

**ISVRD2024
&
ISNH2024**



2nd International Summit on
**VACCINES RESEARCH AND
DEVELOPMENT**

2nd International Summit on
NURSING AND HEALTH CARE

Conference Dates & Venue

 September 16-17, 2024

 Paris, France



FOREWORD

Dear Colleagues,

It is our pleasure to extend a warm invitation to all scientists, academicians, young researchers, business delegates, and students from around the globe to participate in the **2nd International Summit on Vaccines Research and Development (ISVRD2024)** and the **2nd International Summit on Nursing and Health Care (ISNH2024)**, scheduled to take place in **Paris, France from September 16-17, 2024**.

ISVRD2024 & ISNH2024 will provide a platform to explore recent research and cutting-edge technologies, attracting a diverse and enthusiastic audience of young and talented researchers, business delegates, and student communities.

The primary objective of ISVRD2024 & ISNH2024 is to bring together, a multidisciplinary gathering of scientists and engineers from across the globe to share and exchange groundbreaking ideas in the fields of Vaccines Research and Development, as well as Nursing and Health Care. The summit aims to foster high-quality research and international collaboration, facilitating discussions and presentations that are globally competitive and highlighting recent notable achievements in these fields.

We're looking forward to an excellent meeting with scientists from different countries around the world and sharing new and exciting results in Vaccines Research and Development & Nursing and Health Care.



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Leading in Chaos: The Role of the Nurse Leader in Maintaining Stability Amidst Global Crisis

Nneka Chukwu

Director-Women & Children's Service & Associate Professor-Graduate Nursing Program-USF, USA

Abstract:

With all its complexities, the healthcare industry has yet to recover from the impact of the COVID-19 pandemic. Nursing shortages, provider shortages, turnover, burnout, and the global financial meltdown are at the forefront of these challenges. Conversely, technological advancement and demands are on the increase, resulting in rapid transformation of the industry. Furthermore, the dynamics of the workforce and the requests of patients and their families have also evolved. With many available recourses, Patients and their families have endless options regarding their choice of service and involvement in their care.

Additionally, they have easy access to health information, which has changed the relationship between care providers and patients. Also, the current workforce, which comprises Baby Boomers, Gen. X, Millennials, and Gen. Z, has created an unprecedented culture in the workplace. Work from home continues gaining traction, which may impact the already strained nursing workforce.

Nursing leaders need to be more creative in leading their teams now than ever to ensure the achievement of organizational goals. There needs to be an amplified focus on providing high-quality patient and family-centered care, risk prevention instead of management, patient and caregiver experience, population health, recruitment/retention, leveraging technology, bridging equity gaps while promoting diversity and inclusion, and decreasing healthcare costs. These essentials are pivotal in maintaining stability amidst global crises.



Biography:

Dr. Nneka Chukwu holds a Doctoral Degree in Nursing with an emphasis in Healthcare Systems Leadership, a Master's degree in Business Administration, certifications as an Advanced Nurse Executive, and as a Legal Nurse Consultant. She has over 20 years of experience in the healthcare industry, including Maternal Child Health, Critical Care, Leadership, Academia, and Quality/Risk. She is currently the Director of Women and Children's Services at a hospital in Northern California and an Associate Professor in the University of San Francisco Graduate Nursing Program. She is a published author, a mentor, a motivational speaker, and a seasoned leader who is well-versed in developing programs, leading projects, and team building. Dr. Chukwu belongs to several professional organizations, including the American College of Healthcare Executives, the National Society of Leadership and Success, the National Association of Nigerian Nurses in North America, the American Nurses Association, and the American Organization of Nursing Leaders. As an advocate for women and children, she is dedicated to health equity work aimed at dismantling institutional racism that leads to poor healthcare outcomes and has successfully established Health Equity and Patient Advisory workgroups.

