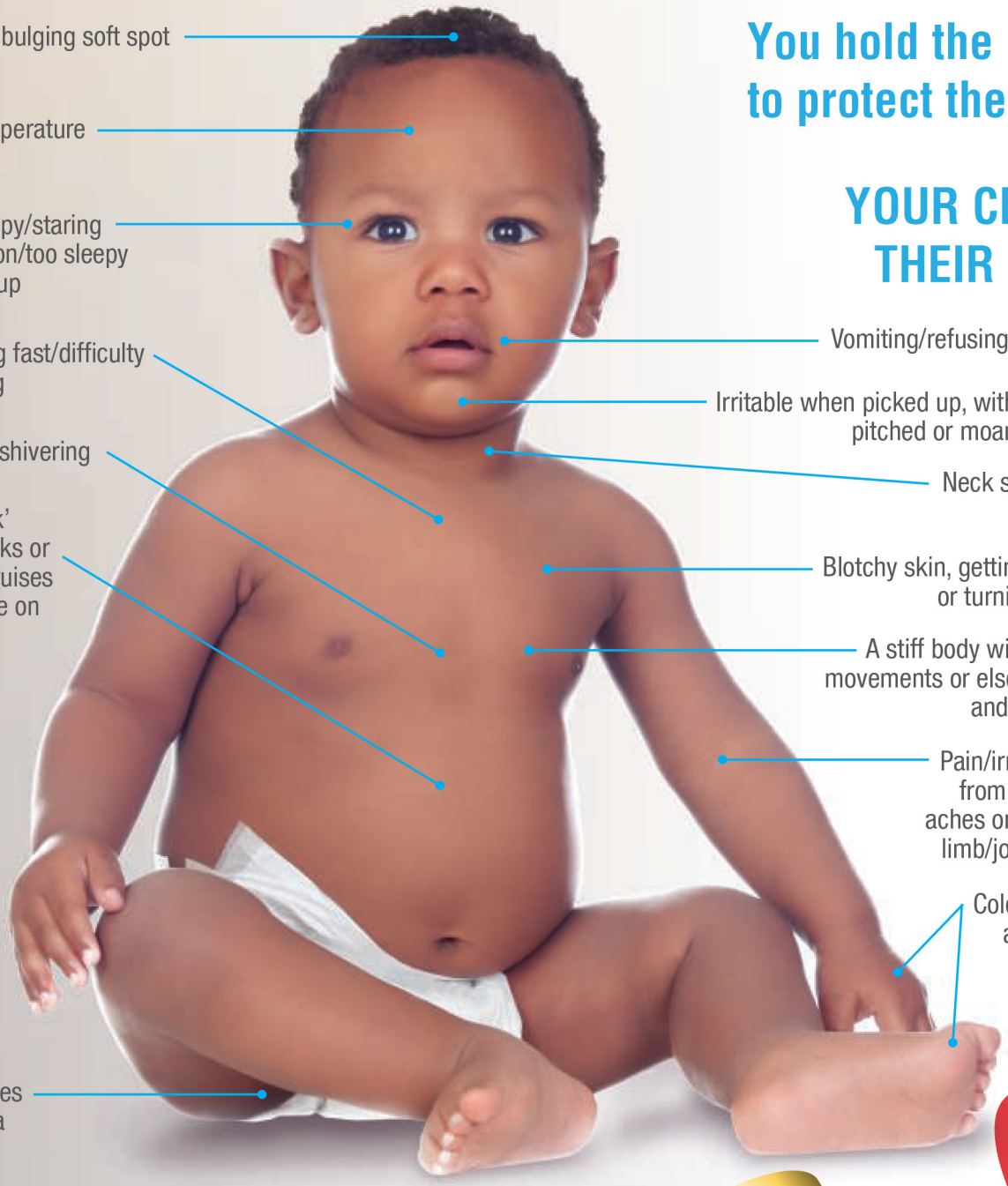

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Reference: 1. Thompson MJ, Ninis N, Perera R, et al. Clinical recognition of meningococcal disease in children and adolescents. Lancet. 2006;367:397-403.

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Lyseng-Williamson KA, McCormack PL. DTaP-IPV-Hep B-Hib vaccine (Hexyon®/Hexacima®): A guide to its use in the primary and booster vaccination of infants and toddlers in Europe. *Drugs Ther Perspect*. 2013; 29: 329-335.

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ABSTRACTS

1

Expected economic impact, on the national immunization delivery costs of Ghana, from the potential introduction of a hexavalent (DTwP-HepB-Hib-IPV) vaccine.

Olivera G (1), Akunga L (2).

(1) Sanofi Pasteur, Lyon, France.

(2) Sanofi Pasteur, Nairobi, Kenya.

