SUDANESE AMERICAN PHYSICIANS ASSOCIATION

PRESS KIT



OFFICIAL CPHIA 2026 SIDE EVENT · ADDIS ABABA · 24 NOVEMBER 2026

From Clinic to Early Warning

Making Primary Health Care the Frontline of Community-Based Pandemic Preparedness in Conflict-Affected Settings

WHEN
Tuesday 24 November 2026
16:30–18:00 EAT

WHERE
Julius Nyerere Hall
Addis International Convention Center

HOSTS
SAPA, with the Federal Ministry of Health, Sudan, and Save the Children

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CO-HOSTED WITH

Save the Children

PART OF

CPHIA 2026 Conference on Public Health in Africa

AfricaCDC Centres for Disease Control and Prevention

Make every frontline clinic part of the early-warning system, health leaders urge at CPHIA 2026

At an official side event hosted by the Sudanese American Physicians Association (SAPA) with Sudan's Federal Ministry of Health and Save the Children, speakers from Africa CDC, government and civil society set out how to close the gap between an outbreak signal spotted in a community and the national response, especially in conflict-affected settings such as Sudan.



The panel, Julius Nyerere Hall, Addis International Convention Center. Seated from left: Dr. Muntasir Mohammed Osman Elhassan (Federal Ministry of Health, Sudan), Dr. Kingsley Chukwumalu (Save the Children International), Dr. Khadiga Hassan Mohammed Sidahmed (SAPA) and Dr. Mohamed Abumanga (SAPA), with moderator Dr. Ibrahim Osman (SAPA) at the podium.



Dr. Ibrahim Osman
SAPA · Moderator

ADDIS ABABA, 24 November 2026 — In conflict-affected settings, the first sign of an outbreak is rarely picked up by a laboratory. It is noticed by community health workers, and by nurses at clinics that stay open when everything around them has closed. "Sudan has shown us both the cost of missing the signals and the value of the networks that keep catching them," said moderator Dr. Ibrahim Osman of SAPA as he opened an official side event at the Fifth International Conference on Public Health in Africa (CPHIA 2026) today.

Hosted by the Sudanese American Physicians Association (SAPA) and co-hosted by Sudan's Federal Ministry of Health and Save the Children, "From Clinic to Early Warning" followed one outbreak signal from a community to the continent, using the four capacities of WHO's Emergency Ready Primary Health Care framework: connect, detect, protect and treat.



Dr. Faisal Ahmed
SAPA Country Director, Sudan

Opening the session, Dr. Faisal Ahmed, SAPA's Country Director for Sudan, said SAPA has grown from nine projects in 2023 to more than 35 in 2026, across more than 13 of Sudan's 18 states. "We cannot build pandemic preparedness as a parallel system, disconnected from routine health care delivery," he said. "Primary health care must be recognised not only as the foundation of universal health coverage, but also as the frontline of Africa's health security."

Day 0
Signal caught

Day 2
Alert stuck at NGO office

Day 5
State hears

Day 7
Lab confirms

Day 8
Team arrives

Fictional case

Caught within hours, five days to reach the system

The panel worked through a fictional teaching case. At "Site 7", a displacement site of 12,000 people with one clinic and 15 community health workers, a community health worker named Amna finds four people with high fever and severe cough; one has died. She alerts the clinic by WhatsApp voice note and the clinic acts the same day, but its alert goes only to its NGO head office, because the clinic is not registered in the state surveillance system. The state hears of the cluster informally on day five. By day seven, when the laboratory finds an influenza A virus that does not match seasonal strains, there are 61 cases, three deaths and two sick health workers.



Dr. Mohamed Abumanga
SAPA Africa Regional Director

"Every SAPA-supported facility is a Ministry of Health facility"

Dr. Mohamed Abumanga, SAPA's Africa Regional Director, said parallel reporting is often built into aid itself: "In many NGOs, the reporting lines are designed around project accountability rather than public health authority." SAPA works the other way. "Every SAPA-supported facility is a Ministry of Health facility," he said. "We do not build a SAPA system; we strengthen and support the Ministry of Health system."

During Khartoum's 2025 cholera outbreak, SAPA supported 121 sentinel sites, nine rapid response teams that reached about 40,000 households and mobile laboratories that ran about 1,000 diagnostic tests, all within the Ministry's response plan. He called for every NGO-supported facility to be registered as a reporting unit in the state surveillance system "from day one", to report within 24 hours to the state, "not to the HQ", and for surveillance reporting to be a funded budget line in every humanitarian project.