Two Fragments of HBV DNA Integrated Into chrX: 111,009,033 and its Genetic Regulation in HepG2.2.15

Peng Ruan, Jun Sun

Renmin Hospital of Wuhan University, China

Abstract:

Hepatitis B virus (HBV) integration into human genome causes hepatocellular carcinoma (HCC). The present study used inverse nested PCR; the full sequence of HBV DNA fragments of the chrX: 111,009,033 integration site was detected (987 bp), containing two fragments of double-stranded linear DNA with the same orientation (1,744-1,094 and 1,565-1,228 nt). By reverse transcription-quantitative PCR, HBV-cell fusion transcript was observed in HepG2.2.15 cells. The mean copy number of this site in cells with H₂O₂ treatment ($8.73 \times 10^{-2} \pm 1.65 \times 10^{-2}$ copies/cell) was significantly higher than that in the cells without H₂O₂ treatment ($3.02 \times 10^{-2} \pm 2.33 \times 10^{-2}$ copies/cell; $P < 0.0001$). The mean levels of P21-activated kinase 3 (PAK3) were 15.67 ± 5.65 copies/cell in HepG2.2.15 cells with H₂O₂ treatment, significantly higher than in the cells without H₂O₂ treatment (11.34 ± 4.58 copies/cell, $P = 0.0076$) and in HepG2 cells (5.92 ± 1.54 copies/cell, $P < 0.0001$). Significant difference of PAK3 levels was also found between HepG2.2.15 cells without H₂O₂ treatment and HepG2 cells (11.34 ± 4.58 vs. 5.92 ± 1.54 copies/cell, $P < 0.0001$). The average copy numbers of the integration site chrX: 111,009,033 were positively correlated with the average levels of PAK3 ($P = 0.0013$). The overall trend of PAK3 expression was significantly increased in HepG2.2.15 cells with H₂O₂ treatment compared with that in HepG2.2.15 cells without H₂O₂ treatment (37.63 ± 8.16 and 31.38 ± 7.94 , $P = 0.008$) and HepG2 cells (21.67 ± 7.88 , $P < 0.0001$). In summary, the chrX: 111,009,033 integration site may originate from primary human hepatocytes, occurrence and clonal expansion of which may upregulate PAK3 expression, which may contribute to hepato carcinogenesis.

Keywords: Hepatitis B Virus Integration, P21-Activated Kinase Gene, Hepatocellular Carcinoma.



Biography:

Dr. Peng Ruan is an Associate Chief Physician specializing in Gastroenterology at Renmin Hospital of Wuhan University, China. With a Ph.D. in Internal Medicine from Wuhan University, he brings extensive expertise in hepatology. Dr. Ruan's diverse professional journey includes roles as a Resident Physician in General Internal Medicine and ICU, as well as leadership positions in Gastroenterology. He has also served as a Visiting Scholar at INSERM U1052, Université Claude Bernard, Lyon, France. Dr. Ruan's research focus encompasses the study of chimeric protein transcription of HBV integration sites and the detection of intrahepatic HBV cccDNA in chronic hepatitis B patients. His contributions have been supported by grants from the National Natural Science Fund of Hubei Province and the Shiyan Science Technology and Innovation Committee.



Implementing Strategic Plasma Resource Self-Sufficiency Through Unpaid Plasma Donations on the Global Plasma Market

Jean Mercier Ythier

University of Paris, France

Abstract:

The last two decades have seen a considerable increase in the pharmaceutical industry's demand for plasma on a global scale for the production of plasma-derived medicinal products (PDMPs). It is impossible to meet the demand for fractionation plasma from unpaid voluntary donations on a global scale at the present state of manufacturing and biomedical techniques. Nevertheless, we argue that self-sufficiency in strategic plasma resources, properly construed, can be achieved through unpaid plasma donations to appropriately designed national blood donation organizations. We proceed in three short steps: (i) by first recalling why and in what sense plasma and PDMPs should be considered strategic commodities; (ii) by secondly explaining why self-sufficiency in strategic plasma products matters and in what practical sense it can be achieved; and (iii) by outlining the main characteristics that a national blood organization must meet to achieve self-sufficiency through unpaid voluntary donations.