Word count (excluding: title, authors' names, affiliations, funding statement and references): 296 (limited to 300).

Background: National immunization programs imply multiple hidden costs.

Objective: To estimate the impact, on Ghana's immunization delivery costs, of the introduction of a hexavalent

Methods: For Ghana, we analyzed the full pediatric immunization schedule, as reported in WHO's vaccine-preventable disease monitoring system [1]. It currently comprises: 1 BCG (tuberculosis), 4 OPV (oral polio vaccine), 1 standalone-IPV (inactivated polio vaccine), 3 pentavalent, 3 PCV (pneumococcal), 2 Rotavirus, 1 yellow fever and 2 MR (measles rubella) vaccine doses. Ghana's birth cohort (895,589) was taken from GAVI's fact sheet [2]. Standardized country-level immunization delivery unit costs were used as published by the Immunization Economics Consortium [3]. Two scenarios were considered:
scenario A refers to the current 1 IPV-dose containing standard of care, while scenario B explores a hypothetical 3 IPV-dose containing standard of care. For each scenario, the total number of doses required to immunize 100% of the birth cohort and the total annual delivery costs were estimated.
Then, the introduction of a hexavalent vaccine was simulated to replace both the pentavalent and the standalone-IPV vaccines. No changes on OPV were simulated.

Results: Ghana's pediatric immunization schedule represents 15.2 million doses (scenario A) and 17.0 million doses (scenario B) to be delivered per year. The switch to a hexavalent vaccine would represent a 5.9% (scenario A) and a 15.8% (scenario B) decrease in that total amount of doses. This would result in US$ 2.7 million (scenario A) and in US$ 8.2 million (scenario B) annual immunization delivery savings.

Conclusion: Based on publicly available data, and through very simple calculations, we analyzed the immunization delivery savings potentially brought by a 6-in-1 vaccine in Ghana. These data are of particular interest in the current COVID-19 pandemic situation, which has caused an increase in vaccine delivery costs around the world [4].

Funding: This study was funded by Sanofi Pasteur.

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2

TITLE

Weight estimation in two groups of Ghanaian children with chronic diseases using Broselow, Mercy, PAWPER XL and PAWPER XL-MAC tapes.

Authors

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ABSTRACT

Background: Medication dosages in children is often based on their weight. In some critically ill children and in resource poor settings with no access to weighing scales, the weight of children is usually estimated. The Broselow Tape (BT) is the current Gold Standard weight estimation tool. With the advent of newer methods of weight estimation, the place of the BT as Gold Standard has been questioned. We aimed to determine and compare the accuracies of the Broselow, Mercy, PAWPER XL and PAWPER XL-MAC tapes in Ghanaian children with no known chronic diseases (controls), Sickle Cell Disease (SCD) and heart disease (HD).

Methods: 483 children aged 1 to 14 years (153 with HD, 207 SCD and 123 controls) were recruited prospectively from KATH. Their weights were estimated using the Broselow, Mercy, PAWPER XL and PAWPER XL-MAC tapes. These estimated weights were compared to their actual weight measured by a calibrated scale using Mean Percentage Error, proportion of weight estimates within ±10% and ±20% of the actual weight of the children. Bland-Altman limits of agreement were determined to assess precision.

Results: The PAWPER XL, PAWPER XL-MAC and Mercy tapes were significantly more accurate than the BT in all groups of children. All methods except the BT performed best among children with SCD. The proportion of weight estimates within 20% of actual weight (P20) in the various groups of children using the BT were 88.79%, 79.14% and 51.75% respectively in Controls, children with SCD and children with cardiac disease while that of the Mercy, PAWPER XL and PAWPER XL MAC tapes were generally above 90% in all groups.

Conclusion: The Mercy, PAWPER XL and PAWPER XL-MAC tapes were more accurate than the BT in all groups of children studied, maintaining high levels of accuracy in children with SCD and HD.

Conflicts of interest and sources of funding

The authors have no conflict of interest to declare. There was no funding for this study.

3

TITLE

Comparison of paediatric weight estimation methods at a tertiary hospital in Ghana

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ABSTRACT

Introduction: Weight estimation in children is critical in managing paediatric emergencies when weight cannot be safely measured using a calibrated scale. The Broselow Tape and most agebased formulae for weight estimation were derived in high-income countries and are thought to overestimate the weight of children in low- and middle-income countries. This study sought to validate the Broselow Tape, and eight age-based weight estimation formulae, namely the old Advanced Paediatric Life Support (APLS 1), new Advanced Paediatric Life Support (APLS 2), Argall, Nelsons, Luscombe, Best Guess, Chinese Age Weight Rule and Michigan formulae among Ghanaian children.

