Resolutions of the 67th Ministers Conference

Elephant Hills Hotel, Victoria Falls, Republic of Zimbabwe

12 – 14 November 2018
Resolutions of the 67th Ministers Conference

Preamble

The East Central and Southern Africa Health Community 67th Health Ministers Conference was held at Elephant Hills Hotel, Victoria Falls from 12th to 14th November 2018. The Conference was attended by Honourable Ministers, Heads of Delegation and senior officials from ECSA Health Community Member States, partner organisations, research institutions, civil society organisations and other key stakeholders. The Conference was organized under the theme: “*Universal Health Coverage: Addressing the Needs of the Underserved*; with the following subthemes:

- Linking Health Workforce to Labour Market Outcomes
- Priority Setting and Health Benefits Packaging
- Governance and Equity-oriented Policies for Urban Health
- Creating Sustainable Food Systems to Address Malnutrition
- Tackling Antimicrobial Resistance in the Region

At the end of the conference, the Ministers considered and passed the following resolutions:

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**ECSA/HMC/67/R1: Linking Health Workforce to Labour Market Outcomes**

**Recalling resolutions:**
- **ECSA/HMC65/R5:** Recommitment of the ECSA HMC to the ECSA College of Health Sciences;
- **ECSA/HMC34/R3 and ECSA/HMC38/R2** on Human Resources for Health that emphasized the issue of favorable working conditions, including fair salaries and compensation for health workers,
- **ECSA/HMC44/R7** on improving HRH that urged countries to develop and implement National Human Resources strategies that effectively address issue of recruitment, motivation and retention of health workers and improve their productivity through financial and non-financial incentives.

**Concerned** with the prevailing shortage of highly trained professionals to address the ever-widening gap between specialized Human Resources for Health and the increasingly underserved populations;

**Deeply concerned** with the slow implementation of the collegiate system of specialist training and the overarching need to include additional specialist colleges;

**Aware** that the multiplier effect supersedes that of the conventional University training and for the approaches to be implemented in parallel;

**Mindful** of the country processes and procedures in executing the resolutions;

**Appreciating** the commitment of the Health Ministers to fast track the implementation of the collegiate system of learning;

**Acknowledging** the work of the United Nations High Level Commission on Health Employment and Economic Growth that put forward new evidence of political, social and economic advantages of job creation in health and social welfare

**Taking note** that job creation in the health sector is a key approach, not just for better health, but also for inclusive economic development, by reducing poverty and inequality, and unemployment among women and young people
Noting the importance of an intersectoral approach to address the issue of creating decent jobs in the health sector

Considering the current refocus on PHC through the Astana Declaration that may require review of training curriculum for health workers

Noting that dynamic market forces has significant effect on health labor market

Recognizing the need for comprehensive HRH policies that take into account the labour market dynamics.

Acknowledging the need for coordination in the regulation and governance of health workers production and practice through Inter-sectoral and interdisciplinary collaboration at all levels.

Further acknowledging the importance of integrated information management system, including regulatory human resources information system that provide data on active health professionals, distribution of specialist for effective HRH planning for implementation of UHC.

Now therefore

Urges the Member states to:-

1. Reaffirm the commitment of the 65th HMC to the ECSA College of Health Sciences (ECSA/HMC65/R5).

2. Adopt innovative financing approaches to expand the fiscal space to facilitate implementation of strategic plans for Human resources for health;

3. Periodically review and update the staffing level and ratio per cadre per health service delivery level in line with the WHO workforce standard.

4. Provide transformative and lifelong educational opportunities to enter the health workforce

5. Establish or strengthen regulatory human resources information system (rHRIS) to facilitate standardization and harmonization of key regulatory processes including inter-country mutual recognition of health professionals.
Directs the Secretariat to:
1. Periodically report on progress in implementation of the collegiate system to the HMC
2. Document and disseminate Best practices on innovative models of capacity building, including application of digital technology;
3. Conduct labour market studies for health workforce.