Biography:

Dr. Jean Mercier Ythier is a professor of economics at the University of Paris-Panthéon-Assas, France. He graduated from the Institute of Political Studies of Paris (PhD, 1989). He was also a graduate student at Harvard University (1986-87). He went notably through positions of invited research fellow at the University of Montréal (Québec, Canada), assistant professor and associate professor of economics at the University of Paris Panthéon-Sorbonne and professor of economics at the University of Lorraine (France). Prof. Jean Mercier Ythier's research interests include the theory of general competitive equilibrium, microeconomic theory, public economic theory, economic philosophy, altruism, ethics, and topics of economic anthropology.



Resilience and Compassionate Communication: The Courageous Heartbeats of Healthcare Quality and Patient Safety

Eunice M. Jones

University California San Francisco, USA

Abstract:

Healthcare quality and patient safety are a blend of art and science. Organizational resilience or the ability to “bounce back” is one of the principles of a highly reliable organization. When resilience is integrated with compassionate communication, they are the lifeline or heartbeats of healthcare quality and patient safety. The attendees will be introduced to the Consistency-Accountability-Reconciliation-Excellence (CARE™) model and High Reliability Organizing principles to explore compassionate communication and resilience. Strategies from National Association for Healthcare Quality (NAHQ) publications, National Action Plan to Achieve Patient Safety and The Joint Commission standards will be incorporated.

After this session attendees will be able to:

- IDENTIFY- How resilience and compassionate communication can impact healthcare quality and patient safety
- APPLY - Consistency-Accountability-Reconciliation-Excellence (CARE™) model to quality and patient safety initiatives' in their organizations.
- CREATE - An implementation plan that incorporates resilience and compassionate communication.

Keywords: Resilience, Communication, Quality, Safety



Biography:

Dr. Eunice Jones, DNP, MHSA, RN, CPHQ, is the Vice President of Quality and Patient Safety at UCSF Health, University of California, San Francisco. With over 20 years of executive experience, she has led healthcare quality management, risk management, patient safety, and infection control programs across multi-site and multi-state health systems in the U.S. Dr. Jones is dedicated to delivering highly reliable, safe, and equitable outcomes.

Among her notable achievements, she has consistently delivered Best in Class employee engagement ratings and quality outcomes for four consecutive years. Additionally, she standardized Root Cause Analysis (RCA) processes across a 23-facility, multi-state health system.

Dr. Jones has presented at major conferences, including the National Association for Healthcare Quality (NAHQ), the National Association of Health Services Executives (NAHSE), and the Philadelphia Area Society for Healthcare Risk Management (PASHRM). She has also facilitated a national work group that developed NAHQ's patient safety competencies, which are featured in a prominent publication.

She earned her Doctor of Nursing Practice (DNP) degree from Capella University and a Master's in Health Services Administration (MHSA) from the University of St. Francis. Dr. Jones is a Certified Professional in Healthcare Quality (CPHQ), a graduate of IHI's Patient Safety Executive Development Program, and certified in Transformational Leadership.

In her personal time, Eunice enjoys travelling, reading, connecting with friends and family, and expressing her creativity.



Factors that Impact Vaccine Resistance in Sub-Saharan Africa: Lessons from the Covid-19 Pandemic

Andrew Macnab

University of British Columbia, Canada

Abstract:

While the global need to promote vaccination is recognized, there are fundamental reasons for the failure of many programs. In sub-Saharan Africa, important lessons were learned during the Covid-19 pandemic; many of these are now broadly applicable to enhance current strategies to promote vaccine acceptance. During Covid, it became clear across Africa that public health agencies needed greater clarity about what knowledge, attitudes and behaviors formed the basis of the resistance to vaccination that existed; particularly as this related to culture, age and gender. Also, most authorities found they needed better understanding of their own strengths and weaknesses, and came to understand the importance of finding ways to build public trust. Strategies that helped increase vaccine uptake included six approaches to health promotion called for by the 2017 Lancet Commission on the future of health in sub-Saharan Africa. Adoption of a community empowerment approach 2. Use of inclusive, people-centred strategies 3. Provision of innovative education 4. Creation of novel and improved tools 5. Training personnel to be mindful of, and responsive to, local needs, and 5. Endorsement of non-traditional avenues to engage and inform.

