East, Central and Southern African Health Community

Resolutions of the 62nd Health Ministers Conference

Intercontinental Resort Balaclava Fort, Mauritius

30th November to 4th December 2015
Introduction

The 62nd ECSA Health Ministers’ Conference (HMC) was held at InterContinental Resort Balaclava Fort, Republic of Mauritius under the theme: **Transitioning from Millennium Development Goals to Sustainable Development Goals** with the following sub-themes:

- Enhancing Universal Health Coverage Through Innovations in Health Financing for Risk Protection
- Surveillance and Control of Emerging Conditions: (NCDs and Trauma)
- Regional Collaboration in the Surveillance and Control of Communicable Diseases
- Innovations in Health Professional Training Using the ECSA College of Health Sciences Model

The 62nd Health Ministers Conference passed the following Resolutions:

- **ECSA/HMC62/R1**: Transitioning From MDGs to SDGs in the ECSA Region
- **ECSA/HMC62/R2**: Enhancing UHC through innovation in Health Financing for Risk Protection
- ECSA/HMC62/R3: Surveillance and Control of Non-Communicable Diseases and Trauma
- ECSA/HMC62/R4: Regional Collaboration in the Surveillance and Control of Communicable Diseases
- ECSA/HMC62/R5: Innovations in Health Professional Training using the ECSA College of Health Sciences Model
- ECSA/HMC62/R6: Global Health Diplomacy and Strengthening Ministries of Health Leadership and Governance Capacity for Health in the ECSA-HC Region
- ECSA/HMC62/R7: Strengthening the Use of Evidence in Health Policy
- ECSA/HMC62/R8: Expression of Gratitude to Partners of the ECSA Health Community
- ECSA/HMC62/R9: Expression of Gratitude to the Government and People of the Republic of Mauritius
ECSA/HMC62/R1: Transitioning From MDGs to SDGs in the ECSA Region

The 62nd Health Ministers Conference:

Recognizing that MDGs have been a powerful force in the fight to reduce poverty, to improve maternal and child health, and to reduce the burden of communicable diseases in the ECSA Region

Aware of the unfinished business of the MDGs, coupled with emerging health issues such as burden of non-communicable diseases, impact of climate change, demographic transition, newly emerging diseases and substance abuse

Noting that sustainable development is about using resources more efficiently, in order for society to reduce not only its impact on the environment, but on the economy, whilst improving social impacts both locally and globally to ensure a fairer and more sustainable future for peoples of the ECSA Region

Now therefore

Urges Member States to:

1. Use the successful MDGs efforts to guide the formulation of Health Policies, plans and stimulate new innovations and technological solutions for the health sector.

2. Ensure sustainable domestic financing and investments for the health sector

Directs the Secretariat to:

1. Maintain dialogue with health development partners and other stakeholders, including the private sector, in support of Member State efforts towards increased investment in health.

2. Strengthen the Monitoring and Evaluation Framework, including the use of a set of locally and regionally adapted core outcome and impact health indicators, to track effectively the implementation of newly formulated strategies and actions oriented towards the SDGs targets

3. Document and disseminate the baseline SDGs health target- and indicator-values in all ECSA Member States and establish regional benchmarks.
The 62nd Health Ministers Conference:

Recalling Resolutions:

CRHC/RHMC32/R1(2000): Adolescent Sexual and Reproductive Health;

RHMC/42/R6 (2006): Alternative health financing that urged member states to develop equitable and comprehensive health care financing structures such as financial risk pooling mechanisms that encompass social health insurance, enhanced public financing and community health financing;

ECSA/HMC46/R1 (2008): Strengthening Health Systems to Ensure Equitable Access to Health Care which urged Member States to develop policies that ensure universal access to quality and comprehensive health care services at all levels of health care systems;

ECSA/HMC50/R1(2010) and ECSA/HMC48/R1 (2009) on Revitalizing Primary Health Care and Strengthening Health Systems and, Health Insurance and Financing, which urged Member States to develop context specific mechanisms for pre-paid health financing mechanisms, including social and community health insurance; and

ECSA/ HMC60/R1 (2014): Universal Health Coverage, which urged member states to set-up multi-sectoral dialogue structures and platforms on UHC that is coordinated at high political level, build a case for investment in health, develop clear roadmap for UHC and support community initiatives and approaches to enhance access to health services with financial protection;