ECSA/HMC/67/R2: Priority Setting and Health Benefits Packages

The 67th Health Ministers Conference:

Acknowledging that as member states, we need to build resilient and responsive health systems for the attainment of universal health coverage;

Recognizing that priority setting should lead to health improvements in the region as a matter of principle and;

Further Recognizing that demand and supply side constraints to implementation need to be considered in order to attain universal health coverage in the Member States

Noting that improved health status for the underserved populations and achieving health related SDGs requires co-operation across sectors;

Having noted previous attempts to define and cost essential health packages;

Now therefore

Urges Member States to:
1. Strengthen the process of defining the health benefit packages that involves communities and other stakeholders, are rights based and ensure universal health coverage.
2. Ensure multisectoral and multidisciplinary collaboration in defining and development of the health packages.

Directs the Secretariat to:
1. Document and disseminate best practices in defining and implementation of health benefit packages in the region
2. Support Member States to implement the above resolutions
**ECSA/HMC/67/R3: Governance and Equity-oriented Policies for Urban Health**

Recalling Resolutions

**ECSA/HMC58/R6 on Promoting Population, Health and Environment (PHE) Approach** which urged member states to align or harmonize existing policies and strategic frameworks at country and regional levels including urban health authorities

**Impressed** by the many opportunities that urbanization offers, especially in shaping economic growth, alleviating poverty, stabilizing the population, creating environmental sustainability, reducing inequalities and supporting the exercise of human rights.

**Noting** that urban infrastructure affects the health status of the population and can facilitate access to public services such as clean drinking water, sanitation, electricity, transportation, education, health services, communications and public spaces for recreation and sports

**Concerned** that rapid urbanization is outpacing the planning and provision of quality social services, leading to inadequate access to social services including essential health services, particularly by the urban poor.

**Aware** of the linkage between unplanned urbanization and increased risks for NCDs, which affect the urban poor, full time workers, business persons and the elderly to a greater extent.

**Mindful** of the countries’ commitment to achieving SDGs related to urban social services (SDGs 3, 5, 10, 11 and 13).

**Recognizing** the importance of multisectoral response needed to address the challenges associated with rapid and unplanned urbanization

**Concerned** with the limited research evidence in the delivery of Urban health services in the ECSA region.
Urges Member States to:
1. Establish or strengthen formal frameworks for multisectoral engagements to improve delivery of urban health services.
2. Embed implementation research into urban health policy and program to inform ongoing decision making
3. Mainstream health equity aspects in all sectors’ policies and plans

Strengthen urban health systems to respond to the dynamics and specific needs of urban populations.

Directs the Secretariat to:
1. Facilitate knowledge generation and exchange of evidence and collaboration among the ECSA Member States in urban health services.
2. Support member states in the implementation of the above resolutions.

ECSA/HMC67/R4: Creating Sustainable Food Systems to Address Malnutrition
The 67th Health Ministers Conference
Recalling Resolution ECSA/HMC46/R10(2008) on Nutrition Interventions for Promoting Health and Survival urging member States to
Immediately initiate steps towards advocating for and supporting efforts to incorporate nutrition into key national development policies such as those addressing poverty, HIV/AIDS, agriculture, trade and industry;
Recalling Resolution ECSA/HMC50/R10(2010) on Maternal and Child Nutrition urging member States to Accelerate implementation of high impact interventions and strengthen public-private partnerships;
Further recalling ECSA/HMC52/R6 (2015) on Prioritizing Nutrition Interventions urging Member States to *inter alia*:
(i) Establish functional inter-sectoral coordination mechanisms with mandate to hold public and private sector accountable on nutrition related responsibilities;
(ii) Implement consistent, focused and high impact interventions to reduce stunting and ensure that monitoring of stunting is part of national growth monitoring and nutrition programmes;
(iii) Develop and implement country-led nutrition capacity development action plans.
(iv) Identify essential nutrition products to be considered for tax exemption.

