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VII. SECTORAL PARTNERS & SPONSORS

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THE WAGMC REPORT 2019
This is the maiden issue of The WAGMC Report, an annual publication highlighting major activities of the Centre. In 2019, we focused on establishing the Centre, developing new education programmes, conducting cutting-edge research, and embarking on an ambitious community outreach programme. We fulfilled all institutional requirements by the World bank to become an African Centre of Excellence (ACE) for Developmental Impact.

WAGMC started operations in March 2019 in the GBC Building on the Legon campus of the University of Ghana with the support of the Vice Chancellor and the generosity of the Director of Academic Affairs. Our team has embraced lean principles to execute activities in Management and Governance, Education, Teaching and Learning, Research, and in Community and Public Engagement. We are poised to offer the first postgraduate programme in genetic counselling in sub-Sahara Africa in 2020, and to continue to advance the frontiers of genetics in blood, and other disorders.

A medical caravan commemorating the 20th Anniversary Tour of the Okyenhene, Osagyefuo Ofori Panin offered a stratospheric launchpad for our Community and Public Engagement programme. The medical outreach was a most impactful activity of the year and is accordingly a major focus of the 2019 WAGMC Report. We are grateful to the Okyenhene, and his staff, and all the chiefs and elders, and people of Asamankese, Achiase, Asuom, Begoro and Kyebi where we provided health screening. We thank our academic and sectoral partners, and sponsors of the medical caravan. I thank you, my colleagues of every stripe of the Okyenhene Medical Caravan for your dedication, commitment, passion and above all, your believe in the vision we set for ourselves in this important community outreach. The people we served were in dire need of the services that we provided, and for some the outcome was life-changing.

The cover of this maiden WAGMC report is embossed with the Adinkra symbol "Ese ne takrema" signifying collaboration. We navigated the most challenging encounters of our inaugural year with a paradoxical blend of humility and drive, and steered by collaboration; a core value of our Centre. As you become familiar with WAGMC through these pages that are filled with vivid images of our activities in 2019, I pray that you will become inspired to join us to increase access to genetic medicine for all in Africa.

Solomon F. Ofori-Acquah, PhD
WAGMC Director
ABOUT WAGMC

The West African Genetic Medicine Centre (WAGMC) is an African Centre of Excellence (ACE) for Developmental Impact of Higher Education in the University of Ghana.

It was established in 2019 in response to the ACE Impact Initiative of the World Bank, aimed at equipping Africa with postgraduate education to address major developmental challenges on the continent. WAGMC identified genetic disorders including Sickle Cell Disease, and other common diseases acquired through somatic mutations as a Developmental Challenge in the West Africa region.

WAGMC is in the College of Health Sciences and is drawing from the wealth of faculty expertise in the health sciences, as well as in the behavioural sciences to develop multidisciplinary educational and applied cutting-edge research, training in behavioural, clinical and biomedical genetics.

"WAGMC is a seed of Genetic Medicine in Africa. We are committed to producing talented behavioural and biomedical geneticists to improve access to Genetic Medicine in Africa for all."

Professor Solomon Ofori-Acquah
Director
ABOUT WAGMC

THE WAGMC PROPOSAL

Faculty of the School of Biomedical and Allied Health Sciences (SBAHS), led by its Dean Professor Solomon Ofori-Acquah, and the University of Ghana Medical School (UGMS) led by Professor Lorna Renner (designate Deputy Centre Leader) formed the core of applicants of the WAGMC proposal to the World Bank. Co-leading applicants were Professor Margaret Larney, Dean of UGMS (designate Academic Programme Coordinator), Dr. Dwomoa Adu (designate Applied Research Coordinator) and Professor Andrew Adjei (designate Leader, Research Theme III-Cancer).

On November 21, 2018 The Association of African Universities (AAU), the Regional Facilitation Unit (RFU), of the Africa Centres of Excellence (ACE) Project, announced the conditional selection of WAGMC and 43 other centres from a total of 105 proposals that were submitted from 12 participating countries in West and Central Africa under the ACE for Development Impact (ACE Impact) Project. The WAGMC award is for $6.4 million to develop new postgraduate programmes and applied research in genetic medicine, and to work with sectoral and industrial partners to ease the developmental challenge of human genetic disorders in West Africa.

Final selection of the ACE Impact centres was conditional on participation in Steering Committee Meetings, Workshops, and accomplishment of institutional readiness Disbursement Linked Indicators (DLIs). The first ACE Impact Steering Committee meeting was held in Djibouti from 18-26 February 2019. A six-member WAGMC delegation led by the Centre Leader attended this meeting. Other members were: Professor Lorna Renner (Deputy Centre Leader), Ms. Melissa Nuno (Administrator/Project Manager), Mr. Isaiah Agbovie Buerty (Procurement Officer), Mr. Anab Anaamoatulim (Accountant) and Mr. Joe Horney (Accounts Officer). WAGMC team members participated in various ACE IMPACT Bootcamp workshops to become acquainted with the operations of the ACE. The President of the Republic of Djibouti officially launched ACE Impact project on the 20th of February at a ceremony in the Djibouti Palace Kempinski hotel in Djibouti City, Djibouti.
ABOUT WAGMC

WAGMC was allocated space on the east wing of the first floor of the GCB building by the Director of Academic Affairs with the approval of the Vice Chancellor. The Centre submitted a first draft of its Implementation Plan to the World Bank in April 2019. The final plan was submitted in July 2019. WAGMC management has worked with both internal and external stakeholders to submit all the documentation for basic and full readiness required by the World Bank. For Basic readiness, the Financing Agreement has been signed by the Centre Leader and Vice Chancellor, and the Minister of Education. The Centre’s Implementation Plan and the Procurement and Financial Management Manuals have been submitted to the RFU for approval and the Centre has officially designated its core team members. For Full readiness, the Centre has a leading member with a Project Management Certification, a functional website showcasing a student handbook with policies for sexual harassment and scholarships. The WAGMC Sectoral Advisory Board endorsed the Centre implementation plan at its first meeting in September 2019.

