



3rd International Conference on the PEN-Plus Regional Strategy to address Severe NCDs in Africa (ICPPA 2026)

 23 to 26 June 2026  Dar es Salaam, Tanzania

Call for Abstracts: Overview and Guidelines



Background

In 2022, Member States of the WHO African Region endorsed the PEN-Plus strategy to strengthen the delivery of integrated services for chronic and severe NCDs at first-level referral facilities. PEN-Plus builds on the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for primary health care and aims to reduce gaps in access to diagnosis, treatment, and long-term care for people living with severe NCDs. With support from the *Helmsley Charitable Trust* and in collaboration with the *NCDI Poverty Network*, the WHO Regional Office for Africa is implementing the project “Strengthening integrated prevention and control of chronic and severe NCDs in the WHO African Region”. The project uses type 1 diabetes, sickle cell disease, acute rheumatic fever, rheumatic heart disease, and congenital heart disease as entry points for operationalizing the PEN-Plus strategy. It contributes to Sustainable Development Goal target 3.4 by strengthening integrated care delivery for children and young adults living in vulnerable settings.

The conference will be convened in Dar es Salaam from 16 to 19 June 2026 by the WHO Regional Office for Africa, in collaboration with the *Helmsley Charitable Trust* and partners. It will provide a 3rd platform for policy-makers, health leaders, practitioners, and researchers from Africa and beyond to review progress in the prevention and management of NCDs. The conference will facilitate the exchange of experiences and lessons learnt from the implementation of integrated service delivery models, and support consensus on priorities for strengthening resilient health systems to address chronic and severe NCDs in the African Region.

Open Call for Abstracts

The organizers of the 3rd International Conference on PEN-Plus in Africa (ICPPA 2026) invite the submission of abstracts across all conference tracks and themes from interested participants

Abstract submission dates: Authors should upload their abstracts through the web-based submission platform link [Abstract Submission Form - ICPPA 2026](#)

Abstracts submission platform. Should you have difficulties navigating the platform, please contact ICPPA2026abstracts@who.int

Opening of call: Abstract submissions will open on 28 February 2026.

Submission deadline: The abstract submission deadline is 15 April 2026 at 23:59hrs CAT [21:59hrs UTC]. No abstracts will be accepted after the official deadline.

Evaluation: All submitted abstracts will be reviewed by at least three independent reviewers.

Acceptance: Applicants will be notified of the outcome of their submissions by 30 April 2026.

Accepted abstracts: Accepted abstracts will be presented as either oral or poster presentations at the 3rd ICPPA 2026.

Abstract domains

Abstracts will be accepted under the following key domains:

2.1. Specific disease domain

a. Cardiovascular Disease (CVD)



- Heart failure management at district or first-level hospitals
- Hypertension detection, referral pathways, and long-term follow-up
- Models for decentralizing diagnostic services (e.g., echocardiography, BNP testing)
- Task-sharing and capacity-building for CVD care
- Integration of CVD care within PEN-Plus platforms
- Digital solutions for improving CVD monitoring and outcomes.
- Community-based innovations for demand generation, early diagnosis, referral, follow-up and overall CVD outcomes.

b. Diabetes



- Insulin-dependent diabetes mellitus (Type 1 diabetes) care models
- Strategies for early diagnosis of diabetes in children
- Innovations in insulin access, glucose monitoring, and patient navigation
- Psychosocial support approaches for young patients
- Type 2 diabetes
- Cost-effective and scalable models within PEN-Plus implementation.

c. Rheumatic Heart Disease (RHD)



- Primary and secondary prevention strategies
- RHD screening programmes (school, antenatal, community)
- Adherence support for long-term benzathine penicillin prophylaxis
- Outcomes of surgical referral pathways in resource-limited settings
- Health system gaps and opportunities for strengthening RHD care.

d. Sickle Cell Disease (SCD)



- Approaches to early detection and newborn screening
- Models for chronic care at district hospitals
- Hydroxyurea access and adherence interventions
- Pain management innovations
- SCD registries, monitoring frameworks, and health information innovations
- Community engagement and stigma reduction strategies.

2.2. Cross-Cutting domain

- Monitoring & evaluation of PEN-Plus implementation
- Health system strengthening and capacity-building
- Best practice for improving access to medicines for NCDs, including local manufacturing, pooled procurement, quantification, storage, and distribution.
- Equity, gender, and rights-based approaches
- Patient-centered care models and navigation systems
- Financing innovations for NCDs
- Digital health and data systems for NCDs
- NCDs and mental health integration
- Community engagement and lived-experience perspectives
- Mental health and children with chronic NCDs.