**Concerned** about the persisting high numbers of undernourished under-five children and increasing overweight/obesity, associated with diet-related NCDs in the ECSA region;

**Recognizing** that the drivers of the double burden of malnutrition originate outside the health sector and operate across country and regional boundaries;

**Realising** that marketing and consumption of unhealthy diets in the ECSA region is increasing and is largely unregulated;

**Recognizing** the need to strengthen the evidence based on the region-specific context;

**Concerned** with the limited data and focus on adolescent malnutrition

**Reaffirming** the Members States’ commitments to International Conference on Nutrition (ICN2) framework of Action, UN Decade for Nutrition and Scaling up Nutrition Movement;

**Appreciating that** progress has been made in the Member States on developing and implementing nutrition programmes and plans of action;

**Now therefore**

**Urges Member States to:**

1. Promote healthy lifestyles and the consumption of diversified and nutrient-dense staple foods and fruits;

2. Establish and or review regulations to reduce consumption of unhealthy foods (high salt, sugars and trans-fats), including introduction of taxation on unhealthy foods;

3. Direct food industries to comply to the national food fortification standards;

4. Mainstream adolescent nutrition in existing interventions under health, education and other key sectors;

5. Incorporate nutrition related training at all levels of health professionals’ training and train, deploy and retain the nutrition cadre;
Directs the Secretariat to:

1. Generate evidence and document best practices on innovative approaches to introduce subsidies to promote purchasing and consumption of nutritious foods;

2. Facilitate advocacy, partnerships and the sharing of best practices on multi-sectoral nutrition policies and programs within the monitoring of the SDGs;

3. Support countries to scale up implementation of evidence based high impact nutrition interventions and responsive caregiving;

4. Facilitate adoption of the regional nutrition pre-service model curricula and the In-service training packages for front line workers in all Member States.

**ECSA/HMC67/R5: Tackling Antimicrobial Resistance in the Region**

Recalling resolutions:

- **RHMC/38/R1 (2003)** - Scaling up health interventions that urged Member States to Strengthen health systems, services and infrastructure in order to scale up communicable and non-communicable disease control and treatment programmes so that they can provide affordable, effective and equitable quality health care.

- **ECSA/RHMC/48/R7 (2009)** that urged the Member States to establish and/or strengthen laboratory services for monitoring MDR and XDR TB and conduct assessment studies to evaluate the magnitude of MDR and XDR TB.

- **ECSA/HMC58/R3 (2014)** - Promotion of multisectoral and Cross-border Coordination & Collaboration in Disease Prevention and Control that urged Member states to develop and/or strengthen policy and strategic planning for national multisectoral collaboration under the One Health Principle.

- **ECSA/HMC62/R4 (2015)** urging Member States to strengthen disease surveillance systems and laboratory diagnostic capacity at community, sub-national and national levels to tackle outbreaks, emergencies and antimicrobial resistance.
• ECSA/HMC65/R2 (2018) urging Member states to develop and/or strengthen multisectoral National Action Plans on AMR in line with the Global Action Plan;

Concerned with the increasing Antimicrobial resistance (AMR) particularly drug resistant TB and other disease-causing pathogens. 

Further concerned that there is widespread misuse and/or abuse of antibiotics in livestock and agricultural sector which poses a risk for antimicrobial resistance. 

Deeply Concerned with widespread misuse and bad practices including sale of counterfeit medicine, over the counter sales of medicines without prescriptions. 

Appreciating the role of Infection prevention measures such as sanitation, hand washing, food and water safety, and vaccination in decreasing the spread of microorganisms resistant to antimicrobial medicines.

Cognizant that Antimicrobial resistance has been declared a Global Health Security issue and the need to strengthen capacity for laboratory-based surveillance.

Appreciating the adoption of the Global Action Plan (GAP) to tackle antimicrobial resistance by the Member States; 

Acknowledging the progress made by Member States in development and implementation of National Action Plans (NAP) on AMR; 

Concerned that many countries still have limited capacity for routine identification and testing for AMR and that in most cases patients are treated syndromically / symptomatically.

Now therefore,

Urges the Member States to:-

1. Accelerate the implementation of past resolutions on AMR and report to the 69th HMC; 
2. Accelerate efforts for implementation of the International Health Regulations, 2005.

Direct the Secretariat to: -

1. Support the Member States to implement the above resolutions. 
2. Mobilize resources to support the Member States to implement the NAPs on AMR.
3. Facilitate knowledge sharing on implementation of AMR strategies, best practices and data on resistance to inform countries and cross-border interventions among the Member States.