Community empowerment is needed to effectively engage all sections of society and involve stakeholders in sub-populations who are at particular risk, or have specific concerns. Inclusive, people-centred strategies improve low public confidence, and offer opportunities for respectful dialogue that enhances the building of trust and allows misinformation to be countered. Innovative education can address inequitable distribution of knowledge and promote understanding; health promotion messages tailored to resonate with sub-populations with specific issues can be created, and the World Health Organization's 'Health Promoting School' model is a

proven and effective way to involve and inform young people. Novel and improved tools evolved in response to local need can include original material or creative iterations of established concepts, and are important to build vaccine literacy and establish a source of locally relevant and valid information. Simple tools that provide an alternative focus during vaccination can also help to allay the fear of needles that deters many from being vaccinated. Training personnel to be mindful of and responsive to local needs should include how to listen to the concerns people raise, as well how to respond. Empowering women in this context adds inclusivity and expands the number of people who benefit from an intervention; however, sometimes initiatives that focus specifically on men are helpful to strengthen male participation and increase their support of women's decision making. Non-traditional avenues that engage and inform should be sought and adopted. Influential personalities can effectively champion vaccination, especially where mistrust in conventional authority figures exists, and the communication genre 'Education-Entertainment' has been proven to have positive impact especially with youth; for example, celebrity recorded music videos which incorporate health promotion messaging in the words of the song, sub-title texts and the video's images.

These six approaches proved effective in impacting vaccine resistance due to ignorance, misinformation, ambivalence, religious belief and cultural preference in sub-Saharan Africa, and are applicable in a global context.

Keywords: Health Literacy, Public Health, Vaccine Hesitancy, WHO Health Promoting Schools.

Biography:

Andrew Macnab is a Professor in the Faculty of Medicine at the University of British Columbia, Vancouver, Canada, and a Fellow of the Stellenbosch Institute for Advanced Study (STIAS) at Stellenbosch University, South Africa. A highly respected clinician and award-winning researcher, Dr. Macnab is known for his innovative approaches to health care delivery and education, many of which have been adopted nationally and internationally.



With over 50 years of experience, Dr. Macnab has developed, delivered, and evaluated global health projects that focus on health education, community engagement, and improving access to care. His recent work includes projects funded by Grand Challenges Canada in Africa and Afghanistan.

Dr. Macnab is a global authority on the WHO Health Promoting School model, which teaches health-related knowledge and practical skills that promote long-term positive behaviors. This model has significant global potential for educating future parents on the role of vaccines. He leads the STIAS African Scholars Network and authored the network's inaugural publication in *The Lancet Global Health*, titled "Making COVID-19 Vaccine Acceptance Strategies Culturally Relevant in Sub-Saharan Africa."

Currently, Dr. Macnab divides his time between research programs in Canada, global health initiatives in Africa and Indonesia focused on child and family health, educational strategies to inform new parents about preventive health, and mentoring the next generation of health care providers.



Unleashing the Potential of Intercontinental Nursing Education: A Solution to the Global Nursing Shortage, a Pressing Issue with Far-reaching Implications

Angela N. Ikeme

University of San Francisco, USA

Abstract:

Nurses and midwives are the heartbeat of healthcare delivery. Nurses' roles include assessing, treating, and educating patients. The aging nursing workforce, the impact of the COVID-19 pandemic, and ongoing nurse burnout have fueled the shortage of nurses to a critical level. The WHO estimates 29 million nurses and 2.2 million midwives globally. By 2030, WHO estimates a shortage of 4.5 million nurses and 0.31 million midwives if the trend is not corrected and reversed. The International Council of Nurses reported a shortage of 5.9 million nurses; another 4 million nurses are expected to retire in the next ten years. Becoming a nurse is not just a career, it's a powerful investment in the future of healthcare. Although costly, the return on investment could be greater by 162.4% after one year of working as a registered nurse. The cost of training nurses varies from country to country. The cost of training a nurse in the USA ranges from \$40,000 to \$80,000, whereas \$4,000 to \$6,000 in Nigeria. Hence, a call to investors to develop and fund nursing programs in low-income countries to alleviate the global nursing shortage. These programs will include a structure to train new nurses, enhance training for nurse educators, improve the availability of technology resources, internet access, accessibility to online learning, and low- and high-fidelity simulations to enhance nursing skills.