Methods: A cross-sectional study was conducted in the Tamale Teaching Hospital in Ghana, from March to May 2019. Children aged between 2 months and 13 years had their weights estimated by the Broselow Tape and eight age-based formulae. These estimated weights were compared to the weight of the children measured by a calibrated Seca scale using the mean percentage error and the percentage of weight estimates within 10% and 20% of actual weight. Bland-Altman method was used to assess agreement between the estimated and actual weight of the children.

Results: Seven hundred and seventy-five children took part in the study. The Broselow Tape, Original APLS and Nelson's formulae performed best with mean percentage errors of 9.4%, 1.1% and 4.4% and proportion of weight estimates within 10% of actual weight being 47.5%, 51.1% and 47.5% respectively.

Conclusion: The Broselow Tape, the Original APLS and the Nelson's formula were the most accurate in this study. The Original APLS and the Broselow Tape, when available, are recommended for use among Ghanaian children.

4

CONTRIBUTION OF A MODEL FOR IMPROVEMENT TO MATERNAL AND NEWBORN CARE IN THE QUALITY OF CARE NETWORK

[1**]**Matthew Y. Konlan,** [1]Theodora Asutane, [1]Paul Konka [1*]Hilarius A. K. Abiwu, [1*]Braimah B. Abubakari, [1*]John B. Eleeza

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Background: Ghana Joint the WHO maternal newborn and child health (MNCH) network for quality of care in 2017. The UNICEF Ghana Point of Care Quality Improvement (POCQI) project works to improve maternal and newborn care in participating regions in Ghana. Project baseline found poor documentation of delivery records (8.6%), poor resuscitation of asphyxia babies (38%), high prevalence of asphyxia in newborns (21%) and high hypothermia in newborns at 90 min (70%) in two districts in Northern Region. In December 2020, a Model for Improvement (MFI) was introduced. Four (4) Quality Improvement (QI) projects on complete documentation of delivery records, increased resuscitation of asphyxia babies, reduced hypothermia in newborns at 90 min and decreased prevalence of asphyxia in newborns were implemented and tested using the Plan Do Study Act (PDSA) approach.

Objective: We document the impact of the MFI in improving record documentation and patient outcomes.

Methods: The project was piloted in two districts, Tamale and Sagnarigu. Four main facilities were selected and trained on improvement methodologies and tools. We compare four MNH indicators between baseline (2020) and implementation (2021).

Results: Fifty healthcare managers were oriented on leadership in QI and 24 service providers were trained on various QI methods and tools, as well as respectful maternity care. Improvement coaching was deployed. Delivery record documentation improved from 8.6% to 78%, resuscitation of newborns with asphyxia improved from 38% to 90%, reduced prevalence of asphyxia in newborns from 21% to about 6% and reduced hypothermia from 70% to 0%.
Conclusion: The implementation of MFI yields fast results and sustains gains. Cascading such interventions will improve the quality of care provided to newborns and mothers.

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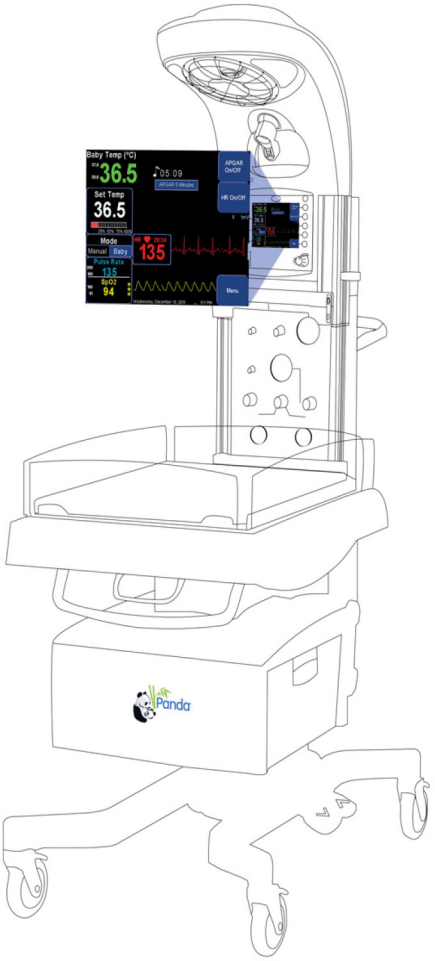