ECSA/HMC67/R6: Partnering to Tackle Cancer in the ECSA Region

The 67th Health Ministers Conference

Recalling Resolutions:

- **ECSA/HMC65/R3 (2017)** on Multi-sectoral Responses to Non Communicable Diseases, urging member states to develop and/or accelerate implementation of multi-sectoral NCDs action plans and strategies;

- **ECSA/HMC36/R6 (2002)** on Non-Communicable Diseases (NCDs) in East, Central and Southern Africa urging Member States to strengthen health systems, services and infrastructure in order to scale up communicable and non-communicable disease control and treatment programs so that they can provide affordable, effective and equitable quality health care;

- **ECSA/HMC52 (2015)** on Surveillance and control of Non-Communicable Diseases and Trauma, urging Member States to accelerate implementation and strengthen monitoring of the existing Nutrition and NCDs policies and strategies and strengthen diseases surveillance and laboratory diagnostic capacities for NCDs to facilitate prevention, early detection and management of these conditions.

- **ECSA/HMC34/R2 (2001)** on Resource Mobilization for Strengthening Health Systems urging member States to strengthen prevention and control of non-communicable diseases (NCDs) programs

**Concerned** with the rising cancer burden Cancer in the region, including cervical which is the most common cause of female cancer deaths;

**Aware** that most cancers are preventable and curable if detected early;

**Further Aware** of the availability of proven cost-effective interventions
across the continuum of prevention screening, early diagnosis, treatment and palliative care;

**Concerned** with delayed diagnosis of the disease, associated catastrophic costs, and poor access to palliative care for cancer;

**Appreciative** of the ongoing efforts to control Cancer by Member States;

**Mindful of** commitments made by Health Ministers on domestic financing for health, and the WHO’s call to action for Cervical Cancer elimination.

**Cognizant** of partnership opportunities to mobilize resources for cancer control in Member States,

Now therefore:

**Urges** member states to:

1. Adopt policies to integrate cancer screening and care in Primary Health Care Programs

2. Roll out available cancer vaccination programs, including HPV vaccine coupled with vigorous community sensitization to improve uptake while working together as a region to ensure availability of these vaccines.

3. Develop evidence-based priorities and costed national cancer plans.

4. Prioritize sustainable resource mobilization for cancers.

5. Strengthen generation of data and evidence on effective cancer interventions.
Direct the secretariat to:

1. **Mobilize** resources for prevention and control of Cancers, Including cervical cancer.
2. **Support** member states to implement the above resolution and other global commitments.
3. **Identify** and support member states to access centers of excellence within the region for provision of cancer services, including training.

**ECSA/HMC67/R7: Expression of Gratitude to Partners of the ECSA Health Community**

The 67th Health Ministers’ Conference,

**Acknowledging** the contribution of Partners to gains in the health sector in the region;

**Appreciating** partners’ commitment in strengthening health systems in the region through provision of technical and financial support;

**Reiterating** its appreciation for the continued support from Partners to Member States and the ECSA Secretariat towards the implementation of resolutions of the Health Ministers’ Conferences, and regional and national health programmes:

Now therefore:
1. Expresses its profound gratitude to all Partners for their support to the health sector in the region.
2. Renews its commitment to continued collaboration and genuine partnership in the implementation of agreed projects/programmes of work with partners; and
3. Recommits to the strengthening of the coordination of partners at regional and country level.
ECSA/HMC67/R8: Expression of Gratitude to the Government and People of the Republic of Zimbabwe

The 67th Health Ministers Conference

Humbled by the readiness of the Government of the Republic of Zimbabwe, through the Ministry of Health and Child Care to host the 67th ECSA Health Ministers Conference;

Recognizing the excellent planning and preparation of this 67th ECSA Health Ministers Conference;

Appreciative of the warm hospitality and generosity extended by the Government and the people of the Republic of Zimbabwe to Ministers and Delegations of ECSA-HC, their partners, members of the secretariat and all participants of the 67th Health Ministers Conference;

Now therefore

Wishes to express its gratitude to the Government and the people of the Republic of Zimbabwe for hosting the 67th Health Ministers Conference.

Humbly requests the Minister of Health and Child Care of the Republic of Zimbabwe to convey the individual and collective gratitude of the Health Ministers and delegates to the Honorable Kembo Mohadi, the Vice President of the Republic of Zimbabwe, for officially opening the 67th Health Ministers Conference.