Dr. Landry Dongmo Tsague
Africa CDC

"From community to early warning"

Dr. Landry Dongmo Tsague, Director of the Center for Primary Health Care at the Africa Centres for Disease Control and Prevention (Africa CDC), praised SAPA as an example of the diaspora, the African Union's "sixth region", "bringing your knowledge to create systems where the system is broken". Recalling African heads of state's call for two million trained community health workers, he said: "It should not be about from clinic to early warning. It should be about from community to early warning." With digitally connected systems, "within 24 hours, or within one minute, a signal in a community [like] Site 7 should be visible in the dashboard in Khartoum," he said, under the principle of "government lead, partners align".



Dr. Kingsley Chukwumalu
Save the Children International

"The system is failing them"

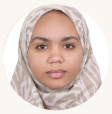
Dr. Kingsley Chukwumalu, Senior Health Specialist at Save the Children International, said community health workers "are not scarce. They are available, and they are easily trainable. … The system is failing them." Very few African countries formally recognise them as part of the health system, he said: "How can you equip her if she's not known to the health system?" He called for policy and legal frameworks, supervision, airtime, simple tools and training on case definitions, and for reporting simple enough that "the phone call should be enough".



Dr. Muntasir M. O. Elhassan
Federal Ministry of Health, Sudan

"The surveillance is the eye of the body"

Dr. Muntasir Mohammed Osman Elhassan, Director General of Health Emergencies and Epidemics Control at Sudan's Federal Ministry of Health, said: "If we say the health system is the body, the surveillance is the eye of the body." Sudan had trained almost 6,000 community health workers in community-based surveillance before the war; that capacity was lost in the conflict and is now being rebuilt. He asked NGOs and civil society to report through the routine national system, from health facility to locality and state, and to work with the Ministry on the first response "so that we will work on the early detection, confirmation and rapid response".



Dr. Khadiga H. M. Sidahmed
SAPA

"Safe enough to respond, resilient enough to remain open"

Dr. Khadiga Hassan Mohammed Sidahmed, Monitoring and Evaluation Officer at SAPA, said the sick health workers at Site 7 were "a warning that the health facility itself is becoming vulnerable". She called on the Federal Ministry of Health and Africa CDC to establish a minimum Frontline Clinic Protection Package for every primary health care facility, including those run by civil society: protective supplies stocked where care is given, screening and a separate, well-ventilated area for patients with respiratory symptoms, an infection prevention and control focal person, and a jointly agreed target of delivering emergency supplies to priority sites within 48 to 72 hours of activation, where access permits. "During an outbreak, protection should not depend on who manages the health facility or which donor funds it," she said.

> **"Our request is simple: make every frontline PHC facility safe enough to respond and resilient enough to remain open."**
>
> Dr. Khadiga Hassan Mohammed Sidahmed, Monitoring and Evaluation Officer, SAPA

Closing the discussion, Dr. Abumanga said close coordination with the Ministry of Health is “the only way to avoid creation of a parallel system”. “We in SAPA do not consider ourselves an NGO, a gap filler in the health system,” he said. “We are an integral part of the health system architecture.”

Six priorities from the session

1. Register every NGO- and civil-society-supported clinic as a reporting unit in the state surveillance system, written into its agreement with the Ministry of Health from day one.
2. Report unusual clusters to the state within 24 hours, through a trained surveillance focal person in every facility, not to headquarters.
3. Make surveillance reporting a contractual requirement and a funded budget line in every humanitarian health project.
4. Formally recognise, equip and protect community health workers, and keep reporting simple enough that a phone call is enough.
5. Give every frontline primary health care facility a minimum protection package, with emergency resupply within 48 to 72 hours where access permits.
6. Keep one government-led system: partners align behind national plans, connected digitally from the community to the national dashboard.

ENDS

NOTES TO EDITORS

The event — “From Clinic to Early Warning: Making Primary Health Care the Frontline of Community-Based Pandemic Preparedness in Conflict-Affected Settings”, an official CPHIA 2026 side event, Tuesday 24 November 2026, 16:30–18:00 EAT, Julius Nyerere Hall, Addis International Convention Center. Hosted by SAPA; co-hosted by the Federal Ministry of Health, Sudan, and Save the Children.