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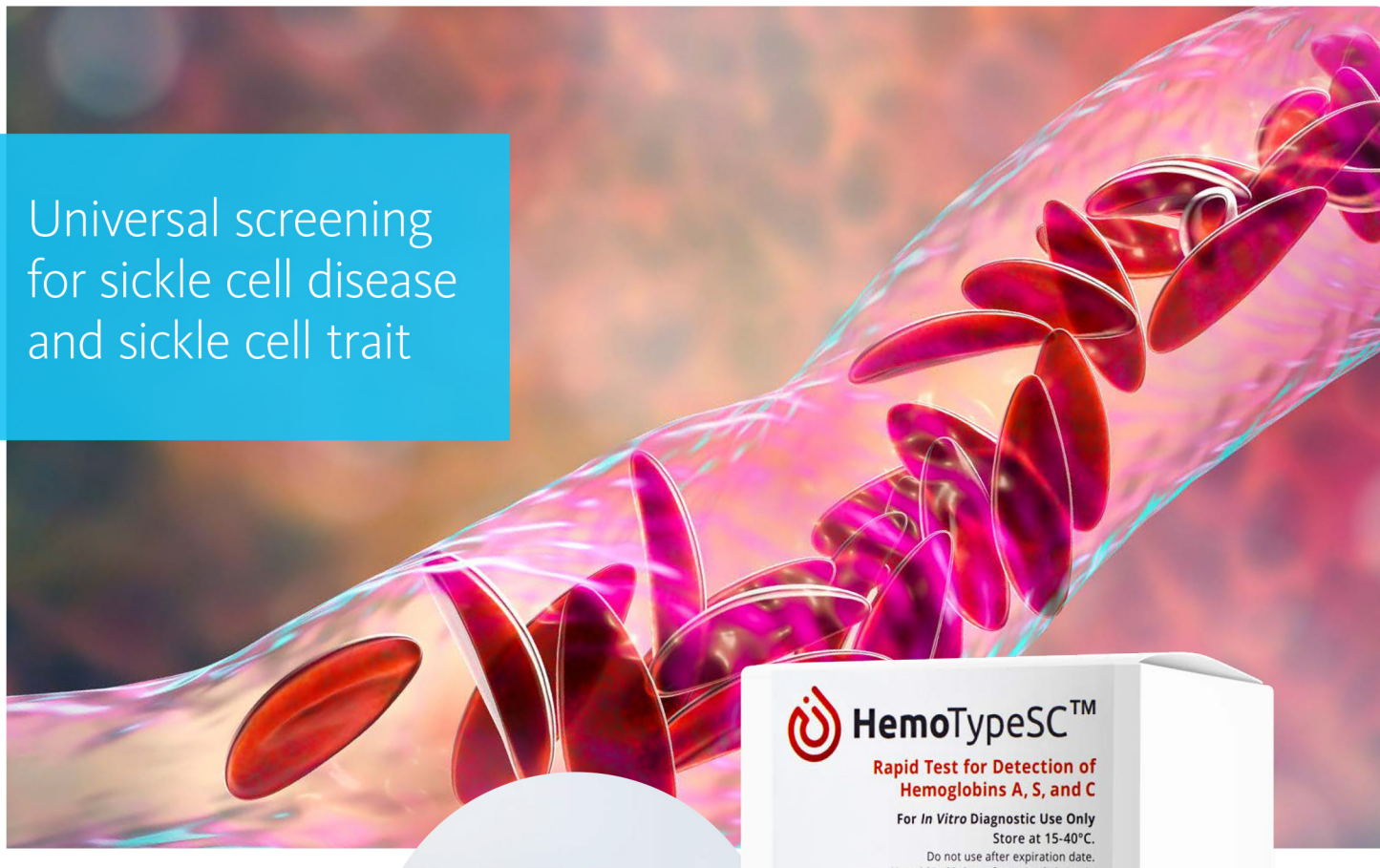