Prof. Lorna Renner, Deputy WAGMC Director led a four-member delegation to the 2nd ACE IMPACT workshop in Dakar, Senegal held from September 24 to 27, 2019. WAGMC was acknowledged as one of the Centres that had provided its documentation for Basic and Full Institutional Readiness. During the Dakar workshop, Centres received feedback and clarification on requirements for first disbursement, fiduciary and safeguard matters. The workshops offered Centres the opportunity to share experiences and compare their operations to global best practices in higher education to improve effectiveness and implementation of projects. To improve reporting and timely disbursement of funds the ACE’s were introduced to a new online reporting portal to be commissioned for use in early 2020.

WAGMC delegation at the 2nd ACE Impact meeting held in Dakar. (left to right); Mr. Isaiah Buertey (Procurement Officer), Prof. Lorna Renner (Deputy Centre Director), Ms. Melissa Nuno (Administrator/Project Manager) and Mr. Joe Honey (Accounts Officer)
CEN'TRE MANAGEMENT AND GOVERNANCE

CORE TEAM

<table>
<thead>
<tr>
<th>Name</th>
<th>Official Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Solomon Ofori-Acquah, PhD</td>
<td>Centre Leader</td>
</tr>
<tr>
<td>Professor Lorna Renner, MBChB</td>
<td>Deputy Centre Leader</td>
</tr>
<tr>
<td>Melissa Awura Adee Nuno, MA</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Esther Brobey, PhD</td>
<td>Environmental and Social Safeguard Officer</td>
</tr>
<tr>
<td>William Kudzi, PhD</td>
<td>M&amp;E Officer</td>
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<tr>
<td>Samuel Nkrumah, ACCA</td>
<td>Finance Manager</td>
</tr>
<tr>
<td>Yvonne Dei-Adomakoh, MBChB</td>
<td>Sectoral Liaison</td>
</tr>
<tr>
<td>Isaiah Agbovie, MA</td>
<td>Procurement and Property Management Officer</td>
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ORGANIZATIONAL STRUCTURE
EDUCATION, TEACHING AND LEARNING

SPOTLIGHT ON GENETIC COUNSELLING

Advancements in genetics have made it possible to know which one, or a combination of the over 22,000 genes we carry as humans is responsible for specific traits and diseases. Knowledge of one's genetic makeup is important in assessing disease risks, and the prevention, diagnosis and treatment of many diseases. This knowledge is important also in making life choices such as choosing life partners. Arguably, the most important aspect of genetic medicine is how people are told about their traits, risks and prognosis of disease, treatment outcomes, and the impact of the information on themselves, and their family; this task falls to genetic counsellors.

Genetic counselling involves a trained professional explaining the contribution by genes to the risk of a condition, and providing appropriate counselling, psychosocial support, and referrals in order to help people make autonomous informed decisions and adapt to the disorder or risk. This counselling is critical; in its absence, genetic testing and “raw” presentation of genetic results pose a potential health hazard, physically and psychologically. Whereas there are thousands of registered genetic counsellors in North America, there are about 20 in Africa, with all in South Africa. There are currently no genetic counselling training programmes in Sub-Saharan Africa.

WAGMC is working tirelessly to introduce the first postgraduate genetic counselling programmes to West Africa. The first of these programmes is a 2-year Master of Science (MSc) degree in Genetic Counselling. The MSc degree is designed to prepare students from the biomedical, psychological, public health, and other health sciences to practice as genetic counsellors across a wide range of areas – clinical, research, teaching, public education, and health leadership. The second programme, is a Postgraduate Diploma (PGDip) in Genetic Counselling. This programme is geared towards qualified healthcare professionals to help them obtain adequate competencies in genetics and counselling needed to manage genetic disorders in their everyday practice.
EDUCATION, TEACHING AND LEARNING

WAGMC is an academic unit of the College of Health Sciences of the University of Ghana (UG). However, the faculty of the Centre is drawn from both biomedical and behavioural science departments creating a unique multidisciplinary team that is needed for the training of genetic counsellors. Presently, the MSc programme has received approval from three (School Management Committee, College Quality Assurance Committee, and the School of Graduate Studies Board) of five-step curriculum approval process in the university. The PGDIP programme has received approval at the first-stage of review. Both programmes are on course for university-wide approval in early 2020, and will be offered in August 2020.

WAGMC has enlisted the support of several universities with established programmes in genetic counselling to help the Centre develop its own programmes. The academic partners include the University of Witwatersrand, and the University of Cape Town in South Africa; University of Pittsburgh and California State University, Stanislaus in the US; Imperial College London, and King’s College, University of London in the UK. WAGMC has formed strategic partnerships with the Ministry of Health and the Ghana Health Service, which have responsibilities for developing national policy on health; the Ghana Psychology Council, which is responsible for regulating the training and practice of psychologists and counsellors in Ghana. Other sectoral partners include the Ghana College of Physicians and Surgeons, the Allied Health Council, the Sickle Cell Foundation of Ghana, and the African Society of Human Genetics.
SickleGenAfrica is the flagship sickle cell disease research project of WAGMC. It is a 5-year collaborative U54 project funded by the National Institutes of Health (NIH) of the US. It is focused on the genetics of the body's natural defences against haemolysis in individuals who have sickle cell disease (SCD). The overall research goals are to: a) conduct three inter-related but independent genomics research projects, b) establish scientific cores in molecular haematology and genomics in Ghana, c) establish a community-engaged core to promote local community-participation in genomics research. Research is conducted in six patient-enrolling sites in Ghana (Accra and Kumasi), Nigeria (Abuja, Kano and Lagos) and Tanzania (Dar es Salaam). We launched a Webinar series to allow SickleGenAfrica investigators to easily share information and new findings on their work with colleagues across the multinational sites. Our planned enrolment is 7,000 patients. As of December 2019, we had enrolled over 5,500 patients with over 2,500 among our Ghana cohorts.
RESEARCH

SPOTLIGHT ON SICKLE CELL DISEASE

Scientific Cores

The Data Management Core (DMC) supports all data management needs of the project. In 2019 the Core designed multiple RedCap capturing forms for the Community Engagement Core (CEC), Project 3, and the Molecular Laboratory Core (MLC). The DMC provides day-to-day support for all patient recruiting sites on matters related to the central electronic Case Report Forms used for the study. The CEC developed a Post enrolment questionnaire, and has used this instrument to complete a patient survey on pertinent ethical issues such as the return of genomics results to research participants. The MLC was launched in 2019 with the acquisition of two instruments for haemoglobin electrophoresis (Capillarys 2 Flex Piercing; Sebia, France) and quantification of plasma proteins (Antellica Neph 630 System, Siemens Healthcare GmbH, Germany). In 2019, the MLC determined the haemoglobin phenotype of 1,800 patients, and identified several unusual combinations of variants that are attractive topics for postgraduate research training in haemoglobin genetics.