Keywords: Global Nursing Shortage, Cost of Training Nurses, Investing in Nursing Education.



Biography:

Dr. Angela Ikeme holds a Doctor of Nursing Practice (DNP) with a focus on Executive Leadership and a Master's in Nursing Education. With over 30 years of clinical and administrative experience, she is a professor at the University of San Francisco, Health Center Manager overseeing 16+ clinics in Northern California, and co-founder and Executive Provost of Merit College of Nursing Sciences in Nigeria.

Dr. Ikeme is passionate about advancing nursing education and ensuring nurses deliver evidence-based, quality care. She advocates for improved education, especially for students in low-income countries, and is a certified Nurse Executive. She is a published author, a mentor, and a transformational leader, and is actively involved in professional organizations, including the American Nurses Association and Sigma Theta Tau International.



Nursing Leadership and Liver Transplantation

Renata Silva

Liver Transplant Coordinator, USA

Abstract:

Liver transplantation stands as a pivotal intervention for patients suffering from end-stage liver diseases, offering them a chance at renewed life. Within this multifaceted medical landscape, nursing leadership plays a paramount role, encompassing various facets ranging from patient care to organizational efficiency. This abstract delves into the significance of nursing leadership in liver transplantation, examining its impact on patient outcomes, interdisciplinary collaboration, and organizational dynamics.

At the forefront of patient care, nursing leadership in liver transplantation is indispensable. Nurses serve as advocates, educators, and coordinators, ensuring comprehensive care delivery throughout the transplantation journey. From pre-transplant assessment to postoperative management, nursing leaders navigate the complexities of patient care, addressing not only the physiological but also the psychosocial needs of transplant recipients and their families. By fostering a culture of empathy, competence, and patient-centeredness, nursing leaders contribute significantly to the holistic well-being of transplant patients, thereby optimizing clinical outcomes and enhancing patient satisfaction.

Interdisciplinary collaboration stands as another hallmark of nursing leadership in liver transplantation. Nurses serve as linchpins, facilitating cohesive teamwork among various health-care professionals involved in the transplantation process. Through effective communication, coordination, and shared decision-making, nursing leaders bridge the gap between surgeons, hepatologists, anesthesiologists, and allied health professionals, thereby promoting seamless care delivery across the transplant continuum. By leveraging their expertise in care coordination, patient advocacy, and quality improvement, nursing leaders enhance interdisciplinary



synergy, ultimately fostering a culture of collaboration and innovation within transplant programs.

Furthermore, nursing leadership extends beyond direct patient care to encompass broader organizational initiatives aimed at optimizing transplant services. By championing evidence-based practice, quality improvement initiatives, and performance metrics, nursing leaders drive continuous advancements in transplant care delivery, ensuring adherence to best practices and regulatory standards. Through strategic planning, resource allocation, and staff development, nursing leaders cultivate a culture of excellence and resilience within transplant programs, positioning them for sustainable success amidst dynamic healthcare landscapes.

However, nursing leadership in liver transplantation is not without its challenges. From resource constraints to ethical dilemmas, nursing leaders navigate a myriad of complexities in their quest for excellence. By fostering resilience, promoting collaboration, and advocating for supportive resources, nursing leaders empower their teams to overcome adversity and thrive in the face of challenges, thereby safeguarding the well-being of both patients and providers.

In conclusion, nursing leadership constitutes a cornerstone in liver transplantation, encompassing patient care, interdisciplinary collaboration, and organizational effectiveness. Through their dedication, expertise, and advocacy, nursing leaders uphold the highest standards of care delivery, ultimately enhancing the quality of life for transplant recipients and their families.