CPHIA 2026 — The Fifth International Conference on Public Health in Africa (23–27 November 2026) is co-hosted by Africa CDC and the Government of Ethiopia under the theme “Africa’s Health Security and Sovereignty: Transformation from Health Dependency and Vulnerability to Ownership and Resilience”.

Site 7 — A fictional teaching case written for the session. Places, people and numbers are invented.

Quotes, photos — Remarks were made in English; quotes are lightly edited for length and clarity from the session recording. Photos were taken at the session; the small speaker portraits are official event portraits. Fact sheets and speaker photos follow in this press kit; video clips are available from the media contact.

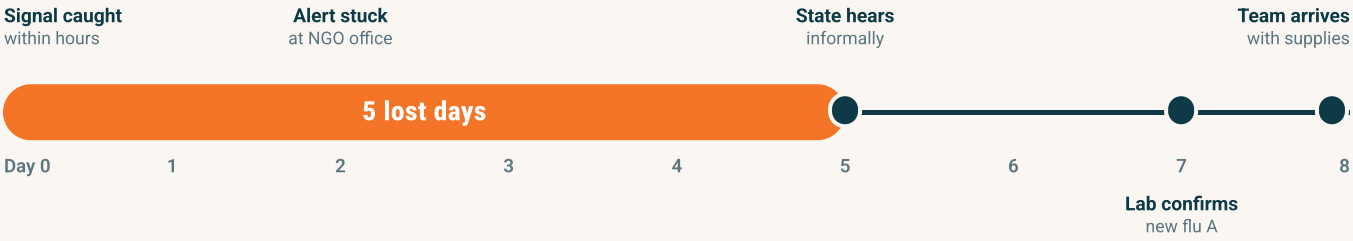
About SAPA — The Sudanese American Physicians Association (SAPA) is a physician-led humanitarian and professional membership organization founded in 2019, with chapters across the United States, Canada and Sudan. Since the conflict in Sudan began in April 2023, SAPA has sustained continuous emergency health operations, working under formal agreements with the Federal and State Ministries of Health to keep hospitals and primary health care facilities running and to deliver immunization, maternal and newborn care, nutrition, outbreak response, protection and food assistance. In 2025, SAPA delivered more than 750,000 patient encounters and supported 13 hospitals and 92 primary health care facilities. It also supports Sudanese refugees and host communities through offices in Chad and Uganda. SAPA is locally led and globally empowered.

MEDIA CONTACT
Communications@sapa-usa.org
sapa.ngo

THE TEACHING CASE

The signal from Site 7

The fictional teaching case that opened the session: **12,000 displaced people, one clinic, 15 community health workers, the nearest laboratory six hours away by road.** Places, people and numbers are invented.



Day 0	WORKED	**Early detection.** Amna, a community health worker, finds four people with high fever and severe cough; one has died. With no form, she sends the nurse a WhatsApp voice note.
Day 1	WORKED GAP	**Same-day response:** screening at the door, severe cases kept apart. **Gap:** 13 cases, no isolation room, one oxygen concentrator, three days of masks.
Day 2	BROKEN LINK	**Alert stuck in a parallel channel.** The clinic emails its NGO head office; it is not registered in the state surveillance system.
Days 3–4	BROKEN LINK	**Weak sample transport.** No cold box and no transport: the swabs leave on day 4 on a trader's truck.
Day 5	BROKEN LINK	**Late official notification.** The state surveillance officer hears about it informally, through WhatsApp.
Day 7	A WEEK LATE	**The lab finds influenza A** that does not match seasonal strains: 61 cases, 3 deaths, two health workers sick.
Day 8	A WEEK LATE	**A good response, but late.** The state rapid response team arrives with PPE, oxygen and supplies.

Where would you fix the chain?

The four core capacities of WHO's Emergency Ready Primary Health Care framework, and the task the session set for each.

Connect

Communities and civil society

Plug community health workers and CSO-run clinics into the health system from day one.

Detect

Early warning, reporting, diagnostics

Get an alert of unusual severe illness to the state within 24 hours, even when the network is down.

Protect

Infection prevention, WASH, staff safety

Define the minimum protection package a frontline clinic needs before the next outbreak.