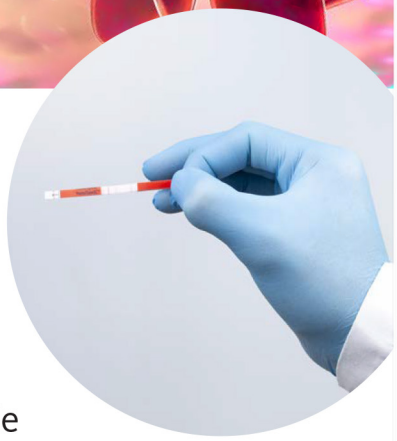

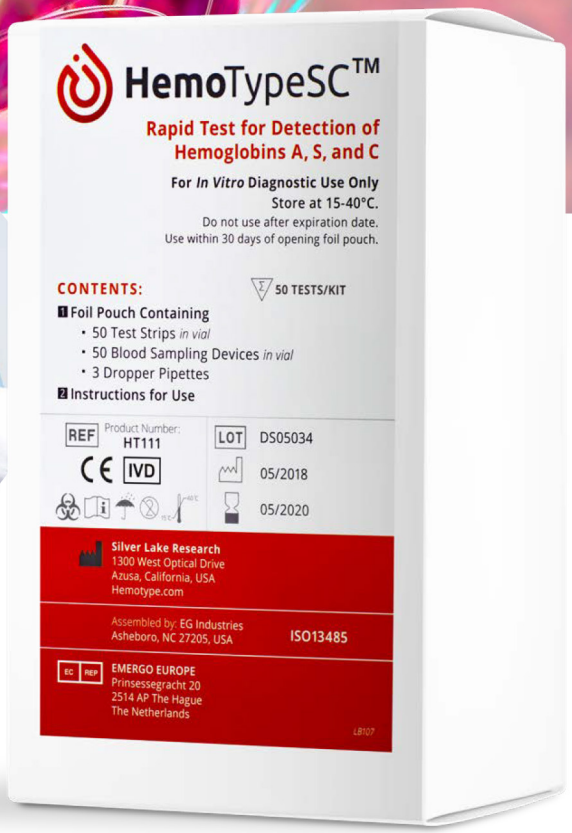

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5

EFFECT OF THE COVID-19 PANDEMIC ON PERINATAL HEALTH: A RETROSPECTIVE STUDY IN A TERTIARY HOSPITAL IN NORTHERN GHANA.

Alhassan Abdul-Mumin[1,2], Kingsley Appiah Bimpong[1], Cesia Cotache-Condor[3], Jonathan Oppong[4], Ana Maria Simono Charadan [4,5], Adam Munkaila[4,5], Emily R. Smith[6,7]

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Background: Perinatal mortality remains a global challenge. This challenge may be worsened by the negative effects of the COVID-19 pandemic on maternal and child health.

Objective: Our study aimed at examining the impact of the current pandemic on perinatal care and outcomes in the Tamale Teaching Hospital in northern Ghana.

Method: A hospital-based retrospective study was conducted in the Tamale Teaching Hospital. We compared antenatal care attendance, deliveries, and early neonatal deaths in the pre-pandemic era (defined as the period between 1st March 2019 to 31st December 2019) to the pandemic era (defined as the period between 1st March 2020 to 31st December 2020). Descriptive statistics were generated with Microsoft Excel and presented in tables and graphs.

Results: The number of deliveries decreased during the COVID-19 era from 53% to 47%. Similarly, perinatal mortality rate and stillbirth rate dropped from 63 to 54 deaths per 1,000 births and from 45 to 35 deaths per 1,000 births, respectively. However, macerated stillbirths and early neonatal deaths increased by 10.3% and 9% respectively, during the COVID-19 era. Elective cesarean sections decreased by 21.2%. In contrast, emergency cesarean sections increased by 1.5%. Antenatal care attendance dropped by 49.3%.

Conclusions The COVID-19 pandemic has had a negative indirect effect on antenatal care, institutional deliveries, early neonatal deaths and macerated stillbirths in our facility. Pregnancy monitoring through antenatal care should be encouraged and continued even as countries tackle the pandemic.

6

INVESTIGATING A CASE OF HUMAN RABIES – A CASE REPORT FROM THE TEIMAN COMMUNITY IN GA EAST MUNICIPALITY, GHANA

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Abstract:

Human rabies is a highly fatal medical condition and yet so preventable. Its victims are usually young children. The National Rabies Control Program employs a 3-pronged approach of education, dog control and vaccination in its control efforts. Ghana recorded a total of 15,368 dog-bite cases in 2019. A vaccination coverage, of at least 70% of all dogs, is required to break rabies transmission. This case report summarizes the clinical course of a case of dog bite in an 8-year old boy who did not receive post exposure prophylaxis after a dog bite due to several factors and the associated public health investigations done.

We undertook case investigation from the point of the dog bite to expiration of the case, reviewed records of animal bites within the municipality. We categorized exposure to the case and the rabid dog.

Case's saliva was positive for rabies and died from cardiac arrest within 48 hours on admission. Eighty-percent (24/30) of contacts had exposure to saliva (drool) of patient but had intact skin (Category I) whilst 16.7% (5/30) and 3.3% (1/30) had Category II (broken skin) and III (broken skin with bleeding) exposures, respectively and were given prophylaxis according to WHO guidelines. A five-year (2017-2021) trend of animal and human bites showed a total of 367 bites with a 76% being dog bites with peak in 2018 (69 bites). Pet vaccination rate ranged between 5.8% and 21.9%.

Human rabies remains endemic in Ghana, along with a high rate of dog bites. This case underscores the need for greater enforcement of dog control regulations, and the need for prompt and appropriate post exposure prophylaxis following rabies exposure. Continuous sensitization of healthcare staff is needed.