Research Projects

We studied the concentration of a plasma protein called alpha-1-microglobulin (A1M), which transports excess haem from the blood circulation to the kidneys for excretion in the urine. We found that the A1M molar concentration relative to the concentration of the primary haem scavenger haemopexin, which transports haem from the blood circulation to the liver for degradation, is linked to many markers of intravascular haemolysis among SCD patients. We then tested whether the acquired deficiency of haemopexin in SCD is a risk factor for acute kidney injury. The results of this fascinating work was presented as an Oral Presentation at the Annual Scientific Meeting of the American Society of Haematology (ASH) held in Orlando in December 2019. Another research project also focused on how the body clears excess haem from the blood circulation, and the relevance of this process to the development of acute chest syndrome in SCD made headlines at the 2019 ASH meeting. The abstract for this promising body of work was presented by Professor Ofori-Acquah in a session on Hemoglobinopathies. In addition, it was selected by the 2019 ASH Scientific Committee, and presented again by one of the Scientific Chairs in the closing session of the meeting called “Best of ASH”. These accomplishments highlight the quality of research being undertaken at WAGMC. Other novel research discoveries in 2019 include a paradoxical role for the master anti-oxidant transcription factor Nrf2 in the cardiomyopathy of SCD in mice, as well as several collaborative findings published by the many investigators who are affiliated with WAGMC.
Kidney disease and diabetes is a research theme of WAGMC. Research in this area is currently focused on kidney disease in the H3Africa Kidney Disease Research Network. Like SickleGenAfrica, the Kidney network is part of the H3Africa consortium. Its primary goal is to conduct genomics, clinical and translational research on the most prevalent forms of chronic kidney disease (CKD), expand and support a well-trained cadre of African researchers and physician scientists to conduct CKD research according to regional priorities, engage Sub-Saharan African communities and research participants in the initiation, governance, implementation and dissemination of CKD research and to foster collaboration with U.S.-based basic, clinical and translational researchers to elucidate aetiologies and mechanisms and discover effective therapeutic and preventative strategies to combat CKD in people of African ancestry globally.

In 2019, the network focused on a cohort study that was initiated in 2018. This research was formulated to identify genetic risk factors of CKD among Africans. Estimates indicate more than three million African-Americans and greater than 50 million African Blacks have CKD due to clinically defined nephropathies (from hypertension, diabetes mellitus, sickle disease, etc.) and glomerula nephritis. A significant fraction of these will progress to end-stage-renal disease (ESRD) which is a harbinger of imminent death in the African setting due to the scarcity of dialysis or kidney transplantation.
RESEARCH

SPOTLIGHT ON KIDNEY DISEASE

This H3Africa Kidney Disease Research Network cohort study is the first adequately powered prospective cohort study to both identify the genetic determinants and characterize the phenotype for kidney disease progression in Sub Sahara-Africa. The Aims of the research are:

- To evaluate the independent contribution of risk variants in the APOL1 genes to the progression of clinically defined nephropathies among 2,500 HIV-negative African Blacks.

- To elucidate gene-environment interactions (G-E) between APOL1 variants and infections) on glomerular disease and evaluate the incidence, histopathological spectrum and the natural history of biopsy-confirmed glomerular diseases in 1,500 HIV-negative African Blacks from various SSA countries and regions.

The impact of this research is that it will enable us to: (1) know how APOL1 risk variants impact kidney disease progression; (2) identify the modifiable risk factors for kidney disease progress; (3) determine how APOL1 renal variants impact the risks and outcomes of non-HIV infection-associated glomerular nephritis; (4) obtain novel insights into the histopathological spectrum and natural history of glomerular diseases in Blacks; and (5) create a research data and specimen repository that would serve as a platform for basic research, translational studies and therapeutic trials of kidney disease in Blacks.

As of December 2019, the following achievements have been made:

- The total recruitment for Accra and Kumasi is 587
- Renal biopsies have been performed on 76 participants
- DNA have been isolated, quantified and stored, and have undergone quality control assays; the amelogenin and SRY Y assays for gender determination, Alu1 repeat, hemoglobin S and C determination, using the initial polymerase chain reaction and Ligase detection reaction based amplification.

- In another collaborative study involving 12 academic medical centres/university teaching hospitals in four African countries (Cameroon-1; Ghana-2; Nigeria-7; South Africa-1; and Tanzania-1), the following achievements were made in 2019 with respect to recruitment:
  - Sickle Cell Disease- 197
  - CandL-HIV- 8
  - Nephrotic syndrome- 23

Our ongoing plans are to ensure ethical recruitment and good quality control of data acquisition and laboratory studies.
DEVELOPMENTAL IMPACT

The Development Challenge of WAGMC is health; specifically human genetic disorders. Chief among these is Sickle Cell Disease (SCD) an inherited blood disorder that is the most common genetic disease in West Africa, and in the world. Nearly 2% of live births in Ghana and the neighbouring region is affected by SCD with the majority of parents not knowing the risks to their foetuses; over 80% of affected infants die by five years with the overwhelming majority not being diagnosed. Somatic gene mutations also drive the disease process in several common diseases including cancers and leukemias, kidney disease and diabetes. Deaths due to these common diseases are preventable in the West through molecular diagnosis and targeted therapy but rarely so in West Africa largely because of the paucity of genetic medicine services in the region, including genetic counselling.