Keywords: Nursing Leadership, Liver Transplantation, Patient Care.

Biography:

Dr. Renata Silva, a Brazilian nurse, is making significant strides in the field of nursing in the United States. With three years of professional experience in Brazil and four years in the U.S., including roles as a travel nurse and impactful work in Intensive Care Units (ICUs), she has emerged as a leader in transnational nursing. Renata currently serves as a Liver Transplant Coordinator in the U.S. while pursuing her Doctor of Nursing Practice (DNP).

The Removal of Charges for Health Services in the Jamaican Public Health System: Impact on the Performance of Main Health Practitioners

Adella Campbell

University of Technology, Jamaica

Abstract:

The user fees policy in Jamaica has important political, financial and health implications. This study examined the impact of the 2008 removal of charges for health services on health practitioners before, during and after the introduction of the policy. Using a mixed methods evaluation design we found that main health practitioners - nurses, doctors and pharmacists - (52.1%) were not satisfied with the policy change. When compared to before (77.8%) removal of charges, less practitioners (68.2%) felt that performance on the job was good. Health practitioners alluded to increased workload (93.9%), negative effects on their physical and emotional status (82.0%) and dissatisfaction with their work environment (54.9%).

Other problems encountered by health practitioners included unavailability of resources (49.0%), shortage of staff (86.3%), lack of equipment (76.6%) and lack of administrative support (35.3%). The lesson learned for policymakers is that the critical problems identified will eventually outweigh the substantial health gains if adequate resources (financial and human), administrative support as well as improved service management are not soon injected into the public health system.

Biography:

Dr. Campbell is a nurse and midwife with a distinguished academic background. She holds a Bachelor of Science (Honors) in Nursing Education, a Certificate in Nursing Education (Honors), and a Master of Science in Nursing Administration with distinction—all from the



University of the West Indies, Jamaica. She completed her PhD in Nursing in 2013 at Victoria University of Wellington, New Zealand.

Currently, Dr. Campbell serves as Dean and Associate Professor at the College of Health Sciences, University of Technology, Jamaica. She remains actively involved in research, with her most recent project completed in November 2022. In addition to her academic leadership, Dr. Campbell has authored numerous peer-reviewed journal articles and a book on the Jamaican public health system..

Enhancing Vaccine Supply and Logistics Infrastructure in the Democratic Republic of Congo: Challenges and Solutions

Gisele Kaningini Furaha

National Institute of Biomedical Research, Democratic Republic of the Congo

Abstract:

The Democratic Republic of Congo (DRC) faces multifaceted challenges in vaccine supply and logistics, hindering the efficient delivery and distribution of life-saving vaccines. This conference abstract delves into the complexities surrounding vaccine supply chains within the context of the DRC, exploring the intricate interplay of infrastructural limitations, geographical barriers, political instability, and socio-economic factors.

For example, in July 2016, the Ministry of Health decided to delegate vaccine supply chain management functions from MSD to the Expanded Program on Immunization (EPI), with the aim of reducing storage and distribution costs. A retrospective cost-minimization study was carried out to estimate the costs associated with storing and distributing vaccines to the EPI and MSD in 2018.

Furthermore, In the Democratic Republic of the Congo (DRC), efforts are underway to bolster the governance framework and regulatory mechanisms to ensure transparency, accountability, and equitable distribution of vaccines. This includes establishing clear guidelines for vaccine distribution, implementing monitoring systems to track vaccine allocation and utilization, enhancing transparency in decision-making processes, and holding stakeholders accountable for their actions. Additionally, measures are being taken to address any disparities in vaccine access and distribution to ensure that all regions and populations in the DRC have equitable access to vaccines. Strengthening governance and regulatory mechanisms is crucial for effective



tively managing the vaccination process and ultimately controlling the spread of diseases in the DRC.

