



KENYA ASSOCIATION OF MUSLIM MEDICAL PROFESSIONALS

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CALL FOR ABSTRACTS

7th KAMMP International Scientific Conference 2025

Pride Inn Paradise Beach Resort, Mombasa, Kenya 14th–16th Nov 2025

The Kenya Association of Muslim Medical Professionals (KAMMP) is pleased to invite researchers, healthcare professionals, scientists, religious scholars, policymakers, and other stakeholders to submit abstracts for either **Oral** or **Poster** presentations for the above-mentioned conference. This is a great opportunity to disseminate and share study results, emerging issues, and best practices, and learn with hundreds of Muslim professionals from across the country and beyond. Kindly draft your abstract according to the Conference Theme and Sub-Themes stated below:

Theme: TOWARDS UNIVERSAL WELLNESS: ADVANCING HEALTH THROUGH INNOVATION, COLLABORATION, ETHICS AND EXCELLENCE

Sub-themes:

1. Holistic Care & Islamic Medical Legacy:

Exploring traditional and Islamic contributions to healing, patient-centered care, and spiritual wellness.

2. Collaborative Action on NCDs & Universal Health Coverage

Addressing the burden of non-communicable diseases and promoting UHC through faith-driven, multisectoral strategies.

3. Islamic Bioethics & Modern Medical Dilemmas

Discussing ethical frameworks from Shariah in end-of-life care, genetics, AI, and clinical practice.

4. Innovation, Lifespan Health & Emerging Technologies

Highlighting AI, digital health, and health systems innovation from neonatal to geriatric care.

Important Dates

Abstract Submission Deadline: **15th August 2025**

Abstract Acceptance Notification: **15th September 2025**

Registration deadline for Abstract Presenters: **3rd October 2025**

Main Conference Pride Inn Beach Resort, Mombasa, **14th -16th November 2025**

STEP 1: ABSTRACT SUBMISSION

Please ensure you complete the 6 STEPS BELOW when submitting your abstract.

An abstract is a brief description of your research or other work. It is designed to give the reviewer(s) and the conference attendees a comprehensive yet concise understanding of your research or other work.

1. **Title:** Must have a title
2. **Authors and affiliations:** Underline the author who shall present if approved.
3. **Corresponding author and contact details:** Name, email, phone number.
4. **Abstract Format:** There are two different formats for submission of abstracts for the KAMMP Conference.

OPTION 1 (Scientific study including operational research)

The first option is for reporting on completed qualitative or quantitative research epidemiological or social science research, surveys, or surveillance. It should tell readers WHY you conducted the research, WHAT you did, HOW you did it, WHAT you found, and WHAT it means. It should include the following sections:

Abstract Format for Option 1

Background: A concise statement of the issue and rationale for the study, including the aim and objectives of the research/evaluation, or case review.

Methods: Description of the research/evaluation methods, including study design, target population, location, sample size, selection criteria, key variables, or indicators.

Results: Specific findings or outcomes of the research/evaluation: socio-demographics, key indicator results, and other achievements.

Conclusions: Summarize key findings with recommendations and implications for future programming, policy, well-being and research.

OPTION 2 (Projects, Experiences, Learned Opinions)

The second option is suited for presenting new projects, interventions, or service delivery models to enhance general understanding or response to critical health issues, and their scale up. It is suited for information gained through routine program data, or project evaluation of community-level experiences and best practices. Abstracts presented under option 2 should include:

Abstract Format for Option 2

Background: a summary of the rationale or issue(s) being addressed by the intervention or project.

Description: brief summary of the design of WHAT, WHERE, HOW, and by WHOM an intervention, project, experience, service, and/or advocacy is being implemented.

Lessons learned: conclusions and implications of the intervention or project. Cite data that support lessons learned and evidence on factors that may have contributed to success and failure.

Conclusion: suggestions for future scale-up or strengthening implementation.

5. **Conference Theme:** Please indicate the sub-theme that is most relevant for your abstract.
6. **Preferred Presentation Format:** Propose if your abstract is for Oral or Poster Presentation

ABSTRACT REVIEW PROCESS AND SELECTION CRITERIA

All abstracts will be graded by an independent Scientific review committee that will use the following criteria to either Approve or Reject an abstract for Oral or Poster Presentation:

1. **Relevance (includes Currency and appropriateness)**
2. **Importance or Significance in the field**
3. **Compliance**
4. **Originality and Novelty**
5. **Quality**

Please Note:

- Decisions from Abstract Review Committee on submitted abstracts may be: **1. Approved as is, 2. Partially Approved with suggest revisions, or 3. Not Approved.**
- The Committee has the final decision on the presentation format: **Oral** Presentation or **Poster** Presentation.
- Abstracts submitted early before the deadline have higher likelihood for approval as **Oral** Presentation.