The World Health Assembly issued resolution WHA59.20 in 2006 calling on member states in Africa to develop counselling and screening programmes; medical genetics services; intensification of training of all health professionals and community volunteers; health counselling and ethical, legal and social issues; effective international cooperation, and basic and applied research to address the developmental challenge of genetic disorders. WAGMC is directly addressing this resolution by developing education, training, applied research and community and public engagement programmes, including counselling and health screening to impact not only Ghana but also neighbouring countries in West Africa. The Developmental Impact of WAGMC will include: relevance and impact of the research on society, relevance and impact of the Centre’s graduates on society including the share of graduates hired in the target sector and feedback from key employers and interactions with sectoral stakeholders. In 2019, WAGMC embarked on a major health screening programme named the Okyenhene Medical Caravan that was focused on SCD, and other common disorders that left a delible impact on people in the Eastern region of Ghana.
WAGMC Community and Public Engagement Programme

THE OKYENHENE MEDICAL CARAVAN

In Collaboration with

THE 20TH ANNIVERSARY CELEBRATIONS OF

OKYENHENE OSAGYEFUO AMOATIA OFORI-PANIN II
Serving the People, Innovating for the future
AKYEM ABUAKWA

WAGMC conducted its first community health outreach in five major towns (Asamankese, Achiashe, Asoum, Begoro and Kyebi) in the Akyem Abuakwa State in the Eastern Region. The 3-week outreach was an integral part of a programme of activities celebrating the 20th Anniversary reign of Osagyefuo Amoatia Ofori Panin II as Okyenhen to the Ofori Panin Stool, as he toured selected towns under his jurisdiction in the Akyem Abuakwa Traditional area of the Eastern Region.

Over 2,500 residents of the Akyem Abuakwa State benefitted from the free health screening exercise as part of an initiative of the Okyenhen's campaign to advocate policies that improve health services in Ghana and create a culture of health awareness among his people. The outreach comprised of a general health examination for children and adults, and screening for sickle cell disease, breast cancer, prostate cancer, hearing, speech and eye diseases, and HIV/AIDS.
Okyenhene (King of Akyem Abuakwa): Osagyefuo Nana Amoatia Ofori Panin II ascended the great Ofori Panin stool of the Asona dynasty on the 4th of October 1999 after the passing of his predecessor and brother Osagyefuo Kuntunkunku II. He is the 35th King to have ascended the throne.

On ascending the Okyeman throne, he vowed to bring real development to his people with emphasis on child education, environmental protection, and improved healthcare.

With a strong passion for good health practices among his people, the Okyenhene has a track record of leadership in health promotion and championing policies that improve health services in Ghana, culminating in his operation cleaner and healthier communities' campaign.

His palpable desire for good health for all reflects his decision to make medical screening an integral component of his 2019 tour of Okyeman as he celebrates 20 years milestone as the 35th King of Akyem Abuakwa.

Osagyefuo, an ardent golfer, was born on the 10th of December, 1952 to Nana Yaw Boakye and Odekye Abena Akoto. He attended Akwatia Cast Primary School, Abuaqua State College and then proceeded to sixth form at Oxford. Osagyefuo holds a degree in Political Science and Public Administration from Hartford University, Connecticut, United States of America. He took up an insurance career and was an Insurance Broker and Office Manager of First Elizabeth International Brokerage, 1993 – 1998 before returning home to ascended the Ofori Panin stool.

He is married to Elizabeth Nana Asabea Ofori Atta and father of two boys, Nana Yaw Boakye and Akoto.
THE OKYENHENE MEDICAL CARAVAN (OMC)
PLANNING COMMITTEE

20th Anniversary Medical Sub-Committee Members

The Medical outreach was highly collaborative bringing together the medical sub-committee, the chief of staff of the Okyenhene, all the chiefs and elders of the various towns, many faculty from the University of Ghana (UG), partner academic institutions and sectoral sponsors to work together for the first time resulting in a successful outreach. Local partnership provided a mechanism for follow-up of the cases needing further investigations, and enhanced the service delivery and scope of the healthcare provided. The caravan provided an opportunity for the National Insurance Health Scheme to issue or renew health insurance cards at each of the mobile clinics.

**CHAIR:** Professor Solomon Ofori-Acquah (WAGMC Director)

**MEMBERS:**
Prof. William Ampofo (Noguchi Memorial Institute, UG )
Dr. Amma Benneh-Akwasu Kuma (Department of Haematology, UG )
Dr. Akwasi Anyanful (Department of Medical Biochemistry, University of Cape Coast)
Dr. Neal Boafo (School of Biomedical and Allied Health Sciences, UG)
Victoria Nana Akua Owusu (School of Biomedical and Allied Health Sciences, UG)

**OTHER MEMBERS:**
Prof. Lorner Renner (WAGMC Deputy Director)
Melissa Nuno (WAGMC Administrator/Project Manager)
Zoey Fiax (WAGMC Project Officer)
Nathan Siebu (WAGMC Project Officer IT)
Prof. Kweku Ohene-Frempong (Sickle Cell Foundation of Ghana)
Dr. Kofi Anie, MBE (Imperial College London, University of London, UK)
Dr. Yvonne Dei-Adomakoh (WAGMC Sectoral Liaison Officer)
Dr. Lydia Dsane-Selby (National Health Insurance Authority)
Ben Kusi (National Health Insurance Authority)
Dr. Alberta Nyarko (Ghana Health Service, Eastern Region)
Dr. Della Adzosii (Paediatric Society of Ghana)
Dr. Justina Ansaah (National Blood Service, Ghana)
Dr. Michael Acquah (National Blood Service, Ghana)
The Okyenhene's Chief of Staff, Nana Tsumasi Ankrah was in charge of logistics and spearheaded communications with chiefs from the various towns.