Overall, this conference abstract endeavors to catalyze dialogue and collaboration among stakeholders, policymakers, and practitioners towards advancing vaccine supply and logistics infrastructure in the DRC, thereby bolstering the nation's capacity to safeguard public health and mitigate the impact of infectious diseases.

In addition to delineating the barriers, the abstract will proffer innovative strategies and best practices for optimizing vaccine supply chains in the DRC. Certainly! Here are some innovative strategies and best practices for optimizing vaccine supply:

1. Predictive Analytics: Utilize data analytics and predictive modeling to forecast vaccine demand accurately. This helps in better planning and allocation of vaccines to different regions.

2. Cold Chain Optimization: Implementing innovative cold chain technologies like solar-powered refrigeration and temperature-monitoring devices ensures the integrity of vaccines during storage and transportation, especially in remote or resource-limited areas.

3. Just-in-Time Manufacturing: Adopting agile manufacturing processes that allow for the production of vaccines in response to real-time demand fluctuations helps prevent overproduction or shortages.

Keywords: Vaccination Rate, Epidemics, DRC, Health Workers.



Biography:

Dr. Gisele Kaningini has always been passionate about healthcare and the challenges of supply chain management. As soon as she left university, she chose to specialize in the medical field, aware of the crucial importance of logistics in the distribution of healthcare products, particularly vaccines. Her career path bears witness to her commitment and growing expertise in the field. From her early days as an intern at INRB, where she learned the ins and outs of vaccine production and distribution, to her current position as Senior Logistician with the INRB, Gisele has acquired in-depth knowledge of logistics processes specific to the medical sector.



Academic Nursing Leadership Challenges During a Pandemic: Lessons Learned

Lillie Lum

School of Nursing, York University, Canada

Abstract:

Conventional leadership has been shown to be ineffective in responding to sudden, major organizational changes such as a global pandemic which disrupted all aspects of the Canadian healthcare system. Most leaders, such as deans, directors in university nursing education programs, were not prepared to the face of complex challenges related to pandemic restrictions. The exchanges included the sudden, unprecedented and dramatic shift to socially distanced education delivery, virtual e-learning, curricular disruption, resource deficits, and student, faculty and staff personal and professional health and safety issues. This research, which re-frames responsible leadership from a complexity, organizational adaptive lens to support evidenced-based quality nursing education. Since there is minimal pandemic leadership research, this study contributes new knowledge and concepts related academic nursing leadership that would be required for future crisis contexts.

Biography:

Prof. Lillie Lum is a Canadian nurse educator and researcher with prior experience in the U.S. She currently holds a joint academic appointment in the School of Nursing (SON) and the School of Health Policy and Management (SHPM) within the Faculty of Health at York University. Her recent administrative roles include Chairperson of the SHPM and Associate Director of the SON.



Prof. Lillie Lum has been the lead investigator on several large, externally funded Tri-Council national research grants. Her major research program focuses on the labor market integration challenges faced by internationally educated health professionals. She is also leading a new research project exploring the experiences of academic nursing leaders during the pandemic. Additionally, she has extensive experience in health law adjudication as a member of three order-in-council Ontario adjudication boards.



The Culture Renovation Project

Sharonda M. Brown

Ex-Consultants LLC, Executive Nurse Leader, USA

Abstract:

This presentation will delve into the Culture Renovation Project, a transformative initiative aimed at establishing a culture of safety and operational excellence within healthcare organizations. By aligning and designing processes that prioritize the pivotal aspects of people, processes, paperwork, patient care, and profits, this project revolutionizes team dynamics in the emergency room. The ER Factor, which emphasizes recognizing emergencies, responding rapidly, reinforcing communication, roles, and responsibilities, and reviewing and rehearsing failures and successes, forms the core strategy. Attendees will gain insights into the key principles and practical implementation strategies of the Culture Renovation Project, enabling them to create an environment of safety and efficiency within their own organizations.

What will audience learn from your presentation?

- Foster a culture of safety within their healthcare organizations.
- Streamline processes and prioritize crucial aspects for efficient operations.
- Enhance emergency response and communication protocols.
- Improve patient care outcomes and financial performance.