Noting the varying experiences in effectiveness and efficiency in the use of resources within countries in the ECSA region

Reaffirming that significant progress on UHC can only be made with high-level political leadership and commitment

Concerned that out-of-pocket expenditure still forms a significant proportion of total health expenditure that is often catastrophic, and leads to inequitable access to health care in the region.
Noting that there are services such as Family Planning that when provided in an appropriate manner accelerates progress towards UHC by freeing up resources to increase services and population coverage

Now therefore:

Urges Member States to:

1. Accelerate implementation of previous resolutions on improving health system financing with particular emphasis on reducing out-of-pocket payment and increasing mandatory pre-payment mechanisms towards provision of UHC for the attainment of the health SDGs targets

Directs the Secretariat to:

1. Provide technical support to the Member States to conduct in-depth analysis on health system financing and facilitate sharing of best practices in health financing in the region.

2. Track and report on progress on implementation of policies and strategies for achieving UHC in the region

ECSA/HMC62/R3: Surveillance and Control of Emerging Health Conditions: Non-Communicable Diseases and Trauma

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Recalling Resolutions:


ECSA/HMC36/R6 (2002): 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 programmes so that they can provide affordable, effective and equitable quality health care.

ECSA/HMC46/R7(2008): Prevention and Management of Non Communicable Diseases urging Member States to intensify public awareness campaigns targeting appropriate groups on non-communicable diseases by January 2009;
and to develop appropriate multi-sectoral, integrated and comprehensive policy, programs and plans of action for prevention and control of non-communicable diseases strategies by January 2010.

**ECSA/HMC46/R8 (2008):** Prevention of Non-Communicable Diseases which urged Member States to acquire accurate data using the STEP wise approach.

**ECSA/HMC56/R2 (2012):** Innovations for improving Quality of Care in Reproductive Health (RH), Maternal, New born and Child Health (MNCH), and Nutritional Interventions which urged Member States to accelerate implementation of previous Resolutions on RH/MNCH and Nutritional Interventions, especially the scale up of nutrition interventions.

**Recognizing that** Non-communicable Diseases (NCDs) are one of the leading global causes of morbidity and mortality.

**Aware** that NCDs deepen poverty, impede development, and pose a challenge to health systems.

**Recognizing** that promoting sustainable control and management of NCDs and trauma is essential to the achievement of the SDGs the Sustainable Development Goals.

**Further aware** that ECSA Member States are in different stages to adopt and ratify various global and regional policies on control of NCDs.

**Noting** the commitment of ECSA Member States to reduce the burden of NCDs and trauma in the region.

**Recognizing** that limited resources have been invested in the surveillance and monitoring of NCDs.

**Now therefore**

**Urges Member States to:**

1. Accelerate implementation and strengthen monitoring of the existing Nutrition & NCDs policies and strategies

2. Strengthen disease surveillance and laboratory diagnostic capacities for NCDs to facilitate prevention, early detection and management of these conditions

**Directs the Secretariat to:**

1. Facilitate South-South knowledge exchange, evidence and collaboration among the ECSA Member States in prevention, management and control of NCDs and trauma;
2. Coordinate the establishment of regional multi-sectoral response mechanisms for NCDs and trauma

3. Support capacity development in prevention, control, diagnosis, monitoring and surveillance of NCDs in the region.

**ECSA/HMC62/R4:** Regional collaboration in the Surveillance and control of communicable Diseases

**The 62nd Health Ministers Conference**

**Recalling Resolutions:**

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

**ECSA/RHMC/48/R7 (2009)** urging Member States to establish and 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)** on Promotion of Multi-sectoral and Cross-border Coordination & Collaboration in Disease Prevention and Control which directed the Secretariat to promote and strengthen Cross Border & Regional Programming surveillance initiatives for infectious diseases Control including the establishment a Regional forum coordinated by ECSA HC including establishment of integrated Infectious diseases experts committees (TB, HIV, Malaria and other IDs)

**Noting** the high burden of infectious diseases in ECSA region with many epidemics that have occurred in the last decades including Ebola virus disease, Marburg Hemorrhagic Fever, chikungunya, dengue, cholera, measles, plague, wild polio virus disease, neglected tropical diseases, among others;

**Noting** the high burden of TB/HIV in the region and the limited diagnostic capacity especially for diagnosis of Multi-Drug Resistance TB (MDR TB);

**Recognizing** the emergence of new diagnostic technology for detection of MDR TB including GeneXpert and the limited availability of new diagnostic technology in health facilities;

**Recognizing** the increasing trend of antimicrobial resistance of conventional, emerging and re-emerging pathogens;
Aware that antimicrobial resistance has been declared a Global Health Security issue and the need to strengthen capacity for laboratory-based surveillance

Now therefore

Urges Member States to:

1. Establish and strengthen mechanisms for tracking and reporting implementation of past resolutions in this regard

2. Strengthen disease surveillance systems and laboratory diagnostic capacity at community, sub national and national levels.