The most frequent reasons for rejecting an abstract could be:

6. **Not clearly articulated or not understandable**
7. **No new knowledge provided**
8. **Preliminary work not yet finalized**
9. **Previously published**
10. **Duplicate of another abstract**

Presentation format

Following approval by the Abstract Review Committee, Authors shall receive guidance on the officially recommended presentation format for either **Oral** or **Poster** Presentation.

For more information, visit the KAMMP website <http://www.kammp.or.ke> under the section 7TH KAMMP SCIENTIFIC CONFERENCE 2025.

Submit Now for a Chance to Shine!
Turn Ideas into Influence!
Be the Voice of Innovation!

Sample Abstracts from IAS Conference 2025

(Please add #3 Contact information, #5Conference Theme and #6 referred Presentation Format)

Option 1

Title: Depression, suicidal ideation and HIV risk among young mothers in South Africa

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Background: The burden of mental illness in African countries is rising, driven by poverty, unemployment and limited upward mobility. Many women face high rates of intimate partner violence (IPV), unplanned pregnancies and motherhood-related stresses, exacerbating mental health challenges. Poor mental health can lead to reduced quality of life, disability, and, in severe cases, death. Depression and suicidal ideation are linked to high-risk behaviours, including sexual activities that increase HIV risk. Despite these dynamics, few studies have examined mental health and HIV risk in African mothers.

Methods: This study examined associations between depression, suicidal ideation and HIV risk behaviours among pregnant and/or parenting young South African women. Data were collected from unemployed women aged 18–24 years as part of an evaluation in KwaZulu-Natal (June–September 2018). The analysis included those reporting sexual activity in the past year. Baseline data were analysed using Poisson regression, with primary exposures of past year (i) prolonged sadness and (ii) suicidal ideation. The composite HIV risk outcome included transactional sex, partners with unknown HIV/STI status and substance-influenced sex. Models adjusted for age, IPV and HIV serostatus.

Results: We analysed data from 1026 participants. Median age was 22 years (IQR: 21–23), with a mean of 1.1 children. Three in 10 reported ever drinking alcohol (29.7%). Past year IPV was reported by 9.1% and HIV prevalence was 8.7%. Two percent (n = 17) were currently pregnant, and most (97%) indicated their most recent pregnancy was unplanned. One-third (34%) reported prolonged sadness, while 10% reported suicidal ideation. In unadjusted models, prolonged sadness and suicidal ideation in the past year were associated with increased composite HIV risk, with PRRs of 2.11 (95% CI: 1.75–2.52) and 1.99 (95% CI: 1.58–2.47), respectively. Adjusted models showed HIV risk PRRs of 1.79 (95% CI: 1.41–2.27) for sadness and 1.67 (95% CI: 1.24–2.27) for suicidal ideation.

Conclusions: Depression and suicidal ideation are critical challenges for unemployed pregnant or parenting young South African women. Antenatal, postnatal, well-baby and HIV care offer crucial opportunities for mental health screening and referral, which can reduce HIV risk and improve long-term health for both mothers and children.

Option 2

Title: Innovative use of mobile digital chest-X-ray equipped with artificial intelligence to improve TB diagnosis among people living with HIV at primary health centres (PHCs) in Lagos, Nigeria

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Background: Deployment of mobile digital chest X-ray (CXR) vans equipped with artificial intelligence (CAD4TB) is a joint investment of the State Government and Global Fund to complement other interventions in TB programme, to find and treat the missing persons with TB. The CXR intervention will further increase access to free TB screening and treatment as part of the global strategy to end TB. Three mobile CXR vans, equipped with artificial intelligence (CAD4TB), were used for this activity. This provided an opportunity for adequate TB/HIV integration and collaboration at the PHCs. The objective of this study is to highlight the effectiveness of TB/HIV service integration at the primary healthcare (PHC) centres, characterized with client referrals to other designated diagnostics centres for evaluations and further follow-up examinations.

Description: The use of the mobile digital CXR at the PHCs for active TB case finding was conceptualized and conducted from January to December 2024 to address the existing 32% TB notification gaps in Lagos Nigeria. This, however, provided an opportunity to adequately screen PLHIV for TB at PHCs. DHIS2 was used to determine the PLHIV currently on treatment across eight flagship sites (PHCs) in the state, following facility assessment and advocacy visit. TB facility cascade management team meeting was conducted and CXR mobile vans were deployed. WHO 3B TB screening algorithm was adopted. Specimens were collected and sent for GeneXpert test.

Lessons learned: For the AI-supported TB screening among PLHIV, the average TB yield as calculated is 23%, NNS (No. Needed to Screen) and NNT (No. Needed to Test) calculated were 24 and 4, respectively, given a better yield compared to the conventional TB screening (symptom screening at 8% TB yield, 123 NNS and 12 NNT calculated, respectively).

Conclusions/Next steps: Artificial intelligence-powered mobile digital CXR has demonstrated efficiency in TB diagnosis among PLHIV while fostering adequate integration of TB/HIV. Therefore, the expansion of mobile digital CXR equipped with AI will further strengthen this collaboration and improve the quality of care among PLHIV in Nigeria.