**OTHER SUPPORTING CHIEFS:**

Osaberima Adu Adarko, Asamankesehene  
Baffour Kwame Awuakye- Abodeesahene, Asamankese  
Baffour Kwesi Nyarko- Dabrehene, Asamankese  
Okyeame Kwame Nyamekye, Asamankese  
Daasebre Gyenim Kantan II, Chief of Akyem Achiase  
Osabarima Ofosuhene Appenteng II, Asuomhene  
Barima Kwasi Agyakwa Annor II, Boaduahene  
Osaberima Kofi Boateng III, Akwatiahene  
Osabarima Bosompem Ayiripe II, Regent of Begoro, Fanteakwa and Okyeman Benkum  
Baffour Sakyi-Amankwa II, Twafohene of Fanteakwa, Begoro  
Barima Kwadwo Dua Beyeeman, Sanahene  
Osabarima Oware Asare Pinkro III, Apinamanhene
OMC Mobile Clinic
The WAGMC Mobile Clinic, nicknamed Okyenhene Medical Caravan (OMC) was greeted with enthusiasm in each town. The caravan also received immense support from the chiefs and traditional leaders, as well as local health professionals in each town.
"While people were overjoyed at the prospect of receiving free medical service, this joy was inevitably tinged with apprehension as the results of screening tests done could indicate a clean bill of health or otherwise"

Dr. Amma Benne-Akwasi Kuma

"The scenes at the clinics were busy, energetic, occasionally rowdy but generally peaceful".

Professor Ofori-Acquah
Osagyefuo Amoatia Ofori Panin visited the caravan in Achiase and Kyebi to get first-hand experience of the work of the medical team. He toured each consultation station and interacted not only with gleeful WAGMC personnel, but also with people seeking medical attention.

Overall, the WAGMC medical outreach identified several new cases of children with sickle cell disease, malaria, infections (respiratory tract and skin) and a suspected case of soft tissue tumour. New suspected cases of breast cancer and prostate cancer, high blood pressure, diabetes, hepatitis, anaemia, thyroid disease and a case of Chronic lymphocytic leukaemia were also seen among the adults. Medications including antimalarials, antihypertensives, haematinics, anti-diabetics, analgesics, anthelmintics and those for skin and eye conditions were dispensed free of charge. The Okyenhene sponsored the outreach supported by WAGMC’s community engagement grant from the NIH. The School of Biomedical and Allied Health Sciences and the National Blood Service provided transportation support.
THE COORDINATING TEAM

MELISSA NUNO
TEAM LEAD

ZOÉY FIAXE
NATHAN SIEBU
JOEL AMRALOR

GERTRUDE KUDOWOR
BETTY NUGBA
EMMANUEL NII LANTE LAMPTÉY

JEDIDIAH ANKAMAH
MR. YAHYA
MR. QUANSÄH
MR. OWUSU
Melissa Nuno is the WAGMC Administrator/Project Manager.

She has a degree in Psychology from the University of Ghana. She continued on to pursue a Master’s degree in Human Development (Psychology) at the Laurentian University in Ontario, Canada. Melissa also holds a certificate in Business Administration from the Ghana Institute of Management and Public Administration (GIMPA).

Her work experience ranges from working with children with developmental disabilities, customer service and education administration. She loves to explore nature, traveling and experiencing different cultures.
COORDINATING TEAM

ACTIVITIES & RESULTS

Melissa Nuno led the coordinating team. The team consisted of the administrative unit of WAGMC and supported national service personnel and drivers from the School of Biomedical and Allied Health Sciences. The Coordinating Team laid the foundation for the outreach programme, beginning with a planning meeting with the Chief of Staff (CoS) of the Okyenhene. The team was responsible for handling logistics, including budgeting and mobilizing and monitoring the use of resources such as transportation, medical and general supplies and arranging for meals and refreshments. It managed communications including organizing meetings on a bi-weekly basis with all partners and collecting and sharing information to help the other teams plan their individual services.

The Coordinating Team liaised with the local chiefs to arrange accommodation for the entire medical caravan team. In order to ensure the smooth operations of the caravan, a small advanced coordinating team visited every town a day before the event to assess accommodation arrangements, venue for the clinic and other logistics including power supply. The coordinating team rendered accounts to the CoS after the completion of the project.

The coordinating team with Professor Ofori-Acquah (middle), Director of WAGMC
Overall, a total of 2,241 people registered at the OMC Registration Desk. However, the estimated number of people who received medical attention exceeded 2,500.

<table>
<thead>
<tr>
<th>Town</th>
<th>No. of people registered for all screening tests</th>
</tr>
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<tr>
<td>Asamankese</td>
<td>462</td>
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<td>Achiase</td>
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<td>Kyebi</td>
<td>466</td>
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<tr>
<td>TOTAL</td>
<td>2,241</td>
</tr>
</tbody>
</table>

Figure 1: Number of people registered in the five towns
GENERAL MEDICINE & HAEMATOLOGY

GENERAL MEDICINE & HAEMATOLOGY TEAM

DR. BENNEH-AKWASIA KUMA
TEAM LEAD

DR. TETTEY

JOCELYN MELOMEY

STEPHEN ADDAI

DAVID AHINDOA

ENOCH MENSASAH

CYNTHIA VANDERPUIYE

LIBERTY LABORATORY SERVICES

MR. ANTWI AMOATENG

ERIC ADJED TABIRI

BELINDA AMOATENG

RITA NAA DEDEI

ERIC KUDZORDZI
Dr. Benneh-Akwasi Kuma is a Consultant Haematologist at the Korle-Bu Teaching hospital and a lecturer at the Department of Haematology, College of Health Sciences, University of Ghana.

She is a Haematologist with over fifteen years’ experience, diagnosing and managing patients with blood disorders such as sickle cell disease and is passionate about enhancing the quality of life of people living with sickle cell disease.

Dr Benneh-Akwasi Kuma has a passion for public health education and has taken part in several programmes including a nationwide initiative to educate and screen people living with Haemophilia. She has collaborated with researchers from both local and international institutions such as the Centre for Translational and International Haematology at the University of Pittsburgh to undertake various research projects. She is a researcher on the SickleGenAfrica project.
ACTIVITIES & RESULTS

The general medicine and haematology consultation station was supported by a team of local health professionals in each of the five towns visited. The screening station was the first point of call for registered adults. Blood pressure measurements and screening for diabetes preceded consultation with the doctors. This interaction afforded people the opportunity to discuss their complaints, receive medical advice and have the necessary laboratory tests requested.

Laboratory tests included full blood count, malaria, sickle cell disease and prostate cancer. Adults up to the age of 58 years were directed to the viral unit to be screened for hepatitis and HIV. All women were also directed to the breast cancer screening unit. Those with suspected eye, ear, speech and language conditions were referred to the appropriate units. Colour-coded wrist-bands depicting the various tests requested were also given to facilitate the process.