3. Monitor the epidemiology of communicable diseases in order to predict and model the response to disease outbreaks taking into consideration climatic change.

Directs the Secretariat to:

1. Strengthen the disease surveillance and management of outbreaks in ECSA region

2. Establish knowledge sharing platforms, including virtual resource centres and database of experts, among the disease surveillance and management experts

3. Compile and disseminate regional assessment reports on capacities for International Health Regulation (2005) implementation and support member states to address gaps

4. Facilitate strengthening of regional capacity in relation to the impact of climate change on health

5. Strengthen capacity of Member States to meet the challenge of antimicrobial resistance
ECSA/HMC62/R5: Innovations in Health Professional Training using the ECSA College of Health Sciences Model

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Recalling Resolutions:

- RHMC/25/R4 urging ECSA Secretariat to support the establishment and management of regional colleges for various health professionals
- ECSA/HMC52/R9 which directed the secretariat to support formation of the colleges to operate under the auspices of the College of Health Sciences
- RHMC/40/R3 which directed the secretariat to support career development for all levels of health workers such as nursing assistants, nurses and midwives, allied health professionals, nutritionists and doctors
- ECSA/HMC48/R2 which urged member states to facilitate the sharing of expertise within the region, through mechanisms such as government to government agreements on the recruitment of health professionals from different Member States

Aware of the need to increase the quality and quantity of services offered by the physicians in the region

Noting the efforts made by the Physicians towards establishing the ECSA College of Physicians;

Mindful of the Global commitments made towards strengthening HRH component of the Health System Strengthening programs

Noting the fact that countries have not made remarkable strides towards implementing the WHO Global Code on the International Recruitment of Health Personnel

Aware of the evidence on the existence of clinical officers/associate clinicians/clinical practitioners, and of their critical role towards increasing access to health services including emergency obstetric care

Aware that the emergence of NCDs calls for strong primary care models for chronic illnesses

Recognizing the need for free movement of health care workers between countries and the south –to- south cooperation in advancing health;

Cognizant of the differences in training of health workers among the Member States and the need for reciprocal recognition;
Acknowledging the efforts made by the ECSA Health Community in harmonizing training curricula in the region

Appreciating the contributions made by various ECSA Colleges to offset the HRH and skills shortages in the region

Now therefore:

Approves the establishment of the ECSA College of Physicians to operate under the auspices of ECSA College of Health Sciences.

Urges Member to:

1. Establish mechanisms for dissemination, implementation and reporting on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Directs the Secretariat to:

1. Collate and disseminate information from Member States on the successes and challenges towards implementing the WHO Code on International Recruitment of Health Workers.

2. Coordinate and support efforts towards establishment of professional colleges by other cadres such as primary care physician, Clinical officers/clinical practitioners/associate clinicians and laboratory medicine professionals

3. Facilitate the harmonization of curricula for different health professions in the region

ECSA/HMC62/R6: Global Health Diplomacy and Strengthening Ministries of Health Leadership and Governance Capacity for Health in the ECSA-HC Region

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Recalling Resolutions:

HMC58/R1 urging member States to engage with and build domestic capacities in global health diplomacy and support the stewardship and leadership role of ministers and senior officials in ministries of health;
ECSA/HMC50/R3 that underlined the relatively low attention given to Ministers and Ministries of Health in this regard

Noting the role of ECSA Health Community in coordinating the global health diplomacy initiative in the region

Noting with appreciation the actions taken by the ECSA Secretariat to engage with partners namely ACHEST and WHO African Region to develop a program for implementing the above HMC Resolutions

Emphasizing the need for effective and timely communication and sharing of knowledge among Ministers and Senior Officials in the Ministries of health and health experts within the region

Aware that the transition from MDGs to SDGs and the attainment of UHC in the region requires strong support from Ministers and Ministries of Health

Now therefore

Urges Member States to:

1. Develop or strengthen capacity for engagement in the global health agenda towards health systems strengthening and the Sustainable Development Goals.