Keywords: Rabies-case report-Ga East-Ghana- Dog control -Dog bites -Animal bites

7

NEWBORN SCREENING FOR SICKLE CELL DISEASE IN THE TAMALE TEACHING HOSPITAL- PRELIMINARY FINDINGS FROM A PILOT PROGRAM

Alhassan Abdul-Mumin[1,2], **Joyce Fatima Kanton**[1], Stephanie Ajinkpang[1], Sheila Agyeiwaa Owusu[1,2], Kingsley Appiah Bimpong[1], Mary E. Lamptey[3], Augustine K. Asubonteng[3]

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[3]Sickle Cell Foundation, Ghana

Background: Sickle Cell Disease (SCD) affects Africans disproportionately as approximately 80% of births with the disease occur in sub-Saharan Africa (SSA). About 2% of babies in Ghana are born with SCD each year. Survival of persons with SCD has improved in the western world, but most children in SSA die in the first 5 years of life, some without a diagnosis. Universal Newborn Screening (NBS) coupled with comprehensive care programs has been vital in the improved survival observed. However, this program is virtually absent in SSA.

Objective: A pilot NBS for SCD was introduced in the Tamale Teaching Hospital in July 2021 after decades of extended pilot implementation in the Kumasi area. Initial findings and lessons learned from this novel project in northern Ghana are presented.

Methodology: Screening was done at the labour, child welfare clinic, and postnatal wards from July to December 2021. Direct blood spot samples were collected for all babies prior to discharge or at the first visit to the well-baby clinic. Samples were packaged and sent weekly to the National Newborn Screening Laboratory at Noguchi Memorial Institute for Medical Research for testing. Babies with presumptive SCD (P-SCD) were referred to the SCD clinic for enrolment.

Results: 2,903 births were recorded in the facility during the screening period, out of which 1801(62%) babies were screened.14 (0.7%) were identified with P-SCD: FSC 12 (0.6%) and FS 2 (0.1%). 11/14 (79%) have been enrolled in the SCD clinic. 3/14 (21%) families did not respond to our calls for a follow-up.Challenges encountered include delays in receiving results, increased workload, perceived lack of motivation for staff, shortage of consumables, and refusal of some clients to be enrolled.

Conclusion: The prevalence of P-SCD in this initial phase was 0.7%.NBS for SCD is feasible in Tamale, but steps should be taken to address the challenges encountered.

8

FAMILY CAREGIVER'S ABILITIES AND MOTIVATIONS IN HOME-BASED CARE FOR PRETERM BABIES DURING COVID -19 CRISIS IN GHANA

GEORGINA YEVU

ABSTRACT

Background
Prematurity is one of the leading causes of neonatal deaths in Sub-Saharan Africa. One probable intervention that has improved the health outcomes of preterm babies (PTBs) is comprehensive home care. This study explored family caregivers' abilities and motivations for home care of PTBs in Ghana during the COVID – 19 crises.

Objective
1. To explain the motivation of family caregivers in the care of preterm babies at home
2. To examine the factors that influence caregivers' ability in caring for preterm babies at home
3. To explain the home care provided by family caregivers of preterm babies

Methods
A qualitative explorative descriptive design was adopted. Overall, fourteen (14) family caregivers (FCGs) were selected purposefully. Data were collected with a pretested semi-structured interview guide and analyzed using the procedure for content analysis

Results
The findings showed that the participants level of information on preterm care, past experiences, and training received on home care of preterm babies influenced their care ability. Participants were intrinsically motivated because they had waited on God for childbirth for a long time. Participants were also externally motivated by the baby's growth pattern and external compliments from other people. Specific home care by the FCGs included infection prevention, feeding, and temperature control.

Conclusion
FCGs have knowledge on essential newborn care practices at home, but the majority inadequately practice them because of lack of support. Considerable support should be provided by the pediatric team and the family particularly in this COVID era to enable the FCGs to render appropriate care for the PTBs at home.

Key words: ***Motivation, Ability, Newborn, Preterm, COVID 19 and Homecare***

AWARDS / CITATIONS

AWARDS CATEGORIES

OUTSTANDING PAEDIATRIC VOLUNTEERISM AWARD:

This award honors vibrant, enthusiastic, highly motivated members of PSG in good standing whose passion for meeting the health needs of children in Ghana translates into selfless volunteerism. Their active participation in PSG outreach activities is notable. Their altruism is demonstrated by the generous commitment of time, skill, and resources in PSG outreach activities and missions work. They are volunteers whose availability is reliably consistent and who are passionate about PSG engaging with communities to work towards sustainable health care delivery of profound impact to child health in Ghana.