Consultation with the medical doctors was considered complete after results of laboratory tests requested were reviewed. Medications such as antihypentensives, antidiabetics, antimalarials, anthelmintics, analgesics, and those for eye and skin conditions were given free of charge when indicated.

Counselling on lifestyle changes among others was done and referrals were made to the local health clinic and regional hospital as the condition warranted. Hypertension, diabetes, cases of anaemia, malaria, thyroid diseases and chronic lymphocytic leukaemia were some of the conditions identified during the screening. Some were newly diagnosed, others had uncontrolled disease or were non-compliant with their medication. New cases of sickle cell disease were also detected. Sixty (60) suspected cases of prostate disease were referred for further evaluation and management at the end of the caravan.
GENERAL MEDICINE & HAEMATOLOGY

60

SUSPECTED CASES OF PROSTATE DISEASE
THE PAEDIATRIC TEAM

DR. KOFI ANIE, MBE

DR. HILDA BOYE

EMELIA LANCIERHANS

DR. DELLA KOMLA ADZOSII
TEAM LEAD

JENNIFER ADDAEE

CONSTANCE OFFEI
BIOGRAPHY OF TEAM LEAD

Dr. Adzosii is a Paediatrician at the Department of Child Health, Korle-Bu Teaching Hospital (KBTH) and the President of the Paediatric Society of Ghana, Greater Accra Branch.

He is a graduate of the University of Ghana Medical School. He completed his two-year houseman-ship at the Korle Bu Teaching Hospital and proceeded to do his Postgraduate Medical Education (Residency) in Paediatrics at the Ghana College of Physicians and Surgeons (GCPS) and the West African College of Physicians (WACP) graduating as a Member in both colleges (MWACP and MGCPs). He has certificate of participation in Paediatric Echocardiography from the 12th European Echocardiography course (EEC).

He is a certified Paediatric Advanced Life Support (PALS) Provider and Trainer with the American Heart Association. He holds a certificate in Health Administration and Management from the Ghana Institute of Management and Public Administration (GIMPA). He is a volunteer with Operation Smile and a member of its Medical Advisory Council in Ghana.
ACTIVITIES & RESULTS

The paediatric team comprised of 5 paediatricians and three nurses. They treated and diagnosed children for acute conditions including severe anaemia, severe acute malnutrition, gastroenteritis, severe malaria and sickle cell disease with vaso-occlusive crises and refereed cases that needed urgent referrals such as soft tissue tumour, cerebral palsy and wound infection.

As part of preventive medicine and identification of early warning signs, the paediatric team also educated families on issues such as handwashing, immunisation, breastfeeding, childhood cancers, deworming, attending child welfare clinics and neonatal jaundice.

They also supported the caravan with medications including antimalaria; analgesics; deformers; ORS; zinc tablets; haematinics and antibiotics. In addition, they provided RDT for malaria; thermometer and weighing scales.

560 CHILDREN were screened in the 5 towns
Dr. Kofi Anie, MBE is the Psychology Service Lead for children and adults with sickle cell disease and thalassaemia at London North West University Healthcare NHS Trust, and an Honorary Clinical Senior Lecturer at Imperial College London. He began his professional career at King’s College Hospital, London where he pioneered psychological interventions for children with sickle cell disease.

Dr. Anie’s research interests include Sickle Cell Pain, Quality of Life, Adolescent Transition, Adherence to Treatment, and Mobile Technology in Patient Self-Management. He is a collaborator on several international initiatives and currently the Community Engagement Core Leader of the Sickle Cell Disease Genomics Network of Africa (SickleGenAfrica). He is member of the H3Africa BioNet Sickle Cell Disease Ontology Project.

He worked with the Sickle Cell Foundation of Ghana to develop and implement a national counsellor training programme named ‘Genetic Education and Counselling for Sickle Cell Conditions in Ghana’ (GENECIS-Ghana). Dr Anie’s professional aspiration is owed to a life-long personal and family experience of sickle cell disease. He was awarded with Member of the Most Excellent Order of the British Empire (MBE) for Services to People with Sickle Cell Disease and Thalassaemia in the 2017 Queen’s Birthday Honours.
About 14,000 babies are born every year in Ghana with **Sickle Cell Disease**

Sickle cell disease results from the inheritance of two irregular genes (one from each parent) for making a protein in red blood cells called haemoglobin. It is estimated that about one out of four people in Ghana have sickle cell trait usually called AS (also known as being a carrier). Testing of newly born babies allows early identification, health education for parents and caregivers, treatment of infants with sickle cell disease, and saves lives. However, this is currently only available in a few hospitals in the Ashanti Region and in Accra.

<table>
<thead>
<tr>
<th>Haemoglobin Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA - Normal</td>
<td>318</td>
</tr>
<tr>
<td>AS - Sickle Cell Trait (Carrier)</td>
<td>50</td>
</tr>
<tr>
<td>AC - C Trait (Carrier)</td>
<td>34</td>
</tr>
<tr>
<td>SS - Sickle Cell Disease</td>
<td>5</td>
</tr>
<tr>
<td>SC - Sickle Cell Disease</td>
<td>8</td>
</tr>
<tr>
<td>CC - CC Disease</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>418</strong></td>
</tr>
</tbody>
</table>
Figure 2: Haemoglobin type among children screened at the OMC
SPEECH, EAR & EYE TEAM

DR. NEAL BOAFO
TEAM LEAD

NANA AKUA OWUSU

GERTRUDE ASARE

LINDA BOAMAH

LETICIA GOMADO
Dr. Boafo is an Audiologist and Head of the Audiology, Speech and Language Therapy Department of the School of Biomedical and Allied Health Sciences, University of Ghana. Prior to joining the University, he was Chief Audiologist at the Korle Bu Teaching Hospital. He played a key role in developing the MSc curriculum in Audiology currently in place at the University of Ghana. His special interests in Audiology are in the areas of Industrial Audiology and Tinnitus.