Treat

Case management, continuity of care

Pre-position and agree what lets the clinic treat a surge and keep routine care running.

Source: scenario presented at the session, 24 November 2026, Addis Ababa.

03 · THE ASKS

What the panel asked for

Six priorities that emerged from the discussion, and the people who made the case.

1. Register every NGO- and civil-society-supported clinic as a reporting unit in the state surveillance system.
2. Report unusual clusters to the state within 24 hours through a trained surveillance focal person, not to HQ.
3. Make surveillance reporting a contractual requirement and a funded line in every humanitarian health budget.
4. Recognise, equip and protect community health workers, and keep reporting so simple that a phone call is enough.
5. Give every frontline PHC facility a minimum protection package and emergency resupply within 48 to 72 hours.
6. Keep one government-led system: partners align behind national plans, linked digitally from community to national dashboard.

04 · WHO SPOKE



Dr. Mohamed Abumanga

Africa Regional Director, Sudanese American Physicians Association (SAPA)

"Every SAPA-supported facility is a Ministry of Health facility."



Dr. Landry Dongmo Tsague

Director, Center for Primary Health Care, Africa CDC

"It should be about from community to early warning."



Dr. Muntasir Mohammed Osman Elhassan

Director General, Health Emergencies and Epidemics Control, Federal Ministry of Health, Sudan

"The surveillance is the eye of the body."



Dr. Kingsley Chukwumalu

Senior Health Specialist, Save the Children International

"They are not scarce. … The system is failing them."



Dr. Khadiga Hassan Mohammed Sidahmed

Monitoring and Evaluation Officer, SAPA

"Safe enough to respond and resilient enough to remain open."



Dr. Faisal Ahmed

Country Director, Sudan, SAPA · opening remarks

"Primary health care must be recognised … as the frontline of Africa's health security."



Moderator: Dr. Ibrahim Osman, Senior Officer, Research, Innovation and Grants Unit, SAPA

Quotes lightly edited for length and clarity from the session recording. Photos taken at the session.

05 · BACKGROUND

About SAPA and the event

The Sudanese American Physicians Association (SAPA) is a physician-led humanitarian and professional membership organization with chapters across the United States, Canada and Sudan. It works under formal agreements with Sudan's Federal and State Ministries of Health: **locally led, globally empowered.**

From diaspora association to frontline partner

2019	Founded by Sudanese-American physicians as a scientific, professional and humanitarian membership association.
2023	War breaks out in April. SAPA turns to sustained emergency health operations across Sudan, with a portfolio of nine projects.
2024	With the Yale School of Public Health's Humanitarian Research Lab, documents damage to hospitals in Khartoum in the first 500 days of the war.[1]
2025	Supports the Ministry of Health's cholera response in Khartoum: 121 sentinel sites, nine rapid response teams, about 40,000 households reached.
2026	More than 35 projects in more than 13 of Sudan's 18 states, with offices supporting refugees in Chad and Uganda. Hosts an official CPHIA side event.

SAPA in 2025

750,000+
patient encounters

57,637
children under five vaccinated

13
hospitals supported

92
primary health care facilities supported

Source: SAPA MEAL system, verified 2025 results.

THE SIDE EVENT

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WHERE	Julius Nyerere Hall, Addis International Convention Center
HOST	SAPA, with the Federal Ministry of Health (Sudan) and Save the Children
PART OF	CPHIA 2026, co-hosted by Africa CDC and the Government of Ethiopia, 23–27 November



Photo: SAPA.

[1] Yale School of Public Health Humanitarian Research Lab and SAPA, December 2024.

06 · MEDIA CONTACT

Get in touch

MEDIA CONTACT

Communications@sapa-usa.org

Sudanese American Physicians Association (SAPA)

AVAILABLE ON REQUEST

Photos

Event photos and speaker portraits.

Video

Session highlights and speaker clips for YouTube, Reels, LinkedIn and X, with captions.

Full session

The complete session recording, with chapters and subtitles.



Dr. Landry Dongmo Tsague (centre) with Dr. Khadiga Hassan Mohammed Sidahmed and Dr. Mohamed Abumanga.

> **“Within 24 hours, or within one minute, a signal in a community [like] Site 7 should be visible in the dashboard in Khartoum.”**
>
> Dr. Landry Dongmo Tsague, Director, Center for Primary Health Care, Africa CDC

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