Biography:

Dr. Sharonda M. Brown, RN, BSN, CLNC is a dynamic speaker specializing in Emergency Department Management and Operations. Her passion for establishing a culture of safety by aligning and refining processes has captivated audiences nationwide. Sharonda's expertise has been recognized by HCP Live and MD Magazine, where she was featured in a three-part



interview on improving processes, enhancing communication, and reducing wait times. With numerous awards for service excellence and her work as a nursing director, Sharonda is a respected leader in her community. She is a powerhouse speaker who will inspire and motivate your audience with her insights and experience.

Stem Cells Technology: The Dawn of Hope for Incurable Diseases

Michael Lim Ming Soon

Medical Director & Founder-Cell Genesis Pte. Ltd, Singapore

Abstract:

Many questions behind what is a stem cells therapy. There is a reality and a myth of what stem cells can actually do and perform. It is however an ongoing research and there are many new discoveries and innovations that appear almost every day in regards to this topic.

This is a review to some fundamental basics and science about stem cells physiology and biology is still not known to most clinicians worldwide. The ability to self renew and differentiate has also many benefits and outcomes in both aesthetic use and also therapeutic use. There are also difference in results and data of In Vivo and In Vitro.

My team have achieved an amicable degree of results over the last 12 years for anti aging purposes, aesthetic purposes and also possibly help chronic diseases eg. Parkinson's disease, Alzheimer's disease,, stroke, Psoriasis, Chronic eczema, trauma, gangrene foot also cancers using our proprietary technology CEXCI.

Questions like selection of stem cells, identifying to culture or not to culture, stem cells integration with host are amongst the questions that will be reviewed with a possible answer. Are Secretomes, exosomes, transdifferentiation and paracrine benefits effective in some aging skin but is it effective in degeneration and inflammation also immunological disorders?



Biography:

In 2012, Dr. Michael Lim Ming Soon began his journey in regenerative medicine, pioneering the first allogeneic stem cell transplantation in the Asia-Pacific for aesthetic medicine using umbilical and dental pulp mesenchymal stem cells (MSCs). Realizing the limitations of early treatments, he developed the Cell Enhancement X Cad Int (CEXCI) product line, which has made significant advancements in anti-aging and disease management.

With over 1,000 CEXCI treatments, Dr. Lim is a leader in stem cell therapy, achieving success in slowing the aging process and improving over 40 previously incurable diseases. He has trained doctors across Asia and has been a keynote speaker in 15 countries, sharing his expertise in stem cell technology.



Statements by Prof. Montagnier, Nobel Prize Winner, on the Origins of the Coronavirus

Dana York

President-European Medical Laser Association, USA

Abstract:

French professor Luc Montagnier, who won a Nobel prize in 2008 for his work on the HIV virus as cause of the Aids epidemic, maintains that the coronavirus is a manipulated virus. He has stated: ‘It was produced by a laboratory. It is what is known as a recombinant, perhaps produced by a Chinese laboratory. It was a job for molecular biologists. It’s a very meticulous job. You could say a clockwork of sequences. There is enormous pressure for everything that is at the origin of the virus to be hidden’.

Can the commission answer the following questions:

1. Is it able to clarify whether the coronavirus is a natural virus, the result of a laboratory error, or a manipulated virus?
2. Is there any scientific evidence to back up Montagnier’s claims?
3. Has it asked China to clarify, unequivocally, the causes of the spread of the virus?

Biography:

Dr. Dana York is a distinguished educator and researcher specializing in dentistry and laser technology. With degrees from institutions like Carol Davila University and New York University, she has contributed significantly to the field through teaching, research, and clinical practice. Dr. York’s expertise extends globally, including roles as a Clinical Assistant Professor at New York University and as President of the European Medical Laser Association. Her research, focused on laser therapy and periodontal regeneration, has earned her numerous awards and recognitions, including Best Paper Awards at prestigious conferences. Beyond her professional endeavors, Dr. York is actively involved in charitable organizations and is a talented artist and pianist.