Dr. Boafo holds credentials with the Pentecostal Assemblies of Canada (PAOC) as a licensed Minister and when he is not doing Audiology he is doing ministry among the Deaf. He is founder of Emmanuel Deaf Network (EDeN), an NGO dedicated to evangelism and church planting among the Deaf. Currently, EDeN has seven Deaf churches in the Eastern region of Ghana.

Ms. Nana Akua Victoria Owusu is a Speech and Language Therapist and Clinical Tutor at the Department of Audiology, Speech and Language Therapy, (SLT) School of Biomedical and Allied Health Sciences, University of Ghana.

She is the Programme Coordinator for the newly commenced SLT Programme. She is the founder of AwaaWaa2, a successful non-governmental organisation for children with speech and language difficulties and their families.

She has developed a strong interest in the provision of support and services for persons with hearing impairment. Her work and interest focus is on early language/communication development, inclusion and support for families living with disability, particularly those in communities with limited resources.
ACTIVITIES & RESULTS

The audiology team provided information on hearing health care. Screening included otoscopy hearing, tympanometry and otoacoustic emissions (OAE) for children.

Referrals were made for an in-depth audiological assessment when a problem was detected.

The team also created awareness and provided information on Speech and Language therapy as well as screening for speech disabilities and voice problems.
Audiology Screening Results

<table>
<thead>
<tr>
<th>Town</th>
<th>Normal</th>
<th>Impacted wax</th>
<th>TM Perforation</th>
<th>Otitis media</th>
<th>Deaf</th>
<th>Hard of hearing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asamankese</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Achiase</td>
<td>1</td>
<td>8</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Asuom</td>
<td>52</td>
<td>56</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>110</td>
</tr>
<tr>
<td>Begoro</td>
<td>19</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>Kyebi</td>
<td>54</td>
<td>26</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td>84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>129</strong></td>
<td><strong>115</strong></td>
<td><strong>1</strong></td>
<td><strong>6</strong></td>
<td><strong>7</strong></td>
<td><strong>3</strong></td>
<td><strong>261</strong></td>
</tr>
</tbody>
</table>

Figure 3: Audiology screening across the five towns
### SPEECH SCREENING RESULTS

<table>
<thead>
<tr>
<th>Town</th>
<th>Speech &amp; Lang. Delay</th>
<th>Down Syndrome</th>
<th>Cerebral Palsy</th>
<th>Non-Verbal (Deaf)</th>
<th>Aphasia</th>
<th>Restricted Velar Movement</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asamankese</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Achiase</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Asuom</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Begoro</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Kyebi</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>9</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>5</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

*Figure 4: Speech screening across the five towns*
Consultation with Linda Boamah, Ophthalmologic Nurse from Begoro

BEGORO
83 citizens were screened in the town of Begoro

KYEBI
166 citizens were screened in the town of Kyebi

In Begoro, an Ophthalmologic nurse was inspired to join the WAGMC caravan to provide eye screening; she continued on to Kyebi with support from the Kyebi Government Hospital eye team.
## EYE TEST SCREENING RESULTS

<table>
<thead>
<tr>
<th>Eye Diagnosis</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis</td>
<td>17</td>
</tr>
<tr>
<td>Cataract</td>
<td>14</td>
</tr>
<tr>
<td>Refractive Errors</td>
<td>15</td>
</tr>
<tr>
<td>Dry Eyes</td>
<td>11</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>6</td>
</tr>
<tr>
<td>Referrals</td>
<td>31</td>
</tr>
</tbody>
</table>

![Bar chart showing the number of participants for different eye diagnoses](image)

*Figure 5: Eye disease screening results*
BREAST CANCER

BREAST CANCER TEAM

DR. AKWASI ANYANFUL
TEAM LEAD

DR. FRANK CHARTEY

MARGARET OPPONG

RUTH DAMPSON

RUTH WILSON

MARY OSEI BEMPONG
Dr. Akwasi Anyanful is a Molecular Biologist and currently the Head of the Medical Biochemistry Department at the School of Medical Sciences, College of Health and Allied Sciences, University of Cape Coast (UCC).

Within the last seven years his focus has shifted to breast cancer research and his current research interests are (i) Assessing and understanding the pattern of breast cancer distribution in Ghana and establishing a national breast cancer registry and (ii) Molecular characterization of breast cancers in Ghanaian women by elucidation of unique biomarkers present in Ghanaian breast tumors.

Together with the Chemical Pathology Department of the UCC School of Medical Sciences, he has been organizing Cape Coast Breast Cancer Awareness Activities every October since 2013. Activities include breast cancer education, awareness walks and screening. Over this period about 5000 women have been screened for breast cancer using the latest technological device – “Breast-I” which was used during the OMC.

Dr. Anyanful is passionate about breast cancer and supports the paradigm shift from “one size fits all” to “individualized treatment” in breast cancer therapy. He is currently, the Organizing Secretary of the Breast Society of Ghana.
BIOGRAPHY OF CO-LEAD

Dr. Frank Naku Gchartey is a Chemical Pathologist and currently the Head of Department of Chemical Pathology, School of Medical Sciences, College of Health and Allied Sciences, University of Cape Coast. His expertise is in the molecular and chemical markers of breast disease and translation of chemical and biomolecular research findings into clinical practice.

He has spearheaded and has been involved in carrying out high impact breast cancer research nationwide and served as Chairman of the National Breast and Cervical Cancer Fund Trustee Board (Ministry of Gender, from 2010 to 2014). He won a World Bank Grant Award to train Midwives to carry out nationwide breast cancer awareness and screening in 2000. Since 2006 he has been involved in developing an alternative more suitable, safe, accurate and cheaper mode of breast screening and early detection of neoplastic breast lesions. This was carried out in collaboration with Highland Innovation Centre in Scotland. The end product of which is the gadget called Breast-i (2017).

His other area of interest is Mathematical Modelling and Individualisation of Breast Cancer Therapy which incorporate tumour biology and dosage of therapy.
Breast -i (2017)
is the newest alternative (adjunct) safer and cheaper mode of early detection of breast lumps (Breast Cancer). The Breast -i is currently licensed for use in UK, India, Nigeria and Ghana.