PAEDIATRIC ADVOCACY AWARD:

This award commemorates PSG members in good standing who consistently utilize their bold, strong presence on radio, TV, electronic or print media to create awareness of the health needs of children. They tactfully direct their vocal influence on current child health issues to appeal to the soul of the nation, navigating the consciousness of the general public towards empathizing with the health needs of children, and influencing powerful political minds to meaningful action. They champion causes that highlight social injustice and healthcare inequalities affecting the vulnerable Ghanaian child. They seek to broaden their audience through innovative social networking skills and brilliantly engage in written or broadcast journalism.

PAEDIATRIC LEADERSHIP AND GOVERNANCE AWARD:

This award celebrates PSG members in good standing who are exemplary role models in leadership and governance. They are devoted, dynamic members or executive members who diligently work towards ensuring that PSG functions as a society efficiently and effectively. They are instrumental in shaping or implementing policies in PSG. They project the vision of PSG positively nationally and internationally, and seek to build links to boost the society's image and standing. They are proactive, innovative yet pragmatic child health leaders who steer the society towards the attainment of result-oriented goals.

EDUCATION AND TRAINING AWARD:

This award recognizes renowned PSG members in good standing who have provided distinguished service in education and training. They are highly esteemed individuals who nurture the future leaders of child health in Ghana, and have achieved success in undergraduate and/or postgraduate education in the discipline of Paediatrics. They develop potential, cultivate talent and mentor trainees with note-worthy dedication. They seek to create conducive research and learning environments for trainees and stimulate a propensity for excellence in their sphere of influence. They embrace innovation and adapt teaching and training methods to reflect current evolving trends in clinical medicine. They provide foundational expertise for membership and fellowship training policies in paediatrics in Ghana. They would have excelled in public education of child health issues to the general

HONORARY MEMBERSHIP:

This award recognizes years of long-standing service to PSG. It reflects the gratitude of PSG to long-standing members in good standing whose contribution and active participation over the years were substantial, impactful and sustained. They are usually members who would have retired from active clinical or professional work at the time of conferment of the award.

SPECIAL HONORARY MEMBERSHIP:

This award recognizes distinguished persons in society who are non-members of PSG but who have contributed significantly to the development of child health in Ghana over the previous year or years. These individuals would have been noted for extraordinarily outstanding and dedicated efforts that impact child health in Ghana. They may also have contributed significantly to PSG activities over the previous years.

AWARDS LIST

HONORARY MEMBERSHIP:

1. Prof. Alex Osei-Akoto
2. Dr. Gyikua Plange-Rhule
3. Mrs. Philomina Sam
4. Dr. Theresa Rettig

PAEDIATRIC LEADERSHIP AND GOVERNANCE AWARD

Dr. Della Komla Adzosii

EDUCATION AND TRAINING AWARD:

Dr. Janet Anderson

CITATIONS

CITATION IN HONOUR OF PROF ALEXANDER OSEI-AKOTO

You are the epitome of kindness,
when your name comes up, words like integrity, generosity and diplomacy spring up.
Your ability to settle conflicts is one that we all yearn to have, it's not surprising that many come to you for your wise counsel.

Prof, you have been a father, a mentor, a friend and a teacher to many and for that we are forever grateful.

For the many lives you have touched and
continue to touch, may your cup never run dry and may the Lord bless you with long healthy and prosperous life.
Ayekoo from PSG and all the children of Ghana.

CITATION IN HONOUR OF DR. MRS. GYIKUA PLANGE-RHULE

Auntie Gyikua, just as a mother nurtures a baby and continues to nourish, guard and guide them throughout their lifetimes, that is what you have done for many.

The kind lady who can never turn away from a sick baby, neonates in Ghana are indeed better placed because of you.
You have been a pillar to Paediatric Society of Ghana in at the Local, National in various capacities including international engagements. Your advocacy work with newborns in general and breastfeeding set you apart. The Society became complacent because you never turn us down.

You have indeed shown us that anything worth hurdles and persevered to complete all that you start. You are indeed a mother like no other. Mummy you have climbed the mountain, now enjoy the beautiful scenery. You are a healer and comforter in its fine detail.
PSG is privileged and honoured to confer on you Honorary Lifetime Membership.

AYEKOO

CITATIONS

CITATION IN HONOUR OF MRS PHILOMENA NYARKO SAIM

Mrs Philomena Nyarko Saim. Passionately known as Maa Philo has worked in the Directorate of Child Health KATH, for 29years. She has risen through the ranks from Staff Nurse to Chief Nursing Officer (Nurse Manager}. She is generally a mother to all and has listening ear for everyone irrespective of your calibre. She is a good team player and a good leader.
You are indeed a mother like no other and there's this inner peace one receives when close to you. We cannot forget your passion for nursing principles in respect of doing what is right, such as dressing professionally and achieving better nursing care with respect to our patients.