Types of Abstracts Accepted

- Original research (quantitative or qualitative)
- Implementation research
- Case studies or programme evaluations
- Innovations and technology demonstrations
- Policy or systems-level analyses.

Presentation Formats

- Oral Presentation (10–12 minutes)
- Poster Presentation
- Rapid-fire science session (5-minute pitches).

Eligibility of Abstracts and Authors

Only abstracts with original work within the above domains will be accepted for the conference. The primary author must have participated in the activities showcased in the abstract and obtained the necessary government approvals where sensitive data is used in the paper, as well as any necessary ethical clearance documents.

While a person may submit more than one abstract, only one abstract per person (primary author) will be accepted. Research should have been conducted within the last 10 years, including landmark studies, and must be relevant to the current African landscape. Authors should emphasize how the work undertaken created a positive impact on the healthcare system and how the research aims to change or improve public health practice.

Conflict of Interest: Authors of accepted abstracts will have to submit a disclosure of conflict-of-interest form that will be shared with the acceptance letter.

Abstract Structure

Word count: The abstract should not exceed 300 words (which includes sub-headings but does not include the title, key words, list of authors and their addresses).

Authors

Authors should be listed as follows:

- First author: Provide first name, initials of the middle name (if any), and the last name (e.g., John M. Kamara).
- Co-authors: List each co-author in order of contribution by typing their first and middle names as initials, followed by their last name in full (e.g., J.K. Thompson, A.H. Karikari).
- Provide the organizational affiliations of the first author and all co-authors
- Indicate the corresponding author with an asterisk and provide their email address and telephone number, plus their alternate contacts.

Key words: Please include 4 – 6 keywords. Use terms listed in the Medical Subject Headings (MeSH) from the Index Medicus (<http://www.nlm.nih.gov/mesh/meshhome.html>).

Title: The title should be informative but concise, with no subtitles or abbreviations/acronyms. Write the title in sentence case and only capitalize proper nouns and scientific names where appropriate (e.g., *Escherichia coli*).

Introduction/Background: Address the scientific background and include the rationale for the study, as well as the public health significance of the subject. Explain why your study is important and what question(s) it will answer. A clearly stated background sets the stage and should include:

- A brief description of the topic and its public health significance
- Study objectives
- Research questions or study hypothesis if applicable.

Methods: Describe the methods used for the study. Essential points to be included are:

- Study design
- Study setting
- Study population
- Eligibility criteria and case definitions, if any
- Sample size and sampling methods
- Data management and analysis.

Results: Present the significant findings (both positive and negative) of the study that are directly related to the study objectives. This section should not include a discussion of the results. Provide both absolute numbers and their percentages/proportions, rates, and ratios where applicable. Please note that, since an abstract is a stand-alone, citable document, the results section should include data. It should not include such statements as “Data will be discussed.” If considerable work is still pending before the conference submission, please indicate that the results are preliminary.

Conclusion: Be as concise as possible. Do not re-state data that is already included in the results. This section may include:

- An interpretation of key findings and their implications for public health practice
- Public health actions that are recommended and/or have been implemented as a consequence of the study.

Note: Changes cannot be made to the final abstract after it has been submitted. However, in the event that your abstract is selected for presentation and has undergone significant changes after acceptance, those changes should be highlighted in the abstract presentation or poster.

Evaluation Criteria

Each abstract will be evaluated by three independent reviewers using the following criteria:

- Background and rationale of the study
- Appropriateness of methods
- Presentation of results
- Conclusion and interpretation of results
- Public health relevance
- Overall clarity of the abstract
- Novelty of the study
- Relevance to conference theme.

Decisions and Next Steps

Accepted abstracts will be published in the conference book of abstracts. All selected abstract applicants for oral or poster presentations are expected to attend the conference in Dar es Salaam, Tanzania.

For more information, www.afro.who.int/ or email the ICPPA2026abstracts@who.int

Frequently asked questions

When will I get a response to the abstract I have submitted?

- Applicants will be notified of their abstract acceptance by 30 April 2026 and must confirm participation within a week of notification.

Can I make edits to my abstract submission?

- No, you cannot make edits to an abstract once it has been submitted. However, if your work undergoes significant changes after acceptance, those changes should be included and highlighted in the abstract presentation.

Can I still submit an abstract after the deadline?

- No, abstracts will be accepted past the official due date. However, we encourage you to submit your abstract for consideration next year.

Do abstracts presented need to attend and present in person at the conference?

- Yes, abstract presenters are expected to attend the conference in Dar es Salaam, Tanzania, in person if selected to give an oral or poster presentation.

Who can I contact for questions concerning my abstract submission?

- For other inquiries or questions about your specific submission, please reach out to (ICPPA2026abstracts@who.int), and include your submission ID and the name and email of the person who submitted the abstract.