2. Accelerate implementation of previous resolutions on global health diplomacy and on strengthening leadership and governance capacities in Ministries of Health

Directs ECSA Secretariat to:

1. Facilitate strengthening of regional institutional capacity to build the evidence for global policy dialogue; and coordinate south-south exchange for engagement in the global health agenda through convening policy dialogue and strategic review meetings ahead of global forums such as the United Nations General Assembly (UNGASS), World Health Assembly, and African Union.

2. Undertake periodic review of the leadership capacity needs in ECSA Health Community Members States, develop mechanisms for addressing these needs, and provide ongoing support for Health Ministers as well as other senior executives so as to optimize best practice in leadership, governance and GHD
3. Develop a one-stop resource centre for reliable information and provide Ministers and Senior Officials with a platform for shared learning and information exchange;

4. Build effective partnerships for the implementation of this resolution, and report annually to the HMC on the progress of the support programme.

ECSA/HMC62/R7: Strengthening the Use of Evidence in Health Policy

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Recalling Resolutions:

- **HMC48/R4 Action-Oriented Research for Health Planning and Decision Making**, urging Member States to strengthen national capacity for evidence-based health policy making

- **HMC50/R1 Evidence-based policy making**, urging member states to promote the use of evidence in decision making and policy formulation and strengthen national research priority agenda;

**Noting** the inadequate dissemination and utilization of generated evidence to inform policies and decisions

**Aware** that limited domestic funding is allocated to support health researches in the region

**Concerned** at the lack of clear guidelines to facilitate collaboration between health and other key sectors and research institutions during implementation, dissemination and utilization of evidence.

**Recognizing** the need to strengthen and clearly define governance structures for health research

**Now therefore**

**Urges** Member States to:

1. Accelerate the implementation of past resolutions on health research and evidence-based policy making.

2. Strengthen coordinating mechanisms for health research

**Directs the Secretariat to:**
1. Mobilize resources to support regional research initiatives through the ECSA Research Advisory Panel

ECSA/HMC62/R8: Expression of Gratitude to Partners of the ECSA Health Community

The 62nd Health Ministers Conference:

Appreciating the contribution of Partners to gains in the health sector in the region;

Appreciating the commitment of development partners to support ECSA Region to achieve the SDGs

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

Appreciating 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:

While commending the Secretariat for the on-going efforts to engage more partners in the programmes of the ECSA Health Community

Now therefore:

1. Expresses its gratitude to all development partners for their support to the health sector in the region;

2. Recommits to strengthen coordination of partners at regional and country level.

3. Urges Member States to be more critical and vigilant in negotiations for partner-funded projects and programs to ensure that such projects and programs are of direct and substantial benefit to their health delivery systems and for better health outcomes in the region;

4. Directs the Secretariat to be equally critical, vigilant and discerning in entering any partnerships.
ECSA/HMC62/R9: Expression of Gratitude to the Government and People of the Republic of Mauritius

The 62nd Health Ministers Conference:

Humbled by the readiness with which the Government of the Republic of Mauritius, through the Ministry of Health and Quality of Life, accepted to host the 62nd Health Ministers Conference;

Recognizing the complex planning, coordination and preparations that must have accompanied the organisation of all the conference activities;

Overwhelmed by the warm hospitality, attention to detail and generosity extended by the Government of the Republic of Mauritius to the Ministers and their delegations, to partners of ECSA Health Community, to members of the Secretariat, and to all participants at 62nd Health Ministers Conference;

Deeply impressed and touched by the picturesque beauty and tantalizing sights of Mauritius;

Aware that organization of such a successful conference must have involved sacrifices by the Government and people of the Republic of Mauritius;

Now therefore:

Wishes to express its gratitude to the Government and people of the Republic of Mauritius; and

Thanks Hon Anil Kumarsingh Gayan, the Minister of Health and Quality of Life, Republic of Mauritius, for officiating the opening ceremony of the 62nd Health Ministers’ Conference, for chairing all the Ministerial sessions, and for closing the 62nd Health Ministers Conference. His support made the conference a success and contributed to the ECSA Health Community exercising its mandate.