Residents in the various towns underwent two breast screening processes. The first, Clinical Breast Examination (CBE) were performed by midwives by using their hands to detect palpable lumps. Afterwards, participants were screened with Breast-I, a technological device that detects angiogenesis (blood vessel formation) in cancerous lumps. Breast-I screening were performed by Drs. Anyanful and Gharley.
Over 650 anxious women went home relieved knowing that they are free of breast cancer.

Illuminated breast using the breast-i
## BREAST CANCER SCREENING RESULTS

<table>
<thead>
<tr>
<th>Town</th>
<th>Total screened</th>
<th>Suspicious cases</th>
<th>Lipomas</th>
<th>Indeterminate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asamankese</td>
<td>134</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Achiase</td>
<td>86</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asuom</td>
<td>170</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Begoro</td>
<td>93</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Kyebi</td>
<td>179</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>662</strong></td>
<td><strong>3</strong></td>
<td><strong>8</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

![Breast Cancer Screening Results](image)

**Figure 6: Breast Cancer screening results across the five towns**
HIV/AIDS & SEROLOGY

HIV/AIDS & SEROLOGY TEAM

PROF. WILLIAM AMPOFO
TEAM LEAD

CHRISTABEL ADDO

GERTRUDE ASARE

MARION WILLIAMS

JEFFERSON BEYETEY

SAMUEL ABBEY

DENNIS KUSHITOR
BIOGRAPHY OF TEAM LEAD

Professor Ampofo is Associate Professor and Head of the Virology Department, Noguchi Memorial Institute for Medical Research, College of Health Sciences, University of Ghana.

His research interests include investigations of viral infections, anti-viral therapy and viral disease burden. Much of Prof. Ampofo’s work is related to the epidemiology and prevention of viral infections in Ghana. Career milestones include the laboratory discovery of the first Ghanaian case of HIV in 1986 and senior investigator in the first phase 3 clinical trial in Ghana of a microbicide to prevent HIV infections in women. He has over 100 publications covering medical sciences and has participated in several studies in Ghana. These include surveys on key populations at risk for HIV infection with focus on female sex workers, homosexuals, female porters, prison inmates and migrants. Other studies such as the health of HIV-positive Ghanaian women and their children supported efforts at prevention of mother to child transmission of HIV in Ghana with markedly reduced levels of transmitted infection to neonates. Research on HIV drug resistance has also aided national guidelines for antiretroviral therapy helping to maintain treatment services for HIV patients in Ghana.

Prof. Ampofo is Chair of the African Vaccine Manufacturing Initiative and Ghana Ambassador for the African Society for Laboratory Medicine. He has traditional responsibilities as Nana Oweatuo Amoako-Atta, Tutuohene, Ofori-Panin Fie, Akyem Abuakwa.
90-90-90 HIV/AIDS Strategy

By the year 2020, 90% of people who are HIV infected will be diagnosed, 90% of people who are diagnosed will be on antiretroviral treatment, and 90% of those who receive antiretrovirals will be virally suppressed.

Activities & Screen Results

HIV
2% tested positive
In total 746 were screened

Hepatitis
5% tested positive
In total 200 were screened

Syphilis
1.5% tested positive
In total 528 were screened

The Eastern Regional Health Directorate in partnership with the Noguchi Memorial Institute for Medical Research, University of Ghana, provided screening for infectious diseases namely HIV, Hepatitis B and Syphilis, to Okyeman citizens during the Okyehene’s Medical Caravan. The team offered counselling services on infectious diseases, promoted condom use among the population and linked persons with infections to clinical care services for management.

The total number of people tested for HIV were 746 of which 15 (2.0%) tested positive, 200 persons were tested for Hepatitis B infection with 10 persons (5.0%) positive. Out of the 528 persons tested for Syphilis, 8 persons (1.5%) tested positive to syphilis and the patronage was good. Although logistics to test for HIV, Syphilis and Hepatitis B viral infections were provided, there were not enough Hepatitis B test kits to screening all the persons who requested this service.
HIV/AIDS & SEROLOGY

<table>
<thead>
<tr>
<th>Infectious Diseases</th>
<th>Total Screened</th>
<th>Tested Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>746</td>
<td>15</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>200</td>
<td>10</td>
</tr>
<tr>
<td>Syphilis</td>
<td>528</td>
<td>8</td>
</tr>
</tbody>
</table>

Figure 7: Infectious Disease Screening
THE ROYAL DINNER

On the last night of the outreach the Okyenhene enthralled the team with a memorable cocktail dinner capping a most impactful WAGMC maiden community and public engagement activity with a royal seal of appreciation.
WAGMC has a diversified array of partners in the health sector. They are large multinational companies, several government health agencies and affiliate hospitals, professional health organisations and national pharmaceutical companies. We have employed a 360-degree Engagement Model to build and sustain an enduring partnership. This model is based on practicing transparency, fairness and all-inclusive culture to help partner buy-in into the vision of the Centre. Other components of our engagement model include; Mission Alignment, Community Visibility, Executive Participation and Financial Impact. These major focus areas are strengthened with cross-cutting themes in Relationship Building and Consistent Communication and follow-up.

Dr. Dei-Adomakoh is the WAGMC Sectoral Liaison Officer. She is a leading haematologist/oncologist with well-established working relationships with several sector partners. In 2019, she led WAGMC in negotiation with Roche Pharmaceuticals and Sanofi to develop joint postgraduate programmes in oncology. A memorandum of understanding was drafted with the Ghana College of Physicians and Surgeons (GCPS) to work together to develop short courses in genetics. The Academic Board of the College approved the initiative paving the way for WAGMC-GCPS Continuing Medical Educational programmes in 2020. A proposal was submitted to the Ghana Psychology Council for that body to become the regulator of the training and practice of genetic counselling in Ghana. The Council is poised to engage genetic counselling regulators overseas to help develop protocols to regulate genetic counselling in Ghana. The Sickle Cell Foundation of Ghana is planning to sponsor 80 mid-level health professionals to enrol in the Postgraduate Diploma in Genetic Counselling, which we anticipate will generate revenue for the Centre. Several of our local pharmaceutical partners provided medication to give freely in the OMC.
SECTORAL PARTNERS AND SPONSORS

PARTNERS AND SPONSORS OF THE OMC

Paediatric Society of Ghana