You have been a faithful PSG member supporting our activities both at the local and national level. You made sure the nursing membership are encouraged and not left behind in PSG activities.
You have distinguished yourself as a zealous and pragmatic leader; always poised for action and ready to labour. Admiration for your hard work and great service cannot be measured in a short tribute like this.
We stand in unity to say Ayeekoo!!!
Ayeekoo Maa Philo. We are proud of you and May God bless you now and your generation unborn.

CITATION IN HONOUR OF DR. THERESA RETTIG

DR THERESA RETTIG, RETIRED PAEDIATRICIAN, MAGDALENENHAUSER WEG 33 A, D-35578 WETZLAR, GERMANY.

Dear Dr Theresa Rettig,
At a time when Paediatrics and Child Health was a lesser known and the least preferred speciality of choice, you left your home country in Germany, left your professional colleagues and friends, left your extended family to settle in Ghana. This is indeed the definition of sacrifice. You have contributed immensely to the training of Ghanaian Paediatricians, and we are indeed most grateful.
During your active service in Ghana, you provided excellent clinical services both as a Paediatrician and as head of department for the Directorate of child health, Komfo Anokye Teaching Hospital.
You were deeply involved as a Trainer with the Paediatric Faculty, Ghana College of Physicians and Surgeons. The knowledge, skills, and attitudes of Ghanaian trained Paediatricians reflect your dedicated style of teaching. You were a past president of Paediatric Society of Ghana where your skill as an advocate was brought to bear. You were a champion and a master advocate for childhood cancer awareness in Ghana.
You further proved your commitment to Ghana by taking up positions at Holy Family Hospital, Berekum and Presbyterian Hospital Agogo were you supervised district rotations for resident paediatricians and supported research into malaria, and trained Physician Assistants.

R- Resilience after moving into an entirely different culture
E- Excellence at teaching and service delivery
T- Time consciousness was your trademark
T-Talented Paediatrician and administrator
I- Intelligence radiated your knowledge sharing
G- Great Giant in the annals of paediatrics and child health, Ghana

In grateful recognition of your outstanding contribution to the development of Paediatrics and Child Health in Ghana, at a time when training opportunities were limited, the Paediatric Society of Ghana presents to you this Lifetime Achievement Award.
Ayekoo!!! Thank you very much!!!

CITATIONS

CITATION IN HONOUR OF DR DELLA KOMLA ADZOSII

Your journey with the Paediatric Society of Ghana (PSG) has been very impactful right from the year 2015 when you were introduced as a member of a team that developed and launched the Society's website at the 2016 AGSM till your successful election and 2 consecutive tenures as chairperson of the Greater Accra Regional (GAR) branch. Dr Komla Adzosii, you have worked tirelessly on several national and branch committees to promote child health in Ghana.
You led your team of executives to greatly elevate the branch to new heights which won the admiration of many. We saw the branch experience an increased sense of ownership of activities with the establishment of strong governance and administrative structures within the branch. Through your leadership, the GAR branch adopted the mantra "Public education, Volunteerism and Advocacy" which has since been a shared vison at the core of all its activities. You have been a visionary leader and mentor and continued to provide support for the branch and larger Society even after the end of your tenure.

A big highlight of your tenure was the establishment of the "Yellow month" to advocate for better care for newborns with neonatal jaundice. We fondly remember the Prematurity Pledge which you wrote for the World Prematurity Day celebration. The enhanced visibility and public impact which your team worked so hard for has made the Paediatic Society of Ghana an attractive brand for both local and international partners.
For your enormous contribution in the area of leadership and governance, the Paediatric Society of Ghana presents to you this award.

Ayekoo! Woewɔ dɔ! Akpe!

CITATION IN HONOUR OF DR. JANET ANDERSON,

At a time when there were no Ghanaian Consultants coming out from the West African College of Physicians training programme and the Ghana College of Physicians and Surgeons was yet to be formed, you contributed immensely to the training of Ghanaian Paediatricians and we are indeed most grateful.

As Head of the Department of Paediatrics, New Cross Hospital, Wolverhampton, you supported the application of 7 residents from Korle Bu Teaching Hospital, Accra, Ghana. This allowed them to work at the New Cross Hospital through the Overseas Doctors Training Scheme and enabled them continue their training after obtaining the MRCPCH Part 2 in the UK and acquire further specialist training.

We have all witnessed the major impact most of these doctors have had on Paediatric Practice in Ghana and West Africa, providing services for children and training doctors from undergraduate to post-graduate level. This is directly in line with the objectives of the Paediatric Society of Ghana. In grateful recognition of your outstanding contribution to Paediatrics and Child Health in Ghana, at a time when training opportunities were limited, the Paediatric Society of Ghana presents to you this Lifetime Achievement Award.

Ayekoo!!! Thank you very much!!!

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